

# The Zoom Interface

The screenshot shows a Zoom Webinar window with a dark header bar. The main content area displays the TTC logo and a welcome message. A 'Question and Answer' window is open, showing a test question and a text input field. A 'Zoom Webinar Chat' window is also open on the right. The bottom toolbar contains icons for audio settings, chat, raise hand, Q&A, and leave. Annotations with arrows point to these elements, explaining their functions.

**Zoom Webinar** (Title Bar)

You are viewing David Terry's screen | View Options

Click here to maximize your session view | Enter Full Screen

**TTC**  
Technology Transfer Centers  
Funded by Substance Abuse and Mental Health Services Administration

**Thank you for joining us today!**

You will not be on video during today's session

Select a Speaker  
✓ Speakers (Realtek(R) Audio)  
Same as System  
Test Speaker & Microphone...  
Leave Computer Audio  
Audio Settings...

Question and Answer  
All questions (1) | My questions (1)  
You 07:35 AM  
This is a test question!  
You can switch between questions you've asked and those asked by others using these buttons.  
You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above.  
Type your question here...

Zoom Webinar Chat  
The chat feature will allow you to talk with other people in today's webinar.  
The To field will tell you who will receive your message. Be mindful of who you are chatting to.  
To: All panelists  
Your text can only be seen by panelists

Audio Settings | Click Here to adjust your audio settings | Chat | Raise Hand | Q&A | Click here to leave the session | Leave

All attendees are muted. Today's session will be recorded.

# Telebehavioral Health Services: Planning and Investing for the Future of Your Services

## Session 3: Return on Investment for Telebehavioral Health and Digital Mental Health Services

Jay Ostrowski

Behavioral Health Innovation

7/28/2021



Northeast and Caribbean (HHS Region 2)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# About Us ...

The Northeast and Caribbean MHTTC received 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to:

- Support school teachers and staff to address student mental health
- Support healthcare providers in wellness and self-care activities



# Grow Your Knowledge and Skills

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All activities are free!

<https://bit.ly/2mpmpMb>

# We Want Your Feedback!

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

# Video Recording Information

## *Please Note:*

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.

# Disclaimer

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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

# Your Interactions With Us

## Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Note: your question is visible to all participants.

## Chat and Polls

- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# Our Presenter



Jay Ostrowski MA, LPC-S, NCC, DCC, ACS, CTCP



## Return on Investment for Telemental Health and Digital Health Services July 2021

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**JAY OSTROWSKI**  
**MA, LPC-S, NCC, ACS, BC-TMH**

Consultative Partner- [TBHCOE.MATRC.org](http://TBHCOE.MATRC.org)  
CEO, [Behavioral Health Innovation](#)  
CEO, [Adaptive Telehealth](#)

# Jay Ostrowski

## Roles

CEO - Behavioral Health Innovation

CEO - Adaptive Telehealth

Consultant

- Mid-Atlantic Telehealth Resource Center

Consultant - Various, periodically

## Licenses and Certifications

Licensed Professional Counselor Supervisor

Licensed Professional Counselor (MI, SC)

Approved Clinical Supervisor

National Certified Counselor

Board Certified - Telemental Health Provider

# Learning Objectives



- ❑ Reimbursable Telehealth Services
- ❑ Identify Opportunities of Profitability in the Telemental and Digital Services
- ❑ Identify Challenges of Profitability in the Telemental Health & DS
- ❑ Creating a Positive Telemental Health ROI

## What setting do you provide or want to provide a telehealth service?

- Outpatient or inpatient?
  - Community Service Board
  - Hospital
  - Academic setting
  - Private Clinic
  - Primary Care
  - Prison
  - National Online Network
  - Something else

**Why do some companies have  
a positive telehealth ROI  
and some do not?**

**What is Telemental Health?**

**What is Telebehavioral Health?**

**Will this last beyond COVID?**



# Types of Telehealth

## Telehealth

Telemonitoring

Telemedicine

Telebehavioral Health

Remote Patient Monitoring

Ambulatory

Telepsychiatry

Telemental Health

Clinical Apps

Surgical Consults

Clinical Apps

Case Management

Many use-cases

Case Management

# Telemental Health Modalities

*Text-Based*



*Individual or  
Group*

*Secure Messaging  
Chat  
Forums*

*Apps or cCBT*



*Self-help or  
Provider-Led*

*Video*



*Individual or  
Group*

*Virtual-Augmented  
Reality-Avatars*



*Individual or  
Group*

*Client led self-help / Provider led / Community led / Provider prescribed / Combinations*



Dashboard INVITE TO COMMUNITY NOTEPAD SCHEDULE CREATE CLIENT

THU 09/24/2020 09/24/2020 FRI  
Sep 24 12:00 PM, 1:00 01:00 PM, 1:00 Sep 25  
Louise Lacham Jeff Mowery

Client

Records per page 10

All User Time	Profile image
15:35	
4:15	
2:17	
2:02	

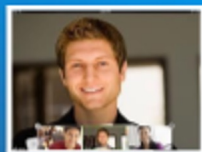
Louise Lacham

Karen Gooding

**Telebehavioral Health  
is mostly  
Clinical video.**

**But that is rapidly  
changing.**

# Multi-Use, HIPAA-Secure, Telehealth Applications



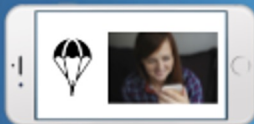
Secure  
Video  
Conferencing



Secure  
Email,  
SMS, or Chat



Topical  
Modules



Specialty  
Apps

Your Logo  
Your brand coors

Welcome,  
Jay L. Ostrowski

INVITATIONS CREATE CLIENT FILE CREATE NOTE ADD EVENT

THU 25 FEB 09:00 AM 1 hour 09:00 AM 1 hour 10:00 AM 15 minutes 10:15 AM 30 minutes 11:45 AM 1 hour

INVITE CLIENT INVITE TO COMMUNITY VIDEO ON DEMAND

John Trilliant Donald Duck Brock Wayne Charles M. Butts Lena D.

In-Person In-Person In-Person

Search for client, work... SETTINGS

LAST NAME	LAST LOGIN	STATUS	GROUPS
Client	12/06/2013 04:23 AM	Registered	-
Trev	12/04/2013 08:14 AM	Yes Contacted by Client	Morning Medication, Group 1
Sally	No activity yet	Registered	-
Nelson	02/25/2014 09:43 AM	2 YES YES Active	-
Smith	05/20/2014 09:40 AM	1 [Choose status]	Morning Medication, Adolescent Group

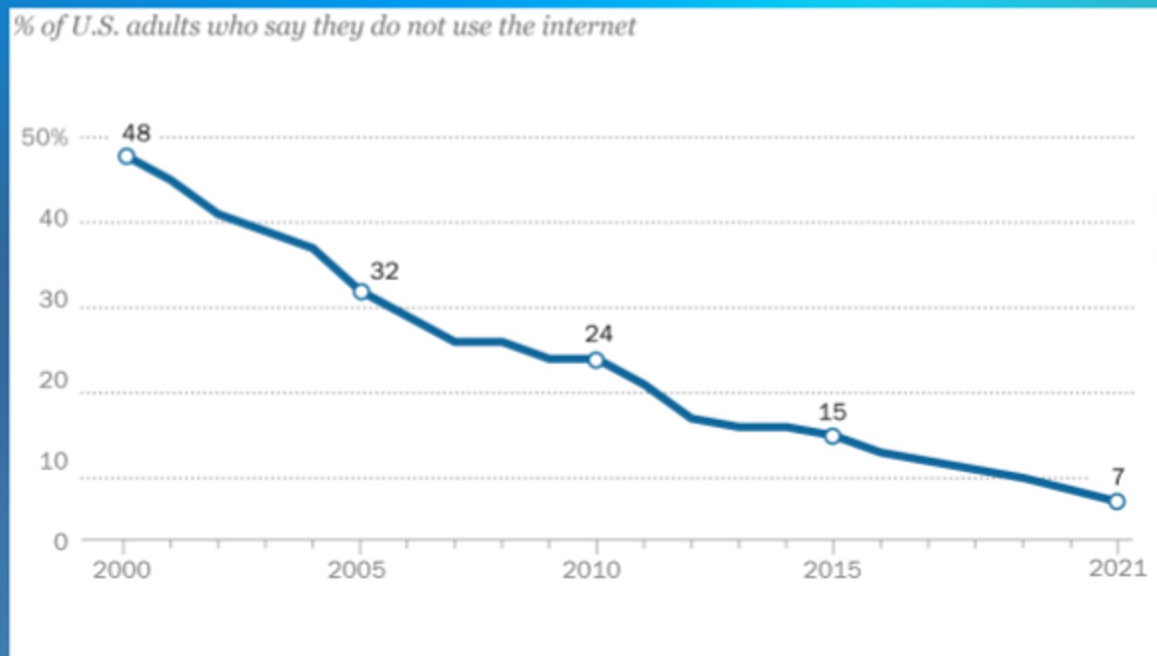
PREVIOUS 1 2 3 4 NEXT

See all notifications

This application is not for emergency services. If you are having an emergency, please contact your local health care provider.

# Trends in Telehealth

Technology – 93% of American Adults Use the Internet





## COVID-19 Telemedicine's Catalyst

*Health IT has seen a temporary slowdown in investment volume and value*

**32%▼**

Drop in average monthly investment **volume**

**27%▼**

Drop in average monthly investment **value**

*Investment activity has been pivoting to focus heavily on telemedicine:*

**31%** of healthcare IT investment volume post CV-19 (Feb-April) was within the telemed sector, up from an average of 14%

The percent of capital invested in telemedicine increased to **30%** of Health IT investments in April, compared to 16% Pre CV-19

**22** telemedicine companies received funding in **March and April 2020**

*Health systems have experienced exponential increase in telemed usage:*

**NOVANT HEALTH**

has seen video visits rise from **200** to **12,000+** per week

**NYU Langone**

went from **20** virtual-care physicians to **1,300+**

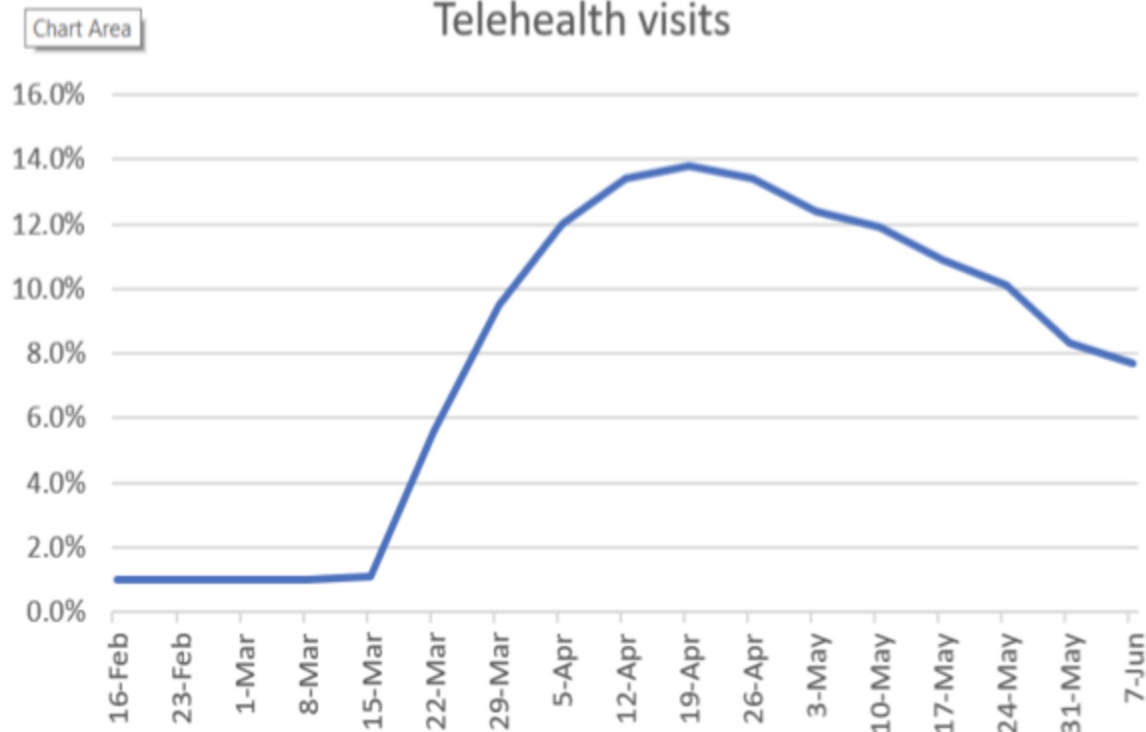
**UC San Diego Health**

is conducting **50%+** of primary care visits via telehealth

# Telehealth explodes due to COVID-19 pandemic

<http://hgp.com/research-and-news/2020/05/04/covid-19-telemedicines-catalyst/>

## Telehealth visits



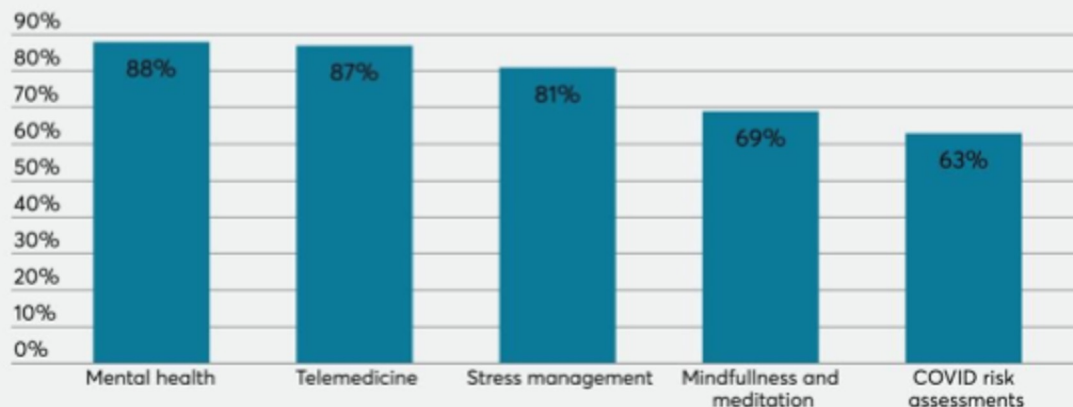
Source: Mehrotra, A., Chernew, M., Linetsky, D., Hatch, H., and Cutler, C., "The impact of the COVID-19 pandemic on outpatient visits: practices are adapting to the new normal," The Commonwealth Fund, June 25, 2020.

**Growth  
short and  
long term**

<https://www.hfma.org/topics/financial-sustainability/article/telemedicine-is-exploding--but-w-here-is-the-roi-for-health-systems.html>

Employers are investing in mental health services for their employees

### Wellness benefits employers are investing in during COVID-19



Source: Wellable 2021 Employee Wellness Industry Trends Report

<https://www.benefitnews.com/advisers/list/employers-want-help-supporting-wellness-efforts>

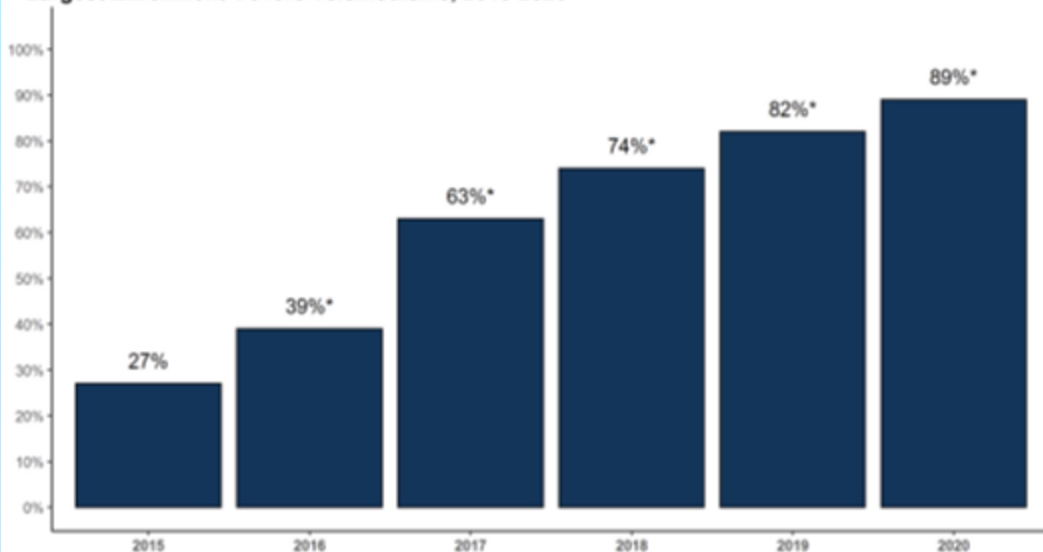


**85% of firms with 50+ people offer telemedicine through their health plan.**

<https://www.kff.org/report-section/ehbs-2020-section-13-employer-practices-alternative-sites-of-care-and-provider-networks/>

**Figure 13.5**

**Among Large Firms Offering Health Benefits, Percentage of Firms Whose Plan with the Largest Enrollment Covers Telemedicine, 2015-2020**



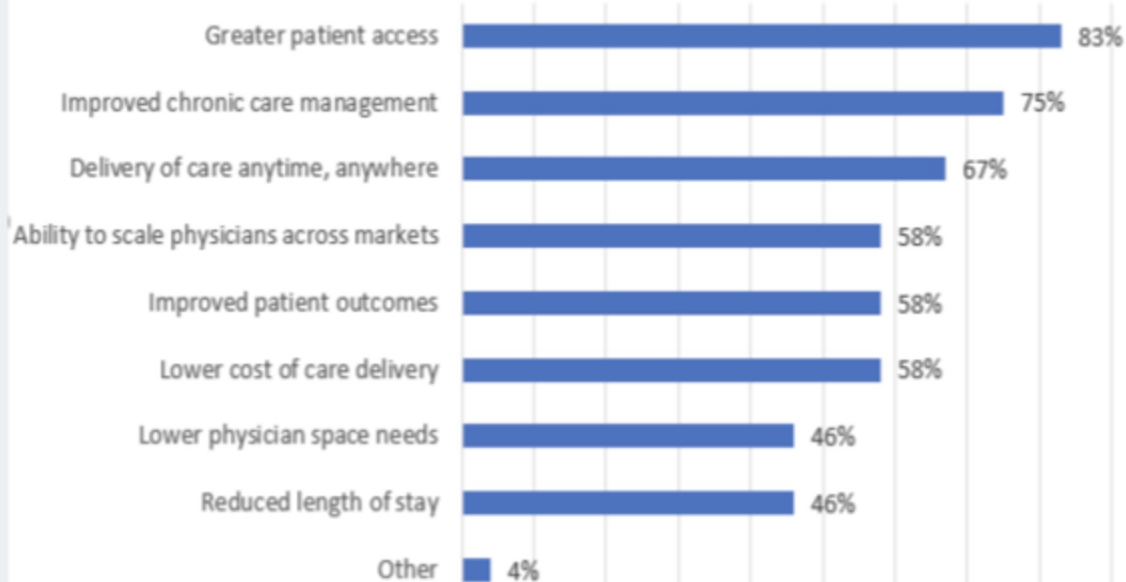
\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

NOTE: Telemedicine is the delivery of health care services through telecommunications to a patient from a provider who is at a remote location, including video chat and remote monitoring. This would not include the mere exchange of information via email, exclusively web-based resources, or online information a plan may make available unless a health professional provides information specific to the enrollee's condition. Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018-2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2015-2017

## Health system executive virtual care goals\*

Considering all possible use cases, in which areas do you expect the greatest impact from virtual care?



Source: The Academy, May 2020 survey of executive leaders from the largest U.S. health systems

## Why Telehealth?

<https://www.hfma.org/topics/financial-sustainability/article/telemedicine-is-exploding--but-where-is-the-roi-for-health-systems.html>

## Return on Investment (ROI)

Net financial returns

---

Financial investment

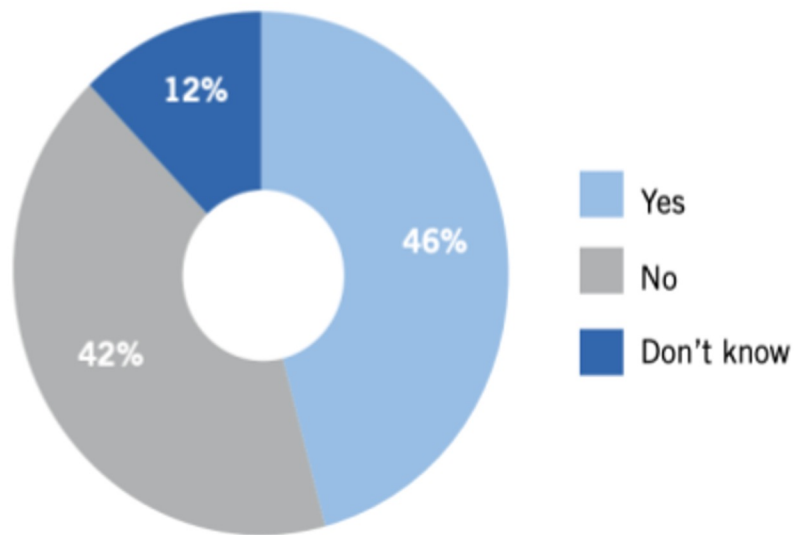


## Tracking ROI

2017 Study  
Only 46% of healthcare organizations tracked their telehealth ROI.

<https://www.foley.com/en/files/uploads/2017-Telemedicine-Survey-Report-11-8-17.pdf>

### DO YOU TRACK COST SAVINGS OR ROI FROM TELEMEDICINE SERVICES?



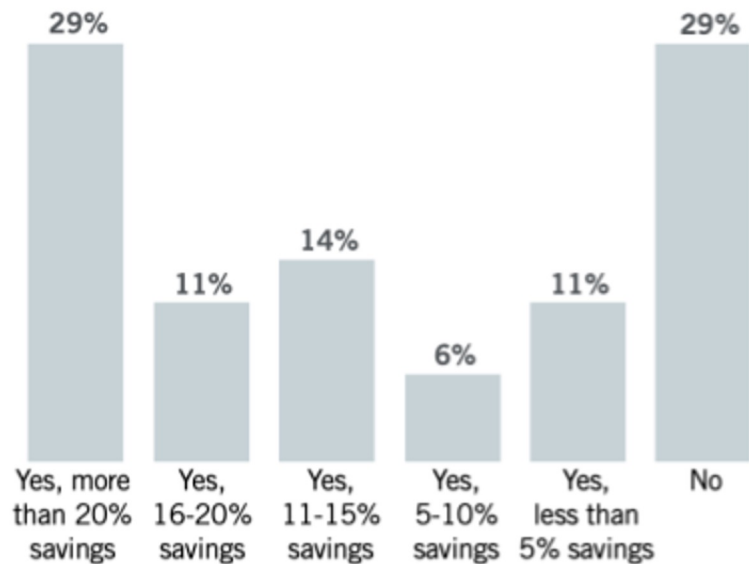
## Tracking ROI

71% achieved annual ROI

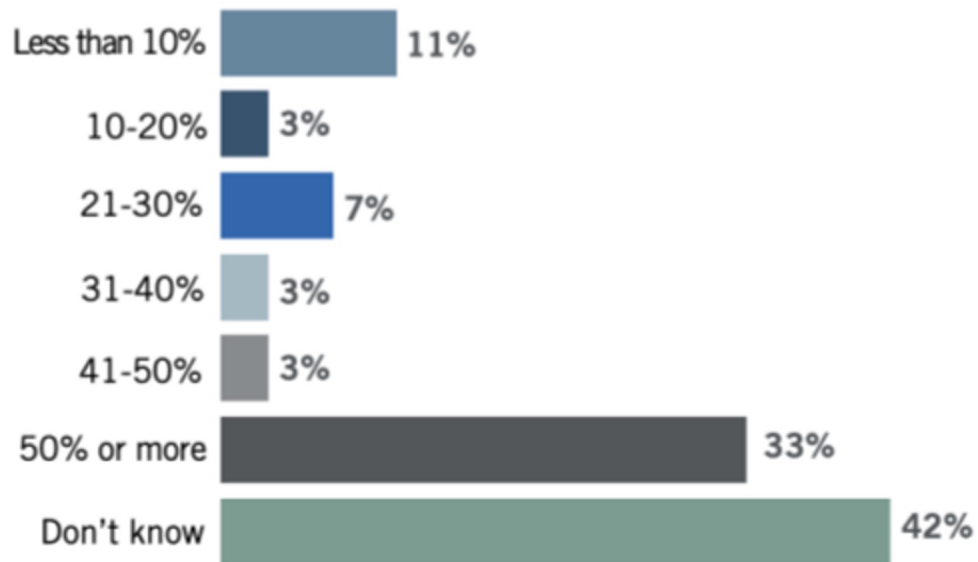
29% achieve an ROI of +20%

<https://www.foley.com/en/files/uploads/2017-Telemedicine-Survey-Report-11-8-17.pdf>

### HAS YOUR ORGANIZATION REALIZED COST SAVINGS OR ROI FROM TELEMEDICINE SERVICES?



**WHAT PERCENTAGE OF YOUR PATIENT POPULATION CONTINUES WITH TELEMEDICINE VISITS AFTER THE INITIAL VISIT?**



## Tracking ROI

<https://www.foley.com/en/files/uploads/2017-Telemedicine-Survey-Report-11-8-17.pdf>

## Calculating ROI

### Increased **REVENUE** from Telehealth

- Fee-for-service reimbursement via insurance
- New Services
- Reduced no-shows
- Higher volume
  - higher capacity
  - Larger geographic draw
- Referral downstream services
- More





## Reimbursement

- ❑ Telemental health (initial appointment, additional appointments),
- ❑ Telepsychiatry evaluation, medication management
- ❑ Chronic Care Management
- ❑ Secure Messaging
- ❑ IOP - Intensive Outpatient



# Overview/Reimbursable Services

- ❑ Public Payer - Medicare, Medicaid
- ❑ Private Insurances
- ❑ Private Payer
- ❑ Grant Funded Programs
- ❑ Coverage vs Reimbursement

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

# Telehealth Codes: Temporary to Permanent

Final 2021 CMS MEDICARE Payment Rule:

1. Temporarily added 144 telehealth services
2. Permanently added several telehealth services,
  - a. Group psychotherapy services,
  - b. Some home visits for an established patient,
  - c. Care planning services.
3. Many private payers have mirrored CMS requirements and changes.
4. Continuing telehealth policy changes and regulatory waivers may provide increased access to acute, chronic, primary, mental and specialty care during and after the pandemic.

# Coverage vs. Reimbursement

<https://scct.org/page/Coverageandreimburse/What-is-the-difference-between-coverage-and-reimbursement.htm>

## Calculating ROI

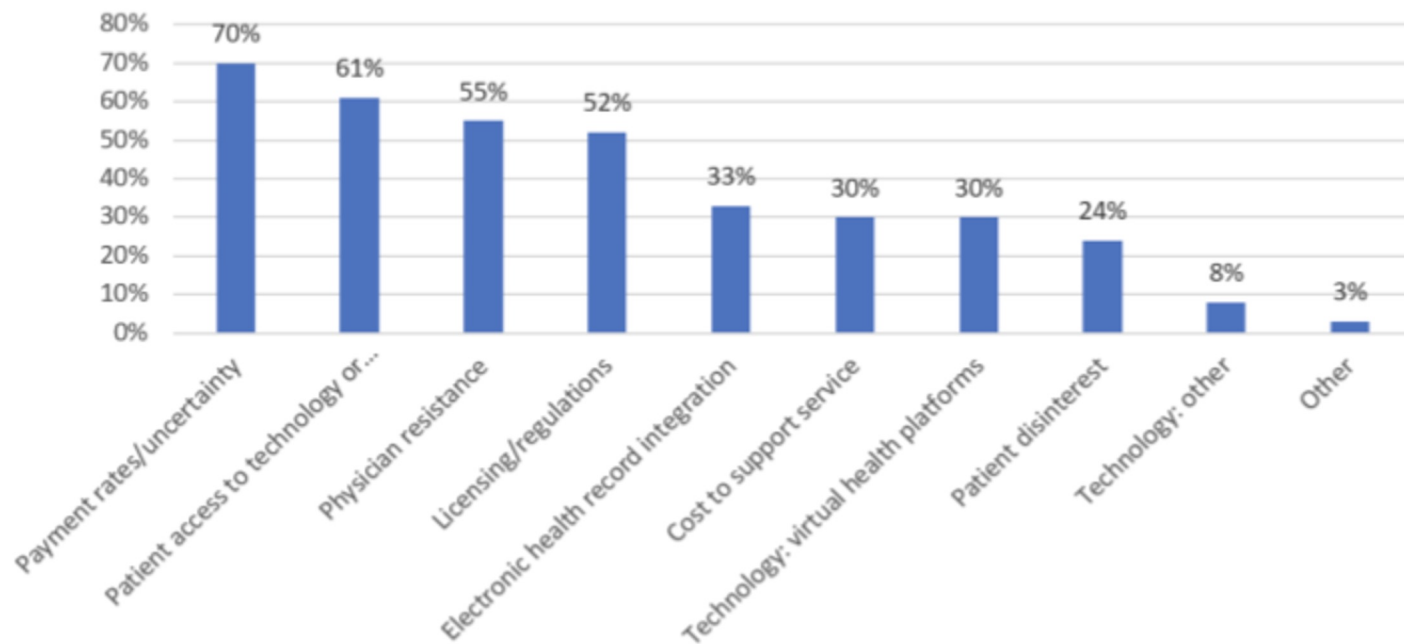
### Increased **VALUE** from Telehealth

- Workforce optimization
- Workflow efficiency
- Data collection
- Quality measures
- Reduced readmissions
- Reduced ACO cost sharing
- Grant eligibility
- Referral networks
- Patient and staff satisfaction

**Challenges?**  
***Forewarned is Forearmed***

## Key virtual care scaling challenges\*

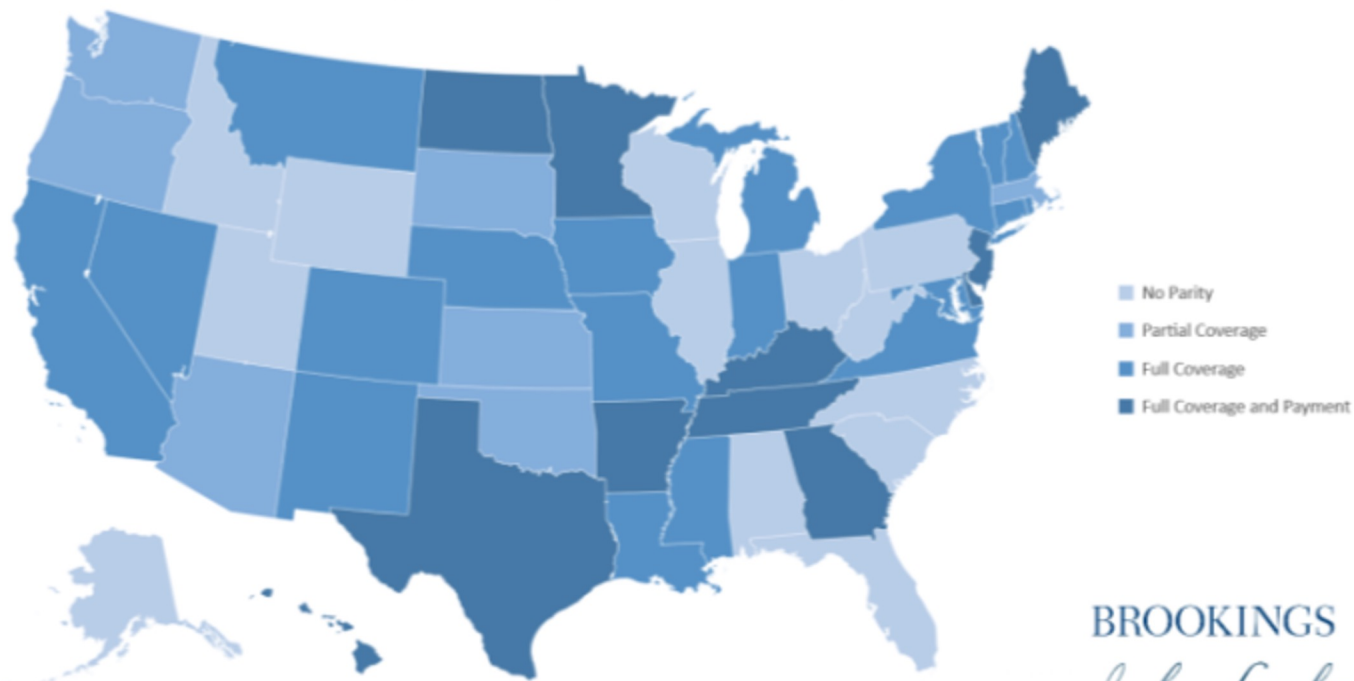
Which barriers present the greatest challenge to scaling your virtual health enterprise?



Source: Mehrotra, A., Chernew, M. Linetsky, D., Hatch, H., and Cutler, C., "The impact of the COVID-19 pandemic on outpatient visits: practices are adapting to the new normal," The Commonwealth Fund, June 25, 2020.

# Parity

Figure 1. Map of U.S. State Parity Laws

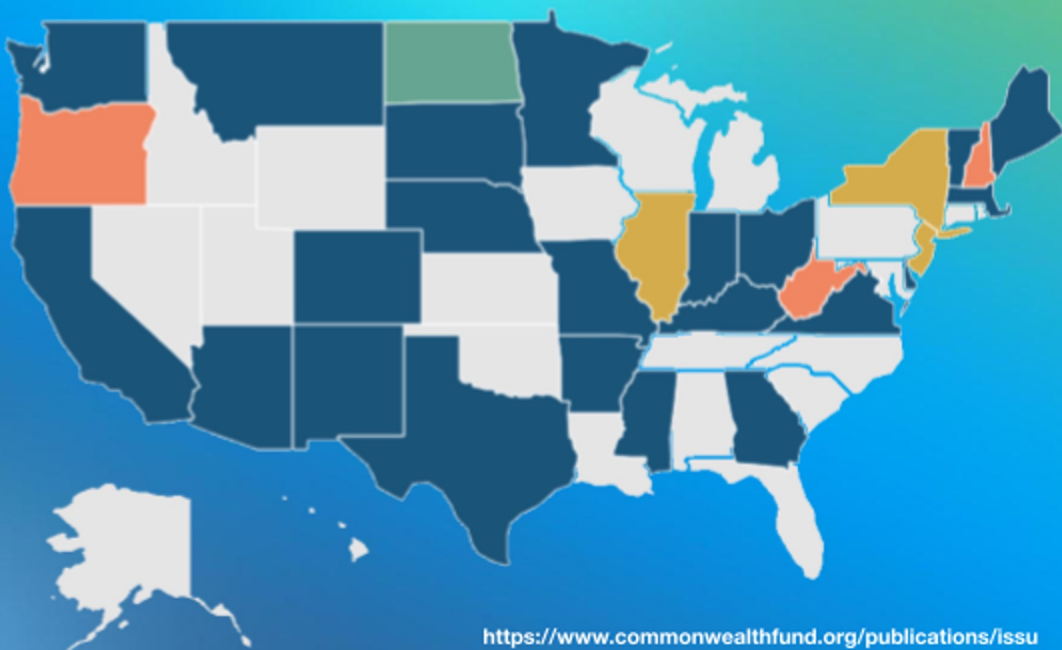


Source: "State Telehealth Laws & Reimbursement Policies." Center for Connected Health Policy, Spring 2019.  
[https://www.cchpc.org/sites/default/files/2019-05/cchp\\_report\\_MASTER\\_spring\\_2019\\_FINAL.pdf](https://www.cchpc.org/sites/default/files/2019-05/cchp_report_MASTER_spring_2019_FINAL.pdf)

BROOKINGS  
*John Locke*  
FOUNDATION

## Parity in Cost Sharing

- Requirement for parity in cost sharing pre-pandemic
- Requirement for parity in cost sharing pre-pandemic but prohibit cost sharing temporarily since pandemic
- Requirement for parity in cost sharing (permanently or temporarily) since pandemic
- Prohibit cost sharing (permanently or temporarily) since pandemic



<https://www.commonwealthfund.org/publications/issue-briefs/2021/jun/states-actions-expand-telemedicine-access-covid-19>



# Regulations

- ❑ HIPAA
- ❑ Licensing
  - ❑ Language/Terminology
- ❑ Payment



# Security

*Replicate  
HIPAA-Secure  
Workflows For  
Each Task*



## CORE CONCEPT

- 1 TRAINING IN TELEMENTAL HEALTH
- 2 ABIDE BY ASSOCIATION, CREDENTIALING BODY ETHICS
- 3 DATA SECURITY – ENSURE PROTECTED AT LOGIN, IN ROUTE AND AT REST
- 4 DISPLAY PROVIDER VERIFIABLE CREDENTIALS
- 5 TMH – SPECIFIC INFORMED CONSENT
- 6 PRIVACY PROTECTION – INFORMED CONSENT
- 7 PROVIDE ALTERNATE COMMUNICATION MEANS AND METHODS BETWEEN SESSIONS
- 8 JURISDICTION – VERIFY LOCATION/JURISDICTION OF CLIENT AND PROVIDER
- 9 ASSESS CLIENT SUITABILITY TO VENUE
- 10 VERIFY PSYCHOLOGICAL SAFETY – NO ONE ELSE IN CLIENT'S ROOM & PRIVATE SPACE
- 11 VERIFY THE CLIENTS LOCATION AT THE TIME OF SERVICES IN ORDER TO ESTABLISH JURISDICTION AND EMERGENCY SERVICES
- 12 VERIFY THE CLIENT IDENTITY
- 13 VERIFY THE CLIENT'S AGE
- 14 IDENTIFY ACCESS TO EMERGENCY SERVICES LOCAL TO THAT CLIENT
- 15 EMERGENCY CONTACT – PERSON TO CONTACT NEAR CLIENT IN CASE OF EMERGENCY
- 16 PROVIDE VIABLE REFERRALS

# Telebehavioral Health Best Practices

# Adoption Challenges



- ❑ Resistance to change, technophobia, and change fatigue
- ❑ Resistance due to competition
- ❑ Resistance to new technology/learning curve/digital literacy
  - ❑ Providers
  - ❑ Patients
- ❑ Investment in new technology

# Unanticipated Costs


- ❑ Manual workflows due to poor tech choices
  - ❑ From lack of integration
- ❑ Unanticipated technology costs
  - ❑ Selecting the wrong software or technology- switch cost
  - ❑ Added fees
  - ❑ Vendor overselling,
  - ❑ Company overbuying



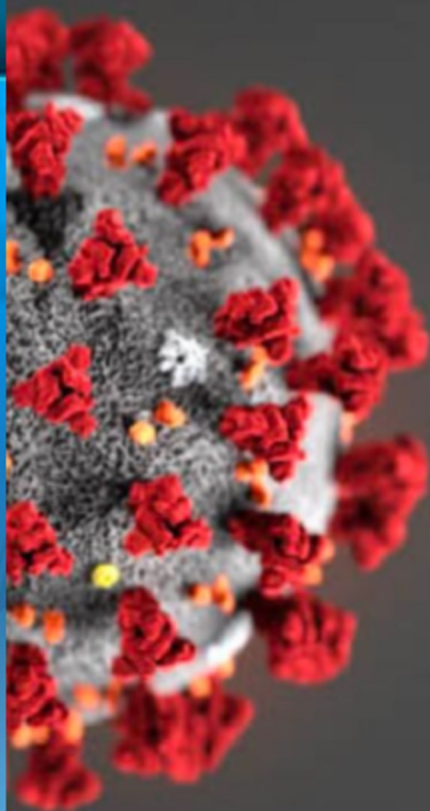
# Technology

- ❑ Access limitations
- ❑ Lack of familiarity with technology
- ❑ Provider Integration Workflows
- ❑ HIPAA Security/BAA's





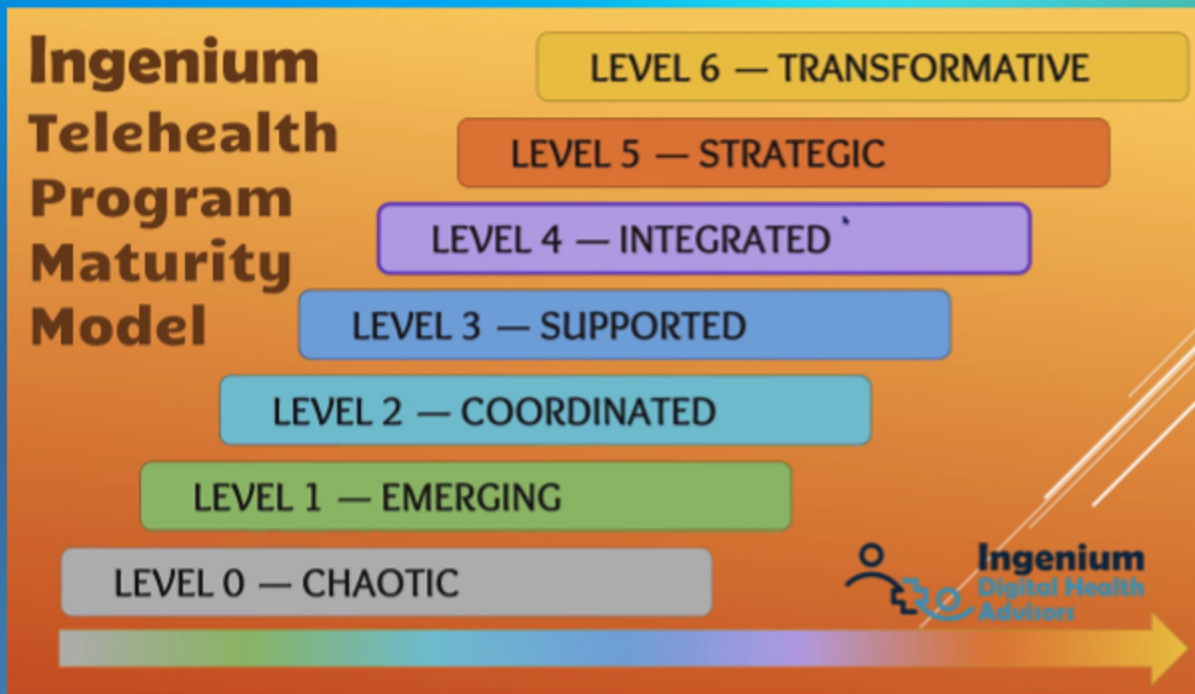
Transition from  
COVID-crisis to  
sustainable  
telehealth.



**COVID-19**

Novel Coronavirus

# Telehealth Program Maturity





# Telehealth Program Maturity

	0	1	2	3	4	5	6
	chaotic	emerging	coordinated	supported	integrated	strategic	transformative
Services	few	few	some	some	many	lots	virtually all
Specialties	scattered	scattered	a few	some	broad	pervasive	pervasive
Growth	slow	slow	slow	medium	high	strategic	strategic
Coordination	none	some	informal	formal	structured	structured	structured
Tech Support	none	some	informal	formal	funded	proactive	proactive
Operational Support	none	none	some	formal	funded	proactive	evolving
Launch Support	none	none	some	informal	formal	structured	evolving
Leadership	unaware	unaware	aware	supportive	engaged	driving	leveraging
Governance	none	none	none	some	established	driving	leveraging
Vitality	survive	survive	alive	alive	arrive	thrive	thrive

**Table 1. Categories of Costs Incurred at Different Stages of Implementing a Practice or Quality Improvement Program**

Cost Category	Stages of the Improvement Actions				
	Planning and Development	Training	Startup	Ongoing Operation, Monitoring, and Maintenance	Shutdown
Personnel	X	X	X	X	X
Supplies	X	X	X	X	X
Equipment			X	X	
Training	X	X	X	X	
Information systems			X	X	X
Outreach and communication			X	X	X
External consultant costs		X	X	X	

**What does it take  
to get a positive telehealth ROI?**

**Strategy, Agile Implementation, Optimization.**

# Strategy

- ❑ Team
- ❑ Needs assessment
- ❑ ID ROI & value goals
- ❑ License & reimbursement limits
- ❑ Ensure scalable, future-focused technology across multiple use cases and workflows.



# Implementation

- ❑ Identify ways to integrate telehealth into daily workflow
- ❑ Provide training to your team
- ❑ Support
- ❑ Identify and resolve issues quickly
- ❑ Closely monitor and manage change



# Optimization

- ❑ Create positive telehealth experience
- ❑ Measure frequently
- ❑ Feedback loops
- ❑ Allow for full integration with existing systems



## Technical Assistance (grant-funded) at MATRC.org

.....

**JAY OSTROWSKI**  
**MA, LPC-S, NCC, ACS, BC-TMH**

Consultative Partner- [TBHCOE.MATRC.org](https://www.tbhcoe.org)  
CEO, [Behavioral Health Innovation](#)  
CEO, [Adaptive Telehealth](#)

[https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/combined/f1\\_combo\\_returnoninves](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/combined/f1_combo_returnoninves)

# Question and Answer





# Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



# Connect With Us

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Email: [northeastcaribbean@mhttcnetwork.org](mailto:northeastcaribbean@mhttcnetwork.org)

Website:

<https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home>

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Twitter: @necmhttc

LinkedIn: @Northeast and Caribbean MHTTC



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration