

# IHS Telehealth

An Introduction

Chris Fore, PhD

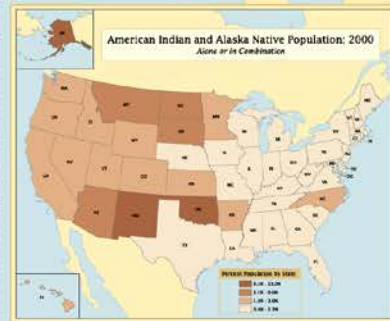
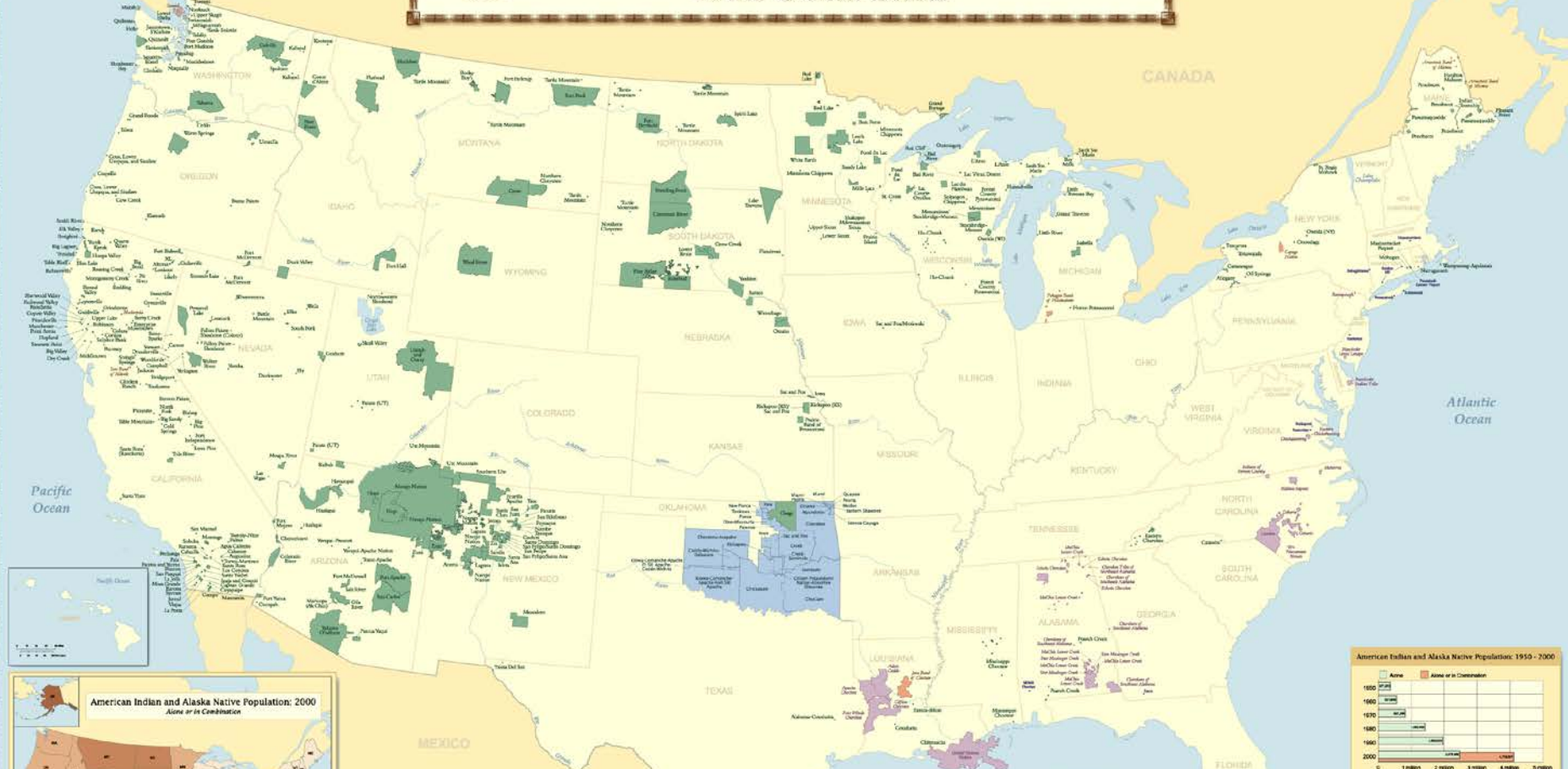
# American Indians/Alaska Natives (AI/AN)

- 5.2 Million
- 567 Tribes
- Poverty
- Trauma
- Health Disparities
  
- Resiliency

# AI/AN Health Disparities

- ▶ Alcoholism ▶ 740% higher
- ▶ Tuberculosis ▶ 500% higher
- ▶ Diabetes ▶ 390% higher
- ▶ Injuries ▶ 340% higher
- ▶ Suicide ▶ 190% higher
- ▶ Homicide ▶ 180% higher

# American Indians and Alaska Natives in the United States



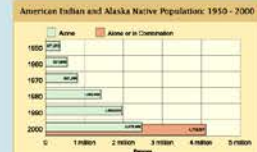
### Top 10 Most Populated Reservations and Off-Reservation Trust Lands: 2000

Reservation/Trust Land	Population
Navajo Nation	300,000
San Carlos	200,000
Fort Belknap	150,000
Fort Hall	100,000
Fort Bidwell	80,000
Fort Mojave	70,000
Fort McDowell	60,000
Fort McDowell	50,000
Fort Mojave	40,000
Fort Mojave	30,000

### Legend

- American Indian Reservation and/or Off-Reservation Trust Land (Federal)
- Oklahoma Tribal Statistical Area
- Tribal Designated Statistical Area
- American Indian Reservation (State)
- State Designated American Indian Statistical Area
- Alaska Native Regional Corporation

International Boundary State Boundary



USCENSUSBUREAU  
Howley 700 Healy Rd. Fort Belknap, MT 59717-2002





# AI/AN Veterans

- Over-represented in Armed Forces
- AI/AN females serve at higher rates
- 50% served in the Navy
- 2.5 less likely to be an officer
- Most are dual-eligible

# OCPS Telemedicine Statement

*IHS OCPS is dedicated to providing the best access and highest quality care to American Indians/Alaska Natives. To help achieve and maintain this goal, IHS is committed to the use of technology to connect providers and patients when and where care is needed.*



# Teleophthalmology Physical Components



Retinal Cameras



Diagnostic Display  
(National Reading Center)





# IHS-Joslin Vision Network Teleophthalmology Program

Dr. Mark Horton, Director

- Provides remote diagnosis and management of diabetic retinopathy
- Preventing Diabetes-Related Blindness in American Indians and Alaska Natives
- Asynchronous (Store and forward), not real time
- 2015 Highlights
  - IHS JVN Eye exams = 19,184
- Resource Information:
  - <https://www.ihs.gov/teleophthalmology/>



# IHS TeleBehavioral Health Center of Excellence (TBHCE)

- Direct Patient Care
- Tele-Education
- Technical Assistance

# TBHCE Summary

Area	TA	Clinical Services	Education	Intra-Area Agreement
Alaska	X		X	
Aberdeen	X	X	X	X
ABQ	X	X	X	N/A
Billings	X	X	X	X
Bemidji	X	X	X	X
Oklahoma			X	
Nashville	X	X	X	X
Phoenix	X	X	X	X
Tucson	X	X	X	X
California	X		X	
Portland	X	X	X	
Navajo	X	X	X	X

# Virtual Conferences

- Allow those who could not travel to an onsite conference to remotely view and be active participants in the conference.
- Host a conference without a physical site and all presenters and participants attend virtually.



# Tele-Education

FY15

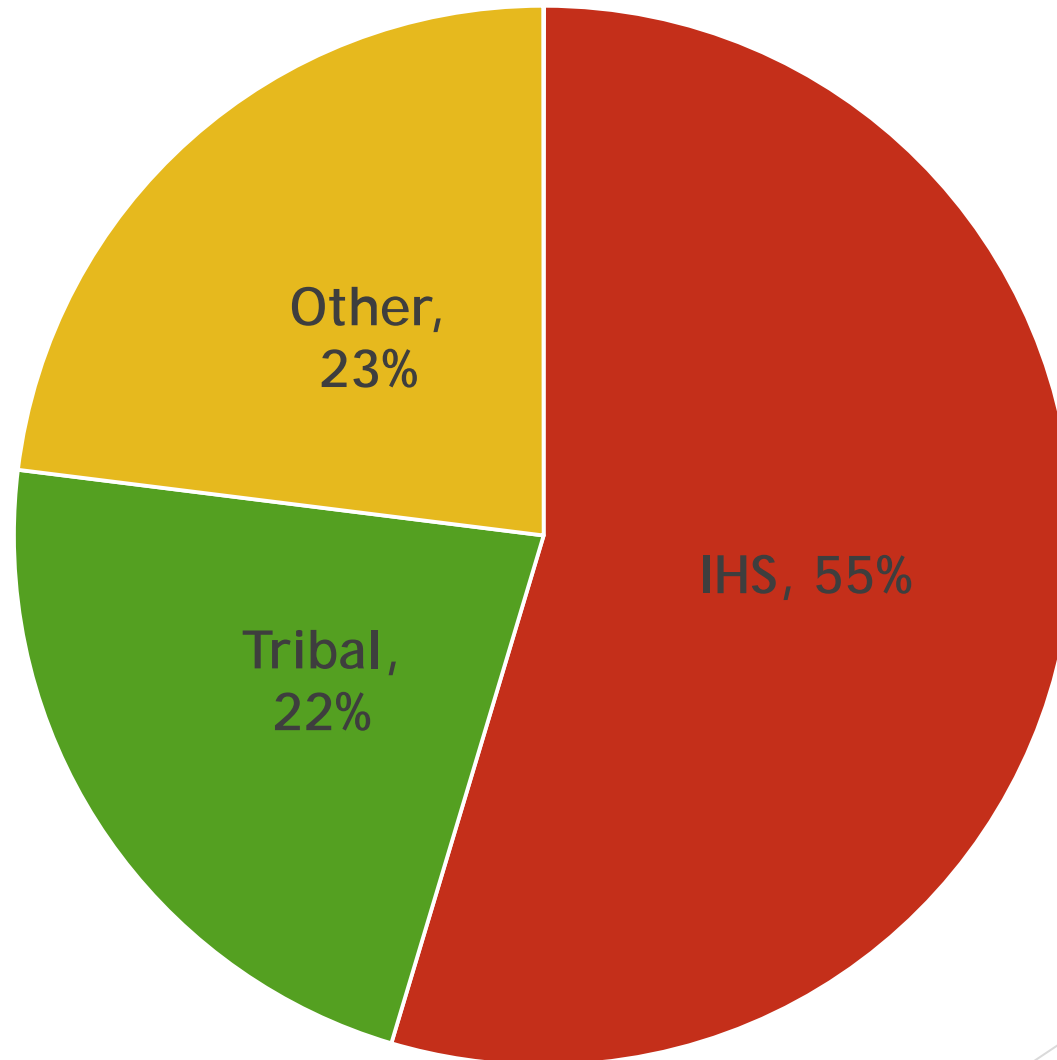
Providing free CME/CEU learning sessions on various topics to all I/T/U providers via web-based technologies.

# FY15 Tele-Education Highlights

- 173 online seminars hosted
- 10,550+ I/T/U providers trained
  - 875+ a month
- 3,141 free CME/CEU claimed

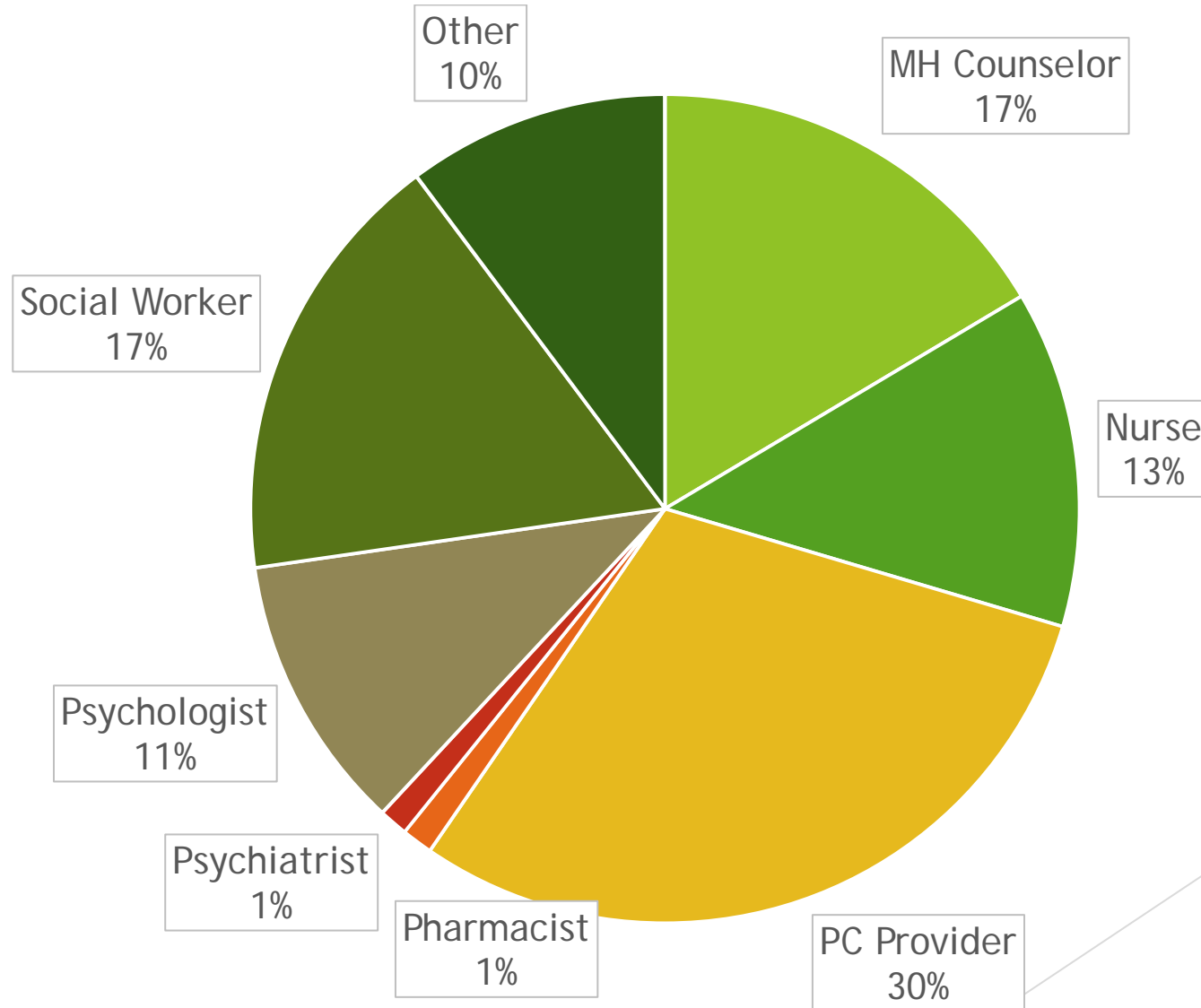


# Attendance by Agency





# Attendance by Profession



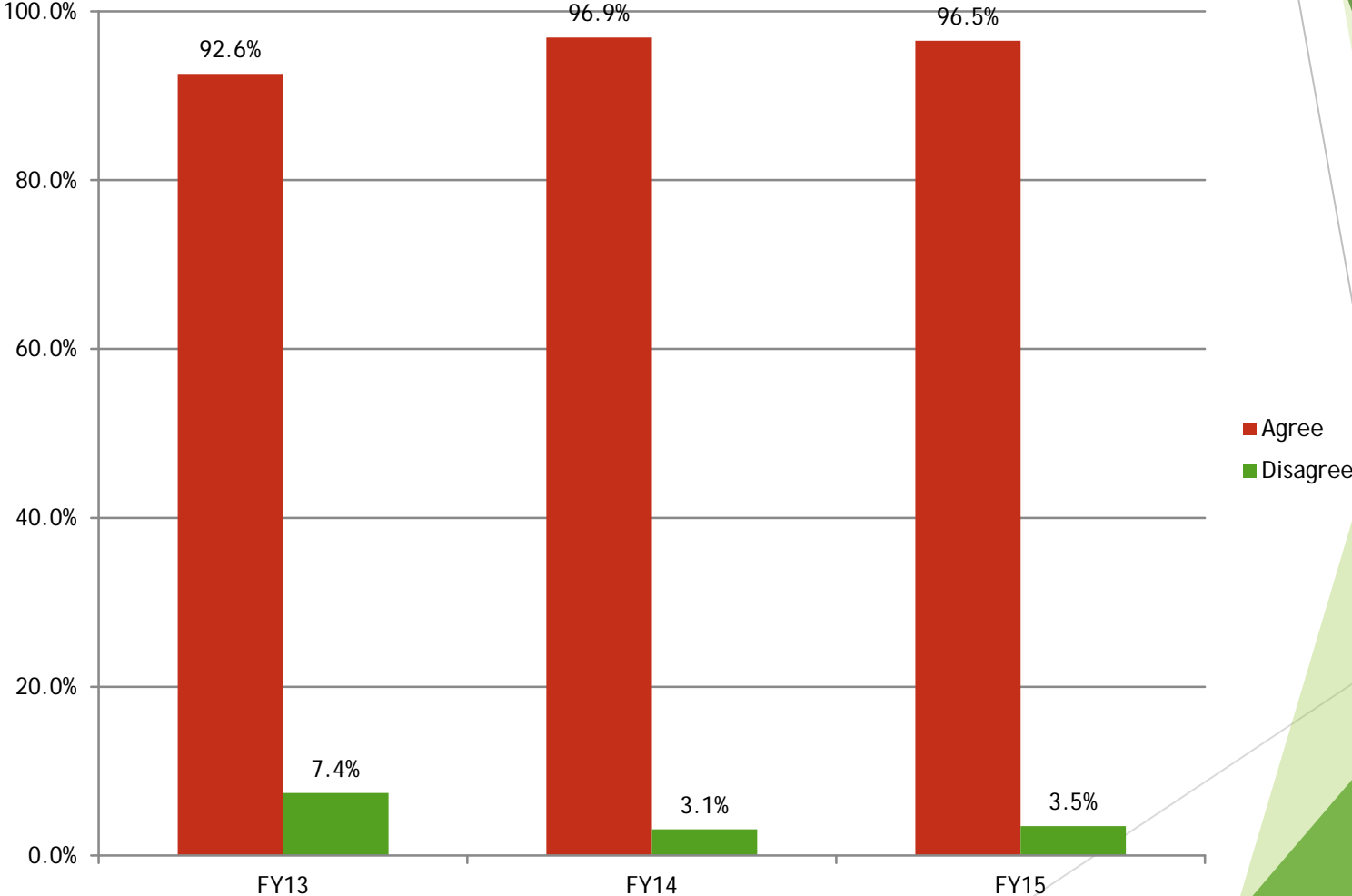
# Changes from FY14 to FY15

- 22.2% increase in total participants
- 17.3% increase in average participants per session
- 4.2% more sessions than last year

# Tele-Education Topics

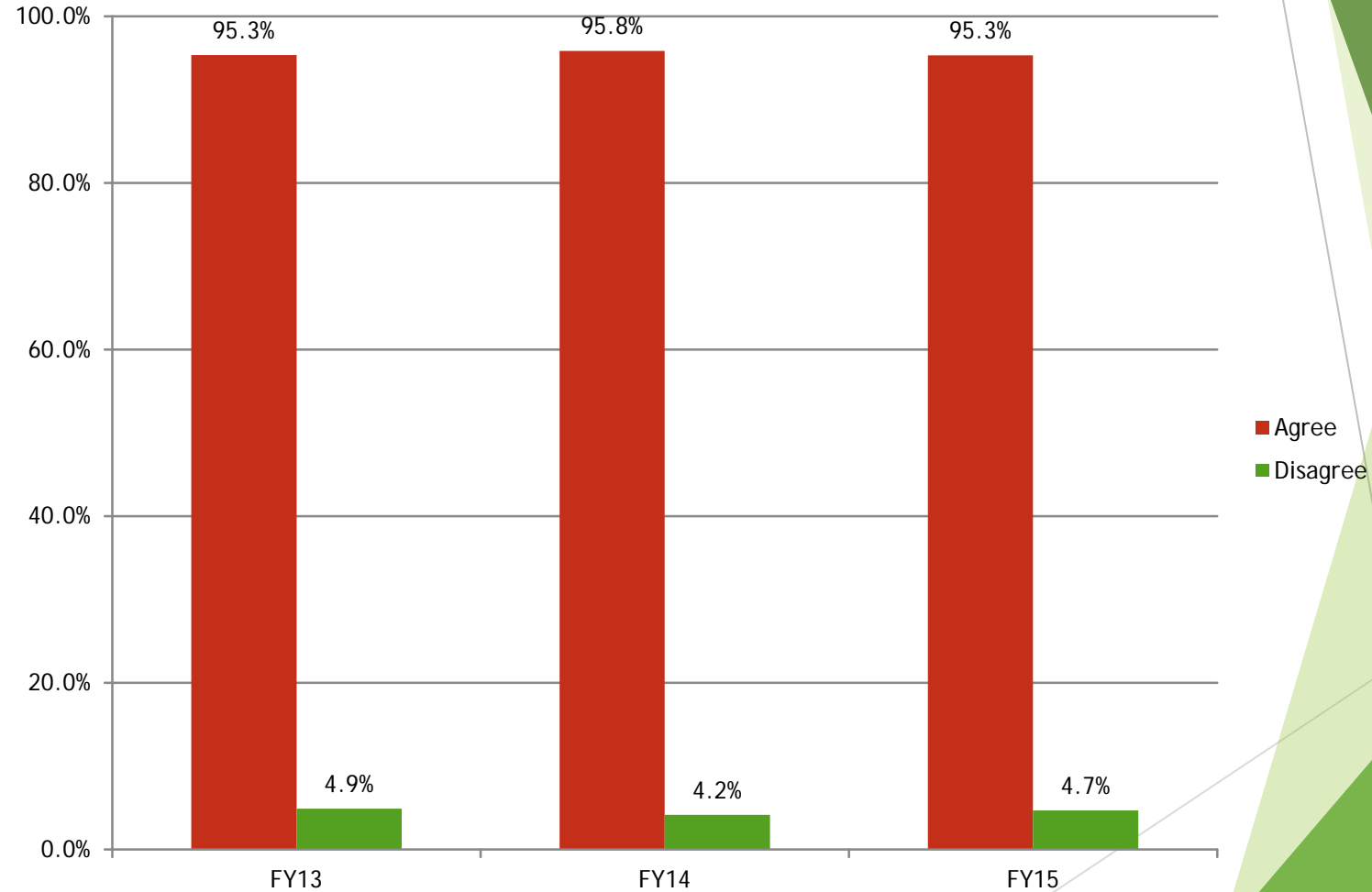
- IHS Essential Training on Pain & Addiction
- Child & Adolescent Behavioral Health
- Pain & Addiction ECHO
- IHS Clinical Rounds
- Relationships
- Monthly Influenza Update
- Sweet Success
- Division of Behavioral Health seminars
- The Mental Status Exam
- Affordable Care Act Brown Bag
- Physician Quality Reporting System
- Suicide Prevention
- Adolescent Medicine
- Substance Use
- Zero Suicide National Implementation Team
- Health Promotion and Disease Prevention

# Increased confidence in clinical abilities





# Will incorporate material into practice



Not everyone likes online training, but...

The slide features a white background with a decorative graphic on the right side. This graphic consists of several overlapping, semi-transparent green shapes in various shades, ranging from light lime green to dark forest green. These shapes are primarily triangular and polygonal, creating a dynamic, abstract composition that tapers towards the top right corner.

# Estimated Tele-Education Savings to I/T/Us

- No travel costs
- \$350,000+ in direct CME costs saved
- 41,880 additional patients seen because providers did not have to travel for CME/CEU
- \$7,920,000+ potential additional revenue because more patients were seen

# TeleBehavioral Health Services

FY15

Providing real-time (live/synchronous) psychiatric care, counseling, consultation and direct provider education via televideo.



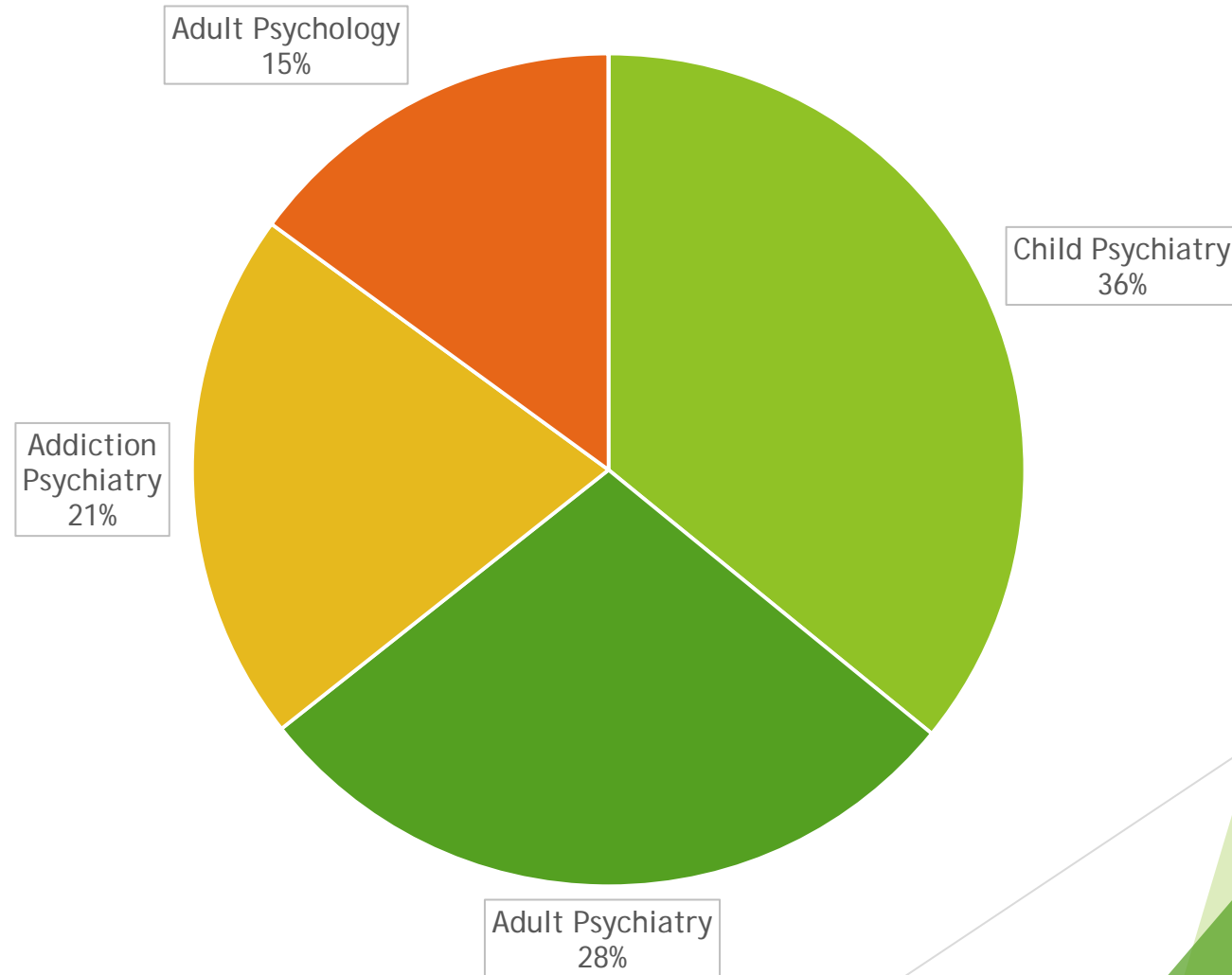
# Types of Services

Psychiatry	Counseling
Addiction	Adult
Adult	Child
Child	Family
	Trauma/PTSD

# FY15 TeleBehavioral Highlights

- 5,685 patient visits
- 3,068 hours of service

# FY15 Clinical Hours





# Changes from FY14 to FY15

- 23% increase in hours
- 47% increase in patient contacts
- 47% increase in patient savings
- PTSD/Trauma Psychology/Counseling services
- Consultation model
- Mixed (direct care & consultation) model

# Patient Savings

- 1,146,600+ miles of travel avoided
- \$642,096+ in avoided travel costs
- 17,520 hours of work and/or school NOT missed



A Cost Comparison of Travel Models and Behavioral Telemedicine for Rural, Native American Populations in New Mexico. *Journal of Telemedicine and Telecare*.  
(<http://www.ncbi.nlm.nih.gov/pubmed/26026190>)

Psychiatrist per session (30 minutes) cost:

- \$333.52 - traveling patient
- \$169.76 - traveling provider
- \$138.34 - telebehavioral health

# Cons of telemedicine

- Not in the room with the patient
- Technical difficulties
  - Equipment
  - EHR
  - Bandwidth
- Sessions may be louder
- Can't be used for all services

# Telehealth Credentialing & Privileging

## Typical

Each telehealth provider completes the local (originating) site packet.

## Recommended

Credentialing by Proxy- If the telehealth provider is credentialed and privileged in an accredited health center, most of that information can be used at local (originating) site for credentialing and privileging. Requires a signed agreement.

# IHS EHR Access

Access to the IHS EHR is a multi-step process

- ▶ An ITAC form must be established and managed
- ▶ Providers must complete all IHS mandatory security and other trainings
- ▶ When outside of the IHS network, providers must use the IHS VPN for access
- ▶ Providers will access a Remote Desktop to access the IHS EHR

# Billing & Reimbursement

- ▶ No single answer
- ▶ No national reimbursement
- ▶ Varies widely
  - ▶ state to state
  - ▶ type of service
- ▶ Rapidly changing landscape
- ▶ Must communicate with local and state officials
- ▶ The National Telehealth Policy Resource Center - <http://cchpca.org/state-laws-and-reimbursement-policies>

# Pros of telebehavioral health

- Patients like it
- Long-term providers
- Access to care
- Cost savings
  - Facility
  - Patients
- Makes providers better?

# Common barriers

- Providers
- Credentialing & Privileging
- EHR Access
- Connectivity
- Prescribing Controlled Substances
  
- Telehealth Coordinator



# Future

## Adding new types of Telemedicine services

- GPA
- Tele-ED
- Tele-Dermatology
- Tele-Pediatrics
- Tele-Stroke

# Challenges- veterans & providers

- Confusion regarding eligibility
- Confusion about benefits
- How to refer to the VA system
- How to seek services at the VA

# Potential solutions

- VA-IHS MoU
- Training for non-VA providers

# TeleBehavioral Health Center of Excellence (TBHCE)

Dr. Chris Fore ([chris.fore@ihs.gov](mailto:chris.fore@ihs.gov))

## Resource Information

- TeleBehavioral Health Implementation Checklist from the TBHCE
- Website:  
<https://www.ihs.gov/telebehavioral/index.cfm/telehealth/>