In the past several years, the United States has seen an increasing awareness of mental health and neurological diseases, which according to the National Institute of Neurological Disorders and Stroke estimates at more than 600 different disorders. Since age is the most important risk factor for Alzheimer’s disease, occurrences of disorders such as Alzheimer’s and dementia are expected to increase with the rising aging population. In fact, the number of people with the disease doubles every five years beyond age 65. Now that the nation’s baby boomer generation has reached age 60, in a few short years, America could see a sharp increase in the number of patients suffering from the disease.

Unfortunately, mental health care currently does not receive parity with acute care with respect to private insurance and government programs. Some private insurers refuse to cover all mental illness treatment. Other carriers that cover mental illness to some extent limit coverage to the payment of only acute care services related to the mental illnesses, but not psychological treatment of the disease itself, or impose financial restrictions on the patient, such as reduced limits on care and separate, higher deductibles and co-payments. Consequently, patients must typically pay a greater proportion of mental health services out-of-pocket.

Similarly, government insurance programs, such as Medicare and Medicaid, also impose limitations on coverage for the long-term care of nervous and mental diseases. Moreover, according to the Surgeon General’s Mental Health Report, studies have shown that the gap in insurance coverage between mental health and other health services has been increasing. Outpatient mental health care services are only reimbursed by Medicare at 50 percent. Though state Medicaid can choose to pick up the remaining 50 percent, between 1997 and 1999, the number of states making payments at the full rate dropped from 31 to 16. When states refuse to pay for the other half of the bill only the patient is left as an option. These patients

Neurological disorders, such as Alzheimer’s disease, Parkinson’s disease and stroke recovery, strike an estimated 50 million Americans each year, costing billions of dollars in medical expenses each year, not to mention the countless personal losses and the immeasurable emotional impact on families and patients that such diseases inflict. Due to the complex nature of neurological diseases, the treatment of these diseases often requires two types of care: neurological care and mental health care.

Increasing Role of Telehomecare in Treating of Neurological Diseases

By Robert J. Waters and Jackie Eder-Van Hook
are often elderly and the physicians have little to gain by seeking the additional funds, either through a bill or a co-payment, from the patient. These low reimbursement rates and high out-of-pocket expenses discourage mental health care professionals from providing necessary services.

Telehealth and telehomecare are part of the solution to increasing access to mental health care and minimizing the costs associated with mental illness and neurological diseases. Doctors can reduce the amount of time spent traveling to see a patient, thus enabling them to see more patients using telehealth, thereby increasing the volume of care available. Additionally, telehomecare minimizes transportation time and expenses involved with doctor’s visits, making it easier for patients to receive the care that they need in their home. The easier it is for a patient to receive the necessary care, the more likely patients are to receive the required medical care. Further, for patients with dementia, the ability to keep them at home – whether it is a single family dwelling or longterm care facility – better supports the patient by reducing their overall anxiety.

Last year, doctors in UT Southwestern Medical Center’s Alzheimer’s Disease Center in Oklahoma began using telehealth as a means of follow-up treatment with Alzheimer’s disease patients. The doctors utilized videoconferencing to examine and track the progress of patients that were up to 200 miles away from the medical center. One of the participating physicians noted that once an initial in-person diagnosis, the physicians have found telehealth links to be a “very efficient” way for the doctors to monitor their patients and track their progress.

In addition, a study conducted by Penn State University in 2001 revealed that substituting interactive video sessions for up to half of a visiting nurse’s in-home meetings can save $700 per patient over a 60 day period of care, by reducing travel time and costs, the incidence of travel accidents and car theft, and by increasing the number of patients that the nurse could see in the same amount of time.

The University of Florida Center for Telehealth has created www.AlzOnline.net – an Alzheimer’s Caregiver Support Online network that provides caregivers of loved ones living with Alzheimer’s and other cognitive memory problems with a place where they can learn more about telehealth and other options for care giving.

Recently, Congress has taken more of an interest in mental health needs of individuals, particularly the elderly, who are more likely to suffer from Alzheimer’s and dementia. Last year, Representatives Patrick Kennedy (D-RJ) and Ileana Ros-Lehtinen (R-FL), and Senators Hillary Rodham Clinton (D-NY) and Susan Collins (R-ME) introduced the “Positive Aging Act of 2005” (H.R. 2629 and S.1116). Among the many ways this piece of legislation aims to address the mental health needs of older adults, it authorizes the Director of the Center for Mental Health Services (CMHS) to make grants to public or private nonprofit providers to conduct demonstration projects to promote the integration of mental health services in primary care settings, and to support community-based mental health treatment outreach services. Congressman Kennedy has also introduced H.R. 1402, the “Paul Wellstone Mental Health Equitable Treatment Act of 2005,” which seeks to address mental health parity previously mentioned. The bill would provide for equal coverage of mental health benefits with respect to health insurance coverage.

Other Members of Congress, particularly Senator Chuck Grassley (R-IA), have introduced legislation providing tax benefits to ease the cost burden of long-term care. Senator Grassley’s S. 1602, “Improving Long-Term Care Choices Act of 2005,” helps make long-term care such, as home health, more affordable by easing the burden on all Americans, but particularly those suffering from mental and neurological health illnesses.

Because neurological disorders affect such a large number of Americans, costing billions of dollars in medical expenses and countless personal losses, and given the current gap in insurance coverage between mental health and other health services, the health care industry and Congress should continue to explore various health care options, including home care and telehealth, available to patients with neurological disorders.

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