HRSA
Health Resources & Services Administration

Leveraging Lessons Learned: Implementing Telehealth to Sustain Integrated Behavioral Health

Stephen Shearer, Facilitator

Sophia Shepard, Co-Facilitator

Thursday, April 22, 2021

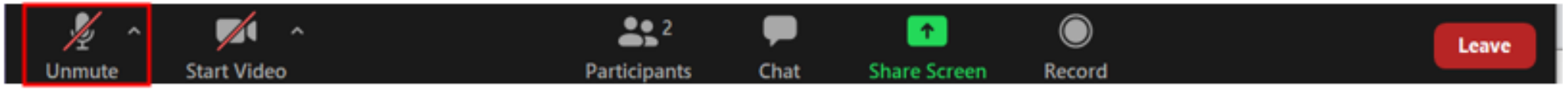
Vision: Healthy Communities, Healthy People

Session 12

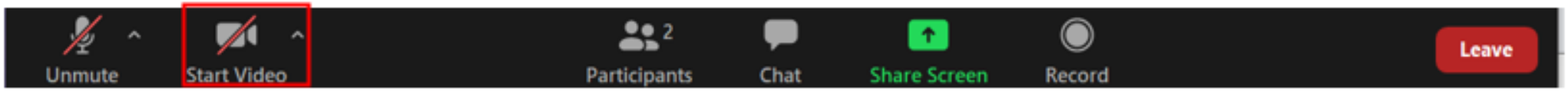
Participant Report Out Presentations

Zoom Participation

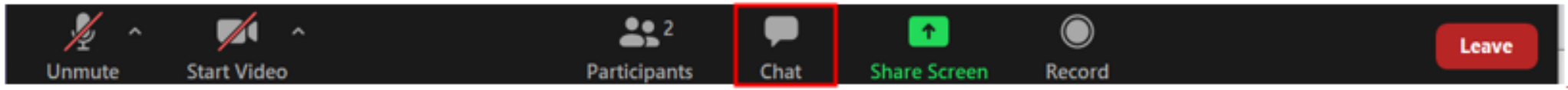
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- 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.



CoP Participants

Participant List

These clinics reported out on their Action Plans last week in Session 11.

State	Organization
AK	Sunshine Community Health Center
CA	Tiburcio Vasquez Health Center
IA	Community Health Centers of Southern Iowa
IL	Esperanza Health Centers
MO	Swope Health

Participant List (cont'd)

These clinics will be reporting out on their Action Plans today in session 12.

State	Organization
MA	Community Health Programs
MS	Central Mississippi Health Services
MT	Bullhook Community Health Center
OH	Neighborhood Health Association
PA	Northside Christian Health Center
TX	AccessHealth
TX	Healthcare for the Homeless - Houston
MO	Ozark Tri-County Health Care dba ACCESS Family Care

Content Overview

Date	Topic
Feb 4 Session 1	Introduction and overview of CoP, meet other participants, COVID check-in
Feb 11 Session 2	Frameworks and Influences on Telehealth: Challenges and Opportunities
Feb 18 Session 3	Culture, Staffing Roles and Change Management in Integrated Telehealth
Feb 25 Session 4	Process and Workflows
Mar 4 Session 5	Special Behavioral Health Topics for Telehealth
Mar 11 Session 6	Technology, Data Collection Strategies, and Data Integration
Mar 18 Session 7	Provider Readiness to Engage in Telehealth and Addressing the Digital Divide
Mar 25 Session 8	Patient Experience of Telehealth: Measuring the Patient Telehealth Experience
April 1 Session 9	Financial, Documentation, and Regulatory Requirements for Telehealth
April 8 Session 10 April 15 Session 11 April 22 Session 12	Putting It All Together: Change Management for Implementation Action Plans—CoP Sharing Action Plans—CoP Sharing

Poll #1

- Which aspect of the CoP did you find most helpful for your clinic's telehealth services?

A. Didactic material by presenters
B. Polling questions
C. Peer discussions during sessions
D. "Lifework" assignments and/or additional pre- and post-session resources
E. Office hours
F. One-on-One Coaching

CoP Facilitators

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

Co-facilitator/Presenter:
Sophia Shepard, B.S.
JBS International, Inc.

Facilitator:
Michelle N. Cleary, M.A.
Advocates for Human Potential, Inc.

CoP Presenters

- *Andrew Robie, M.D., Chief Medical Information Officer at Unity Health Care, family medicine physician*

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

CoP Presenters (Cont.)

- *Todd W. Mandell, M.D.*

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

Thank you!!!

We enjoyed learning about each of your SMART Goals and Action Plans you have been developing over the course of this CoP.

Thank you to everyone who presented and participant in session 11 last week!

We're excited to hear from session 12 presenters today!

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Community of Practice: Participant Report Out Community Health Programs

Vision: Healthy Communities, Healthy People

Community Health Programs Team

- Mary Fiero, Director of Behavioral Health

Smart Goal and Activities

Initial Goal: Operationalize BH services in the new hybrid model

- Join the CHP internal working group that is managing telehealth

Revised Goal #1: Advocate for a working group to manage telehealth

- Discuss importance of proactive management of telehealth services with CMO and establish a working group

Revised Goal #2: Manage BH telehealth services while fully remote

1. BH clinician licensing issues
2. BH scheduling templates
3. BH referrals
4. Telephone vs Zoom
5. Clinical supervision

Changes

- BH services for out of state patients was a big issue – not allowable pre-covid, then allowable in some states during the declared covid emergency period, then not allowable when waivers expired.

- BH referrals was a big issue – transition back to a Collaborative Care Model was interpreted by medical providers to mean no longer term BH care was available, so they stopped referring patients seen in telehealth medical visits.

- Clinical supervision/case review meetings were initiated –BH clinicians (BHCs) had received no clinical training for conducting telehealth visits, and there was minimal administrative support.

Successes

1. LICSW licensing requirements were monitored
2. Scheduling templates were modified to accommodate Collaborative Care Model requirements
3. Medical providers were (and continue to be) reminded about the availability of BHCs to address BH/MH needs of patients
4. Clinical supervision was made available to BHCs

Challenges

1. The referral process remains cumbersome while BH remains fully remote.
2. Current lack of available on-site space for BHCs prevents the activation of a hybrid model.
3. There is insufficient infrastructure support for BHCs, particularly regarding visit documentation.
4. There is no CMO, so there is no current internal working group that could take on the management of telehealth services proactively.

What Comes Next?

1. Hopefully, a new CMO
2. Continued work to address infrastructure insufficiencies
3. Continued work with medical providers on integrating BH care for patients
4. Ongoing identification of obstacles

Q&A

BULLHOOK
Community Health Center

HRSA COMMUNITY OF PRACTICE

DEIDRE REITER
BEHAVIORAL HEALTH DEPARTMENT MANAGER

JARED ESTEVES
HIT/DATA ANALYST

Inspiring a healthy community through patient-centered care.

PROJECT GOAL

IMPROVE THE PATIENT EXPERIENCE AND NO-SHOW RATE WHILE USING TELEHEALTH AT BULLHOOK COMMUNITY HEALTH CENTER.

ACTIVITIES

Who currently sees survey results:

- Board
- Management

Who currently does not see survey results:

- Providers
- Line Staff
- Patients
- Website
- Social Media

January 2021

- Move from paper surveys to electronic surveys.

February 2021

- Determine if patients are aware BCHC uses telehealth services by gathering data obtained through a patient satisfaction survey by asking the following question:

  "This practice is technologically advanced and uses modern tools to communicate with and treat their patients."

March 2021

- Gather data from February Survey.
- Prepare questions for April's Patient Satisfaction Survey related to telehealth.
- Bring idea and data to the QI/QA Management Meeting for further discussion and obtain approval to move forward with sharing patient responses to all staff, on the BCHC website, and social media platforms.
- Bring awareness to telehealth services offered by advertising the service on Facebook and adding a banner to the clinic website stating that telehealth services are available at BCHC.
- Pull 12-month (March 2020-March2021) no show report & compare face to face and telehealth data.

April 2021

- Collect data from electronic Patient Satisfaction Surveys throughout the month.
- Prepare survey questions for May 2021.
- Collect data on the total number of patients who are web enabled and are active using the app.

May 2021

- Post April survey responses on social media and share with BCHC staff.

NO SHOW DATA

The majority of telehealth appointments are completed by video rather than telephone.

In comparing televideo to face to face the no-show rate for televideo is less:

Mental Health (MH)

8.98% less no show

Substance Use Disorder (SUD)

10.61% less no show

March 2020 - March 2021

SUD Televisit Phone- 29.36% No Show Rate

SUD Televisit Video- 15.30% No Show Rate

SUD Face-to-Face Appointments 24.28% No Show Rate

SUD Tele (Phone and Video) Average No-Show Rate= 22.33% =
There is a 1.95% decrease in No-Show Appointments when using Telehealth.

MH Televisit Phone- 42.16% No Show Rate

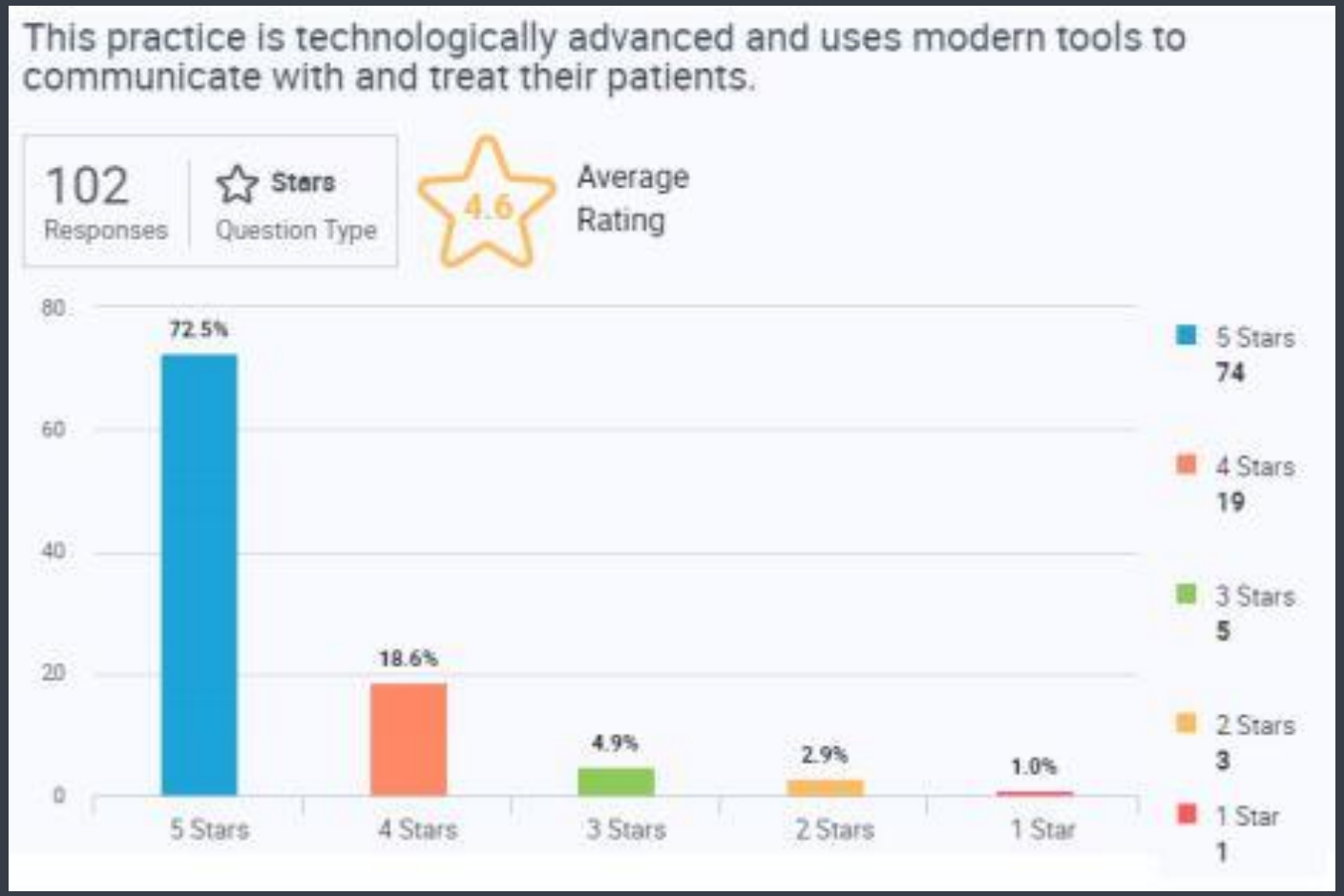
MH Televisit Video- 20.94% No Show Rate

MH Face-to-Face Appointments 33.49% No Show Rate

SUD Tele (Phone and Video) Average No-Show Rate= 31.55% =
There is a 1.94% decrease in No-Show Appointments when using Telehealth.

Using an electronic version, Patient Satisfaction Surveys were sent to all BCHC patients who are web enabled and have access to the patient portal and checked out during the month of February 2021.

- 1,001 unique patients reached.
- 102 surveys completed.
- 743 notifications opened and did not start survey.
- 52 surveys started and not completed.
- 104 notifications not opened. (Emails/Portal Messages)



CHANGES

Patient feedback regarding telehealth experience will be evaluated monthly.

BCHC implemented electronic patient satisfaction surveys.

Awareness of the authenticity of a telehealth visit.

All BCHC employees will be knowledgeable of the responses, both positive and negative, from data obtained through Patient Satisfaction Surveys.

Patient Satisfaction Survey responses will be shared to BCHC social media accounts and website indicating BCHC is an employer of choice in the community and the that BCHC is the patient's healthcare provider of choice.

With telehealth, the no-show rate in the Behavioral Health Department has improved over the course of 12 months. Our goal is to continue to improve this.

As of April 15, 2021, BCHC has a total of 4,655 web enabled patients and 1,149 are active users.

SUCCESSES AND CHALLENGES

STRATEGIES FOR SUCCESS

Telehealth allows the provider to do concurrent documentation.

Continue to web-enable and educate patients on the telehealth options for treatment.

Patients respond better to surveys that are short and succinct.

Telehealth by televideo has been more successful than by telephone.

Patients have adapted well to telehealth and continued using the option which increased the use of the patient portal in accessing their medical records and having access to paying their bill.

Our clinic Patient Satisfaction Surveys are changed monthly. Being able to collect data takes time and will require additional time to finalize this project.

Patients who are not web enabled and do not have access to the Healow App do not receive an electronic survey. Offer paper surveys for patients who do not have access to the electronic survey.

WHAT COMES NEXT?

1. Continue Patient Satisfaction Survey in April 2021 to gather additional data from telehealth patients.

   April 2021 Survey Questions:

   1. The telehealth visit was as good as face-to-face visit.
   2. I would have to miss school/work to see my provider, if it were not for telehealth.
   3. Were you able to connect with your provider without difficulty during your telehealth appointment?
   4. Would you like to see telehealth continue in the future?
   5. We want our patients to have a positive telehealth experience at Bullhook Community Health Center. How can we improve your telehealth experience?
2. Post Patient Satisfaction Survey results on BCHC social media accounts and website.
3. Add a banner to the BCHC website sharing that telehealth is available.
4. Share Patient Satisfaction Survey responses with all BCHC staff.
5. Identify training to educate providers on the importance of creating an authentic telehealth experience for patients.
6. Continue to bring data to the QI/QA Management team regarding telehealth.
7. Continue to analyze no show data for televideo vs. face to face in hopes to decrease the overall no show rate.
8. Bring televideo groups to BCHC.
9. Expand televideo into medical.
10. Advocate for telehealth to continue to be a covered benefit.

Q & A

BULLHOOK
Community Health Center

Inspiring a healthy community through patient-centered care.

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Community of Practice:
Participant Report Out
Neighborhood Health Association

Vision: Healthy Communities, Healthy People

Neighborhood Health Association Implementation Team

- Jacque Caro - Director, Integrated Behavioral Health
- Shane Douglas – Director, Corporate Compliance
- Branko Banar, IT Manager
- Miranda Hoffman - CFO
- Dr. Durrani - CMO

Team Goals and Activities

- **SMART Goals**
  - Implement behavioral health telehealth visit availability between sites to increase patient access to behavioral health clinicians.

- **Activities**
  - Identify patients appropriate for BH telehealth services
  - Implement best practice guidelines
  - Acquire equipment and space to accommodate telehealth visit
  - Assess organizational readiness
  - Develop training plan for staff
  - Develop marketing plan

Changes

- **Changes**
  - Behavioral Health specific guidelines
    - ✓Appropriate for use
      - Assessment
      - Risk
      - Predictive Variables
    - ✓Consent – Written vs. Verbal
    - ✓Workflow
    - ✓Documentation templates
  - One location equipped with patient access for telehealth

Successes and Challenges

- **Strategies for Success**
  - Patient engagement
  - Departmental commitment
  - Patient testimony
  - Provider satisfaction
  - Patient satisfaction
  - Training and Quality

- **Challenges**
  - Scheduling flow
  - Multi-team Commitment
  - Marketing Telehealth
    - ✓Community and patient education
  - Efficiency of the Patient Portal
  - Staffing

What Comes Next

- **Lessons Learned**
  - The process is bigger than the service
    - ✓ Patient Portal
    - ✓ Agency website
    - ✓ Customer service
    - ✓ Efficient workflow (medical visit, BH visit, medical telehealth visit, BH telehealth visit)
    - ✓ All staff commitment

- **Next Steps**
  - Formalize process in PDSA
  - EHR modifications
  - Finalization of policy & procedure
  - Improve Patient Portal
  - Staff training
  - Access expansion
    - ✓ Equipment and space
  - Universalize the process

Q&A

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Community of Practice
Participant Report Out:
Northside Christian Health Center (NSCHC)

Vision: Healthy Communities, Healthy People

NSCHC QUIET Covid-19 Care & SDOH Initiative Implementation Team

QUIET Covid-19 Care & SDOH (NSCHC lead agency) – Executive Committee

- Cathy Sigmund, Ph.D., Director of BH & Community Wellness
- Sarah Atwood, MSW, BH Support Staff/SUD Care Navigator
- Jessica Price, M.D., Medical Director
- Executive Committee (Community Leaders)
  - Highlight – Rev. Brenda Gregg, Executive Director, Project Destiny/THRIVE 18
  - Others – Dr. Yinka Aganga-Williams, AJAPO; Benedict Killang, County I & I; Kheir Mugwaneza, AHN; Wasi Mohammed, formerly Islamic Community; Alaa Mohamed & Feyi Akintola, Mayor's Office, City of Pittsburgh

Team Goals and Activities

- **SMART Goals**
  - Provide culturally-informed Covid-19 Psychosocial Education to Ethnic Minorities, Refugees and Immigrants communities served by NSCHC in the Greater Pittsburgh area
    - ✓ In house and community-based Covid & SDOH Education
    - ✓ Integrate SDOH screening and referral as a standard practice of our FQHC whether in person or virtual services

- **Activities**
  - Developed a Covid-19 Cultural Belief Scale
  - Used Virtual Training venues to train 50 Ethnic Minority, Refugee, Immigrant community leaders on Covid-19 Education & Mitigation Strategies
  - Used Multiple Interview & Educational Venues to assess cultural beliefs and behaviors and information learned
  - Educated 1000+ community members
  - Collected SDOH information and referrals on 50%+ of participants

Changes

- **Consideration - Adding Social Determinants of Health as standard clinical practice within our FQHC**
  - The initiative began with referring participants from the QUIET Care Initiative to a Community Coordination Service Organization, i.e., Project Destiny
  - This led to developing a referral system that protects PHI & PII when referring outside of NSCHC
  - This was followed by NSCHC staff screening for SDOH information within BH
  - Followed by developing SDOH screening for the entire NSCHC patient population and developing the SDOH screener within our EHR system for virtual (phone) and in person use within the office.

Successes and Challenges

- **Strategies for Success**
  - Partnering with Ethnic Community Leaders in providing education and care to like communities.
  - Using culturally informed strategies in educating community members
  - Having multiple venues for education, screenings, and referrals whether Covid-19 education, SDOH screening and referrals
- **Challenges**
  - SDOH was previously completed by MAs but this changed with Covid-19.
  - We continue to develop a system for which all patients will be screened for SDOH. We need more staff assistance.
  - Covid-19 Care & SDOH – Participants were less responsive to phone screening and interviewing than in person (Covid-19 beliefs and behaviors and/or SDOH.

Successes and Challenges

- **Strategies for Success**
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  - Covid-19 Care & SDOH – Participants were less responsive to phone screening and interviewing than in person (Covid-19 beliefs and behaviors and/or SDOH.

What Comes Next

- **Lessons Learned**
  - The importance of partnering with trusted community leaders when working with ethnic minority, refugee, immigrant communities
  - In person works best when possible
- **Next Steps**
  - Continue to develop our SDOH protocol virtually and in person
  - Move forward with educating the community about Covid-19 vaccination
  - Continue to offer and provide opportunities for broader community screening in SDOH

Q&A

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Community of Practice: Participant Report Out ACCESS Family Care

Vision: Healthy Communities, Healthy People

ACCESS Family Care Implementation Team

- Dave Steinmann, *Chief Operating Officer*
- John Smith, *Chief Business Officer*
- Hillary Shadwick, *Chief Human Resources Officer*
- Becky Hogan, RN, *Health Home Director*
- Peggy Beck, LCSW, LSCSW, *Director of Behavioral Health*

Team Goals and Activities

- **SMART Goals**.

1. Huddle utilization on a more frequent basis

2. Hire additional Behavioral Health Consultant

3. Implement BHC's working in pods in clinics to facilitate integration

4. Improve outcomes using tools we already have available – DRVS phq-2/sbirt tracking depression screening for improvement

5. We have company commitment to hire quality staff

6. Provides/Improves on holistic care 2. Better patient retention (integrated medical and bh to improve holistic health outcomes)

7. 1. Staffing – 6 months 2. Improved outcomes – 1 year

- **Activities**

- 1. We have been training and using interns for huddles and participations in warm hand offs.
- 2. We have hired 2 Behavioral Health Consultants and are interviewing a few more.
- 3. We have not started on this phase, but are closer with the hiring of new staff.
- 4. Implementation of the assessment tools are being used on new patients and those who are being seen during warm hand offs but no tracking tool is in place as of yet
- 5. We have changed some recruiting techniques that have worked well, but have a few more in mind to try.
- 6. We are working closer with medical and dental providers, reading HHI charts prior to clinic appointments, and gathering data from our care managers. We are developing patient satisfaction surveys for in person and telehealth appointments. We have added an intern who is implementing a needs assessment targeting those populations we serve who are most vulnerable. We will review her research findings for potential new outreach and services.
- Recruitment and creating tools for data

Changes

- **Changes**
  - Appointed a director of behavioral health.
  - Partnering more closely with other medical/dental providers to implement a team approach for a more holistic approach to provision of services for patients.
  - Using interns for designing and gathering data tools

Successes and Challenges

- **Strategies for Success**
  - Gaining a better understanding of the role BHC plays in the agency.
  - Our outreach resulted in more referrals for BHC services, thus resulting in an ongoing increase in staffing for behavioral health and future plans to expand the role of behavioral health in the agency.

- **Challenges**
  - We have experience personnel shortages and lack of availability of staff due to schedules. We are working in making BHC more available during times medial providers are on site.

What Comes Next

- **Lessons Learned**
  - We have learned how to provide care in new ways using examples from other agencies such as considering new types of documentation, learning about new issues in safety and forward thinking into the future of telehealth implementation in the agency.

- **Next Steps**
  - We will be aggressively recruiting and training BHC positions to manage the holistic care needed by the population we serve.
  - Designing a patient telehealth satisfaction survey using other forms of technology.
  - Implementing education for all providers for telehealth at monthly provider meetings.
  - Brainstorming how we can use other staff to help launch more access to care via telehealth, by helping patients to overcome barriers to treatment.

Q&A

Report Out Summary

- What was your SMART Goal?
  - What activities were implemented to support achieving your SMART Goal (e.g., What was your work plan?)?
- What organizational changes were made related to CoP topics that support your SMART Goal?
- What worked well during the implementation process of your work plan? What did not work so well?
  - Did anything surprise you during this process?
- What lessons learned were experienced as a result of this CoP and/or implementing your work plan?
  - What are the next steps for your organization regarding lessons learned?

Reflecting on Today: Plus, Delta

- + What worked best for you during today's presentations?
- △ What would you change for future CoPs?
- What can you take back to your clinic that you heard from either session 11 or 12?

Wrap Up

- What final questions do you have?
- Next steps:
  - Fill out the post-ICRC assessment. This will be emailed out to all participants in the final follow-up email.

Image source: iStock by Getty Images

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.

Obtaining Continuing Education Credits

- 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.

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

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

  Wednesday, May 5, 3:00–4:00 p.m. ET

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

- **Strategies for Addressing Health Disparities in Medication Assisted Treatment for Opioid Use Disorders**

  Wednesday, June 2, 3:00 – 4:00 pm

  Registration Link: https://zoom.us/webinar/register/WN_hUz8J4lvQ0eidc8x6XCkFQ

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

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

HRSA Health Center Program

Upcoming TA Opportunities! (cont'd)

Communities of Practice (CoP) – Weekly for 6 Sessions

- **Social Determinants of Health and Integrated Care**
  - *Cohort 1: Tuesdays, 4/27/21 – 6/1/21, 2:30–4:00 p.m.*
    Registration Closed
  - *Cohort 2: Tuesdays, 6/8/21 – 7/13/21, 2:30–4:00 p.m.*
    https://zoom.us/meeting/register/tJYkdeivqz4jHNGwrJzV8L4gUoaxTCSCPGLu

- **Integrated Behavioral Health and Value-Based Reimbursement: Two Sides of the Sustainability Coin**
  - *Cohort 1: Thursdays, 4/29/21 – 6/3/21, 2:30–4:00 p.m.*
    https://zoom.us/meeting/register/tJwuceCsrDkvGdZGr9I1dxpCDLEkmPq3nSg4
    Registration Closed
  - *Cohort 2: Thursdays, 6/10/21 – 7/15/21, 2:30–4:00 p.m.*
    https://zoom.us/meeting/register/tJUuduqhpjIuHtwabD2xSdkmuHLR5Qju0XeD

HRSA Health Center Program

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)

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Thank You!

Vision: Healthy Communities, Healthy People