

# TELEHEALTH: A SOLUTION TO SERVICES GAPS, LARGE AND SMALL

PRESENTED BY ~  
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# What is telehealth?

A collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies ~  
Center for Connected Health Policy



# Not limited to patient describing symptoms to a doctor



# And sometimes there is no interaction

Blood glucose



Weight



Steps



Blood pressure



# Why not just stick with old fashioned office visits?

- There are limited specialized services in certain geographic areas.
- Significant travel can be required which results in travel expenses and time away from work or school.
- Telehealth can be available when you need it while some offices require appointments that may be less convenient.
- People are not always accurate self-reporters.

# Case Study: Large Service Gap



- June of 2012, DBHDS released the RFP for the Crisis Response and Child Psychiatry Services grant.
- Of the ten CSB's in Region III, Mount Rogers Community Services Board became the lead agency for the grant.
- After soliciting feedback from the CSB's, the following needs were identified:

# 2012's Identified Needs

- These ten CSB's had a combined full time equivalent of 4.88 child psychiatrists available to serve approximately 14,000 youth.
- None of the CSB's had an established youth-specific crisis stabilization services.
- CSB's found they were having to rely on local primary care physicians as a means of addressing medication needs for youth due to the limited amount of child psychiatric time. However, many of these providers were uncomfortable with psychiatric medications.



- The Commonwealth Center for Children and Adolescents (CCCA) is the closest state operated option available for youth in need of hospitalization. There are only 2 private facilities within the region.
  - In FY12, Region III required a little over 22% of CCCA's total bed days.
  - Some youth experienced travel times of up to 5 hours, making family visitation and therapy very challenging.
  - An ID/DD diagnosis tends to be exclusionary criteria for private facilities.
  - Those youth who required law enforcement transportation experienced these long rides in the back of a police car.

# The Telehealth Solutions

Some math is pretty easy to follow

Paucity of  
psychiatric  
services

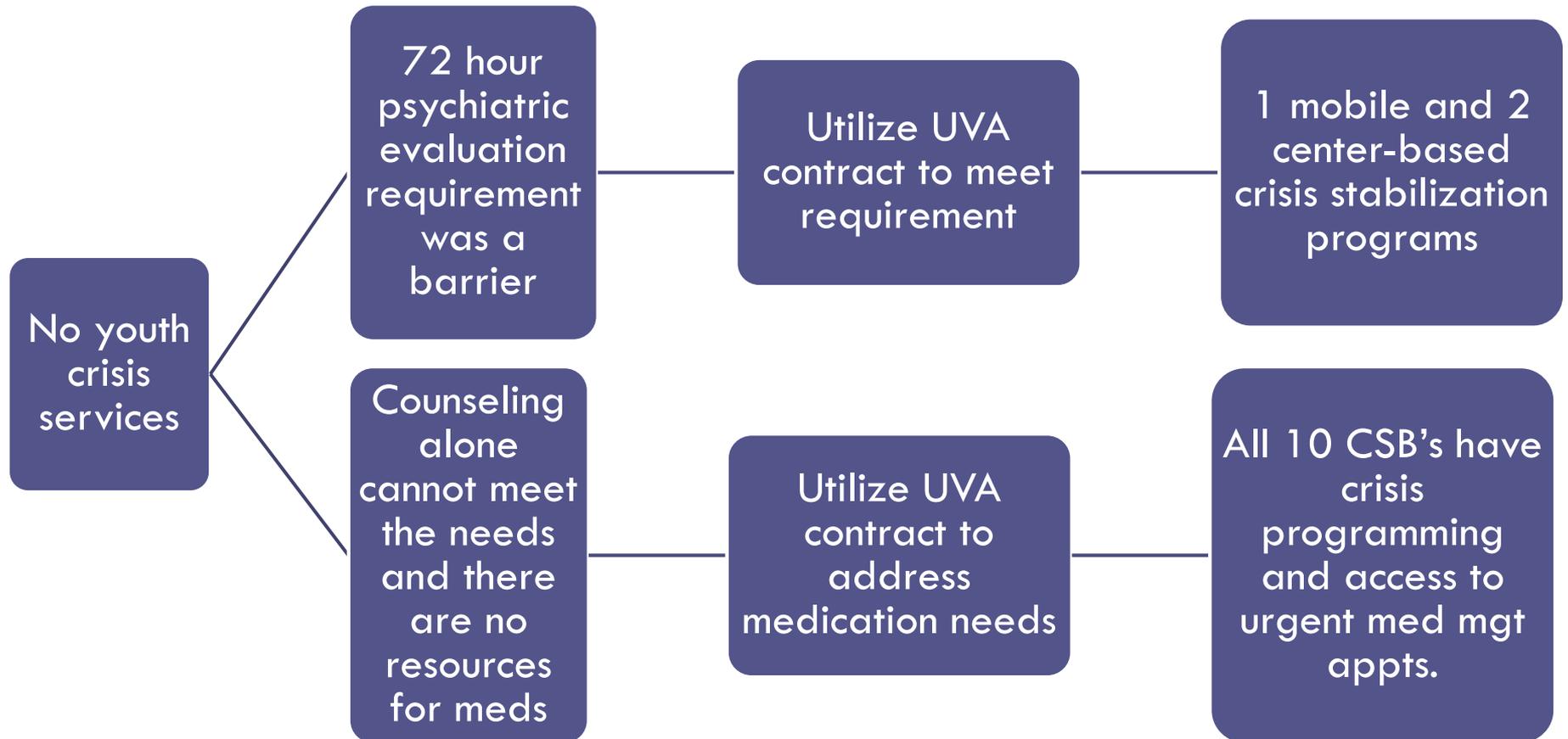


Telehealth  
psychiatric  
services  
offered  
regionally

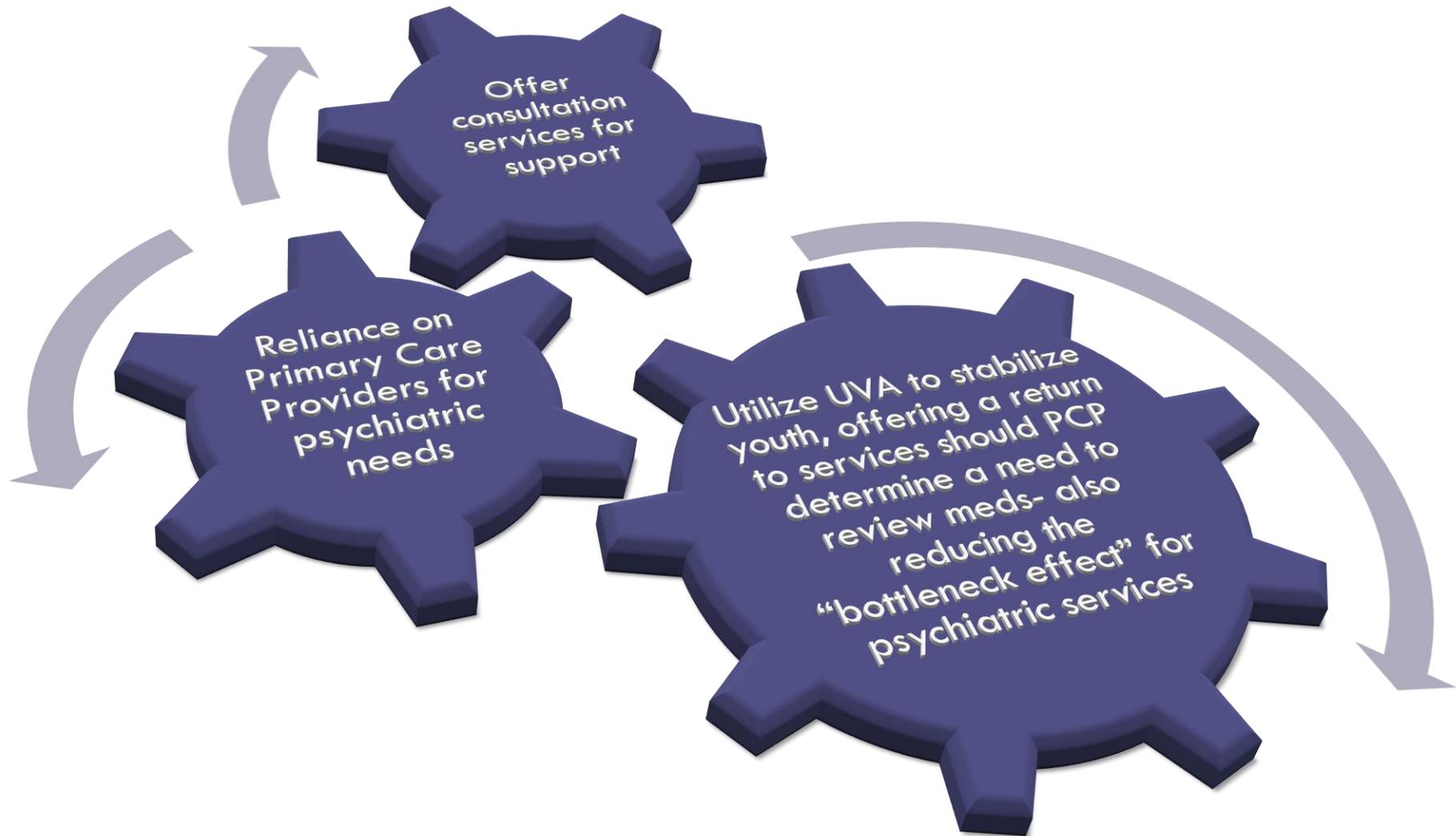


Currently  
utilize 42  
hours a  
week with  
UVA

# But sometimes the correlation is a bit less direct



And sometimes it's just a matter of supporting what's already in the equation



# And then came the Region's Crisis Stabilization Unit . . .

Offering a program to 27 counties and 8 cities in a mountainous and rural region means overcoming the barriers of geography. Aside from offering physical transportation assistance, telehealth became a major solution.

## Parents unable to drive in for psychiatric appointments

- Telehealth connections to UVA at home CSB while youth connects to UVA from the CSU.

## No family therapy can occur due to distance

- Telehealth connections between home CSB and CSU supports family sessions.

## Continuity of care

- Treatment team meetings occur over telehealth with home CSB and any other treatment team members, this sometimes includes the current prescriber continuing care while youth is admitted.
- If UVA completes the initial assessment, youth may continue to see the same prescriber at home CSB via telehealth.

# Telehealth counterbalanced the deficits in Region III

Limited to nonexistent youth crisis and psychiatric services

A continuum of care to address the needs of youth in or at risk of crisis

4.88:14,000  
prescriber/youth  
ratio

0 youth-focused  
crisis  
programming

Psychiatric appts in  
72hrs

All 10 CSB's  
offering youth  
focused crisis  
services

1 mobile and 2  
center based  
crisis stabilization  
programs

1 residential CSU

# Case Study: Smaller Service Gaps

## CSU Medical Assessments

- Youth were spending several hours in urgent care, missing hours of treatment for what was often a 30 minute assessment for minor medical concerns such as cough, rash, etc.
- An agreement made with Bland Clinic to provide medical care via telehealth.  
Youth can receive care without missing significant treatment time.

# Case Study: Smaller Service Gaps

## Maximizing prescriber time

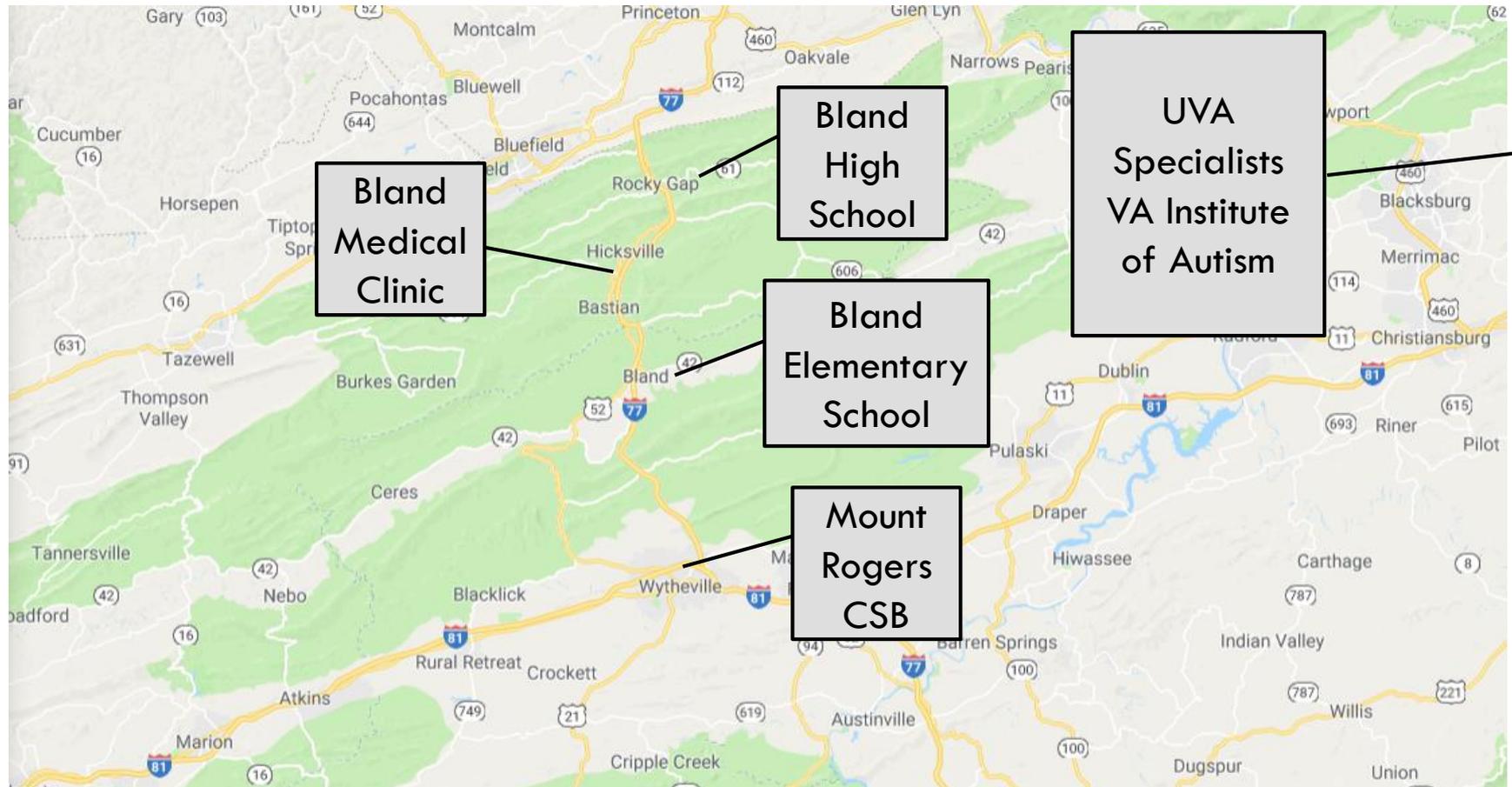
- Prescriber driving between sites = 8 med mgt appts a week that were blocked for travel.
- Having youth drive to a central location = extended time from school (up to 2hr round trip) and fuel expense for families.  
Distant sites were equipped for telehealth so youth could receive services at their home clinic.

# Case Study: Smaller Service Gaps

## Same Day Access / Crisis Services

- Offering open hours for enrollment can result in too many families coming into the office at once. One office may have 4 walk through the door while another has 0.
- Telehealth space established at each site offers families an opportunity to dial into another site to complete enrollment.

# Case Study: Medium Service Gaps



- Very limited public transportation
- 13.8% Poverty- U.S. Census
- One hour travel time to the closest MRCSB site
- BMC walk-in's wait for 1<sup>st</sup> available appt

# Team Work Makes the Dream Work!

MRCSB, BMC and VIA pooled resources with Bland County Schools and successfully applied for a Federal Health Resources & Services Administration Grant

## e-BACKPAC: Bland County



*electronic-Better Health and Care for Kids, Parents, and Communities*



# Growing Pains



Insurance policies limit use of telehealth. Agency policies may need updating to reflect telehealth specific issues.

# Medicaid Policy

States objectives for covering telehealth services:

Improved access

Improved compliance with treatment

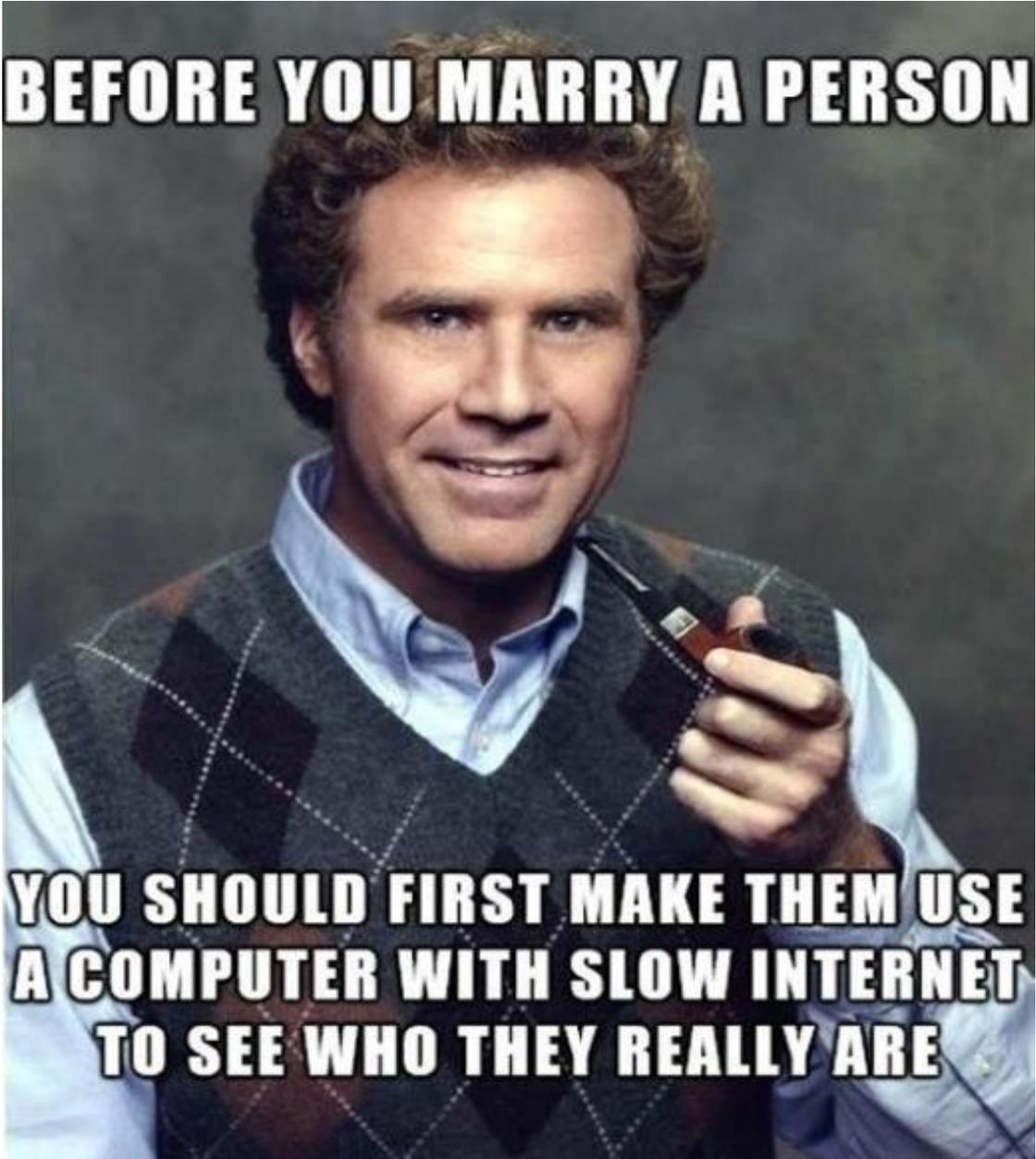
Early intervention = better outcomes

Reduced costs for hospitalization and transportation

- ❑ Colposcopy
- ❑ Fetal non-stress test
- ❑ Various radiology and ultrasounds codes
- ❑ Psychiatric evaluation
- ❑ Individual/Family/Group therapies
- ❑ Speech therapy
- ❑ Cardiography interpretation
- ❑ General medical evaluations
- ❑ Crisis Intervention
- ❑ Telemedicine facility fee

Information Technology Departments may be at capacity and/or require new learning and training. This is not helped by systems that don't like to "talk" to one another.





**BEFORE YOU MARRY A PERSON**

**YOU SHOULD FIRST MAKE THEM USE  
A COMPUTER WITH SLOW INTERNET  
TO SEE WHO THEY REALLY ARE**

Internet access, speed, and reliability can be significant factors for rural settings. It isn't unusual to install internet services in spaces where a HIPAA compliant connection is needed.

Mobile units can help reduce the need to solely dedicate space for telehealth, but does not completely eliminate the need for space and can be easily overlooked.



# New ways to do old things can be challenging for some staff

Families  
won't  
want to  
talk to a  
screen.

I don't  
want to  
talk to a  
screen.

Well, no, I  
don't want  
to drive to  
other sites  
either.



I can't hear  
what they  
are saying  
or see them  
well.

Okay the  
new  
microphone  
helped, but  
the  
connection is  
glitchy.

# Survey Says . . .

## Who's willing to see a doctor over video?

66% of Americans

72% of parents with children under 18

72% of those aged 45-54

53% of those over age 65



Base: n=2,100

American Well Post-visit Amwell Survey, 2018, n=8,844

# Yeah, but . . .

Grant funding isn't readily available for all agencies, areas, situations, needs, etc.

- ❑ You don't need the biggest and best in equipment. Many software options are available that can be effective with just a laptop camera/microphone.
- ❑ Investment in equipment can be offset by the reimbursement of services.
- ❑ Partnering with other agencies who are dependent upon equipment can result in them providing the equipment/software.

# More Opportunities with Telehealth

## Advocacy

Advocacy is needed to encourage insurance agencies to increase services billable via telehealth.

As remote monitoring shows it can improve care, policies should start covering the cost of apps and devices.

## Enhancement

Telehealth can bring to bear specialty providers such as Licensed Behavior Analysts, Forensic Specialists, Geneticists, and other specialists.

The ability to provide services to families as they sit on their own couches.