

The Zoom Interface

The screenshot shows a Zoom Webinar window with the following elements and annotations:

- Zoom Webinar Title Bar:** Includes "Zoom Webinar", "You are viewing David Terry's screen", and "View Options".
- Session Controls:** "Click here to maximize your session view" and "Enter Full Screen" buttons.
- Main Content Area:** Displays the TTC logo (Technology Transfer Centers, funded by Substance Abuse and Mental Health Services Administration) and a message: "Thank you for joining us today! You will not be on video during today's session".
- Q&A Window:** A "Question and Answer" window is open, showing a question: "This is a test question!". Annotations explain that users can switch between "All questions (1)" and "My questions (1)", and that the Q&A feature allows asking questions of the host and presenters.
- Chat Window:** A "Zoom Webinar Chat" window is open on the right. Annotations explain that the chat feature allows talking with other people, and that the "To" field (set to "All panelists") determines who receives the message.
- Audio Settings:** A "Select a Speaker" menu is open, showing "Speakers (Realtek(R) Audio)" as selected. An annotation points to the "Audio Settings" button in the bottom toolbar.
- Bottom Toolbar:** Includes "Audio Settings", "Chat", "Raise Hand", "Q&A", "Click here to leave the session", and a "Leave" button.

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

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

Session 4: Future Planning and Investment for Telebehavioral Health and Digital Mental Health Services

Jay Ostrowski

Behavioral Health Innovation

8/4/2021



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



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Subscribe to receive our mailings.
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

What To Think About In Future Planning And Investment For Telebehavioral Health And Digital Mental Health Services

**Series: Future Planning and Investment for Telebehavioral
Health and Digital Mental Health Services**

Jay Ostrowski

Roles

CEO - Behavioral Health Innovation

CEO - Adaptive Telehealth

Consultant - Mid-Atlantic Telehealth

Resource Center

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



- ❑ Identify the future service opportunities using digital services.
- ❑ Understand the benefits and challenges of digital services
- ❑ List areas to consider in costs, potential barriers, and adoption issues
- ❑ Discern and overcome selection, management, and adoption issues when planning for and developing digital health services

Planning Considerations

- Why?
- Designing for Current and Future
- Development Process
- Therapeutic
- Operational
- Management
- Technological-Software
- Free software
- License Regulations
- HIPAA
- Patient Data

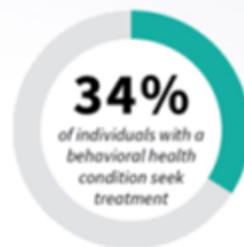


Why Should You Invest in Telehealth

- ❑ Expands Access
- ❑ Workflow distribution
- ❑ Increases tailored treatment options
- ❑ Shortens Delays
- ❑ Eases Stigma
- ❑ Gets Results
- ❑ Operational efficiencies
- ❑ Cost savings



Increased Demand Leaves Mental Health Professionals in Short Supply



<https://www.triple-tree.com/strategic-insights/2020/april/the-far-reaching-impact-of-covid-19-on-virtual-beh/>



2-4x

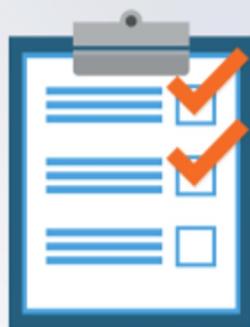
greater cost of care for medical conditions for patients with depression



What Problem(s) Are You Solving?

- Shortage?
- Coverage?
- Access?
- Quality?
- Satisfaction?
- Reducing Costs?
- Data Collection?
- Therapeutic Goals?
- Provider Retention?
- Increase Market share?
- Increase Revenue Opportunities?





Designing Solutions

Discover what is possible.

Challenge your thinking and your staff's thinking by experimenting with pilot programs.

Use **design thinking** to refashion your services

Focus on consumer service and convenience (in addition to billing and compliance)

Focus on solving parts of the problem because very rarely does an investment pay for all problems and for all audiences.

Designing for the Future

- ❑ Think about immediate needs
 - ❑ Use-cases, audiences
 - ❑ Workflows
 - ❑ Security/HIPAA/Legal
 - ❑ Risk Management
- ❑ Create a roadmap for the future
 - ❑ Use-cases, audiences
 - ❑ Increasing/Starting New Services
 - ❑ Technology
 - ❑ Optimization

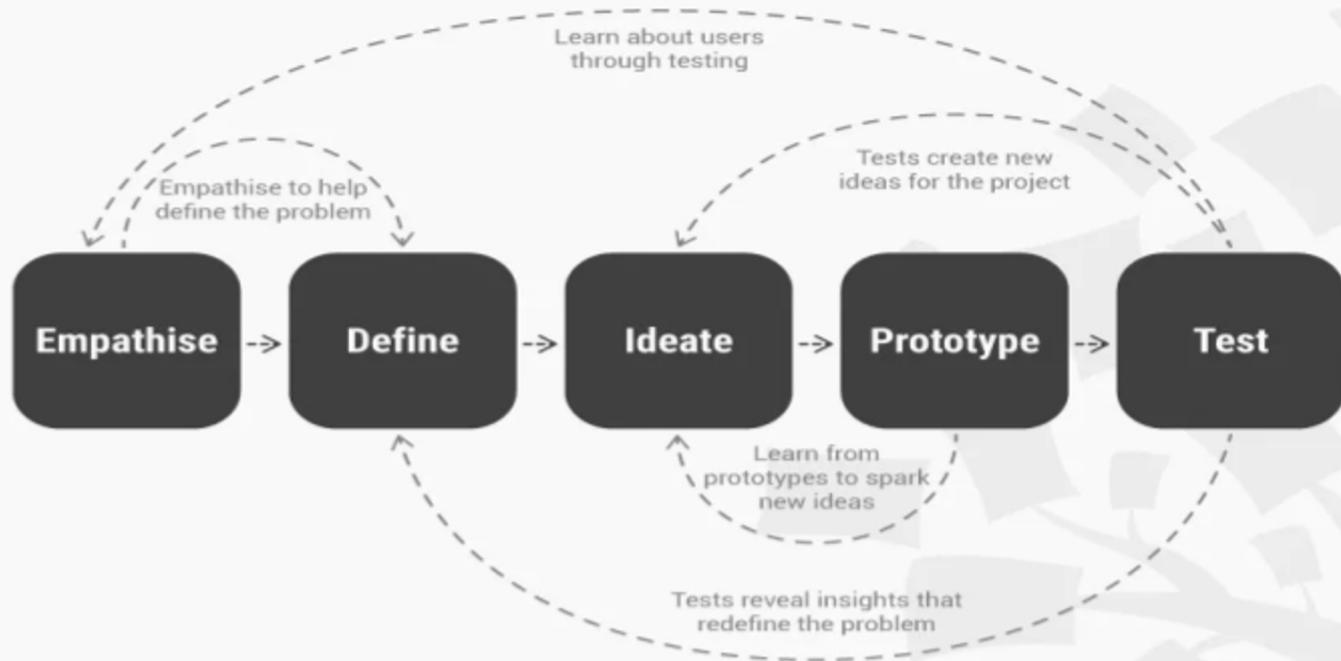


Investments

If a Robot Can Do It,
a Robot Should Do It....



DESIGN THINKING: A NON-LINEAR PROCESS



INTERACTION DESIGN
FOUNDATION

INTERACTION-DESIGN.ORG

Development Process

- ❑ Depends on your organization, goals and requirements
- ❑ Agile Planning - Not too little and not too much
- ❑ Training in TMH Best Practices and coaching/mentorship
- ❑ Policies, procedures, workflows
- ❑ Technology - Software made for telehealth
- ❑ Purchase or partner on areas in which you should not do.
- ❑ Start small pilot and iterate - Agile Development Process
- ❑ Get first-hand feedback and challenge assumptions
- ❑ Make adjustments
- ❑ Scale



Therapeutic Considerations

- ❑ How does this help the provider or client reach their therapeutic goals?
- ❑ What is the evidence-base for this service or app?
- ❑ Well-written and well-executed?
- ❑ Was the app or service created by clinicians or with clinician input?



Operational Planning

- ❑ Simple for the provider, management, and the client
- ❑ Testing-Test from each perspective!!!
- ❑ Registration and consent workflows
- ❑ Clinical charting, documentation and team access
- ❑ Communication workflows
- ❑ Billing workflows
- ❑ Emergencies

Management

- ❑ Trainings
- ❑ Clinical Supervision
- ❑ Management Oversight
- ❑ Permissions
- ❑ Policy and procedural changes and implementation
- ❑ How will you see or get the data?
- ❑ Maintenance
- ❑ Future-proofing



Technology-Software Planning

- ❑ Post emergency you will be required to use **HIPAA-Secure** tech
 - ❑ Many softwares are not as secure as they claim.
 - ❑ Vendors and networks may not care if you are practicing legally or securely.
- ❑ State laws vary greatly by state and profession.
 - ❑ Can't take all referrals?
 - ❑ Cross state line regulations and requirements
- ❑ Integration or layered services?
- ❑ Software selection guidance



HIPAA-Secure Software



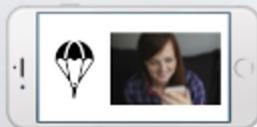
Video



Text Based



cCBT



Apps

THU 25 FEB	08:00 AM 1 hour	09:00 AM 1 hour	10:00 AM 15 minutes	10:15 AM 30 minutes	11:45 AM 1 hour
	Joy Tribble	Donald Duck	Ericc Wayne	Charles M. Batts	Lana De
		15 Person	10 Person	10 Person	

<https://www.telementalhealthcomparisons.com>

Consider

- HIPAA-Security
- Support
- Clinical Oversight
- Referrals
- Workflows
- Mobility
- Exchange of Records
- Future growth
- Registration

Apps for Behavioral Health



<https://www.telementalhealthcomparisons.com/apps>

Use Case: Two Major Paths



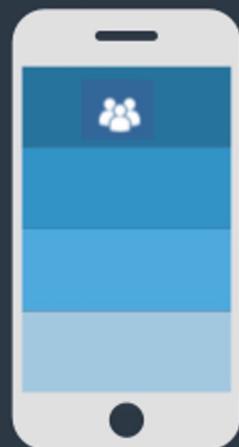
**Communicate
with Client**

**Don't
Communicate
with Client**

Apps for Telebehavioral Health



Retain patients at the appropriate level of treatment.



Patient Engagement

Treatment Adherence

Communication

Access to...

Strategy:

Engagement

Engaged patients are more likely to stay in treatment long enough to get better, follow treatment recommendations, change habits and stay clean

Patient Support Apps

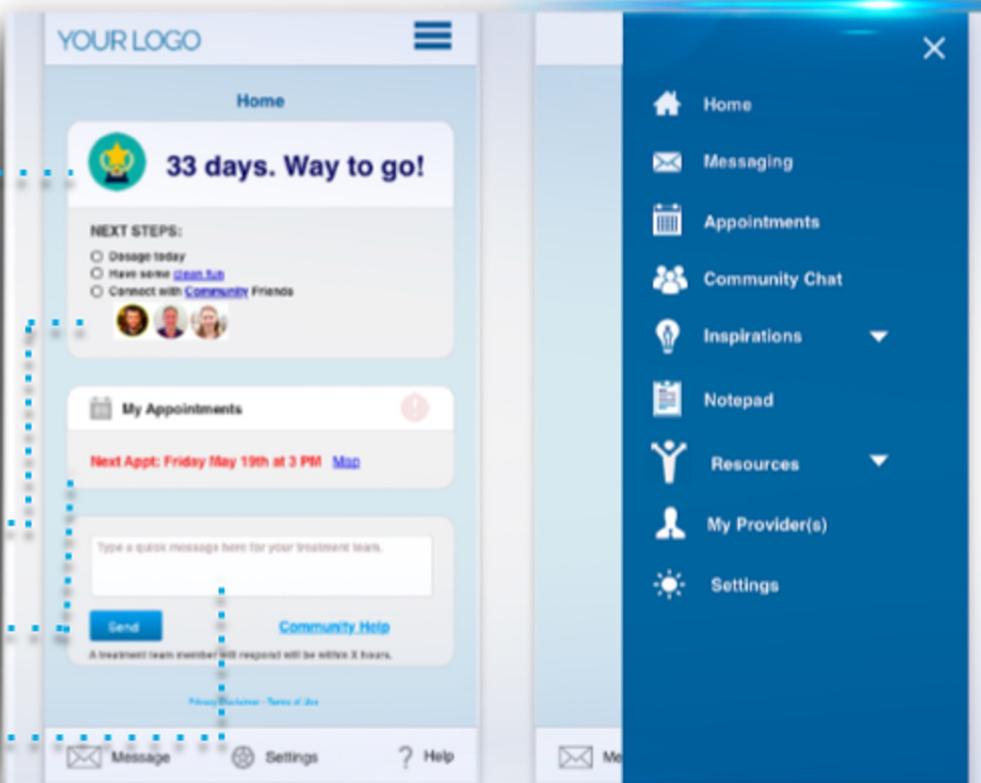
This is an example of a patient-support app built to the customer's exact specifications for keeping patients in medication-assisted addiction treatment.

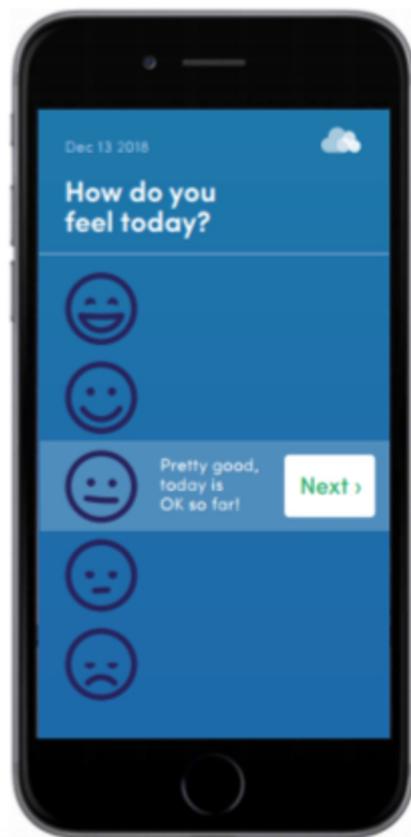
Encouragement

Direction

Reminders

Connection





Client Triage System

Self-report checkin

PhQ 9

GAD 7

DAS

Live Chat

Online Scheduling

Video Appointment

Automated SBIRT (or partially automated)

Screening

1. DAST Screening
2. Questions

Brief Intervention

1. Library
2. Chat or Workbook
3. Video Meeting

Referral

1. Referral to Online Provider

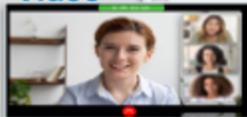
Treatment

1. Video Links
2. Informed Consents
3. Required Forms
4. Signatures
5. Assessments
6. Appointment setting
7. Appointment reminders and more.

Assessmen



Video



Library



Referral Forms Signed Consents Library



Track results over time



Automated Reports



Consider Points of View

- ❑ Client POV
- ❑ Provider POV
- ❑ Referrer POV
- ❑ Payor POV
- ❑ Business POV
- ❑ Regulatory POV
- ❑ Technology POV
- ❑ HIPAA-Administrative, Physical
And Technical controls,
Privacy Policies, Patient Rights
- ❑ YOUR POV



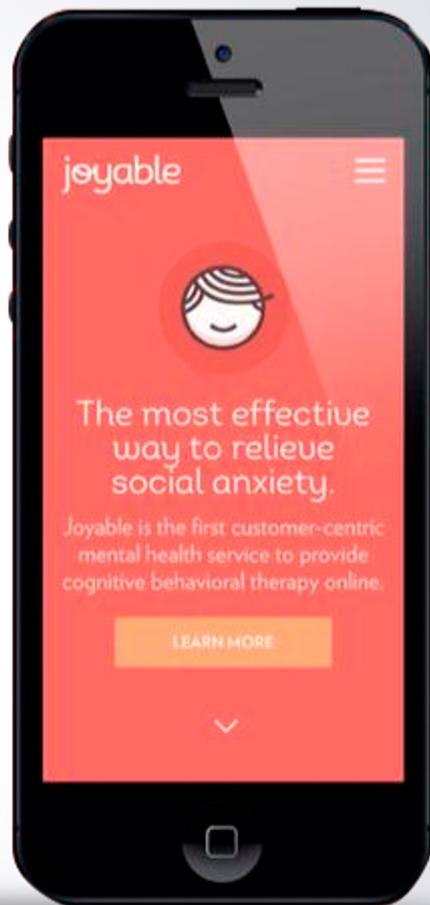
Apps In The App Store

Main Concern: Lack of Privacy Protection

READ the Privacy Policies of Apps. - Really.

- HIPAA-Compliant data sharing?
- Violates Provider License regulation?
- Violates professional ethics.

It is OK to recommend apps if you have vetted them and are able to state the risks.



**If It's Free,
YOU
May Be
The Product.**



<https://www.forbes.com/sites/marketshare/2012/03/05/if-youre-not-paying-for-it-you-become-the-product/?sh=7e9450b95d6e>

Technology Selection Best Practices Summary



Consider

- ☐ Use-cases
- ☐ Usability
- ☐ Workflows
- ☐ Referrals
- ☐ Security
- ☐ Management
- ☐ Maintenance
- ☐ Mobility
- ☐ Growth

Welcome, Jay L. Ostrowski

Dashboard

Wednesday 24 FEB: 3 meetings, 12 forms
Thursday 25 FEB: 4 forms, 2 homeworks
Friday 26 FEB: 1 meeting, 1 form, 2 homeworks
Saturday 27 FEB: 1 form
Sunday 28 FEB: 1 meeting
Monday 29 FEB: 1 meeting

Clients

USER ID	FIRST NAME	LAST NAME	LAST LOGIN	STATUS	GROUPS
0.00	Serg	Clerk	12/09/2015 04:25 AM	Registered	-
0.05	Ben	Test	12/24/2015 08:14 AM	Yes Conducted By Client	Morning Meditation, Group 1
0.06	Test Clerk	Berry	There is no activity yet.	Registered	-
0.08	Misty	Wilson	02/25/2016 08:45 AM	2 Yes Yes Active	-
0.11	Jason	Smith	03/20/2016 09:40 AM	1 [Choose status]	Morning Meditation, Adolescent Group

See all clients

PREVIOUS 1 2 3 4 NEXT

Provide, Sign up, Privacy, Disclaimers, Terms of Use
©2016 Behavioral Health Innovation

This application is not for emergency if you are having an emergency, 1

<https://www.telementalhealthcomparisons.com>

HIPAA & Legal Considerations

- Informed Consent
- Jurisdiction
- Privacy Policy
- Security of the data
- Staff monitoring, and oversight
- Emergencies- P/P, resources, and availability



HIPAA-Compliance

Which one of these is the real HIPAA Compliance Logo?

1



2



3



4



5



6



7



8



9



10



Tiered Civil Penalties

Circumstance of Violation	Minimum Penalty	Maximum Penalty
Entity did not know (even with reasonable diligence)	\$100 per violation (\$25,000 per year for violating same requirement)	\$50,000 per violation (\$1.5 million annually)
Reasonable cause, not willful neglect	\$1,000 (\$100,000)	\$50,000 (\$1.5 million)
Willful neglect, but corrected within 30 days	\$10,000 (\$250,000)	\$50,000 (\$1.5 million)
Willful neglect, not corrected	\$50,000 (\$1.5 million)	None

Patient Data

Purpose:

HIPAA intended to facilitate safe/secure sharing

Benefits:

Care Coordination
Family & Patient Empowerment
Thriving Public Registries

Patient's right to access to data

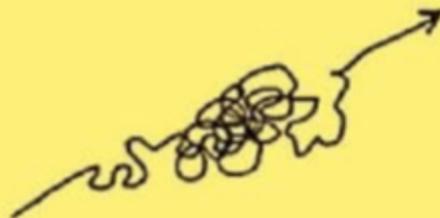


Success



what people think
it looks like

Success



what it really
looks like



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

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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Website:

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

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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

Resources

<https://www.telementalhealthcomparisons.com/apps>

<http://www.k4health.org/about-k4health>

<http://apps.nhs.uk>

<http://t2health.org/products/mobile-apps>

<http://www.imedicalapps.com/profession/patient/>

http://www.euro.who.int/_data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5354214/>

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care#:~:text=Integrated%20care%20is%20a%20general,inpatient%20or%20ambulatory%20clinical%20settings>

<https://www.aci.health.nsw.gov.au/nhn/health-professionals/tools-and-resources/nsw-health-integrated-care>

<https://www.strategyunitwm.nhs.uk/publications/new-care-models-whats-evidence>

Reimbursement Opportunities

In response to COVID-19, states are expanding telehealth in Medicaid by making adjustments to key areas:

Populations



Expanding the Medicaid populations that can use telehealth

Services & Payment Rates



Allowing new services to be delivered via telehealth

Adjusting payment rates and cost sharing

Technology



Expanding the technologies used to deliver telehealth

Allowing more types of distant and originating sites

Providers



Broadening provider types that may deliver services via telehealth

Source: Centers for Medicare and Medicaid Services(CMS), State Medicaid and CHIP Telehealth Toolkit, April 2020, as well as KFF analysis of Medicaid telehealth guidance posted to state websites

WHAT VIRTUAL SERVICES ARE COVERED BY MEDICARE?

Virtual Service Codes

Telehealth Services*

New Patient Office/ Outpatient E/M Services**

99201 99203 99205
99202 99204

Established Patient Office/ Outpatient E/M Services

99211 99214
99212 99215
99213

Other Covered Telehealth Services

See Medicare Covered Telehealth
Services List at [cms.gov](https://www.cms.gov)

Other Non-Face-to-Face Virtual Services

Telephone

99441 98966
99442 98967
99443 98968

E-Visit

99421 98970 G2601
99422 98971 G2602
99423 98972 G2603

Virtual Check-In

G2012

Remote Image Evaluation

G2010

* Physicians who bill for Medicare telehealth services should append Modifier 95 to all claims for telehealth visits that would normally be performed as face-to-face visits. This will allow CMS to make appropriate payment for services furnished via Medicare telehealth at the same rate they would have been paid if the services were furnished in person.

** CMS will not conduct audits to determine if the physician had a prior relationship with the patient.

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