

# Integrating Telemedicine for Behavioral Health: Practical Lessons from the Field



Providers can choose from a variety of teleBH models. Below are a few examples based on the HPC-funded teleBH initiatives represented in this guide.



1 Substance use disorder treatment resources between two hospitals



2 Hospital to primary care office



3 Behavioral health clinician's office to patient's school



4 Behavioral health clinician's office to patient's home

Access to behavioral health services remains a critical gap in the Commonwealth's health care system and, even when accessible, care is fragmented across behavioral and physical health. Telemedicine is a cost-effective method of expanding timely access to high-quality behavioral health care by augmenting provider capabilities to deliver patient-centered care through secure technology.<sup>1</sup> Despite this, telemedicine—and telemedicine specifically for behavioral health (teleBH)—remains underutilized.

In 2017, in order to demonstrate the potential of teleBH to address critical access challenges, the Massachusetts Health Policy Commission (HPC) invested \$2.5 million in five provider organizations to implement 12 to 18 month teleBH pilots for high-need patient populations. With the aim of identifying and discussing practical lessons learned and implementation challenges related to teleBH, the HPC convened these providers in April 2018 for a [roundtable discussion](#). The discussion was preceded by a knowledge sharing session which featured a panel of HPC-certified patient centered medical homes (PCMHs), whose insights in implementing teleBH services are also included in this guide.

At the event, providers pointed to four prevailing themes for successful implementation of teleBH: **workflow, data and measurement, workforce, and technology**. These themes encompass important considerations for providers when planning for, building, and expanding teleBH programs.

Earlier this year, the state's Medicaid program (MassHealth) revised its [reimbursement policy for telemedicine](#) and is now offering a new benefit for its 1.86 million members to receive behavioral health treatment through teleBH. Importantly, these services are reimbursed at the same rates as in-person visits. As providers increasingly adopt teleBH as a model for treatment, this publication is intended to highlight the key takeaways and lessons shared by these early adopters represented at the HPC's event.

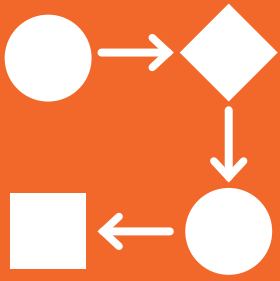
## Roundtable Discussion and Knowledge Sharing Session Participants

Berkshire Medical Center <sup>2</sup>	Riverside Community Care <sup>4</sup>
Codman Square Health Center*	UMass Memorial Medical Center <sup>1</sup>
Heywood Hospital <sup>3</sup>	Yogman Pediatric Associates*
Pediatric Physicians' Organization at Children's <sup>2</sup>	

# HPC-funded teleBH program model

\* HPC-certified PCMH

i Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Position Paper <http://annals.org/article.aspx?articleid=2434625>



## WORKFLOW

Just like any clinical model, providing behavioral health care through telemedicine requires the creation of thoughtful processes and procedures which are understood by all staff and implemented consistently. Early in the planning process, consider defining processes and practices around scope of practice, care transitions, and troubleshooting technical difficulties to encourage comfort with new modalities.

**What implementers say about workflow:**

### Streamline the intake process for patients identified as candidates for teleBH services.

*“We changed [our intake process] so that the primary care provider has the ability to identify the patient, offer them the opportunity for telehealth—much easier to get the consent right at that moment—and all they have to do is to send the consent and the information form about the patient demographics and history to the department of psychiatry, and they basically take it from there. [I]t was streamlining that intake process that really worked for us.”*

— PEDIATRIC PHYSICIAN’S ORGANIZATION AT CHILDREN’S HOSPITAL

### Ensure smooth transitions and coordination throughout the care continuum.

*“My hope and my dream would be to have all the community providers on the same platform, I think it would tremendously help coordinate referrals with outpatient providers. One of the struggles is frequently we discharge the patients and they are lost, so it would help us tremendously if we could hook them up, right away, at different hospitals. And I think tele is the way to go.”*

—UMASS MEMORIAL MEDICAL CENTER

*“By having five or six sites participate together in a meeting weekly, you end up solving problems at one site that then move onto another, [and] you become much more aware of the broader set of problems and the real-time solutions that you can get back to people quickly. I think that’s a part of what the technology is for.”*

— BERKSHIRE MEDICAL CENTER

### Develop a risk management plan for troubleshooting technological difficulties.

*“Make sure you have a signal [and] that your wifi works. There is nothing worse than having psychiatrically compromised clients on tele and all of a sudden you lose signal—that can be actually quite dangerous, let alone frustrating.”*

—UMASS MEMORIAL MEDICAL CENTER

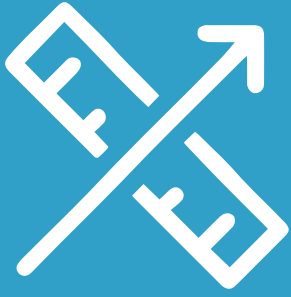
*“We spent a large amount of time on the front end, really developing all those workflows and processes for checking the patient in, getting the technology set up, doing dry runs, and making sure there were enough people in the office who knew the equipment.”*

— PEDIATRIC PHYSICIAN’S ORGANIZATION AT CHILDREN’S HOSPITAL

### Clearly define and communicate your scope of practice using teleBH services.

*“Practices have an easier transition to adding teleBH services when they clearly define what is appropriate for a technology-based visit and what issues need to be addressed in the office.”*

— HEALTH MANAGEMENT ASSOCIATES



## DATA AND MEASUREMENT

Providers need a strategy to evaluate teleBH implementation. Choosing the 'right' data to measure the effectiveness of teleBH includes thinking early about how to demonstrate the business value of the services, and creatively determining the signals of success.

What implementers say about data and measurement:

**Before launching the service, decide what data and measurements will support a business case for sustainability.**

*“The data you’re extracting from a system is only as good as the data that is going into it. And there is a constant tension when we architect these systems between making it structured and organized and at the same time giving the clinicians freedom to do what they want to do.”*

—PEDIATRIC PHYSICIAN’S ORGANIZATION AT CHILDREN’S HOSPITAL

*“Measuring [patient and provider] satisfaction alone... and measuring that we can provide the care [with teleBH] just as good as an in-person visit. We’re going to have to show something more innovative and of value [to demonstrate the impact of teleBH].”*

—HEALTH MANAGEMENT ASSOCIATES

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**Collect baseline data for a proper assessment of the program.**

*“Thinking about baseline measurement is critical for the sustainability argument and to measure whether we’re making a difference.”*

—UMASS MEMORIAL MEDICAL CENTER

*“Some of our challenges relate to getting the baseline [data]... and if you did not budget or allocate enough time, it’s very inaccessible [and] difficult to get.”*

—BERKSHIRE MEDICAL CENTER

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**Think creatively about what other external data may be useful for measuring outcomes.**

*“We have school data, which is actually very telling because we can really make some judgments about whether this is effective—it shows up in academic records and attendance records, in ways in which the kids are functioning better in a school setting. But school data is probably even harder to get than medical data.”*

—HEYWOOD HOSPITAL

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**Coordinate with other systems to collect follow-up data.**

*“We have among us three or four separate EMRs that are not interoperable, so there have been challenges with that.”*

—BERKSHIRE MEDICAL CENTER

*“When you discharge [patients] into the community, a lot of places don’t share claims data, so your ability to get those measures is compromised. So our engagement criteria were: initiate [medication-assisted treatment] MAT, two weeks later find an outpatient appointment, then send [the patient] to residential facility, but after the two weeks, [the patients] are lost.”*

—UMASS MEMORIAL MEDICAL CENTER



## WORKFORCE

Besides procuring a technology, it is important to also plan for training, practice, and evaluating the fit of the product with office culture. Deploying teleBH can often feel like integrating a new provider—and in some cases, it is! New roles may be beneficial, if not necessary, for the effective, safe, and patient-centered delivery of behavioral health care via telemedicine.

What implementers say about workforce:

**Be intentional about cultivating a team specifically for teleBH, including creating new roles as necessary.**

*“The quality of your [staff] is so determinant of your success, and we really had a terrific team.”*

—UMASS MEMORIAL MEDICAL CENTER

*“Importantly, it changed the provider experience—the pediatricians in the office were so positive that when the grant went away, people were unanimously saying we need to keep [our social worker trained in teleBH]... and we will take a cut in our salaries if necessary to keep her going.”*

— YOGMAN PEDIATRICS

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**Actively gauge and cultivate all your clinicians’ comfort with teleBH; the modality may not be appropriate for every clinician or patient.**

*“We’ve learned a lot from our clinician, about how much she sees and how much she doesn’t see, what the difference is when you’re working [with teleBH], and a lot of people are just used to face-to-face so this is very new.”*

—HEYWOOD HOSPITAL

*“The younger you are in your training, the more you want to actually be right with the [patient] to develop the interview skills, and as you become more skilled, it’s easier to accomplish that across the teleconferencing interface.”*

—BERKSHIRE MEDICAL CENTER

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**Consider resource constraints in the behavioral health workforce before scaling up the program.**

*“We had such a struggle finding a clinician who was comfortable with this modality.”*

— HEYWOOD HOSPITAL

*“One [barrier] was around growth—which is a good thing, but it is a resource issue. In the beginning we started with two practices... and now we have five, and we’re really bumping up against the resource availability of the tele-psychiatrists.”*

—PEDIATRIC PHYSICIAN’S ORGANIZATION AT CHILDREN’S HOSPITAL

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**Expose behavioral health providers to teleBH technology to normalize it and increase their comfort with the modality.**

*“I’m working on developing—with the dean of a school of social work—a certificate class in tele-behavioral counseling so students will actually be trained and have the opportunity to be comfortable with the modality.”*

— HEYWOOD HOSPITAL

*“We have a [psychiatry] residency program at Berkshire Medical Center. We want the third-years and fourth-years to have more experience in tele-psychiatry, and we want to make it one of the goal competencies, so we are developing a curriculum for the residents.”*

— BERKSHIRE MEDICAL CENTER



## TECHNOLOGY

There are a number of HIPAA-compliant solutions available today that cater to varying needs and existing capabilities. A key first step is to go through the exercise of clearly defining the target population, care model, and intended use in order to procure a technology that is flexible enough to adapt to all the needs of the provider's populations, clinicians, and processes.

**What  
implementers  
say about  
technology:**

### **Define your business needs before choosing the technology, not the other way around.**

*“Some clinics and centers buy into contracts before they have a clinical model set up, and then they find out later that the vendor of the platform can't do what they want to do, so contracting with your vendor should be one of the last things that you do.”*

—HEALTH MANAGEMENT ASSOCIATES

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### **Clearly define the target population. Realistically assess their interest and demand for teleBH, and what functionality that requires.**

*“I've seen clients build a program and only have a few patients—not enough to sustain the program... so doing the data analysis and making sure that it's not just intuitive that you think there will be enough volume. You need a proactive way to identify the patients. This is your customer base.”*

—HEALTH MANAGEMENT ASSOCIATES

*“We saw who was dropping out of the service, so we could see the age difference through our data—who was staying engaged and who wasn't... and who would be the best fit [for the program].”*

—HEYWOOD HOSPITAL

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### **Prepare for the ways that teleBH may enhance your interactions beyond just accessibility.**

*“We are reaching people who would otherwise not be receiving care. They face barriers related to transportation in very rural counties or anything associated with stigma, shame or fear... [teleBH] removes those barriers and that is huge.”*

—BERKSHIRE MEDICAL CENTER

*“I think one thing that surprised me, even though there is some supportive literature on it, is the notion that people are more willing to open up about themselves in teleBH settings.”*

—RIVERSIDE COMMUNITY CARE

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### **Think creatively with your new technology to enhance your care model and to promote access to behavioral health care.**

*“Are we being creative enough in thinking how we can use technology to transform how we deliver mental health services, instead of thinking of [teleBH] as an extension of an office-based service? When Airbnb and Uber were created, they kind of did everything in reverse—they took the technology and transformed the ride-sharing business.”*

—RIVERSIDE COMMUNITY CARE

## LOOKING FOR MORE INFORMATION?

### ADDITIONAL RESOURCES:

[HPC Telemedicine Pilot Initiatives](#)

[Telehealth Resource Centers](#)

[Center for Telehealth & e-Health Law](#)

[American Telemedicine Association](#)

[Northeast Telehealth Resource Center](#)

[Center for Connected Health Policy](#)

[Mid-Atlantic Telehealth Resource Center](#)

[Healthcare Information and Management Systems Society](#)

[California Telehealth Network](#)

For more information, contact the HPC at [caredeliverytransformation@mass.gov](mailto:caredeliverytransformation@mass.gov).

*The Massachusetts Health Policy Commission (HPC), established in 2012, is an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC's mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and innovative investment programs. Visit us at [Mass.gov/HPC](http://Mass.gov/HPC). Tweet us @Mass\_HPC.*

