Telehealth 101 & A Provider’s Perspective on TeleMental Health

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About Us
Mission & Aim

The TRCs are funded by the Federal Office of Rural Health Policy (FORHP), under HRSA’s Office for the Advancement of Telehealth.

Mission

Foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural and medically underserved areas and populations.

Aim

Connecting rural communities and helping them overcome geographic barriers to receive quality healthcare services.
What is Telehealth?

• You’ll often hear **Telehealth** and **Telemedicine**.
• These terms are sometimes used interchangeably. So, What’s the difference?
• **Telehealth is an umbrella term**, 
  • Includes telemedicine and other modalities of communication. It encompasses a broader spectrum of healthcare delivery.
• **Telemedicine is direct clinical care** 
  • Typically provided from a distance using electronic communication to provide/support clinical care.
• **Other Terms**: You may hear other terms frequently used when discussing telehealth such as eHealth, mHealth, digital care, etc. We will focus on the terms “telehealth” and “telemedicine”.

*Note: Telehealth is not a service or medical specialty, but a tool used to deliver care.*
What is Telehealth?
3 Most Common Modalities

- Video-conferencing (Synchronous)
- Store And Forward (Asynchronous)
- Remote Patient Monitoring (RPM)
Provider to Provider Methods

Project ECHO:

**Extension of Community Healthcare Outcomes**

- Medical education model focused on enhancing capacity of rural providers to manage complex patients locally, through specialty support and communities of practice
- Several existing ECHO hubs across the Northeast and more emerging across the region

| 6 NE States | 35 Hubs | 70 Programs |
Provider to Provider Methods

E-Consults

(Provider->Provider + Patient Interaction/Information)

- Enables primary care providers (PCPs) to consult remotely and conveniently with specialists via store and forward
- New Medicare Codes – CY 2019 Physician Fee Schedule
- Interprofessional Internet Consultation (CPT codes 99452, 99451, 99446, 99447, 99448, and 99449):
  - These codes cover interprofessional consultations performed via communications technology such as telephone or Internet, supporting a team-based approach to care that is often facilitated by electronic medical record technology

Distance Learning Methods

- Various CME Based Web Events & Webinars
- Distance Learning And Telemedicine Grants (DLT Grant funded by USDA) [http://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants](http://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants)
  - The DLT program provides or improves Distance Learning and/or Telemedicine Services in Rural America by funding equipment that allows rural residents to access distance learning or telemedicine services from hub sites located in larger urban or suburban areas
Where is Telehealth?
Telehealth is Everywhere!

- Academic Medical Center
- Airplane
- Boat
- Celebrity Tour Bus
- Coal Mine
- Community Health Center
- Community Mental Health Center
- Disaster Zone
- FQHC
- Home
- Hospital

- Public Health Dept.
- Public Library
- Nursing Home
- Oil Rig
- Prison
- Refugee Camp
- Retail Pharmacy
- Rural Health Center
- Public School
- And Many More!
Use Case Examples

- Behavioral Health
- Burn
- Cardiology
- Dentistry
- Chronic Care Management
- Dermatology
- Education / Grand Rounds
- Emergency Services / Trauma
- Family Planning

- Genetics
- Home health
- Infectious Disease
- Medication Adherence
- Neurology / Stroke care
- Obstetrics and Gynecology
- Oncology
- Ophthalmology
- Pain Management
- Pathology
- Pediatrics

- Palliative Care
- Primary Care
- Psychiatry
- Radiology
- Rehabilitation
- Rheumatology
- Surgical
- Wound Care
- And more!
# Telehealth from the Value Perspective(s)

<table>
<thead>
<tr>
<th>Patients</th>
<th>Communities</th>
<th>Primary Care Providers</th>
<th>Specialists</th>
<th>Health Plans</th>
</tr>
</thead>
</table>
| • Accessibility: care when and where they need it  
• Affordability: reduces travel time, expense and time away from work/family  
• Timeliness: reduces wait time to access specialists  
• Integrated and coordinated, “team approach” to care | • Keeps patients local whenever possible  
• Promotes rapid diagnosis and treatment linked to improved patient outcomes  
• Improves outcomes and therefore improves health of population | • Promotes coordinated care  
• Reduces provider isolation  
• Maintains primary relationship with patient  
• Promotes greater patient satisfaction  
• Generates revenue – visit reimbursement  
• Access to education  
• Working at top of scope | • Extends reach to patients  
• Teaching and partnership with PCP reduces the need for future, same-type referrals  
• Promotes coordinated care | • Promotes timely access to care  
• Increases “provider availability” in geographically challenged areas  
• Cost savings  
• Prescriptions  
• Ancillary tests  
• Patient transportation |

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NORTHEAST TELEHEALTH RESOURCE CENTER
Telehealth 101=
Just the Tip of the Iceberg

- Other Common Questions that TRCs receive include:
  - Reimbursement
  - Program development
  - Strategic planning and market analysis
  - Licensing & credentialing
  - Malpractice & liability
  - Regulations & other legal considerations
  - Internet prescribing
  - Technology selection
  - Security, privacy, & HIPAA compliance
  - Workforce development and training
  - Best practices and networking
  - Tools, sample forms, templates, etc.
  - Program evaluation
  - Research and Supporting Evidence
  - And more!
**Tips to Get Started**

- **Find a champion!**
- **Think big, Start small**
- **Focus time, effort and $ on program development and a sustainable business model, then** choose technology that fits your plan
- **Keep technology simple** when possible – what fits your needs and budget?
- **Reach out** to folks who have already done this! (And your Regional TRC!)
- **Lead advocacy efforts** for program development and policy growth
A Provider’s Perspective on Telemental Health

Terry Rabinowitz, MD, DDS
Background

• I came to UVMMC in 1996 to be Medical Director of the Psychiatry Consultation Service (PCS)
  • The PCS consults to every medical and surgical service in the hospital
    • I was plenty busy!
    • I hadn’t done any telemedicine and wasn’t especially interested in it
    • Mike Ricci changed that!

Needs Assessment

• Around 2001, MR asked if I would be interested in developing a telepsychiatry consultation program
  • Mike said there were lots of underserved people out there who weren’t getting timely and appropriate mental health services, and telemedicine might be away to address the problem
So,

I said OK
Getting Started

What are the barriers to receiving Mental Health Services?

• Rurality
• Severity of mental illness
• Chronicity of mental illness
• Type of mental illness
  • Hallucinations, delusions, personality disorders, self-harm
• Race, ethnicity, sexual orientation
• Socioeconomic status
• Educational level

Who needs help? (In Dr. Rabinowitz’s Region)

• Lots of different populations lacking adequate mental health services in Vermont and rural areas of New York State; Such as:
  • Small communities that cannot financially support a psychiatrist,
  • Underserved and vulnerable populations including prisoners, those with serious mental illnesses, veterans, and
  • Persons who are homebound
  • Older Adults and Individuals in nursing homes
Important steps “Pre-Telepractice”

Site visit(s):

Questions to ask while assessing site location

• What is the room like?
  • Where is it located?
  • How are the lighting and acoustics?
  • How close or far is it from key personnel?

Safety issues need to be considered

• Who is available for emergencies?
• How quickly can emergency services be summoned?

Paperwork

I NEED NYS LICENSE
I NEED NURSING HOME PRIVILEGES
I NEED APPROPRIATE INSURANCE
Proper Pre-Planning and practice

- Make sure you have real technical experts at the provider and patient sites
  - Don’t count on yourself to troubleshoot and solve all problems!
  - Build redundancy into the system
    - Cell phones, land lines, and other ways to reach your tech team for urgent needs
- Ensure that you have a safety plan in case you identify a problem that requires immediate attention for safety
  - In the nursing home, it is very possible to have elders with suicidal ideation, suicide plans, suicide behaviors
Practice! Practice! Practice!

Make sure to do several telemedicine test runs so you can identify potential problems with the service

- How was your connection?
  - Did you have any dropped packets or calls?
- How did it work for you?
  - Did you have good telepresence?
- How did it work for the distant site?
  - Did you have good telepresence?
  - Did key personnel at the distant site identify any problems?
    - Take all comments seriously and act on them!
Tele-Tech Things to Consider

Provider & Patient Video Etiquette
• Camera Placement
• Microphone Quality
• Identification Verification Protocols
• Speed of Speech (speak slower due to potential delays)
• Mute yourself when typing

Room Design
• Lighting
• Background Considerations (Door closed, Window Visibility, etc.)
• Example: Specific Room dedicated to video visits vs. Transportable Tech. w/accompanying protocols?

Tech Considerations
• Wired (Ethernet) vs. Wi-Fi when utilizing Video
• EHR Integration
What we learned (and published)

Characteristics and outcomes for 106 NHRs AFTER 278 Encounters

- Average age 77.5 ± 13.6 years
- 60% female
- Depression, dementia, and delirium each comprised 21% of diagnoses
- Adjustment disorders in 12.5%
- Behavioral disturbances in 17%
  - Exacerbated by vision and hearing problems
### Patient, Nursing Home, Encounter, and Charge Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Patients</th>
<th>Nursing Homes</th>
<th>Encounters</th>
<th>Charges (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>F 63 (59.4%)</td>
<td>M 43 (40.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age (yrs)</strong></td>
<td>Mean (SD) 77.5 (13.6)</td>
<td>Range 44-100</td>
<td>Median 81</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Homes</strong></td>
<td>Distance (mi)/Travel time (min) (round trip)</td>
<td>NY 208/240</td>
<td>VT 79/85</td>
<td></td>
</tr>
<tr>
<td><strong>Encounters</strong></td>
<td>Total 278</td>
<td>Mean encounters per patient (SD)/Range 2.6 (2.0)/1-10</td>
<td>Per year (last 7 years)</td>
<td>Mean 45.6 (12.8)</td>
</tr>
<tr>
<td><strong>Charges (USD)</strong></td>
<td>Total 65,982</td>
<td>Mean (SD) 237 (99)</td>
<td>Range 100-517</td>
<td></td>
</tr>
</tbody>
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### Cost (USD) and Time Estimates for Face-to-Face and Telepsychiatry Services for 278 Encounters for 106 Nursing Home Residents

<table>
<thead>
<tr>
<th>Year</th>
<th>Travel Time (hr) Yearly</th>
<th>Travel Distance (mi) Yearly</th>
<th>Fuel costs Yearly</th>
<th>Range of personnel costs</th>
<th>Telepsychiatry costs</th>
<th>Range of total potential cost savings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28 106 154 177 133 134 111</td>
<td>843 (35.1 days) 1480 5480 7976 9034 6806 6812 5632</td>
<td>72 286 526 709 691 684 778</td>
<td>33,739-67,477 84,347-253,040</td>
<td>Videoconference unit, line charges, hardware, service contract NY 14,045 VT 10,381 Total 24,426</td>
<td>Patient-to-physician travel 13,060-46,798 Physician-to-patient travel 63,668-232,361</td>
</tr>
</tbody>
</table>
What I’ve learned from nearly 18 years of TelePsychiatry, including:

MORE THAN 300 PATIENTS
MORE THAN 500 ENCOUNTERS
NUMEROUS FAMILY MEETINGS
MANY CHALLENGING PATIENTS
SOME CHALLENGING COLLEAGUES
What I’ve Learned Part 2:

<table>
<thead>
<tr>
<th>If you act like telemedicine works, it will work!</th>
<th>If you apologize criticize, or in some other way suggest that telemedicine is inferior, you guarantee that it will be seen as inferior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure to acknowledge and appreciate the hard work done by all of your colleagues to optimize the telemedicine encounter</td>
<td>Technical staff, nurses, social workers, family, patients, colleagues, administration</td>
</tr>
<tr>
<td>Be accessible</td>
<td>You know how!</td>
</tr>
<tr>
<td>Learn to roll with the punches</td>
<td>You are bound to encounter some technical difficulties</td>
</tr>
<tr>
<td></td>
<td>• Chill!</td>
</tr>
</tbody>
</table>

**BUT, Most importantly...**
Look at the Camera!
Contact Us

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Questions?

Thanks for Listening!
Upcoming Sessions

4/29/2020 - 2-3PM EST | Melissa Rowan, MSW, MBA, Senior Vice President for Policy Implementation at Meadows Mental Health Policy Institute on the workgroup to propose uniform coding and payment strategies for commercial insurers, Medicare, and Medicaid

5/6/2020 - 2-3PM EST | Ian Lang, MBA, Executive Director of the Brookline Center for Community Mental Health, Former Executive Director Continuum Behavioral Health in Rhode Island

Visit our website to register: https://mhttcnetwork.org/newengland