

Leveraging Telehealth to Advance Integration

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November 4, 2020



MCO Integration Summit HCA Telehealth Response

November 4, 2020

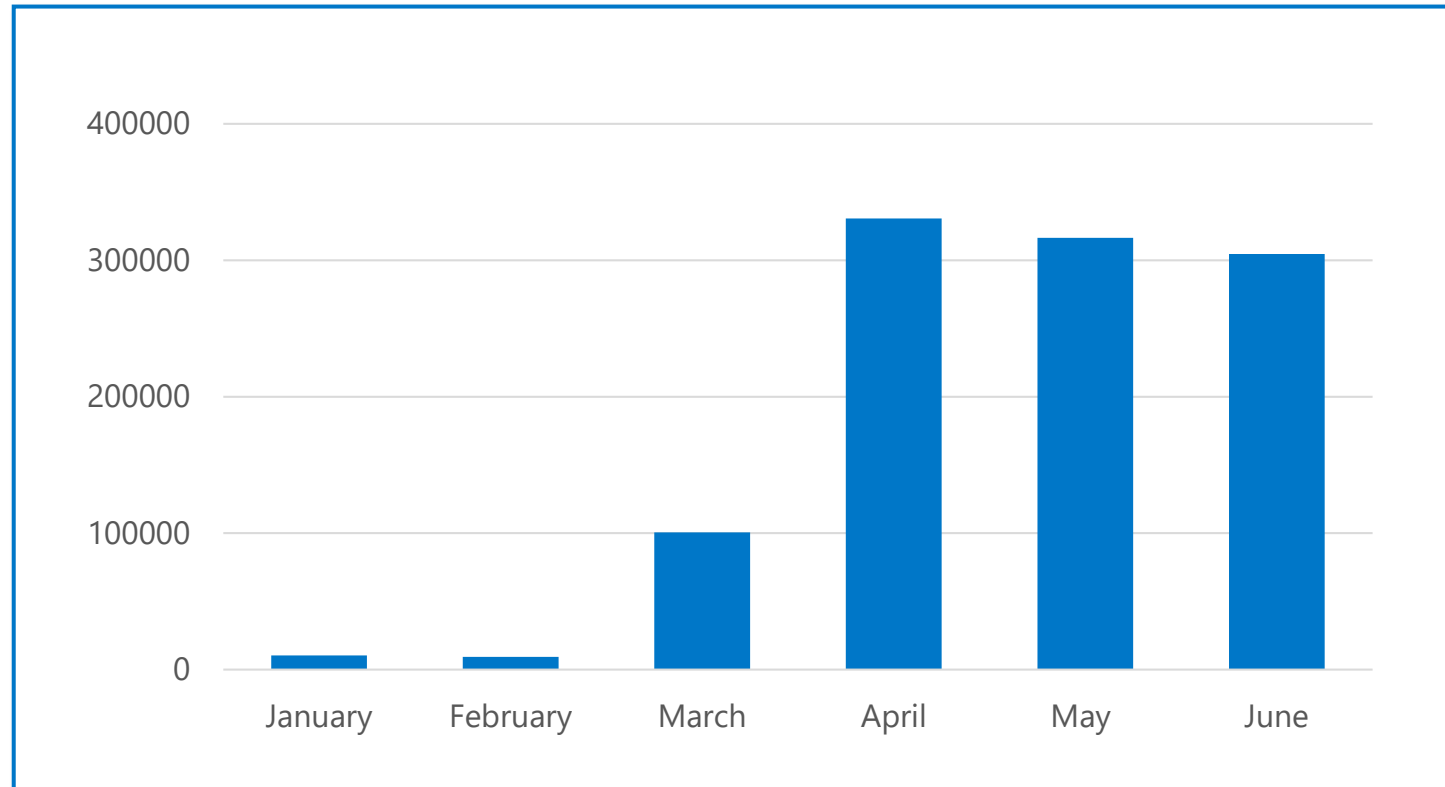
Pre-pandemic state of telehealth

- ▶ For Medicaid, broadly flexible policy applicable to **many types of services and providers in different settings**
- ▶ Also for Medicaid, **telemedicine parity** in place since 2018
- ▶ **Regular engagement** with partners and community

Pandemic response

- ▶ **Policy changes** to support continuity of care during crisis
- ▶ **Direct support** for providers and patients
- ▶ Collaboration with **partners in telehealth**

A delivery system in transformation



Medicaid claims per month provided via telehealth, Jan 2020 – Jun 2020

Our work ahead



Moving forward



LEVERAGING TELEHEALTH TO ADVANCE INTEGRATED CARE

WA State 2020 Integration Summit

Virtual Presentation

November 4, 2020

Wayne Pollard, LICSW

Director of Behavioral Health Integration

Columbia County Health System (CCHS)

Overview of CCHS Service Area

- Region: Dayton, Waitsburg, Starbuck, & surrounding areas
 - Catchment : ~5,600 residents
- Demographics:
 - Older (median age = 50)
 - Rural (3rd least populated county in WA, 4.7 people/sq-mile)

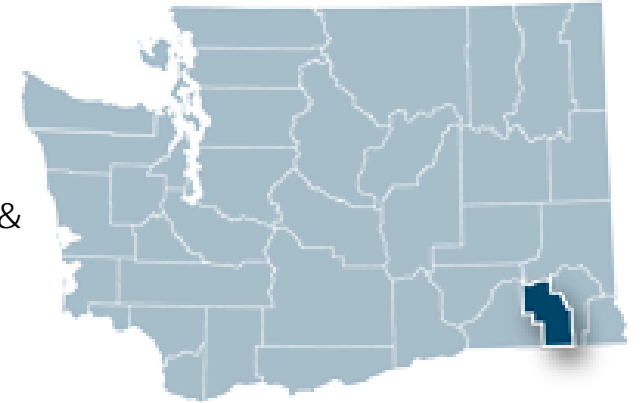


Columbia County Health System (CCHS)

Overview of CCHS Service Area

- Columbia County's Health Ranking (out of 39 counties):

- 37th for longevity
- 22nd for aggregate health factors (e.g., tobacco, diet, exercise, health care access & quality)
- 14th for social and economic health
- 2nd for physical environment



- Mental/Behavioral Health:

- 4.2% describe MBH as poor (state avg = 3.8%)
- 29% of Medicare patients depressed, 14% dealing with anxiety
- MBH provider-to-pt ratio = 440:1 (state avg = 330:1)



Columbia County Health System (CCHS)

Dayton General Hospital

- Critical Access Hospital
- Level V Trauma Center
- Level III Cardiac & Stroke Center

Primary Care Clinics

- Dayton
- Waitsburg

Booker Nursing Home

- On Dayton General Hospital's Campus

Options: Exploring Approaches to Integration

Building a Community-Academic Partnership

- ▶ CCHS reached out to & partnered with University of Washington

Collaborative Exploration:

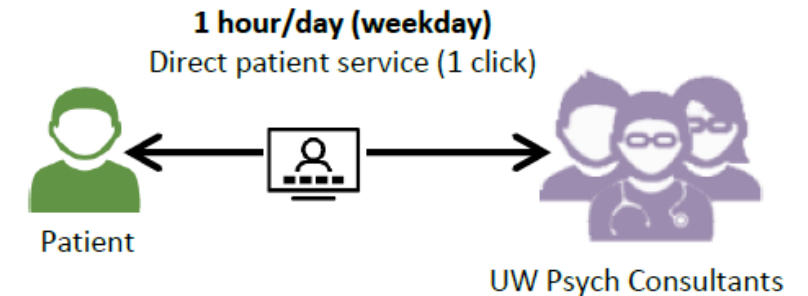
- ▶ What approaches exist & which facilitate:
 - ▶ Rapid access to assessment & short-term management of acute issues
 - ▶ Longitudinal care
 - ▶ Population-based care
- ▶ Which are evidence-based?
- ▶ Which are viable in the CCHS contexts?
 - ▶ Inpatient vs. Outpatient

Inpatient Consultation

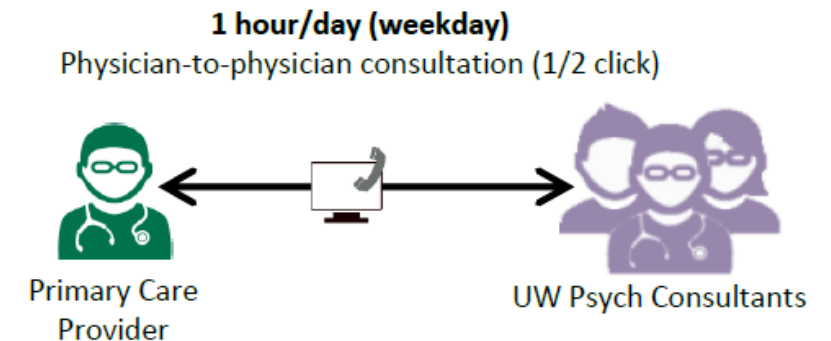
- ▶ Access:
 - ▶ M-F, 9AM-5PM
 - ▶ Contact:
 - ▶ 1hr/day Hospitalist-to-Consultant "curbside" (9AM-5PM)
 - ▶ 1hr/day Direct Pt-to-consultant Telemedicine Visit

Telemedicine In-Patient – General & Addiction October 2018

Telemedicine =
up to 200 direct inpatient consultations per year, 400
physician-to-provider inpatient consultations per year, or a
combination of the two.



And / Or



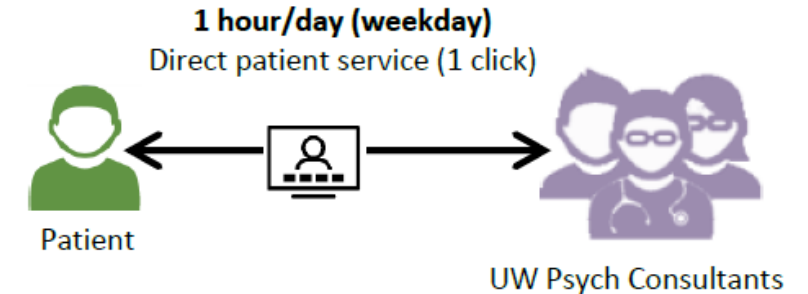
Telephone availability 9am-5pm each business day (M-F
excluding holidays) and one annual training opportunity by
telecommunication/webinar

Inpatient Telemedicine

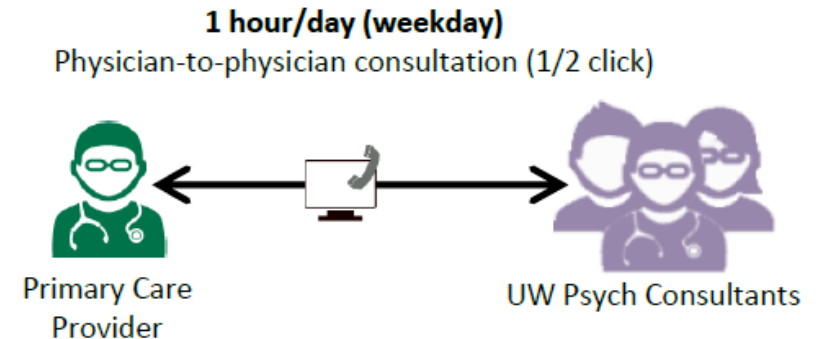
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- ▶ Process (continued):
 - ▶ RN:
 - ▶ Moves TM cart to patient room
 - ▶ Provides intro
 - ▶ Remains present for clinical encounter
 - ▶ Psychiatrist:
 - ▶ Conducts assessment, discusses dx impressions & treatment recs w/pt before visit ends
 - ▶ Contacts Hospitalist to discuss dx & treatment recs, completes noted in EHR



And / Or

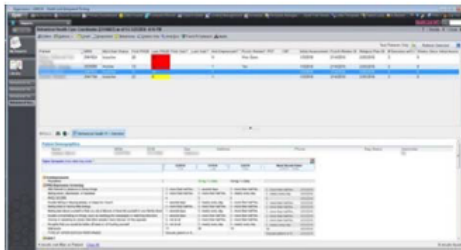


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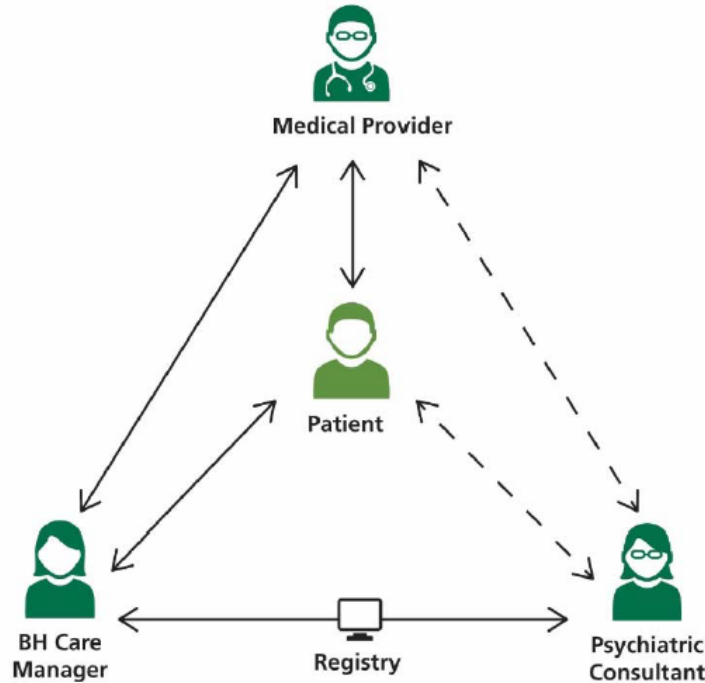
Collaborative Care Model (CoCM)



Primary care
patient-centered
team-based care



Registry to track
population



Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

Active treatment with
evidence-based approaches



Systematic case review
with psychiatric consultant
(focus on patients not
improved)



Validated outcome
measures tracked over
time

Outcomes – Inpatient

- ▶ Direct to Patient Telemedicine
 - ▶ Pt-to-MD Encounters: growing over time (1/mo → 5/mo)
 - ▶ Reasons for Consult: initially SUDs-focused, increasing general psychiatric
- ▶ PCP-to-Psychiatrist Consultation:
 - ▶ Frequency: variable

Outcomes – Primary Care

- ▶ Telepsychiatry:
 - ▶ Access: 2 hours per week (2pts/wk)
- ▶ CoCM:
 - ▶ Caseloads: 2 BHCs sharing 72 pts
 - ▶ Early & Sustained Engagement: ~80% returning for f/u care, >90% in-clinic visits
 - ▶ Symptom Response (Dep/Anx, snapshot of the active panel): 40%-50%
 - ▶ Psychiatric Caseload Consultation: 1hr per BHC per week (7-12 pts/wk)
- ▶ PCP-to-Psychiatrist Consultation:
 - ▶ Earlier, several calls per week; once CoCM and TM established, now every other wk



Sound Telehealth

Who is Sound?

1966

Founded in 1966 as
the Seattle Mental
Health Institute

17

Sound has 17 locations
throughout King
County

**Evidence-
Based**

Care is based on the
evidenced-based
model
Reaching Recovery

Keys to Better Care



Addressing the Whole Person

The Biopsychosocial-medical view



Active Engagement in Care

Shared goals and treatment plan



Personalized Care

The right treatment, at the right time, at the right intensity



Coordinated Care

Providers working together to support the client

Telehealth at Sound

- Early attempts
 - Constrained by physical location
- Expanding Telehealth
 - Concerns
 - Provider
 - Client
 - Process and Workflow
- System Acceptance
 - Constrained by guidelines
 - Social constraints

Telehealth at Sound

- Rapid Expansion to meet changing needs during a pandemic
 - Multiple platforms
 - Technology opportunities
 - Feb 2020- 26 services September 2020- 7k+ services
- Minimizes and exacerbates SDOH issues
 - Access
 - Opportunity
 - Ability

Telehealth in the Community

- IDD and Tacoma DDA
- Telehealth devices in the ERs
 - Technology challenges
 - IT rules
- Group Homes
 - Staff involvement
 - Increased collaboration
- Caregivers and Guardians
 - Increased involvement
 - Improved Access

Telehealth Changing Service Norms

- Groups
 - Virtual v. In-person
- Service Dynamics
- System Impact
 - Travel
 - Staff
 - Collaboration



Questions and Answers





Thank you for joining us today.



TELEBEHAVIORAL HEALTH 201 SERIES

PREPARING PATIENTS and TECHNOLOGY FOR TELEHEALTH

SPEAKER: TAMMY ARNDT, NORTHWEST TELEHEALTH

NOVEMBER 20, 2020, 11AM - 12:00 PM PST

Monthly series: 3rd Friday of each month, 11am-12pm PST:

- 12/18/20 – DOING GROUPS over TELEHEALTH
- 01/15/21 – MHEALTH & WORKING with SMI PATIENTS over TELEHEALTH
- 02/19/21 – PROVIDER SELF-CARE & WELLNESS in the ERA of TELEHEALTH and COVID
- 03/19/21 – BEHAVIORAL HEALTH APPS
- 04/16/21 – CHILDREN and TELEBEHAVIORAL HEALTH
- 05/21/21 – APPLYING TELEHEALTH to SUD TREATMENT in COMMUNITY-BASED SETTINGS
- 06/18/21 – (tent) SUICIDE RISK ASSESSMENT over TELEHEALTH
- 07/16/21 – APPLYING TELEHEALTH to MEASUREMENT-BASED CARE
- 08/20/21 – (tent) CULTURAL COMPETENCE & HUMILITY in TELEBEHAVIORAL HEALTH
- 09/17/21 – COUPLES & FAMILY THERAPY over TELEHEALTH

A CERTIFICATE OF ATTENDANCE WILL BE ISSUED FOR EACH SESSION ATTENDED

Continuing Medical Education credit may be provided for a nominal fee:

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **12 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1 credit)

TELEBEHAVIORAL HEALTH 101

■ 6-module Online Self-Study

More information to come!

6-session Interactive Webinar

Fridays 11am-12pm

- Jan 8, 2021 Introduction to TeleBehavioral Health and Policy Overview*
- Jan 22, 2021 Getting started: Facts & Myths, and Security & Privacy
- Jan 29, 2021 Digital Health Do's & Don't's, Workflows, & Safety planning
- Feb 5, 2021 Billing and Reimbursement for TeleBehavioral Health
- Feb 12, 2021 Clinical Engagement over Telehealth
- Feb 26, 2021 Clinical Supervision in Telehealth

***This session will meet the requirements for telehealth training as established by Washington SB6061, effective January 2021. A certificate will be issued for each module completed.**