

Telehealth—or technology-aided health services—can benefit both the consumer and provider through efficiency and increased access. Using interactive video and audio, consumers in remote and underserved areas can access psychiatric, diagnostic, and counseling services they otherwise would not have access to. Likewise, using technology can help provide psychiatric consultation to primary care and other health providers, increasing access and capacity in a variety of settings. Consumers may also choose to access information and support through online educational and psychosocial support services.

It's realistic to assume that in the near future, telehealth will be routinely used by individuals and organizations to access a variety of behavioral health treatments and supportive services. This document¹ is meant to share basic information so that Ohio's behavioral health providers may make informed decisions about their organization's informational technology (IT) and so that providers in Northeast Ohio may develop a shared action plan for telehealth development.

Common Terms

Telehealth is the use of electronic communication and information technologies to support long-distance clinical healthcare, patient and professional health-related education, and public health and health administration. Telemedicine is a kind of telehealth service which involves direct clinical care.

There are several kinds of telehealth systems. Among the most widely used are:

- **Store and forward systems** capture and send medical information from one provider to another (typically over the internet), enabling the receiving provider to access the information at anytime. Information may include still digital images of the patient, X-rays or other electronic

scans, or clinical data such as blood glucose levels or electrocardiogram measurements.

- **Interactive video/television systems** allow for two-way, synchronous, interactive video and audio signals. Interactive video/television is a dynamic means of communication involving at least two people, but can involve three or more people, all in different places.
- **Web-based e-health patient service systems** provide direct consumer outreach and services over the Internet. These systems can be interactive or “one-way” (email and texting) and provide direct patient care, health information, or peer or professional support.
- **Monitoring systems** provide health and functional data from a consumer's residence to a treatment provider. Widely used monitoring systems include electronic devices attached to refrigerators and restrooms which track use.
- **Telephone and other voice device health systems** can be live or automated, and are used by individuals and systems to engage in behavioral health prompting, monitoring, support, and education.

Other relevant terms:

- **Asynchronous** is used to describe “store and forward” transmission of medical images or information because transmission is typically one direction in time.
- **Synchronous** is used to describe interactive video connections because the transmission of information is occurring in both directions at the same time.
- **Originating site** is where the patient and/or the patient's physician are located during the telehealth encounter.
- **Distant site** is the telehealth site where the provider/specialist is seeing the patient at a distance or consulting with the patient's provider.
- **Electronic data exchange** is the sending and receiving of data directly between trading partners without paper or human intervention.

¹ *The information provided in this document is believed to be accurate, but is not intended as legal advice. Consult with your counsel to insure compliance with all state and federal law.*

- **Encryption** is a system of encoding data on a web page or email where the information can only be retrieved and decoded by the person or computer system authorized to access it.
- **Providers** are people who deliver physical or mental health care. For simplicity sake, when this paper uses the term “provider,” it means physicians, case managers, nurses, counselors, psychiatrists, or any health professional who delivers care.
- **Standards** are the state and federal confidentiality, regulatory, and compliance requirements that any health service is required to meet. Telemedicine standards and requirements are evolving at state and federal levels. The American Telemedicine Association has developed standards for telemedicine that are nationally recognized and detail the clinical practice, operations, and technical requirements for telemedicine service delivery. They can be found at www.americantelemed.org.
- **CCHIT Certification**, although not specific to telehealth, is used to describe electronic health record (EHR) products that meet the Certification Commission for Health Information Technology’s certification standards, which can be found at www.cchit.org/. For more general information on health information technology and EHR, please see OCCIC’s *Health Information and Electronic Health Records for Behavioral Health Providers* at www.occic.org/resources.html

Services

Since telehealth is a means of service delivery, there are numerous services that can be delivered through this technology. The following offers one (although not exhaustive) framework to spur thinking among Ohio behavioral health providers about the potential service applications of telehealth.

- **Direct Clinical Services** use technology to deliver clinical care between a patient and a provider for diagnosis, assessment, and treatment of physical health, mental health, substance use, or emotional disorders. The patient and his or her provider do not need to be in the same location. The patient could be at a physical or behavioral health clinic, in an institutional setting such as a nursing

home or jail or prison, at a hospital emergency department, or at home, while the provider could be at his or her agency or office, in a hospital, or at home.

- **Case Management Services** use technology to assist patients in addressing barriers through skill building and monitoring. Activities may include medication education, disease monitoring, resource connection, and support.
- **Consultation Services** involve provider-to-provider consultation to support clinical care through store and forward, interactive video/television, or telephone and other voice device health systems. Specific services may include prescription support, case review, and risk assessment.
- **Prevention and Wellness Services** use web-based e-health patient service and telephone and other voice device health systems to seek information and support (peer to peer or professional) about illness, treatments, and options. Examples may include an educational website, hotlines, email support, or live-chat services.

Ohio Efforts

Ohio has a number of behavioral health providers and programs that support health through telehealth methods. There are many pilots and mature programs, among them:

Programs

- Direct Clinical Services
 - Ohio Department of Rehabilitation and Correction (ODRC) video conferencing is available through a closed network at all ODRC sties and the Ohio Adult Parole Authority. Services typically include diagnostic interviews, treatment planning, and behavioral health agency intake.
 - Boonshoft School of Medicine at Wright State University’s *Deaf Off Drugs and Alcohol (DODA)* program uses internet-based video phones and conferencing to provide counseling services to people who are deaf and have substance use disorders. They also facilitate access to peer-led, 12-step recovery programs through interactive video and

- provide support for local treatment providers. For more information, please visit www.med.wright.edu/citar/sardi/doda.html
- There are several Ohio mental health providers who use two-way interactive video to provide pharmacological management services, including Shawnee Mental Health Center.
- Case Management Services
 - DODA also uses internet-based video phones and conferencing to provide case management services to people who are deaf and have substance use disorders.
 - A number of states use monitoring systems that collect and report data on client's health and functioning, such as medication dispensers and systems that track use of appliances and restrooms. These telehealth systems help keep individuals in their homes and out of institutions.
 - Community Voicemail, in use in Northeast Ohio, provides a voicemail box to clients who otherwise do not have a telephone number. Case managers use this to support, educate, and connect with these clients.
 - Consultation Services
 - The Ohio Pediatric/Psychiatry Decision Support Network (OPPDSN) offers:
 - ◆ a toll-free number staffed 24 hours a day, 7 days a week;
 - ◆ a website with information and training for practitioners and families;
 - ◆ a telepsychiatry component;
 - ◆ statewide clinical protocols; and
 - ◆ training for primary care practices.
 Advanced practice nurses or clinical social workers staff the phones and provide the first level of consultation. If a provider needs more extensive consultation, staff will transfer the call to the on-call psychiatrist. The OPPDSN is a joint project of the Ohio Department of Mental Health (ODMH), the Ohio children's hospitals, and the child and adolescent psychiatry residency training programs. For more information, see OCCIC's *Ohio Pediatric/Psychiatry Decision Support Network Information Sheet* at www.occic.org/resources.html.
 - The National Alliance on Mental Illness of Ohio has entered into an agreement with pharmacy practice faculty members from NEOUCOM and the BeST Center for a period of six months to provide primary care physicians with expertise about all psychiatric medications for their patients through the BeST/NAMI Mental Health Medication Hotline. Experts in psychiatric pharmaceuticals are available to answer questions from primary care physicians Monday–Friday, 8:00 a.m.–5:00 p.m. at 800.216.3125.
 - Prevention and Wellness Services
 - OhiONE is an interactive compressed videoconferencing network that uses dedicated T-1 connections arranged via the State of Ohio Network Contract for distance learning, engagement and collaboration among stakeholders. There are numerous OhiONE sites, including the ODMH offices and hospitals. Ohio's state psychiatric OhiONE Videoconferencing can be initiated from any OhiONE site to any other site or among multiple locations. Professionals, community stakeholders, and consumers all use this resource. For more information, please visit www.oucom.ohiou.edu/it/TM/OhiONE.htm
 - DODA uses the social media tools Twitter and Facebook to share information and resources with the public. DODA's YouTube channel, found at www.youtube.com/user/DODArecovery, has a number of videos in American Sign Language that explain 12-step programs, DODA's services, and other topics related to recovery.
 - There are a number of telephone support services and hotlines in Ohio. Some are educational, while others provide support and empowering services. One example of a support line is the Hamilton County Warmline, staffed by trained Peer Support Staff.
 - There are numerous anecdotal examples of on-line educational and support groups that use social networking and other social media tools to connect patients to their peers and providers.

Policy/Reimbursement

- Some behavioral health services can be reimbursed and delivered through video conferencing. There are a number of Ohio efforts underway that are exploring the oversight of telehealth. Please contact your regulators and funders for up-to-date information.
- Certification
 - ◆ Behavioral health counseling, pharmacological management, and community psychiatric supportive treatment (CPST) services can be provided through videoconferencing. CPST can also be provided over the telephone. For more information, see <http://codes.ohio.gov/oac/5122-29>.
 - ◆ From the certification requirements, found at <http://codes.ohio.gov/oac/5122-24>, Ohio code states: “Interactive videoconferencing’ means the use of secure, real-time audiovisual communications of such quality as to permit accurate and meaningful interaction between client and provider. This expressly excludes telephone calls, with the exception of calls made utilizing communication devices which allow visual interaction between the provider and deaf and hard of hearing individuals, images transmitted via facsimile machines and text messages without visualization of the client, i.e., electronic mail. The client must be present and participating in the session.”
 - ◆ ODMH specifically addresses confidentiality expectations in Ohio Administrative Code (OAC) rule 5122-29: “It is the responsibility of the agency to assure contractually that any entity or individuals involved in the transmission of the information guarantee that the confidentiality of the information is protected. When the client chooses to utilize videoconferencing equipment at a client site that is not arranged for by the agency, e.g., at his/her home or that of a family or friend, the agency is not responsible for any breach of confidentiality caused by individuals present at the client site.” For related information, please see OCCIC’s *Confidentiality and Release of Information Fact Sheet* at www.occic.org/resources.html.
 - ◆ ODMH has “first encounter requirements,” including that the client and the provider complete a face-to face encounter prior to interactive video conferencing. This rule is a requirement of the state medical board and is currently under review for exempting psychiatry. However, this exemption may require a licensed medical professional to be available at the originating site.
- ◆ OAC rule 4731.296 on telemedicine certificates requires a certificate for the practice of telemedicine by physicians “located outside the state.”
- Payment and rate setting rules are the same for telehealth and other service delivery means, assuming the provider has an ODMH contract. Other payers may include local mental health and drug and alcohol boards.
- The Ohio Department of Alcohol and Drug Addiction Services Blue Ribbon Panel has been meeting to develop telehealth service expectations and rules. They are scheduled to complete their work, and submit rules for review and approval by the end of the 2010.
- Ohio Department of Job and Family Services “Fee-for Service Medicaid” has no reimbursement for telehealth services outside of behavioral health (community) Medicaid. See OAC rule 5101:3-2-02 General Provisions: Hospital Services, Appendix A Revenue Codes and Descriptions.
- As of January 1, 2009, community mental health centers became eligible for reimbursement under Medicare for “Remote, Patient face-to-face Interactive Services.” For more information, see: www.americantelemed.org/files/public/policy/Medicare_Payment_Of_Services.pdf
- For information about other states and federal reimbursement, see the California Telemedicine & eHealth Center (CTEC) report on reimbursement at www.cteconline.org/_pdf/CTEC-National-Scan.pdf

Northeast Ohio Behavioral Health Providers

Behavioral health providers in Northeast Ohio have developed or are in process of developing telehealth services. Among them:

- Community Health Center (CHC) provides video therapy for individual and group behavioral health counseling

and case management services through www.directtherapy.org. This allows patients to get treatment without transportation costs, the difficulties of fitting a weekly counseling session into their schedule, and the fear of stigma. In September 2010, CHC expects to begin offering medication passes and medical contacts at their residential facility. CHC has also begun the process of installing computer equipment in all of its housing stock to provide remote services. In addition, it has developed a computer lending library for enrolled patients.

- Akron Children's Hospital/ Tele-Health-Kids (THK) Program received a federal grant through the Office for the Advancement of Telehealth, a division of the Department of Health and Human Services (HRSA), in September 2006 and has been fully operational since September 2007. The THK Program is designed to provide rural children with and without special health care needs access to care for acute illnesses (ear infection, sore throats, skin conditions) during the school day. The telehealth network operates in three schools and has five participating provider offices to facilitate telemedicine visits.
- Coleman Professional Services is planning telehealth services, and expects to begin implementation later this year.
- SUMMA Health Systems is also planning telehealth services.

Northeast Ohio Integrated Care Leadership Group Action Plan

Telehealth services can increase system capacity, access to behavioral and physical health treatment, efficiency, and collaboration. The Northeast Ohio Integrated Care Leadership Group is looking at telehealth and how providers in the region can collaborate on developing these services. It has adapted information from *A Guide to Getting Started in Telemedicine*, by Joseph Tracy (available at <http://telehealth.muhealth.org/general%20information/getting.started.telemedicine.pdf>), and developed implementation action steps, including potential activities and lessons providers have already learned related to these steps. The action plan can be found on page 6.

Possible Next Steps

Providers across Ohio, as well as the members of the Northeast Ohio Integrated Care Leadership Group, should consider the following next steps in bringing telehealth services to Ohio:

- Identify areas and persons responsible for further information collection.
- Determine what telehealth services—either from the framework described on page 2 or others—are needed.
- Examine compliance requirements.
- Develop the next steps, using the action plan as a guide, that will facilitate telehealth adoption at organization and community levels

For More Information

For more information about telehealth for behavioral health providers, please contact Jonas Thom, Director, Ohio Coordinating Center for Integrating Care, at 513.458.6733, jthom@healthfoundation.org, or www.ohioactcenter.org/occic.html.

Web-Based Resources

- Associations
 - American Telemedicine Association: www.americantelemed.org
 - Telemedicine Information Exchange: <http://tie.telemed.org/default.asp>
- States
 - Missouri: <http://telehealth.muhealth.org/>
 - California: www.cteonline.org/
- Ohio
 - The Ohio Health Information Partnership: www.ohionline.org/default.aspx
 - eTech Ohio: www.etech.ohio.gov/videoconferencing-services/
 - The Ohio Telehealth Video Resource Center: www.telehealthvrc.org/
- Federal
 - Certification Commission for Health Information Technology: www.cchit.org/
 - AHRQ's National Resource Center for Health Information: http://healthit.ahrq.gov/portal/server.pt/community/ahrq_national_resource_center_for_health_it/650
 - Office of the National Coordinator for Health Information Technology: http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__onc/1200

Northeast Ohio Integrated Care Leadership Group Action Plan

Action Step	Potential Activities	Lessons Learned
Examine mission to identify telehealth “fit” and potential uses	Identify population needs—including age-appropriateness—potential uses and service delivery means to assist organizations in meeting mission	<ul style="list-style-type: none"> • <i>I am excited by video-conferencing. I can use it to provide more access to my psychiatrists and other staff. But my clients are more excited by Facebook and other on-line support systems.</i> • <i>It will be difficult to develop a one-size fits all system. We are developing different systems based on population [and organization] needs.</i>
Understand the state and federal telehealth resource and policy landscape	Continue to develop this paper so that the group can identify resources and better understand the telehealth policy landscape	<ul style="list-style-type: none"> • <i>Having a shared language is very helpful, I don't know what I don't know, and I want to make sure we are all talking about the same things.</i>
Network with peers	Use the Northeast Ohio Integrated Care Leadership Group for information sharing and problem solving around telehealth service development and delivery	<ul style="list-style-type: none"> • <i>Having peers who are going through this is important. A Learning Community will speed telehealth adoption at my agency, and across the community, which will make all of our clients more comfortable with using the computer or telephone as a means of getting treatment.</i>
Understand costs, and potential cost savings	Identify infrastructure, start-up, and implementation costs for a range of telehealth equipment and services	<ul style="list-style-type: none"> • <i>We need to get at costs and potential cost savings here. I need to know how much different systems cost in terms of hardware, staffing, etc. I also see a potential significant savings in operational costs. For example, no staff travel time or wear and tear on my facilities.</i>
Identify and engage payers and funders	Identify current and needed sources of reimbursement and potential payers or grants for start-up	<ul style="list-style-type: none"> • <i>This is very expensive to start, although I could see how it doesn't have to be. Either way, payers [and regulators] have to get on board to help start and sustain these efforts.</i>
Develop measurable program objectives	Explore the possibility of a community target for telehealth availability and use	<ul style="list-style-type: none"> • <i>Like in all of our services we will need to develop and manage cost, utilization, and QI targets for telehealth services.</i>
Promote telehealth within organization and develop champions	Use this paper, process, and the Northeast Ohio Integrated Care Leadership group to identify ways to develop agency and community level-champions and train staff	<ul style="list-style-type: none"> • <i>Until therapists actually see the Video therapy in use there is some reluctance. After all it is a change. We have also adopted a “See One, Do One, Teach One,” training system and generated a simplified laminated user's information sheet for both staff and patients.</i>
Consult with experts, including IT staff	Invite experts to the community to increase knowledge and engage leaders and IT staff	<ul style="list-style-type: none"> • <i>It is essential to consult with your “internal” IT staff to determine need and capacity, and get their “buy-in” from the beginning.</i>
Develop proposal through lit search, needs assessment, cost projection	Share program, regulatory and fiscal information and build on existing projects (including electronic health record efforts) to inform organization's telehealth projects	<ul style="list-style-type: none"> • <i>We are spending gobs of time and money on electronic records. I'd like to build telehealth into that.</i>

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