How Telemedicine is Changing Mental Health Treatment

Presenter: Vimarsh Raina, M.D.

Disclaimer

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- I have no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this presentation. For the sake of simplicity & explanation I will take names of some common products or services.
- I will not discuss any specific project or plans of my organization.

Learning Objectives

- Understand that Technology in Medicine is evolving rapidly with the use of Telemedicine.
- How COVID19 has changed the Behavioral Health Landscape.
- How Telemedicine is being used in areas of Mental Health Illness and Substance Use Disorders.
- Regulatory Changes.
- Barriers in the use of Telemedicine in Mental Health Treatment.

Telemedicine vs Telehealth

Telemedicine includes a variety of tools and platforms allowing clinicians to connect with one another as well as to connect with patients.

- Synchronous(live audio and video)
- Asynchronous(text, photo exchange, patient portals, website chat)

Telehealth?
- Sometimes used interchangeably with Telemedicine
- Includes data collection by gadgets e.g. Smartwatches, Smart Gadgets

Why Telemedicine?

- Shortage of providers, especially specialists
- Reduce windshield time for providers & patients
- Patients who face mobility barriers & assistance with transportation to the doctor's office
- Patients who need close follow up, Lifestyle management, Addiction management
- Urgent care for minor illnesses e.g. Rash, UTI
- Social Stigmas
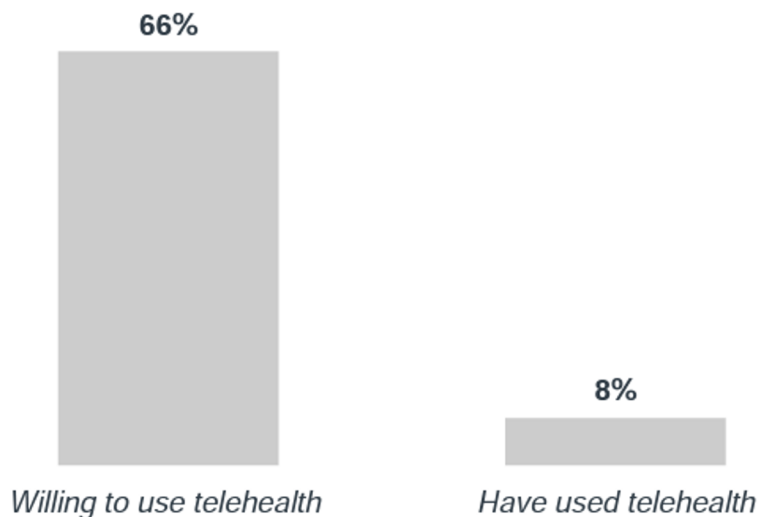- COVID19! (Social Distancing, PPE)

Pre-Covid-19 disconnection between interest and use

Nearly 7 in 10 were interested in telehealth, but fewer than 1 in 10 had tried it

Percentages of consumers who are willing to and have used telehealth, 2019

66%

8%

Willing to use telehealth

Have used telehealth

DATA SPOTLIGHT

Providers failed to effectively promote telehealth offerings

23%   Internal/family physicians who provided video visits

6%   Consumers who said their doctor offered telehealth services

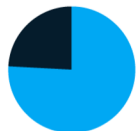# How has COVID-19 changed the outlook for telehealth?

1 Consumer

Shift from:

11% use of telehealth in 2019

To:

76% now interested in using telehealth going forward

While the surge in telehealth has been driven by the immediate goal to avoid exposure to COVID-19, with more than 70 percent of in-person visits cancelled,[1] 76 percent of survey respondents indicated they were highly or moderately likely to use telehealth going forward,[2] and 74 percent of telehealth users reported high satisfaction.[3]

2 Provider

Health systems, independent practices, behavioral health providers, and others rapidly scaled telehealth offerings to fill the gap between need and cancelled in-person care, and are reporting

50–175x the number of telehealth visits pre-COVID.[4]

In addition, **57%** of providers view telehealth more favorably than they did before COVID-19 and **64%** are more comfortable using it.[5]

3 Regulatory

Types of services available for telehealth have greatly expanded, with the Centers for Medicare & Medicaid Services (CMS) temporarily approving more than

80 new services

and lifting restrictions on originating site, allowing Medicare Advantage plans to conduct risk assessments via telehealth, and adding other regulatory flexibilities to increase access to virtual care.[6]

Advantages in a Pandemic

- Social Distancing
- Prevent Patient Exposure
- Prevent HCP Exposure
- Screen Patients
- Distribute Patient load
- Reduce Child Care Costs
- Evaluation of Home Environment

Covid-19 accelerates telehealth adoption

Unprecedented levels of consumer interest and clinician adoption

50-175x

Average increase in number of telehealth visits across providers compared to pre-Covid levels

Blue Cross Blue Shield of Massachusetts

3,500% Increase in telehealth claims between February and March 2020

NYU Langone Health

1,300 Number of providers added to expanded telehealth platform

4,345% Growth in non-urgent telehealth visits from early March to mid-April

Sources: Drees J, "NYU Langone Health Adds 1,300 Providers to Telemedicine Platform," *Becker's Healthcare*, March 2020, https://www.beckershospitalreview.com/telehealth/nyu-langone-health-adds-1-300-providers-to-telemedicine-platform.html; "Blue Cross Blue Shield of Massachusetts Telehealth Claims Skyrocket During Coronavirus Pandemic," *PRNewswire*, April 2020, https://www.prnewswire.com/news-releases/blue-cross-blue-shield-of-massachusetts-telehealth-claims-skyrocket-during-coronavirus-pandemic-301039447.html; Bestsennyy O, et al., "Telehealth: A Quarter-Trillion-Dollar Post-Covid-19 Reality?" McKinsey and Company, May 2020, https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality.

Covid19 Scramble

1. What video softwares to use
2. Does my patient have a smartphone/internet
3. Does my patient have a phone!
4. Can I bill video visits
5. How do I coordinate with other providers
6. Workflow!
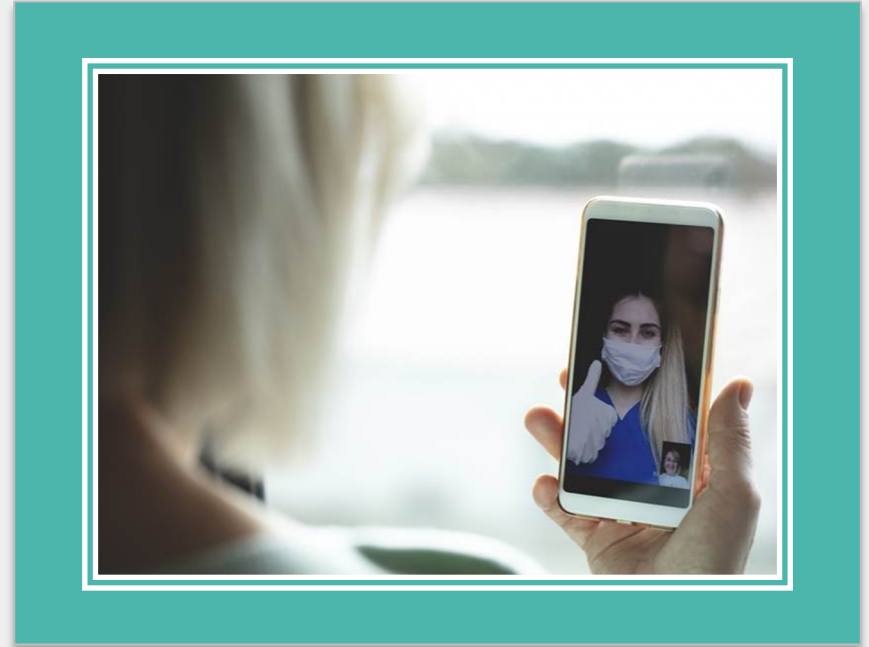
Telemedicine Video Platforms

HIPAA Compliant

1. Doxy.me
2. Doximity
3. Skype for Business
4. Google G Suite Hangouts
5. AmWell
6. TelaDoc
7. VSee
8. Zoom

non-HIPAA Compliant

1. Facetime
2. Skype
3. Whatsapp
4. Facebook Messenger Video
5. Google Hangouts

Emulate an In-person Encounter

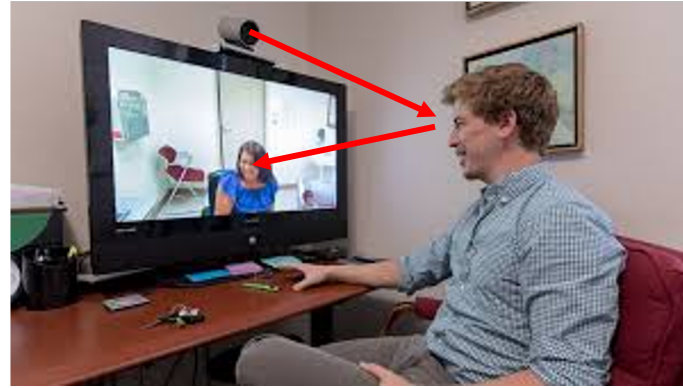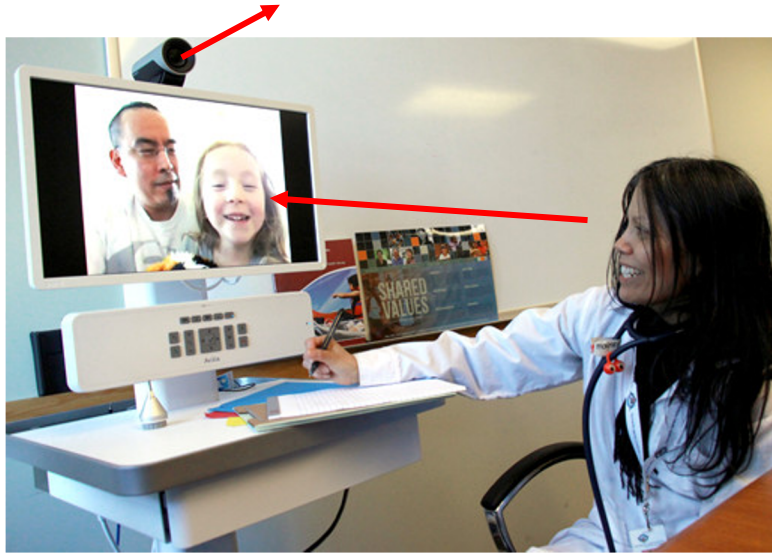- View and place the screen as a "window"

Kim Ryu

Place Your Image at the Top, Near the Camera

- Producing the illusion of "eye contact"
  a. Camera directly over face
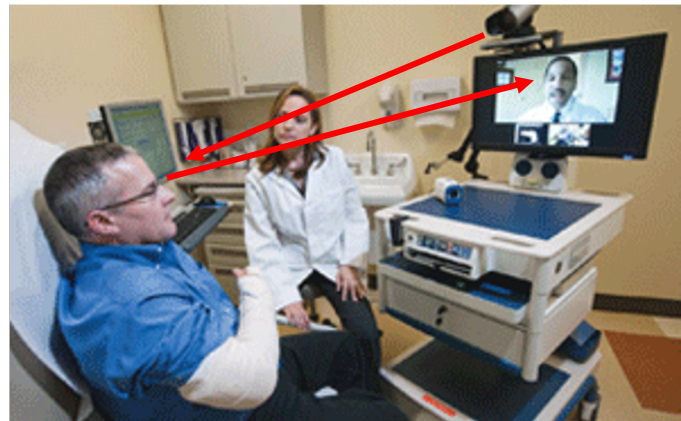 b. Video image directly under the camera
  c. Minimize the separation

  "Lower the camera; raise the image"

Camera Location and Stability

Align the Screen with the Top of Your Head
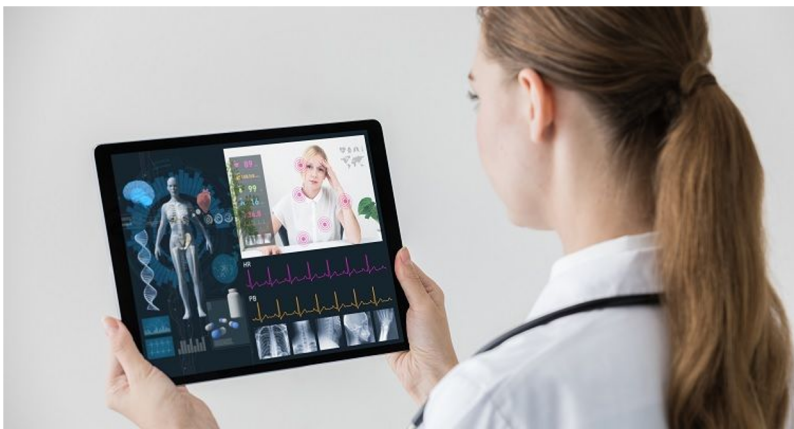
Ghost Docs!
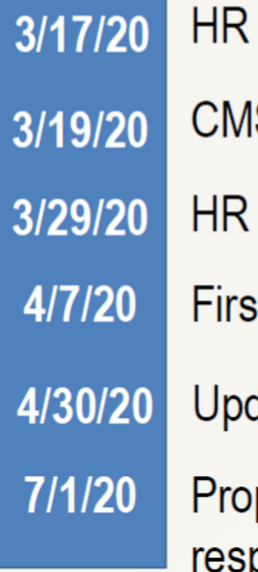
Opening/Structuring Scripts

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?

Regulatory Change

TIMELINE

Brief timeline of some of the changes made in telehealth policy in response to COVID-19

Date	Event
3/17/20	HR 6074 – Geographic/Site limitations waived
3/19/20	CMS Guidance on HIPAA
3/29/20	HR 748 – Expanded list of eligible providers & Interim Rule from CMS
4/7/20	First CMS Guidance for FQHCs/RHCs issued
4/30/20	Updated CMS Guidance for FQHCs/RHCs issued
7/1/20	Proposed regulations to make permanent home health telehealth changes made in response to COVID-19

Medicare drops barriers to telehealth

Restrictions lifted on where, how, and with whom patients can access virtual care

Changes to Medicare telehealth

Patients can access telehealth from home
Originating site requirement now includes homes and any health care facility

Telehealth visits can use smartphones
Phones with audio/video capabilities and "everyday" platforms like FaceTime and Skype are eligible

Audio-only visits are reimbursable
CMS added behavioral and patient education services and some evaluation and management services to the list of services eligible as audio-only visits

New patients can get telehealth visits
HHS won't audit to confirm an existing relationship between patient and provider

Providers can reduce or waive cost-sharing
No penalty for limiting or eliminating co-pays or deductibles

All providers are eligible to use telehealth
All health care professionals eligible to bill Medicare for their professional services can now use telehealth

US TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

Regulatory Flexibility due to COVID-19 and PHE

- **CMS/Medicare/Medicaid**
  - Expanded codes, originating sites, providers, and methods
  - E&M Codes
- **Commercial Payers**
  - Vary by plan, but most following Medicare
- **Platforms**
  - HIPAA not being enforced - use any reasonably private platform
  - Audio-only OK
- **Consent**
  - Verbal consent at time of first visit
  - Cost sharing waivers

Broad exposure improves perceptions of telehealth

Patients and providers increasingly satisfied with telehealth visits

Patients approve of quality of telehealth interactions

74%

Of telehealth users report **high satisfaction**

Patients **overwhelmingly positive** about the quality of virtual interactions with their care providers

Firsthand experience warms more providers to telehealth

57%

Of providers view telehealth **more favorably** than they did before Covid-19

64%

Of providers are **more comfortable** using telehealth than before Covid-19

The money keeps pouring in
Valuations and expectations rise for telehealth companies

Telehealth funds raised in 2020

Total Q1 telehealth = **$788 million**, up 1,818% from 2019

Total Q1 RPM[1] = **$142 million**, up 168% from 2019

Biggest fundraising rounds in 2020:

- Amwell: $194M Series C
- TytoCare: $53M Series C
- K Health: $48M
- 98point6: $43M Series D
- Doctor Anywhere: $27M Series B
- SonderMind: $27M Series B
- Medici: $24M Series B
- Bright.md: $8M Series C
- SteadyMD: $6M Series A

1. Remote patient monitoring.
2. Through June 5, 2020.

Investors are enthusiastic for telehealth—even in a weak market

101%
YTD increase in **Teladoc** valuation[1]

Amwell files for IPO

1%
YTD decline in **S&P 500**[2]

DATA SPOTLIGHT

$250 billion
US health care spending that could be virtualized

Source: "Telehealth Companies Lead Digital Health to Record VC Funding in Q1 2020 with $3.6 Billion," Mercom Capital Group, April 13, 2020; Landi H, "Telemedicine companies see funding boom of $788M in Q1," *Fierce Healthcare*, April 14, 2020; Lovett L, "Amwell scores $194M, as telehealth business booms during coronavirus pandemic," *mobihealth news*, May 20, 2020; Pifer R, "Amwell files for IPO," *Healthcare Dive*, June 5, 2020; "Telehealth: A Quarter-Trillion-Dollar Post-Covid-19 Reality?" McKinsey and Company, May 2020; Google Finance.
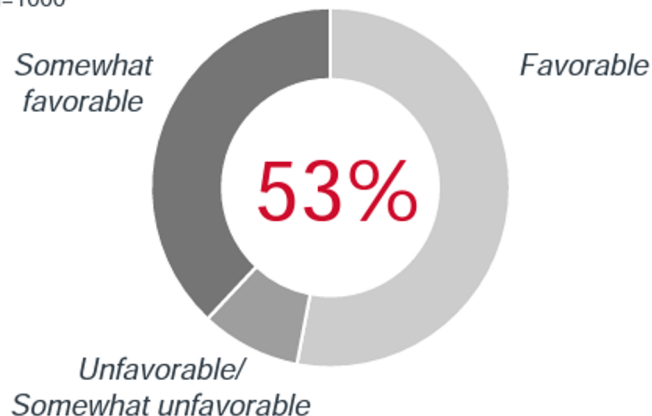
Will seniors take to telehealth?

Those who use telehealth like it and will use it again, but few have tried it—yet

MA[1] seniors rank telehealth experience as favorable

Better Medicare Alliance and Morning Consult survey

n=1000

Somewhat favorable

Favorable

53%

Unfavorable/
Somewhat unfavorable

78% Of those who have used telehealth are **likely to use a telehealth service again** in the future

Majority of seniors are still not using telehealth even if they have access to it

66 **24% of seniors on Medicare Advantage have used telehealth services** during the coronavirus to receive health care."
– Better Medicare Alliance

66 **81% of consumers age 55 to 64 and 84% of consumers age 65+** who have access to telehealth have not had a virtual/telemedicine visit."
– Sage Growth Partners

Sources: "As The Country Reopens, Safety Concerns Rise," Sage Growth Partners, May 2020, http://go.sage-growth.com/covid-19-market-report; "POLL: Seniors Give Telehealth High Marks; Medicare Advantage Satisfaction Smashes New Record," Better Medicare Alliance, May 2020, https://www.bettermedicarealliance.org/newsroom/press-releases/poll-seniors-give-telehealth-high-marks-medicare-advantage-satisfaction.

1. Medicare Advantage

Telemedicine & Behavioral Health

Presence of behavioral health (BH) diagnosis and corresponding healthcare spend in the United States

US insured population
millions

294

Individuals with a BH diagnosis[2]

23%

No BH diagnosis

77%

Members

Non-consumer healthcare spending[1]
$, billions

2,051

7% Spend on BH services[3]

53% Spend on other medical services for those with a BH diagnosis

40% All spend for individuals without a BH diagnosis

Healthcare spend
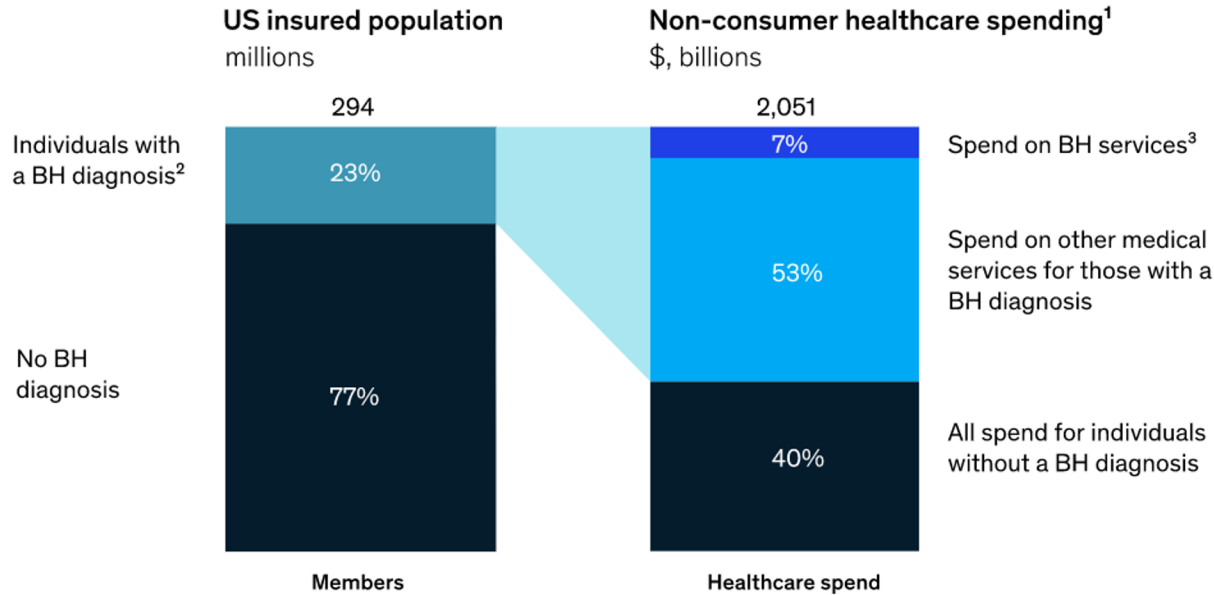
[1] Payer-paid amount measures on medical and pharmacy claims (excludes copays, deductibles, or out-of-pocket payments).
[2] One or more medical claims with a primary or secondary diagnosis of any behavioral health condition.
[3] Includes claims with a primary diagnosis of a BH condition, as well as CPT, HCPCS, and NDC codes specific to behavioral health.
Note: Certain data used in this study were supplied by International Business Machines Corporation. Any analysis, interpretation, or conclusion based on these data is solely that of the authors and not International Business Machines Corporation.
Source: Analysis includes claims data from the Medicare FFS Limited Data Set from the Centers for Medicare & Medicaid Services, deidentified Medicaid data, and the International Business Machines Corporation's Truven MarketScan Commercial Database.

The Opioid Epidemic - Progress had been made!

JANUARY 2020
Inflection Point

- Heroin overdose deaths plateauing
- ED visits steadily declining
- SUPPORT Act funding for services
- Opioid prescriptions reduced
- Narcan rescue access increased

Drug Overdose Deaths

Legend:
- Opioids
- Synthetic opioids (excluding methadone)

Y-axis: Number of Deaths — 10,000; 20,000; 30,000; 40,000; 50,000
X-axis: Jan 2015, Jan 2016, Jan 2017, Jan 2018, Jan 2019
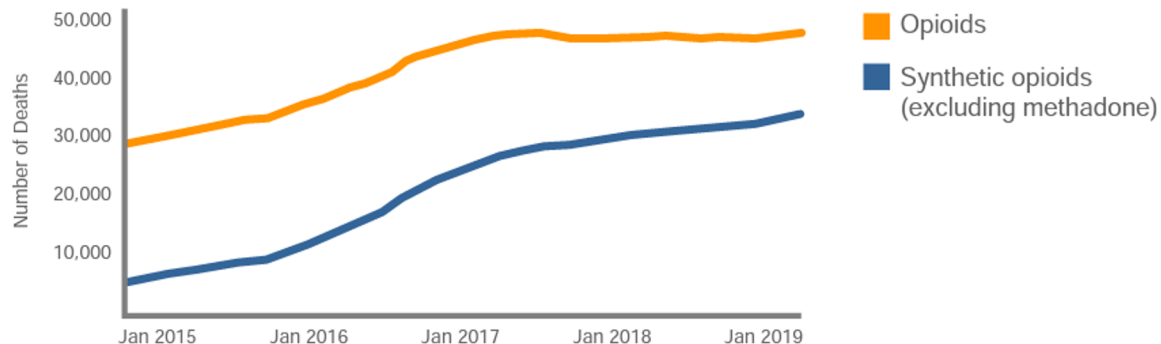
Source: Ahmad FB et al. *Provisional Drug Overdose Death Counts.* National Center for Health Statistics. 2020.

Pandemic Imposes Heavy Toll on Mental Health

13.3%
Unemployment rate

27 Million
people lost
employer-sponsored insurance.

45%
of adults report
feeling depressed.
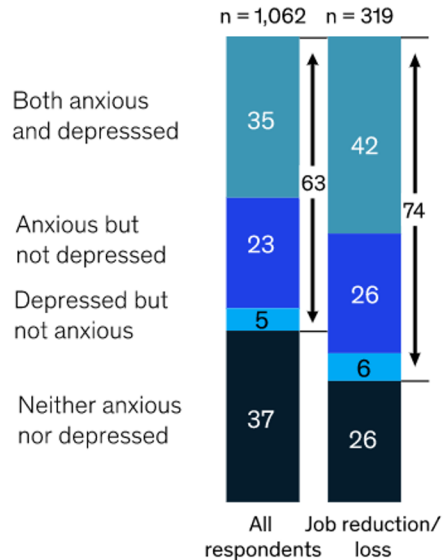
34%
Antianxiety
prescriptions

891%
National crisis
helpline volume

Note: Crisis helpline volume includes calls to the Substance Abuse and Mental Health Services Administration National Helpline. **Sources:** US Bureau of Labor Statistics. *Employment Situation Summary.* June 5, 2020; Pifer R. 27M Americans may have lost job-based health insurance due to CVID-19 downturn. *Healthcare Dive.* May 13, 2020; Panchal N. *The Implications of COVID-19 for Mental Health and Substance Use.* KFF. April 21, 2020; Jackson, A. A crisis mental-health hotline has seen an 891% spike in calls. *CNN.* April 10, 2020; Express Scripts. *America's State of Mind Report.* April 16, 2020.

Reported signs of distress related to COVID-19 in the United States

Respondents reporting feeling anxious or depressed in past week
% of respondents

	n = 1,062	n = 319
Both anxious and depressed	35	42
Anxious but not depressed	23	26
Depressed but not anxious	5	6
Neither anxious nor depressed	37	26
	All respondents	Job reduction/ loss

63 (All respondents)
74 (Job reduction/loss)

Respondents' reported level of distress related to COVID-19
% of respondents

	n = 1,062	n = 319
High distress	27	34
Moderate distress	53	53
Minimal or no distress	20	13
	All respondents	Job reduction/ loss
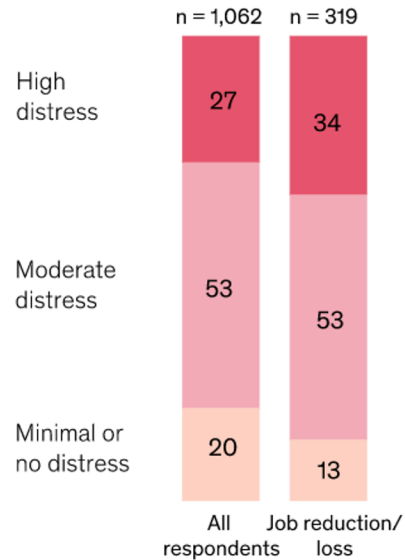
Respondents' levels of reported substance use

1 out of 4 reported **binge drinking*** at least once in the past week

1 out of 5 reported taking **prescription drugs** for non-medical reasons

1 out of 7 reported using **illicit drugs**

* As defined by National Institute on Alcohol Abuse and Alcoholism, >=5 drinks for men and >=4 drinks for women

QFEEL1. Over the past week have you felt anxious?
QFEEL2. Over the past week have you felt depressed?
QFEEL2a. Please indicate your level of distress related to the Coronavirus/COVID-19 pandemic (10-point scale from least distressed to most distressed. "High" is 8–10, "Moderate" is 4–7, and "Low" is 1–3).
QEMP5. Since the Coronavirus/COVID-19 began impacting the US, has the number of hours you have worked increased, decreased, or stayed the same?

Source: McKinsey COVID-19 Consumer Survey, 3/29/2020

Projected Increase in Lives Lost to Suicide with Increases in Unemployment Rates
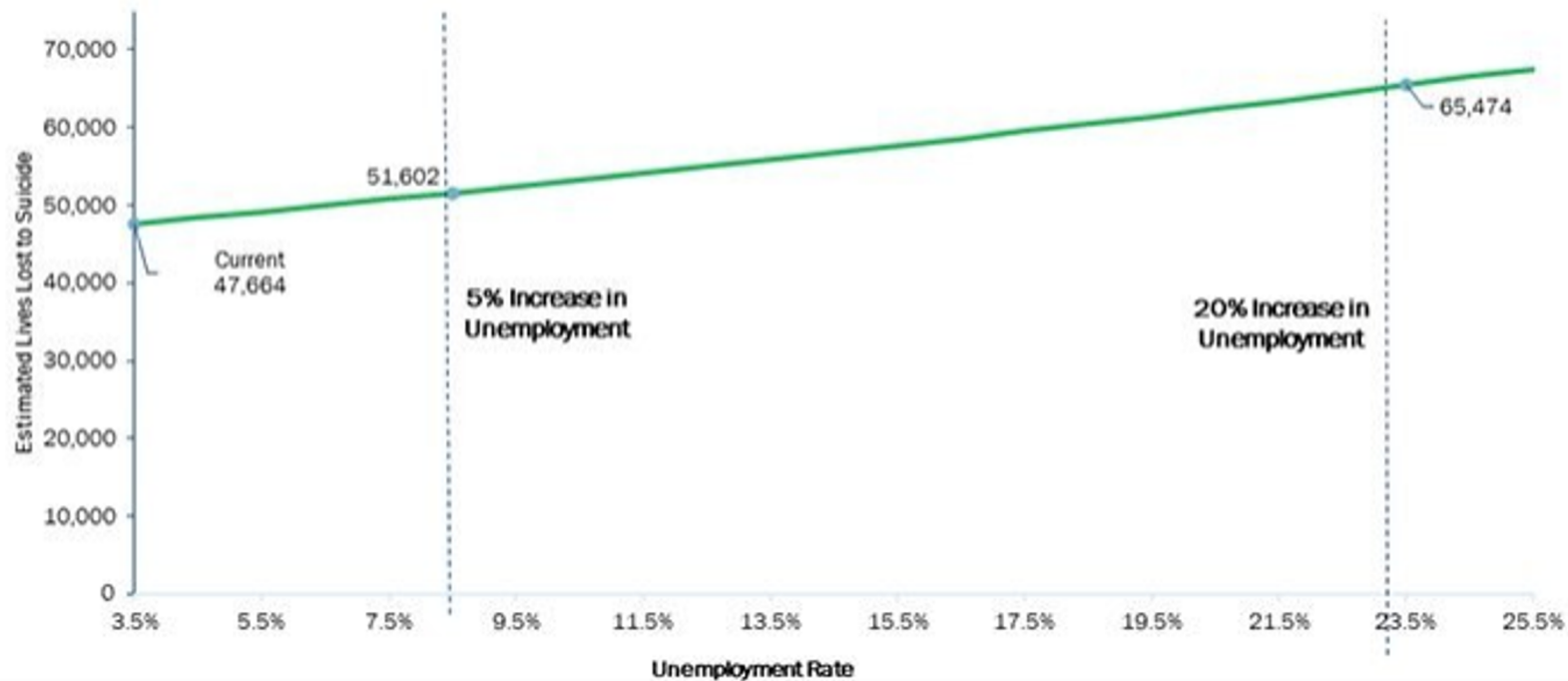
Projected Increase in Drug Overdose Related Deaths with Increases in Unemployment Rates
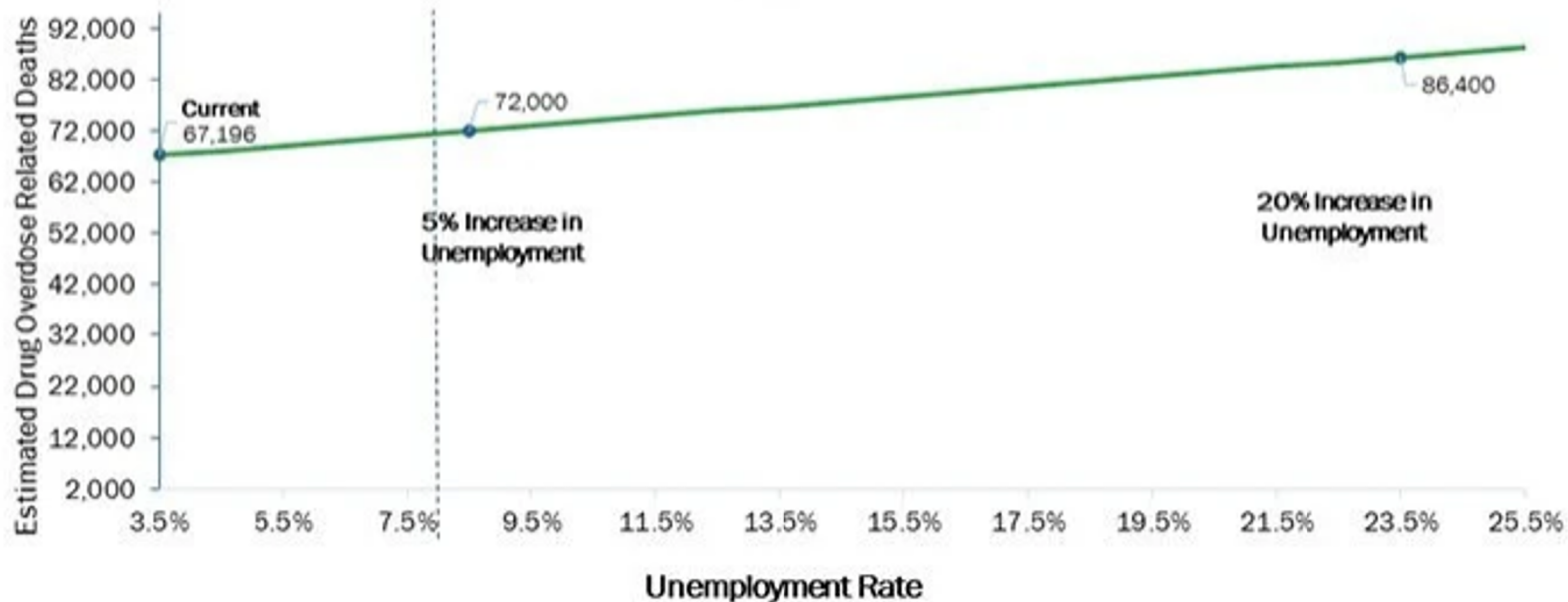
Telehealth for Opioid Use Disorder(OUD) Medication Assisted Treatment(MAT) Tele-MAT

Approx. 50,000 deaths from opioid overdose occur each year in the US

The prevalence of heroin use is increasing

More than 2 million people with an opioid use disorder (OUD) need treatment

Less than 20% receive effective medications

88.6% of rural counties lack adequate access to medication-assisted treatment programs

3/16/2020 (Updated 3/19/2020)

Opioid Treatment Program (OTP) Guidance

SAMHSA recognizes the evolving issues surrounding COVID-19 and the emerging needs OTPs continue to face.

SAMHSA affirms its commitment to supporting OTPs in any way possible during this time. As such, we are expanding our previous guidance to provide increased flexibility.

FOR ALL STATES

The state may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder.

The state may request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.

SAMHSA

Flexibility for Take Home Medication for OTPs (SAMHSA)

OTP to receive 28 days of take-home doses of the patient's medication for opioid use disorder.

Up to 14 days of take-home medication for those patients who are less stable but who the OTP believes can safely handle this level of take-home medication.

SAMHSA issued a set of FAQs clarifying how telehealth can be used for patients being treated in OTPs

Flexibility for Prescribing Controlled Substances via Telehealth (SAMHSA/DEA)

DEA will exempt prescribers from having to obtain additional licenses for each state in which they are prescribing

Compliance with Addiction Treatment Confidentiality Regulations – 42 CFR Part 2 - PHI can be released without patient consent

Home Environment Assessment

TeleMental Health in the Hospital Setting

1. Tele-Behavioral Health Consults for In-patients
2. Tele-Behavioral Health Admissions for Tele-Psych Units
3. Tele-Behavioral Health Consults for the EDs

Reduced turnaround time

Reduced occupied beds in the Hospitals

Avoiding lengthy transfers & referrals to Psych Units

Decreased Use of Sitters

Not all patients are benefiting from telehealth

Underserved populations also struggle to access care virtually

Telehealth use by income level shows disparity in access to virtual care

Percentage who had a telehealth visit

28% | 30% | 38% | 56% | 65%

- ■ Less than $25K
- ■ $25-50K
- ■ $50-100K
- ■ $100-200K
- ■ More than $200K
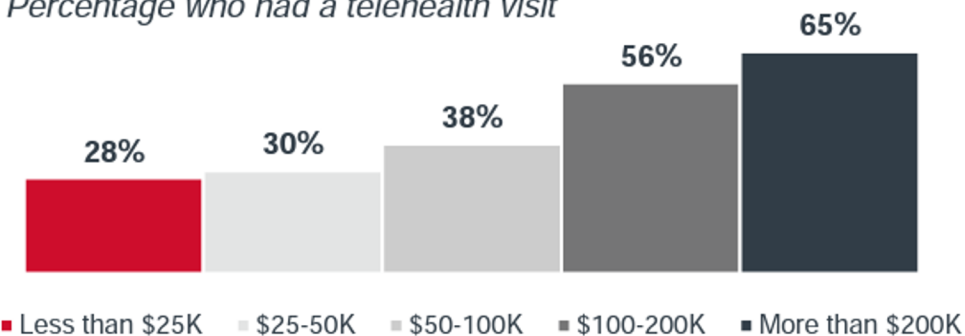
DATA SPOTLIGHT

21 million
Americans lack access to **high speed internet**

162 million
Americans not using **broadband** speed

Ways to improve access

Access to devices

- Help patients obtain devices
- Notify patients of subsidized broadband access
- Find creative alternatives

Digital literacy

- Provide tutorials
- Set up walk-through trainings
- Proactively reach out to underserved populations

Broadband connection

- Advocate for change at the local, state, and federal levels to fund equipment, connectivity, and reimbursement parity

Source: "Medicare Advantage Satisfaction Smashes New Record," Better Medicare Alliance, May 2020; "Addressing Equity in Telemedicine for Chronic Disease Management During the Covid019 Pandemic," NEJM Catalyst, May 4, 2020; "FCC Reports Broadband Unavailable to 21.3 Million Americans, BroadbandNow Study Indicates 42 Million Do Not Have Access," BroadbandNow Research, February 2, 2020; "Nextlink Internet and Microsoft closing broadband gap in central US," Microsoft, September 18, 2019..

Association between income inequality and suicide rate in the United States

Suicide rate for working age adults vs income inequality
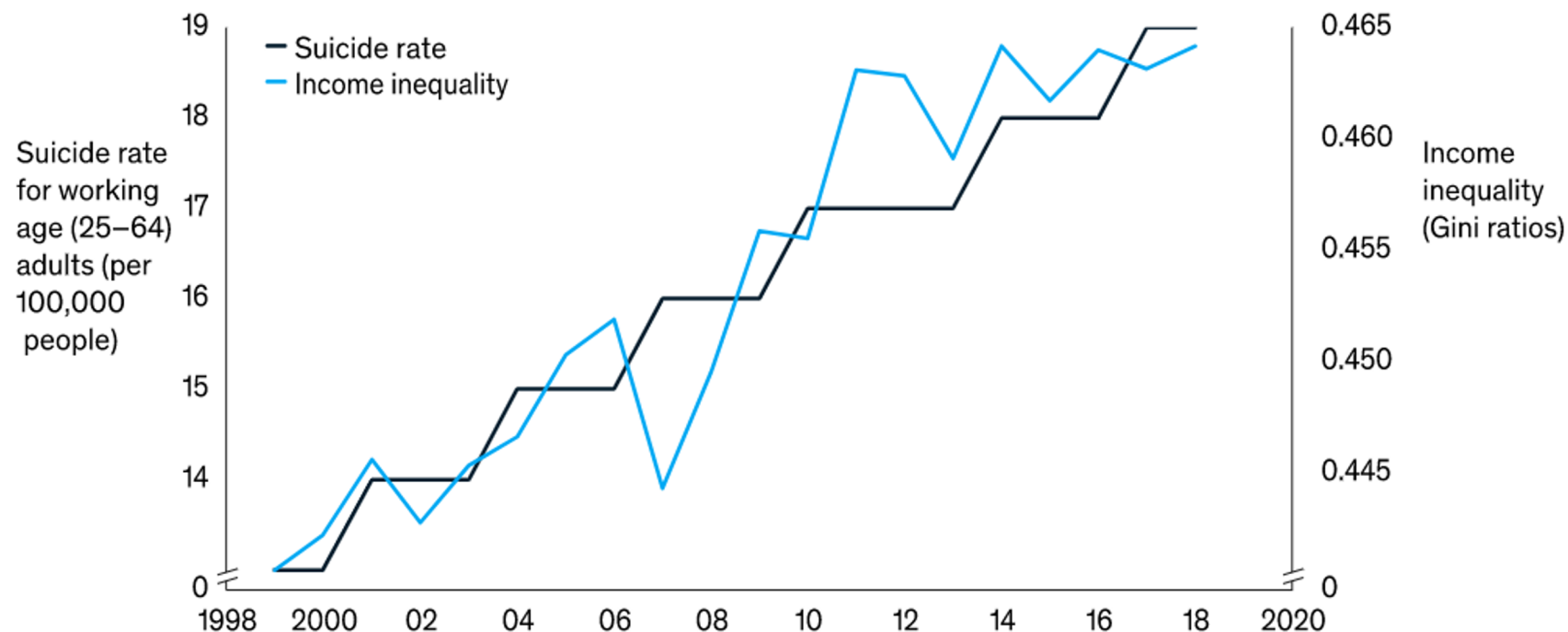
VA & Telemedicine

S.785 - Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

The bill includes a section on expanding telehealth capabilities and the provision of telehealth services to veterans through the Department of Veterans Affairs by awarding grants to organizations that represent or serve veterans, nonprofit organizations, private businesses, and other interested parties.

Institutional Factors

Institutional Factors
- Lack of funds
- Lack of training
- Lack of reimbursement
- Limited equipment availability
- Management support
- Capital expenditure of equipment
- Cost of ongoing technical support
- Lack of clear evidence base
- Cost of technology

Individual Factors

Individual Factors
- Lack of physicians' acceptance
- Concerns about lack of fitness
- Privacy and security concerns
- Skepticism about usefulness
- Concerns about losing face-to-face interaction
- Perceived threat to autonomy
- Habits of providers
- Concerns about adequacy of training

Telemedicine Adotpion

Technological Factors

Technological Factors
- Lack of data standards
- Lack of data security
- Technology performance
- Poor communication infrastructure
- Lack of data integration and Interoperability
- Lack of compatibility with other health care activities and technology
- Low quality of images and video

Regulatory Factors
- Physician licensure
- Equipment licensing and credentialing
- Lack of reimbursement
- Malpractice liability and legal fears
- Interstate licensure

Regulatory Factors

Telepsychiatry Across the Care Continuum

- Usual Scope of Practice
- Depression, Anxiety, Schizophrenia etc
- Psychotherapy

Barriers:

- Emergency Detentions(Chapter 51 Hold)
- Competency Evaluation(Tele-Competencies)

THANK YOU!

QUESTIONS?