A TO Z
DEVELOPING TELEBEHAVIORAL HEALTH CAPACITY TO SERVE THE NEEDS OF YOUR PATIENTS
Health Centers
Healthy Start Programs
Ryan White HIV/AIDS Program Grantees and Service Providers
Rural Health Clinics
Session 1
Overview
May 22, 2013
Today’s Speakers

Alexander F. Ross, Sc.D.
Office of Special Health Affairs
Health Resources and Services Administration
U.S. Department of Health and Human Services

Michael R. Lardiere, LCSW
VP HIT & Strategic Development
National Council for Community Behavioral Healthcare

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Chief Clinical Officer
HealthLinkNow

Grace Gonzalez
Manager, Quality Center
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National Association of Community Health Centers

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The web site:

http://www.integration.samhsa.gov/operations-administration/cihs-telebehavioral-health

The Listserv:

All Participants will receive an email and a link to join the Listserv

All of the presentations will be archived on the web site
Goals of the Training

1: Identify for their own organization one or more telebehavioral health service models that are clinically appropriate and a pathway to sustainability;

2: Identify and engage the range of stakeholders necessary to successfully establish telebehavioral health services;

3: Coordinate their telebehavioral health activities with pertinent local, state and federal partners.
T/TA SERIES SCHEDULE

• **Session I:** Overview & Laying the Groundwork  
  May 22, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session I:** Office Hours Q+A  
  May 29, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session II:** State Regulatory/Reimbursement  
  Topography; Engagement and Outreach  
  June 5, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session II:** Office Hours Q+A  
  June 12, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session III:** Economics, Partnerships  
  June 19, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session III:** Office Hours Q+A  
  June 26, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session IV:** Technology and Logistics  
  July 17, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session IV:** Office Hours Q+A  
  July 24, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session V:** Implementation  
  August 7, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session V:** Office Hours Q+A  
  August 14, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session VI:** Launch, Refinement, Lessons Learned  
  and Wrap Up  
  August 21, 2013 @ 12:00 PM EST  
  Register [Here](#)

• **Session VI:** Office Hours Q+A  
  August 28, 2013 @ 12:00 PM EST  
  Register [Here](#)
The T/TA Series is targeted to organizations that have determined that telebehavioral health services are part of their future and want to move forward.

The training uses the Triple Aim and Patient Centered Medical Home (PCMH) Practice Transformation as a framework.
Polling Question

Why did you join the Telebehavioral Health Training & Technical Assistance Series? (check all that apply)

- Build Awareness and Knowledge Growth
- Understanding How This Model of Service Fits in with Healthcare Reform Initiatives
- Obtain Additional Information to Implement or Help Others Implement Telebehavioral Health
Grace Gonzalez
Manager, Quality Center
Clinical Affairs Division
National Association of Community Health Centers
Health Home Health Reform Framework

- Population Health & Reduction of Disparities
- Health Center engagement in local health system and local community health improvement
- Health Homes recognition accreditation programs
- Effective Teams & Care Integration: Oral, Behavioral & Mental Health, HIV/AIDS
- Meaningful Use & HIT Infrastructure
- Patient, family & community engagement and activation in health

Value: Superior Cost & Quality Outcomes
Bob Franko, MBA
Cherokee Health Systems
Vice President of Marketing/National Training Coordinator
Cherokee Health Systems
Our “Telesuite” of Services

Bob Franko, MBA
Vice President of Marketing/National Training Coordinator
Our “Telesuite” of Services

- Telepsychiatry
- Telepsychology
- Telehealth (Primary Care)
- Telepharmacy

Web-based trainings (internal and external)
EHR “tasking,” communication, sharing
Benefits of Telehealth

Paramount to our mission of expanding access
Vital to our integrated care approach
Efficient, convenient for patients
More accurate diagnosing
Important for rural/frontier patients
Reduces cost
Real-time access, real-time communication
The Consulting Psychiatrist
The Consulting Psychiatrist

Access and Population-Based Care Consultation
Enhance the Skills of Primary Care Colleagues
Treatment Team Meetings
Telepsychiatry
Co-Management of Care
Tele-Primary Care
The S.M.A.R.T. Program

Since 2008
Sevier County Schools – 23 locations
Nearly 5,000 students seen
Staff Retention, Health Expansion

Bilingual Psychologist who resides in Miami, FL and sees patients daily in East Tennessee
Family Physician who resides in Lexington, KY and sees patients daily in our Morristown, TN clinic
Patients throughout our Appalachian region are able to access care they might have otherwise not been able to
Telepharmacy program now developing
Lessons Learned
To build trust and confidence in the service, quality is vital
T1 lines – have not traditionally used Skype or other web-based services
High production value
On-site expertise
Back-up plans
Polling Question

What do you Identify as Barriers to Your Implementation of Telebehavioral Health? (check all that apply)

- Financing/Reimbursement
- Lack of Expertise for Implementation
- Staffing
- Workflow Redesign
Telebehavioral Health Integration

NOT

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The Medium is the Message

A medium affects the society in which it plays a role not by the content delivered over the medium, but by the characteristics of the medium itself.
Health Professional Shortage Areas (HPSA) - Mental Health
HPSA Designated Type

Source: Health Resources and Services Administration - HRSA, Bureau of Health Professionals; October 4, 2011.

Note: Alaska and Hawaii not shown to scale.
Medical Home

"Efforts to provide everyone a medical home will require inclusion of mental health care if they are to succeed in improving care and reducing costs."
Not your father’s telepsychiatry

Secure/Private
Effective
Reliable
Mobile
Google trends

“Behavioral Health Integration”
Implementation: Not linear

- Assess service needs & environment
- Define and specify program model
- Develop business case
- Plan program and technology
- Develop performance monitoring plan
- Implement the telehealth program
- Monitor & improve program

http://www.caltrc.org/program-developer

To receive a kit, please contact CTEC at (877) 590-8144.

Source: California Telemedicine and eHealth Center (CTEC). The CTEC Telehealth Program Developer Kit. Funded through the generous support of the Health Resources & Services Administration (Grant No. G22TH0770), The California Endowment and the Blue Shield of California Foundation.
For every problem there is a solution

Cost of technology
Sustainability
- Medicare
- Medicaid
- Commercial health plans
- Uninsured
- FQHC’s and similar
- Value based payment environments
Low Bandwidth and stubborn firewalls
Workforce shortages
Lack of EHR
ROI vs Value Proposition

Improve access and follow through
Increase case finding
Implement evidence based practices
  • BH Conditions
  • Health Behaviors
Provide decision support
Improve chronic illness management
Reduce costs
Improve attendance and adherence
Redeploy PCP time
Reduce travel strain and cost
Increase realization of quality incentives
Citations for “Value Proposition”

1. U.S. Preventative Screening Services Task Force. Screening for Depression in Adults. 
   http://www.uspreventiveservicestaskforce.org/uspstf09/adultdepression/addeprrs.htm


Please utilize the Listserv for communication on issues

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Attend the Office Hours and Q+A for This T/TA Session

When: May 29, 2013 @ 12:00 PM EST
Register Here: https://www2.gotomeeting.com/register/831277722

This and all webinars will be archived and available on the web site:
http://www.integration.samhsa.gov/operations-administration/cihs-telebehavioral-health

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