

# COLORADO TELEHEALTH PROGRAMS

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A Overview of

AccessCare, Depression Center and Veterans and Veterans Family  
Members Telehealth



# History of Telemental Health at University of Colorado

- 2001 Centers for American Indian and Alaska Native Health (CAIANH)
  - Research
  - Veterans
  - Native Community Based Programs (Alaska, Dakotas)
- 2002 Denver VAMCS
  - Resident Programs
  - Native Veterans
- 2010s, Children's and Denver Health Development
- 2013 Depression/Center Colorado Access program creation

# Other current Anschutz Affiliated TeleMental Health Services

- CAIANH
  - Residential Alcohol Treatment
- Department of Veterans Affairs
  - General TMH
  - Resident Training Clinic for Rural Veterans
  - CAIANH/Rural Native Veterans
- Children's Hospital
  - ED Services
  - Community Services
- Denver Health
  - ED Services
  - Integrated Care, Community Mental Health, Jail Based



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# COLORADO TELEMENTAL HEALTH TEAMS AND COLLABORATORS

## AccessCare and Colorado Access

- Marshall Thomas
- Alexis Giese
- Bethany Himes
- Liz Mooney
- Amy Donahue
- Jordan Gardner
- George Roupas
- Jennifer Rodriguez
- Lauren Hahn
- Evelyn De La Cruz- Jiron
- Amy Peet
- Liz Munoz
- Robyn Diseati

## Helen and Arthur E Johnson Depression Center

- Marshall Thomas
- Alexis Giese
- Matthew Mishkind
- Michael Jones
- Christopher Schneck
- Jacqueline Calderone
- Amy Donahue
- Lynn Fenton
- Rachel Griffin
- Emily Reser
- Brittany Pittman
- Alex Yannacone
- Azure Brame
- Kammy Bishop (Cohen Veterans Network)

## Department of Family Medicine

- Frank DeGruy
- Shandra Brown-Levy
- Corey Lyons
- Venus Mann

## Centers for American Indian and Alaska Native Health

- Spero Manson
- Douglas Novins
- Cynthia Goss
- Ursula Running Bear









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# Depression Center/AccessCare(Colorado Access)/Veteran's Health/CAIANH Telemental Health



9 telemental health services  
 6 models of care  
 Servicing 40+ Clinics/Sites and  
 direct in-home

-  Direct Care
-  Residential SUD treatment
-  Embedded integrated care
-  Perinatal integrated care
-  Virtual Integrated team based access
-  Direct in-home services



# TMH Services Models

Alaskan Native	Direct to Consumer (In Home)	Virtual Integrated Care
Residential Substance Treatment: Team-Based models (Fairbanks Native, Cook Inlet Tribal Council)	Direct Services paralleling In-clinic Services: Private secure community environment such as home or office. (Depression Center, Cohen Veterans Network)	Colorado Integrated Care Model: In-person psychologist/BH therapist with virtual psychiatry including NPs (AF Williams, UCH Sterling, Mountain Family Medical FQHC)
Direct Services: Hybrid in-person and virtual mental health teams		<p>On Demand Integrated Care: 40 hour a week on demand integrated care network (ACS VCCI)</p> <p>Perinatal Integrated Care: 40 hours a week on demand integrated care (ACS VCCI perinatal)</p>

# ACCESSCARE

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*George Roupas, BA, Manager of Telehealth Programs Access Care*

## PARENT COMPANY AFFILIATION



Colorado Access is the largest nonprofit health plan in the state of Colorado. Founded over 20 years ago, our mission is built on the belief that everyone, regardless of income or circumstance, should have access to quality, affordable care. Today, we proudly serve approximately 1.3 million Colorado Medicaid members.



Founded five years ago, AccessCare is the telehealth expertise and virtual care delivery arm of Colorado Access. We advance the mission to ensure access to quality, affordable care for all, regardless of income, location, or circumstance.



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# INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

Compelling need and opportunity



**67%**

of people with a behavioral health disorder **do not get behavioral health treatment**



**50%**

of referrals from primary care to outpatient behavioral health clinic **do not make the first appointment**



**84%**

of the time, **the most 4 common physical complaints have no identifiable organic cause**



**80%**

of people with a behavioral health disorder **will visit primary care least once a year**



**50%**

of behavioral health disorders are **treated in primary care**

# PRIMARY CARE INTEGRATION



Address shortage of behavioral health professionals



Greater access for all communities



Overcomes barriers



Reduces transportation costs

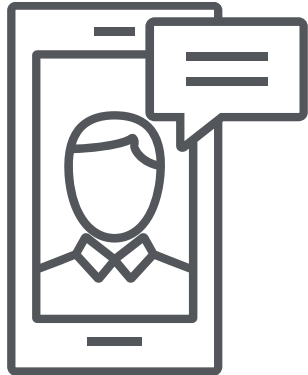


Drives integrated care uptake and transformation



Tool to reduce health care costs

# VIRTUAL CARE COLLABORATION AND INTEGRATION (VCCI) PROGRAM



- Available to all RAE PCMPs in Regions 3 & 5
- Virtual, integrated, team-based care to meet behavioral health care needs in primary care setting
- Launched in July 2017
- Direct access to psychiatrists and behavioral health clinicians

## VCCI SERVICES- COLLABORATIVE CONSULTATIONS



- ✓ Commonly known as doctor to doctor consultations, these can originate from anyone involved with the patient's care in the PCP office.
  - Intended to support providers in the Primary Care setting with managing behavioral health conditions.
- ✓ As On-Demand as possible consultation via phone, video, or e-mail with an AccessCare psychiatrist or telebehavioral health clinician.
- ✓ Available to all Colorado Access RCCO-contracted Primary Care Medical Care Providers at no cost
  - Insurance-blind, patients can have any insurance, or no insurance.

## VCCI SERVICES- TELEHEALTH

- ✓ Full-time psychiatrists and telebehavioral health clinicians can provide direct care to patients via telehealth in the Primary Care setting.
- ✓ “Brief Intervention” model (typically six sessions or less)
  - Psychiatric evaluations
  - Diagnostic assessments
  - Support with medication management
  - Short-term counseling
    - Motivational Interviewing
  - Facilitate connection and warm-handoff to long-term care
- ✓ Direct care telehealth services available for patients with Colorado Access Medicaid, CHP+, United, and Cigna.
- ✓ Services are billable, certain clinics can bill for facility fee



# VCCI SERVICES

Service Type	Do	Do Not
Virtual Psychiatry	✓	
Integrated behavioral health in primary care	✓	
Mental health assessment and diagnosis	✓	
Consultation with PCPs	✓	
Medication management	✓	
Care coordination	✓	
Provider education and training	✓	
Brief therapy (typically 6 sessions)	✓	
Ongoing or long-term therapy		X
Crisis referrals		X
Developmental/Psychological test (e.g.: diagnosis Autism)		X
Prescribing controlled substances, such as benzodiazepines or ADHD medications (Ritalin, Adderall )		X



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# How it works



PCP requests consult



PCP connects with ACS behavioral health provider. Together they determine best next steps for the patient.



BHC/Psychiatrist may continue to treat patient in medical home or refer into ACS for evaluation or brief intervention.



If needed, ACS refers to ongoing services and coordinates care, while continuing to provide gap management.



Documentation and outcomes provided to PCP and care manager.

# TELEBEHAVIORAL HEALTH RESULTS

## Practice transformation

- Redesign workflow—universal screening tools
- Increase behavioral health knowledge and skills—impact entire patient population

## Improved clinical outcomes

- 18% of direct encounters resulted in revised diagnosis
- 31% of direct encounters resulted in change to treatment plan/medication

patients receiving integrated \*  
behavioral care

cost savings

**5% -10%**

over **2-4** years



2018 | provided  
**829**  
discrete services



\*Milliman research report 2018



## BEST PRACTICES FOR IMPLEMENTING VIRTUAL BEHAVIORAL HEALTH SERVICES IN PRIMARY CARE

### Do

- Keep meetings and implementation short, efficient, easy-to understand, and positive
- Include the Front Desk/MA/Biller staff in all operational meetings- train the trainer
- Be proactive regarding expectations and the lift of implementing new services
- Maximize time of the PCP's
  - Lost revenue
  - Try not to take up their whole lunch
- Communicate clearly and often
- Make services easily accessible
- Maintain licensing and contracts
- Change can take time, be patient, earn trust
- Know how billing works
- Keep updated on telehealth policy and legislation

### Don't

- Waste time, resources
  - Ask for what you need, space is valuable
- Stop communicating or being responsive
- Make assumptions
  - One size fits all does not always work
- Over-solve the problem
  - Sometimes low-tech/no tech solutions work best
- Lose sight of the top priority –the patients

# Virtual Integrated Care Perinatal Initiative



# VIRTUAL INTEGRATED CARE PERINATAL INITIATIVE

- Novel extension of virtually integrated behavioral health care model to OB/GYN clinic (Seton Women's Center at SJH)
- Supported by 2-year grant from Rose Community Foundation
- Universal depression screening for perinatal population
- Direct care to perinatal patients and consultation to providers
- On-demand behavioral health clinicians

## Goals

- Improve physical and behavioral health of mothers and babies
- Improve access to psychiatric care
- Achieve high patient and provider satisfaction



# VIRTUAL INTEGRATED CARE PERINATAL INITIATIVE

## Program Results

<b>Perinatal Patient Population</b>	<b>563</b>
Perinatal patient visits	3521
Depression screenings	1937
Referrals to behavioral health (positive dep screen)	<b>115</b>
Referral from behavioral health to additional services	91
Psychiatry collaborative consultations & direct visits	59



Patients receiving telebehavioral health services (115):

- 31 hospitalized during pregnancy, **only 1** for behavioral health
- **No** ED visits for behavioral health during pregnancy and postpartum period
- **Prevented** estimated 75 behavioral health ED visits and \$46,000 in avoided costs
- **Prevents** estimated annual costs of \$7,200 per person (\$805,000 for this cohort) in lost income and productivity associated with untreated perinatal depression.

# VIRTUAL INTEGRATED CARE PERINATAL INITIATIVE

## Program Results

**100%** responded that telebehavioral services improved their quality of care

**93%** rates of breastfeeding\*

**91%** planned on continuing services at Seton's Women's Center

**76%** family planning in place at delivery

Universal Screening	100%
BH Treatment Engagement	96%
Medication Changes with Psychiatric Recommendation	63%

\*full breastfeeding is associated with \$331 reduction in acute medical costs per infant and 20% reduction in medical expenses compared to never breastfeeding (Ball 2001)

# VIRTUAL INTEGRATED CARE PERINATAL INITIATIVE: EXPANSION

- **Direct-to-member** virtual behavioral health services
  - Link to Colorado Access Healthy Mom, Healthy Baby care coordination program
  - Meets women where they are
    - In-home
    - Mobile van
  - Goal by mid-year 2020 is to offer women positive depression screening in the Healthy Mom, Healthy Baby via telehealth
- **Virtually integrated** telebehavioral health services
  - OB/GYN practices
  - Family medicine practices that provide perinatal care
  - Leverage existing virtual integrated behavioral health system
  - Goal by mid-year 2020 is to increase by 8,000 the number of attributed members who have access to perinatal telehealth services



# MEDICATION-ASSISTED TREATMENT PROGRAM (VCCI MAT)

An innovative opioid crisis intervention using telehealth



- Between 44 and 66 percent of physicians trained to provide MAT do not prescribe\*
- Leverage IT MATTTRS training program for PCPs
  - **556** completed waiver training; 428 applied for DEA waiver (73%)
  - **35** reported prescribing buprenorphine within 3 months of being trained (30%)
  - Providers want expert guidance
- Leverage the VCCI Integrated Care model and expertise of board-certified addiction medicine specialist to provide:
  - Training and education around MAT prescribing and initiating addiction treatment
  - Consultation for MAT prescribing, case diagnosis, and ongoing support
  - Brief virtual addiction case management, psycho-education and therapy
- Evaluate efficacy of telehealth in this area; track patient outcomes
- September 1, 2019

\*Miles Away From Help: The Opioid Epidemic and Medication-Assisted Treatment in Colorado. The Colorado Health Institute, May 2017.  
[https://www.coloradohealthinstitute.org/sites/default/files/file\\_attachments/2017%20MAT%20report.pdf](https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20MAT%20report.pdf)



# NATIVE PARTNERSHIP

- Serve Multiple Alaska Native Villages in large Geographic area All AccessCare clinical staff licensed in Alaska
- Services began 2019
- Services include:
  - Psychiatric diagnosis and assessment
  - Coordination and treatment planning
  - Consultation and supervision regarding case treatment and management
  - Ongoing assessment, prescribing, monitoring, and adjusting psychiatric medications





# Does this ring true?

“Long-term commitment to new learning and new philosophy is required of any management that seeks transformation. The timid and faint-hearted, and people that expect quick results are doomed to disappointment.

- W. Edward Deming, *Out of the Crisis*

# HELEN AND ARTHUR E JOHNSON DEPRESSION CENTER

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*Jay H. Shore, MD, MPH Director of Telemedicine*



# FAIRBANKS NATIVE ASSOCIATION

- Urban Alaska Program focused on comorbid treatment
  - Adult Residential Alcohol Unit
  - Adolescent Residential Unit
  - Women and Children's Program
  - Outpatient services
- Psychiatric services via telehealth for diagnosis, assessment, treatment and team supervision



# Blending Telepsychiatry into Integrated Care (AF Williams)

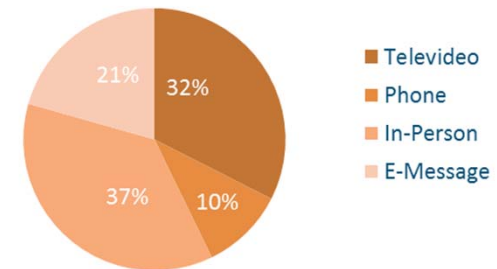
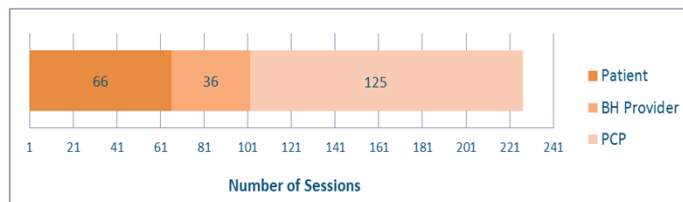
## CU Primary Care integrative Service Model

- Hybrid: Tele-Med and In-Person
- Technology: Cloud-based telemedicine
- Stepped model of available services:
  - 1) E-consults: Secure email for brief consultation and to support psychiatric medication adjustments.
  - 2) Consultations: Provider to provider, team consultations, and co-consultations.
  - 3) Direct Psychiatric Care: Psychiatric evaluation with coordination of care with the care team.



MODE OF CONSULT DELIVERY

CONSULTANT SESSIONS ATTENDED BY TYPE OF INDIVIDUAL

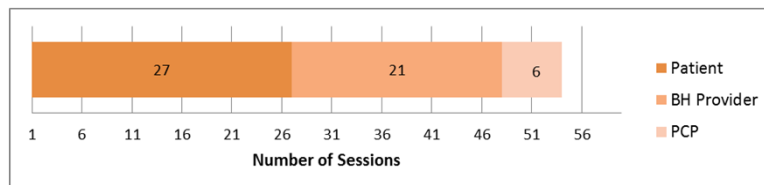


# Telepsychiatry Consultation as Integrated Care (Sterling)

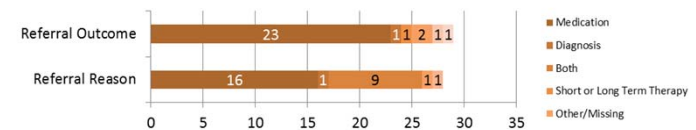
## Sterling Telepsychiatry Model

- Tele-Med and into Internal and Family Medicine Clinic with embedded psychologist
  - Technology: Cloud-based telemedicine
- 1) E-consults: Secure email for brief consultation and to support psychiatric medication adjustments.
  - 2) Consultations: Provider to provider, team consultations, and co-consultations.
  - 3) Direct Psychiatric Care: Psychiatric evaluation with coordination of care with the care team.

Consultant Sessions Attended by Type of Individual



Referral Reason and Outcome



# Clinic-to-Clinic Telehealth-Sterling



- JDC: Rachel Griffin, NP
- Sterling: 2 MDs, 1 PA, 1 psychologist, 1 nurse clinic-manager
- UC Health clinic, on Epic

Huddle: Psych NP, 2 MDs, Psychologist, PA,  
Nurse-clinic manager

Patients: Intakes, follow-ups, one-time consults

- Intakes—60 min
- Follow-ups—30 min

Administration-charting

# JDC In-Home Telehealth

- Used on a variety of platforms: laptop, desktop, phone, iPad
- Local (Denver, Boulder) and rural use
- Separate consent
- Intake coordinator does test session
- Psychotherapy and medication management
- Family meetings
- Covered by CU Anthem
- Self-pay





# MILITARY AND VETERAN PROGRAMS, HELEN AND ARTHUR E. JOHNSON DEPRESSION CENTER

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*Matt Mishkind, PhD, Deputy Director, and Director of Operations for Military  
and Veteran Programs*



# 400,000+ Colorado Veterans

Less than half  
enrolled in VA  
health care –  
25% treated  
as unique  
patient

Over 80,000  
Vets served  
post 9/11

About 40,000  
Active Duty /  
13,000  
Reserve  
Component

About 1.5  
dependents  
per individual  
who served

- Greater % female
- Higher median income
- More likely to be Gulf War I and II
- Less likely to use VA health care
- More likely to have Bachelor's degree
- Higher rates of death by suicide



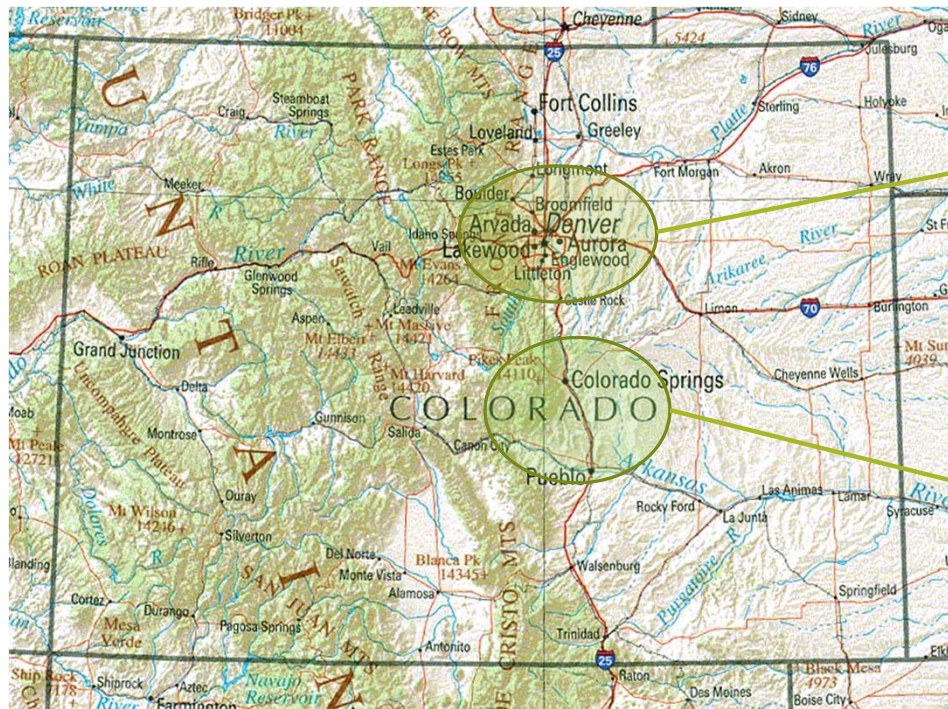
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# ~18% of Colorado Veterans are Rural

More likely to be male, age 55-74 years, and from Vietnam-era



- 175,000 Veterans
- 35,000 post-9/11

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- 100,000+ Veterans
- 21,000 post-9/11
- 33,000 Active Duty

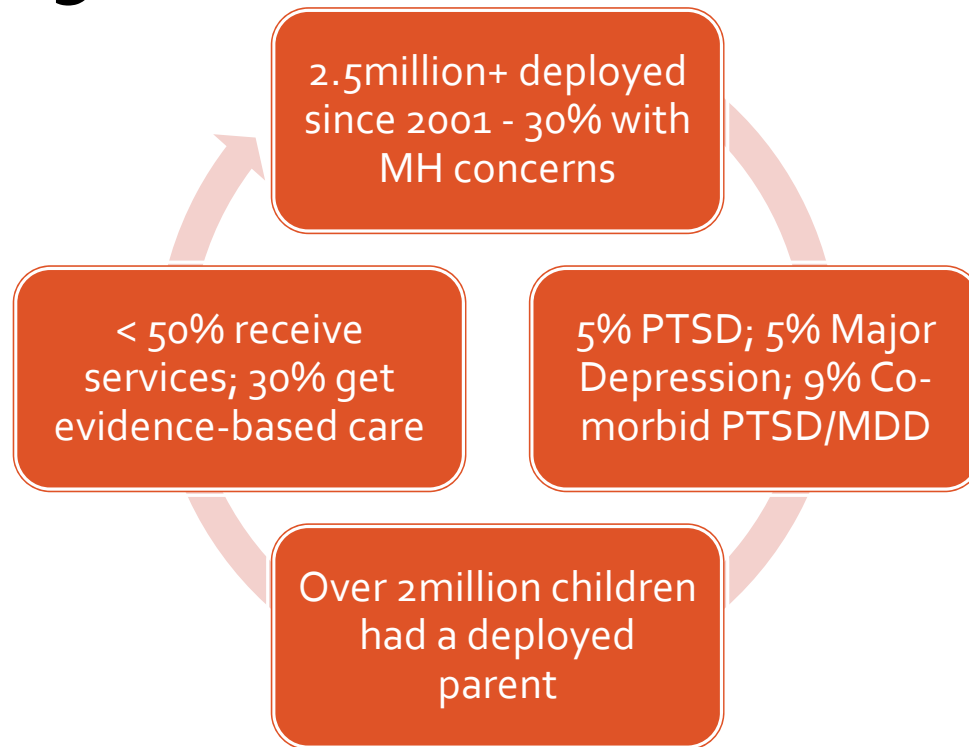


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# Need for Mental Health Care Post- 9/11







## **Our Focus: Serving Veterans in the Community**

- **40% of Veteran care in the community**
- **2014 RAND study assessed 522 community mental health providers for readiness to serve Veterans**
  - **6% served in the military; 35% worked in DoD/VA**
  - **35% trained in 1 EBP for PTSD and MDD**
  - **19% with “high military cultural competency”**
- **13% ready to serve: culturally competent, training in 1 EBP, and often/always used EB treatment**
- **\$1 invested in EB care saves \$2.50 over 2-yr period**

# Evidence-Based Practice

## Cultural Competence

- Experiences
- Stressors
- Normative Behavior

## Evidence-Based Practice

- Best Research Evidence
- Provider's Clinical Expertise
- Patient's Values and Culture



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# Bridging the Gap

**Military Culture**

**Behavioral Health Culture**



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# Serving the Community through Telehealth

- We provide high quality evidenced-based, culturally competent, telemental health care for Veterans and their families
  - Depression
  - Anxiety
  - Post-traumatic stress
  - Adjustment issues
  - Substance misuse
  - Anger
  - Grief and loss
  - Family issues
  - Transition challenges
  - Sleep problems
  - Relationship problems
  - Children's behavioral problems



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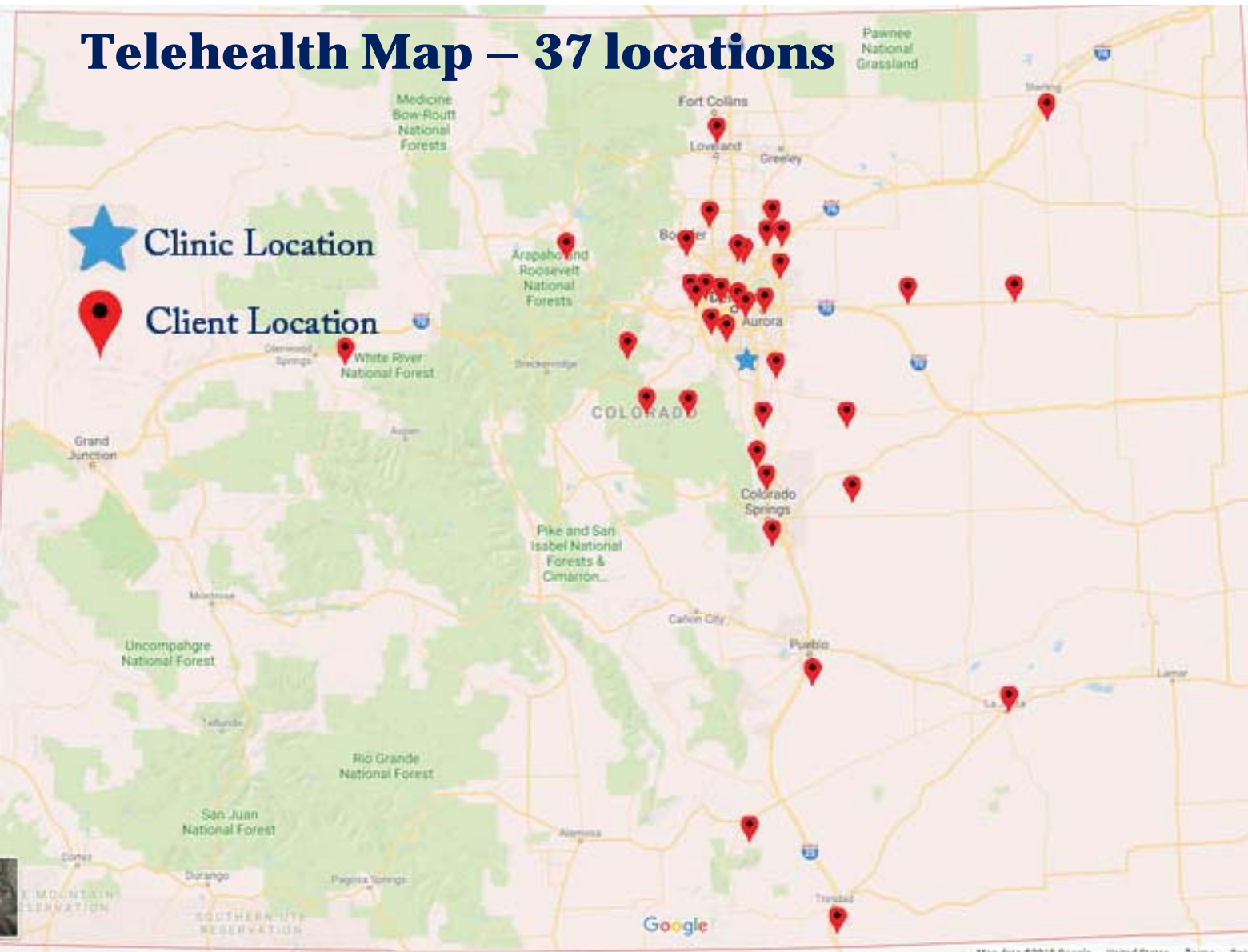


# Serving the Community By the Numbers

- **54% of all clients; 13% of all sessions, approximately 300 sessions in one year**
- **100% of all psychiatry sessions**
- **One-way distance to clinic ranges 8 to 166 miles; average 57 miles**
- **About 10% no-show rate**



# Telehealth Map – 37 locations



Location	1-Way Miles from Clinic
Arvada	21.3
Aurora	25
Bailey	53
Boulder	41
Brighton	37
Broomfield	29
Castlerock	18
Cheraw	166
Colorado Springs	58
Commerce City	29
Dacono	40
Denver	16
Eagle	136
Elizabeth	29
Englewood	8
Evergreen	37
Firestone	41
Fort Collins	76
Golden	27
Granby	95
Henderson	45.5
Lakewood	18
Larkspur	28
LaVeta	166
Longmont	49
Monument	40
Parker	12
Peyton	63
Pine Grove	44
Pueblo	101
Stapleton	17.1
Sterling	139
Strasbourg	42
Thornton	22.5
Trinidad	185
Watkins	26
Westminster	23