

# Tele-Behavioral Health: Successful strategies and planning for the future

**Melody McKee, MS, SUDP**

*Program Director*

*Behavioral Health Training, Workforce, & Policy Innovation Center*

*Harborview Medical Center – Behavioral Health Institute*

**Cara Towle, MSN RN, MA**

*Associate Director, Telepsychiatry*

*Department of Psychiatry and Behavioral Sciences*

*University of Washington School of Medicine*

**Bradford Felker MD**

*Senior Telemental Health Consultant VA Puget Sound*

*Senior Consultant Behavioral Health Institute*

*Professor, Department of Psychiatry and Behavioral Sciences*

*University of Washington School of Medicine*

BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW  
MEDICAL CENTER

UW Medicine  King County

# Overview

- Harborview Medical Center's Behavioral Health Institute (BHI)
- Behavioral Health Training, Workforce and Policy Innovation Center (BHTWPC)
  - Purpose: support community-based behavioral health providers
  - HCA support/collaboration + coalition of partners
- Pandemic → TeleBehavioral Health Training and Support

# Goals for this presentation

- In order to make relevant recommendations for program development post-COVID, it is important to understand where programs and providers were prior to COVID and to understand the needs of clients, administrators, and providers going forward.
- Review the motivation for developing training sessions provided by BHI.
- Review the core components of this training which are fundamental to providing quality Tele-Behavioral Health care.
- Review these core components as building blocks for new program development in the Post-COVID era.
- Review new challenges for Tele-Behavioral Health programs going forward.
- Foster a discussion on these challenges.

# Formal Learning Objectives:

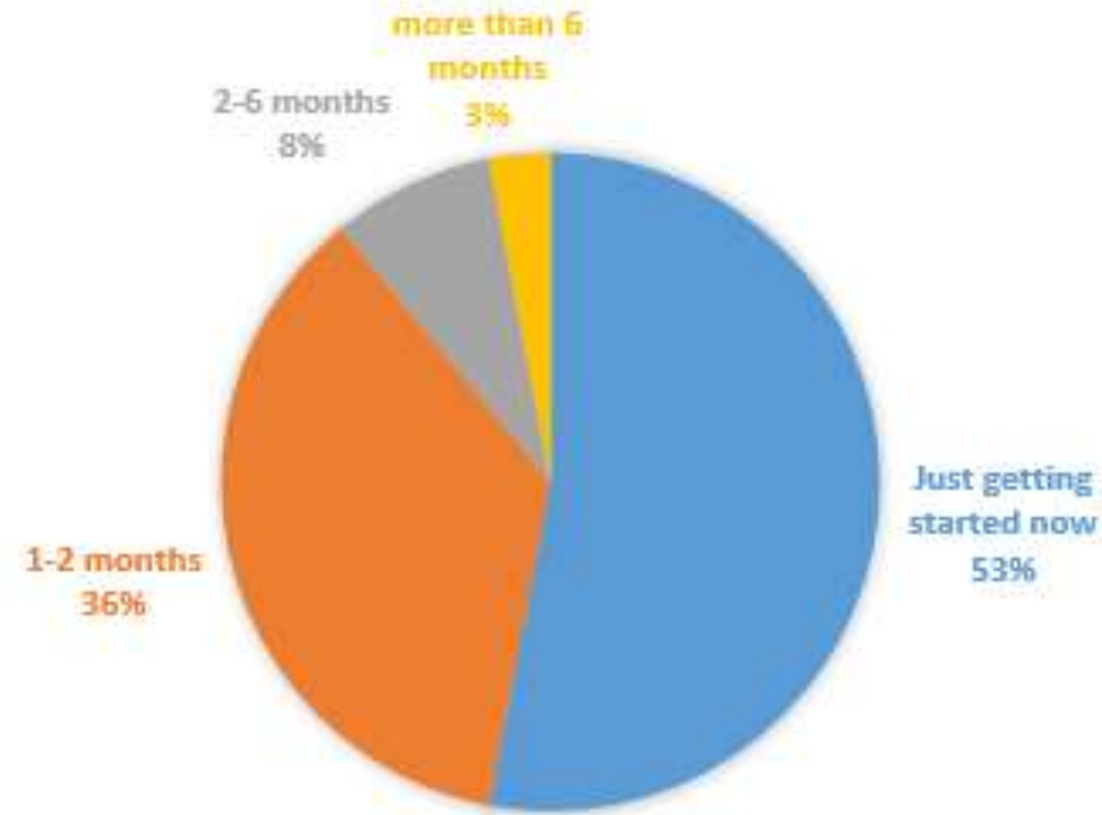
At the completion of this workshop, participants will be able to:

1. Describe 3 regulatory issues that impact the delivery of telehealth services.
2. Name at least 3 core components of a successful telebehavioral health program.
3. Name 3 benefits of telebehavioral health.
4. Name 3 challenges of telebehavioral health.

# Telehealth Training Series, Spring 2020: Evaluation Results

SESSION #1: APRIL 22, 2020

"HOW LONG HAVE YOU BEEN DOING TELEHEALTH?"



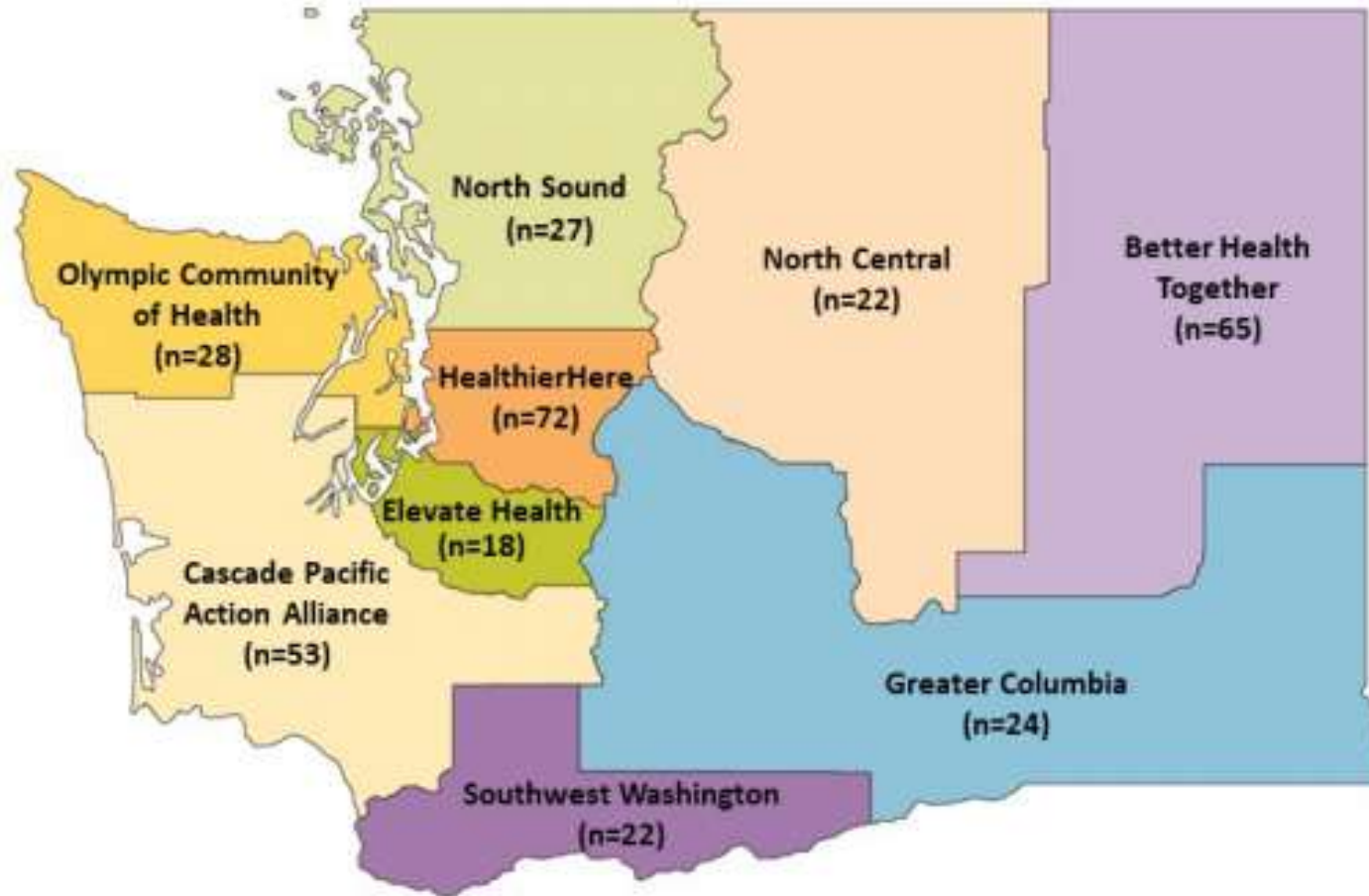
# Telehealth Training Series, Spring 2020: Evaluation Results

## Further Training Needed:

- Engaging patients over telehealth
- Telehealth with:
  - Youth
  - Groups
  - SUD patients
- Telehealth among:
  - Low-income communities
  - Rural communities
  - Vulnerable communities
- Billing & Reimbursement
- Zoom & other telehealth platforms
- HIPAA compliance & privacy over telehealth
- Licensure
- Legal and regulatory issues/telehealth restrictions
- Best practices for telehealth: consenting, frequency of appointments, documentation
- Expectations for telehealth after COVID-19

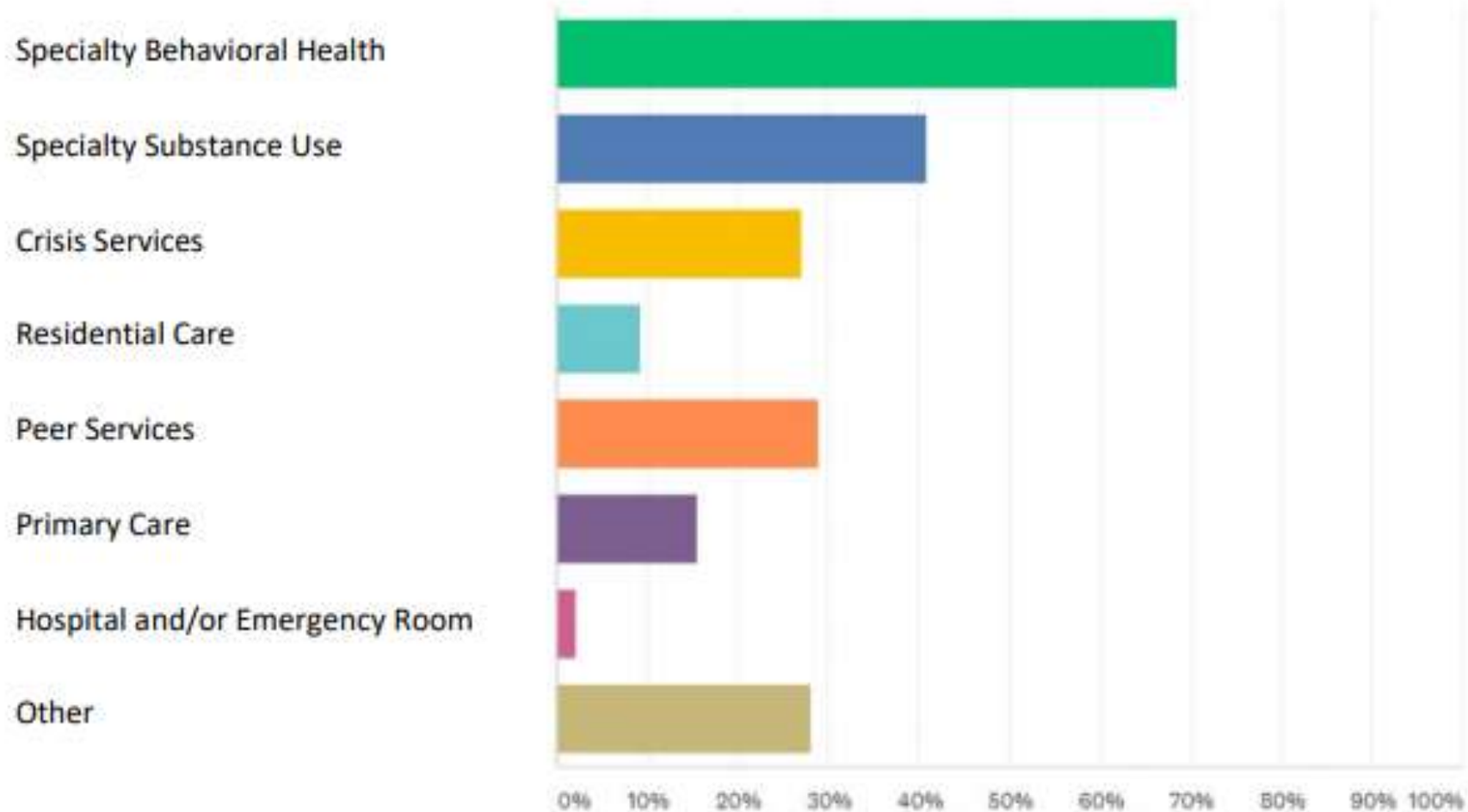
# Telehealth Provider Survey, Spring 2020

*Telehealth Needs Assessment Survey – Statewide Distribution of Responses (n = Responses)*



# Telehealth Provider Survey, Spring 2020

## *Service Organization by Type*





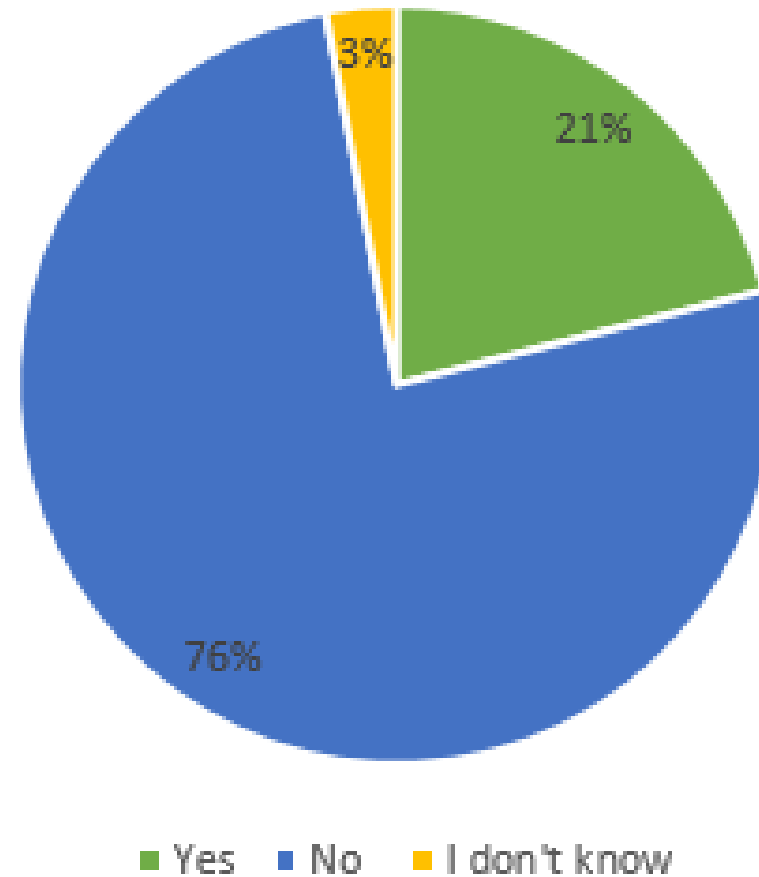
# Telehealth Provider Survey, Spring 2020

**What title best describes your role at your organization?**



# Telehealth Provider Survey, Spring 2020

**Was your organization using telehealth prior to the pandemic?**



# Telehealth Provider Survey, Spring 2020

## Suggestions/requests for telehealth training, resources & assistance:

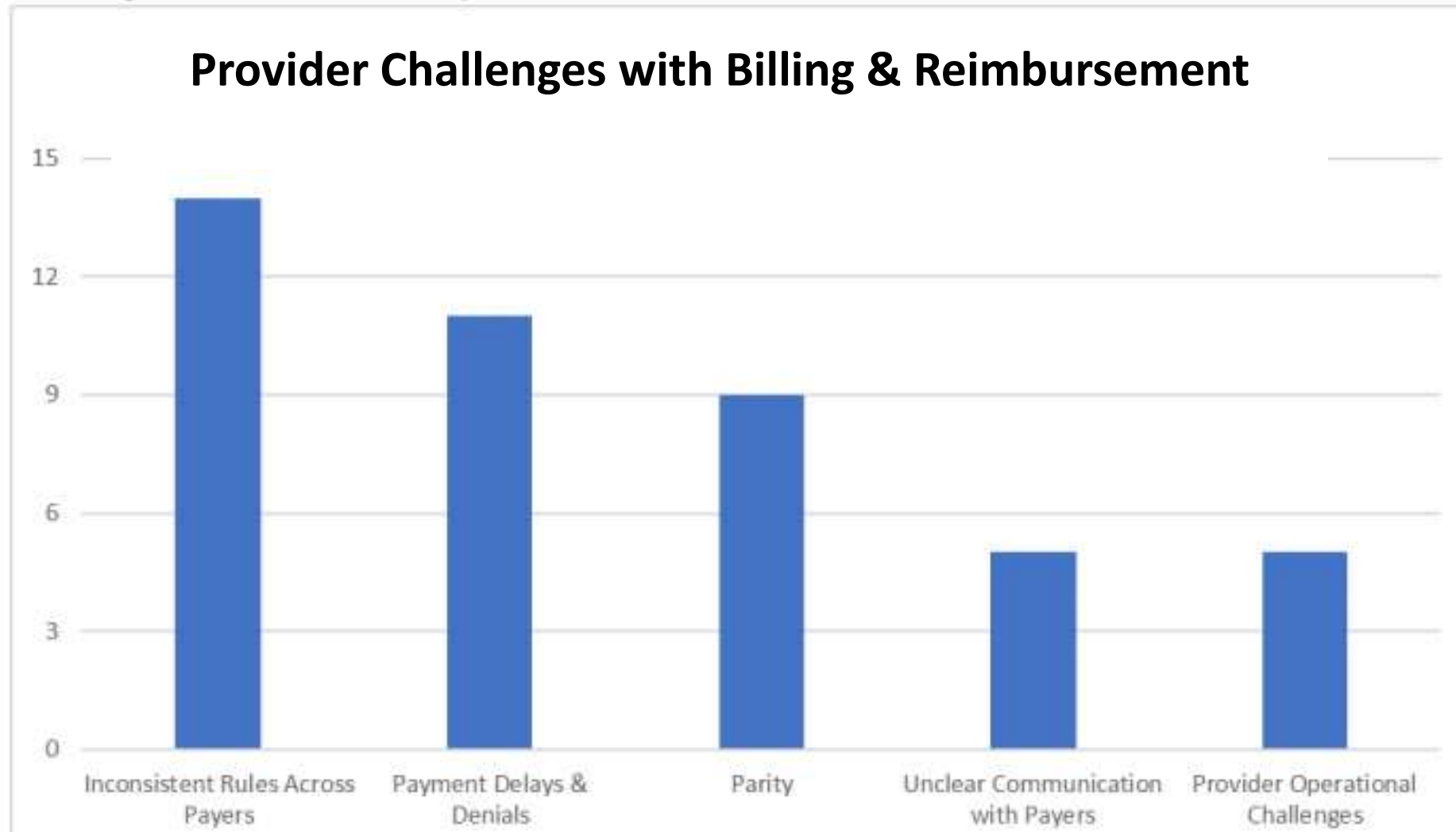
### Clinical Topics

- Provider (general telehealth) training
- Client resources
- Supporting intakes and check-ins
- Client engagement techniques
- Delivering individual and group therapy
- Managing boundaries
- Providing coping strategies
- Increasing therapeutic value for clients
- Ensuring/arranging for privacy during telehealth encounter
- Telehealth with non-English speaking patients
- Telehealth for special patient populations:
  - Children
  - Adolescents
  - Young adults
  - Persons experiencing homelessness
  - Couples/Families
  - Non-English Speakers

### Technical / Financial Topics

- Provider (general) technical assistance
- 'Plain Language' resource materials
- Obtaining telehealth consent
- Billing support
- Financial support to offset the cost of shifting to telehealth
- Documenting telehealth services
- Telehealth and electronic medical records
- Establishing new workflows
- Using electronic forms
- Guidance on HIPAA/42 CFR Part 2
- Need for interpretive services

# Telehealth Provider Survey, Spring 2020



# Motivation for creating these trainings

- What was created and why:
  - Feedback from the field was that community mental health providers were challenged in knowing how to complete a quality Tele-Behavioral Health encounter. “We are kinda-sorta doing it?”
    - Administrative concerns
    - Equipment concerns
    - Workflow concerns
    - Netiquette concerns
    - Professional standard concerns
    - Safety concerns
  - 101 series goal was to provide foundational Tele-Behavioral knowledge to complete quality safe encounters.

# TELEBEHAVIORAL HEALTH 101

- **6-module Online Self-Study\***

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

Or....

- **6-session Interactive Webinar**

Jan 8 – Feb 26, 2021

- Introduction to TeleBehavioral Health and Policy Overview\*
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth

**\*Session 1 will meet the requirements for telehealth training as established by Washington SB6061, effective January 2021. A certificate will be issued for each module completed.**

Also accredited for CME and CEUs by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists and Licensed Mental Health Counselors.

# BHI Tele-Behavioral Health 101 Series:

- Introduction to TeleBehavioral Health and Policy Overview
  - Common Definitions and terminology used when providing Tele-Behavioral Health.
  - Current Telemedicine billing and reimbursement policies pre- and post-COVID, overview.
  - Basic information on licensure, C&P, prescribing, and relevant polices necessary for providing tele-behavioral health in WA State.
  - Completion of course qualified for WA SSB 6061 certification.
- Getting started: Facts & Myths, and Security & Privacy
  - Tele-Behavioral Health history and literature Review.
  - Review of HIPPA approved platforms
  - Addressing privacy, confidentiality, and Telehealth 42 Code of Federal Regulations, Informed Consent
  - Key elements when choosing a platform to assure privacy, HIPPA, and security

# BHI Tele-Behavioral Health 101 Series:

- Digital Health Do's & Don't's, Workflows, and Safety planning
  - Setting up a professional office.
  - Tele-Behavioral Health Workflow considerations.
  - Setting up the client for a professional virtual session.
  - Safety planning when delivering care to another clinic vs. to home.
  - Use of Safety planning templates and e-911.
- Billing and Reimbursement for TeleBehavioral Health
  - More detailed description on reimbursement funding and criteria.
  - Distinguish which types of telehealth services are eligible for reimbursement.
  - Identify main modifiers and other codes used to indicate telehealth service.
  - Identify resources for policy updates.



# BHI Tele-Behavioral Health 101 Series:

- Clinical Engagement over Telehealth
  - More advanced Netiquette tips
  - Developing trust and rapport
  - Instructional videos
- Clinical Supervision in Telehealth
  - Define Telesupervision
  - Brief Literature review on Telesupervision
  - Define ACGME levels of supervision and how they apply to Telehealth
  - How to adapt core elements of supervision into providing Telesupervision

# TELEBEHAVIORAL HEALTH 201 SERIES

Monthly series: 3<sup>rd</sup> Friday of each month, 11am-12pm PST:

- 10/23/20 – TELEHEALTH POLICY – THE CHANGING FEDERAL AND STATE LANDSCAPE
- 11/20/20 – PREPARING PATIENTS & TECHNOLOGY for TELEHEALTH
- 12/18/20 – DOING GROUPS over TELEHEALTH
- 01/15/21 – MOBILE HEALTH (mHEALTH) FOR SERIOUS MENTAL ILLNESS
- 02/19/21 – PROVIDER SELF-CARE & WELLNESS in the ERA of TELEHEALTH and COVID
- 03/19/21 – BEHAVIORAL HEALTH APPS
- 04/16/21 – CHILDREN and TELEBEHAVIORAL HEALTH
- 05/21/21 – APPLYING TELEHEALTH to SUD TREATMENT in COMMUNITY-BASED SETTINGS
- 06/18/21 – CULTURAL COMPETENCE & HUMILITY in TELEBEHAVIORAL HEALTH
- 07/16/21 – APPLYING TELEHEALTH to MEASUREMENT-BASED CARE
- 08/20/21 – SUICIDE RISK ASSESSMENT over TELEHEALTH
- 09/17/21 – COUPLES & FAMILY THERAPY over TELEHEALTH

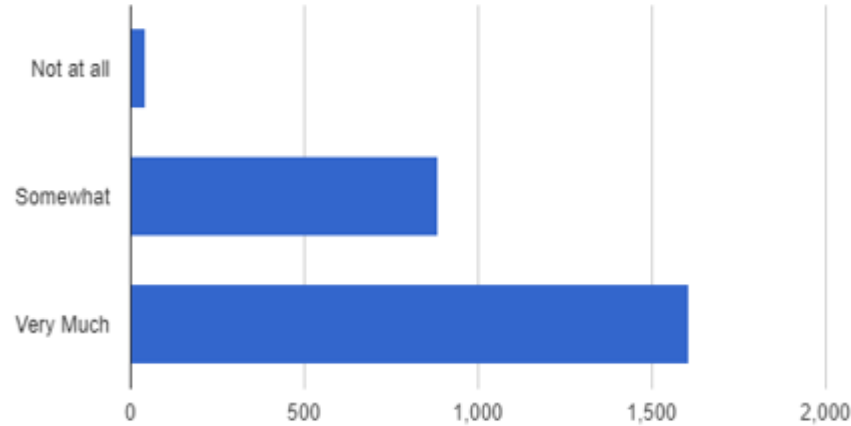
Register at: [https://uw-phi.zoom.us/webinar/register/WN\\_6GBzJWGXR6yNM9N\\_fRIjA](https://uw-phi.zoom.us/webinar/register/WN_6GBzJWGXR6yNM9N_fRIjA)

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH SESSION ATTENDED

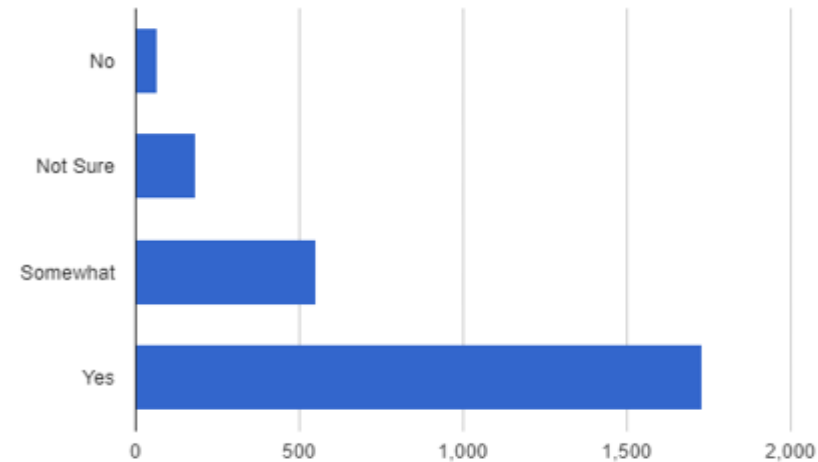
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# BHI Tele-Behavioral Health 101 and 201 Data

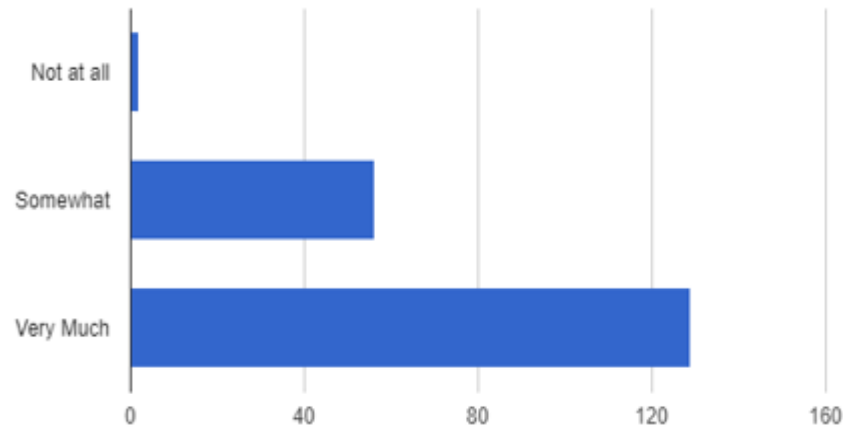
**101 Series: Was today's content relevant to my practice?**



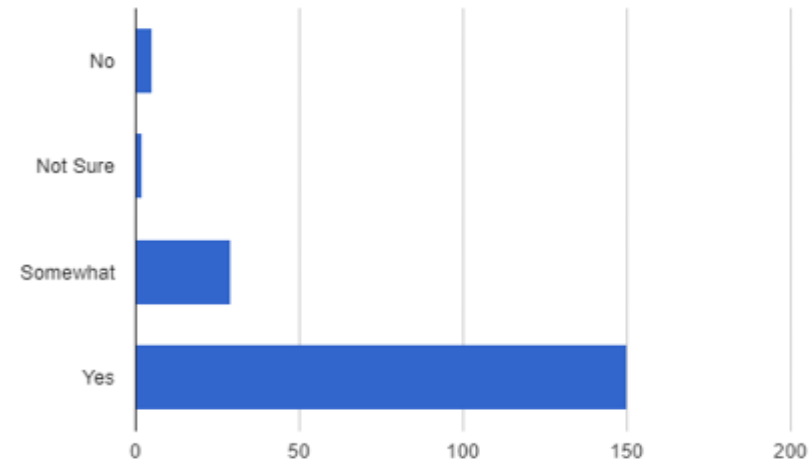
**101 Series: I would recommend this session to my colleagues.**



**201 Series: Was today's content relevant to my practice?**

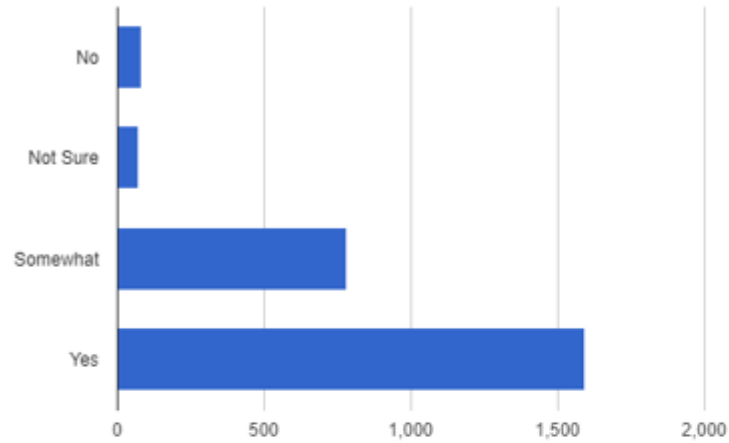


**201 Series: I would recommend this session to my colleagues.**

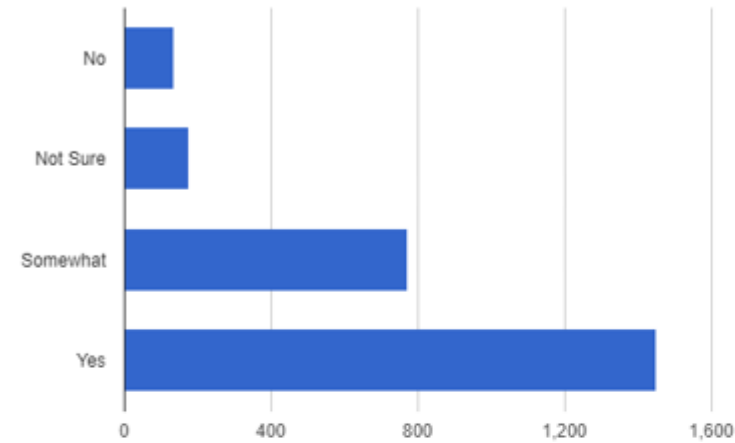


# BHI Tele-Behavioral Health 101 and 201 Data

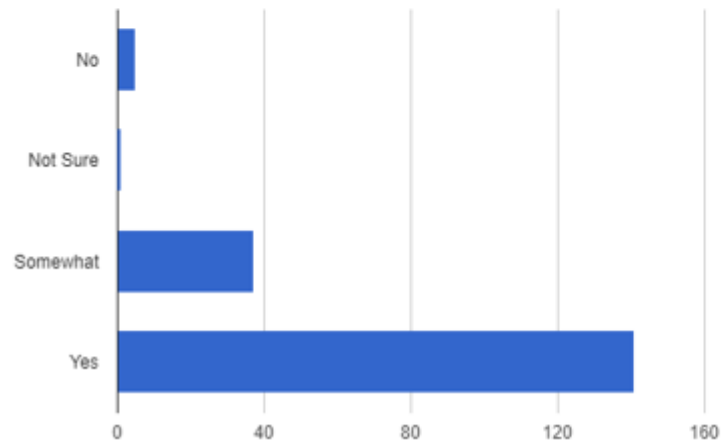
**101 Series: The information presented in this educational activity enhanced my current knowledge.**



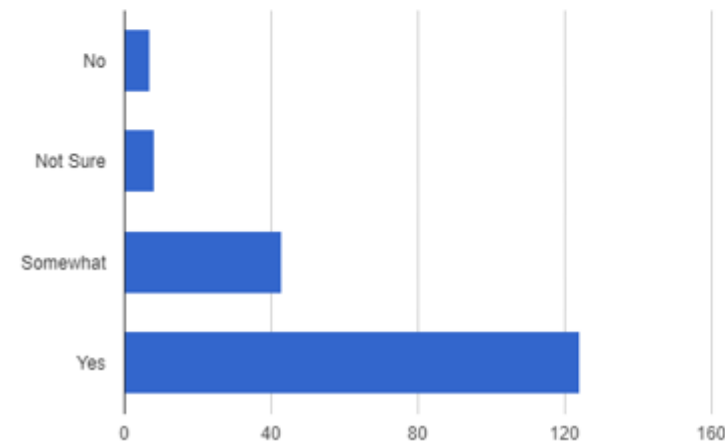
**101 Series: The information presented in this educational activity provided new ideas or information I expect to use.**



**201 Series: The information presented in this educational activity enhanced my current knowledge.**



**201 Series: The information presented in this educational activity provided new ideas or information I expect to use.**



# Future Tele-Behavioral Health Planning

Think we have the answers?

Sorry...

- Considerations for the future:
  - Mixed Hybrid Models are the future for the vast amount of mental health care that would be provided.
  - Legal & Regulatory Issues
  - Barriers and facilitators perspective
    - Clients
    - Administrative/Institutional
    - Providers

# TELEMEDICINE BILLING & REIMBURSEMENT - CMS

## CMS before COVID ....during COVID

- Specified ~100 CPT/HCPCs codes... now 240+
- FQHCs & RHCs excluded as distant sites... now allowed
- Specified providers...
- Patient location/originating site:
  - ~~Specified clinical sites... now includes patient home~~
  - Required federally defined rural location
  - Originating (patient) site fee; facility fee
- Payment parity

Physicians  
Nurse practitioners  
Physician assistants  
Nurse midwives  
Clinical nurse specialists  
Certified nurse anesthetists  
Clinical psychologists  
Clinical social workers  
Registered dietitians/  
Nutrition professionals

ST, OT, PT....all providers  
eligible to bill Medicare

# TELEHEALTH: LEGAL & REGULATORY

- **Licensure** – based on where the patient sits at the time of health care appointment
- **Malpractice** - policy valid in state where patient is located; covers telemedicine.
- **Credentialing & Privileging** - provider (distant) site & patient (originating) site
- **Ryan Haight Act** - changes re in-person visit requirement
- **Telemedicine Consent Requirements** - best practice
- **HIPAA** - federal & state requirements
- **Stark Law & Anti-kickback Statutes** - protect patients from unnecessary services or inappropriate referral for services.

Each state has telehealth policies, as well as PHE waivers/relaxations!

# WASHINGTON STATE TELEHEALTH/TELEMEDICINE LEGISLATION

- **2015 - SB 5175** Coverage parity; defined telemedicine (WAC 182-531-1730); excludes “home”; no rural requirements; no specified provider types; includes S&F; allows credential-by-proxy
- **2016 - SB 6519** Includes “home” as originating site; WS Telehealth Collaborative
- **2017 - SB 5436** “Home” definition
- **2020 - SB6061** – Effective 1-1-2021, a health care professional who provides clinical telemedicine services, other than an MD or DO, shall complete a telemedicine training.
- **2020 - SB5385** - Payment parity Effective ~~1/1/2021~~....immediately.
- **2021 - HB1196** – Payment parity for audio-only telemedicine services with established patients. Must obtain patient consent. Not email or fax, or audio-only services that are not customarily billed. Extends WSTC through 2023.
- **2021 - SB5423** - Concerning telemedicine consultation:



# WASHINGTON STATE TELEHEALTH/TELEMEDICINE LEGISLATION

- Telemedicine definition
  - HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward (S&F) technology
  - within scope of practice
  - to a client at a site other than the site where the provider is located
  - S&F requires an associated office visit between the patient and the referring health care provider
- Payment parity
- Provider must be licensed in WA
- Allows for payment of the originating site fee – not if patient is at “home”
- Did not include audio-only telephone, fax, or email...add telephone to definition of telemedicine?

# Future Tele-Behavioral Health Planning Clients:

- Facilitators

- Prefer easy access
- Improved access to specialists
- Prefer flexibility
- Works with their schedule
- Improved comfort
- Reduced transport/travel costs

- Barriers

- Access to internet
- Access to equipment
- Educational level
- Cultural differences
- Technology failures
- Education on how to use equipment
- Trust

# Future Tele-Behavioral Health Planning Administration/Institutional:

- Facilitators

- Improved access
- Improved workload
- Fewer no-shows
- Less facility costs
- Possible savings over time using telehealth
- Improved recruitment and retainment of quality providers
- Improved metrics related to quality of care
- “Right care, right place, right time”

- Barriers

- Cost of implementation
- Infrastructure cost
- Tech support cost
- Educational programs to include implementation and cost
- Reimbursement
- Keeping up with policy changes
- Medical/Legal considerations
- Defining quality providers
- Credentialing and privileging

# Future Tele-Behavioral Health Planning Providers:

- Facilitators

- Prefer easy access
- Improved access to specialists
- Decreased no-shows
- Prefer flexibility
- Telework
- Able to integrate new modalities
- Safety
- Capabilities for multidisciplinary care teams
- Better assess patient's home environment

- Barriers

- Technology failure and support
- Achieving competency in use of digital platforms
- Keeping up with changes in digital health
- Documentation
- Keeping up with policy and billing changes
- Medical/Legal considerations
- Maintaining license and privileges
- Maintaining professional standards
- Maintaining Community of Practice
- Safety of client

# Considerations for the future: Digital Modalities

- Clinical Video-Conferencing is SO last year...
- Beyond what we just discussed in terms of Barriers and Facilitators for Video Teleconferencing, what about implementation of new technologies?
- Will need to start thinking how to integrate and master the following digital modalities:
  - “Digital front door” (*meaning patient portals, self-scheduling, etc.*)
  - Web-based training
  - Texting
  - Sensors
  - Data-base management
  - Artificial Intelligence
- For Example...

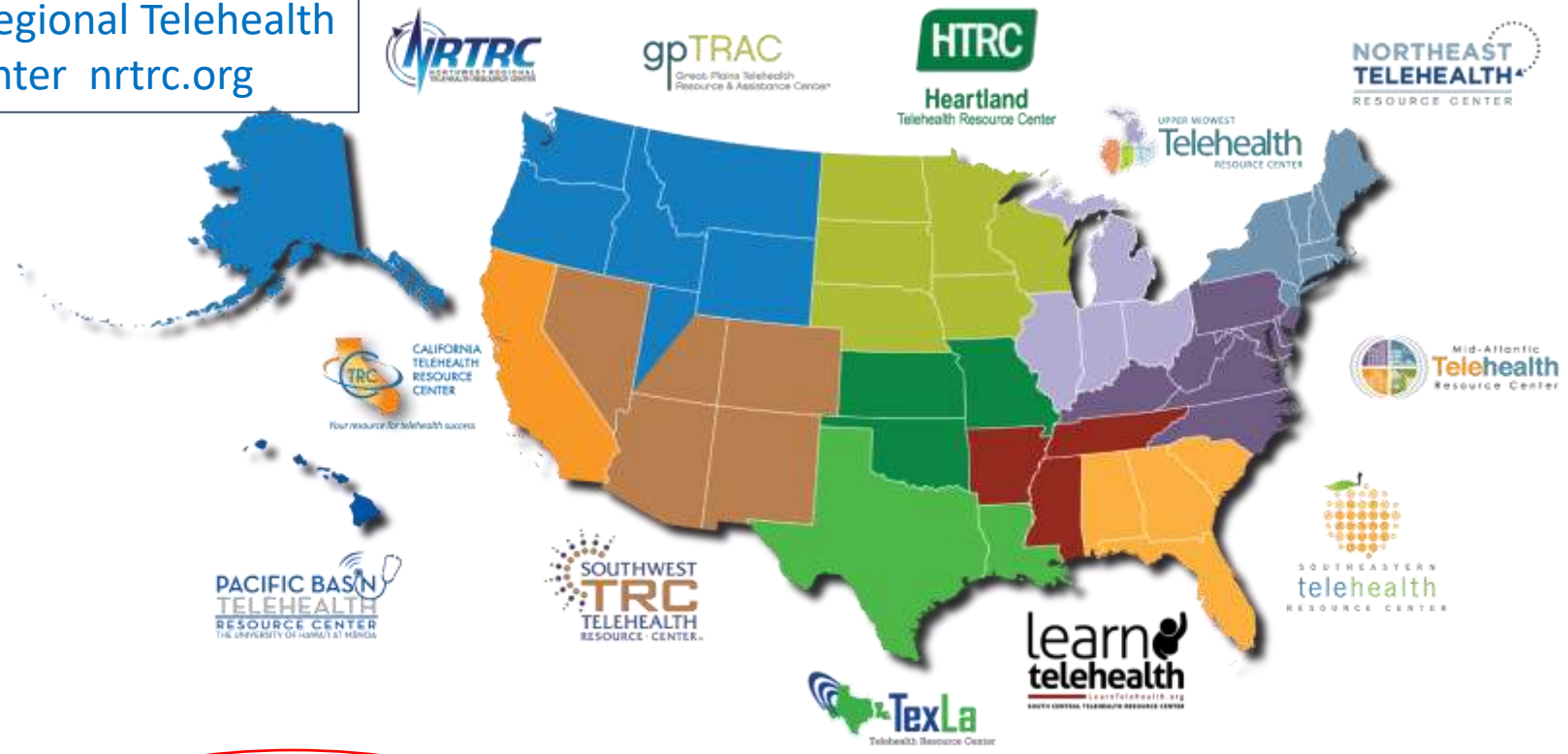
# Discussion:

- What do you see as challenges to providing Tele-Behavioral Health care Post-COVID?
- What are you doing to address these barriers?
- Share your concerns and plans?

# TELEHEALTH/TELEMEDICINE RESOURCES

## TelehealthResourceCenters.org

Northwest Regional Telehealth Resource Center [nrtrc.org](http://nrtrc.org)



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC
12 Regional Resource Centers		