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
Tele-psychiatry is the provision of psychiatric services at a distance via electronically mediated communication.

Can be narrowly or broadly defined:

Broadly, fax and telephone are included; email psychotherapy & prescribing are included.
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.
Psychiatric services are unevenly distributed, with large areas of the country underserved by practitioners:

- Rural areas
- Health Professional Shortage Areas
- Under-served Urban
- Under-served populations: Child-Adolescent
50+ year history, recently greatly increased growth.

Improvement in Camera Quality & Cost

Availability of fast, affordable bandwidth

Improving reimbursement aids sustainability

Increased focus on Health IT

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.
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
Telemedicine policy revised by CMS in 2001 recognizes telemedicine encounters to rural patients as equivalent to face to face for a group of procedures.

Applicable to patients outside a Metropolitan Statistical area or in Rural Health Professional Shortage Area.
Regulatory & Reimbursement
Patient Location

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

- Physician (including Psychiatrist)
- Clinical Psychologist
- Clinical Nurse Specialist
- Physician Assistant
- Nurse Practitioner
- Clinical Social Worker
- Nurse Midwife
# Medicare Billing Codes

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS or CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Consultations, emergency department or initial inpatient</td>
<td>G0425 – G0427</td>
</tr>
<tr>
<td>Follow up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</td>
<td>G0406 – G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>99201 - 99215</td>
</tr>
<tr>
<td>Subsequent Hospital care services, with the limitation of 1 telehealth visit every 3 days</td>
<td>99231 - 99233</td>
</tr>
<tr>
<td>Subsequent nursing facility services, with the limitation of 1 telehealth visit every 30 days</td>
<td>99307 - 99310</td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>G0420 – G0421</td>
</tr>
<tr>
<td>Individual and group diabetes self management</td>
<td>G0108 – G0109</td>
</tr>
<tr>
<td>Individual and group health and behavior assessment and intervention</td>
<td>96150 - 96154</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>90832-90837*</td>
</tr>
<tr>
<td>Pharmacologic Management</td>
<td>E/ M Code *</td>
</tr>
<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>90791-90792*</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)- related services included in the monthly capitation payment</td>
<td>90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961</td>
</tr>
<tr>
<td>Individual and group medical nutrition therapy</td>
<td>G0270 and 97802-97804</td>
</tr>
<tr>
<td>Neurobehavioral status examination</td>
<td>96116</td>
</tr>
<tr>
<td>Smoking cessation services</td>
<td>G0436, G0437 and 99406-99407</td>
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</tbody>
</table>
Medicare Changes for 2013

- Psych Diagnostic Interview 90801 deleted
- MD now bills 90791 (no medical exam) or 90792 (with medical)
- Individual Psychotherapy codes have changed
- 90862 (Pharm M anagement) has been deleted
- MD will choose E/M code with complexity
Medicare Changes for 2013

- Impact: E/M codes can only be billed One per Three days
- American Telemedicine Association advocating for change to allow psychiatrists to round on successive days
- Consultation codes are an option for covering M D s (not attending M D )
- Horizon tracking process & assisting in advocacy efforts
Practitioner is reimbursed according to Medicare fee schedule for service provided.

Service must be within practitioner’s state scope of practice.

The appropriate CPT code is billed with a “GT” modified indicating a telemedicine encounter.

Hospital paid $24/session Technical Fee for hosting.
Medicaid Telemedicine Policy is determined at State Level

Summary of State Medicaid Policy is available

Coverage growing via State-mandated Insurance Regulations

15 States now have State Telemedicine Mandates

Caveat: State Mandates don’t extend to self-funded ‘ERISA Exempt’ plans (many large employers)
Basic Technical Requirements

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

768k or above DSL or Fiber Internet Connection

Static (fixed) IP Address provided by Internet Provider

Tech Support from LifeSize and Horizon IT

Doctor can control camera remotely at Hospital side
Horizon Equipment
Recommendations – Facility

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

### Video Conference Component System for Treatment Rooms

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>LifeSize Passport Pan Tilt Zoom w/ Micpod</td>
<td>$3,555.07</td>
</tr>
<tr>
<td>Annual Maintenance Agreement</td>
<td>$289.26</td>
</tr>
<tr>
<td>Ergotron Mobile Media Center LD -cart</td>
<td>$792.99</td>
</tr>
<tr>
<td>Ergotron MM Camera Shelf Kit</td>
<td>$41.88</td>
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<tr>
<td>Ergotron Med Grade Power Strip</td>
<td>$125.67</td>
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<tr>
<td>Ergotron Coiled Extension Cord Kit</td>
<td>$99.39</td>
</tr>
<tr>
<td>ViewSonic VT3255LED - 32&quot; LCD TV</td>
<td>$380.91</td>
</tr>
<tr>
<td>Freight</td>
<td>$90.06</td>
</tr>
<tr>
<td>Tax 8.25%</td>
<td>$436.03</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,811.26</strong></td>
</tr>
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### All-in-one integrated Video Conference System for Physician Offices

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>LG Executive Video Conferencing Device</td>
<td>$2,581.89</td>
</tr>
<tr>
<td>Annual Maintenance Agreement - 1 yr</td>
<td>$448.86</td>
</tr>
<tr>
<td>Freight (est.)</td>
<td>$45.00</td>
</tr>
<tr>
<td>Tax 8.25%</td>
<td>$250.04</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,325.79</strong></td>
</tr>
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Support Requirements

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

- CMS limits attending MD activity via Telemedicine 1 every 3 days
- Allows Consults, Initial Evals., & Psychotherapy
- Psychiatry Applications:
  - Weekend & Vacation Coverage
  - Admit New Clients
  - Ongoing Medication Management
  - Reduce Locums expense & assist MD Quality of life
Finding & Retaining Psychiatrists is a key ingredient to Developing & Operating Psychiatric Units

But ... Doctors are hard to find

2/3 of Horizon's recruits are for rural or small market hospitals

Even recruits in urban areas can be lengthy and expensive
The Hurdle:

- Psychiatrists are scarce, expensive, and drawn to urban practice
- 55% of psychiatrists are over age 55
- Many don’t want call or weekend responsibilities
Is Telepsychiatry an Option

New program, part of due diligence, & recruiting challenge

Principal psychiatrist or back-up/coverage?

Unit in Operation: Replacing existing psychiatrist

Or, finding coverage for Medical Director
Is Telepsychiatry an Option?

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

- Needs early internal review to judge recruiting difficulty
- Any regulatory requirements that would prevent?
- Verify Rural Status for Medicare eligibility
- 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

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

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

- Equipment installation & testing
- Educate Hospital & Doctor on Billing/ Coding
- Training & Competency Testing for Unit Staff
- Training & Competency Testing for Doctor
Not enough that equipment works!

Review telemedicine environment

Lighting

Camera Angle

Background

Microphone Placement
Staff Tele-presenting:

"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."
More Units will be Joint Commission-Surveyed

New concept for surveyors

Surveyors may be curious, idiosyncratic

Recommend Pre-Survey Preparation

Address training, privacy, record management, support

P&Ps, By-laws, “What Ifs”
Future of Telepsychiatry

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

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