

TELEHEALTH – Bridging the Gaps

Telehealth has become the link between the integration of mental health, substance use, case management and physical health services. Best Practices will be outlined here as they relate to California's current healthcare guidelines.

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Telehealth - Content for Discussion

- What is Telehealth?
- Why is it important?
- Best Practices for using telehealth
 - Waiver 2020 – Whole Person Care
 - Drug Medi-Cal Waiver
 - Chronic Care Management



What is Telehealth? – How it works

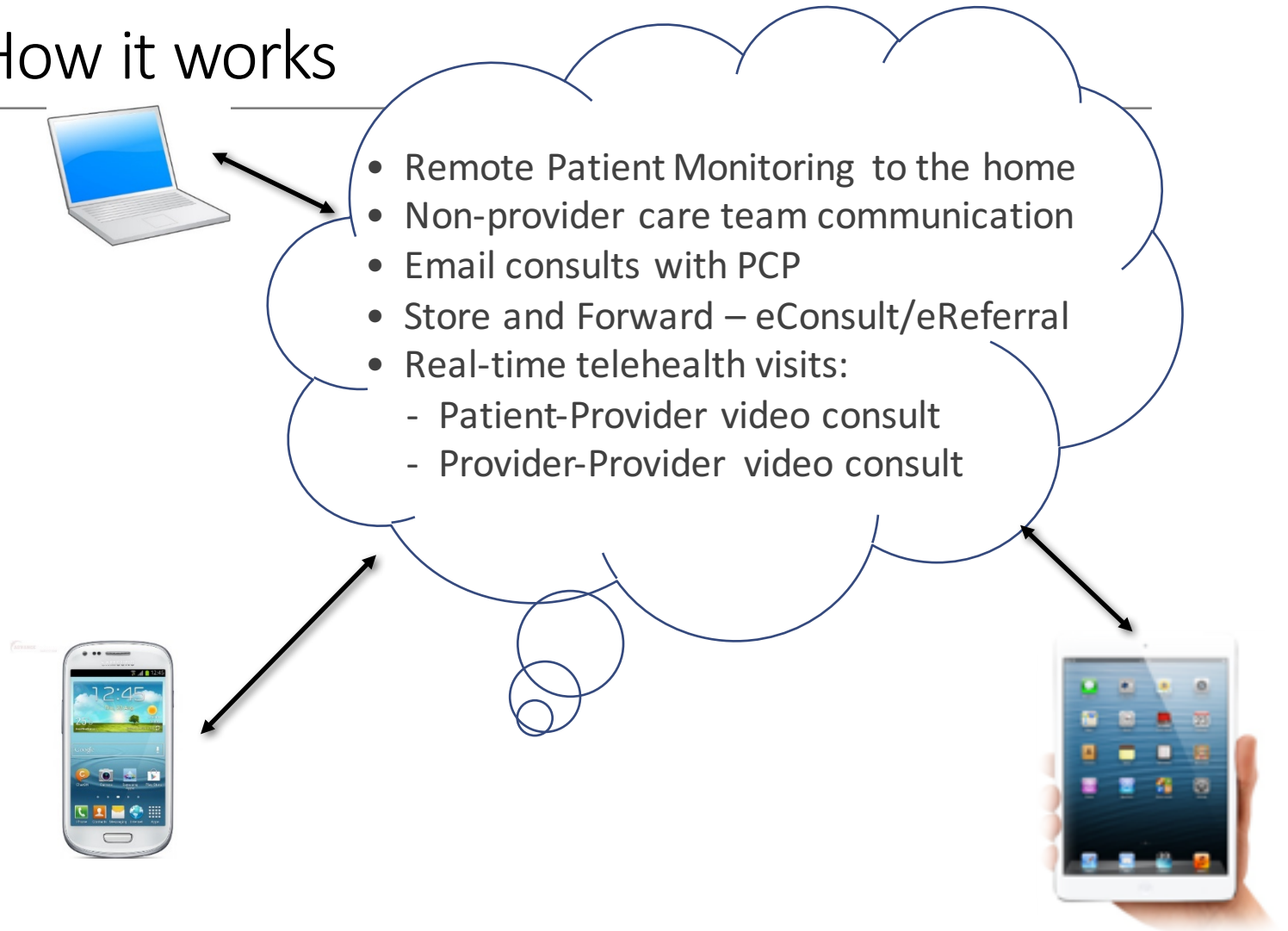
TELEHEALTH: The use of electronic communication and information technologies to allow interaction between Providers and Patients or Providers and Providers in different locations.

Example: A psychiatric consultation performed by a psychiatrist at an offsite location using audiovisual equipment and an online telehealth video platform to a patient located in a County clinic or treatment program at a different physical location.



What is Telehealth? – How it works

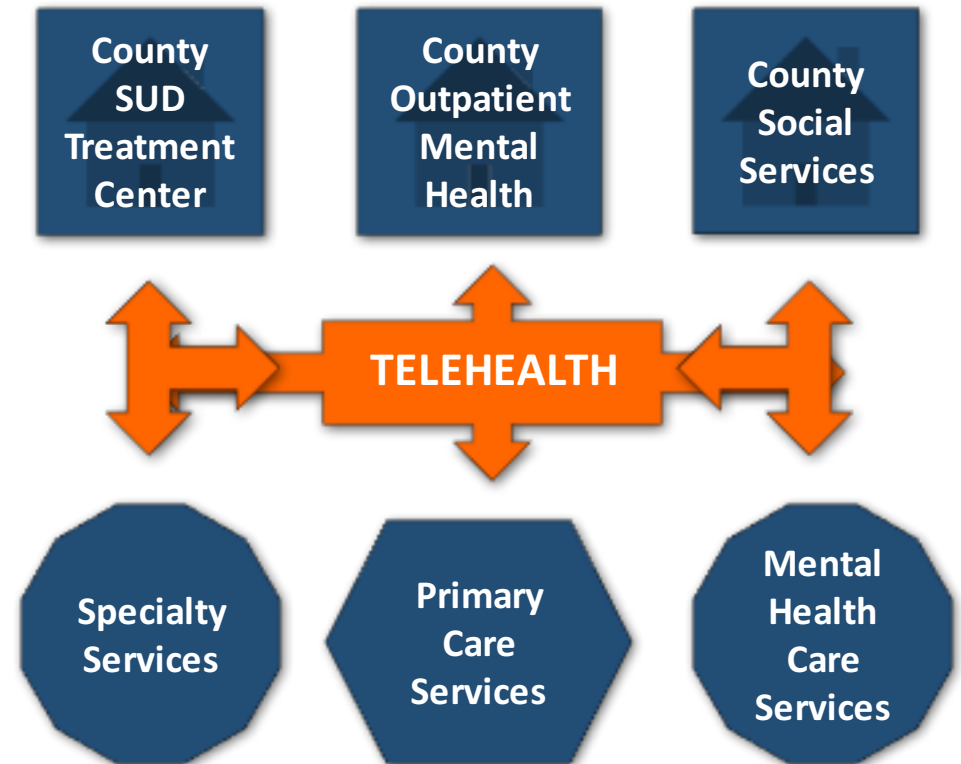
- Connect to all devices over the internet in a secure HIPPA compliant Telehealth platform.
- Both internal and external communications for primary care, specialty care and behavioral health care provider access.
- Connect to patients to do Remote Patient Monitoring (RPM) to the home for Whole Person Care Plan.



Why is it important? – Integrated Care, the common thread

The Integration of Care using Telehealth

- Telehealth may be implemented at all levels of care and locations of care.
- There are no geographic boundaries when using telehealth.
- A coordinated effort from all healthcare facilities community and provider sources is possible (and necessary) when telehealth is implemented.



Best Practices - Telehealth Solutions

What kinds of telehealth services are available?

1. Telepsychiatry – Mental Health
2. Telemedicine – Specialty Care
3. Tele-Behavioral Health
4. Remote Patient Monitoring (RPM)
to the home – Multiple Chronic Disease
or High-Risk populations



The Waiver 2020 – Whole Person Care Plan

“Builds countywide infrastructure to improve care to high-risk, high-need Medi-Cal beneficiaries that are high-users of multiple systems”

WPC is focused on:

- Creating an integrated delivery system
- Care coordination during high-risk times
- Addressing social needs



Drug Medi-Cal Waiver

“Those struggling with mental health and/or substance use disorders die earlier and have more complex physical and social health needs than the general population.”

Individuals with behavioral health conditions are costly both to the public and to employers, and are less able to live high quality, productive lives. Because of this, ***systems of care—including physical, mental health, substance use, and social services—must be coordinated in order to best meet the needs of the patients.***



Chronic Disease Management – High-Risk Populations

Case Management for Multiple Chronic Disease High-Risk Populations

- Case Management Services for the highest-cost populations, *such as Substance Abuse, Diabetes and/or Heart Disease*, resulting in a **50% reduction in ER visits** and a 25% reduction in catastrophic events after the first 6 months
- Integrated Care Team provides support to people with multiple co-morbid chronic conditions via telemedicine to the home.



Best Practices - Real World Case Studies

- ✓ **Telepsychiatry:** Antipsychotic dose reduction in 58% of patients in LTPAC.
- ✓ **Telehealth/RPM:** Reduced hospitalizations and readmissions – Multiple Chronic Disease populations
- ✓ **Telehealth/RPM:** Improved quality of life, reduced Emergency Dept. visits, reduced hospital visits
- ✓ **Telehealth:** Improved Health Outcomes / Improved Management
- ✓ **Telehealth:** Improved Patient Self-Efficacy, Quality of Life & Satisfaction
- ✓ **Telehealth/RPM:** Reduce Risk and Liability – Able to quickly detect arising health issues
- ✓ **Telehealth:** Physician Engagement - Key to Success

Questions?

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