

Tele-psychiatry: North Sound ACH Behavioral Health Transformation Project Suggestion

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

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Project Title	Tele-Psychiatry for North Sound Behavioral Health Agencies
Rationale for the Project	
<p>Problem Statement: There is a shortage of psychiatrists, especially child psychiatrists and addiction psychiatrists, in the North Sound region.</p> <p>Evidence Base: Early access to treatment services has been shown to have a significant impact on preventing the progression of psychiatric and addiction disorders (Substance Abuse and Mental Health Services Administration, 2015). This is especially true for the onset of disorders in youth and it is for this population that there is the greatest shortage of psychiatrists. Tele-psychiatry is “the use of two-way real time-interactive audio and video equipment to provide and support clinical psychiatric care at a distance.” In New York, “regulations prescribe that, when authorized by the Office of Mental Health, telepsychiatry services can be utilized for assessment and treatment services provided by physicians or psychiatric nurse practitioners (NPP) from a site distant from the location of a recipient, where both the recipient and the physician or NPP are physically located at clinic sites licensed by the Office” (New York State of Opportunity Office of Mental Health, 2015). This both increases access to more individuals seeking care and also ensures that federal health care regulations are followed.</p> <p>Federal Objectives: This program aims to increase the efficiency and quality of care for Medicaid users and low-income populations by transforming the way psychiatry services are delivered. Through this transformation we anticipate the system will expand access to providers and increase coverage to low-income individuals.</p>	
Project Description	
<p><i>Which Medicaid Transformation Goals¹ are supported by this project/intervention? Check box(es)</i></p> <ul style="list-style-type: none"> ✓ Reduce avoidable use of intensive services ✓ Improve population health, focused on prevention <input type="checkbox"/> Accelerate transition to value-based payment <input type="checkbox"/> Ensure Medicaid per-capita growth is below national trends <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Health Systems Capacity Building ✓ Care Delivery Redesign ✓ Population Health Improvement – prevention activities <p>Target Population: Twenty-two percent of all new Medicaid enrollees, over 120,000 individuals, are in need of behavioral health services. This includes the 14% of new enrollees with substance use disorders (Washington State Health Care Authority and Department of Social and Health Services, 2015). We would focus outreach on children and adolescents as well as populations in need of addiction intervention since these are significantly underserved populations in the North Sound Region.</p> <p>The Goal: Establish a “tele-psychiatry” network for use by North Sound Behavioral Health Agencies and Hospitals. A tele-psychiatry network would provide access to psychiatric consultation services and, where appropriate, prescriber services.</p> <p>Intervention: The tele-psychiatry network would provide real-time access for behavioral health agencies and hospitals to psychiatric consultation and prescriber services.</p>	

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Outcomes: Improvement in Behavioral Health measures (see next section)

Partners: Existing BHAs and Hospitals have all expressed strong support for establishing a tele-psychiatry system. Behavioral Health Agencies are willing to assist. Project would also need partnerships with Hospitals, Apple Health Plans, and Primary Care Clinics.

Health Disparities: Access to behavioral health services is especially limited for persons residing in rural areas ([Gustafson, 2009](#)). By creating access program, such as a tele-psychiatry network, underserved populations would be able to access necessary support services that will improve individual and community health while preventing increased health problems associated with mental health issues, especially among adolescents and individuals with addiction.

Core Investment Components

- *Proposed activities and cost estimates (“order of magnitude”) for the project. Timeline to full implementation, ROI*

The North Sound Mental Health Administration has already received interest from several vendors. Releasing an RFP and selecting a vendor could be done within approximately 3 months.

Cost: Estimates for this program range from \$40,000 to \$50,000. Start-up funding from North Sound Mental Health and Apple Health Plans could be used to leverage Medicaid funding to pay for billable services.

Best Estimate: This program would reach a number of under-served groups. Below are the best estimates of each group that this project would aim to serve.

- **Mental Health Outpatient Services:** The North Sound Mental Health Administration currently provides Mental Health Outpatient Services to over 14,000 persons a month. A lack of timely access to psychiatric consultation and prescriber services often delays access to needed treatment and results in disengagement from treatment services for some. This program would create easier access to these much needed services making treatment more effective and increasing patient engagement.
- **Rural Areas:** The need for access to psychiatric consultation is especially acute in our rural areas. In our two most geographically challenged counties—Island and San Juan Counties—we serve over 950 persons a month. These numbers would grow with access to tele-psychiatry and could also provide a more convenient avenue for people we already serve.
- **Child Psychiatrists:** There is an especially acute shortage of child psychiatrists. About 47% of the Medicaid population in the North Sound region would benefit from this program because it would create a way to connect with these specialists.
- **Addiction Psychiatrists:** For Substance Use Disorder Treatment agencies, there is almost no access to psychiatric consultation services. The integration of SUD services with Mental Health Services in April 2016 creates the opportunity to integrate Medication Assisted Treatment services with mental health and SUD outpatient services. Starting in 2016, we project providing SUD services to over 1,300 children and adolescents, and over 9,600 adults. Adding a tele-psychiatry service to this program would increase its reach and effectiveness.

The network is expected to cost about \$6 million a year when fully operational. Start-up costs may differ in the first year.

Full Implementation: Establishing a region wide network could easily be done using an established vendor of tele-psychiatry services. There may be a ramp-up period as they sign up psychiatrists and prescribers.

ROI: This program will reduce Medicaid expenditures for hospitalization and ED usage, however it is difficult to estimate precise numbers and affects at this time.

Relationship to Washington’s Medicaid Transformation Goals: Support the building of healthy communities and people by focusing on prevention and early mitigation, specifically in the areas of mental illness and substance abuse for Apple Health clients. This will be done through integrated care and social supports for individuals within these communities.

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Project Metrics
<p>Outcome measures (overlap with WA Common Measure Set)</p> <ul style="list-style-type: none">• % of Adults Reporting 14 or more Days of Poor Mental Health• Follow-up After Hospitalization for Mental Illness @ 7 days, 30 days• 30 -day Psychiatric Inpatient Readmission (2 of 2 BHO measures that align)• Depression: Medication Management• Potentially Avoidable ED Visits <p>Process measures</p> <ol style="list-style-type: none">1) Increase in number of psychiatric consultation/prescribers that can be accessed by Behavioral Health Agencies and Hospital Emergency Departments.2) Reduction in the amount of time persons in medication need to wait to access prescriber services.

¹Transformation goals as stated in Washington's Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.