

The Ultimate Pivot: Integrated Care via Telehealth

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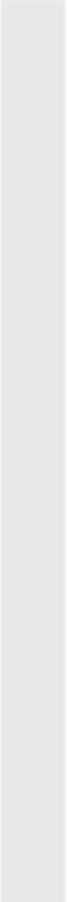
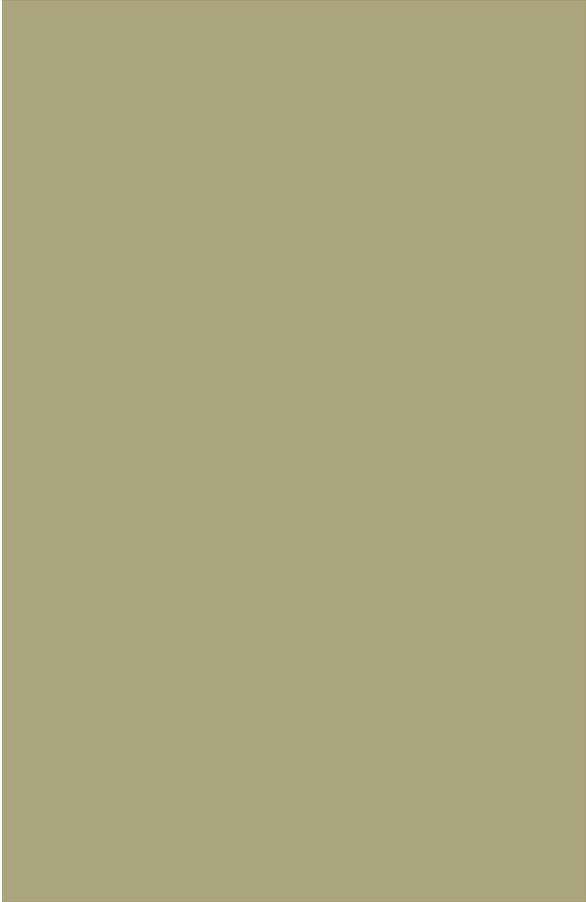
System Director, Adult Integration

Burrell Behavioral Health

Objectives

- Brief understanding of integrated care.
- Understand the impact widespread telehealth implementation had on this practice.
- Identify patient benefits and barriers with using telehealth technology in primary care.
- Identify provider benefits and barriers with using telehealth technology in primary care.

Many shameless integrated care plugs



Integrated Care

What does that look like?

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> » Have separate systems » Communicate about cases only rarely and under compelling circumstances » Communicate, driven by provider need » May never meet in person » Have limited understanding of each other's roles 	<ul style="list-style-type: none"> » Have separate systems » Communicate periodically about shared patients » Communicate, driven by specific patient issues » May meet as part of larger community » Appreciate each other's roles as resources 	<ul style="list-style-type: none"> » Have separate systems » Communicate regularly about shared patients, by phone or e-mail » Collaborate, driven by need for each other's services and more reliable referral » Meet occasionally to discuss cases due to close proximity » Feel part of a larger yet non-formal team 	<ul style="list-style-type: none"> » Share some systems, like scheduling or medical records » Communicate in person as needed » Collaborate, driven by need for consultation and coordinated plans for difficult patients » Have regular face-to-face interactions about some patients » Have a basic understanding of roles and culture 	<ul style="list-style-type: none"> » Actively seek system solutions together or develop work-a-rounds » Communicate frequently in person » Collaborate, driven by desire to be a member of the care team » Have regular team meetings to discuss overall patient care and specific patient issues » Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> » Have resolved most or all system issues, functioning as one integrated system » Communicate consistently at the system, team and individual levels » Collaborate, driven by shared concept of team care » Have formal and informal meetings to support integrated model of care » Have roles and cultures that blur or blend

Typical Clinic Flow

- Annual and F/U patients are scheduled with their PCP.
- “Warm Hand Off”
- Behavioral Health Consultant (BHC) has 4-8 20-30 minute f/u appts scheduled, but there is 30 minutes of every hour reserved for consultations that arise from those PCP appointments (mostly annuals)
 - Mental health
 - Behavioral health/management of medical conditions
- BHC sees those patients in their exam room just after (usually) their medical appt. for 15-20 minutes.
- They may or may not be scheduled to return to see BHC.
- “Close the Loop”

Example BHC Schedule

MONDAY		<i>AM Schedule</i>		<i>AM Work-Ins</i>	
7:30 AM	Huddle				
		7:45 AM	Call patient: Pathway (Pain Agreement Violation)		
8:00 AM	May: Medically Unexplained Symptoms (follow-up)				
		8:30 AM	Raymond: Developmental Delays (warm-handoff, initial)		
9:00 AM	Janet: Diabetes (follow-up)				
		9:20 AM	Marie: Schizophrenia (same-day, follow-up)		
		9:45 AM	Preparation for tomorrow's class called "Pain and Quality of Life"		
10:00 AM	Juan: Obese Teen (follow-up)				
		10:30 AM	Andrew: Medication Adherence (PCP-prep visit, initial)		
11:00 AM	Maria: Chronic Neck Pain (initial, phone visit)				
		11:15 AM	Charting Catch Up, Feedback		
		11:30 AM	Lucille: Behavior Problem (warm-handoff, initial)		
MONDAY		<i>PM Schedule</i>		<i>PM Work-Ins</i>	
1:00 PM	Pathway Meeting: Hypertension				
		1:35 PM	Disruption in waiting area		
2:00 PM	Samuel: School problems (initial)				
2:30 PM	Ed: Alcohol (initial)				
		2:50 PM	Sarah: Sleep Problem (warm-handoff, initial)		
3:00 PM	Stress Class				
4:00 PM	Charting and Feedback				

APA Guidelines

- Advocate for equity
- Appreciate ethical obligations to confidentiality
- Inform institutional policies and technology
- Psychologists strive to create opportunities for discourse
- Psychologists are urged to seek ways to integrate their unique expertise in diverse aspects of patient care.
- Psychologists remain mindful that, as members of a multidisciplinary team and as a result of their expertise, they may be called upon to help team members address issues such as those arising from the stress associated with professional caregiving and maintaining work-life balance.
- As participants in multidisciplinary health care delivery systems, psychologists understand the formal and informal means by which information is exchanged and documented.
 - They appreciate that the timeliness of their communication can determine the degree to which it is perceived as helpful for patient care.

Integration Etiquette

- COMMUNIATION, COMMUNICATION, COMMUNICATION
- Take cues from those around you
- Be appropriately assertive
- Do not disrupt Pt flow
- Build relationships
- Stay in the exam room
- Move quickly – communication and notes
- Create you own privacy

The Phone Call



APA Guidelines

We could not possibly be prepared for the care we would be providing to healthcare workers

- Advocate for equity
How do we advocate and achieve an equitable practice when no **one is interacting face-to-face?**
...and consider confidentiality barriers with telehealth.
- Appreciate ethical obligations to confidentiality
...but everything has just been decided for us?
- Inform institutional policies and technology
- Psychologists strive to create opportunities for discourse
- Psychologists are urged to seek ways to integrate their unique expertise in diverse aspects of patient care.
The rules changed and we are nervous because we know what missteps in communication mean
- Psychologists remain mindful that, as members of a multidisciplinary team and as a result of their expertise,

Integration Etiquette

Zoom, e-mail, Microsoft teams, phone calls, texts, doxy.me...

- COMMUNIATION, COMMUNICATION, COMMUNICATION

- Take cues from those around you

Where?

- Be appropriately assertive

I am trying, but I am also scared and confused

- Do not disrupt Pt flow

...but I am not sure I fully understand patient flow anymore

- Build relationships

Everyone is in crisis

- Stay in the exam room

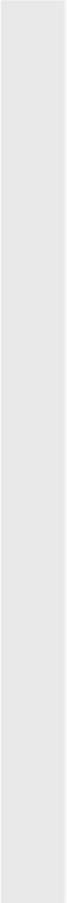
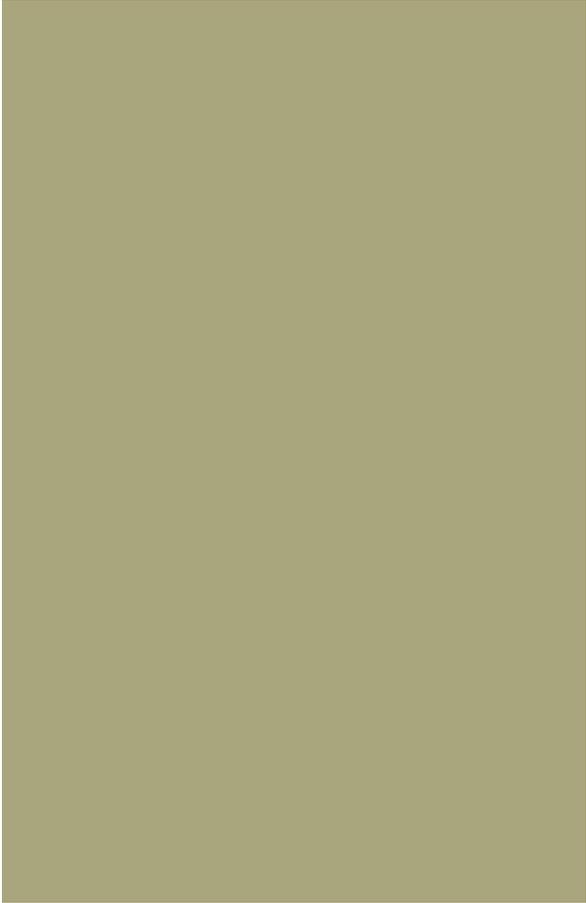
Ha...ha.....hahahaha

Templates just got longer, there are more codes,
and no one is here to communicate with

- Move quickly – communication and notes

- Crea





The Pivot

The process of shifting...literally everything.

Initial considerations

1. Equipment

- Learn how to use the equipment.

2. Work flow

- Messaging
 - Find private space
 - Figure out how to get consults
 - Figure out how you can be of assistance
 - New treatment population
- Do your best to reduce the amplification of disparities and discrimination.

Disparities and Discrimination Considerations

- Mistrust may be magnified
- Discrimination may be magnified
- Social Determinant of Health
 - Access to secure internet or video-capable devices
 - Many telehealth programs do not work on phones
 - Digital Literacy
 - Lack of insurance
 - Lack of a PCP
- Language and communication barriers –translator, medical interpreter services and caption options are a must
- Physical and developmental disabilities

New Flow was created

- More patient appointments can be scheduled or a virtual “warm hand off.”
- Providers used messaging systems to communicate with one another
- Providers had to ask a lot of questions before beginning each session (location, privacy, symptoms, etc.)
- BHCs moved to offices instead of pods
- Templates changed to include disclosures
- Screeners were read to Pt by BHCs
- Phone sessions were booked for patients that could not use video conferencing.
- Providers began screening for Covid-adjustment concerns
- Providers became patients 

Initial Telehealth Hurdles

- Learning how to communicate through telehealth devices
 - Turn-taking
 - Technology delays
 - Sitting (far away)/ Head placement
 - Lighting
 - Looking at self/ “primping”
 - Animation
 - Take note of space behind you
- Confidentiality
 - Who is in the room/house
- Setting boundaries to reduce intrusions, distractions and disruptions
 - Shopping, spending time with friends, drinking a beer, watching television, care-taking, driving
- Language and hearing barriers

Conducting a Telehealth Session

- Find a private space
- Introduce self, confirm identity and can have them show ID on screen.
- Discuss purpose of visit and what to expect
- Obtain consent (chart consent)
- Determine their privacy.
- Assure them the information is secure.
- Confirm privacy
- Outline session
- Discuss what to do if they lose connectivity. Get phone number.
- Maintain same standard of care
- Provide a plan and set up referrals if needed.

Patient Benefits

- Patient Satisfaction - 87% said post-covid they would continue to use telehealth for non-urgent consultations.
 - Convenient
 - Efficient
- Can see providers outside of their community
- Increase access to specialized care.
- Feels more safe to discuss embarrassing, stigmatizing or awkward topics
- Care to those with social and geographic isolation, unstable housing, food insecurity and other forms of socioeconomic stress
- Shared Space

IN SUMMARY, THE BIGGEST BENEFIT IS...

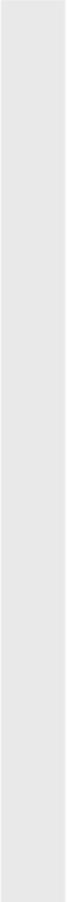
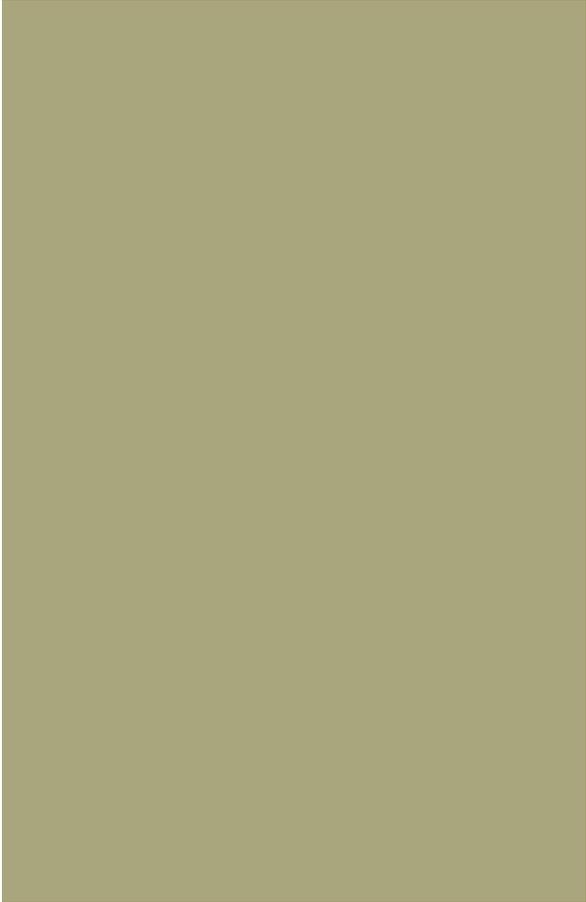
Ann Fam Med. 2021 Jan-Feb; 19(1): 75-78.

Elizabeth
Banks, PhD

Access

Telehealth from the perspective of a
Behavioral Health Consultant

Banks, Elizabeth. (Feb 15, 2007). Reflections in TeleHealth. *Collaborative Family Healthcare Association*. <https://www.cfha.net/blogpost/689173/268513/Reflections-in-TeleHealth>



Patient Impact

Benefits and Barriers

Patient Barriers

- Privacy
- Progress (slowed)
- Assessing with all senses
- Regulating emotions virtually
- Social status awareness
- Maintaining attention
- Human Connectedness
 - Touch

Ernest
Quintana, CA



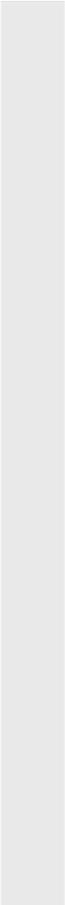
Ernest
Quintana, CA



Dhruv Khullar,
MD

“Some of our most meaningful interpersonal exchanges are silent navigations of shared space: shaking hands to solidify a new lifestyle goal, passing a box of tissues during a tearful conversation, sharing silence after I deliver a life-changing diagnosis.”

Matthew Clair, Brian W. Clair, and Walter K. Clair June 26, 2020



Provider Impact

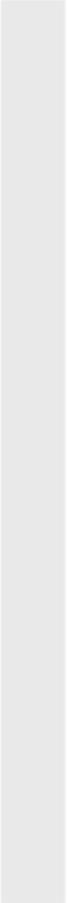
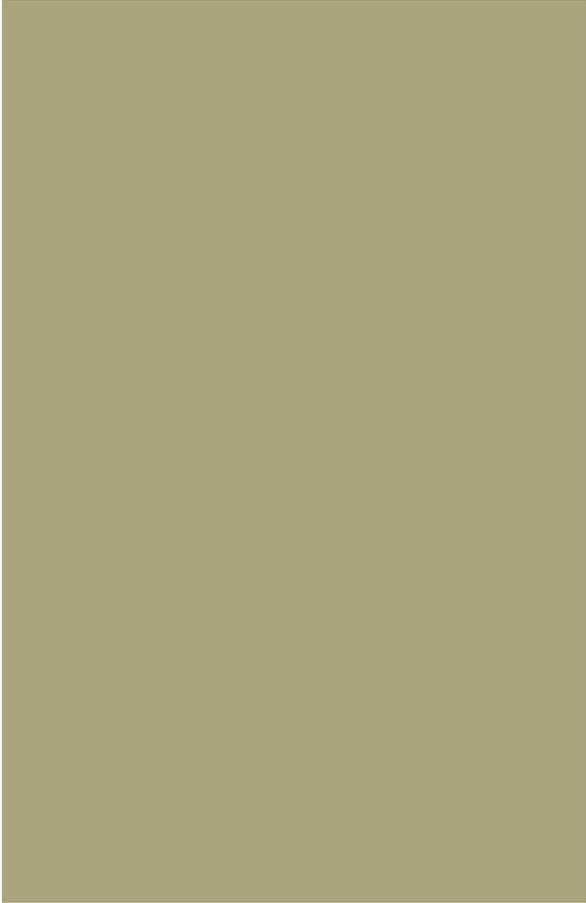
Benefits and Barriers

Provider Benefits

- Provider safety
- Can give more direct feedback to patients
- Can be a more objective observer
- Reach marginalized patients.
- Greater work-life balance
- Less Burnout = Greater care
- Greater access to family
- Reduce cancelled appointments and no-shows
 - Reaching depression and anxiety patients

Provider Barriers

- Getting weight and BP stats
- Warm hand-offs are not as “warm.”
- Staff changes lead to frequent issues with scheduling
- Compromised fidelity with screening instruments
- “Extra” telehealth procedures reduces the amount of time a patient has with provider and can slow progress.
- Convenience and access for patients = demand for services



The Solution

Seems Obvious

Hybrid Care

Telehealth

- Advantage for those with avoidant behavior, PTSD, and anxiety
- Convenient & immediate
- Provider can observe patient in their environment
- Indirect & off-hours care opportunities
- Modalities include videoconferencing, e-mail, text messaging & telephony

Traditional

- Traditional in-person gold standard
- Immediacy & trust in interpersonal interaction
- Physical boundaries can be set for therapeutic frame
- Ample research and practice guidelines available for healthcare in the physical space

Teletherapy Tips

- Use the whiteboard or screen share for collaboration
 - Genograms, safety plans, treatment plans, etc.
- Ask a lot of questions about body cues since you cannot see body language
- Ask how telehealth visits are impacting their care.
- Use nonverbal cues
- Pull in other family/caretakers
- Ask them to show you art/projects/ lists/ cleaning closet/organizing food – things they have been working on in therapy.
- Consider doing group visits
- Send them links, show video clips, etc.

“These sights and sounds mean access for many people who have never before had access to healthcare with so few barriers.”

Katie Snow, LCSW

Behavioral Health Clinician

“If we are intentional about centering equity, telehealth may be an important tool for constructing a new normal: a health care system that is more accessible, adaptable, and equitable than its predecessor.”

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Mathew Clair, Brian W. West, and Walter R. Clark, June 26, 2020