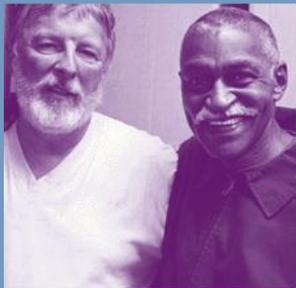


*Care Management Entity Quality Collaborative
Technical Assistance Webinar Series*



**Telemental Health Strategies for Care
Management Entities**

August 30, 2010 2:00 pm ET



If you experience technical difficulties, dial 1-866-229-3239 for assistance, or click the question mark icon located in the floating toolbar at the lower right corner of your computer screen.



NOTE: To eliminate background noise, phone lines are being muted during today's presentation.

This webinar is made possible through support from the State of Maryland and The Annie E. Casey Foundation.

*Care Management Entity Quality Collaborative
Technical Assistance Webinar Series*

**Telemental Health Strategies for CMEs:
Models Supporting Children's Mental Health**

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Director, UNM Psychiatry's Center for Rural and
Community Behavioral Health

August 30, 2010



UNM Center for Rural and Community Behavioral Health (CRCBH) Mission

To address health care disparities through:

- Capacity building
- Training and workforce development
- Health services research and evaluation
- Increasing access to quality behavioral health services that are
 - holistic,
 - cost-effective and
 - provided with respect to the unique cultures within the communities of New Mexico

CRCBH Five Core areas

- Rural psychiatry and behavioral health training
- Telebehavioral health programs
- Native American behavioral health systems support
- Services research and evaluation
- School community behavioral health systems support

Telehealth Nationally

Using information and communication technologies to:

- Transform systems of care
- Increase access and close gaps in health disparities
- Share knowledge, experience and best practices
- Increase health care workforce
- Improve health and wellness
- Decrease costs

President's New Freedom Commission Related Recommendations

- 1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.
- 3.1 Improve access to quality care that is culturally competent.
- 3.2 Improve access to quality care in rural and geographically remote areas
- 4.2 Improve and expand school mental health programs.
- 6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

Other National Issues Related To Telehealth

- Interstate licensure, licensure portability, credentialing
- Security – HIPAA
- Reimbursement
- Sustainability/business plans
- Shifting support directly to the consumer
- Virtual travel – Save money and time, improve efficiency, avoid travel risks, achieve Carbon Credits

National Trends and Frontiers in Telehealth and Cybermedicine Research

- Urban and rural
- Enhance recruitment, education, training, certification, and retention of health care professionals in their local communities
- Create “networks of networks”
- International collaboration and global health
- Virtual reality simulation for education, training and performance assessment

Current Telemental Health Bills Pending in Congress

- **S. 1188** - To amend the Public Health Service Act with respect to Mental Health Services/Grants for Telemental Health in medically underserved areas
- **S. 1635** - To establish an Indian Youth Telemental Health demonstration project to enhance the provision of mental health care services to Indian youth
- **H.R. 6331** - To add Community Mental Health Centers as Medicare telehealth reimbursable originating sites
- **H.R. 667** - To improve diagnosis and treatment of traumatic brain injury (TBI) in members and former members of the Armed Forces, to review and expand telehealth and telemental health programs for the Department of Defense and Department of Veterans Affairs, and for other purposes
- **H.R. 2505** - To direct the Secretary of Veteran Affairs to carry out a pilot program to utilize telehealth platforms to assist in the treatment of veterans living in rural areas who suffer from Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)

National CMS Payment of Telemedicine & Telehealth Services

Medicare reimbursement for telehealth services is divided into three areas:

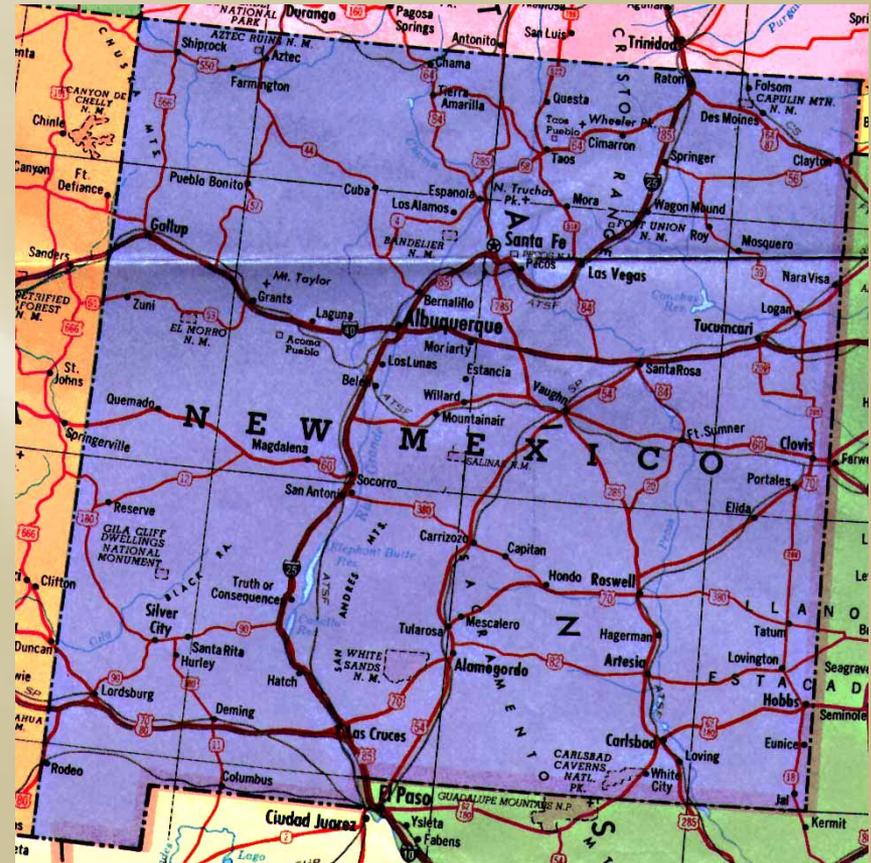
1. Remote patient face-to face services via live video conferencing
2. Non face-to-face services that can be conducted either through live video conference or via store and forward services
3. Home telehealth services

National Public Policy Updates

- **CMS Proposal on Credentialing and Privileging for Telehealth Providers by Medicare Hospitals**
 - Streamlining the credentialing process for Medicare participating hospitals partnering to deliver telehealth services
- **CMS Proposal on New Medicare Telehealth Coverage and Other Changes to Physician Fee Schedule**
 - Does not include much telemental health language, but important to stay updated on any proposed changes

New Mexico Facts

- 5th-largest state in U.S. geographically
- 3rd-highest income disparity of all states
- Highest poverty rate in U.S.
- Highest percentage of children living in poverty in U.S.



NM Child Telemental Health Support

- 2004 - Creation of NM Telehealth Commission
- Links child psychiatrists with rural primary care sites and school-based health centers via video and phone connections
- Provides direct clinical support, consultation, and training
- Initial funding through:
 - HRSA grant
 - SAMHSA Transformation grant
 - State SBIRT grant
 - DOE, and
 - Garrett Smith Suicide Prevention funds

NM Medicaid-Reimbursable Telebehavioral Health Services

- Psychiatric diagnostic interview examination
- Interactive psychiatric diagnostic interview examination
- Office or other outpatient visits
- Individual psychotherapy
- Family psychotherapy
- Pharmacologic management
- Consultations
- Reimbursement provided for both sites plus a connectivity charge

Medicaid-Reimbursable Providers in NM

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Clinical Nurse Specialist
- Clinical Psychologist
- Clinical Social Worker
- Registered Dietician or nutritional professional

Medicaid-Reimbursable Billing Sites

- Physician or Practitioner's Office
- Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Skilled Nursing Facilities
- Community Mental Health Centers
- School-based Health Centers

Medicaid-Reimbursable Billing Sites (cont.)

- Indian Health Services & Tribal 638 Facilities
- Residential Treatment Centers
- Eligible Recipients' Homes
- Ambulatory Surgical or Treatment Centers
- Home Health Agencies
- Diagnostic Laboratories and Imaging Centers

Georgia's Telemental Health Services Reimbursement

- Physician consultations conducted via interactive teleconferencing can be billed to Medicaid
 - Consultation fee can be billed fee-for-service
 - A facility fee of \$20 can be billed by the originating site
- Office visits conducted via interactive teleconferencing can be billed to Medicaid
 - Provider can bill fee-for-service for an office visit as long as the provider has a Medicaid billing number

Maryland's Telemental Health Services Reimbursement

Maryland Medicaid does not currently reimburse for Telemedicine services.

“Medicaid does not cover telemedicine services and is not aware of any claims or interest in pursuing reimbursement for these services. The agency representative had heard of a remote care project through the University of Maryland. Transportation costs are not a major cost issue for Medicaid. The agency is interested in any services that are cost-effective and meet the needs of their constituents; however, at this time they do not have reimbursement for telehealth on the policy agenda.”

Telemedicine Reimbursement Report (2003) prepared by the
Center for Telemedicine Law

Wyoming's Telemental Health Services Reimbursement

- The Wyoming Physician's Statute allows for the use of telemedicine services to include the practice of medicine by electronic communication or other means from a location to a patient at another location. *This does include provider-to-provider consultation.*
- Telehealth (TH) CPT codes exist, and GT modifiers (GT = "via interactive audio and video telecommunications system") and a facility fee can be billed by the originating site.
- Providers eligible to bill for TH services include:
 - Psychiatrists
 - Physician Assistants (under Psychiatrist supervision)
 - Advanced Practitioners of Nursing (Psychiatric/Mental Health Specialty)

NM Statewide Behavioral Telehealth Coordination efforts

- Partnerships with:
 - Optum Health
 - Indian Health Services
 - School-based Health Centers
 - Primary Care Physicians (PCPs)
- Improved coordination within UNM system
- Statewide data collection efforts
- Statewide scheduling software application being developed for behavioral health TH users
- Emergency psychiatric care via televideo being explored

NM State Telehealth Data Workgroup

- Convened to eliminate inconsistencies in reporting
- Recognized need for standard definitions for reporting purposes
- Developed standard definitions for:
 - Telemedicine
 - Client
 - Patient
 - Specialty service
 - Telehealth site
 - Telehealth
 - Consultation
 - Training
 - Encounter
- Determined that a standard form would aid in collecting and reporting data
- Determined that reporting should be completed by originating site to avoid duplicative efforts
- One state agency agreed to draft a standard reporting form for all to pilot

Telebehavioral Health with OptumHealth NM

Goal

- Improved access to behavioral health services in underserved areas of New Mexico

Strategies

- Increased clinical capacity
- Increased utilization of telehealth infrastructure
- Integration of care coordination and primary care
- Expansion and support of NM telebehavioral health networks
- Collaboration with NM telehealth community
- Standardized management: Best Practices and Protocols
- Measurement of outcomes and quality assurance

Functions of OptumHealth Scheduling Application

- Identification of available telebehavioral health providers
- Scheduling of clinical encounters and telehealth resources
- Exchange of patient information
- Protection of patient information and confidentiality
- Authorization of requesting provider facilities
- Method for new providers and facilities to join the network
- Ensuring data and transaction security

OptumHealth Telebehavioral Health Application

- Web-based (ASP.NET)
- Available at all telehealth sites
- Extensive reporting capabilities
- Behavioral health providers:
 - Drawn from all existing networks and behavioral health programs
 - Includes a sign-up method for new telehealth providers and facilities
- Appropriate provider identification criteria:
 - Licensure
 - Populations served
 - Language
 - Insurance affiliation
 - Specialty
 - Telehealth services provided
 - Cultural expertise
 - Behavioral health program

OptumHealth Telebehavioral Health Application, cont'd.

- Multiple scheduling types supported:
 - Urgent
 - Flexible
 - Fixed
 - Block
- Calendars:
 - Multiple views of resource scheduling
- Embedded Document Scanning:
 - Documents are scanned directly into patient record as attachments
 - Tagged with defined document types
- EMR Interoperability:
 - Encounter-centric EMR middleware: CCD import/export
- Encounter Documentation Module (optional):
 - Progress notes
 - Assessments

Child /Adolescent Telemental Health Support

- Focus on rural youth and their families, as well as those who support their education, physical and behavioral health care
- Respectful of cultural diversity and local systems of care
- Flexible enough to adequately respond to the special contexts in which providers care for New Mexicans in rural/frontier areas

Advantages of Child/Adolescent Telemental Health

- Cost-effective and efficient:
 - Reduces waiting time
 - Reduces time away from work
 - Reduces travel time
 - Reduces complications from delayed treatment
 - Allows communities to keep and treat their patients rather than transferring them elsewhere

Donald M Hilty, MD, Shayna L Marks, BA, Doug Urness, MD, Peter M Yellowlees, MD, Thomas S Nesbitt, MD, Can J Psychiatry 2004;49:12-23

Thomas L. Young and Carol Ireson, Pediatrics, 2003;112:1088-1094

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Other Advantages of Child/Adolescent Telemental Health

- Empowers patients by increasing their choice and control during treatment
- Enhances local community staff recruitment, retention and agency accreditation due to the ability to provide higher quality of care and greater opportunities for staff education
- Well-utilized and well-accepted by urban, rural, and culturally diverse (Including Native American and Hispanic) communities

Hilty, Marks, Urness, Yellowlees, Nesbitt, 2004;49:12-23
Young and Ireson 2003;112;1088-1094

Value of Child Telemental Health for Distant Sites

- Access where previously there was none
- Continuing education credits for participating providers
- Ability for community providers to bill for time spent co-treating clients through telehealth when appropriate
- Opportunities for building additional system and community partnerships

The Communities

Albuquerque

Anthony

Carlsbad

Chaparral

Des Moines

Dulce

Embudo

Espanola

Gadsden

Gallup

Grants

Laguna

Las Cruces

Las Vegas

Lordsburg

Mescalero

Pecos

Pojoaque

Raton

Ruidoso

San Miguel

Santa Fe

Santa Teresa

Silver City

Sunland Park

Taos

Tucumcari

Zuni

UNM/CRCBH Partnership's IHS Telehealth Sites

- K`ewa/Santa Domingo
- To`hajiilee/ Canoncito
- Mescalero
- Santa Fe

Telepsychiatry Training

- Training a new generation of child/adolescent psychiatrists to:
 - Utilize technology
 - Understand larger-systems consultation-liaison training to expand and redistribute the workforce in child and adolescent psychiatry
 - Develop expanded comfort as leader/participant on multi-disciplinary team
 - Act as a bridge between the UNM system and local rural and frontier care providers
 - Connect to a telepsychiatrist and particular sites early in the consultation-liaison process

Rural Child Psychiatry Track

- Funded by state Children Youth and Family Division
- Supports one half-day per week work in rural communities with attending psychiatrist
- Child fellows conduct three on-site visits per year to the communities they serve via televideo

Child/Adolescent Telemental Health Support Model

- Focus on the dissemination, modeling and use of evidence-based practice through training, consultation and a model of patient- and family-centered, interdisciplinary, collaborative care.
- An ecosystemic approach: Consultations include all involved members of the school community with parents and students, including school administration, bus drivers, janitors, teachers' aides, teachers, and school health professionals.
- Telepsychiatry has now become the method for training, consultation and support for all sites in the New Mexico Garrett Smith youth suicide prevention grants and soon, all rural School Based Health Center (SBHC) sites across the state.

Telehealth Models

- **Direct Services** :
 - Medication management
 - Evaluation/clinical interview
 - Therapy provided to consumer by provider via telehealth
- **Consultation** :
 - Multiple providers from various sites may take part in a video case consultation with a provider/supervisor
 - Enhanced participation by offering Continuing Education Units (CEUs)
- **Supervision**:
 - For interns, residents and practitioners
 - Ongoing work in this area to support workforce development in NM and address patient liability concerns

TH Models (cont.)

- **Training/Education:**

- On specific clinical or practice issue(s)
- Attendance is supported by offering CEUs

- **Emergency Services:**

- Emergency psychiatric evaluations
- Crisis intervention
- Hospitalization determinations
- Use of this model varies from state to state
- NM is currently examining the need, ability, and financial feasibility to provide 24 hour services

Telehealth Interviews for Direct Service

- Interviews with patient, family, peer supports and care providers for:
 - Assessment
 - Diagnosis
 - Medication support/management
 - Telehealth interviewer may assume primary and ongoing responsibility for medication management vs. consultation and recommendations.
- Pre-conference communication with presenting provider is important in order to determine:
 - Who to invite
 - How to frame the interview session

Telemental Health Consultations with Child's Parents and Care Providers

- Interviews with parent(s) and care providers of education, health care, and behavioral health care for:
 - Psychoeducation about:
 - Previous assessments
 - Diagnoses
 - Treatment plans
 - Recommendations related to educational placement, classroom management, psychotropic medication, psychotherapy
 - Larger systems consultation, collaboration, and planning:
 - Fostering therapeutic conversations to create a more cohesive and collaborative interdisciplinary system of care
 - Treatment recommendations utilizing local, culturally-attuned, and collaborative systems of care

Distance Education: Training In Assessment, Diagnosis, Evidence-based Practices and Practice-based Treatments (single or multi-site)

Requested trainings:

- Risk assessment
- Modalities of psychotherapy
- Classroom management
- Psychotropic medication
- Over- or under-diagnosing of particular mental disorders
- Ethnic diversity (caring for ethnic minorities with whom providers have little experience, training, and/or supervision)

Interdisciplinary trainings foster connections and collaborations between primary and behavioral health care providers

Case Conferencing and Psychiatric Consultation (single or multi-site)

- Telepsychiatry interviews of care providers of education, health care, and behavioral health care for:
 - Psychoeducation: information and discussion regarding previous assessments, diagnoses, treatment plans and recommendations (educational placement, classroom management, psychotropic medication, psychotherapy) via case-based learning
 - Larger systems consultation, collaboration, and planning: fostering therapeutic conversations to create a more cohesive and collaborative interdisciplinary system of care
 - Treatment recommendations utilizing local, culturally-attuned, and collaborative systems of care

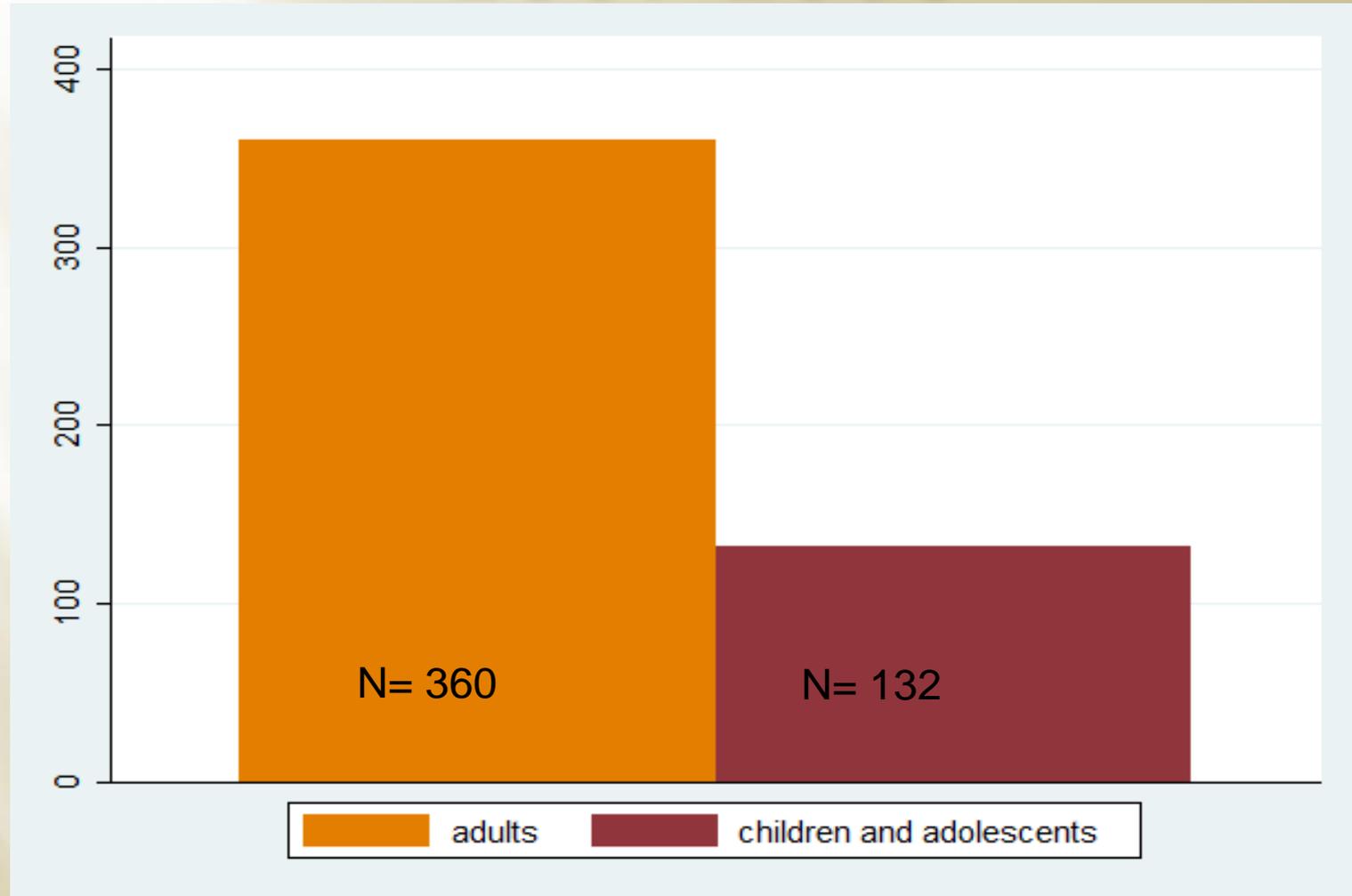
Telemental Health Consultation Benefits for Primary Care Providers

- Enhances decision support
- Reduces professional isolation
- Patient and provider comfort of own setting
- Training provided in a hands-on, individualized manner when PCPs join telemental health interviews
- Health Care Reform will dictate need to increase this model in rural sites over time

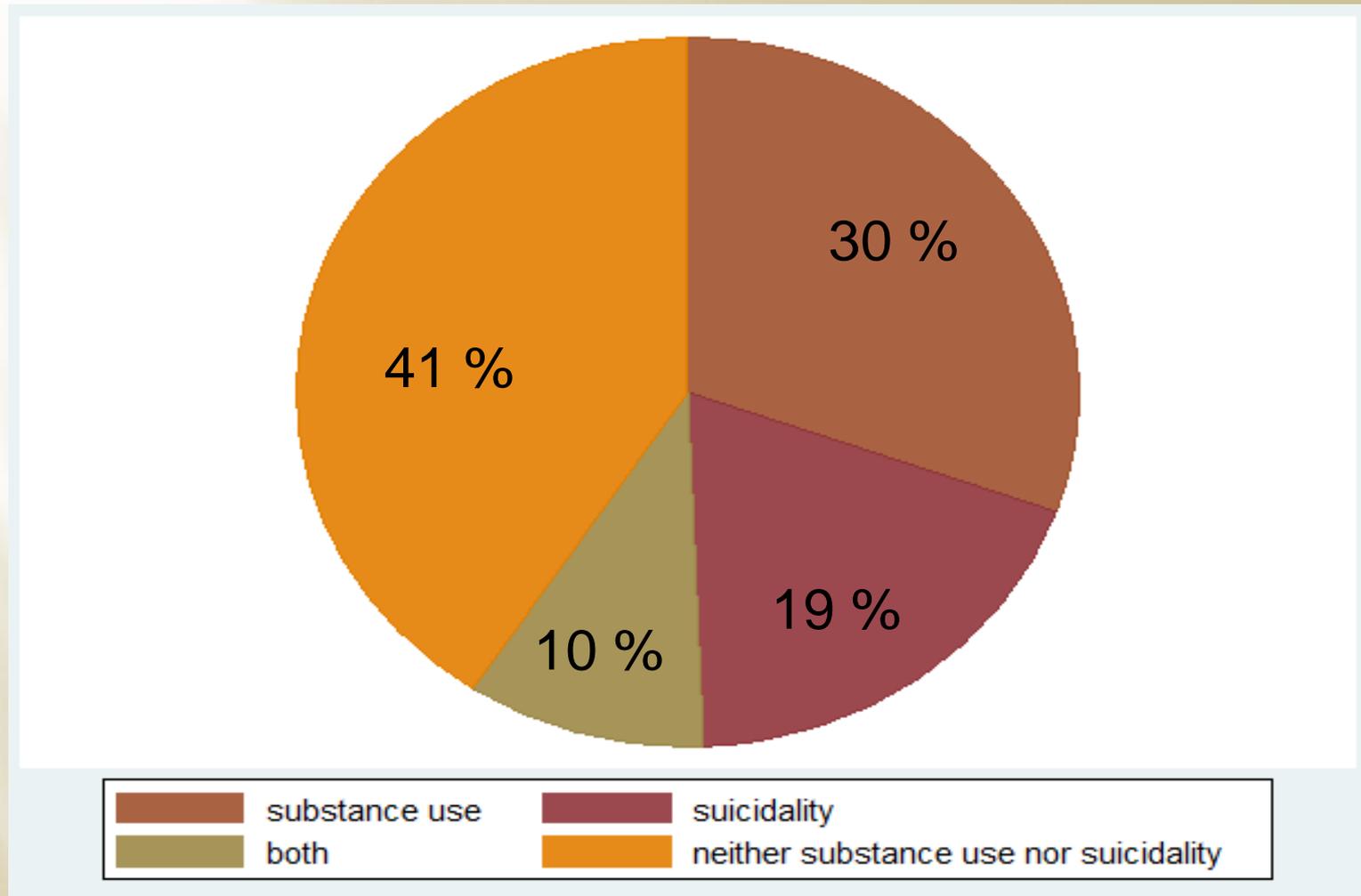
Behavioral Telehealth Data Collection

- Consultation log data:
 - Service type
 - Gender
 - Age
 - Ethnicity
 - Pedagogy
 - CPT code
- Consumer satisfaction survey data:
 - Quality of care
 - Quality of video/audio
 - Convenience
 - Comfort level with the system of delivery of care, privacy, etc.
- Professional development survey data:
 - Quality of materials
 - Quality of audio, video
 - Convenience of location
 - Improvement in clinical abilities

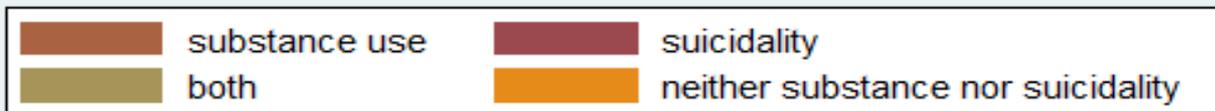
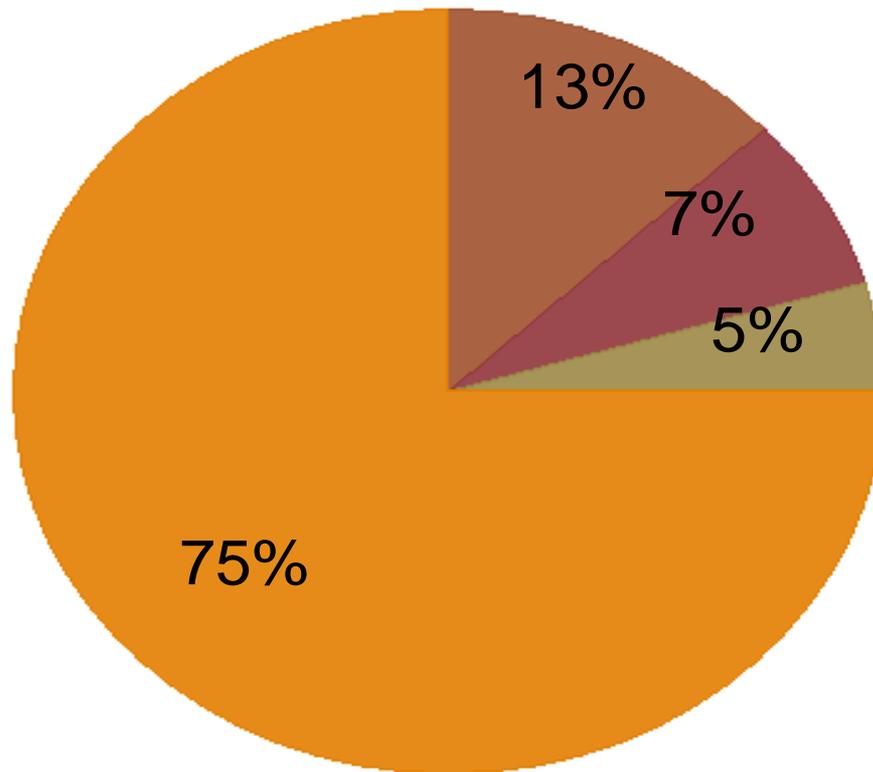
Direct Care Provided 2007-2008



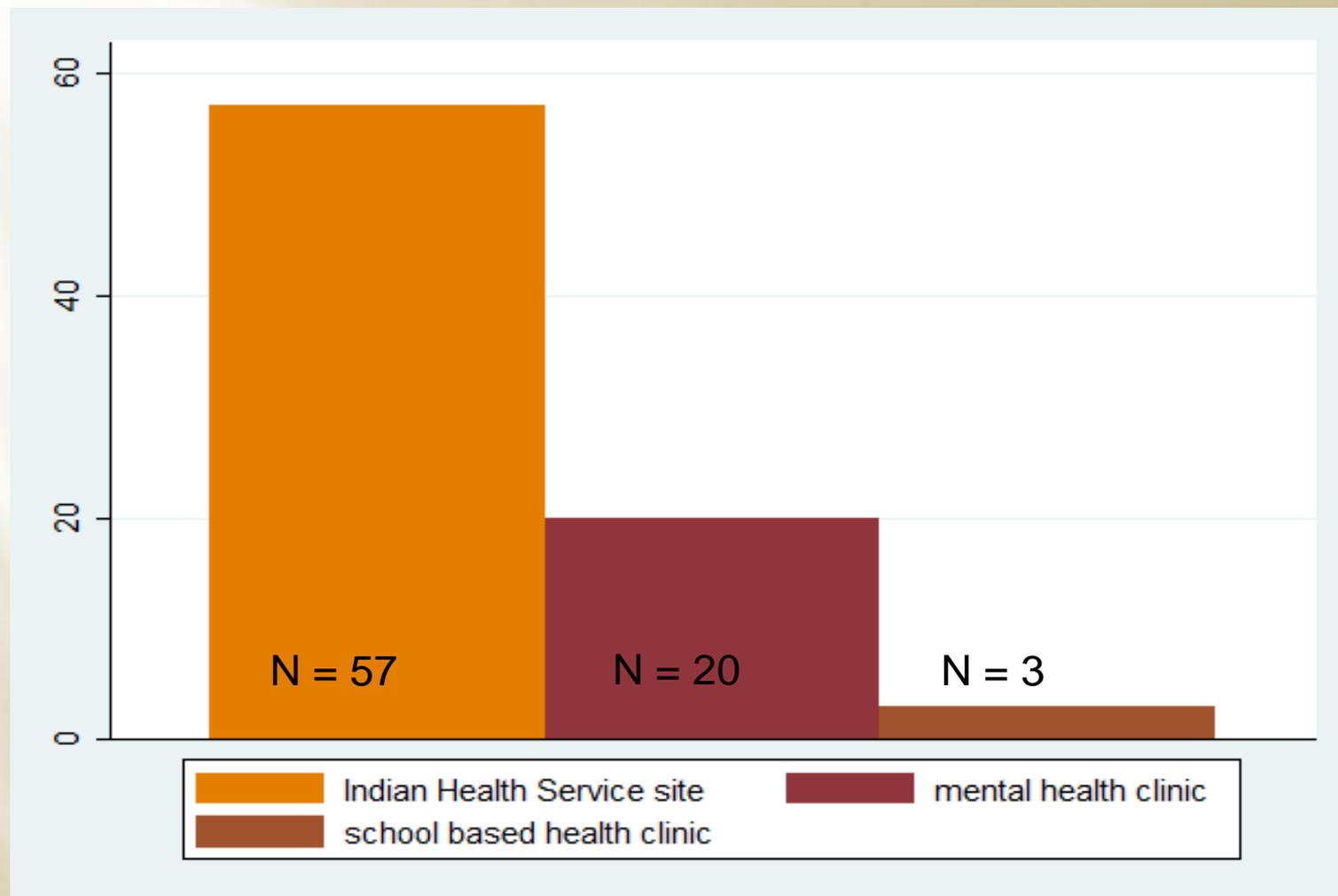
Clinical Focus - All TH Visits



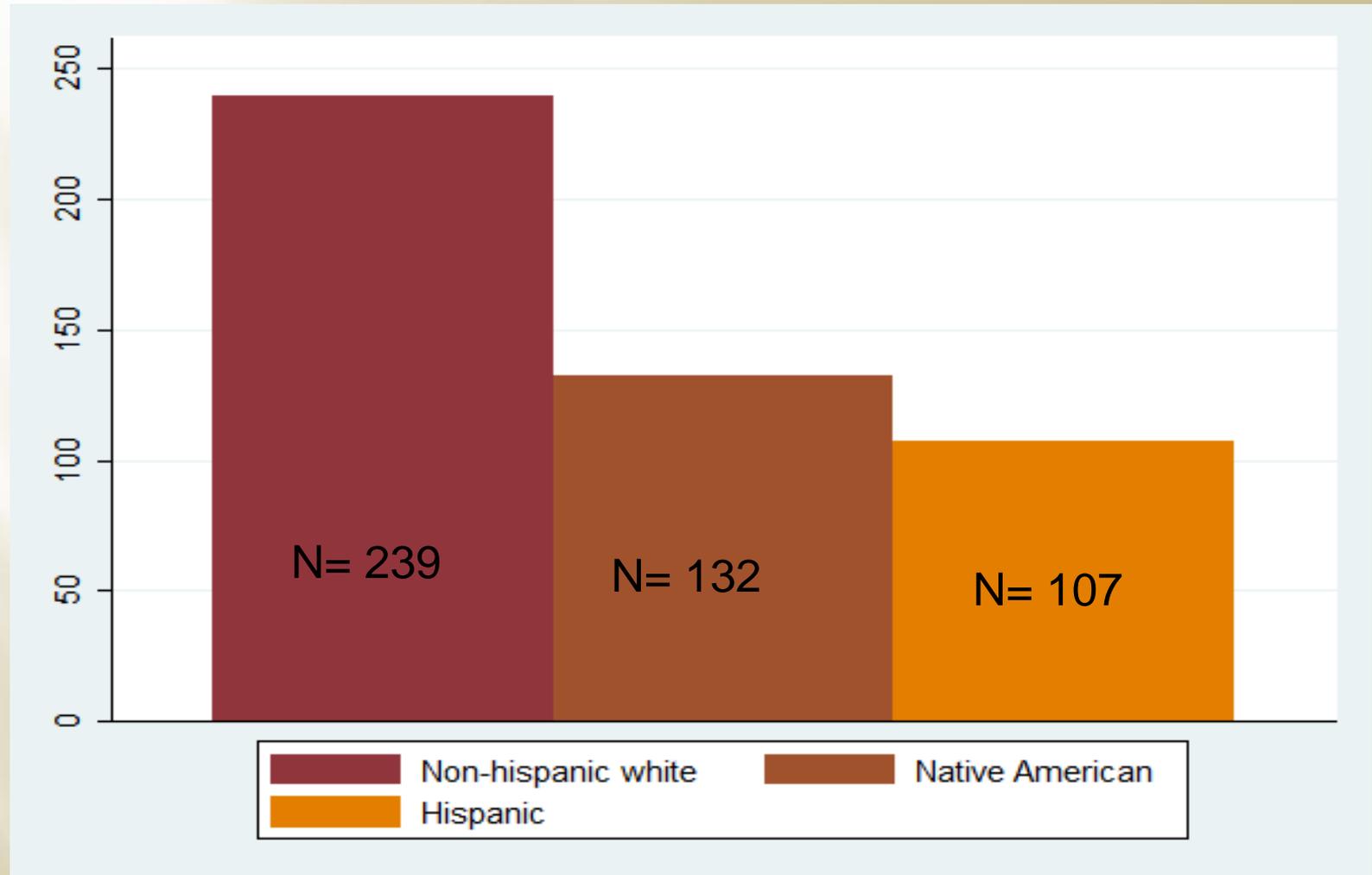
Clinical Focus - Youth TH Visits



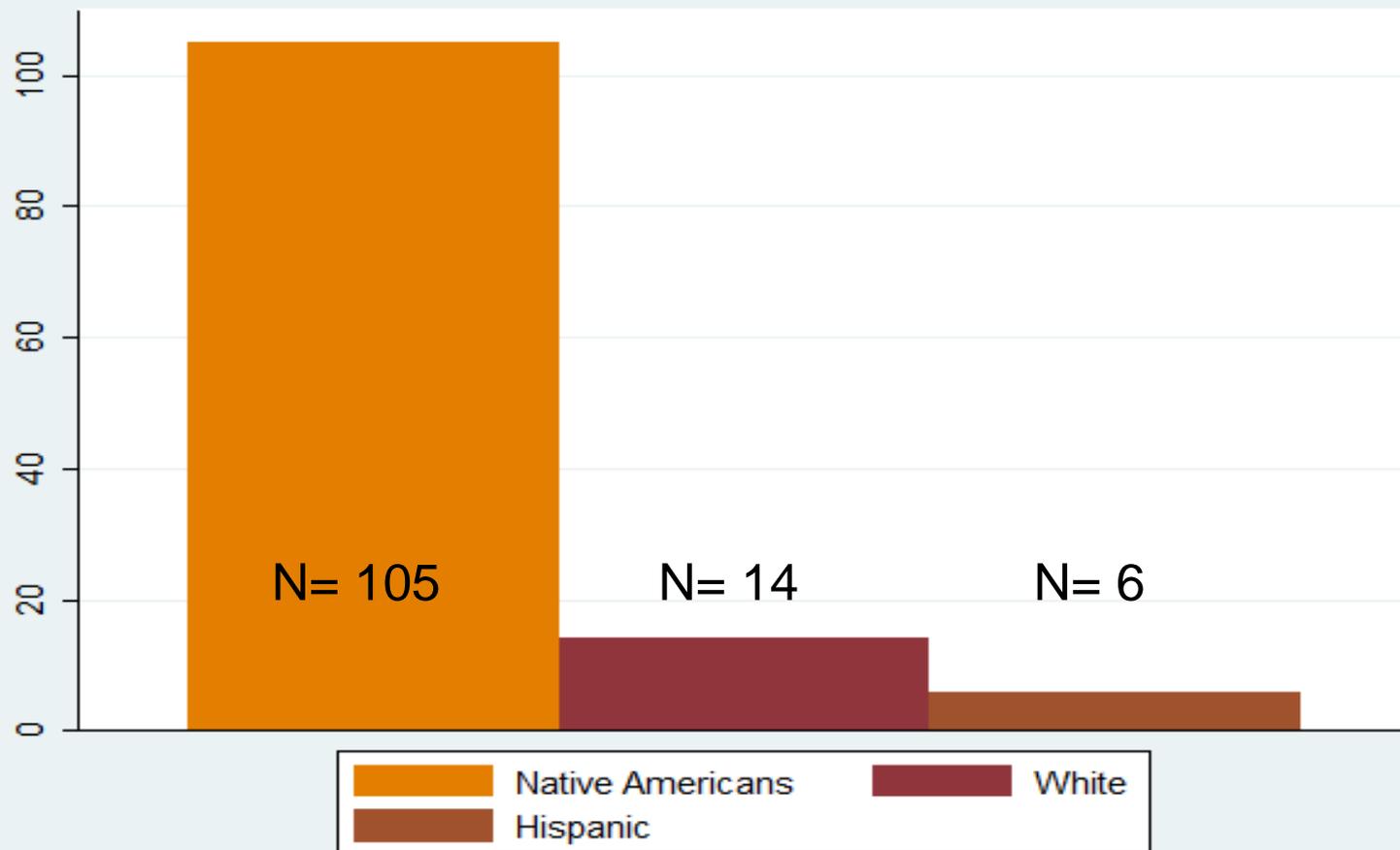
Sites Connecting for Telemental Health 2007-08 (Duplicated)



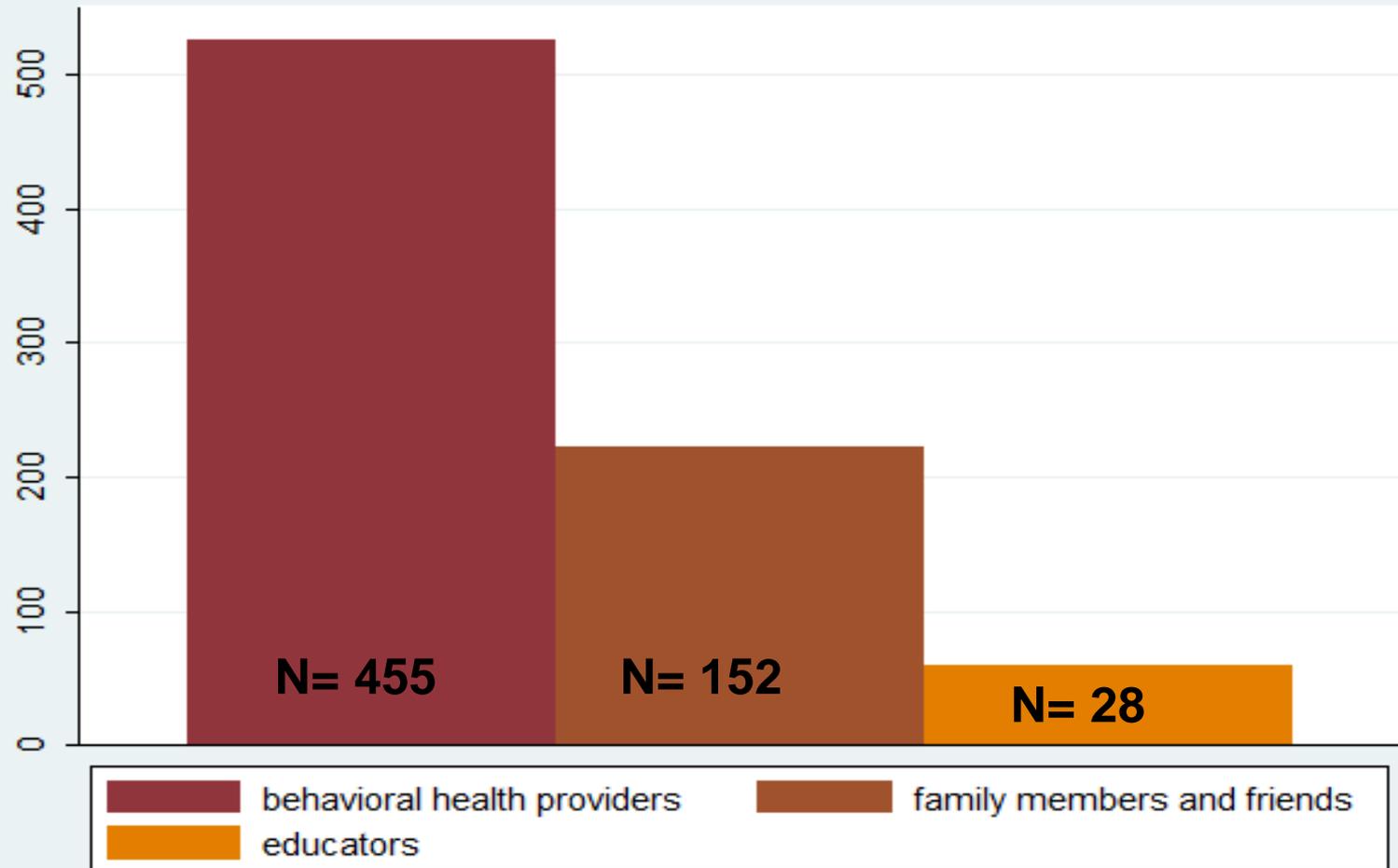
Ethnicity of Clients - All



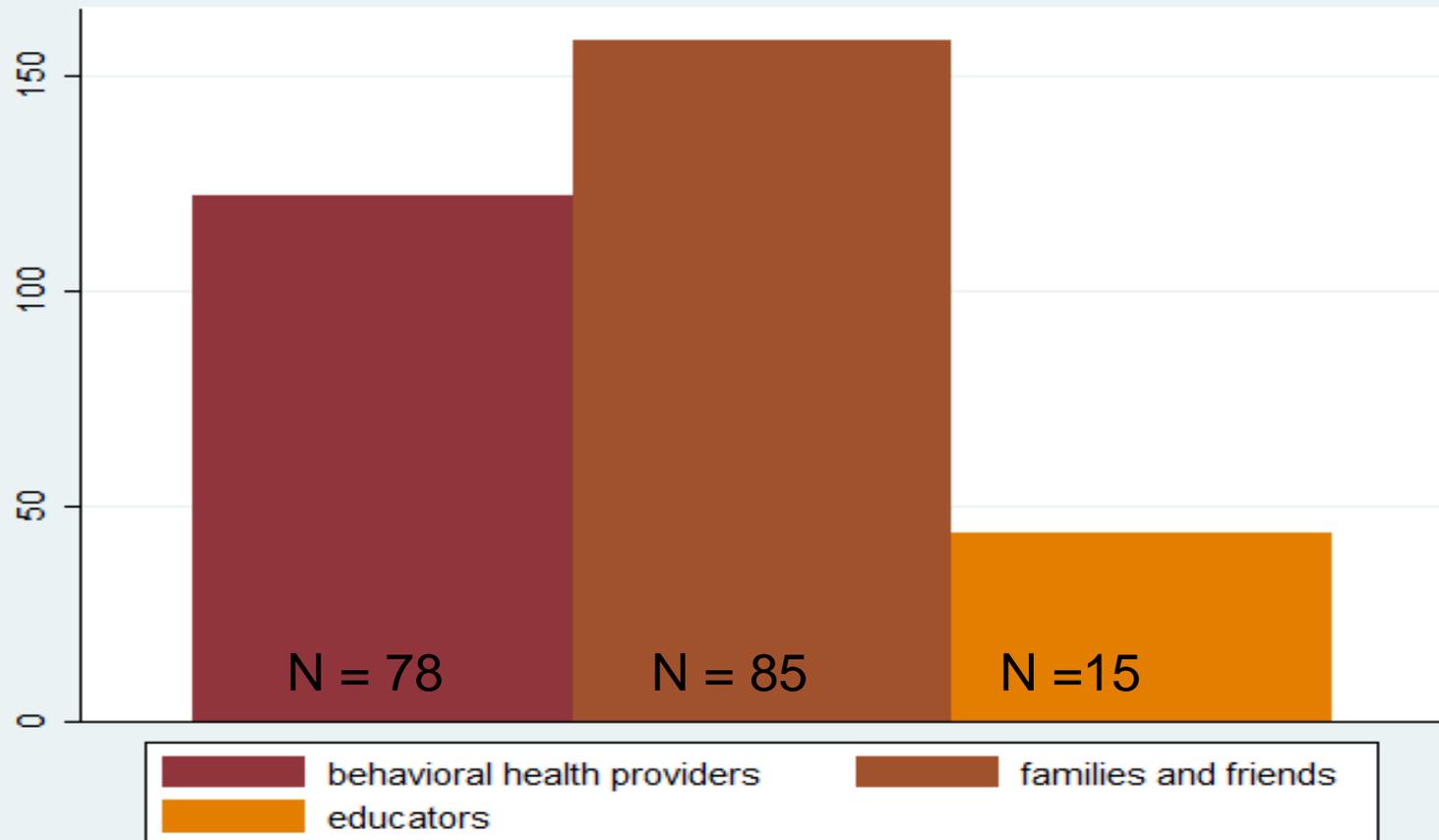
Ethnicity of Clients - Youth



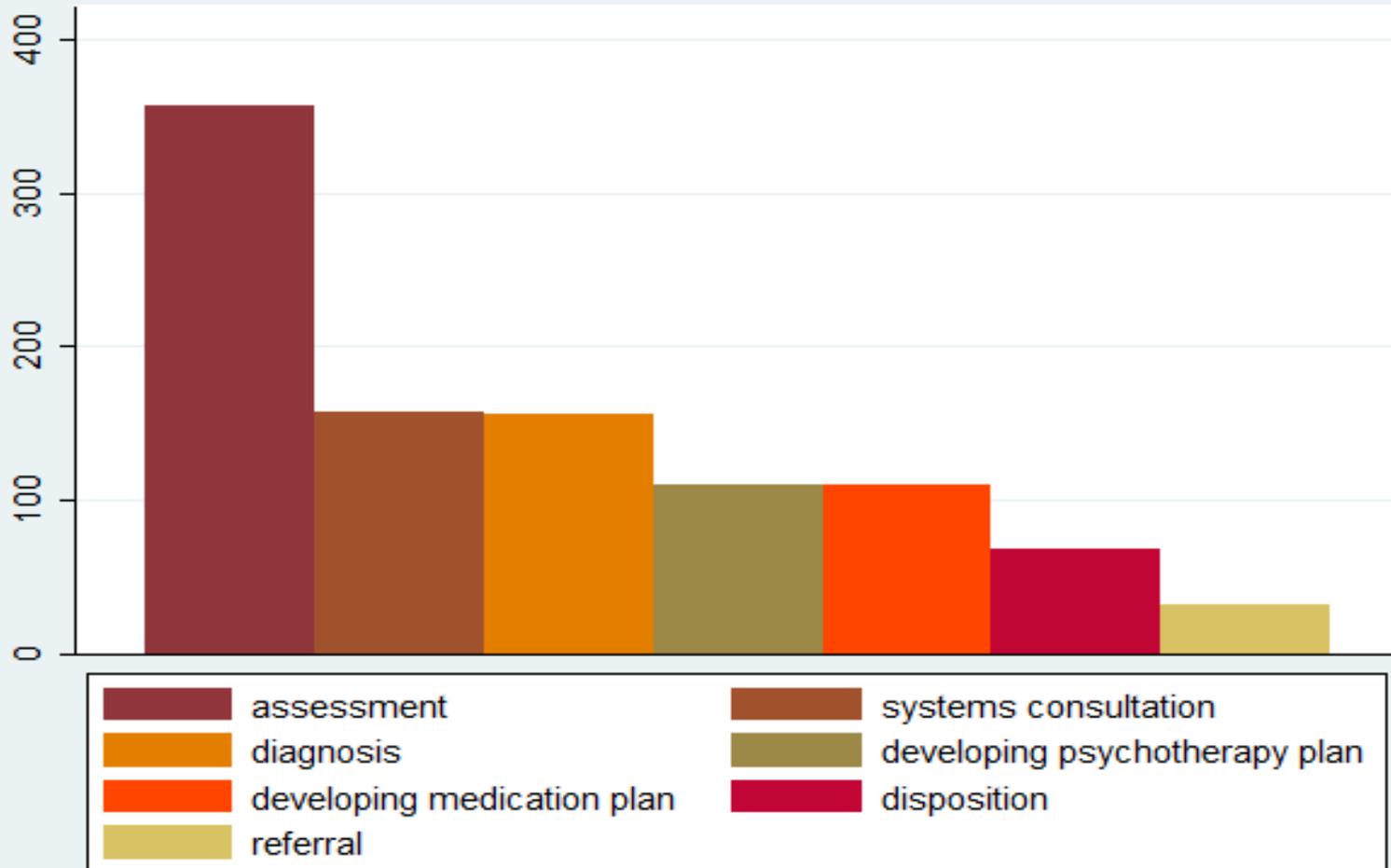
Additional Participants- All TH visits



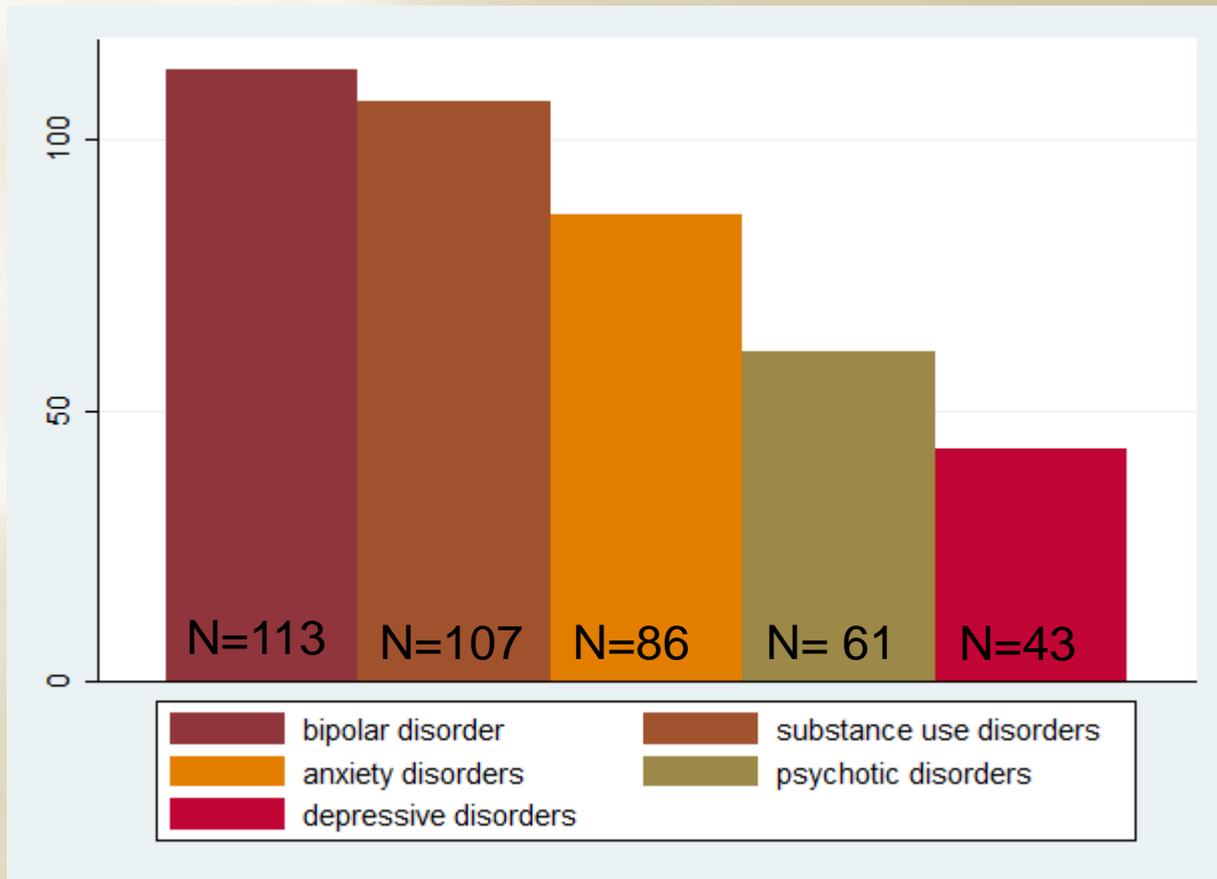
Additional Participants - Youth Visits



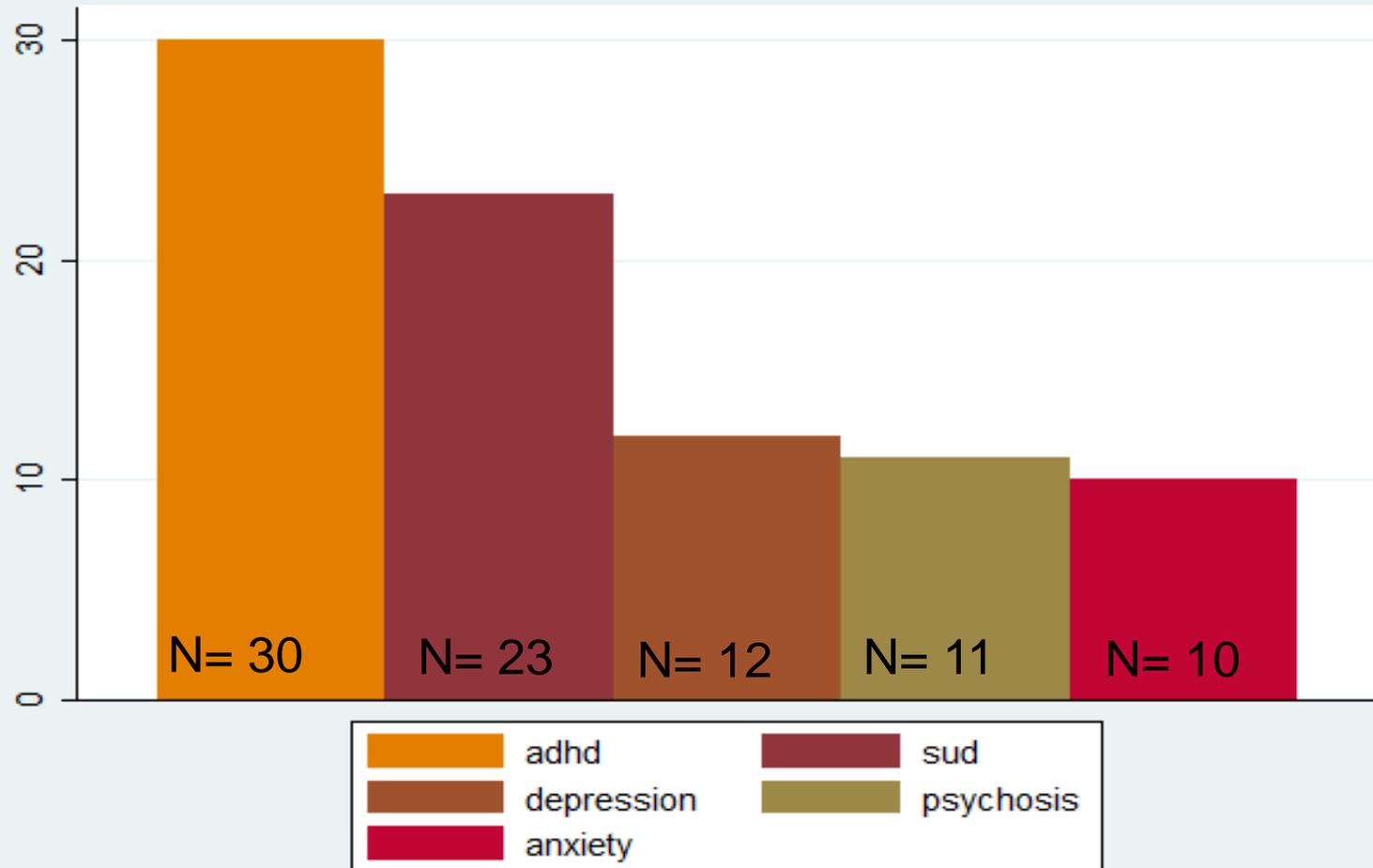
Support Provided



Common Diagnostic Presentations: All



Common Diagnostic Presentations: Youth



Staffing Structure for Successful Telehealth Programming

Originating site coordinator: Site of client/family at the time of the service

Duties include:

- Scheduling clients
- Sending TH consultation request form to provider site
- Obtaining informed consent
- Faxing patient info to provider site
- Confirming/canceling appointments with provider site
- Collection of patient and provider satisfaction surveys
- Testing equipment to make sure everything is working prior to TH sessions
- Making sure clients are comfortable in the TH room and introducing participants at the beginning of a session
- Having emergency plan with distant site in place

Staffing Structure (continued)

Distant site coordinator: Site of provider at the time of the telehealth service

Duties Include:

- Scheduling the provider so that his/her time is maximized,
- Obtaining schedule and client info from originating site,
- Assisting with testing of equipment,
- Collecting client and provider satisfaction surveys,
- Coordination and provision of CMEs/CEUs,
- Sending out and maintaining training/consultation schedules,
- Serving technical assistance contact for originating sites

UNM Center for Rural and Community Behavioral Health (CRCBH)

Protocol for Telehealth Case Consultations and Interviews

CRCBH Primary Contact:

Flor Cano-Soto, Program Coordinator

Office/Cell Phone: 505.934-6579

Fax: 505.272.1876

E-mail: fcano-soto@salud.unm.edu

Prior to a Telehealth Session

Confirmation/Cancellation:

Primary originating-site provider agency staff should contact scheduler on other end with all appointment confirmations and cancellations a minimum of 1.5 business days (12 business hours) prior to appointment/service

Case Consultation:

Telehealth Consultation Request Form accompanied by any pertinent information must be **faxed to the scheduler no later than 1.5 business days (12 business hours)** before the requested clinic.

Remove any identifying patient information. The provider at the distant site assigns a number for each patient that corresponds with the faxed information

Tele-Behavioral Health Interviews:

- The same deadline for faxing the Telehealth Consultation Request Form applies.
- The originating site staff/provider is responsible for:
 - Explaining the risks and benefits of telehealth consultations to the participants
 - Obtaining informed consent (one copy to provider site and one for distant site file)
 - Explaining to participant and parent/legal guardian that participation in the consultation is voluntary and can be terminated at any time
- A new Telehealth Consent Form should be obtained at the start of the academic school year or at any time that the guardianship and/or legal custody of the person seeking treatment changes.

Telehealth Security and Privacy

- HIPPA guidelines must be followed, including assuring all videoconferencing calls are supported by HIPPA compliant protocols.
- Requires use of private room with “session in progress” sign visible
- Camera must pan the entire room so that all participants can see who is present in both rooms
- Introduction of all individuals in each room
- Access to telehealth room is monitored once session has begun to assure no unauthorized individuals enter
- Emergency protocol in place and implemented if necessary

Calling in for the Telehealth Meeting

Call Initiation:

- Primary originating-site provider is responsible for initiating the link to distant site by calling in to the assigned “consultation room.”

Introductions:

- At the beginning of each telehealth session, participating providers:
 - Introduce themselves
 - Exchange phone numbers in the event that the telehealth connection is interrupted in any way.

Technical Difficulties (before/during consultation):

- Need to have ability to contact each site’s technical assistance support
- If problem is unresolved, have contact info of an IT back up person

Upon Conclusion of a Telehealth Meeting

Case Discussions and Consultations:

- Originating-site staff is responsible for placing a summary of the case consultation in the client's chart, including:
 - Names of all in attendance
 - Treatment agreed upon during the course of the telehealth consultation
 - Any necessary referrals

Follow-up includes:

- Plan to maintain contact with the person seeking treatment to facilitate adherence to the treatment plan outlined in the telehealth consultation
- Provision of emergency back-up outside of tele-behavioral health sessions as needed

Telehealth Provider Requesting Treatment Interview:

- Originating-site provider will receive assessment report from the distant-site provider to be included in the client's chart via email or fax

Evaluation and CME/CEU Credit:

From Providers :

- Providers who would like to receive CEU/CME credits fill out *Continuing Education Sign-In Sheets* for each event in which they participate.
- Following consultation, providers are asked to complete a professional development satisfaction survey.

From Customers (Consumers):

- Clients are asked to complete a Customer Satisfaction Survey at the end of the first telehealth session. Evaluation surveys ensure that the telehealth direct service program continues to meet the needs of its consumers.
- Follow-up consumer evaluations are periodically requested by the distant site, and are faxed to the distant site coordinator immediately upon completion (not to exceed 2 business days).

Tele-Behavioral Health Customer Satisfaction Survey

Twenty questions that focus on:

- Comfort with session
- Reliability, quality and effectiveness of telehealth equipment
- Quality of care
- Recommending this service to others

Conclusion

Emphasis is placed on dissemination, modeling and use of evidence-based practice through training, consultation and a model of patient-and-family-centered, interdisciplinary, collaborative care with goals of:

- 1) Increasing access to behavioral health support for children, adolescents, and families in rural/frontier New Mexico
- 2) Fostering the collaboration between multiple systems, including education, primary care and behavioral health providers in these settings
- 3) Enhancing the expertise of providers in the provision of the continuum of behavioral health support
- 4) Expanding training opportunities for behavioral health trainees

Telemental Health Resource Sites

- American Telemedicine Association
 - www.americantelemed.org
- Northern Arizona Regional Behavioral Health Authority
 - www.rbha.net
- University of Colorado Denver / Telemental Health Guide
 - <http://www.tmhguide.org/>
- Center for Rural and Community Behavioral Health
 - www.hsc.unm.edu/SOM/psychiatry/crcbh/
- Center for Telehealth and E-Health Law
 - <http://www.telehealthlawcenter.org/>