

Behavioral Health Institute (BHI)
Training, Workforce and Policy Innovation Center

TeleBehavioral Health 301 Training Series


Behavioral Health Telehealth Resource

Website: <https://bhoinstitute.uw.edu>

Email: bhoinstitute@uw.edu

BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. BHI established initial priority programs which include:

- **Improving care for youth and young adults with early psychosis**
- **Behavioral Health Urgent Care Walk in Clinic**
- **Behavioral Health Training, Workforce and Policy Innovation Center**
- **Expanded Digital and Telehealth Services**

WEBINAR LOGISTICS

CHAT Box

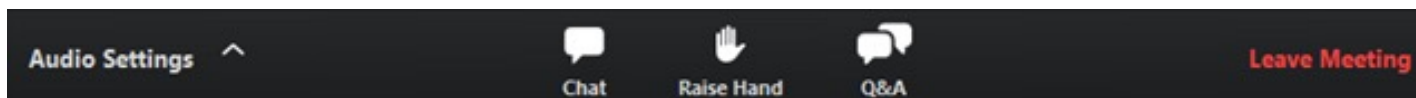
- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions

WEBINAR LOGISTICS

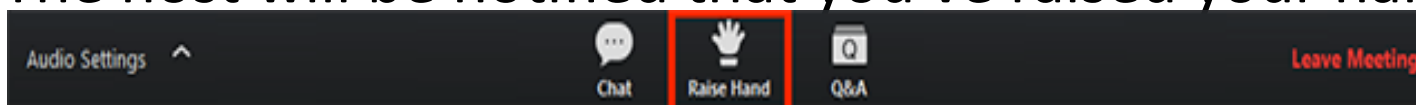
Q & A

1. Type question into Q&A Window
2. Raise hand (*will be called on/unmuted*)

- Click **Raise Hand** in the Webinar Controls



- The host will be notified that you've raised your hand.



- Click **Lower Hand** to lower it if needed



Speaker Disclosures

None of the series speakers have any relevant conflicts of interest to disclose.

Planner disclosures

The following series planners have no relevant conflicts of interest to disclose:

Brad Felker MD

Cara Towle MSN RN

Melody McKee SUDP MS

Michele Patience Staal

Rande Gray

Topher Jerome

DISCLAIMER

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.

We gratefully acknowledge the support from:



BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH: TeleBehavioral Health 301

Bree Collaborative Telehealth Guide & Hybrid TeleBehavioral Health

Ginny Weir, MPH
CEO


Foundation for Health
Care Quality

Shawn West, MD
CMO

Embright LLC

BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Learning Objectives

At the conclusion of this presentation, attendees should be able to:

- Understand the patient and provider elements that position the visit for a successful outcome.
- Know how to optimally prepare and gain consent for a virtual visit.
- Articulate approaches to assure continuous process improvement related to quality and patient reported outcomes and experience for virtual visits.

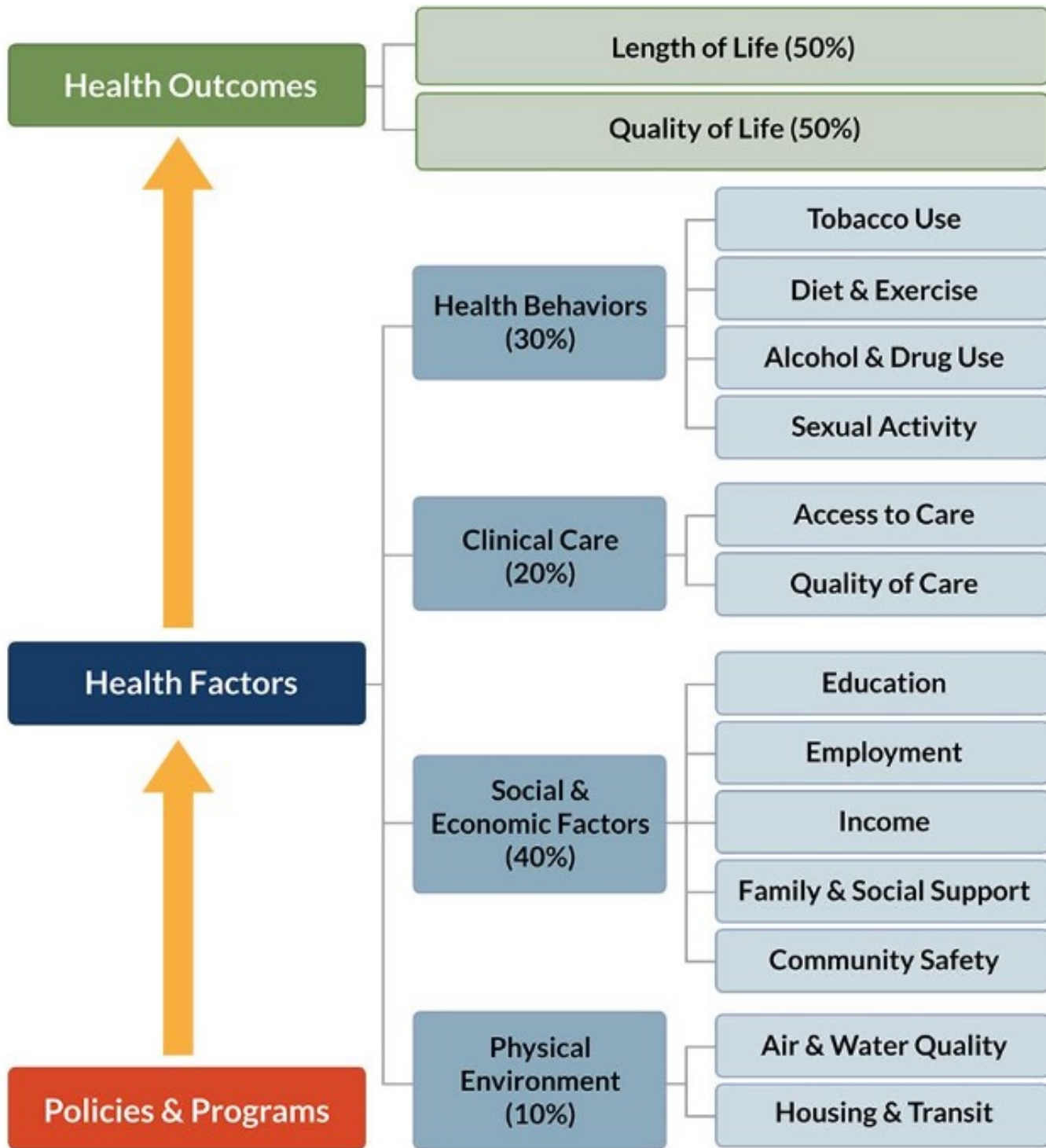
Telehealth: Toward a Community Standard

Ginny Weir, MPH
CEO, Foundation for Health Care Quality

Shawn West, MD
Chief Medical Officer, Embright

January 21, 2022







FOUNDATION FOR Health Care Quality

Home to complementary improvement communities...

**CARE OUTCOMES
ASSESSMENT
PROGRAMS**

**BREE
COLLABORATIVE**

**WASHINGTON
PATIENT
SAFETY
COALITION**

**SMOOTH
TRANSITIONS**

CARDIAC
CARE OUTCOMES
ASSESSMENT PROGRAM (CARDIAC
COAP)

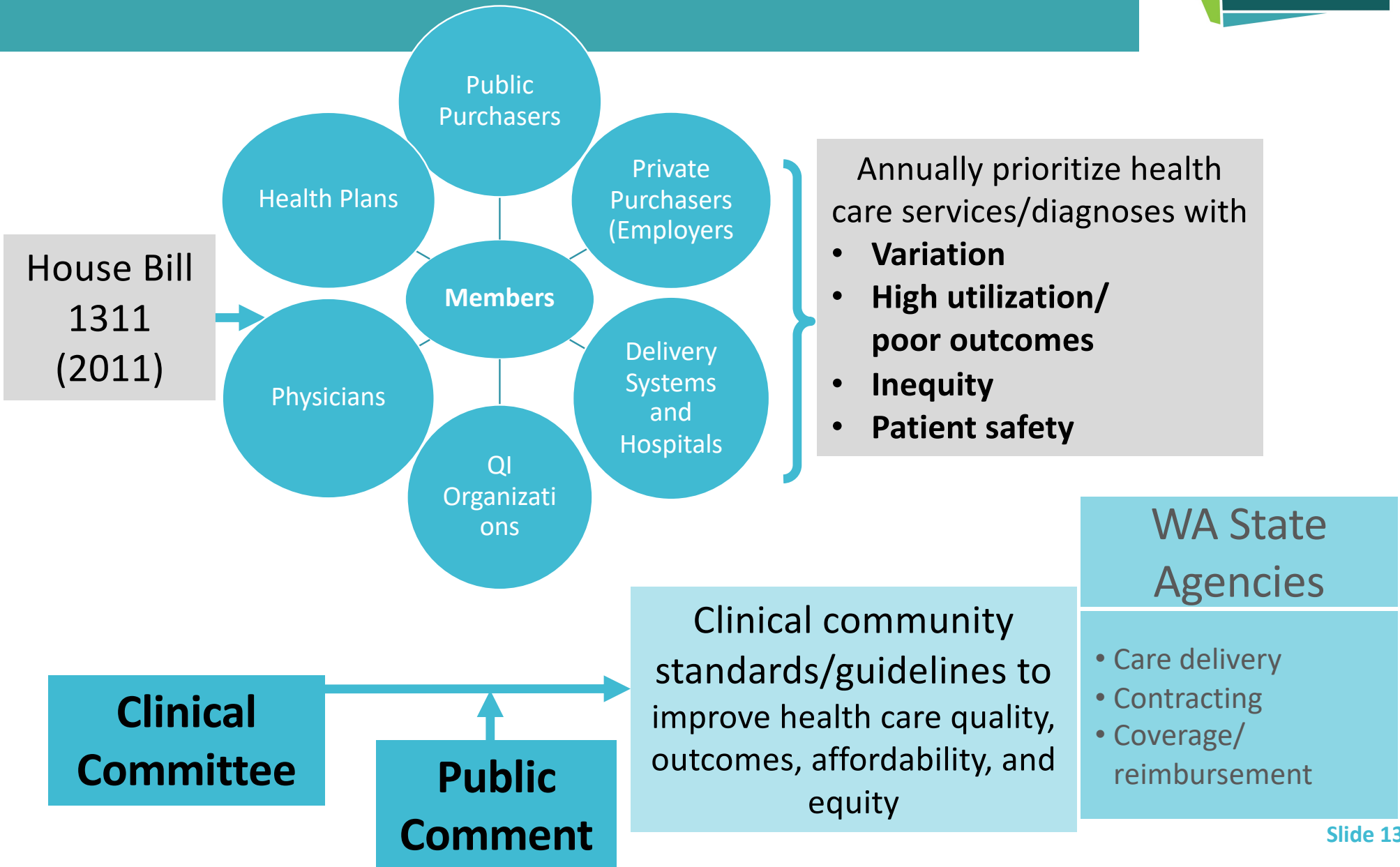
SURGICAL
CARE OUTCOMES
ASSESSMENT PROGRAM (SURGICAL
COAP)

SPINE
CARE OUTCOMES
ASSESSMENT PROGRAM (SPINE
COAP)

OBSTETRICAL
CARE OUTCOMES
ASSESSMENT PROGRAM
(OB COAP)

- Each sets own clinical priorities
- Using unique structure
- All to improve health of our population

Framework for Action

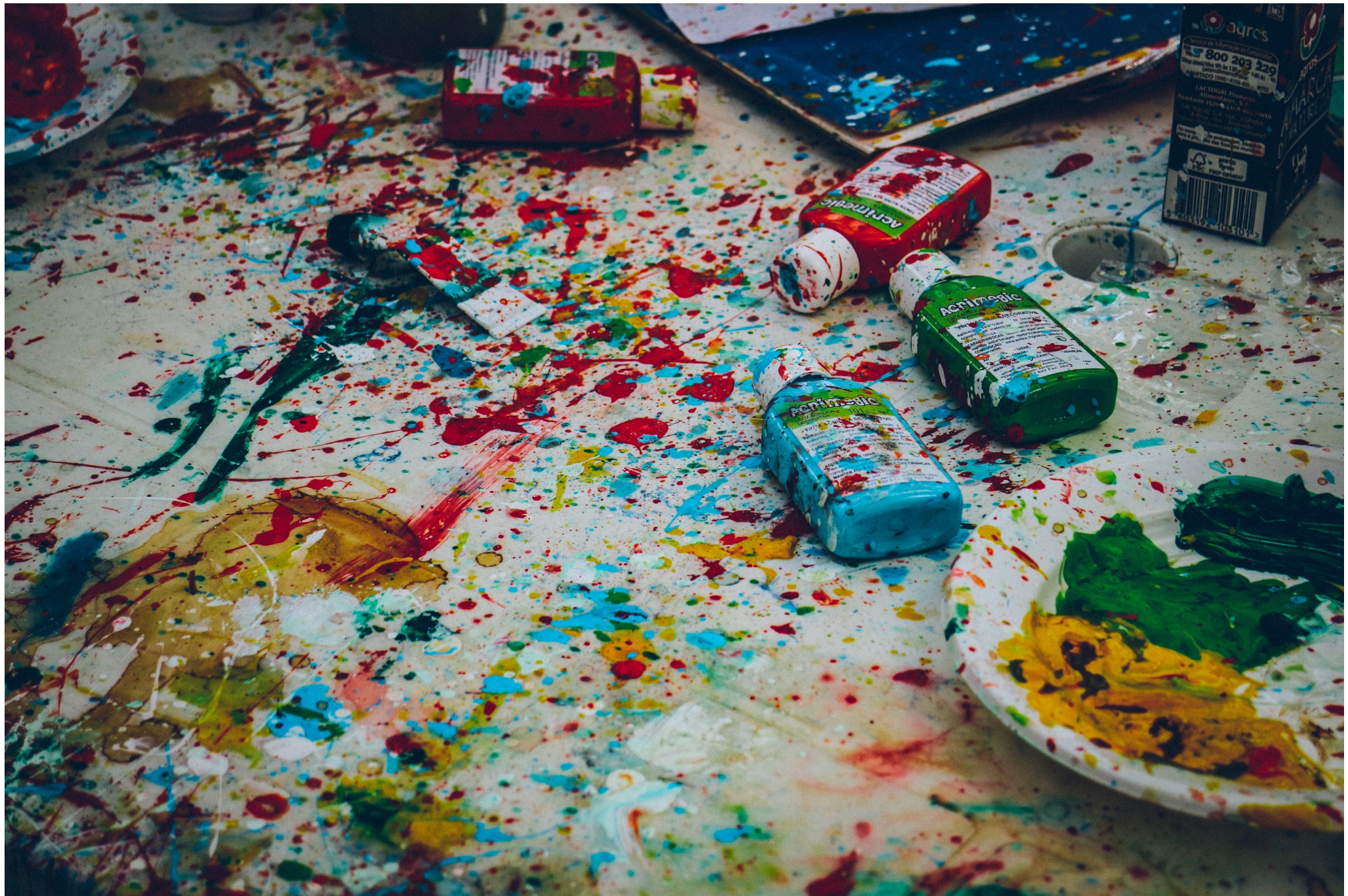


Guideline Development Process

Key Points



- ✓ Bottom-up approach
- ✓ Iterative process – identifying gaps in expertise
– new members – additional feedback
- ✓ Involve consumers/patients
- ✓ Feedback from diverse community (public comment)
- ✓ Involve **primary care** throughout

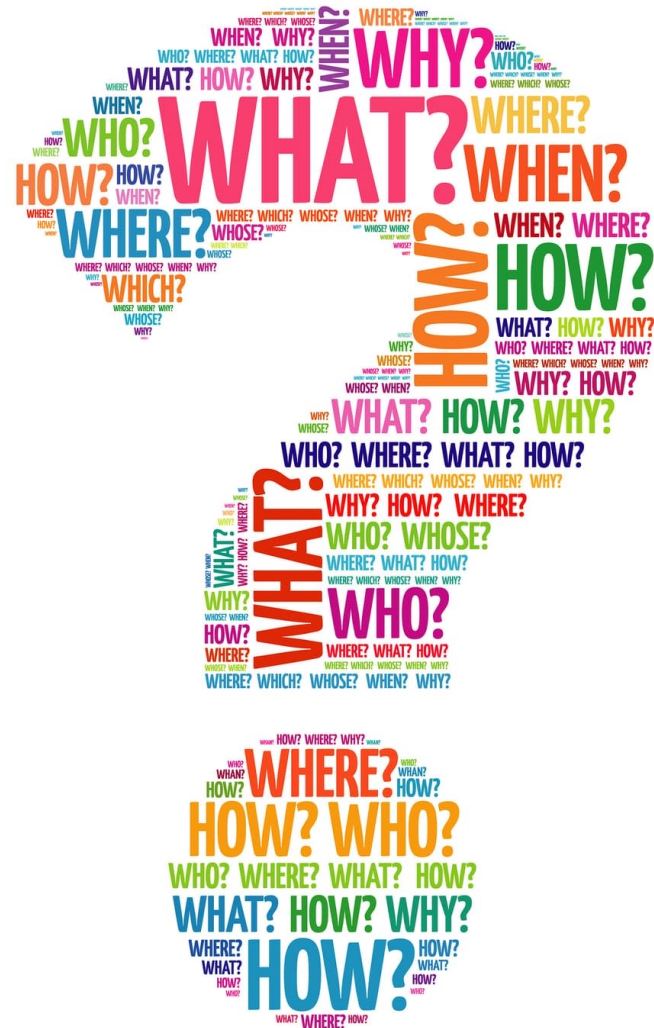


Our Guidelines



- **Pain (chronic and acute)**
 - *Collaborative care for chronic pain (2018)*
 - *Low back pain management (2013)*
 - *Opioid prescribing metrics (2017)*
 - *Opioid prescribing for postoperative pain (2018)*
 - *Opioid prescribing in dentistry (2017)*
 - *Long-term opioid prescribing management (2019)*
 - *Opioid prescribing in older adults (2021)*
- **Behavioral Health**
 - *Integrating behavioral health into primary care (2016)*
 - *Addiction and substance use disorder screening and intervention (2014)*
 - *Suicide care (2018)*
 - *Treatment for opioid use disorder (2016)*
 - *Prescribing antipsychotics to children and adolescents (2016)*
 - *Risk of violence to others (2019)*
- **Oncology**
 - *Oncology care: breast and prostate (2015)*
 - *Prostate cancer screening (2015)*
 - *Oncology care: inpatient service use (2020)*
 - *Colorectal cancer screening (2020)*
 - *Cervical cancer screening (2021)*
- **Procedural (surgical)**
 - *Bundled payment models and warranties:*
 - *Total knee and total hip replacement (2013, re-review 2017, rereview 2021)*
 - *Lumbar fusion (2014, re-review 2018)*
 - *Coronary artery bypass surgery (2015)*
 - *Bariatric surgery (2016)*
 - *Hysterectomy (2017)*
 - *Data collection on appropriate cardiac surgery (2013)*
 - *Spine SCOAP (2013)*
- **Reproductive Health**
 - *Obstetric care (2012)*
 - *Perinatal bundle (2019-2021)*
 - *Reproductive and sexual health (2020)*
- **Aging**
 - *Advance care planning for the end-of-life (2014)*
 - *Alzheimer's disease and other dementias (2017)*
- **Palliative care (2019)**
- **Hospital readmissions (2014)**
- **LGBTQ health care (2018)**
- **Shared decision making (2019)**
- **Primary care (2020)**
- **Telehealth (2021)**
- **Infection Control (2022)**
- **Hepatitis C (2022)**
- **Pediatric Asthma (2022)**

Questions about the FHCQ and/or the Robert Bree Collaborative



Our Thought Leaders



• Delivery systems

- Shawn West, MD (Chair), Embright
- Christopher Cable, MD, Kaiser Permanente Washington
- Crystal Wong, MD, University of Washington Medicine
- Cara Towle, RN, MSN, University of Washington Psychiatry & Behavioral Sciences
- Sarah Levy, MD, Kaiser Permanente Washington
- Todd Wise, MD, MBA, Providence

• Government

- Christopher Chen, MD, Health Care Authority
- Mandy Weeks-Green, Washington Office of the Insurance Commissioner
- Janna Wilson, King County Public Health

• Health Plans

- Darcie Johnson, MSW, CPHQ, Premera Blue Cross
- Jennifer Polello MHPA, MCHES, PCMH-CCE, Community Health Plan of Washington
- Omar Daoud, PharmD, Community Health Plan of Washington
- Stephanie Shushan, MPH, Community Health Plan of Washington
- Lydia Bartholomew, MD, Aetna

• Associations, Purchasers, Community groups

- Jeb Shepard, Washington State Medical Association
- Lindsay Mas, SEIU 775 Benefits Group
- Wendy Brzezny, North Central Accountable Community of Health

Bree Collaborative Telehealth Workgroup



Mini-survey



- Poll: Do you provide direct patient care?
- Poll: Of those who do, do you offer telehealth or "virtual" visits?



< Activities



Visual settings



Edit



🌐 When poll is active, respond at PollEv.com/fhcq900

How would you describe your experience delivering virtual care?



No responses received yet. They will appear here...

Context and workgroup evolution

- from topic choice to completion



- Pre-pandemic
 - High level of interest and emerging experimentation in virtual formats
 - Payment and regulatory environment was slowing adoption
 - Overall virtual care offerings were limited and ostensibly subject to oversight
- Peri-pandemic
 - Fluid, necessary and rapidly evolving changes in regulatory and payment policies to meet existing circumstances
 - Need to quickly ramp up resources, platforms, and services to meet demand
 - Resultant sub-optimal ability for thoughtful planning and oversight
- *Post-pandemic*
 - Time and ability to assess
 - Concerns raised over quality, variability, and equity
 - Variable in stakeholder prioritization and desired direction

WA State Environment



- Several laws passed by the Washington State Legislature increase the practical accessibility of telehealth for providers in Washington state.
- **SB 5175**, passed in 2015, requires insurers under the purview of the Office of the Insurance Commissioner to pay for care provided via telehealth if they pay for in-person treatment, unless the subscriber's health plan excludes telehealth.
- **SB 5385**, which took effect on January 1, 2021, requires insurers to pay the same amount (parity) for treatment provided by telehealth as they would for the same treatment provided in person.
- **SB 6061**, which passed in 2020, requires providers except physicians and osteopathic physicians to take training that meets certain requirements if they will deliver care using telehealth.
- **HB 1196**, which takes effect on January 1, 2023, requires payment parity for audio-only consultations (adding on to parity for audio-visual consultations).

Appropriateness

**Person-
Centered
Interaction(s)**

**Measurement
and Follow-up**

Shared Expectations – All Levers

**Health
Plans**

**Delivery
Systems**

**Individual
Providers**

Purchasers

Patients

Appropriateness



- Must rely upon clinical judgment
- Clear criteria can help
 - Avoid diminishment of longitudinal relationship
 - Consider need for a hands-on physical examination
 - Anticipate need for a procedure or urgent intervention
 - Minimize risk of acute complication(s)
 - Patient characteristics
 - Understanding of risks, benefits, safety, and alternatives
 - Prefers telehealth modality
 - Has technological capabilities
 - Can insure privacy
 - Needs can be met
- Plan for in-person, if needed

Person-Centered Interaction(s)



- Credentials are clearly identified
- Informed Consent process
- Mutually understood contingency plans
- Professionalism
- Cultural humility
- Care coordination with PCP or usual care

Measurement and process improvement



- Downstream healthcare utilization
- Incorporate evidence-based findings
- Utilize patient-reported outcomes
- Monitor and act on patient satisfaction
- Stratify data by demographic characteristics

High-level conclusions



- Telehealth is a modality or “tool” for health care delivery and as such is not good or bad, but cost, quality, and experience are determined by how it is provided
- Perhaps the greatest opportunity for telehealth to improve the triple aim is in the realm of behavioral health care
- There has been and remains significant variability in the quality and experience of telehealth, and there is value in having a structured organizational and/or peer oversight process that studies, monitors, and iteratively improves on telehealth outcomes

Discussion



- What do you see as the biggest opportunity to improve teleBH care?
- What is your biggest concern about teleBH care?
- What would you like regulators and/or health care purchasers to know about teleBH care?

Checklists

Health Plans



- ❑ Modernize claims data infrastructure to differentiate in-person, audio-visual, and audio-only services.
- ❑ Monitor, report, and act on quality, experience, and adverse outcomes related to vendor care outcomes through existing standard quality monitoring programs, with participation by licensed peer clinicians.
- ❑ Perform meaningful vetting of chosen vendor provider credentials and qualifications.
- ❑ Do not incentivize, encourage or require members to disassociate their care, including virtual care, from existing longitudinal relationships with providers or care team.
- ❑ Ensure the vendor is properly credentialed and appropriately HIPAA compliant.
- ❑ Publish and update guidelines for billing and credentialing.

Checklists

Delivery Systems and Sites



- Adopt the following criteria in determining whether a specific health care service is offered via telehealth:
 - Assessment and evaluation
 - No need for a hands-on physical examination (i.e., assessment can be made visually or auditorily, information to be gathered is anticipated to be verbally reported). Outcome or evaluation would not be changed by physical exam or other information collected in person.
 - Medical record is examined for past diagnoses and medication interactions.

Checklists

Employers and Health Care Purchasers



- Prioritize receipt of telehealth services from usual sources of care such as a health home, primary care provider, or care team. This can be done through financial incentives or network design.
- Routinely educate employees and dependents about telehealth services through regular communication tools such as employee newsletters or company intranet (e.g., when telehealth is appropriate, what to expect, importance of linking to primary care provider, etc.).
- If directly contracting for stand-alone telehealth services, encourage vendor to identify patient's usual source of care where in-person visits can be delivered in coordination with telemedicine services, and provide a copy of the medical record and/or coordinate care immediately following the telemedicine encounter.

Discussion



< Activities



Visual settings



Edit



🌐 When poll is active, respond at PollEv.com/fhcq900



What is the biggest opportunity to improve teleBH care?



No responses received yet. They will appear here...



< Activities



Visual settings



Edit



🌐 When poll is active, respond at PolleEv.com/fhcq900



What is your biggest concern about teleBH care?



No responses received yet. They will appear here...



< Activities



Visual settings

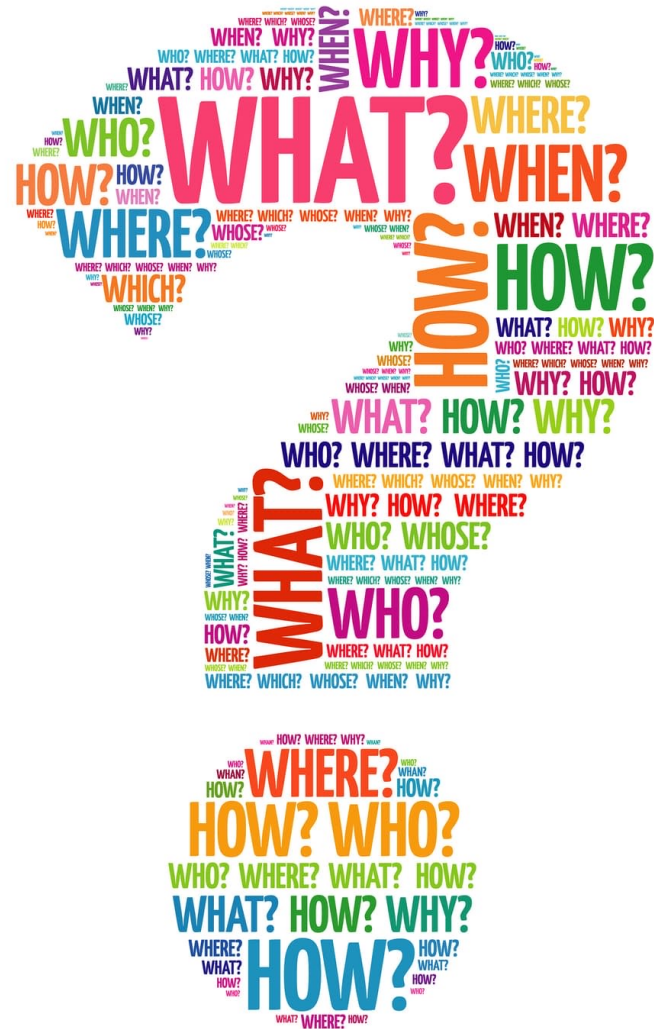


Edit



Loading...

Questions or Additional Comments?



Behavioral Health Institute (BHI)
Training, Workforce and Policy Innovation Center

Additional Information & Resources

BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

After today's session:

Slides & resources will be posted after the session:

<https://bhinstitute.uw.edu>

Please complete the evaluation survey:

- LINK will be shared in the chat box & also emailed
- Helps the presenters plan future sessions
- Required for Certificate of Completion and CEUs

After today's session:

- Complete evaluation
- Certificate of Completion - no cost.
 - May be able to use Certificate of Completion to meet CE requirements.
- CME credit – nominal cost.
- NASW CEU – no cost

April 8

BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW
MEDICAL CENTER


UW Medicine  King County

Continuing Medical Education Accreditation

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Other Activity for a maximum of 36 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour webinar is 1.0 credits).

*Note: accreditation includes additional webinar and online series offerings.



This workshop has been approved for **1 CEU** by the Washington Chapter, **National Association of Social Workers (NASW)**, for Licensed Social Workers, Licensed Marriage & Family Therapists, & Licensed Mental Health Counselors.

Our Provider number is #1975-433.



TELEBEHAVIORAL HEALTH 101

Online Self-Study

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

- Introduction to TeleBehavioral Health and Policy Overview
 - *Meets telehealth training requirement as established by Washington SB6061.
- 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

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

NASW accredited.

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this enduring material for a maximum **1 AMA PRA Category 1 Credit™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 6 modules, with each module accredited for **1 AMA PRA Category 1 Credit™**.

TELEBEHAVIORAL HEALTH 201

Online Self-Study ... coming soon!

- Telehealth Policy – the changing federal and state landscape
- Preparing Patients & Technology for Telehealth
- Doing Groups over Telehealth
- Mobile Health (mHealth) for Serious Mental Illness
- Provider Self-Care & Wellness in the Era of Telehealth and Covid
- Behavioral Health Apps
- Children & TeleBehavioral Health
- Applying Telehealth SUD Treatment in Community-based Settings
- Cultural Competence & Humility in TeleBehavioral Health
- Applying Telehealth to Measurement-based Care
- Suicide Risk Assessment over Telehealth
- Couples & Family Therapy over Telehealth

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

CME Accreditation

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Other Activity for a maximum of *36 AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour webinar is 1.0 credits).

*Note: accreditation includes additional webinar and online series offerings.

Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- UW TelePain series

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- PAL for Moms (perinatal psychiatry)