



TeleHealth Reimbursement

Behavioral Health Provider Perspective:

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Background

- I am a licensed mental health counselor in private practice with an office in Hilo, on Hawai'i Island.
- About 70% of my patients are Medicaid recipients.
- Most of my other clients have low/mid income; many live in remote locations in East Hawai'i.
- The population I serve is representative of patients who have mental health issues in East Hawai'i.
- I see patients with major depression, anxiety disorders, post-traumatic stress disorder, bipolar disorder and schizophrenia.

Access and Quality

- Rural location and low income have a major impact on access to services AND quality of care. Barriers include:
 - Transportation – no car, no gas money, medical transport services are very unreliable – and costly for the State!
 - Childcare is unavailable and/or too expensive.
 - Patients cannot make it during normal business hours.
 - Mental health symptoms prevent patients from attending sessions when needed most (e.g. panic disorder, extreme anxiety, trauma symptoms, feeling suicidal).
 - Providers are not reimbursed for no-shows and stop taking Medicaid patients who have trouble attending sessions (especially since most Medicaid plans offer reimbursement rates 25% - 40% lower than other plans).

TeleHealth Option

- Patients have expressed enthusiastic interest in a home-based TeleHealth option. Most have access to a smart phone; some have a tablet or computer.
- Solves many problems connected to access and quality:
 - Transportation issues are eliminated for patients and the State saves money on medical transport costs!
 - Clients can be at home with children during session.
 - Easier for providers to offer appointments during non-business hours for patients with irregular work hours.
 - Patients can keep appointments when needed most.
 - Most providers I know would be happy to offer TeleHealth sessions, but they need to be reimbursed.

TeleHealth Status & Challenges

- Some commercial plans require providers to use their system (HMSA); others allow providers to use any system that meets requirements (HMAA and UHA). Some (HMA administered plans) do not reimburse for TeleHealth.
- Medicaid plans only allow patients to be at an “authorized originating site,” (clinic, doctor’s office etc.) **NOT** at their home.
- There are **NO** approved sites in East Hawai’i.
- Even with an approved site, it would not solve the problem. If patients can drive to a site, they can drive to my office in Hilo.
- I am obligated to offer TeleHealth services free of charge in order to help patients who cannot make it to their appointment.

Effectiveness & Compliance

- Outcome studies of TeleMental Health treatment have **already proven it** to be equally effective to in-person therapy. One source for references to these studies:
 - <https://www.breakthrough.com/why/effectiveness>
- I use a service called <https://www.breakthrough.com> to offer HIPAA compliant counseling via secure video-conferencing. Other similar services and software are readily available.
- I am in training with TeleMental Health Institute, which offers a Distance Counseling credential - <http://telehealth.org/courses/>. Other training programs are readily available.
- Training covers protocols to ensure privacy, address emergencies, and assess patient progress.

Legislation is needed!

- Bill 2469 on TeleHealth does not address originating site rules.
- Legislation should require ALL insurance plans to reimburse current providers for **home-based** TeleHealth appointments via approved technologies, in any context where a “**home visit**” would be appropriate. This should include psychotherapy sessions.
- Hawai'i Medicaid policy should be changed to allow home-based psychotherapy sessions (and other types of healthcare appointments where appropriate).
- Let's talk! Feel free to contact me: Shari Tresky, LMHC
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