Using Telehealth to Support Mental Health During COVID-19

July 21, 2020
Welcome and Introduction to the Webinar

Mei Wa Kwong, JD
Executive Director
Center for Connected Health Policy
About the California Telehealth Policy Coalition

CALIFORNIA TELEHEALTH POLICY COALITION

In 2011 when AB 415, the Telehealth Advancement Act, was winding its way through the legislative process, an ad hoc group of statewide organizations supporting the bill formed. Including such groups as the California Primary Care Association, the California Hospital Association and the California Rural Health Association, these groups met in meetings convened by CCHP in order to be apprised of any developments around AB 415 and share information with each other.

With the successful passage of AB 415, the group continued to meet and eventually formed into the California Telehealth Policy Coalition. From a handful of organizations, the membership has grown to include over eighty-five entities that include consumer groups, medical systems, payers, providers, technology representatives and others. CCHP continues to act as the convener of the Coalition and hosts monthly conference calls with continued support from the California Health Care Foundation in this work.

Please visit our website for more information or if you are interested in joining.
https://www.cchpca.org/about/projects/california-telehealth-policy-coalition
Educate stakeholders on how telehealth can be used for mental health during COVID-19

- **Provide an overview of policy** supporting the payment and care delivery of tele-mental health during COVID-19
- **Share provider perspectives** on how telehealth can facilitate care delivery
- **Increase attendee interest** in using telehealth to meet patient, health plan member and other constituent needs
- **Enhance attendee knowledge** of telehealth modalities, use cases, and key considerations during COVID-19
Agenda and preliminary announcements

Welcome and Policy Overview
• Mei Wa Kwong, JD, Executive Director, CCHP

Provider Perspectives
• Dr. Tonya Wood, PhD, President, California Psychological Association
• Dr. Denise Gordon, Psy.D., Department Chairs, Behavioral Health, Borrego Health

Facilitated Question and Answer
• Timi Leslie, Founder and President, BluePath Health

Attendees will remain muted during the webinar.

Please submit any questions you have during the webinar in the Q&A box, not the chat box.
Coalition fact sheets on telehealth

Fact sheets are available on our website.

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Many thanks to the sponsors of today’s webinar
What telehealth is, and how it can improve care

**Increase Access to Specialists**
*Patient – Specialist*

- **Synchronous (Live)**
  - **Live Video**
    - Live, two-way video between patient with remote PCP and tele-specialist

- **Asynchronous**
  - **Store and Forward**
    - Transmission of history and images to specialist for diagnosis and treatment

**Improve Patient-Centered Care**
*Patient – PCP*

- **Synchronous (Live)**
  - **Direct to Consumer**
    - Live, two-way video between patient and generalist or PCP

**Reduce Specialty Referrals**
*PCP – Specialist*

- **Synchronous (Live)**
  - **Distance Learning**
    - Videoconference-enabled training of PCPs by specialists

- **Asynchronous**
  - **Remote Patient Monitoring**
    - Remote monitoring of patient with video and peripheral devices

  - **E-Consult**
    - Electronic message exchange, including clinical question and related patient information
Using Telehealth to Support Mental Health During COVID-19

CALIFORNIA TELEHEALTH POLICY COALITION

July 21, 2020

Mei Wa Kwong, JD, 
Executive Director, CCHP

CENTER FOR CONNECTED HEALTH POLICY (CCHP)
is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.
DISCLAIMERS

• Any information provided in today’s talk is not to be regarded as legal advice. Today’s talk is purely for informational purposes.
• Always consult with legal counsel.
• CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

Search by Category & Topic

Medicaid Reimbursement
- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement
- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety
- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

Information updated through February 2020
CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition
NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org
COVID-19 has changed the landscape for telehealth dramatically.
Brief timeline of some of the changes made in telehealth policy in response to COVID-19

3/17/20  HR 6074 – Geographic/Site limitations waived
3/19/20  CMS Guidance on HIPAA
3/29/20  HR 748 – Expanded list of eligible providers & Interim Rule from CMS
4/7/20   First CMS Guidance for FQHCs/RHCs issued
4/30/20  Updated CMS Guidance for FQHCs/RHCs issued
7/1/20   Proposed regulations to make permanent home health telehealth changes made in response to COVID-19
<table>
<thead>
<tr>
<th>Medicare Issue</th>
<th>Change</th>
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<tbody>
<tr>
<td>Geographic Limit</td>
<td>Waived</td>
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<tr>
<td>Site limitation</td>
<td>Waived</td>
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<tr>
<td>Provider List</td>
<td>Expanded</td>
</tr>
<tr>
<td>Services Eligible</td>
<td>Added additional 80 codes</td>
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<tr>
<td>Visit limits</td>
<td>Waived certain limits</td>
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<tr>
<td>Modality</td>
<td>Live Video, Phone, some srvs</td>
</tr>
<tr>
<td>Supervision requirements</td>
<td>Relaxed some</td>
</tr>
<tr>
<td>Licensing</td>
<td>Relaxed requirements</td>
</tr>
<tr>
<td>Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)</td>
<td>More codes eligible for phone &amp; allowed PTs/OTs/SLPs &amp; other use</td>
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<table>
<thead>
<tr>
<th>Medicaid Issue</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>Modality</td>
<td>Allowing phone</td>
</tr>
<tr>
<td>Location</td>
<td>Allowing home</td>
</tr>
<tr>
<td>Consent</td>
<td>Relaxed consent requirements</td>
</tr>
<tr>
<td>Services</td>
<td>Expanded types of services eligible</td>
</tr>
<tr>
<td>Providers</td>
<td>Allowed other providers such as allied health pros</td>
</tr>
<tr>
<td>Licensing</td>
<td>Waived some requirements</td>
</tr>
</tbody>
</table>

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

Private payer orders range from encouragement to cover telehealth to more explicit mandates.
Relaxed some health information protections.
CALIFORNIA POLICY DURING COVID-19

- CA Medicaid Updated Telehealth Policies Summer 2019
- During COVID-19, also expanded
  - Allowed the use of phone as a modality
  - Expanded FQHCs/RHCs ability to use telehealth
  - Relaxed some consent and privacy requirements
  - Overall, Administration has been very responsive
  - Still difficult to get systems to adjust
Behavioral Health

- Standard of care same whether in-person, telephone or via telehealth
- Reimbursable in Medi-Cal managed care, Specialty Mental Health Services & Drug Medi-Cal Organized Delivery System
- Counties are encouraged to allow fullest possible use of telehealth/telephone
- Patients may receive services in the home
CA Consumer Telehealth Website - https://covid19.ca.gov/telehealth/
Executive orders/waivers will begin to expire unless extended
The next steps, what can be done and how quickly
The threat to public health will likely not go away soon
Large amounts of people have now utilize telehealth
CCHP

- CCHP Website – cchpca.org
- Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe
Thank You!

www.cchpca.org

info@cchpca.org
USING TELEHEALTH TO SUPPORT MENTAL HEALTH DURING COVID-19

Tonya Wood, PhD
MY ROLES

1. Director of Clinical Training
2. President of California Psychological Association
3. Independent Practice
USING TELEHEALTH TO SUPPORT MENTAL HEALTH DURING COVID-19

Tonya Wood, PhD
Mon: No gatherings > 500 people.
Tues: No gatherings > 50 people.
Wed: No gatherings > 10 people.
Thur: Stay 6 feet away from people.
Fri: Stay home
Tomorrow: ok, the floor is lava
Mon: No gatherings > 500 people.
Tues: No gatherings > 50 people.
Wed: No gatherings > 10 people.
Thur: Stay 6 feet away from people.
Fri: Stay home

Tomorrow: ok, the floor is lava
TRANSITIONING TO TELEHEALTH

• Technology
  • Access
  • Skills

• Confidentiality & Boundaries

• Revising/Updating Office Policies and Protocols
  • Informed consent
  • Electronic communication

• Adaptation of Services
  • Population
  • Interventions
ADAPTATIONS OF SERVICES

- Children
- Families
- Groups
- Diversity Factors
- Psychological esing
ZOOM EXHAUSTION

Let's see who's really behind COVID-19
USING TELEHEALTH TO SUPPORT MENTAL HEALTH DURING COVID-19

Tonya Wood, PhD
• Telehealth Guidelines and Best Practices

• Technology
  • Correct
  • Comfort
  • Competence

• Legal and Ethical Issues
  • Jurisdiction
  • HIPAA compliance
  • Competence

• Insurance Reimbursement
USING TELEHEALTH TO SUPPORT MENTAL HEALTH DURING COVID-19

Tonya Wood, PhD
TECH TOOLS WE ALREADY USED

- Telephone
- Asynchronous “store and forward”
- Video Conferencing
- Apps (PsychSurveys, HIPAA Bridge, ACT Companion, Telehealth Mental Health Laws)
USING TELEHEALTH TO SUPPORT MENTAL HEALTH DURING COVID-19

Tonya Wood, PhD
USER ACCEPTANCE

- High level of use and acceptance among clients
- Increased use leads to increased satisfaction
- Quality of technology impacts satisfaction
- Address ability to exchange documents
- Level of acceptance may vary across settings and sessions
- Increased access to services

Luxton et al (2014)
USING TELEHEALTH TO SUPPORT MENTAL HEALTH DURING COVID-19

Tonya Wood, PhD
COVID AND BEYOND

- Office "without walls" is new normal
- Integration into graduate school education
- Continued Advocacy and Legislation
  - Reimbursement
  - Jurisdictional practice
- Increased telehealth outcomes research
USING TELEHEALTH TO SUPPORT MENTAL HEALTH DURING COVID-19

Tonya Wood, PhD
Introduction

• Borrego Health is one of the largest Federally Qualified Health Centers in California.

• We have medical and dental services to provide care for the underserved population in San Diego, Riverside, and San Bernardino Counties.

• Since COVID-19, telehealth consists of both video and telephone visits. Our mental health visits ratio for video to telephone is 80% telephone and 20% video. Ratio in primary care is about 90% telephone and 10% video.
Borrego Health Locations for Telehealth in Mental Health

- Anza Community Health Center
- Arlanza Family Health Center
- Barstow Community Health Center
- Borrego Health Specialty Care Center
- Borrego Medical Clinic
- Centro Medico Cathedral City
- Centro Medico Coachella
- Centro Medico El Cajon
- Centro Medico Escondido
- Centro Medico Oasis
- Desert Hot Springs Community Health Center
- D Street Medical Center
- Eastside Health Center
- San Jacinto Health Center
- Stonewall Medical Center
- Women’s Health and Wellness Center
Tele-Visit Organizational Flow

Steps in planning and completion of the tele-visit cycle

**WHO**

**MEDICAL STAFF OFFICE**
- Identify Providers who will be providing Tele-visit services and track provider through the cycle
  - Submit request Provider set-up to IT
  - Provide Provider w/ Training links
  - Daily Reporting of Tracking Status (Provider #, Remote/In-Clinic)

**SITE MANAGEMENT**
- Determine Staffing who need scheduling access
  - Identify users need by location & Department/Provider
  - Submit request to IT

**IT**
- Set-up accounts, monitor access permissions for all users
  - Provider access set-up – associate to business, grant waiting room permission
  - Provide staff access to bookings and associate to specific business
  - Monitor equipment needs, set-up and deploy
  - Monitor Support Channel/Helpdesk Tickets

**TRAINING**
- Provide Training & resource guides for Providers, Staff & Patients
  - Create training resources & recordings
  - Schedule live-webinars (Providers/Staff)
  - Track training attendance
  - Assist in Patient Trainings

**MARKETING**
- Determine messaging
  - Create flyers, marketing tools, messaging
  - Manage website messaging/content
  - Create & monitor Consejo Sano messaging

**SCHEDULING** (Call-Centers, CSR/Designee)
- Collects Patient information, schedules appointments, completes arrival/check-in processes
  - Receives Patient call requesting appointment
  - Registers Patient if needed
  - Schedules appointment in Intergy (if Remote Telehealth also schedules in Bookings)
  - Arrives/Check-in – initiates call (if Telephone) – No show process if Patient no shows

**HOW**

**WHAT & WHERE**

**WHEN**
Tele-Visit Organizational Flow

Steps in planning and completion of the tele-visit cycle

**PATIENT**
- Identifies their needs
  - Schedules an appointment
  - If Telehealth & using Smartphone or Tablet downloads Teams App
  - Joins appointment

**MA/CARE TEAM**
- Prepares the Patient for the Provider
  - Pre-visit pre/planning
  - “virtually rooms” patient
  - Initiates recall process

**PROVIDER**
- Conducts Patient visit
  - Initiates visit if Telehealth through Teams
  - Receives incoming calls for Telephone visits
  - Documents note
  - Submits charges (if applicable)

**REPORTING**
- Create Reporting by Appointments booked & Charges submitted by Provider
  - Daily
  - Weekly
  - Monthly
  - Quarterly

**BILLING & COLLECTIONS**
- Processes claims and monitors through the revenue cycle
  - Charge posting & submission
  - Review error reports
  - Posting payment received
  - Track, report and re-submit denials

**AUDITING**
- Verifies compliance with requirements & determines gaps in processes
  - Audits claims
  - Chart audits for review of documentation completion

**WHO**
**HOW**
**HOW**
**WHEN**
**OWNER**
Provider Documentation Guide for Telephone/Telehealth

- The Department of Health Care Services provides guidance for documentation requirement detail for telephone/telehealth visits as follows:

- **The why:** Why was this visit conducted via telehealth or telephone?

- There are documented circumstances involved that prevent the visit from being conducted face-to-face, such as the patient is quarantined at home, local or state guidelines direct that the patient remain at home, the patient lives remotely and does not have access to the internet or the internet does not support Health Insurance Portability and Accountability Act (HIPAA) compliance, etc.
Provider Documentation Guide for Telephone/Telehealth

• The treating health care practitioner is intending for the virtual/telephone encounter to take the place of a face-to-face visit, and documents this in the patient’s medical record.

• The treating health care practitioner believes that the covered service or benefit being provided are medically necessary.

• The covered service or benefit being provided is clinically appropriate to be delivered via virtual/telephonic communication and does not require the physical presence of the patient.
Provider Review | Prompt on the First Visit

Optional script:

“Since we are doing therapy on the phone or over video, the same confidentiality rules apply as in-person (explain what they are). But, because we are over the phone/video, I also need to make you aware that: You can verbally withdraw consent to do this type of therapy at any time. While we using HIPPA compliant/approved mode of protected communication, it is possible for a breach because of technological complications. By consenting, you understand that if you need emergency services, the protocol for Borrego Health is still the same (explain if necessary). Do you consent to continue with treatment?”
Provider Review | Prompt on the First Visit

1. Patient gave verbal consent for proceeding with telehealth/telephone visit
2. Oriented patient to telehealth
3. Reviewed confidentiality and limits of confidentiality
4. Reviewed Risk and Benefits of Treatment (including telehealth treatment)
5. In case of emergency, patient verbally consented for Borrego Health to contact emergency contact
   - Emergency contact and number ____________________________________________
   - Relationship to patient ____________________________________________
6. Patient’s address
   (indicate if location of telehealth/telephone visit is different than address)
7. Provided additional resources such as SAMSAH Disaster Distress Hotline (1-800-985-5990) and 211 Helpline
Behavioral Health Visits in 2019 vs. 2020

YoY Visit Count Trend 2020 vs. PY*

<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>January</td>
<td>1578</td>
<td>1874</td>
</tr>
<tr>
<td>February</td>
<td>1402</td>
<td>1893</td>
</tr>
<tr>
<td>March</td>
<td>1283</td>
<td>1807</td>
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<tr>
<td>April</td>
<td>1513</td>
<td>2296</td>
</tr>
<tr>
<td>May</td>
<td>1569</td>
<td>2453</td>
</tr>
<tr>
<td>June</td>
<td>1605</td>
<td>2823</td>
</tr>
</tbody>
</table>
Average visits from January to June

<table>
<thead>
<tr>
<th>Month</th>
<th>Visits</th>
</tr>
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<tbody>
<tr>
<td>Jan (12)</td>
<td>138</td>
</tr>
<tr>
<td>Feb (09)</td>
<td>501</td>
</tr>
<tr>
<td>Mar (08)</td>
<td>441</td>
</tr>
<tr>
<td>Apr (05)</td>
<td>458</td>
</tr>
<tr>
<td>May (03)</td>
<td>484</td>
</tr>
<tr>
<td>May (31)</td>
<td>495</td>
</tr>
<tr>
<td>June (20)</td>
<td>473</td>
</tr>
</tbody>
</table>

0 100 200 300 400 500 600 700 800

Jan  Feb  Mar  Apr  May  May  June
(12) (09) (08) (05) (03) (31) (20)
In-Person vs. Telehealth Visits

Visit Trend – Telehealth vs. Others
Why the Increase in Visits?

• Two-fold: Telehealth provides greater access to care by eliminating barriers that prevented patients from making it to their appointments in person. This includes transportation (lack of vehicle, financial burden to pay for transportation), or living in remote rural areas.

• COVID-19 pandemic has taken a toll on people’s mental health and more people need services.

• SAMHSA (Substance Abuse and Mental Health Services Administration): “The current national COVID-19 crisis will certainly contribute to the growth in the number of Americans needing urgent care to address mental health needs, including suicidality. Americans across the country will struggle with increases in depression, anxiety, trauma, grief, isolation, loss of employment, financial instability, and other challenges, which can lead to suicide and suicide attempts.”
The Different Faces of Telehealth

1. A 50-year-old with myasthenia gravis, a rare autoimmune and neuromuscular disease. Can not drive, does not have a computer, sessions done over telephone.

2. A 13-year-old girl who is home every day since the pandemic, mother is working, and she can do video sessions on her smartphone while she is home.

3. An elderly woman who does not have access to a smartphone or computer but is able to speak to someone over the phone in her native language, Spanish.

4. Postpartum visit with a mom and her newborn, who otherwise would not be able to come into the clinic for an appointment.

5. A patient with severe OCD, which has intensified during the pandemic and leaving her house would be too challenging.

Bottom line: Greater access to care; modality of care redefined out of necessity, but more benefit because of it.
Telehealth Roadmap

PHASE I
(Mar-Jun 2020)
Rapid Ramp-up
"Bare Bones"

- Org. wide launch of Telehealth Video Platform
- Deployment of equipment
- Widespread training & resource development
- Establishing a scheduling mechanisms (Bookings)
- Telehealth Support Hotline
- Basic reporting developed in Tableau

PHASE II
(Jul-Dec 2020)
Stabilization & Optimization

- Text Messaging capability for Telehealth Appt. Links
- Improving Bookings Access & Processes
- Launching Group Visits
- Re-training
- Emphasis on Telehealth Video vs. Telephone visits
- Push for one tablet per Provider & one in every exam room
- Implementation of Process improvements based on Provider feedback

PHASE III
(Future)
Customization & Integration

- #1 priority - APP-less version of Teams for Patient Experience - No Download Required
- Intergy Integration
- Built in texting functionality
- On-demand video functionality
- Custom Borrego Health APP. Integration
- New Borrego Health website integration
- HealthAsyst Integration - elimination of Bookings
- Teams Integrated Patient Web Chat (HealthBot)
- Advanced Data & Reporting Platform
Connecting with people in 2020 and beyond...

Thank you!

Denise Gordon, Psy.D.
Behavioral Health Department Chair
DGordon@BorregoHealth.org
Facilitated question and answer

Please submit your questions in the Q&A box.
Thank you again to today’s sponsors

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