Telemedicine Companies See Mental Health As Next Frontier
Bruce Japsen

Telemedicine companies that have been landing a flurry of new contracts with employers and insurers to provide less expensive and more convenient medical consultations with physicians are now adding mental health services for their customers. MDLive, Teladoc and American Well are among the telehealth firms getting into the business of offering access to psychiatrists, psychologists and therapists via smartphone, tablet and computer as the nation grapples with a rising rate of suicides, opioid addiction and other mental health issues.

The companies see a huge growth opportunity, with more Americans suffering mental health conditions than common medical conditions like diabetes and heart disease. Meanwhile, less than 50% of Americans who are prescribed medications to treat mental health conditions take them as directed, if at all, according to industry reports and Walgreens Boots Alliance.

American Well in July is rolling out a new “telepsychiatry” service it expects to have in seven states by August and the rest of the country by the end of the year. “Every year, nearly one in four adults will deal with a mental health disorder, yet less than half of these individuals will actually receive treatment,” said Zereana Jess-Huff, vice president of behavioral health at American Well. “This statistic is further complicated by a national shortage of available psychologists and psychiatrists. Behavioral healthcare is in desperate need of real solutions and we believe that ‘telemental’ health can bridge that gap.”

The push by these companies into telemedicine, or telehealth, comes as insurance companies and government health programs provide more reimbursement for online healthcare services including video consultations. That is also the case in mental health with 48 state Medicaid programs reimbursing for “some level” of telemedicine for behavioral health services, American Well executives said.

Teladoc, which boasts the largest network of healthcare telehealth providers, late last year launched a “business-to-business” behavioral health program to 6,000 employers and health plans. Meanwhile, Teladoc’s direct-to-consumer behavioral health services now have 10,000 active subscribers who have completed “more than 1 million asynchronous texting sessions per quarter,” the company said.

“Behavioral health is the logical next step in providing telemedicine services, as the primary modality is talk therapy, which requires only the ability for the patient and provider to speak by video or phone,” said Julian Cohen, president, Teladoc Behavioral Health. “If you look at today’s market and the proliferation of technology becoming commonplace, it’s a natural extension for telebehavioral services to fill the gaps in access to quality behavioral health services.”
Aside from employers, insurers and consumers, telemedicine companies are also working with other providers of medical care. Walgreens, for example, signed a deal earlier this year to provide its customers access to more than 1,000 licensed therapists and psychiatrists through a partnership with Breakthrough, a subsidiary of MDLive. Walgreens nearly two years ago ago began a relationship with MDLive to provide customers with around-the-clock access to physicians.

MDLive acquired Breakthrough in 2014 and has since expected its services to all 50 states from just 10 when the company was purchased. “With Breakthrough, we have expanded the breadth of our offerings and our geographic footprint, and enhanced our presence in the telebehavioral market,” Randy Parker, founder and chief executive officer of MDLive, said. “This combination strengthens our ability to serve patients across the spectrum of medical and behavioral healthcare.”

The Valley News – June 30, 2016

D-H Reduces Psych Beds At Hospitals

By Rick Jurgens

Lebanon — Dartmouth-Hitchcock has decided to temporarily reduce the capacity of the inpatient psychiatric care unit at its flagship hospital in Lebanon and send some psychiatrists from there to the state-owned New Hampshire Hospital in Concord, where other providers are departing in the wake of a labor and contract dispute. “We are temporarily rebalancing our psychiatry staff by temporarily assigning a small number of providers to NHH from Lebanon,” D-H spokesman Rick Adams said in an email. Nine of the 21 psychiatric beds at D-H’s Mary Hitchcock Memorial Hospital will be unavailable for “a short time,” he said. The other “12 beds in DHMC’s inpatient psychiatric unit will remain open and available for admissions,” he said.

The move is intended to shift caregivers to an area of high need, according to Adams. He described NHH as “the intensive care unit for psychiatric care in New Hampshire.” Most patients occupying the 158 beds at NHH are there under so-called involuntary emergency admissions that require a finding that a mentally ill person poses a threat to himself or herself or to others. NHH is generally full. On Thursday morning, 19 patients were waiting in hospital emergency rooms or other facilities for space to become available at NHH, according to Jake Leon, a spokesman for the New Hampshire Health and Human Services Department.

State officials expressed confidence that the transition would be uneventful. “On Friday there will be some new staff, but care will continue as it has before,” Leon said. A new, 10-bed inpatient stabilization unit at NHH has been fully staffed and will open on July 5, he added. And Adams characterized the upcoming changes as a sign of strength in a state health care system in which D-H holds a place of growing influence. “The advantage of being a nimble health system is the ability to quickly allocate resources where they are most acutely needed,” he said.
Others were less sanguine. On Wednesday, Robert Murray, a staff psychiatrist at NHH preparing for his last day of work there, worried about the coming transition: “We still know nothing substantial about who’s going to be here.” And even the temporary loss of psychiatric care capacity is a matter of concern, said Ken Norton, executive director of the New Hampshire affiliate of the National Alliance on Mental Illness, an organization that advocates for mental health patients and their families. “The safety net for people with mental illness extends well beyond New Hampshire Hospital” into community mental health centers and providers and the inpatient capacity at regional hospitals, he said.

A 2014 report by a blue-ribbon panel appointed by Gov. Maggie Hassan found the state’s inventory of inpatient beds for psychiatric care had declined to 384 in 2013 from 526 in 2005, resulting in a “shortage of beds for the treatment of the mentally ill.” D-H’s Lebanon inpatient psychiatric units combine teaching with patient care. During inpatient psychiatry rotations, residents, who generally are newly minted doctors who received specialized training, are taught by two full-time psychiatrists, a psychiatric social worker and nurse care manager, psychiatric nurses and activities therapists, according to a handbook posted online from D-H’s adult psychiatry residency training program.

Dartmouth College, which operates the state’s only medical school, first was tapped as the supplier of psychiatric services at NHH as part of statewide efforts to reform mental health care during the 1980s. That effort included construction of a new but smaller state hospital and plans to transfer care into community facilities and organizations. The contract under which Dartmouth College’s Geisel School of Medicine had been providing psychiatric services at NHH was set to expire Thursday. When the state in February issued a request for proposals for a new contract, D-H, a Dartmouth affiliate with its own financial and governance structures, had stepped forward with a bid to become the new provider. But some of the psychiatrists and advanced practice nurses who were employed by the college to work at NHH balked at the offer to become D-H employees.

A bid by a group of NHH psychiatrists and other professional caregivers to win union recognition from Dartmouth was rejected by the National Labor Relations Board. A plan to have a newly formed limited liability company submit a competing bid for the NHH deal was launched after the bidding deadline had passed. But the refusal of some providers to sign letters of intent promising to continue to work at NHH, combined with a provision of the proposal request that required a bidder to have qualified professionals lined up to provide contracted services, put D-H in a bind.

But that logjam broke in early June, when state officials disclosed they had reached a deal with Dartmouth College to extend the existing contract for four months. The state Executive Council approved that arrangement, which allowed the state to begin spending up to $2.9 million under
the terms of its old deal with the college and made D-H responsible to deliver the promised services. That transfer was critical, because Dartmouth’s Geisel unit previously had announced a plan to transfer its entire psychiatry department to D-H. That transfer was part of a restructuring effort triggered by the announcement that Geisel was running in the red to the tune of $30 million annually.

The restructuring proposal sparked anxiety and some opposition among Geisel faculty and staff, who cited concerns that their pay and benefits might be adversely affected when D-H started issuing their paychecks. At NHH, psychiatrists and other professional employees said some of their number would lose tens of thousands of dollars in unvested retirement contributions. But most went along, according to Adams. He said that 280 Geisel faculty and staff had been offered jobs at D-H, and that 85 percent, or about 240, had accepted, including 145 faculty and staff in the psychiatry department. That number also included “a majority of the physicians and half of all providers at NHH,” he said.

Matt Davis, a former staff psychiatrist at NHH who was a leader in the drive for union representation for affected professional employees, said eight psychiatrists and four advanced practice nurses had ended up without jobs at NHH. Adams had a different tally. He said that nine of the 15 psychiatrists at NHH had accepted employment offers from D-H and would remain on the job, but none of the four advanced practice nurses had. Both sides agreed the departing employees had spurned initial offers from D-H. Adams said the departing caregivers had “rejected our offers of employment,” while Davis said D-H had then taken the offers to those individuals off the table, and rebuffed their efforts to continue discussions.

D-H anchors a network of clinics and smaller hospitals with about 500 beds and 1,000 physicians. It recently shut the inpatient psychiatric unit at Cheshire Medical Center in Keene, N.H., and began affiliation talks with Elliot Health System, which operates at 296-bed hospital in Manchester.

Concord Monitor – June 30, 2016

Staffing changes begin at New Hampshire Hospital

By ALLIE MORRIS

Dr. Matthew Davis turned in his badge, pager and keys before walking out the door of the state psychiatric hospital for the last time Thursday. He and 10 other psychiatrists and advanced nursing staff will not return to work at New Hampshire Hospital today, having been laid off amid a months long labor dispute spurred a change in employer. While the friction has cast hospital operations and patient care into question, Dartmouth-Hitchcock says it has qualified replacements ready. The organization is taking over the state contract from Dartmouth College today to staff the hospital. The workers will be a mix of current hospital staff and psychiatrists pulled from other areas of Dartmouth-Hitchcock. “We take our responsibility for patient care
seriously, and we are committed to meeting the challenge of the mental health crisis in New Hampshire,” said spokesman Rick Adams.

The state sent a letter to hospital leaders Thursday assuring them psychiatric services will continue “uninterrupted.” Most of the staff at New Hampshire Hospital are state employees, but roughly 20 psychiatrists, advanced-level nurses and administrators work there under the contract. “Moving forward, patient units at New Hampshire hospital will be appropriately staffed,” Health and Human Services Commissioner Jeffrey Meyers wrote.

But those leaving say the transition will threaten patient care. “It’s unprecedented to have so many brand new people coming in at once,” said Dr. Bob Murray, one of the outgoing psychiatrists. “What it means for patient is that people are going to be assuming their care who are not well orientated with the hospital.” Dartmouth-Hitchcock will temporarily pull “a small number of providers” from its practice in Lebanon to help staff New Hampshire Hospital. Adams declined to name exactly how many mental health workers would be reassigned, but said the 12-bed inpatient psychiatric unit in Lebanon will remain open.

Nine of the current hospital psychiatric staff signed on to work for Dartmouth-Hitchcock and will remain. The other 11 are leaving, and said that Dartmouth-Hitchcock refused to negotiate terms of employment and proposed reduced time off and retirement in its benefit packages. Davis said the outgoing psychiatrists were not given any information about what would happen in the future. “I don’t know how someone in charge could think this is a better plan for patient care, than retaining the current staff who only ever wanted to stay,” he said.

The labor dispute is the latest obstacle for New Hampshire Hospital, which has faced a nursing shortage in recent months and had to delay the opening of a new 10-bed crisis unit. The unit, which was completed last July, is set to launch Tuesday. It is meant to ease pressure on emergency rooms, where patients often wait for a bed to open up at New Hampshire Hospital. The state-run hospital usually has a long wait list. And patients are often admitted to the 158-bed hospital involuntarily because they’re experiencing serious mental health issues. Dartmouth-Hitchcock is staffing the hospital after the Executive Council approved a four-month contract extension last month. The state has yet to award the full five-year contract. But Dartmouth-Hitchcock is the only organization in the running to take over from Dartmouth College’s Geisel School of Medicine, which has had the contract since the 1980s.

The extension gives the state time to re-bid the deal if Dartmouth-Hitchcock can’t meet the terms, Meyers said. The contract also provides physicians at the Sununu Youth Services Center and Glencliff Home. Some councilors raised concern with labor practices at issue in the dispute. And after the vote, all five executive councilors wrote a letter urging the department to reopen the bidding process. It’s not clear whether or when that could happen.
Larger transition
The staffing issues at New Hampshire Hospital are the product of a larger reorganization at
Giesel that has shifted medical school employees to Dartmouth-Hitchcock payrolls. The medical
school laid off the hospital staff effective June 30. And Dartmouth-Hitchcock rescinded its
employment offers to the group of 11 psychiatrists, Davis said, when they refused to sign
letters of intent pledging to work for the health care provider. Davis said the letters contained
no details about the offer. Others disagree. “Dartmouth-Hitchcock has made what I believe
was fair and reasonable offer, that matched the salaries we were earning before,” said Dr. C.
Burleson Daviss in a statement. “Most of those in my group are hopeful that things will work
out just fine for us in the long run.”

WMUR – June 30, 2016

DHHS disputes claims of not enough staffing at New Hampshire Hospital

12 mental health care professionals leaving hospital Thursday
CONCORD, N.H. —Twelve psychiatrists and nurse practitioners are walking out of New
Hampshire Hospital for good on Thursday. The mental health professionals said it’s because of
the changes being made Friday, when Dartmouth-Hitchcock Medical Center will take control of
a state contract that Dartmouth College has held since the 1980s. Attorney Sean List represents
the dozen psychiatrists and nurse practitioners, who said Dartmouth-Hitchcock proposed to
eliminate their automatic pay raises, change their vacation and restructure their retirement
benefits. “It seems to be that they care more about saving a few bucks than taking care of the
most vulnerable patients and most vulnerable citizens in New Hampshire,” List said.

List said that some of his clients already have new jobs. “Right from the beginning, the group
that I represent, they’ve done everything they can to just be heard by Dartmouth College,
Dartmouth-Hitchcock and the state, but they’ve been shut down at every turn,” said List. The
New Hampshire Executive Council granted Dartmouth College a four-month contract extension
on the state’s only mental health hospital, but they transferred the contract to Dartmouth-
Hitchcock Medical Center. “Well, finally, when the terms came out, guess what: They were
bad,” said List. “The only thing that my clients have wanted this entire time is to stay in the
same position that they were in under Dartmouth College.”

“You know, that’s really a matter between that group and (Dartmouth-Hitchcock Medical
Center). The state does not get involved in negotiating individual contracts of physicians there,”
said DHHS commissioner Jeffery Meyers. List predicted that with doctors and nurses leaving
after the dispute, psychiatric care will suffer, but Meyers said care will be consistent at the
hospital.
Although he did not say whether the positions had been filled, Meyers said, “I’m assured by the CEO of the hospital that there’s going to be more than adequate staff to maintain services at New Hampshire Hospital, starting on July 1 ... and the number of physicians will be ramped up over a very short period of time.” When contacted by News 9, a spokesperson said, “We have demonstrated the ability to staff the state hospital contract and that’s what we intend to do."