

HELLO
Providers



Implementing Tele-psychiatry Services to Optimize Mental Healthcare

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Objectives:

1. Education: The Why and What

-This can sometimes be a critical reminder for leadership and staff buy in for the work required for integrating a whole new service

2. Consider the Services and Expertise you would like available for providers and patients.

-What do you and your patients want/need?

-What can psychiatry offer?

3. Operations & Workflow & Ongoing Education for the Workforce

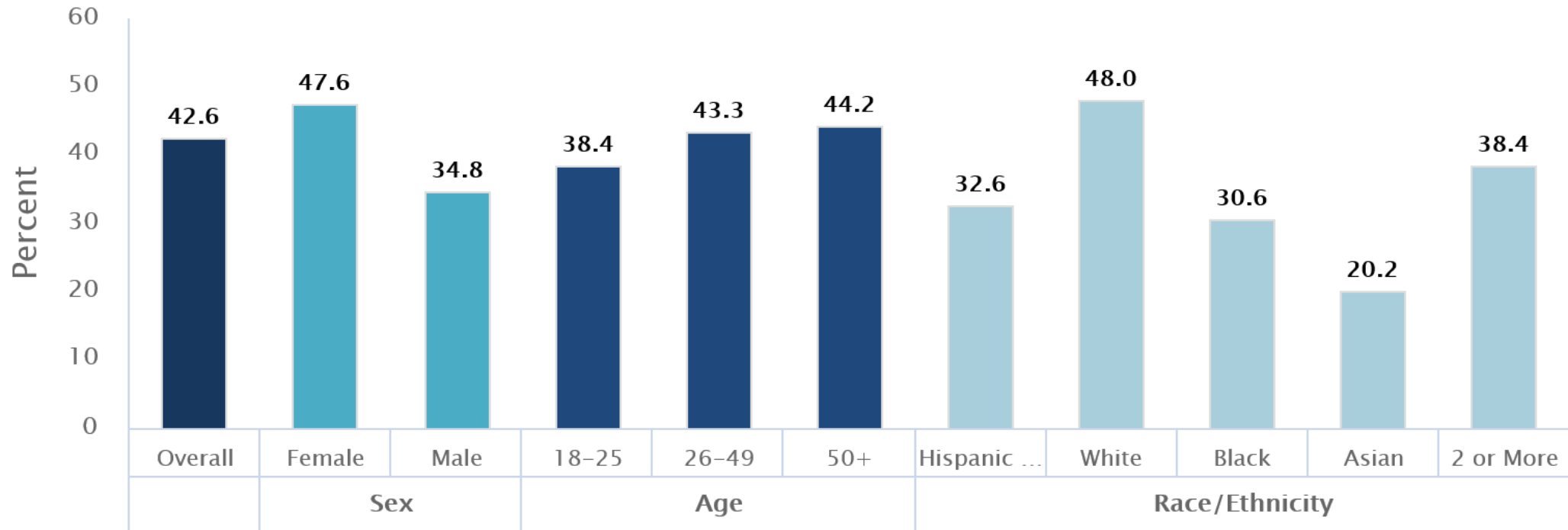
-Handbooks and cheat sheets: How to use and order services: e-consults, huddle, and patient visits

-Working Best as a Team: Communication & Coordination Tools (use of dot phrases, secure chat, phone) Consistent Messaging to patients: Short-Term-Consultative Service (PCPs prescribe all medications), What is a good consult question

4. Supporting Team Wellness and Training the Workforce

Mental Health Services Received in Past Year Among U.S. Adults with Any Mental Illness (2017)

Data Courtesy of SAMHSA



Almost 60% of people with any Mental illness
Do Not Receive Any Mental Health Services

- 30% of all patients in primary care have AMI (Any Mental Illness)
 - Mostly depression and anxiety
- The majority of psychotropic medications are still prescribed by PCPs

Jetty A, Petterson S, Westfall JM, Jabbarpour Y. Assessing Primary Care Contributions to Behavioral Health: A Cross-sectional Study Using Medical Expenditure Panel Survey. *Journal of Primary Care & Community Health*. 2021;12. doi:10.1177/21501327211023871

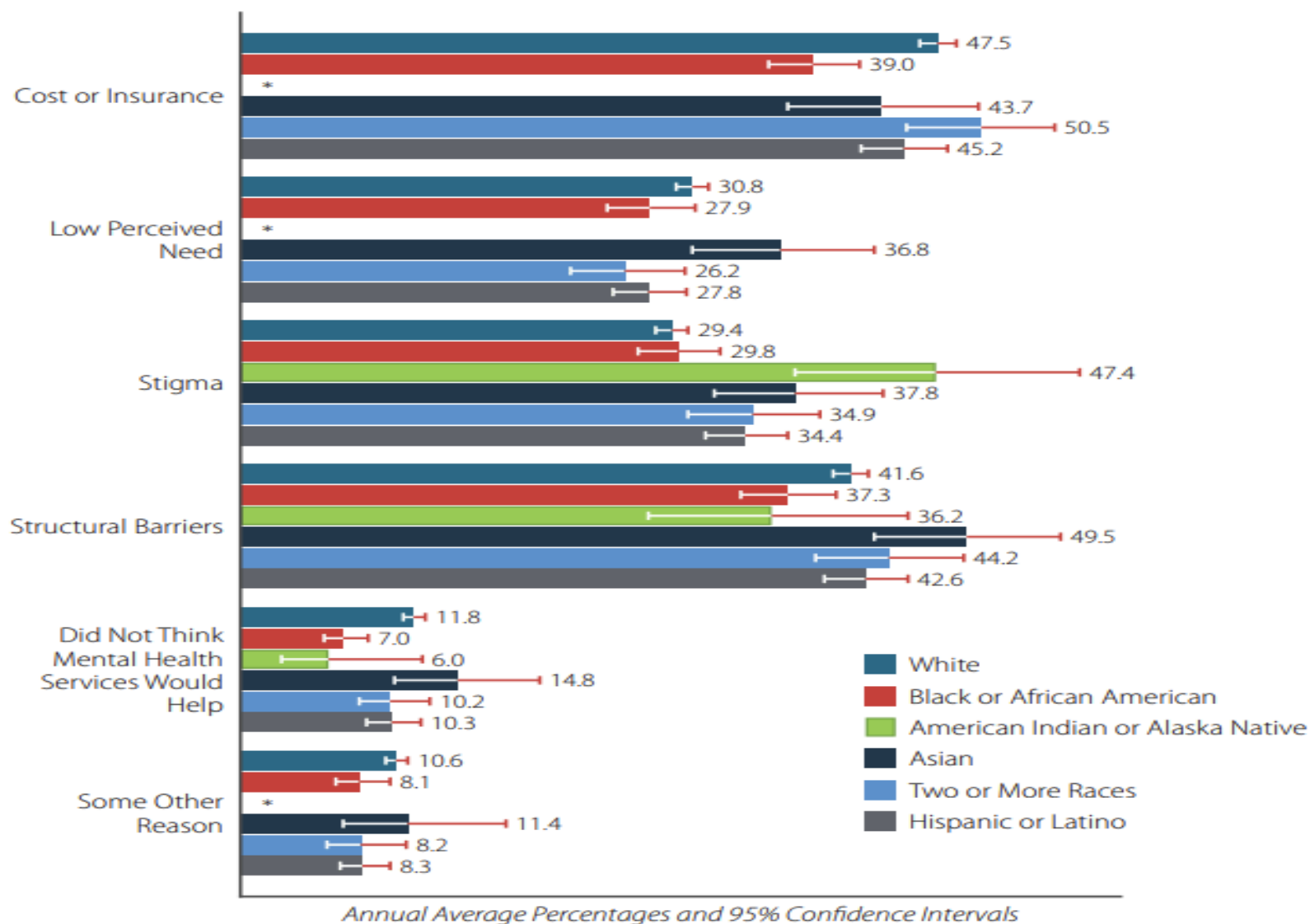
Mental Health Care Health Professional Shortage Areas (HPSAs), September 2022

	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
United States	27.7%	7,871
Colorado	34.6%	113

NOTE: Percent of need met is defined as the ratio of available psychiatrists to the number needed to eliminate the HPSA designation. Calculations are based on the number of psychiatrists and do not generally include other mental health care professionals.

SOURCE: Bureau of Health Workforce, Health Resources and Services Administration, [Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary](#), as of September 30, 2022.

FIGURE 3.6 Reasons for Not Using Mental Health Services among Adults Who Had an Unmet Need for Services in the Past Year, by Race/Ethnicity: 2015–2019, Annual Averages



* Low precision; no estimate reported.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.

Mental Health: Strengthening Our Response

WHO March 2018

Mental health is an integral part of health; indeed, there is no health without mental health.

Mental health is a **state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.**

Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.

Crossing the Quality Chasm

A New Health System for the 21st Century

- The Institute of Medicine argued that **integrated health care systems are the best care delivery models** for providing patients with access to effective, patient-centered, timely, efficient, equitable, and safe care.
- Integrated systems can improve care coordination and achieve continuous quality improvement and accountability.
- **Optimal collaboration and coordination of patient care is essential for all patients**, particularly when the diagnosis involves physical and mental health problems, a chronic condition, multiple conditions, or other complex health problems



A single provider
cannot know
everything

Institute of Medicine (US) Committee on Quality of Health Care in America.

Washington (DC): [National Academies Press \(US\)](#); 2001. ISBN-10: 0-309-07280-8

Triple Aim
2007

1. Improved Patient Experience
2. Better Outcomes
3. Lower Costs

Quadruple Aim
2014

4. Clinician Well-Being

Quintuple Aim
2021

5. Health Equity

Better Health

Improved Economy

Think About What You and Your Patients Want/Need?

- **Consider the Services and Expertise you would like available for providers and patients**
- **Consider being open and curious to hear what a psychiatrist can offer**

BIG PICTURE CARE DESIGN & DELIVERY PRINCIPLES

- A Vision for Whole Person Care – Dr. Frank deGruy
- Leverage Technology to Provide Expert Mental Health Care
 - Workforce Multiplier
- Leverage the Relationship of the Primary Care Provider to the Patient
 - Mitigate Structural Barriers, Stigma, Misunderstanding
- Optimize Workflows for Collaboration
 - Intentional & Scheduled Coordination
 - Multiple Access Points that are **Asynchronous** and **Synchronous**
- Team Based Care to Support the Quintuple Aim



COLORADO IBH+

Stepped Integrated Model



Didactics/Care
Teams



Specialty: Addiction,
Child, Geriatric



1-3 Tele- Psych
Patient Visits

Eval & Recommendations



HUDDLE: Provider to Provider
Coordination & Consultation



CORE/E-Consult



Foundation of Embedded Psychologists

DEFINE PSYCHIATRIC EXPERTISE & RANGE of SERVICE

- Assessment & Evaluation
 - Diagnostic Clarification
 - Bio-Psycho-Social-Wellness Conceptualization
- Psychoeducation: Supporting Patient Understanding & Empowerment of Their Own Mental Illness & Mental Health
 - Treatment Recommendations & Prioritization
 - Medication Management Support
- Triage Specialty Consults in Addiction Medicine & Child/Adol Psychiatry
 - Referrals & Bridging Care

Do not assume your team, staff and leaders understand the range of psychiatric services available or how to optimize mental health care

Diagnostic Clarification guides Psychopharmacology:

Evidence Based Medicine for psychiatric medication recommendations are all **Diagnostically Driven**, thus you will see a diligent process around diagnostic clarification.

1. Identify and treat any medical etiology resulting in the manifest symptoms of mental illness. 2. The diagnostic picture is often complex which is why a psych consult was requested. As a result, you will often see a discussion between psychiatrist, psychologist, PCP and patients to gather all necessary data and then refine and prioritize diagnoses. It may take time and monitoring for a diagnosis to declare itself, i.e. tracking the episodic cycling of moods for accurate bipolar affective diagnosis.

Depression Diagnosis
No Remission
After 2-3 med trials

Suspect Substance
Abuse

Historical Diagnosis
w/o Med Records

Attentional Difficulty
R/O mood, anxiety,
insomnia, SUD before
ADHD eval

Suspect Trauma
History

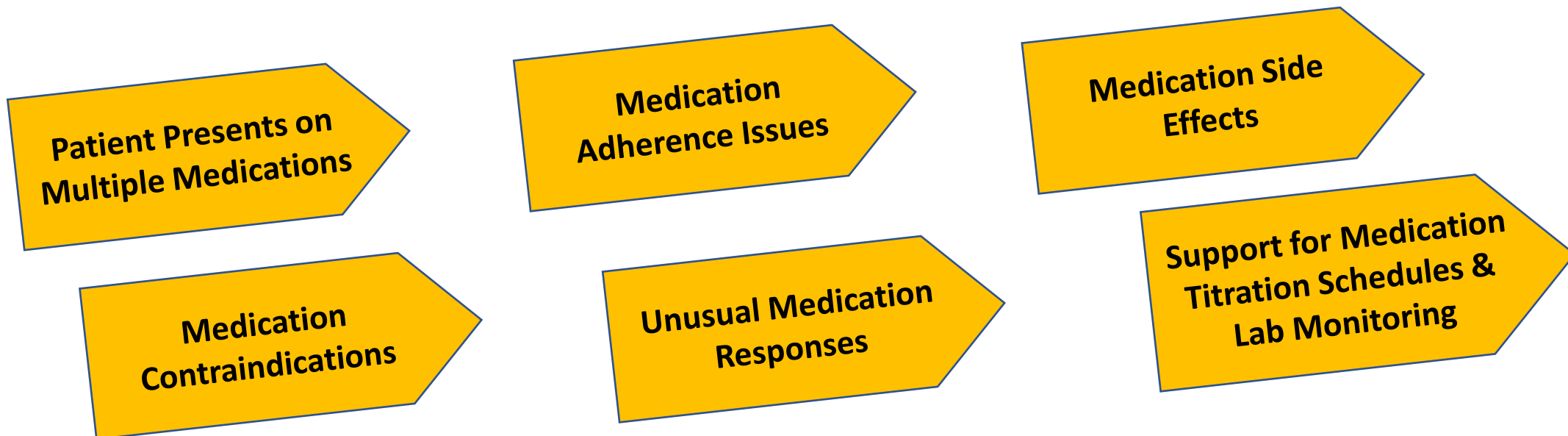
Unclear Bipolar
Diagnosis
Bipolar 1 or 2

Medically Complex/
Somatic Symptoms

Minimal Medications for Effect:

Many psychiatrists spend just as much time taking patients off medications as they do initiating medications.

The goal is optimization of medication regimens with least potential for medication side effects.



Bio-Psycho-Social-Wellness Formulation:

Manifest psychiatric illness is the result of complex interaction of bio-psycho-social-wellness variables.

Therefore, gold standard treatment recommendations include a comprehensive plan around

- 1) indicated medications,
- 2) psychological treatments in the form of various evidence-based psychotherapies (thus the imperative for a strong alliance with psychiatry and psychology),
- 3) addressing pertinent social determinants of health,
- 4) paying attention to lifestyle such as sleep, exercise, nutrition, relationships, relaxation/stress management.

Goal: Lay Out Options for the Patient while working with PCP to Help Prioritize a Treatment Plan

Operations & Workflow & Ongoing Education for the Workforce

-Handbooks and cheat sheets: How to use and order services: e-consults, huddle, and patient visits

-Working Best as a Team: Communication & Coordination Tools (use of dot phrases, secure chat, phone) Consistent Messaging to patients: Short-Term-Consultative Service (PCPs prescribe all medications), What is a good consult question

How to Reach Psychiatry – Easy Tips

- Step 1: Send an e-consult
- Step 2: Curbside your clinic's lead psychiatrist at a scheduled weekly provider to provider hour – Tele-Psych Huddle- Zoom link
- Step 3: Order a Referral to schedule a Patient with a tele-psychiatrist within a set time block, Co-Consults and Specialty Consults available

*When in doubt – coordinate with your psychology team

**When in doubt, send an e-consult – tele-psych can recommend a visit or provider consultation.

***When in doubt – call Dr. Calderone 303-522-8681

Tending the Garden

- Handbooks
- Cheat Sheets
- Educational Materials
- Materials need to be provider facing, staff facing, and patient facing
- Version Control
- Frequency of Meetings

E-Consult Referral Order

A
S
Y
N
C
H
R
O
N
O
U
S

Order Search

AMBULATORY PSYCHIATRY

Browse Preference List Facility List Database

Database is only available for After Visit searches.

Panels (No results found)

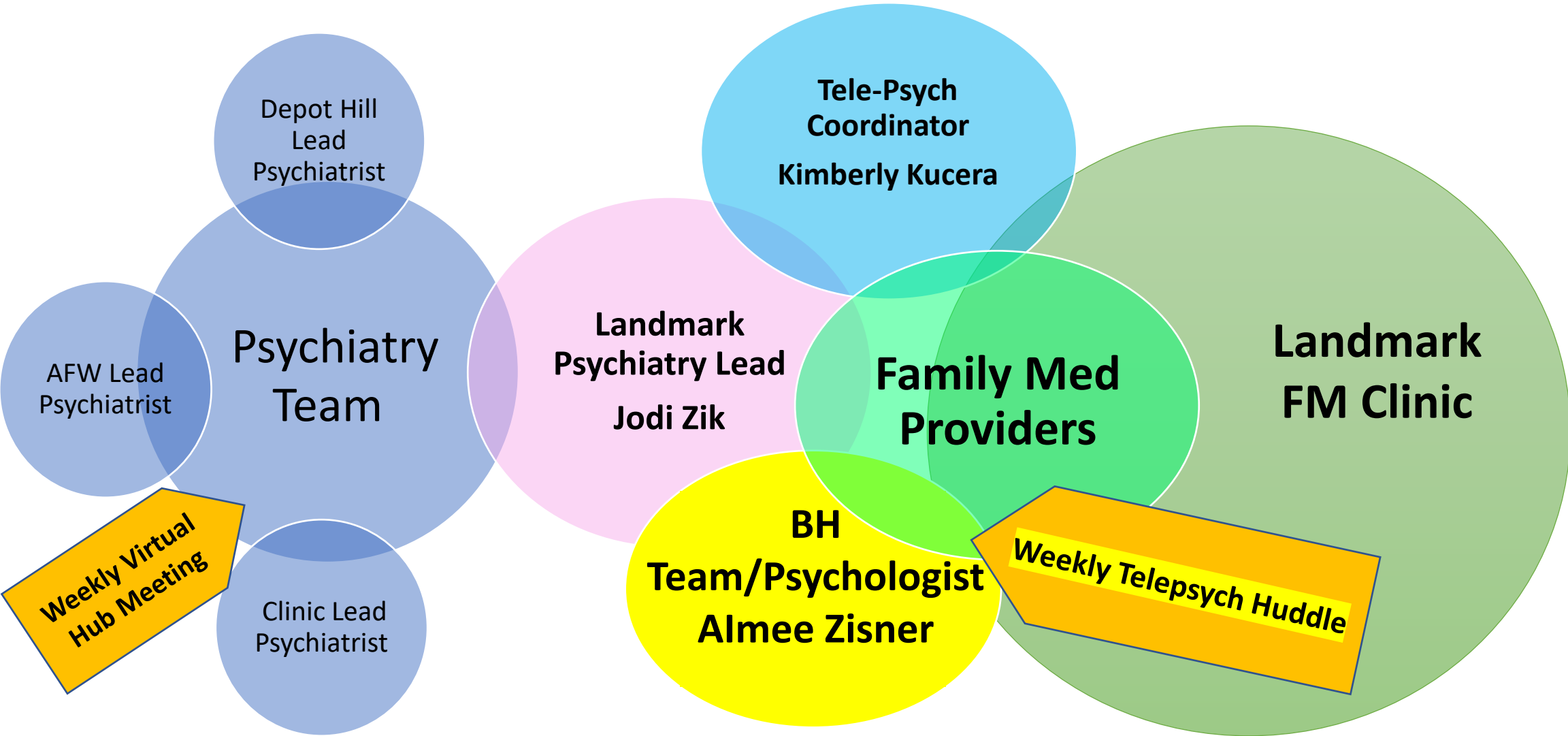
After Visit Medications (No results found)

After Visit Procedures ^

Px Code	Name	Type
EREF25	AMBULATORY ENHANCED REFERRAL/E-CONSULT TO PSYCHIATRY	Outpat Ref
REF91	AMBULATORY REFERRAL TO PSYCHIATRY	Outpat Ref
REF2237	AMBULATORY REFERRAL TO STUDENT MENTAL HEALTH (aka AMB REFERRAL TO PSYCHIATRY BHS MHS...	Outpat Ref

Select And Stay Accept Cancel

Weekly Tele-Psych Huddle



Every Friday 12pm-1pm, Zoom Link Provided

Ordering a Patient Visit with Psychiatry Consultant

“AMB REF to Behavioral Health” – Used for Psychiatry and Psychology – Must click appropriate boxes

AMB REF TO BEHAVIORAL HEALTH - Depot Hill Accept Cancel

Referral: Geog areas: Default Areas **METRO DENVER**

To dept spec: Family Medicine

To dept: CU FAM MED DEI

To provider: ⚠️

Exp date: 12/5/2021

of visits: 12

Process Inst.: To refer to specific provider: 1. Delete "To Dept" field. 2. Complete "To Provider" field. 3. Click magnifying glass in "To Dept" field and choose a department in which this specific provider practices.

Class: Internal Ref **Internal Referral** External Referral

Priority: Routine - 5 Urgent - Next Business Day ASAP - 2 Business Days **Routine - 5 Business Days** Other - 30 Business Days

Visit related to: Primarily to medical condition management **Primarily to mental health condition**

Pre-surgical/pre-procedural evaluation

Type of Service Requested, If Referring to a Primary Care Physician, please choose one of the following types of services:

Behavioral Health - Psychotherapy(CPT90832) Health Coaching - Health and Behavior(CPT96152)

Tele-Psychiatry - Psychiatric Consultation (CPT99204) Psych Diagnostic Eval (CPT90791)

Referral Type (Choose All That Apply) Tele-psychiatrist provider to provider consult Co-consult with PCP Co-consult with referring provider

Co-Consult with any provider Individual therapy Evaluation/Assessment Other (See Comments)

Consultation type? One-episode consult Co-managed/shared care Principal disease management

Transfer of responsibility

Imminent Risk? **IF Imminent risk is present, please activate hospital policy. Referral template is NOT to be used for emergencies.

Comments: **".behavioralhealthreferral"**

Phase of Care:

Next Required Accept Cancel

Child and Addiction Consult: Same Order- AMB REF TO BEHAVIORAL HEALTH

AMB REF TO BEHAVIORAL HEALTH - Depot Hill ✓ Accept ✗ Cancel

Referral: Geog areas: Default Areas **METRO DENVER**

To dept spec: Family Medicine

To dept: CU FAM MED DEI

To provider: ⚠ 🔍 📍 **Leave Blank**

Exp date: 12/5/2021 📅

of visits: 12

Process Inst.: To refer to specific provider: 1. Delete "To Dept" field. 2. Complete "To Provider" field. 3. Click magnifying glass in "To Dept" field and choose a department in which this specific provider practices.

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Imminent Risk? ****IF Imminent risk is present, please activate hospital policy. Referral template is NOT to be used for emergencies.**

Comments: 🔍 abc ↶ ↷ ? 🔍 + Insert SmartText 📄 ↶ ↷ ↶ ↷

Child Consult Dr. Zik
OR Addiction Medicine – Dr. Klie

Phase of Care: 🔍

🔍 Next Required ✓ Accept ✗ Cancel

ROUTE YOUR NOTE to Jodi Zik or Kaylin Klie for all Specialist Referrals!

For Child Psychiatrist:

-Dr. Zik needs to have legal guardian consent before Appointment is made.

Both the child and legal guardian present for at least part of the visit! For split custody, a good faith effort is required for consent from both legal guardians.

-Best to triage child referrals prior by routing note to **Dr. Jodi Zik & your Adult Psychiatrists**

How do Child Appointments work for the PCP in your clinic?

What is your question?

Using the Dot Phrase

Type **.behavioralhealthreferral** into the Comments section of the referral template

- This is an important **communication tool** for you to indicate what's on your mind, what you want help with, and provide pertinent information to the consulting psychiatrist
- Clinical question: ***
- Brief background information: ***
- “See note” – if your question is clearly in your note

Can also indicate unique scheduling changes:

*The default is that all patients are scheduled for a virtual home visit and with the psychiatrist alone. If the PCP or psychologist want to join or if it is best to have the patient seen in the clinic, you can mark the following.

- Does the PCP need to be scheduled with the patient (i.e. co-consult): Yes/No
- Schedule the patient for in-clinic tele-psych visit: Yes/No/either is OK

Consistent Messaging to Patients

-Consistent messaging needed throughout clinic staff and prescribers that patient needs to contact PCP office for medications and appointments!

Medication Rx:-*All prescribing is by the PCP or PCP office

-the psychiatrist makes recommendations ONLY

-psychiatrist supports PCP

-patient is not establishing care with psychiatrist

-psychiatrist will route note and secure chat the PCP with medication recommendations discussed with the patient that day

-hope is 24 hours for PCP to prescribe

-expectation is within 72-hours for PCP to prescribe-if prescription needed ASAP, psychiatrist sends secure chat to AFW FM Nurses to contact triage provider

Scheduling – all scheduling is through the PCP office

Consider Negotiating Billing and Insurance Contracts

- Optimizing billing through time-based codes vs MDM
 - 99205 + add ons for 99417
- Billing for e-consults
- Billing for co-consults
- Current Billing for necessary care coordination between providers is not adequate and needs awareness, negotiation and reform
 - Most communication is not same day

Training the Workforce: From Solo Provider to Team Approach



Discussion Paper

Core Principles & Values of Effective Team-Based Health Care

Pamela Mitchell, Matthew Wynia, Robyn Golden, Bob McNellis, Sally Okun,
C. Edwin Webb, Valerie Rohrbach, and Isabelle Von Kohorn*

October 2012

**Participants drawn from the Best Practices Innovation Collaborative
of the IOM Roundtable on Value & Science-Driven Health Care*

The views expressed in this discussion paper are those of the authors and not necessarily of the authors' organizations or of the Institute of Medicine. The paper is intended to help inform and stimulate discussion. It has not been subjected to the review procedures of the Institute of Medicine and is not a report of the Institute of Medicine or of the National Research Council.

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ESSENTIAL ELEMENTS OF EFFECTIVE INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH TEAMS



SAMHSA-HRSA
Center for Integrated Health Solutions

**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
MENTAL HEALTH FIRST AID
Healthy Mind. Strong Communities.

SAMHSA
SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION

www.integration.samhsa.gov

MARCH 2014

5 Personal Values that Characterize Effective Members of High Functioning Teams in Healthcare

- Honesty
- Discipline
- Creativity
- Humility
- Curiosity

Principles of Team-Based Health Care

Shared goals: The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.

Clear roles: There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.

Mutual trust: Team members earn each others' trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

Effective communication: The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.

Measurable processes and outcomes: The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.

LESSONS LEARNED

- Have Patience Organizational and change management takes time and ongoing education.
- Become Part of the Team While in many instances, providers must operate independently, **successful integration requires 'A Beginner's Mind' or a humility-based mindset with an ongoing learning orientation as providers on each side adjust to a different medical culture and learn how to be useful to each other. This mindset may require a shift from a hierarchical orientation to a team-based practice and is intrinsically linked to relationships.**
- Relationships Matter Relationships with other providers will impact patient care. We need to be aware of different personalities and priorities, build trust and navigate new technology.

From Consult → Co-MANAGEMENT



Managing Multiple Relationships, Evolving Protocols, & Iterative Workflows



Relationships between providers IMPACT patient care

Trust

Personalities

Priorities

QUESTIONS?

Next Steps ...