



# Best Practices in Tele-Behavioral Health

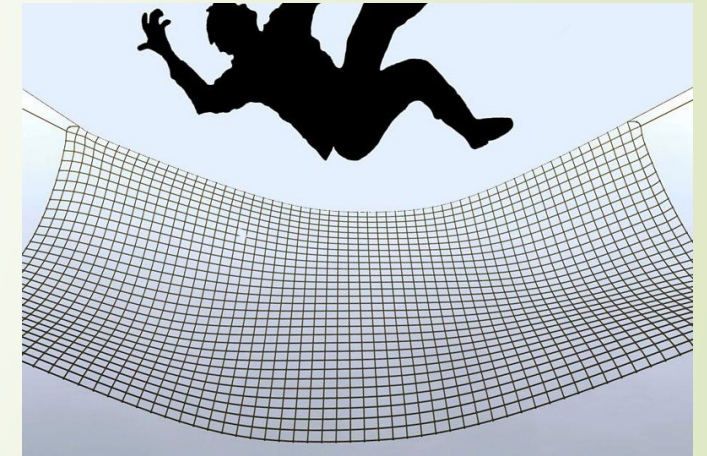
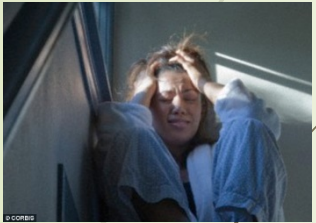
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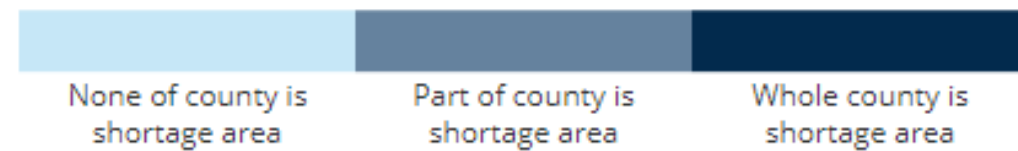
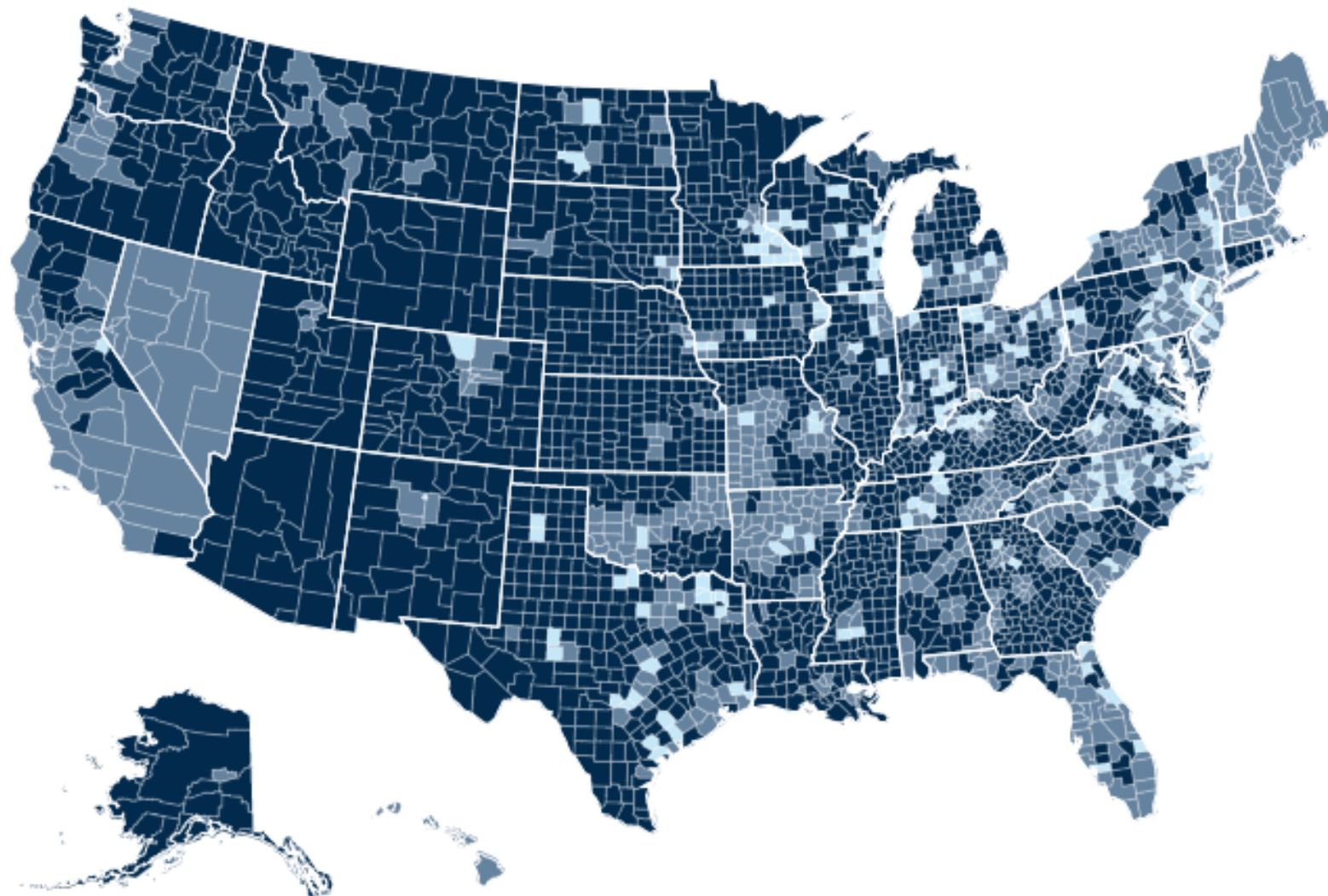
**Great Rivers Regional System for Addiction Care Annual Meeting and the  
Southern WV Rural Opioid Consortium – August 6, 2019**

# Background





## Health Professional Shortage Areas: Mental Health, by County, 2017

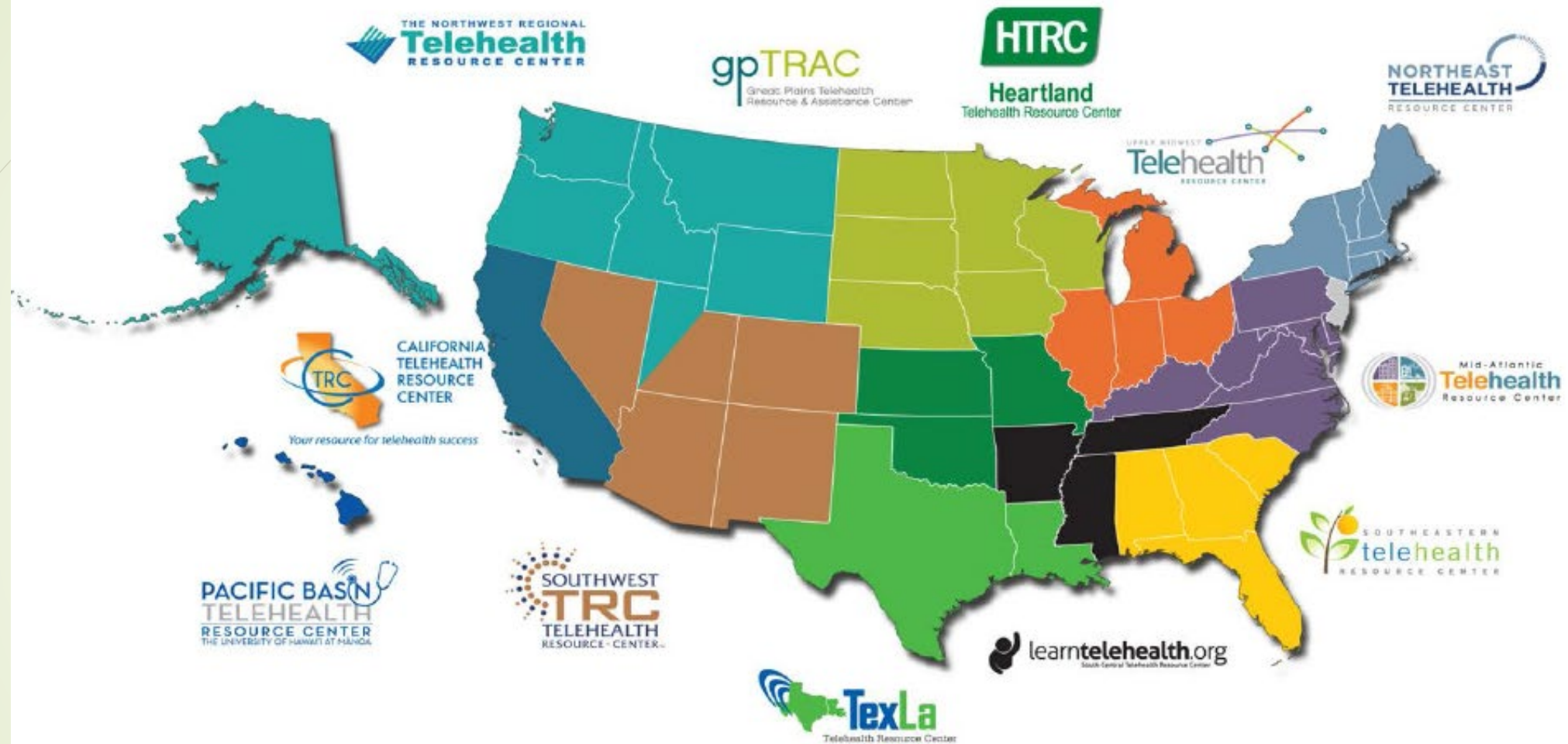


Source: [data.HRSA.gov](https://data.HRSA.gov), 2017.

# Courage Under Fire....



# TelehealthResourceCenters.org



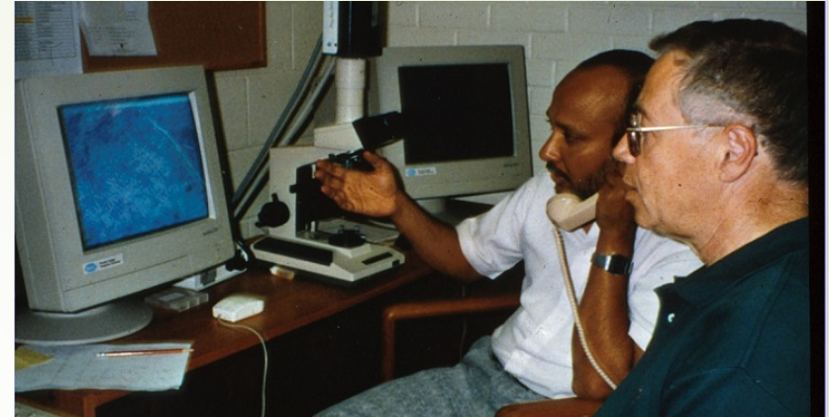
NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers



# Technology changes



# Telemental Health Modalities

## Text-Based



- Email
- Chat
- SMS
- Forums

## cCBT



- Self-Help
- Provider-Led
- Client led self-help
- Provider led
- Community led
- Provider prescribed
- Combinations

## Video



- Individual
- Group

## Avatar



- Individual
- Group



# Background





# First things first...

**Listen to our partners**

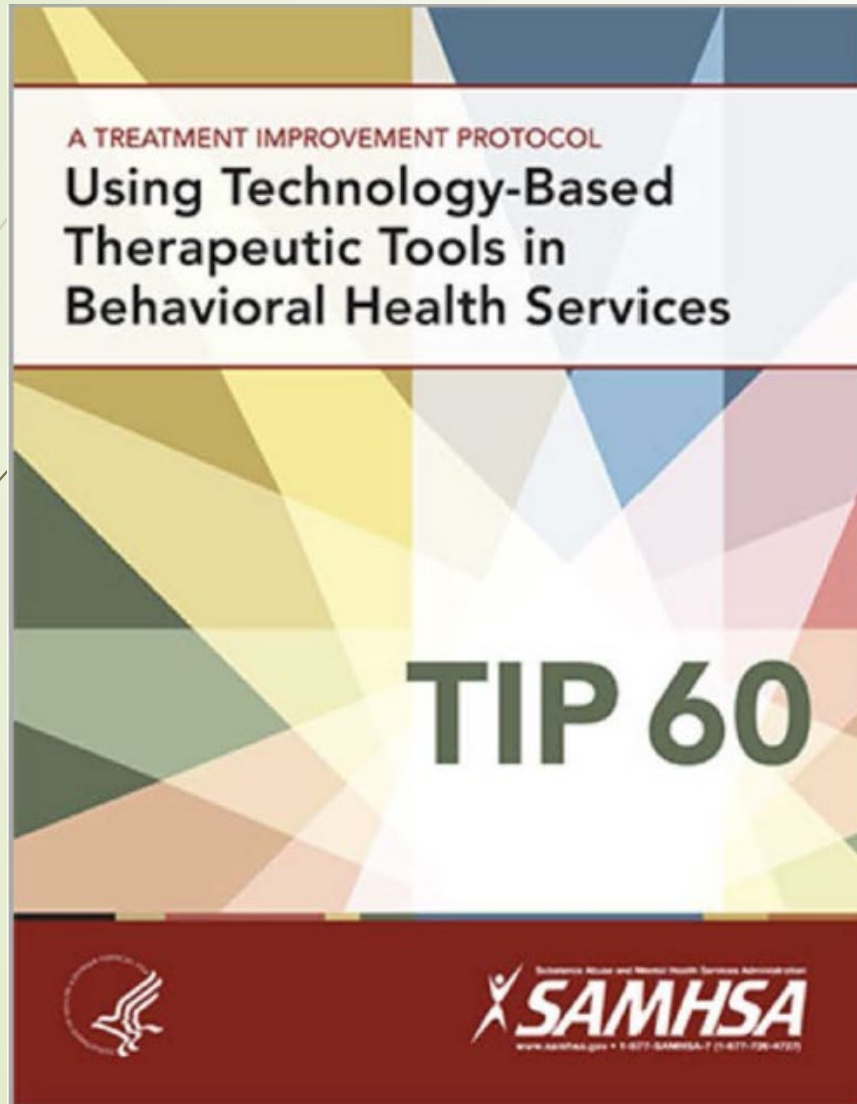


**Correlate the need**



**Assess the feasibility**

# Resource



- SAMSHA recommends the use of technology in treatment.
- Research shows technology is effective for treatment
- Effectiveness tied to deployment and use.



# WVRTN Experience

## Integrated Processes



## Project Management Basics

Clinical Work flow

Existing Referral Patterns

Quality Performance

# Smart Business Tactics or Common Sense?

- Enhanced efficiencies
- Cost Containment
- Retained Market share
- Enhanced stakeholder satisfaction
- Quality Impact





# Return on Investment

## ➡ Does an opportunity exist?

✓ Community Health Needs Assessment

(Prevalence and incidence of disease, provider shortages, etc.)

## ➡ Interested stakeholders

(Providers, specialists, patients, etc.)

## ➡ Organizational analysis

(Market share, outward migration patterns, payer mix, capacity, bandwidth availability, willingness to adopt technology, site champion, quality performance, etc.)

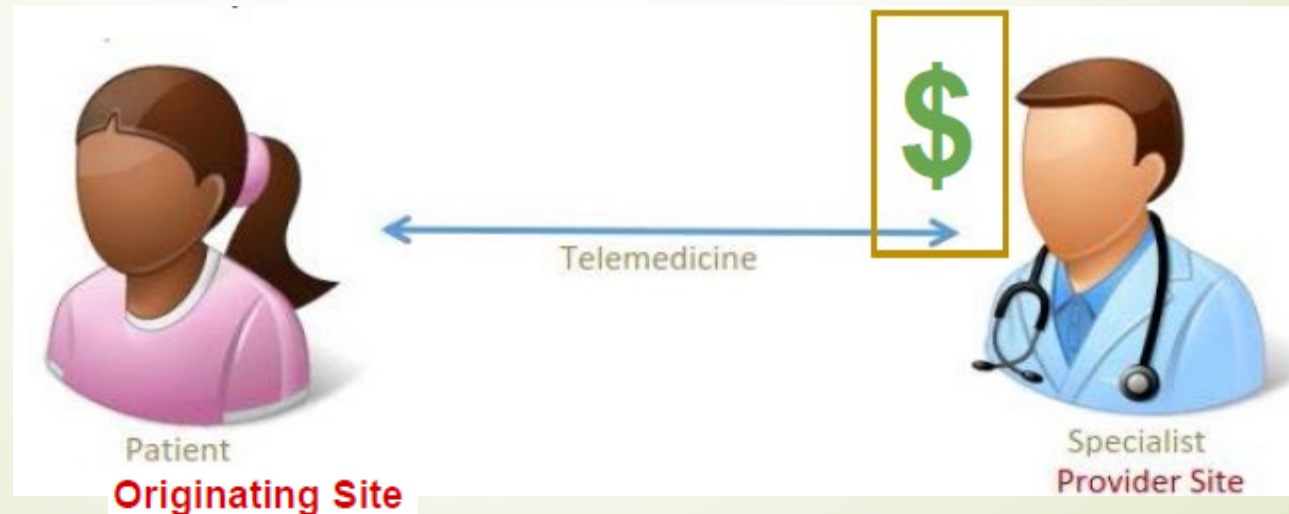


## If we build it will they come?

# A quick work on Reimbursement

Widespread availability (Medicare, almost all Medicaid, many commercial payers); Separate payment for each side of the call:

- **Professional Fee:** CPT Code + Modifier
- **Originating Site Fee:** about \$20-\$25







# Implementation Plan



- Partner meetings (behavioral health providers, community mental health center, critical access hospitals)
- Privileging and credentialing of providers at each site.
- Design, development, and education of clinical workflow, algorithm, policies, and procedures. (inclusion/exclusion criteria)
- End-point technology education and integration.
- Design, development, and education of patient and provider surveys.
- Data collection plan.

# Total Time Spent in ED (Minutes)

	Mean $\pm$ SD (N)
Triage to Discharge from ED	287.5 $\pm$ 147.9 (42)
Telehealth Visit	33.0 $\pm$ 26.0 (54)

4 hours 15  
minutes

# Emergency Department Provider Assessment

	Telebehavioral Health (% Respondents)					
1: Highly Improbable to 5: Extremely Probable	1	2	3	4	5	Mean ± SD (N)
Intent to Transfer prior to telehealth consultation	21.8	18.2	36.4	10.9	12.7	2.75 ± 1.28 (55)
	40%			23.6%		

<sup>a</sup>: t test between telebehavioral and teleneurology providers.

<sup>b</sup>:  $\chi^2$  test between telebehavioral and teleneurology providers.

Lack of influence of telehealth visit: 24% affirmative for Telebehavioral



# Emergency Department Provider Assessment

	Telebehavioral Health (% Respondents)					
1: Highly Improbable to 5: Extremely Probable	1	2	3	4	5	Mean $\pm$ SD (N)
Telehealth influenced patient disposition / transfer	9.1	7.3	21.8	40.0	21.8	3.58 $\pm$ 1.12 (55)
	16.4%			61.8%		

<sup>a</sup>: t test between telebehavioral and teleneurology providers.

<sup>b</sup>:  $\chi^2$  between telebehavioral and teleneurology providers.



# Patient Exclusion Criteria

- Under 18 years of age.
- Patient/family refusal of teleconsultation.
- For patients receiving a tele-behavioral health consultation the following exclusions apply:
  - Blood alcohol content above 0.08 mg/dl
  - Inability to communicate or interact
  - Severe cognitive impairment

HRSA Grant Number: G01RH27871-01-00

# Technology changes

- iPad environment
- BAA with secure and compliant connections
- Additional centralized security measures
- Increased end-user satisfaction
- Increased number of referrals
- Agnostic
- Ubiquitous





# Lessons Learned

- Credentialing
- Lighting
- Technical
- Standardization



# Tele-MAT Models/Options

## Medication Component

- Bring remote prescribers into your facility to provide MAT
- Allow prescribers to work from home or alternative locations
- Have prescribers see patients virtually at the client's location
- Have prescribers join BH sessions virtually

## Behavioral Health Component

- Use remote BH staff (contracted)
- Allow BH staff to work from home or other alternative locations
- Allow BH staff to see patients at multiple locations the same day
- Allow BH staff to see patients at home (some payers, some states)
- Allow BH clinicians to join prescribing sessions

# Resources

- Telehealth Resource Centers <https://www.telehealthresourcecenter.org/>
- MidAtlantic TRC; [www.MATRC.org](http://www.MATRC.org)
- Indian Health Service TelebehavioralHealth Center of Excellence (TBHCE) <https://www.ihs.gov/telebehavioral>
- Telebehavioral Health Center of Excellence <https://tbhcoe.org/>
- Telebehavioral Health Institute [www.telehealth.org](http://www.telehealth.org)
- SAMHSA TelebehavioralHealth training resources, <https://www.integration.samhsa.gov/operations-administration/telebehavioral-health>
- National Quality Forum telehealth evaluation framework, [https://www.qualityforum.org/publications/2017/08/creating\\_a\\_framework\\_to\\_support\\_measures\\_development\\_for\\_telehealth.aspx](https://www.qualityforum.org/publications/2017/08/creating_a_framework_to_support_measures_development_for_telehealth.aspx)
- Adaptive Telehealth Software Comparison; <https://www.telementalhealthcomparisons.com>





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