

*Using TelePsychiatry to Expand Access to Care:
The University of New Mexico Medical Center
Experience*

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What is Telehealth?

Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Telehealth Models

Training: Can facilitate education on behavioral health topics

Consultation: Multiple providers can take part in a video case consultation with a provider/supervisor to ask specific clinical questions

Supervision: Supervision to trainees and practitioners can be provided via telehealth.

Direct service: Individuals can receive clinical assessment, therapy, education or medication management via telehealth.

Direct Clinical Service Options via Telehealth

- Conducting clinical assessments and diagnostic interviews
- Regular medication monitoring
- Individual therapy
- Family therapy and education
- Supported education and employment sessions
- Including family members from a distance into group sessions conducted onsite

Tele-Education

- Technology can facilitate group dialogues/question and answer sessions/ real time surveys and quizzes.
- Generally use hour long webinar format that can be integrated into daily clinical work.
- Convenient for providers
 - No travel time; Less time away from clinical responsibilities
- No private health information shared therefore, do not need HIPAA compliant platform.

Tele-supervision to Expand Workforce Capacity

- Depending on licensing regulations, telehealth may be an option for pre-licensure providers in rural communities to obtain supervision hours towards independent licensure.
- Can be used as part of an effort to build capacity of behavioral health providers in the community.
- If private health information is being shared, need to ensure use of secure platform.

Tele-consultation

- Use of videoconferencing technology for generalist providers to seek specialty consultation
- Can include the patient in the room with the specialist
- Responsibilities of documentation, prescribing and clinical decision making reside with onsite clinicians
- Consultant is not necessarily credentialed or privileged across systems
- Private health information is being shared therefore must ensure confidentiality is protected

Direct Service via Telehealth

- Interactive audio and video telecommunications system permitting real-time communication between practitioner at the distant site and the beneficiary at the originating site.
- Originating or spoke site = where the patient is located.
- Distant or hub site = site where licensed practitioner is located when provides clinical services.

Equivalent Satisfaction

- Patients report equivalent satisfaction with telehealth compared to face-to-face interactions when telehealth is conducted with experienced providers.

Bishop, et al., 2002; Cook & Doyle, 2002; DeLasCuevas, et al., 2006; Ghosh, McLaren, & Watson, 1997; Knaevelsrud & Maercker, 2006; Modaietal,2006.

Similar Clinical Outcomes

- Similar reliability of DSM diagnoses (Shore et al., AJP, 2007)
- Similar reliability of AIMS scores (Amarendran et al., 2011)
- Equivalent HRDS, BDI scores, adherence to medication and follow-up appointments (Ruskin et al., AJP, 2004) - RCT
- Equivalent functional scores as assessed by CGI, BSI, SF-36 (O'Reilly et al., 2007) observational study

Equivalent Rapport

- Multiple studies demonstrate equivalent rapport as reported by patients in clinical sessions conducted by Telehealth compared to face-to-face as measured by the Working Alliance Inventory: a 36 item scale which measures task, bond, and goal.

Bouchard et al., 2004; Ertlelt et al., 2010; Himle et al. ,2006;
Knaevelsrud & Maercker, 2006; Morgan, Patrick, & Magaletta, 2008

Clinical Strategies to Enhance Rapport

- Telehealth sessions can take more time and more concentration than face-to-face
- Be lively with more expression but not excessive (about 110% of normal)
- Introduce purpose of telehealth, roles
- Avoid wearing bright patterns, jewelry
- Be mindful of speech delays and limitations in visual definition

Clinical Strategies to Enhance Rapport

- Verbally clarify non-verbal cues “Is there something that we are talking about that is making you sad?”
- Use of the “picture in picture” function to observe own body language, facial expression, and eye contact.
- Use names rather than relying on eye contact when conducting group/ family sessions.
- Remember to develop rapport with clinical staff as well as patients and families.

Technological Considerations to Develop Rapport

- Adequate lighting
- Camera placement
- Sufficient Bandwidth
- Use of camera zoom
- Minimize gaze angles by increasing distance from the camera
- Ensure good visual positioning for all participants (about 2/3 up)

Best Practices in Telehealth

- Identify and introduce all individuals in both exam rooms.
- Seek informed consent if additional participants at either end.
- Ensure both sites have appropriate privacy.
- Backdrops in both sites should be clean and plain. Blue is a helpful background color to minimize light reflection.

Protecting Confidentiality When Using Telehealth

- Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to PHI confidentiality, integrity and availability.
- Ensure use of encrypted software if using telehealth over personal computers.
- Ensure that clinical notes, or prescriptions are transmitted securely between sites.
- Ensure that clinical interview is conducted in confidential and secure setting.

Prescribing over Telehealth

- Options include working closely with a local clinician who writes the prescriptions or prescribing directly and transmitting prescriptions through fax or secure electronic health record.
- If considering prescribing controlled substances, ensure that process is consistent with Ryan Haight Act.

Documentation and Telehealth

- Clinical notes may be faxed, mailed or sent electronically using secure methods to distant site
- Both sites should have a log or documentation that session took place
- Agree where clinical notes will be stored

Anticipating Possible Clinical Emergencies

- Prepare local protocols that contain information about local regulations and local resources
- Clarify roles and expectations of parties on both sides in potential emergency
- Clarify out of hours coverage and resources
- Maintain updated telephone contacts between teleproviders and local staff

Clinical Questions you Need to Ask

- Who assumes responsibility for the patient?
- Who obtains informed consent for the session?
- How do I get a prescription to a patient?
- How and where do I chart?
- What happens if a unexpectedly client leaves the session or appears suicidal?
- What happens if we get unexpectedly disconnected?

Operational Questions you Need to Ask

- Do you have connectivity with the necessary bandwidth? (minimum of 384 kbps)
- Do you have a private room or space to house the equipment and use as your telehealth room?
- Does this space have room for families to attend sessions?
- Do you have the personnel available to serve as the program coordinator? Provide tech support?

Operational Considerations

- Which site maintains responsibility?
- Where is patient registered?
- What is the process for medications?
- Where is charting and documentation stored and how to transmit between sites?
- How are appointments scheduled?
- What happens if connection fails?
- Ensure credentialing/ licensing of providers across sites.

Home Based Visits vs. Office Based Telehealth

- Increasing use of telebehavioral health directly to client's home
- Client takes an active role in scheduling visits, managing computer functions and developing a plan for crises
- Consider the client's cognitive capacity, history of working with healthcare providers, history of substance use and risk of self harm

Billing for Services via Telehealth per CMS

- Originating sites include: physician or provider offices, hospitals, rural health clinics, community mental health centers
- Distant site practitioners include: physicians, social workers, psychologists, and advanced practice nurses
- Covered CPT codes include: diagnostic evaluations, evaluation and management, therapy
- Include telehealth modifier code GT and Q3014 telehealth facility code

Choosing Telehealth Equipment

- Options include mobile carts, desktop systems for laptops and personal computers, and integrated room systems.
- Can consider system that integrates electronic health records
- HRSA funds regional telehealth resource centers that can give objective advice regarding latest systems and HIPAA compliance

Telehealth Equipment

- Far end control allowing zooming and panning
- Zooming in allows assessment of potential tardive dyskinesia
- Panning the room is helpful for group/family sessions
- May want to consider investment in equipment that allows sharing of documents and images, playing videos or recording sessions with client permission. These features can augment psychoeducation efforts.

Service Agreements

Clarify who is responsible for...

- Clinical coverage/emergency
- Connectivity, equipment and space
- Scheduling and notification
- Consent
- Billing
- Compensation (hourly, daily, etc.)

Some Federal Regulations Regarding Telehealth:

- Ryan Haight Act: addresses the prescribing of controlled substances over telemedicine
- CMS allows credentialing by proxy for hospitals and critical access hospitals
 - 76 Fed. Reg. 25550 (May 5, 2011) (amending 42 C.F.R. pt. 482 and 485)

Developing a Business Plan for a Telehealth Program

- Can be a blend of revenue from reimbursement, contracting, and funding for clinical and continuing education initiatives
- Consider how to support telehealth co-ordination activities
- Presence of a “telehealth champion” is key to success

Cost Comparison Study of Telehealth: Analysis of data from 2012 with 4 clinical sites

Horn et al., 2015

Total cost to provide care via Telehealth:

- \$138/ per visit
- Includes equipment, personnel, line cost

Total cost to provide care onsite with “circuit rider”:

- \$169/ visit
- Includes travel and personnel

If patient were to travel to central clinic: \$333/ visit

- Includes travel and lost wages for patient

Telehealth Resources

Center for Connected Health Policy: current state laws and reimbursement policies

<http://cchpca.org/state-laws-and-reimbursement-policies>

CMS factsheet for telehealth

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsfctsht.pdf>

Telehealth Resources

ATA- American Telemedicine Association

<http://www.americantelemed.org>

HRSA

<http://www.hrsa.gov/ruralhealth/about/telehealth>

Center for Telehealth E-Health Law

<http://ctel.org/>

Center for Connected Health Policy

www.cchpca.org

Telehealth Resource Centers

<http://www.telehealthresourcecenter.org/>

Provides links to the 14 regional resource centers across the U.S.