How to be a Telesuccess

Implementing and Utilizing a Successful Telepsychiatry Program

NC TIDE Fall Conference November 2016





Aaron Lawler Mid-Atlantic Account Executive InSight Telepsychiatry

Agenda

- Telepsychiatry Overview
- How Telepsychiatry is Used
- Program Planning
- Telepsychiatry Best Practices



Telepsychiatry

A medium for delivering psychiatric care through videoconferencing technology



Telepsychiatry is Different

Telepsychiatry

Focus on conversation and collateral collection

Long-term physician-patient relationship

Typically 8-12 appointments

Multiple types of appointments

Other Branches of Telehealth

Focus on physical observation

Short-term encounters

Single consultation

Urgent care

Consumer

Benefits



- Reduces time in hospital
- Provides access to specialists
- Flexible hours for scheduling appointments
- Facilitates continuity of care
- Reduces wait times
- High consumer and family satisfaction



Telemental Health Provider

- Increases time and efficiency
- Decreases transportation costs
- Increases number of visits
- Improves communication and collaboration
- Ability to see a diverse consumer population
- Flexibility to work from home



Sommunity

Increases access to specialists

- Reduces inappropriate admissions
- Connects siloed health care organizations
- Improves population health
- Reduces risks and liabilities

Populations that Benefit



Individuals who are...

- Busy parents
- Children
- College students
- Aging
- Couples
- Traveling executives
- Physically disabled or ill
- Homebound due to their mental health issue
- In rural areas
- Limited by their mobility



The Triple Aim







Challenges

Programs

Providers

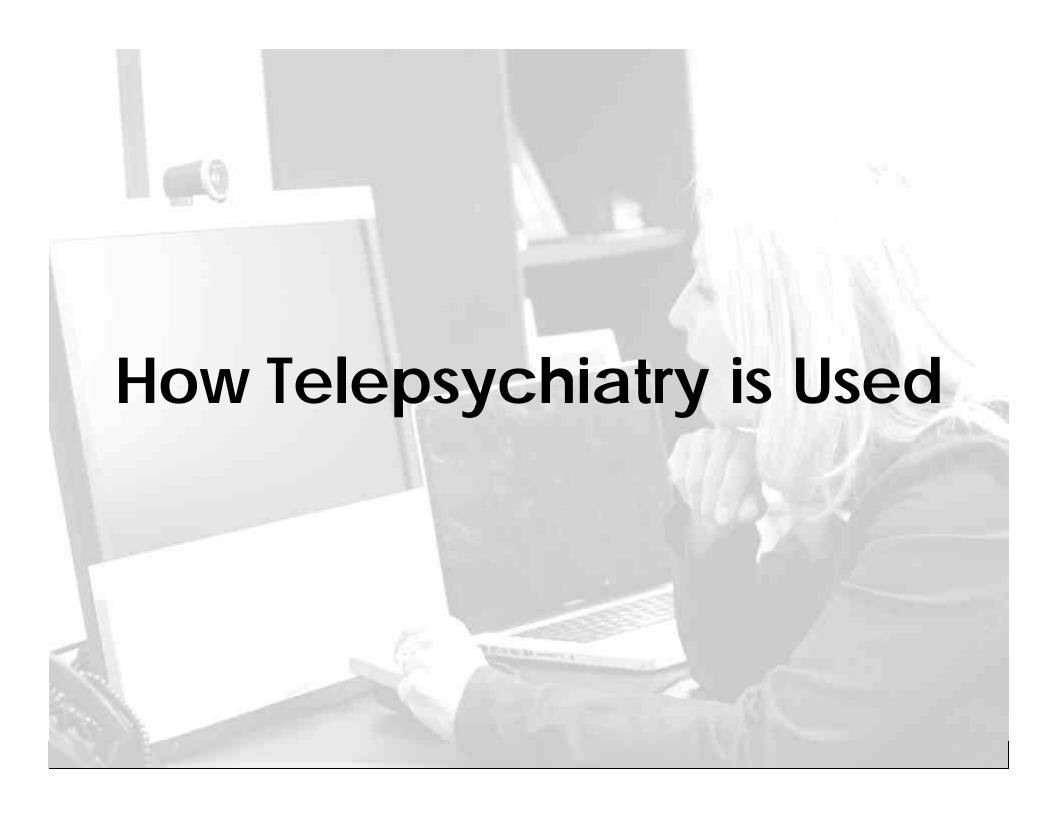
Complying with multiple state and federal regulations

Getting buy in from a new program

Designing efficient workflows Licensure in multiple states

Must make time to interact with onsite staff

Potential to feel isolated



Settings for Telepsychiatry

- Outpatient clinics
- In-home
- Primary Care Offices
- Emergency Departments
- Hospital Medical Floors
- Inpatient Units
- Urgent Care Centers
- Mobile Health Clinics
- CMHCs
- FOHCs
- ACT Programs
- Residential Programs
- Schools
- Corrections
- Skilled Nursing



































Scheduled Services Model

Remote providers can be used to complete most tasks that an onsite provider would



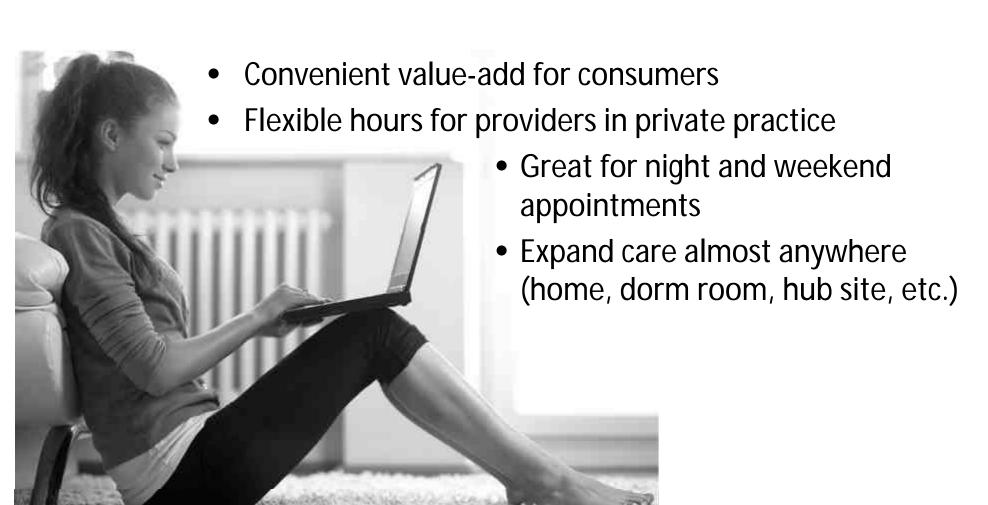


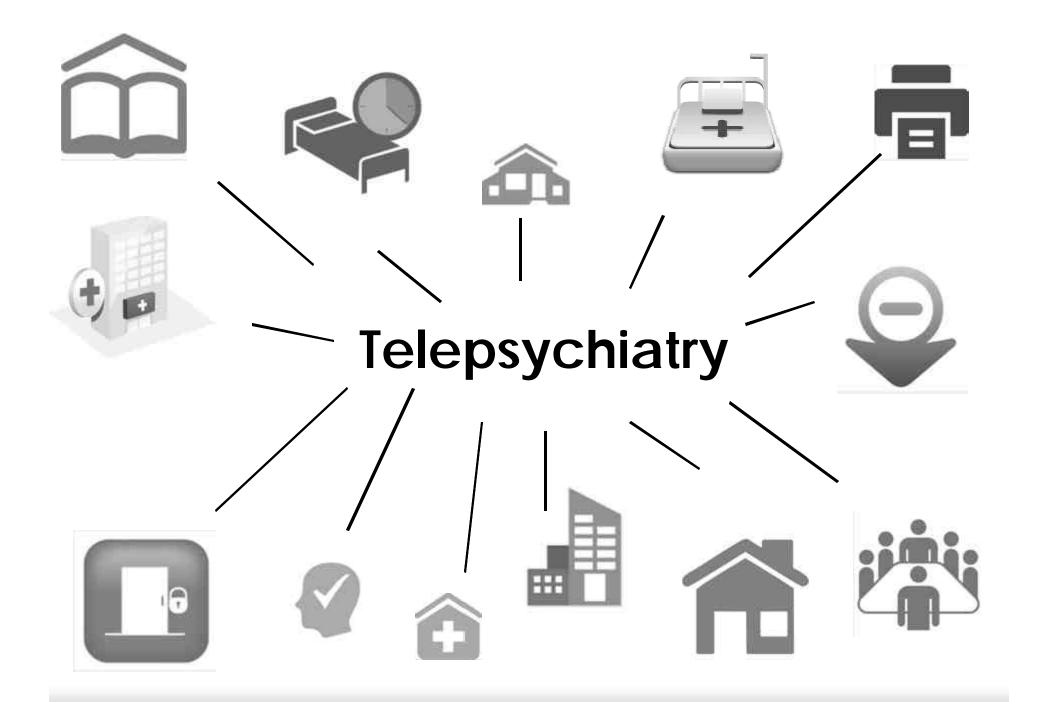
On-Demand Model

Rapid, on-demand access to a psychiatric professional



Direct-to-Consumer Model





Program Planning

Consider Regulatory and Legal Environment

Cultivate Stakeholder Buy-In

Select Technology

Design Workflows

Provider Credentialing

Training

Know State-Specific Regulation and Rules

- Licensure
 - State Medical Board
- Reimbursement
 - Medicaid
 - Private Payers
- Physician-Patient Relationship & prescribing
- Telemedicine specific legislation or regulation
 - Permitted services, professionals, sites, etc.

Interstate Medical Licensure Compact

What is it?



<u>In Brief</u>: Expedited licensure pathway

State Collaboration



Goal of the Compact: To increase access to health care for individuals in underserved or rural areas and allow patients to more easily consult medical experts



Bonus: The Compact increases the opportunity to utilize telemedicine technologies

Reimbursement

- If a state is considered "rural" Medicare will reimburse
- 31 states have enacted laws mandating the coverage of telehealth-provided services under private payer plans
- 39 state Medicaid programs have some type of coverage for telebehavioral health







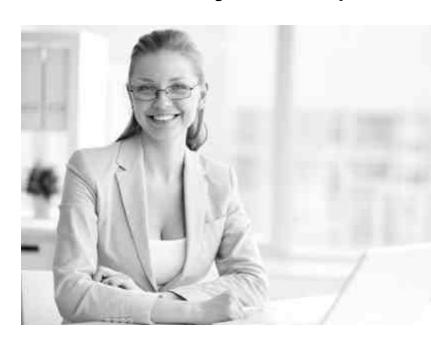
Select Your Providers



- Define the profile of your ideal provider
 - Do you need a psychiatrist? Can an APN in collaboration with a psychiatrist work?
 - Do you need a certain subspecialty?
 - What personality or qualities would work best with your team?
 - Are their language or cultural factors?
 - Are their scheduling constraints?
- Identify non-starters
- Be ready to find a middle ground

Medical Affairs

- Plan ahead! Provider credentialing is the largest roadblock to launching new programs
 - Are your bylaws conducive to telepsychiatry?
 - Will you accept credentialing by proxy?



- Licensing
- Credentialing
- Paneling
- Payer Enrollment
- Maintenance of Certification, Reappointments, CMEs

Pick the Right Equipment



Design Workflows



- Proactively design a system that works for you
 - Goal should be integration
- When will you use telepsychiatry? How?
- Who will take the records? How will they be sent?
- Who will be the facilitator?
 - What will they do?
 - How will they communicate with the remote provider?
- How will scheduling work?





Put Telepsychiatry in its Place

- Make sure all parties know why and how telepsychiatry is being used
- Support in-person care, not replace





- Technology shouldn't be the focus
- Conduct your orientation and training via televideo to get each side used to it
- Problems are generally just user error

Telepsychiatry Practices to Avoid

- Insecure/unprotected video and documentation platform
- Slow internet connection
- Provider is not licensed to practice in the consumer's state
- Distracting visuals in the background
- Distracting sounds



Appropriate Telepsychiatry Practices



- Have a technology back-up plan
- Have emergency contact number and emergency numbers of the consumer's area
- Review consumer's information prior to the first session
- Have a white noise machine or ambient sound
- Check video presentation beforehand
- Refer to another telebehavioral health provider or in-person provider if necessary
- Provider is trained to practice telebehavioral health

Know the Community

- Know the culture of the organization and its surrounding area
- Know the resources available

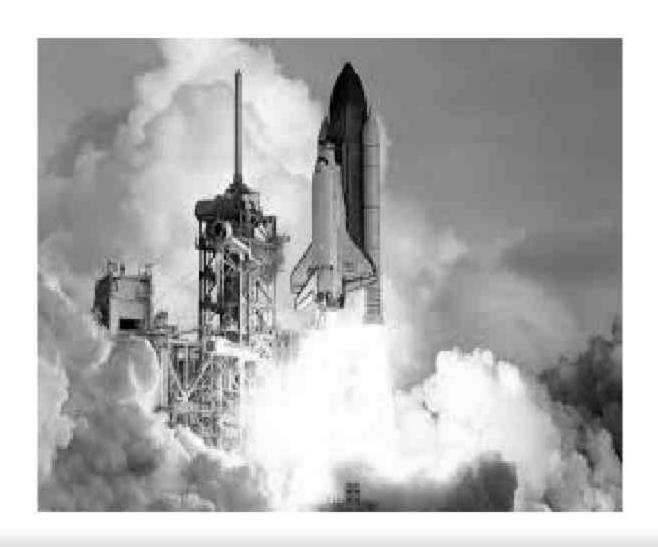


Know the Team

- Get to know teams that support telepsychiatry
- Know who to go to for questions
- What services/resources are available onsite?



Launch!



Questions?





Aaron Lawier
alawler@in-sight.net
302.353.6663
Mid-Atlantic Account Executive
InSight Telepsychiatry