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IMPACT STORIES

Telehealth: New Developments, Grantee Spotlights & Provider Perspectives

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Background

Telehealth is [defined as](#) the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health.

Accelerated by the COVID pandemic, use of telehealth has grown rapidly, with more than four out of five New Yorkers [recently reporting use of telehealth](#), and four in 10 reporting use for a mental health-related service. Contributing to this shift, New York State has made regulatory changes expanding the types of providers, services and sites approved for billing and provision of telehealth services, which are covered by New York State Medicaid ([recently extended through 2024](#)), Medicare, and private insurance at parity with covered in-person services.

New York State Department of Health (NYSDOH) has identified expanding telehealth infrastructure and access as a key objective and element of a care delivery system that addresses social determinants of health. As with the field more generally, the state has noted the potential for telehealth to expand access to general and specialty health care for underserved communities and populations.

Some regional data support this proposition. A study of telehealth utilization among patients at University of Rochester Medical Center found that individuals enrolled in Medicaid were overrepresented among the most frequent users of telehealth.¹ African-American and Hispanic/Latinx patients also comprised a somewhat larger share of this group than a group with only in-person visits. However, Medicaid patients living in areas of high social vulnerability, concentrated in the City of Rochester and heavily rural parts of the Finger Lakes Region, had somewhat lower telehealth utilization and were more likely to complete visits by phone than by video connection, potentially due to more limited access to home broadband internet.

¹ <https://catalyst.nejm.org/doi/abs/10.1056/CAT.22.0086>

Thus, fully realizing the potential of telehealth means ensuring equitable access by closing the “digital divide” disproportionately impacting Black and Latinx, rural, and lower-income communities.

New York State recently launched a \$1 billion [“ConnectALL” initiative](#) to expand broadband internet access in underserved rural and urban areas. The federal [Affordable Connectivity Program](#) currently provides a discount of up to \$30 per month toward internet service for households eligible based on income or enrollment in Medicaid, SNAP, free or reduced-price school lunch or other means-tested programs.

Telehealth may also hold particular promise for behavioral health, where need vastly outstrips care provided and where access barriers can be particularly acute. New York State Office of Mental Health (OMH) continues to develop and expand the regulatory structure around telehealth, recently releasing a [Telehealth Standards of Care](#) (SOC) document that aligns with the current 14 NYCRR Part 596 Telehealth regulations, OMH [Telehealth Services Guidance for Providers](#), and includes exemplary practices. OMH started using the SOC in certification reviews on Aug. 1, 2023.

In this report, we feature some of our grantee partners that have been leaning into and leveraging telehealth to open up new opportunities for delivering and accessing behavioral health

services. These partners were early adopters of telehealth and remote service delivery and have further adapted to the emerging service landscape transformed by the COVID pandemic. The seeds of investment in innovative technologies, models, and community collaborations they planted many years ago have now borne fruit, enabling them to better serve clients, improve healthcare systems, and impact communities.

We also share some themes that emerged through interviews with behavioral health providers around their experiences with telehealth, which are critical to the continued development and successful use of telehealth within care delivery systems. To inform future telehealth policy development, in the summer of 2023 NYSDOH conducted a survey of health care providers to better understand their experiences using telehealth during the COVID-19 Public Health Emergency, as well as their plans for continued use of telehealth.

Connecting the Work: Grantee Spotlights

Catholic Charities Family and Community Services: Developing and Scaling a Telemental Health Service Line:

In 2018, Greater Rochester Health Foundation awarded a grant to [Catholic Charities Family and Community Services](#) (at the time known as Catholic Family Center) to develop and deliver telepsychiatry services to clients in intensive residential treatment centers as well as homeless shelters.

For a year and a half, CCFCS worked to develop the necessary regulatory and procedural foundation for telehealth, along with a strong emphasis on staff training. Key to their implementation success was

the interdisciplinary project team that brought together agency staff across leadership, clinical care, administration, billing/finance, staff training, electronic records and data. The agency's investment in telehealth proved prescient as the COVID pandemic hit and lockdowns occurred in spring of 2020. Having laid the groundwork and already providing telehealth, CCFCS was able to quickly ramp up with the purchase of additional equipment and software, shifting to fully remote services within a matter of days.

"Telehealth remains a critical piece of our daily work and we are so fortunate we were able to be part of the project that helped move us in this direction." – Kelly Murell, Vice President of Outpatient Behavioral Health, CCFCS

CCFCS' ability to pivot quickly enabled approximately 1,500 clients to continue receiving mental health services from their clinicians and providers amidst the COVID emergency, and CCFCS was able to adjust service delivery to meet the level of need as it fluctuated with infection rates throughout the pandemic. Internal data showed increased frequency of visits and fewer no-shows, which client surveys suggested was due to greater convenience and reduced transportation, the need for childcare or other barriers to in-person services.



The need for service continuity and ready access to care was, and continues to be, particularly critical for underserved populations with more barriers to traditional healthcare services, including those with substance use disorders, with low income, and without stable housing.

UConnectCare: Community Collaboration to Address the Opioid crisis in Genesee, Orleans and Wyoming Counties

In 2017, the [Genesee Orleans Wyoming Opioid Task Force](#) was formed as a diverse community coalition working to tackle the opioid crisis across the tri-county area, and [UConnectCare](#) (at the time Genesee Council on Alcoholism and Substance Abuse) has helped to lead the effort since inception. The Task Force has grown to include more than 440 members working together across sectors to reduce opioid overdoses and deaths. It has pursued a multi-faceted strategy including a focus on training first responders, providers and residents to administer naloxone (Narcan), a life-saving medication for reversing opioid overdoses, as well increasing access to peer supports and resources for connecting with behavioral health services.

Bolstered by the efforts of the task force, between 2018 and 2020 more than 3,000 individuals were trained, nearly doubling the number from the prior three-year period, even with the transition to online training necessitated by the pandemic.

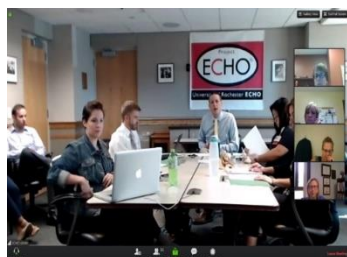
"We knew we had to make adjustments so our community could continue to have access to these needed resources. The positive response to these telehealth services was overwhelming, and we have continued to utilize this new way of education to continue to support our community." – Christen Foley (formerly Ferraro), GOW Opioid Task Force Project Coordinator

Such a shift was also occurring in the remote delivery of substance use disorder treatment and other behavioral health services critical to combatting opioid abuse and overdose.

Recognizing that people are increasingly using the internet and mobile applications to find health information and services, the Task Force also created a website and facebook page as well as a call line to help link individuals in need with substance abuse and mental health resources. These resources were heavily used and were critical to outreach efforts during lockdowns and throughout the pandemic.

Following years of steadily increasing overdose deaths across the three counties, there are encouraging signs that the trend has begun to reverse. Click [here](#) for a summary of the progress of the Task Force on naloxone training, compiled by evaluators from the [Center for Human Services Research at the University of Albany](#). Visit the [Opioid Task Force website](#) for more information on the work that is happening and the resources available in the tri-county area.

University of Rochester Medical Center: Enhancing Quality of Care and Symptom Screening through Telehealth



As captured in the above definition, Telehealth encompasses not only patient but provider education and consultation as well. An excellent example comes from the work of Project ECHO, a model of telementoring and collaborative learning for health and other professionals that has been adopted across disciplines and in communities across the globe.

In our region, [Project ECHO](#) was first launched in 2014 with the support of New York Health Foundation. Led by [Dr. Michael Hasselberg](#) at [University of Rochester Medical Center](#), ECHO for Geriatric Mental Health (ECHO-GEMH) was designed to improve the quality of geriatric mental health care in underserved rural areas by utilizing videoconferencing technology to connect primary care providers with education and case consultation from specialists.

In 2015, Greater Rochester Health Foundation awarded a grant to extend Project ECHO to long-term care settings as well as palliative care, ultimately reaching more than 1,100 clinicians across 30+ counties. Building on this pilot, a comprehensive care model was later developed to further address behavioral health care access and quality gaps in nursing homes, leveraging public funding to reach facilities across the state and demonstrating outcome improvements including reduced antipsychotic use.²

ECHO has also been expanded to serve a more diverse set of medical and community providers, conditions including sickle cell disease and substance use disorders, and general psychiatry settings (ECHO PSYCH), a model whose evidence of outcome improvements helped secure funding from an accountable care organization. For more detailed history and results of Project ECHO in New York, open this [issue brief](#) from New York Health Foundation.

Dr. Hasselberg and other faculty at the University of Rochester have also been helping to drive innovations in the use of technology for health screening, triage, and patient monitoring--developing a chat bot application that screened for COVID symptoms at the height of the pandemic. It employed an algorithm to provide guidance around testing, quarantine, and need for additional care, mitigating burden on hospital resources.³ In collaboration with other health systems and health departments the [ROC COVID chatbot](#) was also released to the public, reaching a peak of around 70,000 users. The

² <https://catalyst.nejm.org/doi/abs/10.1056/CAT.22.0196>

³ <https://journals.sagepub.com/doi/full/10.1177/23743735211054934>

screening data collected was used to identify symptom trends and geographic hotspots, helping public health systems to effectively direct resources. Moreover, at a time when similar applications were being monetized, the team freely shared the source code to enable use by other institutions and communities.

Key Learnings

Provider Perspectives on Behavioral Telehealth

While there are many more learnings from the above projects and initiatives than can be shared in this brief, we focus here on insights from qualitative data concerning providers' perceptions and experiences around the use of telehealth in behavioral health services, and data collected by third-party evaluators who interviewed providers connected to each of the above initiatives. Sarah Mattison Consulting, LLC at CFC, Center for Human Services Research with the Opioid Task Force, and New York Academy of Medicine with Project ECHO.

Interviewees included behavioral health clinicians at Catholic Charities, and across the major treatment networks in the tri-county area (GCASA in Genesee County, Spectrum in Wyoming County, and Horizon in Orleans County), as well as physicians and peers in the latter region. Themes that emerged included:

Technology Access Barriers: Providers and clients encountered barriers around access to technology needed for telehealth including equipment (smartphones, tablets, computers) and broadband internet, manifestations of the digital divide disproportionately impacting rural areas in our region, New York State, and beyond. These observations further emphasize that efforts to leverage telehealth as a means of expanding access to health services must be accompanied by investment in expanding digital access in these areas. Of course, availability does not automatically equate to comfort or proficiency with ever-changing technology, and providers also stressed the importance of continued training around the use of telehealth for both themselves and their clients. Paying attention to the user experience will be imperative, particularly for groups with lower historical access and technology adoption rates.

Challenges and Opportunities in Behavioral Telehealth Service Delivery: Providers described some of the other challenges they experienced in providing therapeutic services remotely (particularly by phone) rather than in-person, including a lack or more limited ability to read non-verbal cues and context. Some shared that telehealth worked better with continued treatment of existing clients than for engaging new clients. Respondents also felt that important in-person dynamics of group sessions, a major component of treatment, did not translate well to a virtual environment, nor did the socializing and support that often occurs outside of sessions.

Providers also noted the opportunities and advantages of behavioral telehealth, which reduced transportation barriers including those impacting clients in rural areas of the GOW region, as well as childcare, time and other barriers. Related, providers mentioned that telehealth increased their capacity to serve more clients. Several interviewees noted that by successfully engaging with the new technology, clients felt empowered and capable of adaptation. Telehealth also opened new care opportunities, such as "virtual home visits." For some clients, telehealth increased their comfort engaging in treatment by reducing concern about stigma from coming into the clinic and providing other means of sharing such as text and phone.

Impacts on Providers: As with patient care, providers reflected on both the opportunities and challenges of telehealth for their practice. Years prior to the pandemic, providers participating in Project ECHO were describing the benefits of telementoring and case consultation, including the convenience of the online format and the ability to connect with and learn from other professionals, including those from different disciplines. The trend toward online professional and continuing education as well as remote consultation in health care has only accelerated since.²³ Providers also conveyed the difficulties of navigating the rapid shift to remote services, as well as fluid social distancing and other safety procedures, while meeting elevated levels of need amidst the pandemic. The resulting strain has contributed to increased rates of burnout and mental health concerns among providers seen in recent years. While the pandemic has receded, the impact on the healthcare workforce has continued to be felt with elevated turnover and shortages, and points to the crucial yet often underappreciated need to support health care providers' own health and well-being.

Resources

[New York State Telehealth Training Portal](#) Led by the federally funded Northeast Telehealth Resource Center, the portal provides free training modules that address the full scope of telehealth program implementation, management, and practice.

[Telehealth for behavioral health care best practice guide](#) Created by the Department of Health and Human Services, this webpage offers extensive guidance on topics ranging from behavioral telehealth strategy development, billing, patient preparation, individual and group modalities.

[New York State Office of Mental Health Telehealth Regulations & Guidance](#) This page summarizes OMH regulatory developments and provides links to telehealth services guidance, regulations, and standards of care. Visit [this page](#) for information on coverage of telehealth in the New York State Medicaid program.