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He is especially passionate about health equity, quality, and value-based care, especially for the most underserved (and overlooked) communities. He received his BSW from Southeastern Louisiana University; MSW from LSU-Baton Rouge; and his Doctorate in Education from UNC-Greensboro.



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# Workshop Description

Examines the role and efficacy of telebehavioral health services in ensuring accessible and inclusive mental healthcare.



Tele-behavioral health increases access, especially for our most vulnerable patients, and is a basic need for the general population, behavioral health providers, and patients.

The COVID-19
pandemic forced
healthcare
professionals to look
at how trauma,
stress, and
a public health crisis
influenced our
behavioral health
and wellness.



This new reality drove the nation to significantly increase its investment in telebehavioral health services.

### Upon completion of this session, attendees will be able to:

# Understand

• Understand the historical context and rise of telebehavioral health services.

# Promote

• Promote tele-behavioral health as a key strategy to bolster access for vulnerable populations.

# Identify

• Identify benefits and barriers to tele-behavioral health services.

# Integrate

• Integrate tele-behavioral health into your organization's valued-based strategy.

# Context

I believe tele-behavioral health can be helpful for the patients I serve.

Very Little		Very Much
1	4	7

I believe my organization values **and** have high comfort with tele-behavioral health for the patients we serve.

Very Little		Very Much	
1	4	7	

Telehealth is a novelidea, new in healthcare, only brought on by COVID-19.

Not True	Somewhat True	Very True	
1	4	7	

When I consider tele-behavioral health, I am concerned about (select all that apply):

- Technology
- Patient Safety
- Confidentiality
- Effectiveness
- Rapport/Relationships

# Historically, there are varying definitions

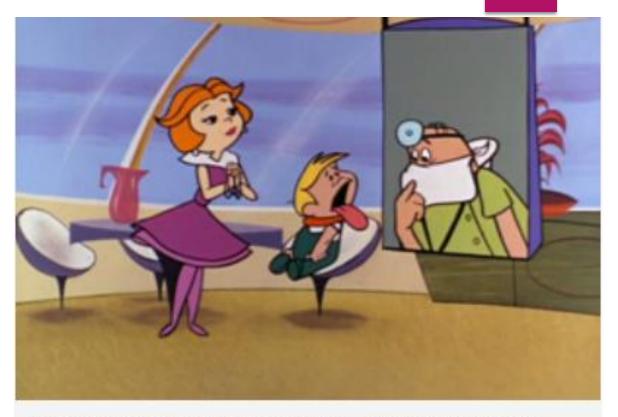
- ▶ **Virtual Care**: The use of information and communication technologies to address the health needs of patients improving accessibility and affordability across the continuum of care.
- ▶ **Telehealth**: The use of digital technologies to deliver health services by connecting users in separate locations. <u>Encompasses a broader definition</u>, not always involving clinical services: registration, questionnaires, patient or provider education
  - Synchronous (real time) or asynchronous (store and forward).
- ▶ **Telemedicine**: The use of medical information exchanged from one site to another via electronic communications to provide clinical care and improve a patient's health status.

# Substance Abuse and Mental Health Services Administration Definition

- ▶ "Telemedicine is a two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment... [Medicaid] does not recognize telemedicine as a distinct service" (SAMHSA, 2021).
- Tele-behavioral health is a subset of telemedicine

# History of Tele-Behavioral Health

- It's 2062. The world is a futuristic utopia of digital conveniences made possible by technology. Even visiting the doctor happens virtually via video.
- Such was the premise of the popular American animated sitcom, The Jetsons, which first hit airwaves in 1962.



A scene from Hanna-Barbera's 1962 animated sitcom, *The Jetsons*, in which a doctor assesses a patient via videoconferencing technology.

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# The History of Telehealth

A Timeline of Systemic Drivers

1850's

1920's

1950's

1960's

1990's-2000's

### The Civil War

The first major instance of telecommunication for medical purposes: to order medical supplies and transmit casualty reports.

### The Radio

Doctors
consulted
patients in rural
communities,
opening access
& treatment to
remote areas.

### The Television

The first comprehensive telemedicine system was installed to connect patients to Mass General Hospital.

### **NASA**

Integrated
Medical and
Behavioral
Laboratories
and
Measurement
Systems
(IMBLMS)
program.

### The Internet

Unlocked a new frontier for telehealth, with more opportunity and more tools to conduct remote treatment.

### COVID and the Rise of Tele-behavioral Health

In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression *increased by a massive 25%*.

Unprecedented stress caused by **the social isolation** resulting from the pandemic.

Constraints on people's ability to work, seek support from loved ones, and engage in their communities.

Loneliness, fear of infection, suffering and death for oneself and for loved ones, grief after bereavement and financial worries

### COVID and the Rise of Tele-behavioral Health

Among health workers, exhaustion has been a major trigger for suicidal thinking.

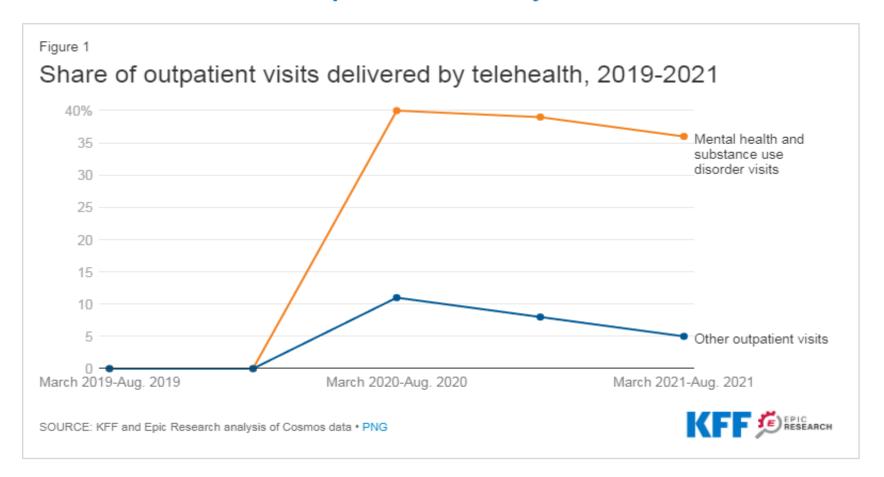
Young people are disproportionally at increased risk of suicidal and self-harming behaviors.

• Suicide is now the 2<sup>nd</sup> most common cause of death on college campuses.

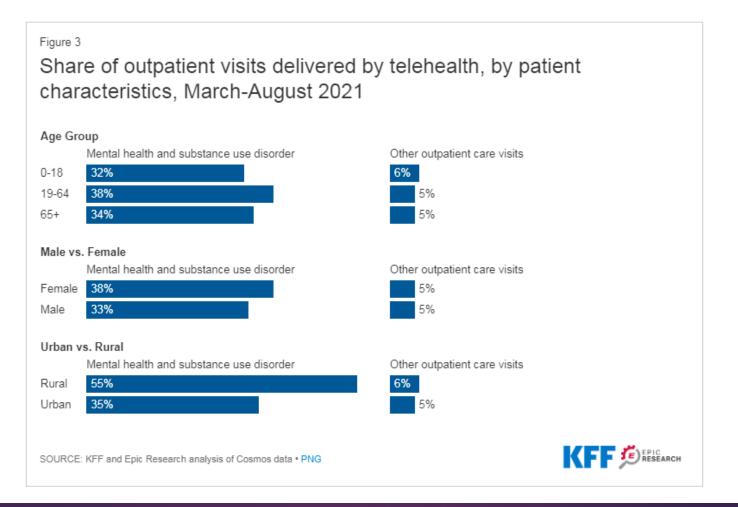
Women have been more severely impacted than men and that people with pre-existing physical health conditions, such as asthma, cancer and heart disease, were more likely to develop symptoms of mental disorders.

Mental health and substance use visits represent a growing share of both tele-behavioral health visits and F2F visits overall, but the trend is much more pronounced for telehealth.

# Mental health and substance use services by telehealth has remained elevated whereas other outpatient care use by telehealth has declined



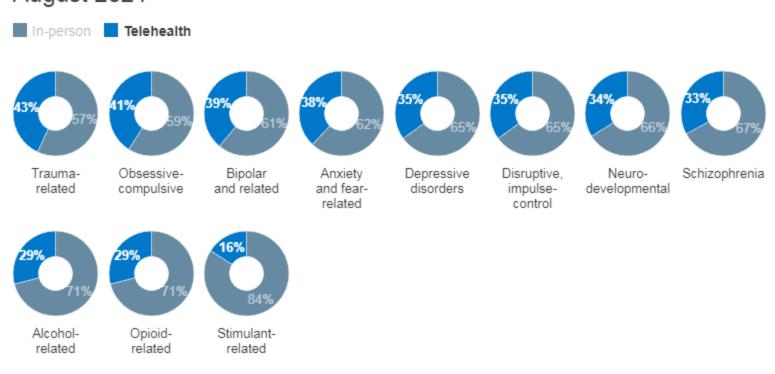
## Rural residents are more likely to use telehealth for mental and substance use disorder visits



# Telehealth use is significant across major mental health and substance use disorder conditions

Figure 5

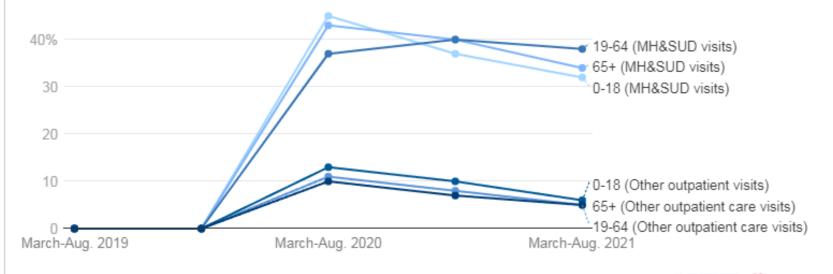
Share of mental health or substance use outpatient visits delivered over telehealth by mental health or substance use condition in March-August 2021





# Non-elderly adults consistently used telehealth to access mental health and substance use services

Share of outpatient visits delivered by telehealth, by age groups, 2019-2021

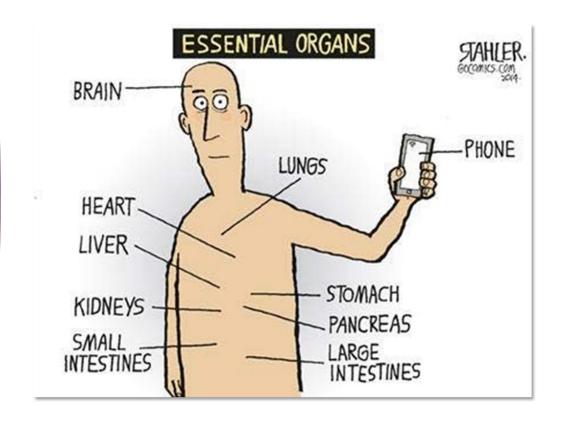


NOTE: MH&SUD represents mental health and substance use disorder visits.

SOURCE: KFF and Epic Research analysis of Cosmos data • PNG



- The current rise of tele-behavioral health has always been linked to the demand for access, especially in underserved communities.
- EHR features like the patient portal have become integral to delivering comprehensive care throughout COVID-19.
- The groundwork that led to our telebehavioral health abilities, are driven by the constant improvements to the technology reflective of the world's growing appetite for access, convenience, and innovation.



# Value to Growth Strategy

### Virtual Visits Cut Costs

Providing patients with timely access to care at the highest quality, lowest cost setting



# Telemedicine Helps Meet Growth and Value-Based Goals Value is quantified beyond direct revenue

### **GROWTH**



- Enhance patient access and convenience
- Attract and retain new patients
- Differentiate from competitors
- Align with consumer interest in technology
- Reduce wait time to next appointment
- Achieve office operational efficiencies
- Reduce costs by shifting patients to lower cost settings
- Cut patient/provider travel time
- Reduce avoidable ED utilization and 30-day readmissions
- Increase patient activation and engagement in their health care
- Bolster provider's patient panel

### Data Supports Business Case

Improves		Growth '	Value
Care adherence  Quality	<ul> <li>Reduced no-show rate</li> <li>Mitigates significant Social Determinants of Health Barriers</li> <li>Improved depression and anxiety metrics</li> <li>Access in a time of stress</li> <li>Window into the family's life</li> </ul>		
Unplanned hospitalizations	Associated with 57% fewer unplanned hospitalizations and 97% fewer urgent clinic visits vs control group (i.e., no BH treatment)		
Businesscase			
Cost savings	24.2% decrease in psych hospitalizations (VA study) for patients using on-demand video visits		
Capacity/ Access gains	<ul> <li>eConsult to a BH provider avoided external referrals by about 50% (diagnostic dependent) improving access for new or higher acuity patients</li> </ul>		
Downstream revenue	<ul> <li>34% of non-system patients who used tele-behavioral health sought in-person care within 12 months (leading to warm handoffs to other care team members)</li> </ul>		
Patient satisfaction	<ul> <li>In HBR study, 97% patient satisfaction after first visit</li> <li>74% of patients felt that the virtual visit improved their relationship with their provider</li> </ul>		

### Patient Demand: Consumers Still Have Their Doubts

Adoption will require shift in both perception and access to technology

### **Top 5 concerns among consumers**

Mark et Innovation Center Consumer Choice Survey n=4,879

- 1 "Quality of the care I will receive"
- 2 "Possibility that the provider cannot diagnose me or treat me virtually and I will have to go into a physical clinic anyway"
- 3 "Security of my health information"
- 4 "Lack of personal connection with the provider"
- 5 "Cost of the virtual visit is too high"

Quality, efficacy, and security must be assured

Seniors
disproportionately
impacted by technology
requirements



Adults 65+ are

3 times less likely

to have the technology they need to do a virtual visit



## Be Intentional

Providing behavioral health care via telehealth takes planning.



It requires new ways of delivering care, different workflow and procedures, as well as a new business model.



Understanding the pros and cons for you and your patients will help you decide if providing telebehavioral health services is right for your practice.

### Be Deliberate

Ensure

 Ensure your tele-behavioral health services can be easily accessed by a diverse group of patients with different needs (i.e., hearing impaired, ESL, connectivity and bandwidth).

Know

• Know where your patients will go to access your service.

Pivot

• Know when to pivot to face-to-face visits (i.e., elevated BH measures, new sxs, reduced functioning).

# Be Vigilant

### Assume

Assume every session is high-risk until proven otherwise.

### Integrate

Integrate standardized screening and measures.

### Use

Use defensive documentation; Paint a concise picture.

### Explain

Always explain Limits to Confidentiality and HIPAA and obtain Consent for Treatment.

### Ве

Be alert for red flags and know when to shift to in-person visits.

# Identify Service Line

Diagnostic evaluation/Psychiatric Assessment Individual and family counseling for anxiety and depression

Care coordination and patient education

Treatment related to substance use disorder

Telepsychiatry for prescription monitoring and refills

# Budget

Determine your financial budget for technology and customer support (Epic costs anything from \$1200.00 to \$500,000 for clinics and hospitals).

Hiring an IT specialist to keep your software and internet running smoothly.

Staff input during planning and set up to ensure the new services and workflow are working smoothly

Budget (and take time!) for staff training.



### Ethics

- In North Carolina, tele-behavioral health practice is subject to the same standards as traditional practice.
- For tele-behavioral health polices that were put into place due to the COVID-19 pandemic, see <u>Updated Telehealth Policy and Advocacy Information</u>.
- The North Carolina Public Health Emergency was lifted on August 15th, 2022 and this impacts social workers licensed and located in another state.
- ► Telemental Health: Legal Considerations for Social Workers

  <a href="https://www.socialworkers.org/About/Legal/HIPAA-Help-For-Social-Workers/Telemental-Health">https://www.socialworkers.org/About/Legal/HIPAA-Help-For-Social-Workers/Telemental-Health</a>

### Ethics

- ► NASW Code of Ethics: In 2017, changes were made regarding the use of technology in the provision of professional services: <a href="https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Highlighted-Revisions-to-the-Code-of-Ethics">https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Highlighted-Revisions-to-the-Code-of-Ethics</a>
- ► Telemental Health: Legal Considerations for Social Workers

  <a href="https://www.socialworkers.org/About/Legal/HIPAA-Help-For-Social-Workers/Telemental-Health">https://www.socialworkers.org/About/Legal/HIPAA-Help-For-Social-Workers/Telemental-Health</a>
- NASW's Standards for Technology in Social Work
  Practice: <a href="https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards">https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards</a> FINAL POSTING.pdf
- NASW Assurance Services <u>In-Person Services During COVID-19 Crisis</u> <u>Considering Teletherapy? What you need to know before you start</u>

# Useful Resources

- Columbia-Suicide Rating Scale https://www.hrsa.gov/behavioralhealth/columbia-suicide-severity-ratingscale-c-ssrs
- Association of Social Work Boards, Telehealth Regulation in Social Work <a href="https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/telemedicine-and-telepsychiatry-clinical-coverage-policies">https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies</a> telepsychiatry-clinical-coverage-policies
- https://www.cchpca.org/
- https://personcenteredtech.com/2018/11/06 /telemental-health-across-state-lines-doing-itlegally/
- https://www.medicare.gov/coverage/telehe alth
- https://blog.evisit.com/telemedicineinformed-patient-consent-done-right-way

# Questions

