

The Future is Bright: Improving Access to Treatment through Technology

Melissa Sparks, MSN, RN
Deputy Assistant Commissioner
Division of Hospital Services

Amanda Bracht, LCSW
Senior VP, Clinical Services
Mental Health Cooperative, Inc.

Why do we need
to be open to
use of Telehealth
in Behavioral
Health?



Remove barriers to care

- Mental Health Cooperative (MHC) is a large not-for-profit mental health agency that serves over 12,000 Consumers across 10 locations.
- MHC launched their telehealth initiative in 2017 with the following goals
 - Improve access to care especially in more remote office locations
 - Increase ability to accommodate walk-in appointments and urgent appointments
 - Improve overall efficiencies

Potential Risks and Issues

Potential Risk/Issue	How to mitigate this
Minimal Provider buy-in	Roll out initially with pilot group
Minimal Consumer buy-in	Develop processes for nursing staff to engage C's
IT issues	Implement tech support processes with clear plans
Increased workload for nursing and admin staff	Develop detailed processes and support plans

Internal resources vs Telehealth Companies

- MHC currently has built our own process for telehealth with full time employees
- MHC also contracts with a telehealth company to provide additional coverage
 - IRIS Telepsychiatry

Current Utilization

- Daily psychiatric provider “telehealth” schedule to fill gaps in coverage
- Process in place to access an agency provider if there is overflow in a specific clinic
- Telehealth is also used daily for open access intake services

Rules and Regulations

Telehealth defined:

- Telehealth” or “**telemedicine**” means the use of real-time audio, video, or other electronic media and telecommunications technologies that enable interaction between the healthcare provider and the patient, or also store-and-forward **telemedicine** services for the purpose of diagnosis, consultation, or treatment of a patient in another location where there may be no in-person exchange.

Rules and Regulations Cont'd.

A healthcare provider-patient relationship with respect to **telemedicine** or telehealth is created by mutual consent and mutual communication, except in an emergency, between the patient and the provider. The consent by the patient may be expressed or implied consent; however, the provider-patient relationship is not created simply by the receipt of patient health information by a provider unless a prior provider-patient relationship exists.

Rules and Regulations Cont'd.

- Health insurance entities are required to pay for services provided by telehealth as long as they conform with the same standards as traditional in person, face to face services.
- Telehealth services must comply with all of the same licensure standards and regulations required for traditional in person, face to face services.
- Requires that both the provider and the patient be at a “qualified site” for payment purposes.
- The “Interstate Medical Licensure Compact” may allow physicians without a TN license to practice via telehealth though historically only those licensed in TN could practice in TN. Only certain states are included so please be sure to check (only 24 states included).

Accreditation

- If your organization is accredited by an organization such as Joint Commission, please be aware of those requirements if using telehealth.
- Issues that may arise most commonly center around credentialing.

Other uses of telehealth by the state

- Crisis assessments
- Inpatient admission evaluations
- A&D assessments

Q&A

Any questions?

Thank you for attending!!