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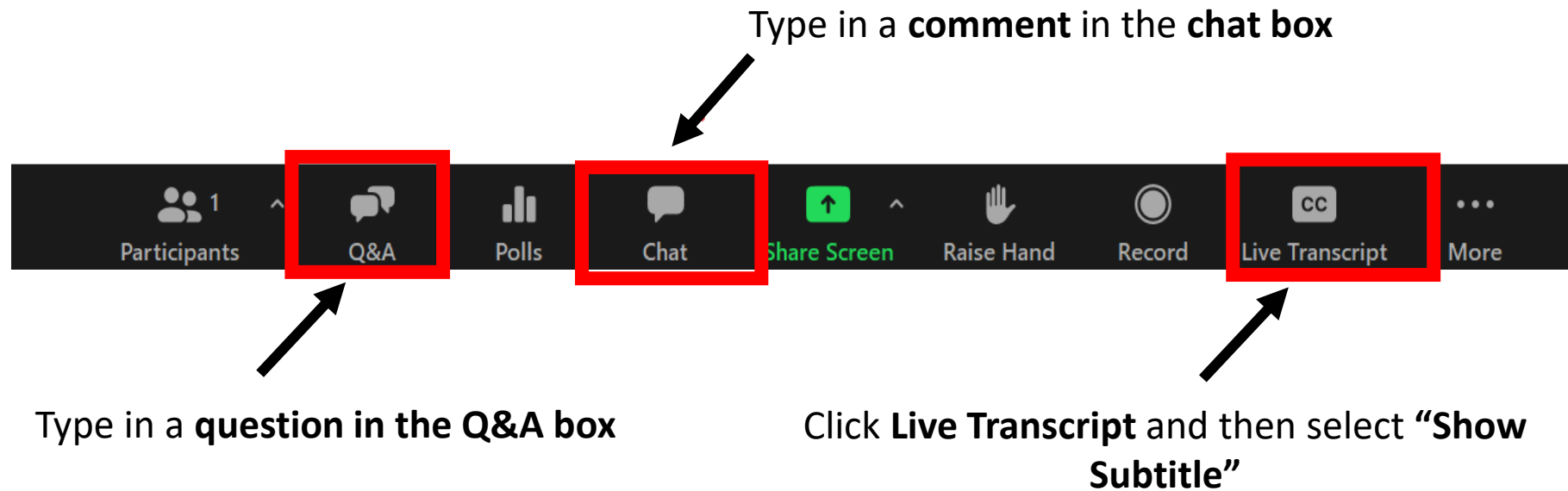
Telehealth in Rural Integrated Care Part 3: Telehealth Programs to Support Agricultural Workers

Thursday, June 22nd
2-3pm E.T.

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning



Disclaimer

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SAMHSA

Substance Abuse and Mental Health
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Poll #1: What best describes your role?

- Clinician
- Administrator
- Payer
- Policy Maker
- Other (specify in chat box)



Poll #2: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



Webinar Series Details

Register for Upcoming Office Hour

- [Tuesday, July 11th - Rural Telehealth Office Hour](#)

Past Sessions - Recordings

- [Part 1: Leveraging Integrated Care to Improve Access and Reach in Rural Integrated Care](#)
- [Part 2: Rural Telehealth for Youth in Schools & Beyond](#)



Speakers



Sirene Garcia, MSM
Chief Innovation Officer,
Finger Lakes Community Health



Ruth Catherine Modaffari,
Contract Compliance Manager,
Finger Lakes Community Health

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Learning Objectives

- **Understand** the importance and relevance of telehealth in rural integrated care.
- **Identify** best practices for utilizing telehealth in rural integrated care.
- **Discuss** Finger Lakes Community Health integrated telehealth program and how it's used to serve migrant workers and farmworkers more effectively in rural areas.
- **Recognize** the four pillars of a successful telehealth service in rural integrated care.



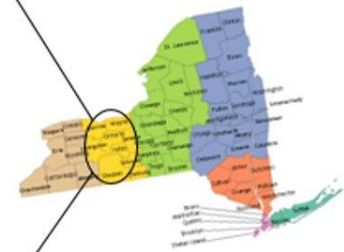
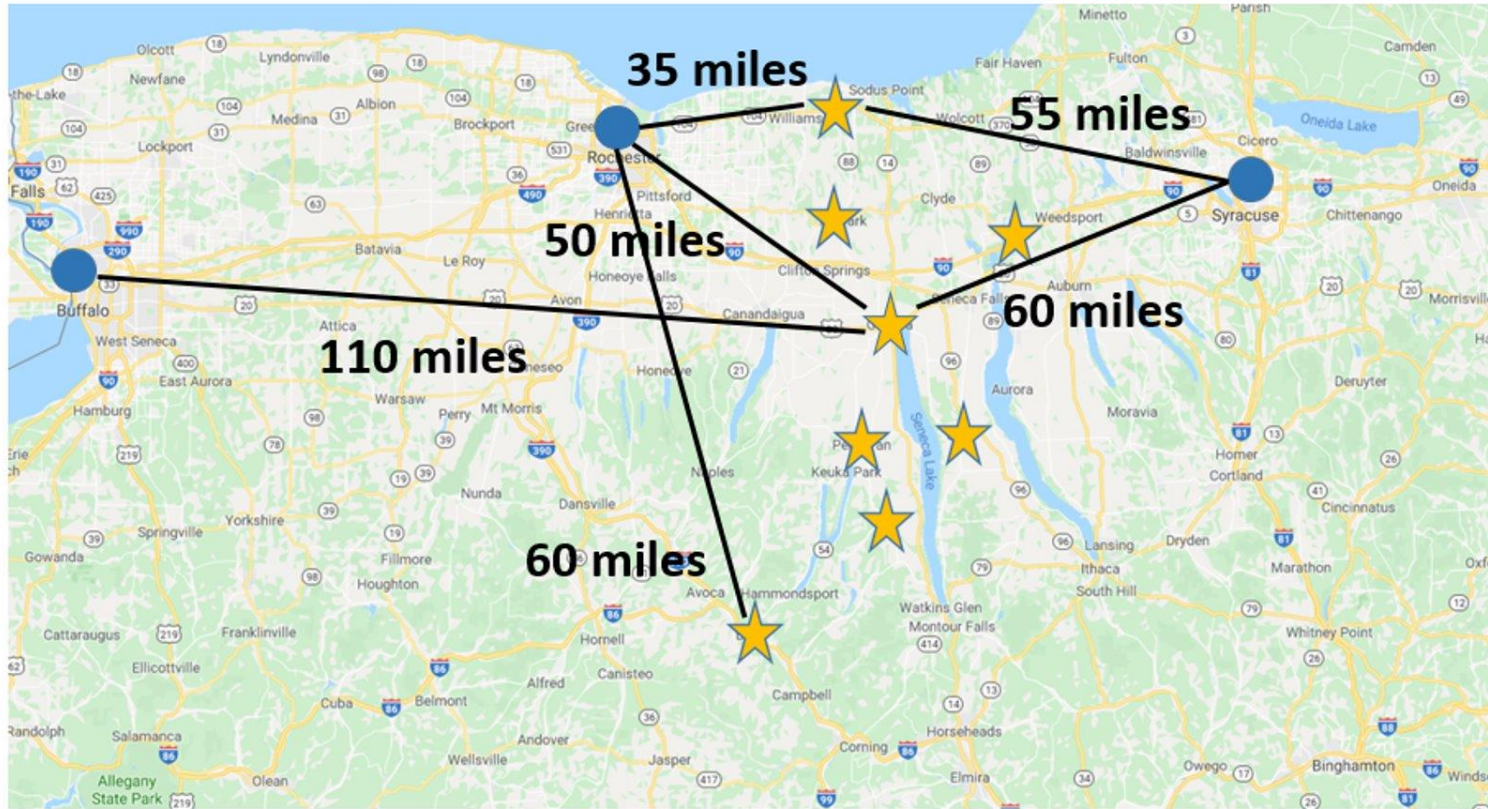
Finger Lakes Community Health (FLCH)

- Rural Community & Migrant Health Center (FQHC)
- Providing comprehensive health services
- 8 Health Center Sites in 6 New York State counties
- Community Dental (Schools, Head Starts, farms)
- Mobile Medical Program for Farmworkers 22 counties
- Extensive Care Management Services
- 1 of 17 Migrant Voucher Programs in U.S.

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Geography



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Why Telehealth?

Current issues in providing health services:

- Access to providers
- Workforce shortages
- Cost of care
- Chronic disease management
- Provider burnout
- Language access
- Stigma



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Where We Started...

Scenario in 2007-2008:

- No Telehealth reimbursement at all
- Telehealth equipment required a big investment of dollars
- A lack of IT infrastructure – little broadband to support telehealth

The Need:

- Access to specialty care providers in rural communities
- Transportation as a barrier to care
- Staff Safety
- Cost of care



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Four Areas To Address for Telehealth

1. Broadband (Internet): Do you have enough? What other processes are utilizing your broadband?
2. Equipment: What platforms are available to connect, what peripherals will you want/need?
3. Program Development: The most critical piece to a successful telehealth program. Are you prepared to make the appropriate commitments of staff and investment of time?
4. Legal/Regulatory: What does your state licensure allow? What are the rules of the road in terms of reimbursement? Are there federal implications?

Vocabulary at FLCH

Types of telehealth visits:

- **Telehealth** = real-time video visit in a controlled environment with the use of peripherals with a property trained telepresenter
- **Telephonic** = visit done over the telephone
- **Virtual visit** = real-time video visit without a telepresenter, where there may or may not be peripherals and the environment is uncontrolled (patients' location)

Types of Originating sites:

- **Internal Telehealth** = real-time video visit done within the system
- **External Telehealth** = real-time video visits done with collaboration of a 3rd party provider in the health center
- **Virtual visit/Direct to Consumer** = real-time video visit done in patients' location

Return & Value of Investment

Benefits of Telehealth for Us



Staff retention and education



Patient retention and quality outcomes



Builds capacity



Organizational cultural acceptance



Growth in workforce catchment area

Examples of Success with Telehealth



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TeleDental



- Third party/tertiary care provider
- Virtual exam after hygienist appointment
- Hygienist education in collaboration with the schools
- Urgent care/ emergency visits
- Site to site support
- Patient education
- Pre- and Post-Operative Care

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Rethinking Rural Health The Teledentistry Impact



Outcomes: Tele-Pediatric Dental

- Reduced the number of visits to Eastman Dental from 4 or 5 down to 1 or 2 visits.
- Current wait time for treatment:
 - 2-3 months –nitrous oxide
 - 5-6 months operating room
- Our dental team has increased its ability to treat children in-house due to coaching and peer to peer learning through this program.
- Children with completed treatment plans now at 64%, with an additional 17% waiting for surgery and 19% lost contact/moved.
- Over 1,000 children have accessed this program.

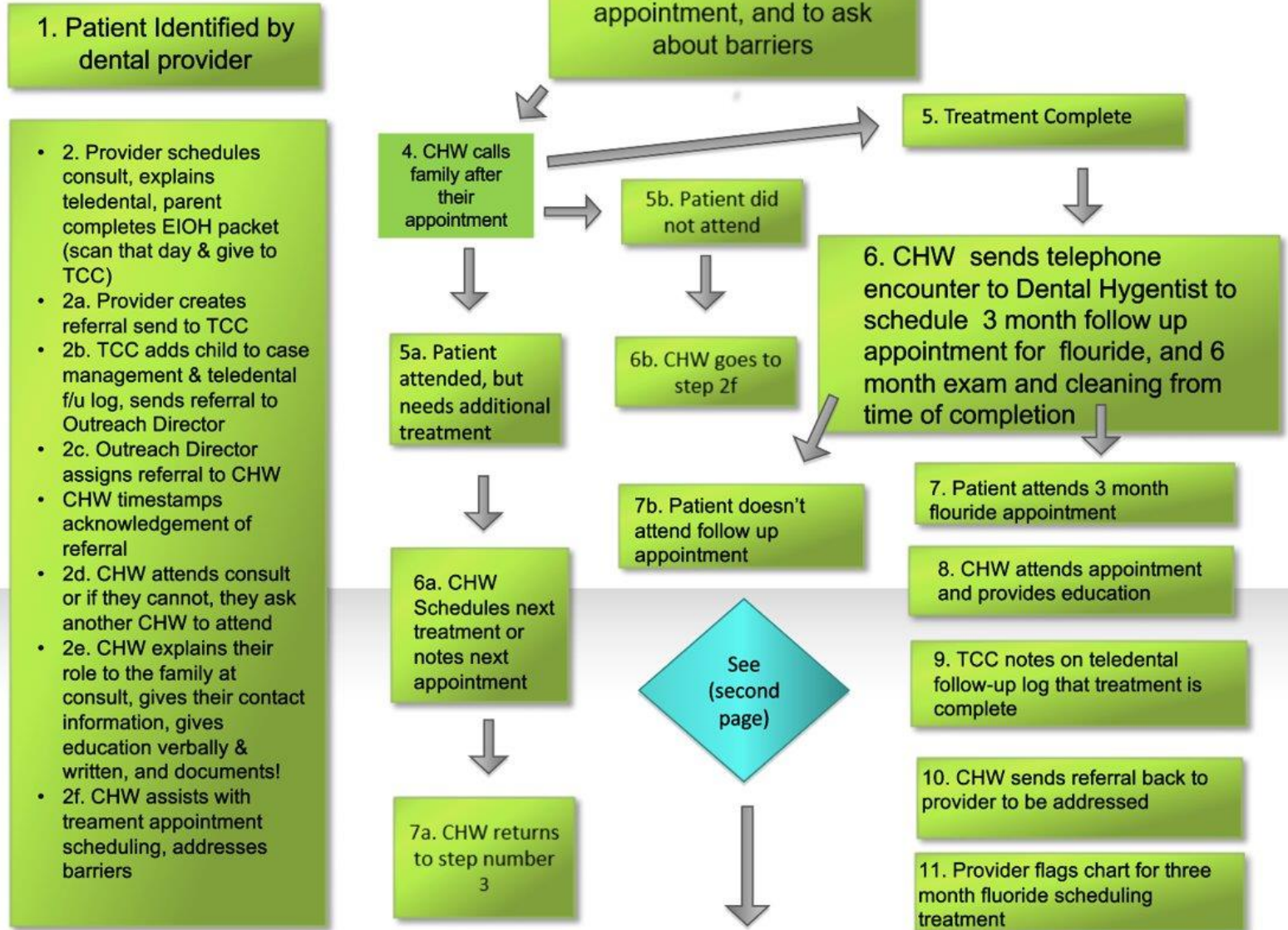


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Workflow:

The workflow is ongoing after the telehealth visit is completed

Teledental Flowchart



The Challenge: Sick Children at ABCDs

Currently, if a child presents with symptoms, ABCD staff need to find the parent and have them come pick up the child and take them to their doctor. This is problematic due to transportation issues, location of the parents work that day, communication issues (cell service, etc.).

This creates a lot of work for both the ABCD staff and the family and child. It also takes a lot of time to ultimately get the child to the doctor's office for care

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Solution: Telehealth Connection with PCPs

Telehealth acute visits can be provided while the child is at the ABCD Center:

If a child becomes ill at the ABCD, a telehealth visit is initiated quickly and efficiently.

- Parent and provider can make a treatment plan
- Parent will have less travel and loss of work time
- Child will get quick access to their provider and medications
- Parent can be present for the telehealth visit

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Collaborations to Benefit Children

Memorandums of Understanding (MOU's)
and Business Associates Agreements (BAAs)
allow us to send referrals and info between
FLCH and the ABCDs



Parents also need to give consent for the
child to be seen via video with the ABCD staff

Enrollment form
must be completed
prior to use of
telehealth service

Parents can
participate in the
telehealth video call

Vaccination records
and insurance
information will be
required

Available Telehealth Services at FLCH

TelePediatric Dentistry	TeleDentistry Examinations	TelePsychiatry - Adult	TelePsychiatry - Child	TeleMental Health (LCSW)	Digital Retinopathy Screenings
TeleRD (Nutrition)	TelePediatric Neurology	TeleHIV/AIDS Care	TeleHCV (HepC)	TeleTAC (Treatment Adherence Counseling)	TeleLGBTQ+
	TeleGender Affirming Care	Provider Pre-cepting	Virtual Reality	Primary Care Visits	

Collaborating with Partners

- Agribusiness Child Development Centers
- Migrant Education Programs
- Local Libraries
- Other Primary Care providers
- Clinical Specialists
- Public Health Departments
- Behavioral Health partners
- Direct to consumer care options
- Schools – mental health services



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Think Outside the Box!

How could telehealth work in your shop?



Shared Staff – Could one clinician provide services to multiple sites?



Can multiple sites train together using telehealth technologies?



Can you work with your local providers to see sick children via telehealth to minimize transportation issues.



How can telehealth technologies create efficiencies in your shop?



Taking the time to care.

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TheNationalCouncil.org/program/Center-of-Excellence

Thank you!



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Tools & Resources

- National Council for Mental Wellbeing- [Rural Interest Group](#)
- [Workforce Innovations in Integrated Care](#)
- [New Study: Behavioral Health Workforce Shortages will Negatively Impact Society](#)
- [Integrated Approaches to Improving Rural Health Equity and Access](#)
- [Rural Health Information Hub](#)
- [American Communities Project](#)
- [Telehealth Services: Rural Health Fact Sheet Series](#)
- [Workforce Capacity for Reducing Rural Disparities in Public Mental Health Services for Adults with Severe Mental Illness](#)
- [Turning COVID-19 Challenges into Opportunities: Tele-Behavioral Health within Latino Communities](#)

Previous CoE Sessions:

- [Rural Health Part 1: Addressing Structural Urbanism in Rural Communities through Integrated Care](#)
- [Rural Health Part 2: Strategies for Recruiting and Retaining a Strong Rural Health Workforce](#)
- [CoE Office Hour: Rural Health Challenges During COVID-19](#)
- [CoE Office Hour: Resources & Tools for Advancing Rural Health Equity through Integrated Care](#)



Pandemic Era Telehealth Innovations in Mental Health and Substance Use Treatment:

Practice-informed Findings and Recommendations



Check out our **new report** outline innovations, tools and recommendations to scale effective practices:

<https://www.thenationalcouncil.org/resources/pandemic-era-telehealth-innovations/>

The National Council convened a panel of clinical and nonclinical experts spanning the mental health and substance use treatment field, conducted a literature review, and surveyed provider organizations to compile best practices and lessons learned for telebehavioral health.

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Upcoming CoE Events

CoE-IHS Webinar: Meadowlark: Building a Team-based Approach to Perinatal Integrated Care

[Register for the Webinar](#) on Wednesday, June 28th from 2-3pm ET

CoE-IHS Office Hour: Telehealth in Rural Integrated Care Office Hour

[Register for the Office Hour](#) on Tuesday, July 11th from 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

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Questions?

Email integration@thenationalcouncil.org

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