Telemedicine for Indiana CMHCs

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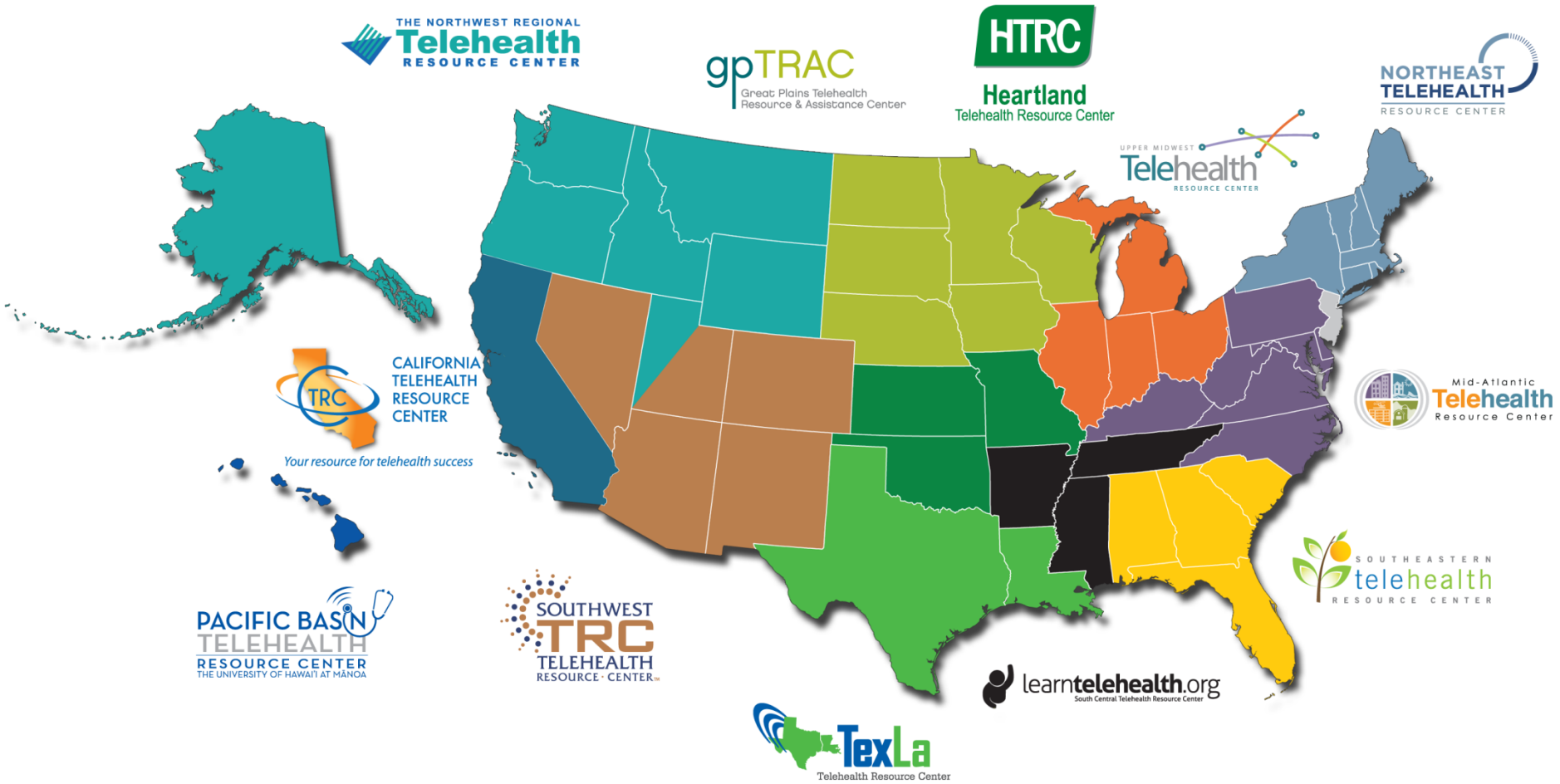
Outline

- Introduction to UMTRC
- Introduction to Telemedicine
- Telemedicine Law and Policy
- Reimbursement in Indiana
- Recent changes and Current Opportunities
- Clinical and Technical Considerations

TelehealthResourceCenters.org



TTAC TelehealthTechnology.org National Telehealth Technology Assessment Resource Center

Center for Connected Health Policy

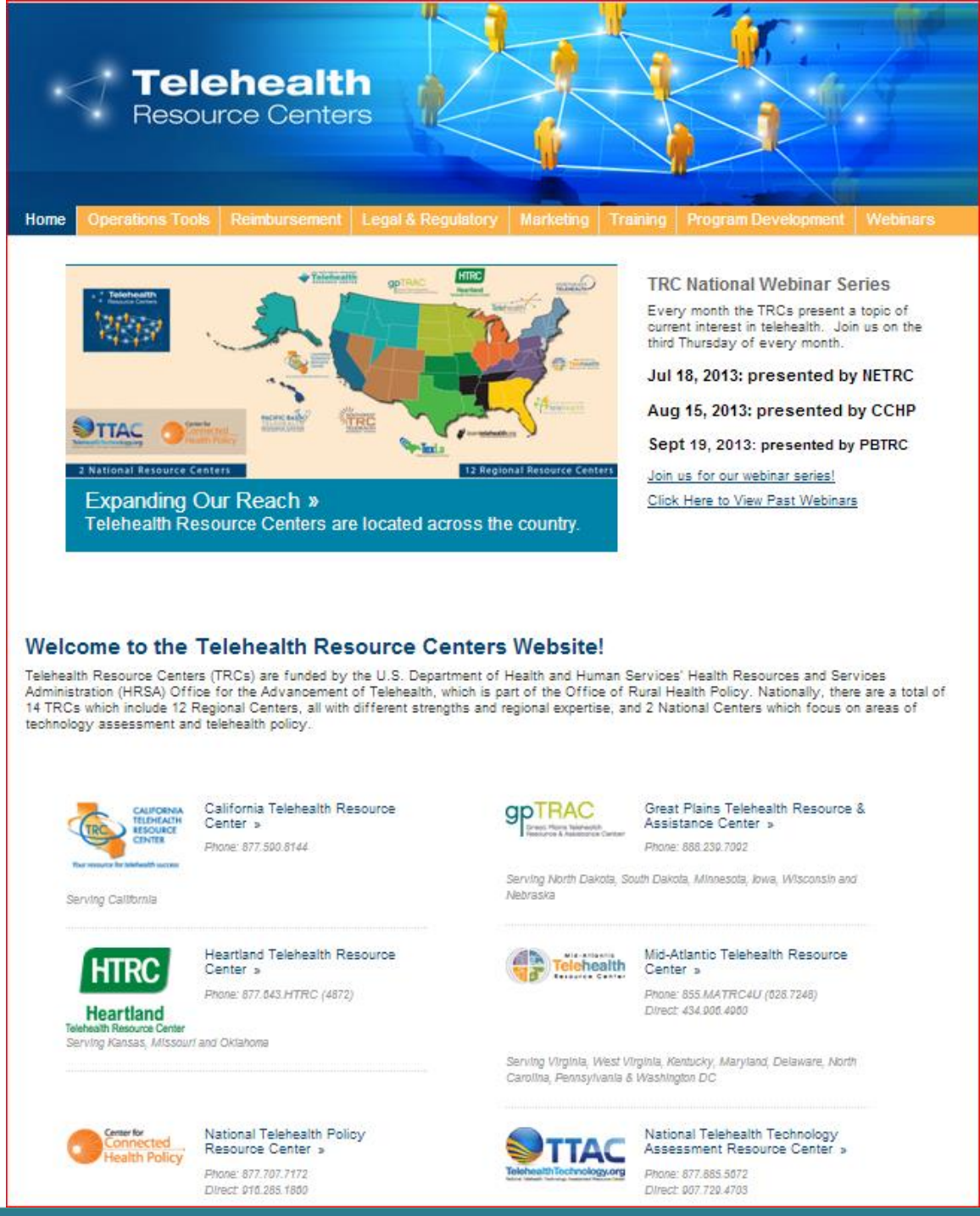
2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

telehealthresourcecenters.org

- Links to all TRCs
- National Webinar Series
- Reimbursement, Marketing, and Training Tools



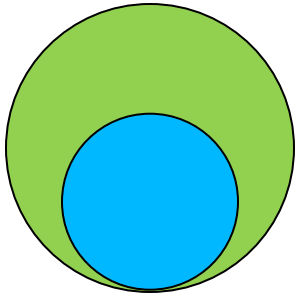
UMTRC Services

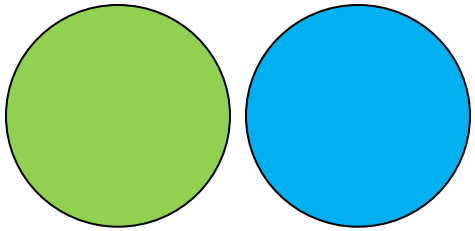
- Presentations & Trainings
- Individual and Group Consultation
- Technical Assistance
- Connections with other programs
- Program Design and Evaluation
- Information on current legislative and policy developments

Definitions and Concepts

<u>Telehealth</u> and <u>Telemedicine</u>

- Sometimes used interchangeably
- Two types of distinctions -
  - Telemedicine = billable interactive clinical services
  - Telehealth =
    - Broader field of distance health activities (CME, etc.)
    - Clinical remote monitoring (usually at home)





Service vs. Delivery Mechanism

- TH is not a service, but a delivery mechanism for health care services
  - Most TH services duplicate in-person care
  - Some are made better or possible with TH
  - Reimbursement equal to “in-person” care

Three Basic “Types” or Domains

Hospitals & Specialties

- Specialists see and manage patients remotely

Integrated Care

- Mental health and other specialists work in primary care settings (e.g., PCMH’s, ACO’s)

Transitions & Monitoring

- Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care

Federal Telemedicine Law & Policy

Professionals are regulated at the state level (doctors, nurses, counselors, etc.)

Medicare: Pays for certain outpatient professional services (CPT codes) for patients accessing care in rural counties and HPSAs in rural census tracts.

*No regs; only conditions of payment.

Medicaid: Telemedicine is “a cost-effective alternative to the more traditional face-to-face way of providing medical care…that states can choose to cover.”

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425 – G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406 – G0408
Office or other outpatient visits	CPT codes 99201 – 99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231 – 99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307 – 99310
Individual and group kidney disease education services	HCPCS codes G0420 – G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 – G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150 – 96154
Individual psychotherapy	CPT codes 90804 – 90809
Pharmacologic management	CPT code 90862
Psychiatric diagnostic interview examination	CPT code 90801

Update to HPSA Rural Designation

Effective January 1, 2014:

Otherwise eligible sites in health professional shortage areas (HPSAs) located in rural census tracts of MSA counties will be eligible originating sites. (RUCA codes 4-10, also 2-3 in counties over 400 sq. mi., <35/sq. mi. density)

Eligibility Lookup Tool
http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx

Indiana Telemedicine Law & Policy

Medical Board/Licensure

- Indiana medical license includes:

"Providing diagnostic or treatment services to a person in Indiana when the diagnostic or treatment services are transmitted through electronic communications; and are on a regular, routine, and non-episodic basis or under an oral or written agreement to regularly provide medical services."

Indiana Telemedicine Law & Policy

Prescribing

Except in institutional settings, on-call situations, cross-coverage situations, and [when supervising NPs],

a physician shall not prescribe, dispense, or otherwise provide, or cause to be provided, any legend drug that is not a controlled substance to a person who the physician has never personally physically examined and diagnosed unless the physician is providing care in consultation with another physician who has an ongoing professional relationship with the patient, and who has agreed to supervise the patient's use of the drug or drugs to be provided.

Indiana Telemedicine Law & Policy

Medicaid Reimbursement (April 1, 2007)

- The member must be present and able to participate in the visit.
- The audio and visual quality of the transmission must meet the needs of the physician located at the hub site.
- When ongoing services are provided, the member should be seen by a physician for a traditional clinical evaluation at least once a year, unless otherwise stated in policy. In addition, the hub physician should coordinate with the patient's primary care physician.

Indiana Telemedicine Law & Policy

Medicaid Reimbursable Codes

- Consultations – 99241 to 99245 and 99251 to 99255
- Office or other outpatient visit – 99201 to 99205 and 99211 to 99215
- Individual psychotherapy – 90832 to 90840
- Psychiatric diagnostic interview – 90791, 90792
- End stage renal disease services (ESRD) – G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318
- 90862 deprecated; replaced by E&M codes

Indiana Telemedicine Law & Policy

Documentation

1. Documentation must indicate the services were rendered via telemedicine.
2. Documentation must clearly indicate the location of the hub and spoke sites.
3. All other IHCP documentation guidelines for services rendered via telemedicine apply, for example chart notes and start and stop times. Documentation must be available for post-payment review.

Indiana Telemedicine Law & Policy

Documentation

4. Providers must have written protocols for circumstances when the member must have a hands-on visit with the consulting provider. The member should always be given the choice between a traditional clinical encounter versus a telemedicine visit. Appropriate consent from the member must be obtained by the spoke site and maintained at the hub and spoke sites.

Indiana Telemedicine Law & Policy

"Telecommuting" as an Option

- Clinician is licensed in Indiana and employed or contracted with a licensed clinical entity and assigns billing rights to that entity
- Patient is seen by employed/contracted clinician on-site at the clinical facility
- Clinical service is billed by the facility
- Clinician may be located anywhere
- Medicaid views this as NOT telemedicine
  - No special rule or bulletin has been or will be issued

Indiana Telemedicine Law & Policy

EA 554 (July 1, 2013; Effective 10/1/2014)

- SPA 13-011 was submitted to CMS on 11/26/2013 and approved by CMS on 05/14/2014
- Removes the 20 mile radius restriction for telemedicine services provided by Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs), and critical access hospitals (CAHs)
- Additionally, this SPA provides reimbursement for telehealth services to home health agencies

Indiana Telemedicine Law & Policy

HB 1258 (signed by Governor Pence on 3/24/2014)

Creates a telehealth pilot program which requires

1) The Medical Licensing Board of Indiana to establish a pilot program to provide telehealth services to patients in Indiana before August 1, 2014

2) Report to the Indiana General Assembly concerning the outcomes of the pilot program

3) Sets forth requirements of the pilot program

4) Established time frames for the expiration of the pilot program, the latest of which is July 1, 2016

Patient Satisfaction

Will patients accept care via telemedicine?

Gustke, S.S., Balch, D.C., West, V.L., and Rogers, L.O. 2000. Patient satisfaction with telemedicine. *Telemedicine Journal*, Spring 6(1): 5-13.

Patient satisfaction was examined in relation to patient age, gender, race, income, education, and insurance. **Overall patient satisfaction was found to be 98.3%.**

Janca, 2000. Telepsychiatry: an update on technology and its implications. *Curr Op in Psych,* 13: 591-7.

Results indicated that "most consumers found that a video link with a psychiatrist moderately or greatly helped them in managing their treatment, with **98% of the preferring to be offered videoconferencing in combination with local services**."

Brodey et al, 2000. Satisfaction of forensic psychiatry patients with remote telepsychiatric evaluation. *Psych Services*, Oct 51(10): 1305-7.

Results indicated that **satisfaction did not differ significantly between video and in-person consultations** for incarcerated patients.

Treatment Outcomes

Are treatment methods as effective?

Craig J, et. al. 2000. The cost-effectiveness of teleneurology consultations for patients admitted to hospitals without neurologists on site. *Journ of Telemedicine and Telecare* 6 (suppl 1): S1: 46-9.

Comparison of outcomes of patients admitted to two small rural hospitals. One hospital received neurological services by telehealth, the other in-person . There were **no appreciable differences noted between the clinical outcomes** and the length of stay between patients receiving services in-person and those who received services via telehealth.

Fortney JC, Pyne JM, Edlund MJ, Williams DK, Robinson DE, Mittal D, et al. A Randomized Trial of Telemedicine-based Collaborative Care for Depression. *J Gen Int Med*. 2007 May;22(8):1086–93.

This study enrolled 395 veterans with PHQ-9 scores >12 in collaborative care or usual care for 12 months. **Patients in collaborative telepsychiatry program made significantly greater gains in symptoms and functioning than patients given usual care**.

No "generic" form of telemedicine exists

Relationships Drive Effectiveness

Therapeutic Alliance Research

- The *therapeutic alliance*, defined broadly as the collaborative bond between therapist and patient, is widely considered to be an essential ingredient in the effectiveness of psychotherapy.
- Therapeutic alliance scores are significant predictors of clinical outcome for **both psychotherapy and for active and placebo pharmacotherapy**.
- Patient ratings are more predictive than doctor/therapist ratings.

Nothing “New” About It

- Get comfortable; be confident
- Know your craft
- Engage your patient

ATA Survey of Significant Research

Most Significant Studies by Specialty and Interest Group:

Cost-effectiveness (8 studies)

Quality of Care (12 studies)

Patient Satisfaction (3 studies)

Ocular Health (1 study)

Tele-ICU Care (5 studies)

Tele-dermatology (7 studies)

Telemental Health (9 studies)

Telerehabilitation (1 study)

Human Factors in Telemedicine (7 studies)

Telehealth Nursing (2 studies)

Home Telehealth and Remote Monitoring (3 studies)

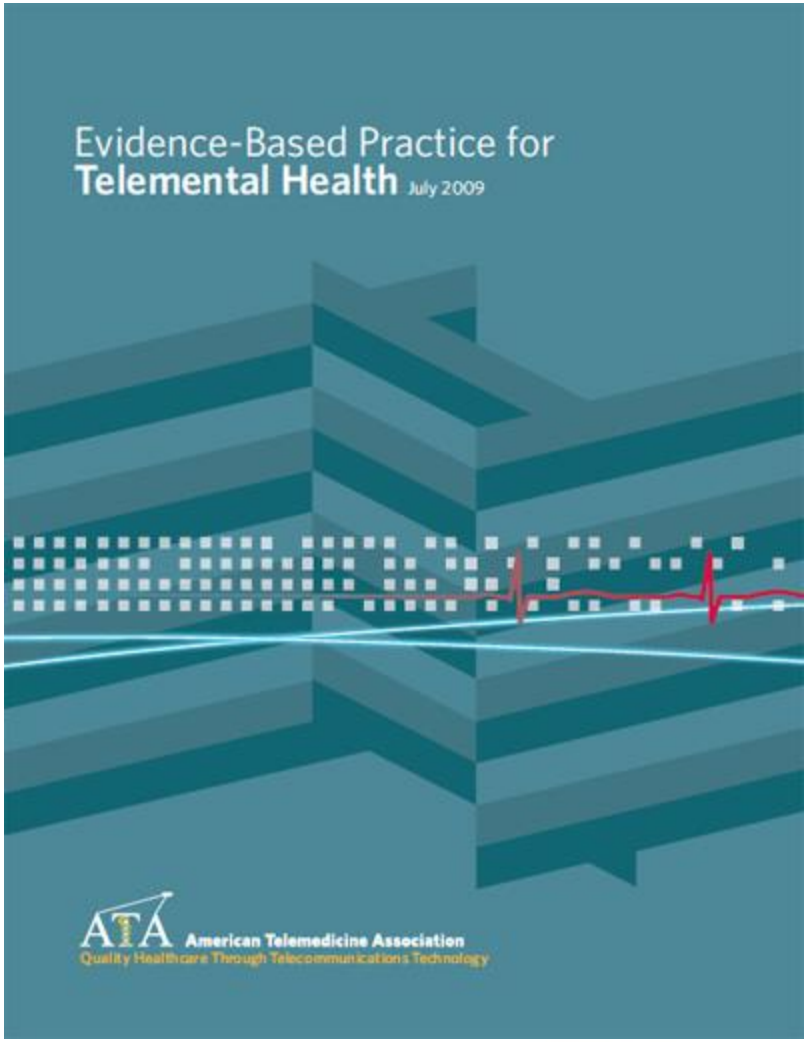
Pediatric Telehealth (11 studies)

Business and Finance (7 studies)

http://www.americantelemed.org/docs/default-source/policy/examples-of-research-outcomes---telemedicine's-impact-on-healthcare-cost-and-quality.pdf

ATA Practice Guidelines

- Prepared by teams of experts
- Thoroughly referenced
- Evidence based
- Updated regularly



http://www.americantelemed.org/resources/standards/ata-standards-guidelines#.U57kkZRdWQk

UMTRC.org

ATA Telemedicine Gaps Analysis

American Telemedicine Association

Connected to Care

State Telemedicine Gaps Analysis

Coverage & Reimbursement

Latoya Thomas
Gary Capistrant

September 2014

Technology Considerations

- **High speed internet at both sites**
  - 1 Mbps or more (nominal) for HD
  - Test at www.internetfrog.com/mypc/speedtest/
- **Endpoints – Two Major Classes**
  - **H.323 – Standalone system**
    - Hardware based, often older and/or larger
    - Tandberg, Polycom, LifeSize, Sony, etc.
  - **SIP – Client/server system**
    - Software based (using a host computer)
    - Skype, Oovoo, Vsee, ClearSea, Zoom, etc.
    - Mobile apps

Encrypted session

Internet

H.323

H.323

???

Server

webcam

webcam

SIP

SIP

Internet

Encrypted sessions

computer

computer

HIPAA Considerations

- Communications involving PHI (including live video) must be encrypted
- Any entity that stores PHI must sign a Business Associate Agreement (BAA)
- As long as live video is encrypted and not stored, BAA is not technically required

Some type of signed agreement to enforce this is likely to be helpful and is recommended

Peripherals

Exam Camera – Dermatology, wound evaluation

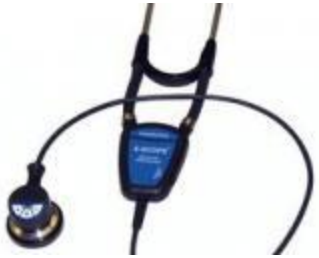
- Tremendous detail, resolution, lighting options
- Unnecessary for many applications

Stethoscope –

- Several very good models available
- Bluetooth (wireless) connections, excellent audio

ENT Scope –

- Multiple models available
- Modular, easy to use



Staff Training & Integration

Manipulation of peripherals

- Document training in equipment use

Professional Skills (within scope of licensure)

- Telemedicine (in general)
- Palpation, other specific techniques “under direct supervision” (up to licensed providers pending rule)

Key Strategies

1. Trust – Develop strong working relationships
2. Documentation
   - Policies & Procedures for TM (“same standard of care”)
   - Case/Progress Notes (start & stop times, locations, consent)

Review of Key Points

- TM is a delivery mechanism, not a service
- TM usually replicates in-person care
- TM provides multiple types of value
- TM value is embedded in larger movements in health care and is growing fast
- Reimbursement mirrors in-person care
- Technology considerations are important
- Business model considerations are critical

UMTRC Resources

IN Telemedicine Reimbursement Summary:

http://www.umtrc.org/resources/payers-reimbursement/2014-indiana-telemedicine-reimbursement-summary/

Update on MSA Counties and Eligibility:

http://www.umtrc.org/news/2013/04/17/general/97-counties-to-lose-telehealth-medicare-benefits/

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