Using Telehealth to Improve Health Care Delivery and Access
NACo Healthy Counties Initiative Sponsors

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www.naco.org/healthycountiesinitiative
Speakers:

Linda Boles  
Chief Strategist  
U.S. Public Sector Healthcare Innovation  
Strategic Relations Operation  
Cisco Systems, Inc.

David Nielsen, Ph.D.  
Executive Director  
Northeast Washington Alliance Counseling Services  
Stevens County, WA
Connecting Clinicians, Patients and Information

Video in Healthcare
Cisco’s Commitment to Healthcare Continues to be Strong

“Our goal is for Cisco to lead the transformation in the healthcare industry's complex transition.”

John Chambers, Cisco CEO,
October, 2011
The U.S. Healthcare system faces significant challenges that will require greater **collaboration** and **coordination** among all stakeholders (administrators, clinicians, payers and patients).
Gartner – Telemedicine Benefits – Top 10

1. Making specialist services more accessible to patients
2. Monitoring patients’ health – enabling frequent and rapid intervention
3. Avoiding or delaying admissions – hospitals, nursing homes and physician office visits
4. Using clinicians’ time more efficiently
5. Reducing travel costs and time for patients, clinicians & family members
6. Involving & educating patients in their own healthcare
7. Improving clinician collaboration – skills & expertise
8. Reducing the social inequalities of health services between urban & rural areas
9. Enabling hospitals to increase revenue by offering new medical services
10. Enabling hospitals to eliminate medical services and outsource
Reimbursement Overview

Medicare reimburses for
  • Live interactive telehealth if patient is in rural area
  • Store-and-forward telehealth in Alaska and Hawaii

Medicaid reimburses for
  • Live interactive in 45 states
  • Store-and-forward in 16 states

Private Payers pay in 16 States
Increasing number of states are providing Medicaid Reimbursement

http://www.ncsl.org/issues-research/health/state-coverage-for-telehealth-services.aspx
The Cisco Grants Strategy Team (GST)

• Team of Regional Grant Managers for direct support
• Grant education/training and funding research services
  • Feedback on eligibility & project competitiveness
• Provide targeted grant application and writing support
  • Consult on post-funding project implementation
Healthcare Grants 3.6 B

- Building Capacity Grant Program
- Immediate Facility Improvements Program
- Public Prevention Health Fund: Community Transformation Grants
- Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)
- School-Based Health Center
- Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program
- New Access Points
- State Innovation Model

*Includes all Cisco product portfolio
Customer Grant Resources

- Monthly customer webinars
  http://www.publicsectorevent.com/calendar.cfm
  https://grantsofficeevents.webex.com/

- Customer funding reports

- Direct customer support
  (prequalification to project implementation)

- Grants Calendar

- FUNDED Newsletter (via Grants Office)

- Inquiries: grantquestions@cisco.com (Contact your Cisco AM)

- Podcasts: http://grantsoffice.podomatic.com/
Cisco – Video in Healthcare Offering

Telemedicine

Healthcare Training

Healthcare Administration

Business value

- Extend access to healthcare data, improve patient outcomes, reduce healthcare cost
- Anywhere any device any application – fully integrated securely
- Partner with customers and innovators to improve solutions
Primary applications for video in healthcare

- **Care at a Distance**
  Provide clinical services across distances using advanced telecommunications technology

- **Home Healthcare**
  Monitor and provide support for patients in home or remote areas.

- **Continuing Medical Education**
  Education on medical procedures, policies, and other

- **Administrative**
  Reduce the cost of managing a large area facility and/or hospital

- **Video Interpretation**
  Language translation services

- **Operational Coordination**
  Improve collaboration capabilities for grand rounds, case reviews, tumor boards, clinical application decisions, etc.
Video in Healthcare: Provider Use Cases

**Care at a Distance**
- Clinician-Clinician Specialty Consultation
- Clinician-Patient/Family
- Patient Monitoring
- Patient – Family / Community
- Expert on Demand

**Operational & Administrative**
- Interpersonal
- Team Collaboration
- Large Meetings
- Broadcasts

**Training & Education**
- Instructor-Led
  - CME
  - Staff Training
- Patient Education
- Mentoring

**Facilities**
- Wayfinding
- Interactive Services
- Self-registration
- Video Surveillance
- Digital Marketing
Telehealth Model of Care to Citizens

Academic Medical Center or County Hospital  
Jail

Clinic
Doctor Office
Community Hospital
Wellness Center
Identify the business requirements that outline the telehealth solution that provides a world of healthcare without boundaries.
Care-at-a-Distance and Clinical Workflow Solutions

Deliver better care and wellness whenever and wherever
From Silos to Integrated Video Systems

**TelePresence**
- Tandberg & Cisco
- Consumer TelePresence
- TelePresence as a service

**Unified Communications**
- Video calling
  - WebEx
  - IP Phones
  - Collaboration
  - Video mail

**Physical Security**
- Video Surveillance
  - Access Control
  - HD & SD Cameras

**Digital Media**
- Digital Signage
  - Webcasting & Video Sharing
  - Business IPTV
  - ECDN

Media Transformation
Healthcare Video Endpoint Portfolio

**Collaboration and TelePresence**

**HealthPresence**
Healthcare collaboration S/W on dedicated appliances and supporting multiple TP endpoints with 3rd-party medical devices running out of band

**Active Collaboration Room**
Room-based TelePresence solution providing optimal environment for distributed team to collaborate on complex problems
Cisco telemedicine portfolio

Mobile Healthcare Cart
Purpose-built telemedicine system delivering flexibility and mobility in a clinical setting

Remote Physician
Physicians see patients from remote office or home setting for scheduled or ad hoc consults

Field Response
Portable, rugged, and compact telepresence for emergency response and field scenarios

Home Health
In-home telepresence delivering face-to-face consults for chronically ill patients

Administrative
Full Cisco Telepresence portfolio!

Network Infrastructure
Call Control and Firewall Traversal
Conferencing
Streaming and Recording
Interoperability / Gateway
Management

Full Cisco Telepresence portfolio!
Cisco – Healthcare Use Cases
Telemedicine improves care to rural areas

**CHALLENGE**

Provide rural and underserved communities with greater access to quality care (20% of population)

Reduce travel time to diagnose patients, helping avoid untreated conditions

Find video solution with sharp images and lifelike color for effective collaboration among specialists

**SOLUTION**

Cisco TelePresence 1300 systems enable immersive, life-size patient interactions

Cisco TelePresence EX90 systems give physicians option of powerful desktop video solution

Cisco Jabber Video for TelePresence provides mobile video access for on-call specialists to see patients from home

**RESULTS**

• Reduction in ER visits and outpatient diagnostic services
• 50,000 telehealth encounters in 2011 across 100 sites and 175 providers
• Patient Satisfaction: 98% would use again in future
• Offered a wide array of preventive care to rural communities
• Minimized travel, enabling busy physicians to see more patients in less time
Executive Summary

- HCA, Inc.
- Industry: Healthcare, Provider
- Location: HQ in Nashville, TN, 163 hospitals in 26 states and 6 private hospitals in England
- Number of users: ~200,000 employees (potential users)
- Overview: Largest for-profit hospital and healthcare services company in the US.

Challenge – TriStar Health Division

- TriStar HQ located in Nashville, represents 10% of HCA. Behavioral Health was part of their corporate beginning for this market.
- Improve patient access to qualified mental health professionals
- Regulatory issues / compliance
  - Must have 2 credentialed physicians sign off on “committal” process – often causing patient transport
  - Mobile Crisis Teams – assessments must be performed prior to patient disposition
- Patients endure long wait times while hospitals comply with regulations and policies/procedures
HCA: Case Study 2
Telemedicine – Behavioral Health

Results

• Reduced time to decision making (for disposition and committal process)

• Reduced ER hold and wait times
  • Clears ER capacity for more appropriate ER use and cases
  • Improves patient / family experience

• Better efficiency for physicians and mental health professionals

• Compliance with regulatory guidelines

• Increased patient/family satisfaction

• Net benefit: $ 275,902

• Payback period: 1 Month
# 10,000 Endpoints Serving our Veterans Telemedicine Use Cases

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Subspecialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tele-mental Health</td>
<td>Diabetic Retinopathy, Anticoagulation, General Surgery</td>
</tr>
<tr>
<td>Tele-behavioral Health</td>
<td>Tele-pathology, Infectious Disease, General Internal Medicine</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Pacemaker Care, Renal Medicine, Gastroenterology</td>
</tr>
<tr>
<td>Obesity - National Weight Program</td>
<td>Sleep Medicine, Pulmonary/Chest Medicine</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Pain Management, Headache/TBI</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Endocrinology, Audiology, Physical Therapy</td>
</tr>
<tr>
<td>Clinical Pharmacy</td>
<td>Pain Management, Vascular Surgery</td>
</tr>
<tr>
<td>Diabetes Care</td>
<td>Anesthesiology Pre/Post Operative Consultation</td>
</tr>
<tr>
<td></td>
<td>SCI, Polytrauma, Cardiology, Neurosurgery, Plastic Surgery</td>
</tr>
<tr>
<td></td>
<td>Neurology, Social Work, Traumatic Brain Injury</td>
</tr>
<tr>
<td></td>
<td>Specialty Care Access Network, Outreach Primary Care</td>
</tr>
<tr>
<td></td>
<td>Academic Detailing, Emergency Response, Translation</td>
</tr>
<tr>
<td></td>
<td>Outpatient Population, Patient Mgmt</td>
</tr>
<tr>
<td></td>
<td>Patient Like Me/Social Network/Support Groups</td>
</tr>
<tr>
<td></td>
<td>Education/Kidney Disease, Education/Diabetic Self Management</td>
</tr>
<tr>
<td></td>
<td>Nursing Facility Care</td>
</tr>
</tbody>
</table>
California Case Study

Challenge:

- How do we evenly distribute healthcare across multiple distributed institutions given most of the clinicians are in Metro areas
- Specialist-on-site care is timely and costly
- Nations largest state in terms of geography
CA Prison Health Care Solution

• 16000 telemedicine visits in 2010 saving 13 million
• Provide other services: Interpretation and CME
• TelePresence management suite controls all scheduling, call control, FW traversal and dial plan

Immediate Results

• More specialist consultations with patients (specialists on demand)
• Increase patient care
• Outside Docs are now interfacing with CPHCS
• Utilization rate is high
Telehealth Resources

Center for Telehealth and E-Health Law  www.ctel.org
American Telemedicine Association  www.americantelemed.org
National Conference of State Legislatures  www.ncsl.org
Online petition urging Congress to fix medical licensure www.fixlicensure.org
Telehealth Resource Center  www.telehealthresourcecenter.org
South Central Telehealth Resource Center  www.learntelehealth.org
Grant opportunities www.grantsoffice.com
NACO Healthy Counties http://www.naco.org/programs/csd/Pages/Cisco.aspx
http://www.cisco.com/web/strategy/healthcare/care_at_a_distance.html
Video demo links

- Palomar Hospital of the Future
  http://www.youtube.com/watch?v=zicdJkwtRe4

- Cisco Video in Healthcare, Making the Rounds
  http://www.youtube.com/watch?v=oHL6R4kfWbk

- VX Clinical Assistant Demo
  http://www.youtube.com/watch?v=B_5-7aGLKfk

- Cisco Life Connections Center
  http://www.youtube.com/watch?v=Tg2lv4Z50m8

- John Chambers discusses Healthcare Transformation
  http://www.youtube.com/watch?v=PX3q2eFfunQ

- Molina Healthcare enhances processes with Cisco Collaboration
  http://www.youtube.com/watch?v=DyLa4ipF3D8
Video demo links

- Moffitt Cancer Center and DMS in Healthcare

- Cisco Expert on Demand Language Interpretation
  [http://www.cisco.com/assets/cdc_content_elements/flash/ind_sol/healthcare/Collaborative_Care_Web_v01/collab-care.html](http://www.cisco.com/assets/cdc_content_elements/flash/ind_sol/healthcare/Collaborative_Care_Web_v01/collab-care.html)

- Clinical Presence System demo
  [https://videosharing.cisco.com/vportal/VideoPlayer.jsp?ccsid=C-055d753e-64ef-4a0d-85e6-f2973b92de80:1#](https://videosharing.cisco.com/vportal/VideoPlayer.jsp?ccsid=C-055d753e-64ef-4a0d-85e6-f2973b92de80:1#)
Video Demo links

- Cisco HealthPresence

- Webex in Healthcare at Greater Baltimore Medical Center
  [https://videosharing.cisco.com/vportal/VideoPlayer.jsp?ccsid=C-21fbb89d-b07f-4ff7-b9e6-a9113dc36eb0:1#](https://videosharing.cisco.com/vportal/VideoPlayer.jsp?ccsid=C-21fbb89d-b07f-4ff7-b9e6-a9113dc36eb0:1#)
Thank You

Shaping a World of Healthcare without Boundaries

Lboles@cisco.com
NorthEast Washington

ALLIANCE Counseling Services

Tele-Health System
<table>
<thead>
<tr>
<th>Site</th>
<th>Distance to Spokane</th>
<th>Distance to Seattle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chewelah</td>
<td>56 miles</td>
<td>340 miles</td>
</tr>
<tr>
<td>Colville</td>
<td>78 miles</td>
<td>362 miles</td>
</tr>
<tr>
<td>Davenport</td>
<td>30 miles</td>
<td>304 miles</td>
</tr>
<tr>
<td>Republic</td>
<td>124 miles</td>
<td>292 miles</td>
</tr>
<tr>
<td>Characteristic</td>
<td>Ferry County</td>
<td>Lincoln County</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>2010 Population</td>
<td>7,551</td>
<td>10,570</td>
</tr>
<tr>
<td>Enrolled in Medicaid by County (7/12)</td>
<td>1,794 (23.7%)</td>
<td>1,600 (15.1%)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>76.3%</td>
<td>95.0%</td>
</tr>
<tr>
<td>American Indian, Alaskan Native</td>
<td>16.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Per capita personal income</td>
<td>$26,225</td>
<td>$34,179</td>
</tr>
<tr>
<td>Living below the poverty level</td>
<td>20.8%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>13.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Land area, 2010 (sq. miles)</td>
<td>2,203.16 (9th in State)</td>
<td>2,310.49 (8th in State)</td>
</tr>
<tr>
<td>Persons/sq. miles 2010</td>
<td>3.4 (38th in State)</td>
<td>4.6 (37th in State)</td>
</tr>
</tbody>
</table>
Merged with Lincoln County in 2003.
- Davenport 82 miles from Colville.
- Challenge of supervising and administering satellite office.
  - Supervisor drive times
- Traveling Psychiatrist and problem of missed appts.
  - Could be more than 1-month for next appt if client missed appt.
- 1.0 FTE ARNP; Contracted MD 2-days per month

Invitation to join Grant County in 2007 USDA-RUS application
The Distance Learning and Telemedicine Loan and Grant Program (DLT) is designed specifically to meet the educational and health care needs of rural America. Through loans, grants and loan/grant combinations, advanced telecommunications technologies provide enhanced learning and health care opportunities for rural residents.

Eligibility: Entities providing education and medical care via telecommunications including corporations or partnerships, Indian tribes or tribal organizations, state or local units of government, consortia, and private for-profit or not-for-profit corporations. Individuals are not eligible.

DLT 100% grant applications are accepted through a competitive process. The application window is announced annually (typically after the first of the year) through a Notice of Funds Availability (NOFA) in the Federal Register. Applicants are required to provide a minimum 15 percent match. Awards can range from $50,000 to $500,000.

Google: usda rus telemedicine grant

http://www.rurdev.usda.gov/utp_dlt.html
Goals of the initial Grant

- Minimize barriers to rural mental and behavioral health service delivery, with a focus on providing specialty care.
- Provide mental and behavioral health services to counties currently not served or underserved by psychiatric services.
- Increase opportunities for continuing medical education (CME), distance learning, and clinical education.
- Enhance networking opportunities for consumer psycho education in order to increase awareness and understanding of mental illness and reduce stigma.
GOAL #1: Minimize barriers to rural mental and behavioral health service delivery, with a focus on providing specialty care.

- **Stigma and Cultural Issues**
  - Social stigma of mental illness
  - Lack of rural-specific technical assistance
  - Focus on illness care rather than early intervention and prevention
  - Lack of cultural competence in spite of increasing diversity

- **Financing and Reimbursement**
  - Uncertainty of public funding streams
  - Lack of funding for prescription medication
  - Lack of funding for evidence-based practices specifically for rural areas
  - Higher cost of service delivery due to low volume of patients
  - Lack of insurance coverage for mental and behavioral health services or higher premiums or co-payments compared to other physical illnesses

- **Structural and Organizational Issues**
  - Insufficient communication among primary care providers and community mental health centers
  - Limited availability of clinicians with prescriptive authority
  - Lack of specialists, especially those with child/adolescent expertise
  - Lack of public transportation
  - Distances and difficulties accessing care
  - Lack of integration of mental health and primary care in many areas
  - Unaddressed behavioral health care needs of rural women

- **Access and Workforce**
  - Lack of trained staff members/providers/clinicians
  - Lack of availability of dual-diagnosis treatment
  - Lack of telehealth services
  - Lack of continuing educational opportunities
  - Significant distances to service providers
  - Excessive wait times before services are available
  - Lack of financial incentives for professionals to work in rural areas
  - Poor in-service training of, and dissemination of information to, rural practitioners
Studies have shown that telemedicine is successfully being used in the treatment of mental and behavioral disorders. These include diagnosis and treatment, behavior therapy, family therapy, interdisciplinary care and consultation, and group therapy. Such technology has been equally valuable in the treatment of bipolar disorder, depression, panic disorder and drug and alcohol abuse. Results have revealed fewer hospitalizations, with no difference in functioning between those treated in person and those treated through telepsychiatry.

Technology has made it possible to increase access to health care using interactive video communications. This technology allows clinicians and patients at separate locations to interact in real time as though they were in the same room. This mode of healthcare delivery, called telepsychiatry, is easily adaptable to psychiatry. Because psychiatry relies predominantly on conversation and observable skills, telepsychiatry provides a reasonable alternative to an office visit for patients who cannot readily access care (Practice Parameter on Telepsychiatry with Children and Adolescents).
There is limited access to CME in rural areas. As training and conferences are typically held in proximity to urban hospitals, clinics and institutions, attendance often requires significant travel in terms of mileage and time out of clinic. This impacts clinics already burdened with staff shortages, presents an inconvenience to clinicians and increases costs that most rural clinics cannot afford. Providers have to send staff to Spokane, Olympia or Seattle regularly. It is estimated that two-thirds of the amount spent in training costs and travel could be eliminated with videoconferencing capability.

- **Quantifiable Objectives**

1. Rural residents in these Washington counties will be able to pursue clinical education without leaving their communities, helping to combat migration from the community to the urban areas
2. Increase in retention of clinicians as opportunities expand for education, collaboration and peer exchange
3. Through providing distance learning, 10 rural clinics will save as much as two-thirds of their limited funding by eliminating travel currently required for CME and CEU training
Potential for innovative programs via teleconferencing

Address stigma and discrimination and increase access to mental health services

Can be used in home visit programs to provide counseling, support and linkages to community resources

Provide telemedicine programs through community clinics, to extend mental health services

Protect the confidentiality and dignity of clients who might otherwise not seek mental health services

Improve access to information about mental health

Integrate behavioral health with physical health

Include mental health promotion in other prevention/intervention strategies (promoting good mental health within prevention/intervention of obesity, substance abuse, nutrition, healthy aging, parenting, etc.)
2007 Grant Amount

- All Sites (Grant, Okanogan, Seattle Children’s Hospital, Stevens/Lincoln) = $446,238.95
- Stevens/Lincoln County = $124,267.90
  - 50% match (Cash/allowable materials...i.e., $17K for CAT-6 wiring install & purchase)
Challenges & Lessons Learned

- **Bandwidth in General**
  - Video takes a large portion of your “pipe” taking away from VOIP phones, computers, internet, etc., etc. **Must** plan for bandwidth needs to ensure success. Each video session takes 768kb; T-1 = 1000 mega-bites.

- **Network Connectivity MUST be addressed (and is a separate cost!!)**
  - NOT a “plug-and play” system.
  - DSL (didn’t work for us)
  - T-1 (much better quality, but $700 - $1,000/month to use)
  - Microwave Radio (County has 100 mega-bite; we get 10 meg--working well)
  - Fiber Optics pending (should be fantastic)
  - Probably took 18-months to get the system to “usable” state until we resolved connectivity issues.

- **Equipment maintenance agreements — another cost.**
  - Didn’t get this initially, and ran into trouble with repair as a result.
  - $1,100 - $1,600 per unit per year for current project.
Challenges and Lessons Learned

- **Device/System Training**
  - Must have vendor come and train on use of equipment—particularly technological aspects. Need to have I.T. person on YOUR end who can understand the system and problem-solve when things don’t work—which WILL HAPPEN.
  - QOS; upside-down images; no sound; no picture; “Phone Book;” dropped calls

- **Border Controller:**
  - This is a device that acts like a “traffic cop” and allows you to have secure, encrypted video sessions with others who are in your “circle of friends.” You don’t have to use this—can have a point-to-point session with someone who has a public IP address—but then session is NOT secure or encrypted. Border Controllers are best option when you have a “network” that is behind a “firewall” to help ensure privacy and security.
  - Problem: Our partner operated the border controller, so we could not establish secure, point-to-point sessions without going through them—making it difficult for us to schedule and/or host calls.
  - Need to purchase licenses for video sessions—a fact of which we had no idea until we acquired our own Border Controller.
Expansion #1—MHBG Funding

- Urgent need for Psychiatrist following retirement of long-term contractor.
- Need for “Psychiatric Stabilization” of “crisis” clients placed at Crisis Stabilization Facility (CAF).
- Applied to Regional Medicaid Administrator for “Mental Health Block Grant funds” to purchase two, smaller tele-health units—one for placement at CSF; one for placement w/ contracted psychiatrist working from private practice in Spokane.
Wanted to “host” our own calls and not be dependent upon another county.

Learned about “Movi Clients” from our Vendor.

Saw greatly expanded opportunity for clinical supervision between Clinical Directors and staff at remote sites—now to include Ferry County—via Movi.

- External Camera’s run $70.
- Now purchase laptops with internal cameras.
- Potential for “Home” to “Office” appointments.
Challenges & Lessons Learned (Continued)

- Border Controller, Routers, switches,--all devices to allow secure, point-to-point sessions
- Management Software (TMS— all added costs).
  - Allows us to operate our own “phonebook,” grant other parties secure access to our system, etc.
- Licenses for concurrent users (added cost)
  - Security — vs. “Skype”
- Payors and Billing
  - Some contract require face-to-face service and won’t reimburse tele-health.
  - Ensure proper CPT-codes/modifiers for tele-health
  - Ensure proper credentials for clinician
  - Ensure proper location (some sites not allowed — like jail/place of residence under some Payors)
Challenges & Lessons Learned (Continued)

- **Staff buy-in**
  - Psychiatrist refusal—liability concern (and probable fears of technology)
  - Reluctant ARNP—technology issue and concern about patient reactions
  - Technology-savvy psychiatrists
    - One luke-warm response (connectivity issues);
    - One VERY POSITIVE response

- **Meeting Etiquette**
  - Side conversations when site is “muted” must be addressed
  - Distracting staff behaviors
  - Ensuring preparation with handouts, etc., for remote locations are distributed PRIOR TO the meeting
  - Ensuring facilitator is addressing ALL SITES, not just site from which meeting is originating
  - Getting feedback from remote location—(office once sat through 3-meetings being unable to see what was going on, but said nothing).

- **Staff Training:**
  - Users must be able to problem-solve when system acts up; know basis of how to call, etc.
  - Have clinicians with clients throughout process—at least beginning and end.
Challenges and Lessons Learned

- Tele-Psychiatry contracts have been VERY expensive (Capacity contracting at $225 - $250/hr. guaranteed payment)
- Now using tele-health exclusively for Child Psychiatric Services (with MD and ARNP)—kids seem to love this!
  - Problem with contractor cancellation/rescheduling—headache!!
  - Faxing of assessments, consents, ROIs, etc., to Attending.
    - Benefit of EMR for contracted psychiatrists.
  - Care Coordination between psychiatrist and Primary Clinician an ongoing struggle.
  - Coordinating “re-fills” when Attending is located in Spokane—takes planning.
  - Coordinating “laboratory results” and ensuring Attending receives takes planning and cooperation of nursing staff at BOTH ends of the tele-health unit.
  - Need for Tech Support when things go wrong.
  - Being aware of scheduling (creating the tele-health units as a “clinician”) so that multiple users don’t plan on using the same system at the same time.
Child Psychiatry Services—Our greatest success

Team Meetings

- Elimination of extensive staff travel for meetings.
- Projecting documents, etc. for staff training has worked well. (Can train on new documents all at once rather than traveling around).
  - Dual Displays coming next.
- Staff at all office get to interact/see each other when this didn’t happen before.
- “Walk-in” MH Assessments: VERY useful to ensure clinician availability…but …
  - Mental Health Master’s Level Clinicians have been reluctant (despite positive client response), and
  - Billing problem—currently now allowed under Medicaid in Washington
Successes #2

- ARNP access to clients at CSF.
- Staff Supervision with Movi.
- Executive conversations with Movi.
- Consultation with Spokane RSN and other agencies (Adams/Grant).
  - I.S. Team Meetings
  - Administrator Meetings
  - Clinical Meetings
  - Governing Board Meetings
Home sessions in the future via Movi???
Connections with local Emergency Departments and State Hospital???
2011 USDA-RUS Grant Approval ($460K; $300K for NEWACS)
  - Dual-Displays for Colville and Republic Office for enhanced meeting/training capacity.
  - MCU to allow multi-party Movi conversations
Tele-health in Jails

Tele-Health units in Jails for Ferry, Lincoln, Stevens Counties

- 24/7/365 Crisis Services in the Jails.
- Reduce after-hour driving times—particularly for staff living out of county—while ensuring response to jail.
- CD Assessments in the Jail.
- Jail-to-Jail interactions (Stevens County Inmates housed in Ferry County Jails).
- Jail-to-Courtroom application
- Mental Health and Courtroom to Juvenile Detention capacity (facility located in Spokane).
- Need to protect the tele-health equipment and provide for secure sessions.
  - Lincoln County plan to install in medical evaluation room;
  - Ferry County plan to install in Chief Correction Officer office.
- SX20 vs. EX90
Does the Agency cover telehealth?
The Agency covers telehealth through the fee-for-service program when it is used to substitute for a face-to-face, “hands on” encounter for only those services specifically listed in this section.

**Originating Site (Location of Client) What is an “originating site”?**
An originating site is the physical location of the eligible Agency client at the time the professional service is provided by a physician or practitioner through telehealth. Approved originating sites are:
- The office of a physician or practitioner;
- A hospital;
- A critical access hospital;
- A rural health clinic (RHC); and
- A federally qualified health center (FQHC).

**Is the originating site paid for telehealth?**
Yes. The originating site is paid a facility fee per completed transmission.
How does the originating site bill the Agency for the facility fee?

- Physicians’ Offices: When the originating site is a physician’s office, bill for the facility fee using HCPCS code Q3014. If a provider from the originating site performs a separately identifiable service for the client on the same day as telehealth, documentation for both services must be clearly and separately identified in the client’s medical record.

Distant Site (Location of Consultant) What is a “distant site”? A distant site is the physical location of the physician or practitioner providing the professional service to an eligible Agency client through telehealth.
Who is eligible to be paid for telehealth services at a distant site?
The Agency pays the following provider types for telehealth services provided within their scope of practice to eligible Agency clients:

- Physicians (including Psychiatrists); and
- Advanced Registered Nurse Practitioners (ARNPs).

What services are covered using telehealth?

Only the following services are covered using telehealth:
- Consultations (CPT codes 99241-99245 and 99251-99255);
- Office or other outpatient visits (CPT 99201-99215);
- Psychiatric intake and assessment (CPT code 90801);
- Individual psychotherapy (CPT codes 90804-90809); and
- Pharmacologic management (CPT codes 90862).
How does the distant site bill the Agency for the services delivered through telehealth?

The payment amount for the professional service provided through telehealth by the provider at the distant site is equal to the current fee schedule amount for the service provided.

Use the appropriate CPT codes with modifier GT (via interactive audio and video telecommunications system) when submitting claims to the Agency for payment.
Lynne Guhlke, M.Ed., LMHC
Clinical Director
Northeast Washington Alliance Counseling Services (NEWACS)
165 E. Hawthorne Avenue
Colville, WA 99114
(509) 685-0637
lguhlke@co.stevens.wa.us
NorthEast Washington

ALLIANCE Counseling Services

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For questions about this webinar, please contact
acardwell@naco.org