How to Get Started in Telemental Health

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Jay Ostrowski is the CEO of Behavioral Health Innovation and Adaptive Telehealth. Jay’s passion is research and development in the telemedicine field. Thus far Jay has lead development of 8 HIPAA-secure telemedicine software platforms, created 9 peer-reviewed telemental health training courses for national certification and created many innovative niche treatment programs. He also serves as a consultative partner with the Mid-Atlantic Telehealth Resource Center providing telemental health technical assistance helping organizations start-up and scale telemedicine services including telemental health, telebehavioral health and telepsychiatry.
Solve the right problem.

IPAD PRINTING

Problem solved.
THERE ARE SOLUTIONS
Even to the hardest problems.
You can do this.
Many have gone before you.
Resources are available.
Many Cost-Effective Options

- MANY tools used in MANY ways
  - Video
  - Apps
  - New practice methods
Agenda

1. Solve the right problem
2. Funding
3. Setting
4. Services
5. Spectrum of options
6. Best Practices
7. Selecting technology and software
8. How to start summary
9. Resources
Funding

- Third party reimbursement
- Private Health Insurances
- Medicaid
- Medicare
- National grants
- Local grants and cost reduction
- Find more than one source

The funding source can open new options or force artificial restrictions.
Many Setting Options:

- Clinic to Clinic
- Clinic to School
- Clinic to Work
- Home to Home
Services

Service Ideas

• Video Psychiatrist
• Video Nurse Practitioner
• Asynchronous structured interviews
• Consult - Supporting PCPs
• Buprenorphine waiver consults
• Triage-video and/or app
• Video counseling
• Drug and Alcohol Treatment
• Relapse Prevention Groups

Type of service and staff will influence technology selection, workflows and regulatory requirements
Spectrum of Care Options

Video

Text Based

cCBT

Apps
Best Practice Examples

- Training
- Security and Privacy
- Jurisdiction
- Suitability
Best Practice Examples

- Remote Emergency Procedures
- Informed Consent specific to TMH
- Back up communication plans
Best Practices: Technology

Consider
- Security
- Oversight
- Workflows
- Referrals
- Mobility
- Growth

https://www.telementalhealthcomparisons.com
Technology

- Technology constantly improving
- Select setting and use, then choose software and technology

Consider
- Requirements for both ends of call
- Integrate with existing systems
- Interoperability with EMRs
- Bandwidth and hardware needed
- HIPAA security - video and workflows
- Flexibility for growth
- Affordability verses other options
- Not labor intensive
How to Start

- Make a proposal - Business plan
  - Mentorship
  - Define your goals - start small
  - Select service
  - Select type of Staff
  - Select setting
  - Identify technology options and budget
  - Identify funding
  - Identify credentialing and training
  - Identify rules/laws/ethics for each above
  - Plan pilot and scaling plan - ROI
  - Weigh outsourcing vs hiring

- Leadership Buy-in

- Implementation
  - Set a launch date
  - Policies, procedures, workflows
  - Training in best practices
  - Technology
  - Start with a pilot
  - Make adjustments
  - Scale
Small Trials

Start small.

Layer policies and procedures.

Measure, learn and iterate.

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Many resource available

- Telehealth Resource Centers
- HRSA and SAMHSA seminars
  HITECH Refresher in November
- Communities

Help!

SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Telebehavioral Health in Primary Care
A Discussion

Leveraging technology to increase access and efficiency

integration.samhsa.gov
Federal funded agencies are focused on supporting telehealth.

http://www.telehealthresourcecenter.org/
Telepsychiatry Opioid Study

2011 Treatment of Opioid Dependence Using Tele-Psychiatry

Method
1. 100 opioid dependent patients entered “TELE-PSYCIATRY MODEL” treatment of dependence
2. Utilizing the Bupernorphin protocol, all patients were interviewed, examined, induced,
3. Regularly followed, ALL utilizing SECURE VIDEOCONFERENCE interactive treatment methodologies.
4. No in-person contact was made with any patients.

Results
• 2 patients dropped out,
• 98 remained in treatment,
• Opioid free after a 7 month average.
• All patients found the Telepsychiatry acceptable, effective and preferable.


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