FROM ROOM TO ZOOM: EVALUATING THE IMPLEMENTATION AND USE OF TELEHEALTH SERVICES

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DIDI HIRSCH MENTAL HEALTH SERVICES

Community mental health center in Southern CA

Contracted provider for the county department of mental health

10 locations and over 600 staff members

In 2021, 6,600 individuals served in outpatient and residential mental health, substance use, and suicide prevention programs

One of the largest and oldest suicide prevention/988 crisis line. Over 136,000 calls, chats, and texts throughout the country in 2021.

WHAT IS TELEHEALTH AND TELEMENTAL HEALTH?

Telehealth: Technologies that provide health services from a distance

Telemental health: Technologies to provide <u>mental health services</u> from a distance.

- Clinicians deliver services to patients remotely as they would in-person services
- Most popular formats are phone, video, and text

Rapid increase in telehealth/telemental health after COVID

- Telehealth utilization for office visits/outpatient care were 78 times higher in April 2020 compared to February 2020
- Mental health professionals using telemental health increased from 38% before COVID to 98% after COVID

IS TELEHEALTH EFFECTIVE?

Telehealth is comparable to in-person visits on clinical effectiveness, patient satisfaction, and therapeutic alliance

Effective for a range of diagnoses (PTSD, depression, anxiety, substance use, and eating disorders)

Mental health clinicians are more likely to utilize telehealth and rate quality of services higher compared to clinicians in other specialties.

Generally, it's hard to know utilization rates of telehealth

PRE-COVID: USE OF TELEHEALTH AT DIDI HIRSCH

Minimal use of telehealth pre-COVID

Limited use of telehealth by psychiatrist and case managers but positive feedback from clients

89% felt session met their needs

92% felt comfortable discussing problems with psychiatrist

10% had difficulty with technology

PRE-COVID: BARRIERS TO USE

Telehealth was allowable for certain activities but many barrier to use

- Agency culture and tradition of not having a telehealth option in mental health therapy
- Concerns about safety, privacy, and security
- Concerns about use of telehealth with clients with Serious Mental Illness (SMI) and young children
- Funds to support technology and equipment needed
- Technology adverse staff

NOW: USE OF TELEHEALTH AT DIDI HIRSCH

Sudden transition to telehealth

Telehealth allowable for the full spectrum of services

Additional funds for technology

Telehealth used with children and adults

Telehealth used with clients of all acuity levels

Mix of phone and video telehealth sessions

Mix of staff working remotely and on-site

EVALUATION BACKGROUND

March 11, 2020 — WHO Declares COVID-19 a Pandemic

March 13, 2020 – US Declares COVID-19 a National Emergency

March 16th-20th, 2020 – Agency transition to remote work

Providers suddenly shifted from 85% + in-person to 95% telehealth

Stakeholders' Questions/Concerns:
- How to make telehealth work
- How has it impacted clients
- How to continuously monitor

QUESTION 1: HOW TO MAKE TELEHEALTH WORK

Rapid transition to remote work left management uncertain about ability to carry out Telehealth

Stakeholders' Questions:

- What are providers' perceptions of telehealth?
- Is telehealth feasible and effective for our clients?
- What services are amenable to telehealth?
- What challenges are providers facing?
- What resources are needed?

PROVIDER TELEHEALTH SURVEY

Internally developed, self-reported provider survey
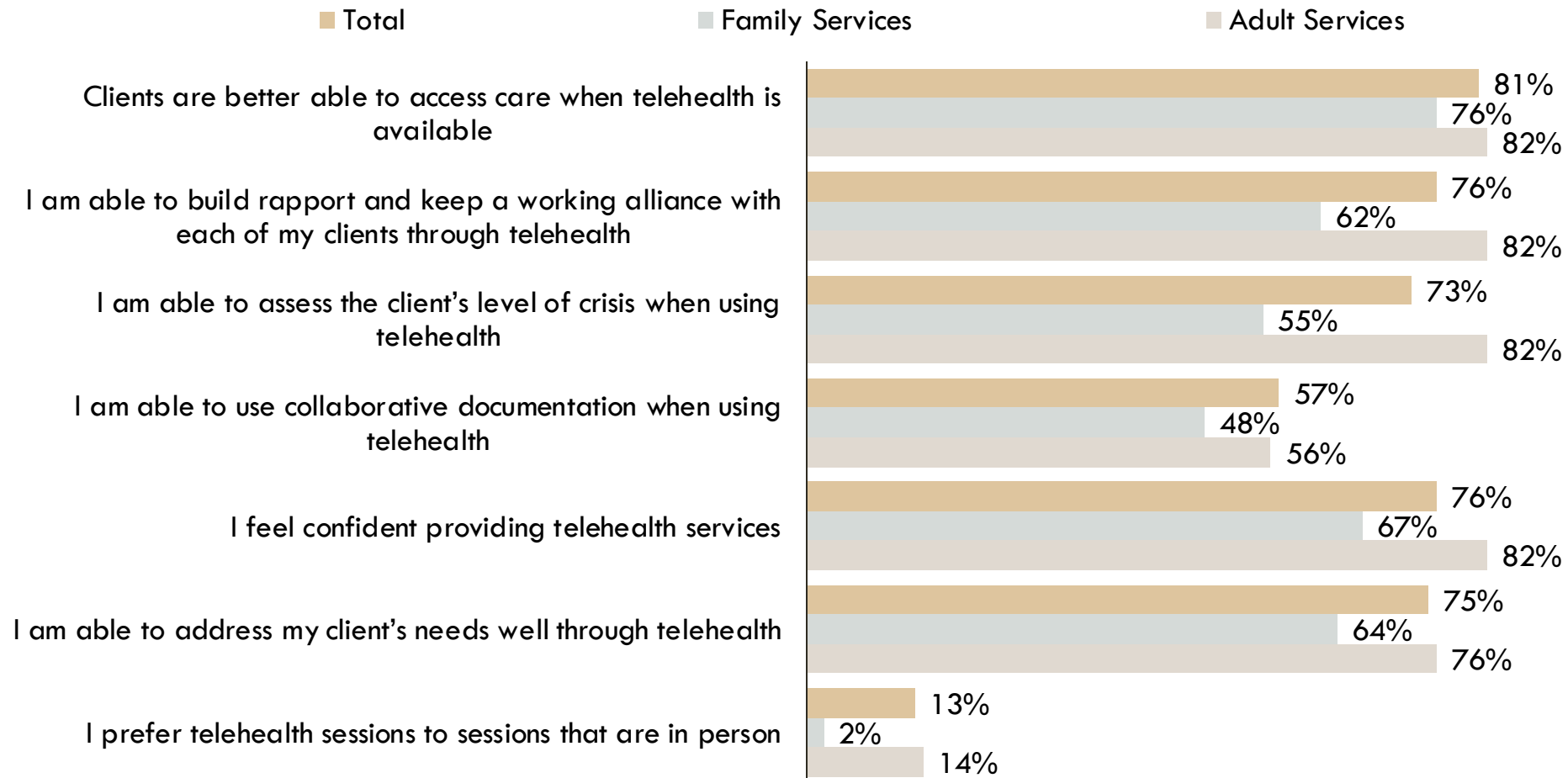
Qualitative and Quantitative

Areas Assessed:
- Provider's perceptions of telehealth
- Telephone versus web-based video services
- Ability to build and maintain therapeutic alliance via Telehealth
- Barriers to use
- What types of services are best for telehealth

Administered to direct-service providers May 2020, two months into the transition to remote work/telehealth

61% of direct-service providers responded (316/335)

PROVIDERS' PERCEPTIONS

Provider Perceptions of Telehealth (% Agree/Strongly Agree)

■ Total   ■ Family Services   ■ Adult Services

Clients are better able to access care when telehealth is available
- 81%
- 76%
- 82%

I am able to build rapport and keep a working alliance with each of my clients through telehealth
- 76%
- 62%
- 82%

I am able to assess the client's level of crisis when using telehealth
- 73%
- 55%
- 82%

I am able to use collaborative documentation when using telehealth
- 57%
- 48%
- 56%

I feel confident providing telehealth services
- 76%
- 67%
- 82%

I am able to address my client's needs well through telehealth
- 75%
- 64%
- 76%

I prefer telehealth sessions to sessions that are in person
- 13%
- 2%
- 14%
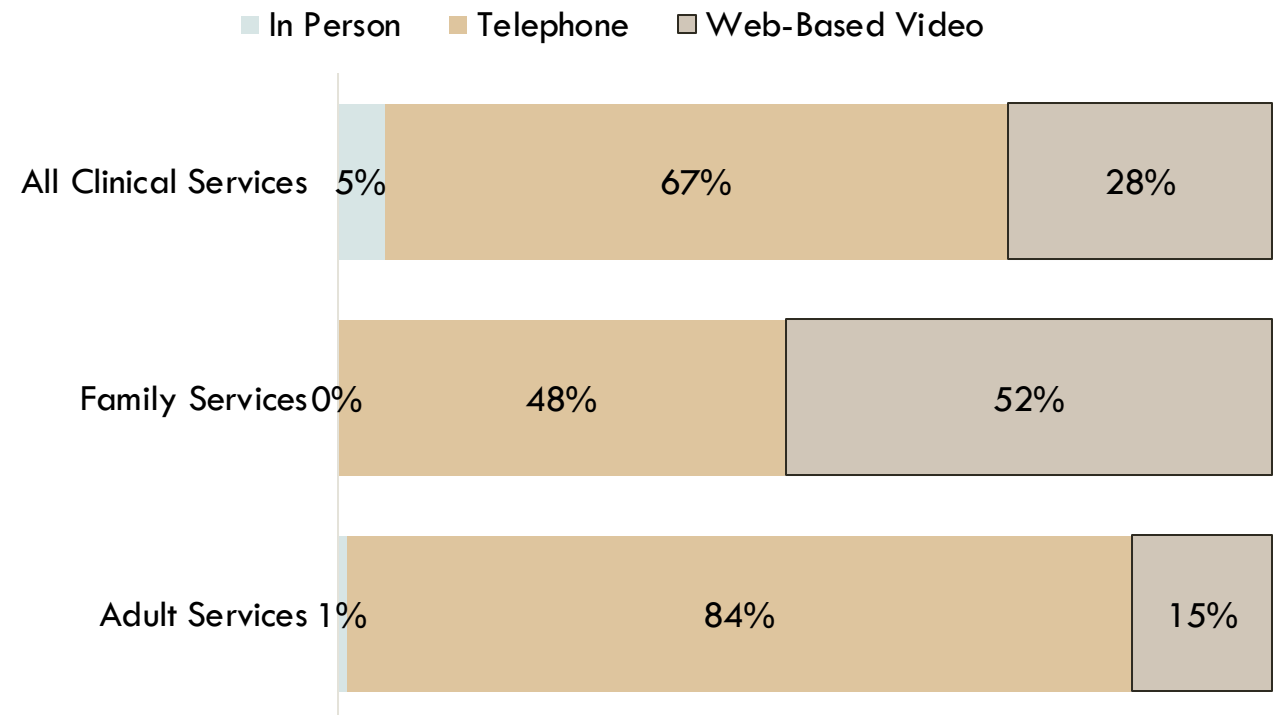
OVER RELIANCE ON TELEPHONE SERVICES

Providers were mostly utilizing telephone for telehealth

Difficulties with client engagement most pronounced for young children and with Family Service provider's use of telephone

Poor video and audio quality

Preferred better web-based system

Use of Telehealth in Practice
(Estimated % of Total Service Delivery, n=151)

■ In Person   ■ Telephone   □ Web-Based Video

All Clinical Services   5%   67%   28%

Family Services   0%   48%   52%

Adult Services   1%   84%   15%

PROVIDERS PREFERRED A HYBRID MODEL

Improved access to care, especially when transportation was a barrier

Improved engagement with caregivers

Offered flexibility

Provided safety during COVID-19

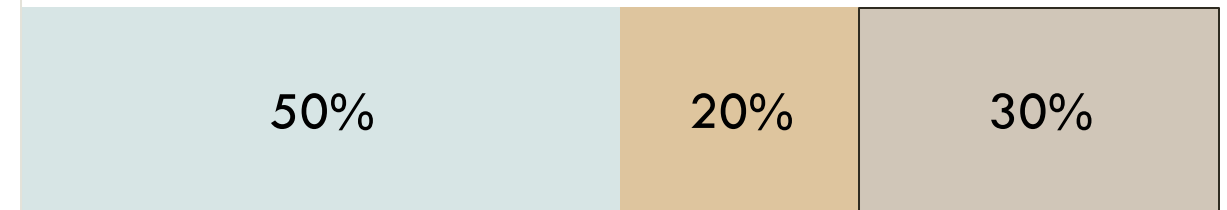Does not work for all services or clients

Use of Telehealth in Practice
(Estimated % of Total Service Delivery, n=151)

■ In Person ■ Telephone ☐ Web Based

	In Person	Telephone	Web Based
Current Practice	5%	66%	29%
Future Practice	50%	20%	30%

PROVIDERS PREFERRED A HYBRID MODEL

In Person, 50%	Telephone, 20%	Web Based, 30%

In Person, 50%
- Intake Assessment
- Psych Testing
- Crisis Intervention
- Family or Group Therapy
- Individual Therapy with Children under 6 years old

Telephone, 20%
- Case Management
- Housing Services
- Substance Use Services
- Discharge Services

Web Based, 30%
- Individual Therapy with Children 6 to 12 years old
- Individual Therapy with Teens
- Individual Therapy with Adults
- Nursing Services (n=10)
- Initial and Follow-up Medication Services

QUESTION 2: HOW HAS IT IMPACTED CLIENTS

COVID-19 pandemic protracts

Technological issues and training needed to be addressed

Telehealth may become regular practice

Stakeholders Questions:
- Were clients satisfied with Telehealth?
- Were clients experiencing high quality services?
- Would they prefer telehealth in the future?
- What could be done to improve telehealth services?

CLIENT TELEHEALTH SURVEY

Internally developed, self-reported client survey

Qualitative and Quantitative

Assessed client experience and satisfaction with using telehealth (video or phone) services during their recent appointments

Three versions of an online survey were sent via email: Adult/Adolescent version (clients ages 12 and up), Caregiver version (caregivers of clients younger than 18), and a Child version (clients ages 7-11)
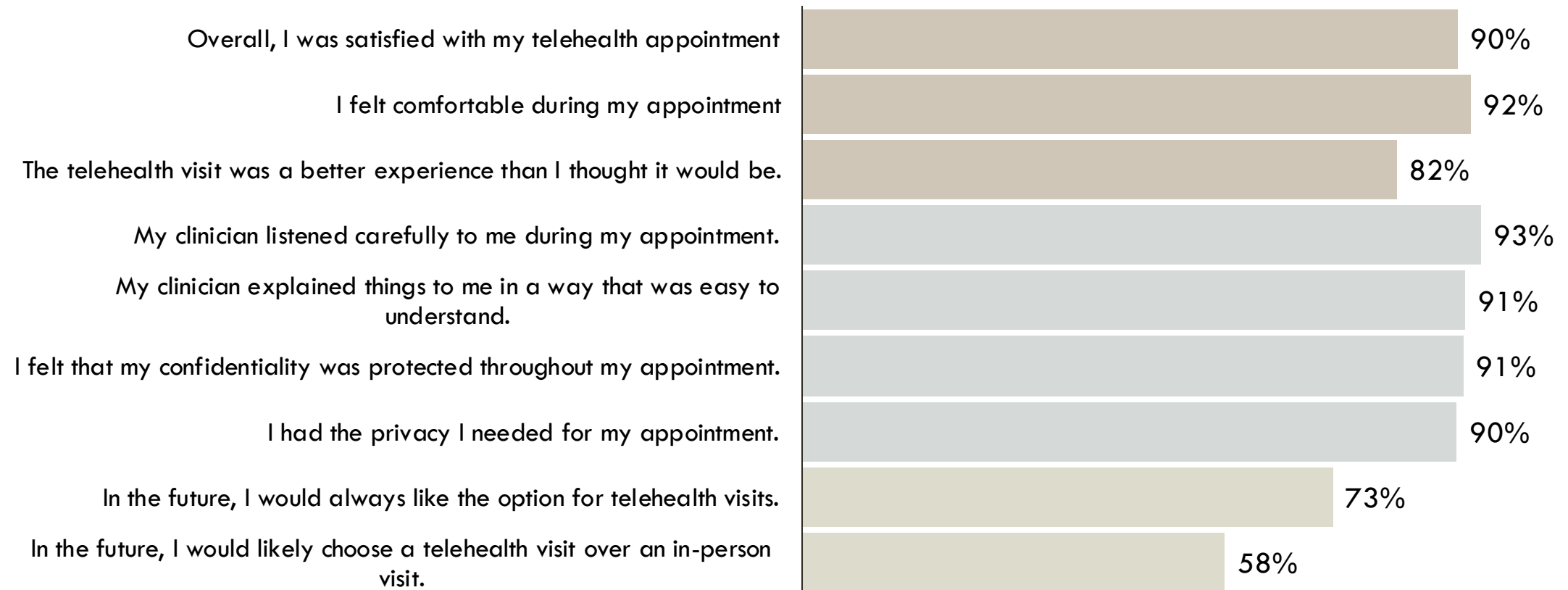
Available in English, Spanish, and Armenian

Administered to active clients April 2021, about 1 year into Telehealth

21% of Adults/Adolescents (330), 11% of Caregivers (100), 16% of children (41)

CLIENTS' EXPERIENCES WITH TELEHEALTH

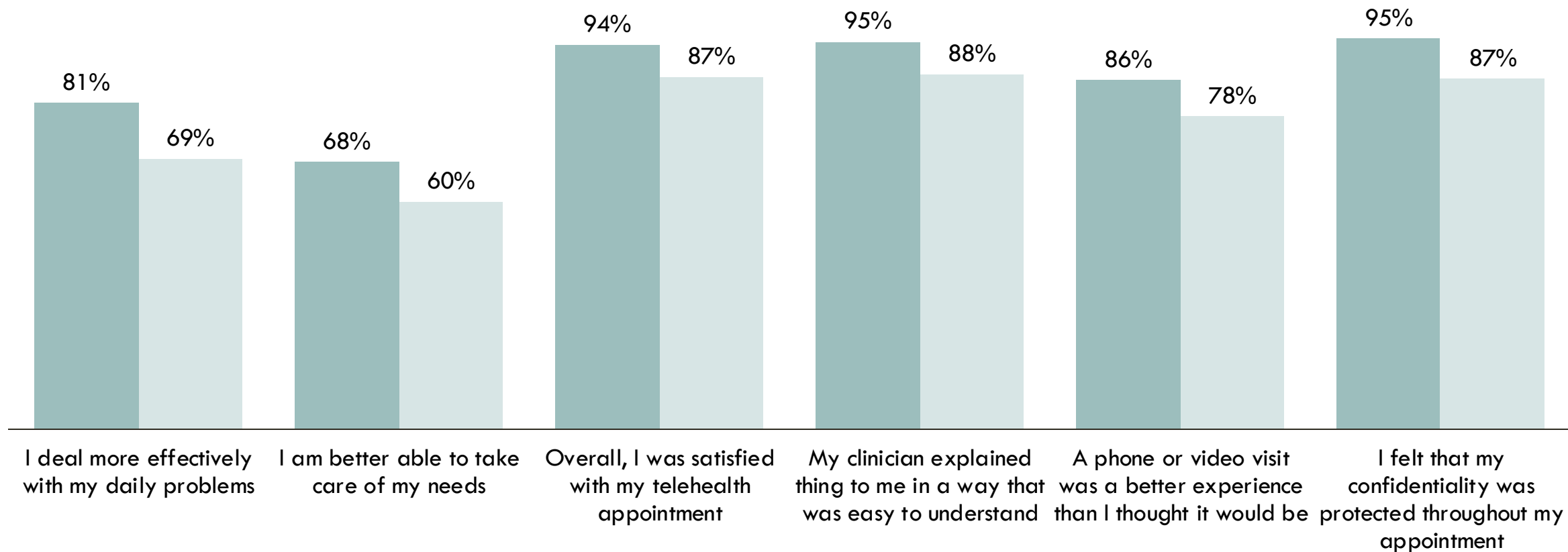### Percent who Agreed/Strongly Agreed with the following statements

Statement	Percent
Overall, I was satisfied with my telehealth appointment	90%
I felt comfortable during my appointment	92%
The telehealth visit was a better experience than I thought it would be.	82%
My clinician listened carefully to me during my appointment.	93%
My clinician explained things to me in a way that was easy to understand.	91%
I felt that my confidentiality was protected throughout my appointment.	91%
I had the privacy I needed for my appointment.	90%
In the future, I would always like the option for telehealth visits.	73%
In the future, I would likely choose a telehealth visit over an in-person visit.	58%

WEB-BASED VIDEO RATED HIGHER AMONG CLIENTS

Percent of Clients who Agreed or Strongly Agreed Video vs Phone

■ Video (n=155)   ■ Phone (n=166)

Statement	Video	Phone
I deal more effectively with my daily problems	81%	69%
I am better able to take care of my needs	68%	60%
Overall, I was satisfied with my telehealth appointment	94%	87%
My clinician explained thing to me in a way that was easy to understand	95%	88%
A phone or video visit was a better experience than I thought it would be	86%	78%
I felt that my confidentiality was protected throughout my appointment	95%	87%

Differences displayed in this graph were all statistically significant with a p value < .05. Statements not displayed in this graph did not result in a significant difference.

CLIENTS PREFERRED A HYBRID MODEL

Clients preferred in-person services, but wanted the option for telehealth

Flexibility and access to care

85% of children wanting to continue to meet their therapist over video or phone.

58% of clients 70% of caregivers were likely to choose telehealth services over in-person services in the near future.

Technological issues need to be addressed

RESPONSE TO FINDINGS

Leadership Encouraged Web-based Video

- Provider/Client preferences
- Clients' positive ratings
- Engaging and assessing clients through visual mediums

Technological Capability Needed to be Improved

- Better quality computers, headsets and microphones were sought out
- Telephony and web-based video application were overhauled and modernized

Providers Needed Training and Resources

- A series of Telehealth Best Practices were conducted
- General Training on Technology Use was conducted, specifically aimed at new Telephony and web-based video application.

QUESTION 3: HOW TO CONTINUOUSLY MONITOR

Remote work left leadership feeling disconnected

Created a greater need for access to data

Stakeholders were concerned with aspects service delivery:

- Client enrollments
- Service method type and volume
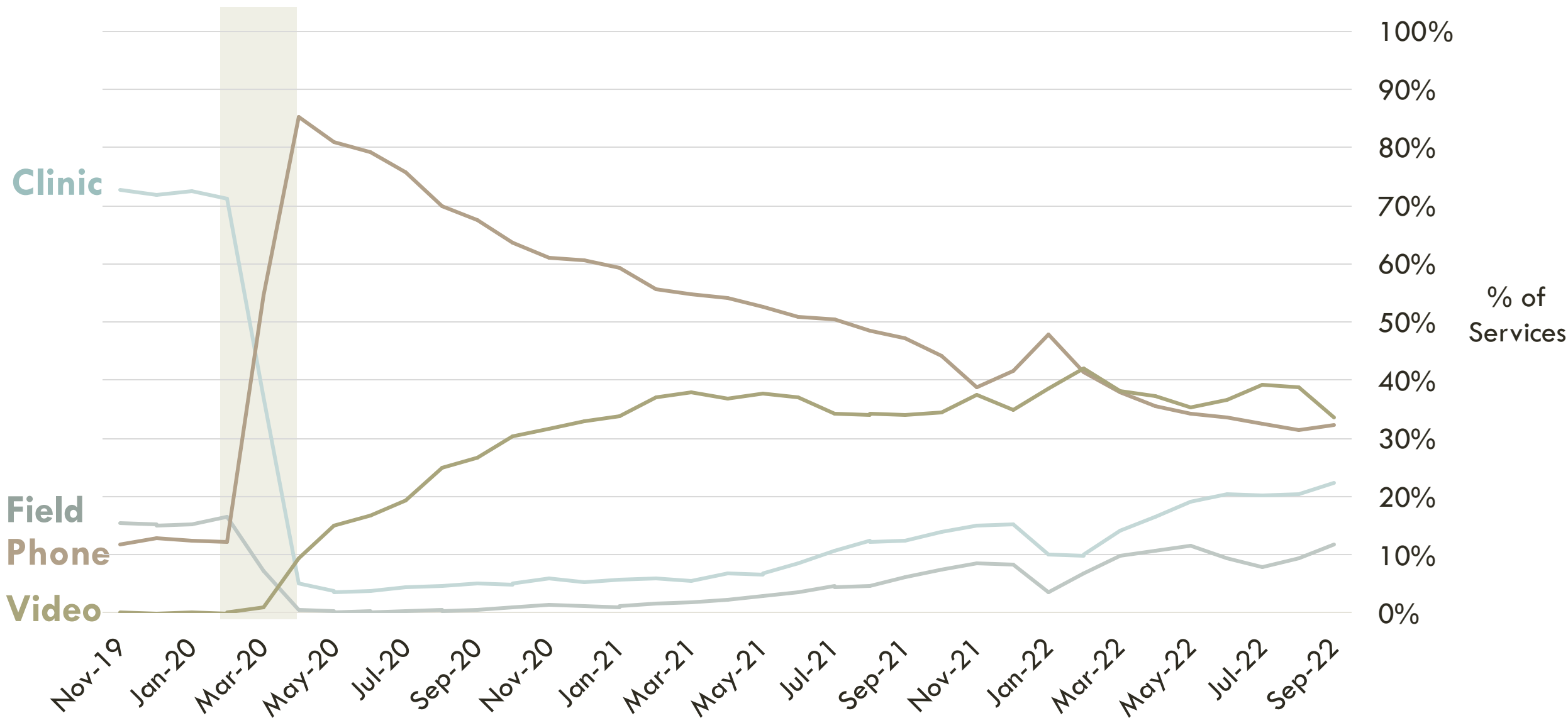- Clinician Caseload
- Client engagement

TELEHEALTH DASHBOARD

Built a dashboard that was connected to our electronic health record
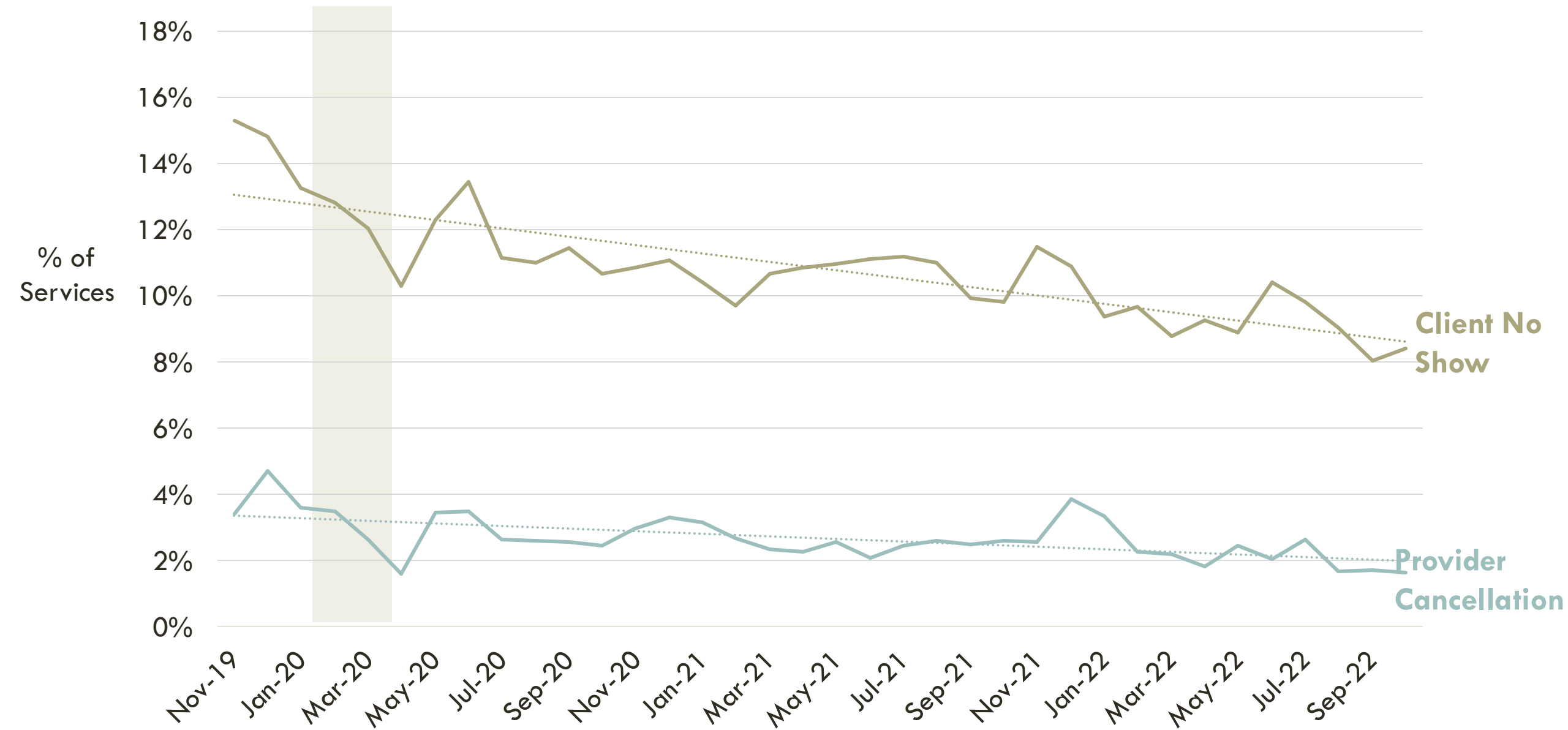
Track key clinical service information overtime:

- Percentage of Services by Method (Telephone, Video, Clinic, Field)
- No Show Rates as a proxy for client engagement
- Average Session Duration
- Enrollments
- Hours and Amounts of Billable Services
- Caseloads

Enabled oversight as technology concerns were addressed, on-site services expanded, and programs moved toward a hybrid model

Web-based Video Utilized More after Tech Improvements

Clinic

Field
Phone

Video

% of
Services

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Nov-19 Jan-20 Mar-20 May-20 Jul-20 Sep-20 Nov-20 Jan-21 Mar-21 May-21 Jul-21 Sep-21 Nov-21 Jan-22 Mar-22 May-22 Jul-22 Sep-22

NO SHOW RATES DECREASED

SUMMARY OF FINDINGS & RESPONSE

Telehealth is here to stay
- Staff have embraced telehealth and like to provide telehealth services
- Better access to care for clients
- Parents were more available for family services
- Adolescents and adult, in general, like the option of having telehealth
- Able to see clients throughout the county vs limited to certain service areas

Caveats
- Technological improvements were necessary
- Best practices needed to be developed and trained to
- Children, especially young children, respond better in person

KEY TAKEAWAYS FOR TELEHEALTH AT OUR AGENCY

Transition to telehealth would have taken a long time if not for COVID

- Funding was need to make the change
- Structural changes, training, etc were needed

Recognition of the value of providing telehealth services

Greater need for data especially by agency leaders and management

Advantages

Safety during COVID

Increase access to care

More flexibility for clients and clinicians

Saves costs for clients, providers, and health care industry at large

Able to form therapeutic alliance

Disadvantages

Unreliable internet or phone connection

Some visits are not possible remotely (but mental health visits largely are)

Regulatory and reimbursement challenges
- Will temporary changes from COVID stay in place?

KEY TAKEAWAYS FOR EVALUATION

Value of having a strong internal evaluation team to collect data and provide reports

The value of collecting data in real-time to inform decision making

- "Perfection is the enemy of progress" Winston Churchill

Reshaping internal evaluation

- Need to continue to acquire new data skills and learn new technology
- Need to be flexible, resourceful, and responsive to needs of the organization

QUESTIONS?

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