Using Telehealth in the Provision of Mental Health Services

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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.
Telemedicine is

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

- the use of telecommunications technology to deliver mental health services and information to providers, consumers and their families.
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.
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
Create a delivery model

Hub and Spoke

- Medical School
- Mental Health Clinics
  - Schools
  - Group Homes
- Acute Care Facilities
  - Individuals and Families
Create a delivery model

Star

- Medical School
- Mental Health Clinics
- Individuals And Families
- Acute Care Facilities
- Schools
- Group Homes
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.
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.
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
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
Some “Nuts and Bolts”
Telemental Health

- One of the first applications of telemedicine – Nebraska 1959
- Currently the fastest growing telehealth application
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.
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
Current Uses

- Consultation
- Therapy
- Med management
- Evaluation
- Hearings
- Family visitation
- Staffings
- Education
- Governance
- Consumer networking
- Provider networking
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”
“What we must decide perhaps is how we are valuable, rather than how valuable we are” E. Friedenber
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