

Using Telehealth in the Provision of Mental Health Services

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November 20, 2003

EXHIBIT H	Mental Health	Document consists of 27 pages.
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		Meeting Date 11/20/03

Telehealth is

- the practice of healthcare delivery using telecommunications technology including but not limited to diagnosis, consultation, treatment, transfer of medical data, education, and dissemination of public health alerts and/or emergency updates.
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Telemedicine is

- the use of telecommunications technology to deliver clinical diagnosis, clinical services and patient consultation.
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Telemental health is

- the use of telecommunications technology to deliver mental health services and information to providers, consumers and their families.
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What were you thinking?

☐ Do you have a plan?

- Decide what services are to be delivered
 - Determine where they will be delivered
 - Decide who will deliver them
 - AND THEN determine the telecommunications technology you will need to deliver the services.
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Create services a map

- ☐ Services currently being delivered
- ☐ Location of services being delivered
- ☐ Who is delivering them

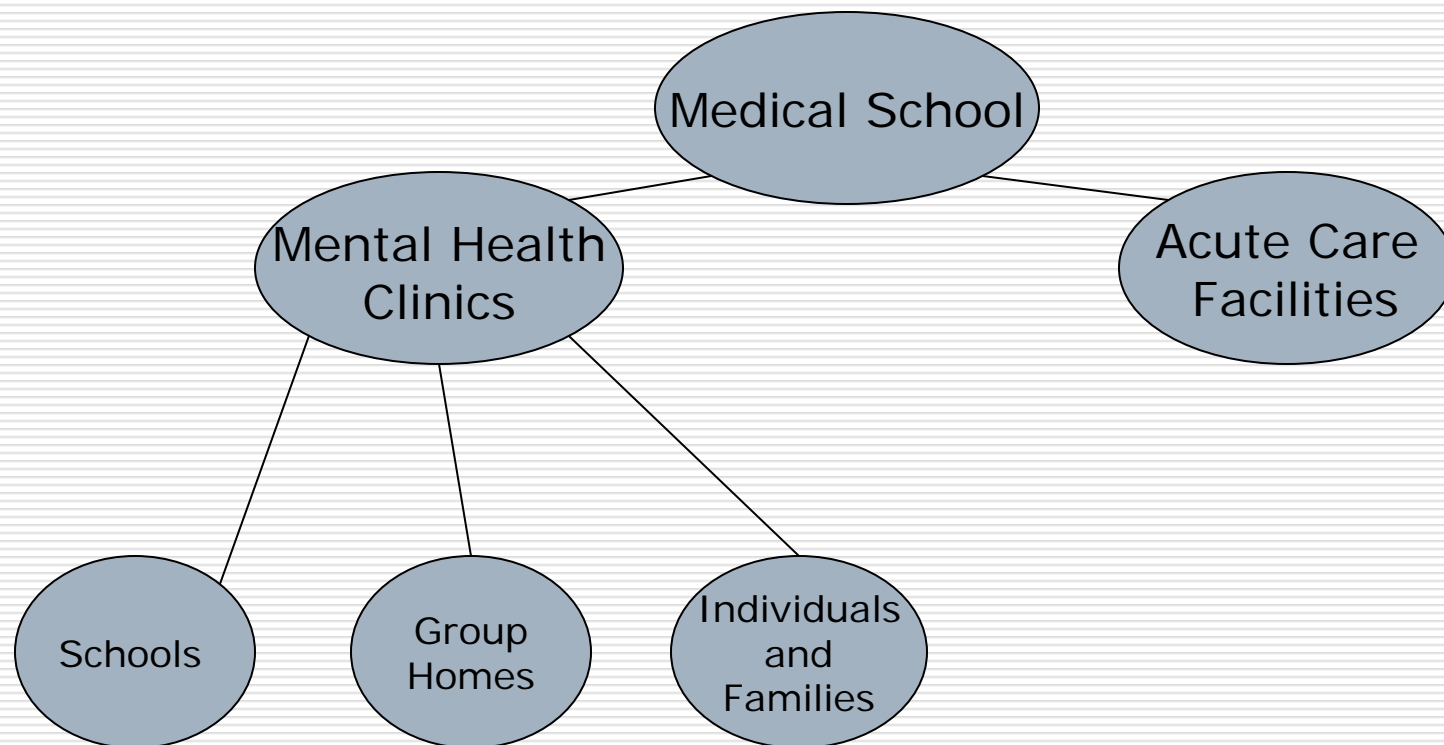
Where and what are the gaps in service?

Create a telecommunications map

- ☐ Major fiber routes
 - ☐ Middle mile connections
 - Local exchange carriers
 - Wireless carriers
 - ☐ Last mile connections
 - Fiber – Cable, DSL
 - Wireless
 - ☐ Current applications networks – government, education, healthcare, etc
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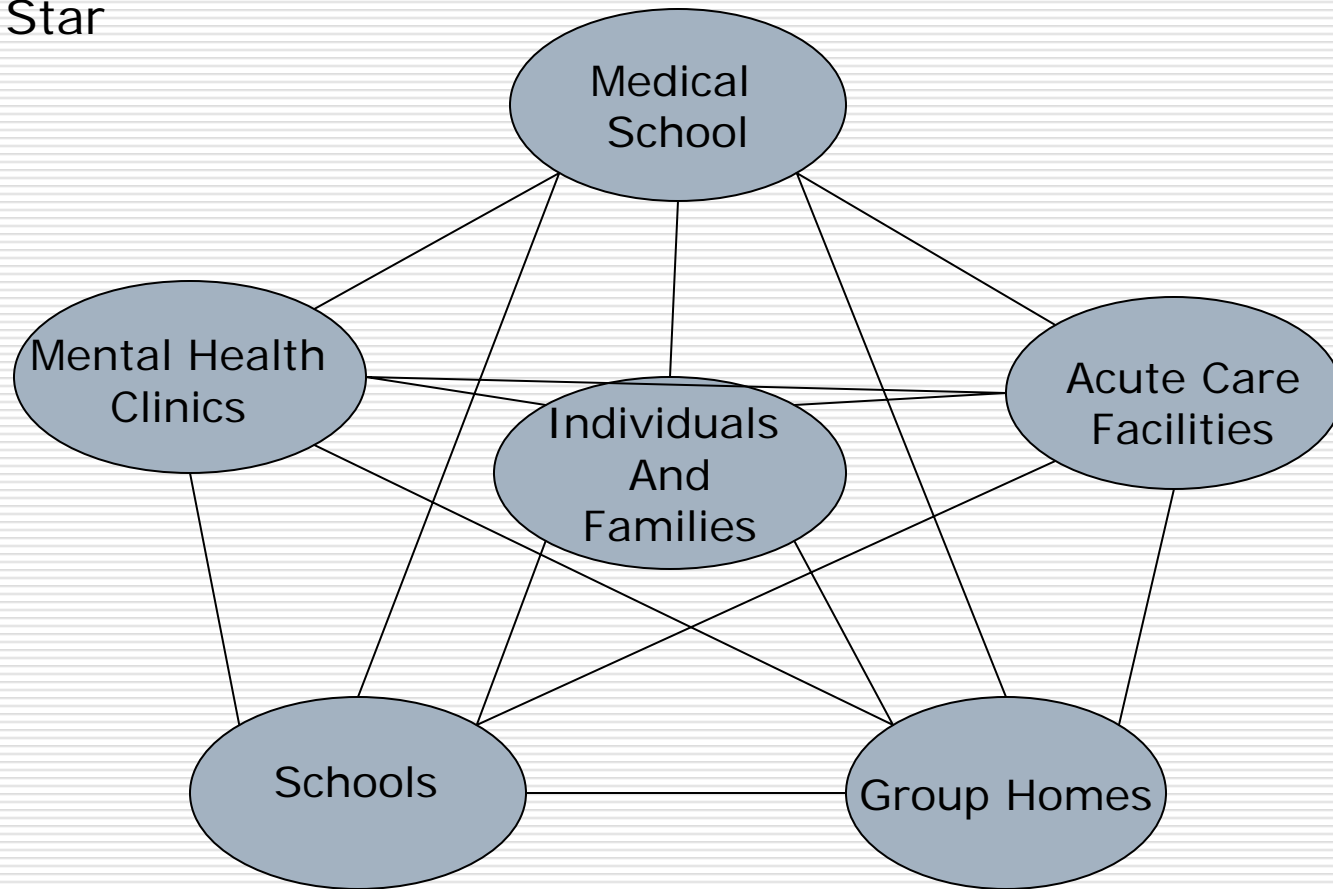
Create a delivery model

Hub and Spoke



Create a delivery model

Star



Putting the Program Together

Lessons Learned

- ❑ #1 Telemental health should not occur in a vacuum

Many of the most robust, cost effective telemental health programs are those that reside on multi-use networks.

Healthcare Networks

- ❑ Usually a hub and spoke model originating from a medical school, a large tertiary care hospital or a combination of the two
 - ❑ Many subspecialty services are offered
 - ❑ Recipients are smaller hospitals, clinics, public health offices, mental health clinics.
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Healthcare networks

- ❑ These recipients in turn offer services to schools, group homes, nursing homes, families and individual in their local areas
 - ❑ In Oregon several smaller healthcare networks are joining together to form a network of networks.
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Public Switched networks

- ❑ Many different applications share the cost of the transport
 - Local government
 - Education
 - Libraries
 - Businesses
 - Public Safety

 - ❑ Each pays the cost to connect to the network
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Lessons Learned

- ❑ #2 Telemental health can not succeed in the long term without reimbursement for the services provided.

Gaining reimbursement for telehealth is not a spectator sport nor a job for the faint of heart

Approaches to obtaining reimbursement

- ☐ Negotiate it one payer at a time (Montana)
- ☐ Legislate it (Kentucky, California)
- ☐ Create it through policy with executive order if needed to enable Medicaid compliance (Oregon's HJR4)

When creating a policy for reimbursement invite all parties to the table including the payers

Lessons Learned

- ❑ #3 Good protocols and procedures are needed in order to manage risk and limit liability

A HIPAA compliant Informed Consent document is a must (Oregon's standard)

Lessons Learned

□ #4 There is strength in numbers

There is a tremendous advantage to creating an alliance of those who are interested in improving access to quality healthcare through telehealth.

The alliance should include

- ☐ Telehealth service providers
 - ☐ Hospitals and their association
 - ☐ Healthcare providers and their board and associations
 - ☐ Telecommunications providers
 - ☐ Equipment and software providers
 - ☐ Payers
 - ☐ Legislators
 - ☐ Healthcare recipients
 - ☐ Healthcare education and training providers
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Some “Nuts and Bolts”

Telemental Health

- ❑ One of the first applications of telemedicine – Nebraska 1959
 - ❑ Currently the fastest growing telehealth application
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Telemental Health Myths

- ☐ Telemental health services require lots of bandwidth.
 - ☐ Telemental health services are not as good as f-t-f services.
 - ☐ Consumers do not react favorably to telemental health services.
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The Need

- ❑ Access to subspecialty services especially child psychiatry and geropsychiatry
 - ❑ Reduction of travel for providers and consumers
 - ❑ Easy, low-cost ways to communicate with providers, consumers and families often on a daily basis
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Current Uses

- ☐ Consultation
 - ☐ Therapy
 - ☐ Med management
 - ☐ Evaluation
 - ☐ Hearings
 - ☐ Family visitation
 - ☐ Staffings
 - ☐ Education
 - ☐ Governance
 - ☐ Consumer networking
 - ☐ Provider networking
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The “tele-tool” should:

- ☐ Focus on the patient
 - ☐ Focus on the process of supporting the mental health provider
 - ☐ Provide expert knowledge to the point of need
 - ☐ Provide “social presence”
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“What we must decide perhaps is how we are valuable, rather than how valuable we are” *E. Friedenber*



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