IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE FOR RURAL CONSUMERS

How Telepsychiatry is Closing the Gap

Samir Malik
ABOUT GENOA HEALTHCARE TELEPSYCHIATRY
## ABOUT GENOA HEALTHCARE

<table>
<thead>
<tr>
<th>PHARMACIES</th>
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</thead>
<tbody>
<tr>
<td>• 450+ pharmacies located in community mental health centers</td>
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<tr>
<td>• Serve those with serious and persistent mental illnesses and addictions</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TELEPSYCHIATRY</th>
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<tbody>
<tr>
<td>• 350+ psychiatrists</td>
</tr>
<tr>
<td>• Build sustainable telepsychiatry programs for community mental health</td>
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<tr>
<td>centers in underserved communities across the U.S.</td>
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<table>
<thead>
<tr>
<th>MEDICATION MANAGEMENT SOLUTIONS</th>
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<tbody>
<tr>
<td>• Provide comprehensive medication management services to members of</td>
</tr>
<tr>
<td>health plans with complex health issues</td>
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</tbody>
</table>
ABOUT GENOA HEALTHCARE
Genoa Healthcare Pharmacy Services Improve Adherence

• Physically on-site within CMHCs
• Refill management
• Fill all prescriptions from any doctor
• Pre-filled pill organizer customized to consumers’ needs
• Delivery/mail
• Prior authorization management
TELEPSYCHIATRY THAT BUILDS YOUR TEAM

We help clinic partners...

- Hire Psychiatrists & APRNs selectively
- Reduce client wait times to days, not months
- Operate telepsychiatry sustainably
- Manage costs
OUR FOOTPRINT

The nation's largest outpatient telepsychiatry community

3,500+
Psychiatrists and APRNs in our community

150,000+
Client encounters annually

100+
Sites currently being served

Programs in 35+ STATES
HOW TELEPSYCHIATRY IMPROVES PATIENT OUTCOMES
WHY TELEPSYCHIATRY IS A POWERFUL TOOL FOR SPMI

The shortage of resources for mental health providers is particularly acute for patients in rural communities:

- **65%** of rural communities lack direct access to behavioral healthcare.
- **1/5th** of the U.S. population lives in a rural area.
- **1/5th** of rural dwellers have a mental illness.
- **6.5 million** people in need of mental healthcare don’t have access to psychiatrists.
MISSOURI’S MHPSA LANDSCAPE

The mental health professionals shortage is especially acute in Missouri

- In Missouri, approx. 19% of adults have a mental illness.
- Only 43.5% of adults with mental illness receive treatment due to the state’s shortage of providers.
- 98 of Missouri’s 101 rural counties are designated by the HRSA as mental health professional shortage areas (MHPSAs)
Genoa Healthcare’s New Peer-Reviewed Study

Increasing Access to Rural Mental Health Care Using Hybrid Care That Includes Telepsychiatry

- Genoa Healthcare recently co-authored a peer-reviewed study published in the American Psychological Association’s Journal of Rural Mental Health
- The study analyzed data from 242 Medicaid patients ages 18-64 being treated with a hybrid of in-person outpatient visits and telepsychiatry visits and a control group with only in-person visits in community mental health centers in Missouri
- The patients were seen after a hospitalization or an ED visit for SMI care or substance use
- Diagnosis & demographic differences between the study and control population were not statistically meaningful

### Comparison of Treatment and Control Across Matching Variables

<table>
<thead>
<tr>
<th>Matching Characteristics</th>
<th>Intervention (n=62)</th>
<th>Control (n=180)</th>
<th>Net Difference</th>
<th>% Difference (Absolute Value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>Average 38.2</td>
<td>Average 39.0</td>
<td>0.8</td>
<td>2.2%</td>
</tr>
<tr>
<td>Female</td>
<td>47%</td>
<td>53%</td>
<td>-6%</td>
<td>11.4%</td>
</tr>
<tr>
<td>SMI</td>
<td>80.7%</td>
<td>84.4%</td>
<td>-3.7%</td>
<td>4.5%</td>
</tr>
<tr>
<td>ADHD</td>
<td>11.3%</td>
<td>12.8%</td>
<td>1.5%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>53.2%</td>
<td>61.7%</td>
<td>-8.4%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>59.7%</td>
<td>42.8%</td>
<td>16.4%</td>
<td>39.5%</td>
</tr>
<tr>
<td>Dementia</td>
<td>6.5%</td>
<td>7.2%</td>
<td>-0.8%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Depression</td>
<td>56.6%</td>
<td>61.1%</td>
<td>-4.7%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Developmental Disorder</td>
<td>3.2%</td>
<td>7.8%</td>
<td>-4.6%</td>
<td>58.5%</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>19.4%</td>
<td>15.0%</td>
<td>-4.4%</td>
<td>29.0%</td>
</tr>
<tr>
<td>PTSD</td>
<td>46.8%</td>
<td>42.2%</td>
<td>-4.6%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Schizophrenia or Psychosis</td>
<td>32.3%</td>
<td>35.0%</td>
<td>-2.7%</td>
<td>7.8%</td>
</tr>
<tr>
<td>IDD</td>
<td>3.2%</td>
<td>7.8%</td>
<td>-4.6%</td>
<td>58.5%</td>
</tr>
<tr>
<td>Other</td>
<td>54.8%</td>
<td>65.6%</td>
<td>-10.7%</td>
<td>16.3%</td>
</tr>
<tr>
<td>CCI Score</td>
<td>1.94</td>
<td>1.91</td>
<td>0.0</td>
<td>1.3%</td>
</tr>
<tr>
<td>CDPS Score Prospective</td>
<td>2.94</td>
<td>2.63</td>
<td>0.3</td>
<td>11.7%</td>
</tr>
<tr>
<td>CDPS Score Concurrent</td>
<td>4.12</td>
<td>3.46</td>
<td>0.7</td>
<td>18.9%</td>
</tr>
</tbody>
</table>
The study found that patients with hybrid telepsychiatry plus in-person visits had improved timeliness of care and increased number of total outpatient encounters.
KEY FINDINGS SHOWING IMPROVED PATIENT OUTCOMES

Patients in rural communities who had access to telepsychiatry were seen:

- 7 days faster
- 34% more likely to be seen 1x/month

*APA Journal of Rural Mental Health, Vol 43(1), Jan 2019, 30-37
STRATEGIES FOR SUSTAINABLE TELEPSYCHIATRY PROGRAMS
COORDINATED CARE

Coordination care between pharmacy, clinical care teams, and telepsychiatry providers most meaningfully delivers improved patient outcomes.
REIMBURSEMENT

Each session performed generates two billable codes:

**PHYSICIAN SERVICES**

OUTPATIENT CPT CODES (992XX)
NPI: Physician

Most payors reimburse at the same rate for online and off-line psychiatry

**TELEMEDICINE BONUS**

ORIGINATING SITE FEE (Q3014)
NPI: Facility

Up to $25+ per client encounter for Medicaid in 27+ states and in Medicare in rural HPSAs
MATCHING
Robust telepsychiatry matching processes that identify the right clinical and cultural fit between telepsychiatry provider and clinic ensures best outcomes for patients

1. Identify providers in the Genoa community
2. Search for clinical and cultural fit
3. Conduct phone & video interviews
4. Matching Call for provider and clinic to meet
5. It's a match!
ONBOARDING PROCESS
Onboarding best practices help optimize telepsychiatry program management and sustainability

1 - 2 WEEKS
KICK-OFF CALL

4 - 12 WEEKS
CREDENTIALING & PRIVILEGING

1 - 2 WEEKS
ESTABLISH NORMS & WORKFLOW

1 WEEK
TRAINING & DRY RUN

GO LIVE! 7-12 WEEKS
THE TECHNOLOGY
All facilities need to set up is:

HARDWARE
- Computer
- Built-in camera & speaker

SOFTWARE
- 5Mbps internet
- Browser
UNDERSTANDING METHODS FOR ASSESSING PROGRAM PERFORMANCE
PATIENT INCENTIVES

85% of all visits are follow ups
Patient accounts by # of appointments made

Patients average 5 visits during treatment
Total appointments by sequence of visit
Physicians & APRNs typically start small with our platform, and continue to add hours as they recognize the benefits:
- Guaranteed pay
- Working from home
- Flexible hours
- Incremental revenue
- Mission-driven practice expansion
CLINICAL INCENTIVES

- 25% Reduction in bed days
- 19% Reduction in hospital admissions
- 25% Total utilization reduction for depression
Q&A

Case Studies to share from the audience?

Experiences to the contrary?

Concerns about regulation, reimbursement or process?
THANK YOU!