



# ***SAMHSA-HRSA Center for Integrated Health Solutions***

## **A TO Z DEVELOPING TELEBEHAVIORAL HEALTH CAPACITY TO SERVE THE NEEDS OF YOUR PATIENTS**

**Health Centers**

**Healthy Start Programs**

**Ryan White HIV/AIDS Program Grantees and Service Providers**

**Rural Health Clinics**

**Session 1**

**Overview**

**May 22, 2013**



## Today's Speakers

Alexander F. Ross, Sc.D.  
Office of Special Health Affairs  
Health Resources and Services Administration  
U.S. Department of Health and Human Services

Michael R. Lardiere, LCSW  
VP HIT & Strategic Development  
National Council for Community  
Behavioral Healthcare

Phil Hirsch, PhD  
Chief Clinical Officer  
HealthLinkNow

Grace Gonzalez  
Manager, Quality Center  
Clinical Affairs Division  
National Association of  
Community Health Centers

Bob Franko, MBA  
Cherokee Health Systems  
Vice President of Marketing/  
National Training Coordinator



## **The web site:**

<http://www.integration.samhsa.gov/operations-administration/cihs-telebehavioral-health>

## **The Listserv:**

All Participants will receive an email and a link to join the Listserv

**All of the presentations will be archived on the web site**



## Goals of the Training

- 1: Identify for their own organization one or more telebehavioral health service models that are clinically appropriate and a pathway to sustainability;
- 2: Identify and engage the range of stakeholders necessary to successfully establish telebehavioral health services;
- 3: Coordinate their telebehavioral health activities with pertinent local, state and federal partners.



## T/TA SERIES SCHEDULE

- **Session I:** Overview & Laying the Groundwork  
May 22, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session I:** Office Hours Q+A  
May 29, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session II:** State Regulatory/Reimbursement Topography; Engagement and Outreach  
June 5, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session II:** Office Hours Q+A  
June 12, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session III:** Economics, Partnerships  
June 19, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session III:** Office Hours Q+A  
June 26, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session IV:** Technology and Logistics  
July 17, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session IV:** Office Hours Q+A  
July 24, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session V:** Implementation  
August 7, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session V:** Office Hours Q+A  
August 14, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session VI:** Launch, Refinement, Lessons Learned and Wrap Up  
August 21, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session VI:** Office Hours Q+A  
August 28, 2013 @ 12:00 PM EST  
Register [Here](#)



The T/TA Series is targeted to organizations that have determined that telebehavioral health services are part of their future and want to move forward.

The training uses the Triple Aim and Patient Centered Medical Home (PCMH) Practice Transformation as a framework.



## Polling Question

### Why did you join the Telebehavioral Health Training & Technical Assistance Series? (check all that apply)

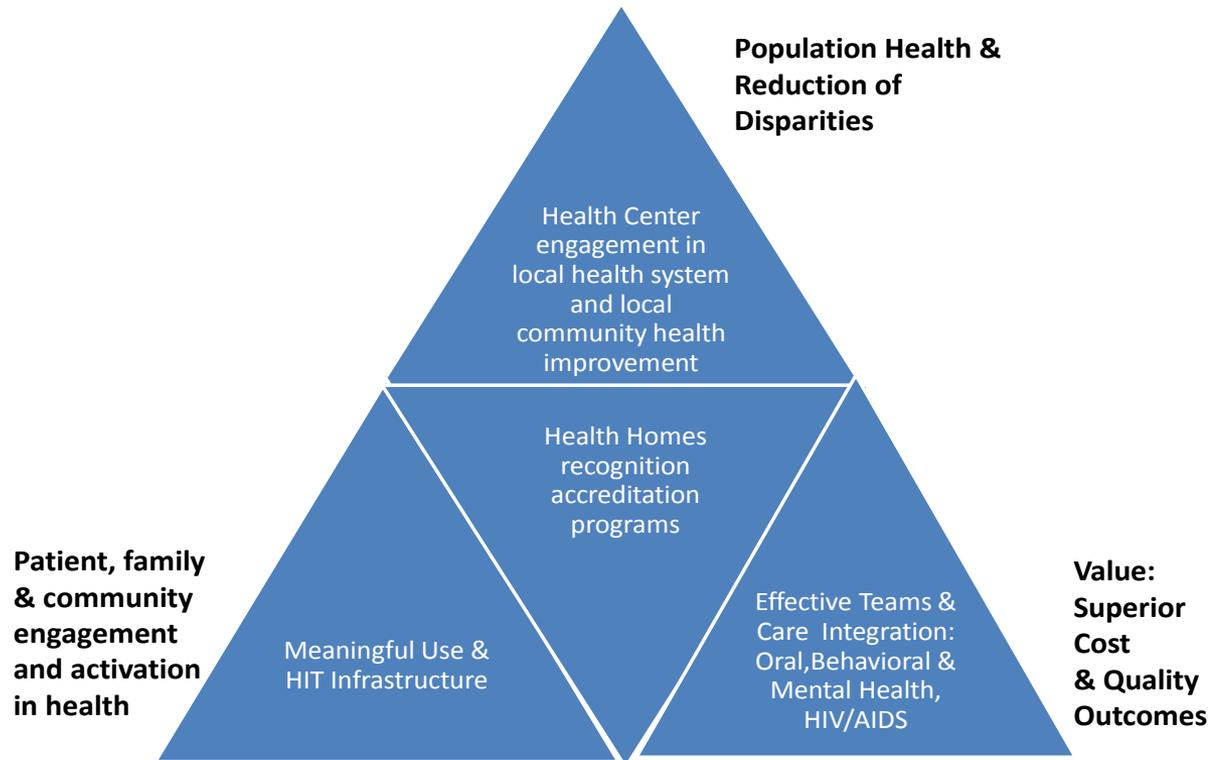
- **Build Awareness and Knowledge Growth**
- **Understanding How This Model of Service Fits in with Healthcare Reform Initiatives**
- **Obtain Additional Information to Implement or Help Others Implement Telebehavioral Health**



**Grace Gonzalez**  
**Manager, Quality Center**  
**Clinical Affairs Division**  
**National Association of Community Health Centers**



## Health Home Health Reform Framework



**Bob Franko, MBA**  
**Cherokee Health Systems**  
**Vice President of Marketing/National Training Coordinator**



# **Cherokee Health Systems Our “Telesuite” of Services**

**Bob Franko, MBA**  
**Vice President of Marketing/National Training  
Coordinator**



# Our “Telesuite” of Services

Telepsychiatry

Telepsychology

Telehealth (Primary Care)

Telepharmacy

Web-based trainings (internal and external)

EHR “tasking,” communication, sharing



# Benefits of Telehealth

Paramount to our mission of expanding access

Vital to our integrated care approach

Efficient, convenient for patients

More accurate diagnosing

Important for rural/frontier patients

Reduces cost

Real-time access, real-time communication



# The Consulting Psychiatrist



# The Consulting Psychiatrist

Access and Population-Based Care  
Consultation

Enhance the Skills of Primary Care  
Colleagues

Treatment Team Meetings

Telepsychiatry

Co-Management of Care



# Tele-Primary Care The S.M.A.R.T. Program



**Since 2008**

**Sevier County  
Schools – 23  
locations**

**Nearly 5,000  
students seen**

# Staff Retention, Health Expansion

Bilingual Psychologist who resides in Miami, FL and sees patients daily in East Tennessee

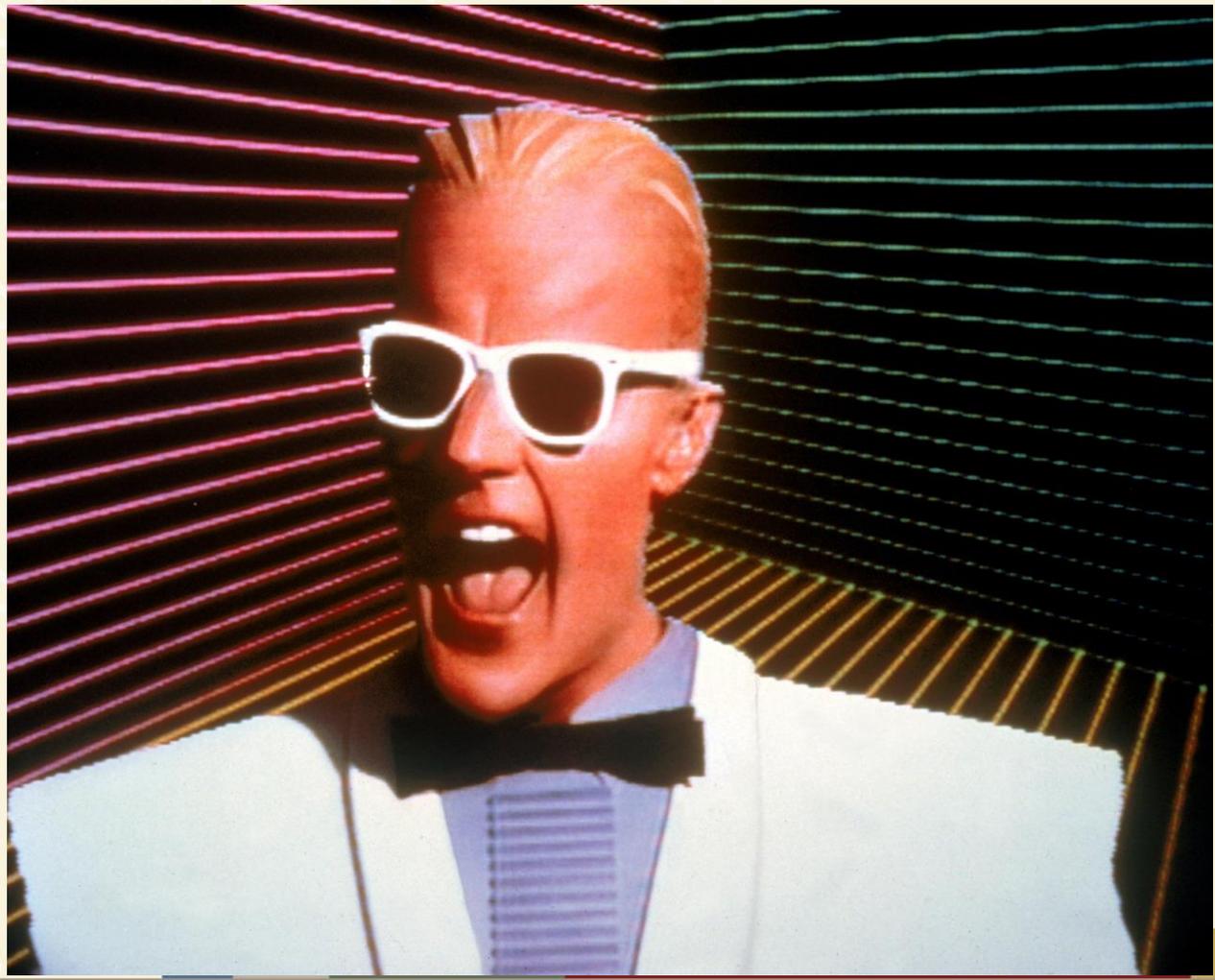
Family Physician who resides in Lexington, KY and sees patients daily in our Morristown, TN clinic

Patients throughout our Appalachian region are able to access care they might have otherwise not been able to

Telepharmacy program now developing



# Lessons Learned



To build trust and confidence in the service, quality is vital

T1 lines – have not traditionally used Skype or other web-based services

High production value

On-site expertise

Back-up plans



## Polling Question

**What do you Identify as Barriers to Your Implementation of Telebehavioral Health? (check all that apply)**

- **Financing/Reimbursement**
- **Lack of Expertise for Implementation**
- **Staffing**
- **Workflow Redesign**



**Phil Hirsch, PhD**  
**Chief Clinical Officer**  
**HealthLinkNow**



# Telebehavioral Health Integration

**NOT**

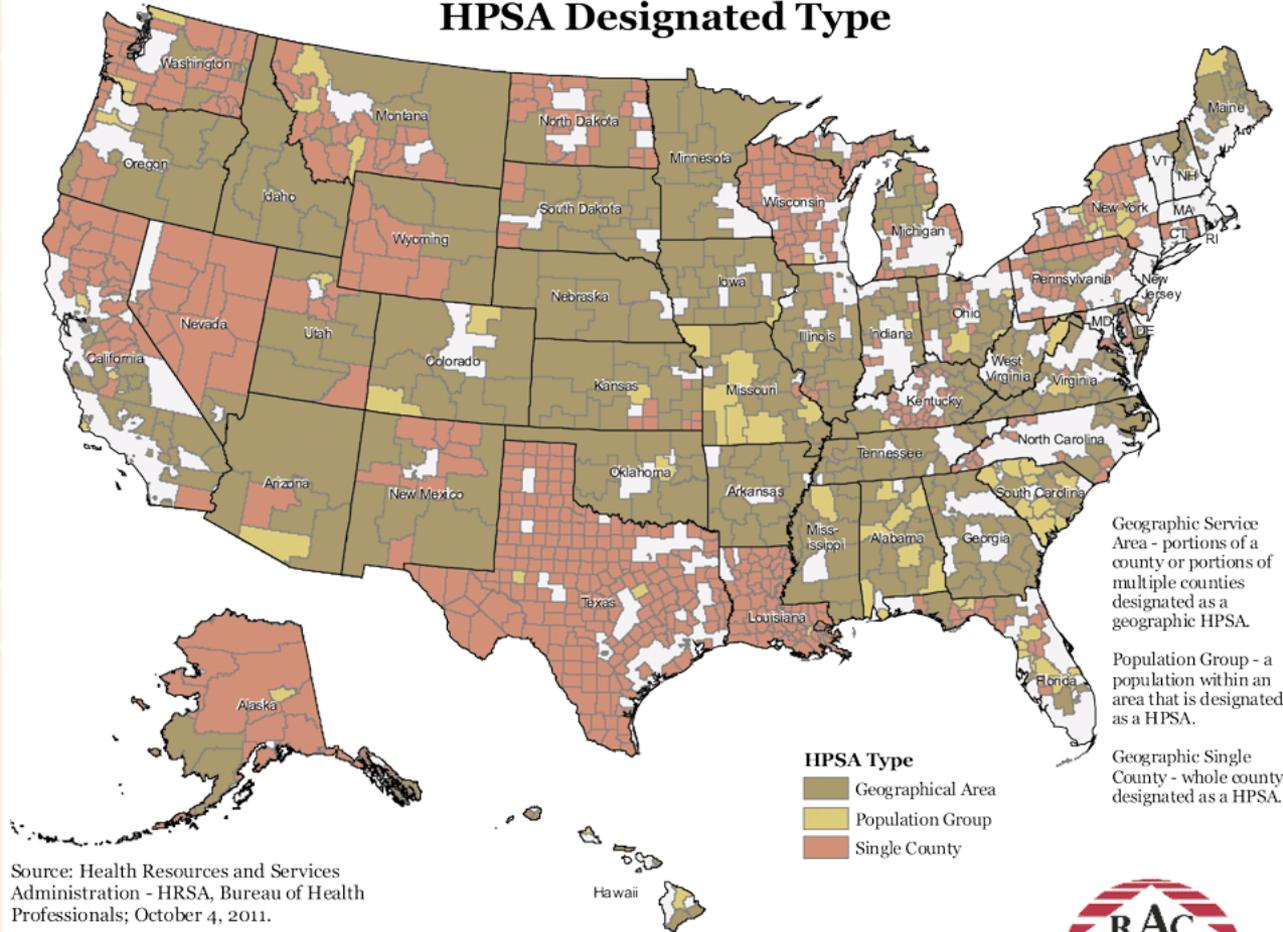


**The Medium is the Message**

A medium affects the society in which it plays a role not by the content delivered over the medium, but by the characteristics of the medium itself.



**Health Professional Shortage Areas (HPSA) - Mental Health**  
**HPSA Designated Type**



Geographic Service Area - portions of a county or portions of multiple counties designated as a geographic HPSA.

Population Group - a population within an area that is designated as a HPSA.

Geographic Single County - whole county designated as a HPSA.

**HPSA Type**  
 ■ Geographical Area  
 ■ Population Group  
 ■ Single County

Source: Health Resources and Services Administration - HRSA, Bureau of Health Professionals; October 4, 2011.

Note: Alaska and Hawaii not shown to scale



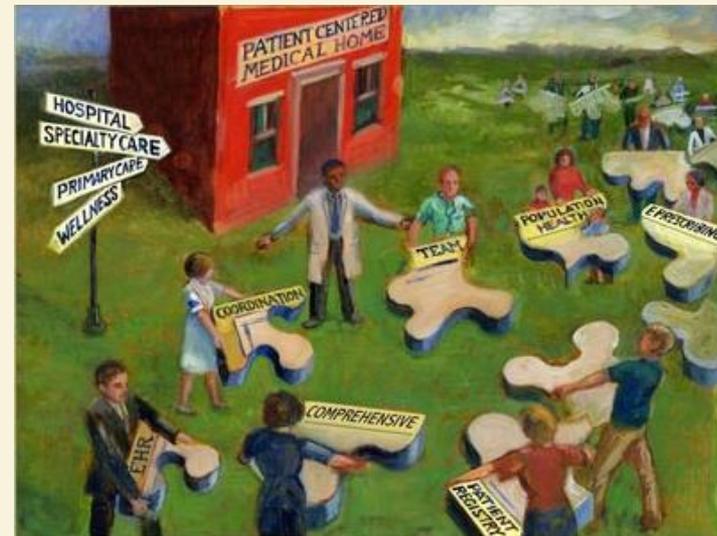
# Medical Home



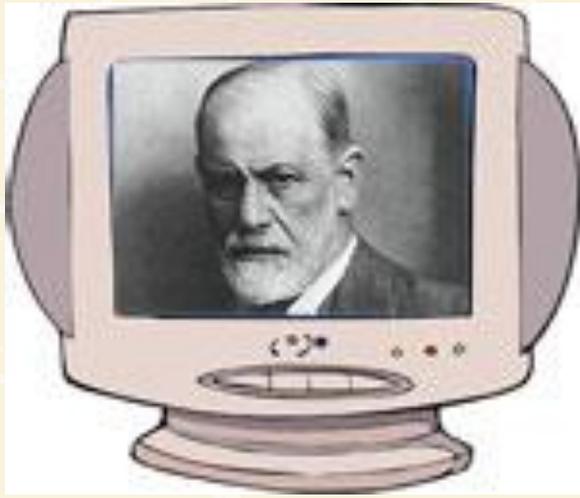
ROBERT  
GRAHAM  
CENTER

*Policy Studies in Family Medicine and Primary Care*

*"Efforts to provide everyone a medical home will require inclusion of mental health care if they are to succeed in improving care and reducing costs."*



# Not your father's telepsychiatry



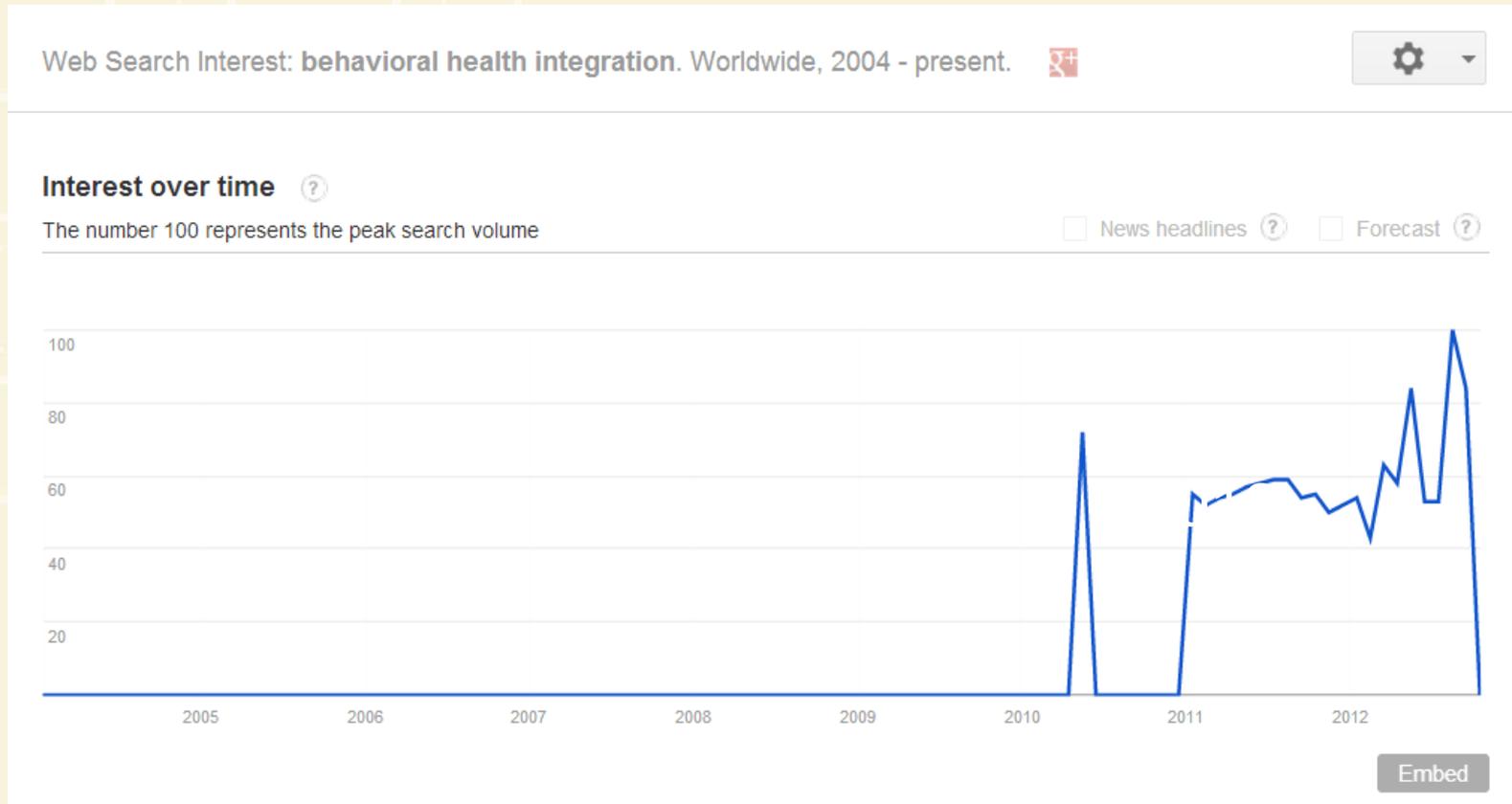
Secure/Private  
Effective  
Reliable  
Mobile





# Google trends

## “Behavioral Health Integration”



# Implementation: Not linear

- **Assess service needs & environment**
- **Define and specify program model**
- **Develop business case**
- **Plan program and technology**
- **Develop performance monitoring plan**
- **Implement the telehealth program**
- **Monitor & improve program**

<http://www.caltrc.org/program-developer>

To receive a kit, please contact CTEC at (877) 590-8144.

**Source:** California Telemedicine and eHealth Center (CTEC). The CTEC Telehealth Program Developer Kit. Funded through the generous support of the Health Resources & Services Administration (Grant No. G22TH0770), The California Endowment and the Blue Shield of California Foundation.

CTEC Telehealth Program Developer

---

**Telehealth Program Developer  
Step by Step Checklist**

This checklist highlights the areas that will help you identify important factors to consider during each of the seven steps. If you answer no or unsure for any question, further work should be done to address the question.

<u>Assess Service Needs &amp; Environment</u>	Yes	No	Unsure
1. You know what healthcare services are not currently available to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You have identified and prioritized activities suited for telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You have identified the assumptions and constraints for implementing a telehealth program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You have decided on the top reasons for developing a telehealth program, based upon your needs assessment results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You have determined that there is willingness and desire to pay for the fulfillment of the need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Define and Specify Program Model</u>	Yes	No	Unsure
1. You know which services will be offered to meet the identified patient needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You have identified the mode of service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You have determined who will provide the service and where will they be located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You have identified the organizational model that best suit your patient needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You have identified any constraints based on your organization, for example federally qualified health center rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You know the general technological features & functions that are needed to deliver the target services in the proposed way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Of the choices of technology, you have selected the one most appropriate for your program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You have identified any additional human resources needed and where will they be located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You have identified any additional facility-related resources are needed and where will they be located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. You have identified any legal, legislative or regulatory constraints that your organization would need to consider when developing your telehealth program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. You have determined your program's implementation approach (i.e., phased, pilot project, demonstration project):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

2012 Edition © CTEC 2012 6



# For every problem there is a solution

Cost of technology

Sustainability

- Medicare
- Medicaid
- Commercial health plans
- Uninsured
- FQHC's and similar
- Value based payment environments

Low Bandwidth and stubborn firewalls

Workforce shortages

Lack of EHR



# ROI vs Value Proposition

Improve access and follow through

Increase case finding <sup>1</sup>

Implement evidence based practices

- BH Conditions
- Health Behaviors

Provide decision support

Improve chronic illness management <sup>2</sup>

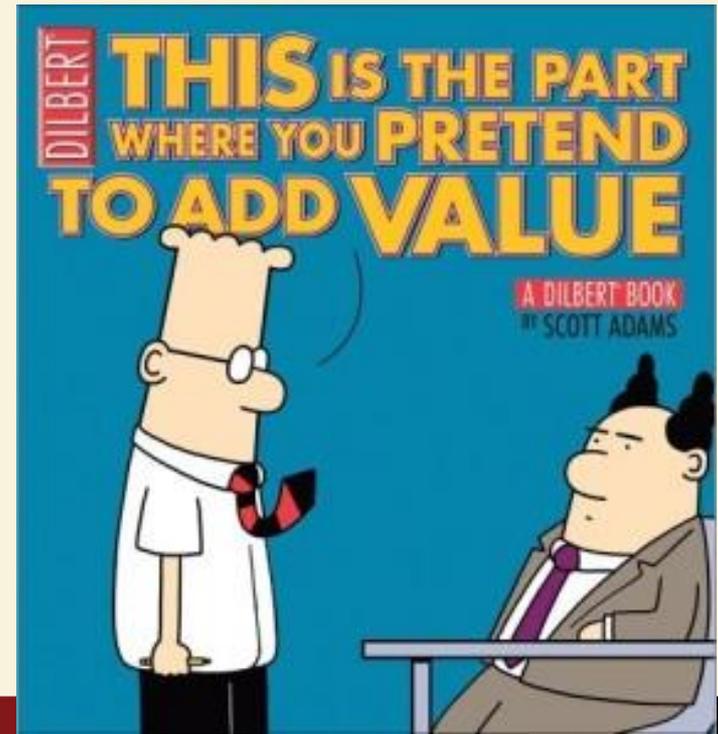
Reduce costs <sup>3,4</sup>

Improve attendance and adherence

Redeploy PCP time

Reduce travel strain and cost <sup>5</sup>

Increase realization of quality incentives



# Citations for “Value Proposition”

1. U.S. Preventative Screening Services Task Force. Screening for Depression in Adults.  
<http://www.uspreventiveservicestaskforce.org/uspstf09/adultdepression/addepr.rs.htm>
2. Edward H. Wagner, Brian T. Austin, Connie Davis, Mike Hindmarsh, Judith Schaefer, and Amy Bonomi. Improving Chronic Illness Care: Translating Evidence Into Action. HEALTH AFFAIRS ~ Volume 20, Number 6. November / December 2001.
3. Bogner, Post, Morales, Bruce. *Diabetes Depression and Death: A randomized controlled trial of a depression treatment program for older adults based in primary care (PROSPECT)* . **Diabetes Care** 30:3005–3010, 2007.
4. Melek, S. & Norris, D. Milliman Research Report: Chronic Conditions and Comorbid Psychological Disorders. July 2008.
5. Rabinowitz, Terry, Murphy, Katharine, Amour, Judith, Ricci, Mike, Caputo, Michael, Newhouse, Paul. Benefits of a Telepsychiatry Consultation Service for Rural Nursing Home Residents. Telemedicine and eHealth.  
<http://mc.manuscriptcentral.com/liebert/telemedicine>.



**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**



NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE



[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

Please utilize the Listserv for communication on issues

Phil Hirsch, PhD  
Chief Clinical Officer  
HealthLinkNow  
206.365.3096  
[phirsch@healthlinknow.com](mailto:phirsch@healthlinknow.com)  
[www.healthlinknow.com](http://www.healthlinknow.com)

Bob Franko, MBA  
Vice President of Marketing/  
National Training Coordinator  
Cherokee Health Systems  
[Bob.Franko@cherokeehealth.com](mailto:Bob.Franko@cherokeehealth.com)

Michael R. Lardiere, LCSW  
Vice President Health Information  
Technology & Strategic Development  
National Council for Community  
Behavioral Healthcare  
[MikeL@thenationalcouncil.org](mailto:MikeL@thenationalcouncil.org)

Grace Gonzalez  
Manager, Quality Center  
Clinical Affairs Division  
National Association of  
Community Health Centers  
[ggonzalez@nachc.com](mailto:ggonzalez@nachc.com)



**Attend the Office Hours and Q+A for This T/TA Session**

**When:** May 29, 2013 @ 12:00 PM EST

**Register Here:** <https://www2.gotomeeting.com/register/831277722>

**This and all webinars will be archived and available on the web site:**

<http://www.integration.samhsa.gov/operations-administration/cihs-telebehavioral-health>

**The Listserv:**

All Participants will receive an email and a link to join the Listserv

