

Community Care Collaborative

Telepsychiatry in Community Health Clinics

307459301.1.8 Pass 3

Provider: The Community Care Collaborative (CCC) is a new multi-institution, multi-provider, integrated delivery system. Launched in 2012 by Central Health, Travis County's Healthcare District, and the Seton Healthcare Family, Central Texas' largest hospital system, and now joined by Austin Travis County Integral Care, the County's Local Mental Health Authority, this 501(c)3 will integrate safety net providers in Travis County in a ACO-like model. Patients will receive navigated, patient-centered care that will lead to better health outcomes, increased satisfaction with the system, efficient delivery of services, and lower costs.

Intervention(s): The CCC will develop technology-assisted mental health services to expand access to mental health care for low-income uninsured and Medicaid patients accessing care at a local community healthcare clinic. This project also expands providers' capacity to access psychiatric consults when needed, improving provider's confidence in managing patients with mental health conditions. Protocols for tele-mental services will be developed to ensure consistent and effective use of the technology. In conjunction with the fourteen other DSRIP projects that build critical infrastructure, expand access to care, and ensure that patients receive the right services in the right place at the right time, this DSRIP project will lead to better clinical outcomes for the patient, less reliance on acute and emergency care, and lowered costs of care for the indigent care system in Travis County.

Need for the project: Estimates suggest that over 50% of Travis County residents under 200% of the Federal Poverty Level require behavioral health care but are not receiving it (Central Health analyses for the Region 7 Community Needs Assessments). While many reasons exist for the lack of care, one reason is that the supply of and access to behavioral health clinicians is inadequate. The shortage is exacerbated for the low-income population.

Target population: This project will serve approximately 3,500 CCC patients who have a mental health Community healthcare clinic with limited access to behavioral health providers will be the initial focus of this project.

Category 1 or 2 expected patient benefits: This project will provide approximately 3,500 low-income uninsured and Medicaid patients with mental health services delivered via telemedicine. In DY3, 500 people will be served; DY4, 1200 people; DY5, 1800 people, for that 3500 persons total. Access to mental health care is expected to provide earlier diagnoses of patient's mental health conditions (e.g., depression and anxiety) and help monitor and manage their conditions.

Category 3 outcomes:

- 11.26.e.i: Improvement of PHQ-9 Scores

Title of Project: Telepsychiatry in **Community** Health Clinics

Category / Project Area / Project Option: 1.11.2: Implement technology-assisted behavioral health services from psychologists, psychiatrists, substance abuse counselors, peers and other qualified providers.

RHP Project Identification Number: 307459301.1.8 Pass 3

Performing Provider Name: Community Care Collaborative (CCC)

Performing Provider TPI: 307459301

Project Description

The Community Care Collaborative (CCC) is a 501(c)3 public-private partnership that will redesign the Travis County indigent healthcare delivery system. The CCC was created in 2012 by Central Health, the taxpayer-funded Travis County Healthcare District, and the Seton Healthcare Family, Travis County's largest hospital system. Austin Travis County Integral Care, the designated provider of community-based behavioral health and development disorder services for Travis County, has also recently joined the CCC as a partner. The CCC's overarching goal is to provide high quality, cost effective, patient centered care that improves health outcomes for its targeted population. The CCC, through its contracted provider network, will initially serve a defined patient population of 50,000 uninsured individuals at or below 200% of the Federal Poverty Level and who meet other established eligibility requirements.

The operational objectives of the CCC are to create effective coordination between providers across the continuum of care; increase and integrate capabilities of providers' Electronic Health Record (EHR) and the system's Health Information Exchange; and aligns payments with outcomes, rather than outputs. With significant public investment in the transformation of the indigent healthcare system, the CCC will develop and implement accountable care organization (ACO) and patient-centered medical home principles by establishing a strong, comprehensive primary care base, collective responsibility for care of patients across the delivery continuum, payments linked to quality improvements, and reliable and progressively stronger performance measurement and reporting.

The Telepsychiatry in Community Clinics Project will bring telemental services to approximately 3,500 patients with mental illnesses in the county's community healthcare clinics. These patients will benefit from telemental services as described in this project, but also the fourteen other DSRIP projects that the CCC is proposing. These fourteen projects are:

- Chronic Care Management Project
- Patient Centered Medical Homes
- Disease Management Registry
- Expanded Hours at Community Clinics
- Mobile Clinics to Underserved Areas
- Dental Care Expansion
- Community Paramedic Navigator Project
- Gastroenterology in Community Clinics
- Pulmonology in Community Clinic
- Integrated Behavioral Health
- Pregnancy Planning
- STI & HIV Screening and Treatment & Referrals
- Comprehensive Patient Navigation
- Centering Pregnancy

Through installation of required equipment and conversion of treatment rooms, the following telemental services will be provided at community clinics in Travis County:

- Direct and continuing care to patients by behavioral specialists, delivered via telemedicine technology;
- Psychiatric consultations to primary care practitioners to assist with complex cases, medication management and reconciliation, triaging emergencies, addressing issues of co-morbidity;
- Expanded opportunities for staff training and education.

Project rollout will first target community clinics determined to be the most critically underserved in terms of behavioral health specialists and then expanded to other clinics over time.

CCC patients will gain access to the telemental service through PCP referral, which will be prompted or accompanied by administration of one of the standardized psychiatric assessments - the Patient Health Questionnaire (PHQ-9) a screening tool for depression. At a community-based clinic, the patient will receive telemental treatment from a mental health provider, selected for his or her experience, availability and suitability to the patient. These treatments could range from one-time assessments and evaluations to a series of sessions as the patient's condition requires, with regular provider-to-provider follow up as needed. Doctor-to-doctor consults also will be available via telemental services.

These technology-assisted services will give both patients and physicians access to behavioral health specialists and will result in many positive outcomes:

- Bringing behavioral health services to the primary care setting helps to increase positive patient outcomes due to increased opportunities for care, provides care in a familiar, non-threatening setting
- Increases opportunities to address high rates of behavioral health issues within the patient population by increasing access to mental health care.
- With on-demand telepsychiatry, services can immediately be applied in these clinic and providers' capacity to treat also will increase

Telemental health services fully realize the potential for the right level of service, in the right setting, at the right time.

Project Goals

The goals of this project are to:

- Provide technology-assisted behavioral health services into select clinical operations to over 3500 patients through installation of units at community health centers with the greatest immediate need;
- Increase patient and provider comfort and satisfaction with telemental services;

See a reduction in patients' depression that accompanies telemental service utilization.

Challenges or Issues Faced by the Performing Provider

The main challenges with this project arise from the non-traditional way that behavioral health services will be delivered. Both patients and providers may need to gain comfort with a virtual behavioral health session. First, there is the delivery of care through a non-traditional medium. Second, there may be increased concern regarding patient privacy and the practice's HIPAA compliance.

How the Project Addresses those Challenges

During the first year of the Waiver, different models for telehealth, telemedicine, and tele-monitoring services will be evaluated, and clinic operations and protocols will be created based on assessments of best practices and practices that can successfully integrate into existing facilities. Once established, providers will be familiarized with clinic operations and protocols related to telemental services (assessment, referral, processes for consultative services, etc.). Similarly, patients with the assistance of their clinicians will be familiarized with using telemental services to ensure a high level of comfort with using the technology. Patients referred to telemental services and are not comfortable with the use of technology-assisted services will have the option to use traditional services but will be informed that access to therapy via telemental services will be more expedient.

To address concerns regarding patient privacy and HIPAA compliance, secure networks, encryption programs and adherence to the national standards and best practices, such as those from the American Telemedicine Association, will be integrated into the CCC's new telemental service protocols (Gunter, Srihivsaraghavan, & Terry (2003), "Misinformed regulation of electronic medicine is unfair to responsible telepsychiatry", Journal of American Academy of Psychiatry and Law, 31:10–14.) also recommend the implementation of the following standards to ensure successful implementation of the technology: patient education regarding the equipment and scope of confidentiality, assessment of patient satisfaction with the service, on-going staff development and quality monitoring, and provision of local back-up to render care in a timely manner in case of emergency.

Five-year Expected Outcome for Providers and Patients: At the end of this demonstration period, telepsychiatry services will be provided at community health clinics and will serve approximately 3,500 CCC patients seeking mental health services. Depression and anxiety scores are expected to decrease.

How the Project is Related to RHP Goals

This project is directly related to five of RHP 7's Regional goals:

- Goal 1: Prepare and develop infrastructure to improve the health of the current and future Region 7 populations
- Goal 2: Reduce health system costs by expanding opportunities for patients and families to access the most appropriate care in the most appropriate setting.
- Goal 3: Improve the patient experience of care by investing in patient-centered, integrated, comprehensive care that is coordinated across systems
- Goal 4: Bolster individual and population health by improving chronic disease management
- Goal 6: Expand access to behavioral health services to ensure timely, effective treatment that minimizes the use of crises services and promotes recovery

Starting Point/Baseline

Baseline Data

At present, there are no telemental services currently being provided in the CCC's network of community-based safety net providers and therefore no patients are receiving telemental services. Telemental services will first be established in the community healthcare clinics with limited access to a mental health provider or currently do not have the capacity to hire a full-time psychiatrist.

Time Period for Baseline

NA

Rationale

Estimates suggest that over 50% of Travis County residents under 200% of the FPL require behavioral health care but are not receiving it (Central Health analyses for the Region 7 Community Needs Assessment). While many reasons exist for lack of care, one reason is that the supply of and access to behavioral health clinicians is inadequate. Central Texas is lacking medical specialists, and psychiatrists represent one of those shortages.

The shortage is exacerbated for the low-income population. In FY2011, two psychiatrists served as the sole consultative resource for 90 providers across the county's largest FQHC network. For individuals who qualify to receive state-funded services through the local mental health authority in Travis County, the wait time in fiscal year 12 was 120 days for service level 1 (medication and coordination), 81 days for service level 2 (Medication, coordination, and therapy). The purpose of tele-mental services is to address the community need for mental health services, such as medication management and therapy.

Telemental services bring benefits beyond increasing capacity to provide direct patient care. It also will be a needed consultative resource for primary care providers; approximately 48% of all psychotropic medications are prescribed by non-psychiatric primary care providers (Pincus et al, Journal of the American Medical Association, 279: 526-531, 1996).

Further, centralizing treatment in a convenient manner that minimizes barriers to access is a core component of the CCC's move towards a patient-centered medical network. Mental health treatment comes with its own set of innate barriers -social and cultural stigma- challenging in their own right without the added difficulty of negotiating transportation, waiting lists, or new facilities. Telepsychiatry minimizes these barriers by providing access to treatment in a familiar environment (the patient's medical home), minimizes wait times for mental health services, and can provide less-threatening access for crisis intervention.

Available resources and supports for the medically indigent must be leveraged both wisely and creatively. Tele-mental care offers an opportunity to maximize the reach of existing clinical skill to provide essential care in a place where patients are likely to be most familiar and comfortable.

Reason for Selection of Project Options and Components

Tele-mental services currently are not available in Travis County community-health clinics; therefore, one of the first activities for project implementation is the development of administrative and clinical protocols to serve as a manual of technology-assisted operations (1.11.2.a). A work group, guided by Central Health will be formed to assist in the identification of clinical best practices in the context of telemedicine. Once completed, this process will produce an action plan containing identified equipment needs as well as time frames for purchasing equipment training. Telemental services will first be implemented in the clinics with limited or no access to mental health services; these sites will serve as pilot sites for the project (1.11.2.b). The CCC will identify and train qualified behavioral health providers (1.11.2.c) to provide telemedicine, telehealth, tele-mentoring, or telemonitoring and to train primary care providers, specialty health providers on the use of the technology. And, in order to adequately track patient progress over time, the CCC will have to identify modifiers to track encounters performed via telehealth technology (1.11.2.d), and develop and implement data collection and reporting standards for electronically delivered services (1.11.2.e). The CCC will be a part of learning collaborative on technology-assisted health care delivery. This collaborative will review the intervention(s) impact on access to specialty care and identify "lessons learned," opportunities to scale all or part of the intervention to a broader population, and identify key challenges associated with expansion (1.11.2.f). These lessons learned will be applied to the existing system, re-evaluated and retested as needed. Once the process and system are operating efficiently and effectively, the CCC will determine if the program can be scaled up to serve more people and at more locations (1.11.2.g). Lastly, this project will assess the impact of telemental services on patient outcomes (1.11.2.h) by evaluating changes in patient's mental health status.

Reason for Selection of Milestones & Metrics

The goal of this project is to increase access to behavioral health services through utilization of telemental technology in a network of primary health clinics. Since none of this technology is currently available in these settings and the specific needs, capacities and potentials have not yet been fully assessed, the selected milestones and metrics have been selected to align with a process of needs assessment, plan development, piloting, assessment, refinement and further implementation.

Furthermore, a number of RHP7 performing providers also are engaging in telemedicine. Learning collaboratives in DY3, 4, and 5 will be an opportunity for the providers to share best practices, challenges, and to learn from each other.

Unique Community Need Identification Number

CN.4 Inadequate access to behavioral health care

CN.6 Inadequate services throughout the continuum of care for individuals with behavioral health issues

CN.7 Lack of coordination of care across physical and behavioral health

CN.8 High rates of non-emergent emergency department usage and potentially preventable inpatient admissions

CN.15 Additive and costly impact of co-occurring mental health, substance abuse, and medical conditions

How the project represents a new initiative for the Performing Provider or significantly enhances an existing delivery system reform initiative

This is a new initiative.

Related Activities Funded by U.S. Dept. of Health and Human Services (DHHS)

No known funded related activities

Related Category 3 Outcome Measure(s)

Category 3 Outcome Measures(s) Selected

11.26.e.i: Improvement of PHQ-9 Scores ***Reasons/Rationale for Selecting the Outcome Measure(s)***

Relationship to Other RHP Projects

How Project Supports, Reinforces, Enables Other Projects

The CCC's 15 projects are all interrelated and will provide high quality, cost effective, patient centered care that improves health outcomes for its targeted population. The CCC projects most closely related to this project are outlined below.

List of Related Category 1 & 2 Projects (RHP Project ID Number)

307459301.2.1: Patient Centered Medical Home

307459301.2.2: Chronic Disease Management Models

307459301.2.3: Integrated Behavioral Health for Diabetics

137265806.1.3: Telepsych for the Emergency Department

List of Related Category 4 Projects (RHP Project ID Number)

RD-1.3: Potentially Preventable Admissions/ Behavioral Health and Substance Abuse Admission Rate

RD-2.3: 30-day Readmissions/Behavioral Health and Substance Abuse: 30-Day Readmissions

Relationship to Other Performing Providers' Projects in the RHP

List of Other Providers in the RHP that are Proposing Similar Projects

Austin Travis County Integral Care (133542405.1.3) and Hill Country Mental Health and Developmental Disabilities Centers (133340307.2.12) propose using technology to provide telemental services.

Plan for Learning Collaborative

Plan for Participating in RHP-wide Learning Collaborative for Similar Projects

RHP 7's performing providers, IGT entities, and anchor recognize the importance of learning from each others' implementation experiences and will make regular efforts to share ideas and solve problems. Region-wide, anchor-led meetings will be held at least annually and will offer an opportunity to share, listen, and learn what providers have encountered while implementing their DSRIP projects. RHP 7 envisions continuing the regular, anchor-led calls that are open to all performing providers and IGT entities, as launched during plan development. These calls have brought value to the process, and will be continued on a schedule that will be helpful throughout the waiver period. Further, the region will continue to use its website (www.texasregion7rhp.net) to share information, updates and best practices as has been done during this first waiver year. More useful, Central Health, as RHP 7's anchor, will foster the development of topical learning collaborative - smaller meetings than the annual regional summit - that will bring together all levels of stakeholders who are involved in DSRIP projects that share common goals, outcomes, themes or approaches. This multi-pronged approach should allow for continuous improvement of regional projects, which will in turn better serve RHP 7's low-income population and transform its healthcare delivery system.

Project Valuation

In valuing its projects, the Community Care Collaborative considered the extent to which the project fulfilled the Triple Aim, supported Waiver goals and addressed community needs. The size of the required investment was also considered, which included considerations of personnel, equipment, time and complexity. Finally, the CCC reflected on the scope of the project: the number of patients that would be affected, including the type of patients; the number of patient visits or encounters; how many providers or staff members would be added; the costs that would be avoided as a result of the project; and the "ripple effect" the project would have on all members of the healthcare system. These factors were weighed against the amount of funding available.