



University  
Physician Group

# Telemedicine Integration with Chronic Pain Management

Best Practices

# Speakers

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# Introduction

- The integration of Behavioral Health into Primary Care Services is a ***360 patient first care model***; designed to address both the mental and physical health needs of a patient in co-locations.
- This model offers patients direct access to mental health services that is streamlined through a PCMH while using Telemedicine.

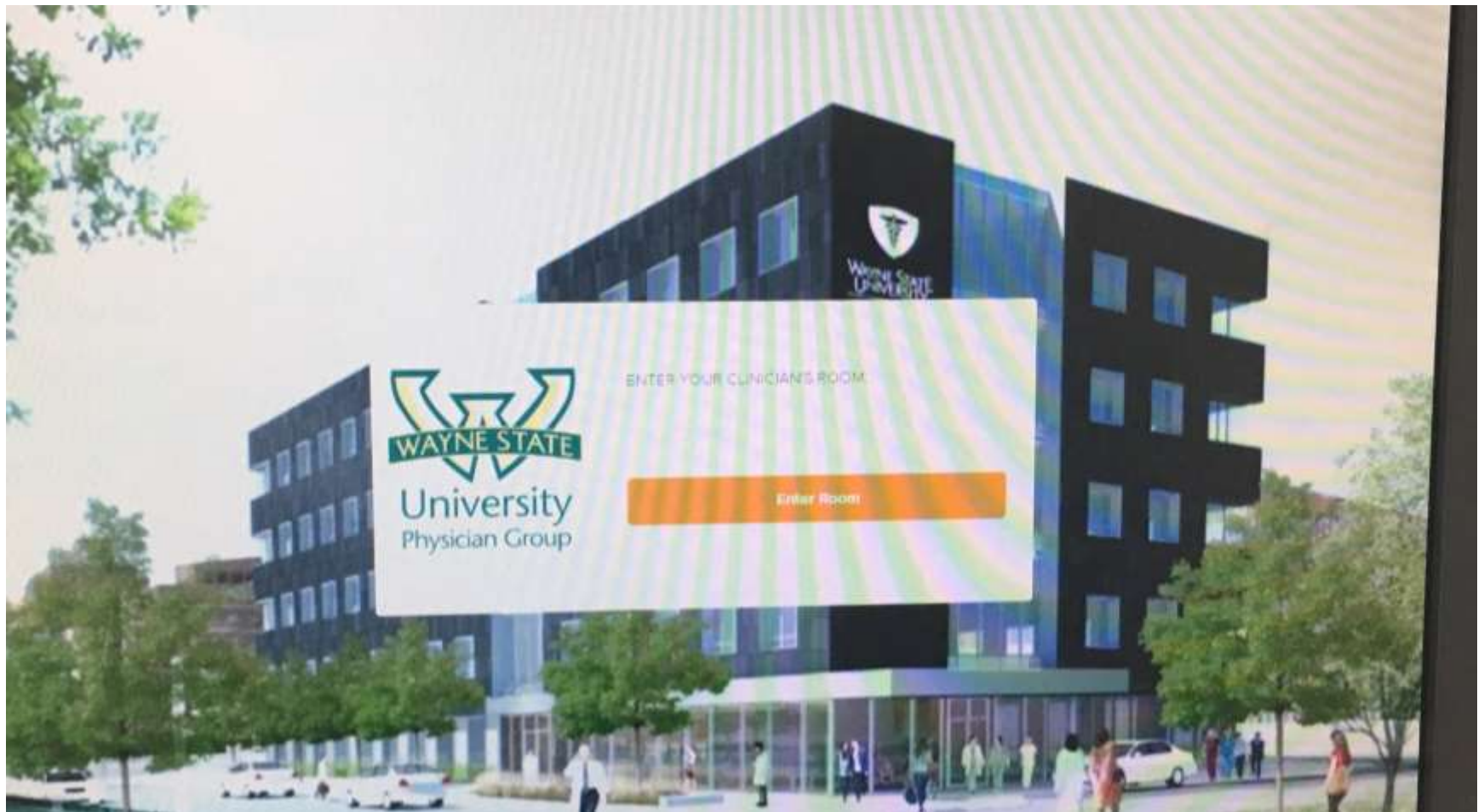
# Telemedicine

- Telemedicine is the form of medicine that allows patients to access medical care using audio-video interface such as videoconferencing. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.
- University Physician Group utilizes a HIPAA compliant server.
  - In clinics system: Polycom
  - HIPAA compliant server: Doxy; a WSUPG design...

# Polycom



# Doxy



# Referral Method

- Referrals to behavioral health services are processed through our Electronic Medical Records (EMR) by the primary care provider. Once placed in the EMR, the referral is then “tasked” to our behavioral health department. Patient is called for an initial assessment with a clinical therapist within 48 hours of received referral.
- Once the assessment has been completed, an appointment is scheduled for the patient to have a psychiatry evaluation via Telemedicine.

# Sequence Of Operations

- Referral from PCP
- Patient contact within 48 hours for initial assessment
- Visit one: Integrated Bio-psychosocial assessment by clinical therapist
- Visit Two: first Tele-psych/medicine session, psychiatric evaluation done. Formulation of treatment plan
- On going tele-medicines as needed per patients treatment plan
- On going weekly therapy/ as needed per patients treatment plan



# Interventions

CBT- Cognitive Behavioral Therapy

TF-CBT- Trauma Focused

EPT- Emotional Processing Therapy

DBT- Dialectical Behavioral Therapy

EMDR

Motivational Interviewing

Prolonged Exposure-PTSD

Addiction Model

# Onsite BH Clinicians

- On site clinicians daily at PCMH
- Services offered through our behavior health team:
  - telemedicine
  - individual psychotherapy
  - family psychotherapy
  - group therapy
  - crisis intervention
  - substance abuse treatment
  - referral to community resources

# Integration

## EMR – common use of EMR

- NextGEN

## Multidisciplinary meetings- Monthly

- Residents
- Clinic Staff
- Dietician
- Psychology team
- Faculty

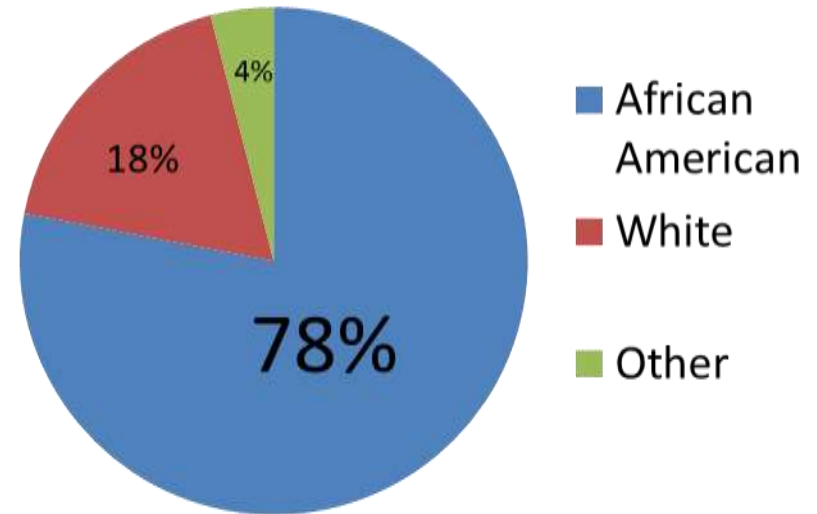
# Demographics Data

(370 patients = one year)

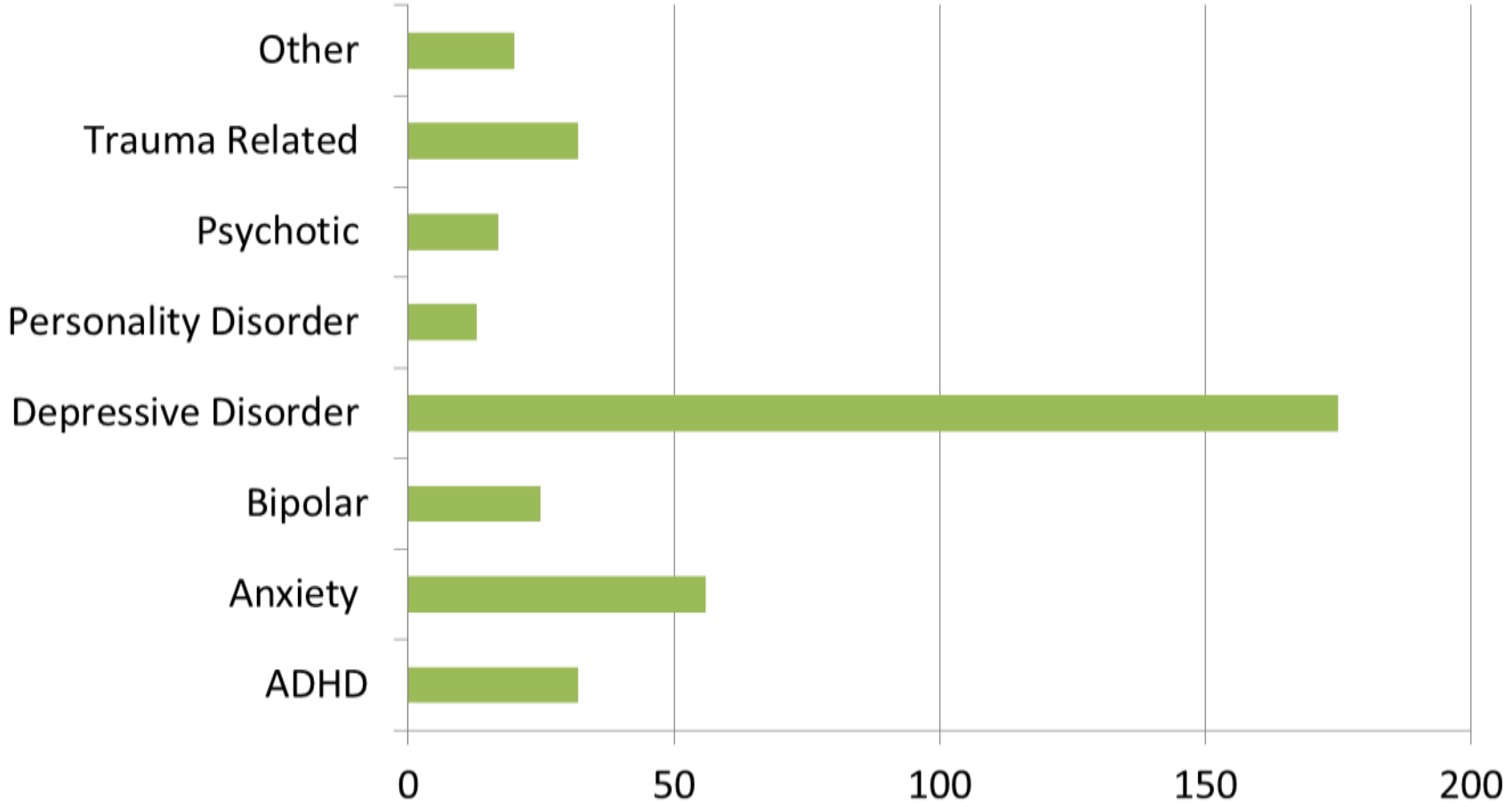
- Gender & Age

<b>MALE</b>	<b>115 (31%)</b>
FEMALE	255 (69%)
AGE RANGE	16-79

## Race



# Diagnoses



# Co-Occurring Disorders

- Most commonly found:
  - Chronic Pain/Depressive Disorder
  - Chronic Pain/SUD use
  - SUD use(abuse)/Behavior Health Diagnosis

73% of patients present with a co-occurring disorder at our canfield location.

# Chronic Pain

UDS Data from the Practice – 1-3 slides

Trends we have seen compared to MI

Billing codes for telemedicine

# Billing Data

- Insurance:
  - Medicaid: 89%
  - Medicare: 6%
  - MCPN & Private 5%
- Of the 370 patients, 100% participated in one or more Telemedicine sessions
- Less than 1% of patients participate in group therapy
- Current retention rate: 74%



# Billing Codes- Physician, NP, Nurse

Code	Description
99211	E/M visit: Established Pt.
99212	E/M visit: 10 mins
99213	E/M visit: 15 mins
99214	E/M visit: 25 mins
90791	Psych diag eval (no medical service)
90792	Psych diag eval (with medical service)
99201-99203	Psych eval & med management
90792GT	Psych eval w/ medical consideration

# Coding Issues

- 992xx and 908xx can not have the same service date for Medicaid.
- Most of BH patients have limited access to transportation, which makes the above difficult.
- E/M codes can only be used by physicians, nurses, and NP; whom often have limited opening in schedules.

# Desired Outcome

- Improved access to medical care by enabling a patient to minimize travel time and expense
- Efficient psychiatric evaluation and management that allows for immediate coordination of care with your primary care provider or other similar service provider
- Immediate access to psychiatric care in the event of an emergency
- Reduced number of psychiatric inpatient hospitalizations and ER visits due to mental health concerns
- Increased supports within the health care network
- Improved patient satisfaction

# Thank You!

## QUESTIONS