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Data-Driven Support Based on Clinicians' Real-Time Needs

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The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).



Funding Statement:

Funding for this initiative was made possible (in part) by grant no. 1H79SM080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

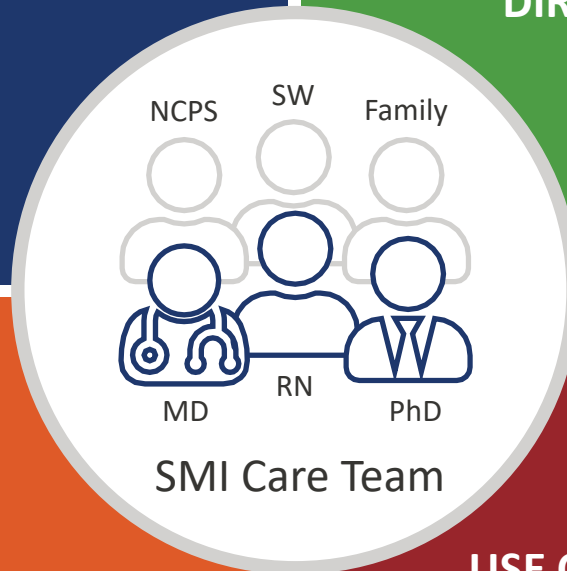
SMI ADVISER PROJECT AIMS

EDUCATION ON EVIDENCE-BASED PRACTICE

Content Partners

DIRECT CONSULTATION TO CLINICIANS

SMI Experts



REALTIME AND ONGOING NEEDS ASSESSMENT

PsychPRO Registry / Communities

SUPPORT IMPLEMENTATION AND USE OF TECHNOLOGY TO ENHANCE CARE



REFLECTION

A LOOK BACK SO WE CAN LOOK FORWARD

COVID-19 CHANGED OUR WORLD

Contains Nonbinding Recommendations

Policy for Certain REMS Requirements During the COVID- 19 Public Health Emergency

Guidance for Industry and Health Care Professionals

March 2020

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

Care for SMI shifted

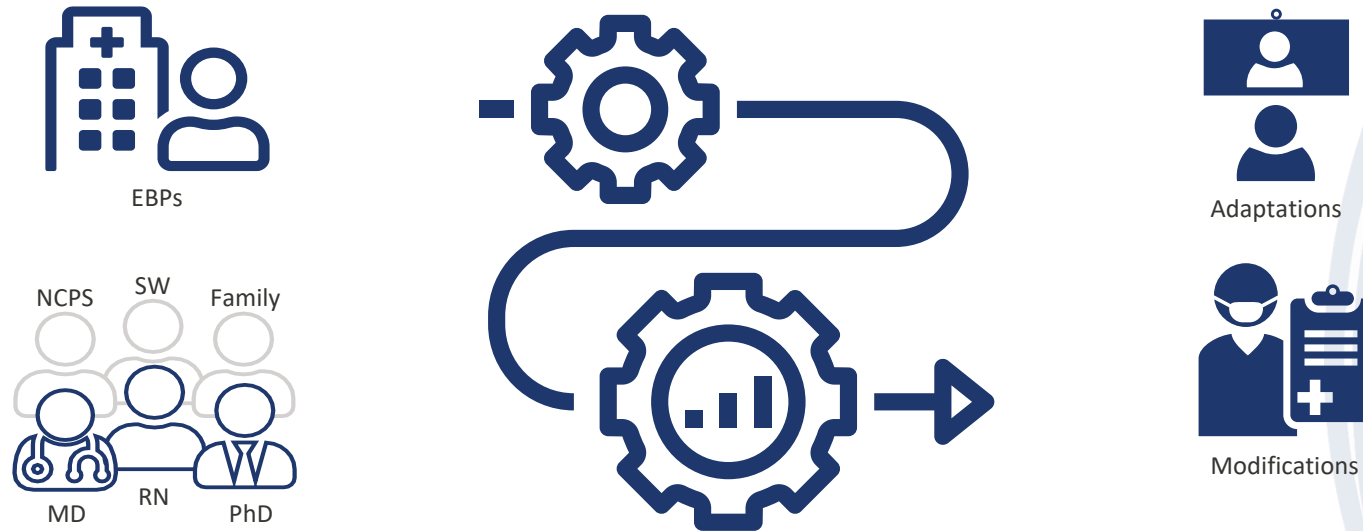
- Telehealth delivery for most
- ACT programs tailored
- Clozapine tracking adjusted



Conferences shifted to
Virtual Events



NEW NORMAL = A MANDATORY NEED TO ADAPT



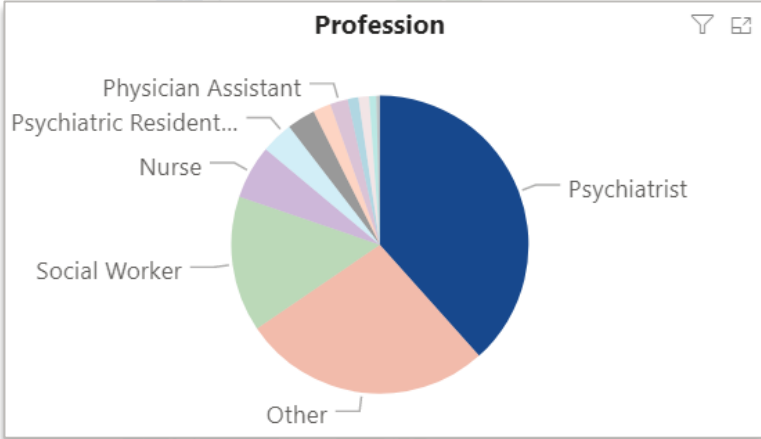
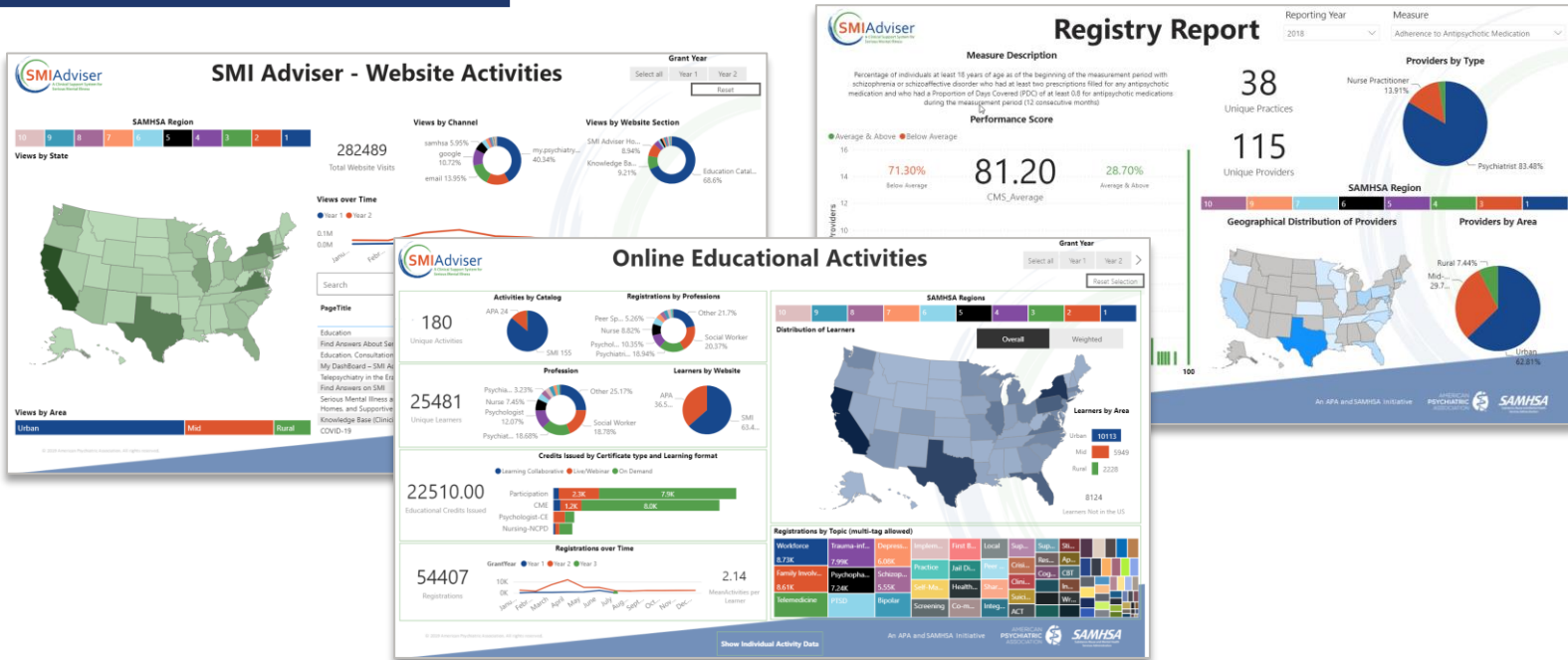
- Needs become evident in real time as crises unfold
- Clinicians adapt evidence-based practices to work in modified form
- Technical assistance is shaped by what helps the front-line

WE REALIZED THE IMPACT ON SMI ADVISER



- Challenged some of our original assumptions around resources, needs, delivery
- Validated our investment in a data infrastructure
- Highlighted our ability to adapt

THE KEYS TO HOW WE ADAPT



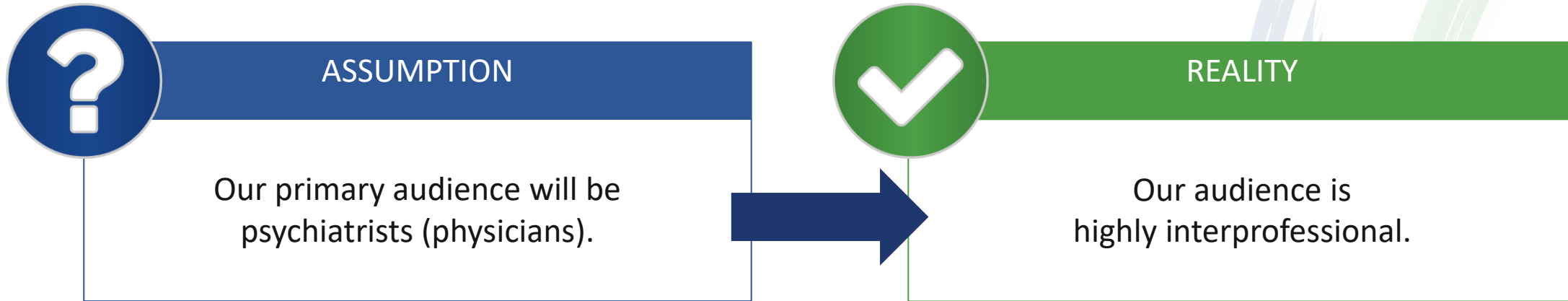
- Technology pulls in real-time data from every level of our initiative
- Visualization uncovers macro- and micro-level trends
- Ability to drill down and respond to needs



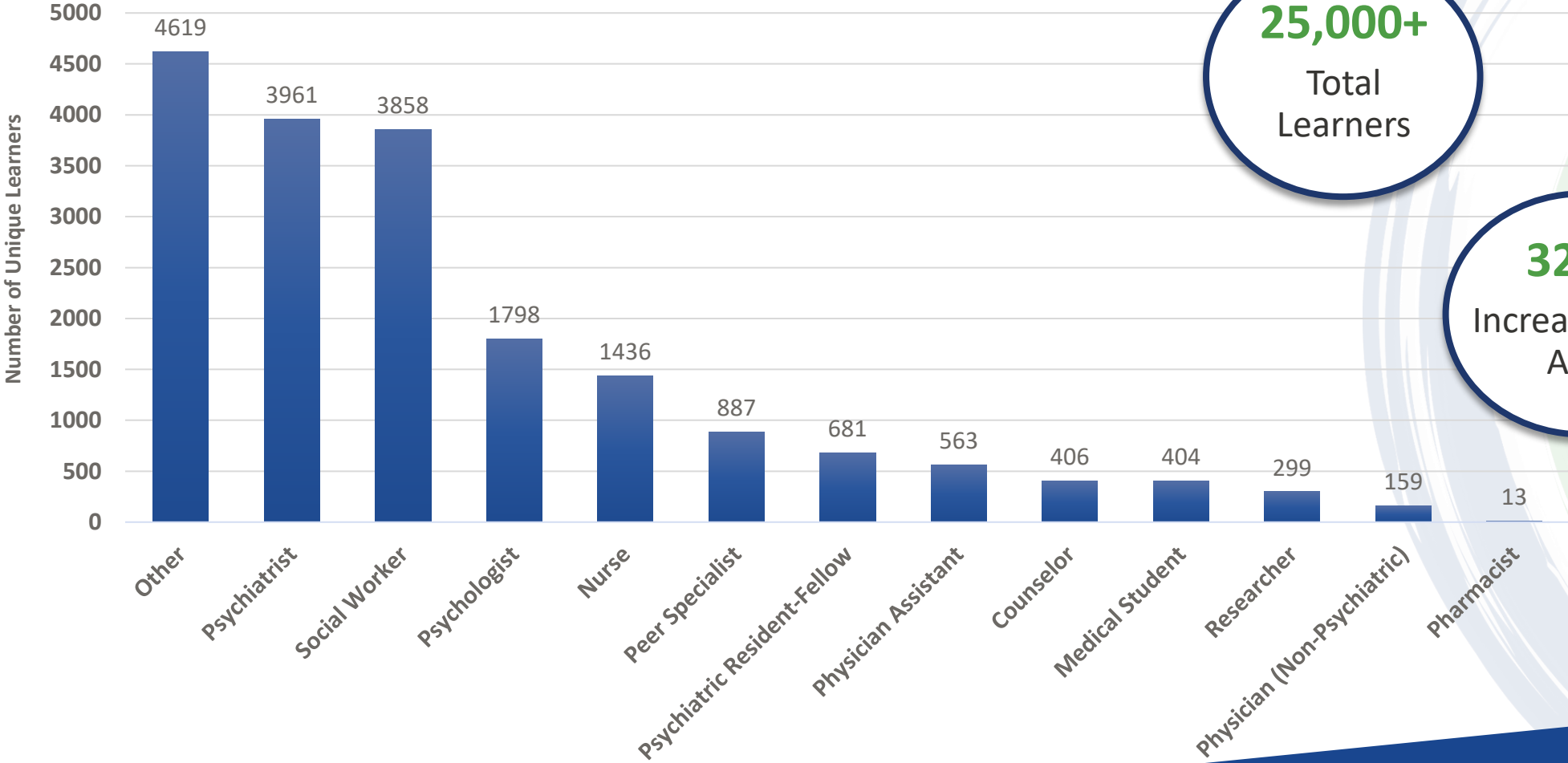
HOW WE ADAPTED

A BLUEPRINT FOR REAL-TIME CHANGE

WHAT WE LEARNED ABOUT OUR AUDIENCE



HOW WE ADAPTED



25,000+
Total
Learners

32%+
Increase Since
April

HOW WE ADAPTED



Added Sherin Khan, LCSW,
to our Clinical Expert Team

Obtained approval to offer social work CE credits



ASSOCIATION OF SOCIAL WORK BOARDS
APPROVED CONTINUING EDUCATION PROGRAM

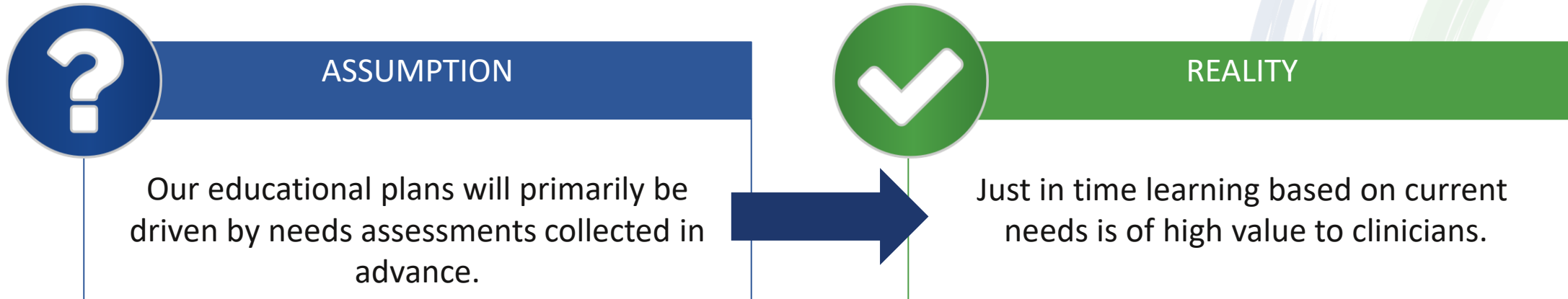
PROVIDER APPROVAL CERTIFICATE

05/18/2020

American Psychiatric Association is approved by the ASWB ACE Program to offer social work continuing education according to approval details identified below.

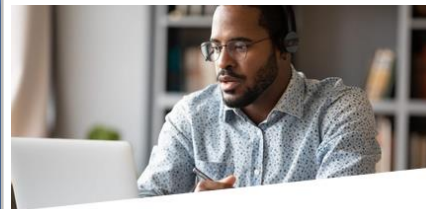
ASWB recognizes the commitment of American Psychiatric Association, ACE Provider Approval Number 1743, to high-quality standards and best practices in continuing education for social workers.

WHAT WE LEARNED ABOUT TIMELINESS



HOW WE ADAPTED

We carved out room in the schedule to be responsive to hot topics

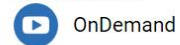


Mar 20, 2020 - May 31, 2020

Telepsychiatry in the Era of COVID-19

Addresses use of telemental health and video visits in the changing landscape surrounding the 2020 COVID-19 pandemic. *[Note: This activity is not designated for CME, CE, or NCPD credit.]*

Activity Type:



OnDemand

[VIEW DETAILS](#)



Mar 26, 2020 - Mar 26, 2023

COVID-19 and Mental Health: Caring for the Public and Ourselves

Outlines how psychiatrists can support patients, communicate with family members and children, and be a resource to other providers during the COVID-19 outbreak.

Activity Type:



OnDemand

1.0 CME

[VIEW DETAILS](#)

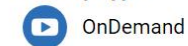


Apr 15, 2020 - May 31, 2020

Serious Mental Illness and COVID-19: Tailoring ACT Teams, Group Homes, and...

A panel of experts will answer questions about arising best practices being implemented by ACT teams or to support those in supportive housing or group homes. *[Note: This activity is not designated for CME, CE, or NCPD...]*

Activity Type:



OnDemand

[VIEW DETAILS](#)

HOW WE ADAPTED

We created tools to support immediate needs

Tips for Telehealth Billing During the COVID-19 Pandemic

Plan to get reimbursed for telehealth services? Then use this primer to identify the various types of telehealth visits and associated billing codes.

Keep in mind that guidelines change often during the COVID-19 crisis. Please reference the links below for the most current details.

1 TELEHEALTH VISIT

This is a real-time video visit and is the most common type of mental health digital visit.

It has the same standards as an in-person visit and should be paid at the same rate. However, it is a good idea to review the settings on your billing software to make sure it is accurate.

You can use the same CPT codes you already use with the addition of a modifier – modifier 95 in most cases that tells the payer that the visit was a telehealth visit and a place of service code (POS) that tells the location of the clinician. Coverage policies may vary across payers, especially during the public health emergency. Before you bill, make sure to check and confirm that you can provide and bill the service by telehealth.

Information listed in italics are those services that can also be temporarily provided by telephone during the COVID-19 crisis.

+95 Real-time audio video modifier to the end of the billing code. During the COVID-19 crisis, use this modifier for visits that you would typically provide in your office.

Initial Psychiatric Evaluation

90791*95
90792*95

Evaluation and Management Outpatient

99204*95 99205*95 99212*95
99213*95 99214*95 99215*95

Evaluation and Management Plus Psychotherapy

30 (16-37*) minutes - E/M code (Audio only – use the appropriate 99441-99443 code) and 90833*95

45 (38-52*) minutes - E/M code (Audio only – use the appropriate 99441-99443 code) and 90836*95

60 (53+*) minutes - E/M code (Audio only – use the appropriate 99441-99443 code) and 90838*95

Psychotherapy Alone

90832*95 30 (16-37*) minutes
90834*95 45 (38-52*) minutes
90837*95 60 (53+*) minutes

Family Therapy

90846*95 Patient not present
90847*95 Patient present
90849*95 Group

Group Therapy

90853*95 (Added temporarily to the Medicare Telehealth list for the period of the COVID-19 crisis)

2 TELEPHONE VISITS

There are CPT codes that describe care provided via telephone alone. They are for medical discussions or assessment and management of a new (allowed during COVID-19 crisis) or established patient.

For physicians and others who can bill for E/M services:		For psychologists, social workers, and others who can bill for E/M services:	
99441	5-10 minutes	98966	5-10 minutes
99442	11-20 minutes	98967	11-20 minutes
		98968	21-30 minutes

3 VIRTUAL CHECK-IN (G2012)

Physicians and others who can bill E/M services can bill for time spent talking to a new or established patient on the telephone or via telephone and video. Generally, the physician is responding to a contact made by the patient. This code should not be billed if the patient has been seen in the 7 days prior to the call or within 24 hours or the soonest available appointment after the brief check-in. The goal of this visit is to see if a patient needs to be seen for further evaluation or if the problem can be resolved through this call.

4 E-VISIT

This type of visit is not real time or face-to-face. It is a digital communication that a patient must initiate. Often it is done through a portal or email. This visit requires a clinical decision that typically you would provide in an office. Time is cumulative during a 7-day period. You can use CPT codes for these visits based on time.

Those that bill evaluation and management services should use:		Those that cannot bill evaluation and management services should use:	
99421	5-10 minutes	G2061	5-10 minutes
99422	11-20 minutes	G2062	11-20 minutes
99423	21-30 minutes	G2063	21-30 minutes

REMOTE PATIENT MONITORING

This involves the collection and interpretation of data that is digitally stored and transmitted by a patient to a clinician. An example is sleep tracking data from a wearable device. There are no specific billing codes in mental health for this type of visit.

STAY CURRENT

Guidelines for telehealth visits change fast. For up-to-date details on telehealth, you can use these resources.

- ☑ SMI Adviser
- ☑ Centers for Medicare and Medicaid Services
- ☑ American Psychiatric Association
- ☑ Federation of State Medical Boards
- ☑ Center for Connected Health Policy



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How to Prepare for a Video Appointment with Your Mental Health Clinician



Many mental health clinicians now offer appointments via video. A video session allows you to access care even if you cannot visit your provider in person.



Before the Day of Your Appointment

- 1 Identify a private location for your appointment
This should be a place where you can be alone and not interrupted for the duration of your video session. Ideally, find a place with good lighting so your clinician can see you. This might be a room in your home or could even be in your car.
- 2 Check your technology
Consider what technology you will use for the video session. This might be your computer, an iPad, or your mobile phone. Be sure you know how to work the camera and the volume. Check to ensure that the location for your video session has a strong internet connection. Ask your clinician or their office staff if you need to install any apps on your device in advance. Ask how you will receive a link to the visit and if they can do a test with you to ensure it works.
- 3 Organize Billing Details
Check with the office staff about billing in advance of your appointment. Have your insurance information ready and ask about any co-pays.
- 4 Prepare your thoughts
Think about what you want to discuss with your provider. Make notes if that helps you.

On the Day of Your Appointment

Get ready for your video session
On the morning of your appointment, make sure that your device is charged. Check that you have the login link you need to access your video session. About 15 minutes in advance, have your technology ready and make sure your space is quiet and without distractions.

Do not forget...
Make sure you have any notes about what you want to discuss during the appointment. Also have a pen and paper in case you need to take notes. Bring reading glasses if you need them to see things on the screen, such as rating scales. Have the phone number for your clinician's office in case you need technical support.



Start Your Appointment

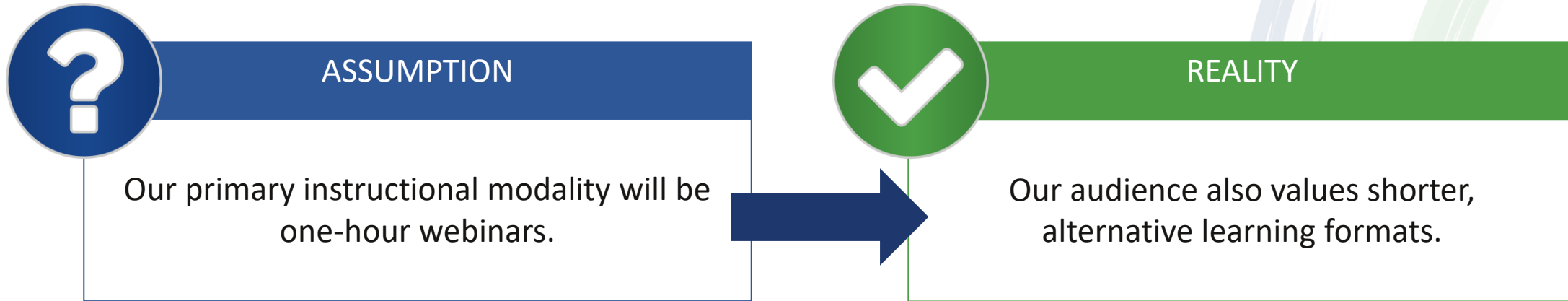
- ➔ Sign in and get started
About 3 minutes before your appointment, sign into the video session. Make sure the camera is at about eye level. Your clinician will join and usually start by asking your name, address where you are currently located, and other basic details. The video session should last the same amount of time as an office visit. Make sure you ask any questions you have before you sign off.

Have other questions about telehealth?
Visit [SMIadviser.org/answers](https://www.smiadviser.org/answers)



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WHAT WE LEARNED ABOUT EDUCATIONAL FORMATS



HOW WE ADAPTED

We are testing other short, interactive, engaging formats



Clozapine/LAI Virtual Forum

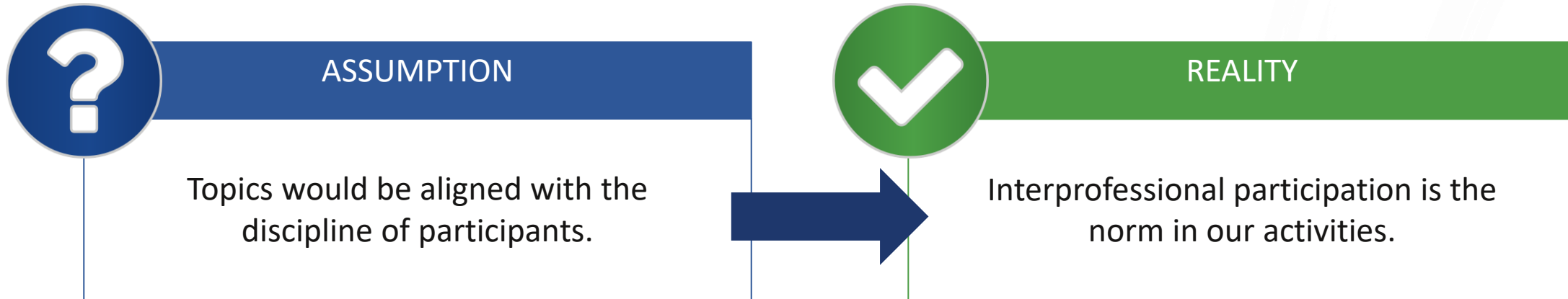


20-minute webinars



Video-based answer cards


WHAT WE LEARNED ABOUT CARE TEAM NEEDS




HOW WE ADAPTED

Topics of highest interprofessional participation


- Burnout
- CBT for Psychosis
- Criminal Justice Involvement
- Physical Health
- Psychiatric Advance Directives
- Suicide Prevention




Jun 14, 2019 - Jun 14, 2020
Burnout and Beyond in Mental Healthcare Professionals
Reviews studies about burnout in different mental healthcare settings, identifies tools to evaluate burnout and workplace satisfaction and reviews the research on organizational and individual strategies and collaborative...
Activity Type:
▶ OnDemand
1.0 CME / 1.0 CE / 1.0 CNE-NCPD
[VIEW DETAILS](#)




Feb 14, 2019 - Feb 14, 2022
Cognitive Behavioral Therapy for Psychosis: Understanding the Basics
Orientation to the application of CBT to psychotic symptoms and disorders, its evidence base, and the core principles and techniques of the...
Activity Type:
▶ OnDemand
1.0 CME
[VIEW DETAILS](#)




Oct 18, 2019 - Oct 18, 2020
Introduction to the Interface between Serious Mental Illness and the...
Examine elements of the criminal justice system and reform strategies to decrease the incarceration of individuals with SMI .
Activity Type:
▶ OnDemand
1.0 CME / 1.0 CE / 1.0 CNE-NCPD
[VIEW DETAILS](#)



May 31, 2019 - May 31, 2020
Chronic Physical Health Management for Individuals with Serious Mental...
Examines health disparities among individuals with serious mental illnesses and factors that influence wellness, physical health management, and health literacy.
Activity Type:
▶ OnDemand
1.0 CME / 1.0 CE / 1.0 CNE-NCPD
[VIEW DETAILS](#)



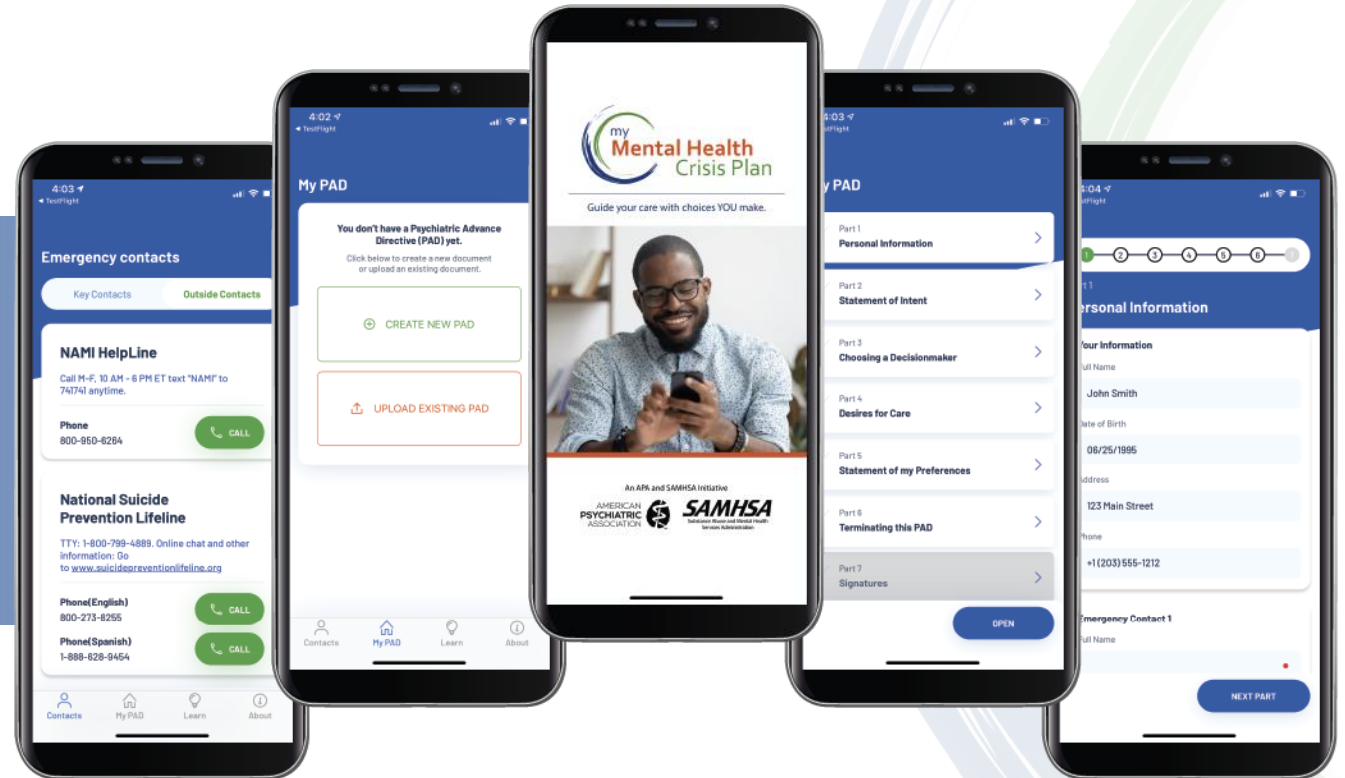
Jun 28, 2019 - Jun 28, 2020
Psychiatric Advance Directives: A Compelling Tool to Support Crisis Care
Introduces the concept of Psychiatric Advance Directives (PADS) and presents information on their potential use as well as resources to aid in implementation.
Activity Type:
▶ OnDemand
1.0 CME / 1.0 CE / 1.0 CNE-NCPD
[VIEW DETAILS](#)



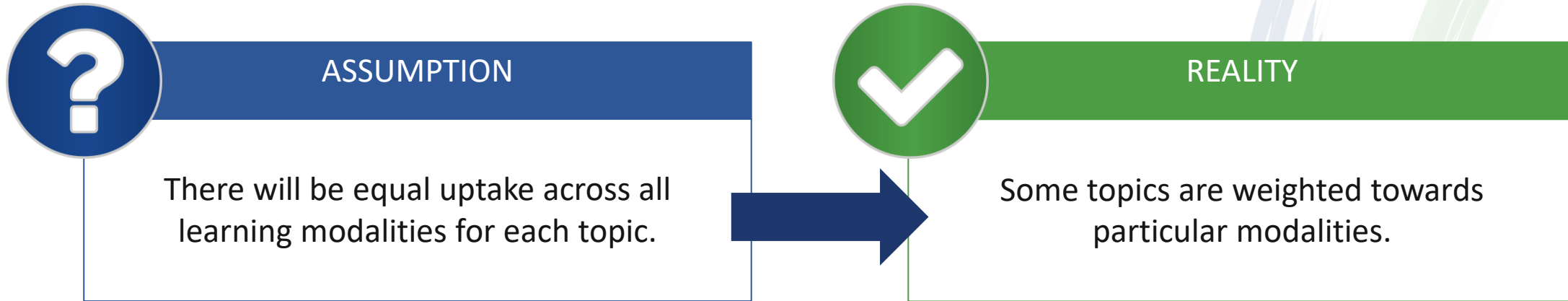
Sep 26, 2019 - Sep 26, 2022
Zero Suicide: Taking a Systems Approach to Suicide Prevention in Health...
An overview of the Zero Suicide framework and its core elements, including key clinical, organizational, and continuous quality improvement components.
Activity Type:
▶ OnDemand
1.0 CME
[VIEW DETAILS](#)

HOW WE ADAPTED

We created tools for use by all disciplines on the mental health team



WHAT WE LEARNED ABOUT EDUCATION UPTAKE



HOW WE ADAPTED

Top 3 Consult Topics from Virtual Learning Collaboratives

1 Psychopharmacology

2 Schizophrenia

3 Clozapine

Sample of Top Knowledge Base answer cards

What are clinical considerations for giving LAIs during the COVID-19 public health emergency?

Type: Knowledge Base (Clinicians)
Answered by: SMI Adviser LAI Workgroup
Date Answered: March 25, 2020
Topic: COVID-19
Tags: COVID-19, Long-acting Injectables

What should clinicians know about haloperidol decanoate ("Haldol Dec")?

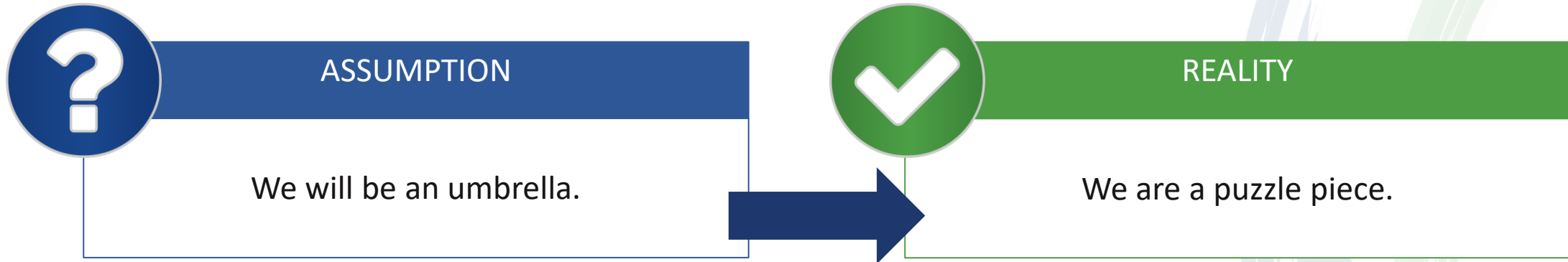
Type: Knowledge Base (Clinicians)
Answered by: SMI Adviser LAI Workgroup
Date Answered: January 23, 2020
Topic: Psychopharmacology
Tags: Long-acting Injectables

How do I interpret clozapine or norclozapine blood, serum or plasma levels, what do these mean?

Type: Knowledge Base (Clinicians)
Answered by: SMI Adviser Clozapine Workgroup
Date Answered: February 15, 2019
Topic: Clozapine
Tags: Clozapine, Psychopharmacology, Schizophrenia



WHAT WE LEARNED ABOUT THE LANDSCAPE

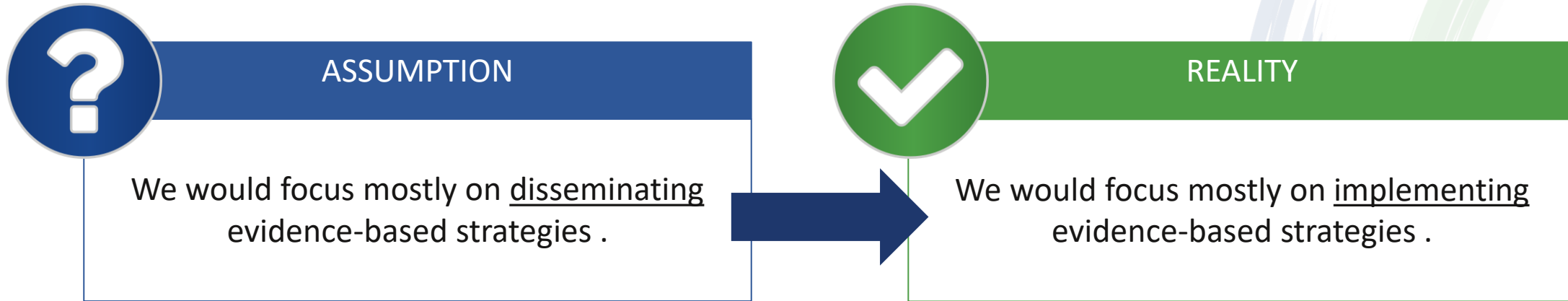


HOW WE ADAPTED

We are partnering across organizations to minimize overlap and cover all gaps.



WHAT WE LEARNED ABOUT TECHNICAL ASSISTANCE



HOW WE ADAPTED

We created more interactive, peer-to-peer modalities alongside expert-led modalities



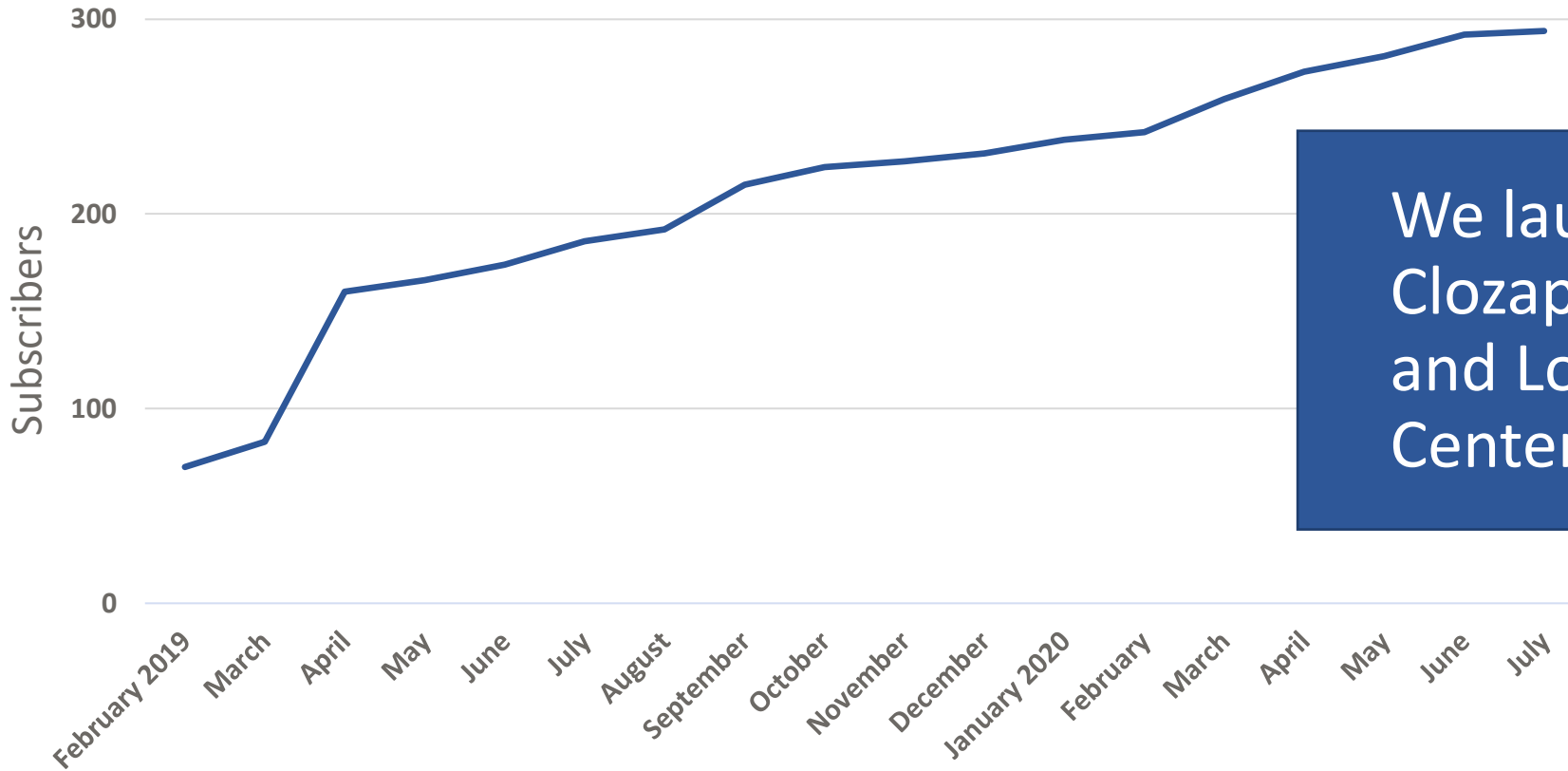
Serious Mental Illness and COVID-19: Tailoring ACT Teams, Group Homes, and Supportive Housing

ACTIVITY TYPE: On Demand

RELEASE DATE: 4/15/2020
EXPIRATION DATE: 12/31/2020
PARTICIPATION: 1



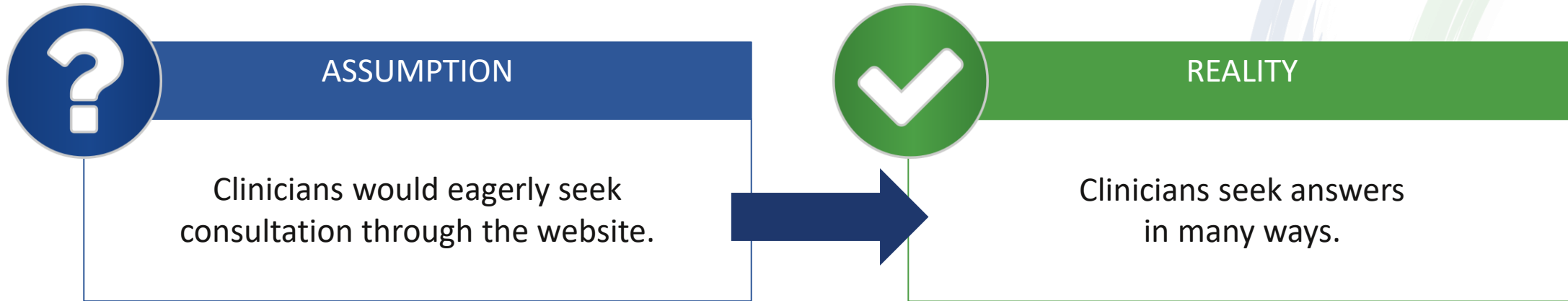
HOW WE ADAPTED



We launched a listserv for our Clozapine Center of Excellence and Long-Acting Injectable Center of Excellence



WHAT WE LEARNED ABOUT CONSULTATIONS



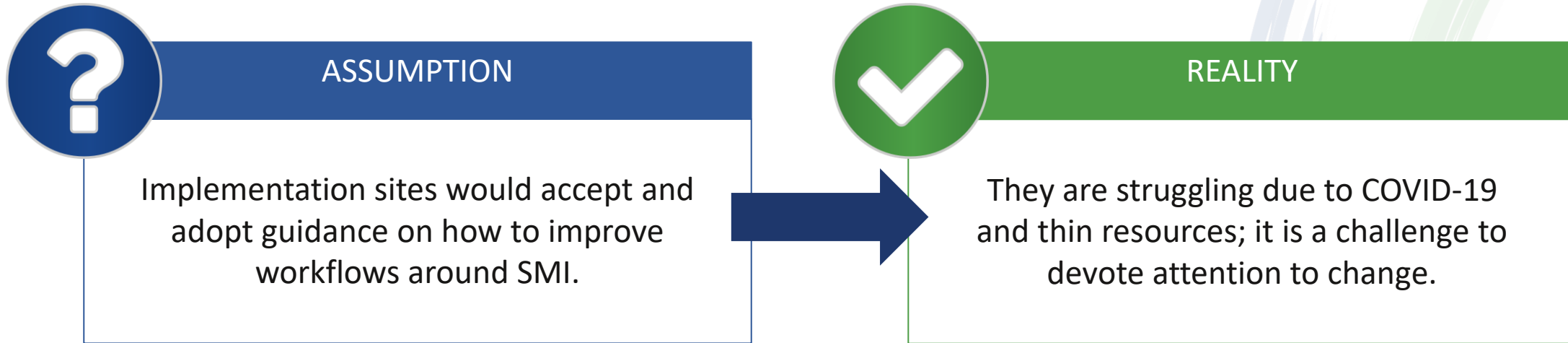
HOW WE ADAPTED

- Webinar participation has exceeded goals
- Increased time for Q&A
- We create answer cards for questions not answered during webinars

53,500+
Total
Registrations


33%+
Increase
Since April

WHAT WE LEARNED ABOUT INTENSIVE CONSULTATION



HOW WE ADAPTED

- Removed routine calls and work around their schedules
- Developed resources to address specific needs

 An APA and SAMHSA Initiative
AMERICAN PSYCHIATRIC ASSOCIATION SAMHSA


Coping with Psychotic Symptoms

At times, symptoms may disrupt your ability to function. It is important to share that with your treatment team. Yet keep in mind that even when you follow your treatment plan, at times you may still have some psychotic symptoms. Recovery does not always mean that all symptoms go away for good.

Below is a list of tips that you can use to deal with psychotic symptoms. These tips come from interviews with people who live with serious mental illness (SMI) and from clinicians who work with this population.

1. Take your medications as prescribed.
2. Avoid behaviors and situations that made symptoms start in the past (e.g., use of scary movies, chaotic work situations).
3. Connect with your supports that are non-judgmental, such as support groups.
4. Use cognitive strategies to mindfully reason through problem thinking – think about the basis and possible alternative ways to interpret it.
5. Control where you are and what is around you, which may include finding a quiet place to be around others.
6. Engage in spiritual practices that may be a way to engage non-judgmental supports for peace, and escape chaos.
7. Focus on well-being – this includes aspects that are key to health such as exercise and eating well.
8. Dive into an activity that distracts and absorbs your mind, gives you a sense of purpose, and adds some structure to the week (e.g., job, school).

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Considerations for Promoting Safe Home Visits with Individuals who have Serious Mental Illness (SMI)

Violence between an individual who has SMI and a mental health worker is rare and difficult to predict. The intent of this document is to be a list of considerations for promoting safe home visits. It is not intended to be a definitive violence risk assessment. As always, your clinical judgement - in addition to these considerations - should be used to make decisions about safety.

General Safety Considerations

- Be aware of previous interpersonal violence.
- Be aware of a previous arrest record.
- Be aware of firearm ownership.
- Be aware of substance use history.

Plan for Safety Prior to a Home Visit

- Review notes and prior assessments and make note of:
 - Recent worsening of symptoms. Persecutory delusions could be of specific concern.
 - Recent life stressors or changes that may affect a client's behavior.
- Complete a check-in call to remind the client of the scheduled visit during which you can check on current symptoms and life events.
- Consider any current events regarding violence that might be a trigger.
- Be aware of the client's residential situation (e.g., live alone; with roommates; group home with or without on-site staff).
- If substance use is an issue, plan visits earlier in the day.
- Consider a tele-visit with the client where safety is a concern.
- Consider visiting in pairs where safety is a concern.
- Have the phone numbers of colleagues in your phone for easy access.
- Ensure that you know how to use your organization's safety reporting app, if applicable.
- Be knowledgeable of your organization's safety protocols prior to a visit.

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EDUCATION NEEDS

YEAR TWO GAP ASSESSMENT LED BY
NASMHPD IN COLLABORATION WITH NRI

YEAR 2 GAP ASSESSMENT

Areas identified to focus content development

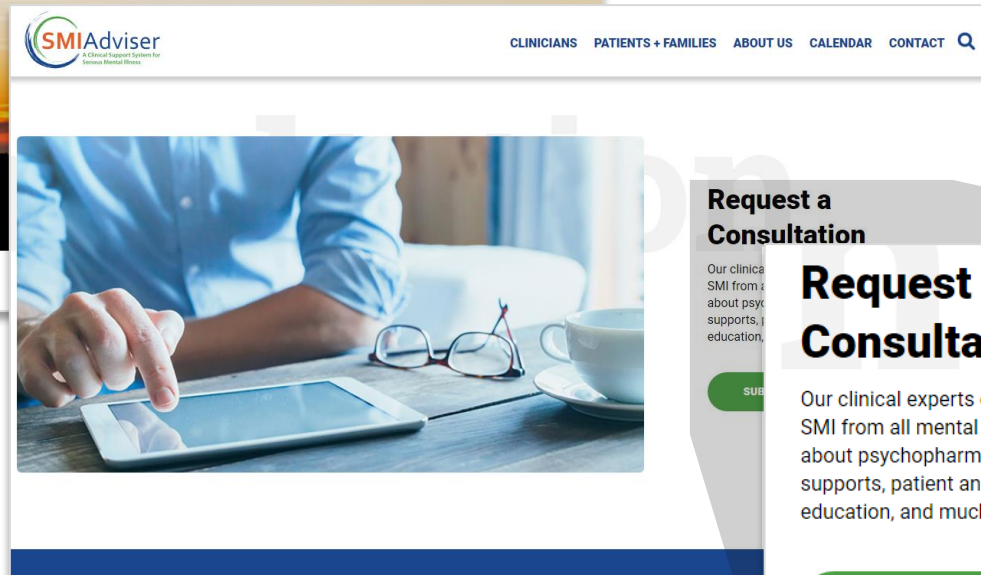
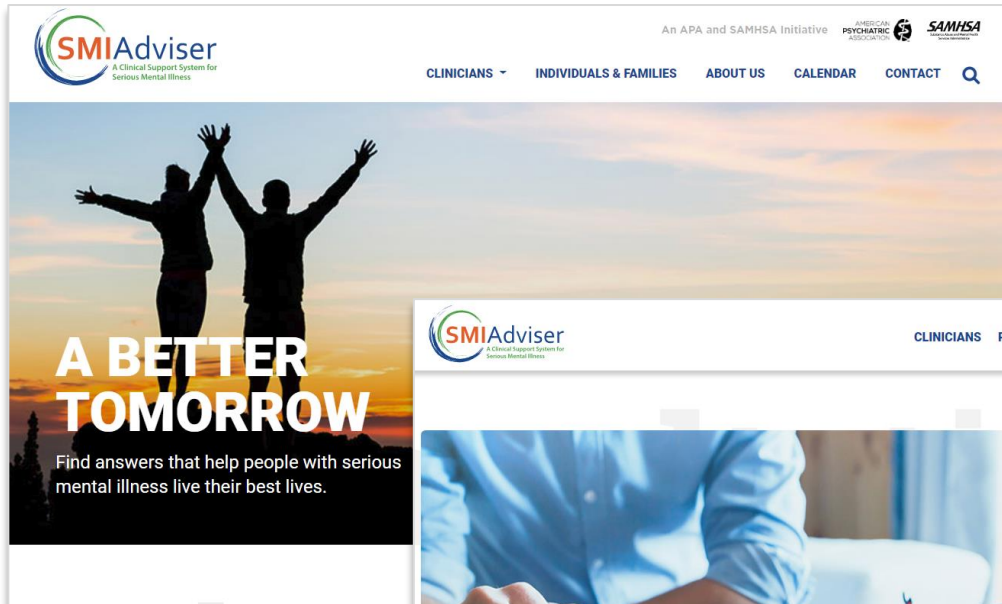
Manualized
psychotherapy

High Utilization

Assertive Community
Treatment (ACT)

LGBTQ

WHEN RESOURCES DO NOT EXIST, SEND US QUESTIONS



- 1 Go to SMIadviser.org/submit-consult
- 2 Log in or create an account
- 3 Submit questions and receive guidance from an SMI expert

Ask any questions related to SMI – care for special populations, where to find resources for families, or any other topics. Receive a response within one business day.



COLLABORATE WITH US

ACTION STEPS TO COLLABORATE WITH SMI ADVISER



Share information about SMI Adviser with your stakeholders

- Partner Action Toolkit – SMIadviser.org/toolkit



Participate in and share our education and offerings

- SMIadviser.org/education



Direct any questions to our consultation service

- SMIadviser.org/submit-consult





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