



Leveraging Lessons Learned: Implementing Telehealth to Sustain Integrated Behavioral Health

Stephen Shearer, Presenter

Michelle Cleary, Facilitator

Sophia Shepard, Presenter

Thursday, March 18, 2021

Vision: Healthy Communities, Healthy People





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

Vision: Healthy Communities, Healthy People



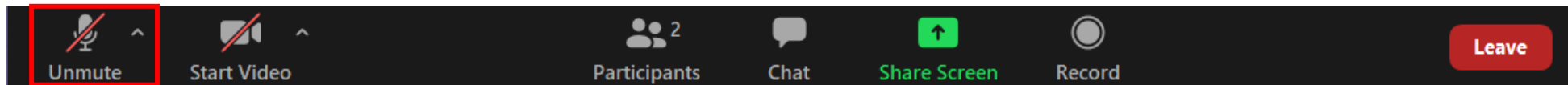
Session 7

Provider Readiness to Engage in Telehealth and Addressing the Digital Divide

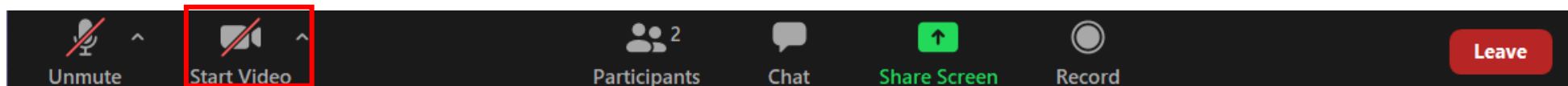


Zoom Participation

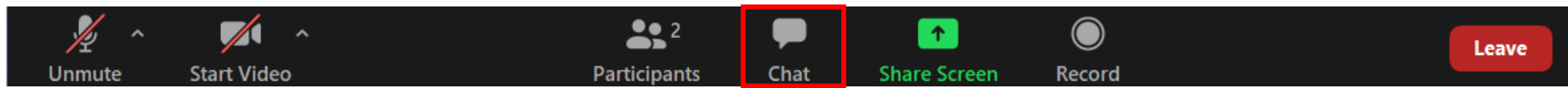
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- 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 7 Facilitators and Presenters



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



Presenter:
Sophia Shepard, B.S.
JBS International, Inc.



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

“Lifework” Assignment Follow-Up

Identify 1-2 reasons patients give for only wanting audio calls rather than audio and visual telehealth calls?

Round Robin!

Poll Question #1

What do you believe is the most common reason for some behavioral health providers preferring audio-only sessions in your clinic?

- A. They find that setting up audio-only calls are easier than the set up for audio and visual telehealth calls.
- B. They are not comfortable with using the technology required for audio and visual telehealth calls.
- C. They believe that patients prefer audio-only calls.
- D. They feel they lack the proper training to effectively conduct audio and visual calls.



Source: ThinkStock

CoP Participants



Participant List

These clinics will be reporting out on their Action Plans in session 11 on **April 15, 2021**.

If you know that you *absolutely cannot attend* and need to switch days, let Sophia know by **March 25, 2021**.

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)

These clinics will be reporting out on their Action Plans in session 12 on **April 22, 2021**.

If you know that you *absolutely cannot attend* and need to switch days, let Sophia know by **March 25, 2021**.

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



We Listen to You

During the past six CoPs, we have appreciated several telehealth issues and themes that you have expressed through

- Direct comments during the CoP,
- Comments in the CoP chat,
- Comments made in your CoP feedback and evaluations, and
- Issues discussed during Office Hours.



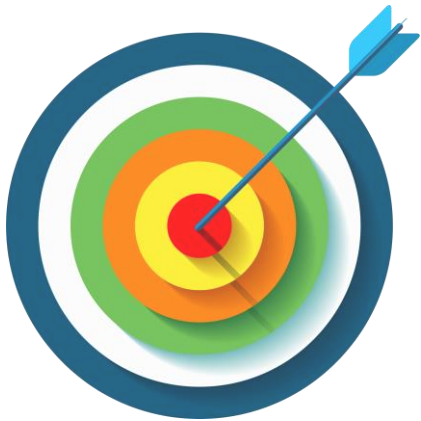
Source: [Clker-Free-Vector-Images](#) from [Pixabay](#)

One top challenging issue for clinics is ***patients who have audio-only sessions.***

Clarifications you provided for this audio-only issue include the following:

- “Many patients want only audio sessions.”
- “Many patients can only have audio sessions because they lack connectivity for video sessions.”
- “Many patients still have flip phones, so can only have audio sessions.”

Today's Learning Objectives



Source: iStock

- Identify methodology for identifying reasons that patients participate in audio-only sessions rather than audiovisual telehealth sessions.
- Describe potential strategies to increase the number of patients participating in audiovisual telehealth sessions.
- Discuss community stakeholders with potential resources to increase patient options for audio and video sessions.
- Describe “start up”/re-engagement strategies for doing telehealth group sessions.

Patient Rationale for Audio-Only Sessions

One top challenging issue for clinics is *patients who have audio-only sessions*.

CoP participants provided examples of different reasons given by patients for using/preferring audio-only sessions, including the following:

- “Many patients want only audio sessions.”
- “Many patients can only have audio sessions because they lack connectivity for video sessions.”
- “Many patients still have flip phones, so can only have audio sessions.”
- “I am not sure exactly why some patients don’t want audio visual sessions.”



Clinic Concerns about Audio-Only Sessions

Challenges with audio-only sessions include the following:

- Inability to visually observe patients to help determine mental and physical status
- Reduced opportunity to visually diagnose or identify emergent or potential emergency situations
- Inability to have patients observe the session staff member(s) for purposes of recognition, role modeling, and reassurance



Source: [wayhomestudio](#)

Clinic Concerns about Audio-Only Sessions (Cont)

Challenges with audio-only sessions include the following:

- Reduced ability to identify reasons for any pauses in conversations
- Inability to observe the surrounding of patients for safety and quality of life issues
- Inability to observe self-drug testing, pharmaceutical identification, or other self-directed clinical procedures
- Unclear financial sustainability of audio-only sessions



Source: [wayhomestudio](#)

Process Improvement Begins by Defining the Problem

Telehealth - Audio-only Checklist

Process Improvement Begins by Defining the Problem. Each organization will want to define the specific problems/concerns it has with its audio-only telehealth sessions. The more precisely these problems/concerns can be defined the more effectively improvement strategies can be identified and implemented. The following check list is an example of how a step-by-step improvement process might proceed.



Task Completed ✓	Process Improvement Step
	Establish an interdisciplinary improvement team. This team might be called "Telehealth Services Process Improvement Team."
	Establish a team charter or statement of purpose.
	Research telehealth literature for telehealth best-practices, including the benefits of audio-visual sessions versus audio-only sessions.
	Access and document clinic data/statistics and patient demographics for all types of sessions (audio-only, audio-visual, in person, etc.) to establish a session performance baseline.
	Establish a timeline for the formal data collection process from staff and patients.
	Develop a <i>pilot</i> data collection Check Sheet for collection of reasons for audio-only sessions data from staff and patients. This data collection Data Collection Sheet may go through several modifications as the questioners "drill down" on the causes for audio-only sessions.
	Establish a formal interview "script" that is to be used with patients for the questions about telehealth services. For example, the script may state. "As you know we are always trying to improve the services at our clinic, so I would like to ask you a few questions about your experience with your audio-only telehealth sessions..."
	Assigned team members query and document patient responses for their reasons for audio-only sessions and document these patient responses on the Check Sheet.
	Assigned team members query staff (clinical, support, peer, finance, and others) for their anecdotal/researched reasons for their patients participating in audio-only sessions. Techniques for collecting this information can include team "brain storming," surveys, <u>interviews</u> or other forms of data collection. Use this information to refine pilot Check Sheet for collecting patient interview data, if indicated.
	Tools to display the data in usable formats for staff and for patients are identified. Data display tools may include Pareto Diagrams, Scatter <u>Diagrams</u> and others. These visual displays can assist the team in identifying groups/reasons for audio-only sessions quickly and for patient education directly or through your website or social media platforms.
	Data are displayed into usable formats and shared with staff.
	Meaningful data are shared with patients.
	The interdisciplinary improvement team has begun the process of aggregation and interpretation of the data and begin identifying potential improvement opportunities.
	Some identified potential improvement opportunities have been implemented and piloted for success.
	Piloted results have been assessed for effectiveness and improvement.

Each organization will want to define the problems/concerns it has for its patients related to audio-only telehealth sessions. The more precisely these problems/concerns can be defined, the more effectively improvement strategies can be identified.

****Checklist is included as a handout.***



Addressing the Digital Divide: Opportunities for Expansion of Devices and Technology for Patients

Presenter: Sophia Shepard, B.S.



The Digital Divide and Access to Telehealth Services

The Digital Divide (and Behavioral Health Digital Divide)

- “The gulf between those have ready access to computers and the internet, and those who do not.”



Source: Image by [Pexels](#) from [Pixabay](#)

Causes of the Digital Divide

Contributing factors to the growing divide:

- Income inequality
- Cost of technology and devices
- Digital literacy and education
- Marginalization of underserved populations
- Unreliable or unavailable internet access
- Technology marketplace competition that determines “winners” and “losers” and areas served
- “Free market” regulations that do not provide for low-income population



Negative Consequences of Digital Divide on Access to Telehealth

“The digital divide persists; a quarter of the U.S. population is unconnected, left without Internet access at home.” Piatak, J., Dietz, N., & McKeever, B. (2018). [Bridging or deepening the digital divide: Influence of household Internet access on formal and informal volunteering](#). *Nonprofit and Voluntary Sector Quarterly*, 48(2), 123S-150S.

The digital divide causes

- Reduced ability to connect with telehealth resources,
- Reduced ability to obtain health and wellness information through telehealth and other online resources,
- Increased feelings of stigma and isolation of an already marginalized population,
- Plus, the other many negatives, including limited access to employment, education, housing, and community and financial resources.



Bridging the Gap

- **Access to digital technology**

- Refurbished devices
- Telehealth kiosks
- Mobile health vans with hotspots

- **Addressing low digital literacy**

- Incorporating digital literacy screenings/assessments into your telehealth workflows
- Distributing targeted information materials aimed at increasing digital literacy for specific populations
- Creating or joining community teams/coalitions that address digital health equity

- **Access to broadband internet coverage**

- Partner with local schools and libraries that provide free high-speed internet to the community
- Take advantage of programs and organizations focused on providing broadband internet to underserved areas



CoP Member Sharing - Clinic Experience with Providing Tablets for Patients

- **Josette Mitchell**, Deputy Director of Behavioral Health, Swope Health
 - Rationale for wanting to provide tablets for patients.
 - Description of service array related to providing tablets for patients.
 - Process for monitoring effectiveness of this tablet service array.
 - Funding source for this technology expansion.
- **Peggy Beck**, Director of Behavioral Health, Access Family Care
 - Rationale for wanting to provide tablets for patients.
 - Description of service array related to providing tablets for patients.
 - Process for monitoring effectiveness of this tablet service array.
 - Funding source for this technology expansion.



Bridging the Gap: Funding/Resource Opportunities

- Many organizations will provide refurbished laptops, desktops, and smartphones for underserved individuals, nonprofit organizations, and communities.
 - Alliance for Technology Refurbishment and Reuse (AFTRR)
 - Partners for Bridging the Digital Divide
- Due to COVID-19, many internet service providers have created programs to increase access to broadband internet and other services.
- Universal Service Administrative Company (USAC)
 - Telecommunications Program: provides reduced rates on telecommunications and voice services for rural healthcare providers
 - Healthcare Connect Fund Program: provides 65% discount on eligible broadband connectivity expenses for eligible rural healthcare providers
- HRSA's Evidence Based Telehealth Network Program: Deadline - April 02, 2021



Potential Partners in Supporting Expanded Clinic Patient Access to Smart Device Connectivity

- **Schools**—Due to COVID-19, many school districts across the nation have had to provide technology to students that supports online learning.
 - Tablets and laptops
 - Local or regional hotspots
- **Libraries**—These traditional brick and mortar locations have expanded their services to include
 - “Smart-Parking” Wi-Fi amplifier services to include greater geographic areas such as library parking lots,
 - Reserved hot spots,
 - Loaned laptops,
 - Reserved meeting rooms,
 - Loaner iPads and computers,
 - Charging stations, and
 - Mobile bookmobiles with hot spots.



Potential Partners in Supporting Expanded Clinic Patient Access to Smart Device Connectivity (Cont.)

- **State/county governments**

- Juror access to Wi-Fi
- In the 2020 legislative session, 43 states and Guam addressed broadband issues.
- Maps of public access Wi-Fi locations (AZ)
- Broadband Office for resources (CO)
- Identification of low-cost cable services for low-income families (CT)

- **Federal government**

- CARES Act expanded broadband access.

- **Private Sector**

- Xfinity provides free Wi-Fi access to non-Xfinity customers through regional hot spots.



Potential Partners in Supporting Expanded Clinic Patient Access to Smart Device Connectivity (Cont.)

- **Faith Community**

- Provide rooms where confidential telehealth sessions could occur

- **Clinics**

- Consider contracts with wireless providers to place communication towers on clinic buildings/land. If clinic does not own the facility, clinic may want to work with landlord for any potential towers.



Q&A

- Was this discussion about process improvement strategies related to audio-only sessions helpful in giving you anything new to think about?
- What examples of how the ideas for expansion of technology access for patients could be implemented might work for you?



Wrap Up

- Next steps:
 - **Begin thinking about your Report Out presentation** – you will be presenting to your colleagues in either Session 11 or 12 about your Action Plan and SMART Goal. HRSA members will be in attendance and look forward to hearing your Report Outs.
 - ✓ If you would like any assistance with developing this presentation, you can attend Office Hours.
 - Review Exhibit 2.2-2 Statements to Elicit Statement from Online Client, Page 126 for next week’s session.
 - ✓ <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4924.pdf>



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.



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 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.



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!

Webinars

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

Wednesday April 7 - 3:00 – 4:00 PM ET

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

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

Wednesday May 5 - 3:00 – 4:00 PM ET

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

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



Upcoming TA Opportunities!

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.*
<https://zoom.us/meeting/register/tJlkd-mqrjsjGtDmVfpKaKbDn-lCsGgK5pXi>
 - *Cohort 2: Tuesdays, 6/8/21 – 7/13/21, 2:30–4:00 p.m.*
<https://zoom.us/meeting/register/tJYkdeivqz4jHNGwrJzV8L4gUoaxTCSCPLu>
- **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>
 - *Cohort 2: Thursdays, 6/10/21 – 7/15/21, 2:30–4:00 p.m.*
<https://zoom.us/meeting/register/tJUuduqhpjluHtwabD2xSdkmuHLR5Qju0XeD>



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)

The screenshot shows the homepage of the BPHC-BH TA Resource Portal. At the top left is the logo, a colorful diamond shape composed of smaller squares. To its right is the text "BPHC-BH TA" in large blue font, with "Bureau of Primary Health Care Behavioral Health Technical Assistance" in smaller text below it. A dark navigation bar contains the following links: Home, Request Technical Assistance, Learning Management System, About Us, and Contact Us. The main content area features a large heading "Welcome to the BPHC-BH TA Resource Portal!" followed by a table with columns for "View", "Edit", "Delete", and "Revisions". Below the table is a paragraph of text: "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." To the right of this text is a box titled "Learn About BH TA Options" containing a bulleted list: "One-on-One Coaching", "E-learning Webinars", "Strategies for Community Outreach", "Virtual Site Visits to Improve Outcomes", and "Join a Community of Practice (CoP)". Below this is another box titled "Complete the Readiness Assessment".



Thank You!

Presenter Contact Information:

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Sophia Shepard: sshepard@jbsinternational.com

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