

Past, Present, and Future of Integrated Care

Presenters:

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Speaker Disclosures

- Neither Ms. Towle nor Dr. Felker have any relevant conflicts of interest to disclose or report.

Learning Objectives

- Be able to describe three digital modalities that could be implemented into an Integrated care program.
- Be able to state three challenges related to implementing virtual Integrated Care teams.
- Be able to state at least 5 legal and regulatory considerations impacting telepsychiatry.

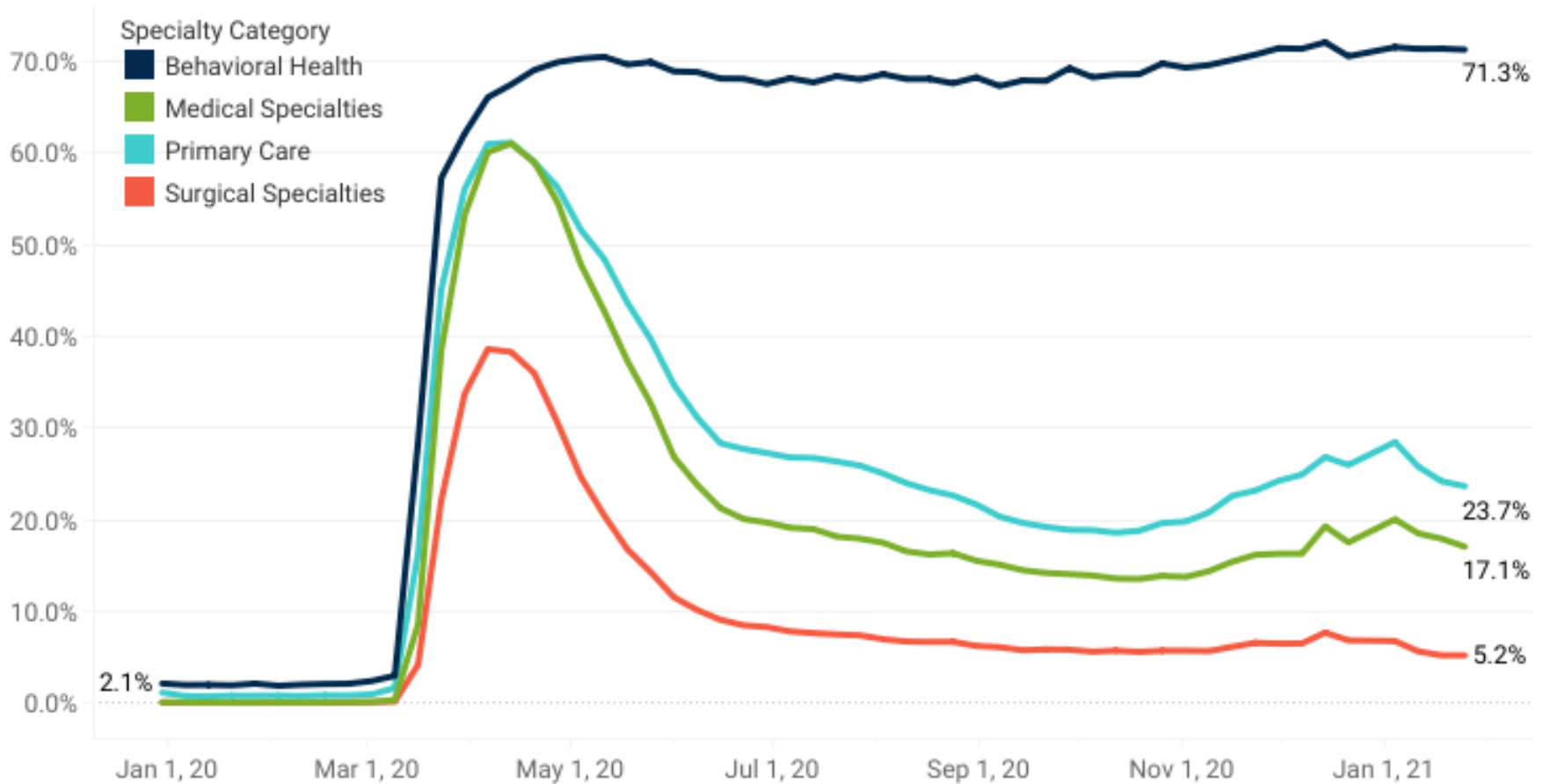
Past

- Thank Wayne Katon MD and UW Psychiatry
 - Lead a team that did foundational work in the treatment of depression in primary care.
 - Many were involved in this early work led by Dr. Katon
 - Introduced the concepts of:
 - Integrated care
 - Stepped-Care
 - Care Management
 - Katon et al. JAMA 1995; 273: 1026-1031
 - Katon et al. Arch of Gen Psychiatry 1996; 53: 913-919
 - Katon et al. Arch Gen Psychiatry. 1999;56:1109-1115
 - Impact Model of care for treatment of Late-Life Depression in Primary Care
 - Depression Case Specialist
 - Medication recommendations for PCP
 - Problem Solving therapy
 - Inform the AIMS Center
 - Algorithmic care
 - Unutzer et al. Med Care 2001; 39: 785-799
 - Unutzer et al. JAMA 2002;288: 2836-2845

Past to Present

- Spread of Integrated Care
- DOD
 - Chuck Engel MD work on focused on trauma-informed health systems and strategies for improving the quality of primary care for chronic mental and physical health conditions following war and other occupationally related exposures.
- VA
 - Depression Care Mgmt (TIDES)
 - Behavioral Health Lab (BHL)
 - Same Day Access (White River Junction)
 - National mandate to create integrated care
 - Became predominantly psychology driven
 - Virtual Integrated Care, Telepsychiatry
 - Fortney et al. J GIM 2007; 22: 1086-1093
 - Fortney et al. Am J Psychiatry 2013. <https://doi.org/10.1176/appi.ajp.2012.12050696>
 - Fortney et al. 2015. <https://doi.org/10.3109/09540261.2015.1085838>
 - Fortney et al. *JAMA Psychiatry*. 2021;78(11):1189-1199. doi:10.1001/jamapsychiatry.2021.2318
 - Multiple sites now implementing programs in response to COVID
 - Boise VA program
 - Tool kits being created, no implementation plans

Nationally, rate of telehealth visits high for BH – Suggests TeleBehavioral Health is here to stay!



Source: The Chartis Group, April 2021 - based on several million claims records from Jan. 1, 2020, through Jan. 25, 2021.

TELEHEALTH: LEGAL & REGULATORY CONSIDERATIONS

Billing & Reimbursement Policies and Documentation Requirements

- ✓ State – Medicaid, Commercial
- ✓ Federal – CMS/Medicare

Licensure – requirement based on where the patient sits at the time of health care appointment

- ✓ **Must be licensed in state where patients is located** (PHE CMS state waivers, compacts)
- ✓ Must abide by its laws and standards of care, and telemedicine-specific rules.

Malpractice - policy valid in state where patient is located; covers telemedicine.

Credentialing & Privileging - provider & patient sites as required; credential-by-proxy (optional)

Ryan Haight - changes re in-person visit requirement

Telemedicine Consent → best practice

HIPAA

- ✓ Federal & state requirements, including additional privacy & security measures for telehealth
- ✓ Before (HIPAA/HITECH Acts), during (OCR waiver) and after PHE

Stark Law & Anti-kickback Statutes - prevent unnecessary services or inappropriate referrals.

Future

- Integration of other modalities
 - Virtual Warm Handoffs using Same Day Access
 - Texting
 - Apps
 - Wearables and sensors
 - Between visit monitoring
 - Use of Artificial Intelligence to manage the data
- Challenges & Opportunities
 - Digital Divide – devices, broadband, and literacy
 - Connecting remote providers & continuity of care
 - Community of practice
 - Maintaining professional encounter
 - Tele-Teaming and new ways to endorse quality communication
 - Shore, Jay Current Psychiatry Reports (2019) 21: 77 <https://doi.org/10.1007/s11920-019-1052-x>
 - Mitzel et al. 2021 Families, Systems, & Health. <http://dx.doi.org/10.1037/fsh0000655>
 - Technology literacy and competencies
 - Implementation strategies
 - Data overload vs management
 - Translational research

Takeaways

- Integrated care will continue to evolve, though the inclusion of digital modalities which will likely revolutionize how integrated care is provided.
- Will be important to understand core elements of successful integrated care programs and be able to leverage digital modalities to improve quality and access to care.
- Maintaining a professional encounter and community of practice should not be underestimated and will likely need a proactive approach.
- There is a need to keep current with rapid evolving polices.
- Focus needs to be on using implementation strategies and translational research going forward.

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link