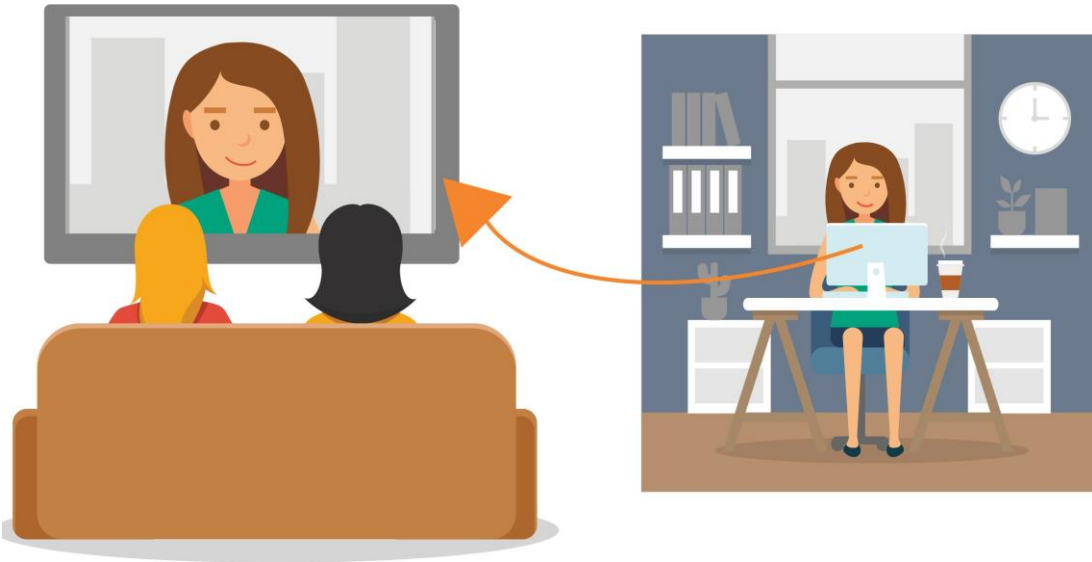




**innovaTel**  
telepsychiatry  
re-imagining psychiatric care



# Telepsychiatry: A Year in Review & What's To Come in 2020

Jon Evans, CEO & Founder  
Lauren Lashbrook, Director of Strategic Partnerships

[www.innovatel.com](http://www.innovatel.com)



# Agenda

- innovaTel Overview
- Telepsychiatry Buzz Words
- Regulatory Updates
- Ask The Experts
  - Industry experts share their highlights of 2019 and what they are excited about in 2020.
- Telepsychiatry Success Stories from Clinic Partners
  - Shauna Reitmeier, CEO of NWMHC
  - Ashley Kjos, CEO of Woodland Clinic
- Questions



# Clinician Owned & Operated- “We Are You”

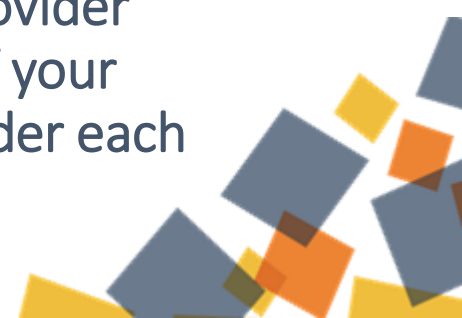
- innovaTel was founded by a clinical team with 30+ years of behavioral health experience.
- The founders started the first CMHC in NW Pennsylvania and through a small SAMSHA grant developed a successful telepsychiatry program.
  - Psychiatric recruitment & retention was a constant challenge.
- Through word of mouth the clinic’s adoption and success using telepsychiatry spread quickly throughout Pennsylvania and the country.
- As a result of the success and need to establish an independent company, innovaTel was founded in April 2014.



# Our Network for Your Clinic.



- innovaTel partners with organizations by offering contracted hours (part-time or full-time) for clinicians including:
  - Board Certified or Board Eligible Psychiatrists
  - Psychiatric Nurse Practitioners
  - Licensed Clinical Social Workers
- innovaTel manages all recruitment, licensing, DEA, benefits and malpractice.
- You interview and choose who your provider will be.
  - innovaTel currently has a 95% retention rate.
- **Continuity of care is critical in behavioral health. Partnering with innovaTel, your selected provider becomes a virtual, collaborative member of your team. Your patients will see the same provider each and every time.**



# Terms To Know

- **Telepsychiatry:** The delivery of psychiatric services utilizing a HIPAA-compliant connection. Through telepsychiatry, we are able to use the reduced number of active psychiatrists and allow them to treat more patients in all areas of the country. It is equivalent to in-person care in diagnostic accuracy, treatment effectiveness, quality of care and patient satisfaction.
- **Coverage Parity:** A parity law that mandates coverage of telehealth services.
- **Payment Parity:** A parity law that mandates equivalent reimbursement of telehealth to in-person services.
- **Originating Site:** The site where the patient is located.
- **Distant Site:** The site where the provider is located.



# Regulatory Updates

- No two states are alike when it comes to telehealth laws, regulations and policies. There are considerable differences state to state and even within different payers within each state.
- States are continuing to define and expand telehealth reimbursement policies and while there are varying differences within each state, live video reimbursement for Medicaid continues to have greater reimbursement than other telehealth modalities like store and forward or remote patient monitoring (RPM).
- 50 States and Washington D.C. now provide reimbursement for some form of live video in Medicaid fee-for-service.

# Regulatory Updates

- Allowing the home as an eligible originating site was a common pattern throughout Medicaid policy reform over the last few months.
  - While most Medicaid plans no longer follow Medicare's rural requirements, 23 states still limit what can serve as the originating site.
  - Some states have recently added the home as an originating site: California, Kentucky, Ohio, New Hampshire and Colorado.
- 40 states have private payer telehealth reimbursement law (not all have payment parity)
  - New private payer laws were passed in California, Georgia and Florida
    - California and Georgia are requiring payment parity, however, Florida did not require payment parity, leaving it up to providers to negotiate rates with their payers.

# Ryan Haight Act

- Ryan Haight Act was established in 2008 and limits the prescribing of controlled substances via telemedicine unless “practice of telemedicine” exceptions are met.
  - One limiting factor of the Ryan Haight Act is the requirement that the patient must be physically located in a DEA-registered hospital or clinic. Community mental health centers are not eligible for this “clinic” exception.
- The telemedicine community along with other national organizations like the National Council for Behavioral Health has worked to advocate for the DEA to establish regulations that would allow for the prescribing of these medications according to the standard of care.
- As part of the SUPPORT for Patient and Communities (SUPPORT Act), the DEA was given a deadline of October 24<sup>th</sup> to issue its rules on telemedicine special registration. Unfortunately, that deadline has come and gone, and the failure of the DEA to issue its rules is disappointing the behavioral health, addiction treatment and telemedicine communities.





# Ask the Experts

- Looking back over 2019, where have you seen the most progress in the world of telehealth & what were some of the biggest standouts to you?
- What are you most looking forward to in 2020?



Nate Lacktman  
Attorney & Partner  
Foley & Lardner LLP



Michael Gomes  
CEO  
Clear Health Quality Institute



Tania Malik  
Chair of ATA Telemental  
Health Committee



Chuck Ingolia  
President & CEO  
National Council for  
Behavioral Health





Nate Lacktman  
Attorney & Partner  
Foley & Lardner LLP

- “Looking back over 2019, the biggest progress in telehealth has been the growth of DTC offerings. More companies are learning how to effectively and safely deliver telemedicine services directly to consumers. Over the next 3 years, this will fundamentally change the landscape of how healthcare is delivered and where people turn to for expertise.”
- “Although DEA appeared to blow off Congress’ Ryan Haight Act deadline, its policymakers did find the time to prioritize drafting and publishing a different regulation, defining certain Fentanyl derivatives as Schedule I controlled substances. So, DEA is certainly publishing regulations, just not the regulation Congress and the President enacted a law to publish. While it’s useful for DEA’s illegal diversion control efforts to reclassify Fentanyl derivatives as a Schedule I controlled substance, I believe it would be more beneficial to patients for DEA to publish regulations activating the special registration process. After all, this deadline was part of the SUPPORT Act.”

### Looking back over 2019:

Over the past year, CHQI has seen an increased focus on standardization in the telehealth space. Many organizations have built successful telemedicine programs and are now taking a hard and close look at how they can refine and streamline their policies and procedures (or develop new ones) in order to promote improved quality, outcomes and operational efficiencies.

We're also seeing an increased focus on outcomes – specifically, on building, implementing and maintaining a telemedicine outcomes program in order to facilitate the measurement, analysis and reporting of outcomes. This emphasis on outcomes is important not only from a quality and safety perspective, but also from a validation point of view. It is imperative that the telemedicine industry begin to communicate, and more importantly demonstrate, to the payer community the value of telemedicine by showcasing that virtual care can have comparable – or better – outcomes to in-person care.

### Looking ahead to 2020:

CHQI will launch an **Outcomes Supplement** for our Telemedicine Accreditation Program in late 2019, so we're excited to welcome our first applicants. The Outcomes Supplement will provide the first opportunity for telemedicine programs to have an accreditation agency validate the strength of their outcomes measurement programs. This additional accreditation seal will demonstrate to stakeholders a program's enhanced emphasis on the implementation, analysis and reporting of specific telemedicine program outcomes.

CHQI is also looking forward to launching an **RPM Accreditation Program** in early 2020 (in fact, the draft RPM Accreditation Standards will be release for public comment this month). The importance and prevalence of RPM interventions have expanded dramatically in recent years; thus, developing accreditation standards in this area was a critical step in protecting patients.



Michael Gomes  
CEO  
Clear Health Quality Institute



Tania Malik  
Chair of ATA Telemental  
Health Committee

- **Looking Back Over 2019:**

We ended 2018 with the passage of the SUPPORT Act which we considered a major victory for us. It accomplished two things for us:

- Allow reimbursement for Medicare beneficiaries (which started July 1<sup>st</sup>) to be treated at home for SUD and co-occurring MH disorder. That is important because it is estimated that 5.7M adults 50 and older will have a SUD and Medicare beneficiaries are more likely to suffer an overdose than those on private insurance.
- Special Registration for Ryan Haight Act (details prescribing controlled substances without a physical examination). In the SUPPORT Act, the DEA was compelled to complete the special registration guidelines by October 24<sup>th</sup>, but they missed that deadline. The SIG has a plan to move it along, but this is a wait and see game.

- **Looking Ahead to 2020:**

For Medicare Advantage Plans, starting 2020, beneficiaries can begin receiving telehealth services at home.

- Enrollment is about a 1/3 of all Medicare enrollees; projected to increase 11.5%.
- We hope to have the special registration requirements in the RHA completed.
- Our SIG in particular hopes to make change so that US licensed physicians who are living abroad can treat patients living in the US. This would help our physician shortage.
- I think non-traditional health care companies will make a big move in telehealth.
  - I would watch Best Buy, Amazon, and the pharmacies.



# Ask the Experts



Chuck Ingolia  
President & CEO  
National Council for  
Behavioral Health

“More and more people are discovering that telehealth is a convenient way to support access to high quality care.

Congress and the Administration have an opportunity to make telehealth more accessible.”



**long patient wait times**  
**psychiatric provider shortage**  
**recruitment challenges**  
**clinician turnover**  
**limited access to care**



# Clinic Partner: Northwestern Mental Health Center



Shauna Reitmeier  
CEO

- NWMHC is a Certified Community Behavioral Health Clinic serving individuals and families from birth to end of life through a comprehensive integrated healthcare system. Their mission is to Promote Wellness and Instill Hope across their region of rural and frontier Northwest Minnesota through collaboration, partnership and innovative models of care.
  - They were one of the first agencies in MN to utilize telepsychiatry when it became allowable through MN Medicaid and other health plans.
- NWMHC has been working with innovaTel for 5 years and currently has a part-time child psychiatrist with innovaTel. innovaTel will also be providing a Medical Director for Northwestern Mental Health Center in the near future.

## “Why Telepsychiatry?”

“Our agency covers 6 rural and frontier counties in NW MN where recruiting for the most challenging disciplines such as psychiatry was compounded by our location. We took the initiative to work with an existing provider who moved away from the area back in 2008 and we have grown to incorporate a child psychiatrist with innovaTel on our prescribing team.”



# Clinic Partner: Northwestern Mental Health Center



## “What has telepsychiatry done for your clinic and your patients?”

“Telepsychiatry has allowed patients to access this needed service in locations where they live without having to drive to our primary clinics that can be upwards of 1 hour one way.

A great example was recently, we were able to have one of our RN Care Coordinators do a home visit and connect through telepsychiatry with one of our psychiatrists to address medical issues and medication changes where it was challenging for the client to come into the office.

Because of this technology, more clients are able to get the service they need at a time that works for them and prevent increased symptoms, it has increased coordinated care and overall meeting our mission.”





# Clinic Partner: Woodland Centers



Dr. Ashley Kjos  
CEO

- Woodland Centers is a private non-profit community mental health center (Rule 29) established in 1958. We provide comprehensive mental health and substance use disorder services in seven rural counties in west central Minnesota. Our catchment area encompasses 5100 square miles with a population of approximately 115,000; Woodland Centers provides services to approximately 5200 individuals each year.
- Woodland Centers has been working with innovaTel for 5 years and has three part-time psychiatrists seeing children and adults, recently added a full-time LCSW with innovaTel and is adding a Medical Director with innovaTel.

## “Why Telepsychiatry?”

“Woodland Centers was struggling to obtain and maintain psychiatric providers in our rural area. We had long waitlists for services and continued to receive feedback from our communities and partners about our inability to serve clients in need of psychiatric services in a timely manner. Telepsychiatry through innovaTel provided us the needed resources in a timely manner so that we could better serve our clients and communities.”



# Clinic Partner: Woodland Centers

“What has telepsychiatry done for your clinic and patients?”

“Telepsychiatry has enabled Woodland Centers to provide reliable and consistent psychiatric services throughout our seven county region.

We are able to provide services to the entire age range and the entire spectrum of disorders and mental health/substance use concerns.

The telehealth providers through innovaTel are professional, knowledgeable, efficient, and empathetic in their work with our agency and our clients.

Our partnership with innovaTel has been invaluable.”



# Clinic Partner: Woodland Centers

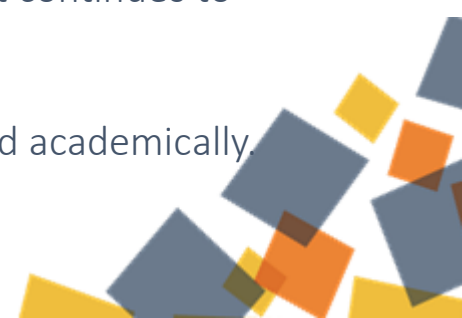
## “Can you share a telepsychiatry story with us?”

“A 13 year old boy presented to Dr. Eberly in March of this year with complaints of significant sadness and verbal outbursts. Client stated that he “is too sad and feels sad at some point every day” and “that he doesn’t want to be alive.” He was struggling in school both academically and socially. He was easily frustrated and would leave his classroom, was extremely emotional and was disruptive to peers. He was quick to anger.

Client also presented with OCD type symptoms-- Needing to touch things to examine texture and becoming upset/frustrated when he couldn’t touch things, excessive hand washing, needing things orderly and arranged, easily overstimulated, unable to tolerate large crowds or too much noise.

The client was started on Celexa and later was switched to Effexor. One month after this medication change the client’s mom called and was crying, reporting client is doing extremely well, “the best we have ever seen him.” Her son is engaging more at home. He is much happier, smiles more, is no longer irritable or crying. Client’s OCD symptoms improved significantly. He is no longer feeling the need to wash his hands, his urges of needing to touch things have resolved. Urge to have things in order and to arrange things has lessened. His has shown a drastic improvement in his symptoms since his medication change in just a few months. This is amazing for a child who has struggled with his symptoms, especially his OCD symptoms since the age of 2. This client continues to show progress.

His Telepsychiatry medication management treatment is allowing him to be fully engaged socially, interpersonally and academically.



# innovaTel Looks Ahead to 2020

- Continue to work collaboratively with payers to establish a sustainable rate for ambulatory care towards the goal of achieving the triple aim.
- Furthering work with the Telemental Health Committee with the American Telemedicine Association to continue to find an acceptable path forward to provide MAT under a waiver of the current requirements of Ryan Haight Act.
- Continue to advocate for a more efficient and timely path to interstate licensure for all clinicians to provide telebehavioral health services.
- innovaTel was honored to achieve accreditation through the Clear Health Quality Institute and we are looking forward to continuing to provide the highest standard of care.
- Additionally, we are looking forward to our continued strategic partnership with the National Council for Behavioral Health to continue to advocate for timely access to care with telepsychiatry as a fundamental platform to achieve this goal.
- innovaTel's Strategic Advisory Board has been restructured under the leadership of our co-chairs, Patrick Kennedy and Linda Rosenberg.



# Most Frequently Asked Telepsychiatry Questions

- **How does licensing and credentialing work?**

The provider needs to be licensed in the state where they are physically located and the state where they are providing services. innovaTel does cover the cost of licensing in multiple states.

- **How does billing and reimbursement work in my state?**

As we covered in the beginning of this webinar, this varies greatly state to state and payer to payer.

- Center for Connected Health Policy
- American Telemedicine Association
- Telehealth Resource Centers in your region.
- Contact your payers!

- **How do patients respond?**

We've had tremendous patient satisfaction results over the years, it all comes down to patient education and managing expectations.

- No one likes surprises! We have found the best telepsychiatry programs have detailed telepsychiatry implementations that include how to educate your staff on how to explain this to your patients.
- We have found that once patients know that this is a dedicated provider that they can build a relationship with, their confidence grows.

- **Effectiveness of telepsychiatry vs. in-person care?**

**We believe that telepsychiatry is psychiatry.** The standards of care remain the same, the only thing that is different is that a provider is connecting on screen vs. in-person.

- We have heard countless stories over the years of patients that prefer telepsychiatry to traditional in person care.



# Most Frequently Asked Telepsychiatry Questions

- **How to do it safely?**

Patient safety and quality of care are our top priorities. innovaTel is the first company exclusively focused on telepsychiatry to earn CHQI Accreditation, demonstrating our commitment to meet the clinical, legal, technology and administrative standards set by CHQI to advance safety and quality.

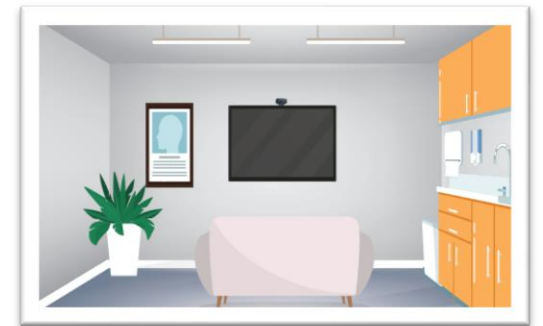
- With psychiatric services, patients are still presenting in clinical settings so that vitals can be captured, or if patients are connecting in the home, we are partnering with on the ground nursing staff or ACT teams.

- **What technology is required?**

Technology has come a long way in the last five years and the technical requirements are minimal.

We have very detailed recommendations that have produced the best patient satisfaction results, however, ultimately, a strong internet connection and a high quality webcam can get you started.

- You must use a HIPAA-compliant platform and there are a number of tremendous systems on the market that have the ability to connect, even with bandwidth challenges. innovaTel provides the HIPAA-compliant platform to all of our clinic partners.



# Most Frequently Asked Telepsychiatry Questions

- **How do telepsychiatrists engage with the on-site clinical staff?**

Collaboration is possible with telepsychiatry. Our goal is that our telepsychiatrists are just as much a part of the team as if they were there on-site, the only difference is that they are connecting via video technology.

innovaTel providers participate in treatment team meetings and we have an “open door policy”. If you have an innovaTel provider connecting to your site on Tuesday and Thursday, from 9:00 AM-5:00 PM, they stay on screen the entire time, they don’t click off or go to another site, they are there so that any one on your team can come in chat with them.



# We'd love to hear from you!

## Questions & Answers



Jon Evans  
CEO & Founder  
[Jon.Evans@innovatel.com](mailto:Jon.Evans@innovatel.com)



Lauren Lashbrook  
Director of Strategic Partnerships  
[Lauren.Lashbrook@innovatel.com](mailto:Lauren.Lashbrook@innovatel.com)

