

# ESSENTIALS FOR HEALTH REFORM: Using Networks to Implement and Improve EHRs and other HIT



NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE

**Behavioral Health providers are being challenged to adopt health information technology with very limited resources. There is a need to prepare for increased numbers of patients receiving health insurance benefits, requirements for electronic billing, data exchange among treating providers and an ever increasing need to collect and use health information to improve care.**

**These intense one day seminars will provide attendees with the necessary information to move forward in adopting, acquiring and implementing electronic health records and other health information technology. Presenters will review the various stages of implementation from initial planning and assessment through advanced topics such as data warehousing. There will be a focus on utilizing networks of care to build on economies of scale. Participants will leave with a thorough understanding of where they are in the process, and a plan for next steps in their health information technology implementation efforts.**

**These seminars are a collaborative work of NIATx, SAAS and The National Council supported by SAMHSA.**

## **Topics include:**

- **Overview of the CMS Rule on Medicare and Medicaid Incentive Payments**
- **Practice Management Systems vs EHRs**
- **Benefits & Economies of Scale when working with a Network**
- **HIT Planning and Assessment Process**
- **HIT Workflow Redesign**
- **Due Diligence and Vendor Negotiations**
- **EHR Selection and Implementation**
- **Disaster Recovery and Business Continuity Planning**
- **Data Warehousing**
- **Use of Telemedicine**
- **Health Information Exchange and Behavioral Health**

# **TeleMedicine & Behavioral Health**

# Session Description



This presentation will cover the basics of Telemedicine principles and best practices, in a framework for the Behavioral Health provider. Today's topics include:

- History
- Pros/Cons
- Real World Applications
- Technology
- Administrative Concerns
- Readiness Assessment / First Steps

# Terminology / History



# Terminology – *Often Interchangeable:*

**Telemedicine:** is the delivery of any healthcare service or transmission of wellness information using telecommunications technology.

**Telehealth:** used to encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.

*-- American Telemedicine Association*

# Terminology

“Telemedicine uses communication networks for delivery of health care services and medical education from one geographical location to another. It is deployed to overcome issues like uneven distribution and shortage of infrastructural and human resources.”

*-- Sood et al. (2007) What is Telemedicine? A Collection of 104 Peer-reviewed Perspectives and Theoretical Underpinnings. Telemedicine and e-Health, 13:573-90*



# History

- 1959** – University of Nebraska (two-way televisions)
- 1970's** – Funding Issues, limited screen quality, “bulky” equipment – decline in interest
- 1980's** – “Health Psychology” term coined and new attempts to integrate BH with medicine
- 1990's** – Significant increase in faster technology / improved equipment
  - Journal of Healthcare Information Management, vol. 13, no. 4, Winter 1999*
- 2000's** – Payors begin to view more favorably as clinical benefits established & cost effectiveness demonstrated

# Pros & Cons



# What challenges are most often cited as barriers in the delivery of Behavioral and Mental Health Care?

## Access to Care:

- Location based
- Financial / insurance status
- Cultural / linguistic challenges

## Access to Workforce:

- Rural areas / low population density areas
- Provider shortages
- Compensation / billing challenges, especially for safety net populations

# Why Telehealth Today? (*PROS*)

- **Improved Access to care**
- **Cost Efficiencies**
- **Patient Demand**

*-- American Telemedicine Association*

# Why Telehealth Today? (*PROS*)

- **Improved Access to care**

Increased access to patients in distant / remote areas, and expanded reach for physicians and health facilities beyond their own offices

*-- American Telemedicine Association*

# Why Telehealth Today? (*PROS*)

- **Cost Efficiencies**

May reduce the cost of healthcare and increase efficiency through better management of chronic diseases, shared health professional staffing, reduced travel times, and fewer or shorter hospital stays.

*-- American Telemedicine Association*

# Why Telehealth Today? (*PROS*)

- **Patient Demand**

Using telemedicine technologies reduces travel time and related stresses to the patient.

*-- American Telemedicine Association*

# Potential CONS:

- **Must be careful to follow interstate licensing rules when applicable**
- **Clinicians may find it somewhat challenging to pick up on nonverbal cues (such as psychomotor agitation or poor hygiene)**
- **Quality / Cost of available equipment ranges widely – must consider all factors in selection**
- **Some technical hiccups will happen – who is available to support the clinician in the session to minimize impact to patient care?**



# Potential CONS:

- **Patient / client may not feel the empathy from the clinician that would be conveyed in a face to face encounter**
- **Some BH techniques are potentially less successful**
- **This modality potentially limits the type of patients one might select for care, or might require additional post-session coordination / support**

# What Clinicians are Offering Telehealth Now?

## Telepsychiatry

“... offers hope for addressing longstanding problems regarding work force shortages and access to care, especially in remote or rural areas.”

*-- B. Christopher Frueh, Jeannine Monnier, Jon D. Elhai, Anouk L. Grubaugh and Rebecca G. Knapp. Telemedicine Journal and e-Health. Winter 2004, 10(4): 455-458. doi:10.1089/tmj.2004.10.455.*

## ***Emerging Best Practice:***

Telepsychiatry-based culturally sensitive collaborative treatment may help to expand access to culturally competent psychiatrists fluent in patients' native languages and improve treatment of depressed minority patients in primary care settings

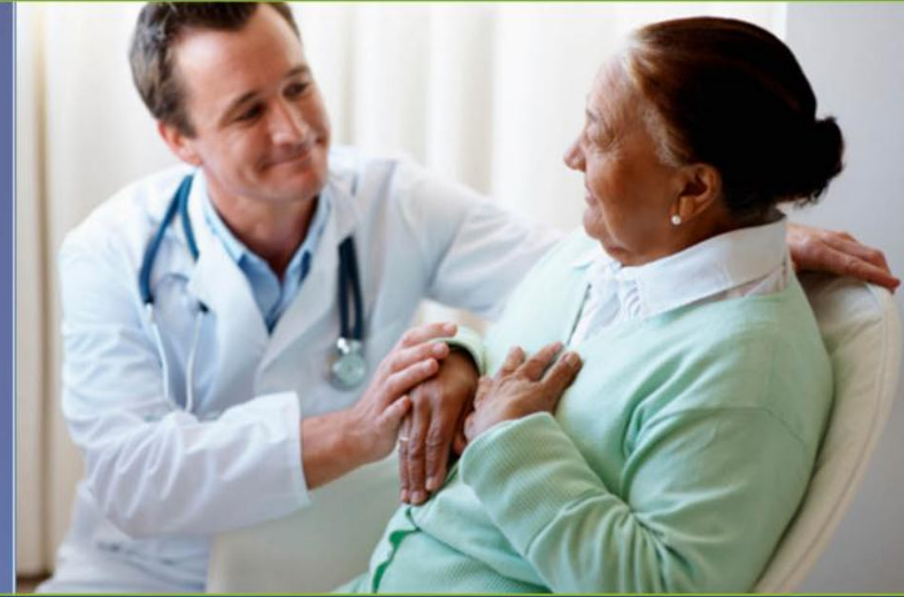
***-- Yeung A, Hails K, Chang T, Trinh NH, Fava M.  
A study of the effectiveness of telepsychiatry-based culturally sensitive collaborative treatment of depressed Chinese Americans.  
BMC Psychiatry. 2011 Sep 26;11(1):154.***

# Other Clinicians:

- **Psychologists**
- **LCSWs**
- **Marriage / Family Therapists**
- **Substance Abuse Counselors**

**Therapy has been successful utilizing telehealth throughout the life cycle**

# Real-World Applications



# Medicaid Pilot Telehealth Project – Rural Florida (early 2000's)

## University of Florida / FQHC Partnership for Children

- Equipment from prior successful medicine pilot used
- Would it work for Behavioral Health?
  - Focused on Children & Adolescents
  - ADHD Protocols
  - Successes: Patient Satisfaction, Increased Access, Broader Reach
  - Cons: Equipment was not “real-time” (time delays)

# Health Under Guided Systems (HUGS) – Launched 2011

## Sponsored by the Naples Children Education Foundation (NCEF)

- Collaboration of key stakeholders in Collier County interested in Behavioral Health
- Multi-sites utilize existing capacity at David Lawrence Community Mental Health Center
  - Also for Children & Adolescents
  - Traditional Telepsychiatry Model
  - Successes: Patient Satisfaction, Increased Access, Broader Reach, Improved technology allows real-time communication & clarity
  - Cons: Challenge to integrate EHRs

# Other Programs in the News



## Army's Tele-Health program goes the distance

By Jennifer Clampet

U.S. Army Garrison Wiesbaden Public Affairs Office

1st Armored Division Soldiers are the first in Europe to experience the newest high-tech reintegration tool for behavioral health

Soldiers are comparing the Army's new Tele-Health behavioral screenings to Skyping with their families. And that relaxing comment is sitting well with the Army's behavioral health professionals.

*Published January 20, 2011*

<http://www.herald-union.com/article.php?i=15937>



# Other Programs in the News



**KU** MEDICAL  
CENTER  
The University of Kansas

TeleKidcare®

## Evolution of Services

TeleKidcare was originally designed to provide acute care to school children for sore throats, ear aches and similar ailments. Since its inception, the TeleKidcare model has shifted to provide primarily mental health services as parents and school nurses identified a gap in the availability of mental health services. TeleKidcare allows families to seek treatment in a familiar environment free from any cultural stigma toward mental health. Typical services now include assessing, treating, and managing a range of mental health concerns such as ADHD, depression and mood disorders, grief and adjustment reactions, and anxiety disorders.

TeleKidcare is a community-centered, collaborative effort to provide care for underserved school children. With the essential support of school district and administrators, the day-to-day involvement of the school nurse, and the expertise provided by KUMC doctors, TeleKidcare has conducted thousands of acute care and mental health consults using the latest video technologies.

*For More Information:*

Dr. Eve-Lyn Nelson

enelson2@kumc.edu

[www2.kumc.edu/telemedicine/Programs/TKC.htm](http://www2.kumc.edu/telemedicine/Programs/TKC.htm)

# Other Programs in the News

The screenshot shows the top of a news article on the Internal Medicine News Digital Network website. The page title is "Internal Medicine News" with the subtitle "News and Views that Matter to Physicians". A search bar is visible in the top right. The article title is "ED Telepsychiatry Cuts Admissions, Saves Money at South Carolina Hospitals". The author is M. Alexander Otto. The article text describes a statewide telepsychiatry service in South Carolina that reduced emergency department stays and hospital admissions for over 6,000 mental health patients. It also mentions that the care was less expensive and that 25 hospitals are participating in the program. A "Major Finding" section states that telepsychiatry consults reduced hospital admissions for mental health patients from about 12% to 8% at 25 hospitals in South Carolina, and shortened emergency department stays from an average of four to three days. The article is dated 05/26/11 and has a rating of +1. There are social media share buttons and a printer-friendly link.

**Internal Medicine News** | digital network  
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## Mental Health

### ED Telepsychiatry Cuts Admissions, Saves Money at South Carolina Hospitals

By: M. ALEXANDER OTTO, Internal Medicine News Digital Network

05/26/11  
+1 0

FROM THE ANNUAL MEETING OF THE AMERICAN PSYCHIATRIC ASSOCIATION

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PRINTER FRIENDLY

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Click the rating bar to rate this item.

**VITALS**  
**Major Finding:**  
Telepsychiatry consults reduced hospital admissions for mental

HONOLULU – A statewide telepsychiatry consulting service in South Carolina shortened emergency department stays and reduced hospital admissions for more than 6,000 mental health patients. Those patients also used outpatient psychiatric services more, and their care was less expensive, said Dr. Stephanie R. Chapman at the annual meeting of the American Psychiatric Association.

Under the program, psychiatrists assess emergency department patients remotely via live video link. So far, 25 hospitals – none of which have readily available onsite psychiatric consulting services – are participating; the South Carolina Department of Mental Health plans to enroll 15 more within a year, according to Dr. Chapman, a psychiatry resident at the University of South Carolina, Columbia.

"In our state, we have so many mental health patients who are not receiving the care they need in the emergency room. A lot of facilities have no psychiatrists working in them. Someone has to drive in days later to see these patients," she said. "It's a big problem. That is why this was initially implemented" in March 2009, she said.

When telepsychiatry is called for, a video cart is rolled into the patient's room. At the other end of the feed is a psychiatrist in Charleston, Columbia, Aiken, or Greenville, S.C.

## Major Finding:

Telepsychiatry consults reduced hospital admissions for mental health patients from about 12% to 8% at 25 hospitals in South Carolina, and shortened emergency department stays from an average of four to three days.

## Data Source:

Outcomes data for more than 6,000 telepsychiatry patients and matched controls.

<http://www.internalmedicineneeds.com/news/mental-health/single-article/ed-telepsychiatry-cuts-admissions-saves-money-at-south-carolina-hospitals/1097cf7030.html>

# Technology



# Technologies Typically Employed for Telehealth

## Store and Forward Technologies:

- Email (*Note: Clinical Validation / Payor Reimbursement still open issues*)
- TeleHome technologies
  - Internet-based systems that use a personal computer
  - In-home communication and monitoring devices
  - Cellular technologies

*Telemental Health Guide – The Center for Eliminating Mental Health Disparities, University of Colorado at Denver*

# Technologies Typically Employed for Telehealth

## Most Commonly Associated: Live, Interactive Technologies

- Telephone (sometimes referred to as “POTS” for “Plain Old Telephone System)
- Video Teleconferencing (VTC)

*Telemental Health Guide – The Center for Eliminating Mental Health Disparities, University of Colorado at Denver*

# Administrative Concerns



# “Home Turf” – Local Implementation Considerations

## State by State Issues

- Potential Restrictions – Facility
- Potential Restrictions – Provider

# Payor Considerations

- Medicare will pay for a limited number of Part B services that are furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for a face-to-face, “hands on” encounter.

*Medicare Learning Network (MLN), Telehealth Services Factsheet,  
July 2009*



# Payor Considerations

- Medicaid reimbursement for telehealth services by psychologists is available in as many as 13 states: Alaska, Arizona, California, Colorado, Hawaii, Kansas, Maine, Michigan, Nebraska, North Carolina, Oklahoma, Utah, and Virginia.

*Reimbursement for Telehealth Services, by Legal & Regulatory Affairs  
Staff of the American Psychological Association Practice Organization  
March 31, 2011*

# Payor Considerations

- Legislation requiring private sector insurance companies to pay for telehealth services in: California, Colorado, Georgia, Hawaii, Kentucky, Louisiana, Maine, New Hampshire, Oklahoma, Oregon, Texas, and Virginia. While all of these states mandate coverage, not all require reimbursement rates on par with rates for face-to-face services.

*Reimbursement for Telehealth Services, by Legal & Regulatory Affairs  
Staff of the American Psychological Association Practice Organization  
March 31, 2011*

# Getting Started



# Getting Started

## Needs Assessment:

- Legal Environment
- Local area challenges
- Provider availability
- Patient perspective / acceptance
- Technology
- Project Management
- Financial
- Billing

# Site / Patient Readiness Assessment

*A thorough evaluation of needs at a particular site is critical:*

- Consider the patient's clinical needs
- Potential benefits
- Potential costs
- What clinical support is available at the patient's site?
- What is the availability of follow-up care?

*The National Center for PTSD,  
[www.ptsd.va.gov/professional/pages/ptsd-telemental.asp](http://www.ptsd.va.gov/professional/pages/ptsd-telemental.asp)  
accessed 10/12/2011*

# Criteria for Success

Criteria for success
1) Local health care service delivery problem is clearly stated An effort is made to describe the local health-related challenges that the technology is intended to solve
2) Telemedicine is recognized as a benefit A telemedical application is seen as a potential solution to the challenge (cf. Criterion 1)
3) Telemedicine is seen as a solution to medical and/or political issues Equal access to health care is often a major concern, justifying the implementation of telemedicine
4) There is collaboration between promoters and users Successful implementation depends on teamwork, involving the initiators of the technology as well as the managers, clinicians, and patients
5) Issues regarding organisational and technical arrangements are addressed Successful implementations are often characterised by a sound anchoring in established organisations and technical structures, or by the establishment of new structures
6) The future operation of the service is considered Plans for future use and for future financing are important to success

*Recommendations:*  
As with all advanced Health Information Technology projects, time spent in assessing, planning, and gaining local buy-in (especially from Clinician Champions and clients) is key to success.

*Criteria for success of telemedical applications. Obstfelder et al. Implementation Science 2007 2:25 doi:10.1186/1748-5908-2-25*

# Potential Funding Sources

## ***Health Resources & Services Administration***

*([hrsa.gov/grants](http://hrsa.gov/grants))*

- ***Deadline – 10/31/2011: Rural Health Network Development Planning Grant***
- ***Deadline Anticipated December 2011: Telehealth Network Grant Program***

## ***U S Department of Agriculture***

*([rurdev.usda.gov/UTP\\_DLT.html](http://rurdev.usda.gov/UTP_DLT.html))*

- ***Deadline Anticipated Spring 2012: RUS Distance Learning & Telemedicine***

# RESOURCES FOR FURTHER INFORMATION

*American Telemedicine Association*

[www.americantelemed.org](http://www.americantelemed.org)

*Telemental Health Guide, University of Colorado (Denver)*

[www.tmhguide.org](http://www.tmhguide.org)

*The Telehealth Technology Assessment Center of the Alaska Native Tribal Health Consortium (ANTHC)*

[www.telehealthtac.org](http://www.telehealthtac.org)

*The National Center for PTSD*

[www.ptsd.va.gov](http://www.ptsd.va.gov)

*TeleMental Health Institute, Inc. (Training Webinars / Consulting)*

[www.TeleMentalHealth.com](http://www.TeleMentalHealth.com)



# Questions?



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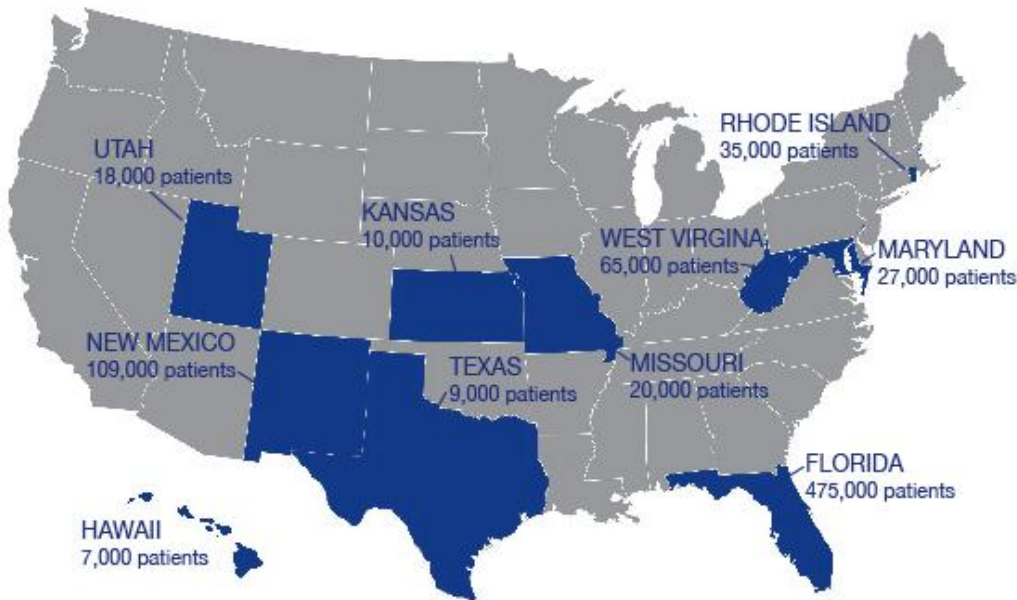
***Connecting for Care***

***SOUTH FLORIDA REGIONAL EXTENSION CENTER<sup>®</sup>***

[www.southfloridarec.org](http://www.southfloridarec.org)

# Our Footprint

- HCCN - Member Center CEOs serve as Board of Directors
- 41 member centers in 10 states (FL, HI, KS, MD, MO, NM, RI, TX, UT, WV)
- Approximately 800,000 patients
- Covering Priority Primary Care Providers (PPCP) in Miami-Dade, Broward, Monroe, Martin, Palm Beach, Indian River, Okeechobee, and St. Lucie Counties
- Provider Goal = 2,500



# HCN Health Information Technology Services

- **Electronic Health Record**
  - Medical / Dental / Behavioral
  - Custom Provider Templates
  - School Based Dental
  - School Based Medical
  - Document Imaging
  - Voice Recognition
  - CCD
- **Network Administration**
  - Hosting Services
  - Back office / Email Support
  - Disaster Preparedness
  - Infrastructure Design (LAN/WAN)
  - Web Design/Mgmt
- **Implementations and Training**
  - Project/Change Management
  - Training and Staff Development
  - Best Practices Matrix
  - Reimbursement Coordination
- **Support Services**
  - 24hr Service Desk (Hardware/Software)
  - Project Management
  - Vendor Escalation
  - BETA Testing
- **Business Intelligence**
  - Meaningful Use Reporting
  - Clinical Reporting
  - Fiscal Reports (Black Book)
  - Web based Reporting Tools
  - Practice Management Support





# **O-health information**

TECHNOLOGY EXTENSION CENTER

Oregon's Regional Extension Center



*Headquartered in Portland, Oregon, OCHIN is a national non-profit collaborative, currently comprised of 42 organizations across seven states representing over 400 clinics and over 2,000 providers. With the ultimate goal of transforming health care in the United States, OCHIN provides integrated HIT software products and a wide variety of services, training and education to community health clinics, mental health services and small practices serving the medically underserved.*

[www.ochin.org](http://www.ochin.org)

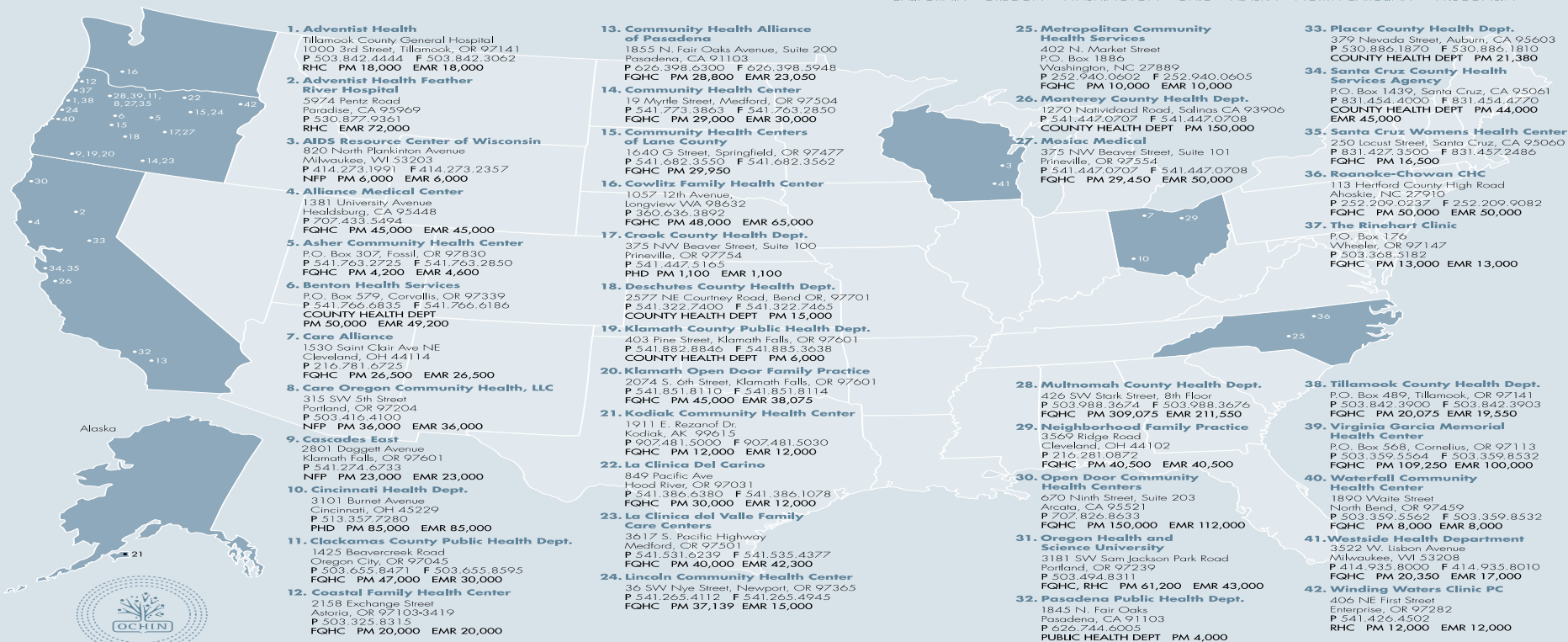


# Who We Are

- 501c(3) Collaborative Health Center Controlled Network
- 51% of Board Members are Community Health Center Executives
- 42 member organizations, over 400 individual clinics & 2000 providers
- 1M patients, 2.140M Practice Management & 1.712M Electronic Health Record annual visits

## The OCHIN Collaborative

CALIFORNIA • OREGON • WASHINGTON • OHIO • ALASKA • NORTH CAROLINA • WISCONSIN







# OCHIN PRODUCTS AND SERVICES

- **Practice Management**
  - ✓ Scanning solutions
  - ✓ FQHC customizations
  - ✓ Special and community Library Reports
  - ✓ Flexible build and configuration
  - ✓ Automated patient notifications
  - ✓ Revenue cycle management
- **Electronic Health Record**
  - ✓ Integrated community health record-medical, dental, behavioral health, school-based clinics
  - ✓ E-prescribing
  - ✓ Decision support tools
  - ✓ Case/care management tools
  - ✓ Integrated lab interfaces
  - ✓ Advanced role based security
  - ✓ Voice recognition
  - ✓ Reporting and benchmarking tools
  - ✓ Document management
  - ✓ Continuity of Care Record (CCD)
  - ✓ Patient Personal Health Record (PHR)
- **Implementation, Training and Products**
  - ✓ Project management
  - ✓ Information systems implementation
  - ✓ Network design
  - ✓ HIT integration & interoperability
  - ✓ Billing and revenue cycle management
  - ✓ Staff PM/EHR training
  - ✓ Web-based training modules
- **Support**
  - ✓ Project Management
  - ✓ 24/7 service desk
  - ✓ Advisory and consulting services
  - ✓ Meaningful Use reporting tools
  - ✓ Clinical reporting tools
  - ✓ Specialty build for grant
  - ✓ Vendor escalation
- **Practice Based Research Network**
  - ✓ Safety Net clinical research & clinical collaboration opportunities

*Community Health Centers*

# ALLIANCE

[www.CHCAlliance.org](http://www.CHCAlliance.org)

Health Center Controlled Network

Est. 1999



**AHIT**  
— THE CENTER FOR THE —  
ADVANCEMENT of HEALTH IT

[www.AdvanceHealthIT.org](http://www.AdvanceHealthIT.org)

Regional Extension Center

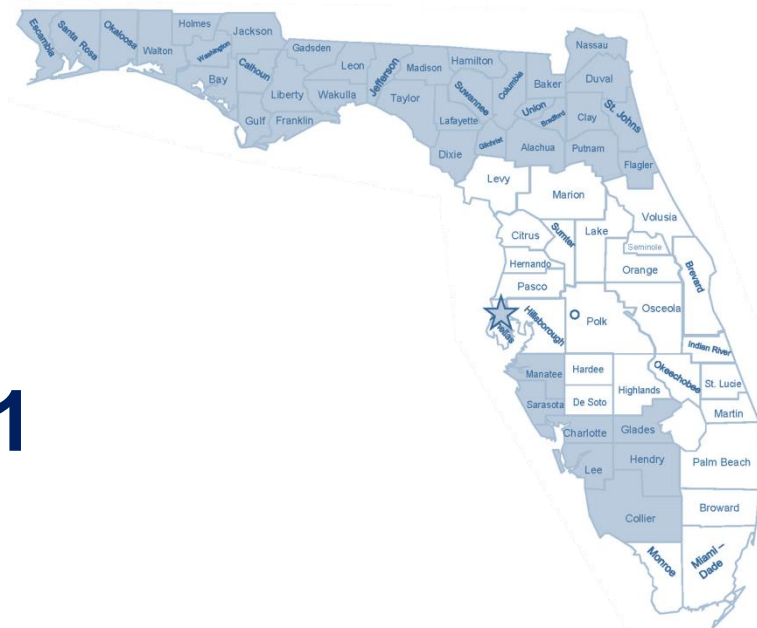
Est. 2010

### Core Health Information Technology Offerings

- ▶ **Practice Management System** *(including Practice Analytics)*
- ▶ **Electronic Health Records**  
*(240,000+ Patient Records)*
  - ▶ ePrescribe
  - ▶ Lab Orders / Results
  - ▶ Specialty Provider Referrals
  - ▶ Quality Reporting
- ▶ **Electronic Oral Health Records**  
*(including Digital Imaging)*

### Professional Services

- ▶ **Project Management / Implementation Support**
  - ▶ Leadership and task level monitoring
  - ▶ End to end project / system design
  - ▶ Workflow / Process Consideration
  - ▶ On-site Go-Live Choreography
- ▶ **Training**
  - ▶ Modalities matched to provider / end user needs, including classroom, coaching, and web-based tools
  - ▶ Competency exams
- ▶ **Report Writing / Administration**
  - ▶ Custom QA/QI, Peer Review, and Operations reporting
  - ▶ Meaningful Use – Workflows, Provider-level detail, and gap analysis
- ▶ **EHR Development / Enhancement**
  - ▶ Clinical Committee directed
  - ▶ Interface management to support HIE and other functionality to the provider desktop
- ▶ **Technical Assistance & Support**
  - ▶ Help Desk processes more than 7,000 requests annually; fewer than 5% escalated to vendors
  - ▶ 24x7 System Availability
- ▶ **Tier 1 Data Center Partner**
  - ▶ Server Redundancy
  - ▶ Privacy / Security Monitoring & Management
  - ▶ 24x7 Server Monitoring / Network Administration



## Service Area Counties: 41

### Provider Goal: 2,026

- Education and Trusted Resource for Latest Information
- Best Practices Dissemination
- System selection assistance
- System implementation support
- Technical assistance
- Privacy and security best practices
- Workflow redesign
- Clinical outcomes reporting / data integrity
- Federal regulations navigation
- “Meaningful Use” education, application, and attainment
- Education and assistance in achieving eligibility for CMS EHR Adoption Incentive Program funding (*Designed to help overcome the financial barrier to EHR adoption*)