BUILDING A TELE-BEHAVIORAL HEALTH PLATFORM: A SOLUTION FOR TREATING PATIENTS DIAGNOSED WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS LIVING IN MEDICALLY UNDERSERVED COMMUNITIES
TREVOR CUNNINGHAM

• Program Coordinator, Indiana Rural Health Association
  • Crossroads Partnership for Telehealth
  • IRHA Fellowship Program Coordinator
  • Member of the grant writing team
• 3rd year MHA/MPH student, Health Policy and Management
  • Indiana University Richard M. Fairbanks School of Public Health
• Development Committee Co-Chair, Student Assembly
  • American Public Health Association
CURRENT SITUATION
Health Professional Shortage Areas (HPSA) - Mental Health

Legend
- States
- 1 - 13
- 14 - 17
- 18 and above
- Non-HPSA

Data as of 3/23/2020

HRSA's Scorecard for its development is based on the National Health Service Corps (NHSC) criteria for serving in shortage areas. The score ranges from 1 to 26, with higher scores indicating greater need. The color of the state reflects the priority.
CROSSROADS PARTNERSHIP FOR TELEHEALTH
DISCLOSURE

• All the programs mentioned in this presentation are funded through Health Resources and Services administration.

• No interest of conflict

• This product was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under grant G01RH32154.

• The information, conclusions, and opinions expressed in this product are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.
BACKGROUND

• Crossroads Partnership for Telehealth
  • Funded by the Health Resources and Services Administration (HRSA)
    • Federal Office for Rural Health Policy (FORHP)
      • Office for Advancement of Telehealth (OAT)
  • Need for tele-behavioral health
    • Nearly one-fifth (19.5%) of Indiana adults will experience a depressive disorder at some point in their life.
    • Classified as a mental health professional shortage area (62.6%)
OBJECTIVES

To develop and maintain a telehealth network that will increase access to behavioral health care services in rural communities and conduct evaluations of patient utilization.

To grow the evidence base for assessing the effectiveness of tele-behavioral health care services for patients, providers, and payers.
METHODS

Recruit hospitals in geographically and culturally disparate rural counties across the state of Indiana

Provide tele-behavioral health equipment (medical cart, tablet, and HIPAA compliant video conferencing system) that will allow behavioral health providers to conduct virtual appointments with patients

Measure the effectiveness and utilization of these appointments by administering evidence-based instruments
<table>
<thead>
<tr>
<th>#</th>
<th>Partner Name</th>
<th>Number of Sites</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reid Health</td>
<td>1</td>
<td>Behavioral health outpatient center</td>
</tr>
<tr>
<td>2</td>
<td>Gibson General Hospital</td>
<td>2</td>
<td>Ambulatory care clinics</td>
</tr>
<tr>
<td>3</td>
<td>Perry County Memorial Hospital</td>
<td>1</td>
<td>Behavioral health outpatient center</td>
</tr>
<tr>
<td>4</td>
<td>Daviess Community Hospital</td>
<td>1</td>
<td>Behavioral Health Unit</td>
</tr>
<tr>
<td>5</td>
<td>Virtual Consult MD</td>
<td>1</td>
<td>Behavioral health center</td>
</tr>
</tbody>
</table>
DISCUSSION
WHAT ARE YOUR COMMUNITY'S NEEDS?

What behavioral health services currently exist in your community/target population?

Would your organization benefit from tele-behavioral health services?

What concerns or questions do you have regarding implementation of a tele-behavioral health service?
EQUIPMENT
**WHAT DO YOU NEED TO GET STARTED?**

<table>
<thead>
<tr>
<th>Infrastructure and Broadband</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ambulatory services</td>
</tr>
<tr>
<td>• Efficient WIFI</td>
</tr>
<tr>
<td>• Welcoming environment</td>
</tr>
<tr>
<td>• Emergency Department</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Carts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Jaco</td>
</tr>
<tr>
<td>• AmericanWell</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tablet</td>
</tr>
<tr>
<td>• Laptop/Computer</td>
</tr>
<tr>
<td>• Television</td>
</tr>
</tbody>
</table>
EQUIPMENT

• Utilization and usage
  • Personnel/Operating equipment
    • Clinical staff
    • Provider
    • Clerical Staff
  • Movement from room to room
  • Storage and set up
    • Charging
    • Prepping for patient
    • Upkeep
SOFTWARE SELECTION
VIDEO CONFERENCING APPLICATIONS

- Zoom
- Webex Meetings
- doxy.me
- Vidyo
SECURITY

• Safety features
  • Lock device with a passcode
    • IT/IS department
    • Clinical team
  • Disable all applications - Settings
    • Video conferencing application – Guided Access
    • Settings application
    • Tracking application
STAFF TRAINING
STAFF PREPAREDNESS

Equipment
- Generational differences
- Step-by-step instruction manual
  - Passcodes, application usage, etc.

Evaluation
- Ensure proper usage of equipment
- Reevaluate training needs

Timing
- Staff meetings
- Monthly touch base
BILLING
TELEMEDICINE - THE STANDARD MODEL

Rural “originating site”

Specialist at “distant site”

Patient

Specialist

Facility Fee (Part B)

Professional Fee (Part B)

CMS
ORIGINATING SITES

• The beneficiary must go to the originating site for the services located in either:
  • A county outside a Metropolitan Statistical Area (MSA)
    • Decided by the Census Bureau
  • A rural Health Professional Shortage Area (HPSA) in a rural census tract
    • Decided by the Health Resources and Services Administration (HRSA)
• The site must be:
  • Physician and practitioner offices
  • Hospitals
  • Critical Access Hospitals
  • Rural Health Clinic
  • Federally Qualified Health Centers
  • Skilled Nursing Facilities
  • Community Mental Health Centers
• Bill the HCPCS Code Q3014
COVID-19 TELEHEALTH WAIVERS

• In unique situations, the Secretary of the Department of Health and Human Services (HHS) using section 1135 of the Social Security Act (SSA) can temporarily modify or waive certain requirements
  • Medicare
  • Medicaid
  • CHIP
  • HIPAA requirements
• There are many different types of 1135 waivers, including Medicare blanket waivers
  • When there's an emergency, sections 1135 or 1812(f) of the SSA allow HHS to issue blanket waivers to help beneficiaries access care
  • When a blanket waiver is issued, providers don't have to apply for an individual 1135 waiver
  • When there's an emergency, we can also offer health care providers other flexibilities to make sure Americans continue to have access to the health care they need
AT HOME BEHAVIORAL HEALTH TREATMENT

- HHS encourages provider groups to adopt and use telehealth as a way to safely provide care to patients in appropriate situations, including:
  - medication consultation and
  - mental health counseling
- Some of these changes allow providers to:
  - Conduct telehealth with patients located in their homes and outside of designated rural areas
  - Practice remote care, even across state lines, through telehealth
  - Deliver care to both established and new patients through telehealth
  - Bill for telehealth services (both video and audio-only) as if they were provided in person
DISTANT SITE PRACTITIONERS

- Physicians
- Nurse practitioners
- Physician assistants
- Licensed Clinical Social Workers
- Licensed Mental Health Councilors
- Clinical nurse specialists
- Clinical psychologist (CPs)
- Registered dietitians or nutrition professional
Submit professional telehealth services using appropriate CPT or HCPCS code

Add the Place of Services (POS) 02 - Telehealth

If billing under the CAH Optional Payment Method II then add the GT modifier
<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth consultations, emergency department or initial inpatient</td>
<td>G0425–G0427</td>
</tr>
<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</td>
<td>G0406–G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>99201–99215</td>
</tr>
<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</td>
<td>99231–99233</td>
</tr>
<tr>
<td>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</td>
<td>99307–99310</td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>G0420–G0421</td>
</tr>
<tr>
<td>Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training</td>
<td>G0108–G0109</td>
</tr>
<tr>
<td>Individual and group health and behavior assessment and intervention</td>
<td>96150–96154</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>90832–90838</td>
</tr>
<tr>
<td>Telehealth Pharmacologic Management</td>
<td>G0459</td>
</tr>
<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>90791–90792</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services included in the</td>
<td>90951, 90952, 90954, 90955,</td>
</tr>
</tbody>
</table>
EVALUATION AND MANAGEMENT

• Evaluation and Management (E/M) are based on 3 key components
  • An established history
  • Examination
  • Medical decision making
• Other contributing factors include
  • Counseling
  • Coordination of care
  • The nature of the presenting problem
  • Time
• Some E/M contributions are based on time and age
INITIAL VISIT

• 99202 – 99205: Initial Office Visit
  • Office or other outpatient visit for new patient
  • Usually conducted by a nurse practitioner
  • Face to face timing: 20, 30, 45, 60

• 90791 – 90792: Initial Psychotherapy evaluation
  • Psychiatric diagnostic evaluation with/without medical services
  • Usually conducted by a LCSW, LMHC
FOLLOW UP VISITS

• 99212 – 99215: Follow up office visits
  • Office or other outpatient visit for established patient
  • Usually conducted by a Nurse Practitioner
  • Face to face timing: 10, 15, 25, 40 minutes

• 90832 – 90837: Follow up psychotherapy encounters
  • Psychotherapy session
  • Usually conducted by LCSW, LMHC
  • Face to face time: 30, 45, 60 minutes
TELEHEALTH THROUGH TELEPHONE

• **99441**: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

• **99442**: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

• **99443**: Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
COLLABORATIVE CARE MODEL (COCM)
Primary Care Provider (PCP)

Team Lead

Behavioral Health Care Manager

Trained in Behavioral Health, with a continuous relationship with the patient

Psychiatric Consultation

(MD, NP, LC, or PA) who can prescribe medications and make medication recommendations, with a continuous relationship with the PCP
The behavioral health care manager must have formal education or specialized training in behavioral health (which could include a range of disciplines — e.g., social work, nursing, or psychology), a continuous relationship with the beneficiary, and a collaborative, integrated relationship with the care team (but need not be a member of the primary care clinician’s clinical staff).

Care management services can be provided face to face or remotely — including outside usual clinic hours, as needed — but the care manager must be available to meet with the beneficiary face to face.
MACRA 2015

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015
GOALS OF MACRA

Ending the Sustainable Growth Rate (SGR) formula for determining Medicare payments for health care providers’ services

Making a new framework for rewarding health care providers for giving better care not just more care

Combining our existing quality reporting programs into one new system
SCREENING TOOLS
DISTRIBUTING SCREENING TOOLS TO PATIENTS

• Evidence-based screening and assessment tools you can use with your patients from adolescence to adulthood
• Used to track a patient’s current status over a period of time (initial, 1-month, 2-month, 3-month, etc.)
• Screening tools can be administered by the provider before the session begins
  • Telehealth providers typically have less time to administer clinical instruments
  • Face-to-face encounters more likely to conduct surveys
COLLECTION AND ANALYSIS OF CLINICAL TOOLS

- For the screening tools to be effective, providers must have the patient information prior to each session
  - Collaborative effort with frontline staff,
    - Clinic management
    - Information technology/services
  - Electronic Medical Record usage
  - Proper follow up by provider
    - Indication of any severe tendencies
BEHAVIORAL HEALTH SCREENING AND ASSESSMENT

- Generalized Anxiety Disorder – 7 (GAD-7)
- Patient Health Questionnaire -9 (PHQ-9)
- Drug Use Disorders Identification Test (DUDIT)
## PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### GAD-7

Over the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

GAD-7 total score: [Blank Box]
THE DRUG USE DISORDERS IDENTIFICATION TEST
DUDIT

- The DUDIT consists of 11 items
- The purpose of the DUDIT-items is to identify use patterns and various drug-related problems

**DUDIT Scoring Guidance**

Feel free to show the form to the person you are interviewing and fill it out together.

Questions 1 to 9 are scored 0, 1, 2, 3 or 4.

Questions 10 and 11 are scored 0, 2 or 4.

The maximum score is 44.

A client with 25 points or more is probably heavily dependent on drugs.
<table>
<thead>
<tr>
<th></th>
<th>Score</th>
<th>Objective:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>Frequency per week/month</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Male ( ) Female ( )</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How often do you use drugs other than alcohol?</td>
<td>Never</td>
<td>Once a month or less often</td>
<td>2-4 times a month</td>
<td>2-3 times A week</td>
<td>4 times a week or more</td>
<td></td>
</tr>
<tr>
<td>2. Do you use more than one type of drug on the same occasion?</td>
<td>Never</td>
<td>Once a month or less often</td>
<td>2-4 times a month</td>
<td>2-3 times A week</td>
<td>4 times a week or more often</td>
<td></td>
</tr>
<tr>
<td>3. How many times do you take drugs on a typical day when you use drugs?</td>
<td>0</td>
<td>1-2</td>
<td>3-4</td>
<td>5-6</td>
<td>7 or more</td>
<td></td>
</tr>
<tr>
<td>4. How often are you heavily influenced by drugs</td>
<td>Never</td>
<td>Less often than once a month</td>
<td>Every month</td>
<td>Every week</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>5. Over the past year, have you felt that your longing for drugs was so strong that you</td>
<td>Never</td>
<td>Less often than once a month</td>
<td>Every month</td>
<td>Every week</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
</tbody>
</table>
SUBSTANCE USE DISORDER SCREENING AND ASSESSMENT (SBIRT RECOMMENDED)

- Pre-Screening Form
- AUDIT
- DAST
- CRAFT 2.0
- NIAAA Alcohol Screening and brief intervention for youth
- BSTAD
- S2BI
OPIOID USE DISORDER SCREENING

- Opioid Risk Tool
- ASSIST
Opioid Risk Tool

- This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management.
  - A score of 3 or lower indicates low risk for future opioid abuse.
  - A score of 4 to 7 indicates moderate risk for opioid abuse.
  - A score of 8 or higher indicates a high risk for opioid abuse.

<table>
<thead>
<tr>
<th>Mark each box that applies</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of substance abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Illegal drugs</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rx drugs</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Personal history of substance abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Illegal drugs</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Rx drugs</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Age between 16—45 years</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>History of preadolescent sexual abuse</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Psychological disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADD, OCD, bipolar, schizophrenia</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Scoring totals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ALCOHOL, SMOKING, AND SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST)

- Recommended by WHO
- 7 Questions
- Can be used in SBIRT setting
- NIDA modified ASSIST

### Table: Total score for questions #2–7 for each substance

<table>
<thead>
<tr>
<th>Substance</th>
<th>Total score for questions #2–7 for each substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
</tr>
<tr>
<td>Prescription stimulants</td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
</tr>
<tr>
<td>Sedatives</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td></td>
</tr>
<tr>
<td>Street opioids</td>
<td></td>
</tr>
<tr>
<td>Prescription opioids</td>
<td></td>
</tr>
<tr>
<td>Other drugs</td>
<td></td>
</tr>
</tbody>
</table>

### Score

<table>
<thead>
<tr>
<th>Score</th>
<th>Indicated response*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 3</td>
<td>No intervention</td>
</tr>
<tr>
<td>4 – 26</td>
<td>Brief intervention</td>
</tr>
<tr>
<td>27+</td>
<td>Referral to specialized treatment</td>
</tr>
</tbody>
</table>

**Note:** Patients who have injected drugs (non-medical use) in the last three months, but no more than once per week or never more than three days in a row, should receive a brief intervention. All other patients who have injected drugs in the last three months should receive a referral to specialized treatment.

MEASUREMENT TOOLS
Measurement is critical part of testing and implementing changes; measures tell a team whether the changes they are making actually lead to improvement. Measurement for improvement should not be confused with measurement for research” – IHI Webpae
TYPES OF MEASURES

OUTCOME MEASURES

PROCESS MEASURES

BALANCE MEASURES
QUESTIONS?

Trevor Cunningham
Email: tcunningham@indianarha.org