

Telepsychiatry

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Program Objectives

- S Define telemedicine and educate participants on history and evidence base for telemedicine-based patient care
- S Inform participants on regulatory, technical, and operational needs necessary to implement psychiatric telemedicine
- S Inform participants on the skills training and competency testing required to deliver tele-psychiatry in clinical settings

Definition

- S Tele-psychiatry is the provision of psychiatric services at a distance via electronically mediated communication.
- S Can be narrowly or broadly defined:
 - S Broadly, fax and telephone are included; email psychotherapy & prescribing are included.

Definition

- S For purposes of this presentation, we will narrowly define Tele-psychiatry as the provision of mental health diagnostic, therapeutic or management services via real-time, interactive video-conference.

Background & Rationale

- S Psychiatric services are unevenly distributed, with large areas of the country underserved by practitioners:
- S Rural areas
- S Health Professional Shortage Areas
- S Under-served Urban
- S Under-served populations: Child-Adolescent

Background & Rationale

- S 50+ year history, recently greatly increased growth.
- S Improvement in Camera Quality & Cost
- S Availability of fast, affordable bandwidth
- S Improving reimbursement aids sustainability
- S Increased focus on Health IT
- S Important ingredient in ACOs, Behavioral Health Integration

Research on Outcomes

- S Relatively limited, but consistent comparison studies of 'live' and 'tele' psychiatry.
- S Psychiatric Diagnosis & Treatment is comparable with face-to-face across a variety of populations
- S Patient satisfaction with tele-psychiatry consultation generally comparable to face-to-face.
- S Literature summarized in ATA Practice Guidelines for Videoconference-based Telemental Health

Utilization & Growth

- S Tele-psychiatry applications second only to tele-radiology in the number of settings and patient encounters.

Applications

- S Specialist consults to EDs & Primary Care.
- S Psychiatric Staffing to CMHCs
- S Psychiatric evaluations & admissions
- S Weekend & Vacation Coverage
- S Corrections
- S Staffing of rural clinics & units
- S Case management, Staff Education, & Supervision

Regulatory & Reimbursement

- S Telemedicine policy revised by CMS in 2001 recognizes telemedicine encounters to rural patients as equivalent to ' face to face ' for a group of procedures.
- S Applicable to patients outside a Metropolitan Statistical area or in Rural Health Professional Shortage Area

Regulatory & Reimbursement Patient Location

- S Physician office
- S Hospital (including CAH, General, & Psychiatric)
- S Community Mental Health Center
- S Skilled Nursing Facility
- S Rural Health Clinic
- S Federal Qualified Health Center

Regulatory & Reimbursement Eligible Practitioners

- S Physician (including Psychiatrist)
- S Clinical Psychologist
- S Clinical Nurse Specialist
- S Physician Assistant
- S Nurse Practitioner
- S Clinical Social Worker
- S Nurse Midwife

Medicare Billing Codes

Service	HCPCS or CPT Code
Telehealth Consultations, emergency department or initial inpatient	G0425 – G0427
Follow up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406 – G0408
Office or other outpatient visits	99201 - 99215
Subsequent Hospital care services, with the limitation of 1 telehealth visit every 3 days	99231 - 99233
Subsequent nursing facility services, with the limitation of 1 telehealth visit every 30 days	99307 - 99310
Individual and group kidney disease education services	G0420 – G0421
Individual and group diabetes self management	G0108 – G0109
Individual and group health and behavior assessment and intervention	96150 - 96154
Individual psychotherapy	90832-90837*
Pharmacologic Management	E/M Code *
Psychiatric diagnostic interview examination	90791-90792*
End-Stage Renal Disease (ESRD)- related services included in the monthly capitation payment	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
Individual and group medical nutrition therapy	G0270 and 97802-97804
Neurobehavioral status examination	96116
Smoking cessation services	G0436, G0437 and 99406-99407

Medicare Changes for 2013

- S Psych Diagnostic Interview 90801 deleted
- S MD now bills 90791 (no medical exam) or 90792 (with medical)
- S Individual Psychotherapy codes have changed
- S 90862 (Pharm Management) has been deleted
- S MD will choose E/M code with complexity

Medicare Changes for 2013

- S Impact: E/M codes can only be billed One per Three days
- S American Telemedicine Association advocating for change to allow psychiatrists to round on successive days
- S Consultation codes are an option for covering MDs (not attending MD)
- S Horizon tracking process & assisting in advocacy efforts

Regulatory & Reimbursement

- S Practitioner is reimbursed according to Medicare fee schedule for service provided.
- S Service must be within practitioner's state scope of practice.
- S The appropriate CPT code is billed with a ' GT ' modified indicating a telemedicine encounter
- S Hospital paid \$24/session Technical Fee for hosting

Regulatory & Reimbursement

- S Medicaid Telemedicine Policy is determined at State Level
- S Summary of State Medicaid Policy is available
- S Coverage growing via State-mandated Insurance Regulations
- S 15 States now have State Telemedicine Mandates
- S Caveat: State Mandates don't extend to self-funded 'ERISA Exempt' plans (Many large employers)

Basic Technical Requirements

- S Broadband capacity
- S Video-conference Camera & Screen
- S Pan-tilt-zoom on patient care side (recommended)
- S Fixed desktop camera for MD
- S Possible laptop solution for travel/vacation
- S Encrypted Signal for HIPAA Security

Horizon Equipment Recommendations – Dr. Office

- S LifeSize LG Executive w/maintenance contract
- S 768k or above DSL or Fiber Internet Connection
- S Static (fixed) IP Address provided by Internet Provider
- S Tech Support from LifeSize and Horizon IT
- S Doctor can control camera remotely at Hospital side

Horizon Equipment Recommendations – Facility

- S LifeSize Passport PTZ w/Micpod
- S Ergotron multi-media med grade cart
- S 768k or above business class dedicated DSL
- S Static (fixed) IP Address provided by Internet Provider
- S Tech Support from LifeSize and Facility IT
- S Doctor can control camera remotely

Horizon Equipment Recommendations - Cost

Video Conference Component System for Treatment Rooms

LifeSize Passport Pan Tilt Zoom w/ Micpod	\$3,555.07
Annual Maintenance Agreement	\$289.26
Ergotron Mobile Media Center LD -cart	\$792.99
Ergotron MMC Camera Shelf Kit	\$41.88
Ergotron Med Grade Power Strip	\$125.67
Ergotron Coiled Extension Cord Kit	\$99.39
ViewSonic VT3255LED - 32" LCD TV	\$380.91
Freight	\$90.06
Tax 8.25%	\$436.03
Total	\$5,811.26

All-in-one integrated Video Conference System for Physician Offices

LG Executive Video Conferencing Device	\$2,581.89
Maintenance Agreement - 1 yr	\$448.86
Freight (est.)	\$45.00
Tax 8.25%	\$250.04
Total	\$3,325.79

Support Requirements

- S Initial technical assessment by Horizon IT
- S Initial setup, configuration, and testing of equipment by facility IT locally and Horizon IT remotely
- S Maintenance contracts w/vendor must be maintained on equipment
- S Ongoing maintenance and support requires partnership between facility and Horizon IT

Telemedicine: Inpatient Hospital

- S CMS limits attending MD activity via Telemedicine 1 every 3 days
- S Allows Consults, Initial Evals., & Psychotherapy
- S Psychiatry Applications:
 - Ø Weekend & Vacation Coverage
 - Ø Admit New Clients
 - Ø Ongoing Medication Management
 - Ø Reduce Locums expense & assist MD Quality of life

Telepsychiatry & Contract Management

- S Finding & Retaining Psychiatrists is a key ingredient to Developing & Operating Psychiatric Units
- S But ... Doctors are hard to find
- S 2/3 of Horizon's recruits are for rural or small market hospitals
- S Even recruits in urban areas can be lengthy and expensive

The Hurdle:

- S Psychiatrists are scarce, expensive, and drawn to urban practice
- S 55% of psychiatrists are over age 55
- S Many don't want call or weekend responsibilities

Is Telepsychiatry an Option

- S New program, part of due diligence, & recruiting challenge
- S Principal psychiatrist or back-up/coverage?
- S Unit in Operation: Replacing existing psychiatrist
- S Or, finding coverage for Medical Director

Is Telepsychiatry an Option?

- S Hospital clients have wide range of IT sophistication
- S Horizon IT prefers to take managing role
- S Buy-In of Hospital Administration and Medical Staff is Key
- S Anticipate Time Frames for equipment purchase, testing, MD credentialing

Is Telepsychiatry an Option?

- S Needs early internal review to judge recruiting difficulty
- S Any regulatory requirements that would prevent?
- S Verify Rural Status for Medicare eligibility
- S Huddle with Horizon Recruiting & Operations

Telepsychiatry Implementation

- S Horizon has protocol for planning & implementing telemedicine
- S Team of Horizon & Hospital personnel established to collaborate on project
- S Required of new projects to assure Technical, Regulatory, & Clinical Requirements are met
- S Final approval by Horizon VP before patient care starts

Telepsychiatry Implementation

- S Agreement with Hospital Client
- S Present option to Medical Staff
- S Coordination of Horizon Business Development, Operations, Clinical, Recruiting, & IT
- S Determine Contract/Purchase/Support Options

Telepsychiatry Implementation

- S Determine Scope of Tele-Psychiatry Application
- S Coverage Only?
- S Attending Psychiatrist Services
- S Blend of In-person & Tele?
- S Is Physician Extender Part of Package?
- S Temporary or Permanent?

Telepsychiatry Implementation

- S Inpatient Only or IOP/PHP?
- S Extend to Consultation/Liaison within Hospital?
- S Extend to Skilled Nursing Facilities in Region?
- S Extend to Emergency Department with Mobile Assessment Team Collaboration?
- S Other Entities? Such as Regional CMHC

Telepsychiatry Implementation

- S Takes Coordinated team approach
- S Horizon & Hospital representatives
- S Need to Address: Equipment, bandwidth, testing, billing/coding, managing medical records, P&Ps, credentialing, MD training, staff training, etc ...

Telepsychiatry Implementation

- S Equipment installation & testing
- S Educate Hospital & Doctor on Billing/Coding
- S Training & Competency Testing for Unit Staff
- S Training & Competency Testing for Doctor

Telepsychiatry Implementation

- S Not enough that equipment works!
- S Review telemedicine environment
- S Lighting
- S Camera Angle
- S Background
- S Microphone Placement

Telepsychiatry Implementation

S Staff Tele-presenting:

S *“Have you ever talked to a doctor on camera before? You are going to be seeing Dr. X on telemedicine. He will be able to see and hear you just like we were in the same office together. I will be with you to assist the doctor. Let us know if you would like to speak to him privately. Please let me know if you have any problems seeing or hearing the doctor or if you have any questions or concerns.”*

Telepsychiatry Implementation

- S More Units will be Joint Commission-Surveyed
- S New concept for surveyors
- S Surveyors may be curious, idiosyncratic
- S Recommend Pre-Survey Preparation
- S Address training, privacy, record management, support
- S P&Ps, By-laws, “What Ifs”

Future of Telepsychiatry

- S Hospital clients ask for more:
 - S ED coverage with or without Mobile Crisis
 - S Consultation/Liaison to Medical Floors
 - S Primary Care Integration

Questions

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