

**Outpatient Tele-behavioral Health Services
Increasing Access And Improving Outcomes
Through Added Capacity**

**September 18, 2015
NC Institute of Medicine**

**Billy R. West, Jr., MSW, LCSW
Executive Director**

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Medical Director**



DAYMARKSM

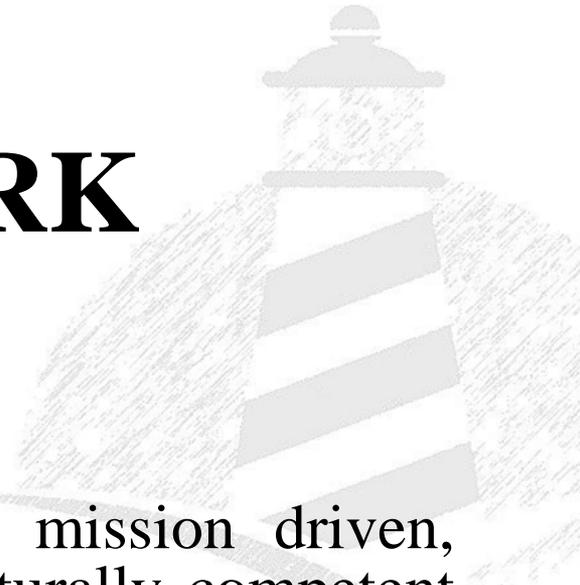
R e c o v e r y S e r v i c e s

Enriching Life, Enhancing Lives.

Goals of this Presentation:

- Understand the charge and service continuum of DAYMARK Recovery Services and how Telemedicine is used as a successful tool in accomplishing our goals.
- Understand general work flows and processes.
- Real life examples of how telemedicine is used at DAYMARK Recovery Services.

About DAYMARK

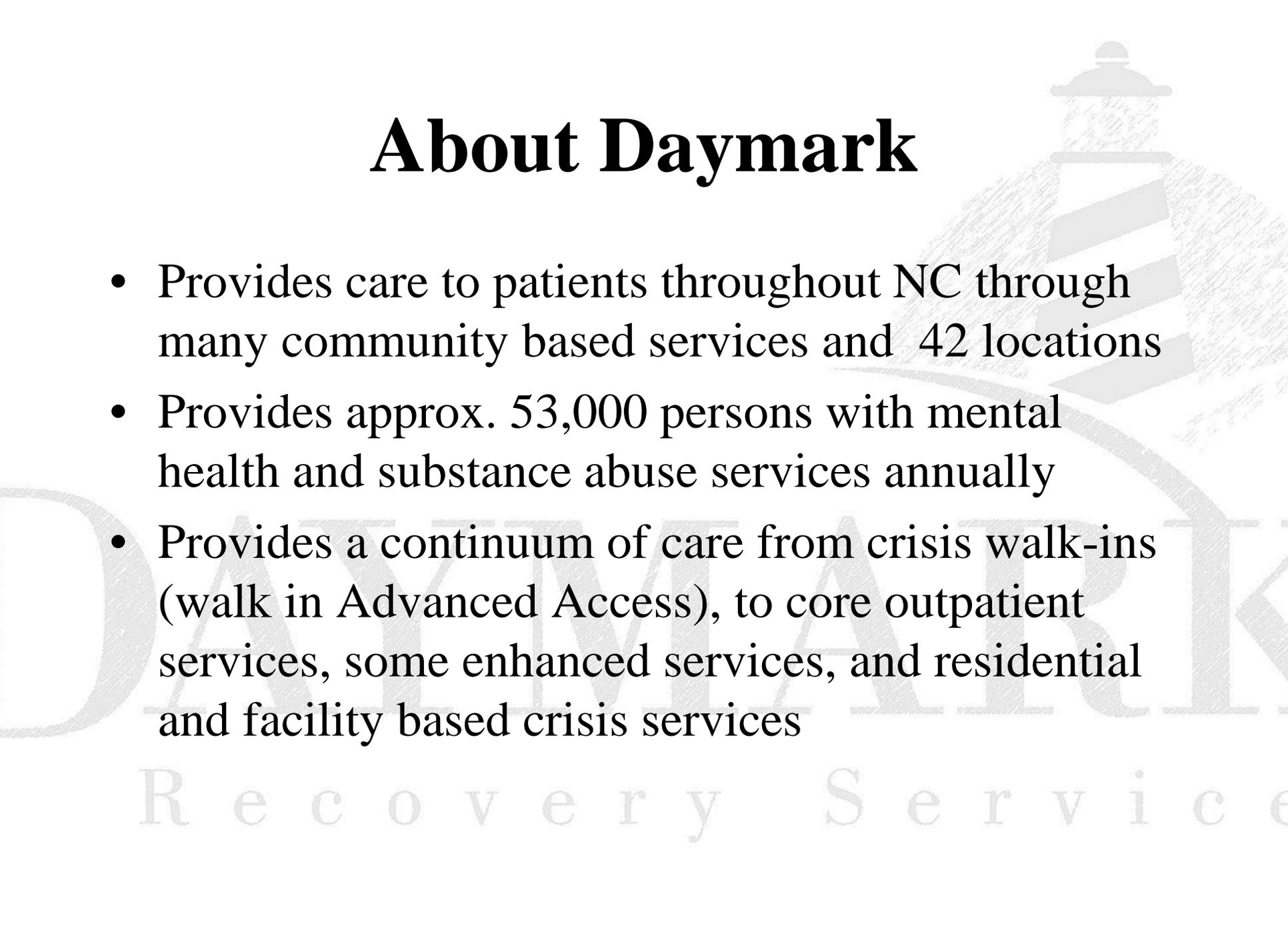


Our Mission:

Daymark® Recovery Services, Inc. is a mission driven, comprehensive community provider of culturally competent mental health and substance abuse services. The Daymark® goal is for skilled medical and behavioral healthcare professionals to support citizens of all ages and their families with the greatest opportunity for recovery, independence and the highest quality of life. We are committed to using the most current best practices and effective, research-based treatment programs to assist all citizens working toward achieving optimum health and recovery.

R e c o v e r y S e r v i c e s

About Daymark



- Provides care to patients throughout NC through many community based services and 42 locations
- Provides approx. 53,000 persons with mental health and substance abuse services annually
- Provides a continuum of care from crisis walk-ins (walk in Advanced Access), to core outpatient services, some enhanced services, and residential and facility based crisis services

Recovery Services

Hallmarks of our System

- Advanced Access (walk-in)/Part of an Outpatient Clinic (Assessment, Individual/Group therapy, medication management)
- Enhanced Service Continuum to refer within continuums of care based on medical necessity (note: Enhanced care is less than 5% of our business)

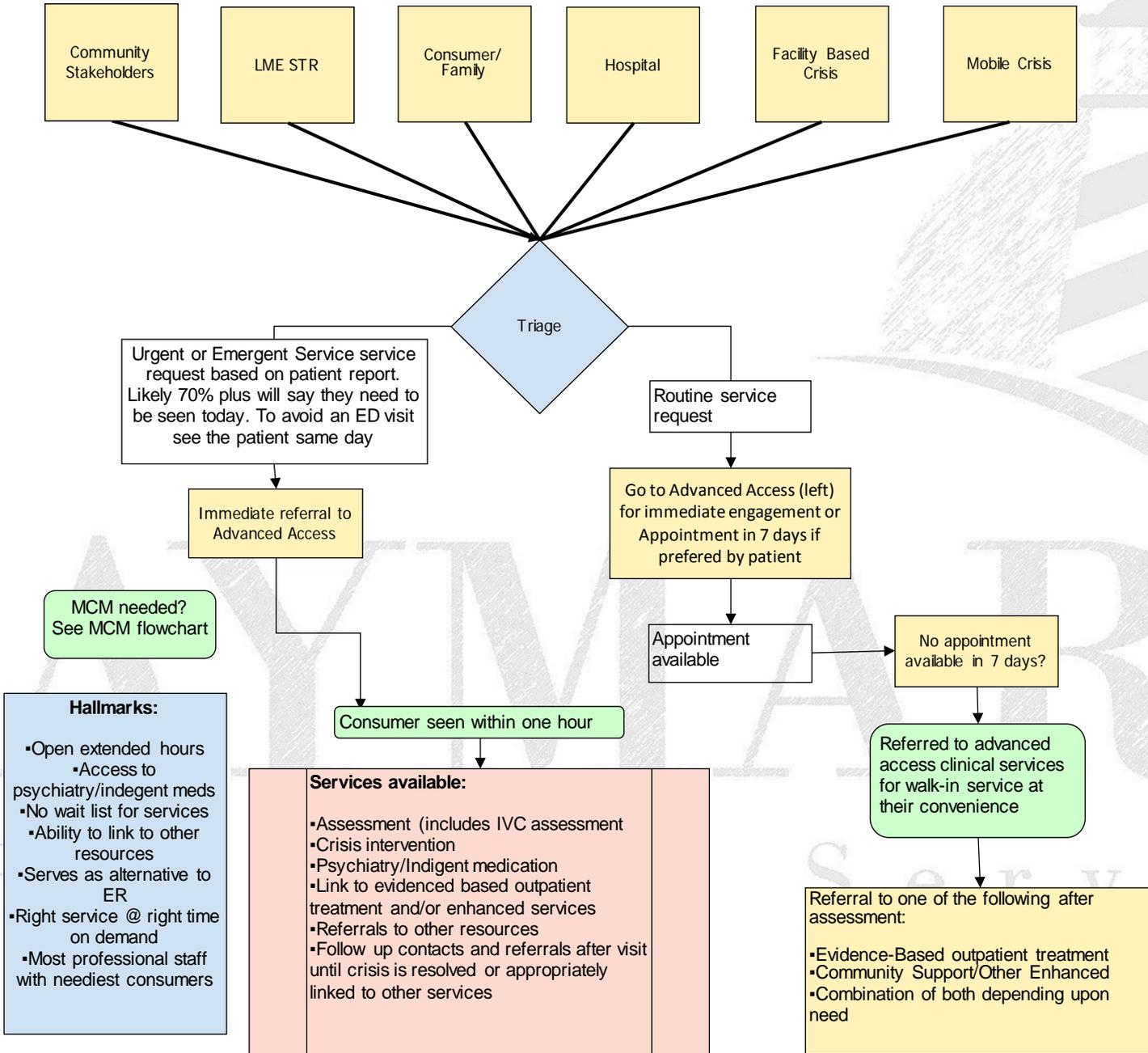
Impact of using Tele-Behavioral Health in our clinics to increase capacity

Before

After

Before	After
Wait list to see Medical Staff	No wait list
New appointments (assessment) 20-60 days out	Same day access for assessment
Persons presenting or calling needing emergency care referred directly to hospital emergency department	On demand appointment for assessment given. Emergency room utilized only if medically necessary
Almost all individual therapy with less intensity of appointments due to scheduling conflicts and high no-show rates	Depending on the center 60-40% or 70-30% group treatment compared to individual treatment. Minimizes no-show impact, increases billable units and delivers a heavier dose of evidenced based care due to increased frequency
First appointment no-show rate 50% with routine appointments no-show rate 33%	First appointments given on demand, walk-in encouraged, follow up appointments 9-13% no-show rate
Medical Team no-show rate 20-30%	Medical team No-show rate 5-10%
Emergency Department wait times average four days LOS	Emergency department wait times average less than 48 hours in most cases
State Hospital Admissions at 110% capacity with readmissions above the national average	State hospital admissions below capacity and re-admissions at or below the national average

Advanced Access Clinics



Executive Summary

Telepsychiatry is part of a growing national trend called telemedicine, in which physicians can see patients from remote locations using secure video and audio-streaming technology called videoconferencing. Using this system, a psychiatrist or other professional can talk to and physically view the patient through a video screen with a web camera and microphone. On the other end, the patient can view the psychiatrist through a similar audio-visual system.

This technology is embedded in our clinics and is part of the normal work flow. It enables us to bring a provider on demand to the patient.

Definition of Telepsychiatry

The definition of tele-psychiatry is the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of a secure, two-way real-time interactive audio and video by a health care provider in a remote location to an individual needing care at a referring site. “The term does not include the standard use of telephones, facsimile transmissions, unsecured electronic mail, or a combination of these in the course of care,” according to N.C. General Statute § 143B-139.4B.

R e c o v e r y S e r v i c e

Benefits of Telepsychiatry

1. Travel time is reduced or eliminated.
2. Telehealth equipment costs have plummeted.
3. Patients in distress can be seen more quickly, reducing relapse events.
4. Consultations with off-site specialists can be quickly carried out.
5. Off-site and part-time behavioral health specialists can be members of the clinic team via telehealth.
6. Staff can meet and collaborate more easily, especially when connecting staff located at various sites.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, “Increasing Access to Behavioral Health Care Through Technology,” Meeting Summary, March 30, 2012, Rockville, MD, published February 2013, p. 3.

Scope of Services

Clinical applications of telemedicine encompass diagnostic, therapeutic, and forensic modalities across the lifespan. Common applications include pre-hospitalization assessment and post-hospital follow-up care, scheduled and urgent outpatient visits, medication management, psychotherapy and consultation.

Recovery Service

Clinical Interviews

Telemental health interviews may be conducted between physicians in consultation, between a physician and other qualified providers (e.g., a case manager, clinical nurse practitioner or physician assistant), or between mental health professionals and a patient. Other persons, such as another health care provider or family member, may also be present in a patient interview. The Telemental health interview may be an adjunct to periodic face-to-face contact or may be the only contact; and is typically supported by additional communications technologies such as faxed or emailed consultation information or transmission of an electronic medical record.

Emergency Evaluations

Emergency evaluations for psychiatric hospitalization can be conducted via telemedicine, and usually will require additional personnel to provide physical control of the environment and possibly the patient, for patient safety. Situations such as a patient who is suicidal, homicidal, or suffering from dementia or acute psychosis may require additional personnel in the room in addition to family members. In general, adequate support staff or responsible family members shall be present at the remote site in order to safely care for the patient.

Recovery Service

From NC General Statute § 122C-263. Duties of law-enforcement officer; first examination by physician or eligible psychologist

When the examination set forth in subsection (a) of this section is performed by a physician or eligible psychologist the respondent may either be in the physical face-to-face presence of the physician or eligible psychologist or **may be examined utilizing telemedicine equipment and procedures**. A physician or eligible psychologist who examines a respondent by means of telemedicine must be satisfied to a reasonable medical certainty that the determinations made in accordance with subsection (d) of this section would not be different if the examination had been done in the physical presence of the physician or eligible psychologist.

Telepsychiatry Professional Services

The following providers enrolled in the Medicaid program who provide this service may bill Medicaid or NCHC:

- a. Physicians.
- b. Advanced practice psychiatric nurse practitioners.
- c. Advanced practice psychiatric clinical nurse specialists.
- d. Licensed psychologists (doctorate level).
- e. Licensed clinical social workers (LCSW).
- f. Community diagnostic assessment agencies.

From: NC Division of Medical Assistance Medicaid and Health Choice
Telemedicine and Telepsychiatry Clinical Coverage Policy No: 1H
Amended Date: November 15, 2013

Facility Fees

The following providers may bill for a facility fee when their office or facility is the site at which the beneficiary is located when the service is provided:

Physicians	Licensed clinical social workers (LCSW)
Nurse practitioners	Physician's Assistants
Nurse midwives	Hospitals (inpatient or outpatient)
Advanced practice psychiatric nurse practitioners	Federally qualified health centers
Advanced practice psychiatric clinical nurse specialists	Rural health clinics
Licensed psychologists (doctorate level)	Local health departments Local Management Entities

From: NC Division of Medical Assistance Medicaid and Health Choice
Telemedicine and Telepsychiatry Clinical Coverage Policy No: 1H
Amended Date: November 15, 2013 - Refer to Attachment A, Section C, for a list of billable codes.



Responding to the shortage of
psychiatrists in North Carolina

DAYMARK

Recovery Services

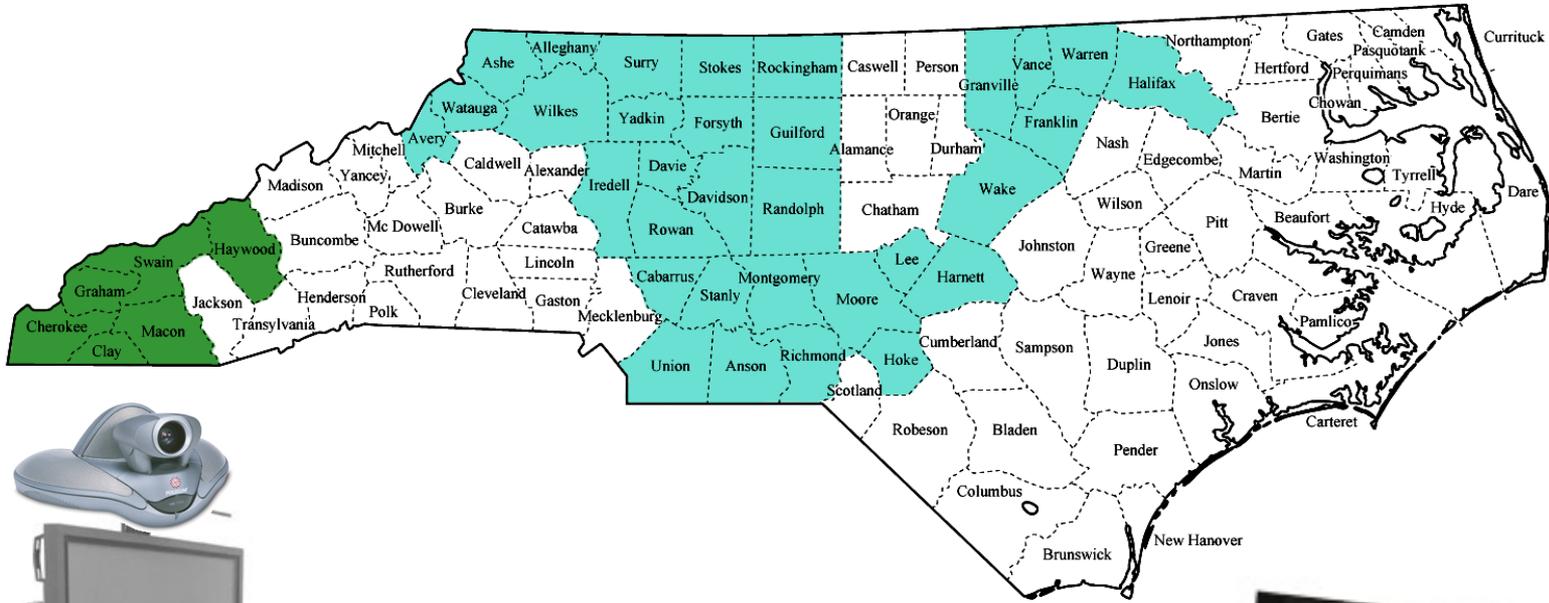
Annual Profile of Health Professionals in North Carolina, Physician Specialties, 2011

Type of Physician Specialty	Counties with 0	Counties with 1	Counties with 2 or more	Total # of Professionals Statewide
Addiction Psychiatry	95	3	2	9
Addiction/Chemical Dependency	87	9	4	22
Psychiatry	28	18	54	971
Child Psychiatry	70	14	16	146
Geriatric Psychiatry	94	4	2	9

Note: The 28 counties in North Carolina that do not have a psychiatrist are Alleghany, Anson, Ashe, Bertie, Bladen, Camden, Dare, Edgecombe, Franklin, Gates, Graham, Hoke, Hyde, Jackson, Jones, Macon, Madison, McDowell, Mitchell, Montgomery, Northampton, Pamlico, Scotland, Swain, Transylvania, Tyrrell, Warren, and Yancey.

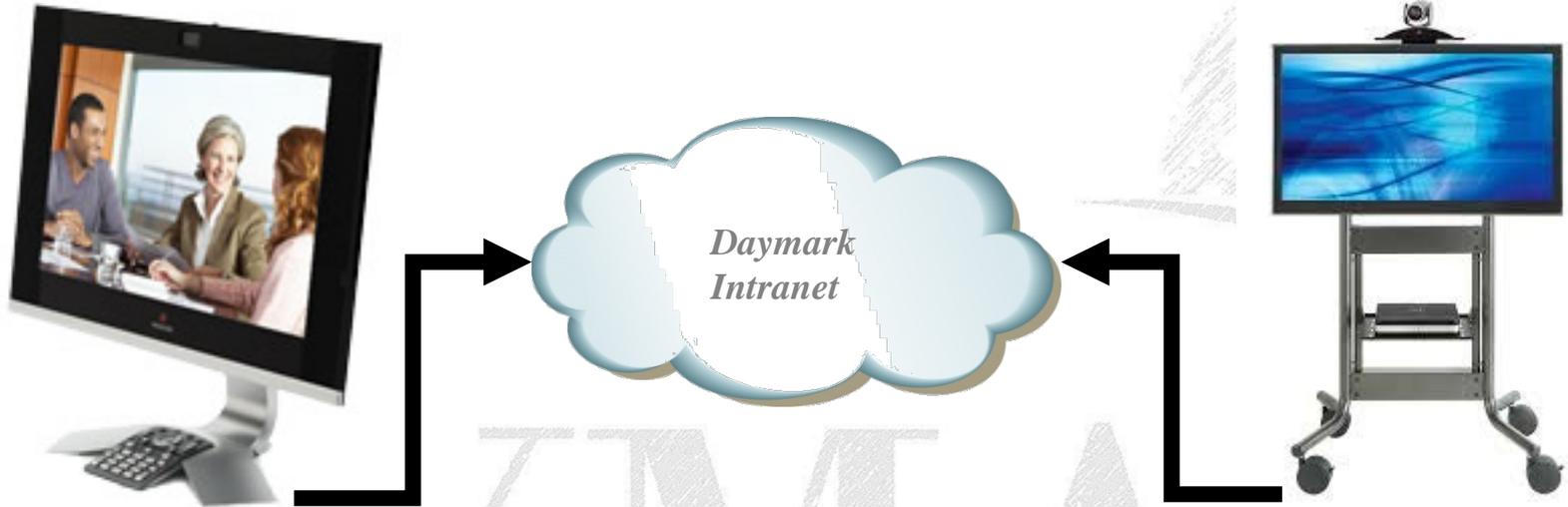
Source: The Cecil G. Sheps Center for Health Services Research at UNC-Chapel Hill. See the Excel spreadsheet for physician specialties. On the Internet at <http://www.shepscenter.unc.edu/hp/prof2011.htm>.

Telepsychiatry at Daymark:



Y I V L A
e o v e r y S

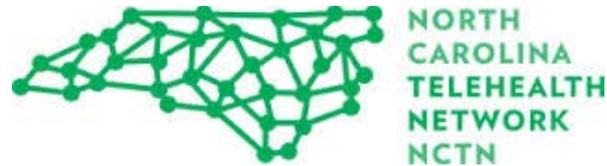
“Codecs”, or “End-Points” allow two or more locations to conduct telemedicine sessions or staff meetings/trainings with full, two-way interactive, audio and video, over the Daymark dedicated IP network (“intranet”). This brings people together, as if they are in the same room!



**Polycom© HDX 4000
Series Desktop –
Raleigh Telemedicine
Hub – approx. \$6500
each (includes 1 year
mandatory service
contract)**

**Patient end: Polycom©
VSX or QDX with pan
and tilt camera on
Practitioner Cart –
approx. \$6000 each
(includes 1 year
mandatory service
contract)**

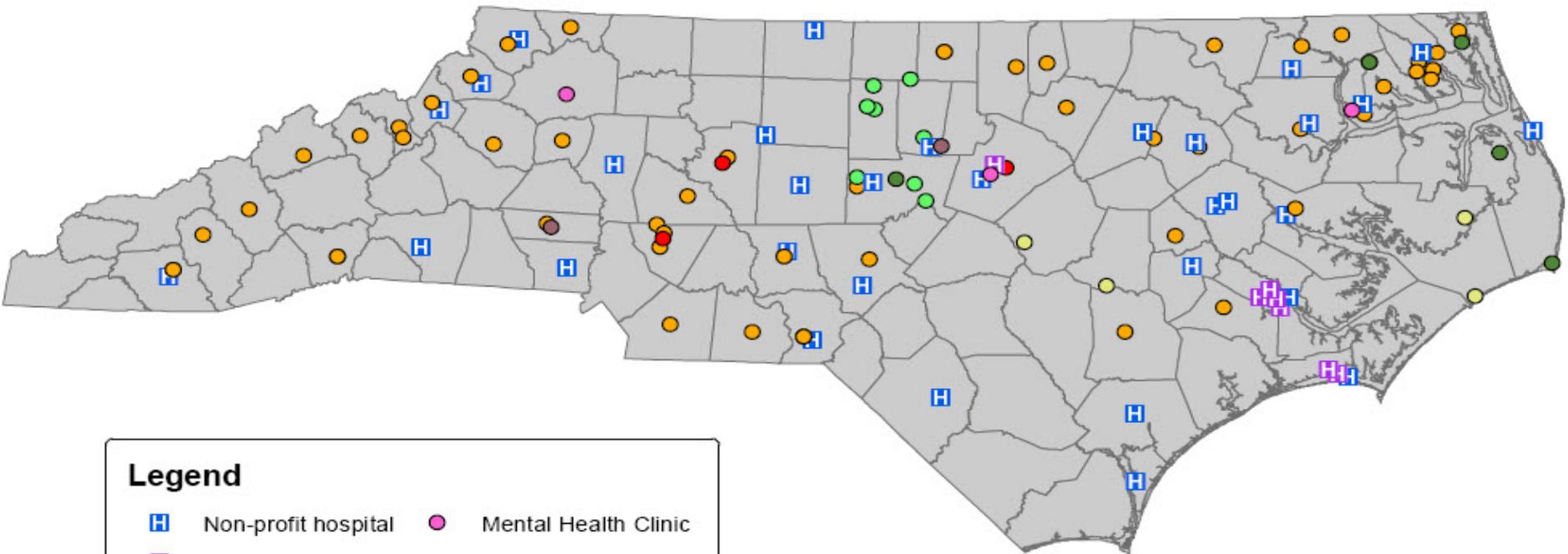
Daymark is a member of the NC Telehealth Network



The NC Telehealth Network (NCTN) provides high-speed, reliable, and cost-efficient broadband services with 65% permanent discounts to eligible public and non-profit health care providers in North Carolina through a Federal Communications Commission (FCC) Program called the Healthcare Connect Fund.

Recovery Service

North Carolina Telehealth Network Sites



Legend

- | | |
|---------------------|-----------------------|
| Non-profit hospital | Mental Health Clinic |
| Hospital Clinic | Rural Health Center |
| Critical PHS site | Non-critical PHS site |
| FQHC | Data Center |
| Free Clinic | County Boundaries |



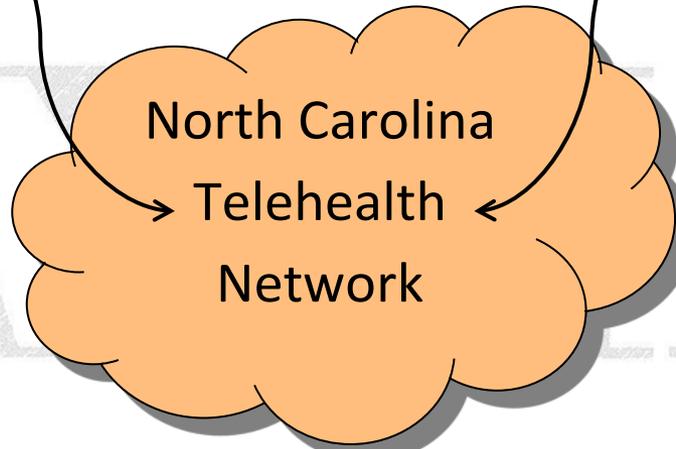
Map Updated: 8/8/2013



Daymark servers
at Concord, NC
IT headquarters



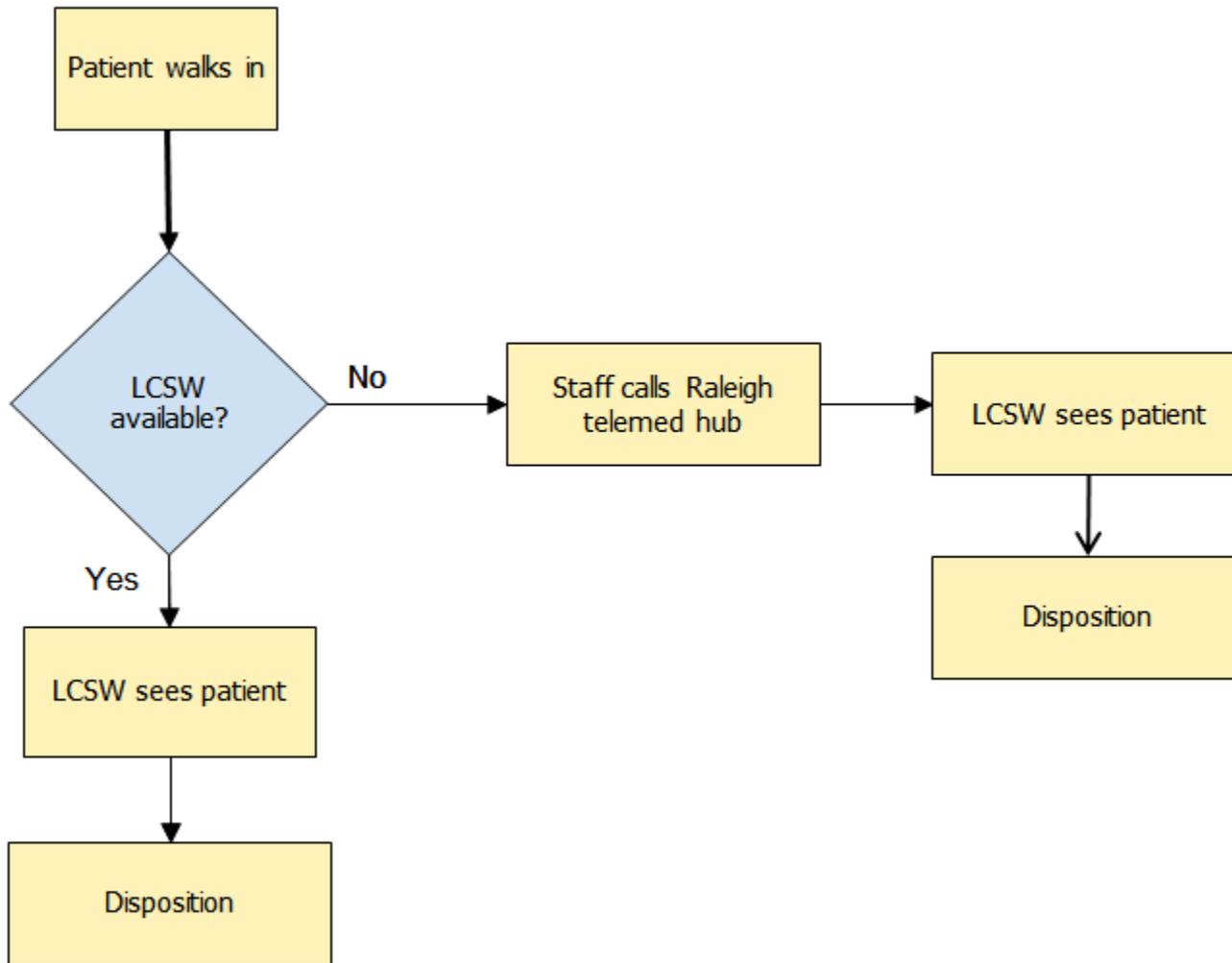
Daymark
Telepsychiatry
Locations



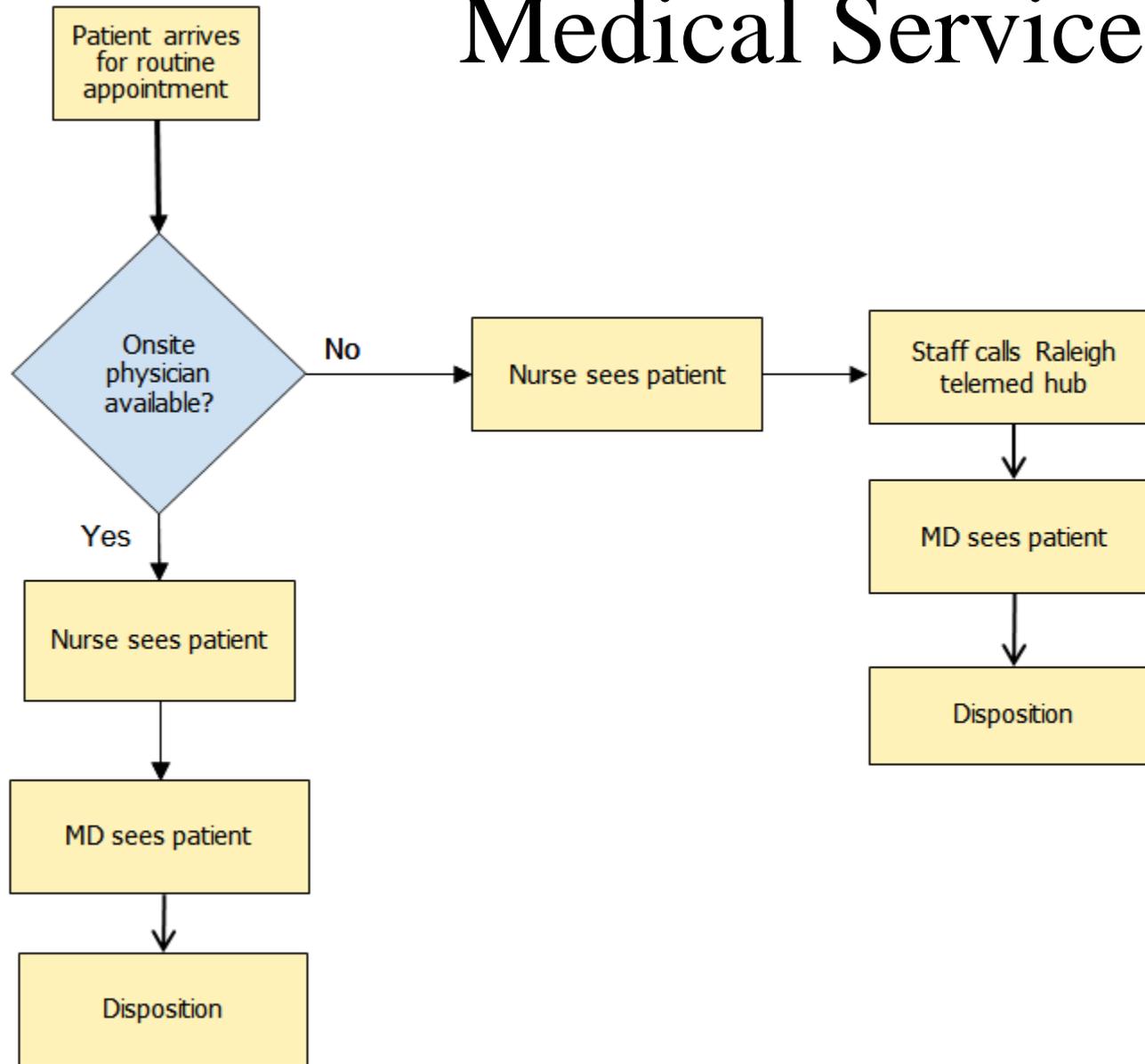
Alleghany (2)
Archdale
Ashe Co. (3)
Asheboro (2)
Avery (2)
Buies Creek (2)
Cabarrus (3)
CRC - Kannapolis
CRC Statesville (2)
CRC Union (2)
Davidson
Forsyth (2)
Guilford - Dr. office (3)
Iredell (2)
Pinehurst (3)
Raeford
Raleigh (6)
Rockingham city
Rockingham Co. (3)
Rowan (2)
Sanford (2)
Stanly (3)
Surry (2)
Troy
Union (3)
Vance County (2)
Wadesboro
Watauga (2)
Wilkes (3)
Yadkin

Recovery Services

General Services – Clinical (not Medical)



Medical Services



mtSchedule 2013.1 Day View Greer Jerold

<< >> 06/24/2014 ? Go Today View> 24 Hr Hide Find > Print

Tuesday June 24, 2014	
8 am	
9 am	
10 am	3050 jgreer 06/14/14 10:15pmB - Testerrainy Tester (T88888) - <u>n/a</u> ADT History
	3050 jgreer 06/14/14 10:13pmB - Guamsterdam Erin Francesca (T66666) - <u>252-123-3456</u> ADT History(ER- 2)
11 am	3050 jgreer 06/14/14 10:04pmB - Guamsterdam Ted Addleston (T22222) - <u>123-123-1234</u> ADT History(ER- 1)
	3050 jgreer 06/14/14 10:13pmB - Guamsterdam Jennifer Lynn (T33333) - <u>910-777-9311</u> ADT History(ER- 5)

Shortcuts
Intake/Progress Notes/Scheduli
Front Desk BUI
Telephone Directory
Parameter File Maintenance
Add/Update/Test User Scripts/N
Self Administered Testing

Staff In/Out Board
Greer Jerold IN
<input type="button" value="Config Monitor List"/>

Task Manager
TXPLANS
Treatment Plan 09/01/2012
<input type="button" value="Add A Task"/>

Quick Launch
Check Medicaid Eligibility
Client Demo Update Printout
ePrescribe

BUI Explorer - bui:\172.16.135.1/cmhbui

Daymark | Front Desk BUI | Jerold Greer

3050 jgreer 06/14/14 10:04pm

mtSchedule 2013.1 Day

<< >> 06/24/2014 ? Go T

9311 ADT HISTORY (EK)

12 pm	
1 pm	
2 pm	
3 pm	
4 pm	

Entry Details/Options [X]

11:00am with a duration of 0:15

Service 3050 (Med Check-Min Therapy):
jgreer 06/14/14 10:04pmB

With the following client:
 Guamsterdam Ted Addleston (T2222)

Memo Area
FUNDING SOURCE: CONTRACTS
FD Intake Memo: REMEMBER TO CHANGE THE LOCATION OF MR. ADD A CO-PAY AMOUNT OR CO-INSURANCE AMOUNT IN THE ELIGIBILITY SCREEN.
Demographic Update Due: 09/04/2014

[View ADT History](#)
***Unauthorized!!!

Edit/View Entry
AIMS
Alternate Day View
Appointment Actions
Appt Kept (Admin Codes Only)
Auth Status
Case Load Interactive
Check In
Check Medicaid Eligibility
Client Focus
Electronic Record
ePrescribe
ePrescribe Reports
Form B
Get Driving Directions
Group Member Management
Import Released NRBHS Documents
MAR
Medical Summary
NCTOPPS Website
Print Ind Billing Ticket
Productivity
Progress Note
TEST - IT ONLY
TEST2 - IT ONLY

09/01/2012
Greer Jerold

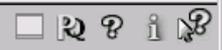
Options Change View Exit

Admit Date	Discharge Date	Facility	Reason	Reason 2	Setting	ER ADT
04/17/2014	04/17/2014	Stanly Regional Medical Center	POLYCYTHEMIA VERA		Outpatient	1
04/02/2014	04/03/2014	Carolinas Medical Center - Northeast	SUICIDAL THOUGHTS	SUICIDAL THOUGHTS	ED	1

[CCNC Portal Access](#)

Submit Cancel

Submit Cancel



Medical Staff Utilization

- DAYMARK has approximately 60 plus psychiatrist employed at any given time.
- 27 of our doctors perform on demand and routine telemedicine services.
- For FY 2014 our doctors performed over 9,000 tele-health services

Recovery Service

Non-Physician Services

- DAYMARK has one Licensed Clinical Social Worker dedicated to Tele-health.
- The LCSW sits in our Wake County Tele-medicine Hub and spends 90% plus of his time performing on demand walk-in assessments.
- Less than 10% of his appointments are follow up for routine services.
- Our LCSW performed 305 tele-health services in FY 2014

Recovery Services

Questions & Answers