WHAT YOU NEED TO KNOW!

STARTING A TELEHEALTH PROGRAM

Just a few things to consider when thinking about starting a telehealth program.

🔍 **YOUR STARTING POINT**

QUESTIONS TO CONSIDER:

EXAMPLE:

QUESTION
Who is the population I am trying to provide services for? (*Remember, both the patient and the family/caregiver!*)

➡ **ANSWER:** Children with autism from 2-18 years old.

QUESTION
What is the issue/barrier that using telehealth will address? (*i.e.: lack of access to certain specialist(s) in area, parents missing work, etc.*)

➡ **ANSWER:** Lack of behavioral health providers in the community with knowledge of providing care to children with autism.

QUESTION

How can telehealth be used to provide these services?

➡ **ANSWER:** Bring services from behavioral health providers from outside the community, but within the state.

QUESTION

Where will you be providing these services?

➡ **ANSWER:** Options for receiving services will be in a federally qualified health center (FQHC), a school, and/or the home.

You can get to your answers in a variety of ways. Maybe you'll use data you've already collected or conduct interviews with your clients.

With your initial answers, you can now start fleshing out details to see what might be currently feasible.

What payer(s) will cover this population?

Different payers have different policies in regards to telehealth reimbursement. If you have a wide variety of payers for the population you are trying to serve, they may have different policies and requirements that could lead to significant investment in administrating the program . Some payers may not offer reimbursement at all for telehealth or the services you are seeking to get reimbursed.

Are there any specific physical needs of the population you are serving that could influence what technology you choose?

For example, if your patient population has special conditions, such as a hearing impairment, this can influence the capabilities of the technology you select. Also, keep in mind the needs of families and caregivers who may also be using the technology, especially if you are considering a home setting.

Assess what you currently have available now:

✓ What is the broadband capability for the locations in which you wish to prvide teleheatlh?

✓ What is the space like?

✓ Do you have community providers who may not be able to see anyone in-person but wish to do services via telehealth?

✓ What is the support in the community?

NOTE:

📍 It's very important to ask if you are going to provide services **in a home** because capabilities vary greatly.

📍 **Community** support can sometimes get you over certain policy bumps!

📍 Be certain your **location** meets HIPAA and privacy standards! For example, a room with a door to ensure privacy.

EXAMPLE ANSWERS:

My population is primarily on Medicaid and the program will pay for live video services for mental and behavioral health only if the sessions take place in a health care setting like a clinic or a school.

Not at this time

Broadband:
The clinic where I want to do this has a strong, robust broadband connection.

Space:
The services will be provided from within a cubicle.

Providers:
No, there's a lack of the specialists we need in our community

Community:
We haven't spoken to anyone about this outside of our clinic.

you've done your homework!

At this point, you've done your homework and have a pretty good idea of what service you want to provide, how, to whom, where, and how you can potentially sustain it. You also have an idea of who you may need as partners to support you in this endeavor. Now, after you've crunched the numbers to see if you're still able to go forward, start filling out the finer details of your telehealth program.......

🔍 The Nitty, Gritty Details

6 Additional Considerations:

#1	TELEHEALTH RESOURCE CENTERS
#2	FUNDING SOURCES
#3	FINDING A PROVIDER
#4	WORKFLOW
#5	STAFF BUY-IN
#6	EDUCATION

1 CONTACT YOUR REGIONAL TELEHEALTH RESOURCE CENTER (RTRC)

The RTRCs cover specific states and help with program operational questions. If you've done all the preceding work, they'll be able to help you with some of the finer details such as what type of equipment to purchase and how to locate potential providers. As a plus, most of the services RTRCs offer are free.

www.telehealthresourcecenter.org

2 FUNDING SOURCES

While you have worked out whether your telehealth program could sustain itself, also keep in mind that you need to make initial investments for the equipment, the connectivity, and other start-up costs. Most payers will not reimburse for those expenses. There may be grants available to purchase equipment. As many grants are associated with specific pilot programs, you'll have to ensure alignment with services you are interested in providing. Federal grants can be found at grants.gov, however, there are other sources of funding available and community relationships built earlier can come in handy in finding these resources.

3 FINDING A PROVIDER

Finding a credible telehealth provider can be difficult. Depending on how you design your program, you could use a variety of resources such as local clinics, health plans and your RTRC who might know of a provider(s) who fits your needs.

WORKFLOW 4

Many telehealth programs encounter problems because they hadn't considered how disruptive introducing telehealth into an existing organization can be. You are asking people to do things differently from what they are used to and that will take time and investment to ensure that not only things run smoothly and effectively, but that you have...
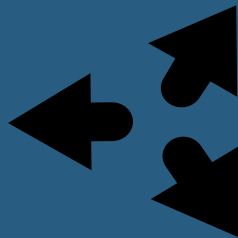
5 STAFF BUY-IN

It's important that staff believe in the work and program too. Involve them early in the process and before the program launches. Allow for adequate training for the staff so they feel comfortable with how to use telehealth and deliver services with it. Conduct many test runs.

EDUCATION 6

Just as important as staff buy-in, make sure that parents/caregivers are also aware of what this program will do and how it will operate. Not only do you need staff buy-in, but patient/family agreement is vital too!

The Information You Now Have:

- My proposed telehealth program will treat children with autism from ages 2-18 years of age.

- The program will use behavioral health providers who are located within the state, but not within the community.

- We will be providing the services in FQHCs, the home and schools. We already have several FQHCs and schools who wish to participate.

- We want to use live video and have determined that each location has an adequate broadband connection.

- The population served will include primarily Medicaid patients.

- We have spoken with parents, community providers, and advocates. Staff, family, and community buy-in is secure.

Now, what does all this mean?

Here's what your program can do under this environment:

RESULT

The State Medicaid program will reimburse for behavioral health services delivered via telehealth to children ages 2-18 years of age if:

- Live video is used.
- The child is in a school or FQHC when he/she receives the services via telehealth.
- If the telehealth provider is licensed in the State and enrolled in the Medicaid program as an eligible provider.

AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

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