USING TELEMEDICINE IN BEHAVIORAL HEALTH: IMPLEMENTATION INSIGHTS

JONATHAN P. WOLINSKY, MPP, FRAN E. HODGINS, MPP, MBA, HANNAH N. LIEBERMAN, MPH, JESSICA M. LANG, PhD, GRIFFIN S. JONES, MPP



INTRODUCTION

Telehealth is an innovative care delivery model with the potential to improve access to care for patients in Massachusetts, outside of the traditional service delivery model and beyond the walls of a provider's exam room. Telehealth has the potential to increase access to health care services and control costs by removing the constraints of an in-person office. This is particularly the case for behavioral health care, where patient demand is high, but provider supply is low and distributed unequally across the Commonwealth. In this context, the Health Policy Commission (HPC) implemented a one-year telehealth pilot program in 2017, which supported providers' efforts to integrate telehealth into their care models for behavioral health. These "teleBH" pilots also offered an opportunity to capture important, on-the-ground lessons about program implementation.

GRANTEES

Following a competitive review process, the HPC awarded funding to four organizations with distinct approaches to teleBH:



HEYWOOD HOSPITAL is a 134 bed acute care community hospital serving a mostly rural population in Gardner, Massachusetts. Heywood implemented a school-based teleBH initiative in collaboration with two local school systems to bridge gaps in care for adolescents with unmet behavioral health needs. The

initiative provided counseling services in the schools through remote video consultations between the students and a mental health clinician from Clinical Support Options, Heywood's clinical partner. A school-based care coordinator served as a liaison and facilitator of the visits.

THE PEDIATRIC PHYSICIAN'S ORGANIZATION at Children's Hospital (PPOC) is a network of primary care clinicians based in settings ranging from solo to multi-location and provider practices across Massachusetts. PPOC implemented a teleBH initiative to provide psychiatric care to pediatric patients with lim-

ited access to behavioral health services. In this model, primary care physicians facilitated remote video consultations for patients with a Child and Adolescent Psychiatrist (CAP) based at Boston Children's Hospital for both diagnostic and follow-up care. The model allowed patients to receive treatment at the same location as other medical care: their pediatrician's office. Through increased access to timely, convenient behavioral health care, PPOC could diagnose and treat conditions earlier and eliminate barriers for families to receive necessary behavioral health care.

RIVERSIDE COMMUNITY CARE is a community-based, non-profit community based organization providing people throughout southern and eastern Massachusetts with services including mental health care, early childhood and youth programs, addiction treatment, and trauma response. Riverside implemented a teleBH initiative to increase access to behavioral health care through homebased video consultations for homebound older adults with unmet behavioral health needs. In this model, case managers from Aging Service Access Point (ASAP) partners identified the behavioral health needs of their homebound patients during regularly-scheduled home visits and assisted patients in connecting with a behavioral health clinician for remote video-based therapy. The initiative's combination of community partnership and technology eliminated barriers for homebound adults to behavioral health care that would otherwise be inaccessible.



UMASS MEMORIAL MEDICAL CENTER is a 749 bed non-profit, UMASS MEMORIAL MEDICAL CENTER is a 749 bed non-profit, academic medical center located in Worcester, Massachusetts and the only Level I trauma center in central Massachusetts. UMass implemented a teleBH initiative to increase patient engagement in and access to evidence-based treatment for substance

use disorders (SUD). The initiative introduced SUD treatments such as medication for assisted treatment (MAT) to the patient's bedside by enabling teleconferencing with an addiction social worker or psychiatrist, facilitated by a peer recovery coach in the inpatient and emergency departments. The initiative ensured timely consultation and initiation into evidence-based MAT for patients during even a brief admission to the hospital.

PROGRAM BACKGROUND

The goal of the HPC's telehealth investment program was to support innovative programs that sought to increase access to behavioral health services. Applicants for this funding selected one of three underserved target populations as their area of focus: children and adolescents: patients with substance use disorder (SUD); or older adults aging in place. They then proposed specific models for integrating teleBH that were appropriate to their populations, service settings, resources, and over-arching improvement goals.

ROUNDTABLE DISCUSSION THEMES

WORKFLOW

Action plans for addressing technological difficulties support patient engagement and protect patient safety. Several programs deployed trained staff ready to step in when needed.

- Patients using teleBH are experiencing mental health challenges and, as such, may experience difficulties with technology (e.g., wifi connection issues) more acutely than other telehealth patients. UMass Memorial relied on the recovery coach to be at the bedside with the patient or otherwise nearby to provide immediate follow up after the teleBH session and to step in if the situation called for it.
- Heywood's program served children and adolescents who at times benefited from in person support both during and after their sessions. The school based care coordinators were able to come in and help students/the clinician when there were technological issues and were also present if the student needed to decompress after a

Lowering barriers to entry and streamlining referral processes increased enrollment.

- PPOC fully integrated their teleBH program into their practices' workflows to streamline the process of obtaining of patient consent and referring to the participating psychiatrist. This made it easier to enroll the appropriate patients based on demographics and history and reduced wait times until the patient's first appointment.
- Riverside's enrollment strategy included having a known and trusted clinician do the warm hand off between the patient and the case manager. For this reason a new, and for some patients novel, service was less likely to be overlooked by patients and instead embraced.

DATA AND MEASUREMENT

Program sustainability and scalability rely on high quality and pertinent data to help make the case. TeleBH programs did this through assessing what their data collection capacities were, filling in the gaps with proxy measures, and integrating "out-of-the-box" data sources when necessary and appropriate.

- PPOC noted a constant tension between balancing a structured system with architecture that allowed for uniform data collection and reporting with capacities that let clinicians maintain freedom to still document what they felt was relevant. They prioritized what they would need to collect in order to make the case for spreading the model to other practice sites.
- PPOC wasn't able to baseline for their teleBH program because it was a new service that didn't exist prior to the HPC award. They chose to compare the wait times for patients receiving a teleBH session to the wait times in the prior year for patients receiving a standard, in person psychiatrics session.
- Using school data, not hospital data, Heywood could both identify which students would benefit from the program and assess the impact the program was having on enrolled students through reports from the guidance office.

WORKFORCE

TeleBH can connect patients to clinicians when there are geographic barriers but it still has to contend with the double constraint of national provider shortages and within that, few providers choosing to practice in a telehealth modality.1

- There was limited interest among the clinicians at Heywood's clinical partner for the teleBH modality requiring Heywood to rely on a single mental health clinician to provide services to two schools. This presented both a logistical constraint and meant that if students didn't make a positive connection with the clinician, there was no alternative.
- There is a shortage of child and adolescent psychiatrists nationally and PPOC found even fewer are willing to work with patients remotely.2 By the end of the program, PPOC had six practice sites enrolled but still had only one psychiatrist interested in working with the teleBH modality.

Intentionality about cultivating a team specifically for teleBH is important. This includes creating new roles as necessary and then being ready to adapt the team to fit the needs of patients.

- Heywood's school- based care coordinators were heavily involved in not just the facilitation of the telehealth sessions, but with ensuring enrolled students were connected to other kinds of care and social supports that their enrollment in the program helped identify.
- Riverside deployed existing case management staff to help facilitate the teleBH sessions but found there was less need for the case managers as intermediaries than they expected. More often than not, patients needed little to no help with the technology.

TECHNOLOGY

At the core of teleBH is the conversation between patient and their provider. Therefore, the hardware and software used in teleBH programs should support the needs and preferences of the patient. Successful programs viewed technology not as one size fits all, but as something that must be tailored to their patient populations.

- Riverside initially deployed tablets for ease of use by case managers and patients. However, patients ended up needing additional technology to fully engage with the sessions, specifically external microphones and speakers. Riverside swapped tablets for laptops which allowed these additional components to be used.
- At the start of its program, Heywood used a large screen to display the clinician to enrolled students during sessions. Students found this distracting and uncomfortable so Heywood switched to smaller screens.

CONCLUSION

The HPC-funded telehealth pilots allowed providers to offer behavioral health care to underserved patients across Massachusetts through innovative uses of technology and processes. The pilots also offered participating providers valuable lessons in how workflows, technology, data and measurement, and workforce all play integral roles in teleBH programs. All four programs used these insights to advance their work of providing health care to their patient populations after their grants ended.

CONTACT

Jonathan Wolinsky, Manager Health Care Transformation and Innovation

Health Policy Commission Jonathan.wolinsky@mass.gov

www.mass.gov/hpc

- . Ken Abrams, Steve Burrill and Natasha Elsner. "What can health systems do to encourage physicians to embrace virtual care? Deloitte 2018 Survey of US Physicians" July 2018. Accessed December 2019. https://www2.deloitte.com/us/en/insights/industry/health-care/virtual-health-care-health-consumer-and-physician-surveys.html
- 2. Robert L. Findling and Ekaterina Stepanova. "The Workforce Shortage of Child and Adolescent Psychiatrists: Is It Time for a Different Approach?" Journal of the American Academy of Child & Adolescent Psychiatry, vol 57, no. 5, 2019 pp. 300 – 301., doi:10.1016/j.jaac.2018.2.008.

SOURCES OF INSIGHT

Awardees ran their programs for either 12 or 18 months following the intervention launch (~June 2017). During this time, they collected quarterly data that aligned with the specific objectives of each of their programs. Awardees submitted qualitative program updates to supplement the data and to provide firsthand accounts of program implementation to the HPC. In addition, the HPC conducted semi-structured interviews at each awardee site with 2-3 staff, including providers, program managers, and support staff. In April 2018, near the end of the implementation period, the HPC convened the awardees for a roundtable discussion of their programs. At the event, awardee representatives pointed to four prevailing themes that were important for successful implementation of their teleBH programs: workflow, data and measurement, workforce, and technology.