

# **How to Optimize Telehealth in a Post-COVID 19 World**

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# Speakers



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**Helen Vanderlan,  
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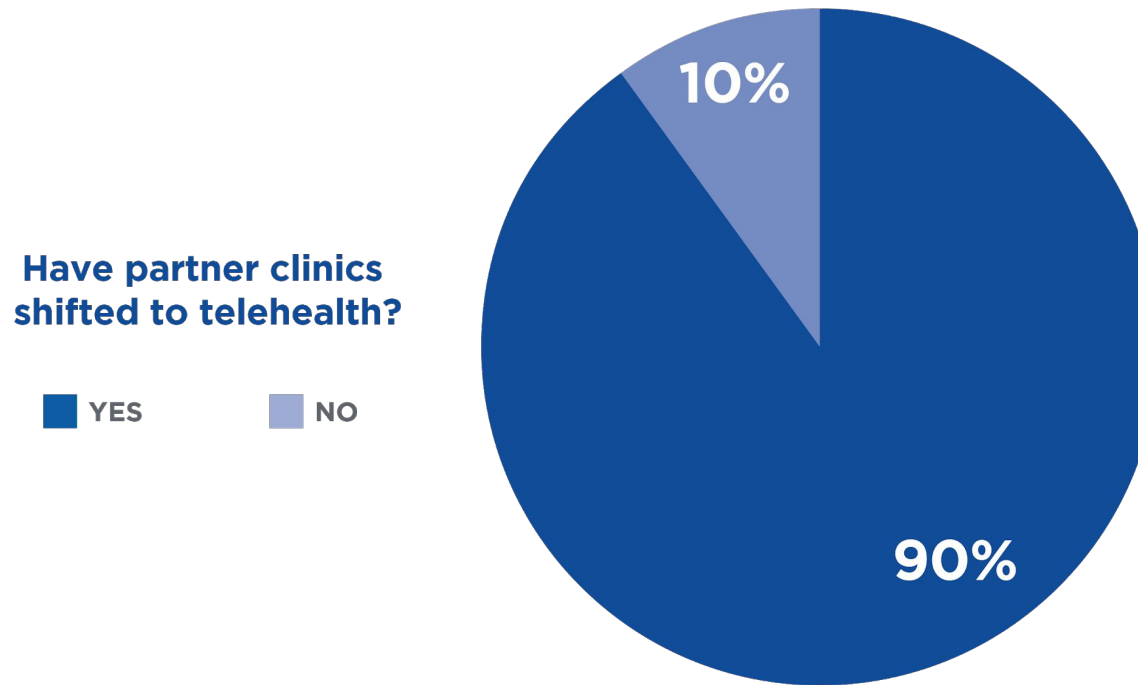
*Associate Executive  
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# Agenda

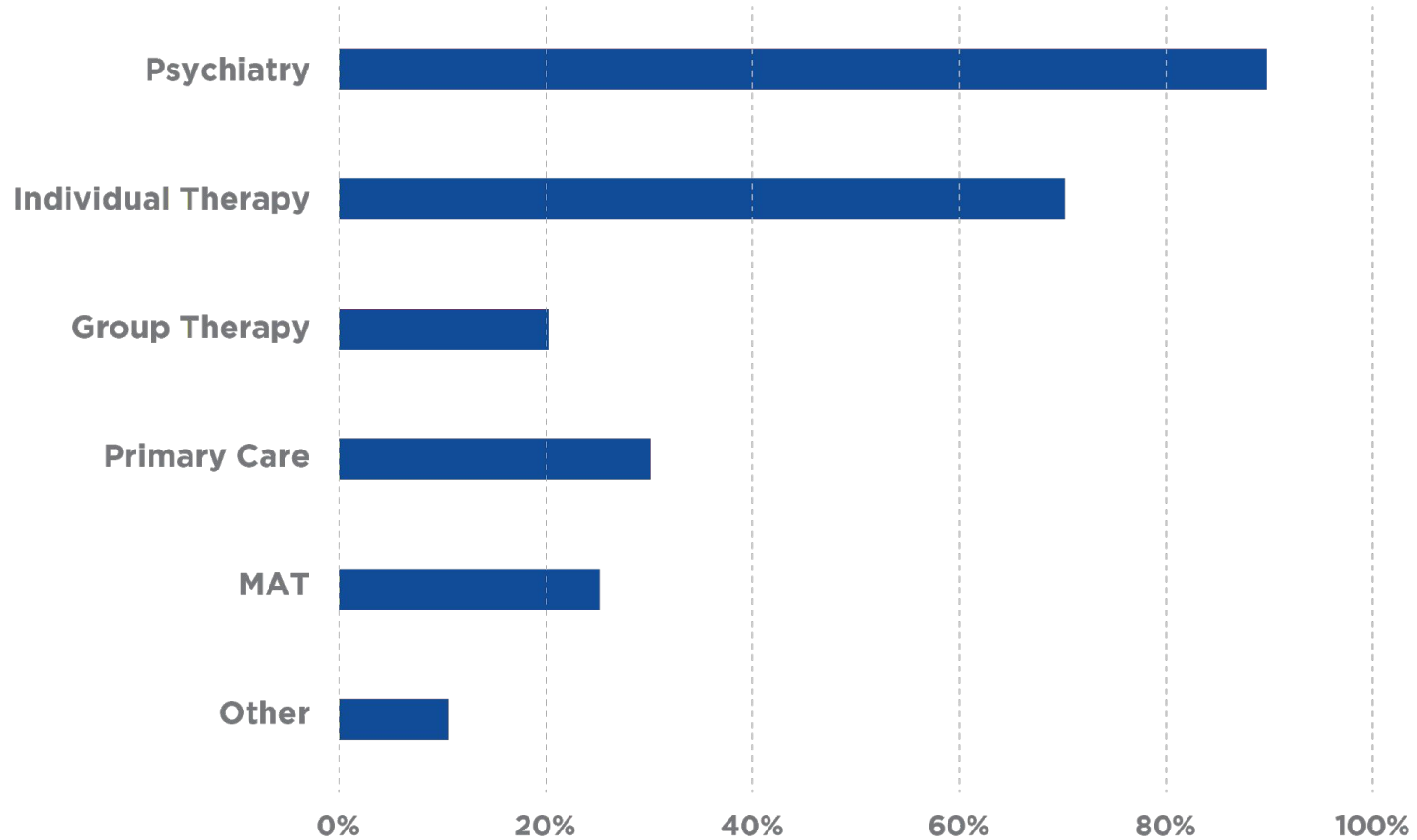
The Shift to Telehealth  
National Regulatory Changes  
State Regulatory Changes  
Case Study: Conifer Park  
Q&A

# The Shift to Telehealth

# 90% of Public Health Clinics Now Use Telehealth



# 90% of Psychiatry Sessions and 70% of Therapy Sessions via Telehealth



# Clinical Trends

## **CLIENT UTILIZATION**

Improved via telehealth  
with no show rate  
dropping to 5-10%

## **CLIENT BEHAVIOR**

Most started just phone,  
most now also video, no  
material differences by  
age or acuity

## **PROVIDER BEHAVIOR**

Most comfortable treating  
clients at home assuming  
recent physical or clinic visits  
for vital checks and lab tests

# Care Delivery Post-COVID 19



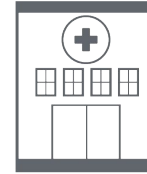
## TELEHEALTH ADOPTION

Both clients and providers realize convenience of telehealth and will maintain it as option



## VIDEO VS. VOICE

Providers will maintain strong preference for video as well as voice - clients less so



## ON-SITE VISITS

For psychiatry, clients will still need to come into clinic for regular labs and vitals



## CLEAR BENEFIT

More people will get more frequent care



# National Regulatory Changes During COVID-19

# State Licensure Regulations Waived



**Requirements that physicians hold licensure in the state in which they practice is temporarily waived (federally)**

With the declaration by the president of a national state of emergency, the **Secretary of HHS issued a 1135 waiver** for “requirements that physicians or other health care professionals hold licenses in the state in which they provide services if they have an equivalent license from another state”

# Client Location Requirements Waived



## Reimbursement Regulations Relaxed to Support Telemedicine Visits During COVID-19

1. **Originating site and geographic** telehealth restrictions are **removed for the time being**. Patients outside of rural areas and in their homes are eligible for telehealth services effective March 6, 2020
2. Qualified providers permitted to use Medicare telehealth services include but are not limited to physicians, nurse practitioners, physician assistants and certified nurse midwives
3. CMS will **not enforce an established relationship requirement**
4. Telehealth services are **not limited to patients with COVID-19**

# HIPAA Regulations Relaxed



## OCR will not enforce certain HIPAA regulations

Acceptable modes of video during this emergency in order to ease access to telehealth services include:

- Apple FaceTime
- Facebook Messenger Video Chat
- Google Hangouts Video
- Skype

# Controlled Substance Prescribing Relaxed



## Public Health Emergency Exception Under Ryan Haight takes effect

DEA-registered prescribers may now issue **prescriptions for controlled substances via telemedicine without a prior in-person evaluation** if the prescription is for a legitimate medical purpose, real-time two-way audio-video is used, and the practitioner is acting in accordance with state law.

# Regulatory Environment Post-COVID 19

Which flexibilities are  
here to stay?

What are we hearing  
from Congress?

Where do we go  
from here?

# State Regulatory Changes During COVID-19

# NY State Licensure Regulations Waived



## **Requirements that physicians hold licensure in NY state is temporarily waived by Executive Order 202.5**

Suspends “Sections 6512 through 6516, and 6524 of the Education Law and Part 60 of Title 8 of the NYCRR, to the extent necessary to allow physicians licensed and in current good standing in any state in the United States to practice medicine in New York State without civil or criminal penalty related to lack of licensure.”



# Client Location Requirements Waived

## NY Medicaid Removes All Restrictions on Client Location

“ The **originating site** is where the member is located at the time health care services are delivered to him/her by means of telehealth. Originating sites during the State of Emergency can be anywhere the member is located. There are no limits on originating sites during the State of Emergency.”

# Telephone-Only Services Allowed

## **NY Medicaid Expands Coverage to Include Telephone Conversations**

Audio-only telehealth coverage extended even after public health emergency by NY state legislation (A 10404/S. 841) signed into law 6/18/20.

# Regulatory Environment Post-COVID 19

Which flexibilities are  
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Where do we go  
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# Case Study: Conifer Park

# Telepsychiatry Case Study: Conifer Park

Who are we?

Conifer Park includes a private inpatient facility situated on 32 wooded acres in Glenville, NY. We provide detoxification services and inpatient rehabilitation. We have relationships with many referral sources and take admissions from all over New York State.

Conifer Park also includes 6 outpatient facilities in:  
Glens Falls, Liverpool\*,  
Plattsburgh\*, Rochester,  
Schenectady\*, and  
Troy.\*

\*Programs are also Opioid  
Treatment Programs

We have been providing treatment for substance use disordered patients since 1983. We are licensed by OASAS and certified by JCAHO. We provide medication assisted treatment at all levels of care.

# Telepsychiatry Case Study: Conifer Park

What are our challenges from COVID?



The backbone of addiction treatment is group therapy! It is challenging to conduct groups with social distancing and masks. It is also difficult to engage in group discussion with masks on!



Coordination between inpatient and outpatient services. How can we make the best connection with Certified Peer Recovery Advocates?



Most of our patients struggle with a co-occurring psychiatric disorder. How do we get providers in to treat them?

# Telepsychiatry Case Study: Patient Reactions

We conducted sessions via telemedicine, both groups and individual sessions. Sometimes we used video, other times we used a conference call format.



Some patients missed the in person discussion.



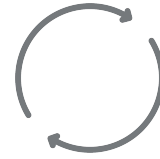
Many of our patients really liked the telemedicine option – they felt safer. Many also enjoyed not having to worry about transportation and child care challenges.



Our “professionals” population did GREAT with telemedicine! They were comfortable with the technology and liked how it let treatment fit better into their schedules.

# Telepsychiatry Case Study: Care Transitions

We had to redesign care transitions after COVID limited site visits.



We are building a peer “warm hand-off” program so that while in our programs patients are connected to a Certified Peer Recovery Advocate.



# Telepsychiatry Case Study: Care Transitions

“Tele – family” program substitutes for on site “family day” by sending loved ones education/information and facilitates sessions via video conference. Benefits include:



## **No Visitors**

Our no visitors policy continues to be a part of our infection control plan during this time



## **Families Farther Away**

We can involve families from farther away who might not have been available to come to our facility for family therapy

# Telepsychiatry Case Study: Workflow

**75%**

of patients admitted to inpatient programs show a co-occurring mental health disorder.



Once we stabilize the patient in substance use, we have a clearer picture of their mental health symptoms.



We screen and treat for: depression, anxiety, PTSD, bipolar disorder, schizophrenia, and more.



We assess patients for appropriateness for telemedicine. Patients experiencing psychosis are seen by a provider on site.

**?**

Do patients respond to telemedicine?

# Telepsychiatry Case Study: Customer Satisfaction

We surveyed 345 patients receiving telemedicine services since March 2020.

## Quality of Experience

95% rated quality of experience as “excellent” or “good”

## Quality of provider

98% rated quality of provider as “excellent” or “good”

## Connectivity

6 patients that had issues with connectivity that impacted the session

# Q&A

**Thank you!**

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