



Leveraging Lessons Learned: Implementing Telehealth to Sustain Integrated Behavioral Health

Stephen Shearer, Facilitator
Sophia Shepard, Co-Facilitator

Session 5
Thursday, March 4, 2021

Vision: Healthy Communities, Healthy People





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

Vision: Healthy Communities, Healthy People



Session 5

Special Behavioral Health Topics for Telehealth

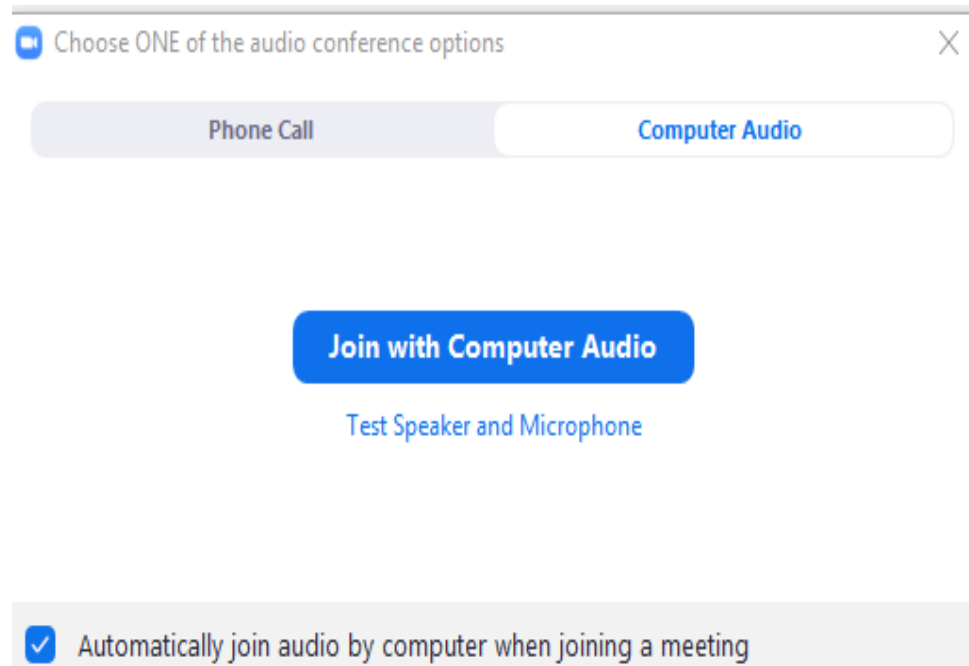
Presenter: Todd W. Mandell, M.D.



Connecting to Audio

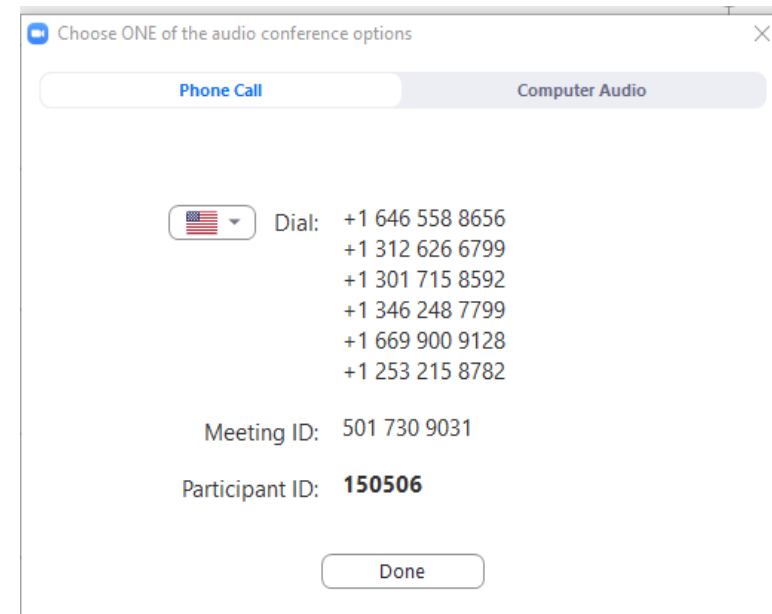
By computer:

- Click **Join with Computer Audio**.



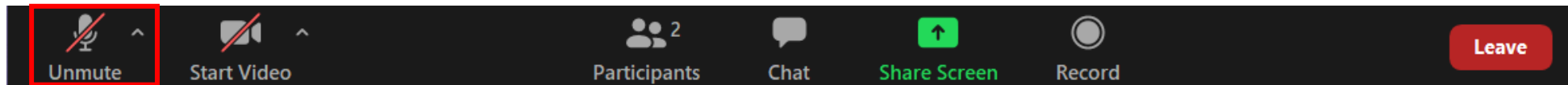
By phone:

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

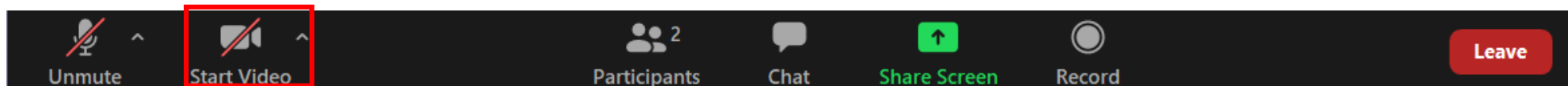


Zoom Participation

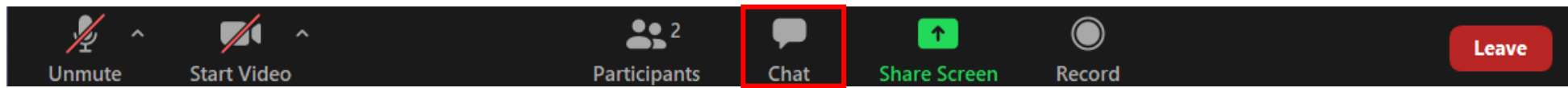
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- 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 5 Facilitators and Presenter



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



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



Presenter: *Todd W. Mandell*,
M.D.

Agenda

- Continuing Education Credits
- Participant Check-in
- Objectives
- Subject Matter Expert (SME) Presentation and Discussion: *Special Behavioral Health Topics for Telehealth*
- Overview of Technical Assistance (TA) Resources
- Your Valuable Feedback Is Requested
- Wrap Up/Next Steps



Source: iStock

"Lifework" Assignment Follow-up

Before Session 5:

- ASAM's COVID-19 Task Force's *Ongoing Management of the Continuum of Addiction Care During COVID-19*
- ASAM'S *Adjusting Drug Testing Protocols*
- NIDA'S *Treatment of Opioid Use Disorder: Overdose Prevention*

Participant List

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 List

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.

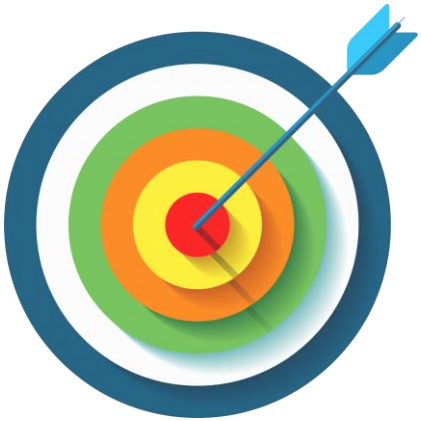


Participant Roll Call

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



Today's Learning Objectives



Source: iStock

- Discuss three techniques that support monitoring safety, respecting personal autonomy, and shared decision-making while using a telehealth modality.
- Discuss the benefits of establishing a broad “library” of telehealth-friendly resources that providers and other team members can provide to patients for their “lifework (traditional homework).”
- Discuss the benefits of establishing scheduled and nonscheduled ways for telehealth team members to celebrate their successes.

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.

Presenter Todd W. Mandell, M.D.

Who am I?



Behavioral Health and Telehealth: An Opportunity



Telehealth Poll #1

How would you describe your clinic's current response to treating individuals with a substance use disorder (SUD) using telehealth? This includes any referrals that you might make for SUDs.

- a. Very challenging and we are looking for ideas to improve our SUD services.
- b. Some challenges but in general we believe our SUD services are going well.
- c. Very few challenges in providing high-quality SUD services.
- d. We do not provide SUD services and do not make referrals.



Source: iStock

Telehealth: Background

Telehealth is not a new treatment delivery approach for delivering behavioral health services.

However, its use was accelerated in 2020 by the following:

- Patient and staff demand for safe treatment/work alternatives to face-to-face treatment
- Implementation of a virtual care and medications model of care
- WHO on March 11, 2020, declaring the COVID-19 pandemic
- WHO and CDC making recommendations for immediate social distancing and use of PPE, making onsite face-to-face clinical services unsafe/impractical
- Federal and local government “stay at home” orders issued, along with high rates of COVID-19 infections and deaths, prevented open access to treatment sites



Source: ThinkStock

Telehealth: Background (cont'd)

Increased telehealth services in 2020 and 2021 have been supported by

- High degrees of patient satisfaction with telehealth and other virtual services;
- Government and insurance company approval of financial incentives for and new coverage of telehealth services (theme of ongoing changes);
- Regulatory changes making telehealth service delivery legal and accessible platforms for communication, e.g., HIPAA regulatory changes (theme of ongoing changes);
- Regulatory changes in assessment for and delivery of pharmaceuticals, such as buprenorphine (theme of ongoing changes); and
- Provider fears—“Will all this support go away?”



Balancing “Trying to Control Remotely” with Shared Decision-Making and Monitoring for Safety

When using telehealth as a primary treatment modality, the same clinical principles of monitoring safety, respecting personal autonomy, and shared decision-making apply.

- Some refining of techniques may be required to achieve the principles of monitoring safety, respecting personal autonomy, and shared decision-making using telehealth.
- Updating existing written policies, procedures, decision grids, algorithms for admission criteria, and phone scripts are just as important for an organization using a telehealth modality as it is for one using a face-to-face modality.
- Be careful of the normal feelings of wanting to “control” patient behavior out of fear or frustration when providing virtual care.

Shared Decision-Making While Monitoring for Safety Using Telehealth

Staff need to receive documented best-practice orientation, training, and ongoing in-services in providing and supporting telehealth services.

- Update all EMR processes and forms to be “telehealth friendly/appropriate” for the organization and for patients.
- Regularly update organization’s website and social media presence to demonstrate best-practice commitment to telehealth services.
- Include ongoing patient feedback on their telehealth experiences and their suggestions for improvement in those services.
- Patient access to their EMR can support active engagement in self-care.



Shared Decision-Making While Monitoring for Safety Using Telehealth (cont'd)

Establish a broad “library” of telehealth-friendly resources that providers and other team members can provide to patients for “lifework (traditional homework).”

- Provide comprehensive patient orientation to telehealth services.
- Meet regularly to report on telehealth connectivity and device issues for process improvement.
- Celebrate your successes regularly.



Source: ThinkStock

Telehealth Poll #2

How many of the following processes at your clinic are typically documented as part of a shared-decision-making interview between staff and individuals with an opioid use disorder? Please check as many as apply:

- a. Identification of overdose risk factors.
- b. Developing a safety plan to address the risk factors.
- c. Overdose rescue preparation.
- d. Some of the above interview processes are a challenge for some of our staff to understand how to perform efficaciously and/or staff members disagree with the value/appropriateness of some/all of these processes.



Source: iStock

Discussion Question

Do you believe your current telehealth plan supports active patient engagement and self care?



Source: ThinkStock

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.



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?



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.

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 for which you plan on receiving CEs.
- **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 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

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Welcome to the BPHC-BH TA Resource Portal!

View	Edit	Delete	Revisions
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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!

Contact Information:

Todd W. Mandell, M.D.: tmandell@thebizzellgroup.com

Stephen Shearer: sshearer@thebizzellgroup.com

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