

# **Behavioral Health Institute (BHI)**

## **Training, Workforce and Policy Innovation Center**

### **TeleBehavioral Health 301 Training Series**

Behavioral Health Telehealth Resource

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October 21, 2022

# **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

## 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:

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We gratefully acknowledge the support from



# BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH

## TeleBehavioral Health 301

TeleBehavioral Health: Remote Teams & Tele-Teaming  
*Moving Towards Best Practices*

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## Learning Objectives:

1. Define virtual care, telehealth and teleteaming
2. Describe the benefits and challenges associated with building effective remote teams in medical care
3. Name at least three strategies to mitigate challenges in sustaining effective remote clinical teams

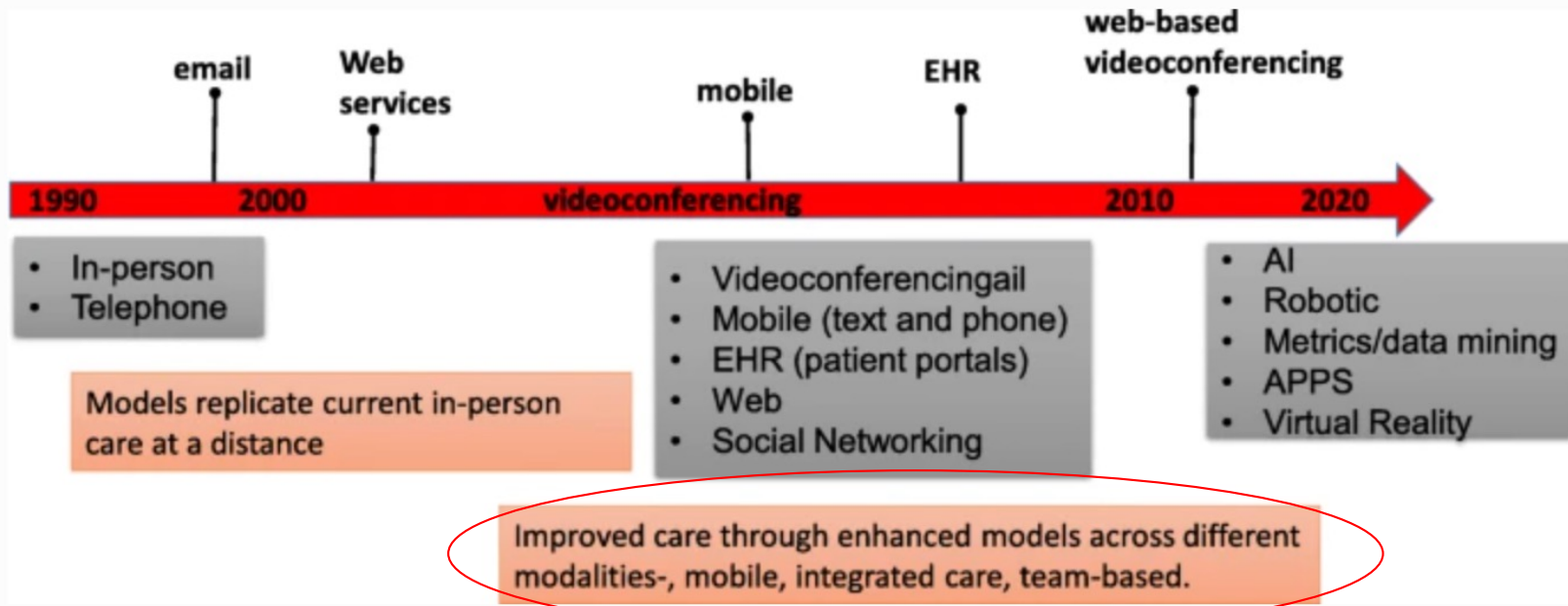
# What is virtual health care?

- Multiple names: telemedicine, telehealth, virtual care
  - 2007 review found 104 terms
- “Telemedicine uses telecommunication systems to deliver health care at a distance ... Examples include the provision of specialist consultations via video-conferencing, remote monitoring of patients with chronic conditions and the provision of clinical information for self-management. Telemedicine applications may also be linked to electronic patient records.”
- Variety of mediums: from in-person, videoconferencing, telephone, email, patient-portals, text-based applications, digital apps, remote monitoring

Flouge et al 2015, Shore J et al 2019, Sood S et al 2009



**Fig. 1**



Evolution of telepsychiatry practice models

Shore J et al 2019

# Early Telehealth Leaders

- The Veterans Health Administration
- I/T/U clinics long at the forefront of telehealth delivery
  - The Alaska Tribal Health System (ATHS) has utilized telehealth programs to deliver care since mid 1990s. (Hays et al 2014)
  - Teleophthomology in Arizona in 2000 (Hays et al 2014)



Xiomara Owens, MS; Alaska Native Tribal Health Consortium

# Telehealth in other fields

- Cochrane analysis in 2015
  - 93 eligible trials (N = 22,047 participants)
  - The effectiveness of telehealth delivered in addition to (32% of studies), as an alternative to (57% of studies), or partly substituted for usual care (11%)
- A wide range of clinical conditions:
  - cardiovascular disease (36)
  - diabetes (21)
  - respiratory conditions (9)
  - mental health or substance abuse conditions (7)
  - conditions requiring a specialist consultation (6), co morbidities (3)
  - urogenital conditions (3)
  - neurological injuries and conditions (2)
  - gastrointestinal conditions (2)
  - neonatal conditions requiring specialist care (2)
  - solid organ transplantation (1)
  - and cancer (1).

**We can learn from our colleagues!**

Flodgren G et al 2015

# Teamwork is a Main Factor for Effectiveness

- Cochrane main findings and conclusions around telehealth effectiveness factors:
  - Severity/trajectory of disease
  - The function of the intervention (monitoring a chronic condition, or access to diagnostic services)
  - **The healthcare provider and healthcare system involved in delivering the intervention.**

# Building Buy-in: Benefits to telehealth

- Improve outcomes
- Decrease travel time and increase communication with providers
- Increase access to care
- Decrease missed appointments
- Decrease wait times



Cruse CS et al 2017; Shore J et al 2019

# Telehealth caveats

- Barriers:
  - Internet access
  - Adjusting to new technology
  - Creating new workflows

**Viewpoint**

ONLINE FIRST

October 19, 2022

## Implications of Telepsychiatry for Cost, Quality, and Equity of Mental Health Care

Carlos Blanco, MD, PhD<sup>1</sup>; Melanie M. Wall, PhD<sup>2</sup>; Mark Olfson, MD, MPH<sup>2</sup>

Graves JM et al 2021; Flodgren G et al 2015

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# Telehealth Now

- Long history of telehealth, but rapid implementation and acceptance of telehealth with the COVID-19 pandemic
- Telehealth best practices are evolving
- Re-envisioning approaches to health care delivery, including ...



Shore J et al 2020

# What is an off-site, remote or tele-team?



*From Providers located in Clinic/Hospital to Patient Home*



*From Off-site Provider(s) to Clinic/Hospital/Patient Home*



# What is an off-site team, remote or tele-team?



Shore J et al 2019;  
<https://healthtechmagazine.net/article/2020/08/why-providers-should-address-disparities-telehealth-access>

*“The model is only  
as  
successful as the  
team.”*

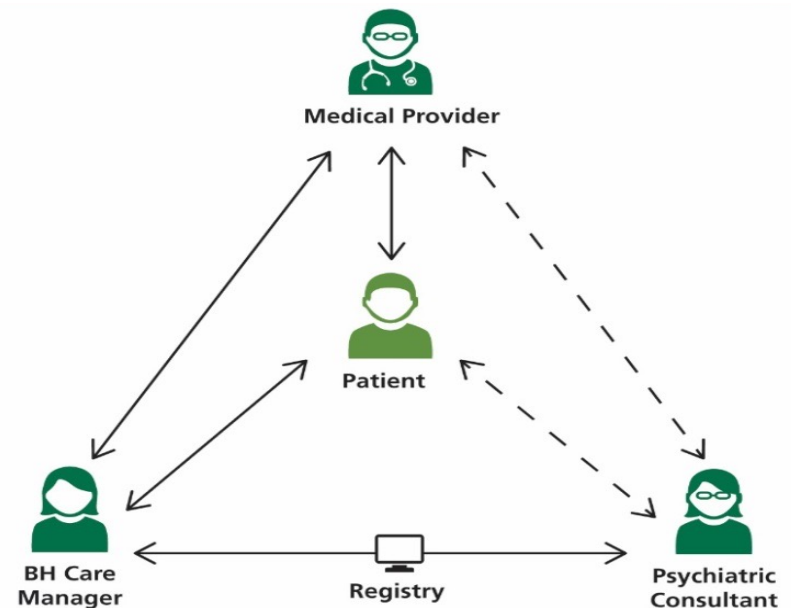
*- Child/adolescent psychiatric consultant  
who works off-site*

*“The ability of a  
telepsychiatry team to  
work effectively in  
virtual/hybrid  
environments has  
significant implications  
for treatment  
outcomes.”*

*- Shore J et al 2019*

# Telepsychiatry and Collaborative Care as an Example

- A form of integrated behavioral health care that incorporates a psychiatric consultant (PC) and behavioral care manager (BHCM) into team with PCP
- Psychiatric consultant is often/traditionally off-site
- With advent of changes in telehealth/policy, more remote CoCM teams with several members off-site



# Benefits to off-site teams

- Can be just as effective as clinic-based teams
  - Early comparisons show remote integrated behavioral health care is effective, and as effective as clinic-based models (Fortney J et al 2013; Fortney J et al 2018)
- Can expand hiring pool
  - Wider range of skills/training possible
- Can increase access and integrate more specialties
- Shown to increase team productivity and reduce stress/burnout (less commute)

Shore J et al 2019; Gardner et al 2020; Fortney J et al 2018

<https://healthtechmagazine.net/article/2020/08/why-providers-should-address-disparities-telehealth-access>

# Best Practices in Tele-teaming Literature

- Scant literature
  - What's available: tele-teaming impacts patient/provider experience and outcomes
  - Current understanding drawn from fields of applied psychology and business
- Overarching themes:
  - (1) rapid growth/deployment of virtual care teams across medical fields
  - (2) evolution of studies from initialing examining in-person vs. virtual teams to strengths/challenges in virtual teaming
  - (3) deli

[Review](#) > [Curr Psychiatry Rep.](#) 2019 Jul 8;21(8):77. doi: 10.1007/s11920-019-1052-x.

## Best Practices in Tele-Teaming: Managing Virtual Teams in the Delivery of Care in Telepsychiatry

Shore J et al 2019

Jay H Shore <sup>1 2 3</sup>

# Remote Clinical Team Challenges

Team cohesion challenges (“Out of sight, out of mind”, isolation)

Team miscommunication, difficulty closing communication loops

Privacy and security

Technology snafus

Shore J et al 2019; Ackerman B et al 2009

# Best Practices: Tele-teaming in Psychiatry

Team  
Composition  
and Culture

Team  
Communication

Leadership

## Tele-teaming Best Practices: Team Composition and Culture



- Challenge: harder to team build when off-site
  - “out of sight, out of mind”
    - Fewer referrals
  - Detachment
  - Isolation
  - Less opportunity for support, education, spontaneous team building



# Challenge 1: Team Building and Culture

## Strategies

- 1) Bake team building into implementation from Step 1
  - Remote providers visit clinic initially and at regular intervals
  - Be strategic about team member/composition
  - Consider support staff needed for type of clinical service



Shore J et al 2019

# Building local knowledge with onboarding

- With increased telehealth capacity and uptake, wider range of partnerships might be available
- Orient staff/providers with no prior experience working in geographic location or local communities
- Visit early!
  - Ex: Lummi Tribal Health Center Rotation at University of Washington
  - Ex: Implementation projects, insight from site visits

# Challenge 1: Team Building and Culture

## Strategies

2) Creative ways for off-site providers to remain involved and address isolation

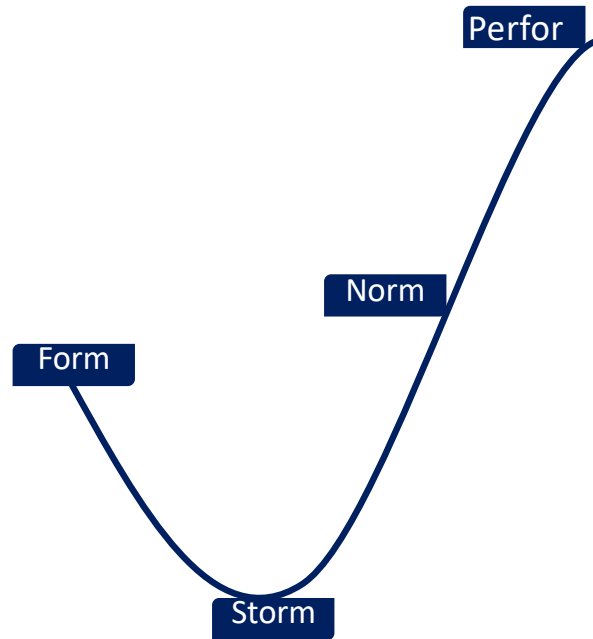
- “Office hours”
- Going to provider meetings
  - Ex: providing education

3) Returning to building team basics

- Be especially clear about team member roles
- Have plan to regularly review team building

# Back to Team Building Basics

## Tuckman's Model of Team Building



## Principles of Effective Teams

Shared Goals

Clear Roles

Measurable Processes and Outcomes

Mutual Trust

Effective Communication

Slides by Dr Raman Toor

## Tele-teaming Best Practices: Team Communication

- Challenge: Fewer face-to-face interactions and "hallway curbsides", more opportunities for miscommunication



# Challenge 2: Minimizing Miscommunication

## Strategies

- 1) Highly intentional communication workflows for team communication and patient-facing communication
  - Focus on "when, who and how":
    - 1) process (e.g., team meetings, treatment planning, 1:1,)
    - 2) methods of communication including timing (synchronous/asynchronous)
    - 3) medium (Video, EHR, telephone, email, communications, scheduling procedures)
- 2) Iterate and review communication successes/pitfalls
  - When review will happen, who is responsible

# Challenge 3: Privacy and Security

- Challenge: Vulnerability to security issues when not on-site
- Communication workflows: Check HIPAA compliance with legal and IT
  - Using regular work email for PHI may not be HIPAA compliant
  - Risks accidentally sending information to unintended recipients
- Hardware: Consider work computer vs personal computer
  - More control over programming security parameters

<https://healthtechmagazine.net/article/2020/08/why-providers-should-address-disparities-telehealth-access>

# Challenge 4: Technology Snafus

- Challenge: Bandwidth issues or internet outages
- Always have a plan B!
  - If patients are struggling with access: consider screening for tech savviness and providing troubleshooting ahead of time
    - Have on-site staff designated to help
  - In clinic: Have someone available to assist in troubleshooting for telehealth clinic appts
    - Ex: Medical Assistant assigned to psychiatric consultant for rooming pts, helping with labwork, etc



# Take Homes: Adapting to Challenges

Challenge	Adaptation
<ul style="list-style-type: none"><li>• Loss of cohesion, harder to team build</li></ul>	<ul style="list-style-type: none"><li>• Intentional team formation and relationship building</li></ul>
<ul style="list-style-type: none"><li>• Difficulty closing team communication loops</li></ul>	<ul style="list-style-type: none"><li>• Structured communication workflows</li></ul>
<ul style="list-style-type: none"><li>• Privacy and security</li></ul>	<ul style="list-style-type: none"><li>• HIPAA compliant platforms</li><li>• Clear expectations when onboarding</li></ul>
<ul style="list-style-type: none"><li>• Technology snafus</li></ul>	<ul style="list-style-type: none"><li>• Plan B</li><li>• Have call contact numbers available to the team</li></ul>

# Take Homes

- Off-site teams can provide opportunities for bringing new specialties, training and highly effective care to your clinic
- Full benefit requires intentionality around building teams and troubleshooting from day one!

- QUESTIONS & DISCUSSION

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