



Telehealth, the pandemic and our transformation

Portland, Oregon

April 28, 2021

Leslie Gellert, LCSW & Kristin Case, FNP



MULTNOMAH COUNTY
student
HEALTH CENTER

Vision

Healthy Students in Healthy Schools

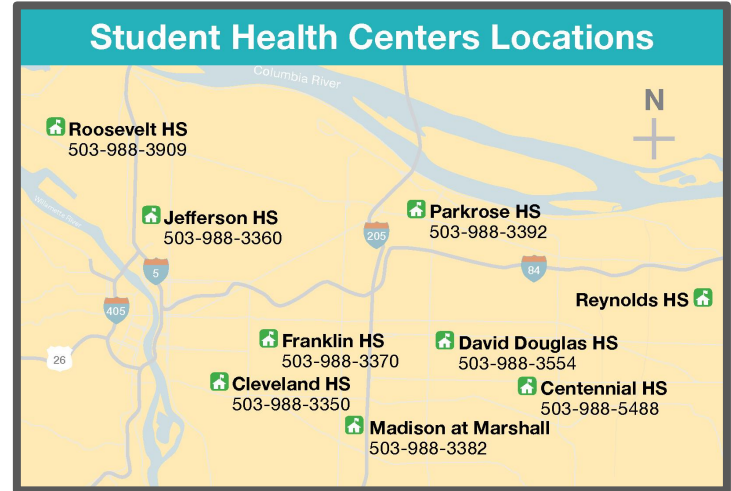


Mission

Through partnerships we promote whole community, whole school and whole child health, wellness and readiness to learn by being located in schools.

Our Program

- FQHC and PCPCM Tier 3
- Full primary care services
 - all contraceptive methods
 - Lab access
 - COVID screening
- Integrated BH/Co-located MH
- No out of pocket costs
- K-12 children/youth
- 9 centers/5 school district



Site Staffing

- Front desk cleric
- Certified medical assistant
- Part time registered nurse
- Part time behavioral health provider (LCSW/LPC)
- Nurse practitioner
- Co-located mental health therapist



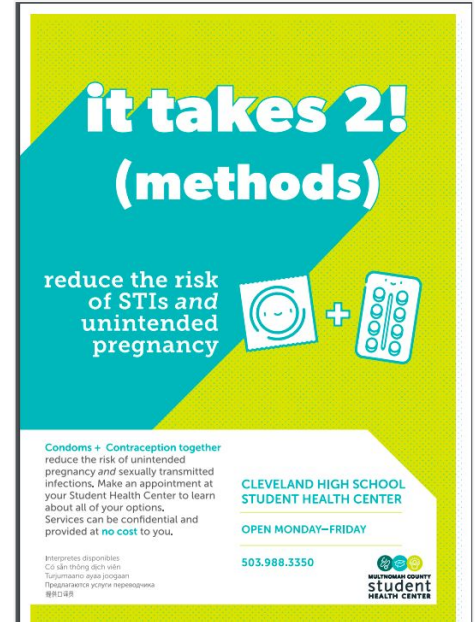
Critical staff to support our mission

- Eligibility worker
- Community Outreach worker
- Communication Specialist
- Youth Action Committee leader and interns

Can't forget about our youngest clients!



Love the swag!




Services

- Sports physicals/annual exams
- Immunizations
- Treatment for illness or injury
- Flu shots
- COVID-19 testing
- Reproductive health
- Prescriptions
- Lab tests
- Counseling



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David Douglas
Sports Physical Clinic
August 14, 15 and 19 (all day!)
@ the Student Health Center
Appointments: 503-988-3554



What's the difference?

Behavioral Health

- Same day access (M-F access) and in person/video/phone
- Brief assessment of biopsychosocial needs to inform tx plan
- Skills-based interventions
- Chronic illness co-management
- Care coordination
- Support when client/family is not ready to engage in mh therapy

Mental Health

- “Caseload” and prescheduled
- Chronic, long term complex MH needs
- Long term therapy
- Longer sessions
- MH assessment and diagnosis
- All access is telemed presently

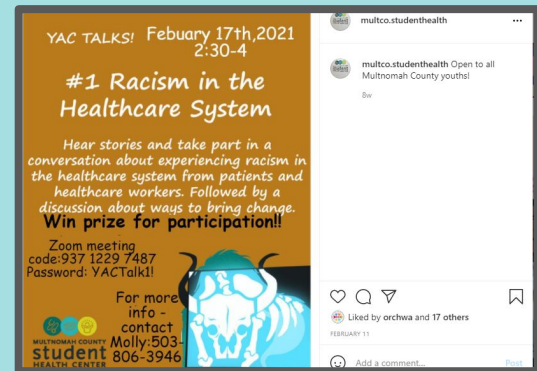
Youth Engagement

- Referrals from the school (school counselors/teachers/coaches)
- Class presentations (health classes)
- Parent nights/support groups (especially during the pandemic)
- Monthly school counselor meetings
- Youth advisory committee (podcasts, legislative advocacy)



SHC Pandemic Outreach

- District and school administrators for distribution to teachers, counselors, students and families
- District **communicators** to post on district website and social media and including links to SHC social media posts for them to share
- **SHC Instagram and Facebook**





School nurse coordination

- Separate organizations
- MOU contract for shared information agreements
- Immunization exclusion
- Shared COVID testing/reporting guidelines
- Safety net clinic
- Future opportunities in discussion

October 27, 2020

School Nursing and Telehealth V.2

FREQUENTLY ASKED QUESTIONS



CONFIDENTIALITY

Your privacy is important to us!

**If I am concerned about
your safety or the safety
of others, I will talk
with another adult to
help you!**



Name:	_____
Date:	_____
DOB: ___/___/___	MRN: _____
Sex: M ___ F ___	(or place label here)

Consent to Treat via Telemedicine for Behavioral Health Services

Client Name: _____ Date of Birth: ___ / ___ / _____

This clinic provides appointments using Telemedicine in addition to traditional onsite care.

Telemedicine is the exchange of medical information from one site to another by electronic communications. This may include visits using two-way video, email, and other forms of technology.

All existing laws regarding privacy and security of health information and copies of medical records apply to telemedicine. These laws also apply to the audio and video information transmitted and received electronically as part of this service.

You may withhold or withdraw your consent to the telemedicine treatment at any time before or during the consultation without affecting the right to future care or treatment. The request to revoke consent must be in writing and received by the Student Health Center.

By signing below, I agree that I have received an explanation of how the video and audio technology will be used to conduct telemedicine health care, and I understand there are limitations to the technology and the process of telemedicine, including the potential for incomplete exchange or loss of information.

I have read the above information and had the opportunity to have all of my questions answered.

I hereby voluntarily and freely agree and give my consent for treatment and to any related evaluation, assessment, and diagnosis using telemedicine as the consulting health care provider deems appropriate for the consultation and my current medical condition.

_____/_____/_____
Student/Parent/Guardian Signature Date

* Oregon state law allows minors to consent for family planning, sexually transmitted disease services at any age and at 14 years to consent for certain mental health services, ORS 109.610, ORS 109.640, ORS 109.675.



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Pre-pandemic and telehealth

- Telephone visits were offered infrequently and inconsistently across the program
- Based on provider comfort
- Rare clinic to clinic virtual access to behavioral health provider and medical provider
- Office visits were always the default
- NO access to virtual visits
- “MyChart” sign ups were inconsistently offered to clients

Our evolution of telehealth services



2016

Pilot with telehealth carts at a school with RN as the presenter and provider at a different clinic



Pre-March 2020

Practice included phone visits when clinically indicated with most visits in person



March, 2020

COVID: all encounters started with provider phone visits with a few visits being triaged into the clinic



May, 2020

Added zoom virtual visits as well as expanded in person encounters. Expanded to facetime and google meets.



Sept, 2020

Expanded clinic access with virtual, phone and in person. Added virtual BH facetime option for clients in person.



March, 2021

Increased virtual visit access to include RN visits with a focus on client education.

Our timeline in response to the pandemic

Conserve PPE - Health system wide consolidation

SHC keeps one health center open

Virtual visits introduced

Agree w/ school districts to open 2 more SHCs

Open 2 additional SHCs - 5 total



The driving force of the increased BH needs

- Pandemic outcome
- Less access to in person mental health visits
- Creativity became essential
- Platforms increased to allow for more virtual options
- Coding and reimbursement changed
- Request for more in-person connections





How do we schedule?



In person

- Wellness visits
- Immunizations
- LARCs
- STI testing
- Initial mental health concerns
- “Triaged in” sick visits
- **Client request**

Telemed

- Sick calls including covid testing requests
- Birth control consults
- Med refills
- Follow up visits
- All new “sick” clients needing triage
- **Client request**

What about training for virtual visits?

- Virtual demonstrations
- Focus on “team”
- Practice sessions
- Virtual review of workflows
- Ongoing review of data and feedback

The screenshot shows the 'ECheck-In for Your Virtual Visit' interface for Multnomah County. It includes instructions for system requirements and app installation, followed by numbered steps 1 through 4. Step 1 shows the MyChart app search results. Step 2 shows the license agreement screen. Step 3 shows the organization selection screen. Step 4 shows the Zoom app search results.

Multnomah County ECheck-In for Your Virtual Visit

System Requirement and Apps For best performance on your Apple or Android smartphone or tablet, install the **MyChart Mobile App** and the **Zoom App**.

Phone Requirements: **Apple iOS 11.0 or later** **Android 5.0x or later**

1 Download and install the **MyChart App** from the App Store on your iPhone, iPod Touch, or iPad OR Download and install the **MyChart App** from the Google Play Store on your Android Phone or tablet.

Available on the App Store

GET IT ON Google play

MyChart Medical 2.28K

2 Once you have downloaded the MyChart app, open it. You will be asked to agree to the Epic MyChart Licensed Application End User License Agreement. Tap **Accept**.

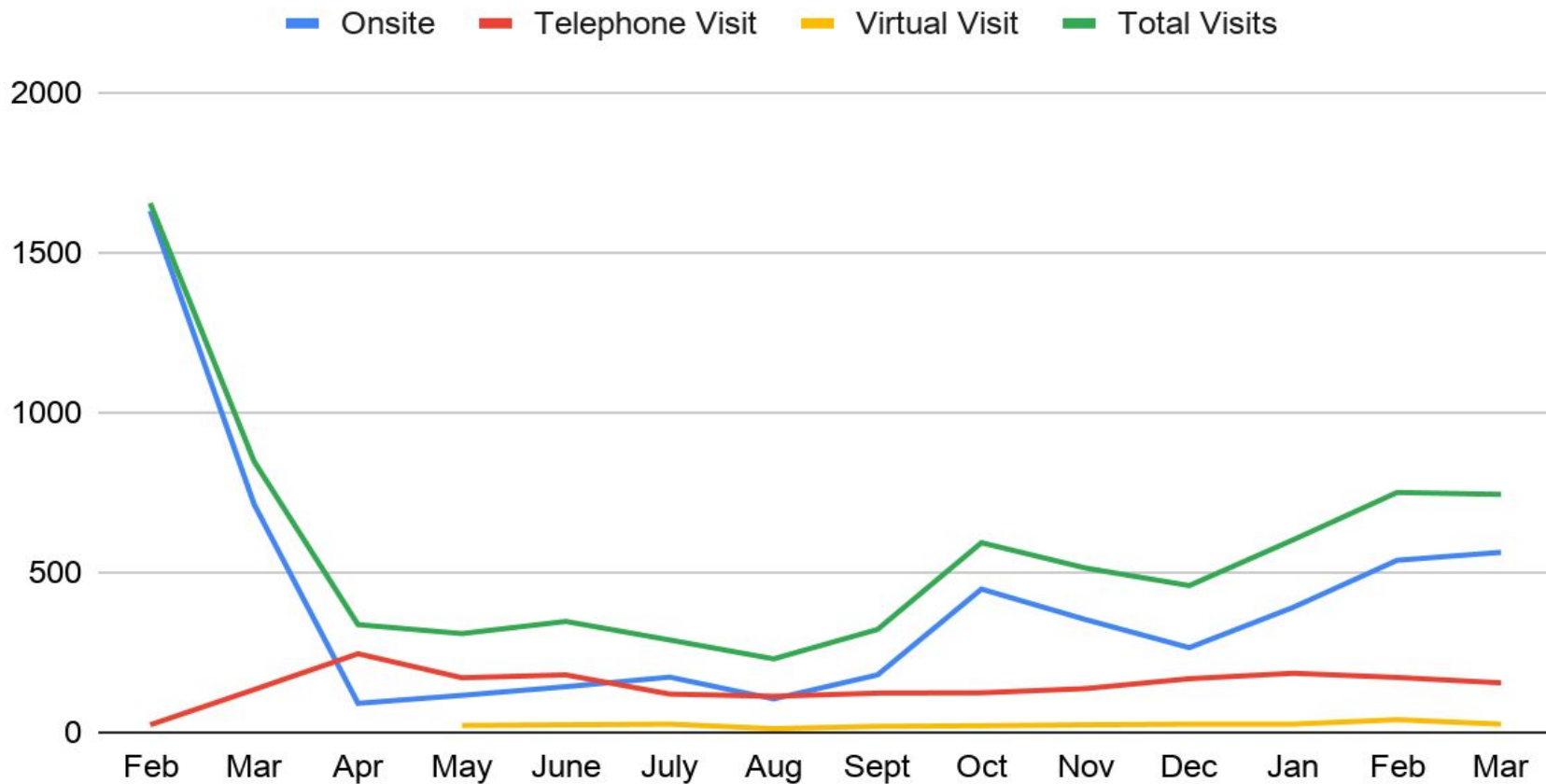
3 You will need to select an Organization. Search for OCHIN and tap it.

o chin Select an Organization Where do you receive your health care? OCHIN MyChart

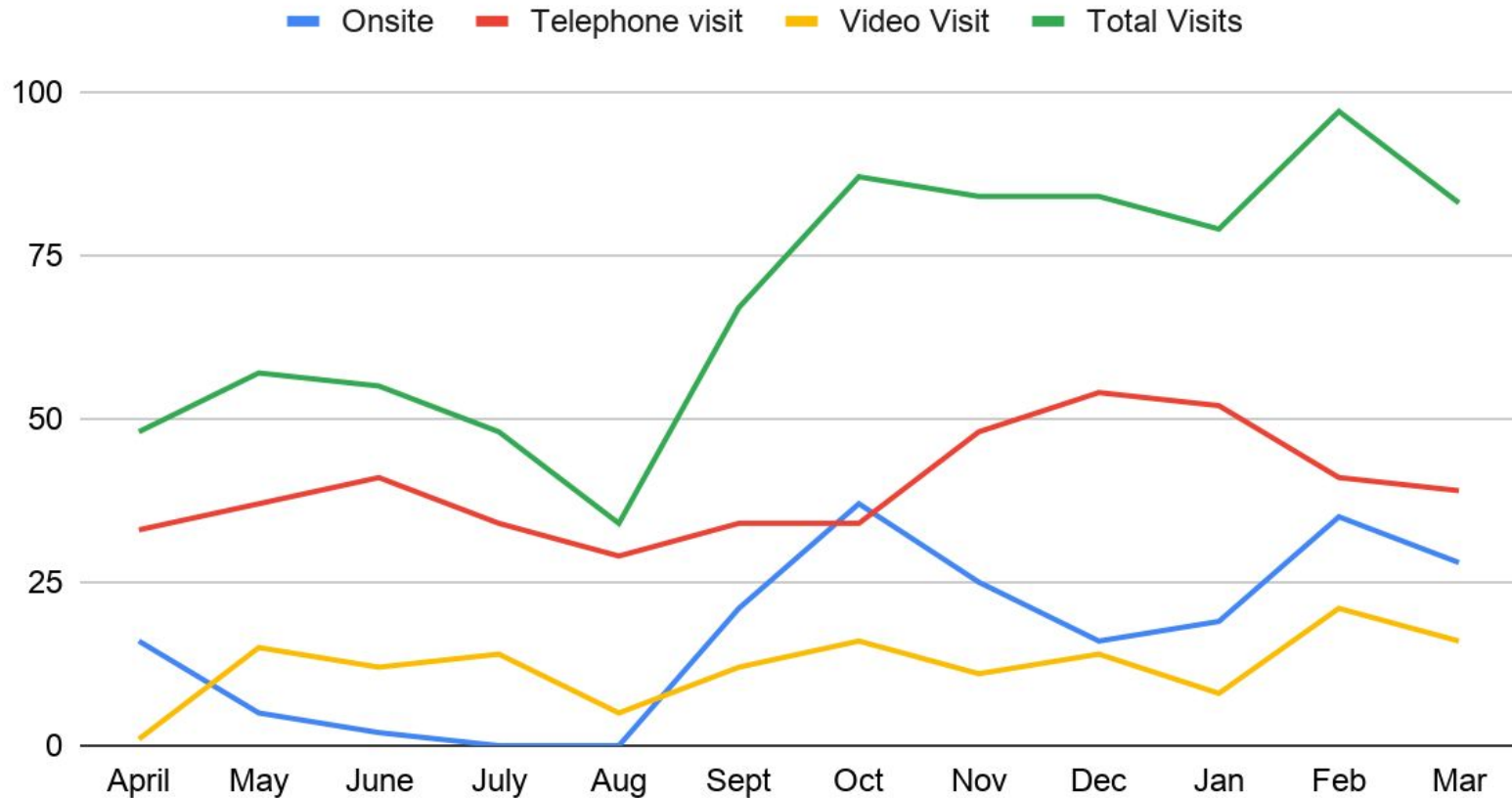
4 Install the free **Zoom App** from Apple App Store or Google Play. You do **not** need to create a Zoom account to participate in MyChart Virtual Visits.

Zoom ZOOM Cloud Meetings Meet Happy 5.0

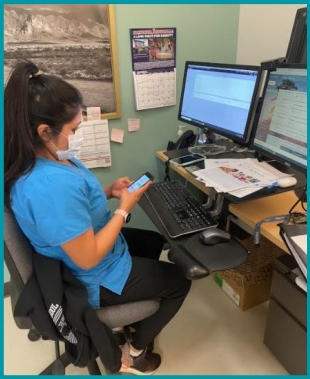
Medical Visits Type



Behavioral Health Visit Type

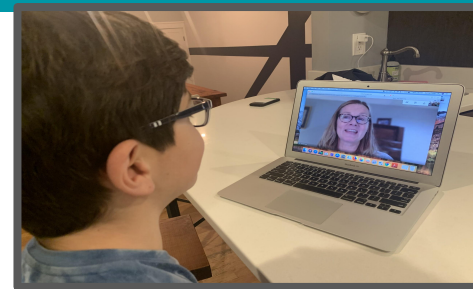


What's your preference?



“Options galore”

- Warm handoff
 - In person
 - Phone
 - Video (FaceTime/Google meet/Zoom through Epic)



MyChart

Texting

Intro from school counselor

- Google meet
- Email

Shared visits with multiple providers



Searching for the silver lining in telehealth.....

- SHC RN(clinic) with client → SHC medical/BH provider
- SHC provider(clinic) with client → BH provider
- Client/family(home) → One or multiple providers
- Client(clinic) → outside specialist(pending)



Suicide Prevention

- **Standardized approach**
 - Screening
 - Risk stratification
 - Intervention
 - Follow up
- Utilization of the C-SSRS
- Enhanced EPIC functionality
- Warm handoff to BH provider via facetime
- Increased provider comfort



Screening

Suicide Prevention Plan Process Updated 1.25.21

ESTABLISHED PATIENTS (Age 18+)

- A. **Without Depression** on problem list (PL)
1. EHR triggers annual depression screening
 2. Give Adult Questionnaire (POR 936)
-paper form in OV or verbally in a telemedicine visit
 3. If any prior suicide attempt in past, do [C-SSRS](#) (in screenings) annually
- B. **With Depression** on PL
1. Q2 Month HMA trigger for PHQ-9
 - a. Give PHQ-9. If score is ≥ 10 then give [C-SSRS](#) (in screenings)

REMINDER

→ ANY time C-SSRS is completed, it MUST be reviewed by BHP, PCP, or RN PRIOR to client leaving clinic

ESTABLISHED PATIENTS (Age 12-17)

(client fills out their own form starting at age 12)

- A. **Without Depression** on PL
1. AWC: Adolescent Health Assessment (HA) form annually
 2. Outside of AWC: Use Adolescent Questionnaire (POR 937)
 3. If positive for PHQ-2, give PHQ-A and/or other subsequent screening indicated (CRAFFT, C-SSRS)
 4. If PHQ-A scores ≥ 10 or any yes on question #9, do [C-SSRS](#) (in screenings)
- B. **With Depression** on PL
1. Q2 Month EHR trigger for PHQ-A
 2. If PHQ-A scores ≥ 10 or any yes on question #9, do [C-SSRS](#) (in screenings)

ESTABLISHED PATIENTS (Age 5-11)

Screen only if [concerns for SI 5-11 y/o](#) are identified or PCP's clinical judgement is that further assessment needed

1. PCP makes warm hand off to BHP for risk stratification
 - a. If BHP not available, PCP to do [C-SSRS](#) (in screenings)
 - b. Ask questions to both client and caregiver using [script](#)
 - c. Make referral to BHP

NEW PATIENT (All Ages)

1. Give medical history/health assessment form appropriate to age at first visit
2. If PHQ-2 is positive, give PHQ-A or PHQ-9
3. If PHQ-A or PHQ-9 scores ≥ 10 or any yes on question PHQ-A, #9, do [C-SSRS](#) (in screenings)

IMPORTANT

If client **refuses C-SSRS** with PCP

1. Document refusal
2. Warm handoff to BHP for continued assessment

If client **refuses referral or warm hand-off to BH**

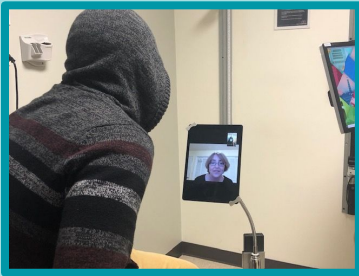
1. Manage situation to best of clinical ability
2. Contact SMD or IBH and Addictions Manager

Additional Resources:

Crisis Line: **503-988-4888**

National Suicide Prevention Lifeline:
1-800-273-TALK

Safe + Strong Helpline: **1-800-923-HELP**



Telehealth Suicide Evaluation

RN/Provider identifies suicide risk via PHQ9/CSSR-S



iPad connection (clinic to clinic or clinic to telehealth)



BH evaluation and safety plan creation



Discussion with parent re: safety and ensuring safe environment



Patient gets added to High Risk List for tracking and follow up



Team prints out safety plan

Case in point...

16 year old teenage boy brought in by mom for concerns around depression, social isolation during the pandemic and suicide ideation

- **1st visit:** Onsite wellness visit and interested in medication initiation
- **2nd visit:** Shared virtual visit with medical provider and BHP to introduce, establish diagnosis and coordinate care
- **3rd visit:** Shared virtual visit to agree to ongoing care plan and to start medication
- **Ongoing visits:** Virtual visits for medication monitoring with medical provider/BHP as needed

How do we get paid/cover our costs?

- State SBHC Support Office gives grant that pays for IBH provider
- Fee for service reimbursement is roughly 30% (using BH billing codes)
- Coordinated Care Organization provides a per member per month incentive when we meet SBIRT or depression screening metric for their member population receiving Medicaid coverage
- Due to COVID-19, **Oregon allowed for flexibility regarding telehealth, as well as billing parity for in person, telephone and video visits**



Telehealth Coding

- Reimbursement is the same as in person visits
- Phone and video visits reimburse at same rate
- Eventually, the video visits may reimburse at higher rates than phone visits
- BH bills the medical payor
- Include:
 - Total time of phone call in document
 - Platform of visit
 - It is the client's request for the platform



Telehealth Challenges

- **Technology limitations**
- **Provider discomfort**
- Completing screening forms/metrics
- MyChart completion/set up for video visits
- Language barriers
- “Not the same experience”



Telehealth Opportunities

- Improved assessment of client/interactions with family
- Flexibility when onsite services not accessible
- Client preference and comfort
- Interface of client in home setting
- Increased client engagement
- Improved follow up
- Flexibility when clinics close unexpectedly

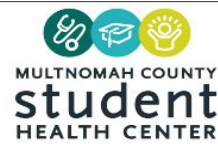




Questions?

kristin.a.case@multco.us

leslie.gellert@multco.us



**OPEN
FALL
2020**



**HERE
FOR
YOUTH**

STUDENT HEALTH CENTERS

Our Services

- sports physicals
- immunizations
- annual exams
- COVID-19 testing
- illness/injury
- reproductive health
- prescriptions
- lab tests
- counseling

Call for appointment

8:45 am–4:45 pm

- **David Douglas 503-988-3554**
Mon-Fri: In-person, phone & video visits
1034 SE 130th Ave
- **Parkrose 503-988-3392**
Tue-Fri: In-person, phone & video visits
Mon: Phone & video appointments only
12003 NE Shaver St
- **Roosevelt 503-988-3909**
Mon-Thu: In-person, phone & video visits
Fri: Phone & video appointments only
6941 N Central St

Serving Multnomah County K-12 youth with or without insurance.
There is never an out-of-pocket cost.