

- **Increasing Access to**
- **Behavioral Health Care**
- **Through Technology**

- **Meeting Summary**
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## ■ Introduction

*Insights in this report were shared by a select group of HRSA-funded health centers in a March 2012 daylong meeting, convened by the U.S. Department of Health and Human Services (HHS) and its Health Resources and Services Administration's (HRSA) Office of Special Health Affairs. The meeting was held in collaboration with HRSA's Bureau of Primary Care (which oversees the Health Centers Program), the HRSA Office of Rural Health Policy's Office for the Advancement of Telehealth, and HHS's Substance Abuse and Mental Health Services Administration's (SAMHSA) Telemental Health Program.*

Behavioral health care in the U.S. is generally harder to access than other health services, due to factors like a shortage of qualified behavioral health providers and coverage limits by public and private payers.<sup>i</sup> Access to specialty care services—including behavioral care—is particularly acute for under- and un-insured individuals served by Health Centers funded by HHS/HRSA. These organizations receive Federal grants from HHS/HRSA to deliver primary care services to low-income populations. However, specialty care is often not covered by the grants.

Among the ideas for increasing access to behavioral health care is the use of telehealth (i.e., the use of technology to deliver care through techniques like videoconferencing).<sup>ii</sup> Broadly speaking, telebehavioral health can take two forms:

- A non-behavioral care provider can use telehealth technology to conduct a distance-based consultation with a behavioral health specialist to discuss how to handle a patient's mental health needs. In the parlance of telehealth, this is called a consultation.<sup>iii</sup>
- A patient can participate in a videoconference session with a behavioral health specialist. This is called an encounter.<sup>iv</sup>

Both approaches have been successfully put into place by a select number of safety net programs funded by HHS and HRSA. Telebehavioral health may be one of the more successful applications of telehealth across the spectrum of clinical services as outcomes and patient acceptance for telebehavioral health are comparable to face-to-face visits.

### At A Glance

#### **Why Telebehavioral Health?**

**The Need is Great.** Depression is the third most common reason for a visit to a HRSA Health Center, after diabetes and hypertension.

#### **Many Sites Can Use It.**

Telehealth is not just for rural areas looking for ways to overcome distance and transportation challenges. Urban sites use telehealth for consultations and patient encounters. Furthermore, telehealth is far more likely to be used to facilitate staff communications across providers as compared to handling of patient encounters.

#### **Patients Accept It.**

Telebehavioral health programs report widespread patient acceptance of using technologies like videoconferencing. In some cases, technology provides added comfort to patients who otherwise might be fearful and resistant to meet face-to-face in a clinic.

#### **Providers are Ready.**

Technology is pervasive in the medical setting. Clinicians are no longer technophobic.

This report presents the following tips and insights shared by HRSA-funded grantees on getting a telebehavioral health program—from initial planning to implementation and growth.

- **Rationale for Telebehavioral Health.** Included here is a summary of the cost savings, efficiencies, and service expansion that HRSA safety net providers realized in their telebehavioral health programs. Collectively, these potential advantages might stimulate safety net providers to explore establishment of a telebehavioral health program.
- **Assess Your Readiness.** This section outlines what safety net providers typically consider when determining whether to establish a telebehavioral health program. Typical steps include: determining if telebehavioral health is a fit for the agency’s mission, target population, and current services; identifying individuals to lead the effort; finding a mentor who can share ideas and provide guidance; reviewing laws and regulations (e.g., privacy and sharing of data); and then putting a foundational plan in place (e.g., goals, identifying legal and regulatory requirements).
- **Get Started.** If the above assessment is a “go” signal to develop a telebehavioral health program, next steps include identifying potential sources of funding and determining how to build the program (particularly in relation to existing program operations like the agency’s Health Information Technology system).
- **Resources.** This report ends with a summary of technical assistance and training resources for establishing telehealth programs. In particular are materials from the regional telehealth resource centers funded by HRSA. Among their collections are in-depth technical documents that provide detailed guidance on start-up of a telehealth program.

As readers go through this report, they will note that the terms “telehealth” and “telebehavioral health” are both used—often interchangeably. This reflects how meeting attendees typically went about establishing their telebehavioral health programs: within the broader framework of putting telehealth operations in place. Thus, insights can apply to establishing general telehealth programs and telebehavioral health in particular.

## ■ Rationale for Telebehavioral Health

When telehealth started is open to debate and definition. The first country doctor who turned the hand crank on the telephone to consult with a distant colleague, over 100 years ago, was practicing telemedicine. In 1955, Nebraska psychiatrists were using closed-circuit television to carry out consults.<sup>v</sup> Telehealth is constantly evolving, bringing new appeal to clinicians unsure about its benefits and costs. That's a switch from earlier versions of the practice, which one HRSA provider characterized as "one foot in the buggy days and one in the future." Those were days when a telehealth session on video had to be put on pause so that staff could run to the fax machine and retrieve medical records being shared. No longer. Patient charts are now an integrated part of telehealth technology. However, telehealth is still a bit of a novelty. As of 2012, the threshold of widespread adoption, and acceptance, had yet to be crossed.

The value of all types of telehealth, including telebehavioral health, was identified by HRSA safety net providers at the meeting in terms of potential cost savings, efficiencies, and expanded access to services. Their perspectives reflect what is widely known and reported by many others.<sup>vi</sup>

- **Improved Care Delivery.** Telehealth can result in more effective care delivery. Examples abound. Telebehavioral health can support the health system's move toward collaborative and integrated approaches by strengthening relationships within a team and across agencies. Notably, the Patient Centered Medical Home model of care recognizes the value of care coordination that is supported by wireless technology that is supplanting landline and Web-based systems. In practice, clinics can gain expanded access to experts, like behavioral health specialists not located in the community. Telehealth can ease the task of convening consultation sessions between primary care clinicians and behavioral health specialists to screen and manage referrals. Technology can also provide clinicians with ready access to health indicator data for use in addressing clinical and non-clinical issues.
- **Expanded Staff Capacity.** Telehealth can also give providers more mobility in terms of new freedom to deliver health care while on-the-go and in different venues—expanding the walls of a clinic's service offerings. Telehealth can also be used to tap into staff working part-time for multiple clinics via a remote location. Increased availability, however, may not always be to their liking. One safety net provider said that an occasional consultation session is scheduled during the lunch hour.

### *At A Glance*

#### ***Potential Benefits***

Travel time reduced/eliminated.

Telehealth equipment costs have plummeted.

Patients in distress can be seen more quickly, reducing relapse events.

Consultations with off-site specialists can be quickly carried out.

Off-site and part-time behavioral health specialists can be members of the clinic team via telehealth.

Staff can meet and collaborate more easily, especially when connecting staff located at various sites.

- **Enhanced Training Opportunities.** Telebehavioral health can also be used to conduct trainings for staff when sessions are devoted to sharing of insights and best practices. These trainings can elevate expertise within an agency and across multiple providers.
- **High Levels of Patient Acceptance.** There is a perception that some cultures adapt to technical advances more rapidly than others. However, the technology is new to everyone. Telebehavioral health programs have found telehealth to be an effective way to work around patient fears over accessing services at a certain clinic or neighborhood. Health Center patients are frequently reported to be either unable or unwilling to seek services outside of their communities. Additionally, telehealth reportedly works particularly well in serving certain patient populations (e.g., deaf and hard-of-hearing).
- **Cost Savings.** Telehealth can cut the cost of care delivery. For example, patient relapse events can be lowered if telehealth enables a provider to deliver counseling and intervention services quickly via teleconferencing sessions versus on-site appointments that take longer to arrange at an off-site location. Telehealth can also save on travel time. Savings are also possible when it comes to the cost of building telehealth, which is far lower than it used to be as technology costs (from software to videoconferencing equipment) have dropped dramatically.

*TBH in Action*  
**Consultations**

“Telebehavioral health consultations are a first-line option for sorting out and triaging priority cases. A HRSA-funded Health Center in Tennessee that delivers 60,000 visits annually and has 12 psychiatrists uses telebehavioral health consultations as a front-line means for determining which patients need to see a psychiatrist (20-25% of psychiatry visits handled via telepsychiatry).”

Cherokee Health Systems  
Tennessee

## ■ Assess Your Readiness

As with any endeavor, the first thing to do in deciding on whether to establish a telebehavioral health program is to assess the environment in terms of interest, need, and resources. HRSA safety net providers recommended the following steps. They are outlined in a suggested order, although programs may find that some steps can happen earlier than presented or may happen simultaneously.

### ▲ Step 1: Determine the “Fit”

Before getting immersed in an assessment, a safety net provider’s first step should be to determine how telebehavioral health fits within the agency’s current mission, target population, and services. This initial exploration should focus on senior leadership, including the Board, and the agency’s strategic plan, and more. Steps might include:

- **Review Strategic Priorities/Strategic Plans.** Is telehealth (and telebehavioral health in particular) addressed within current agency plans?
- **Do a Quick Assessment.** Conduct an informal assessment to determine if telehealth is a fit for the agency. How are behavioral health services currently being provided? Can delivery of behavioral health consultative services, via telehealth, fit—or be adjusted to fit—within the agency’s current approach to providing such services? Does the agency have the IT capacity to take on telehealth? While a formal needs assessment may be necessary (see the next step), the need may be obvious so that the agency can conduct a more straightforward examination of such key questions as: “What is the problem?” and “How do we solve it?”
- **Secure Board Input and Feedback.** An up-front assessment of the leadership’s perspective on telebehavioral health is an essential step as their feedback can reveal initial interest, potential resistance, or key reasons for and against a push into telebehavioral health. However, board members may know little about telebehavioral health and may focus only on cost concerns. Thus, an initial assessment might work best if prefaced by a brief orientation session about telebehavioral health: on what it means, what it costs, and how it can improve services and agency operations. This initial assessment can be a reality check for proceeding on a more in-depth assessment, as outlined below. Alternatively, feedback at this stage may put

#### *Tips:*

#### ***Determine the Fit***

Identify a leader who can spearhead investigation of whether telehealth is a good match for the agency.

Leaders should not get out so far ahead of the troops that they are mistaken for the enemy. Bring people along. Engage them. Ask for their input. Take everyone on a site visit together to see telehealth in action as some people learn best by observing and doing instead of listening and learning.

Find a mentor—an existing telehealth project lead—and ask questions about how to go about investigating telehealth and, if it’s a match, how to set a project up.

Conduct a quick assessment to determine if telehealth is a good fit for the agency.



the brakes on further exploration of telebehavioral health, although that's likely to be an obstacle only in the short-term as telehealth is likely to only expand in scope over time as technology improves and programs seek new ways to deliver care more efficiently. A subsequent in-depth assessment may still be called for if the board is skeptical but interested in learning more.

## ▲ *Step 2: Assess Interest, Readiness, and Potential Scalability*

The above step is a quick assessment and may be sufficient for a program in deciding whether to establish a telebehavioral health program. However, a more detailed assessment might be needed. Below are some of the steps that might be undertaken to assess interest and readiness to tackle telehealth. (Note: See the Resources section for telehealth guides that also outline assessment methodologies.)

- **Identify Current Activities.** Assess what telehealth and telebehavioral health systems are currently in the community. Existing programs might be filling current needs, although there may be needs that were initially not identified that no agency is addressing. Agencies with telehealth programs are also potential partners as they have the infrastructure and can possibly recommend systems to use and have the capacity to be referral and consultation resources. However, competition for telehealth market share may exist, like with agencies that have their own proprietary/closed telehealth systems (usually larger systems like hospitals). These agencies may be less interested in collaboration or sharing insights as their interest is on marketing their telehealth systems to other agencies so they can charge for using their system or maintain exclusivity for accessing their telehealth network.
- **Determine Need.** Identify what type of need there is for telebehavioral health services. There are several ways to examine need:
  - Explore areas where the need for telebehavioral health is likely to be highest (e.g., setting up consultations with off-site specialists). If needs are identified, and the decision is made to start up a program, the best place to start is here. Otherwise, telehealth equipment may end up sitting unused.
  - Assess the need for telehealth and for behavioral health in particular. Does interest vary as compared to overall telehealth? How? What are the implications for setting up telehealth to address varied needs (e.g., is it doable, too costly)? A special note: In assessing need, also consider demand. To illustrate, certain telebehavioral health services (e.g., psychiatric consults) may be “needed” but there may be limited “demand” for these services if providers want these to be carried out face-to-face.

### *Tips:*

#### **Conduct a Detailed Assessment**

Identify current telehealth activities in the community to find out what's already in place.

Identify the need for telehealth in the community, in the agency.  
Identify specific needs not being met.

Identify likely partners.

Determine if telehealth can grow to scale in order to achieve efficiencies.

Estimate Costs and explore funding opportunities.

- Determine Telebehavioral Health’s Fit in the Clinic.** Examine telebehavioral health in the context of overall clinic operations. On the broader level of telehealth’s potential fit, for example, determine compatibility between the EHR system and telehealth equipment. Drilling down to the specifics on the focus of this report, the consultative model for telebehavioral health, explore such issues as the behavioral staff’s interest and willingness to engage in telebehavioral health. Another specific question might be to determine if there are special considerations or challenges regarding use of telehealth for behavioral health services versus other care services (e.g., is doing telehealth for behavioral health too disruptive to clinic operations, can a broader telehealth program meet most design needs for telebehavioral health). Note: Telebehavioral health for the patient encounter model would examine another set of variables, such as: how technology might be used in the waiting room’s intake kiosks that are used to gather patient information upon check-in; what type of changes are needed in the physical environment of the clinic (e.g., designated quiet room, although telehealth equipment is very portable and is often wheeled from location to location).
- Assess Partner Readiness.** Determine potential partner readiness for telebehavioral health by assessing their mission and whether it’s a match. Partners need to have a commitment to development and implementation tasks. An imbalance in engagement will cause problems during implementation. Also, determine if potential partners are prepared to take referrals and use telebehavioral health. Without this type of alignment, a program will end up with no referrals and no usage.
- Determine Scalability.** Telehealth, to be most cost effective, requires scalability. Is there the volume for telebehavioral health services? Thus, determine if a telebehavioral health consultative service, without other telehealth services (e.g., patient encounters) is a viable undertaking.
- Estimate Costs and Explore Funding Options.** Perhaps the greatest assessment task is determining availability of funding and resources. However, focusing solely on costs, up front, can freeze a program into inaction. Nonetheless, it’s important to explore funding. Consider revenue sources (e.g., contracts with partner agencies, reimbursement for services via various payers); cost savings (e.g., reduced travel costs and administrative costs).<sup>vii</sup>

*TBH in Action*

**Virtual Staffing & Talent Sharing**

A HRSA-funded Health Center in California “buys” the time of a half-time clinician who works off-site and sells these services to multiple clinics, none of which could afford to pay for a similar position on their own. The clinician, in turn, keeps busy full-time by working remotely.

Open Door  
California

## ▲ Step 3: Identify Leadership

After obtaining commitment from senior leadership and the board, telebehavioral needs to be introduced to providers and the medical staff. In general, rank-and-file employees may not have a role in decision making related to program development such as telehealth but are critical for the effective implementation and sustainability of the program.

Telebehavioral health is probably unfamiliar to most health staff. As such, a strong voice and leadership is necessary to guide a project as few individuals in an agency are likely to have much interest or knowledge about the subject. Below are some thoughts on identifying leaders and what roles they might play.

- **Type of Staff and Potential Leaders.** All organizations have employees that are seen as leaders who guide others and influence the opinion of the group. These individuals often play a critical role in change and should be identified, engaged and hopefully supportive of the telebehavioral health program. Agency leaders often fall into three categories. First up are appointed or elected leaders (the medical director, chief of staff and the administration leaders including the board). Second are the influential leaders. Third are the technical and clinical leaders, who directly implement programs. They include program managers, behavioral health providers, and telehealth technical specialists.
- **Finding Telebehavioral Health Leaders.** Leaders can focus a given agency on telebehavioral health, spearhead a network of agencies to adopt this service approach, and/or serve as advocates with legislators and program administrators. There are many places to look for these leaders. The assessment outlined above might identify a board member or other agency leader. Certain staff members may have a particular interest in telebehavioral health, and some level of expertise in the technology, like the “geeks” in the agency: the people in information technology and those dealing with computer-based systems like EHRs. However, it’s important to not centralize telehealth solely within the information technology staff as this can isolate the effort and result in a gap between what happens in the clinic with patients and staff.

Leaders may also be clinical and non-clinical staff with a particular affinity in using technology (telehealth or other Web-based tools) or a strong belief that technology can help overcome clinic challenges. Leaders may even include newly

### *Tips:*

#### **Leadership Team**

Establish partnerships with other agencies and providers.

Seek out sources of funding (e.g., USDA for video and diagnostic equipment).

Look to other telehealth programs to adapt their policies and procedures and work plans.

Understand and assess the knowledge of the organization that will be implementing telebehavioral health and their need to learn the “language” of behavioral health.

Understand the benefits of starting small and ramping up when ready. This will help the staff of the organization implement telehealth to “grow” with the program and there will be better buy-in.

Acknowledge that adopting telehealth will initially be disruptive to a primary care setting and take corresponding steps to ensure staff buy-in.

Develop a comprehensive work plan with detailed steps and roles and responsibilities. Putting time into planning the program will likely ease the transition when a program starts seeing patients.

hired staff coming from agencies with strong telehealth programs. A State Primary Care Association (PCA) or the regional Telehealth Resource Center <http://www.telehealthresourcecenter.org> might be able to help identify a leader within the community and leadership that can work with State and local legislatures in dealing with regulatory and funding issues around telebehavioral health.

- **What Leaders Do.** Telebehavioral health leaders can take on many roles. They can guide assessment activities. Leaders can reach out to staff and other agencies and convene discussion groups and orientation sessions on telebehavioral health. Leaders can also focus on fundraising and work with policymakers to address obstacles to telebehavioral health. Regardless, since there are far too many tasks for one individual to undertake, a leader will probably also need to mobilize and guide others to help out. This may take place through existing agency planning groups, like those established around quality, EHR, and collaboration with others.

#### *TBH in Action*

### **Store and Forward Psychiatry**

Trained individuals conduct a 20-to-30-minute telebehavioral health questioning session with patients. Findings are forwarded to psychiatrists to review prior to patient encounters.

Open Door  
California

## ▲ Step 4: Find a Mentor

A common refrain from telebehavioral health programs, if they had it to do over again, was a wish to have had a mentor to guide them in setting up their programs. This wish can be granted for new programs as there is a regional collection of HRSA-funded Telehealth Resource Centers <http://www.telehealthresourcecenter.org> available to provide free assistance on starting up a telehealth program.

In addition, there are dozens of telebehavioral health programs around the country that may be willing and able to serve as mentors—at least on some level—as they typically get calls from others for guidance on setting up their own programs. Telehealth programs are willing to help out, with this disclaimer: knowledge transfer works better if there's no competition among entities. In other words, seek out a mentor who is not a direct competitor for patients and resources. That may include a provider in another location or a clinic that works with different types of patients.

See the following checklist for additional thoughts on what to ask and what to expect when approaching and working with a potential mentor.

### *Tips:*

#### ***Working With a Mentor***

Schedule a site visit to see telehealth program in action. (From Guide to Getting Started in Telemedicine, page 8.)

Ask for an orientation on how to use telehealth equipment.

Ask about the best telehealth equipment and the pros and cons of various systems.

Understand broadband needs to ensure clear, uninterrupted transmission of video.

Learn the “etiquette” of telehealth, such as how to present oneself on camera, focusing in, etc.

Identify ways to scale up from a small telehealth project to an expanded system.

Contact the Telehealth Resource Centers for help.

## ▲ Step 5: Review Laws, Licensing, Liability, and Regulations

Telehealth touches upon many complex areas—from licensing and privacy law—that can complicate implementation of a project. Telebehavioral health in particular requires attention to specific licensing and reimbursement considerations. Knowing these areas early on is essential so that agencies know, up front, what they might be getting into in setting up a telebehavioral health program. Key areas include:

- **Privacy, Security, and Confidentiality of Medical Information.** Telebehavioral health involves transport of patient information via videoconferencing and other online means. State and Federal laws apply. State laws are the primary guiding force for what is allowable. In some cases, State laws are stricter than Federal provisions, particularly for behavioral health.

Relevant Federal laws include the Health Information Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA compliance primarily focuses on an organization’s policies and procedures to enable secure transfer of protected health information (PHI). HITECH provisions cover such areas as storage and transmittal of PHI in a secure manner. A mentor (e.g., an established telebehavioral health program or a consultant) may be the best approach to understanding legal and regulatory provisions and determining how to go about setting up policies, procedures, and training.

- **Provider Credentials/Privileges.** From the broader standpoint of overall telehealth, credentialing and privileges are addressed in the Guide to Getting Started in Telemedicine as follows: “The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has issued standards for telehealth credentialing and privileging of providers. The applicable standard for any given situation depends upon whether the distant site is providing direct patient care or simply consulting with another provider.”<sup>viii</sup> If the telebehavioral health program is associated with a hospital, Medicare credentialing applies. Telehealth Resource Centers can provide added guidance on understanding these provisions.
- **Cross-State Licensing.** Each State has laws and administrative policies on telehealth, which vary and may or may not require licensing for certain telehealth activities. For physicians, the State Board of Medical Examiners usually controls telehealth policy. Licensing is a huge challenge when conducting telehealth sessions across State lines as providers in an

### *Tips:*

#### ***Learning the Law***

Multiple efforts are underway to refine and improve licensing of telehealth.

The Federation of State Medical Boards has developed a Model Act (i.e., a legislative template for cross-state licensing for telehealth). HRSA’s Telehealth Regional Centers also work on cross-state licensing issues.

The American Telemedicine Association (ATA) is pursuing development of a uniform application for changing State licensure requirements to incorporate telehealth.

HRSA’s Office for the Advancement of Telehealth is addressing licensing issues under its Licensure Portability Grant Program (LPGP). This program “provides support for State professional licensing boards to carry out programs under which licensing boards of various States cooperate to develop and implement State policies that will reduce statutory and regulatory barriers to telemedicine.”

HRSA’s Bureau of Primary Care is working on clarifying liability coverage of telehealth under the Federal Tort Claims Act (FTCA).

encounter must have dual licensing or operate under special State provisions. For example, a HRSA provider in Tennessee has secured telebehavioral health licensing in two States (Florida and Tennessee) to enable them to carry out sessions between patients in Tennessee with a bilingual provider residing in Miami. Dual licensing requirements are reportedly more of an issue for doctors than nurses. As of early 2012, multiple entities were working on cross-state licensing issues and their impact on telehealth (see Tips: Learning the Law on Telehealth).

- **Liability Coverage.** Insurance protection for practicing telehealth is a complex field. The National Association of Insurance Commissioners (NAIC) states that coverage of telehealth is determined by a State licensing board's definition of the practice of medicine, and a State legislature's definition of telehealth relative to malpractice and malpractice insurance coverage. HRSA providers report variable answers from insurers on whether telehealth is a covered service, in some cases getting a "yes" but also a "no" response with cautions to cease practicing telehealth or risk cancellation. HRSA's Bureau of Primary Care is working on clarifying liability coverage of telehealth under the Federal Tort Claims Act (FTCA), which Health Centers typically rely on for securing liability insurance. What seems clear, however, is that real liability arises when out-of-state providers are utilized. Health Centers should contact HRSA for further information.
- **Telecommunications Policy.** Provisions are outlined by the Federal Communications Commission (FCC) and State laws. To learn more about FCC's Rural Health Care Pilot program:  
[http://transition.fcc.gov/wcb/tapd/universal\\_service](http://transition.fcc.gov/wcb/tapd/universal_service)

### *TBH in Action*

## **Overcoming Cross-State Licensing Challenges**

When providers located in one State seek to consult or deliver care in another State via telehealth equipment, cross-state licensing requirements may stand in the way. Efforts have been underway for years to address these challenges. Lessons are to be drawn from changes brought about by a crisis. After Hurricane Katrina devastated the Gulf Coast, providers who poured into the region from other States lacked licensing and liability coverage to practice medicine. Agreements were quickly put in place to enable out-of-state clinicians to deliver needed services.

## ▲ *Step 6: Step Back and Decide*

The above sections outline steps to take in determining whether to proceed and establish a telebehavioral health program. The following checklist summarizes key items to consider in making a go/no go decision.

<b>Area</b>	<b>Tasks</b>
Determine the “Current” Fit Within the Agency	Review Strategic Priorities/Strategic Plan Review Current and Proposed Services Provided Secure Board Input and Feedback
Identify Leaders	Gauge staff interest and expertise. Contact the State Primary Care Association
Find a Mentor	Reach out to potentials Determine mentoring relationship’s parameters Engage and learn
Assess Interest, Readiness, and Potential Scalability	Identify current activities Start where interest and expertise is highest Determine need Determine telehealth’s fit in the clinic Assess partner readiness Determine funding and reimbursement resources Determine scalability
Review Laws, Licensing, Liability, and Regulations	Privacy and confidentiality of medical information Cross-state licensing Liability coverage
Summarize Potential Outcomes (Benefits as Well as Challenges) and Costs	Identify what benefits may result in terms of service operations, client benefits. Identify potential challenges (e.g., provider acceptance of telehealth, compliance challenges) Conduct a cost-benefit analysis



## ■ Get Started

The prior section of this report outlined suggestions for determining whether to develop a telebehavioral health program. If the outcome of that assessment is to proceed, this section offers suggested steps and considerations for designing and implementing a program. Notably, many implementation guidance materials exist and are available from Telehealth Resource Centers. The added value of the following suggestions is that these ideas come from HRSA-funded programs that have gone through the process of establishing telebehavioral health programs.

### ▲ *Step A: Establish a Team*

Many parties should be involved in setting up a telebehavioral health program in terms of program development and actual implementation. They include the agency's board and top leadership; technical support; and clinical staff.

- **Program Development.** Top leadership should form an oversight committee and involve each of these parties in planning and decision-making. If an organization has other telehealth programs or EHR/HIT implementation, this type of committee may already exist.
- **Implementation.** A project lead and key departments and individuals should be identified for implementation of the project. If behavioral health specialists are not part of the organization, representation and involvement from outside the agency should be sought. Implementation involves three activities that require coordination and can happen in parallel: clinical program, technical support, and administration activities related to policies, procedures and regulations.

### ▲ *Step B: Set Your Goals/Overall Plan*

Any program should follow a plan of action of some type. HRSA safety net providers recommend development of a series of goals and/or plan that outlines what, specifically, the telebehavioral health program is designed to accomplish. As with any goals and plan, nothing is set in stone. Review and revise as needed over time.

Below are examples of what a telebehavioral health program might seek to accomplish.

#### *TBH in Action*

### **Cutting Costs While Matching Clients to Quality Care**

A HRSA grantee was seeing a high rate of emergency room visits by high utilizers. Most visits did not result in hospitalization, suggesting a service mismatch. Telehealth is used to conduct psychiatric consultations to triage these cases and divert clients to less costly urgent care centers.

Institute for Family Health  
New York

- Strengthen collaborative relationships.
- Expand staffing by tapping into the time of staff not located within the physical clinic site.
- Access specialists to consult on specific patient cases that require, for example, specific knowledge on a condition.
- Improve efficiency of billing.
- Enhance communications among staff through use of telecommunications.
- Conduct staff trainings.

## ▲ *Step C: Determine Where to Start*

The prior section suggested taking up-front time to outline goals of telebehavioral health—the starting place for a project. But “where to start” also involves a series of considerations about how to go about building a program, particularly in relation to current clinic operations. Below are HRSA safety net provider suggestions for places to start. A word of advice from those who have implemented programs: be patient.

### **Prioritize**

- **Start Easy.** Start with what takes the least time with the greatest benefit/interest. For example, a prime interest of most clinics is to have all lab values at hand on a computer as looking up lab values takes up lots of time. Having these data handy can stimulate interest in additional technological changes under telehealth.
- **Start Where Needs are Greatest.** Telebehavioral health might also work best if the initial focus is put on first tier needs to see how it works before broadening to second tier areas of need. Otherwise, equipment may end up sitting in the corner, unused.

### **Integrate With Existing Operations**

- **Integrate with Existing Technology.** The best tie-in for telebehavioral health might be EHR systems, which have a much higher, and better funded, imprint on a clinic’s operations. EHRs may have set the groundwork for use of technology in the clinic and may also have done the initial work to ready staff to adopt new technologies.
- **Determine How Telebehavioral Health Fits Within Existing Clinic Operations.** Telehealth can impact clinic operations besides EHR systems. For example, intake kiosks can be used to gather patient information upon check-in, setting the foundation for later telehealth sessions. Another example is

#### *Tips:*

#### ***Where to Start***

Prioritize areas where telehealth implementation will go most smoothly and/or where it is most needed.

Integrate with existing technologies and expertise and determine how telehealth relates to existing clinic operations.

Select a telehealth model to guide subsequent design. Explore funding options.

changes in the physical environment of the clinic, such as a space to conduct a telehealth session that is both quiet and ensures confidentiality of information exchange.

- **Establish Telebehavioral Health With Willing Partners—Establish a Community Network.** One HRSA-funded Health Center approached other FQHCs as well as private practitioners to explore their interest in participating in telebehavioral health—to conduct consultations and to see patients who otherwise lacked access to specialists. This HRSA project was able to support some of these partners with the purchase and set up telehealth equipment.

### Determine the Telebehavioral Health Approach

- **Determine the Model to Use.** Telebehavioral health can operate under different scenarios, which has implications for staffing and equipment. One, called hub-and-spoke, is a system whereby a central location serves satellite locations. Telebehavioral health can also operate directly with patients, with no intermediaries – provider to patient, for purposes of monitoring care plans and health status.

### Secure Funding

- **Explore Funding Options.** Opportunities for funding of telebehavioral health are always in flux. At the Federal level, HRSA awards limited funds for demonstration projects. The U.S. Department of Agriculture funds grants for telehealth equipment (for rural areas only). At the State level, telecommunications contracts may exist via the State’s Chief Information Officer or Telecommunications Director.<sup>ix</sup>
- **Identify Payment Models that Support Telehealth.** The chief concern of implementing telebehavioral health is, of course, funding. Medicare and Medicaid have very specific reimbursement conditions for covering telehealth, and telebehavioral health, costs (see below). In addition, ongoing health care reform efforts include reimbursement methods, other than fee-for-service, which may allow for partial or full coverage of telehealth. Examples include care management/disease management (bundled) payment models that enable providers to cover the cost of collaboration, largely through case conferencing. (See Step E, below.)

#### *Tips:*

#### ***The Flip Side of Finding Funds: Trimming Costs***

Use telehealth judiciously. For example, limit specialists’ time in telehealth sessions by using screeners to make determinations on whether cases warrant use of telehealth specialty care.

## ▲ Step D: Secure Buy-in

Buy-in is a matter of explaining and convincing staff and patients that telehealth and telebehavioral health offers many advantages. The technology is largely unfamiliar to most people, so taking time to get buy-in is a necessary activity.

Securing buy-in from staff can be tackled in various ways:

- **Explain How It Enhances Work.** Explain and demonstrate that telehealth is not just one more task. Telehealth can ease their duties, like scheduling and conducting behavioral health consultation sessions with hard-to-reach specialists.
- **Present Data/Evidence.** Telebehavioral health's impact can be measured in terms of cost savings (e.g., reduced recidivism for behavioral health cases, time and expense saved from not having to travel), enhancement of patient adherence, and building of staff skills. Present data to explain these benefits.
- **Explain How to Use Telehealth.** Explain what's involved in using telehealth in terms of the process of dealing with patients, setting up and using telehealth equipment, and dealing with delays. By involving staff in understanding what is required of telehealth, and hearing their concerns and addressing them, the chances of buy-in increase. One HRSA program has a training academy to explain how telehealth works.
- **Get Support From Leaders.** Secure involvement from leadership of the agency.
- **Target Your Resisters.** Recognize your naysayer and secure their buy-in. One HRSA grantee purposely looked for technology "luddites" to secure their comfort and buy-in.
- **Continuously Market Telehealth.** Marketing is ongoing task as providers move onto new jobs and locations. Telehealth technology also changes and improves. Thus, the value of telehealth as tool to support providers needs to be repeated and demonstrated.
- **Pursue Buy-In Creatively.** Pursue community buy-in from all angles. One HRSA grantee switched from promoting telehealth as strictly a medical advance to its value in supporting community economic development. Specifically, this agency orchestrated a consult between a child with a neurological disorder and world-class specialists. The governor's office was notified and came to the community, adding even more visibility. The marketing spin: each consult was the equivalent of a multi-

### Tips:

#### Secure Buy-In

- Explain its Value
- Get Feedback
- Get Leadership Support
- Target the Skeptics
- Provide Education Credits
- Provide Stipends/Rewards
- Continuously Market
- Think Broadly and Creatively

### TBH in Action

#### Show the Win-Win

Buy-in works best when all parties win. One HRSA-funded telehealth provider explained how telehealth could help clinics address primary care medical home recognition requirements.

Project Echo

New Mexico

million dollar community economic development project and enhanced quality of life in the form of telehealth-enabled specialty care for community residents.

## ▲ *Step E: Secure Funding*

The single biggest issue for any program is, undoubtedly, securing funds and other resources. Below is a summary of tips for accessing funding for telebehavioral health, which follows the same general approach for securing any health funding: potential funding sources (government and other); reimbursement options (public and private payers); and ideas for securing funding.

### ***Potential Grant Funding Sources***

There are only a limited number of specific grant channels from Federal sources. Currently the major players at the Federal level are the U.S. Department of Defense and Department of Veterans Affairs. Additional places to search for funding partners are universities with technical and health divisions.

### ***Reimbursement Options: Medicare and Medicaid***

Historically, there have been limited opportunities for billing of telebehavioral health services. Reimbursement for telebehavioral health services is growing as payers recognize telehealth can provide a cost-effective platform to provide evidence-based care.

In planning for sustainable programs, programs need to carefully consider how Medicare and Medicaid requirements could affect delivery of services and reimbursement for those services.

### ***Facility Location***

- **Medicare.** To be eligible for reimbursement of telehealth services under Medicare, the originating telehealth site must be in a rural health shortage area or in a county outside of a Metropolitan Statistical Area. The acceptable originating sites are specified in Medicare law, but include rural health clinics, Federally qualified health centers and critical access hospitals. If service is provided in a mobile van, a practitioner's office still qualifies the provider to serve as a telehealth-originating site.
- **Medicaid.** Since telehealth is an optional service under the Medicaid program, health centers must contact their State Medicaid program to find out what restrictions may apply in their State. Because Medicaid's usually requires services to be offered statewide, limitations to particular regions must be approved by the Centers for Medicare and Medicaid Services (CMS) under waiver authority.

### ***Telehealth Services***

- **Medicare.** Medicare will reimburse telehealth costs for consultation, office visits, individual psychotherapy, and pharmacologic management delivered via an interactive telecommunications system (i.e., audio and video systems permitting real-time communication between the distant site

#### *Tips:*

#### ***Learning Reimbursement***

Contact public and private payers and determine their telehealth reimbursement policies and limitations.

Note: Other agencies and collaborative activities have probably already developed clarity on reimbursement provisions. Thus, start by finding out what has already been put in place and work from there. (Guide to Getting Started in Telemedicine, page 11.) NOTE: The Center for Telehealth and e-Health Law has a reimbursement page at <http://ctel.org/expertise/reimbursement/>, but this is a member organization and may limit access to detailed information to members.

practitioner and the patient in a rural community). In particular, Medicare released diagnostic codes in 2012 to reimburse mental health services delivered via telehealth.

- **Medicaid.** Although States have considerable flexibility in how telehealth services are covered, many Medicaid programs provide at least some reimbursement for telemedicine services. Recent surveys indicate that 39 States have established rules related to reimbursement for services provided via telehealth. Many States model their reimbursement policies on those of Medicare, but others have sought waivers to also support remote diagnostics or remote monitoring for patients with chronic diseases. States can also reimburse any additional costs such as technical support, transmission charges, and equipment. These add-on costs can be incorporated into the fee-for-service rates or separately reimbursed as an administrative cost by the State. If they are separately billed and reimbursed, the costs must be linked to a specific covered Medicaid service.

### ***Recognized Providers***

- **Medicare.** State law defines what services each professional may legally provide and any of these services are eligible when a Medicare Provider uses telehealth technology. However, Medicare reimbursement for tele-consultation is contingent on the type of practitioner that refers the patient. A referring practitioner must be a physician, physician's assistant, nurse practitioner, clinical nurse specialist, nurse-midwife, clinical psychologist, or clinical social worker. Although clinical psychologists and clinical social workers can provide psychotherapy services under Medicare, they cannot bill for medical evaluations or medical management services that may be part of the psychotherapeutic plan.
- **Medicaid.** Since FQHCs and rural health clinics are mandated Medicaid providers, provider status for telehealth should not be limited unless specified in other State requirements that are included in designing coverage for the services.

### ***Other Requirements***

- **Medicare.** Reimbursement rates for distant site practitioners are equal to what would have been reimbursed without the use of telemedicine. A recent law expanded payment to allow for a \$20 originating site facility fee where the Medicare beneficiary is present.
- **Medicaid.** States are encouraged to use the flexibility inherent in Federal law to create innovative payment methodologies for services that incorporate telemedicine technology. For example, States may reimburse the physician or other licensed practitioner at the distant site and reimburse a facility fee to the originating site.

Policy changes have made significant progress in advancing telemedicine in healthcare over the past 20 years. CMS is very interested in "re-balancing" care so that more persons can live in the community rather than in institutions. Medical homes and other coordinated, integrated care models for those with chronic conditions also increase interest in telehealth home management and other uses of technology to help keep patients at home and living in the community. That said, Medicare and especially Medicaid undergo changes in the scope of services covered and under what conditions, so be sure to do your homework to see what is covered in your area.

## ***Reimbursement Strategies in the Field***

In a climate of change over reimbursement rules, telebehavioral health sites and Federal programs have explored options for maximizing payments. They include the following:

- **State Billing Codes.** Some States (e.g., California) have specialty care codes for telemedicine. Massachusetts has a model for adolescent child psychology that pays for a very brief primary care practitioner/psychologist telebehavioral health consult. The SAMHSA-HRSA Center for Integrated Health Solutions has compiled a listing of Interim Billing and Financial Worksheets for each State (see Resources), which can be used by entities in establishing billing practices for telebehavioral health.
- **Reimbursement Cost Strategies.** Some projects have explored ways to secure reimbursement for telebehavioral health services.
  - **Establish Center to Handle Outsourced Consultations.** One site secured a per patient rate for telebehavioral health consultative services. They did so by funding one-half day's worth of the specialists' time (10 categories in all). To pay for their time, and secure reimbursement, these specialists are made available to other agencies to tap into via telehealth. However, the agency, Open Door, has the burden of filling that time.
  - **Establish Cost Center for Telebehavioral Health.** Explore ways to secure reimbursement for telebehavioral health. One HRSA grantee created a telebehavioral health specialist visiting center, incorporated costs into a new access point and a reimbursement rate for telebehavioral health services. It is the agency's highest cost center because the site delivers specialty care via telehealth to patients in varied locations.
  - **Change Reimbursement Policies for Telehealth/Telebehavioral Health.** In New York State, only hospitals have been allowed to bill for telehealth, but that may be changing. Per member per month (PMPM) home health rates are increasingly based on inclusive rates, which the State is establishing by identifying best practices. Telehealth would be served well if best practices were identified in order to secure a reimbursement rate under the state's new framework.
  - **Identify Cost Savings to Promote Changes in Reimbursement.** Several projects identified cost saving opportunities as a way to secure reimbursement. In New Mexico, under their State Medicaid program, Project Echo identified high utilizer patients and delivered case management and community health outreach worker services to help reduce hospitalizations and thus cut costs. In Hawaii, Medicaid covers some transportation costs but not telehealth. The State has very few behavioral health specialists and most are not participating in Medicaid. They made the case that Medicaid could realize cost savings and expand access to behavioral health care if they weighed the cost of transportation and the potential for telebehavioral health to urge specialists to take on some Medicaid patients.

Beyond these examples, HRSA grantees in this discussion recommend picking a model with reimbursement potential, noting that consultative models generally will not have a reimbursement source. In addition, telebehavioral health programs need to ensure that their equipment is HIPAA compliant as part of efforts to secure reimbursement rates. Generally, specialty equipment like the Polycom is marketed as providing encryption, which is HIPAA required. However, non-specialized (and

less-expensive) services like Skype may provide the same level of protection, and in particular may meet HIPAA requirements for telebehavioral health sessions that are strictly consultative.

Changes in payment for health services might enable agencies to bill for telebehavioral health services. Fee-for-service care is under critical review—both as a result of the Affordable Care Act and various state initiatives. Part of reimbursement reform is for providers to measure outcomes and to do so in relation to costs—particularly capitated costs—and to promote integrated care.

### ***Other Funding Tips***

Below are additional ideas from HRSA providers on securing funding.

- **Pursue Changes in Reimbursement Provisions.** Laws and health plan restrictions on the payment for telehealth can be changed but require some legwork. To make change, work with regulators to change regulations. And document how services are being delivered and how billing is being handled in order to demonstrate how telehealth is being used to deliver care, improve quality, and reduce costs.
- **Start With Pilot Projects.** Full-scale start-up of a telehealth program is typically not feasible when funds are limited. Thus, HRSA providers recommend piloting a project and to use results to demonstrate efficacy in order to secure additional funding. By creating a manageable and smaller scale telehealth system, start-up costs can be reduced and the endeavor can be more affordable. Another approach to a step-wise startup is to focus on funding requests for specific activities (e.g., equipment including videoconference equipment, IT support).
- **Monitor Funding Opportunities.** Lastly, keep track of changes over time and continuously seek out funding. Step F: Establish the Equipment Infrastructure

Telehealth's infrastructure is comprised of equipment, technology, and people support to keep the system up-and-running. Below are tips of setting up and running systems—with an eye to keeping pace with rapidly changing technology.

- **Use Compatible Technology.** There are many telehealth technologies on the market, but clinics need to select systems that allow for unfettered information exchange and communication. Some systems are closed, like those managed by large networks (i.e. hospital systems,) require users to pay fees.
- **Use Existing Technologies When Feasible.** While some programs use dedicated lines for telehealth sessions, it may be more cost effective to use existing Internet lines—if the bandwidth is available and supports real-time video sessions. Similarly, telehealth might be able to piggyback on other systems, like those in use by schools, further cutting costs.
- **When Picking Equipment, Keep Pace With Change.** Telehealth hardware typically includes polycom videoconferencing equipment, phone lines, cameras, viewing rooms, and computer stations. When purchasing, test equipment to make sure it works as intended. And keep in mind that technology is rapidly changing toward cloud-based and mobile technologies. Invest cautiously as equipment may quickly become obsolete, replaced by mobile phones and Internet connections. While that day has yet to arrive, it will come soon enough as some telehealth systems already on the market can fit on a wireless cart for transport around the clinic.



- **Use HIPPA Compliant Equipment.** Privacy laws require use of systems that encode transmissions. For more information: <http://www.telehealthresourcecenters.org>
- **Secure Space for Telehealth Sessions.** The advantage of portability of equipment is that clinics may no longer have to devote limited and expensive office space for telehealth sessions. Experienced telehealth sites are using studios less and less as sites are increasingly connecting to each other from their own offices. However, wiring rooms for telehealth is still the optimal technology, as of 2012. Agencies also need a private and quiet space to conduct telehealth sessions.
- **Quality Control and Monitoring.** Some sites use centralized quality controls systems to monitor telehealth sessions. Central monitoring is not always deemed essential and quality control can be carried out other ways. For more information: <http://www.telehealthresourcecenters.org>
- **Manage Obsolescence.** When telehealth hardware becomes obsolete, a clinic can recycle and/or share their dated equipment with others. See the Telehealth Resource Centers for more information. For more information: <http://www.telehealthresourcecenters.org>
- **Line Up IT Support.** Technology is less complicated today and requires less IT support. Regardless, identify and designate a person/department to handle problems and questions. One HRSA project lined up high school students, who were on hand during initial start-up and a short time period after launch to answer questions and resolve glitches. Students, in turn, received small stipends and school credit.

*Tips:*

**Selecting Equipment**

- Ensure compatibility with existing systems (e.g., EMR)
- Tap into existing systems.
- Anticipate obsolescence.
- Make sure equipment complies with HIPAA— from software to VOIP services like Skype.
- Secure space to convene telehealth sessions.
- Establish quality control measures.
- Secure IT support.

*TBH in Action*

**Telehealth Equipment Really Gets Used**

Telehealth equipment is probably used most often to enhance communications among staff—within a clinic and across sites. Staff meetings can be convened more quickly, saving time and resources.

## Telehealth and Data

Health care providers (including those working in telehealth) can do a better job providing patient care when they combine patient data with best practices in order to make care decisions. Behavioral health, for example, can review data and identify early warning signs for behavioral health concerns. However, clinic access to patient data is variable and limited. Payers like Medicaid and Medicare provide only limited data to providers. Private health plans tend to have a wealth of data as information is organized by insurers and tied to billing.

Efforts to expand access to data are underway at all levels of government and systems of care. Examples include national initiatives to expand access to performance data. Locally, some community Health Information Exchanges are building systems to broaden access to data (e.g., Memphis community health status bank). At the grassroots level, individual agencies are working with payers to gain new data access while ensuring that HIPAA requirements are met.

Telehealth can facilitate greater access to, and use of, data. Tele-technology can readily aggregate data from various providers and patients. Telehealth's "store and forward" approach can ease access to and sharing of data, particularly when compared to large meetings among providers at a single location and point of time, which are costly and hard to arrange.

Many questions remain, however, on how to go about expanding data access and use. One ongoing debate is whether EHRs should include information that patients input themselves, a common feature of telehealth sessions. The concern is that these data may be less reliable. Regardless, data systems will only grow with more data points being added.

## ▲ Step G: Set Up Staffing

Telehealth (and of course telebehavioral health) is usually an add-on to existing clinic operations. Thus, putting a team together is a matter of figuring how to make it work within the context of existing staff and budgets. Below are key considerations.

- **Staffing Options.** Telehealth requires people to coordinate sessions, train staff, track usage, and myriad other responsibilities. Given that additional funding to support telehealth is usually limited, existing staff will usually take on one or more specific telehealth duties. If funds are available, part-time staff can be hired.
- **Champion.** Telehealth is a new feature for many clinics, and staff may be reluctant to embrace new technology and a new responsibility within their existing plate of responsibilities. Thus, telehealth usually requires a champion to explain its value and promote usage. Champions may be clinicians with a key interest in using new technology to enhance quality. Champions may also be found in unexpected places. For example, an assistant who helps a tech-phobic clinician with limited technical skills can support that person in becoming an adopter of telehealth.
- **Lead Person/Coordinator.** Telehealth requires involvement from multiple areas of a clinic's operations—clinical staff, front-office personnel to handle patient intake and scheduling of telehealth sessions, financial to handle billing, and IT to name a few. Coordination is thus necessary and suggests that a telehealth lead person may be necessary. This coordinating role can take on different forms, as follows:
  - Clinicians who serve as leads can help ensure that quality of care is the focal point in use of telehealth.
  - Nursing staff can focus on quality as well but also cross various domains and can make sure the trains run on time.
  - Schedulers are essential. Otherwise, patients will show up at different/wrong times or a provider may expect to see 3-4 consults in a day and yet walk away with just one because of no shows. Schedulers can also serve as the glue to bridge communications among clinicians.
  - IT staff are essential to overcoming technology phobia and handling glitches.

### *Tips:*

#### **Staffing Telehealth**

- Use existing staff and/or part-time staff.
- Designate a champion to promote usage.
- Determine a coordinator to oversee operations.

## ▲ Step H: Train Staff

Staff may question the value of training in telehealth, indicating that it's not needed. However, without training, it is very likely that few will use the system once it is put into place. Front-office staff won't understand and promote sessions with clients during intake. Clinicians won't schedule sessions.

Challenges like these can come to the surface during training sessions and can be addressed at that point. And despite the challenges, not all staff require the same level of training or "convincing" regarding the use of telehealth. Some staff know telehealth well from prior work. Some are tech-savvy and embrace its use.

Below are common training issues to cover.

- **Technology Phobia.** This is not a topic as much as an understanding of how to use telehealth technology in order to gain comfort with it. Training might cover topics like use of equipment (e.g., using the camera zoom feature). Training might also cover issues that arise, like staff not liking the way they look on camera.
- **Language of Telehealth and Medical Care.** Training in this area includes understanding what takes place in a telehealth session in relation to handling of referrals, setting up consultation sessions with patients, and consultations between providers. For example, primary care providers need to understand which patients should receive referrals to psychiatric care versus counselors so that they can set up appropriate consults. Likewise, all parties need orientations on what a typical clinical encounter involves so that the telehealth session can be conducted following the same protocol as would be used in a face-to-face session (e.g., what HIPAA process/form is used; how is patient intake handled; how is follow-up conducted).
- **Train on Telehealth's Role in Coordinating Activities.** Train on how to make fragmented systems work within an integrated system with multiple providers.
- **Train Lead Staff.** A telehealth lead may be well versed in technology but not various medical topics, like behavioral health, HIPAA, or how patient intake is handled. Thus, make sure your lead has training to fill in knowledge gaps.

### *Tips:*

#### **Training Staff**

- Using the technology (e.g., zoom the camera).
- Language of telehealth.
- Role of telehealth in coordinating services and providers.

### *TBH in Action*

#### **Telehealth Rehearsals Are Essential**

No performer should walk on stage without rehearsing. One HRSA grantee states that "when we start any new application of telehealth, everybody groans, but there is about a month-long process" to rehearse the details (e.g., forms, protocols, staff roles). "When we finally have our first mock patient, it is smooth as silk...."

## ▲ Step 1: Establish Partnerships

Telehealth is a partnership magnet. Once external agencies recognize the value of telehealth in delivering care, more potential partners want to join the effort. Below is a summary of key partners in a telehealth endeavor and tips on organizing and working with these entities.

- **Key Partners.** The list of partners is potentially quite large, but some agencies are essential, for varied reasons. These key partners include:
  - **Specialists.** These can be individual practitioners or agencies. Specialists are of course essential in that they are on the other end of a telehealth consultation.
  - **Universities.** Academic institutions are potential partners in terms of their resources (e.g., technologies to tap into like equipment, bandwidth, and data systems as well as service partners/community agencies).
  - **Integrated Care Networks.** These entities may have existing telehealth systems and capacity to tap into. They may also be key sources of reimbursement for telehealth sessions as they may have billing arrangements with health insurers.
  - **Other Partners.** Examples include entities that will house or host operations (e.g., office space, IT staff). For example, a HRSA grantee secured an agreement from a university president to house within the university a rural research institute with a telehealth component. This same agency created a program of technical consultants from a local high school, who were available to fix computer screens and troubleshoot.
  - **Ideas for Working With Partners.** A telehealth collaborative can work effectively in various ways. Informal communications among key staff do not require much infrastructure and can take place during routine clinical team meetings—sessions that can be carried out via telehealth that self-demonstrates the value of technology. A more formal or informal advisory body may be necessary, however. This group can take a lead role in planning and implementing such tasks as identifying funding sources and working with health networks to secure buy-in and participation.

### TBH in Action

## Win-Win Partnerships

Establishing telehealth partnerships is not much of a struggle if all parties see clear advantages. A HRSA grantee set up telehealth preceptorships, helping a nursing school in search of slots for students. In turn, the telehealth agency gained by having student nurse practitioners available to work on and learn telehealth and experience delivery of care in an FQHC setting.

Project Echo  
New Mexico

## ▲ *Step J: Engage Patients*

Patient acceptance rates for telehealth are generally high. One HRSA grantee was surprised over one of their early adopters: a psychiatric patient with a paranoid belief that TV was speaking to him. Surely, telehealth would not work with him. However, the patient successfully participated in a session, and, at one point, looked over to his sister with a grin and said: “see, the television does talk to me.”

Patient acceptance to participate in telehealth can increase when steps are taken to involve patients in telehealth—versus just subjecting them to a telehealth session. Below are examples:

- **Provide Patients With Information.** Provide patients with access to their health data so that they can take an active role in the telehealth encounter. One HRSA grantee is piloting a pre-appointment decision tree that allows patients to submit questions of interest in order to help determine the most effective way to use of time with a provider. The doctor gets the decision tree a day before the visit and can review patient questions in advance. This type of advance information is a growing need as doctors need more time to research patient questions. Clinician answers can then be incorporated into a “storing forward” system for use by other clinicians and for future patients.
- **Use Patient Portals.** Portals are often thought of as the kiosks found in clinic waiting rooms, but general online portals are probably the new norm. They are meeting a demand as people are increasingly turning to search engines to learn about their health concerns prior to accessing care. When patients go online, providers need to be there. Some portals allow patients to keep their own records. The best patient portals are interactive. They may not share all the information in a patient records (e.g., clinician progress notes may be excluded), but generally they should present action items.

A variation on the portal theme is found in new technologies under development. One application for mobile devices allows a user to take a photo of a plate of food and get a calorie count. Another allows users to track grocery purchases to monitor consumption and needed purchases.

## ▲ *Step K: Conduct Telebehavioral Health*

There are many tools available that outline best practices in conducting telehealth. Key resources are referenced in the Resources section and are largely within the collections of Telehealth Resource Centers.

In addition to consulting these resources, consider these ideas on conducting telehealth:

### *Tips:*

#### ***Engaging Patients***

- Provide patients with information in advance so they have what they need to be active participants in a telehealth session.
- Use patient portals and other online tools so that patients can conduct queries, review their data, and become more engaged in their care.

- **Create a Telebehavioral Health Agenda and Stick to It.** Map out the telehealth clinical interaction in advance (e.g., protocols and procedures) so there are no surprises during an actual live event. Clinicians and patients don't like it when things don't go according to plan.
- **Conduct Brief Telebehavioral Health Sessions.** Clinicians tend to prefer quick/limited time with patients on-screen—just like a real office visit. One HRSA grantee, in scheduling sessions, doesn't tell clinicians when the patient encounter will be live or via telehealth. Clinicians move among rooms and see patients in both settings—20% of which are telehealth.
- **Telehealth Home Visits.** Although rare, telehealth sessions can be held between an office-based clinician and a patient at home. One HRSA grantee overcame HIPAA concerns by having the patient initiate the call for the telehealth session. However, reimbursement regulations may hinder these types of sessions. California's telehealth specialty billing code for telemedicine doesn't address home versus office-based sessions. However, Visiting Nurses Associations (VNAs) have done home visits for many years, which may be a foundation for changing this policy.
- **Tap Semi-Retired and Retired Clinical Staff.** The health workforce is retiring in droves. There is a tremendous amount of knowledge in this population that can be harnessed via, for example, a limited number of telehealth consults scheduled with retired or semi-retired clinicians.
- **Telehealth by Discipline: Commonalities and Variations.** Many disciplines use telehealth to reach out to patients or other providers, using the same equipment, staff telepresenters, and data exchanges. However, differences exist across specialties, like the unique forms, language, and assessment methods used by each. These variations can be accommodated by preparing prior to “going live.”
- **Establish Quality Management.** Telehealth services should be monitored and evaluated as with all other clinical services. Given that telehealth as a delivery mechanism differs from what most patients and providers are accustomed to, measures should examine satisfaction with patient encounters and the use of technology.

# Resources

This publication lists non-Federal resources in order to provide additional information to consumers. The views and content of these resources have not been formally approved or endorsed by HHS or HRSA.

## ▲ *HHS Offices with Telehealth Projects*

HRSA Office of Special Health Affairs

<http://www.hrsa.gov/about/organization/bureaus/osh>

HRSA and Behavioral Health

<http://www.hrsa.gov/publichealth/clinical/BehavioralHealth/index.html>

HRSA Office for the Advancement of Telehealth

<http://www.hrsa.gov/ruralhealth/about/telehealth>

SAMHSA Center for Substance Abuse Treatment  
Technology Assisted Care Grants

## ▲ *HHS Telehealth Technical Assistance and Training*

Telehealth Resource Centers

<http://www.telehealthresourcecenter.org>

- Portal to all regional centers
- Resources focus on operations tools (e.g., consent to participate in a consultation, patient surveys, telebehavioral health clinical process, sample work plans), reimbursement, legal/regulatory, getting started, training, program development
- Monthly Webinars
- TRC Start-Up Grants: Up to \$25,000 for consultant to assist with start-up.

## ▲ *Telehealth Planning and Operations Guides*

Telemental Health Guide

<http://www.tmhguide.org>

Telehealth Operations Module

<http://www.telehealthresourcecenter.org/operations-tools>

Telehealth Technology Assessment Center

<http://www.telehealthtac.org/home>

Assessments of Telehealth Equipment (e.g., cameras, polycoms)



## ▲ *Additional Telehealth Resources*

American Telemedicine Association

<http://www.americantelemed.org>

Association of Telemedicine Service Providers

<http://www.atsp.org>

Telemedicine Information Exchange

<http://tie.telemed.org>

## ▲ *Telehealth Legal and Reimbursement Issues*

Federation of State Medical Boards

<http://www.fsmb.org>

Model Act for Licensing of Telehealth

HRSA Health Center Telehealth Policies

<http://bphc.hrsa.gov/ftca/index.html>

Liability coverage of telehealth under the Federal Tort Claims Act

HRSA's Office for the Advancement of Telehealth

<http://www.hrsa.gov/ruralhealth/about/telehealth/telehealth.html>

Centers for Medicaid and Medicare Services (CMS)

CMS, Medicaid and Telemedicine

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>

CMS, Medicare Learning Network

<http://www.cms.gov/Outreach-and-Education/Outreach-and-Education.html>

Center for Telehealth & e-Health Law on Reimbursement

<http://ctel.org/expertise/reimbursement/medicaid-reimbursement>

Interim Billing and Financial Worksheets, By State

SAMHSA-HRSA Center for Integrated Health Solutions

<http://www.integration.samhsa.gov/financing/billing-tools#Billing>



## ■ Participants

 <i>TBH Programs</i>	 <i>Federal Participants</i>
<p>The Institute for Family Health 16 E. 16th Street New York, NY 10003 <a href="http://www.institute2000.org">http://www.institute2000.org</a></p> <p>Project ECHO University of New Mexico 1213 University Blvd. NE Albuquerque, NM 87102 <a href="http://echo.unm.edu">http://echo.unm.edu</a></p> <p>Cherokee Health Systems 2018 Western Avenue Knoxville, TN 37921 <a href="http://www.cherokeehealth.com">http://www.cherokeehealth.com</a></p> <p>Pacific Basin Telehealth Resource Center 3579 Nipo St. Honolulu, HI 96822 <a href="http://www.pbtrc.org">http://www.pbtrc.org</a></p> <p>Open Door CHC 670 9th St. Suite 203 Arcata, CA 95521 <a href="http://www.opendoorhealth.com/opendoor">http://www.opendoorhealth.com/opendoor</a></p> <p>Finger Lakes Community Health P.O. Box 423 Penn Yan, NY 14527 <a href="http://www.flchealth.org">http://www.flchealth.org</a></p>	<p><b>HRSA</b></p> <p>Office of Data and Quality Bureau of Primary Health Care</p> <p>Office of Special Populations and Health Bureau of Primary Health Care</p> <p>Community Based Division Office of Rural Health Policy</p> <p>Office for the Advancement of Telemedicine Office of Rural Health Policy</p> <p>Office of Strategic Priorities Office of Special Health Affairs</p> <p><b>SAMHSA</b></p> <p>Center for Substance Abuse Treatment Targeted Capacity Expansion for Health Information Technology</p> <p>Center for Mental Health Services</p> <p><b>Department of Defense</b></p> <p>National Center for Telehealth and Technology (T2), Clinical TeleHealth Division</p>

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## END NOTES

- i Access to all types of health care in the U.S. is likely to become more challenging as the health care workforce ages (and retires) while demand simultaneously increases as the Nation ages and the Affordable Care Act expands access to health insurance coverage.
- ii HRSA Telehealth Web page. <http://www.hrsa.gov/ruralhealth/about/telehealth/telehealth.html>. Accessed 4/26/12.
- iii A Guide to Getting Started in Telemedicine, Telemedicine Technical Assistance Documents, page 4.
- iv Ibid.
- v NACHC. Telemedicine and Health Centers: The Doctor is Online. September 2007.
- vi A number of reports and studies contained within Telehealth Resource Center collections document the value of telehealth.
- vii Guide to Getting Started in Telemedicine, Page 8.
- viii Guide to Getting Started in Telemedicine, page 15.
- ix Guide to Getting Started in Telemedicine, Page 12.