

# How to Select Telehealth Services

Catching Up With COSSAP, October 2020

When considering the development of a telehealth program, it is critical to understand the needs of your organization and patients and to assess how telehealth can meet those needs. Although telehealth can be implemented in different service settings, each facility has its own needs; a telehealth service that a neighboring organization offers may not be the best fit for yours. Your organization should identify ways that telehealth can help address the needs of your population and select specific telehealth services accordingly.

## Identify the Need for Telehealth

As you begin the process of making decisions about telehealth service selection, you should first take stock of population-level needs by reviewing both current and historical population-level data. Understanding your population and its health care needs can help you make the most of implementation. Types of information to consider in this assessment include the following:

- **Demographics and associated clinical needs.**

Understanding the demographics of your population, and the number and type of chronic and acute conditions they have, can help in identifying needs. For example, a population that is older and has a high incidence of diabetes may benefit from a telehealth intervention that includes a diabetes educator. A population with high incidence of opioid use disorder (OUD) may benefit from behavioral health counseling. In other words, narrow services to reflect what your population needs most.

- **Other demographics to consider:** age, socioeconomic status, technological literacy, health literacy, cultural characteristics (e.g., if many people speak a language other than English).<sup>1</sup>
- **Other clinical needs to consider:** disease profile, needs after release.
- **Number and type of transfers.** Transferring individuals from a facility to a provider organization to receive care can be costly and time-consuming. Understanding the number of transfers, the reasons for them, and the services involved is useful in narrowing services to provide for telehealth. Any services that can be delivered virtually instead of in person are good candidates for inclusion in a telehealth program.
- **Areas of improvement.** Assess which current health outcomes are suboptimal<sup>2</sup> or what unmet needs you see.<sup>3</sup> Reviewing existing data can help you identify areas for focus on the basis of population-level outcomes.

## Prioritize Needs

Once you understand what the population's needs are, it is time to prioritize. Often, these decisions will be based on organizational factors, such as strategic priorities and organizational context.

- **Strategic priorities.** Your organization's strategic plan and vision for the future, as well as overarching goals or priorities, may influence telehealth service selection.<sup>4</sup> If your organization has certain focus areas,

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such as supporting transition after release, you may wish to select services that align with those priorities.

- **Organizational environment.** Each organization operates in a unique context. Understanding its physical space, internet connectivity, and workforce capacity will help guide system selection. For example, if internet connectivity is inconsistent throughout your facility, virtual services should be provided in the area(s) where internet connectivity is strongest.
- **Workforce.** Many organizations have high workforce turnover, particularly among providers. Services for which it is difficult to obtain expertise in-house may be provided virtually.
- **Cost.** Identifying costs (including avoided costs) to provide services and benefits can help organizations prioritize which areas they would like to pursue with telehealth.

You may also prioritize services based on which clinical needs are the most immediate and compelling. As you review the demographic analysis, identify which needs *must* be addressed and how addressing them will benefit both the organization and population.

### Select Services

After reviewing needs and organizational context, select telehealth services. Review demographic, organizational, and cost-benefit information with facility leaders and select a service that meets both organizational and population-level needs. Considerations may include:

- Individual or group counseling
- Identification and maintenance of treatment of substance use disorders
- Visits by diabetes (or other condition-specific) educators

In general, it is preferable to start with one type of service or a set of related services before moving to broader

implementation of multiple services. Your organization can learn from the performance of the first service and make changes before implementing the next set of services.

### Current Telehealth Programs

Several organizations are already helping to implement and expand telehealth services to meet community needs. The nonprofit organization [Project Lazarus](#) was created in 2007 to respond to a surge in overdose mortality rates in Wilkes County, North Carolina. It provides training and technical assistance to help communities and clinicians address the opioid epidemic. More recently, in part because of pandemic-driven restrictions on physical interactions, Project Lazarus staff members have implemented telehealth services for their clients. As a result, staff members can now use telehealth to prescribe medications such as buprenorphine to treat individuals with OUD. The implementation and expansion of telehealth services has been particularly beneficial for Wilkes County's rural communities by decreasing travel time to connect clients to peer support specialists and probation officers.

Another example is the [WestCare Foundation](#), which offers a number of behavioral health and human services in 19 U.S. states and three countries. Staff members at one of WestCare's Tennessee offices have used their telehealth platform to support recovery courts that had been closed in the state because of the pandemic. To keep the courts running, a recovery court judge holds court proceedings every Friday from the WestCare office, where there is a dedicated virtual room.

A final example is the [Camden County Department of Corrections](#) in New Jersey, which in June 2018 began the process to provide medications for opioid use disorder (MOUD) to individuals incarcerated in its jail. The three FDA-approved forms of MOUD were phased in throughout the course of a year, starting with naltrexone in 2018. In June 2019, buprenorphine and methadone were added; before then, the only individuals who had been eligible for methadone were pregnant women. In 2020, an average of 105 people in the jail were receiving daily MOUD, ranging from a high of 142 to 78 individuals at the height of the current pandemic.

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In addition to providing MOUD in the jail, the department has offered both counseling and education sessions to all eligible individuals. Before the pandemic, a contracted provider held group counseling sessions three times per week, along with up to 17 individual counseling sessions. With strict staffing restrictions in the jail caused by the pandemic, the jail is now facilitating counseling sessions via telehealth for individuals receiving MOUD. Using grant funding, the jail purchased interactive whiteboards that connect individuals via Wi-Fi to a virtual platform (e.g., Microsoft Teams or Zoom). Telehealth connectivity now makes it possible to accommodate six group sessions and up to 17 individual sessions per week.

### Summary

Telehealth services are a cost-effective option for agencies that want to expand the provision of services to individuals who have not been able to access them. Whether it be to adapt to the current pandemic, engage with communities, or work with incarcerated individuals, organizations supporting drug treatment and recovery should consider how telehealth may benefit their clients and support organizational objectives.

### References

<sup>1</sup>Koivunen, M., & Saranto, K. (2018). Nursing professionals' experiences of the facilitators and barriers to the use of telehealth applications: A systematic review of qualitative studies. *Scandinavian Journal of Caring Sciences*, 32, 24–44. <https://doi.org/10.1111/scs.12445>.

<sup>2</sup>Arkwright, B. (2014). *Telehealth readiness factors—What are they and why are they essential?* <http://www.himss.org/news/telehealth-readiness-factors-what-are-they-and-why-are-they-essential>.

<sup>3</sup>Weinstein, R. S., Lopez, A. M., Joseph, B. A., Erps, K. A., Holcomb, M., Barker, G. P., & Krupinski, E. A. (2014). Telemedicine, telehealth, and mobile health applications that work: Opportunities and barriers. *American Journal of Medicine*, 127, 183–187. <https://doi.org/10.1016/j.amjmed.2013.09.032>.

<sup>4</sup>California Telemedicine and eHealth Center. (2009, January). *Assessing organizational readiness: Is your organization ready for telemedicine?* [http://www.caltrc.org/wp-content/uploads/2013/10/08-1129-final\\_ctec\\_discovery\\_series.pdf](http://www.caltrc.org/wp-content/uploads/2013/10/08-1129-final_ctec_discovery_series.pdf).

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