Finger Lakes Regional Planning Consortium

Future of Telehealth Workgroup Summary

June 19, 2020 – 26 Attendees   **August 25 – 36 Attendees**

Identified, Discussed, and Ranked Key Factors in Telehealth

Key Takeaways:

- Everyone, clients and providers, wants the telephonic mode of telehealth to be retained and the State is working to make that happen – has significantly addressed access issues caused by lack of transportation and/or broadband resources
- This valuable modality will only be sustainable with the continuation of viable rates – there is intense concern that, post-COVID, rates may be reduced to an unsustainable level.
- Continuation of the flexible permitted time intervals will be important – practice may evolve to more frequent, but shorter, contacts with clients – has increased engagement
- Request for State to be deliberate in moving toward uniformity in regulations across MA agencies
- While the telephonic mode is extremely valuable, there are some clients and circumstances in which it is not always the best modality:

New Clients, in some cases	Some Youth
Clients with Substance Abuse disorders	Assessments of Risk for Harm
Situations where abuse is a concern - child, family, or partner	
Presentations where visual observation is needed or preferable	

Highest Ranked TH Factors in Survey (for Importance and Regional Work Viability)

Client Satisfaction
Retention of Telephonic Modality
Development of Clinical Guidelines – Indications, Contraindications, Best Practices
Workforce Ramifications
Rates, Permitted Time Intervals & Frequency of Visits

Factor Selected &
Referred to
Clinical Integration
Workgroup

Development of Clinical Guidelines
Indications, Contraindications, Best Practices
Permitted Time Intervals & Frequency of Visits w/Viable Rates

Questions?   *Contact Beth White, RPC Coordinator at bw@clmhd.org or 518-391-8231*

Rochester Regional Health Telehealth Overview

Mandy Teeter presented RRH's framework for reviewing and understanding the impact of the rapid transition to telehealth delivery of services. Very informative – full presentation attached to meeting materials.

- They identified "buckets" of activity to review and address
- Documented decisions made and why all along the way – especially useful when looking back at transition
- Determined how to use clinical supervision to support staff's transition to and ongoing use of TH
- Develop checklist and did walk-throughs with staff re physical environment
- Regarding clinical guidelines – how to mitigate risk and balance that against potential COVID exposure
- Discovered that some TH platforms are better than others – want to narrow down the platforms used
- 60-70% of visits still TH at present
- Documented "meaningful contacts" that fell outside of the minimum billable times allowed. Has data on this that she will share with group.
- Found that TH increased visit completion rates by approximately 10%
- The ability to deliver multiple billable visits in same day helped increase engagement, as did the ability to deliver more frequent, shorter visits.

Ensuring Sustained Access to Telehealth in the Post-Pandemic Period

Jointly developed by the New York State Council for Community Behavioral Healthcare and the Community Health Care Association of New York State

This Report Included in Meeting Materials: Thanks to Sally Partner for sharing this

It's a good summary and echoes our main priorities

Next Steps: Convene Clinical Integration and Practice Workgroup to begin developing Clinical Guidelines for Telehealth

Full Survey Ranking Results - Telehealth Factors to Consider

SCORE	Q4: TELEMEDICINE FACTOR - MOST IMPORTANT
10.5	Retention of Telephonic Modality vs. only Audiovisual
9.75	Client Satisfaction
8.75	Rates
8.17	Uniformity of Regulations (DOH, OMH, OASAS, OCFS, OPWDD)
7.91	Workforce Ramifications - Staff Satisfaction with Remote Work
7.83	Permitted Time Intervals & Frequencies of Visits
7.36	Development of Clinical Guidelines - Indications, Contraindications, Best Practices
6.42	Parity - Behavioral Health versus Medical
6.36	Continuation of Current Expansion of Staff Titles able to Practice via Telemedicine
5.82	Tech Resource Issues - Internet Access, Initial issue was laptops & related tech, access to phones and plan minutes for clients
5.08	Parity - Commercial versus Medicaid
4.83	HIPAA Compliance
3.55	Staging/Phases of changes to current telehealth "permissions"

SCORE	Q5: TELEMEDICINE FACTOR - WHAT CAN WE WORK ON
10.75	Client Satisfaction
9.73	Retention of Telephonic Modality vs. only Audiovisual
8.36	Development of Clinical Guidelines - Indications, Contraindications, Best Practices
8.09	Workforce Ramifications - Staff Satisfaction with Remote Work
8	Rates Permitted Time Intervals & Frequencies of Visits
7.5	Tech Resource Issues - Internet Access, Initial issue was laptops & related tech, access to phones and plan minutes for clients
7.27	Uniformity of Regulations (DOH, OMH, OASAS, OCFS, OPWDD)
6.7	Desirability of current expansion of titles able to practice via telemedicine
6.4	Parity - Commercial versus Medicaid
5	Parity - Behavioral Health versus Medical
5	HIPAA Compliance
4.5	Staging/Phases of changes to current telehealth "permissions"