

## Growing Psychiatrist Shortages and the Role of Telepsychiatry in Delaware

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Public health research continues to connect mental health with other comorbidities, signifying a need to better understand mental and behavioral health. One in five adults are likely to experience a mental health disorder during their lifetime, and the widespread presence of these disorders is even greater in populations with chronic conditions such as diabetes, asthma, or cardiovascular disease.<sup>1</sup>

Psychiatry ranks third among the top 20 most requested healthcare provider searches by specialty. According to a study conducted by the Association of American Medical colleges, 59 percent of psychiatrists are 55 or older, suggesting that more than half of psychiatrists may soon be retiring or decreasing their working hours.<sup>2</sup>

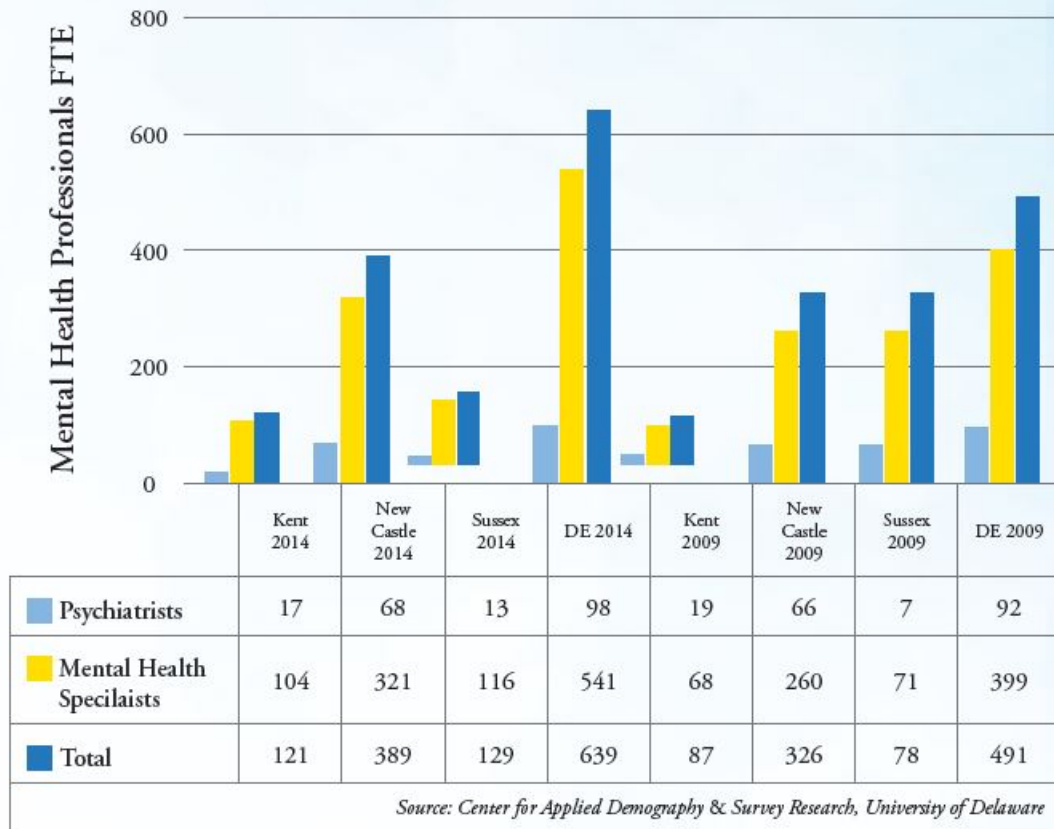
Aside from an aging psychiatrist population, the number of adult and child psychiatrists rose by only 12 percent from 1994 to 2013—from 43,640 to 49,079—according to the American Medical Association. During that time span, the U.S. population increased by about 37 percent. It is also significant that millions of Americans have become eligible for mental health coverage under the Affordable Care Act. Therefore, although the number of licensed psychiatrists is steadily increasing, mental health care treatment needs are increasing at a greater rate.

Delaware continues to struggle with physician shortages. So far, loan-forgiveness programs plus the appeal of country or seaside living have not been enough to solve the psychiatry shortage in Kent and Sussex counties. In 2014 there were 2,157 mental health professionals licensed in Delaware. Based on the survey, 1,484 licensed mental health professions are likely to practice in Delaware; of these, only 137 were psychiatrists and the number of full-time equivalent psychiatrists was only 98, with the majority of these practicing psychiatrists located in the higher population areas of the state.<sup>3</sup>

Because full-time equivalent calculations include adjustment for the number of hours providing direct patient care, FTE counts are often preferred when making comparisons. This information is provided in figure 1 (Center of Applied Demography & Survey Research, university of Delaware, Tibor Toth, Ph.D.)

Figure 1. Full-Time Equivalent Mental Health Professional by County, Delaware, 2009 and 2014

## Full-time Equivalent Mental Health Professional by County, Delaware, 2009 and 2014



Telepsychiatry in the form of videoconferencing brings enormous opportunities for clinical care, education, research, and administration. Telepsychiatry has been a focus of state health policymaking in recent years, and there have been an increasing number of state regulations that facilitate or clarify reimbursements for telehealth-enabled healthcare services.

Telepsychiatry services offer a promising opportunity to expand service delivery for mental health providers. This is particularly relevant for patients who find travel difficult, for patients residing in institutions, and for patients that live in medically underserved areas.<sup>4-7</sup> Furthermore, prior studies suggest that telehealth technologies result in either similar or improved healthcare outcomes compared to traditional in-person delivery of healthcare. For example, lower mortality rates, improved chronic disease management and decreased hospital readmissions have been reported.<sup>8-10</sup>

In the US, half of telehealth-related state statutes were implemented within the last 7 years, and over 200 telehealth-related pieces of legislation were introduced in 2015.<sup>11</sup> Although state policies surrounding telehealth have substantially expanded in number and scope, it is unclear whether healthcare providers have responded to these policies by increasing their utilization of telehealth technologies. Delaware Title 18, sec. 3370 & Title 18, sec. 3571r require that insurers must pay for telemedicine services at the same rate as in-person health services.

Psychiatrists and other providers may not have been responsive to the policy changes. The reasons for this are unclear, but may be related to additional contractual changes required by some insurance companies. Another possibility for the low numbers of telehealth-delivered services may be the confusion over which billing code to use for telehealth or lack of coding.<sup>12</sup> In addition to specific billing codes, more documentation is required for reimbursement for some insurance carriers in Delaware:

## Medicare

In eligible areas, the CPT codes may be billed with a specific modifier (e.g., “GT”); however it may be necessary to document “medical necessity” to support the need for the service. The client must reside in a designated rural location in order to qualify for Medicare billing; currently there are no areas in Delaware that qualify for the Medicare geographic designation of “rural”.<sup>13</sup>

## Medicaid

Delaware Medicaid policy was expanded in 2015 to include reimbursement for normally covered services when delivered via telehealth. According to the regulation:

“Traditional approaches to telemedicine coverage require that the patient be served from a specific type of healthcare facility, such as a hospital or physician’s office. Not included are sites where people spend much of their time, such as homes. With advances in decentralized computing power, such as cloud processing, and mobile telecommunications, such as 4G wireless, the current approach is to cover health services to patients wherever they are.”<sup>14</sup>

Most of Delaware Medicaid coverage is provided by one of two managed care organizations, Highmark Health Options and United Healthcare Community Plan. Although the regulations requires coverage, a brief phone survey revealed that, in order to bill for telepsychiatry, United Healthcare Community Plan is updating their fee schedule and attestation of expertise must be completed by each provider to be recognized as a “Telemental Health Provider.”

## Private Insurance

In 2015, House Bill 69 (aka the “telemedicine bill”) was passed to mandate private insurance parity for normally covered services when delivered via telehealth and telemedicine.<sup>15</sup> The bill was summarized concisely by Lacktman:

“The law requires commercial insurers to cover services provided via telemedicine and telehealth to the same extent those services are covered through in-person visits. The law also protects patients against cost-shifting by requiring telehealth coverage must be subject to the same terms and conditions applicable to all other benefits under the patient’s insurance policy (e.g., deductibles, co-insurance, or other conditions for coverage)...

...Moreover, the payment for telemedicine interactions must include reasonable compensation to the originating or distant site

for the transmission cost incurred during the delivery of health care services” (Lacktman, N. M., 2015, para. 2, 7).”<sup>16</sup>

A brief phone survey revealed that the major carriers in Delaware (i.e., Aetna, Highmark Bluecross/Blue shield, Cigna, United Healthcare, etc.) will allow billing for telepsychiatry CPT codes if individual plans permit it. This is due to the exemption under ERISA that protects large self-insured employers from having to adhere to state mandates. However, according to Highmark, of the 29 self-funded clients they administer in Delaware (with nearly 100,000 active members under the age of 65), there are 12 who have not implemented HB69. However, almost all have a “telemedicine benefit.” Only four clients with less than 4,000 members do not yet have a telemedicine benefit and a couple of those are considering adding one (P. Price, Personal communication, July 11, 2016). The bottom line is, for any providers interested in billing for telehealth, it is always advisable to communicate directly with each payer that could potentially be billed.

## History of Telehealth in Delaware

Delaware’s shortages and maldistribution of certain healthcare providers led to the pursuit of implementing telehealth within the state. Up until about 6 years ago, little activity around telehealth existed here. Two areas of particular concern - the shortages of psychiatrists and other behavioral health providers and the lack of specialists for people with Parkinson’s disease, multiple sclerosis, and other movement disorders – catalyzed this initiative. In 2011, a group of about a dozen representatives from various public agencies, private organizations, and advocacy groups began collaborating to find ways to address these issues. The solution, they agreed, was telehealth; soon after, the Delaware Telehealth Coalition was formed and has since grown to over 100 members.

One outcome of the formation of the coalition has been the development of relationships between members leading to collaboration on specific telehealth programs. The coalition is a venue for sharing knowledge in areas of policy and operational solutions related to telehealth.

The semi-annual meetings also help inspire members to explore the newest innovations in meeting the growing demand for quality healthcare while serving to bolster success and responsiveness in a changing healthcare environment. Though some barriers remain, much progress has been made in the last 6 years since the Parkinson’s advocates first approached DHSS Secretary Rita Landgraf for help.

Telehealth Milestones in Delaware:

- 2011 Delaware Telehealth Coalition formed
- 2012 Delaware Medicaid begins reimbursing for telehealth
- 2013 Delaware Telehealth roundtable
- 2014-2016 Delaware Strategic Action Plan (SAP)
- 2015 House Bill 69 (aka the “telemedicine bill”)
- 2015 Medicaid expands reimbursement for telehealth
- 2016 Delaware Strategic Action Plan Interim report

Areas of focus for the future include updating the strategic Action Plan in 2017, actively advocating for Medicare reimbursement for telehealth in Delaware (arguably the state's biggest barrier to implementation of telehealth programs), and ensuring continued alignment with organizational and consumer needs within the state.

For more information about the Delaware Telehealth Coalition, its mission, vision, and Strategic Action Plan, please visit <http://detelehealth.wixsite.com/detelehealth>.

In conclusion, telepsychiatry has been successfully used for various clinical services and educational initiatives. Educational activities may include distance learning activities to groups or individual supervision of mental health providers. It appears that telepsychiatry use will continue to grow. Its curve of growth or decline will depend on how well programs are organized and adapt to potential pitfalls. Some obstacles (for example, costs and access to broadband) will recede as technology advances. Integration of video-conferencing with other digital technologies appears particularly promising in terms of clinical care, patient and provider education, provider–specialist communication, and electronic medical records. Data are limited with regard to clinical outcomes and cost-effectiveness. More short- and long-term quantitative and qualitative research is warranted on clinical outcomes, predictors of satisfaction, costs, and educational outcomes.

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