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Providing Coordinated Specialty Care Services for First Episode Psychosis in Rural and Frontier Settings

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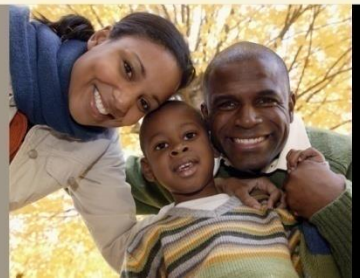

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Expanding Early Intervention Services to Individuals with FEP in Rural Communities

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Learning Objectives

- To identify strategies to engage prescribers in rural settings with limited workforce when developing models of early intervention in psychosis;
- To identify strategies to develop Informal community networks to support early intervention in psychosis in rural settings;
- To identify strategies in partnering in the development of a referral system for individuals with early psychosis in rural settings with limited infrastructure;
- To develop awareness of resources available when setting up telehealth infrastructure for mental health care for individuals with first episode psychosis; and
- To compare and contrast necessary components when setting up clinical services via telehealth versus care as usual.

Challenges when Implementing FEP Care in Rural Communities

- Workforce challenges (behavioral health, primary care and specialized FEP care)
- Limited access to programs and resources (crisis stabilization centers, vocational rehabilitation programs, mobile crisis teams)
- Transportation can be a major barrier in access to services

Coordinated Specialty Care

1. Specialized Training in FEP care
2. Community Outreach
3. Client and Family Engagement
4. Mobile Outreach and Crisis Intervention
5. Transitions in Care
6. Fidelity Monitoring

Developing a Team with Specialized Training in FEP Care

- Identify key personnel for CSC team
  - Team leader
  - Prescriber
  - Staff with expertise in
    - Supported employment
    - Supported education
    - Care co-ordination
    - Family support
    - Outreach and engagement

Building a CSC Team in Rural Communities

- Identify what/who is already present.
- The “expertise” can come through initial and ongoing training(s). (Group Learning)
- Team requires a prescriber and a clinician/social worker. Additional team members can be of varying backgrounds and roles of all team members will overlap.

Maintaining Regular Communication

- Regular communication across CSC team may be complicated if team members work in different locations or in different agencies
- Consider use of telehealth, phone lines, or secure web platforms to facilitate regular communication
- If confidential information is being shared, ensure these platforms are HIPAA compliant

Using Telehealth to Expand Access to Specialized FEP Care

- Using webinars/ telehealth to conduct community outreach and trainings on best practices in FEP.
- Providing scheduled clinical supervision to remote providers who are providing care to FEP individuals and families.
- Providing clinical consultation to remote providers with specific questions regarding FEP care (without patients or families in these sessions).

More Telehealth Options for FEP Care

- Providing clinical consultations to remote providers and including individuals with FEP and their families in these sessions.
- Participation in regular team meetings of coordinated specialty care team from a distance.

Direct Service via Telehealth

- Interactive audio and video telecommunications system permitting real-time communication between practitioner at the distant site and the beneficiary at the originating site.
- Originating or spoke site = where the patient is located.
- Distant or hub site = site where licensed practitioner is located when provides clinical services.

Direct Clinical Service Options for FEP Care via Telehealth

- Conducting clinical assessments and diagnostic interviews
- Regular medication monitoring
- Individual therapy
- Family therapy and education
- Supported education and employment sessions
- Including family members from a distance into group sessions conducted onsite

Home-Based Visits vs. Office-Based Telehealth

- Increasing use of tele-behavioral health directly to client's home
- This approach relies on the client taking an active role in scheduling visits, identifying an appropriate space, managing computer functions and developing a plan for crises
- Unpredictable course of FEP symptoms may increase the risks associated with home based telehealth

Considerations for Direct Clinical Care for FEP via Telehealth

- Use of secure, encrypted line
- Provider credentialing at both sites
- Telehealth coordinator at local site
- Secure process for transmitting clinical notes and any prescriptions

Tele-Education

- Allows the creation of learning communities.
- Technology can facilitate group dialogues/question and answer sessions/ real time surveys and quizzes.
- Generally use hour long webinar format that can be integrated into daily clinical work.
- Convenient for providers
  - No travel time
  - Less time away from clinical responsibilities
- No private health information shared therefore, do not need HIPAA compliant platform.

Tele-Supervision to Expand Workforce Capacity

- Depending on licensing regulations, telehealth may be an option for pre-licensure providers in rural communities to obtain supervision hours towards independent licensure.
- Can be used as part of an effort to build capacity of providers in the community when providing psychotherapy for FEP.
- If private health information is being shared, need to ensure use of secure platform.

Tele-Consultation

- Use of videoconferencing technology for generalist providers to seek specialty consultation
- Can include the patient in the room with the specialist
- Responsibilities of documentation, prescribing and clinical decision making reside with onsite clinicians
- Consultant is not necessarily credentialed or privileged across systems
- Private health information is being shared therefore must ensure confidentiality is protected

Telehealth Resources

Center for Connected Health Policy: current state laws and reimbursement policies

http://cchpca.org/state-laws-and-reimbursement-policies

CMS factsheet for telehealth

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf

Telehealth Resources

ATA- American Telemedicine Association
www.americantelemed.org

HRSA
www.hrsa.gov/ruralhealth/about/telehealth/

Center for Telehealth E-Health Law
www.ctel.org

Telehealth Resource Centers

http://www.telehealthresourcecenter.org/

National Telehealth Technology Resource Center

http://www.telehealthtechnology.org/

Center for Connected Health Policy

www.cchpca.org

Community Outreach in Rural Communities

- Regular and ongoing outreach to educate and maintain visibility of the screening, referral and early intervention efforts
- Dissemination of Public Health Message
- Increase Awareness
- Shorten time between appearance of symptoms and receipt of help

Outreach is Twofold

1) Continued psychoeducation in order to identify, link and support individuals and their natural supports
2) Referral sources

[This will also identify areas that need more education/support (e.g., referrals and meeting criteria)]

Establishing an FEP Coalition

- Establish an FEP coalition or working group that consists of medical, behavioral health, and community stakeholders.
  - Develop community readiness and leadership in the area of FEP
  - Identify and facilitate the creation of sustainable partnerships
  - Mobilize financial and community resources.

Building Coalitions in Rural Communities

- Rural areas have advantages when building social marketing campaigns and coalitions
- There is considerable knowledge of what works and what doesn't in local communities
- Many treatment and prevention services are centralized and it can be easier to engage leadership
- Can build on informal relationships and networks

Identifying “Gatekeepers”

- Help potential community “gatekeepers” to assist with identification of psychosis and connecting individuals to services as soon as possible is critically important.

  -Multiple individuals in the community should receive training (to account for workforce limitations, limited clinicians covering wide range of services/programs)

Who are Gatekeepers?

- Community Health Workers
- Peer support workers
- First responders and public safety officials
- Judges, court officials (if available)
- Public health officials
- Teachers
- Medical personnel and behavioral health workers
- Natural helpers in the community (library staff, bus drivers, religious/spiritual leaders)

Client and Family Engagement

- As individuals are referred and screened, systems need to be in place to link all individuals needing supports for FEP to appropriate interventions.
- If telehealth is used to link the individual to a qualified provider, it is key that a local point of contact be established to provide in-person support

Identification of Local Points of Contact

Possibilities include:

- Provider from established coalition
- Peers with training in FEP care and access to ongoing support
- Collaborations with primary care

Open Referral Policy

- Formal (Doctors, Clinicians)
- Informal (Family, Friends, Teachers)
- Make the referral process as easy as possible
- Referral and screening start simultaneously

Peers as key members of rural FEP teams

- Peers can be especially effective in helping reluctant individuals engage in treatment
- Connections with an individual in recovery can increase hope and beliefs about efficacy in treatment and decrease embarrassment
- Especially important to ensure that there is ongoing support for peers working in rural areas – telehealth based peer supervision can be helpful

Crisis Support

- Mobile crisis support is especially important in rural areas without access to formal crisis systems and transportation
- Consider access to 24 hour phone lines via collaboration with existing crisis lines
- Crisis Intervention Teams (CIT) with law enforcement have been successfully implemented in some rural communities and may present another opportunity

Transitions in Care

- Especially important to begin to identify local resources early as many rural communities may have limited access to formal psychosocial programs
- Linking to faith based organizations, community centers and other opportunities for volunteering, education and work
- Key to maintain connections with primary care to ensure access to medications

Maintaining Fidelity

- Maintaining and measuring fidelity is a concern across all Evidence Based Practices
- Can be especially difficult in rural communities with workforce shortages and resource limitations which require adaptations to models
- Develop systematic tracking for health outcomes and document any adaptations made
- Toolkit for Modifying Evidence Based Practices for Cultural Competence is a helpful resource

Examples from NM: Training and Capacity Building

- Outreach/Training with other hospitals, clinics and crisis lines
- Probation/Parole Training and Partnership with adult and youth systems: (Training in Psychosis, PQ-B, and creating ability for open dialogue/consult/referrals)
- Training with Crisis Intervention Teams
- Statewide training for Peer Support Specialists
- Letters, Phone Calls and Meetings with religious leaders (Imams, Priests, Pastors, Rabbis, etc.)

Conclusion

- There are strategies for diminishing the obstacles to successful FEP program implementation in rural and frontier areas
- Relationship is Critical (“one hand washes the other”)
- There needs to be willingness to continue to revamp the process (open dialogue, collaboration, responsiveness and role overlapping)

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Implementing First Episode Psychosis (FEP) Programming in Rural Tennessee

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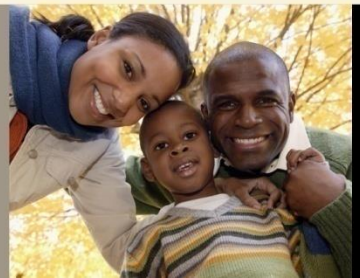

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Implementation Planning

- Hiring Staff
- Location
- Picking a model
- Training
- Go live

Decision Points

- Determine eligibility requirements
- Rule outs
- Caseload
- Supervision (administrative, individual, team)
- Clinical consult

Outreach

- Presentations
- Marketing materials
- Follow-Ups

Community Partners

- Relationship building
- Referral source
- Coordination of care

Barriers

- Rural setting
- Transportation
- Stigma
- Insurance
- Support system

Telemedicine

- Telemedicine set-up is a point-to-point connection, video and sound, within a secure network
- Received a USDA grant 10 years ago to buy our initial telemedicine equipment, and have continued to receive funding to update and add to our equipment since

Telemedicine

- Why does it make such a big difference??
- Piloting tele-therapy
- Allows us to stretch our resources

Considerations

- Flexibility
- Client/Family Engagement
- On-Call Phone

Moving Forward

- **Expansion**
- **Lessons learned**

Questions?

Note: An archived recording of this webinar will be available within 10 days at www.nasmhpd.org/webinars