



Leveraging Lessons Learned: Implementing Telehealth to Sustain Integrated Behavioral Health

Stephen Shearer, Facilitator
Sophia Shepard, Co-Facilitator

Virtual Presentation
Thursday, February 25, 2021

Vision: Healthy Communities, Healthy People





**We are delighted you are part of
this exciting project.**

Vision: Healthy Communities, Healthy People



Session 4

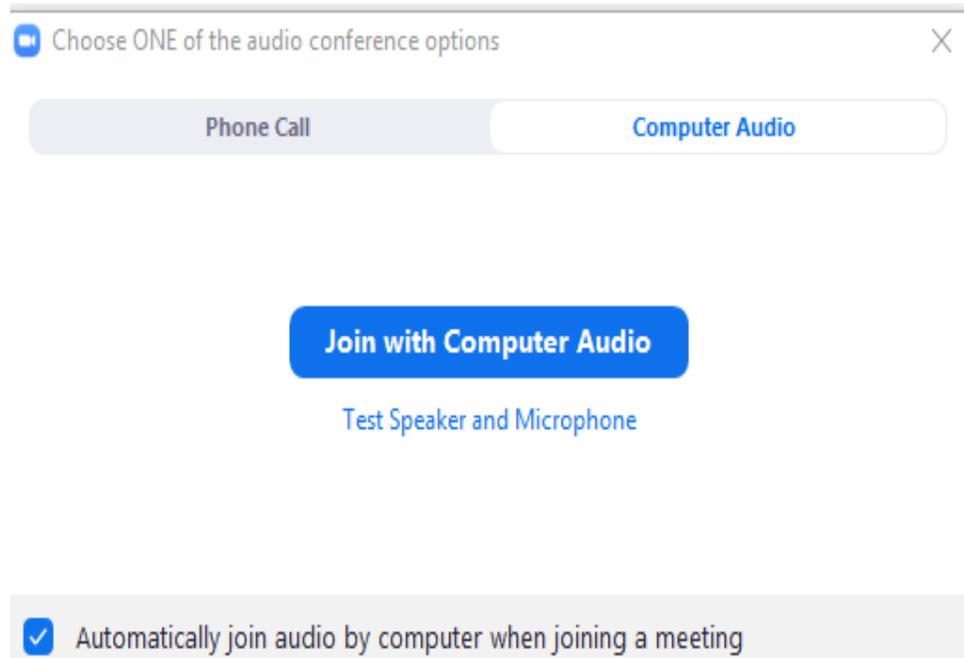
Process and Workflows



Connecting to Audio

By computer:

- Click **Join with Computer Audio**.



Choose ONE of the audio conference options

Phone Call **Computer Audio**

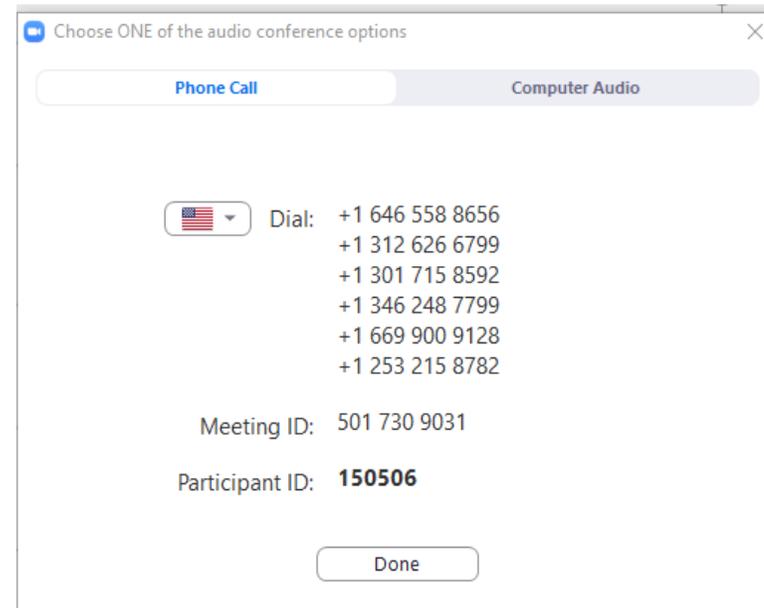
Join with Computer Audio

Test Speaker and Microphone

Automatically join audio by computer when joining a meeting

By phone:

- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



Choose ONE of the audio conference options

Phone Call Computer Audio

 Dial: +1 646 558 8656
+1 312 626 6799
+1 301 715 8592
+1 346 248 7799
+1 669 900 9128
+1 253 215 8782

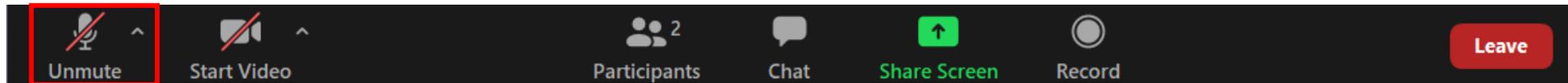
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Participant ID: **150506**

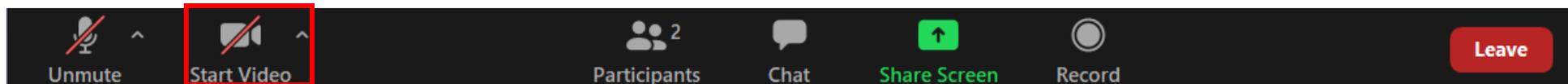
Done

Zoom Participation

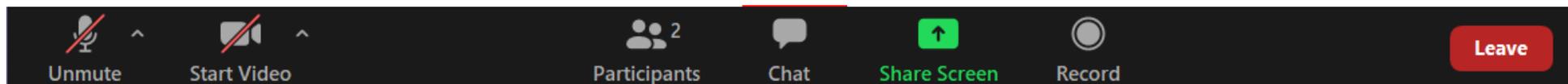
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Session 4 Facilitators and Presenter



Facilitator: *Stephen Shearer, B.S.,
CPHQ, CEAP, CCM, CJCP, LADC*
The Bizzell Group



Co-Facilitator: *Sophia Shepard,
B.S.*
JBS International, Inc.



Presenter: *Bonni Brownlee,
M.H.A., CPHQ, PCMH-CCE*
Advocates for Human Potential,
Inc.

Agenda

- Continuing Education Credits
- Participant Check-in
- Session Objectives
- Subject Matter Expert (SME) Presentation and Discussion: *Process and Workflows*
- Overview of Technical Assistance (TA) Resources
- Valuable Participant Feedback
- Wrap Up/Next Steps



Source: iStock

"Lifework" Assignment Follow-up

Follow-up from session 3:

- How comfortable is your organization with its current telehealth patient education and consents?



Poll #1

How would you compare the effectiveness of a “warm handoff” between staff and patients via telehealth vs. in person?

- A warm handoff via telehealth cannot really be done.
- A warm handoff via telehealth is very difficult to do but can be done.
- A warm handoff via telehealth can be well done with training and practice.



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Participant Check-in



Image source: iStock by Getty Images

CoP Participants



Participant Role Call

Choose one spokesperson from your group, and please share the following:

- Your name(s)
- Organization name and location
- How's the weather around you?

State	Organization
AK	Sunshine Community Health Center
AL	AltaPointe Health Systems
CA	Tiburcio Vasquez Health Center
FL	Osceola Community Health Services
IA	Iowa Primary Care Association
IA	Community Health Centers of Southern Iowa
IL	Esperanza Health Centers
IL	Friend Health
KS	Health Partnership
KS	Flint Hills Community Health Center
MA	Community Health Programs
MA	Community Health Connections



Participant Roll Call

Choose one spokesperson from your group, and please share the following:

- Your name(s)
- Organization name and location
- How's the weather around you?

State	Organization
MA	Codman Square Health Center
MA	Harvard Street Neighborhood Health Center
MO	Ozark Tri-County Health Care dba ACCESS Family Care
MO	Swope Health
MS	Central Mississippi Health Services
MT	Montana Primary Care Association
MT	Bullhook community Health Center
NM	Mora Valley Community Health Services
OH	Neighborhood Health Association
PA	Northside Christian Health Center
SC	Family Health Centers, Inc.



Participant Roll Call

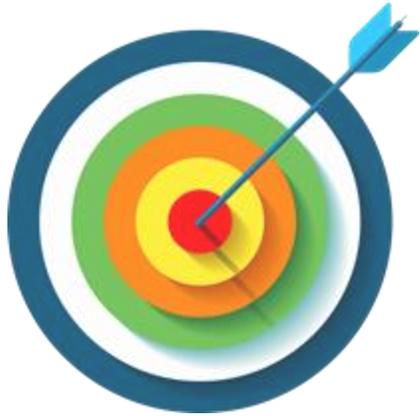
Choose one spokesperson from your group, and please share the following:

- Your name(s)
- Organization name and location
- How's the weather around you?

Name & Role	Organization
TX	AccessHealth
TX	Healthcare for the Homeless-Houston
WI	Community Health Systems



Today's Learning Objectives



Source: iStock

- Describe the benefits of written guidelines and phone scripts to staff who are supporting patient scheduling.
- Define the importance of ensuring the patient provides informed consent for telehealth services.
- Describe the required post-telehealth event progress note documentation.

Discussion Question

What is the most significant difference in the process of documentation or content of a telehealth visit vs. documenting an in-person visit?



Source: ThinkStock

Session 4: Process and Workflows



Bonni Brownlee, M.H.A., CPHQ, PCMH-CCE
Senior Consultant, Healthcare Solutions Division
Advocates for Human Potential, Inc.

The TH Visit Cycle

Front Desk

Tech Support/
CHW/Pt Nav

MA/LVN/RN

Medical
Provider

BH
Specialist

PRE-VISIT	CHECK-IN	“ROOMING”	EXAM/ENCOUNTER	CHECK-OUT
<ul style="list-style-type: none"> Gathers information about purpose of visit Offers telehealth (TH); confirms suitability for TH Obtains email address; encourages portal sign-up Schedules TH visit Verifies insurance/payer status Prepares patient for TH visit; reviews consent Schedules interpreter, if needed 	<ul style="list-style-type: none"> 15-30 min before the visit Connects to interpreter, if needed; checks sound, video, lighting, interpreter ability to see and hear Connects to patient platform; checks sound, video, lighting, patient ability to see and hear Greets patient, confirms identity and location Describes what to expect Obtains consent Discusses what to do if disconnected Warm handoff to MA 	<ul style="list-style-type: none"> Opens visit template Connects to patient Reviews reason for visit Reviews consent Completes intake documentation: brief history, vitals, medication reconciliation Conducts screening(s) Warm handoff to provider 	<ul style="list-style-type: none"> Opens, reviews chart Connects to patient Interviews and assesses patient; treatment recommendations Completes documentation, including consent Warm handoff to BH if needed, or to MA to check out 	<ul style="list-style-type: none"> Connects to patient Completes education; answers questions Warm handoff to front desk
<ul style="list-style-type: none"> 24 hours before visit Performs “test visit” for new patients 			<ul style="list-style-type: none"> Connects to patient Focuses on PCP target questions Reviews screening scores Conducts brief intervention with patient Coordinates follow-up plan with patient Completes documentation, including consent Provides feedback to PCP Warm handoff to MA to check out 	<ul style="list-style-type: none"> Connects to patient Completes check-out Schedules follow up Answers questions Gives instructions on disconnecting Disconnects Sends brief experience survey to patient via email
<ul style="list-style-type: none"> Conducts health maintenance review Scrubs the schedule 				



Scheduling Tips

- Clinical providers must first determine what types of visits will be conducted using TH technology and provide written guidelines to the staff who will be scheduling appointments.

For patients who:	Do this:
Use the portal to schedule appts...	Ensure the patient has the option to self-select telehealth.
Have made an in-person appt that you think would be effectively delivered virtually...	Develop a protocol or script for outreach to patients to offer them the option before they come in for the appt.
Are attending an in-person visit today...	Have written material about telehealth by the front desk so that patients can review their options for the next appointment.

- Maintain a list of patients who decline telehealth options and annotate the EHR accordingly.



Pre-Visit—Consent

- The following information must be communicated to the patient as part of consent:
 - Virtual visits are not being recorded.
 - Establish a method to resume a dropped/disconnected visit, whether it be reconnecting or having the patient dial a specific number.
 - Address confidentiality risks whenever applicable.
 - Go over emergency procedures and local emergency departments.
 - Exhibit virtual etiquette (connect from a quiet, private, safe environment with minimal distractions).
- Obtain verbal consent and document at each TH visit until written consent is obtained. Thereafter, obtain verbal consent annually. **Check state laws!**

Pre-Visit—Technology Assessment

- Does the patient have access to a computer, smartphone, or tablet at home?
- Is the patient able to download Zoom on that device?
- Does the patient have a strong internet connection?
- Has the patient been trained on how to use Zoom?
- Does the patient know what to do if the connection fails?
- What is the level of tech literacy?
- Does the patient have email?
- Does the patient feel safe/comfortable at home?
- What is the home environment like?
 - Will there be privacy?
 - Will there be distractions? How can those be mitigated?
- How can we best support the patient?



Notifying the Patient of the TH Appointment

- Send the appointment information to the patient's confirmed email address, including:
 - a. Provider's Name
 - b. Date @ Time
 - c. Patient-specific Zoom Meeting ID
 - d. Patient-specific Zoom Meeting Password
 - e. Clinic Name
 - f. Clinic Phone Number
- Add to the email the following information:
 - What equipment do I need? Internet access; mobile device (iPhone, Android phone, iPad, tablet, laptop) or a computer that has a microphone, speaker, and video camera.
 - How do I log in? Copy and past this link: www.zoom.us/join to your internet browser
 - ✓ Use Google Chrome, if possible.
 - ✓ If you are using a mobile device, you may be prompted to download the Zoom app. Follow the instructions on your screen to download the app.
 - ✓ To test your video capabilities, please visit <https://zoom.us/test>. Type this meeting ID: <Patient specific Zoom meeting ID>. Type this meeting password: <Patient specific Zoom meeting password>. Click "Join."



Warm Handoffs

What is a warm handoff?

- “A warm handoff is . . . conducted **in person**, between two members of the health care team, **in front of the patient** (and family if present).” This can be accomplished **virtually** with a few extra steps: (1) explaining the handoff, (2) placing “on hold,” (3) messaging the next person on the care team, and (4) introducing the new person to the conversation when they log on, then excusing yourself.
- Important for communication and safety; allows patients to clarify or correct the information exchanged.
- Builds relationships; engages patients and families; encourages them to ask questions.

How do I do this?

Staff members will both give and receive warm handoffs. For example:

- After patient check-in, handoff to clinical team
- After patient is roomed, handoff to the provider
- After exam is completed, handoff to the MA/RN or front desk
- Referrals to extended care team members, such as a diabetes educator or pharmacist, and with specialists.

Source: AHRQ. *Warm Handoffs: A Guide for Clinicians*. [Warm Handoffs: A Guide for Clinicians \(ahrq.gov\)](https://www.ahrq.gov/warm-handoffs)



Screenings

SITUATION	SCREENING TOOL	DESCRIPTION
Alcohol use	AUDIT (Alcohol Use Disorders Identification Test) Adolescent: CRAFFT	Developed to identify people at risk of developing alcohol problems. Focuses on preliminary signs of hazardous drinking and mild dependence. Used to detect alcohol problems experienced within the last year.
	CAGE	A 4-item questionnaire that can indicate potential problems with alcohol abuse.
	DAST (Drug Abuse Screening Test)	A 20-item tool used to identify individuals who are abusing psychoactive drugs and to reflect the degree of problems related to drug use and misuse.
Substance use	SBIRT (Screening, Brief Intervention, and Referral to Treatment)	An evidence-based approach to identifying patients who use alcohol and other drugs at risky levels.
	CAGE-AID (CAGE – Adapted to Include Drugs)	A five-question tool used to screen for drug and alcohol use. An adaptation of the CAGE for the purpose of conjointly screening for alcohol and drug problems. Focuses on lifetime use.
	DAST-10	Designed to provide a brief, self-report instrument for population screening, clinical case finding, and treatment evaluation research.

Screenings (cont'd)

SITUATION	SCREENING TOOL	DESCRIPTION
Depression	PHQ2, PHQ9 (adults) PHQ-A modified for adolescents (ages 11-17)	A nine-item survey that assesses the severity of depressive disorders and episodes (or clinically significant symptoms of depressive disorders and episodes)
Anxiety	General Anxiety Disorder (GAD2, GAD7)	Rapid screening for the presence of a clinically significant anxiety disorder (GAD, Panic Disorder, Social Phobia, PTSD)
ADHD	Vanderbilt ADHD Diagnostic Rating Scale (VADRS)	A psychological assessment tool for parents of children aged 6 to 12 designed to measure the severity of ADHD symptoms
Postpartum Depression	Edinburgh Postpartum Depression Scale (EPDS)	Ten screening questions that can indicate whether a parent has symptoms of depression and anxiety during pregnancy and in the year following the birth of a child
PTSD	Clinician Administered PTSD Scale (CAPS)	Five-item screen designed for primary care settings; assesses exposure to traumatic events



Discussion Questions

- What is your experience in conducting screenings via telehealth?
- Are you doing these in interview format, or through an app, or a form that the patient picks up off your website/portal?
- Does your EHR system have embedded templates for these screening instruments?



Clinical Documentation

- Required content is same as for in-person visit.
- Special notations:
 - Visit provided by TH, modality
 - Informed consent obtained (either signed electronically or verbal consent at start of visit)
 - Any difficulty using equipment that impacts the time or quality of the visit
 - Lack of adequate connectivity or secure environment
 - Location of provider, location of patient
 - Why the service was provided by TH
 - Names of any additional providers or other professionals consulting or assisting the patient
 - Inability to collect necessary medical information necessary to perform an adequate exam, if appropriate



Clinical Documentation—Example

Type of Service: INDIVIDUAL PSYCHOTHERAPY, 30 MINUTES (90832)

Start time: *** End time: ***

Persons Present: Judy Johnson, daughter Mindy Johnson

Primary Care Provider: Dr. John Quinn

Judy is a 56-year-old female who is here for a follow-up behavioral health appointment. The patient is an existing patient who verbally consents to our team-based care model and is aware that this note is part of the XXX Health Center record. **The patient has consented verbally to a Zoom telehealth visit for personal convenience. The patient attends from home with daughter Mindy present; this clinician is in the office. There were no connectivity or equipment issues during the visit.**



Q&A



Wrap Up

- What final questions do you have?
- Next steps:
 - Please continue to work with your team to develop and update an action plan.
 - Think about the importance of getting consumer feedback about how well your website and social media presence serve them.
 - Please read and consider the video and materials that you will receive before Session 5.



Image source: iStock by Getty Images

Reflecting on Today: Plus, Delta

- + What worked for you today?
- Δ What would you change?
- What inspired you today that you could implement in your health center next week?



Office Hours

- **Wednesdays 2:00–4:00 p.m. ET**
- Designed to discuss progress and/or challenges related to
 - The session topic,
 - Your team's CoP goal, and
 - Support in between session activity.

One-on-One Coaching

- We will be scheduling calls to meet with each participating health center one-on-one. These calls are designed to better assist participants with their Action Plan development and any other topic areas for which participants would like technical assistance.
- We will be reaching out to each participating health center early next week to schedule a one-on-one coaching session.



Continuing Education

- We will be offering **1.5 CE credit per session** attended for a maximum of 18 CEs for participation in all 12 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session you plan on receiving CEs for.
- **CE credits will be distributed for all sessions at the conclusion of the CoP.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

CoP Satisfaction Assessment

- Please complete a satisfaction assessment of today's session.
- If you plan to obtain CEUs for your time in this CoP, the Satisfaction Assessment is required.
- There are two ways to navigate to the assessment:
 1. Follow the link provided in the chat.
 2. You will be emailed a link from us via Alchemer, our survey platform.



BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
 - One-on-one Coaching
 - E-learning Webinars
 - Strategies for Community Outreach
 - Virtual Site Visits to Improve Outcomes
 - Join a Community of Practice (CoP)



BPHC-BH TA
Bureau of Primary Health Care Behavioral Health Technical Assistance

Home | Request Technical Assistance | Learning Management System | About Us | Contact Us

Welcome to the BPHC-BH TA Resource Portal!

[View](#) [Edit](#) [Delete](#) [Revisions](#)

The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as “behavioral health”), with an emphasis on the opioid epidemic.

Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Strategies for Community Outreach
- Virtual Site Visits to Improve Outcomes
- Join a Community of Practice (CoP)

Complete the Readiness Assessment

TA Offerings for Health Centers

- Webinars
- One-on-One Coaching
- Virtual Site Visits to Improve Outcomes
- Communities of Practice (CoPs)
- Strategies for Community Outreach: Social Media for Social Marketing



Upcoming TA Opportunities!

- **Webinar**

- **Charting the Roadmap to Value-Based Reimbursement for Integrated Care**

March 3, 2021 at 3:00–4:00 p.m. EST

Registration link: https://zoom.us/webinar/register/WN_xC0s7kugRauCUNeeOVxFNA

Registration links for webinars can also be found on the BHTA Portal

You can receive 1 hour of Continuing Education credit for your participation





Thank You!

**Presenter Contact Information:
Bonni Brownlee bbrownlee@ahpnet.com**

Vision: Healthy Communities, Healthy People

