



Behavioral Health Care Subcommittee

Avenues for Expanding Telehealth for Mental Health Services

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Study Mandate

- ▶ During 2012, Dr. Karen Rheuban, President of the Virginia Telehealth Network, addressed the Healthy Living/Health Services Subcommittee and offered the following policy recommendation that was approved by JCHC.
 - Include in the 2013 work plan for JCHC, a study of various avenues to expand access to mental health services through telemedicine, including potential public-private partnerships.

Presentation Outline

- ▶ Background
- ▶ Who Pays for Telemental Health Services
- ▶ Telemental Health in Virginia
- ▶ Barriers to Expansion of Telehealth Services/Remaining Issues
- ▶ Policy Options

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Background

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Mental Health Access Needs

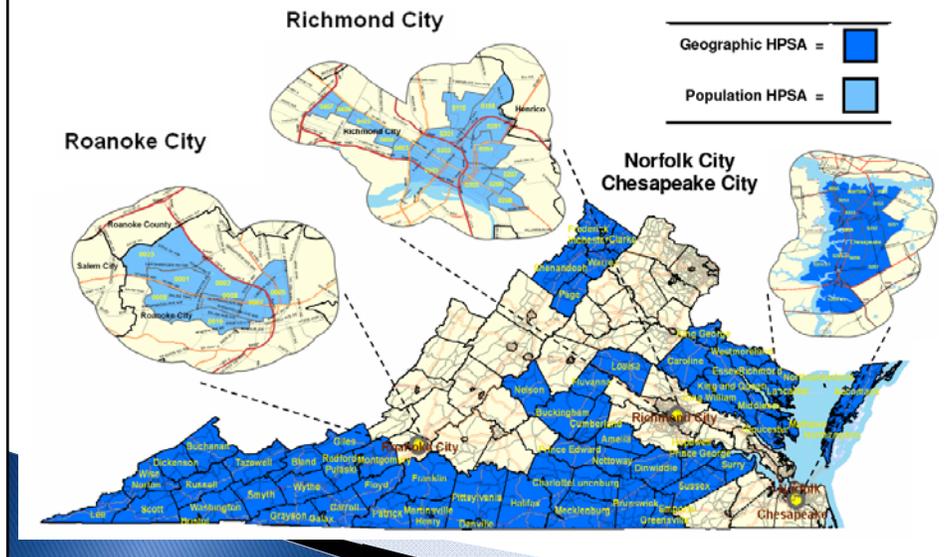
- ▶ Limited access to mental health providers reduces the quality and quantity of mental health services available to patients in rural and underserved communities, sometimes forcing patients to travel long distances to obtain mental health services, or forgo such services altogether
- ▶ The Department of Behavioral Health and Developmental Services (DBHDS) estimates between 85,000 and 104,000 children and adolescents ages (9-17) have serious mental health disorders
 - Biggest challenge for children and families: access to appropriate, high quality services at time and place they are needed.

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Mental Health Provider Shortage in Virginia

- ▶ Virginia has 65 separate Mental Health Professional Shortage Area (HPSA) Designations in 85 Counties
 - 25 Community Health Centers
 - 25 Correctional Facilities
 - 2 State Mental Hospitals
 - 16 Geographic Areas (10 Community Services Boards (CSB) Catchment Areas)
- ▶ Provider organizations struggle to recruit and retain mental health specialists and often find it necessary to arrange for regular visits by a mental health consultant with considerable travel costs.
- ▶ Non-mental health providers are often placed in the position of serving patients with severe mental health problems with little or no specialty support.

Mental Health HPSAs in Virginia



Definitions

- ▶ Telehealth is “the use of electronic information and telecommunications technologies to support long distance clinical health care, patient and professional health-related education, public health, and health administration.”
- ▶ Telemedicine
 - “Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients’ health status.” (American Telemedicine Association, www.americantelemed.org)
 - Ensures that clinical care, medical education and monitoring, and provider consultations are available anytime, anywhere.
 - Often used interchangeably with telehealth.

Telemental Health

- ▶ Telemental Health (TMH)
 - Subset of telehealth that uses technology to provide mental health services from a distance.
 - “the use of electronic information and telecommunications technologies to support long-distance mental health care, patient and professional-related education, public health, and health administration.”
 - TMH includes terms such as telepsychology, telepsychiatry, and telebehavioral health.

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Telemental Health Services

- ▶ Telemedicine is a particularly good fit for addressing mental health access needs; Research studies indicate that TMH is equivalent to face- to-face care in various settings and a useful alternative.
 - Allows communication with the provider in a personal and intimate manner, reducing stigma.
 - Reduces travel time for providers and patients
 - Reduces complications from delayed treatment and encourages adherence to treatment plans.
- ▶ In recent years, telehealth technology has improved and the cost has significantly decreased.

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Who Pays for Telemental Health?

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Who Pays for Telemental Health

- ▶ Medicare
- ▶ Virginia Medicaid
- ▶ Private Insurers

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Who pays for Telemental Health?

- ▶ Medicare, a federal program that primarily serves Americans who are 65 or older, reimburses for telemedicine encounters if the Medicare beneficiary resides in or utilizes the telehealth system in a locality that is located in a federally-designated health professional shortage area (HPSA) but not within a metropolitan statistical area (MSA).

- ▶ Medicare provides three different eligibility requirements for originating sites in order to receive reimbursement for telemedicine. The originating site must be:
 - Located in a county that is not included in a Metropolitan Statistical Area (MSA),
 - Located within a federally designated rural HPSA, or
 - Provided by an entity that participates in a federal telemedicine demonstration project.

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Medicare Reimbursement

- ▶ Medicare reimbursement policies can be a deterrent to expansion of TMH.
- ▶ The definition of MSA by county line may result in rural communities an hour outside of the city limits being defined as Metropolitan.
 - ▶ Consequently, some living within a MSA still lack access to specialists and health care providers.
- The HPSA definition for telehealth reimbursement does not include specialty physicians in the formula.
 - This results in residents who have access to primary care, but not specialty care, being penalized.

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Virginia Medicaid

- ▶ Provides coverage for telemedicine services, including:
 - evaluation and management
 - office visits
 - individual psychotherapies
 - consultations
 - mental health and substance abuse crisis intervention.
- ▶ Recognizes the following providers of telemedicine:
 - physicians, nurse practitioners, clinical nurse specialists, clinical psychologists, and licensed clinical social workers and professional counselors.

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Virginia Medicaid

- ▶ Medicaid allows states to reimburse the physician or licensed practitioner at the distant site and reimburse a facility fee to the originating site.
 - In Virginia, approved originating sites include community services boards (CSBs), federally qualified health clinics (FQHCs), Health Department clinics, hospitals, nursing homes, rural health centers, and offices of physicians and other providers.
- ▶ Medicaid's telemedicine coverage does not require the originating site to meet rural area definitions.
- ▶ Reimbursement is made according to the same fee schedule as when service is delivered conventionally.
- ▶ No reimbursement is provided for the purchase or cost of using the telemedicine equipment.

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Virginia Medicaid

- ▶ Billing by Medicaid providers for telemedicine has been limited.
- ▶ In FY 2011, claims for 3,799 encounters were submitted resulting in Medicaid reimbursement of \$183,762.
 - Psychiatric care was the predominant service billed and CSB staff were the primary providers.

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Telemental Health in Virginia

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Telemental Health in Virginia

- ▶ Private providers are already using TMH services.
- ▶ Hospitals that have implemented TMH generally reported positive results, including:
 - For a relatively small investment, they have saved considerable amounts of money.
 - Most of the hospitals have started small and used the TMH for assessments in their emergency departments.
 - Feedback from patients has been positive.
 - Feedback from the staff has been positive, while some were skeptical at first most now really like the technology.

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Case Example: Bay Rivers Telehealth Alliance

- ▶ Bay Rivers Telehealth Alliance (BRTA) received a four year grant from the federal Health Resources and Services Administration (HRSA) to purchase and install telemedicine equipment at 21 sites throughout the Northern Neck, Middle Peninsula, Eastern Shore.
 - The grant allows for TMH capabilities at long-term care facilities, mental health clinics and hospitals in rural areas to help the timely diagnosis and management of depression and dementia in geriatric population.
 - A Riverside psychiatrist provides services every day from his office, including medication management and prescription services.
 - Saved on travel time
 - Partners include the Middle Peninsula Northern Neck CSB, The Department of Geriatric Medicine and Telemedicine Center at VCU, the Center for Excellence of Aging and Geriatric Health, and the Alzheimer's Association, which provides training to staff.
- ▶ Seeing positive results.

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Telemental Health at DBDHS State Facilities

- ▶ The majority of State facilities administered by DBDHS do not use TMH, citing concerns over privacy (HIPAA), confidentiality, and IT compatibility.
 - However, representatives indicated in their survey responses that TMH would be useful in expanding capacity.
- ▶ Several State facilities reported using TMH:
 - Central State Hospital (in Petersburg) uses video-conferencing when possible for forensic patient evaluations.
 - Commonwealth Center for Children & Adolescents (in Staunton) uses TMH for some family therapy sessions
 - Catawba Hospital (near Roanoke) uses TMH for recommitment pre-screenings and some forensic evaluations.

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Telemental Health: CSBs

- ▶ In a survey of CSB representatives, they indicated use of TMH for:
 - Assessments, ongoing appointments, preadmission screenings, medication management, and emergency psychological screening.
- ▶ CSB representatives cited the following benefits:
 - Reduced waiting times, improved access, and management of more difficult clients.
 - Important service to provide to the community.
- ▶ However, several barriers were cited, including:
 - Inadequate reimbursement and the costs of required technology, staffing, and contracting with psychiatrists.

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Telemental Health - UVA

- ▶ University of Virginia Office of Telemedicine:
 - UVA facilitated 20,568 (4,515 correctional) patient encounters from 80 sites across the Commonwealth in approximately 35 specialty areas; 4,407 patient encounters were for mental health care.
 - UVA is bringing psychiatry to underserved rural youths
 - The average distance traveled was reduced from 260 to 15 miles.
 - UVA doctors set up 3-4 hour clinics, so CSBs could schedule patients within that time period. Psychiatry fellows do much of the work, supervised by attending psychiatrists.
 - \$5 million was recently appropriated for CSBs to increase child psychiatry and crisis response, including telepsychiatry.

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Telemental Health: VCU

- ▶ Telemedicine Center at Virginia Commonwealth University
 - Facilitated 16,098 patient encounters at 32 sites in 14 specialties; nearly all of the encounters (16,037) occurred in
 - State correctional facilities.

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Barriers to Expansion of Telemental Health Services/Remaining Issues

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Licensure Requirements

- ▶ Most states require a provider to be licensed both in his/her state and in the patients' state in order to practice telemedicine.
- ▶ However, in Virginia, a provider must be licensed in Virginia to provide telemedicine to a patient also located in Virginia.
 - As the practice of telemedicine is expected to increase, especially in rural areas, a streamlined system for those doctors wanting to practice in multiple states is advocated by many telemedicine supporters.

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Federal Efforts to Relax Licensure Requirements

- ▶ Health Care Safety Net Amendments of 2002, Public Law 107-251. Section 102 authorized the award of incentive grants to state professional licensing boards to promote cooperation and encourage development and implementation of state policies that will reduce statutory and regulatory barriers to telehealth.
- ▶ Currently, HRSA has established a grant to explore the possibility of license portability: “The License Portability Grant Program.”

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State Efforts to Address Licensure

- ▶ Some medical boards, such as in Alabama, Montana and Oregon, offer a special purpose telemedicine license.
- ▶ Some other states regulate telemedicine, such as in California, Colorado, Florida, New York, and Texas, but the levels of regulation vary greatly by state.
 - For example, California, Florida, and New York, require full licensure to perform any function related to patient care, with some exceptions for consultation.

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State Efforts to Relax Licensure

- ▶ The Federation of State Medical Boards (FSMB) recently approved a new policy to study the creation of a system that would utilize an interstate compact to increase efficiency in the licensing of physicians who practice in multiple states.
 - An interstate compact could address the need for efficacy and speed in licensing while not compromising the value of a state-based system and patient safety.

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Expedited Endorsement Model

- ▶ The Expedited Endorsement Model, encouraged by the FSMB, involves:
 - Setting “criteria to approve a valid license of another state; the process accepts a license issued in another state that was verified and sets requirements for endorsing a license granted in another state.
 - Idaho, Iowa, Michigan, Nevada, New Mexico, North Carolina, Oregon, and Rhode Island have adopted the expedited endorsement process.” (*Health Licensing Board Report to Congress*, Mary K. Wakefield, Ph.D., R.N., HRSA Administration)

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Concerns with Expedited Endorsement

- ▶ State boards determine their own criteria and requirements which differ from state to state. For instance, not every state board requires criminal background checks for physicians.
- ▶ State Boards are ultimately responsible for protecting the public and may be unwilling to expedite the license of a physician who has not undergone a criminal background check.

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Virginia Board of Medicine

- ▶ The Virginia Board of Medicine does not offer a special license or an expedited endorsement process for licensure.
- ▶ The process for licensure in Virginia is considered “quick and easy.”
 - Takes an average of three months, at a cost of \$300.
 - The process could be shortened with additional staff.
- ▶ Board of Medicine representatives indicated they would support entering into an Interstate Compact.

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Policy Options

Option 1: Take no action.

Option 2: Introduce a budget amendment (amount to be determined) to provide additional funding for community services boards to purchase necessary equipment and/or contract for such services as child psychiatry through telepsychiatry.

Option 3: By letter of the Chair of the Joint Commission on Health Care, formally advise the Virginia Department of Health (VDH) and the Virginia Rural Health Association (VRHA) of the problems that the current federal definition of metropolitan statistical area (MSA) creates in receiving Medicare reimbursement for telehealth services. (This formal advisory is to provide VDH and VRHA with an additional example of problems created by the current MSA definition for use when corresponding with the Health Resources and Services Administration or other relevant federal agencies.)

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Public Comment

- ▶ Written public comments on the proposed options may be submitted to JCHC by close of business on October 8, 2013.
- ▶ Comments may be submitted via:
 - E-mail: jhoyle@jchc.virginia.gov
 - Fax: 804-786-5538
 - Mail: Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218
- ▶ Comments will be summarized and reported during the October 22nd meeting.

▶ Website – <http://jchc.virginia.gov>

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