



Shared Specialty Telehealth Model

Redwood Community Health Coalition
Promising Practice



LONG VALLEY
HEALTH CENTER

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HEALTH CENTER PROFILES

Located in Boonville, California, Anderson Valley Health Center an FQHC has been serving the entire valley community since 1976. In 2020, AVHC served 2,379 patients with a total of 7,970 encounters. Approximately 50% of patients live at or below 150% of the Federal Poverty rate and 20% are migratory or seasonal agricultural workers.

Long Valley Health Center an FQHC in Laytonville, California has been in operation since 1978, serving northern Mendocino County. LVHC's area includes seventeen zip codes. In 2020, LVHC served 2,438 patients with a total of 12,766 encounters. Population demographics include 9% Hispanic and 5% American Indian community members.

PROMISING PRACTICE OVERVIEW

Long Valley and Anderson Valley Health Centers are located in rural areas, making it hard to onboard specialists or require patients to travel long distances to receive specialty care. Each health center created a model to provide telepsychiatry services for their patients. However, the health centers could not fill full-day appointments as required by the contract. Evaluations of how to improve telepsychiatry services led to developing a best practice to provide half-day services at each clinic to meet contract requirements to schedule full-day appointments.

IMPACT

LVHC: Patients are referred to TelePsychiatry by Medical or Behavioral Health and have at least one visit with the inhouse BH Team before their visit. Between June and December 2020, 39 of 231 unique BH patients (17%) had TelePsychiatry visits. There were 32 new patient visits and 103 follow-ups. The no show rate was 8%.

AVHC: Between June & December 2020 the no show rate for telepsychiatry was 18%. Since implementing a Care Manager & wait list for Telepsychiatry patients in January 2021, the no show rate has dropped to 3%. 26 patients had 60 visits between May 2020 and January 2021.

AIM

LVHC & AVHC will collaborate to integrate psychiatric telecare into their care teams for patients with mental and behavioral healthcare needs.

CHALLENGES

For Long Valley, the largest challenge has been provider turn-over, with provider fit being the main driver. LVHC struggled with bringing in providers who fit organizational culture and were a good match for their patient population.

For Anderson Valley, both internal and external vendor communication was the biggest challenge. AVHC found that patients were falling through the cracks, as it was unclear who was responsible for which technical tasks.

Existing complications around case management and wrap around services were exacerbated by Covid stay-at-home orders this past year. Both AVHC & LVHC pivoted to adjust workflows for direct-to-patient TelePsychiatry visits and found that these were lacking in comprehensive case management and the involvement of the Primary Care Team of Psychiatry patients.

SPREAD

The shared Telepsychiatrist contract model promoted additional collaboration between LVHC and AVHC Behavioral Health departments. They found a way to share telehealth information using HIPAA compliant processes. The health center Behavioral Health department staff meet with each other quarterly to conduct Peer Reviews to learn from each other, increase Electronic Medical Record efficiency and promote higher-quality documentation.

CASE MANAGEMENT & WORKFLOW

Both Health Centers worked internally and with PMPI to develop specific workflows and responsibility assignments, starting with a dedicated internal RN Case Manager/Telehealth Coordinator. Except for small organizational differences, this role is largely responsible for the same patient and provider experiences at both health centers.

LESSONS LEARNED

- It is essential to provide patients with a point person for their Telehealth visits to guide them through the process. Patients need to feel comfortable asking questions, and they need assistance in preparing for their appointments.
- One person at each health center should be assigned to oversee program collaborations and workflows. Having an accountable health center lead helps each organization and the clients to have successful interactions.
- Implement adjustments to electronic medical records like marking lab favorites for ease of ordering. Also, teach staff how to lock the progress notes as confidential. It helps build trust between health center onsite providers, the Telespecialist, and most importantly, the patients.

