

TeleHealth Project



“New Connections for Community Mental Health”

Telehealth Project of MN Association of Community Mental Health Programs (MACMHP)

New Connections for Community Mental Health



Telehealth for
Access, Quality, Efficiency

Community Leadership
Statewide

Minnesota Association of
Community Mental Health Programs, Inc.

Blue Cross & Blue Shield

United Behavioral Health

Telecommunity Development/DHS

Why did you join in the Project?

- Provide psychiatry & therapy (internal & external)
- Tool to improve efficiency & effectiveness
- Internal meetings for admin. & consultation
- Doing telepsychiatry between center & ____, jails
- Cut down on travel; maximize efficiency of professionals; increase access to services
- External meetings: reduce travel/mileage
- Training, consultation and continuing ed.
- Provide clinical info & services to patients and families in greater MN

Telehealth Project Goals

- Connect persons to services
- Connect all MACMHP clinics statewide
- Overcome disparities in access for persons served based on community of residence
- Connect mental health & healthcare communities via virtual presence communication
- Enhance service quality & efficiently use resources
- Foster private/public cooperation statewide through tele-mental health and e-Health innovations

Telehealth Project History

- MACMHP strategic plan 2004-5
- Task force formed 2005
- Study, learn, develop support & vision 2005-6
- USDA grant awarded (\$478k) 2006
- Commitments by MACMHP 2006-8
- Contributions from “Partners” 2003-7
- Medica Foundation grant 2006-7
- Group RFP’s: equipment and telecom 2006
- Coordinated installation and startup 2006-ongoing
- Meetings to plan, learn, share tools Ongoing
- FCC project: ‘Network of Networks’ 2007-8

Survey Responses

	Number	Range
■ Number of sites (locations)	62	
■ Number of installed telehealth units	78	
■ Number of times used per month (est.)	280	(2 - 70)
■ Number clients per month (est.)	135	(4-65)

Progress: Key Success Benchmarks

■ Designate staff to coordinate/manage IT aspects of telehealth	44.4% done
■ Designate staff to coordinate planning, scheduling, orientation	55.6%
■ Rooms prepared for telehealth (lighting, paint color, signs)	77.8%
■ Pre-event checklist	37.5%
■ Directory of frequently called numbers	55.6%
■ Client consent form	55.6%
■ Staff orientation/ training in how to use equipment	66.7%
■ Clinical protocols/ guidelines for client services	55.6%
■ System or procedure for scheduling telehealth units	33.3%
■ Regulatory questions clarified, understood, resolved	0.0%
■ Method to share client records for telehealth services	0.0%
■ Procedures for coding and billing client services	33.3%
■ Feedback form for client/patient experience and satisfaction	22.2%
■ Service contracts with "community partners" to deliver services	12.5%

Billing & Paid for Services:

■ Medicare	Yes	Yes
■ DHS Medical Assistance (FFS)	Yes	Yes
■ BCBS Minnesota (Blue Plus, Aware, etc.)	Yes	Yes
■ Medica/UBH	Yes	Yes
■ HealthPartners	N/A	0
■ UCare/BHP	Yes	0
■ Prime West	Yes	Yes
■ First Plan	Yes	Yes
■ South Country Health Alliance	N/A	0
■ DHS-State Operated Services contract	Yes	Yes
■ State grant, county, jail, court, schools	Yes	Yes

Uses for Telehealth Equipment

- Staff meetings (admin.& business)
- Staff education/training
- Program requirements (eg. Rule 29, CTSS supervision)
- Psychiatry services
- Diagnostic evaluation/assessment
- Individual psychotherapy
- Case management
- Clinical supervision
- Employment interviews
- CNS/APRN services
- Group therapy/psycho-education
- ARMHS (Adult MH Rehab Srvs)
- CTSS (Children's Therapeutic Services and Supports)
- Crisis services
- Client or family education
- Forensic/corrections

Listed in frequency order (9/08 survey)

Future plans for use of telehealth/video conferencing?

- Continue on current course
- Expand use for therapy and assessments
- Integrated care w/ primary care; crisis, hospital
- More sites and implement psychiatry
- Med. management appointments
- Partnerships w/ CMHC's so Deaf/HH children & families get culturally approp. MH services
- Use in the ICRS, school-linked demo. project

What needs attention to help you move forward?

- Medicare using non-licensed physician from different intermediary area; credentialing issues
- Connection with other sites for collaboration; learn regulations, security; marketing
- Creatively addressing the liability issues, client ownership, client chart, scheduling/practice management, business agreements/contracting
- Understanding what services can be billed, what services can be provided via ITV, list of programs who are already using ITV

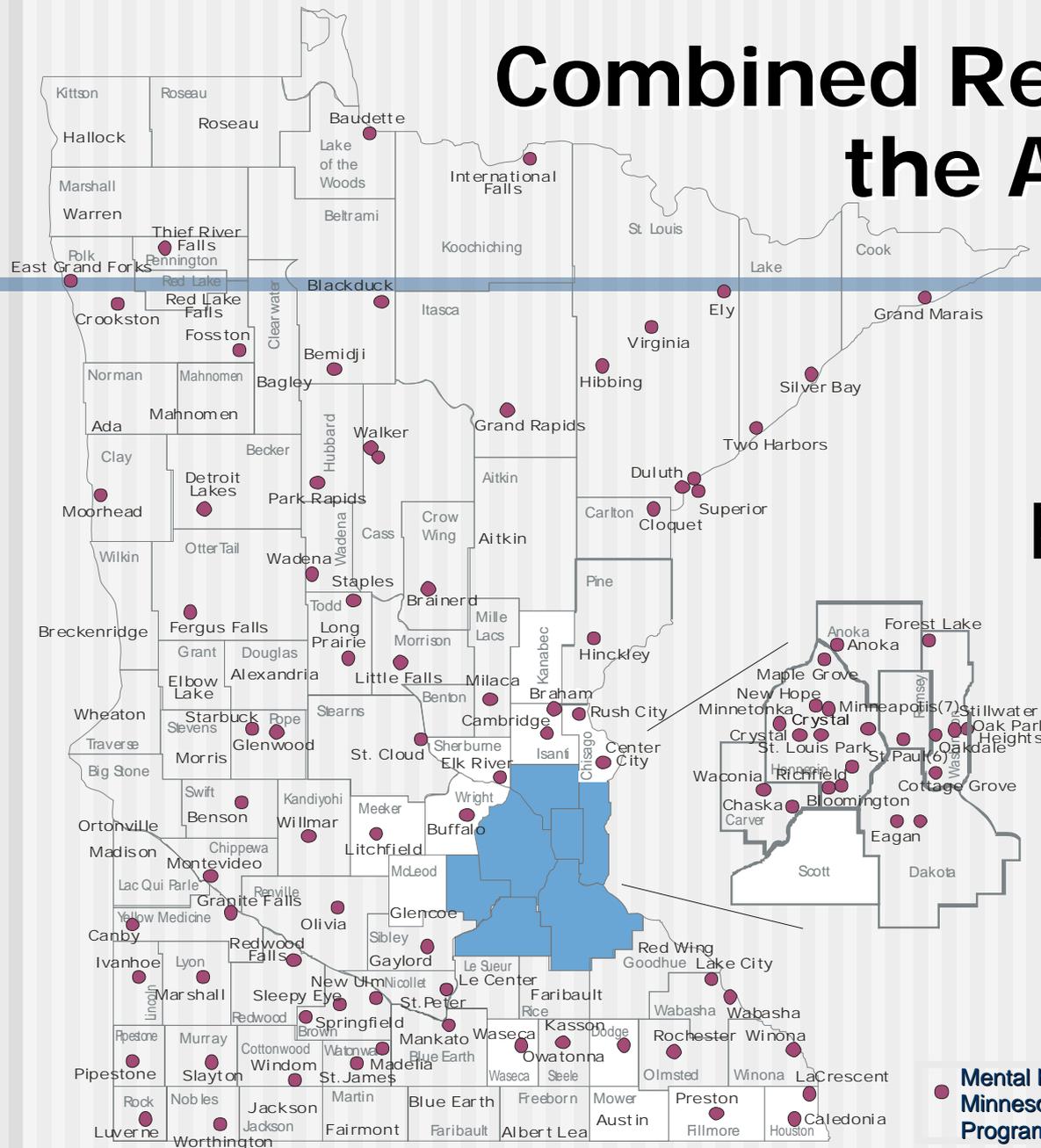
Telehealth: Financial and Legal

- Medicare & Medicaid & Private MCO/Healthplans:
 - Office visits, consultations, psych diagnosis, med. management, psychotherapy, other MH, store & forward
- Standards of practice
 - Competence
 - Informed Consent
 - Documentation
 - Information Privacy and Security
 - Response to Negative Experience
- Duty to Care/ Liability
- Defined Professional Relationship
- Consultation vs. Direct care vs. Shared-Care
- Who? Where? Licensure, sites



Combined Resources of the Association

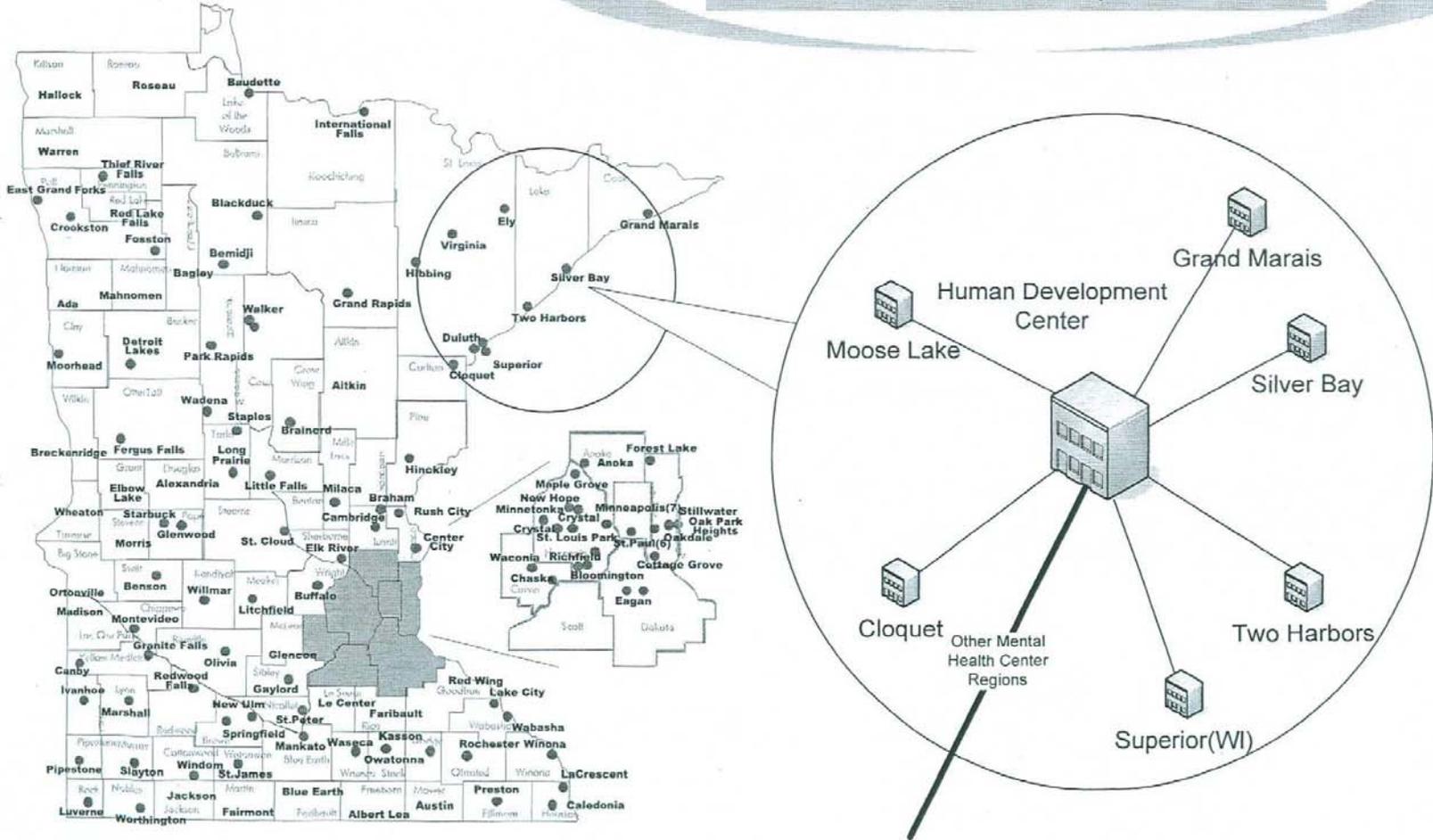
& its public &
private partners



● Mental health clinics and services affiliated with
Minnesota Association of Community Mental Health
Programs

New Connections For Community Mental Health

Leveraging Mental Health Center Leadership
For Tele-Health Broadband Development in Minnesota



Tele-Mental Health Design Criteria



- Access to high quality services for persons
- Successful outcomes for persons served
- Fit of solution to end-user needs: Application driven
- Inclusiveness
- Connectivity/bridging
- Equipment Compatibility
- Sustainability/self-supporting
- Affordability
- Ease of use
- Reliability and Security
- Quality of performance
- Efficiency
- Integration of solutions
- Scalability/migratability
- Technical support
- Innovation & social entrepreneurship

Telehealth: a catalyst for change

- Implementing telehealth services is a catalyst for changes in community mental health orgs.
 - Technical
 - Regulatory
 - Financial
 - Clinical
 - Practice management

Strategic Goals

- Driver: desire to improve services through key applications of tele-mental health to:
 - Extend scarce resources to underserved
 - geographic areas
 - populations
 - Improve existing services
 - Improve access to services
 - Create new services and applications emerging from new technology

Tele- mental health services

- Pre-admission screening and discharge planning
- Diagnostic assessments and evaluations
- Case management and service coordination
- Medication management
- Family visits, consultation, family psycho-education
- Psychotherapy
- Crisis response to individuals and community disasters
- Court commitment hearings
- Consultation: primary care, school staff, long-term care
- Family and consumer support groups
- Staff training, technical assistance, and administrative
- Clinical supervision, case consultation, clinical team meetings
- Staff training, technical assistance, and administrative

Telehealth: Technical/Regulatory Issues

- **Technical and regulatory issues**
 - “Quality of service” transmission quality across circuits
 - Gateway and bridging between and among islands of virtual private networks (VPN’s)
 - Providing 24/7 technical support for “can’t fail” health services
 - Compatibility of televideo equipment and transmission
 - Integrating video with data and voice networks
 - Camera and transmission provides high quality sound and image
 - HIPAA security and privacy compliance

Telehealth: Regulatory issues

■ Regulatory issues

- Professional licensure, scope of practice & competencies
- Allowable originating sites (eg. Medicare limits to health professional shortage areas, certain settings)
- Professional relationship between the distant provider and the originating primary clinic
- Anti-trust, improper referral issues (Stark laws), fraud/abuse regs
- Defining and clarifying liability risk.
- Several regulatory issues revolve around, "Whose client is it?" (Consultant vs. direct care)

Telehealth: Financial Issues

- **Start-up costs**

- Televideo equipment (camera, monitors) suitable for telemedicine applications
- Video connectivity: high speed broadband
 - Typically T-1 lines, private networks/VPN
- Facility modifications for clinical events, lighting, comfort, secure, sound, etc.

TeleHealth: Financial Issues

- **Operational costs**

- Staff to coordinate clinical site management
- Monthly connectivity charges and gateway and/or bridging fees to with other networks
- Staff redirected to provide telehealth services or support to telehealth
- Clinical/Medical records management—getting info to and from distant sites

TeleHealth: Financial Issues

- **Cost-savings and cost avoidance**
 - Reduced “windshield time” in rural travel
 - Reduced no-show rates
 - Earlier intervention and access lower “Global cost” for services and social consequences
 - Improved treatment adherence, improved continuity, and collaborative care
 - Efficacious for case consultation, clinical supervision, team meetings; continuing education

TeleHealth: Financial Issues

Revenue

- Estimate revenue using productivity measures
 - $(\# \text{ billable units} \times \$/\text{unit} \times \text{collection rate}) + (\text{facility fees covered} \times \# \text{ units})$.
- Medicare & most other payers:
 - Originating site facility fees (G3014) Modifier = GT
 - Office Visit: CPT: 99201-99215
 - Consults and care coordination: CPT: 99241-99275
 - Diagnostic Evaluation: CPT: 90801
 - Psychotherapy: CPT: 90804-90809
 - Medication Management: CPT: 90862

TeleHealth: Practice Management

Clinical practice changes are key to success

- Professional comfort & confidence in the quality and efficacy of telehealth services
- Scheduling the telehealth site and the distant provider
- Establish protocols & train staff to manage clinical events
- Assigning RVU and productivity values at both sites
- Clarify relationship of distant professional & originating site
- Managing records to assure consultant has needed info.
- Using new billing & coding procedures—codes & modifiers

Telehealth: Pre-conditions for Success

- Legal, regulatory, & business rules support telemedicine
- Consultation and direct care reimbursement – public & private
- Clinical efficacy – research findings
- Network transmission secure and reliable —
 - Available 24/7, affordable, performance quality standards
- End-point equipment meets quality & functional standards
- Facilities appropriate to clinical use –
 - Privacy, lighting, acoustics, accessibility
- Services to support development & operations
- Leadership to foster & manage change – role models.

Telehealth: Success Factors

- The Canadian Northern Telehealth Network: “Top 10 Factors for Success”
 - Telehealth “Site Coordinators” at each location
 - Stakeholder involvement early in the planning stages
 - Needs-driven needs assessment (formal/informal)
 - Stay focused, start small, perfect the process and grow from there--Be flexible and modifiable
 - Integrate into existing programming (eg. fees, scheduling)
 - Standardize operations across network
 - Integrate evaluation into program
 - Diversify activities to include both clinical and educational
 - Have fun/enjoy

Telehealth Surprise

- **MD recruitment and retention**
 - A study on physician retention and recruitment in rural areas found that telehealth could be among the top ten factors contributing to retention and recruitment in rural communities."

- **Public policy**

- Authorize originating facility site fee payment to community mental health centers
- Coordination services for transition and collaboration
- Public-private partnerships
 - Common standards for reimbursement, claims edits, coding/billing, technology compatibility & interoperability
- Limiting telehealth services to health professional shortage areas ignores potential:
 - Transitions-levels of care, cultural competence, linkage and coordination with primary care and social services

Telehealth: Business Development

- **Business development**

- Telehealth often follows vertical integration strategies: linking hospitals and physician clinics - “hub & spoke”
- Private VPN “islands”- hinders behavioral health collaboration & connections with hospitals, nursing homes, social services, workforce centers, primary care, group homes, schools, jails, supportive housing
- For behavioral health, the ability to “sell” services across multiple settings is key to sustainability
- Provider relations, gateways, bridging, interoperability
- Tele-mental health start-up is easier: “ it’s just talking”

TeleHealth: Satisfaction

- **Consumer response:** High satisfaction: youth, working age adults, seniors
 - *"Better than a long wait list"*
 - *"A 30-minute drive vs. 2 hours for an appointment —saves gas"*
 - *"I can consult with residential provider where my daughter is!"*
 - *"Makes me careful with my choice of words & how I express myself"*
 - *"I get services from an expert who'd never drive out here"*
 - *"I get the same advice & info--it's less scary than in the office"*
 - *"I talk with my family "in person"—but I'm here in the program"*
 - *"I hate it when one worker has no idea what's going on"*
 - *"I can see myself on the monitor—I make faces when stressed"*



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The Minnesota Association of Community Mental Health Programs (MACMHP) is a non-profit organization dedicated to improving quality through education, public policy advocacy and member services. Our Mission is to provide leadership and services that strengthen member agencies, improve service quality, and foster a unified voice for service providers and clients.