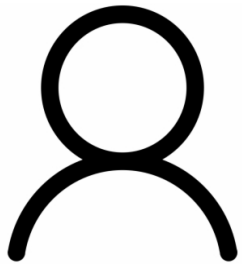# Housekeeping Information

This session is being recorded and will be available on the NETRC website.

If you have questions during the webinar, please type your questions into the Q & A tab.

Collecting CEUs?

You are **required** to complete the satisfaction survey and sign-out linked at the end of training.
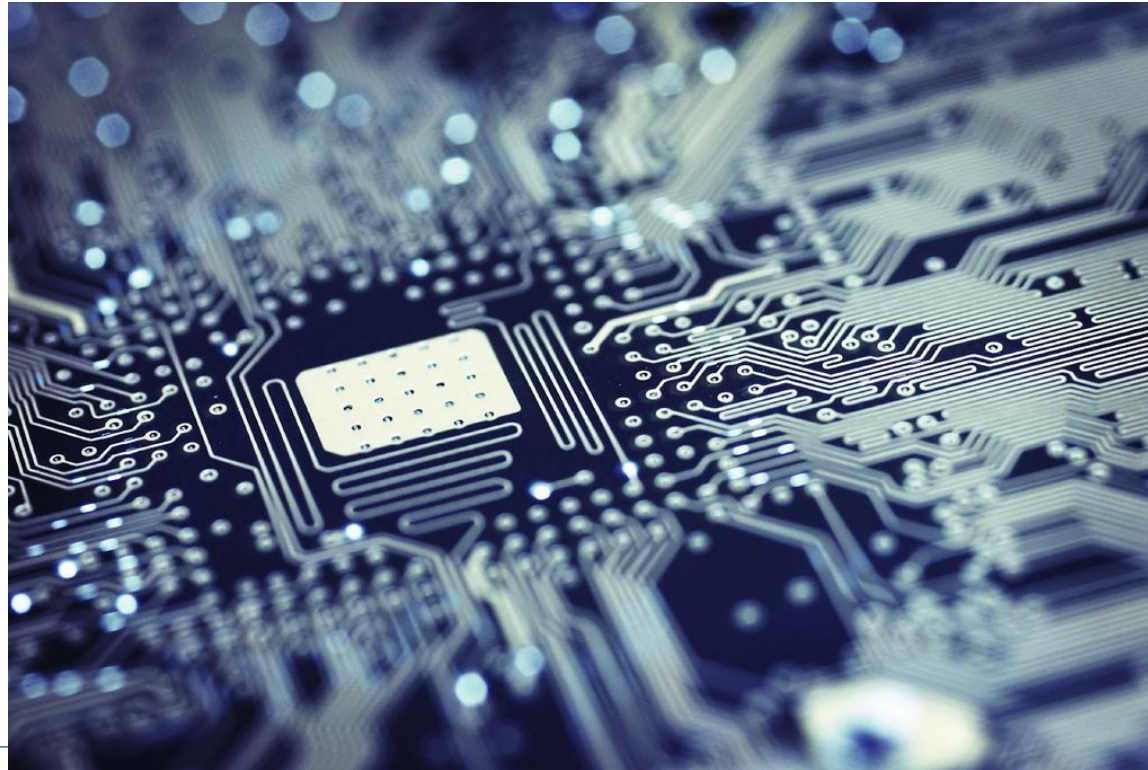
If you have questions about this training, please email **CIBER@simmons.edu**

CIBER
THE CENTER FOR INNOVATION IN BEHAVIORAL HEALTH EDUCATION & RESEARCH AT SIMMONS UNIVERSITY

Simmons UNIVERSITY

Training Agenda

12:35   HRSA Introduction

Miryam C. Gerdine, MPH, Social Science Research Analyst/Project Officer

12:45   NETRC Introductions

Danielle Louder, NETRC; Co-Director MCD Public Health

Reid Plimpton, MPH, NETRC Project Manager

12:50   Telebehavioral Health 101

2:45   Telebehavioral Health in Social Work Practice

Mike Langlois, LICSW

3:15   Questions

3:30   Training ends

Satisfaction Survey & Virtual Sign-Out

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Telehealth Technology

From smartphones to robots, there are a variety of tools available!

Important steps "Pre-Telepractice"

Site visit(s):

Questions to ask while assessing site location

- What is the room like?
  - Where is it located?
  - How are the lighting and acoustics?
  - How close or far is it from key personnel?

Safety issues need to be considered

  - Who is available for emergencies?
  - How quickly can emergency services be summoned?

Paperwork

I NEED NYS LICENSE

I NEED NURSING HOME PRIVILEGES

I NEED APPROPRIATE INSURANCE

P^4
(Proper Pre-Planning and practice)

- Make sure you have real technical experts at the provider *and* patient sites
  - Don't count on yourself to troubleshoot and solve all problems!
  - Build redundancy into the system
    - Cell phones, land lines, and other ways to reach your tech team for urgent needs
- Ensure that you have a safety plan in case you identify a problem that requires immediate attention for safety
  - In the nursing home, it is very possible to have elders with suicidal ideation, suicide plans, suicide behaviors

Practice! Practice! Practice!

Make sure to do several telemedicine test runs so you can identify potential problems with the service

- How was your connection?
  - Did you have any dropped packets or calls?
- How did it work for you?
  - Did you have good telepresence?
- How did it work for the distant site?
  - Did you have good telepresence?
  - Did key personnel at the distant site identify any problems?
    - Take all comments seriously and act on them!

Tele-Tech Things to consider

Provider & Patient Video Etiquette

- Camera Placement

- Microphone Quality

- Identification Verification Protocols

- Speed of Speech (speak slower due to potential delays)

- Mute yourself when typing

Room Design

- Lighting

- Background Considerations (Door closed, Window Visibility, etc.)

- Example: Specific Room dedicated to video visits vs. Transportable Tech. w/accompanying protocols?

Tech Considerations

- Wired (Ethernet) vs. Wi-fi when utilizing Video

- EHR Integration

Tips to Get Started

- Find a **champion!**

- Think **big**, Start small

- Focus time, effort and $ on **program development and a sustainable business model**, _then_ choose technology that fits your plan

- **Keep technology simple** when possible – what fits your needs and budget?

- **Reach out** to folks who have already done this! (And your Regional TRC!)

- **Lead advocacy efforts** for program development and policy growth

What We've Learned:
A Summary of A Decade+ in Telehealth Assistance

If you act like telemedicine works, it will work!	• If you apologize criticize, or in some other way suggest that telemedicine is inferior, you guarantee that it will be seen as inferior
Make sure to acknowledge and appreciate the hard work done by all of your colleagues to optimize the telemedicine encounter	• Technical staff, nurses, social workers, family, patients, colleagues, administration
Be accessible	• You know how!
Learn to roll with the punches	• You are bound to encounter some technical difficulties • Chill!

BUT, Most importantly...

Look at the Camera!

Secure Technology Matters at all levels

This Webinar is a great example…

"Why did we add a passcode to the event?"
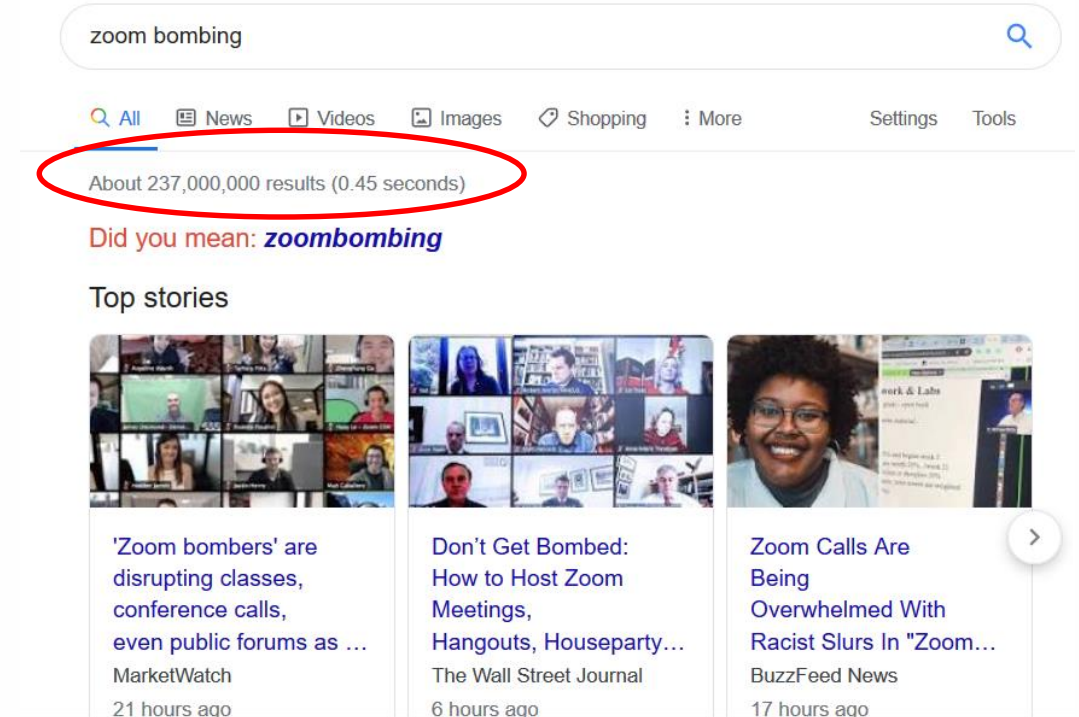
The recent up-tick in utilization & references to various video conference platforms in the telehealth response to the COVID-19 Pandemic is a great example of the importance of investigating your Platforms' Security Capabilities

*please note, as a vendor agnostic entity, NETRC does not endorse or recommend any industry partner over another. Zoom is referenced in these slides as an example due to our capacity to showcase the steps; **these considerations should be taken for all video software***

Secure Technology Matters at all levels

Most video-conference platforms have ways to add security

Here's some additional steps you should consider using for every event

- Use a Unique ID for ~~Large or Public Video~~ Calls

- Require a Meeting Password

- Create a Waiting Room

- Make Sure Only the Hosts Can Share Their Screen

- Prevent "sharing" files in the Chat
  - This can be found in your Zoom Account Settings

https://www.pcmag.com/how-to/how-to-prevent-zoom-bombing

please note, as a vendor agnostic entity, NETRC does not endorse or recommend any industry partner over another. Zoom is referenced in these slides as an example due to our capacity to showcase the steps; **these considerations should be taken for all video software**

Further Steps to consider

Here's some additional steps you should consider when hosting large groups & unfamiliar attendees

- **Create an "Invite-Only Meeting" or Registration Form**-

  By requiring one of these, you can now select "Attendee Approval" options
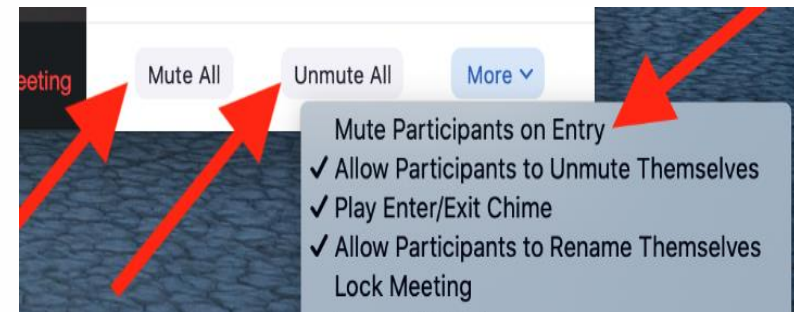
  How?

  ↳ **Invite Only**: Copy your Video Meeting ID information into a calendar invite in your usual email/messaging platform

  Registration Form (for certain "event styles/platforms only): Use Web-Based Platform to edit Registration Settings

- **Mute Attendees-** Multiple options available both Pre & Post event
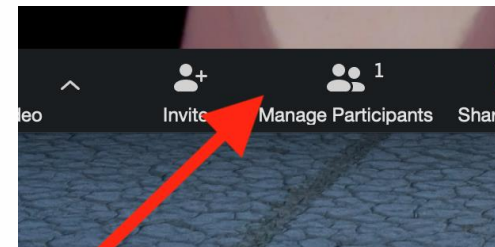
  ↳ **How?**

  Pre-Event: See Example on slide 3. "During Event" – See Here:

- **Lock a Meeting Once It Starts**

  ↳**How?**

  While the meeting is running, navigate to the bottom of the screen and click Manage Participants. The Participants panel will open. At the bottom, choose More > Lock Meeting.

please note, as a vendor agnostic entity, NETRC does not endorse or recommend any industry partner over another. Zoom is referenced in these slides as an example due to our capacity to showcase the steps; **these considerations should be taken for all video software*

Further Steps to consider

Here's some additional steps you should consider when you have large groups & unfamiliar attendees

- **Lock a Meeting Once It Starts**
  - How?
    - While the meeting is running, navigate to the bottom of the screen and click Manage Participants. The Participants panel will open. At the bottom, choose More > Lock Meeting.

- Prevent "sharing" files in the Chat

https://www.pcmag.com/how-to/how-to-prevent-zoom-bombing

please note, as a vendor agnostic entity, NETRC does not endorse or recommend any industry partner over another. Zoom is referenced in these slides as an example due to our capacity to showcase the steps; **these considerations should be taken for all video software*

Equipment

Equipment

GPT Mobile Global

GPT Global 2700

Equipment (Carts)

Something In-Between

Sample Telehealth Tablet Cart

Source: Paul R. Soto, Technical Director, Telehealth & Regional IT Services, University of Rochester Medical Center

iPad Pro in rugged case w/ videoconferencing and stethoscope apps

Speaker for enhanced audio quality

Eko CORE Digital Stethoscope

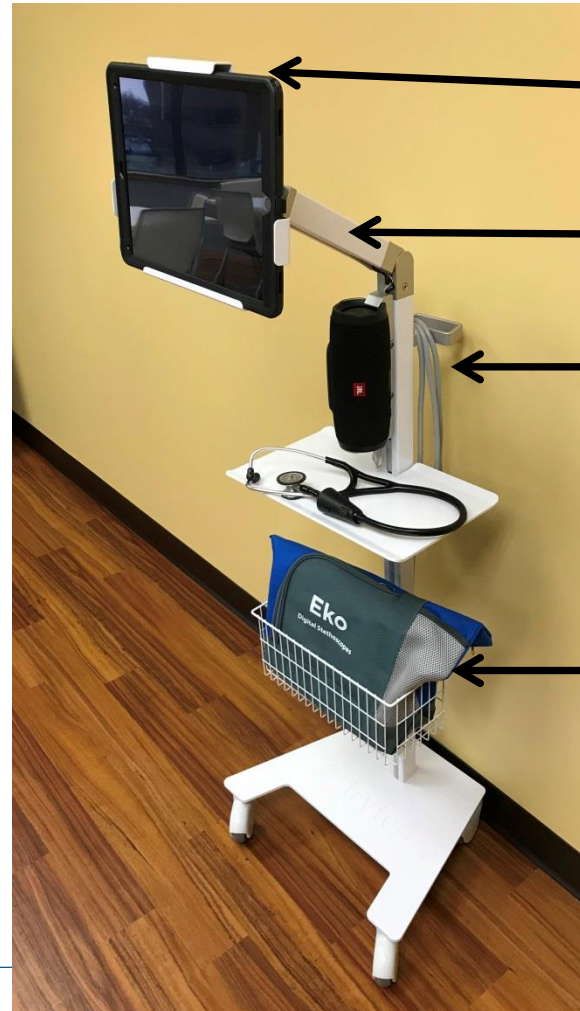Tryten NOVA 2 Medical Tablet Cart

Locking bracket to hold tablet

Extendable arm

Power cable wired to speaker and tablet for charging

Bag for storing stethoscope during transport

For more information on telehealth technologies, contact your Regional Telehealth Resource Center (www.TelehealthResourceCenters.org) or the National Telehealth Technology Assessment Center (www.TelehealthTechnology.org)

19

Equipment (Otoscope)

Horus w/attachments

Firefly

General Exam Camera

Equipment (Stethoscope)

ThinkLabs

Eko Digital Steth

Littman

JedMed Digital Scope

Clearsteth

Direct To Consumer

Field Kits

Touch Screen Laptop

Stethoscope

Pulse Oximeter

12-Lead ECG

Ultrasound

All-in-one (AIO) Scope

Speakerphone

HD Webcam
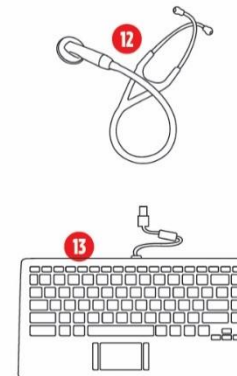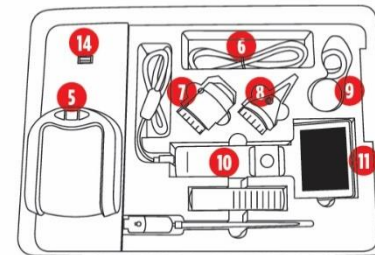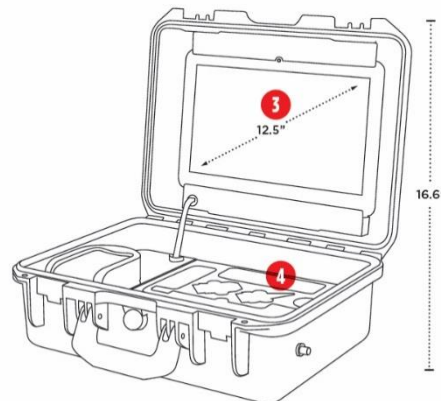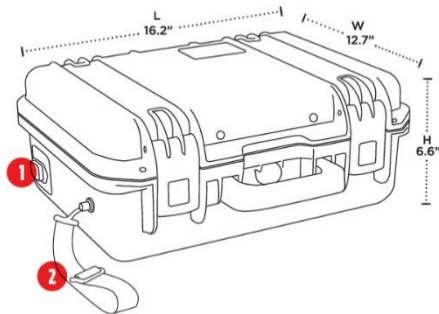
Remote Patient Monitoring

Cloud DX

SENSORS
- Electrocardiograph
- Photoplethysmograph
- Core temp sensor
- 3-axis accelerometer
- Gyroscopic sensor

USB 12 Lead EKG   All-in-one Health Monitor

The iTBra gives wearers a digital breast self-exam
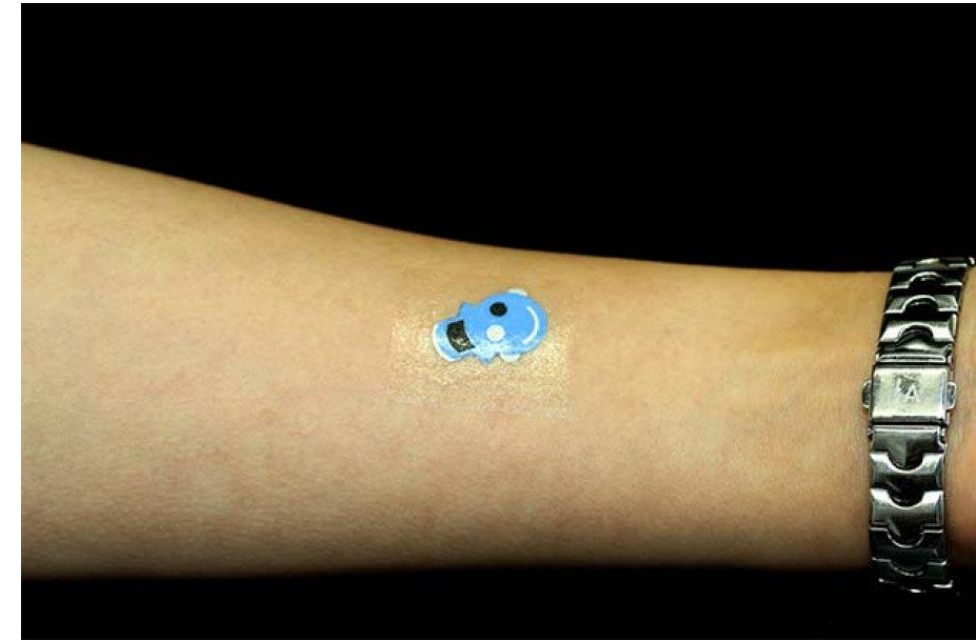
The [Electrozyme](#) temporary tattoo measures **lactate**, a chemical compound generated by muscles as they exert themselves, which is released in sweat.
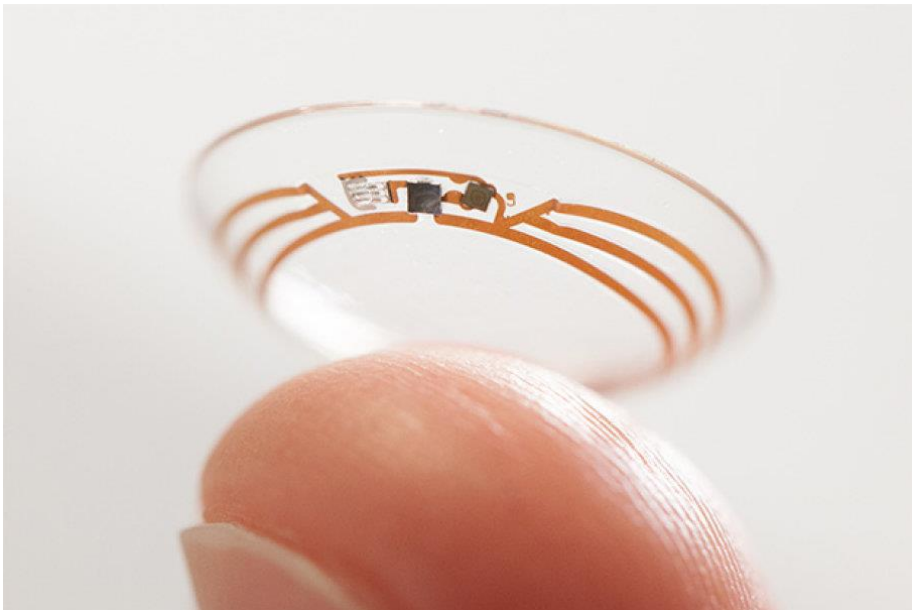
Google and Novartis are working on a contact lens that continually monitors the wearer's blood sugar levels

Smart Pills / Ingestibles

Upon swallowing, the sensor is activated by electrolytes within the body. The pill then transmits a signal to a small, battery-powered patch worn on the user's torso and sends the data via Bluetooth to a caregiver's or family member's smartphone.

LENS

VIDEO CHIP

DATA ANTENNA

SYSTEM CHIP

PillCam®
COLON 2

Smart Pills / Ingestibles

The PillCam COLON will allow more people to get screened in an effective and convenient manner
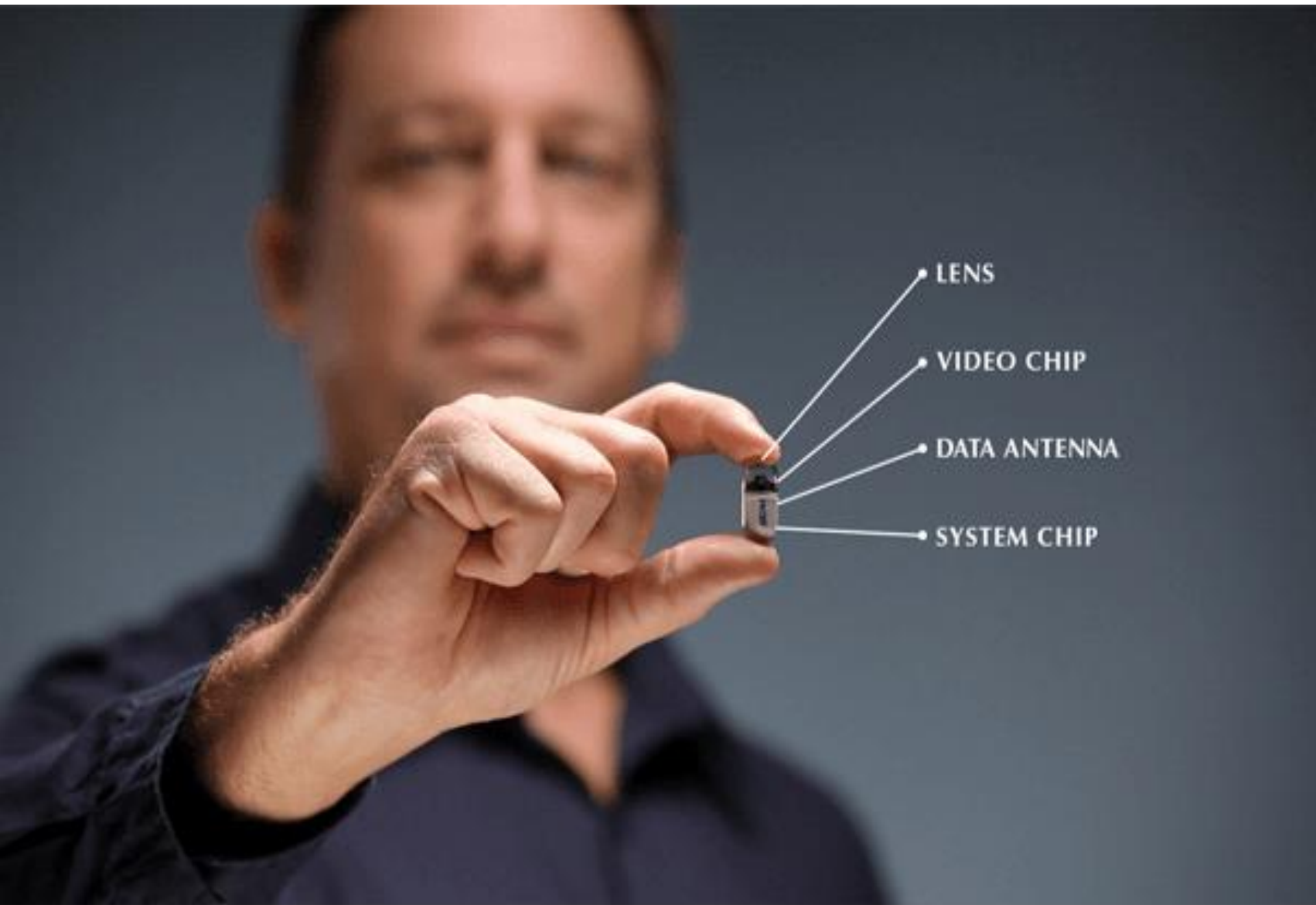
Smart Pill Bottle

Adhere Tech has developed a smart pill bottle that lights up, buzzes and sends text and voice messages to remind users of their pre-scheduled dosages. In addition to sending reminders, the bottle also keeps track of the number of pills left and how many times the bottle has been opened and closed.
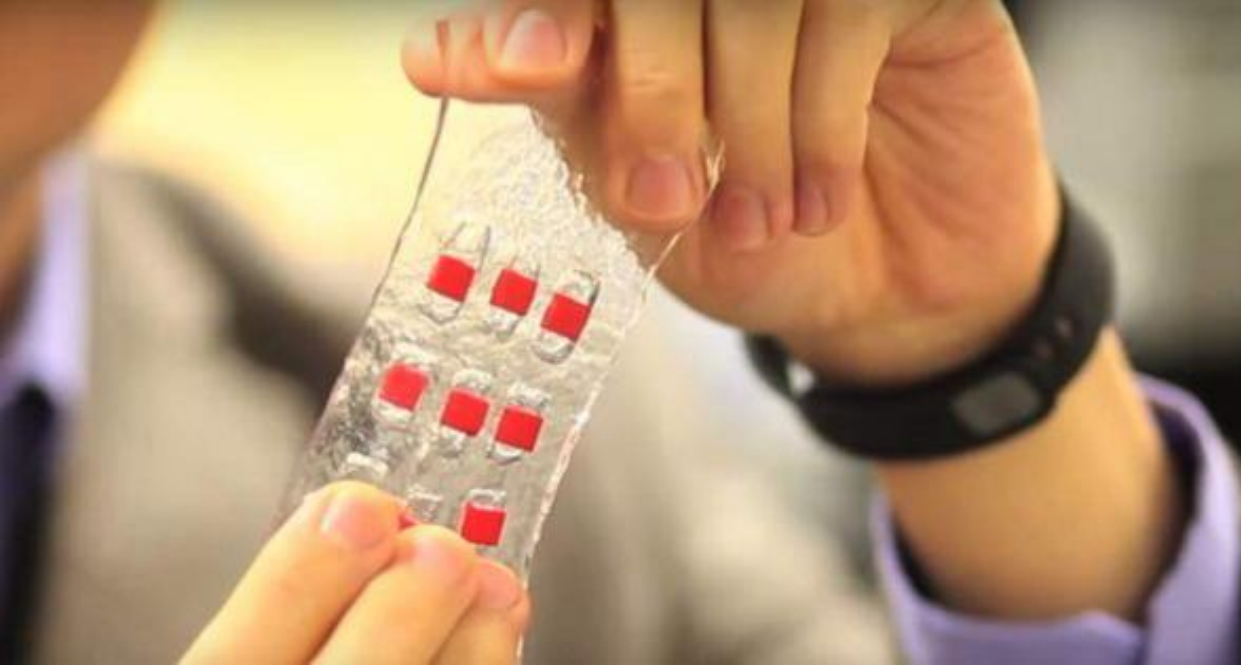
Hydrogel
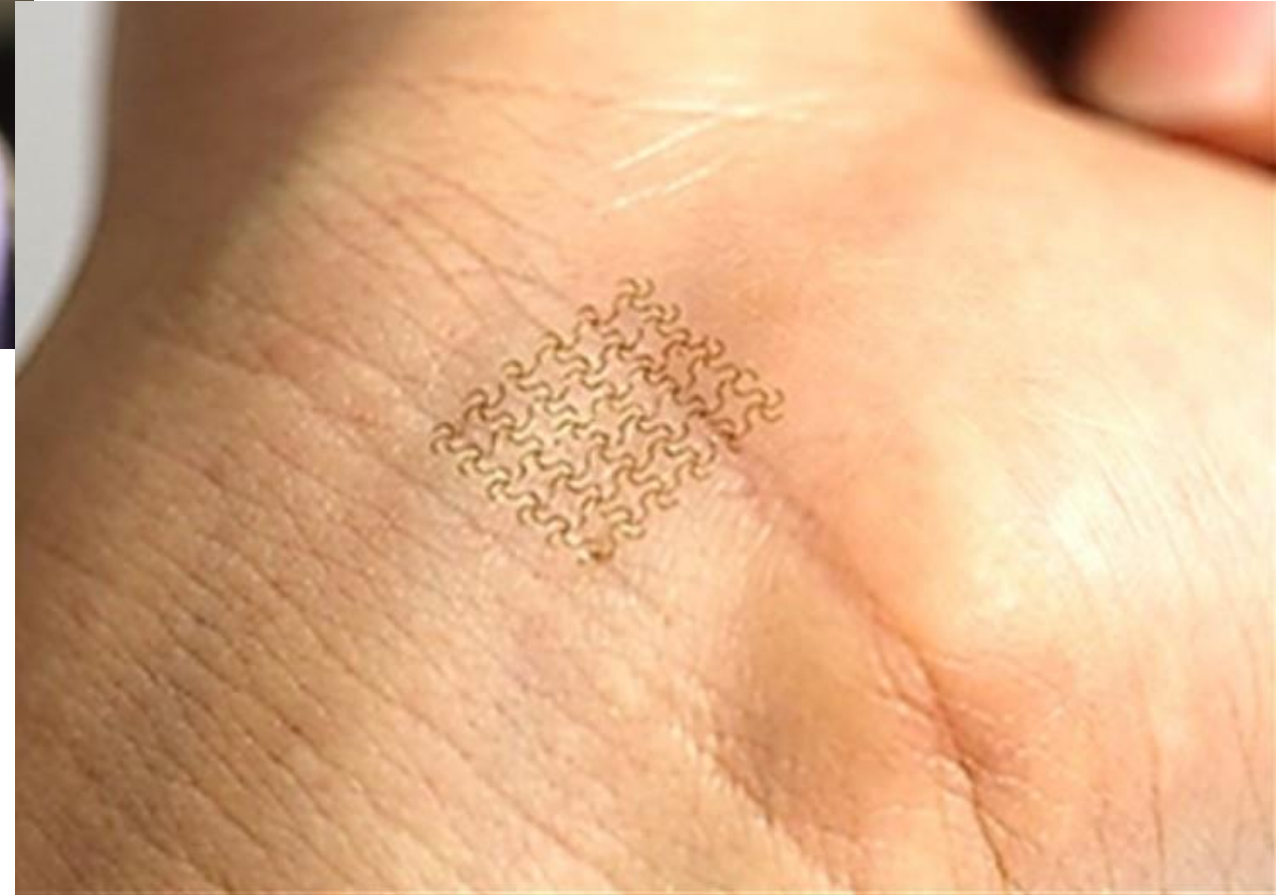
biomedical 'bandage' uses conducting nanowires to offer therapeutic stimulation

Live Demonstration

Horus w/attachments

GPT Mobile Global

The Webinar Series

NCTRC Webinar Series

The NCTRC hosts an educational webinar every 3rd Thursday of the month from 11 AM – 12 PM PT.

Watch some of our videos from the previous years on our Youtube channel:

www.youtube.com/c/nctrc

Contact Us

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Phone: 207-622-7566 ext. 225

NORTHEAST TELEHEALTH
RESOURCE CENTER

Questions?

Thanks for Listening!

www.netrc.org | **800-379-2021**

Telebehavioral Health in Social Work Practice

Michael Langlois, LICSW

Visiting CIBER Scholar

Thank you for joining us!

Please complete the <u>satisfaction survey and sign out</u> linked in the chat box.
Note: survey completion and sign-out is <u>required</u> if you plan to collect CEUs.

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Presentation Appendix & Additional Information

-More Use Cases

-Published Literature

-Examples of NETRC Tools

And More!

NORTHEAST
TELEHEALTH
RESOURCE CENTER

Thank you!

This presentation was made possible by the 14 Telehealth Resource Centers and administered through grant #G22RH30365 from the Office for the Advancement of Telehealth, Federal Office of Rural Health Policy, Health Resources and Services Administration, Department of Health and Human Services.

Resources

- **National Telehealth Resource Centers**

    www.telehealthresourcecenters.org

- **Northeast Telehealth Resource Center**
    - www.netrc.org
- **Center for Connected Health Policy**

    www.cchpca.org

- **Telehealth Technology Assessment Center**

    www.telehealthtechnology.org

- **American Telemedicine Association**

    www.americantelemed.org

- **Center for Telehealth & e-Health Law**

    www.ctel.org

- *And many great regional programs willing to share!*

Telestroke

Massachusetts General Hospital (MA):

- 2015: 999 beds; 1.9 million outpatient/ED visits; 48k inpatient admissions

Program Description:

- Comprehensive Telestroke network: MassGen hub with 23 spoke sites
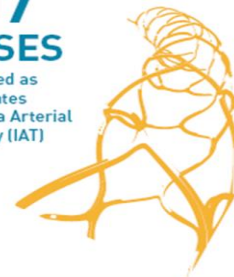- 2014 Metrics of Success:

American Hospital Directory. Subscription Data set. http://ahd.com/

Project ECHO: Northern New England Network

HRSA Rural Health Network Development Grant

- Strengthens and expands network across ME, NH, VT
- The Project ECHO Northern New England Network was made possible by grant number D06RH31043 from the U.S. Health Resources and Services Administration, DHHS

Formal Network Partners:

- Project Lead: Quality Counts – A Qualidigm Company
- Quality improvement organizations in Maine, New Hampshire and Vermont
- Northeast Telehealth Resource Center (NETRC);
- Area Health Education Centers (AHECs) in ME, NH, and VT; and academic centers for medical and health education in the three states, including the University of New England (UNE); UNH; Dartmouth-Hitchcock Medical Center; and University of Vermont (UVM) Medical Center.

The Collaborative serves a broad network of healthcare stakeholders across the three states.

Select Project ECHO Resources

Articles and Other Resources:

- [ECHO Replication: Next Steps, Secrets for Success and ECHO Value](#) – ECHO Institute
- [Project ECHO® Evaluation 101: A Practical Guide For Evaluating Your Program](#) – NYS Health Foundation
- [Making the Business Case for Project ECHO in New York State](#) – Starr, Byrd, Hasselberg, Doelger
- Search the [NETRC Resource Library](#) for many more Project ECHO resources!

Training Resources
ECHO Institute:

- [ECHO Introduction Events](#) – monthly webinars
- [ECHO Immersion Training](#) – on-site 3-day in-depth training

ECHO Superhubs: American Academy of Pediatrics, MD Anderson, Missouri Telehealth Network, Oklahoma State Univ., Univ. of Chicago, Univ. of Wyoming

Virtual Dental Home

Based out of University of the Pacific

- Virtual Dental Home Model leverages variety of dental hygienists (RDHAP, RDH, RDAEF) to increase access to dental health services and resources in community settings – 10 sites across California: Schools, Head Starts, Pre-schools, Nursing Homes

Key Services Provided:

- Health Promotion/Prevention Education
- Dental disease risk assessment
- Preventive procedures
- Interim therapeutic restorations
- Tracking and support for individual needs for follow up services

Access program Policy Briefs and Reports

Speech Telepractice

University of Maine

Judy Walker, Ph.D., CCC-SLP

Dept. of Communication Sciences and Disorders

Judy.Perkins.Walker@UMIT.maine.edu

University of Maine, Speech Therapy Telepractice and Technology Program Manual

---

Waldo County General Hospital

Michael Towey, MA, CCC-SLP

Manager Speech-Language Pathology Department

Fellow of the American Speech-Language-Hearing Association

National TRC Webinar – Innovation and Impact with Speech Language Pathology Telepractice

Remote Patient Monitoring

Home Health Visiting Nurses (ME):

- Fully licensed not-for-profit provider of home health care (nursing, PT, OT, speech, home health aide, and counseling services) 24/7 throughout 3 counties.

Program Description:

- 4G tablet with pre-loaded software and peripherals (scale, pulse oximeter, BP monitor, etc.) at patient home

- Algorithms highlight patients at ↑ risk for readmission

- Served 474 Patients (CHF, COPD, Diabetes) 4/2015 – 4/2016;
  - Patient Adherence: 85%;
  - 75% reduction in overall 30-day readmission rate (4.2% compared to state average of 16.6%)

Policy and Reimbursement

A Primer

Connecticut

Medicaid (Department of Social Services):

- Coverage required, as deemed appropriate by Commissioner (clinical, cost savings, expanded access); no coverage of telephone only, with exception to case management behavioral health services for clients age eighteen and under
- Online Prescribing - no reference in policy
- Remote Patient Monitoring – no reference in policy
- Allows reimbursement for e-Consults (store and forward) for FQHCs, outpatient office, hospital and clinic settings (43 specialties)
- Limits on provider types, but no reference to restrictions on geography or site types
- Does not cover facility/originating site fee

Private Payers:

- Coverage required, includes: synchronous interactions, asynchronous/store-and-forward transfers or remote patient monitoring

Regulation, Health and Safety:

- Restrictions on prescribing of controlled substances – can prescribe schedule II and III for treatment of psychiatric disability or SUD, as consistent with Federal law

Maine

Informed Consent Required

Compacts: IMLC, NLC

Medicaid (MaineCare):

- Coverage required at same rate as in person; telephonic services covered in certain scenarios
- Tele-pharmacy is allowed; pre-auth required w/counseling available at remote site
- Remote Patient Monitoring covered for patients w/specific risk factors, and only for Certified Home Health Agencies
- Covered codes listed in manual; interprofessional telephone/internet consultations included
- No geographic, provider or site restrictions; FQHCs and RHCs can serve as distant sites; Home is eligible originating site; Provides facility/originating site fee; requires use of GT modifier

Private Payers:

- Coverage required; includes live, asynchronous, telemonitoring, group counseling, and online prescribing; telephonic covered in certain scenarios

Regulation, Health and Safety:

- On-line prescribing – licensee must conduct relevant med history and physical exam; static form not appropriate; telehealth may be used to establish patient-provider relationship
- Physicians from other states can provide consultative services w/out Maine licensure…

Resource: Telehealth Reimbursement in Maine webinar series

Massachusetts
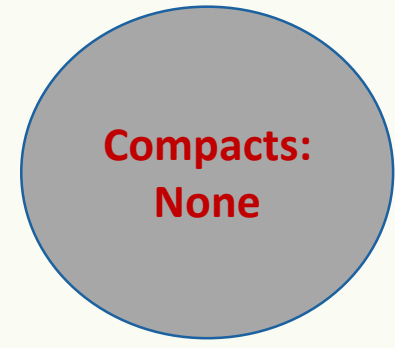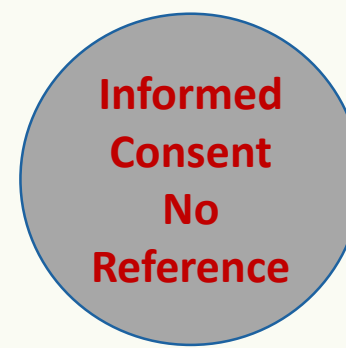
Medicaid (MassHealth):

- Coverage includes live video for behavioral health only (as of 2018); providers must be trained in telehealth delivery
- Managed care state – some plans cover telehealth more broadly
- Online Prescribing – requires initial in-person visit, and quarterly thereafter
- Remote Patient Monitoring – funds were appropriated in FY2014 budget
- Restrictions on eligible services and providers; no geographic or site restrictions
- Does not cover facility/originating site fee

Private Payers:

- Coverage not required; payers may limit to specific network providers

Regulation, Health and Safety:

- E-prescribing allowed once patient-provider relationship established, per standard of care

New Hampshire

Medicaid:

- Follows CMS requirements and federal regulations; includes live video per CMS coverage; primary care and substance use disorders recently added, however require initial face-to-face visit
- Per recent legislation: NH Medicaid reimburses for store-and-forward and RPM
- Provides facility/originating site fee
- Limitations on service, provider and site eligibility; No geographic restriction
- Patient home, school or university-based health center, and workplace added as eligible sites in 2019

Private Payers:

- Payers cannot deny coverage if same service would be covered in-person; telephone/fax not covered; RPM and store-and-forward covered starting 1/1/2020

Regulation, Health and Safety:

- On-line prescribing requires physician-patient relationship via in-person exam, which includes two-way interactive communication; Controlled substances (II-IV) - only by prescribers treating patients at a Substance Abuse and Mental Health Services Administration-certified state opioid treatment program; requires initial in-person exam and subsequently as appropriate (at least annually)

New Jersey

Medicaid:
- Coverage required – reimbursement rates, co-pays, deductibles, etc. may not exceed in-person rates; Includes live video and RPM; store-and-forward fits under definition; does not cover, in isolation, audio-only telephone, email, text or fax
- Individual managed care plans (5 in NJ) may have their own telehealth policies
- Telepsychiatry may be used by mental health clinics and hospital out-patient providers for intake evaluations, periodic psychiatric evaluations, medication management and/or psychotherapy sessions for clients of any age; Programs must establish P&P before services provided;
- Does not cover facility/originating site fee

Private Payers:
- Coverage required – reimbursement rates, co-pays, deductibles, etc. may not exceed in-person rates; includes all modalities to bridge gap between provider and patient; does not cover, in isolation, audio-only telephone, email, text or fax

Regulation, Health and Safety:
- On-line prescribing – Schedule II controlled substances authorized only after an initial in-person examination and subsequent quarterly in-person visits
- Telemed orgs required to register annually with Dept. of Health and submit annual report.

New York

Medicaid:

- Coverage required; includes live video and some store-and-forward (75%); Provides facility/ originating site fee; originating site can bill admin expenses when telemental health service connection is provided and qualified mental health professional is not present at originating site
- If Medicare covers encounter, Medicaid will reimburse Part B coinsurance/deductible; If service is not covered under Medicare, but is eligible under Medicaid, encounter may be billed to Medicaid
- Different rules for FQHCs opting "into" or "out of" Ambulatory Patient Groups (APGs) – see **NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 11** (e.g. FQHCs opting out can serve as distant sites)
- Only one clinic payment made when both originating site and distant site are part of same provider billing entity; originating site bills
- RPM covered under CPT 99091 (1X pm/pm) for specific medical conditions
- Telemental health services covered under specific conditions; does not include phone, video cell phone or email – see **NY Regulations Title 14 NYCRR Section 596.7.**
- Limitations on originating sites and provider eligibility (under Public Health 2999); Distant site is any secure location within U.S./U.S. Territories; Patient home and schools are eligible originating sites

New York

Private Payers:

- Coverage required; broad definition which appears to cover any modality; may subject coverage of a service to reasonable utilization management and quality assurance requirements or copayments, coinsurance and deductibles, as consistent with in-person services

Regulation/Health and Safety:

- NY Office of Mental Health (OMH) has specific regulations around Telepsychiatry
- Telemental health services may only be utilized in personalized Recovery Oriented Services program or Assertive Community Treatment programs, under certain conditions
- Office of Alcoholism and Substance Abuse Services (OASAS) provides Telepractice Standards which include specific requirements for prescribing buprenorphine
- Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) are prohibited from being delivered via telehealth

Resource: NY Telehealth Billing and Reimbursement Webinar

Rhode Island

Medicaid (Medical Assistance Program):
- Requires coverage for some live video; store-and-forward and remote patient monitoring not included
- Fee schedule lists several telehealth service CPT codes related to follow-up and inpatient telehealth consultations under procedure/professional service
- No restrictions referenced regarding provider, site, or geographic eligibility
- Does not cover facility/originating site fee

Private Payers:
- Coverage required, subject to the terms and conditions of a telemedicine agreement between the insurer and provider

Regulation, Health and Safety:
- Informed consent agreement should be employed for the use of patient-physician email and other text-based communications
- Established in-person physician-patient relationship is required prior to prescribing controlled substances; covering physician may prescribe if agreement in place

Vermont

Informed Consent Required

Compacts: IMLC

Medicaid:
- Coverage required; includes real-time audio-video; does not include audio-only, email or fax
- Discrepancy between Statute and Medicaid policy RE: store-and-forward technologies; Statute specifically states teleopthalmology and telederm covered, but Medicaid policy says not
- Remote patient monitoring covered (specifically CHF) for home health agencies; physician plan of care, Medicaid is primary insurance, or dual-eligible, non-homebound
- 02 Place of Service code must be used on all claims
- No restrictions referenced on types of services, providers, originating sites or geography; Home is eligible originating site, school and university-based health centers, and workplaces
- Provides facility site fee, unless facility provider is employed by same entity as distant site provider

Private Payers:
- Coverage required for live video–may limit to in-network providers; store-and-forward optional

Regulation, Health and Safety:
- On-line prescribing allowed after examination of patient in-person, by telemed, or use of instrumentation and diagnostic equipment which images/med records may be transmitted electronically