# Agenda

Models of Telepsychiatry

Operational Considerations

Lessons Learned

Connected Telehealth

# About InSight

Based in New Jersey

Did first telepsychiatry evaluation at South Jersey hospital in 1999

Employ and manage ~200 providers

Work in hundreds of facilities in 26 states

Done about 1 million encounters

# Telepsychiatry

A medium for delivering psychiatric care through videoconferencing technology
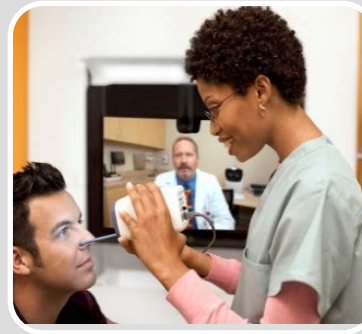
# On-Demand Model

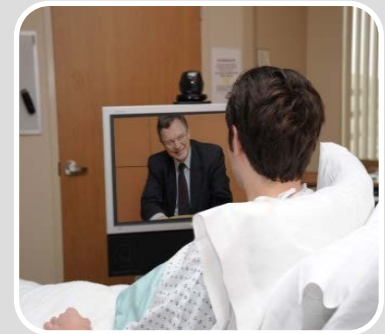## Rapid, on-demand access to a psychiatric professional



**Psychiatric Assessments**

**Admission and Commitment Decisions**

**Consults and Orders**

**Rounding**

# Scheduled Services Model

## Remote providers can be used to complete most tasks that an onsite provider would

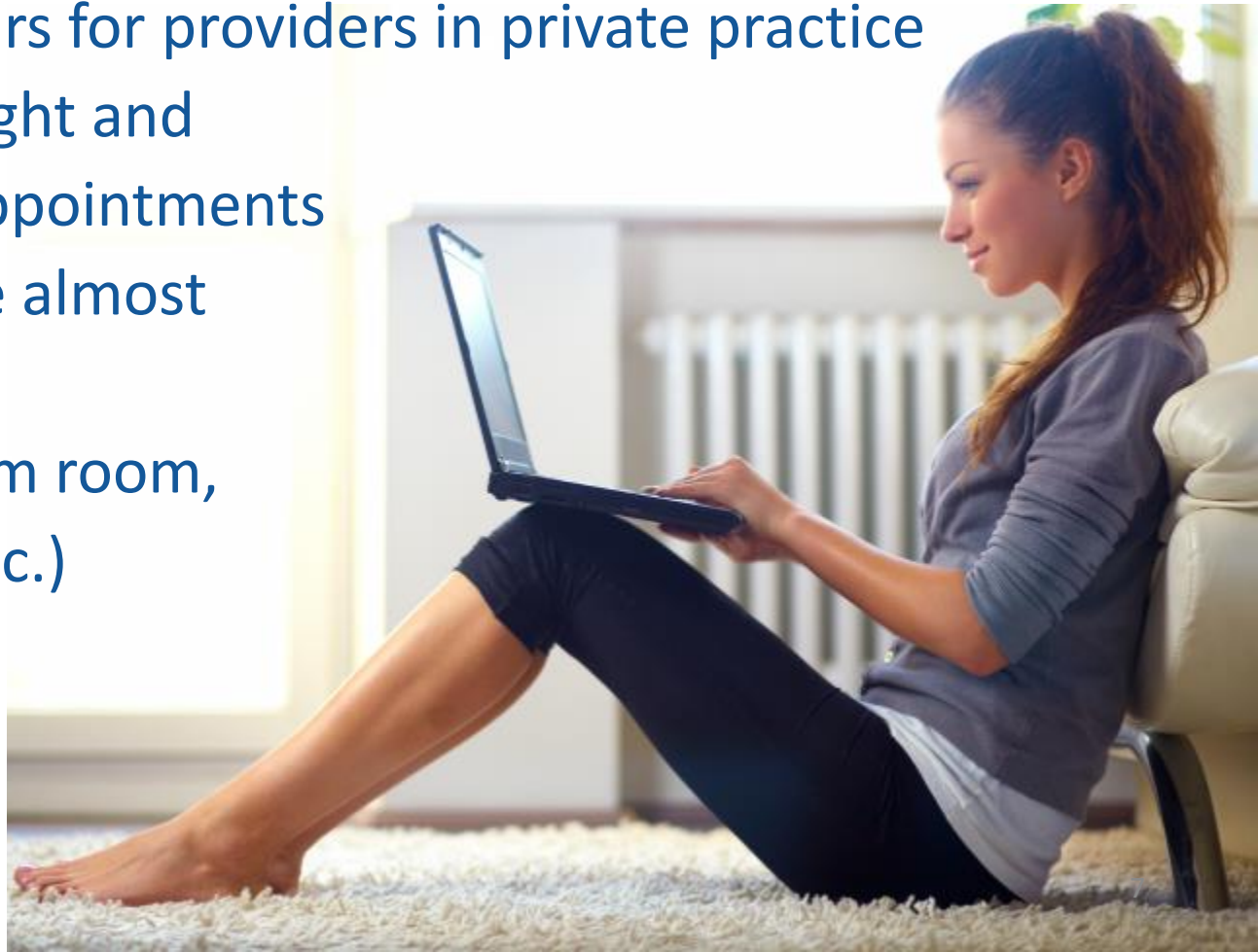| Initial Assessments and Testing | Treatment Team Meetings | Medication Management | Therapy and Counseling | Group Sessions |

# Direct-to-Consumer Model

- Convenient value-add for consumers
- Flexible hours for providers in private practice
- Great for night and
  weekend appointments
- Expand care almost
  anywhere
  (home, dorm room,
   hub site, etc.)

# Connected Services Model

- What is it?
  - Programs that blend several telepsychiatry models together in order connect new settings on the care continuum

- What are some examples?
  - Telehealth consulting and community assessment projects
  - Programs with ACOs and health systems
  - Inpatient programs
  - Programs for skilled nursing facilities
  - Programs for schools or universities

Operational Considerations

# Cultivate Stakeholder Buy-in

| | | |
|---|---|---|
| Providers | Executives | IT |
| Medical Affairs | Community | Payers |

# Medical Affairs

- **Plan ahead!** Provider credentialing is the largest roadblock to launching new programs
  - Are your bylaws conducive to telepsychiatry?
  - Will you accept credentialing by proxy?

- Licensing
- Credentialing
- Paneling
- Payer Enrollment
- Maintenance of Certification, Reappointments, CMEs

Pick the Right Equipment

# Design Workflows

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- Proactively design a system that works for you
  - Goal should be integration
- When will you use telepsychiatry? How?
- Who will take the records? How will they be sent?
- Who will be the facilitator?
  - What will they do?
  - How will they communicate with the remote provider?
- How will scheduling work?

# Organization-Based Provider Training

## Know the Team

- Get to know your remote team
- Know who to go to for questions
- Learn the onsite standards

## Learn the Community Context

- What community resources are available?
- What cultural aspects should be considered?
- Is the site on a farm? In an urban area?

# Key Lessons Learned

- Credentialing takes time
  - Remove any redundancy possible
- Reimbursement is nuanced
  - Pay attention to codes
  - Location requirements (provider and patient)
  - Facilitator requirements
- Don't let the technology dictate use
  - Clinical need must be the driver
- Get internal and external buy-in
  - Expect some providers and staff to feel threatened
- Use telemedicine to complement, not replace good quality, timely in-person care
  - But don't hold telemedicine to different standards

# Connected Communities

# Questions?



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