



Leveraging Lessons Learned: Implementing Telehealth to Sustain Integrated Behavioral Health

Stephen Shearer, Facilitator
Sophia Shepard, Co-Facilitator

Virtual Presentation
Thursday, March 11, 2021

Vision: Healthy Communities, Healthy People





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

Vision: Healthy Communities, Healthy People



Session 6

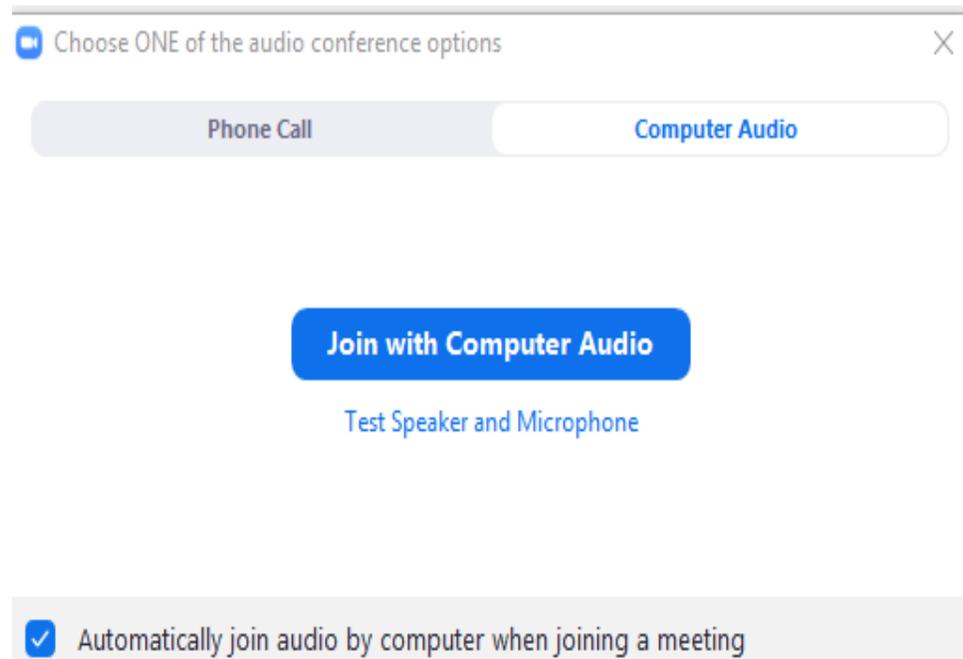
Technology, Data Collection Strategies, and Data Integration



Connecting to Audio

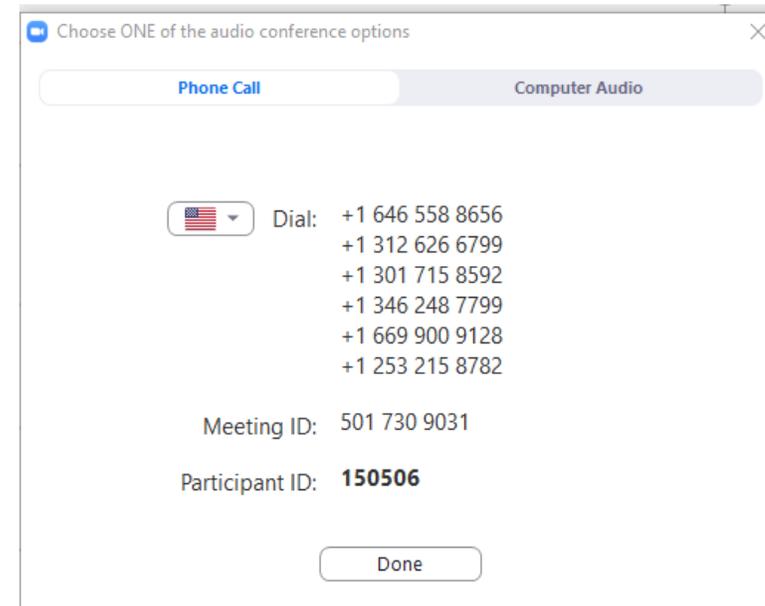
By computer:

- Click **Join with Computer Audio**.



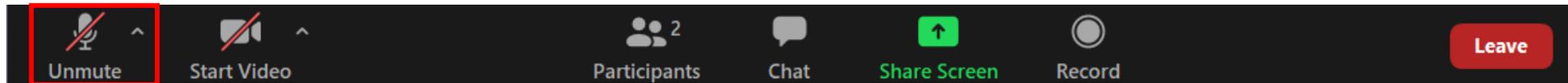
By phone:

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

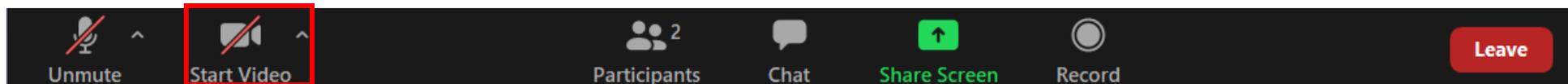


Zoom Participation

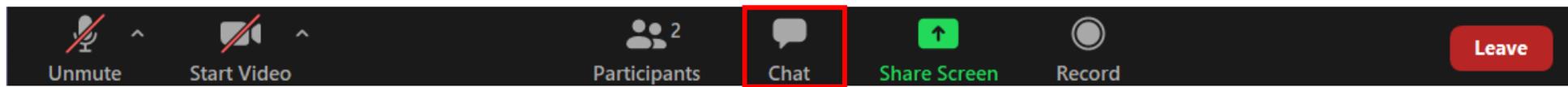
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- 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 6 Facilitators



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



Co-Facilitator: *Sophia Shepard, B.S.*



Teachable Moments in Telehealth

Telehealth Etiquette & Patient Safety

Teachable Moments in Telehealth

- Telehealth Etiquette, Patient Follow Up & Patient Safety



Honesty and Transparency in Telehealth Services

Update on Zoom Connectivity Problems during CoP 5 March 4, 2021

- We experienced connectivity issues during our Session 5 CoP that interfered with the audio (sluggish speech) and visual connection (freezing of images).
- We apologize for any inconvenience or reduced quality of presentation that you may have experienced. We appreciated your willingness to “go with the flow” and turn off you video functions to increase the bandwidth available for the CoP presentation.
- Since the CoPs focus on telehealth, we wanted to make the Zoom connectivity problem we experienced into a “teachable moment” for all of us.
- Organizations benefit from having a respectful processes for responding to technical problems patients may experience during telehealth sessions. We see this as part of an organization’s “telehealth etiquette.”
- Just as we have apologized to you and will update you about what we learned about the Zoom outage; we would encourage each clinic to consider their responses to similar technical problems as part of their telehealth etiquette strategy.



Honesty and Transparency in Telehealth Services

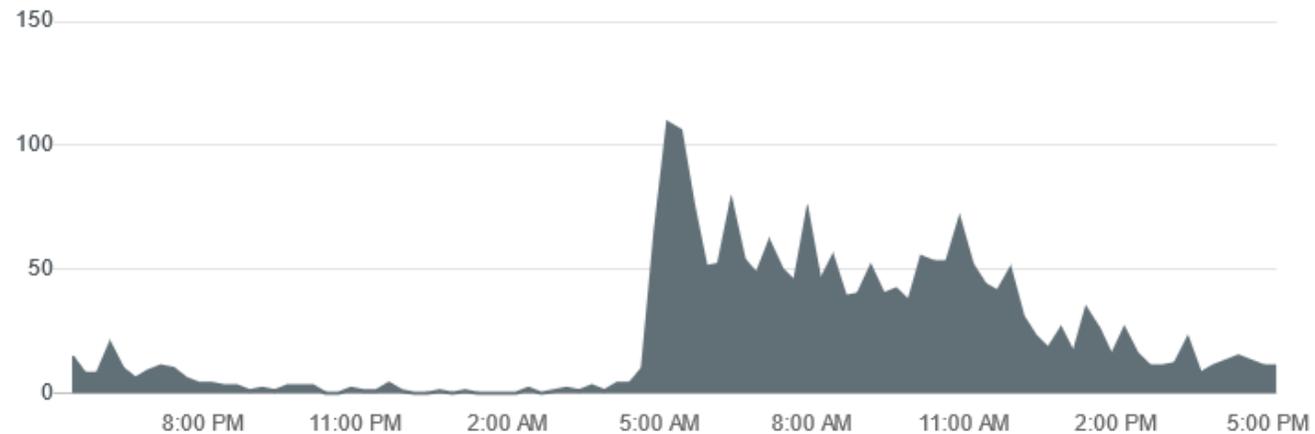
- Just as in a face-to-face session we would apologize to the patient for any delayed appointments or misunderstandings about an appointment time, clinics are encouraged to have an organized process of consistent follow up with patients about any technical difficulties experienced during a telehealth session. This has many benefits including;
 - Helps educate patient about some of the real challenges with telehealth services and how these challenges are handled by the organization.
 - This type of apology demonstrates respect for the patient as a client of the organization.
 - This type of conversation can provide positive role modeling on how adults can problem solve.



Follow Up

- Here is what we learned from the Zoom website about our connectivity problems on 3/4/21.

March 4, 2021 Status overview



Most reported problems



Server



Joining



Video Quality

Follow Up

- We also learned that Zoom provides limited information about how to reduce the likelihood of recurring problems like these. We notified Zoom about this problem.
- When considering staff education in how to apply telehealth etiquette to problem solving situations, it can be helpful to remember preferred adult learning styles. These will require some specific modification when using telehealth:
 - 1) Visual.
 - 2) Aural.
 - 3) Print.
 - 4) Tactile.
 - 5) Interactive
 - 6) Kinesthetic.



Establishing a Safety Plan is an Essential Part of Telehealth Informed Consent

FOLLOW UP FROM SESSION 5, POLL 2 ADDITIONAL RESOURCES

Resources for Developing Telehealth Emergency Planning with Patients

- <https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/creating-an-emergency-plan/>
- <https://telehealth.hhs.gov/providers/telehealth-for-behavioral-health/preparing-patients-for-telebehavioral-health/creating-a-telehealth-emergency-plan/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1986661/>
-

Resources for Developing Naloxone Education with Patients

- <https://www.hhs.gov/opioids/sites/default/files/2020-09/opioids-naloxone-one-pager.pdf>
- <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-reversal-naloxone-narcan-evzio>
- <https://www.hhs.gov/opioids/treatment/overdose-response/index.html>



Participant List

State	Organization
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	Friend Health
IL	Esperanza Health Centers
KS	Health Partnership
MA	Community Health Programs
MA	Community Health Connections
MO	Ozark Tri-County Health Care dba ACCESS Family Care



Participant List (cont'd)

State	Organization
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.
TX	AccessHealth
TX	Healthcare for the Homeless - Houston
WI	Community Health Systems



Today's Learning Objectives



Source: iStock

- Discuss the differences in technology and infrastructure between pre-COVID-19 times and today.
- Describe potential CMS reimbursement threats to “audio only” visits.
- Discuss the percentage of patients who said they encountered at least one barrier that made it hard to access telehealth.
- Discuss how telehealth is a healthcare delivery modality that opens the door to many other transformation technologies.

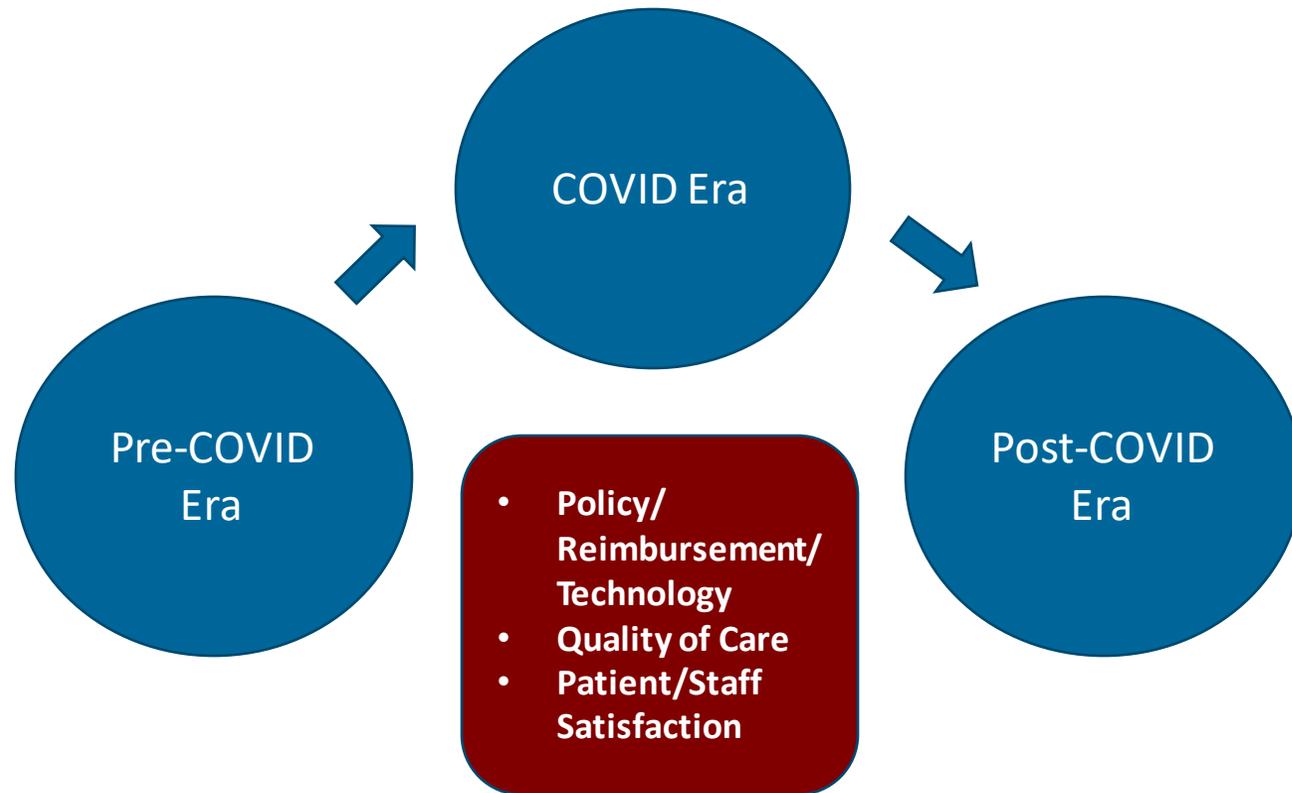
Session 6: Technology, Data Collection Strategies, and Data Integration



Presenter: *Adrian Bishop, B.Sc.*
Director, eHealth and Organizational Development
Advocates for Human Potential



Telehealth



- There has been a rapid adoption of telehealth since March 2020.
- Though amplified in response to COVID-19, the transition toward telehealth had been envisaged for a number of years and the necessary technology and infrastructure was available.
- We will discuss the telehealth “revolution.”

Poll Question #1

At our clinic, **patients** would usually describe their access to their medical record via the EMR portal as:

- A. Simple and easy.
- B. Challenging and not always successful.
- C. I usually encounter problems accessing it.
- D. I don't access my medical record because I see little value in accessing it.



Source: iStock

Defining our Terms

Telehealth: The delivery of health care, health education, or health information services via remote technologies.

Has a number of subsets:

- **Telemedicine**
 - ✓ Remote diagnosis and treatment
- **Mobile health**
 - ✓ Use of smartphones and tablets for telehealth
- **Virtual health**
 - ✓ Virtual visits that take place between patients and clinicians via communications technology



Source: ThinkStock

Defining our Terms (cont'd)

- **Remote patient monitoring**

- ✓ Reporting, collection, transmission, and evaluation of patient health data through electronic devices

- **Store and forward**

- ✓ Capture, storage, and transmittal of patient health information for asynchronous healthcare delivery using data storage and transmission technology.



Source: ThinkStock

Pre-COVID Era

- Telehealth was highly regulated.
 - No national policy
 - Medicare policy and reimbursement influencing Medicaid and private payers
 - Eligible providers limited
- Relatively few practices used telemedicine to see patients.
 - Adoption widely limited to mental health specialties



Source: iStock by Getty Images

EHR Certification and Telehealth Capability

Eligible Professionals Objectives

- Protection of Patient Health Information
- Electronic Prescribing
- Clinical Decision Support
- Computerized Provider Order Entry
- Patient Electronic Access to Health Information
- Coordination of Care Through Patient Engagement
- Health Information Exchange
- Public Health and Clinical Data Registry Reporting



Discussion

Was an expansion of telehealth already being planned for your clinic when the pandemic started?



Source: ThinkStock

COVID Era: Current Status

- 247 Medicare Telehealth Services now listed (1/14/21)
 - <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- 39 Telehealth-eligible CMS eCQMs for the 2021 performance period
 - [2021 eCQM Telehealth Guidance Language \(healthit.gov\)](#)
- Cures Act (March 2020)
 - United States Core Data for Interoperability (USCDI) replaces Common Clinical Data Set. The clinical summary comprises 25 key data sets.
 - By May 2022, the patient will be able to access the information by phone using standardized APIs.
 - Electronic admission, discharge, and/or transfer (ADT) notifications to other healthcare facilities, primary care physicians, and designated care team members.

As of September 2020, 96% of FQHCs have conducted telehealth visits!

National Association of Community Health Centers, 2020



Visit Modalities During the Pandemic

Telehealth Use Among FQHCs in California During the COVID-19 Pandemic

Primary Care		Behavioral Health	
48%	In person	23%	In person
48.5%	By telephone	63%	By telephone
3.4%	By video	14%	By video

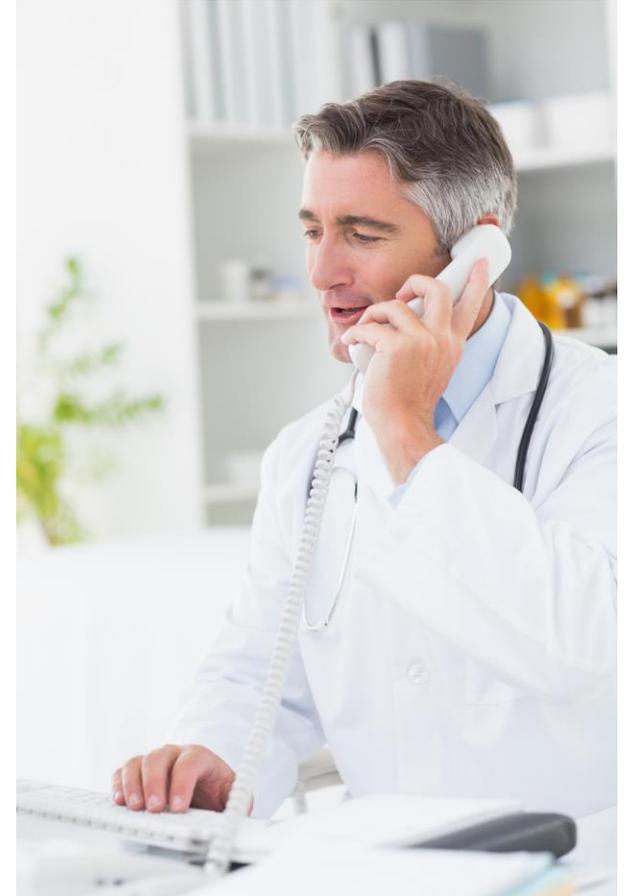


Uscher-Pines, et al., 2021. *Telehealth use among safety-net organizations in california during the COVID-19 pandemic*. JAMA.
<https://doi.org/10.1001/jama.2021.0282>



Visit Modalities During the Pandemic

- February 2, 2021
- CMS has signaled that it may stop reimbursing for audio-only visits when the public health emergency ends.
- *“While we are not proposing to continue to recognize these codes for payment under the PFS in the absence of the PHE for the COVID-19 pandemic, the need for audio-only interactions could remain as beneficiaries continue to try to avoid sources of potential infection, such as a doctor’s office” —CMS 2021 Physician Fee Schedule fact sheet.*
- At the end of 2020, the Permanency for Audio-Only Telehealth Act was introduced.



Source: ThinkStock

Provider Satisfaction with Telehealth

November 2020: COVID-19 HealthCare Coalition published the [Telehealth Impact Physician Survey results](#).

Respondents: 87% medical doctors and 13% non-physician providers (including nurse practitioners, psychologists, physician assistants, and social workers.)

- 75% said telehealth enabled them to provide quality care.
- 60% noted improved patient health.
- 55% noted improved job satisfaction.
- 80% noted that telehealth improved the timeliness of care for their patients.
- 80% noted that their patients had reacted favorably to using telehealth for care.
- 11% said they were using remote patient monitoring technologies with patients in their homes. Commonly used tools included smartphones, blood pressure cuffs, body weight scales, and pulse oximeters.



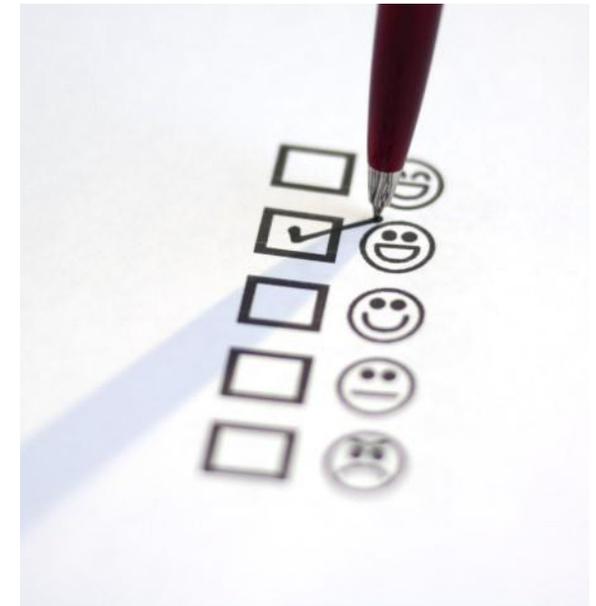
Source: ThinkStock



Patient Satisfaction with Telehealth

October 2020: J.D. Power survey—patient satisfaction scores for telehealth reached 860 on a 1,000-point scale (one of the highest patient satisfaction scores for a healthcare services study J.D. Power has ever done.)

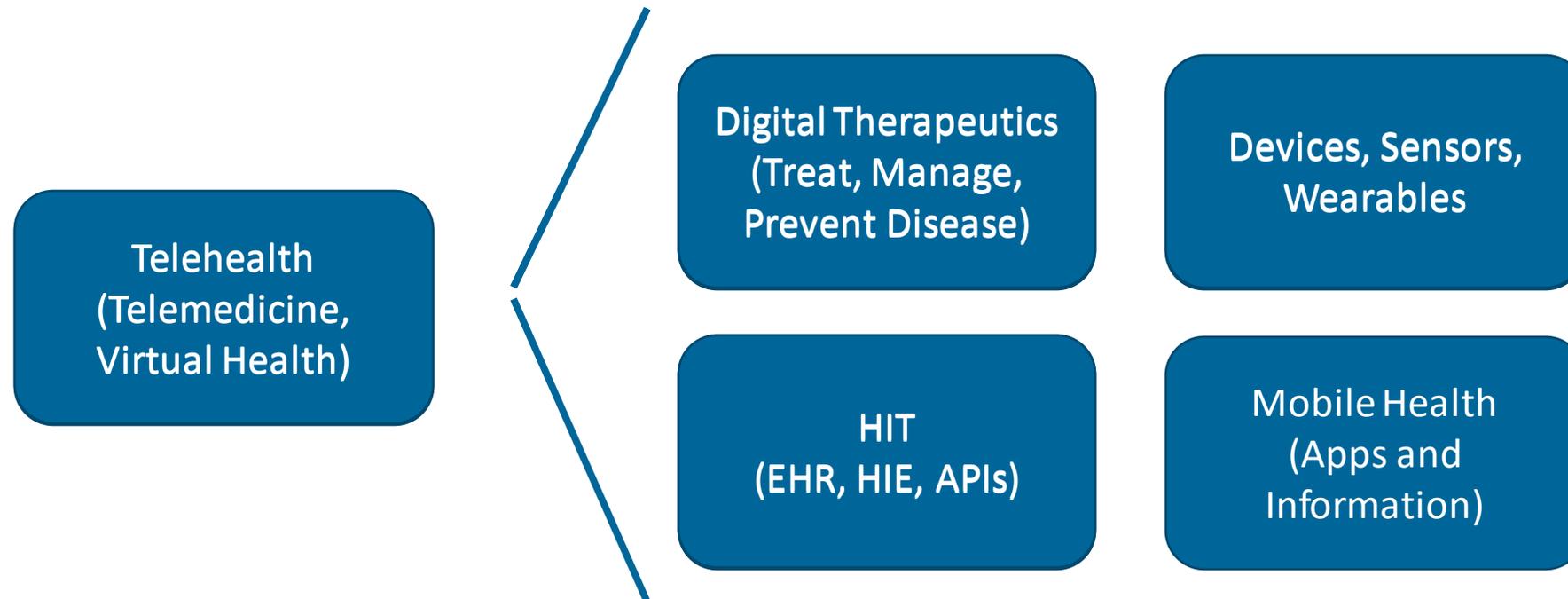
- 52% encountered at least one barrier that made it hard to access telehealth.
- 24% said services are too limited.
- 17% said technology requirements were too confusing.
- 15% said they didn't know how much telehealth was going to cost them.
- 35% said they experienced at least one technology issue during a telehealth visit.
 - 26% said those issues were related to audio (the top-cited telehealth issue).



Source: ThinkStock

Post-COVID Era

- Telehealth—a healthcare delivery modality that opens the door to many other transformation technologies
- At the end of 2020, telehealth market valued at \$9.5 billion, an 80% increase over 2019



Post-COVID Telehealth Predictions

1. Telehealth is here to stay!
 - Telehealth is popular and **allows patients, especially among high-risk populations like seniors,** connect with their doctors in a safe and efficient way.
 - Telehealth technology will continue to improve, and adoption of telehealth will increase.
 - Telehealth may become the predominant visit modality during 2021.
2. The Cures Act and the advancement of APTI technologies will increase the patient's participation in their health care and control of their own health.
3. The increased availability of connected devices will increase the efficiency and effectiveness of virtual visits.
4. Most (but not all) of the legislation to facilitate the rapid adoption of telehealth will become permanent after COVID.



Source: ThinkStock

Useful Links and Resources

- Center for Connected Health Policy: <https://www.cchpca.org/>
- Regional Telehealth Resource Centers: <https://www.hrsa.gov/rural-health/telehealth/resource-centers>
- eCQI Resource Center: <https://ecqi.healthit.gov/>



Q&A



Wrap Up

- What final questions do you have?
- Next steps:
 - Please continue to work with your team to develop and update your action plan.
 - Before next week's session, please write down at least three reasons patients give for only wanting audio calls rather than audio and video calls.
 - Remember, Wednesday Office Hours can be a time for you and your staff to have open-ended discussions and brainstorming with Stephen Shearer and Sophia Shepard about a variety of topics—See you there!



Source: iStock by Getty Images

Reflecting on Today: Plus, Delta

- + What worked for you today?
- Δ What would you change?



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.



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 here.
 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

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



Upcoming TA Opportunities!

- **Webinars**

- **Social Determinants of Health and Addressing Health Disparities in Integrated Care Settings**

April 7, 2021, 3:00–4:00 p.m. EST

Registration link: https://zoom.us/webinar/register/WN_gidstu1QRfGspYkBhZtQ1A

- **Implementing Depression Screening in a Primary Care Setting**

May 5, 2021, 3:00–4:00 p.m. EST

Registration link: https://zoom.us/webinar/register/WN_wlDnh513T8uUMYxdjKaJcg

Registration links for webinars can also be found on the BH TA Portal.

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





Thank You!

**Presenter Contact Information:
Adrian Bishop, abishop@ahpnet.com**

Vision: Healthy Communities, Healthy People





Additional Slides for Reference

Vision: Healthy Communities, Healthy People



COVID Era

March 6, 2020—so much changed:

- 3/13/20 Emergency coronavirus funding bill expands CMS telehealth coverage (previously rural only)
- 3/17/20 Expanded telehealth capabilities for Medicare beneficiaries, allowing common office visits, mental health counseling, and preventive healthcare screenings via telehealth.
- 3/30/20 CMS added an additional 85 services covered for Medicare when provided via telehealth, including emergency department visits and initial nursing facility and discharge visits. Physicians were also given permission to evaluate Medicare beneficiaries using any type of telephone.
- 4/2/20 The Federal Communications Commission adopted a COVID-19 relief program providing \$200 million to equip healthcare providers with telehealth technology and implementation support. Hospitals and health centers were eligible to apply for up to \$1 million through the program to cover costs for internet-connected monitoring devices, broadband connectivity, and telecommunication services.



Source: ThinkStock



COVID Era (cont'd)



Source: ThinkStock

- 4/30/20 Clinical practitioners—including physical therapists, occupational therapists, and speech language pathologists—to deliver telehealth services. Before the update, only physicians, nurse practitioners, and physician assistants could provide telehealth services.
 - CMS also expanded its list of audio-only telephone services covered by Medicare, including various behavioral health and patient education services. CMS also increased payments for telephone visits between beneficiaries and their clinicians to match payments for similar office and outpatient visits.
 - CMS also waived the video requirement for certain telephone evaluation and management services covered under Medicare and paid for Medicare telehealth services provided by rural health clinics and federally qualified health clinics.

EHR Certification and Telehealth Capability

Eligible Professionals Objectives	
Protect Patient Health Information	Protect electronic protected health information (ePHI) created or maintained by the certified electronic health record technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.
Electronic Prescribing	Generate and transmit permissible prescriptions electronically.
Clinical Decision Support	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
Computerized Provider Order Entry	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.
Patient Electronic Access to Health Information	The eligible professional (EP) provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
Coordination of Care through Patient Engagement	Use CEHRT to engage with patients or their authorized representatives about the patient's care.
Health Information Exchange	The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
Public Health and Clinical Data Registry Reporting	The EP is in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice.

Source: Centers for Medicare & Medicaid Services

Electronic Health Records (EHRs). EHRs were largely able to meet the telehealth need. Through the EHR certification requirements and the Meaningful Use/PI programs, the technologies had been adopted and implemented at a provider level.

- Certified by ONC.
- Required to meet specific criteria that focuses the collecting, reporting, and sharing of electronic clinical data.
- CMS requires the annual reporting of clinical quality and technology utilization data.
- All certified EHRs have telehealth capabilities.
- All certified EHRs are able to report a set of national quality measures eCQMs. These measures form the basis of managed care reporting.
- September 2020: 39 eCQMs became telehealth eligible.

