

Expanding Treatment & Recovery Services Through Telehealth in the Oklahoma Public Behavioral Health System

The Oklahoma Department of Mental Health and
Substance Abuse Services and Grand Lake Mental
Health Center Collaborative Program Model

Executive Summary



South Southwest (HHS Region 6)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



NFARtec
National Frontier and Rural
Telehealth Education Center

ADOPTION AND USE OF VIDEOCONFERENCING TO DELIVER ASSESSMENT, TREATMENT, AND RECOVERY SERVICES IN OKLAHOMA

COLLABORATIVE PROJECT:

**South Southwest Addiction Technology
Transfer Center (SSW ATTC)**

**National Frontier and Rural Telehealth
Education Center (NFARtec)**

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EXECUTIVE SUMMARY

A key goal of the South Southwest Addiction Technology Transfer Center (SSW ATTC) is to facilitate use of telehealth technologies to deliver substance use disorder (SUD) assessment, treatment, and recovery services in the HHS Region 6 states it serves (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas). In working toward accomplishing this goal, SSW ATTC identified a successful initiative undertaken by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to increase the uptake of telehealth technologies to deliver assessment, treatment and recovery services by SUD and mental health (MH) providers. Oklahoma's initiative is unique in that both the state department of behavioral health (SUD and MH) services and SUD/MH providers are committed to expanding access to SUD/MH services and working collaboratively to develop state-level policies and initiatives that promote implementation of telehealth technologies.

This report represents the findings from an in-person meeting and individual videoconference interviews with representatives from ODMHSAS (the State) and Grand Lake Mental Health Center (GLMHC; the Provider), which is a model treatment program that has successfully implemented telehealth technologies services. The purpose of these dialogues was to learn about the joint efforts undertaken to implement effective SUD/MH services using telehealth technologies by discussing Oklahoma's telehealth technologies model and implementation processes; implementation strategies; how policies and regulations were changed to support it; successes, challenges, and lessons learned at both the state and provider levels; and future plans/directions.

Summary of Methodology:

To advance understanding of Oklahoma's telehealth technologies initiatives and replicate those successes in other Region 6 states, the SSW ATTC contracted with the National Frontier and Rural Telehealth Education Center (NFARtec), located at the University of Nevada Reno, to conduct interviews with Oklahoma administrators/policy-makers and providers to identify factors that promoted adoption of telehealth technologies to deliver SUD/MH assessment, treatment, and recovery services. Individuals were selected to participate based on their role in the State's policy and regulation, program, and IT services, and experience developing and implementing an innovative telehealth technologies program.

Qualitative measures were developed and used to structure the in-person meeting around the following questions:

- How was the decision made to promote/implement technology-based services?

- How were policies/procedures, regulations, standards, reimbursement strategies, and guidelines established? How were liability/confidentiality issues addressed?
- What types of funding/reimbursement streams are available to cover implementation and service delivery costs?
- How was implementation initiated (pilot, revise, and implement vs. full implementation; timeline)?
- What type of training has been provided to facilitate implementation? Is ongoing technical assistance available/provided?
- What is the scope/specific services provided using telehealth technologies (e.g., assessments; individual sessions; group sessions; family and/or couples sessions; medication prescribing/management; recovery support; clinical supervision)?
- How did providers/clients respond to the idea of using technology-based services?
- What are the advantages to using telehealth technologies?
- What are the challenges/lessons learned?
- What recommendations would you give others interested in replicating your process?

Three weeks after the in-person meeting, individual videoconference follow-up interviews were conducted to engage in more in-depth discussions on how decisions to implement telehealth technologies were made; strategies used to ‘sell’ the idea that using telehealth technologies is as good or better than face-to-face; reimbursement issues; lessons learned; activities participants wish they had implemented, as well as those that should have been avoided; what processes/activities needed more attention; and specific recommendations for other states considering implementation of telehealth technologies services. The in-person and videoconference interviews were audio-recorded with permission of the participants to ensure accurate reporting of responses.

Summary of Findings

ODMHSAS (the State) and GLMHC (the Provider) agreed that transportation is a significant barrier to receiving services in Oklahoma. Consequently, working together to find a way to facilitate greater access to treatment services was an important issue and using telehealth technologies was appealing to both entities.

1. The State recognized the need to make it easier for providers to change how they delivered services, which included new reimbursement policies.

2. The State acknowledged that training on billing/reimbursement, as well as evidence-based practices (EBPs) was essential.
3. The State recognized that scope of practice issues had to be addressed with credentialing boards.
4. The Provider had to help counseling/recovery staff increase their openness to using telehealth technologies (e.g., talked with them about the fact that effective therapeutic and peer relationships can be established through videoconferencing).
5. The State and the Provider identified the importance of champions that led these efforts for their organizations, as well as turnover in State-level leadership that brought more favorable views of telehealth technologies.

The State's practical approach to making changes at the state-level by adapting regulations that previously served as hindrances to workforce issues and treatment access was key to decreasing barriers, especially in rural areas. The State recognized the importance of starting the conversation with key decision-makers (e.g., the legislature and Medicaid officer) and stakeholders/providers to identify challenges and provide education on how using telehealth technologies can improve treatment access and ultimately client outcomes. In addition, the State built positive and effective relationships with providers across Oklahoma and showed a willingness to sit down with them to learn about their challenges and engage in problem-solving discussions to increase patient access to services and improve outcomes. Engaging in these conversations and making administrative changes were key to the State creating a new service delivery model and the successful implementation of the Provider's iPad 24/7 Program in Northwest Oklahoma.

Summary of Recommendations and Next Steps

The collaborative efforts of the State and the Provider provide an excellent case study regarding how to make a significant system change that involves modifications in regulations, rules, policies, reimbursement, and provider service delivery. Most importantly, the system change addressed is an important tenet of SUD/MH services, expanding access to care especially in rural areas. As a result of this system change, which promoted the use of telehealth technologies to deliver crisis intervention, assessment, treatment, and recovery support services, hospitalization costs decreased; transportation costs for clients, providers, and law enforcement were lowered; rural clients in Northeast Oklahoma were able to access services just as easily as urban clients; and the State was able to eliminate many restrictive oversight functions, which decreased their costs as well.

Helping states implement the use of telehealth technologies to deliver SUD/MH services will require system change activities. As such, training/TA regarding system change may be required and include the following actions.

- Conversations about making a system change need to be initiated by an individual or group that has convening power and a commitment to and investment in the change.
- System change does not occur overnight, which points to the importance of being patient with the process and the amount of time it may take to reach the goal. The link below provides access to an excellent and recent guide (2015) to system change <https://www.thinknpc.org/resource-hub/systems-change-a-guide-to-what-it-is-and-how-to-do-it/>

Provider and State entities may require training/TA on change activities when considering adopting and implementing telehealth technologies to deliver services (e.g., how to make changes and adjustments).

- Small changes can be made, and adjustments initiated in response to changes using the Plan, Do, Check Act (PDCA) methodology or similar continuous quality improvement actions. The following links provide access to resources for continuous quality improvement and the PDCA cycle: <https://asq.org/quality-resources/pdca-cycle> ; <https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle>

Below are four next steps strategies for the SSW ATTC to consider based on the Oklahoma data.

1. **Start the conversation.** Assist the State and Providers in forming a workgroup with the goal of expanding access to SUD/MH services for rural populations using telehealth technologies. Meeting with early adopters and individuals with convening influence before the invitations go out may help develop the workgroup. In addition, SSW ATTC can provide administrative and fiscal support to encourage participation.
2. **Understand existing regulations/rules.** Before any changes can be made, it is important to determine current regulations/rules and their function/purpose by: examining the current definitions for reimbursable SUD/MH service delivery (e.g., assessment, intervention, treatment, and recovery support services); reviewing Licensing/Certification Boards' regulations/rules regarding remote clinical supervision to be conducted via telehealth technologies; facilitating a discussion with State and Licensing/Certification Board members regarding interest in regulation/rule changes; collecting sample language from Oklahoma and other states that can be used to make changes.

3. ***Be clear about telehealth technologies.*** It is important to develop training materials and activities that include definitions for telehealth technologies (e.g., what it is, what it includes, and the research that supports using it to delivery SUD/MH services) as many professionals have outdated information or use terms interchangeably, which can be confusing and interfere with implementation. Examples include, but not limited to: Fact Sheets; Introductory Webinars; and Curriculum Infusion Package(s) on telehealth technologies for faculty.
4. ***Develop champions.*** Determine who in each state might be interested or is already using telehealth technologies. As a reminder, sometimes early adopters are not always the best promoters or champions of new ideas as they are typically significantly ahead of others and are often seen as different or outliers. However, they often have useful information that can be used to help with actual implementation. Training/TA that helps develop professionals to serve as champions is important. A specific training/TA for telehealth technologies champions or generic training/TA for developing Champions could be conducted.



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