Improving Access to Behavioral Health Care for Children

How Telepsychiatry is Closing the Gap
With you today

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A network of community behavioral healthcare providers in Missouri

200+
Psychiatrists and APRNs in our community

200,000+
Client encounters annually

2018
Telepsychiatry services started

28
Members
Our Footprint

The nation's largest outpatient telepsychiatry community

- 4,000+ Psychiatrists and APRNs in our community
- 215,000+ Client encounters annually
- 100+ Sites currently being served
- Programs in 35+ STATES
How Telepsychiatry Improves Patient Outcomes
Access to Mental Healthcare in Underserved Areas

The shortage of mental health providers is particularly acute for patients in rural communities:

- **60%** of rural communities lack direct access to behavioral healthcare.
- **1/5** of U.S. population lives in a rural area.
- **13%** of children in rural areas have a behavioral health condition.
- **6.5 million** people in need of mental healthcare lack access to psychiatrists.

*NIH, SAMHSA, RAISE, HRSA*
Missouri’s MHPSA Landscape

The mental health professional shortage is especially acute in Missouri

- 19% of adults have a mental illness
- 43.5% of adults with mental illness receive treatment due to the state’s shortage of providers
- 31% of high school students reported feeling sad/ hopeles almost every day for 2 or more weeks, stopping them from engaging in some usual activities
- 98 of Missouri's 101 rural counties are designated by the HRSA as mental health professional shortage areas (MHPSAs)

* HRSA
Genoa Study Measures Impact of Telepsychiatry

A peer-reviewed study in rural Missouri

- Genoa Healthcare recently co-authored a peer-reviewed study published in the American Psychological Association's Journal of Rural Mental Health.

- The study analyzed data from 242 Medicaid patients ages 18-64 being treated with a hybrid of in-person outpatient visits and telepsychiatry visits and a control group with only in-person visits in community mental health centers in Missouri.

- The patients were seen after a hospitalization or an ED visit for SMI care or substance use.
Key Findings Showing Improved Patient Outcomes

Patients in rural communities who had access to telepsychiatry were seen:

- Patients seen 7 days faster
- 34% more likely to be seen 1x/month

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Telepsychiatry Programs & Sustainable Strategies
Opportunities For Care

Reaching behavioral health clients across care systems
Between 13-20% of children and adolescents suffer from mental illness, making it one of the five most common pediatric conditions.

Most children and adolescents with a mental health condition have a chronic medical condition (60%), but only 20% receive care.

About half of all mental health disorders begin by age 14, and the average delay between onset of symptoms and mental health intervention is between 8-10 years.
Benefits of Telepsychiatry In Schools

Telepsychiatry could close treatment gap by making mental health care more accessible to children in school.

**Students**
- Less time away from classroom
- Increased appointment compliance since there's no travel
- May reduce stigma for receiving care

**Parents**
- Reduces time away from work (meet child at school-then parent can return to work)

**School**
- Ease of referral between parents, schools and health center provider
- Reduces pressure on school districts to hire trained professionals; can work as team with school counselors and teachers
- Communication between onsite providers and academic community (counselor, teachers, principals) yields improved coordination and support for students

**Clinic**
- Greater access to care for community
- Increased continuity of care between health center and medical providers
COMTREA
Established in 1973, COMTREA is an integrated, comprehensive FQHC providing medical, dental, and psychiatric services.

- COMTREA and the districts have long shared a goal: To care for and support the youth of their county.

- Collaborating and creating efficiencies between us to leverage this type of service is what “opened the doors” to offering school-based telepsychiatry.
The process for building a school-based program for behavioral health services.

- **2012**: COMTREA receives FQHC designation, which was the springboard for providing services in school.
- **2013**: COMTREA sees a need for crisis intervention and counseling services due to substance use, suicide, and other factors.
- **2015**: Northwest R1 becomes the first district to offer live psychiatric services within the health center that COMTREA established on site.
- **2016**: COMTREA opens a health center at Fox C5 School District (oral health).
- **2019**: CMS changes their rules to allow clinicians to bill Medicaid and MCOs for services within schools, outside of “school based health center” designations.
- **2019**: COMTREA offers school-based telepsychiatry services at Fox and Dunklin.
What to Consider When Building a Program

4 key components

PURPOSE
- What do the clinic and district want?
- Where is the greatest need?
- What is the volume (based on # number of students/district size)?

GOALS/TIMELINE
- Further the discussion on purpose to determine goals, space utilization, access, and school support.
- Be specific when involving responsible parties to assure follow up and forward movement.
- Understand partner’s expectations and preferences for communicating.

PARTICIPANTS
- Superintendents
- Principals
- Counselors
- Nursing staff
- Champion teachers
- CMHC and CCBHO clinical staff and IT staff

FUNDING
- Will this create financial obligations for the districts? The answer is no.
- FQHC grants, CCBHO PPS, Medicaid and Managed Care, sales tax funding in Jefferson County.
Communication, Training, and Coordinated Care

- Determine designated telepsychiatry space
  - Access doors, privacy

- Regular meetings to discuss timeline, workflow, implementation, and potential barriers
  - Meetings include school staff, clinical staff, office associates, and others that support the program

- Tech equipment and training
  - Computer for appointments, EMR, 1DocWay

- Ancillary support
  - IT, OPS, HR/Admin

- Ongoing huddles to ensure program utilization
  - Huddlings include clinical staff, psychiatrist, Genoa account management
Telepsychiatry compliance with CCBHO expectations is the same in office and school settings.

- Medical assistants enter vitals, update med history, and open/close the visit.
- Psychiatrists are trained on EHR, quality measures, and e-prescribe process, as well as workflow and concurrent documentation.
- Psychiatrists use the Columbia and then Stanley Brown Safety Plan as needed.
- Peer reviews are conducted quarterly.
Success may be defined very differently between academic and treatment providers. Hence, this must be a shared definition and thus planning on what and how to measure for success.

- Financial sustainability (utilization 70% and above)
- Reduction of symptoms
- Reduction in ER visits
- Increased classroom attendance
- Increased in patients seen and visits (days out sick)
- Measuring / risks screens (still young program so looking for ways to address them)
Outcomes

Telepsychiatry allowed COMTREA to see approximately 100 new patients between 2018 and 2019.

- FY 2018: 355 patients
- FY 2019: 447 patients
Have you connected with your districts to support the youth of your service area?

What are some non-traditional outlets for psychiatric care in your community?
THANK YOU!
Services provided through telehealth must meet the standard of care that would otherwise be expected should such services be provided in-person. Prior to the delivery of telehealth services in a school, the parent or guardian of the child shall provide authorization for such service. The authorization shall include the ability for the parent or guardian to authorize services via telehealth in the school for the remainder of the school year.


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