Integrated Telebehavioral Health
Part 1

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OUTLINE

- Introduction to Telebehavioral Health
- The Spectrum of Models
- Screening and Referral Methods
- Quality Reporting
- Outcomes
- Next Session
TELEBEHAVIORAL HEALTH

- Definitions
- Regulatory Frameworks
- Practice Models
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
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
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

- Licensing Boards (some are silent regarding telehealth)
- Medicaid (reimbursement)
- Commercial payer regulations (reimbursement)
Range of Technology Enabled Services (and Terms)

“Virtual Check-ins”
- Audio only, 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 live video; *any video platform
- *80+ new CPT codes
- *From anywhere to anywhere (homes)
- *May waive co-pays

*New during PHE
Reasons to Use/Deploy Telehealth-based Services

● Provide Direct Services
  ○ Generate revenue through billing (private practice, specialty care)
  ○ Meet population access and service needs

● Improve Patient Experience
  ○ Improve quality and/or outcomes (ancillary services in hospitals and clinics)

● Improve Outcomes
  ○ Manage chronic diseases to avoid complications, decrease unnecessary or adverse utilization (chronic and team-based care)
Common Benefits and Challenges of Technologies

+ Improved Access
+ Flexibility
+ Efficiency
+ Creative Possibilities
+ Demand

- Technical Difficulty
- Complexity
- Variability
- Incompatibility
- Loss of Physical Contact
- Lack of Access (to Tech)
- Demand on Client Skills and Resources
Regulatory Flexibility due to COVID-19 and PHE

- **CMS/Medicare/Medicaid**
  - Expanded codes, originating sites, providers, and methods

- **Commercial Payers**
  - Vary by plan, but most following Medicare

- **Platforms**
  - HIPAA not being enforced
  - Audio-only OK (when necessary)

- **Consent**
  - Verbal consent at time of first visit
  - Cost sharing waivers
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
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 M5 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
- 15-minute billable increments
- Brief Standardized Assessments
- Brief Interventions

Integrated BH (9083x)
- Social Workers
- 30-minute Sessions + Handoffs/Intros
- Brief psychotherapy
- Standardized Assessments

Team-based Care (CoCM)
- Any care team member with formal BH training
- Motivational Interviewing and Behavioral Activation (care components or techniques)
Technology Enabled Integration

- Variety of methods/procedures
- **Tech magic**: Switching in and out of video calls and waiting rooms
- Front desk/medical assistant/facilitator role is key
  - Make initial connection
  - Introduce others
  - Pass call to/among providers
Technology Enabled Integration - Example

- PCP sees patient by video, decides to refer to BH; messages BHC pool
- BHC 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
INTEGRATED TBH SWEET SPOTS

- Psychotherapy Clinic
- Psychoeducational Groups
- Brief Support (Medical & Behavioral)
- Other Referrals
## Models of Integrated TBH

<table>
<thead>
<tr>
<th>Psychotherapy Clinic</th>
<th>Brief Supportive Tx</th>
<th>Team-based Care (CoCM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handoff/referral</td>
<td>Handoff/referral</td>
<td>Still less common</td>
</tr>
<tr>
<td>Indeterminate</td>
<td>Planned number of</td>
<td>Most Medicaids don’t</td>
</tr>
<tr>
<td>scheduled sessions</td>
<td>individual sessions</td>
<td>pay (including ND/SD)</td>
</tr>
<tr>
<td>Stable caseloads</td>
<td>Frequent standard</td>
<td>Very flexible</td>
</tr>
<tr>
<td>No-shows</td>
<td>re-evals (PHQ/GAD)</td>
<td>Expected to grow in</td>
</tr>
<tr>
<td></td>
<td>More turnover</td>
<td>popularity, especially</td>
</tr>
<tr>
<td></td>
<td>More structure</td>
<td>if standard TBH is at</td>
</tr>
<tr>
<td></td>
<td>provides more</td>
<td>all restricted</td>
</tr>
<tr>
<td></td>
<td>control over</td>
<td></td>
</tr>
<tr>
<td></td>
<td>caseload and process</td>
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</tbody>
</table>

Most programs are site specific - use available staff to see presenting patients.

More structure provides more control over caseload and process.

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Enhancing Utilization of Integrated TBH

**Screening/Referral**
- Use automatic referrals for positive screening scores
- Give patients a set number of sessions, set expectations
- Talk up your BH colleagues
- Be confident about TBH (the “tele” part)

**Disciplined Reporting**
- Structured referral/intake note from BH clinician to PCP - intake/first session completed, findings, plan
- Regular updates, no-shows, and closing/re-starting notes

**Ask Patient Preferences**
- Most know about telehealth now
- Many prefer it
## Using Telehealth to Streamline Integrated TBH

### Handoffs/Referrals
- Use a “handoff clinician” (or staff) - designated and available by video
- Role is to greet and make comfortable, collect information, talk up clinician (script), make video appointment

### Front Desk
- Provide technology pre-training for pt
- Conduct patient check-in by phone (day before appt)
- Make initial connection, confirm consent, and present patient to doctor

### Virtual Huddle Report
- BH clinician joins huddle virtually
- Listens in and reports on cases
- Takes referrals
- Plans handoff times
## Quality Measures for Integrated Telebehavioral Health

### Outcomes
- National Quality Forum Domains
  - Access
  - Cost
  - **Experience**
  - Effectiveness
  - (Sub-domains)
- **Use measures that apply for usual care**

### Satisfaction
- Standard instruments are applicable
- Use simple scale (multiple items are usually highly correlated)

### Technical Quality
- Single item: technical issues (Y/N)
- Domain (optional):
  - Audio
  - Video
  - Clinician issue
  - Other
  - (Free response)
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)
Contact

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