



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Telehealth 101 & A Provider's Perspective on TeleMental Health

Reid Plimpton, MPH

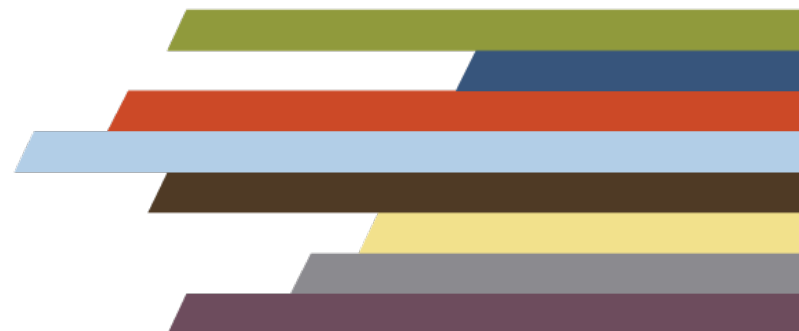
Project Manager, *Northeast Telehealth Resource Center*

Terry Rabinowitz, MD, DDS

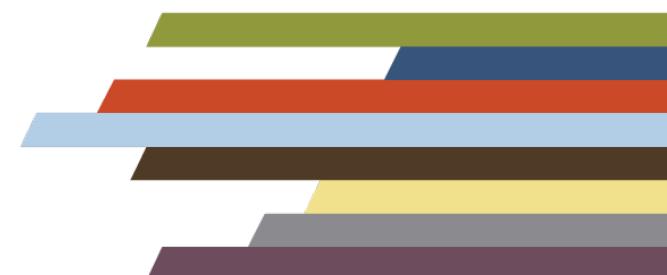
Medical Director, *Telemental Health and Psychiatry Consultation Service, University of Vermont Medical Center*; Professor, *Departments of Psychiatry and Family Medicine, Larner College of Medicine at the University Vermont*; PI, *NETRC*

SAMHSA
Substance Abuse and Mental Health
Services Administration

**NORTHEAST
TELEHEALTH**
RESOURCE CENTER



About Us



Mission & Aim

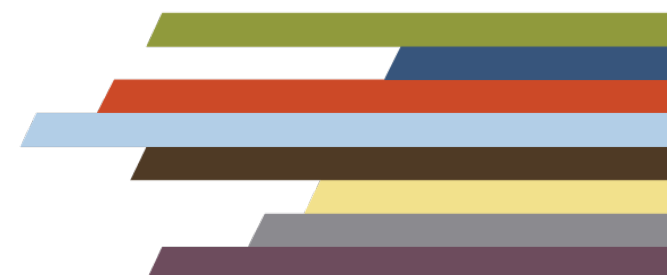
The TRCs are funded by the Federal Office of Rural Health Policy (FORHP), under HRSA's Office for the Advancement of Telehealth

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

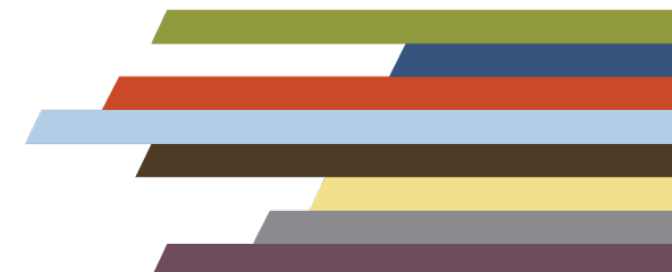
Connecting rural communities and helping them overcome geographic barriers to receive quality healthcare services.



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

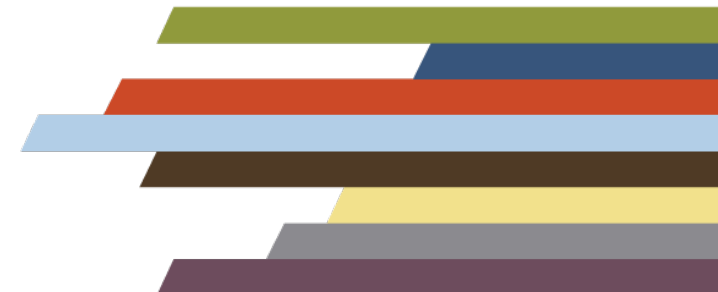
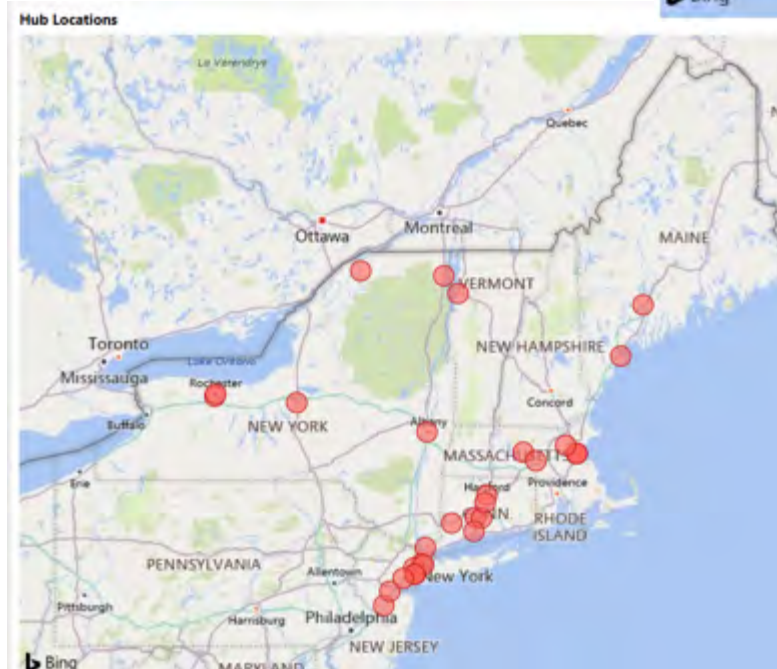
6 NE States

35
Hubs

70
Programs

Explore the ECHO Movement

ECHO Partner Locations Count: 294 Last Updated: 05/09/2019



Provider to Provider Methods

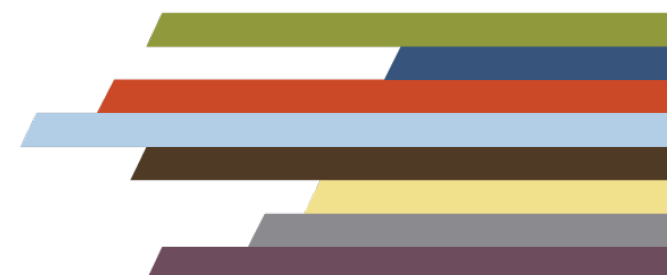
E-Consults

(Provider->Provider + Patient Interaction/Information)

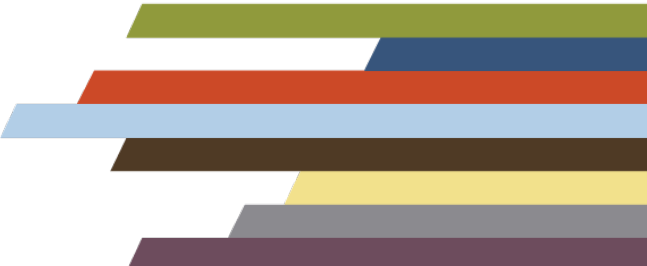
- Enables primary care providers (PCPs) to consult
- remotely and conveniently with specialists via store and forward
- **New Medicare Codes – CY 2019 Physician Fee Schedule**
- **Interprofessional Internet Consultation (CPT codes 99452, 99451, 99446, 99447, 99448, and 99449):**
- These codes cover interprofessional 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>**
 - 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

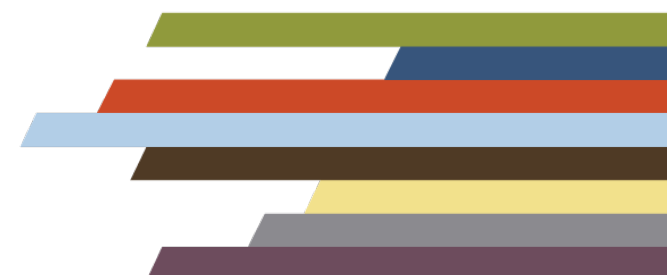


Where is Telehealth?



Telehealth is Everywhere!

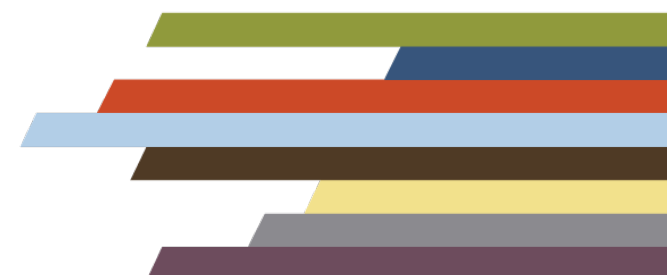
- Academic Medical Center
- Airplane
- Boat
- Celebrity Tour Bus
- Coal Mine
- Community Health Center
- Community Mental Health Center
- Disaster Zone
- FQHC
- Home
- Hospital
- Public Health Dept.
- Public Library
- Nursing Home
- Oil Rig
- Prison
- Refugee Camp
- Retail Pharmacy
- Rural Health Center
- 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)

Patients

- 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

Communities

- Keeps patients local whenever possible
- Promotes rapid diagnosis and treatment linked to improved patient outcomes
- Improves outcomes and therefore improves health of population

Primary Care Providers

- 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

Specialists

- Extends reach to patients
- Teaching and partnership with PCP reduces the need for future, same-type referrals
- Promotes coordinated care

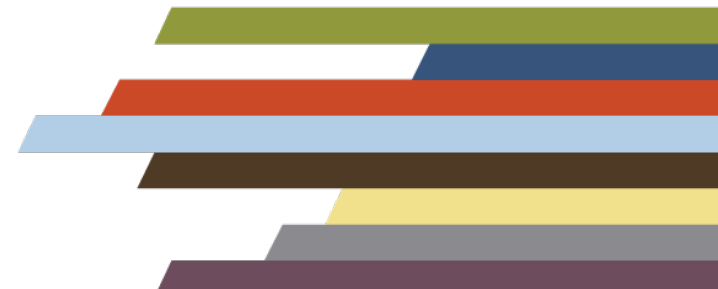
Health Plans

- Promotes timely access to care
- Increases “provider availability” in geographically challenged areas
- Cost savings
 - Prescriptions
 - Ancillary tests
 - Patient transportation

Telehealth 101= Just the Tip of the Iceberg



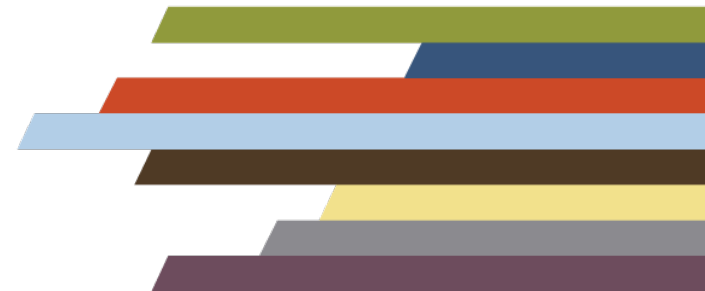
- Other Common Questions that TRCs receive include:
 - Reimbursement
 - Program development
 - Strategic planning and market analysis
 - Licensing & credentialing
 - Malpractice & liability
 - Regulations & other legal considerations
 - Internet prescribing
 - Technology selection
 - Security, privacy, & 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



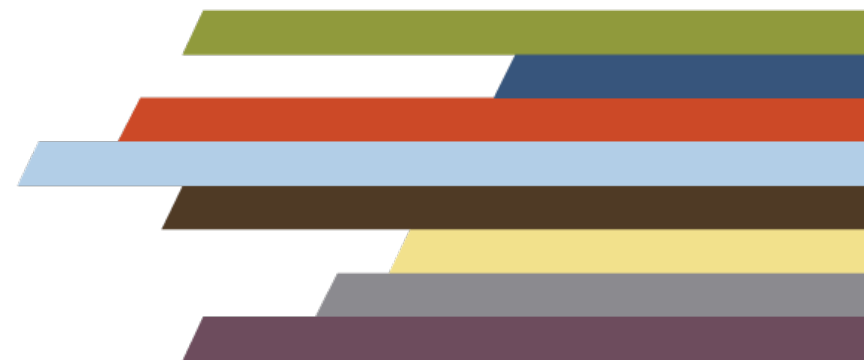
- Find a **champion!**
- Think **big**, Start small
- Focus time, effort and \$ on **program development and a sustainable business model**, *then* choose technology that fits your plan
- **Keep technology simple** when possible – what fits your needs and budget?
- **Reach out** to folks who have already 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

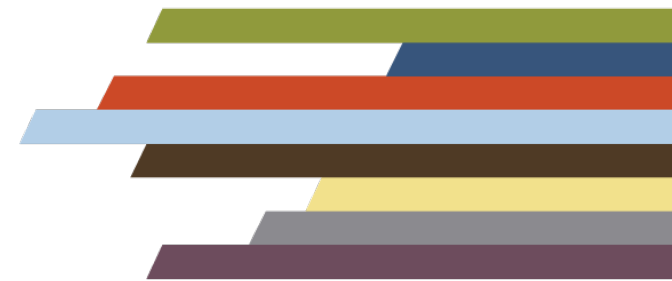
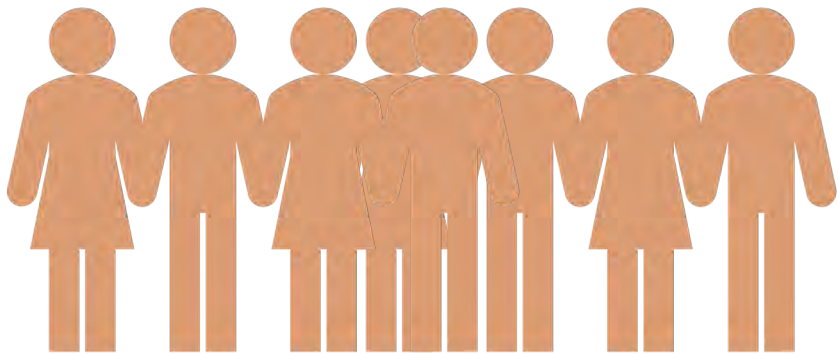


Background

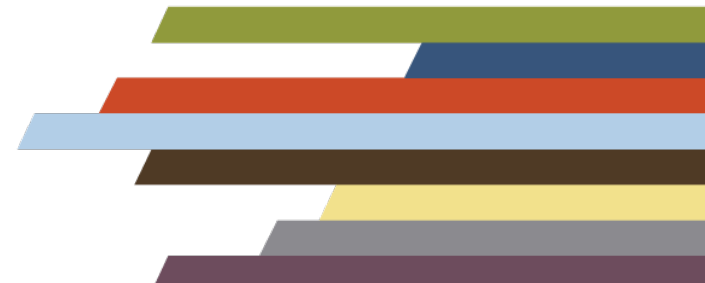
- I came to UVMMC in 1996 to be Medical Director of the Psychiatry Consultation Service (PCS)
 - The PCS consults to every medical and surgical service in the hospital
 - I was plenty busy!
 - I hadn't done any telemedicine and wasn't especially interested in it
 - Mike Ricci changed that!

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**



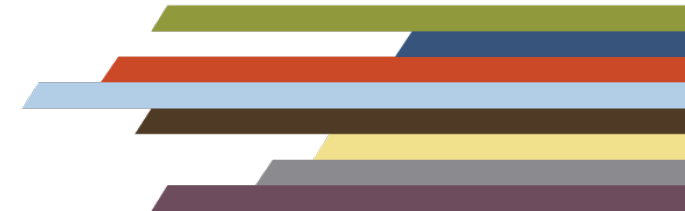
Getting Started

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



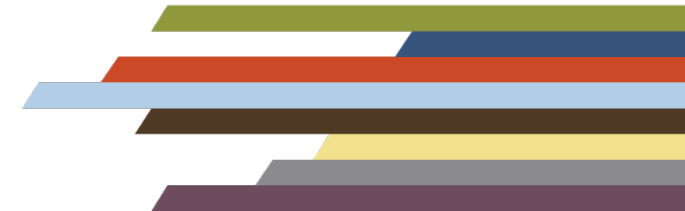
I NEED NYS
LICENSE



I NEED NURSING
HOME
PRIVILEGES



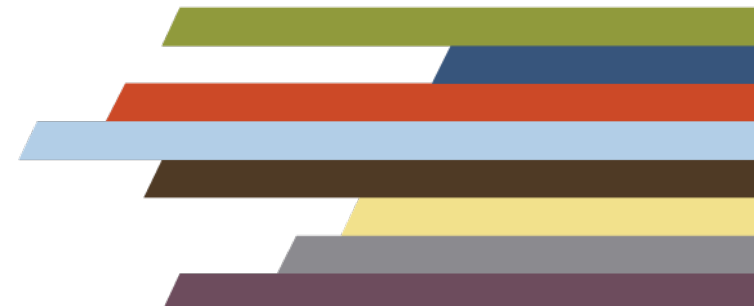
I NEED
APPROPRIATE
INSURANCE



P4

(Proper Pre-Planning and practice)

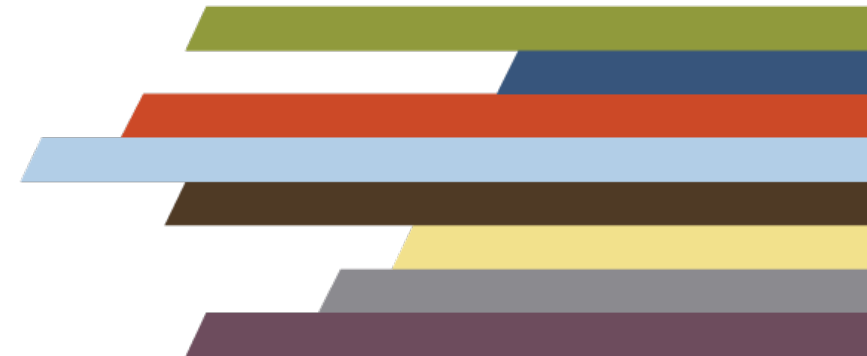
- Make sure you have real technical experts at the provider and patient sites
 - Don't count on yourself to troubleshoot and solve all problems!
 - Build redundancy into the system
 - Cell phones, land lines, and other ways to reach your tech team for urgent needs
- Ensure that you have a safety plan 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

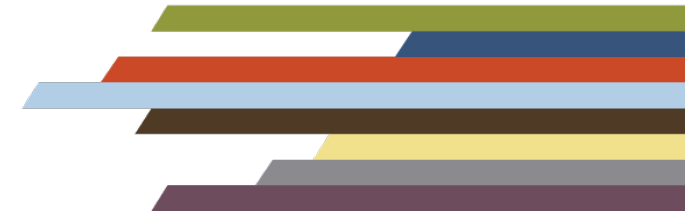
- Camera Placement
- Microphone Quality
- Identification Verification Protocols
- Speed of Speech (speak slower due to potential delays)
- Mute yourself when typing

Room Design

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

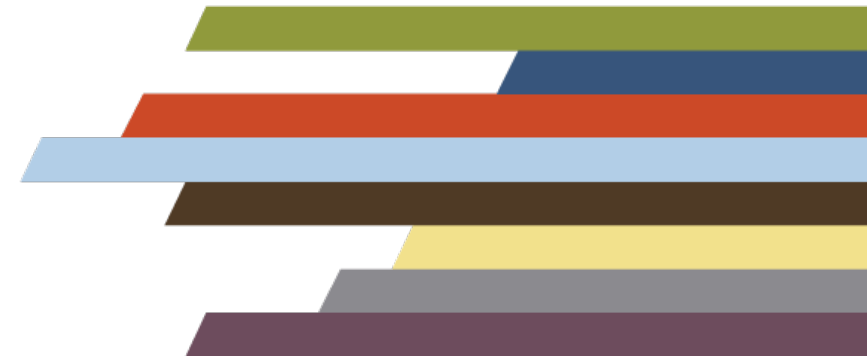
Tech Considerations

- Wired (Ethernet) vs. Wi-Fi when utilizing Video
- EHR Integration



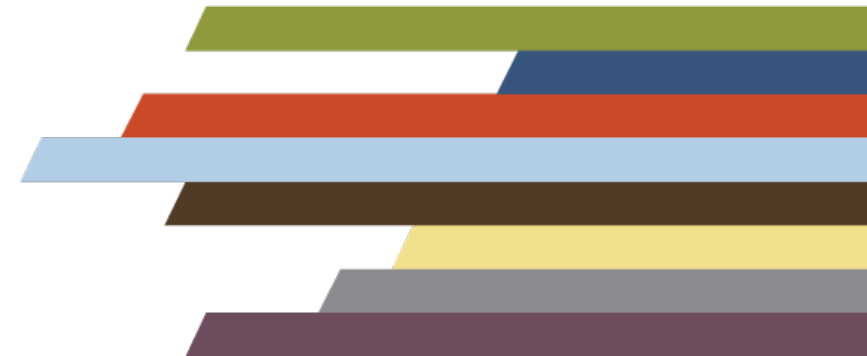
What we learned (and published)

**[Rabinowitz T, Murphy KM, Amour JL, Ricci MA, Caputo MP, Newhouse PA.
*Benefits of a telepsychiatry consultation service for rural nursing home residents. Telemed J E Health 2010.]***



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

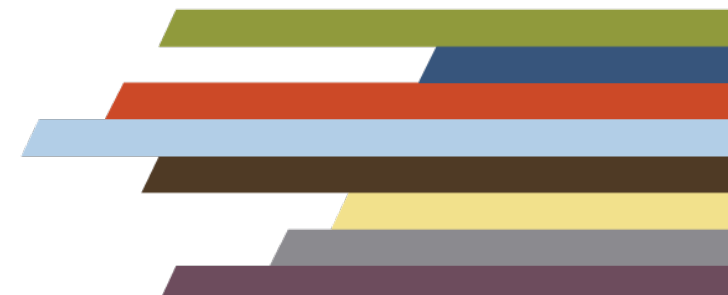


Patient, Nursing Home, Encounter, and Charge Characteristics

Patients	
Sex	
F	63 (59.4%)
M	43 (40.6%)
Age (yrs)	
Mean (SD)	77.5 (13.6)
Range	44-100
Median	81
Nursing Homes	
Distance (mi)/Travel time (min) (round trip)	
NY	208/240
VT	70/88
Encounters	
Total	278
Mean encounters per patient (SD)/Range	2.6 (2.0)/1-10
Per year (last 7 years)	
Mean	45.6 (12.8)
Range	29-64
Per Site	
NY	172
VT	106
Charges (USD)	
Total	65,982
Mean (SD)	237 (99)
Range	100-517

Cost (USD) and Time Estimates for Face-to-Face and Telepsychiatry Services for 278 Encounters for 106 Nursing Home Residents

	Year						
	2002	2003	2004	2005	2006	2007	2008
Travel Time (hr)							
Yearly	28	100	154	177	133	134	111
Total	843 (35.1 days)						
Travel Distance (mi)							
Yearly	1450	5480	7976	9034	6806	6812	5632
Total	43,196						
Fuel costs							
Yearly	70	286	526	709	691	684	778
Total	3,747						
Range of personnel costs							
Patient-to-physician travel	33,739-67,477						
Physician-to-patient travel	84,347-253,040						
Telepsychiatry costs							
Videoconference unit, line charges, hardware, service contract							
NY	14,045						
VT	10,381						
Total	24,426						
Range of total potential cost savings							
Patient-to-physician travel	13,060-46,798						
Physician-to-patient travel	63,668-232,361						



What I've learned from nearly 18 years of TelePsychiatry, including:



MORE THAN
300 PATIENTS



MORE THAN
500
ENCOUNTERS



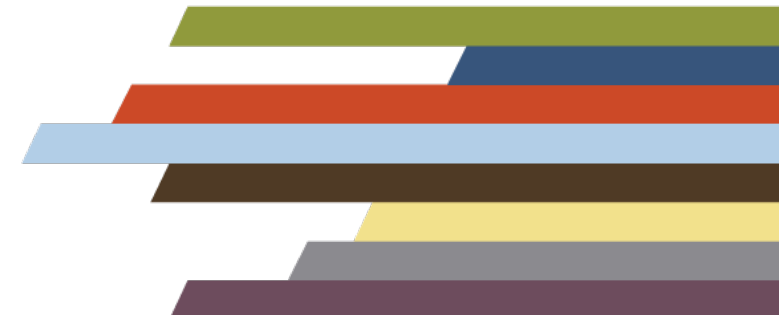
NUMEROUS
FAMILY
MEETINGS



MANY
CHALLENGING
PATIENTS



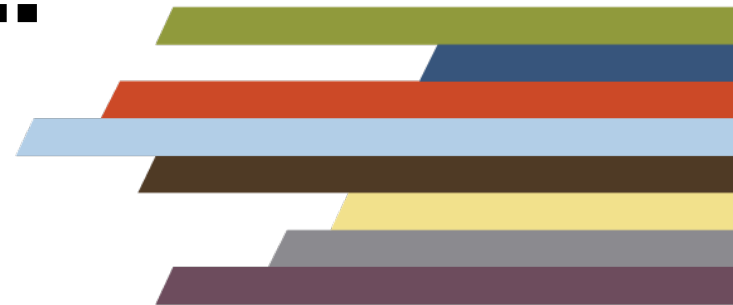
SOME
CHALLENGING
COLLEAGUES



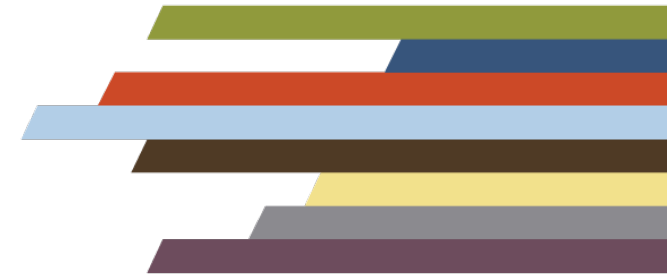
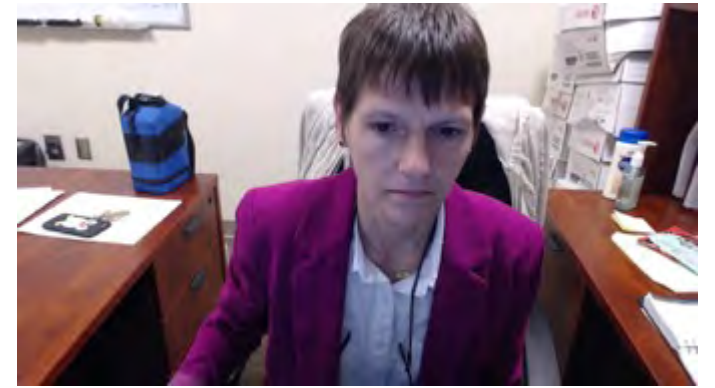
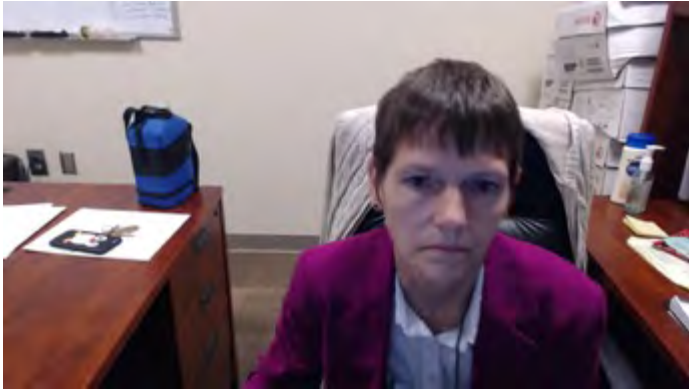
What I've Learned Part 2:

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

BUT, Most importantly...



Look at the Camera!



Contact Us



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Medicine at the University Vermont

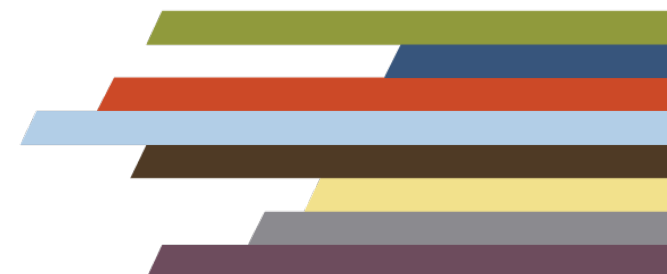
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Save the Date:

June 8 + 9, 2020

Manchester NH

2020
NORTHEAST
TELEHEALTH
regional
conference

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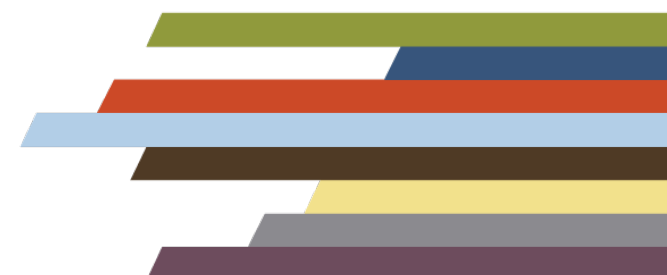
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Questions?

Thanks for Listening!



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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>

