COMMUNITY CENTER TELEMEDICINE AND TELEHEALTH SURVEY

Overview

The Texas Health and Human Services Commission (HHSC) is preparing a biennial report for the Texas Legislature on telemedicine and telehealth services. The report will highlight provider and client experiences with these services, and address the use of telecommunication technology to identify and treat mental health conditions. As part of this effort, HHSC asked the Texas Council of Community Centers to survey its members regarding these services.

The Texas Council received responses from all 39 Community Centers, representing providers in both urban and rural service areas. Respondents include a mix of Executive Directors, Chief Operating Officers, Medical Directors, and other Center staff.

Thirty-eight respondents provide psychiatric services through telemedicine (97%), and 13 provide counseling through telehealth (33%). Telemedicine and telehealth clients are generally Medicaid recipients or uninsured. In addition to contracting with HHSC and managed care organizations (MCOs) to provide Medicaid services, Community Centers provide mental health services for uninsured persons through Interlocal contracts with the Department of State Health Services (DSHS). These contracts address the mental health needs of "priority populations," including adults with severe and persistent mental illness[1] and children with serious emotional, behavioral, or mental health disorders.[2]

> ***Telemedicine Medical Service**: a health care service provided for purposes of: patient assessment by a health professional; diagnosis or consultation by a physician; treatment; or for the transfer or medical data. Must be initiated by a physician or health professional acting under physician delegation or supervision.*
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> ***Telehealth Service:** a health care service, other than a Telemedicine Medical Service, delivered by a licensed or certified health professional.*
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> ***Both Services:** require the use of advanced telecommunication technology (not including telephone or facsimile).*
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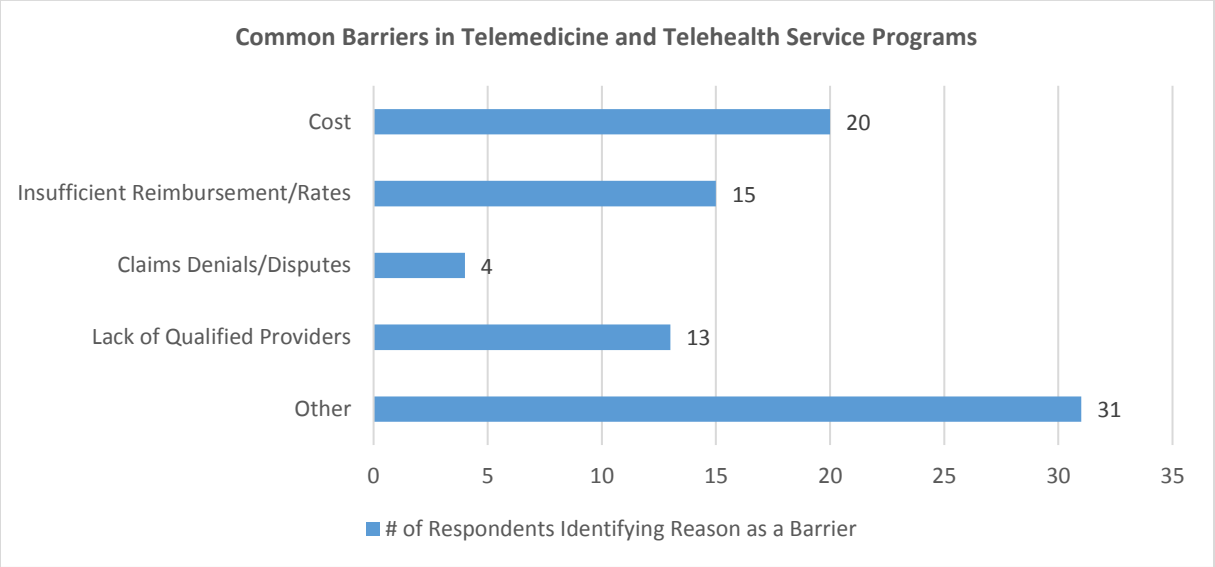
> *See 1 TAC § 354.1403*

Common Barriers in Telemedicine and Telehealth Service Programs

Many Centers indicate that telemedicine and telehealth are effective means of delivering mental health services, particularly in rural and other areas with provider workforce shortages. The technology increases client and provider convenience and satisfaction. Clients who might otherwise forego treatment are able to access specialty services more quickly and in their communities, often avoiding long commutes to distant provider sites. Telemedicine and telehealth also allows providers to shorten or eliminate travel time from their homes to offices, or between offices, resulting in increased efficiency and productivity.

Despite these benefits, most Centers identify challenges when starting or maintaining telemedicine and telehealth projects, as seen in the following chart.



Most commonly cited barriers are the high costs of providing services (51%) and insufficient reimbursement (38%). Respondents generally attribute high costs to hiring or contracting with qualified providers, developing technology infrastructure and electronic medical records, using external information technology (IT) support, and maintaining sufficient connectivity. Along similar lines, survey respondents often indicate that low Medicaid reimbursement rates create financial challenges. Several note that Medicaid's traditional fee-for-service and managed care rates are significantly lower than the hourly rates Centers pay contracted telemedicine providers, especially psychiatrists. In addition, some Centers identify barriers collecting fees from private insurers, who may choose not to contract for telemedicine and telehealth services.

A few Centers note barriers with Medicaid claims denials and disputes (10% of respondents), but most indicate they did not have ongoing problems with the state's traditional or managed care Medicaid programs. Given the high demand for and short supply of Medicaid-enrolled psychiatrists in Texas, a higher percentage of respondents identify a "lack of qualified providers" and workforce shortages as service barriers (33%). A large number of Centers note "other" barriers, including: Ryan Haight limitations on prescribing controlled substances, other federal and state restrictions, sporadic internet connectivity, challenges with audio and video quality in rural areas, inadequate external equipment, added scheduling and patient presenter costs, MCO prior authorization processes, provider turnover, and client no-shows.

> *"Initially, we had problems with staff efficiency and getting electronic medical records up to speed so that prescribers could quickly access needed information."* Andy Martin, Director of Essential Services, Helen Farabee Centers.

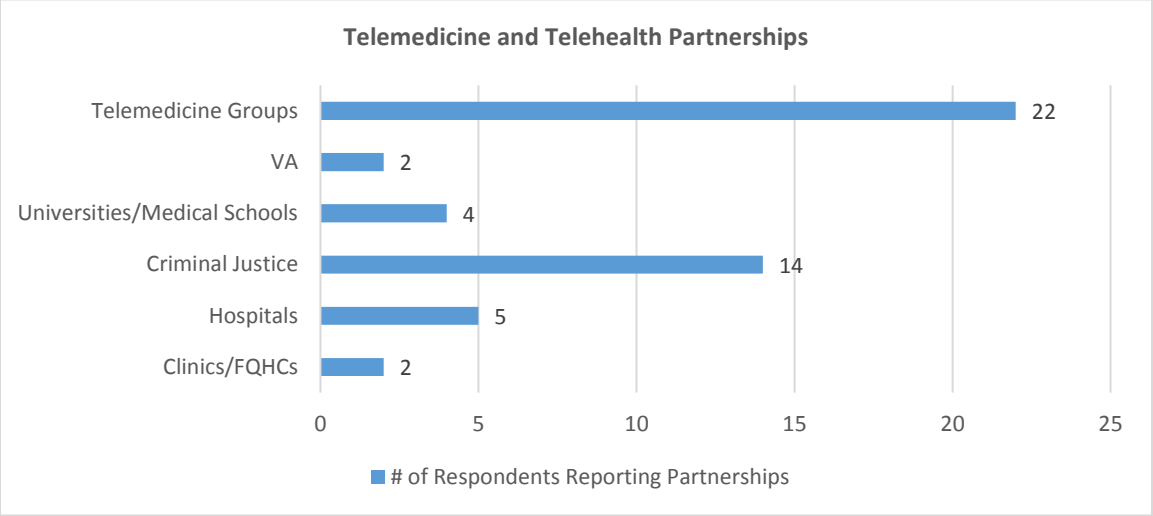
> *"We are obligated to pay providers' hourly rates, even if patients are no-shows."* Ashley Sandoval, Chief Operating Officer of Mental Health, Emergence Health Network.

> *"Frequent flooding in Navarro County creates outages with the local internet provider. This makes it difficult to provide quality connectivity and uninterrupted sessions."* Dan Corley, Director of Utilization Management and Authorizations, Lakes Regional Community Center.

"No barriers. We have had a telemedicine network in place since 2000 and our network now reaches regional clinics, hospitals, and jails." Mellisa Talley, Director of Information Services, Texas Panhandle Services.

Community Center Telemedicine and Telehealth Projects and Partnerships

As shown in the following chart, a majority of Centers (56%) report contracting with telemedicine practice groups, such as JSA Health Telepsychiatry and the East Texas Behavioral Healthcare Network, to expand access to psychiatric services. Over a third of the respondents (36%) have partnerships with county jails, sheriffs' departments, and halfway houses for intake assessments and diversion projects. Several report working with local universities, hospitals, and clinics to supply telemedicine and telehealth services to patients in crisis or in need of integrated physical and mental health care (28% combined). Finally, two Centers (5%) report partnerships with the Veterans Administration to provide mental health services through telecommunication technology.



Most Centers report serving a mix of Medicaid and uninsured populations, and to a lesser degree Medicare recipients and clients with private insurance. Ratios of Medicaid to uninsured clients vary based on geographic (urban vs. rural), economic (average community income, unemployment rate, etc.) and other factors; however, most Centers report serving a higher percentage of uninsured populations. The number of clients served also varies widely by project, ranging from a few hundreds to thousands of clients per year. Centers typically report serving more adults than children.

All respondents report favorable quality and quantity outcomes, including improved access to care, more frequent visits, less client no-shows, shorter client wait times, 24/7 access for clients in crisis, better coordination and continuity of care, and increased client and provider satisfaction.

Responses are mixed on whether telemedicine and telehealth programs generate cost savings. As described above, provider efficiency and travel costs improve, particularly in rural areas; however, savings are generally offset by low reimbursement rates and the high cost of contracting for outside health care providers, technology, connectivity, and IT support. Notably, several Centers that provide telemedicine and telehealth to community partners report cost savings for these partners (e.g. emergency room and jail diversions, reduced inmate transportation costs).

"Through telemedicine, we can provide access to care for individuals in our catchment who would normally be placed in an emergency room or sent to a psychiatric hospital." James Smith, Director of Mental Health Operations, Burke.

"Clients are now able to access needed psychiatric services during crisis episodes, without having to be transported hundreds of miles." Landon Sturdivant, Chief Operating Officer, West Texas Centers.

"Our Specialized Nurse Education Services project coordinates with our 1115 Integrated Care project… Nurses provide specialized training on medication management, diet, symptom management, exercise, tobacco cessation, and diabetes. A goal is to reduce emergency department visits, psychiatric inpatient stays and improve overall health for clients with comorbid conditions." Glenn Zengerle, Chief Business Services Officer, Gulf Bend Center.

"Ochiltree Hospital is a two hour drive from Amarillo. By placing a telemedicine unit in the hospital, we are able to serve clients in crisis much quicker. We anticipate a cost savings of $3,500 per month and we anticipate that the savings will increase." Mellisa Talley, Director of Information Services, Texas Panhandle Services.

"We're improving community safety. By providing telemedicine onsite at the Halfway Home, we have increased the client 'show rate' and while avoiding transport." Ashley Sandoval, Chief Operating Officer of Mental Health, Emergency Health Network.

"Individuals coming out of jails now have appointments at our Center upon release, which improves their post-release outcomes." Sylvia Cave, Chief Operations Officer, Texoma Community Center.

"We have experienced significant decrease in mileage reimbursement and costs associated with 'windshield' or travel time. Previously 46% of the doctors' time was spent travelling to and from the clinic site. Today the program spends no money on travel reimbursement and 88% of the paid doctor time goes to direct patient contact." Emma Garcia, Executive Director, Camino Real Community Services.

"The cost savings for our frontier divisions are significant, because we have eliminated the need for full time physicians and eliminated having to pay for 'drive time.' Telepsychiatry has proven to be cost prohibitive in our urban areas, however." Todd Luzadder, Director of Mental Health Services, Permian Basin Community Centers.

"We were able to increase productivity by up to 30% by reducing drive time to outreach communities." Robert Reed, Director of Mental Health, MHMR Authority of Brazos Valley.

New or Prospective Projects

Almost one third of the survey respondents are considering expanding current projects or developing new ones (10 respondents). Several Centers would like to use telehealth to provide counselling, intake, and diagnostic services. Other Centers hope to augment existing 1115 Waiver projects with telemedicine services, or form new partnerships with local hospitals and schools. Finally, several

Centers are exploring using telemedicine or telehealth to provide intake and treatment for criminal justice populations.

"Camino is investigating the use of telehealth for crisis assessments in the community by a QMHP and nursing assessments for crisis residential centers." Emma Garcia, Executive Director, Camino Real Community Services.

"We are currently exploring using telemedicine to provide 24 hour crisis telepsychiatry services for our 1115 Medicaid Waiver crisis respite wrap project." Dan Corley, Director of Utilization Management and Authorizations, Lakes Regional Community Center.

"West Texas Centers plans to increase the use of telemedicine in local emergency rooms." Landon Sturdivant, Chief Operating Officer, West Texas Centers.

"We are in early discussions with county officials to use our telemedicine facilities for state hospital admission screening over video, as opposed to completing a 200+ mile trip from rural areas." Andy Martin, Director of Essential Services, Helen Farabee Centers.

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[1]The adult mental health priority population includes "adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, anxiety disorder, attention deficit/hyperactivity disorder, delusional disorder, bulimia nervosa, anorexia nervosa or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment." DSHS Interlocal Contract, Attachment A01, Section B, Item 2.

[2]The child and youth mental health priority population includes "children and youth ages 3 through 17 with a diagnosis of mental illness (excluding a single diagnosis of substance abuse, IDD, autism or pervasive development disorder) who exhibit serious emotional, behavioral or mental health disorders and who:

(1) Have a serious functional impairment; or

(2) Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or

(3) Are enrolled in a school system's special education program because of serious emotional disturbance." DSHS Interlocal Contract, Attachment A01, Section C, Item 2.