Telebehavioral Health: Making It Work and Making It Pay

Jonathan Neufeld, PhD
Great Plains Telehealth Resource & Assistance Center

National Association for Children's Behavioral Health
September 7, 2023

Great Plains Telehealth Resource & Assistance Center

A sponsored project within the Institute for Health Informatics
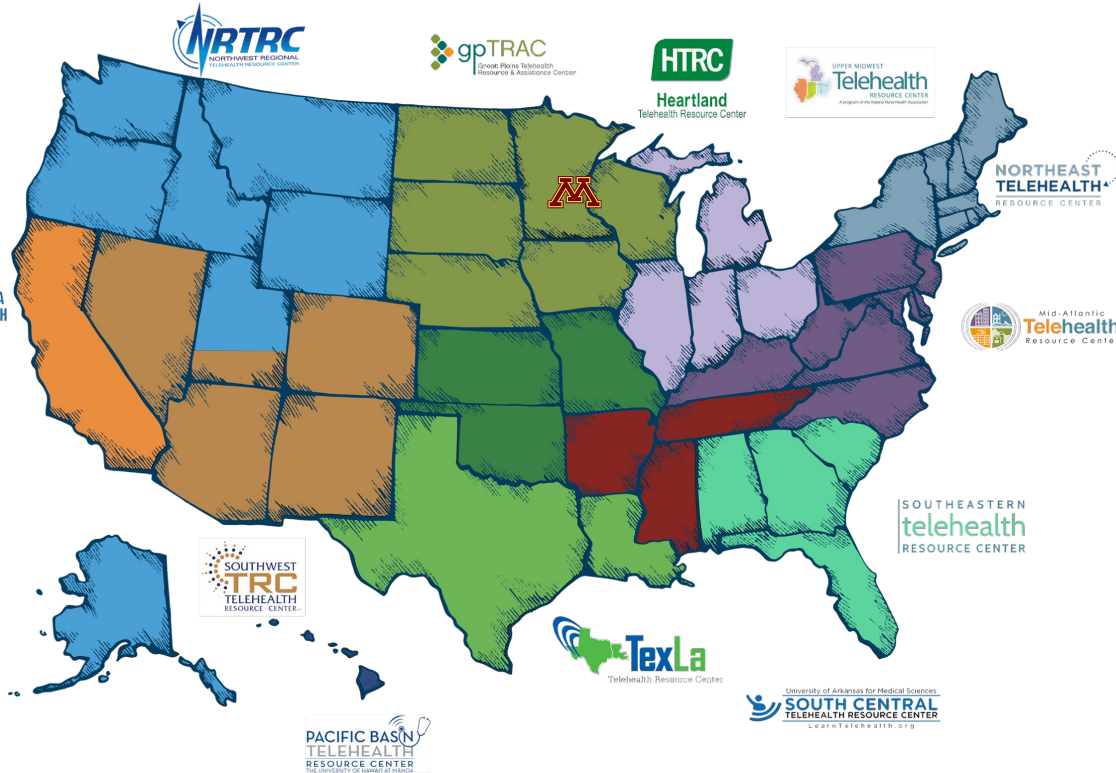

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HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org

About me

Clinical Psychologist (licensed in Indiana & California)

Specialization: Integrated Primary Care (postdoc at UC Davis Medical Center in Sacramento)

Telehealth and Health Services Researcher

Current role: Director of gpTRAC - Telehealth Resource Center

Key motivations: Getting people more comfortable with telehealth so they can maximize its **usefulness** and **clinical effectiveness**.

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Overview

- A Bit About the Last Three Years
  - How telehealth became mainstream

- The Structure of Telehealth Regulation and Reimbursement
  - Making it as simple as possible, but no simpler

- Best Practices for Children's Telebehavioral Health
  - General concepts and approaches
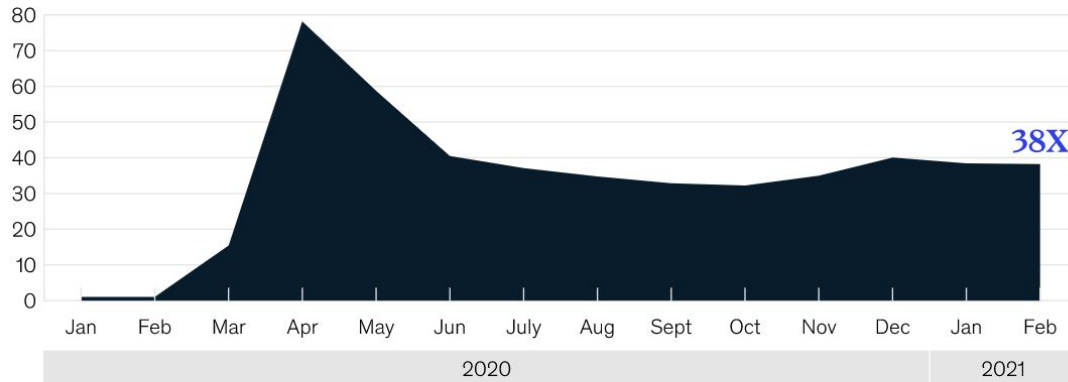 - Maximizing clinical effectiveness over video

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What have we learned?
Telehealth's Role in Healthcare is Complex

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Telehealth Launched Explosively in 2020

**Growth in telehealth usage peaked during April 2020 but has since stabilized.**

Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)[1]

[1] Includes cardiology, dental/oral, dermatology, endocrinology, ENT medicine, gastroenterology, general medicine, general surgery, gynecology, hematology, infectious diseases, neonatal, nephrology, neurological medicine, neurosurgery, oncology, ophthalmology, orthopedic surgery, poisoning/drug tox./comp. of TX, psychiatry, pulmonary medicine, rheumatology, substance use disorder treatment, urology. Also includes only evaluation and management visits; excludes emergency department, hospital inpatient, and physiatry inpatient claims; excludes certain low-volume specialties.
Source: Compile database; McKinsey analysis

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Optimizing Programs and Services
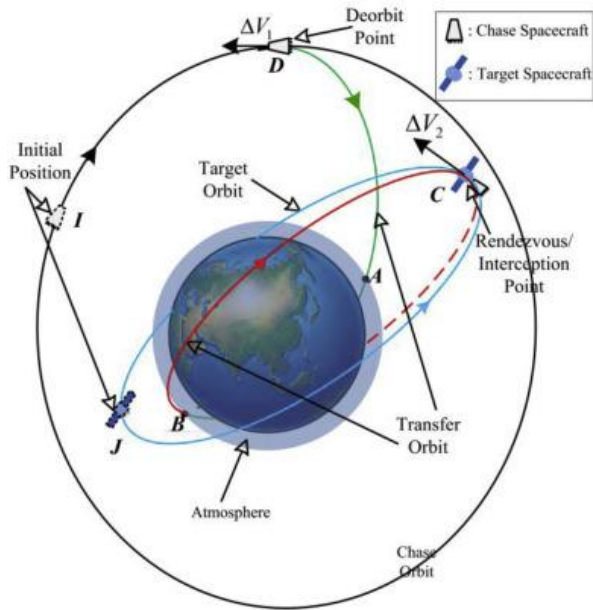
- Getting providers competent/comfortable
- Getting patients connected (tech support)
- Deciding when to use telehealth
- Deciding between video and audio
- Monitoring coverage and payment
- Developing innovative delivery models

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Telehealth Is NOT Rural or Urban

Telehealth Video Encounters by Rurality

URBAN
- ● Metro

RURAL
- ● Micro
- ● Town
- ● Village

% of Video Encounters

National COVID Emergency Declaration
Mar 13, 2020

14%

12%

10%

8%

6%

4%

2%

0%

3.3%
2.3%
2.3%
2.1%

Jan 2020 — Apr — Jul — Oct — Jan 2021 — Apr — Jul — Oct

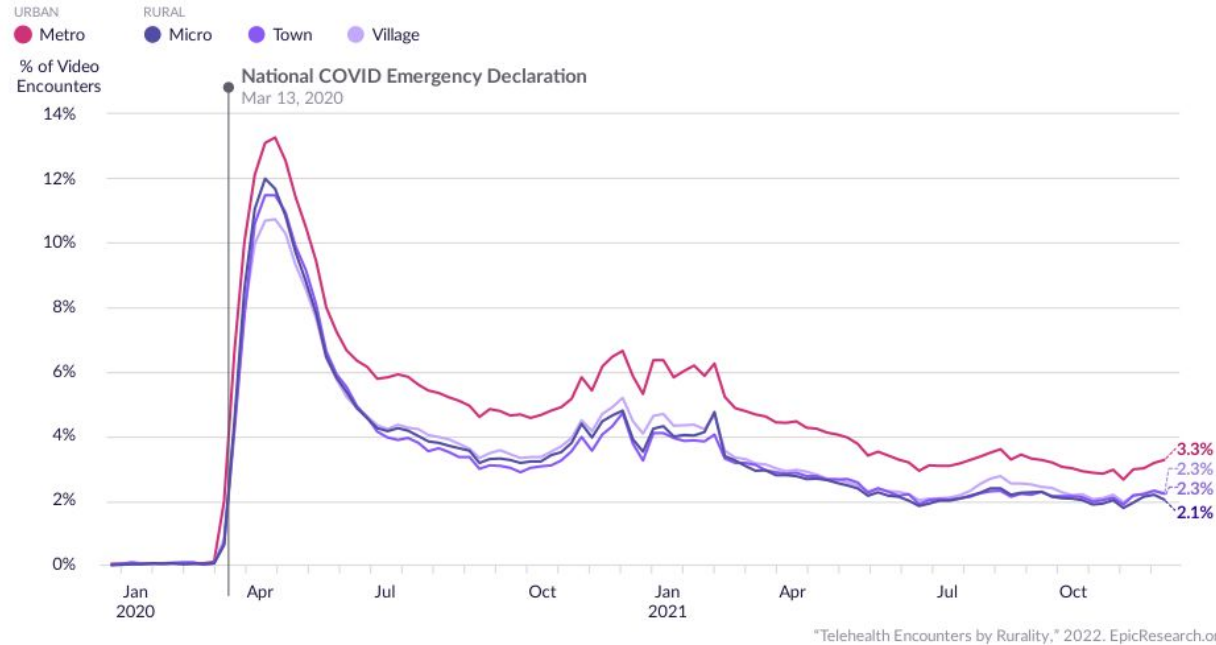"Telehealth Encounters by Rurality," 2022. EpicResearch.org

Figure 2. Percentage of outpatient non-procedural visits each week conducted via video. Red represents urban areas, while the shades of purple represent the areas categorized as rural.

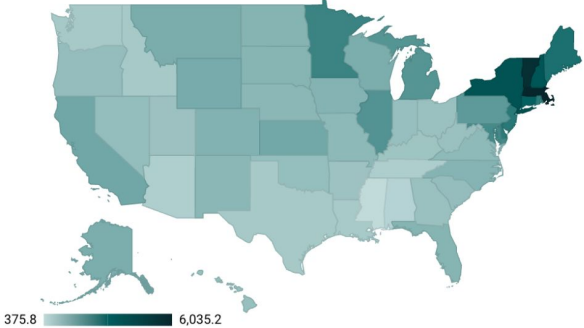These data come from Cosmos, a HIPAA-defined Limited Data Set of more than 138 million patients from 161 organizations using the Epic EHR, including 960 hospitals and more than 20,000 clinics, serving patients in all 50 states.

https://epicresearch.org/articles/insurance-type-is-the-top-predictor-of-telehealth-use-as-adoption-levels-off-long-term

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Telehealth Uptake Varies by Provider Type

Changes in Medicare Telehealth Billing by State and Provider Type

https://www.gptrac.org/resources/data-tools/medicare-data-tool

Behavioral Health Providers

375.8 — 6,035.2

Primary Care Providers

785 — 5,748.1

Nurse Practitioners & Physician Assistants

526.9 — 3,427.1

Other

907.1 — 5,965.9

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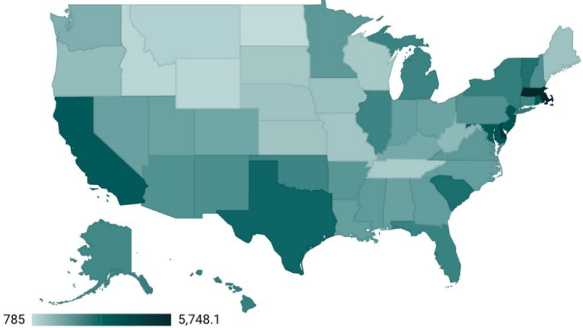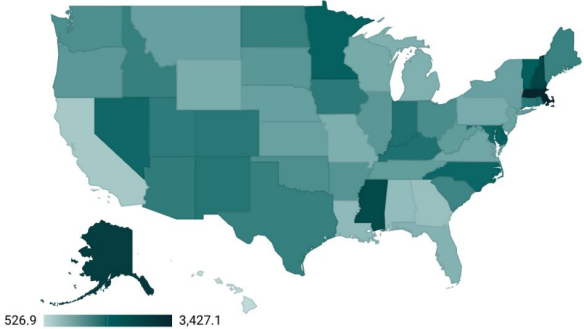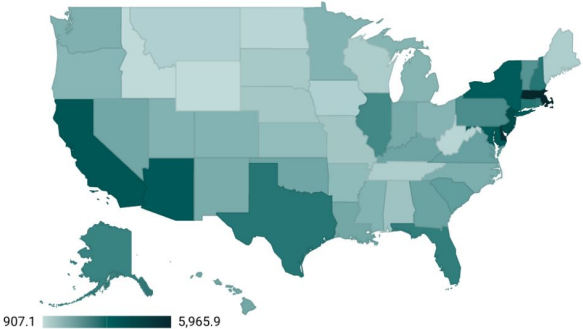
Increase in volume of Medicare telehealth claims, 2020 - 21

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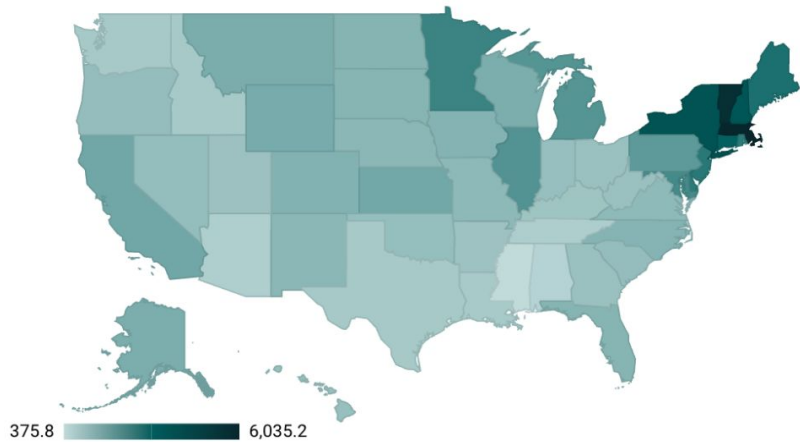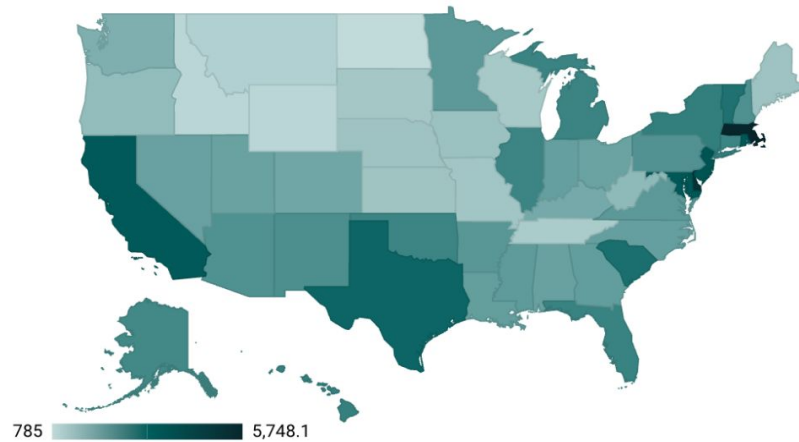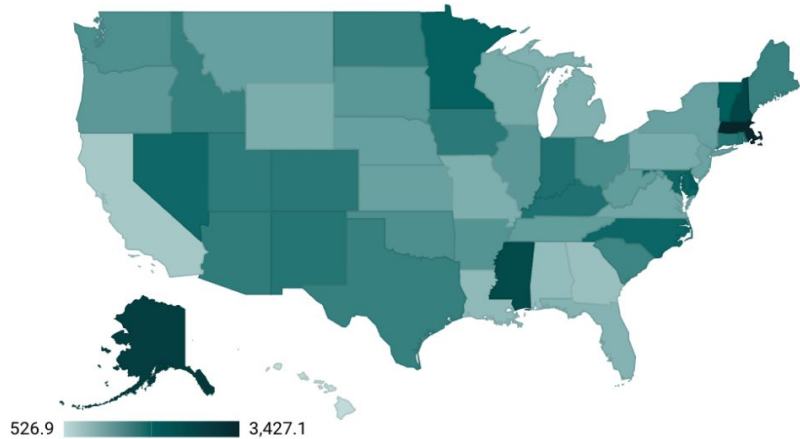
Specialties & Other

907.1 — 5,965.9
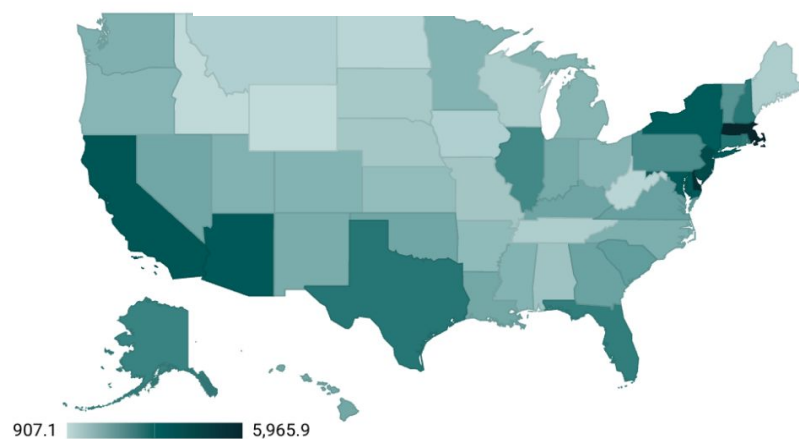
In Primary Care, Telehealth is Supplemental

Medicare FFS Primary Care Visits in 2020
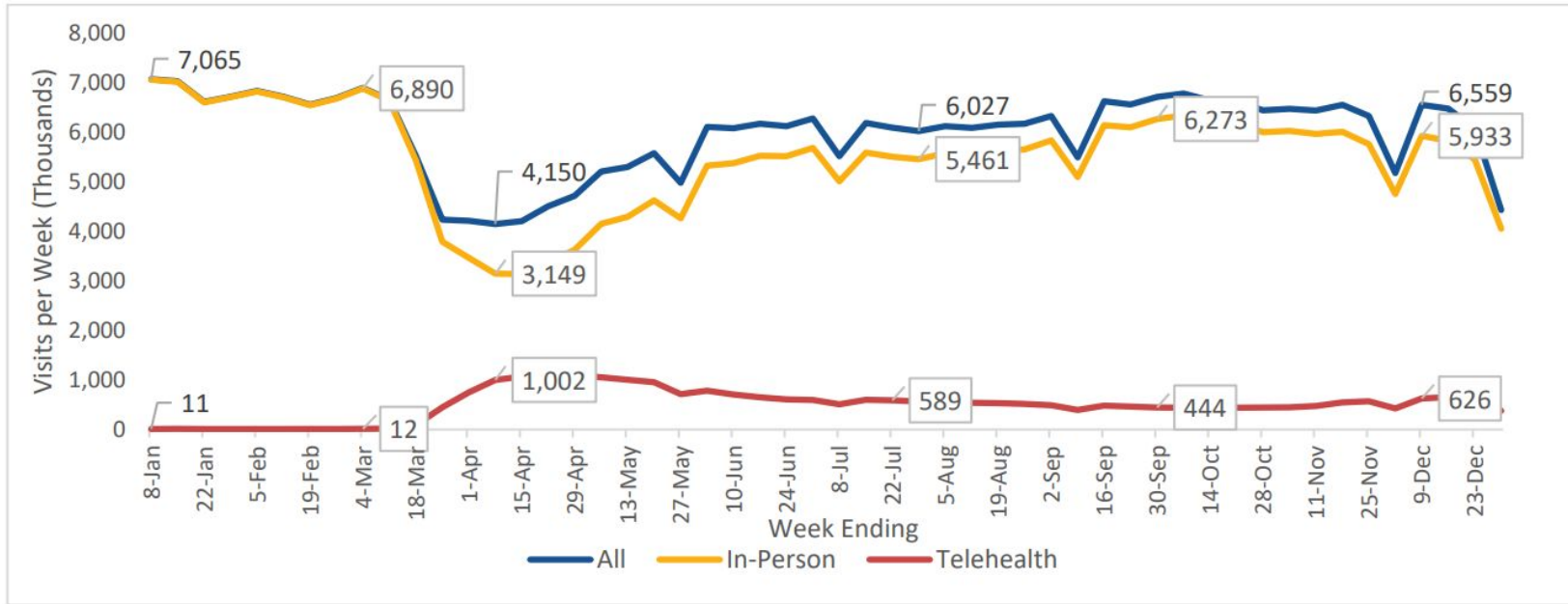
In Behavioral Health, Telehealth is Standard

Medicare FFS Behavioral Health Visits in 2020
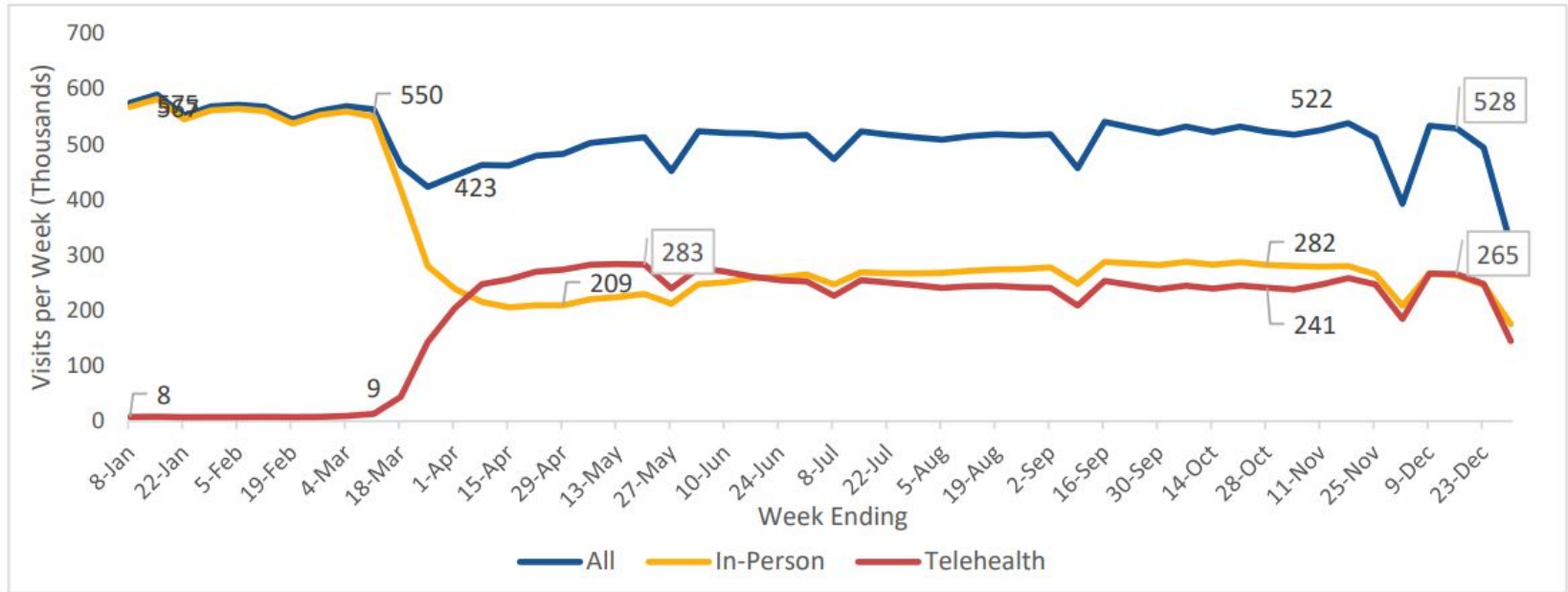
Pandemic Adoption Varied by Specialty

Change in Outpatient Visits by Specialty Provider Type

Percent change in visits from baseline, by provider specialty

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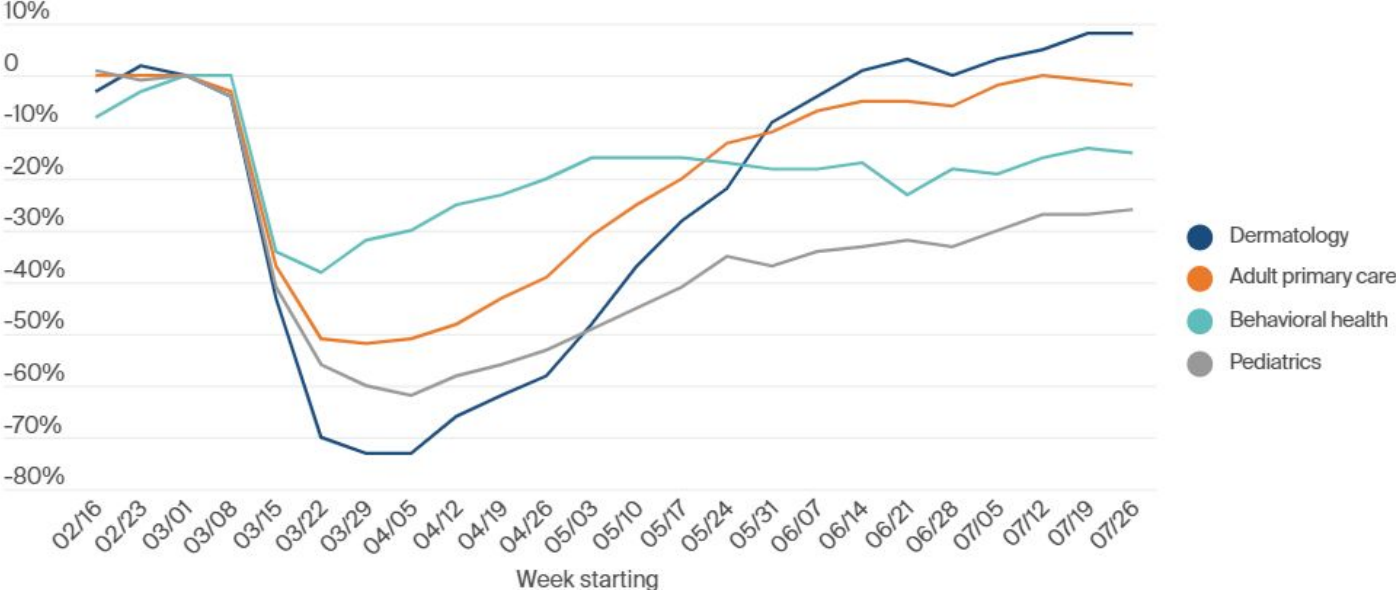
Regulatory Context & Framework

A few basic principles

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What Can and Can't Be *Done*

Federal Regulations

1. All general healthcare regulations apply (HIPAA, etc.)
2. Stark Law; Anti-kickback Statute
3. Ryan Haight Act (unclear; requires in-person before narcotic Rx)

State-level regulations

1. Licensing boards (with guidance from national societies)
2. State laws and regulations (esp. tele-abortion, controlled subs)

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Primary Implications of Technology Use

SCOPE OF PRACTICE

- Practice occurs at the <u>patient's location</u>
- Practice within your skill set & training

ETHICAL REQUIREMENTS

- Evaluate appropriateness of telehealth *for this patient/condition/situation*
- Have an emergency response and safety plan (*at patient's location*)
- Identify yourself; confirm patient's identity, enrollment, and informed consent
- Understand and maintain privacy and confidentiality
- Comply with all relevant regulations (e.g., HIPAA, licensing, coordination of care, documentation, etc.)

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What Can and Can't Be *Reimbursed*

Payer-by-payer Policies

1. Is the test or service reimbursed?
2. Is it reimbursed when provided via video (or audio)?

Medicare (national policy)

Medicaid (state-by-state)

Commercial (plan-by-plan)

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Federal Public Health Emergency

PHE ended in May 2023; most flexibilities extended to December 2024

Primary continuing flexibilities are:

- **Medicare** (expanded coverages, no geographic restrictions, home OK, FQHCs/RHCs can bill, audio-only services reimbursed
- **HIPAA** - relaxation on security requirements for platforms **(ENDED)**
- **DEA** - controlled substances without in-person visit **(MODIFIED)**

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Meanwhile... Permanent Federal Changes

Consolidated Appropriations Act (2020), Administrative Actions, and Medicare Physician Fee Schedule saw some permanent changes

For **Medicare Mental Health** Services (permanent):

- Audio-only allowed for mental health care
- FQHCs/RHCs can treat telemental health as in-person care

Coding Additions: POS 10 (patient's home); Modifier FQ (audio-only)

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More Permanent Federal Changes

FY 2022 Budget Changes

- PT/OT can continue to bill for TH
- FQHCs/RHCs can continue to bill for (medical) TH
- In-person mental health requirements delayed for 151 days after the end of the federal PHE

***Some provider types NOT extended, but will be made permanent

***Prescribing and HIPAA flexibilities were NOT extended

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More Medicare Changes Coming in 2024

1. Split/shared E&M visits

2. New TH codes for health coaches (temp)

3. New TH code for SDOH risk assessment (temp)

4. All telehealth to home paid at (higher) non-facility rate

5. Virtual direct supervision restored for all, including residents

6. DSMT/MNT billable as home TH

7. MFTs and MHCs can bill Medicare, including HBAI codes

8. Pay increases for therapy codes

CY 2024 Proposed Medicare Physician Fee Schedule Changes

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State Changes

All states have ended PHE status, ending:

Flexibilities regarding cross-border licensing

Special temporary Medicaid coverages and payment

Emergency requirements for commercial plans

***Some state-level changes have been made permanent

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Maximizing Clinical Effectiveness

Generic practices to make any telehealth encounter better

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Ideal Framing for "Eye Contact"

- Camera directly over face

- Video image directly under the camera

- Minimize the distance between camera and eyes (on screen)

- (Look directly into camera)

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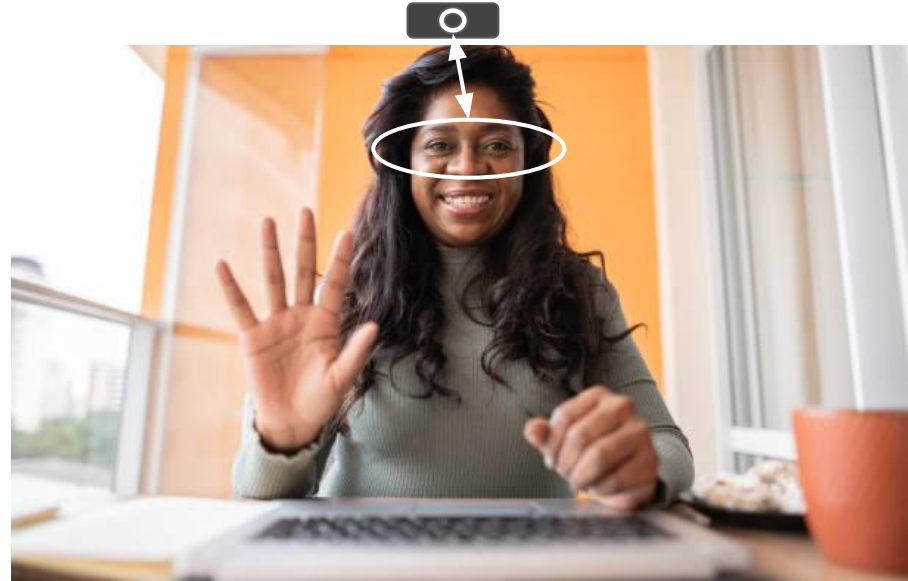
Camera Location for "Eye Contact"
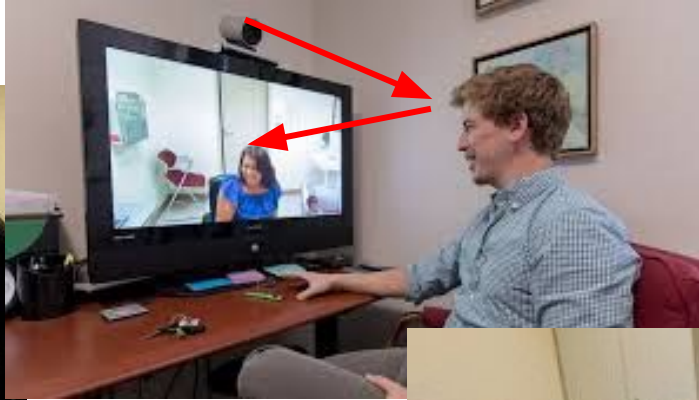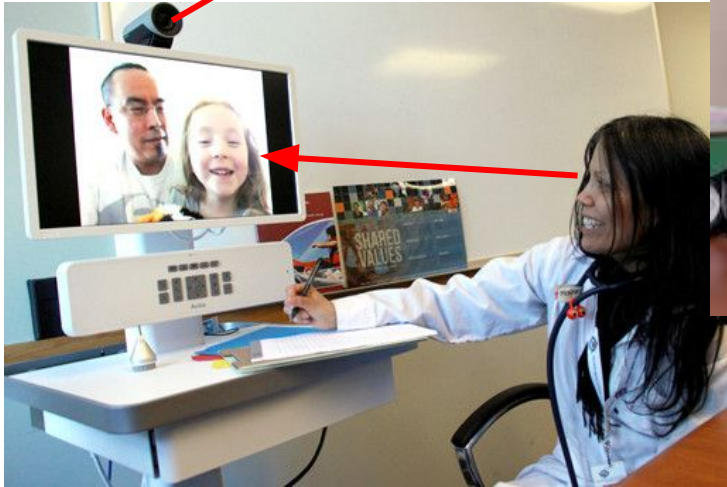
"Twelve–Step" Program (Ingenium)

1. Eye contact - first 30 seconds

2. Acknowledge background

3. Acknowledge noises

4. Acknowledge newness

5. Acknowledge benefits

6. Periodic direct eye contact

7. Ensure patient comfort

8. Ensure patient privacy

9. Posture - leaning back/in

10. Setup: Background

11. Setup: Positioning and camera

12. Setup: Gaze

https://ingeniumdigitalhealth.com/the-10-fold-return-on-mastering-webside-manners-part-2?vgo_ee=bIvYVsPh3YjdpMZDg8yGQQ%3D%3D

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"Presence" on Camera

- Fill the frame to the top

- Include your hands

- Use a muted background

- Avoid distractions in the frame

- Avoid back/side lighting

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Patient Appropriateness

Document any concerns regarding the appropriateness of telehealth for <u>this patient</u> or <u>at this time</u>. Concerns may include:

- Difficulty using the equipment effectively
- Lack of access to adequate connectivity or private space
- Inability to collect necessary medical information from patient or perform an adequate exam
- History of or current difficulty managing patient behavior

NOTE: Clinical needs and/or urgency may outweigh concerns

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Emergency Procedures

As part of the consent/initial session:

- Discuss emergency procedures and any <u>foreseeable risks</u>
- Collect numbers for local fire, police, and other emergency contacts

In an emergency situation:

- Maintain contact and work to <u>transfer care</u> to appropriate onsite responders and/or caregivers
- Document the event and the <u>transfer of care</u>
- Make any mandated reports

Using Scripts

- Scripts ensure you don't miss anything

- Scripts make documentation easier and more complete

- Scripts make you more confident in various tasks

"I just want to remind you that this is a medical encounter, and that charges, copays, and deductibles apply…"

"Now I want to go through a short checklist of current symptoms. You can just answer yes or no to each of these things as I list them…"

Opening Script

1. Hello [pt]. Can you see and hear me clearly? [Adjust for lighting, sound.]
2. As you know, I'm [Provider]. Can you confirm your name and date of birth for me, please?
3. Can you confirm your location, please?
4. Are you in a private place? Is anyone else in the room or within earshot?
5. Do you have any questions about the privacy of this call or anything else before we begin?
6. If we get disconnected, please reconnect using the same link. If that fails, I will call you at _____. Is that the correct number?

Closing the Session

- Introduce the end of the session

  "Ok, I think that's it for today. In a moment, the nurse will enter the call and I'll disconnect."

- Review the key points of the encounter

  "I will have your prescription updated at the pharmacy and the medical assistant will schedule your next appointment."

- Direct the patient as to what to do next

  "Just wait for a moment and they will join the call shortly."

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Potential Technical Pain Points

Keeping encounters private (separate video products, only).

- Ensuring each client/patient has a secure (unique) link
- "Locking" rooms; using passwords
- Using virtual waiting rooms

Providing technical support to clients/patients who have difficulty.

Alternatives for patients with no cell phones, computers, or connectivity.

⭐ Other Key Clinical Considerations

- Your comfort with technology is subtly communicated to clients

- Some clients are prone to casual presentation in virtual encounters (dress, location); consider developing ways to respond in advance

- Virtual conversations with colleagues (other treating providers) may also need to be scheduled and provided (virtually)

- You may need a "virtual front door" to bring new patients into your clinic (consent, identification, check benefits, etc.)

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Documentation and Billing

Justifying and getting paid for great work

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Standard CPT Codes With Modifiers

Assessment & treatment codes:
- 99791/99792 - Intake
- 90832/4/7 - Therapy
- 90785 - Interactive complexity (Medicare & most others)

Usual modifiers: GT/95 - via live video; 93 - via audio-only/telephone

Place of Service Codes:
- 02 - Originating at another hospital/clinic/office site
- 10 - Originating at the patient's home/residence

Audio Only Telehealth

Audio-only Telehealth is LEGAL

- Changes affect payment/reimbursement policies

Federal/Medicare Reimbursement

- 99441-3 (Telephone E/M) codes are covered until 12/31/2024
- Other "core" telehealth services CAN be billed as audio-only (with modifiers) until ~~151 days after the PHE~~ December 31, 2024
- Audio-only telehealth is permanently reimbursed for behavioral health and SUD care

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Originating Sites: Non-Rural and Home

Federal/Medicare

- Both reimbursed TEMPORARILY until December 31, 2024
- Both reimbursed permanently for SUD(+BH)

Note: Professional fees are reimbursed when the patient is at one of these locations; the originating site facility fee (Q3014) is also TEMPORARILY reimbursed for these locations

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FQHCs/RHCs (as billing providers)

Federal/Medicare

- Reimbursed TEMPORARILY until December 31, 2024
  Both are permanently allowed as originating (non-billing) sites

- **MH/SUD visit redefined** to include live video and/or audio (with proper codes)
  (Example of CMS "redefinition" strategy)

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Mental Health In-person Requirements

Federal/Medicare

- Delayed TEMPORARILY until December 31, 2024 (actually 1/1/25)
- WAIVED when:
  a. SUD is primary diagnosis (MH can be secondary/co-occurring)
  b. Originating site is NOT the home (i.e., at an office or clinic)
- Provider & patient may document risks/benefits, waive annually

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Interstate Licensure

Multiple Interstate Licensure laws in place (and growing)

- Medical Interstate Licensure Compact
- Advanced Nurse Practitioner and eRN Compacts
- PSYPACT
- Counseling Compact
- PT, OT, and ASLP Compacts
- EMS Compact

FEDERAL MEDICAL LICENSURE is unlikely

https://licensing.csg.org/covid-policy-responses/interstate-licensure-compacts/

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Controlled Substances

Flexibilities that end with the PHE (May 11, 2023)

- ! Buprenorphine/Suboxone prescribed after remote eval (A or V)
- ! Methadone can be prescribed remotely for existing patients
- ! Doorstep and parking lot delivery of SUD medications, amounts
- ! Practice outside home state with one registration

New policies are expected "soon"

- DEA to publish telehealth "registry"
- SAMHSA has proposed buprenorphine evals via audio/vid

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Documentation

**Document services as you would any other encounter, plus:**

- Any required telehealth-specific consents (check state/payer regs)
- Method/technology used
- Provider and patient physical locations
- Anyone else present on the call
- Start/stop time (or at least start + duration)
- Any clinical information (vitals, symptom scale, etc.) that was observed or provided by the patient

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Innovation

Traditional and startup programs

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Digital Health Startups

U.S. DIGITAL HEALTH FUNDING AND DEAL SIZE
2011-2021
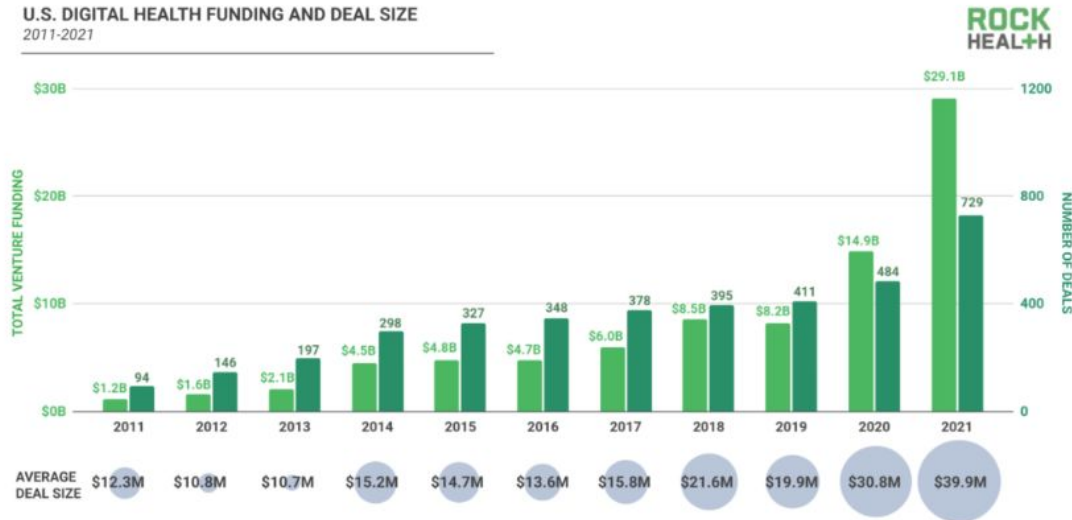
ROCK HEAL+H

DIGITAL HEALTH

Pediatric Behavioral Health Provider Bend Health Moves Out of Stealth Mode with $32M in Funding

By **Chris Larson** | March 23, 2023

Bend Health

Share

Bend Health, a youth- and family-focused telebehavioral health company, has secured $32 million in funding.

The Madison, Wisconsin-based startup has emerged from a quiet start in its early development with money to fine tune national processes and hire more clinicians. Already, it has clinicians available in all 50 states and Washington D.C. with active caseloads in most of them, Dr. Monika Roots told Behavioral Health Business.

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Startups: Solutions and/or Competition

- **Brightline** - Behavioral healthcare services for children and their families

- **Mightier** - gaming platform to help kids regulate emotions

- **Little Otter** - app that focuses on the mental health of children and their families

- **DotCom Therapy** - provides speech/occupational therapy and mental health services

- **Huckleberry** - pairs pediatric sleep experts with AI to create a custom sleep plan

- **HelloHero** - teletherapy for kids up to 21 years old

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Traditional Providers

- **Health Systems** - using telehealth to reach both clients and practitioners in non-traditional locations

- **School-based Telebehavioral Health** - combining the convenience of school-based access with the geographic range of telehealth

children'shealth

Home   Treatment   Patient Families   Visitors   Provider Resources   Research and Innovation

Treatments > Virtual Care > School-Based Programs > School-Based TeleBehavioral Health

School-Based TeleBehavioral Health
Pediatric virtual behavioral health services

Our School-Based TeleBehavioral Health Program connects your child with the care they need to manage stress and emotions.

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⭐ Revolution in Children's Behavioral Health

- Relatively simple and inexpensive

- Children are "digital natives"

- Significant adjustments are needed on the part of practitioners

- Effectiveness is moderated by social determinants such as:
  - barriers to internet connectivity
  - barriers to trust based on prior interactions with social services
  - language barriers and system capacity for virtual interpreter services

Ramtekkar U, Bridge JA, Thomas G, Butter E, Reese J, Logan E, Lin S, Axelson D. Pediatric Telebehavioral Health: A Transformational Shift in Care Delivery in the Era of COVID-19. *JMIR Ment Health*. 2020 Sep 18;7(9):e20157. doi: 10.2196/20157. PMID: 32525485.

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http://gptrac.org

http://telehealthresourcecenters.org

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END