

Responding to Crisis- Telehealth & Referral Network Adoption & Adaptations among Louisiana Behavioral Health Providers



Stephen Phillippi, PhD

Professor- LSU School of Public Health

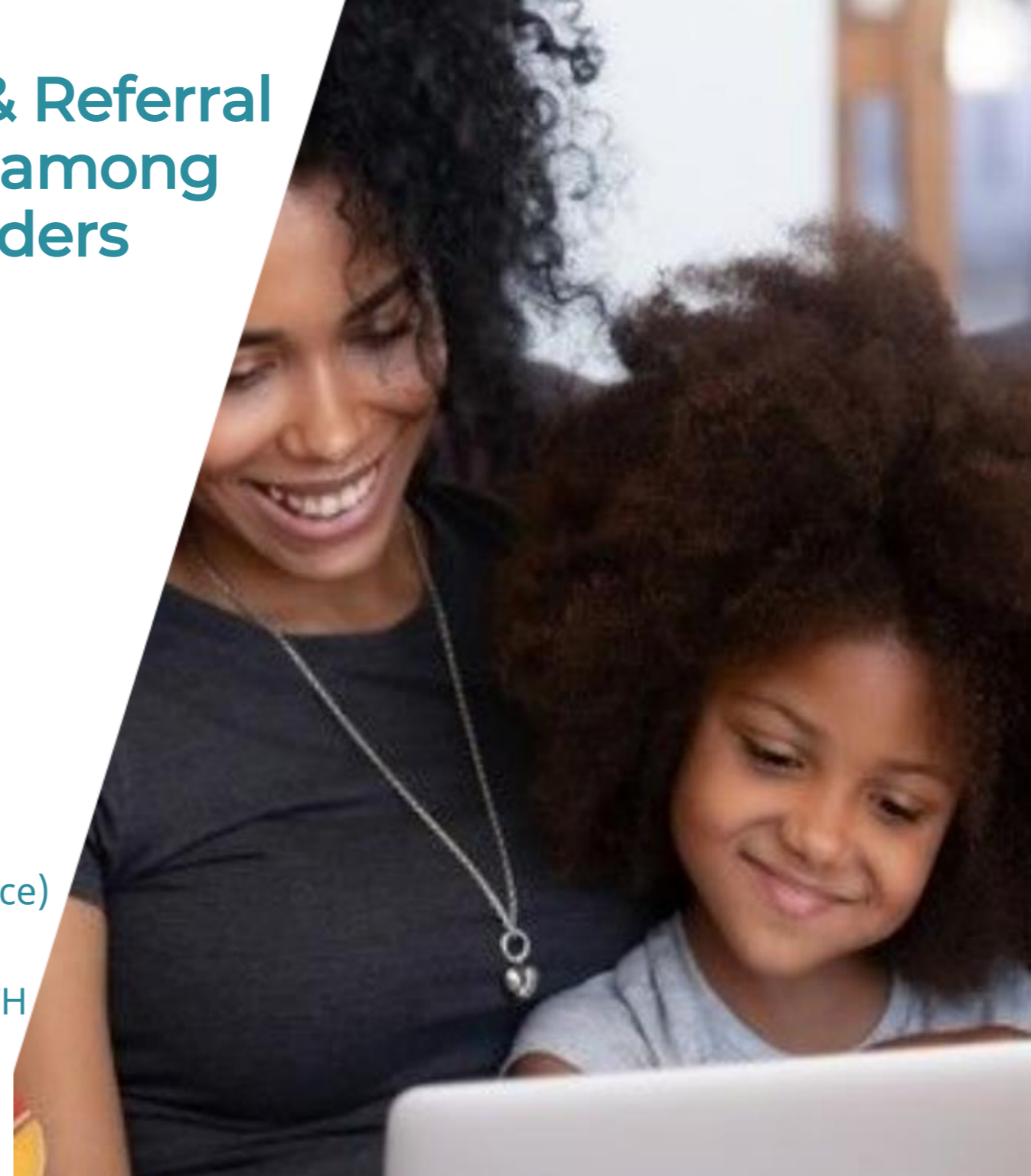
Program Chair- Behavioral & Community Health Sciences

Director- Center for Evidence to Practice

61st Annual Dialogs on Behavioral Health (Virtual Conference)

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TECHNOLOGY, BEHAVIORAL HEALTH APPS AND TELEHEALTH PLATFORMS: BEST PRACTICES IN TECHNOLOGY AND BEHAVIORAL HEALTH



A Three Part Story



COVID, Social Distancing & Predictable increases in mental health need



Overnight transformation to telehealth platforms w/ an emphasis on evidence-based practice delivery



Rebuilding a disrupted referral network

- COVID-19 pandemic and March 2020 “Stay at Home” order from the Governor necessitated an unprecedented shift to telehealth in Louisiana.
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- Louisiana’s Department of Health issued guidance for provider policy and managed care practices. Acknowledged the need for BH services during COVID & approved use of telehealth for licensed MH practitioners, including reimbursement for telehealth use.
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- Paralleled guidance from feds, “Essential psychological services can, and in many cases, should be delivered through telehealth. It is critically important...to meet the needs of patients and communities during this difficult time, without further increasing the risk of contagion.”

COVID, Social
Distance &
Predictable
increases in
mental health
need



COVID, Social Distancing & Predictable increases in mental health need

TOP MH CONSEQUENCES FROM STUDYING DISASTERS:

Post-Traumatic Stress Disorder

Depression

Others...

- Anxiety
- Complex Grief
- Higher Substance Abuse
- Domestic Violence
- Child Abuse / Neglect

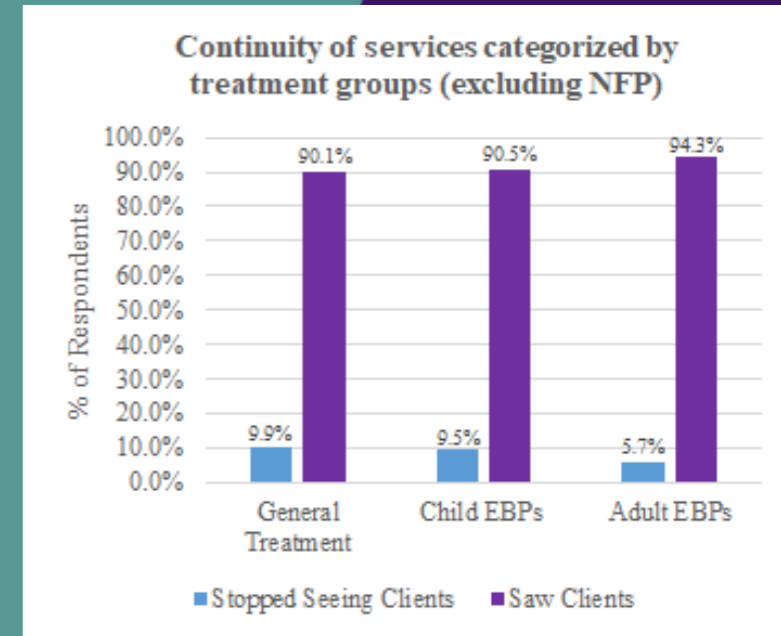
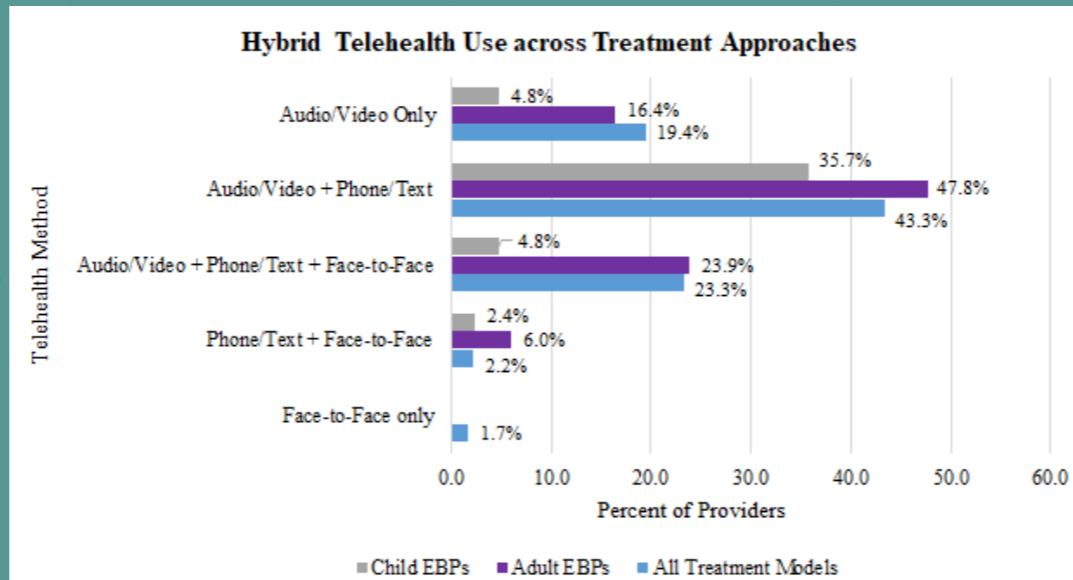
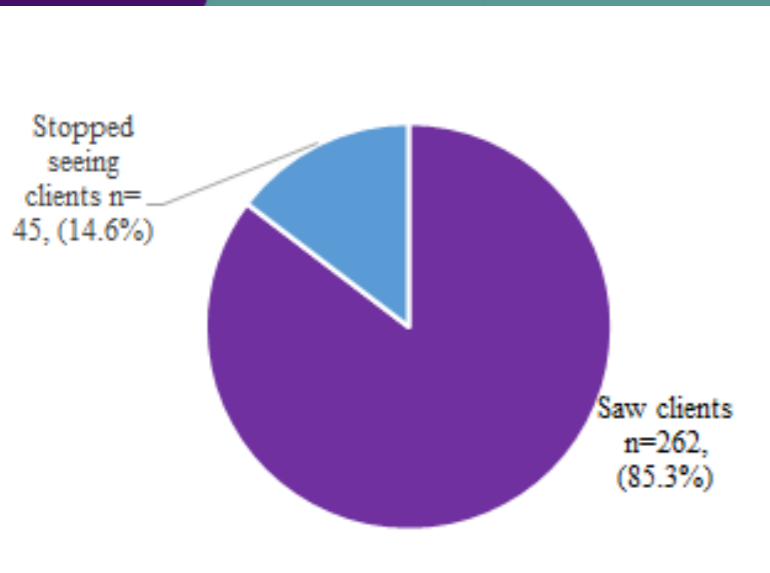


And we know Mental Illness & Physical Illnesses impact each other

(Galea, 2011; Phillippi et al. 2019)

Overnight Transformation

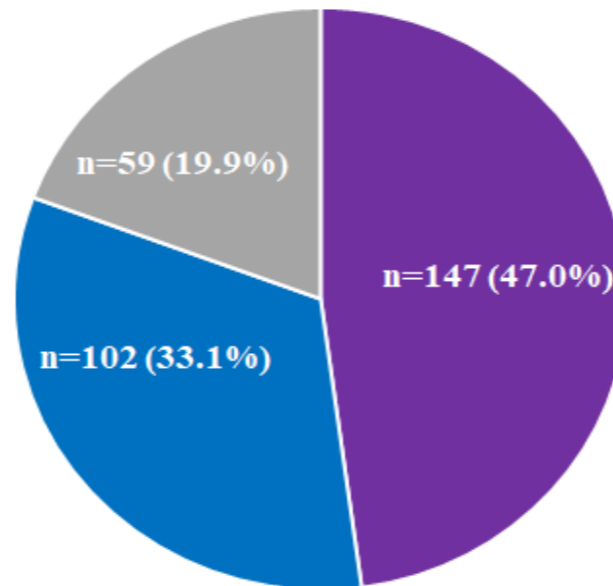
- 85% of providers continuing to see clients via telehealth
- 15% stopped seeing clients (almost half were Child-focused EBPs... largest-not part of Medicaid expansion / NFP)
- 89% reported using HIPAA-compliant telehealth platforms
- Center focused on EBP delivery via telehealth



Rebuilding a disrupted referral network

- 87% maintained pre-COVID clinician staffing levels; 5% decreased staffing, and 4% increased
- 47% reported seeing fewer clients, 35% reported seeing about the same number, and 19% reporting seeing more clients
- Half of those with a decrease reported loss of a 50 - 100% of referrals
- Center collaboration w/ 211 & DOE to reach populations in need

Change in Referrals



■ Fewer referrals ■ About the same ■ More referrals

Rebuilding a disrupted referral network

VIALINK (211 data)

VIA LINK provides information, referrals, training, and crisis intervention to people, organizations, and communities so they can help themselves and others.

Homepage

Needs

Map

Filter By Parish/County

All

Filter By Zip Code

All

Filter By Time



Select Year

2020

Top 10 Needs By Year

Needs	Referrals
Food - Food Pantries	13493
Financial Support - Housing Expense Assistance	4322
Financial Support - Utility Assistance	3473
Housing - Shelters	2426
Community Organizations - Information Services	2240
Disaster Services - Disaster Recovery Services	1872
Mental Health And Substance Use - Counseling	1677

Filter By

Age

Gender

Ethnicity

Homeless

Insured

Disabilities

Military

All

All

All

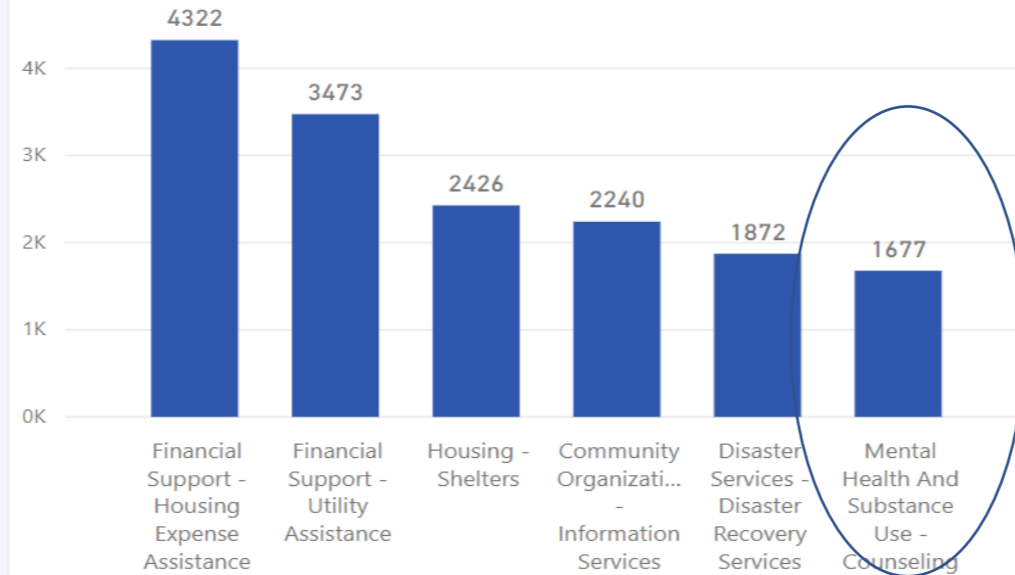
All

All

All

All

All Needs



How Needs Have Changed (Need on Bar Chart)

Halfway into 2020 and headed for 30% (3572) increase from 2019 (2406)

Triple 2018 (1037)

Quadruple 2017 (893)

50449

Needs Expressed

22733

People

112

Types of Services


Rebuilding a disrupted referral network

Most Reported Barriers and Facilitators to Telehealth Implementation	
Top Three Barriers Reported	n (%)
Client's access to internet, data, devices	198 (78.3%)
Client's knowledge of technology	167 (66.0%)
Ability to reach 'hard to reach' populations (e.g., rural, vulnerable)	91 (36.0%)
Top Three Facilitators Reported	
Access to Clients: Increased access to clients	141 (57.1%)
Ability to reach 'hard to reach' populations (e.g., rural, vulnerable)	110 (44.5%)
Ability to reach treatment outcomes with telehealth	52 (21.1%)

The ability to access “hard to reach populations” cited as both a barrier & a potential facilitator. This finding suggests clients without devices, or money to purchase data, could be further marginalized by the COVID-19 pandemic.

SAMHSA- Emergency COVID Grant helping support telehealth use

How are we doing compared to emerging research?

- Telehealth use skyrocketed, with wide deployment, and **near universal incorporation, of technology across diverse settings and treatment models** (Zarefsky, 2020).
 - Given lack of certainty of the future of office and home visits, the concept that behavioral health care has taken an **'irreversible' shift and adopted more usable, resilient & equitable telehealth BH approaches** should be considered moving forward (Wind et al., 2020).
 - Expectation is that there is **'no going back' to a time without telehealth**, as the advantages for clients and clinicians are many, including lower time and material costs compared to face-to-face, increased safety, convenience and flexibility without sacrificing therapeutic outcomes, such as establishing therapeutic alliance and decreasing no-show rates (Wood, 2020; Blumenstyk, 2020; Tuerk et al., 2019; Wind et al., 2020; Berger, 2017).
 - Threat of COVID-infection itself is anxiety producing, so **engaging care in a safe 'home' environment** has added benefit for patients (Wicklund, 2020).
 - Clinicians engaged **advanced training and developed innovations to adapt telehealth** to the primary needs of their clients (Vis et al., 2018).
 - Issues of **quality of care in telehealth** can be directly addressed by **training and clinical acceptance** (Smith et al., 2020).
 - Much of the early research around telehealth utilization identified persistent obstacles as **clinician acceptance, flexible payer mechanisms, and appropriate treatment match w/ illness in a telehealth model** (Vis et al., 2018; Wood, 2020)
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How are we doing compared to emerging research?

Status of dissemination or implementation

Which of the following describes the status of the dissemination/implementation of your intervention because of COVID?

Check all that apply.

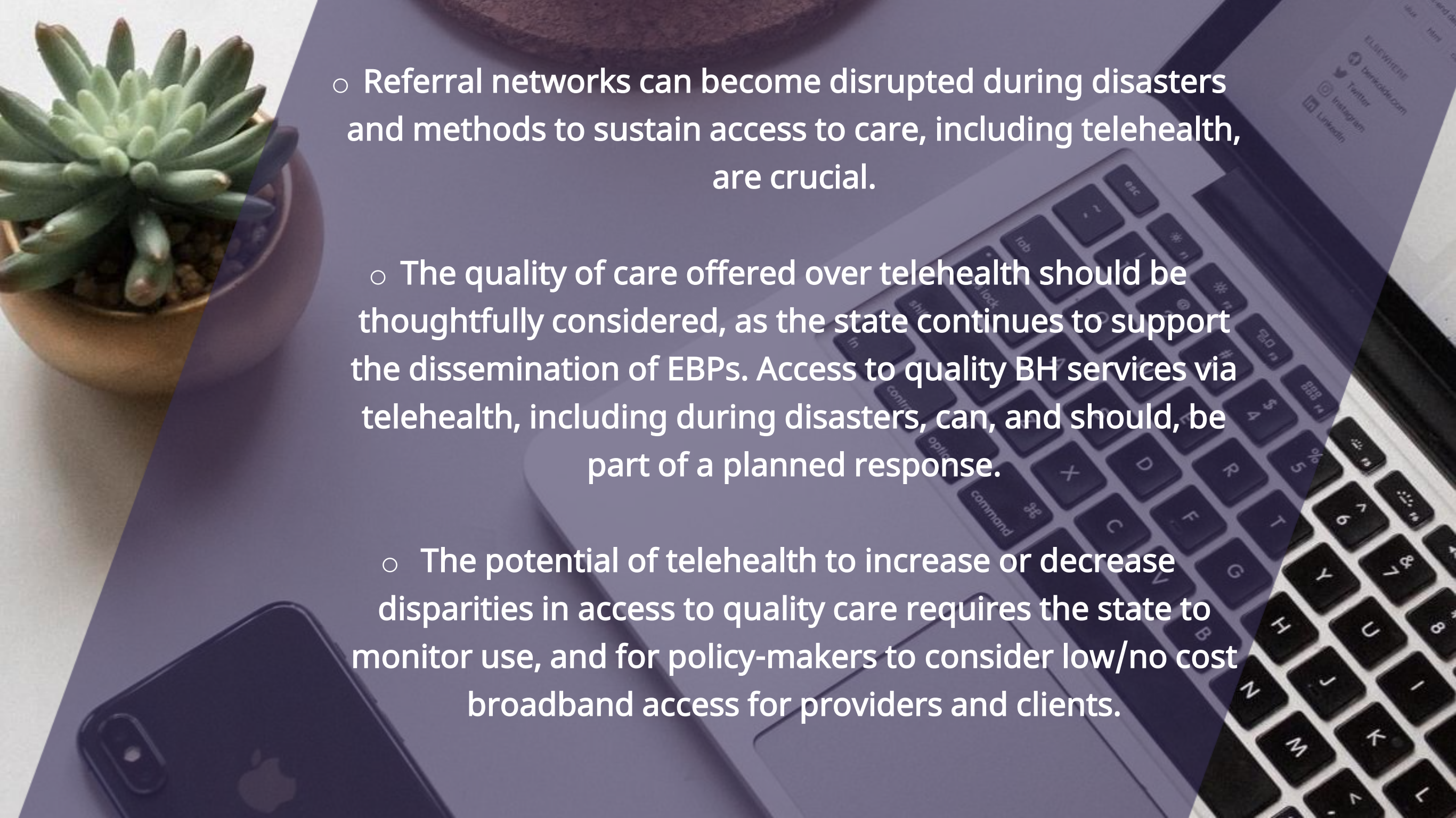
- We have had requests for changes to the delivery modality (78%)
- We have had requests for changes to training and/or support (76%)
- We have suspended implementation (10%)
- We have discontinued/cancelled implementation (0%)
- We have experienced new requests for the adoption of our intervention model (48%)
- None of the above (0%)

- From Blueprints for Healthy Youth Development
 - 58 of 94 EBPs reporting (62%)
 - Addressing EBPs during COVID-19



Takeaway...

- Telehealth provided a platform allowing most clinicians to continue seeing clients in compliance with COVID-19 precautions.
- Providers leveraged telehealth's flexibility to maintain clients' access to BH services.
- The capacity to adapt & innovate to produce quality BH services varies, but most demonstrate success.

A photograph of a desk setup. In the top left, a small green succulent in a tan pot sits on a light-colored surface. Below it, a dark blue smartphone is partially visible. The main part of the image is a laptop keyboard with a semi-transparent dark blue overlay. The overlay contains three bullet points in white text. In the top right corner of the laptop screen, social media icons for Facebook, Twitter, Instagram, and LinkedIn are visible.

- Referral networks can become disrupted during disasters and methods to sustain access to care, including telehealth, are crucial.

- The quality of care offered over telehealth should be thoughtfully considered, as the state continues to support the dissemination of EBPs. Access to quality BH services via telehealth, including during disasters, can, and should, be part of a planned response.

- The potential of telehealth to increase or decrease disparities in access to quality care requires the state to monitor use, and for policy-makers to consider low/no cost broadband access for providers and clients.

Thank you!



Stephen Phillippi, PhD
Email- sphill2@lsuhsc.edu
Phone- 504.234.3899

Center for Evidence to Practice
laevidencetopractice.com