Problem Statement:

- Historically medical, dental and behavioral care has been siloed. This has caused missed opportunities to provide coordinated and efficient health care for patients.
The siloing of medical, dental and behavioral care has many reasons.

- Payment/coding inconsistence;
- Inconsistence health care financing;
- Government and private insurance limits;
- Patient health records;
- Communication among health care providers;
- Limitation of health care services because of geographic location and isolation;
- Health care policy disparities;
- Patient eligibility accessing care;
- Cultural competence in healthcare;
- Cultural resistance to modern healthcare;
- Racial and ethnic lack of diversity in the health professional workforce; and,
- Poverty.
Cap Stone Project Focus:

- The focus of this Cap Stone Project will be to gain an understanding of the current use of telehealth in New Mexico Rural Primary Health Care Act (RPHCA) funded facilities and how they are being used to integrate the various disciplines.

Cap Stone Project Question:

- Can telehealth provide opportunities to strengthen Medical Health Care, Dental Health Care and Behavioral Health Care integration in RPHCA facilities?
Remainder of Cap Stone Project Paper:

- Background of Rural New Mexico;
- Focus group of this project (RPHCA facilities);
- New Mexico’s need for Health Care Professionals in rural underserved areas;
- RPHCA facilities survey and findings of current use of Telehealth;
- Example of successful RPHCA facility using telehealth; and
- Conclusion/Next Steps for future exploration of the use of telehealth in RPHCA facilities.
Background of Rural New Mexico:

- The majority of New Mexico geographic area is considered rural or frontier.
- 27 out of 33 New Mexico’s counties are considered rural or frontier.
- Only 6 counties are considered Urban.
- Even within these urban counties portions are considered rural.
- New Mexico has a total population of 2,059,179 according to the 2010 US Census Bureau.
- Rural and frontier counties account for 34% (707,038) of the State of New Mexico’s population.
- The majority of New Mexico’s population 66% (1,354,141) is concentrated with the urban counties.
Focal Group of this Project:

- Rural Primary Health Care Act (RPHCA) funded facilities in New Mexico;
- RPHCA facilities provide basic primary health care services through eligible programs in underserved areas of the State of New Mexico;
- RPHCA facilities provide safety net health care services to some of the most underserved communities in rural New Mexico;
- RPHCA facilities may provide medical, dental and behavioral health care;
- Not all RPHCA facilities are required to provide all three of these services;
- New Mexico currently has 27 non-profit RPHCA facilities at 99 clinic sites throughout New Mexico;
- RPHCA funded clinics provided primary care, dental care and behavioral health services to 285,000 New Mexicans in fiscal year 2013;
- Over 989,000 patient visits were report for fiscal year 2013;
- RPHCA facilities received over $13 million in State of New Mexico funding in fiscal year 2013.
2012 New Mexico Rural Primary Health Care Act (RPHCA) Sites

Source: New Mexico Department of Health, Health Systems Bureau
New Mexico’s need for Health Care Professionals:

- New Mexico Medical Primary Care HPSA’s: 24 out of 33 NM Counties are completely designated, 8 counties are partially designated and one is not designated;
- New Mexico Dental HPSA’s: 22 out of 33 NM Counties are completely designated, 5 counties are partially designated and 4 are not designated;
- New Mexico Mental Health HPSA’s: 28 out of 33 NM Counties are completely designated, 2 counties are partially designated and 2 are not designated;
- Also, most of New Mexico is designated an Underserved Areas and Population (MUA/P). 26 out of 33 NM Counties are completely designated, 6 counties are partially designated and 1 is not designated.
RPHCA Survey and Findings:

- A survey was conducted in August 2013 to gain an understanding of the current use of telehealth in New Mexico RPHCA facilities and how it is being used to achieve integrated health care.
- All RPHCA facilities were surveyed using Survey Monkey.
- 12 questions were asked in the survey.
- 15 RPHCA facilities responded to the survey.
Survey Questions

1. Does your organization provide integrated medical, dental and behavioral health care services?
2. How does your organization define integrated medical, dental and behavioral health care services?
3. Does your organization use Telehealth?
4. Does your organization use Telehealth to provide School Based Health Services?
5. Who uses Telehealth at your organization?
6. Does your organization use Telehealth to integrate medical, dental and behavioral health care services?
   Example: Patient Referrals
7. Does your organization believe that Telehealth can be a useful tool to integrated medical, dental and behavioral health care services?
8. Does your organization use Health Information Technologies?
9. How often is Telehealth used at your organization?
10. Does your organization participate with the following Telehealth providers?
11. What are your organization's barriers to successfully using Telehealth?
12. Is your Telehealth Studio used for other uses (for example: storage, conference room etc)?
Findings of Survey:

- Integration of Medical Health Care, Dental Health Care and Behavioral Health Care is a moderate part of the RPHCA facilities.
- 2/3 of the respondents indicate that integration is a part of their current Medical Health Care, Dental Health Care and Behavioral Health Care services.
- Key word phrases defining integration of Medical, Dental and Behavioral Health Care services are Patients, Providers, and Primary Care. (This may indicates that any integration of Medical Health Care, Dental Health Care and Behavioral Health Care must have a relationship with primary care providers and patients). Electronic health and plan treatments were also mentioned.
- Surprisingly, almost 73%, 11 out of 15 survey respondents indicated that telehealth was not used at their organization; and no school based health services used telehealth.
- Clinicians (66%) were identified as being the likely users of telehealth, however, only 6 out of 15 responded to this question.
- Also surprisingly, 87% of the RPHCA facilities surveyed indicated that they did not use telehealth to integrate Health Care, Dental Health Care and Behavioral Health Care services.
• Only 8 out of 13 (61%) respondents believed that telehealth would be a useful tool to integrate Health Care, Dental Health Care and Behavioral Health Care services.

• In comparison, the RPHCA facilities indicated that Health Information Technologies (Electronic Health Record Services, Electronic Care Coordination, Distance Learning/Educational Services, E-Pharmacy and others) were being used.

• 100% (13) of the RPHCA facilities indicated that they use Electronic Health Record Services, 69% use E-Pharmacy, 46% use Distance Learning/Educational Services and 39% use Electronic Care Coordination. (This seems to indicate that Health Information Technologies is not defined by the RPHCA facilities as telehealth).

• The survey seems to indicate that telehealth is not often used by RPHCA facilities. The highest response showed that 40% (None) do not use telehealth, with (A few times a month) 27% 4 of 15, being the second highest.

• The RPHCA facilities indicated that Telehealth providers (UNM Telehealth, UNM Project Echo, UNM Pals, New Mexico Primary Care Association Nurse Advise Line, Universal Service Administrative Company (USAC) T1 Line and others) participation was moderate. UNM Project Echo was the highest with 64%, UNM Telehealth and New Mexico Primary Care Association Nurse Advise Line receiving 14% each. 29% indicated (None) to this question.
• Barriers to successfully using telehealth at RPHCA facilities, these included, Infrastructure, Staffing, Funding, Training, Maintenance, Parts and Equipment (supplies) and other.
  – Infrastructure, Funding and Parts & Equipment (supplies) were indicated as being the highest barriers with 58% each. Staffing received 42%, Training and Maintenance each received 33%.

• The finally question asked if the RPHCA facilities telehealth studios were being used for other uses (storage, conference room etc). 73% indicated “No” to this question.
Conclusion of Survey

• The definition of telehealth seems to be an issue with the RPHCA facilities that responded to survey.
• Telehealth was not being used by a majority of the RPHCA facilities surveyed.
• However, Health Information Technologies (Electronic Health Record Services, Electronic Care Coordination, Distance Learning/Educational Services, E-Pharmacy and others) were shown to being used by the RPHCA facilities.
• Also, the moderate use of telehealth providers (UNM Telehealth, UNM Project Echo, UNM Pals, New Mexico Primary Care Association Nurse Advise Line, Universal Service Administrative Company (USAC) T1 Line and others) indicate that telehealth is being use at the RPHCA facilities surveyed.
• For the purpose of this paper Health Information Technologies are included with telehealth.
• More education and awareness of the different types of telehealth is needed.
• Telehealth use by primary care clinicians and their patients seems to be a potential growth area for the integration of Health Care, Dental Health Care and Behavioral Health Care services.
• Barriers that deal with Infrastructure, Funding, Parts & Equipment (supplies), Staffing, Training and Maintenance need to be addressed to better implement telehealth in RPHCA facilities.
Example of successful RPHCA Facility using Telehealth:

- Hidalgo Medical Services (HMS) is located in the southwest region of New Mexico along the Arizona border. HMS has locations in 6 rural communities in Grant County and Hidalgo County and provides services in 7 facilities. HMS provides Medical, Dental and Behavioral Health Care services to 14,577 persons for fiscal year 2013. 51,246 patient visits were recorded for fiscal year 2013.
Charlie Alfero, Director, HMS Center for Health Innovations; HMS has a long history of the use of telehealth in their efforts to integrate Health, Dental and Behavioral Health Care services

• The following are his observations and recommendation to better use telehealth for the integration services.

Observation of successful use of telehealth at HMS facilities:
  – Improved patient care through direct consultation with providers;
  – Improved quality of care through subspecialty consultations with providers. (Project Echo);
  – Improved comprehensive services through subspecialty training. Certifications of subspecialty for primary care providers. (i.e. Pain management);
  – Improved training of graduate students and residency through communication with their sponsoring institutions;
  – Reduce travel for partnering and collaboration. Lowing cost, increase connectivity and reduces isolation; and
  – Improved communications for complex diagnostics

Recommendations to improve use of telehealth:
  – Being proactive in developing professional relationships with telehealth providers. (UNM);
  – Identify priority services for your facility; and
  – Identify health services needs of patients (i.e. asthma, hepatitis c, child psychiatry)
Conclusion/Next Step(s):

- At the beginning of this Cap Stone Project I proposed a question that I want to answer. This question was: “Can telehealth provide opportunities to strengthen Medical Health Care, Dental Health Care and Behavioral Health Care integration in RPHCA facilities?”
- I have concluded that “yes” telehealth can strengthen Medical Health Care, Dental Health Care and Behavioral Health Care integration in RPHCA facilities.
- Telehealth is being used at New Mexico RPHCA facilities even though many RPHCA facilities may not realize that they are using it.
- Telehealth seems to be underused based on the findings of the survey.
- There are barriers that are currently preventing RPHCA facilities from using telehealth to integrate Medical Health Care, Dental Health Care and Behavioral Health Care.
- Hidalgo Medical Services in southwestern New Mexico is an example of a RPHCA facility that has successfully implemented telehealth in the integration of Medical Health Care, Dental Health Care and Behavioral Health Care services.
Recommendations

The following are recommendations for future focus to help RPHCA facilities better implement telehealth for the integration of Medical Health Care, Dental Health Care and Behavioral Health Care services.

- Develop a definition of telehealth applicable to RPHCA facilities.
- Telehealth use at RPHCA facilities should be Primary Care Clinician based to integrate Medical Health Care, Dental Health Care and Behavioral Health Care services.
- Reduce barriers for:
  - Infrastructure
  - Funding
  - Parts & Equipment (supplies)
  - Staffing
  - Training
  - Maintenance