Mental Health Landscape

Challenges

- Projected workforce shortage in 2025 of 12%
- Lack of access to IP psychiatric beds
- Access for children and families
- Emergency Department access
- Extended wait times for outpatient psychiatric visits

The Psychiatric Shortage Causes and Solutions (March 28, 2017). National Council for Behavioral Health
Mental Health Call to Action

Solutions

- Workforce development
- Improved reimbursement
- Improved service delivery efficiency
- Reduced regulations and restrictions
- Innovation

Telepsychiatry
Who is Allina Health?

- **12 Hospitals**: 31,780 inpatient surgical procedures, 1,775 staffed beds, 109,091 inpatient hospital admissions, Not-for-profit health care system
- **Emergency Medical Transportation**: 15,560 births, 27,500 employees, 343,083 emergency care visits, 105,538 ambulance responses
- **90+ Clinics**: 4.5 million clinic visits, 1.5 million hospital outpatient admissions, 146,724 hospice visits
- **Hospice**: 231,656 home health visits
- **Oxygen & Home Medical Equipment**: 195,666 oxygen/medical equipment orders
- **15 Pharmacies**: 60,077 outpatient surgical procedures, 937,619 retail pharmacy prescriptions filled

- **$3.9 billion net operating revenue**

Allina Health is a not-for-profit health care system.
Current Telehealth Services

**Forecasted 2017 count based on Q1 results**
# Mental Health Services
## Current and Future

## Current

<table>
<thead>
<tr>
<th>Service</th>
<th>Started</th>
<th># Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health assessment &amp; referral</td>
<td>2011</td>
<td>14 Emergency Departments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 Allina Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 External</td>
</tr>
<tr>
<td>Outpatient Child Psychiatrist Consults</td>
<td>2014</td>
<td>1 Allina Health location</td>
</tr>
</tbody>
</table>

## Future:

<table>
<thead>
<tr>
<th>Service</th>
<th>Status</th>
<th># Sites Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telepsych consultations for ED, Med Surg, and Urgent Care</td>
<td>Business Plan Development</td>
<td>12 Allina Health Hospitals</td>
</tr>
<tr>
<td>Behavioral Health Sleep Consultations</td>
<td>Workflow Development</td>
<td>Patient’s homes</td>
</tr>
</tbody>
</table>
## Assessment & Referral:
Mental health or addiction service for patients in crisis
24x7x365 service provided in ED

<table>
<thead>
<tr>
<th>Risk Assessments</th>
<th>Disposition Plans</th>
<th>Inpatient Placement</th>
</tr>
</thead>
</table>
| Emergency department provider refers patient for assessment | Collaborate with ED team regarding clinical recommendation and plan for:  
  - Admission to the hospital  
  - Transfer to another hospital  
  - Return home with crisis plan  
  - Referral to a mental health care provider at an OP clinic  
  - Referral to day treatment or partial hospital program | Obtain insurance authorization  
  - Contact on-call psychiatrist for admission approval  
  - Search for appropriate bed  
  - Round on patient every 4 hours or disposition plan update  
  - Reassess if wait is > 8 hours |
Q1 2017 Assessment Breakdown

% of each Telehealth Activity at each Site

- BUF
- CMC
- DHA
- FLH
- NUM
- OWA
- REH
- RHA
- STF
- WHC

Legend:
- Adult
- Adolescent
- Adult Reassess
- Adol Reassess
- CM
A&R Telehealth Growth

Assessment Number

OP Child Psych Visits

*2017 annualized count based on Q1 results
Telestroke Model

MH A&R provides access in communities without this expertise

Mobile video cart

Web-based HIPPA compliant provider

Bill insurance at Allina Health locations

Contract with non-Allina locations and bill facility per consultation
Tele-Behavioral Health Models

“NEW APPROACHES To A NOT NEW PSYCHIATRIC SHORTAGE”

MN Rural Health Conference, Duluth, Minnesota
June 20, 2017

Maureen Ideker RN BSN MBA
System Director of Telehealth, Essentia Health
Duluth, Minnesota
Life Expectancy Differences

- “The gap in life expectancy in patients with a mental illness and the general population has widened since 1985 and efforts to reduce this gap should focus on improving physical health.”

Lawrence D., 2013
“Target Interventions that Improve Quality of Life Outcomes”

- Ohio (1998-2002) study of 608 patient deaths from pts. admitted to a public mental health hospital, cause of death:
  - Heart Disease 126
  - Suicide 108
  - Obesity 144
  - Hypertension 136

Miller B.J., 2006
Psychiatry & Behavioral Health Selected as a “Top 4 Access Need” in 2012

- 2012 Business Plan
- Partnership with limited outreach started from UMD- Psychology Department to Ely
- Scarce Resources (Psychiatrist and Psychologists) became more scarce
- Stretching Scarce Resources
- Innovative Telehealth Partnerships develop
  - Crookston, North West Mental Health Center to Fosston and Ada
  - Minot, ND-Private Practice Psychiatrist
Original Tele-Behavioral Health Business Plan of 2012

• Projected to meet ROI within 3 years….but Psychiatrist and Psych NP shortages stalled the start-up.
• Started with Psychologist from Duluth to Ely Clinic
• Open Scheduling used
• After 6 months Psych PhD resigned
• By 2014 still not able to put Business Plan in place.
International Falls, Minnesota
“Integrated Behavioral Health” Model
Created in 2014

- Purpose is to support Primary Care Providers in the rural settings
- Adult and Child Tele-Psychiatry Outreach started
- Child Psychiatrist develops telehealth services to 11 clinics in MN, ND and WI
  (Licensed in all 3 states)
- Additional Child Psychiatrist starts services to 2 sites
- Using Open Scheduling
- Single Consult Design with Medical Record Review
- Close contact with rural referring provider – makes recommendations and a plan
- Also will follow the more complex patients
- Projected 2017… Child: 216 visits and Adult: 88 visits
Brainerd Lakes, Minnesota
Family Practice NP’s Working at Top of Licensure

- Brainerd/Baxter area has a scarcity of Child Psychiatric providers
- Med Management especially needed
- Two FP NPs use Child Psychiatrist as one of their Supervising physicians to assist them with child mental health patients who already have a diagnosis
- Supervision to the NPs is done via telehealth
- Refer to community and private mental health agencies for therapy-mostly in-person
Essentia Health Fosston-ER & Clinic 24/7 Tele-Behavioral Health Crisis Services

- Needed help with disposition determinations in the ER - video-conference within 1 hour
- Clinic visit emergencies - video-conference within 1 hour
- High Scores on the PHQ9 Depression Screening Tool
- Severe Winter Storm alternative to cancelling appointments
- Added more therapist access for Fosston area patients in the NWMHC caseload
- Follow Up visits have telehealth option
NWMHC & EH Fosston’s Goals:

- Decrease behavioral health crisis occurrences thru improved access
- Assist with ER disposition decisions for behavioral health patients in crisis
- Decrease crisis bottlenecks in ER
- Reduce unnecessary transfers to inpatient unit
- Improve rural ER & primary care services
NWMHC & EH Fosston Equipment

- Mobile video cart – wireless in ER @ Fosston (shared with Clinic)
- Desktop PC with Video software & camera @ NWMHC
- Mobile devices with hot spots – for 22 mental health providers
- Broadband – 5 up, 10 down both sites
- Problems @ NWMHC – disrupted office to hospital/clinic functioning and postponed Go-Live.
Privileged and credentialed 22 Behavioral Health Professionals:
- Psychiatric Nurse Practitioner
- Licensed Independent Clinical Social Worker
- Licensed Marriage and Family Therapist
- Master’s prepared Social Worker
- All reimbursable providers in MN
Overcoming a Previously Failed Tele-Behavioral Health Experience

- Pilot Program prior to go live
- Twice daily live connection checks 8 am, 5pm (built familiarity with equipment for daily use & built relationships between sites and providers)
- 22 licensed providers practiced live connections 4 times each (From office, home, in-town, to ER and to Clinic)
- Mobile device connectivity validated for each provider, hot-spots used
- I-Phones didn’t work
Ada, Minnesota
Future Development

- NWMHC to EH Fosston - Chemical Dependency Treatment for OBs
- Increased use of Crookston’s Crisis beds
- Duluth Clinic Outreach to all Essentia East hospital ERs
  - Crisis Assessment with a Documentation Tool
  - Help with Disposition decision
  - Placement assistance
- Next Day (after ER, or Clinic) Outpatient appointments available
- Continued Services to Rural Clinic referrals
- More Community Partnership Development
Reference Sources:

- County Health Model C 2010 UWPHI
- Grantham, D. Behavioral Healthcare: Oct 2012; 31, 7; Pro Quest Medical Library
- http://www.integration.samhsa.gov/research
- Lawrence D., Telethon Institute for Child Health Research, the University of Western Australia (Press Office) 2013
References

• Miller, BJ et al. Psychiatric Services, 2006 Oct, 57 (10): 1482-7
• Reitmeier S, Northwestern Mental Health Center, Crookston MN, Feb. 2014 (Ph: 218-281-3940)
• Smylie J, Essentia Health Senior Leadership Retreat, Duluth, MN, Sept. 2013
• Thomson Rueters Markets can Database
• Trondsen M.V., et al, BMC (Bio Med Central) Health Services Research 2012, 12 – 470
Questions…

• Maureen.Ideker@essentiahealth.org
• 218.371.0596
Telemedicine: Meeting the Behavioral Health needs across the care continuum

Minnesota Rural Health
Marsha Waind
June 2017
Telemedicine through Open Connections Model

• Altru Mission: *Improving Health, Enriching Life*

• Altru Vision: Deliver world-class care to the residents of our region
Grand Forks licensed Beds : 322
Inpatient Discharges: 14,829
50 % Inpatients were discharged back to rural area outside of Grand Forks/EGF

Altru Regional Clinics = 11
North Dakota = 3
Minnesota = 8
Newest Service: Teleprimary Care
Primary care coverage of Altru small rural Clinics to increase access and avoid closure
Altru Telemed Patient Locations

- 32 Sites have Psychiatry or Counseling services
- 3 LTC contracts

- 43 Rural Sites
  - Rural Hospital
  - Altru Clinics
  - Skilled Nsg Facilities
  - Residential
  - Non-Altru Clinics

Improving Health, Enriching Life
Altru Telemedicine Growth

Total encounters to 2008-2016 = 15,520
Telemedicine Services at Altru

2016 top Service Lines by Volume

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology</td>
<td>900</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>800</td>
</tr>
<tr>
<td>Renal Dialysis</td>
<td>700</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>600</td>
</tr>
<tr>
<td>Nephrology</td>
<td>500</td>
</tr>
<tr>
<td>Dermatology</td>
<td>400</td>
</tr>
<tr>
<td>Hosp. Psych Inpatient</td>
<td>300</td>
</tr>
<tr>
<td>Wound</td>
<td>200</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>150</td>
</tr>
<tr>
<td>Urology</td>
<td>100</td>
</tr>
<tr>
<td>Diabetes</td>
<td>80</td>
</tr>
<tr>
<td>Podiatry</td>
<td>60</td>
</tr>
<tr>
<td>Allergy</td>
<td>50</td>
</tr>
<tr>
<td>Behavioral Health Counseling</td>
<td>40</td>
</tr>
<tr>
<td>Cardiology</td>
<td>30</td>
</tr>
<tr>
<td>Pain Mgt.</td>
<td>20</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>10</td>
</tr>
</tbody>
</table>
Psychiatry Staffing Challenges

2014: 5 psychiatrists/6 Counselors

Hospital Based
- Inpatient
- Partial
- ED Consults
- Hospital inpatient consults

Outpatient
- New and ongoing Care
- Contracts: UND Student Health; Juvenile Detention; BH Residential setting

Outreach
- LTC setting

2017: 2 + Locums/4 Counselors

Hospital Based
- Inpatient
- Partial
- ED Consults
- Hospital inpatient consults

Outpatient
- New and ongoing Care
- Contracts: UND Student Health; Juvenile Detention; BH Residential setting

Outreach
- LTC setting

Yellow = Telemed service
Story of 1 rural clinic and the telemedicine that grew there

Altru Clinic - Devils Lake, ND
Finally, integrated into the Care Delivery
1st nurse hours for telemed: 2011
Telemed Room: Sept 2012
2nd Telemed Nurse and Room: Aug 2016
The ROI of Telemed for 1 Clinic

<table>
<thead>
<tr>
<th>Revenue</th>
<th>1223 encounters</th>
<th>Revenue related to Telemedicine encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility fee</td>
<td>$28.00 x 1223 encounters</td>
<td>$34,244.00/ yr</td>
</tr>
<tr>
<td>Lab fees kept local as ordered by Telemed*</td>
<td>$5,808/month</td>
<td>$69,696.00/yr</td>
</tr>
<tr>
<td>Imaging</td>
<td>48 Ortho patients /yr</td>
<td>?</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$103,940.00/ yr</td>
</tr>
</tbody>
</table>

*only accounts for labs same day as telemedicine encounter
## ROI for 10 Clinics over 1 year

<table>
<thead>
<tr>
<th>Revenue</th>
<th>3087 Altru Clinic encounters in 2016*</th>
<th>Revenue related to Telemedicine encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility fee</td>
<td>$28.00 x 3087 encounters</td>
<td>$86,436.00/ yr</td>
</tr>
<tr>
<td>Lab fees kept local as ordered by Telemed for 1 month April 2016 for 10 clinics*</td>
<td>$5808.00/month</td>
<td>$333,352.00/yr</td>
</tr>
<tr>
<td>Imaging</td>
<td>48 Ortho patients /yr</td>
<td>?</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$419,968.00/ yr</td>
</tr>
</tbody>
</table>

*5223 total encounters at all locations in 2016
# ROI for SNF or CAH???

<table>
<thead>
<tr>
<th>Cost Savings</th>
<th>$$$$$$$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 less van ride</td>
<td>Van driver; aide; gas/wear</td>
</tr>
<tr>
<td></td>
<td>86 yr old transported 2.5 hrs dx: Dementia and anxiety for 15 min visit med check</td>
</tr>
<tr>
<td>1 less ambulance ride</td>
<td>Driver, aide or 2</td>
</tr>
<tr>
<td></td>
<td>What does it cost hospital when they lose out on admit because ambulance is out of town?</td>
</tr>
<tr>
<td>Professional Networking and care planning</td>
<td>Invaluable</td>
</tr>
<tr>
<td></td>
<td>Rural care team and FAMILY is involved in reviewing the behavioral logs, med logs, developing a care plan</td>
</tr>
<tr>
<td>Revenue by keeping 1 patient at home in LTC?</td>
<td>$$$$$$$</td>
</tr>
<tr>
<td></td>
<td>Omitting the inpt admit and the med changes and re-acclimated to LTC routine</td>
</tr>
</tbody>
</table>
Keeping patients close to home for the care they need with Altru's Telemedicine Services. Specialty services are now conveniently available in your hometown.

Marsha Waind
Telehealth Manager

mawaind@altru.org