

# A Novel Tele-Integrated Care and Tele-Mental Health Service Delivery Model Throughout Colorado

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# Faculty Disclosure

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The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

# Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.



# Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify possible scenarios or use cases in your own community where telehealth could be valuable
- Identify best practices and anticipated barriers to implementing telehealth programs
- Discuss the approach Rocky Mountain Health Plans in partnership with Heart-Centered Counseling has taken to make telehealth available, specifically tele-mental health services.

# What is CareNow

- Members on Medicaid have access to a doctor or therapist from their computer or mobile device at no cost
- Members can message, share images, or video chat to get answers to their health questions.
- Doctors are available from 9-9 MDT seven days a week
- Therapists are available from 9-5 MDT Monday through Friday

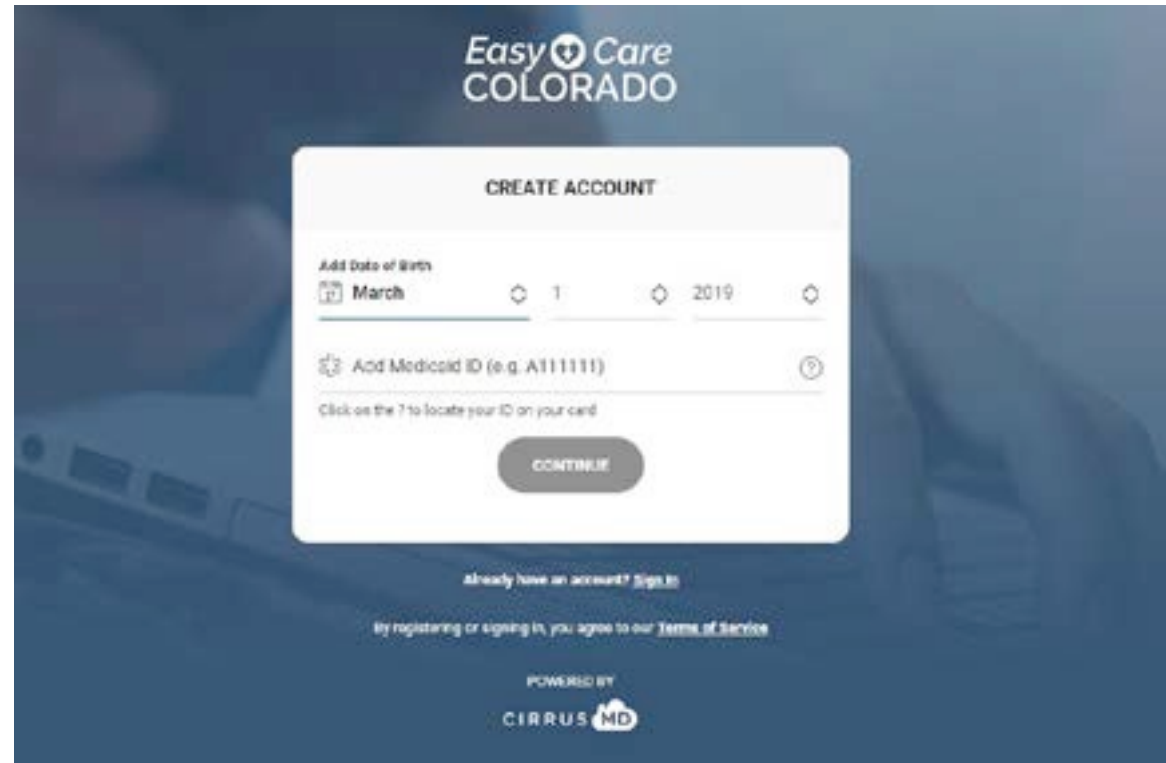
# When is CareNow Used

When a member:

- Feel sick or in pain, but it's not a life-threatening issue
- Have a minor injury
- Have general medical questions or want peace of mind
- Are not sure where to go to get care
- Struggle with depression or anxiety
- Suffer a traumatic event
- Need help with drug and alcohol use
- Have relationship problems, including marital or parent-child

# CareNow Registration

To register, date of birth and member ID is needed. An email address is also needed to complete the process.



The screenshot shows the 'Easy Care COLORADO' logo at the top. Below it is a 'CREATE ACCOUNT' form. The form has two main sections: 'Add Date of Birth' and 'Add Medicaid ID (e.g. A111111)'. The 'Add Date of Birth' section has three dropdown menus: the first is set to 'March', the second to '1', and the third to '2019'. The 'Add Medicaid ID' section has a text input field and a help icon. Below these fields is a 'CONTINUE' button. At the bottom of the form, there is a link 'Already have an account? Sign In' and a note 'By registering or signing in, you agree to our Terms of Service'. The background of the form is a blurred image of a person's face.

Easy Care  
COLORADO

CREATE ACCOUNT

Add Date of Birth

March 1 2019

Add Medicaid ID (e.g. A111111)

Click on the 7 to locate your ID on your card

CONTINUE

Already have an account? [Sign In](#)

By registering or signing in, you agree to our [Terms of Service](#)

POWERED BY  
CIRRUS MD

# CareNow Network

## Who are the CareNow doctors?

- CareNow doctors are physicians within the dedicated CirrusMD Provider Network. These doctors specialize in emergency care and are licensed to practice in the state of Colorado.

## Who are the CareNow therapists?

- Therapists who work with CareNow are licensed therapists from Heart-Centered Counseling, a group of more than 150 therapists throughout Colorado. Heart-Centered Counseling therapists are committed to providing Members with a new way to talk to a therapist through virtual visits, especially those who live in rural areas or are unable to travel due to medical reasons or child care.



# Heart-Centered Counseling Tele-Integrated Care Model



# Heart-Centered Counseling Overview

- Outpatient behavioral health provider
- Founded 6.5 years ago in Fort Collins with humble beginnings
- Mission of providing access to quality mental health care
- Accept most major forms of insurance, including Medicaid and Medicare

# Heart-Centered Counseling Overview

- 200 behavioral health providers (therapists and psychiatric providers)
- Treat all behavioral health issues
- 18 offices up and down the Front Range
- Tele-therapy and tele-psychiatry offered state-wide

# Barriers to Integrated Care

- Restrictions on how Medicare and other payers cover and pay for telehealth
- Fundamental problem with integrated care is making it cost effective for all involved
- Behavioral health provider required to be more generalist rather than a specialist in providing care
- Some areas still lack adequate broadband service to support telehealth

# Early Attempts at Integrated Care

- HCC attempted to locate behavioral health providers at primary care offices, though, two problems emerged:
  - The practice didn't have resources or referrals to support the behavioral health provider to stay busy enough
  - The behavioral health provider was busy providing 1:1 services and therefore unavailable, resulting in co-located care not integrated care

# Introducing Tele-Integrated Care

- Provider to Provider: Curbside collaborations (consults)
- Provider to Consumer: Direct patient care
- Provider to Provider and Consumer: On-Call Therapist

# HCC Tele-Integrated Care

- HCC began offering tele-integrated care with willing partners
- Utilize HIPAA compliant videoconferencing
- Currently partnering with 80 primary care clinics in total across CO:
  - UCHealth
  - Centura Health
  - Rocky Mountain Health Plan
  - Independent practices

# Provider to Provider Tele-Integrated Care

- Curbside consults available at any time for primary care clinic with a therapist
- Therapists are available from 9-5 MDT Monday through Friday



# Direct to Consumer Tele-Integrated Care

- On-site tele-therapy and tele-psychiatry via videoconferencing
- Does not put pressure on the practice to create a minimum load to support the behavioral health provider

# Components of Tele-Integrated Care

- On-call therapist available via tele-health to assistance with
  - 1) warm hand-off and scheduling;
  - 2) provider ill equipped to deal with what's happening in the office;
  - 3) risk assessment
- On-call therapist available from 9-5 MDT Monday through Friday

# What Works With Tele-Integrated Care

- Costs are shared by multiple primary care offices, rather than placing pressure on one clinic
- A behavioral health provider is consistently available when needed
- Extends expertise and resources for specialty behavioral healthcare

# Drawbacks to Model

- Separate systems
- Less push from leadership to move towards integration as there is less change to their overall workflow
- Relationship building necessity
- It will stop working if you get full

# Best Practices/Lessons Learned

- For use cases, an on-site champion is essential
- Training and education around billing is critical
- Ongoing training for front line staff is imperative to providing help to members with registration
- Text messaging is an extremely helpful tool for making members aware of telehealth as a resource
- Phone lending has produced mixed results. RMHP is exploring the provision of tablets/laptops to specific sites.
- Having the right technology and support in place is crucial
- Communication in early stages of implementation and ongoing

# Anticipated Challenges/Barriers

- Comfort level with the technology for both patient and provider
- Sharing mental health data with providers
- Doubt of efficacy of tele-health vs. in-office

# Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



**Join us next year in Philadelphia, Pennsylvania! Thank you!**