Integrated Telebehavioral Health

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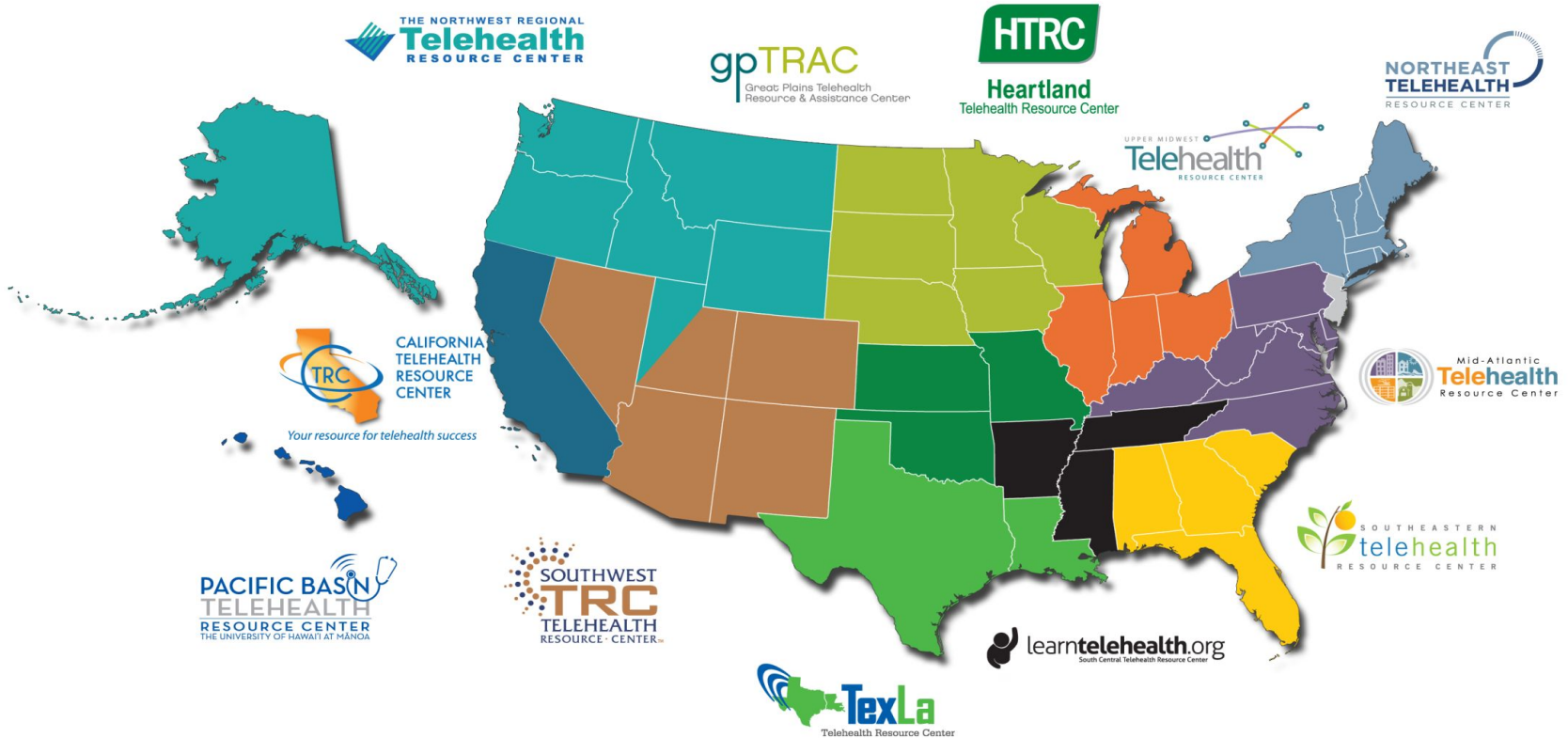
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OUTLINE

- **Introduction to Telebehavioral Health**
- **Technical Issues**
- **Clinical Issues**
- **Integrated Telebehavioral Health Models**
- **Future Considerations**

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TelehealthResourceCenters.org

2 National Resource Centers

12 Regional Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

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TELEHEALTH

TELEBEHAVIORAL HEALTH

Definitions

Regulatory Frameworks

Practice Models

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Multiple Histories and Types of Telehealth

- **Hospital & Specialty Care**
  - Specialists see and manage patients remotely

- **Integrated Primary Care**
  - Specialists (often MH) integrate services into primary care environment

- **Remote Monitoring for Transitions and Maintenance**
  - Physiological and behavioral monitoring to maintain best function in least restrictive, least expensive, or most preferred environment

- **Direct to Consumer Services (Primary/Urgent Care)**
  - Convenient access to needed/desired services; popular among younger, busier, and generally healthier patients, or homebound patients/populations

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Conceptual Framework

TELEMEDICINE IS A DELIVERY MECHANISM, NOT A SERVICE

- Providers may need skills or training, but no new certification or credentials
- All regulations regarding traditional healthcare services apply equally to telehealth

ANALOGY

- Providing services in Academic Med Center vs MASH Unit
- All skills the same, but some adjustment needed for context

Regulatory Environment

FEDERAL REGULATIONS

- Prescribing Controlled Substances (Ryan Haight Act)
  - In person visit required before prescribing controlled substances (or consultation model)
  - Telemedicine exemption

- Privacy, Security, and Anti-Kickback Regulations

- Medicare (reimbursement)

Regulatory Environment

STATE REGULATIONS

- <u>Licensing Boards</u> (some are silent regarding telehealth)
- Medicaid (reimbursement)
- Commercial payer regulations (reimbursement)

Range of Technology Enabled Services (and Terms)

"Virtual Check-ins"

- <u>Audio only</u>, i.e., telephone
- 5 - 30 minutes
- Not related to a service in prior week or next available
- *New or established pts
- *Consent may be obtained at the time of service

"eVisits"

- "Online E/M Services"
- Reviewing images and text messages, providing Rx
- 5 - 30 minutes cumulative over 7 days
- *New or established pts
- *Consent may be obtained at the time of service

"Telehealth"

- Must be <u>live video</u> (Medicare)
- *80+ new CPT codes
- *From anywhere to anywhere (homes)
- *May waive co-pays

*New during PHE

TECHNICAL ISSUES

The Range and Types of Telehealth Technologies

The Range and Types of Telehealth-Enabled Services

Importance of Technical Awareness

Some Background Information and Principles

1. **Services legally occur at the patient's physical location.** The provider must be licensed (and credentialed) to provide services at that location.

2. Specific consent is generally required, but it may be verbal. It should be included in a general consent form, if possible, and regularly revisited.

3. Procedures should be consistent and mirror usual procedures as much as possible. Standardized procedures help everyone feel more comfortable.

4. In a crisis, direct the interaction toward available onsite resources. Telemedicine services are generally NOT intended for emergencies.

NASW Guidelines: https://www.socialworkers.org/LinkClick.aspx?fileticket=lcTcdsHUcng%3d&portalid=0

Technology Spectrum

Standalone Video Platforms

- Video system operates independently of the EMR

- "Dual systems" - video on one screen, EMR on the other (or split windows)

"eVisit" Platforms

- Also called a "patient portals"

- "Asynchronous" communication

- Scheduling, text, images

- Separate from EHR, but may be connected

Fully Integrated EHRs

- All scheduling, communication, and texting is within EHR

- Expensive & complex, but can work well

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Patient Portal - Or Other Communication Channel

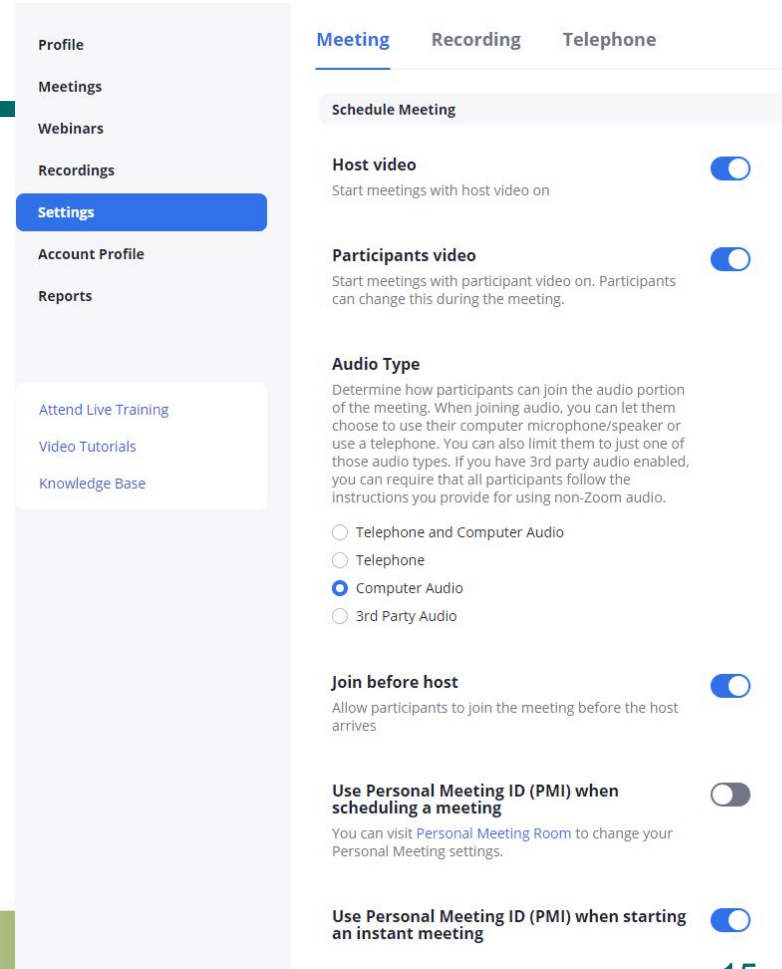**The Portal (or other secure channel) is needed to:**

- Set and confirm scheduled appointments
- Send links and passwords for video calls
- (Optional) Collect patient information before a call
- (Optional) Conduct an eVisit (as defined by Medicare)

Some clients may struggle to interact effectively via portal/messaging.

Use direct phone calls as a backup.

Live Video Platforms

Configuration is Critical for Security

- Encryption is standard/default
- Disable recording, use waiting rooms
- Other optional settings

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Choosing and Evaluating Platforms

Comparison Sites:

http://telehealthtechnology.org/toolkit/clinicians-guide-to-video-platforms/ (TTAC)

https://telementalhealthcomparisons.com/ (Jay Ostrowski)

https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html (AAFP)

https://vsee.com/telemedicine-platform-reviews (VSee)

No "Consumer Reports" comparison exists

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Potential Technical Pain Points

Keeping encounters private (especially for standalone video platforms).

- Ensure each client/patient has a unique (and secure) link
- "Lock" rooms; use passwords
- Use virtual waiting rooms

Providing technical support to clients/patients who have difficulty.

Alternatives for patients with no cell phones, computers, or connectivity.

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CLINICAL ISSUES

Policies and Procedures

Handling Emergencies

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Expanding Potential Encounter Environments

- Clinic
- Home
- Street
- Shelter
- Jail
- …

Changing Boundaries

- Seeing clients in places you haven't seen them before
- Clients seeing you in your home or other "new" places (virtually)
  - Family members and pets on camera? Other non-verbal "disclosures."
- Interruptions, crisis communication, methods, and channels
  - Are you reachable by text message?
  - How quickly do you respond?
  - Are you "always" available?
- Who initiates contact, and how?
- How is a lack of response to be interpreted?

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Your Virtual Professional Identity/Persona

- How do you appear on screen?
- What location(s) do you take video calls from?
- What is your "tone" when messaging clients (vs. friends/family)?
  - How do you communicate a "professional" demeanor?
- What types of communications are discoverable parts of the clinical record?
  - Anything written down and stored in your EMR
  - Nothing not written down and stored in your EMR

Handling Emergencies

- An ounce of preparation…
  - Know client's location, emergency contact information, surroundings, etc.
  - Confirm safety, privacy, and informed consent often (every session)
- Set and discuss clear boundaries
- Instruct clients in how to contact you, what "channels" to use when
- In emergencies, the goal is usually to safely transfer care to onsite resources (family, EMS, police, emergency contact)

Sometimes virtualized services can be invaluable in reaching distressed clients

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TELEBEHAVIORAL HEALTH MODELS

Integrated Behavioral Health Models

Adaptation Pathways

New Forms of Reimbursement

New and Emerging Models

Integrated Behavioral Health Models

- 20+ years of research and practice

- Patient-focused, multidisciplinary care

- Multiple "models" and ways of measuring, dominated by the **Collaborative Care Model**

- Captured most comprehensively in the **Patient Centered Medical Home** (concept, movement, reimbursement programs)

- In US, use is largely driven by reimbursement

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Collaborative Care Model

Collaborative Care Model articulated the concept of care that is:

1) team-driven

2) population-focused
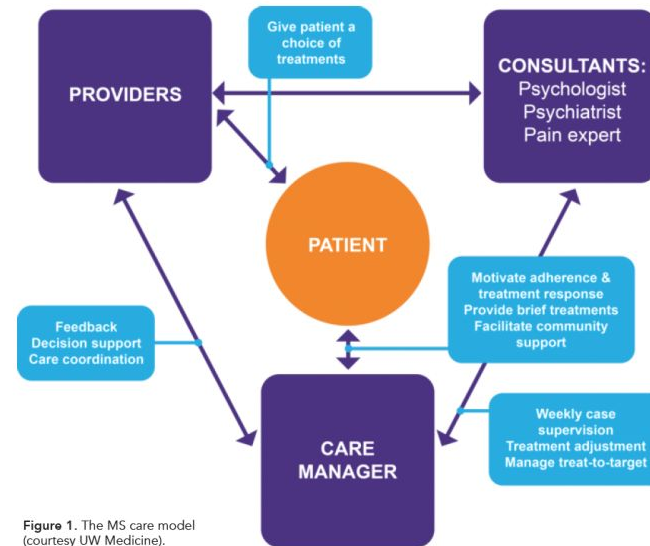
3) measurement-guided

4) evidence-based

Figure 1. The MS care model (courtesy UW Medicine).

Patient Centered Medical Home

MAIN IDEA: All providers/services are readily available on site and provide coordinated services, based on a plan the patient helps create, under the direction of the primary care physician.

Practice Types - Practical Differentiation

H&B Codes (9615x)

- Psychologists only
- 15-minute billable increments
- Standardized Assessments
- Brief Interventions
- Use medical diagnosis as primary

Integrated BH (9083x)

- Any licensed BH provider
- 30-minute sessions
- Handoffs/Intros
- Brief psychotherapy
- Brief Standardized Assessments
- BH diagnosis required

Team-based Care (CoCM)

- Any care team member with formal BH training
- Motivational Interviewing and Behavioral Activation (care components or techniques)

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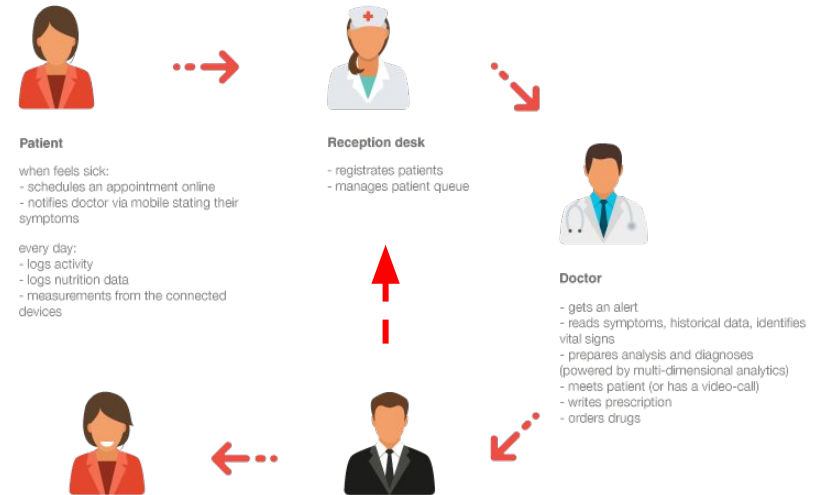
Technology Enabled Integration

- Variety of methods/procedures

- Workflows are critical

- Front desk/medical assistant/ facilitator role is key

  - Initial connection, tech support

  - Collect information and consent

  - Introduce others and pass call to/among providers

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Technology Enabled Integration - Example

- PCP sees patient by video, decides to refer to BH; messages BHC pool

- BHC (or bridge staff) joins video call, takes introduction

- PCP passes call to BHC, who completes brief intake and schedules follow up

- BHC messages front desk, who joins call and checks patient out

Patient
when feels sick:
- schedules an appointment online
- notifies doctor via mobile stating their symptoms

every day:
- logs activity
- logs nutrition data
- measurements from the connected devices

Reception desk
- registrates patients
- manages patient queue

Doctor
- gets an alert
- reads symptoms, historical data, identifies vital signs
- prepares analysis and diagnoses (powered by multi-dimensional analytics)
- meets patient (or has a video-call)
- writes prescription
- orders drugs

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Integrated Team Based Care

- **PCPs** and **Care Managers** provide primary patient contact

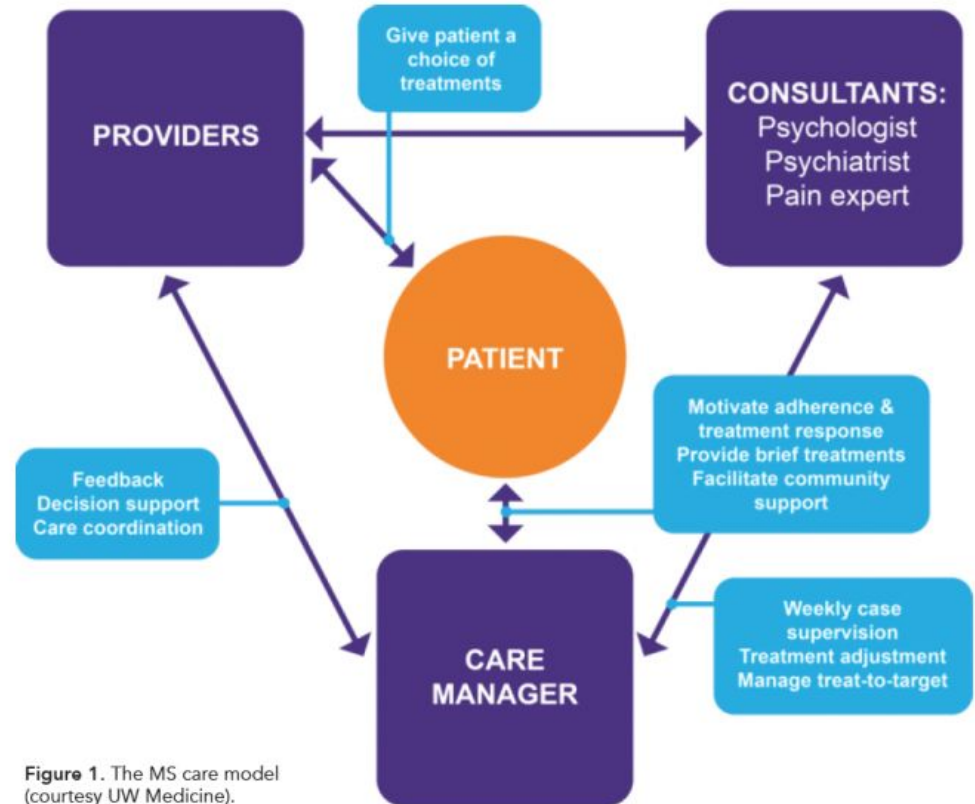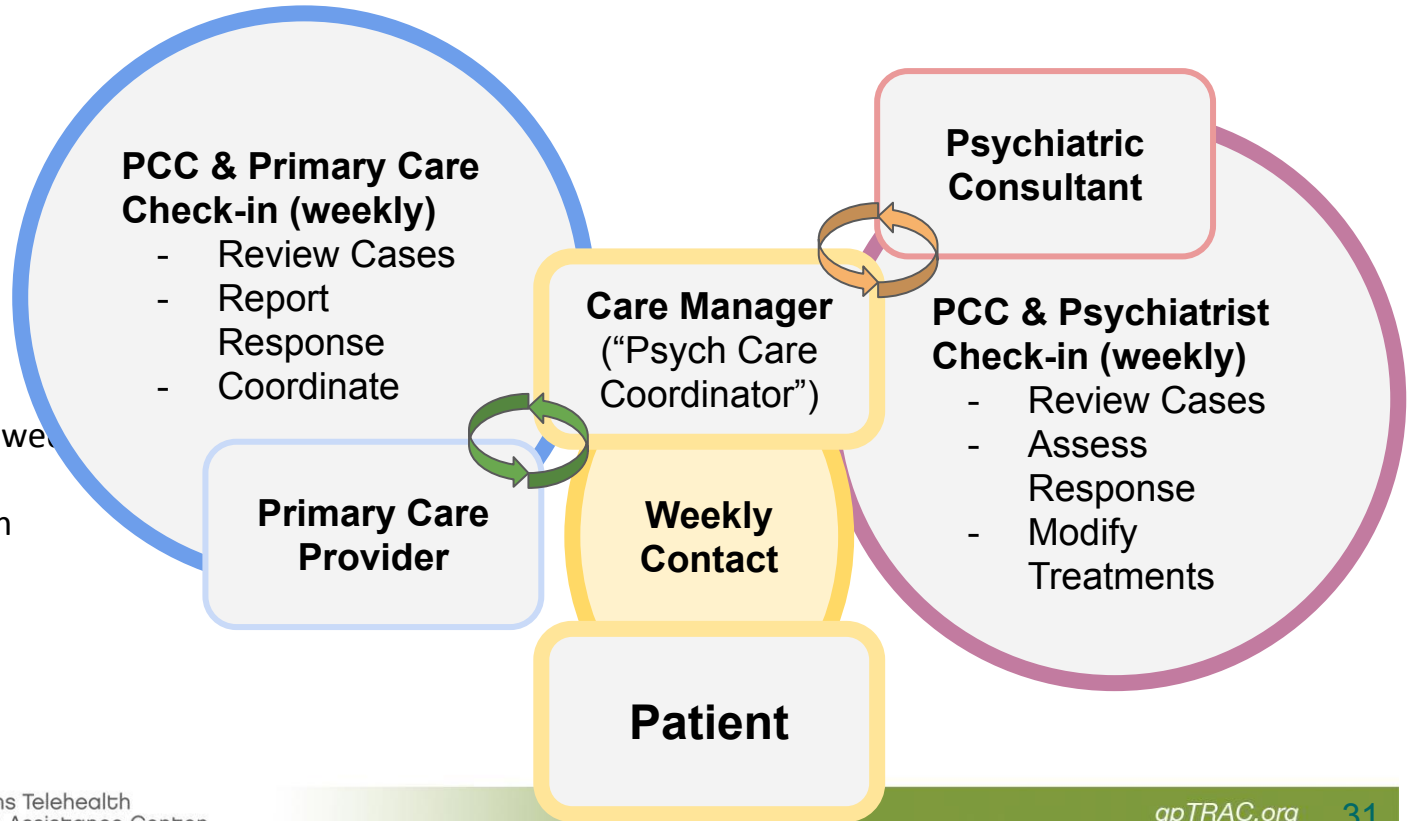- Various **Consultants** provide expert guidance (but may never actually see the patient)

Figure 1. The MS care model (courtesy UW Medicine).

Integrated Team Based Care

Collaborative Care Management (CoCM)

A subset of cases reviewed each week; all cases reviewed each month

PCC & Primary Care Check-in (weekly)
- Review Cases
- Report Response
- Coordinate

Primary Care Provider

Care Manager ("Psych Care Coordinator")

Weekly Contact

Patient

Psychiatric Consultant

PCC & Psychiatrist Check-in (weekly)
- Review Cases
- Assess Response
- Modify Treatments

Postscript - Telehealth is About Access

"If you discovered the cure for cancer, but could only deliver it to half of the people, then you've really only discovered half of the cure for cancer."

Thomas Nesbitt, MD

UC Davis School of Medicine

RESOURCES

- Center for Connected Health Policy (cchpca.org)

- Addiction Technology Transfer Centers (attcnetwork.org)

- MH Technology Transfer Centers (https://mhttcnetwork.org/)

- Telehealth Learning site

- Telehealth Resource Centers

- HRSA Telehealth site (https://telehealth.hhs.gov/)

- Telehealth Quick Start (telehealthquickstart.org)

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