Making Money with e-Health

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Objectives of Session

- Learn the keys to developing a successful e-health practice
- Understand reimbursement issues
- Understand how to integrate e-health into your continuum of programming
Panelist: Cindy McLaughlin

- Cindy is the Chief Executive Officer at Behavioral Health of Cambria County
- A Cambria County native, Cindy offers 29 years of experience in the behavioral health field
  - Cambria County Association for the Blind and Handicapped
  - Opened and directed offices for Northwestern Human Services
  - Human Services Director of Cambria County, overseeing the agencies of MH/MR, Drug & Alcohol, Area Agency on Aging and Children & Youth Services.
  - MH/MR Administrator for 3 years prior to becoming CEO of Behavioral Health of Cambria County, the Medical Assistance Behavioral Health Managed Care oversight organization.
Understanding e-Health
Definitions of Key Terms

- **e-Health** – a term created as a means to identify the new opportunities and challenges created by the Internet to the traditional healthcare information technology industry
  
  ✓ a concerted effort by leaders in healthcare and hi-tech industries to fully harness the benefits available through the convergence of the Internet and healthcare
Definitions of Key Terms (cont.)

- **Inoperability** – the ability of separate systems to work with each other, and to reliably exchange messages without errors or misunderstandings

- **Electronic Medical Record (EMR)** – electronic record of health-related information on an individual that can be created, gathered, managed and consulted by clinicians and staff within one healthcare organization
Definitions of Key Terms (cont.)

Electronic Health Record (EHR) – electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards, and that can be created, gathered, managed and consulted by clinicians and staff across more than one health care organization.
Definitions of Key Terms (cont.)

Personal Health Record (PHR) – a health record initiated and maintained by an individual. PHRs permit an individual to securely gather, store, manage and share personal health information. Information may be drawn from a variety of sources:

- ✓ Health care providers
- ✓ Health insurers
- ✓ Health care clinicians
Health Information Organization (HIO) – an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards. Oversight functions may include:

- Developing and sharing best practices among organizations
- Maintenance of information sharing agreements, business associate agreements or other contracts
- Facilitation of operations associated with the movement of information
What Is e-Health?

- Some confusion in the terminology
- Synonymous with ‘telehealth’ in some uses
- Facilitation of health care and disability support practices using technology
  - Direct service
  - Professional-to-professional consultation
  - Health care information sharing
What Is e-Health / Behavioral Health?

- Behavioral telehealth/telepsychiatry
- e-Therapy
- Mental health advice
- Adjunct services
- Consultative services
- e-Coaching
What is e-Therapy?

- Interactive therapy by a credentialed clinician via internet connection—Text or “Live” connection.
  - ✔ E-mail
  - ✔ Chat
  - ✔ Web messages
  - ✔ Videoconferencing
  - ✔ Internet phone
# e-Therapy Prevalence in Clinics and Independent Sites

<table>
<thead>
<tr>
<th>Year</th>
<th>Independent Sites</th>
<th>Clinics</th>
<th>Therapists per Clinic</th>
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<td>500</td>
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## Recent History of e-Health

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>2000</td>
<td>The University of Toronto launched an initiative to empower people to share healthcare information with the help of technology. The objective was to increase collaboration across the entire healthcare value chain.</td>
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<tr>
<td>2004</td>
<td>eHealth initiatives are launched across the U.S. and Europe. Initiatives were designed to empower consumers to control their health information, ensuring that health care decisions made were in their best interest.</td>
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<td>2004</td>
<td>President Bush signed an executive order to increase focus on eHealth. This led to the formation of American Health Information Community (AHIC).</td>
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| 2005 | ▪ The AHIC, a federal advisory body, was chartered to make recommendations to the Secretary of the U.S. Department of Health and Human Services on how to accelerate the development and adoption of health information technology.  
▪ AHIC was formed by the Secretary to help advance efforts to achieve President Bush’s goal for most Americans to have access to secure electronic health records by 2014. |
Why Is e-Health Important?

- Provides patient care at low cost
- Improves and expands the quality of healthcare services
- Reduces absenteeism in the workplace as employees no longer need to take time off to see a physician
- Ensures accessibility to quality healthcare in both rural and urban areas
- Acts as an instrument for regional development and helps to build the attractiveness of regions
e-Health Effects in the Healthcare System

- Transparency and communication
- Increased quality and efficiency of care
- Reduced administration cost
- Promotes consumer-driven healthcare
Survey of e-Health Trends

- A 2010 Outsourcing Center and Wipro survey examined current trends and approaches to e-Health initiatives.
- The highest percentage of survey respondents are from
  - United States (35.6%)
  - Asia (30%)
  - Europe (17.6%)
- Survey respondents are from organizations that include IT service enablers, hospitals, government agencies, community health providers, public health specialists and health departments/Ministries of Health.
How Advanced Are e-Health Initiatives Within Your Country?

Survey results indicate that e-Health initiatives are still in the early stages at organizations worldwide.
Which Current Trends Make the e-Health Care Model Compelling to Your Organization?

- Government legislation is driving organizations to look to e-Health as a healthcare model.
What Are the Greatest Benefits of e-Health?

- On a scale of 1-5, one being the most important, respondents identified the following benefits in order of importance:
  1. Enhance ability of healthcare providers to deliver safe and effective care through technology
  2. Increase efficiency
  3. Patient-centric longitudinal health record
  4. Align delivered healthcare to government health standards
  5. Enable collaborative engagement with key stakeholders
Uses for Telehealth Equipment

- Staff meetings (admin. & business)
- Staff education/training
- Program requirements (e.g. Rule 29, CTSS supervision)
- Psychiatry services
- Diagnostic evaluation/assessment
- Individual psychotherapy
- Case management
- Clinical supervision
- Employment interviews
- CNS/APRN services
- Group therapy/psycho-education
- ARMHS (Adult MH Rehab Srvs)
- CTSS (Children's Therapeutic Services and Supports)
- Crisis services
- Client or family education
- Forensic/corrections
Telemental Health Services

- Pre-admission screening and discharge planning
- Diagnostic assessments and evaluations
- Case management and service coordination
- Medication management
- Family visits, consultation, family psycho-education
- Psychotherapy
- Crisis response to individuals and community disasters
- Court commitment hearings

- Consultation: primary care, school staff, long-term care
- Family and consumer support groups
- Staff training, technical assistance, and administrative
- Clinical supervision, case consultation, clinical team meetings
- Staff training, technical assistance, and administrative
Physician Making an On-Line House Call
Increased Consumer Demand for New Scanning Technologies & Protocols

- Early detection of brain changes
- Diagnoses of illness
- Predict the effectiveness of medications
- Monitor the effectiveness of therapies, including medication
VirtualGalen – Virtual Reality & Avatars for Autism
NeuroVR Therapy

Full Immersion VR

“Cave” VR
Emerging Roles for Specialty Health Provider Organizations

- Location-Based Services
  - Destination Specialty Services
  - One-Stop Health Service Shopping
- Location-Independent Services
  - Mobile, Home-Based, & Community Care Services
  - E-Health & Remote Services
Key Players in e-Health
e-Health Players Form Consortium

- Kaiser Permanente, Mayo Clinic, Geisinger Health System, Intermountain Health, and Group Health Collaborative recently formed a consortium to share patient e-health records on-demand, and to serve as a national model for data interoperability.

- The consortium will tap into its collective experience in data sharing and use national health IT and interoperability standards to create a replicable, affordable model for timely, secure, on-demand, exchange of patient data—with patient permission.
e-Health Players Form Consortium (cont.)

- Each consortium member has the commitment of their organization's CEO and is assigning staff and unspecified funding to the new project.
- The consortium aims to begin exchanging data within the next nine to 18 months.
GE Healthcare Offers e-Health Product to Enhance Clinician Collaboration

- E-Health Community Desktop is an open standards framework for delivering clinical applications built on top of a connected healthcare community.
- The foundation is a portal technology that provides clinicians and other providers across the healthcare continuum a web-based, easy way to view patient data available within a Health Information Exchange (HIE).
GE Healthcare Offers e-Health Product to Enhance Clinician Collaboration (cont.)

- E-Health Community Desktop serves as an access point to an HIE, and can enable healthcare organizations to host applications from GE or an application like an immunization registry.

- Keystone Health Information Exchange (KeyHIE), will go live with e-Health Community Desktop in the second quarter of this year.
Mayo Clinic

- More than 55,000 doctors, scientists, students and allied health staff work and study at Mayo Clinic campuses in Rochester, MN, Jacksonville, FL, and Scottsdale/Phoenix, AZ.
- Mayo Clinic serves more than 70 communities in the upper Midwest through Mayo Health System.
- Collectively, Mayo Clinic cares for more than half a million people each year.
Mayo Clinic Health Manager (MCHM)

- Mayo Clinic and Microsoft unveiled free online personal health records that provide customized recommendations based on patients' medical conditions.
- Mayo Clinic Health Manager allows users to enter, collect, and manage health information for themselves and family members using MCHM.
- MCHM includes a trigger for health recommendations and reminders to patients based on the information contained in their Mayo Clinic Health Manager record.
Expert advice based on your health profile

You don’t have to be a Mayo Clinic patient to use Mayo Clinic Health Manager. No matter where you receive your health care, this free service will help you organize and manage your family’s health online, offering personalized guidance developed by the experts at Mayo Clinic.

Sign up. It's free!

Everything in one organized place

Create and update a profile for each family member so health information is organized and easy to find. Access your Health Manager account online whenever you need it. And keep your profile up to date easily. Through HealthVault, bring in additional data from labs and pharmacies, as well as personal monitoring devices, to ensure a current health record that you can access from any Internet connection.
Kaiser Permanente

- Founded in 1945, Kaiser Permanente is one of the nation’s largest not-for-profit health plans, serving more than 8.7 million members, with headquarters in Oakland, CA.

- Kaiser Permanente comprises:
  - ✔ Kaiser Foundation Health Plan, Inc.
  - ✔ Kaiser Foundation Hospitals and their subsidiaries
  - ✔ The Permanente Medical Groups
Kaiser Permanente and U.S. Department of Veterans Affairs Launched e-Health Records Exchange

- The program connects the VA's VistA (Veterans Affairs Health Information Systems and Technology Architecture) and Kaiser Permanente's HealthConnect EHR systems.
- VA beneficiaries and Kaiser Permanente members in the San Diego area were first offered the opportunity to participate in the pilot.
- Medical history data will be available to clinicians instantly to help guide the treatment of veterans that visit any Kaiser location participating in the program.
Telemedicine
Reimbursement
Medicare

- In 1997 the Balanced Budget Act (BBA) authorized Medicare to reimburse for telehealth services, with a very limited focus.
- The Benefits Improvement and Protection Act (BIPA) of 2000 expanded the scope – however serious limitations remained for services covered.

✓ Only live interactive consults and services provided to patients residing in designated rural Health Professional Shortage Areas could be reimbursed.
Medicare (cont.)

- In 2008 Congress expanded the sites where patients could receive reimbursable telemedicine services to:
  - Skilled nursing facilities
  - In-hospital dialysis centers
  - Community mental health centers

- Medicare reimbursement policies have become the de facto standard for reimbursement for many Medicaid programs and private payers.

- January 1, 2009 Medicare telehealth expansion.
  - No requirement for a telepresenter to be with patient
  - Equal pay for the practitioner as if service is face to face
Coding for Telemedicine

- States may select from a variety of HCPCS codes (T1014 and Q3014), CPT codes and modifiers (GT, U1-UD) in order to identify, track and reimburse for telemedicine services.

- “GT” – “via interactive audio and video telecommunications system.”

- Q3014 - telehealth originating site facility fee"; short description "telehealth facility fee.

- “Submitting’ HCPCS code "Q3014", the biller certifies that the originating site is located in either a rural HPSA or a non-MSA county.
Telemedicine Medicare Coverage

“The use of a telecommunications system may substitute for a face-to-face, "hands on" encounter for consultation, office visits, individual psychotherapy and pharmacologic management. These services and corresponding current procedure terminology (CPT) codes are listed below:

- Consultations (CPT codes 99241 - 99275).
- Office or other outpatient visits (CPT codes 99201 - 99215).
- Individual psychotherapy (CPT codes 90804 - 90809).
- Pharmacologic management (CPT code 90862).
- Psychiatric diagnostic interview examination (CPT code 90801).
- Neurobehavioral status exam (CPT code 96116).
Medicaid

- Many state Medicaid programs provide at least some reimbursement for telemedicine services.
- Thirty-five states have established rules relating to the reimbursement of telemedicine services.
- The biggest incentives for states to reimburse for telemedicine services is the promise of:
  - Reduced health care related transportation costs
  - Improved access to service
  - A corresponding improvement in patient outcomes
Medicaid (cont.)

- There is great variation among states that provide Medicaid reimbursement.
  - Medical consultations were covered in 22 states
  - Psychological consultations/treatments were covered in 12 states
  - Home health care was covered in 2 states
  - Case management was covered in 2 states
  - Patient education (Diabetes) was covered in one state
Arizona Medicaid

- Behavioral health services are covered for Title XIX (Medicaid) and Title XXI (KidsCare) recipients.
- Covered behavioral health services include (real time only):
  - Diagnostic consultation and evaluation
  - Psychotropic medication adjustment and monitoring
  - Individual and family counseling
  - Case management
California Medicaid

- Commencing July 1, 1997, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for services appropriately provided through telemedicine, subject to reimbursement policies developed by the Medi-Cal program to compensate licensed health care providers who provide health care services, that are otherwise covered by the Medi-Cal program, through telemedicine.

- Must have prior consent, be licensed in the state.
Colorado Medicaid

- On or after January 1, 2002, face-to-face contact between a health care provider and a patient shall not be required under the managed care system for services appropriately provided through telemedicine, subject to reimbursement policies developed by the state department to compensate providers who provide health care services.
Virtual Visits

- A Palo Alto Medical Foundation study found that for every $1 employers invested in virtual visits, a $4.50 savings resulted.
- There are many vendors from which employers, insurance plans and physicians may select.
- While several insurance companies will reimburse physicians, Medicare has not yet begun to reimburse physicians for virtual visits.
e-Health Reimbursement

- Popular e-visit vendors include:
  - ✓ Medfusion (Texas)
  - ✓ Epic Systems Corporation (Wisconsin)
  - ✓ RelayHealth (Seattle)

- RelayHealth reimburses physicians $30 for reviewing the answers patients provide in an online interview
  - ✓ Represents about 40% of usual reimbursement for a Level 3 office visit
e-Health Reimbursement (cont.)

- Cigna HealthCare reports that it reimburses physicians that use RelayHealth an estimated $50 per visit. Physicians reimbursed are located in:
  - Arizona
  - California
  - New York City tri-state area

- Wellpoint completed a pilot study in Denver, and has two additional pilots in New York and Indiana
  - Standard reimbursement is $25 for physicians
Questions & Discussion
Bringing the Management of Behavioral Health & Social Services Into Focus

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Questions for Panelist

- What was the process to locate your funding source?
- How did you target the equipment that would best serve your organization?
- What pre-work was needed prior to the exchange of information between sites? What challenges did you face?
  - ✓ Data uploads
  - ✓ Sync up terminology
- What was the initial reaction of clients when this service was first introduced? How did you communicate the change to clients?