

FLEX TELEHEALTH WEBINAR SERIES: TELE-BEHAVIORAL HEALTH PART 2

Eve-Lynn Nelson, PhD, LP, FATA

Professor, Pediatrics & Psychiatry

PI, Heartland Telehealth Resource Center

University of Kansas Medical Center, enelson2@kumc.edu

Robert Stiles, MA, MPH

Telehealth ROCKS/Kansas Disaster Outreach Program Director

Policy and Outreach Coordinator, HTRC

University of Kansas Medical Center, rstiles4@kumc.edu



FLEX, CAHS, RHCS AND THE POTENTIAL ROLE OF TELEBEHAVIORAL HEALTH

2

ROBERT STILES

RURAL RESIDENTS UNMET BEHAVIORAL HEALTH NEEDS

According to the [Results from the 2019 National Survey on Drug Use and Health: Detailed Tables](#),

- Approximately 7.3 million nonmetropolitan adults reported having any mental illness (AMI) in 2019.
 - 21.2% of nonmetro adults. In addition.
- Nearly 1.6 million, or 4.8%, of adults in nonmetropolitan areas reported having serious thoughts of suicide during the year.
- Mental healthcare needs are not met in many rural communities across the country because adequate services are not present.

Source: RHIHub <https://www.ruralhealthinfo.org/topics/mental-health>

RURAL RESIDENTS UNMET BEHAVIORAL HEALTH NEEDS (CONTINUED)

Why?

- **Accessibility** – Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and are less likely to recognize an illness.
- **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to practice in urban centers.
- **Acceptability** – The stigma of needing or receiving mental healthcare and fewer choices of trained professionals who work in rural areas create barriers to care.

Source: RHIHub <https://www.ruralhealthinfo.org/topics/mental-health>



TELEBEHAVIORAL'S ROLE

- **Accessibility** – Can receive services in home community from a provider located at some distance.
- **Availability** – More availability of providers in urban and other areas.
- **Acceptability** – Can receive services in local clinic, community setting like a school, or even own home which does not signpost “mental health”.

TELEBEHAVIORAL AND FLEX PROGRAM AREAS

1. CAH Quality Improvement (required)
 - Patient Safety/Inpatient, Patient Engagement, Care Transitions, Outpatient
2. CAH Operational and Financial Improvement (required)
 - Maintain and improve the financial viability of CAHs
3. CAH Population Health Improvement (optional)
 - Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities
4. Rural EMS Improvement (optional)
 - Improve the organizational capacity of rural EMS
 - Improve the quality of rural EMS
5. Innovative Model Development (optional)
 - Increase knowledge and evidence base supporting new models of rural health care delivery.
6. CAH Designation (required if assistance is requested by rural hospitals.)

TELEBEHAVIORAL AND FLEX PROGRAM COMPETENCIES

1. Managing the Flex Program
2. Building and sustaining partnerships
3. Improving processes and efficiencies
4. Understanding policies and regulations
5. Promoting quality reporting and improvement
6. Supporting hospital financial performance
7. Addressing community needs
8. Understanding systems of care
9. Preparing for future models of health care

TELEBEHAVIORAL AND CAHS

- Behavioral Health and Psychiatry specialty services that can be provided for a CAH through telehealth to manage patient health care needs as part of a comprehensive system of care.
 - Can serve as an originating or distance site.
 - Assist with access to services not available in local community.

TELEBEHAVIORAL AND EMS

- Behavioral Health Emergencies one of most difficult for rural EMS to manage.
 - Usage of telehealth to link EMS to behavioral health specialists in clinics or at a distance in the field.
 - Currently allowable under Covid PHE home (and potentially other secure/private location).
 - HIPAA still applies.

TELEBEHAVIORAL AND RHCS

- 60.4% of Critical Access Hospitals managed Rural Health Clinics and 38.4% provided skilled nursing care in 2018.
 - Illinois survey found that CAHs are most likely to operate (versus own) dental offices, **mental health practices**, community health centers, retail pharmacies, and EMS, and were **most interested in adding community wellness centers and behavioral health practices**.
- RHCs can only bill Medicare for telehealth services as the originating site (patient receiving from elsewhere) prior to the Covid public health emergency.
 - Not the same as employing a provider who sees your patient through virtual means.
 - Payment when serving as both distance and originating site varies by payor (RHC still can not bill distant site outside PHE).

TELEBEHAVIORAL AND RHCS (CONTINUED)

- The CARES Act allows RHCs to serve as distant sites in order to provide telehealth services to patients at any location at locations that include their homes, for the duration of the COVID-19 public health emergency.
 - Reimbursed for telehealth services at rates similar to other telehealth services provided under the Medicare Physician Fee Schedule.
 - Significant legislative support for extending this post-pandemic with a number of bills across the political spectrum that include it.
- RHCs can have relationships for the provision of mental health services to their patients.
 - May prove beneficial for value-based care payments, for ACO objectives (shared savings), or to achieve patient-centered medical home or other certifications.
- During the PHE (and hopefully long-term), RHCs can serve as distant sites for community locations or to other communities.
 - If providing care for the RHC, billable as RHC service.

WHERE DO YOU SEE POTENTIAL FOR THE ROLE OF TELEBEHAVIORAL HEALTH TO SUPPORT CAHS IN YOUR STATE?

- Rural health networks,
- Regionalization of rural health services
- Improved access to hospitals and other services for rural residents
- Field stabilization for EMS/Emergency room stabilization prior to transfer
- Patient monitoring
- Others?

ADULT BEHAVIORAL

**CARE COLLABORATIVE:
INTEGRATING BEHAVIORAL HEALTH
AND PRIMARY CARE**

EVE-LYNN NELSON

PROBLEMS WITH THE CURRENT SYSTEM

- Kansas ranks 32nd in the nation for access to behavioral health services¹
- More than 53% of Kansas adults with mental illness do not receive treatment²
 - Mental health diagnosis often go unrecognized in primary care
- Primary care providers often under treat mental health diagnosis
 - Also end up managing medications prescribed by other providers
- Screening alone does not improve outcomes for primary care
 - Increases recognition but not considered integrated care by itself

¹2018 Mental Health America report

²Kansas Institute of Health report

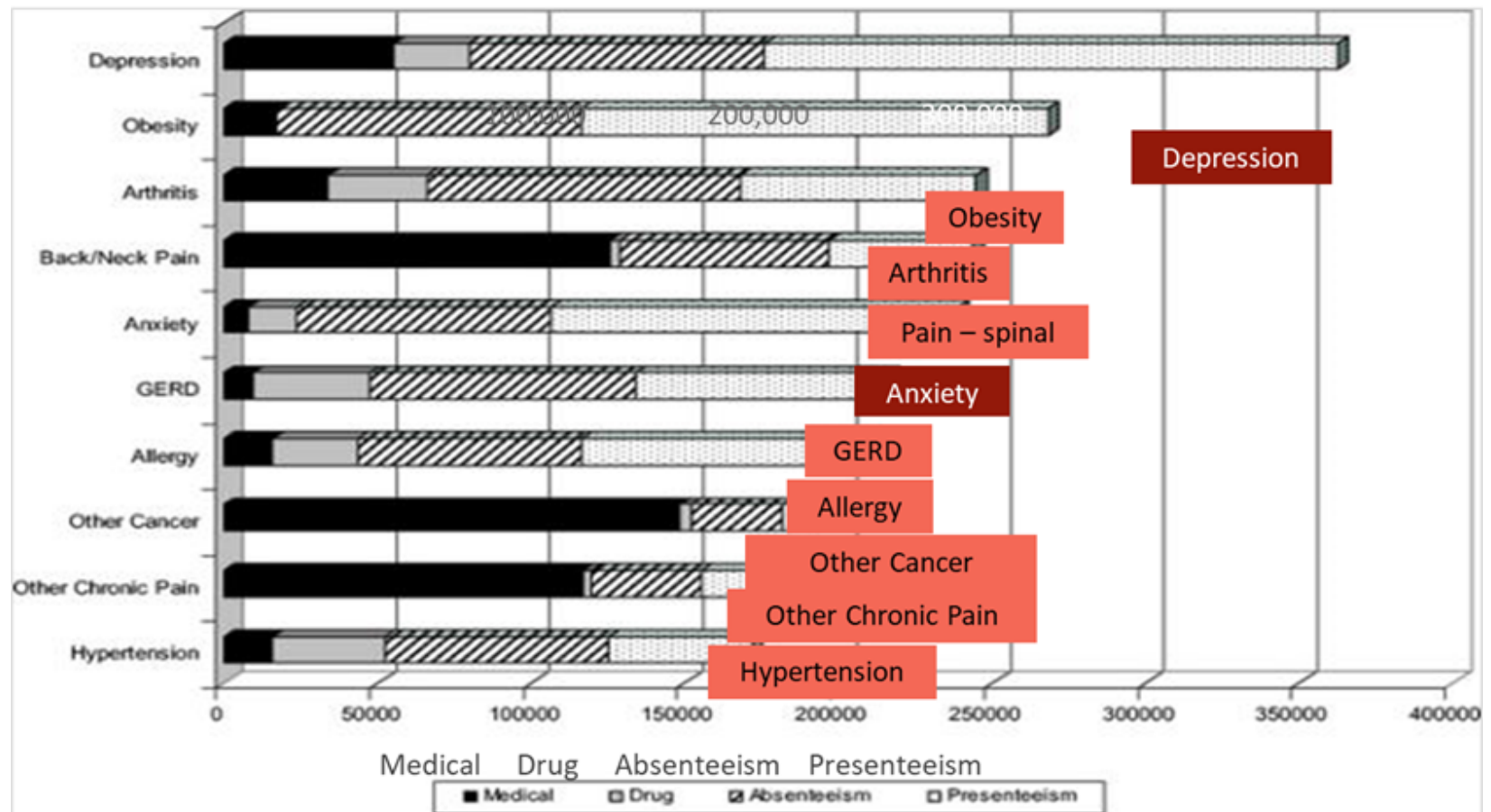
INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE

- 20 years ago, the Institute of Medicine (IOM) declared primary care and behavioral health to be inseparable (National Research Council 1996).
- People who suffer from a chronic disease are more likely to also suffer from depression¹
- Certain factors can increase an individual's risk of developing a mental health disorder

¹National Research Council . Primary care: America's health in a new era. The National Academies Press; Washington DC: 1996.

²Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. Prev Chronic Dis 2005;2(1)

Top 10 Health Conditions by Annual Costs per 1000 FTEs




Health and Productivity as a Business Strategy: A Multiemployer Study by Loepoke et al. *JOEN*, April 2009



Wolters Kluwer
Health

OvidSP

©2009 The American College of Occupational and Environmental Medicine. Published by Lippincott Williams & Wilkins, Inc.



Similarly, North Carolina Rural Health Research and Analysis Center analyzed 2014 Medicare claims data, and identified the top 5 common medical characteristics of RHC patients to be:

- Hypertension (10.9%)
- Diabetes mellitus (6.5%)
- Disc disorders and back problems (4.9%)
- Respiratory infections (3.9%)
- Obstructive pulmonary diseases (3.4%)

Source: RHI Hub

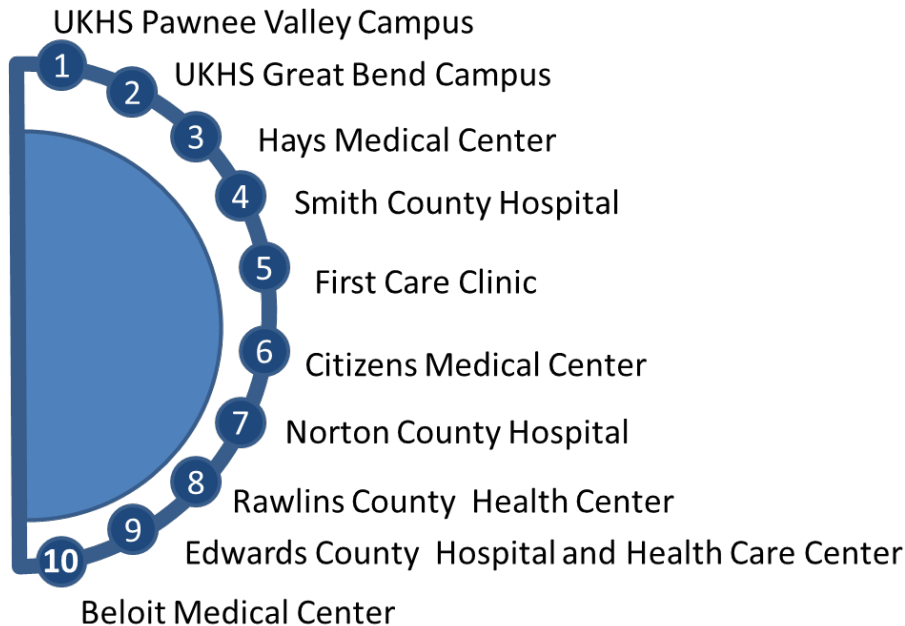
All of these conditions have a behavioral component.

INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE (CONTINUED)

- Focus is NOT on mental health but the bio-psychosocial factors relating to physical health
- Addresses improving patients health and well being
- Focus is on reduction of disease-related problems
- Focus is on treatment adherence and better medication management across providers, as a care team wrapped around the patient

NETWORK PARTICIPANTS

- Evidence-based, rural Telebehavioral Health Network



- The University of Kansas Hospital (UKH) – hub site
- 10 rural member sites – spoke sites

TARGET POPULATIONS AND CONDITIONS

- Primary focus is behavioral conditions that co-occur with chronic conditions
 - Coping with chronic conditions (i.e. adherence, healthy lifestyle)
 - Depression and suicide prevention
 - Anxiety
 - Pain management
 - Substance use disorder (i.e. opioids, alcohol)
 - Acute life event (i.e. cancer, loss of spouse/child/parents)
- Target population is adults; majority likely Medicare beneficiaries
 - Services are being discussed related to pediatric patients
 - Primary issues you identify in your community?

WHERE DO YOU SEE THE BIGGEST NEED FOR ADULT BEHAVIORAL HEALTH SERVICES IN YOUR STATE?

- Assist stakeholders across community on tobacco cessation or other public health issues?
- Screening for substance use disorders?
- Learning more about assisting BH in managing SUD including drug management
- Others?



PEDIATRIC BEHAVIORAL

22

**KU TELEHEALTH ROCKS/
KANDO PROGRAMS:**

**INTEGRATING BEHAVIORAL HEALTH
AND THE SCHOOL AND COMMUNITY**

ROBERT STILES



SCHOOL-BASED TELEHEALTH ANSWERS “THE CALL” IN A NEW WAY

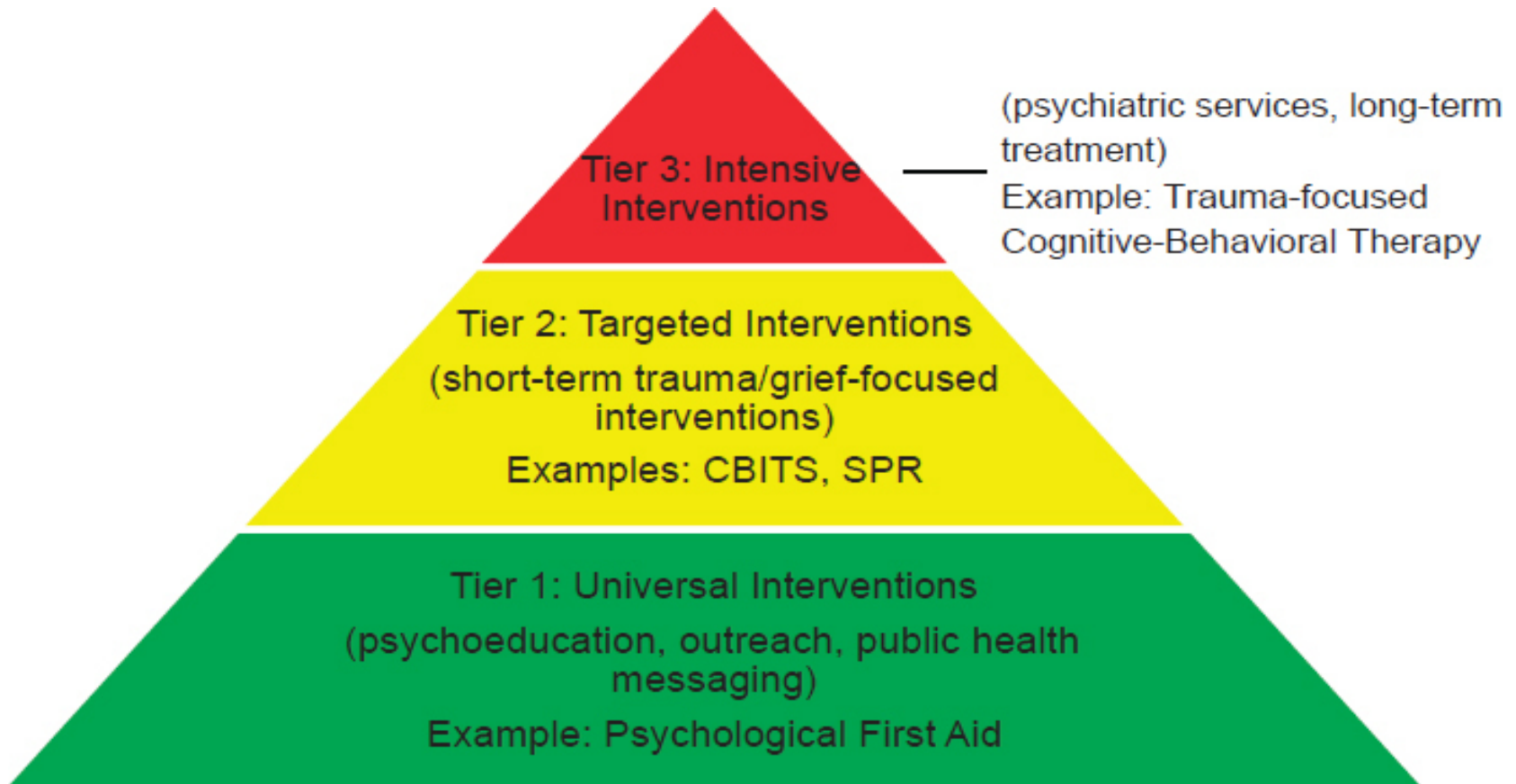


School nurse, counselor, psychologist, special education linchpin linking patient/guardians, education system, specialty behavioral health, and primary care



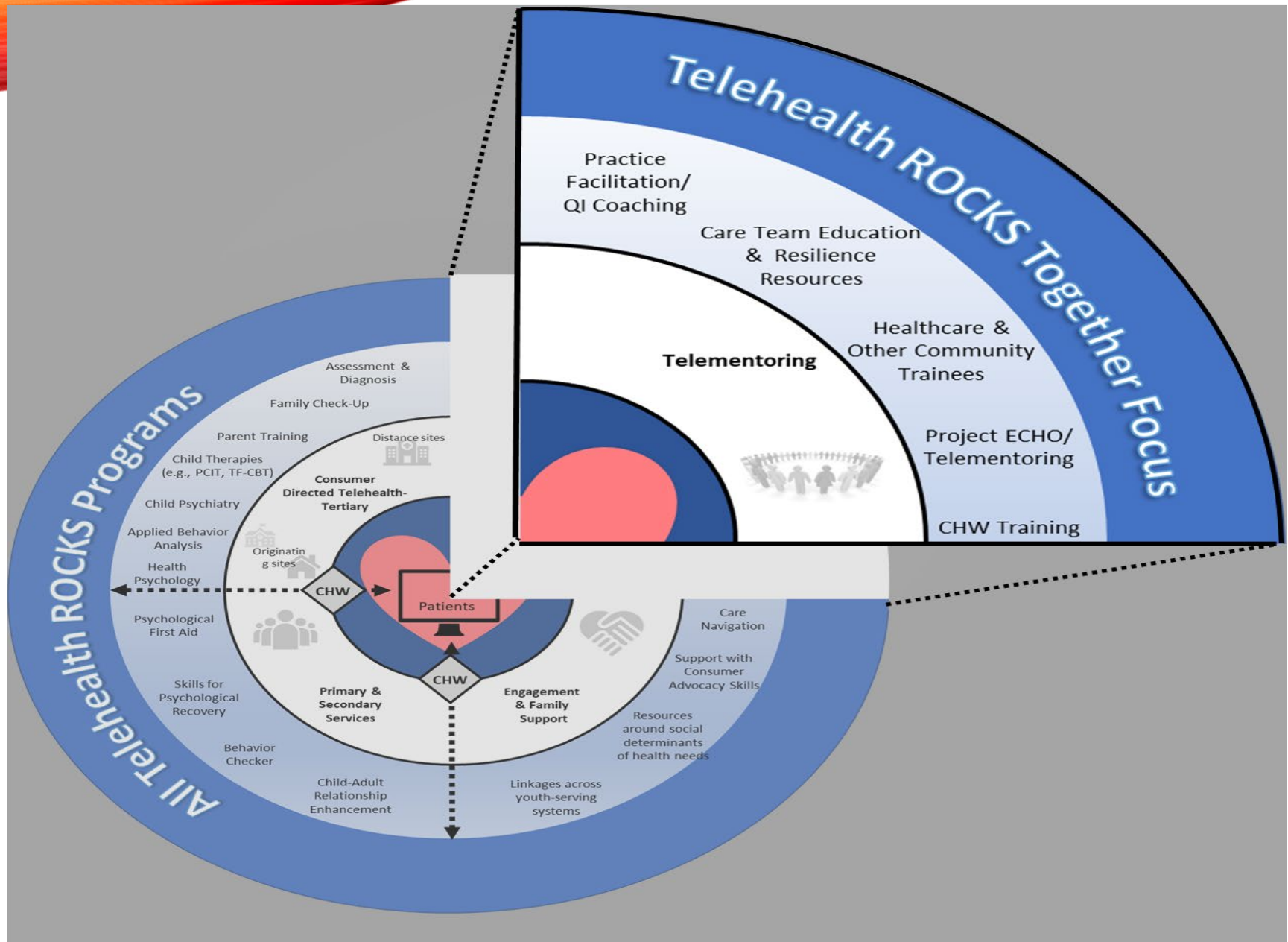
KANSAS DISASTER OUTREACH (KANDO)

One-year, \$1 million grant from SAMHSA focused on behavioral-health needs related to recovery in communities impacted by disasters.



TELEHEALTH ROCKS TOGETHER

- August, 2021 received Office for the Advancement of Telehealth Telehealth Technology-Enabled Learning Program.
- Goal: Enhance pediatric health and behavioral health following the COVID19 pandemic.
 - Utilizing a menu of telementoring activities, increase training and collaboration with multidisciplinary specialists
 - Partnering with the Rural Telementoring Training Center (University of Texas-San Antonio).
 - Utilize ECHO telementoring model and other training approaches.



UNIVERSAL/COMMUNITY INTERVENTIONS VIA TELEHEALTH

- Online training in Psychological First Aid for Schools and Communities, with telehealth coaching specific to the pandemic and disaster preparedness—anyone in community
- Child-Adult Relationship Enhancement (CARE)—those who work with children
- Parent Child Interaction Therapy (PCIT)-Clinicians
- Skills for Psychological Recovery, disaster-focused-Clinicians
- Ongoing Project ECHOs



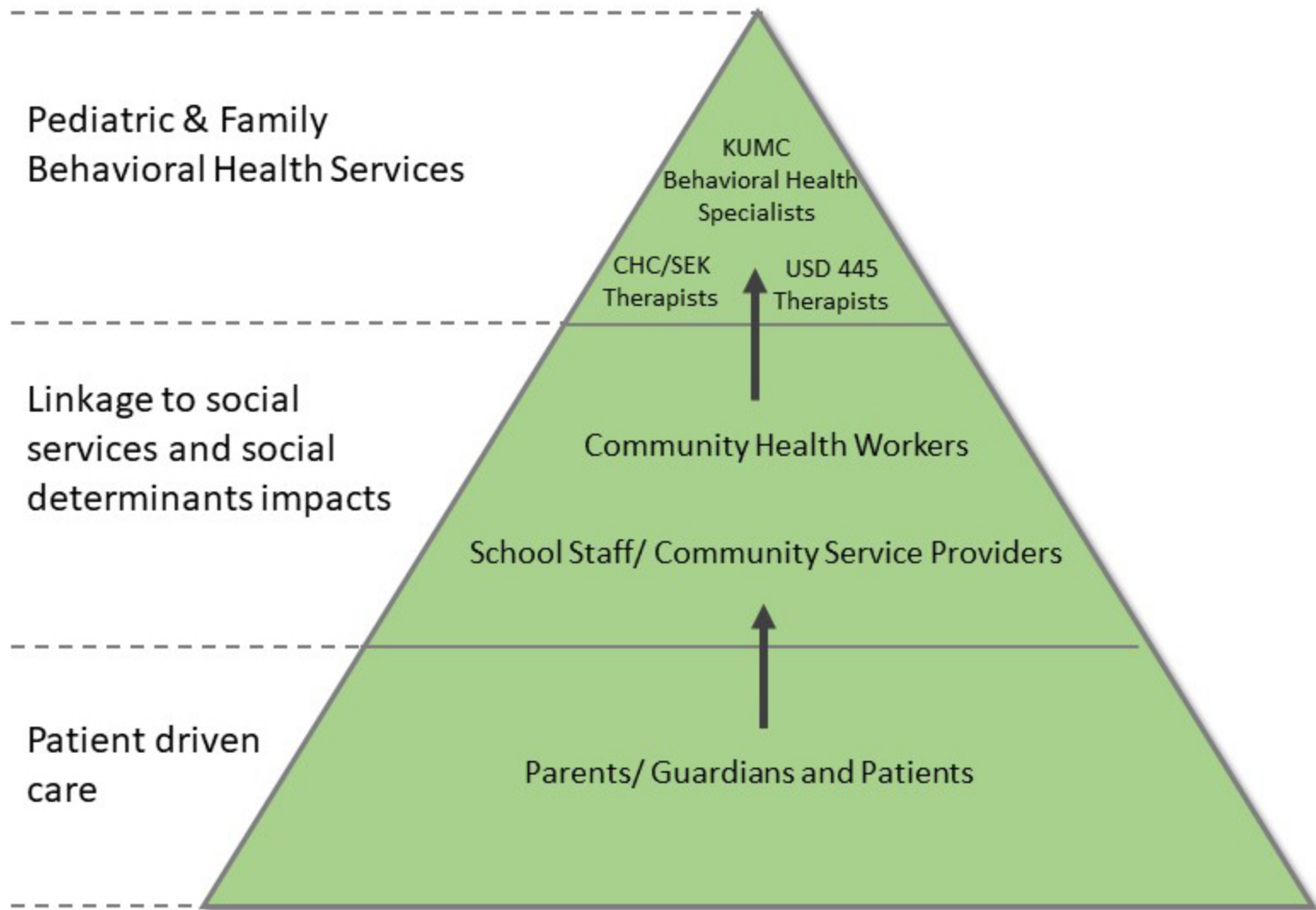
- Began at the University of New Mexico with Hepatitis C treatment
- Guided-practice model that reduces health disparities in under-served and remote areas.
- Use of telementoring and a hub-and-spoke knowledge-sharing approach.
 - Expert teams lead virtual clinics
 - Amplifies capacity for providers to deliver best-in-practice care to the underserved in their own communities.

RECENT AND ONGOING ECHOS

- Fall 2019-Suicide Prevention and Response
- Spring 2020-Function Fridays for Better Behavior
- Fall 2020-Back to School with Better Behavior
- Fall 2020-KanDO Together Resilience/Self-Care (Continues Spring 2021)
- Spring 2021-All Under One Roof: Caring for Children with Medical Complexity
- Spring 2021-Food Allergy Education for the School Setting
- Spring 2021-New Guidelines for the Use of Psychotropic Medications in Kansas Medicaid
- Summer 2021-Psychological First Aid and Skills for Psychological Recovery

TELEHEALTH ROCKS COMMUNITIES

- August, 2021 Office for Advancement of Telehealth Evidence-Based Telehealth Network Funding.
- Evidence-based universal, targeted, and intensive interventions for children and their families.
 - Intensive interventions/clinical services: direct behavioral health services including therapy and specialized services to include parent training, developmental assessment, and psychiatric medication management.
 - Additional services include health education, screenings, and referrals and assistance obtaining needed care and services through linkage to health and social service systems.
- Use of Community Health Workers with a focus on social determinants of health.



EMS FOR CHILDREN COLLABORATIVE

- Telehealth Collaborative led by EMS for Children Innovation and Improvement Center held January through June, 2021
 - Kansas Department of Health and Environment, Childrens Mercy Hospital, and Heartland Telehealth Resource Center.
- **Goals:**
 - **Enhance access to emergency care** through the use of telehealth for behavioral health emergencies.
 - **Assess, develop, and disseminate best practices** to support the needs to children with behavioral health emergencies.
- Recent outcome is a pediatric behavioral health emergencies community of practice with first session on October 28th focused on de-escalation of children in an acute crisis situation.

WHERE DO YOU SEE THE BIGGEST PEDIATRIC BEHAVIORAL NEED IN YOUR STATE?

- Suicide Prevention?
- Pediatric Psychiatry including drug management
- Pediatric Psychology/Therapy
- Other Behavioral Health Specialist Visits—Autism diagnosis, applied behavioral analysis, developmental pediatrics, toileting, feeding.
- Others?



POTENTIAL PARTNERSHIP, COLLABORATION, REFERRAL TO YOUR TELEHEALTH RESOURCE CENTER

35

EVE-LYNN NELSON



Heartland
Telehealth Resource Center

- HTRC one of twelve regional and two national Telehealth Resource Centers committed to implementing telehealth programs for rural and underserved communities funded by the U.S. Dept. HHS, HRSA
 - HTRC serves Missouri, Oklahoma, and Kansas
- Focus on rural communities, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs).
- Work to help organizations and practices overcome barriers, advance telehealth education, and provide resources.

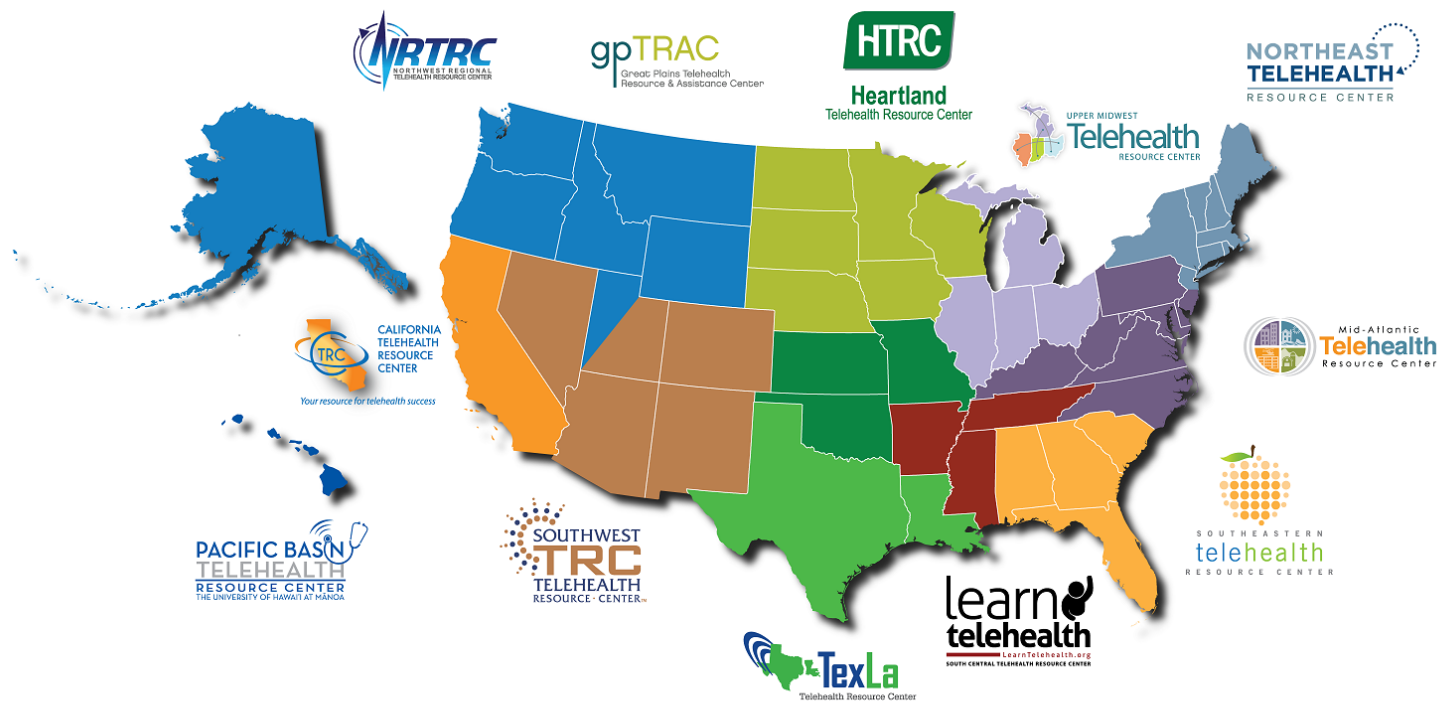


Heartland
Telehealth Resource Center

- Regional Expertise in telehealth implementation.
- TRCs are equipped to provide technical assistance, education, and resources.
- Able to provide a wide range of assistance targeting local community needs.
- One national TRC (Center for Connected Health Policy) focuses on state and national policy related to telehealth.
- The other national TRC (Telehealth Technology Assessment Resource Center) focuses on technology—
"Consumer Reports" for telehealth technology



TELEHEALTH RESOURCE CENTERS



2 National Resource Centers

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

12 Regional Resource Centers

Heartland Telehealth Resource Center

HOW YOUR TRC CAN HELP...

- On-line resources
- Webinars and workshops
- Presentations
- Staff training
- Peer to peer connections
- Consultation services



...and more!



WHERE DO YOU SEE THE BIGGEST TELEHEALTH TECHNICAL ASSISTANCE NEED IN YOUR STATE?

- Billing
- Policy/Regulations
- Technology
- Best Practices
- Others?