Northwest (HHS Region 10)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Introduction to Telebehavioral Health for IHCPs

Chris Fore, PhD

Director, IHS TBHCE

Sept. 24, 2020

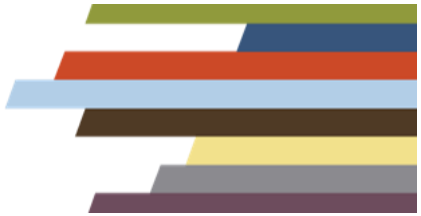
BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW MEDICAL CENTER

UW Medicine King County

SAMHSA

Substance Abuse and Mental Health Services Administration



Behavioral Health Institute (BHI) Training, Workforce and Policy Innovation Center

The Behavioral Health Institute (BHI) Is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. The BHI established initial priority programs which include:

- **Improving care for youth and young adults with early psychosis**
- **Behavioral Health Urgent Care Walk in Clinic**
- **Expanded Digital and Telehealth Services**
- **Behavioral Health Training, Workforce and Policy Innovation Center**

About the Northwest MHTTC

Lydia Chwastiak, MD, MPH
PI and Co-Director

Christina Clayton, LICSW, CDP
Co-Director

The Mental Health Technology Transfer Center (MHTTC) Network is about technology transfer.
We disseminate and implement evidence-based practices for serious mental health issues into our field.

Our target workforce includes:
behavioral health and primary care providers, school and social service staff, and others whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental health issues.

PROUDLY SERVING
ALASKA, IDAHO, OREGON & WASHINGTON

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MHTTC

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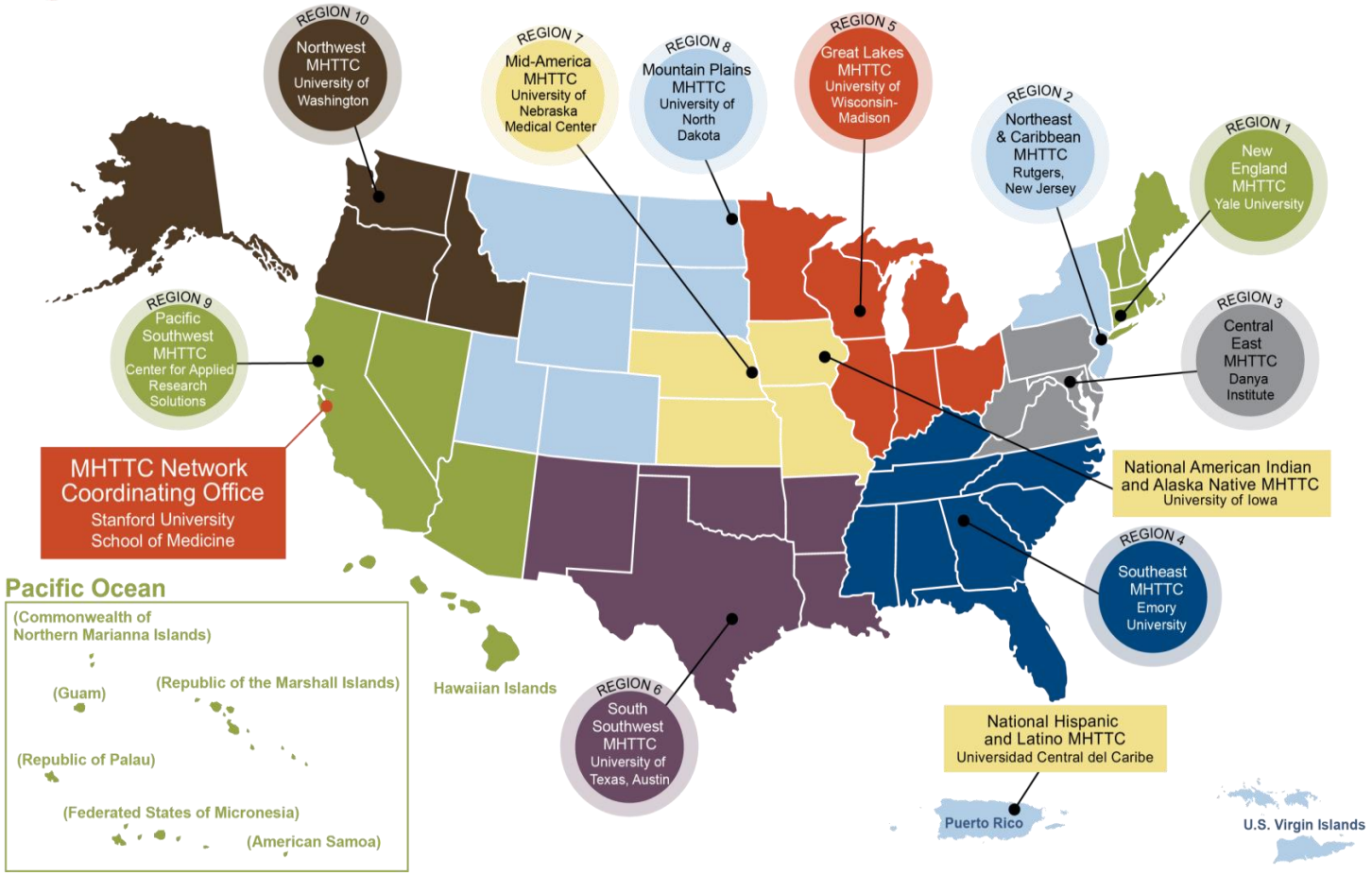

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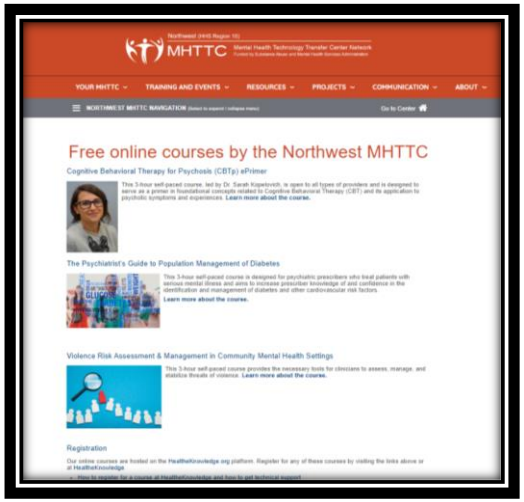
About the Northwest MHTTC

Online Courses



Website with Events, Products & News

Click to add text

Live Training

Archived Webinars

Research/Practice Briefs

Keep in touch with the Northwest MHTTC

Upcoming training *New online training* *Resources & Research Updates*

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- STRENGTHS-BASED AND HOPEFUL
- INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES
- HEALING-CENTERED/ TRAUMA-RESPONSIVE
- INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS
- PERSON-FIRST AND FREE OF LABELS
- NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS
- RESPECTFUL, CLEAR AND UNDERSTANDABLE
- CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE

Introduction to Telebehavioral Health for IHCPs

Chris Fore, PhD
Director, IHS TBHCE

09/24/20

What is Telehealth/Telemedicine?

- CMS - "a two-way, real- time interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment."

- ATA - While there's no common definition of telehealth (and its many synonyms), the term itself can evoke a limited view of what telehealth does. What was, until recently, referred to as *telemedicine* now encompasses a much broader array of services and technologies – AI, virtual reality and behavioral economics are a few examples that come to mind – that are transforming the way health and care are delivered.

Asynchronous Telemedicine (store-and-forward)

Pros

- Very low bandwidth requirements
- Less travel for patients
- Fast turnaround

Cons

- May require special equipment
- May require special training
- Information usually has to be uploaded into the EHR

Synchronous Telemedicine

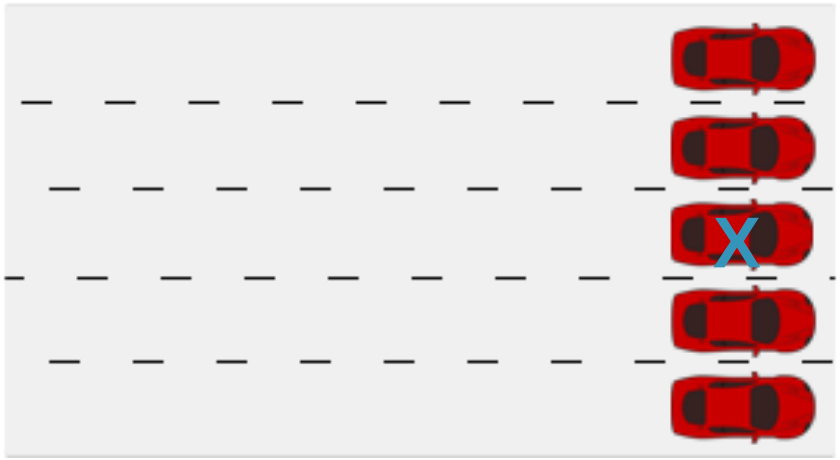
Pros

- Real-time patient interaction
- Documentation in EHR
- Less patient travel

Cons

- High and consistent bandwidth required
- Special equipment may be required

Bandwidth



Telehealth Platform/Equipment

- Easy of use
- Privacy
  - HIPAA
- Low bandwidth environments

- Specialized equipment may not be needed

Summary of Emergency Changes

Regulatory

- Same–State Licensure is no longer required for anyone

- HIPAA requirements are currently relaxed regarding video platforms

Summary of Emergency Changes

CMS/Billing

- Telephone contacts are billable as Virtual Check-In

- “4-walls rule” is waived; in-home services can be reimbursed

Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

Equipment (in order of preference)

Provider

- Stand-Alone Televideo unit
- Computer & HD webcam

ONLY WHEN THE ABOVE AREN'T AVAILABLE

- Tablet
- Mobile device

Patient

- Computer & HD webcam
- Tablet
- Mobile device

Stand-Alone Televideo unit is not recommended for in-home due to cost

Connection/Bandwidth

- Wired > Wireless (WiFi) > Mobile
- Bandwidth
  - Maximum (none)
  - Minimum (1 Mbps)
    - Mobile minimum (4G + 2 bars)
- No guarantees- lots of variables
  - Network (hops, jitter, latency, upload speed, pixilation, etc.)
  - Hardware (RAM, CPU, other processes, etc.)

Telebehavioral Health Staffing

- Existing Staff – likely no serious barriers

- New Staff – same processes as on-site
  - Full background check
  - Credentialing & Privileging
  - EHR access

Emergency & Backup Plans

- Patient
- Technology

Telehealth Coordinator (clinic-based)

- Doesn’t have to be clinical
- Organizes the clinic
- Keeps the schedule
- Always available during clinics (Emergency Plan)

- BONUS- Community member

Suggested Components of an In-Home Emergency Plan

For each in-home telehealth session, the following information should be obtained prior to the clinical portion of the session and clearly documented in the EHR.

- Patient's location/address during the session
- Patient's phone number
- Name(s) of other individual(s) in the home/outside contact person
- Phone numbers for above
- Who the patient would call for emergency services and that phone number

Additional Considerations for In-Home

- Did the patient provide verbal consent for an in-home session?
- Did the patient acknowledge that the in-home session may use cellular data and result in a higher phone bill?
- Expectations- The same expectations, rules, boundaries, etc. that apply in the office apply for in-home sessions.

Four Scenarios

- Clinic to Clinic
- Home to Clinic
- Clinic to Home
- Home to Home

Clinic to Clinic

- Easiest
  - Most controlled environments
  - Most network/connectivity control
  - Easiest access to EHR
  - Backup & Emergency plans likely already in place
  - Easy access to IT support

Home (provider) to Clinic

- Next Easiest
  - Little/no control over provider's connection
  - EHR access may be challenging
    - VPN or other security measures likely required
  - IT support likely to be remote or lacking
  - Home Office setup (background, pictures, lighting, etc.)
  - Controlled Substance prescriptions

Clinic to Home (patient)

- Moderate
  - Little/no control over patient's connection
  - Little/no control over therapy environment
    - Distractions- TV, phone, music, pets, etc.
    - Other people- confidentiality
  - Expectations
  - Emergency Plan- review at start of every session
  - Very limited IT support for patient

Home to Home

- Difficult
  - Little/no control over either connection
  - Little/no control over therapy environment
  - Expectations
  - Emergency Plan- review at start of every session
  - Very limited IT support

A Cost Comparison of Travel Models and Behavioral Telemedicine for Rural, Native American Populations in New Mexico. *Journal of Telemedicine and Telecare.* (http://www.ncbi.nlm.nih.gov/pubmed/26026190)

Psychiatrist per session (30 minutes) cost:

- $333.52 – traveling patient
- $169.76 – traveling provider
- $138.34 – telebehavioral health

Estimated Patient Savings

- 1,593,300+ miles of travel avoided
- $892,500+ in avoided travel costs
- 24,300 hours of work and/or school NOT missed

Assumptions:
- 200 miles of travel (round trip)
- Federal mileage reimbursement rate
- Hours saved @ 65 MPH

Presenter Contact Information

- Chris Fore, PhD
- IHS Telebehavioral Health Center of Excellence
- Division of Behavioral Health
- Chris.Fore@ihs.gov
- https://www.ihs.gov/telebehavioral/

Under President Trump's leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

1135 Waiver: Expansion of Telehealth

- Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.
  - These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
  - Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.
  - Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
  - The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
  - To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

List of Services

- A list of services that are normally furnished in-person that may be furnished via Medicare telehealth can be found here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- These services are described by HCPCS codes and paid under the Physician Fee Schedule. Under the emergency declaration and waivers, these services may be provided to patients by professionals regardless of patient location.

HIPAA

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 public health emergency. Allowable communication technologies can be found on the HIPPA site listed below.

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

Resources

- Medicare Telemedicine Health Care Provider Fact Sheet
- https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

- Medicare Telehealth FAQs 3.17.20
- https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
-
- Virtual Check-Ins:
- https://www.medicare.gov/coverage/virtual-check-ins
-
- HIPAA
- https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
-
- Substance Use, Written Consent, and 42 CFR Part 2 Guidance
- https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

Thank You!

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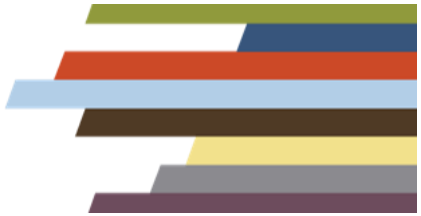
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