




Cultivating Outcomes  
through Equity in Behavioral  
Telehealth (COE-BT)

**ANALYSIS OF TELEHEALTH MATURITY  
ASSESSMENT WITH CLINIC PARTICIPANTS**


August 25, 2022

*Made possible with support from the California Health Care Foundation*



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**WELCOME**  
**GROUNDING EXERCISE**  
**LAND AND LABOR ACKNOWLEDGMENT**  
**CULTURAL OPENER**  
**AGENDA REVIEW**



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Time	Agenda Items	Facilitator
9:00 – 9:10 AM	Welcome & Agenda Review	David Salinas, Sr. Associate, CIBHS Jennifer Clancy, Director of Strategic Initiatives, CIBHS
9:10 – 9:20 AM	Cultural Opener	Jennifer Clancy, Director of Strategic Initiatives CIBHS
9:20 – 10:00 AM	Analysis of Telehealth Assessment and Client Survey Results	Jim Meyers, Principal & Owner, Meyers Health Consulting Jennifer Clancy, CIBHS
10:00 – 10:15 AM	Introduction to AIM Statements	Jennifer Clancy, Director of Strategic Initiatives, CIBHS
10:15 – 10:25 AM	BREAK	
10:25– 11:05 AM	Breakout Sessions: Envisioning Your Aim	COEBT Coaches
11:05 – 11:35 AM	Introduction to Community Based Participatory Research	Tamu Green, CEO, Equity and Wellness Institute
11:35– 11:55 AM	Introduction to Digital Navigators Academy	John Torous, Director, Digital Psychiatry Division, Beth Israel Deaconess Medical Center (BIDMC) Noy Alon, Digital Equity Lead and Research Asst, BIDMC Sarah Chang, Digital Clinic Lead and Research Asst. BIDMC
11:55 AM – 12:00 PM	Next Steps and Adjourn	Kelly Bitz, Associate, CIBHS

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## *SMALL GROUP CULTURAL OPENER*

**Who are the people who have influenced your thinking around race and ethnicity and impacted how and where you show up?**

1. We will break into groups of 3.
2. Each person will have 2 minutes to answer uninterrupted.








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# ANALYSIS AND FINAL REPORT

## COE BT PARTICIPANT TELEBEHAVIORAL HEALTH MATURITY ASSESSMENTS

*JIM MEYERS, DRPH*  
MEYERS HEALTH CONSULTING



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# EXECUTIVE SUMMARY



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## *COHORT RESPONSE SUMMARY*

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- 9 of 13 Teams completed the assessment
  - Remaining 4 teams will work with their coaches to complete the assessment
- Report sent to each team with comparison provided to all respondents
- Baseline assessment intended to:
  - inform learning sessions
  - environmental assessment at the beginning of the project
  - And, planning for rapid testing

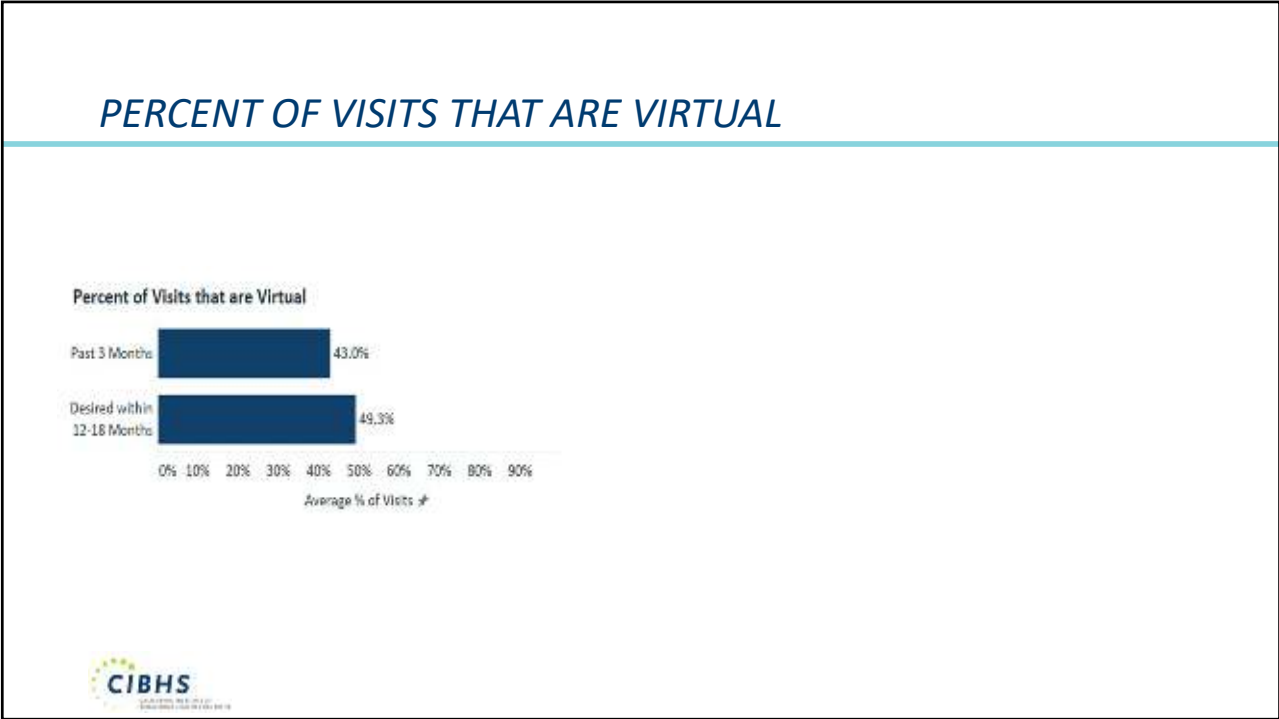


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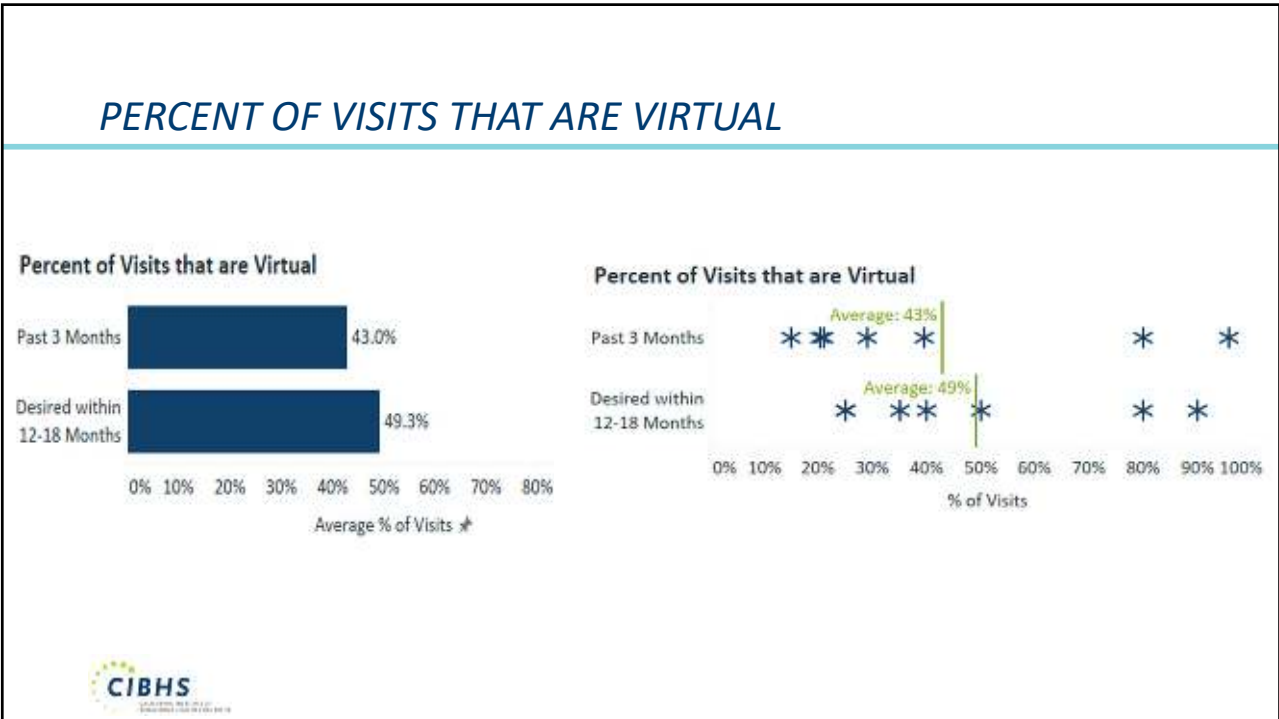
## *KEY ORGANIZATION DATA SUMMARY*



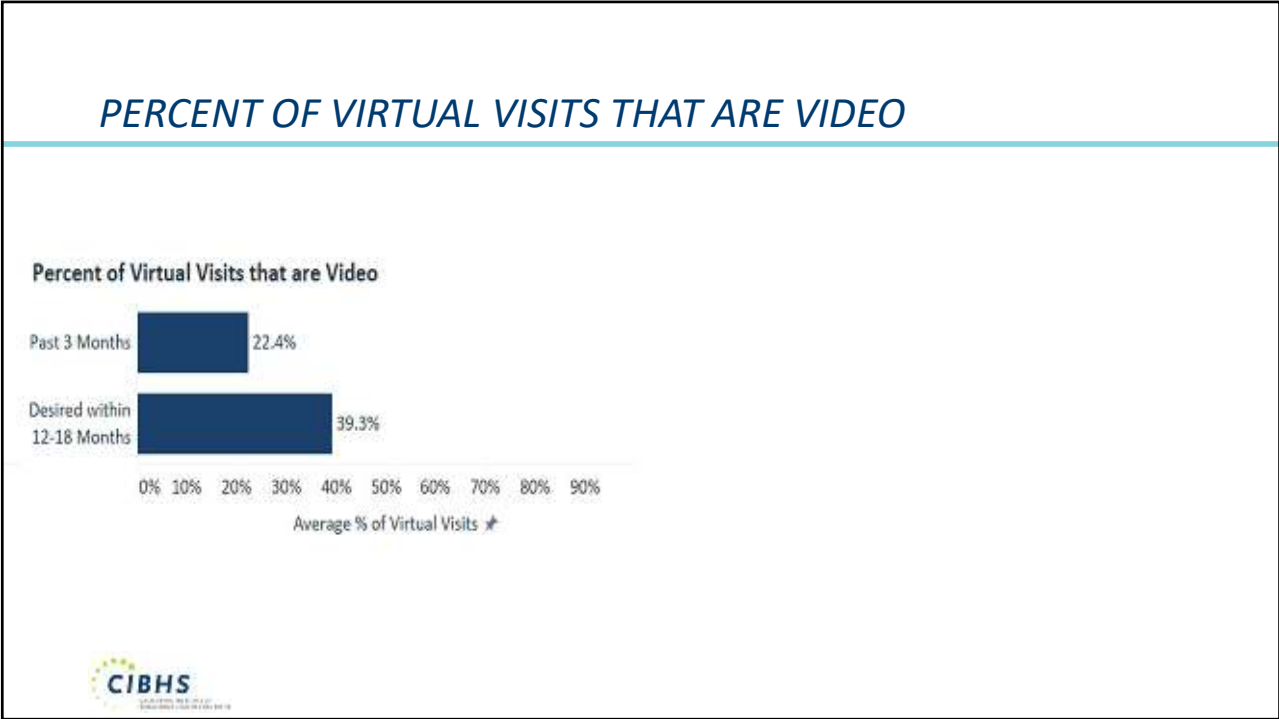
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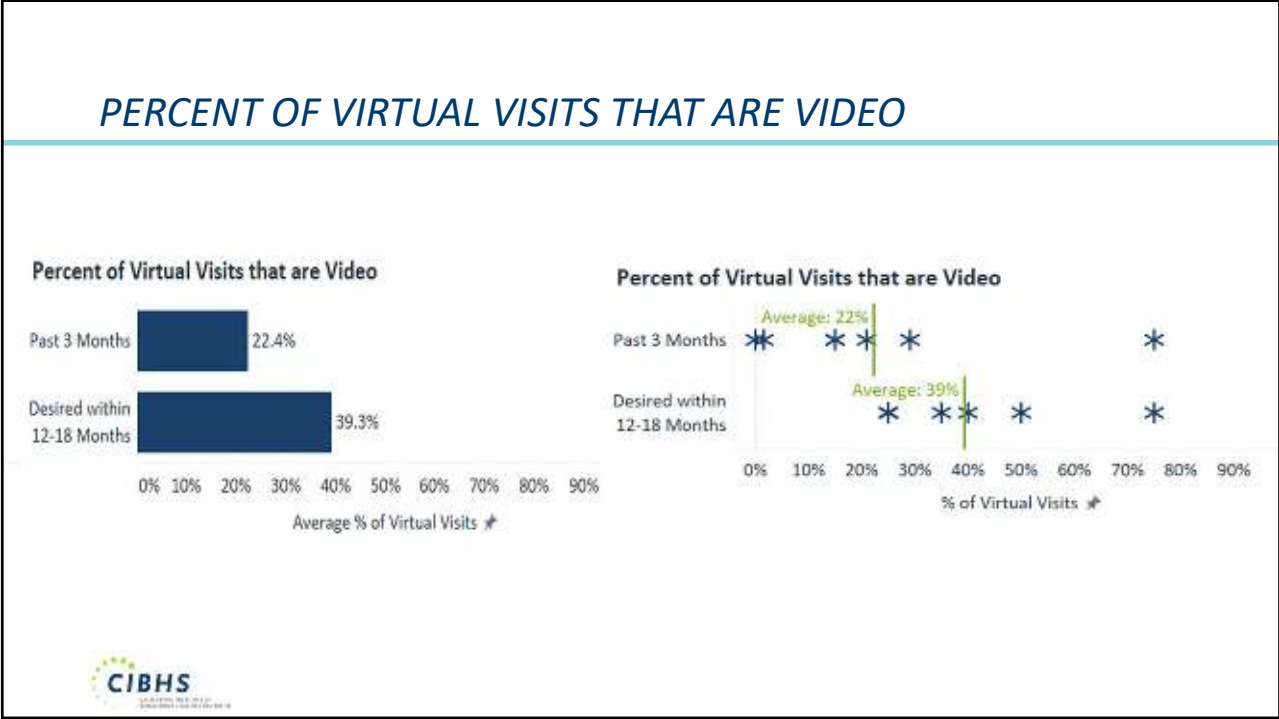
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## VENDORS

Zoom

**Used for:**

- ✓ Video Visits
- ✓ Pre-Visit Surveys/ Questionnaires
- ✓ Providing Educational Materials

**Used by:** Agape, Korean Community Services, Lincoln Families, Riverside, Turning Point CORE, WellSpace

NextGen

**Used for:**

- ✓ Providing Educational Materials
- ✓ Making Appointments
- ✓ Texting

**Used by:** Korean Community Services, WellSpace

**Other Vendors**


**Video Visits:** Doximity, FaceTime, Intelichart, Microsoft Teams

**Pre-Visit Surveys/Questionnaires:** Docusign, Gmail, Intelichart, OCHIN/Epic, Survey Monkey, Therapymate

**Providing Educational Materials:** Gmail, Docusign, Live Chat, Microsoft Teams, OCHIN/Epic, Percensys Core, Therapymate

**Making Appointments:** Intelichart, Microsoft Teams, Netsmart, OCHIN/Epic, Outlook

**Texting:** Verizon, OCHIN/Epic, WellApp



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## KEY COMMUNITIES OF FOCUS

Sexual Orientation and Gender Identity

- LGBTQIA+ (Riverside, Turning Point CARE, Turning Point CORE)

Service Needs

- Foster children/children at risk for foster care (Agape, Lincoln Families)
- Individuals experiencing homelessness (Turning Point CORE)
- Individuals receiving MAT services (Korean Community Services)

Race/Ethnicity


- Hispanic, Latino/a, Latinx (Riverside, Turning Point CARE)
- Black, African American, African Descent (Riverside)
- Black, Indigenous, People of Color (Agape)

Language

- Spanish-Speaking (Agape, Native American Health Center)
- Korean-Speaking (Korean Community Services)
- Non-Native English-Speaking (Turning Point CORE)

Age

- Older Adults (Native American Health Center, Turning Point CORE)
- Transition Aged Youth (Turning Point CARE)



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# SUMMARY

# STRATEGIC ASSESSMENT




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## SCALE

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<b><i>Basic</i></b>	<b><i>Foundational</i></b>	<b><i>Advanced</i></b>
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### SCALE


<b>Basic</b>	<b>Foundational</b>	<b>Advanced</b>
<b>Score = 1</b>	<b>Score = 2</b>	<b>Score = 3</b>



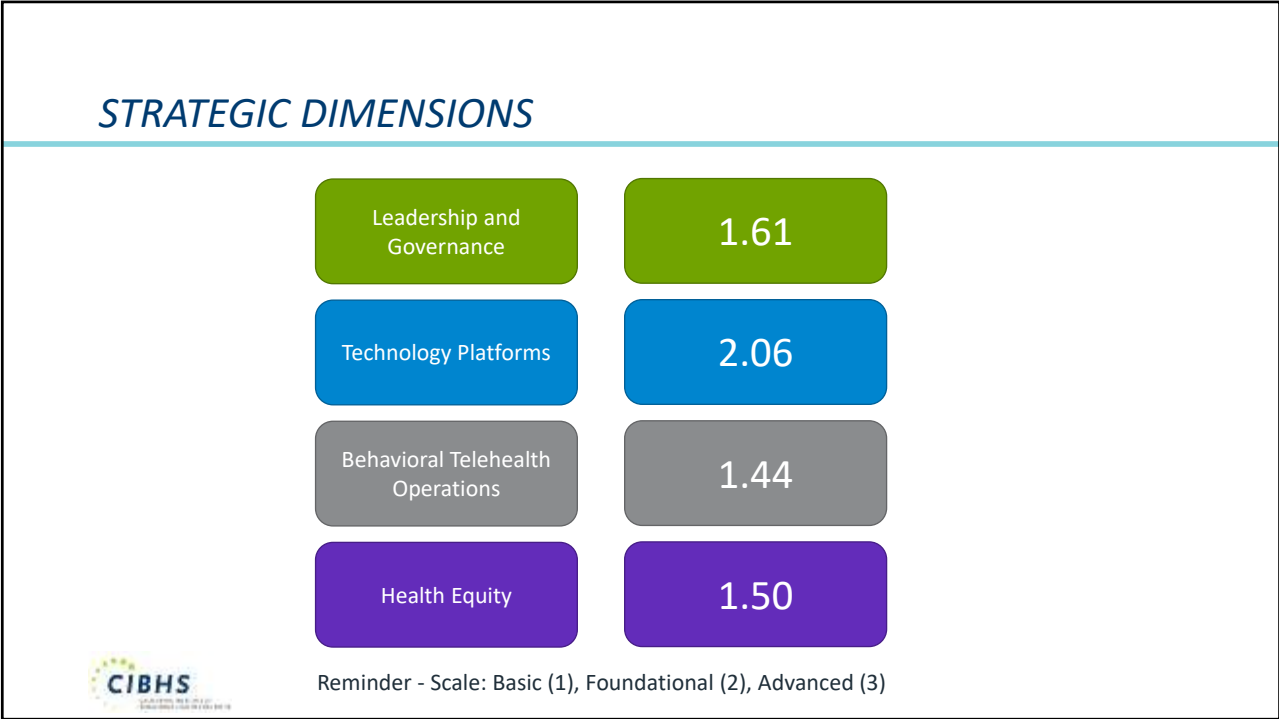
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### STRATEGIC DIMENSIONS

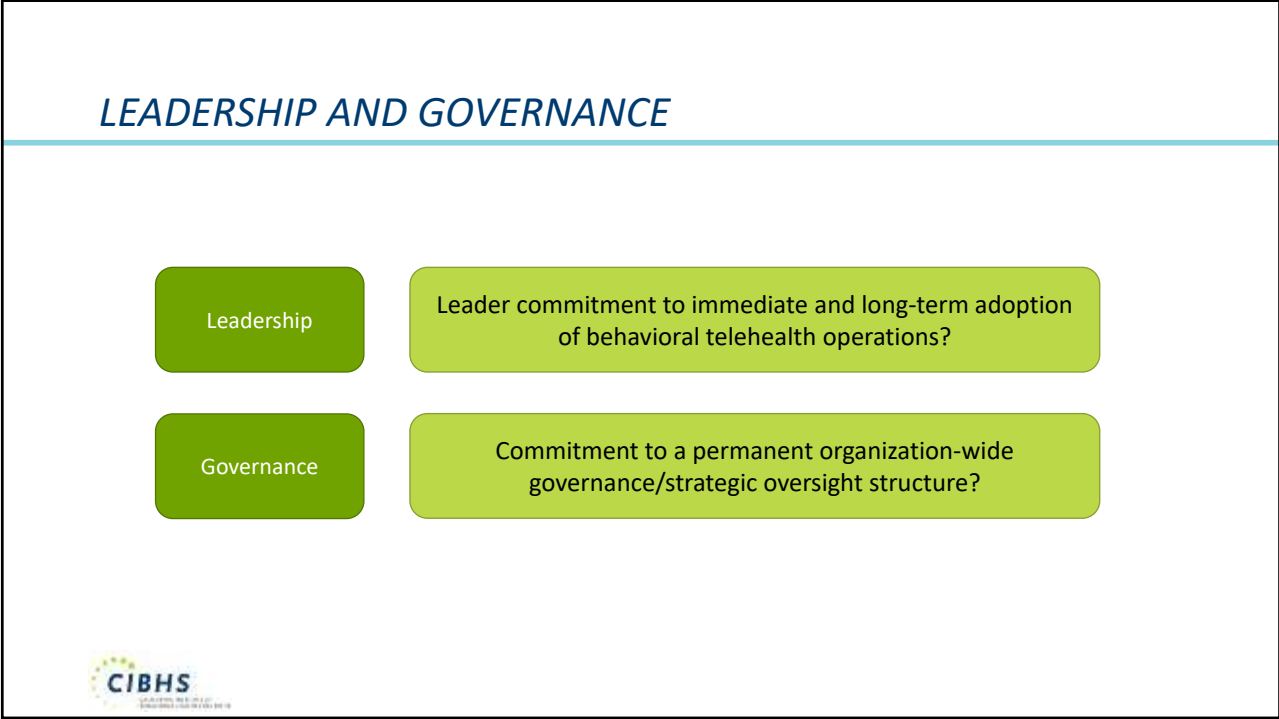
- Leadership and Governance
- Technology Platforms
- Behavioral Telehealth Operations
- Health Equity



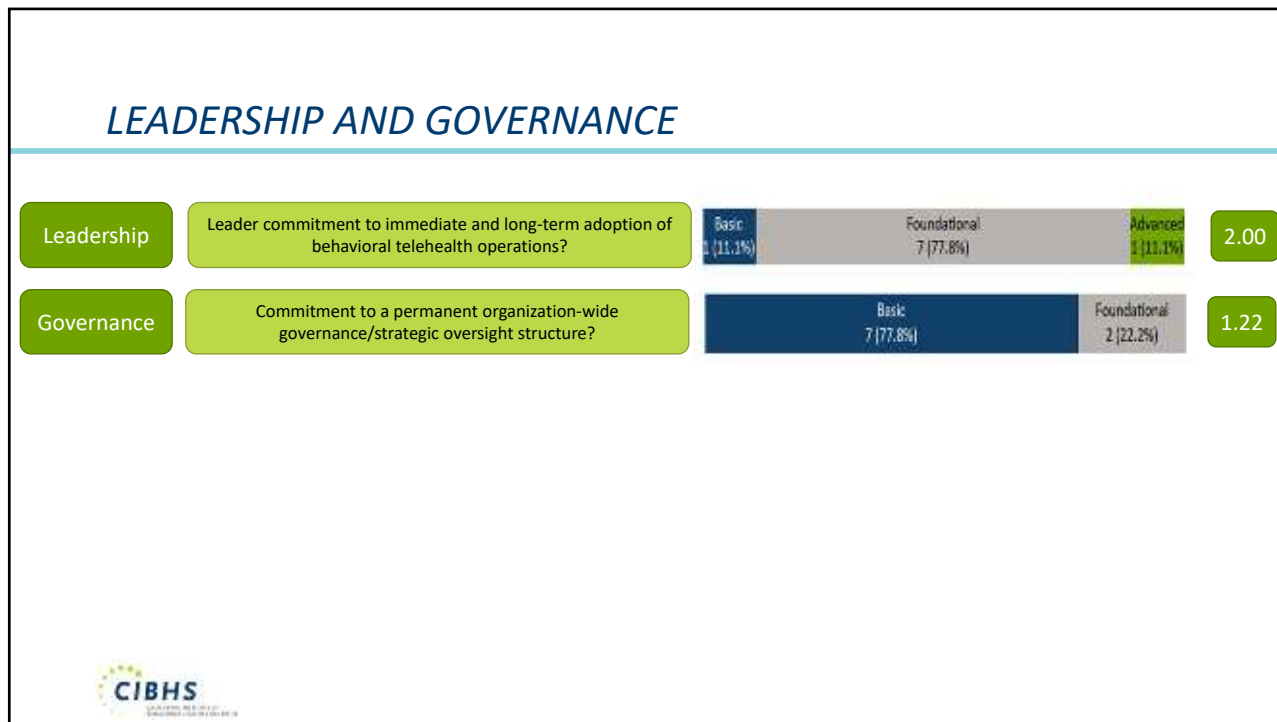
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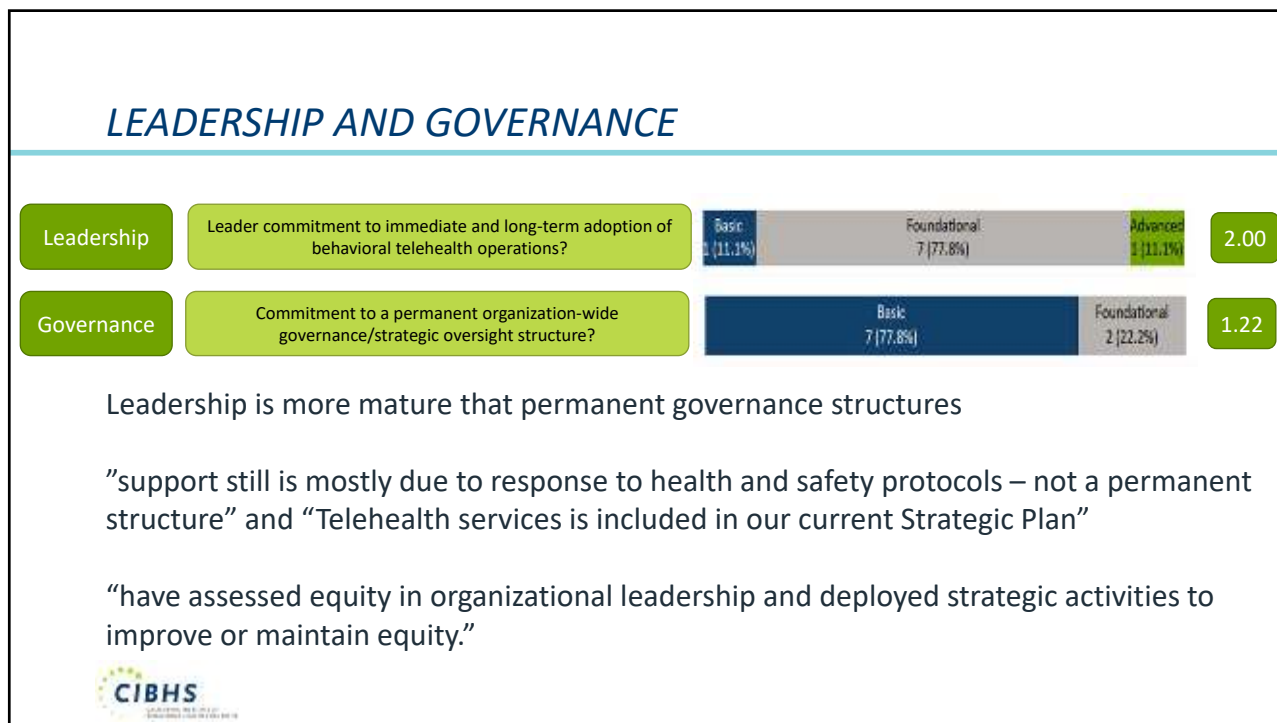
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## TECHNOLOGY PLATFORMS

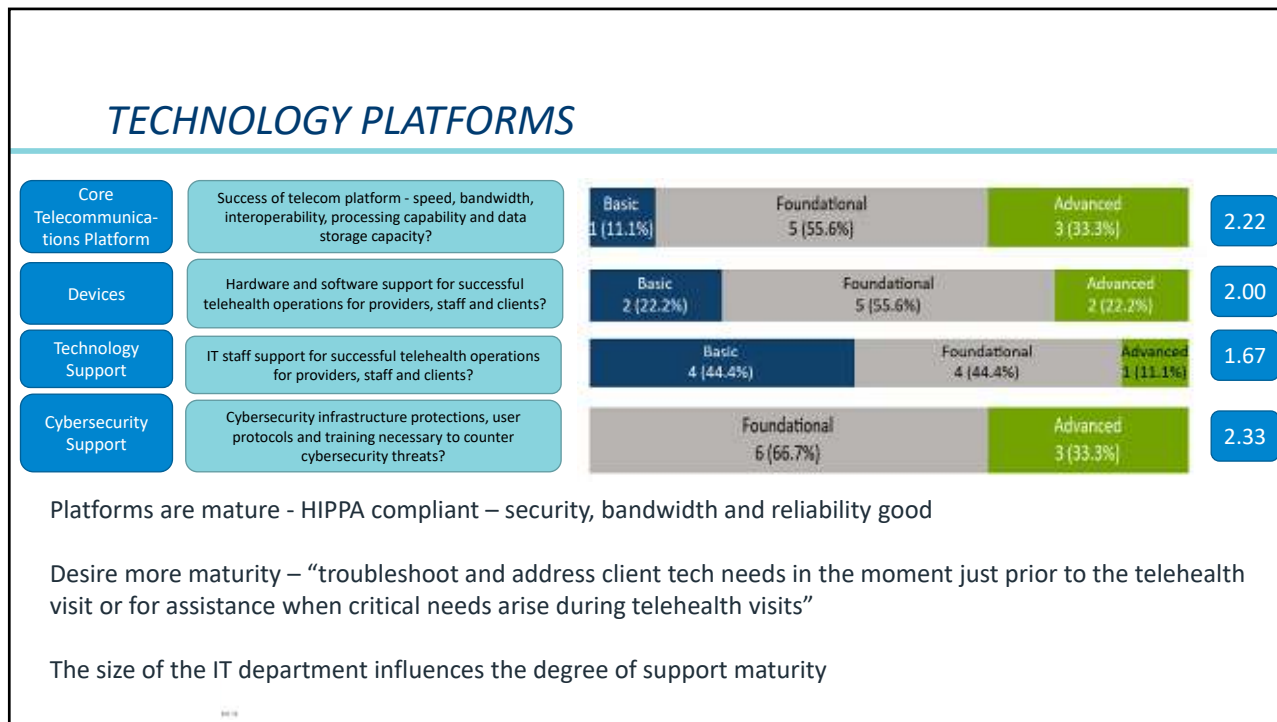
Core Telecommunications Platform	Success of telecom platform - speed, bandwidth, interoperability, processing capability and data storage capacity?
Devices	Hardware and software support for successful telehealth operations for providers, staff and clients?
Technology Support	IT staff support for successful telehealth operations for providers, staff and clients?
Cybersecurity Support	Cybersecurity infrastructure protections, user protocols and training necessary to counter cybersecurity threats?

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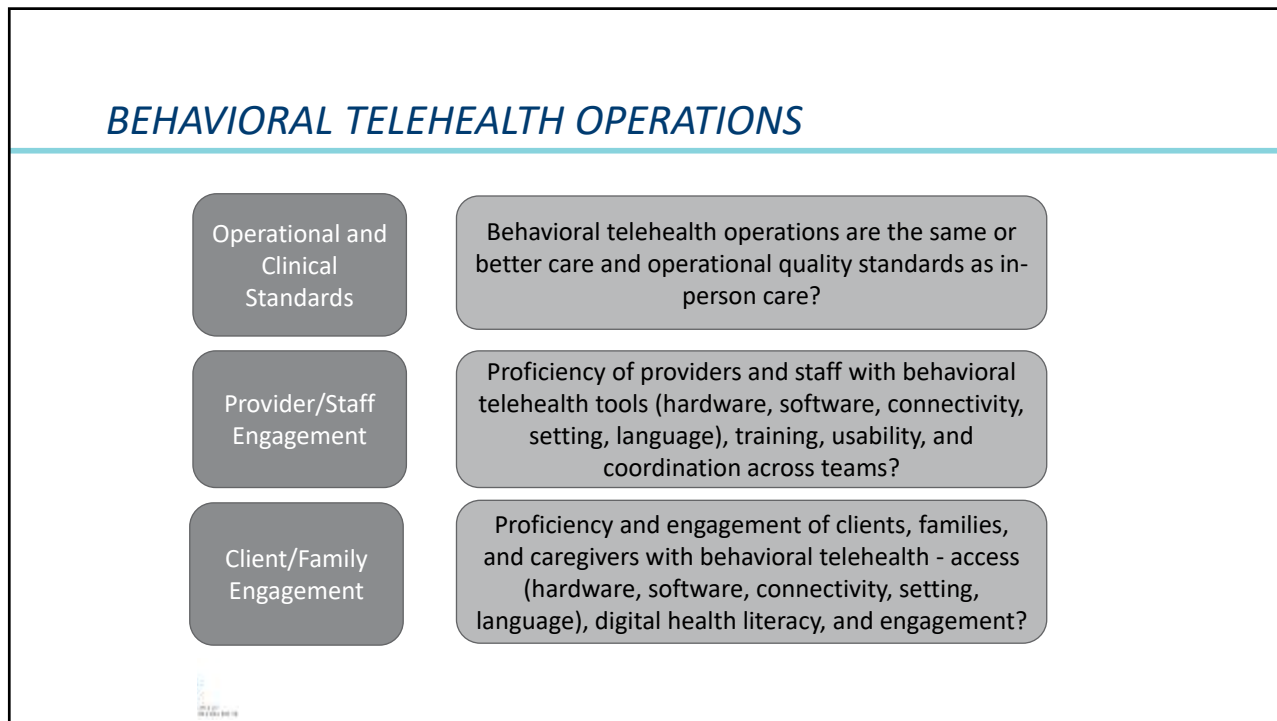
## TECHNOLOGY PLATFORMS

Core Telecommunications Platform	Success of telecom platform - speed, bandwidth, interoperability, processing capability and data storage capacity?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #003366; color: white;">Basic 1 (11.1%)</td> <td style="background-color: #A9A9A9;">Foundational 5 (55.6%)</td> <td style="background-color: #70AD47; color: white;">Advanced 3 (33.3%)</td> </tr> </table>	Basic 1 (11.1%)	Foundational 5 (55.6%)	Advanced 3 (33.3%)	2.22
Basic 1 (11.1%)	Foundational 5 (55.6%)	Advanced 3 (33.3%)				
Devices	Hardware and software support for successful telehealth operations for providers, staff and clients?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #003366; color: white;">Basic 2 (22.2%)</td> <td style="background-color: #A9A9A9;">Foundational 5 (55.6%)</td> <td style="background-color: #70AD47; color: white;">Advanced 2 (22.2%)</td> </tr> </table>	Basic 2 (22.2%)	Foundational 5 (55.6%)	Advanced 2 (22.2%)	2.00
Basic 2 (22.2%)	Foundational 5 (55.6%)	Advanced 2 (22.2%)				
Technology Support	IT staff support for successful telehealth operations for providers, staff and clients?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #003366; color: white;">Basic 4 (44.4%)</td> <td style="background-color: #A9A9A9;">Foundational 4 (44.4%)</td> <td style="background-color: #70AD47; color: white;">Advanced 1 (11.1%)</td> </tr> </table>	Basic 4 (44.4%)	Foundational 4 (44.4%)	Advanced 1 (11.1%)	1.67
Basic 4 (44.4%)	Foundational 4 (44.4%)	Advanced 1 (11.1%)				
Cybersecurity Support	Cybersecurity infrastructure protections, user protocols and training necessary to counter cybersecurity threats?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #A9A9A9;">Foundational 6 (66.7%)</td> <td style="background-color: #70AD47; color: white;">Advanced 3 (33.3%)</td> </tr> </table>	Foundational 6 (66.7%)	Advanced 3 (33.3%)	2.33	
Foundational 6 (66.7%)	Advanced 3 (33.3%)					

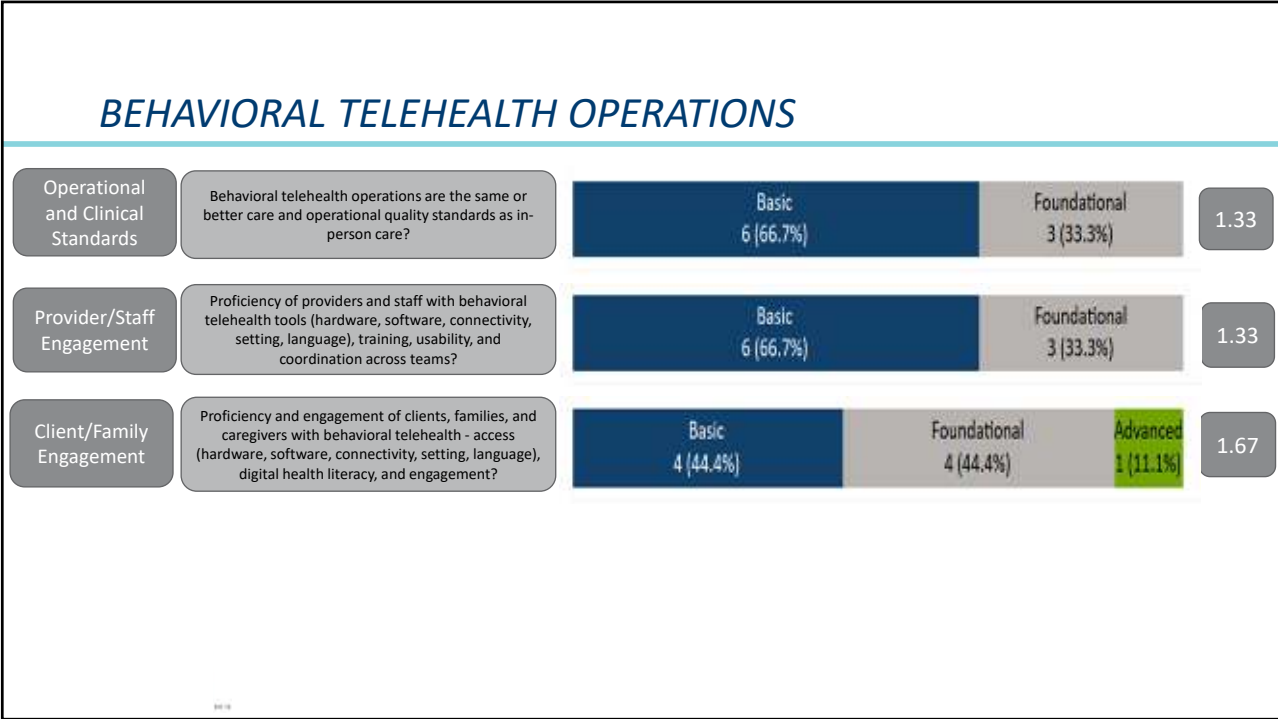
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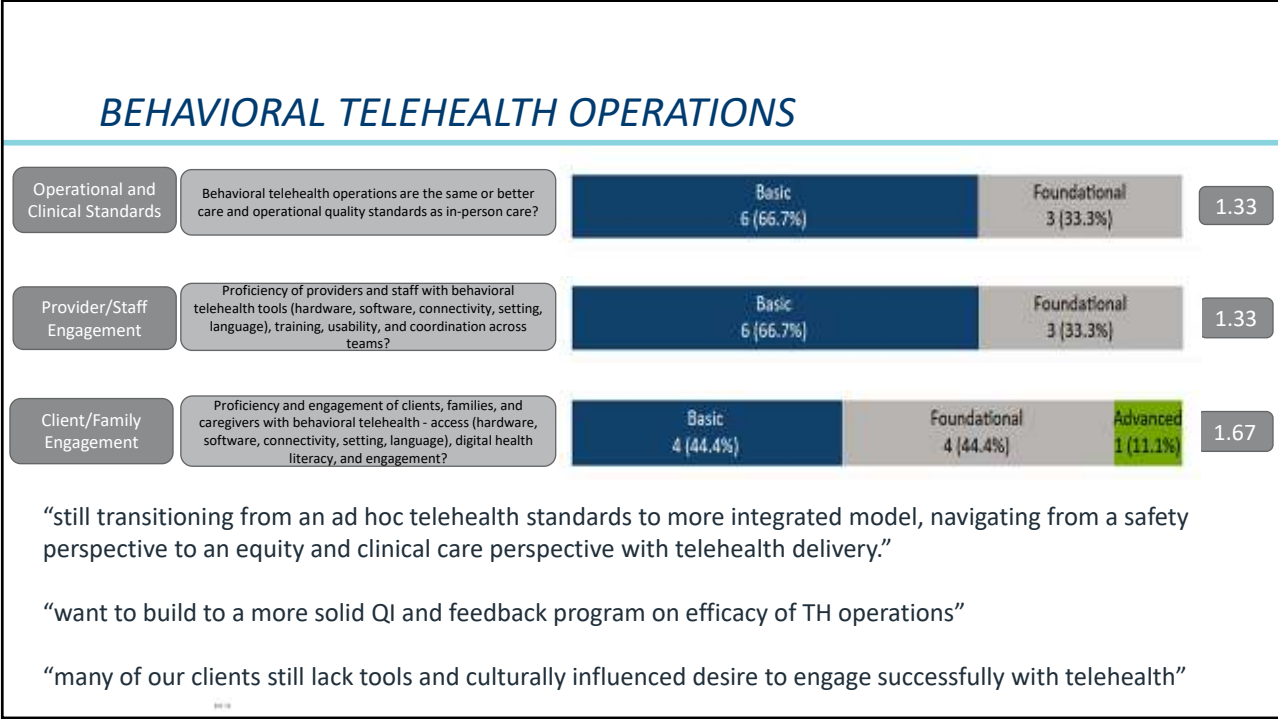
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### HEALTH EQUITY

Awareness

Awareness of varying levels of access to and uptake of behavioral telehealth in their client/client population and the impact of telehealth on inequities in access, care, experience, and outcomes?

Action

Telehealth processes are intentionally designed to create equitable access to care and reduce behavioral health disparities



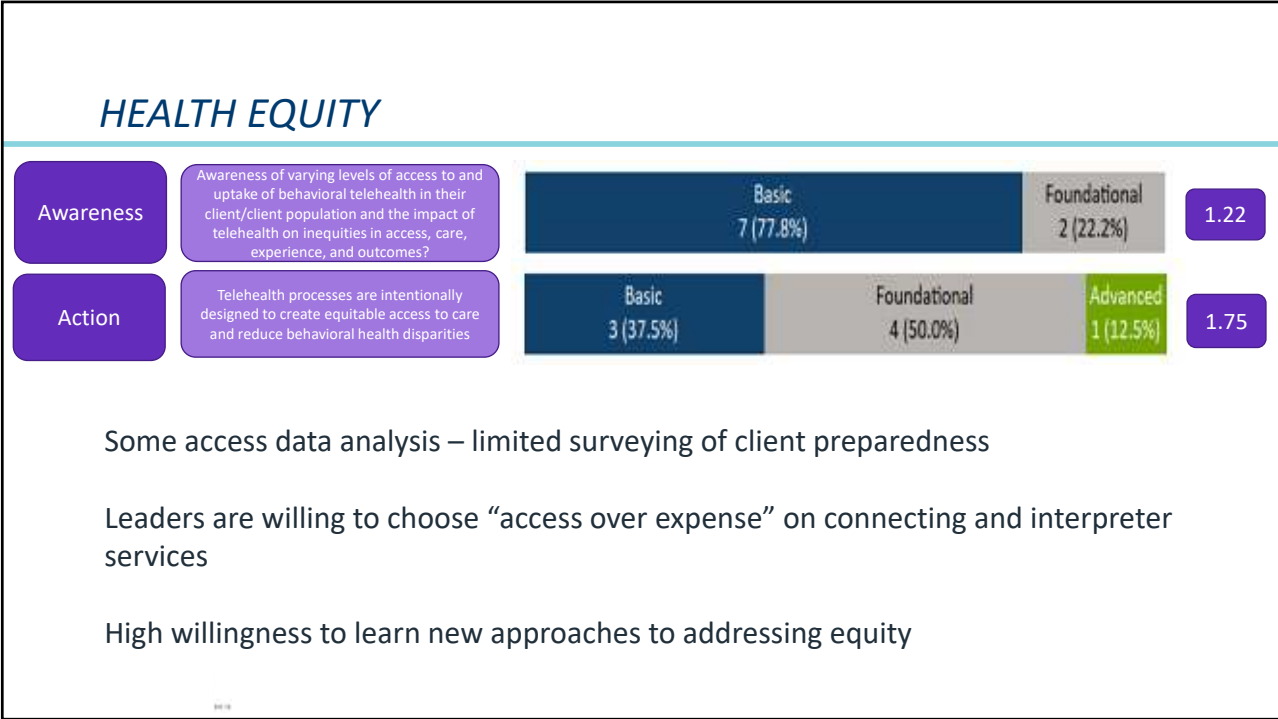
31

### HEALTH EQUITY

Awareness	Awareness of varying levels of access to and uptake of behavioral telehealth in their client/client population and the impact of telehealth on inequities in access, care, experience, and outcomes?	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="background-color: #004a7a; color: white; padding: 5px; border-radius: 5px; text-align: center;">                     Basic 7 (77.8%)                 </div> <div style="background-color: #a9a9a9; padding: 5px; border-radius: 5px; text-align: center;">                     Foundational 2 (22.2%)                 </div> </div>	1.22
Action	Telehealth processes are intentionally designed to create equitable access to care and reduce behavioral health disparities	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="background-color: #004a7a; color: white; padding: 5px; border-radius: 5px; text-align: center;">                     Basic 3 (37.5%)                 </div> <div style="background-color: #a9a9a9; padding: 5px; border-radius: 5px; text-align: center;">                     Foundational 4 (50.0%)                 </div> <div style="background-color: #76923c; color: white; padding: 5px; border-radius: 5px; text-align: center;">                     Advanced 1 (12.5%)                 </div> </div>	1.75

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### QUESTION – CHAT RESPONSE

Is there one specific strategic action area that rises to the top after you see this data and why?




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# SUMMARY

# TACTICAL ASSESSMENT



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## SCALE

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<i>N/A</i>	<i>Not Started</i>	<i>Planning</i>	<i>Ad Hoc</i>	<i>Developing</i>	<i>Mature</i>
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### SCALE


<i>N/A</i>	<i>Not Started</i>	<i>Planning</i>	<i>Ad Hoc</i>	<i>Developing</i>	<i>Mature</i>
Does not apply	No Plans or Operations	Plans but no Operations	As needed Use what we got	Initial platform, workflows, staffing	Permanent platform, workflows, staffing  QI  Performance metrics  Action to Improve Equity  Full revenue cycle



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### PRE-VISIT

Clients are contacted prior to their behavioral telehealth visit to assess their digital literacy and help them prepare for the technology requirements of the visit



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### PRE-VISIT

Clients are contacted prior to their behavioral telehealth visit to assess their digital literacy and help them prepare for the technology requirements of the visit



*Individuals self-perceived and actual skills to access behavioral health virtually affect their quality of care and outcomes.*




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## COMMON BEHAVIORAL TELEHEALTH TASK – PRE-VISIT

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Clients receive pre-visit screening or intake surveys to complete prior to the visit

NA 2 (22.2%)	Not Started 2 (22.2%)	Planning 1 (11.1%)	Ad Hoc 1 (11.1%)	Developing 2 (22.2%)	Mature 1 (11.1%)
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## PRE-VISIT

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Staff Actively Screen Appointments and Contact Clients to Determine Appropriateness of Use of Telephone or Video for the Visit



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**PRE-VISIT**

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Staff Actively Screen Appointments and Contact Clients to Determine Appropriateness of Use of Telephone or Video for the Visit

NA	Planning	Ad Hoc	Developing	Mature
1 (11.1%)	1 (11.1%)	5 (55.6%)	1 (11.1%)	1 (11.1%)

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**PRE-VISIT**

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Staff Actively Screen Appointments and Contact Clients to Determine Appropriateness of Use of Telephone or Video for the Visit

NA	Planning	Ad Hoc	Developing	Mature
1 (11.1%)	1 (11.1%)	5 (55.6%)	1 (11.1%)	1 (11.1%)

*Client-centered care gives people the option to access services via telehealth or in-person.*


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### COMMON BEHAVIORAL TELEHEALTH TASK – VISIT

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Provider and provider teams engage in behavioral telehealth visits either from home or health care organization settings

Maturity Level	Count	Percentage
Not Started	1	12.5%
Ad Hoc	1	12.5%
Developing	5	62.5%
Mature	1	12.5%



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### COMMON BEHAVIORAL TELEHEALTH TASK OPTIONS – VISIT

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A provider team member (admin staff, intake coordinator, triage staff, etc.) completes screenings prior to the client being connected to the provider

Maturity Level	Count	Percentage
NA	3	37.5%
Not Started	1	12.5%
Ad Hoc	2	25.0%
Developing	2	25.0%

Team based care offers potential advantages, including expanded access to care, additional services that are critical to quality of care and outcomes, such as digital health navigators, peer recovery supporters, and care coordinators.




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*VISIT*

---

Processes are in place to include an interpreter in the behavioral telehealth visit as needed




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*VISIT*

---

Processes are in place to include an interpreter in the behavioral telehealth visit as needed

Maturity Level	Count	Percentage
Ad Hoc	5	55.6%
Developing	3	33.3%
Mature	1	11.1%



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**VISIT**

---

Processes are in place to include an interpreter in the behavioral telehealth visit as needed

Maturity Level	Count	Percentage
Ad Hoc	5	55.6%
Developing	3	33.3%
Mature	1	11.1%

*People with limited English proficiency had lower rates of telehealth use: 4.8 percent vs. 12.3 percent (Health Affairs, March 2021)*

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**VISIT**

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During the behavioral telehealth visit other care team members (case managers, psychiatrists, other specialists) and navigators can seamlessly join the visit link

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### VISIT

During the behavioral telehealth visit other care team members (case managers, psychiatrists, other specialists) and navigators can seamlessly join the visit link

NA 2 (25.0%)	Not Started 1 (12.5%)	Planning 1 (12.5%)	Ad Hoc 2 (25.0%)	Developing 1 (12.5%)	Mature 1 (12.5%)
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51

### VISIT

During the behavioral telehealth visit other care team members (case managers, psychiatrists, other specialists) and navigators can seamlessly join the visit link

NA 2 (25.0%)	Not Started 1 (12.5%)	Planning 1 (12.5%)	Ad Hoc 2 (25.0%)	Developing 1 (12.5%)	Mature 1 (12.5%)
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*Team based care offers potential advantages, including expanded access to care, additional services that are critical to quality of care and outcomes, such as digital health navigators, peer recovery supporters, and care coordinators.*




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*QUESTION – CHAT RESPONSE*

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What specific tasks would you like to prioritize first to address equity?



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*SUMMARY*

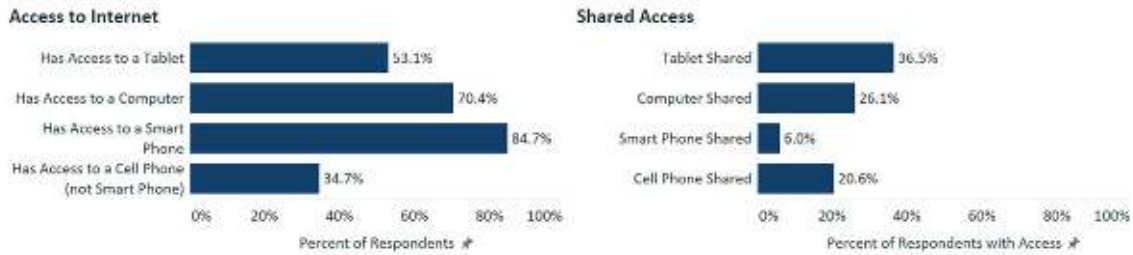
*CLIENT SURVEY*



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## CLIENT SURVEY – ACCESS TO INTERNET

Clients were asked the types of devices they had available to them to access the internet, as well as whether those devices were shared with someone else.



Clients were more likely to have access to a smart phone than other types of devices, and smart phones were less likely to be shared with others.



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## CLIENT SURVEY – DIGITAL LITERACY

Clients were asked about their ability and their provider’s ability to use telehealth technology.

The provider was able to use the telehealth technology well.



The telehealth technology was easy for me to use.



Most clients felt both they and their provider were able to use the telehealth technology, but over a quarter of clients felt this was not the case.



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## CLIENT SURVEY – TELEHEALTH EXPERIENCE

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Clients were asked about how their provider engaged them using telehealth.


**The provider 'met me where I am' in terms of the use of telehealth.**

Disagree	Agree
12 (19.0%)	43 (68.3%)

**The telehealth visit was as engaging and helpful as an in-person visit.**

Disagree	Agree
17 (25.8%)	39 (59.1%)

Most clients reported that providers 'met them where they were' and provided a similarly engaging experience via telehealth, but a significant number of clients noted room for improvement.



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# NEXT STEPS




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## NEXT STEPS

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- **Uses of the Report**

- Reflect on the cohort average and your scores
  - Use as a resource for building your AIM statements
- Use the wording and examples in the assessment
  - Use as a resource for your AIM statement and rapid test ideas
- Share the report with senior leaders and your board
  - Gain awareness, gain ideas, and energize equity improvement action!

- **Contact Person for Questions**

- Maturity Assessment: Jim Meyers at [jim@meyershealthconsulting.com](mailto:jim@meyershealthconsulting.com) or 510-761-1609 (cell)
- Client Survey: Samantha Spangler at [sspangler@cibhs.org](mailto:sspangler@cibhs.org) or 530-902-0635 (cell)



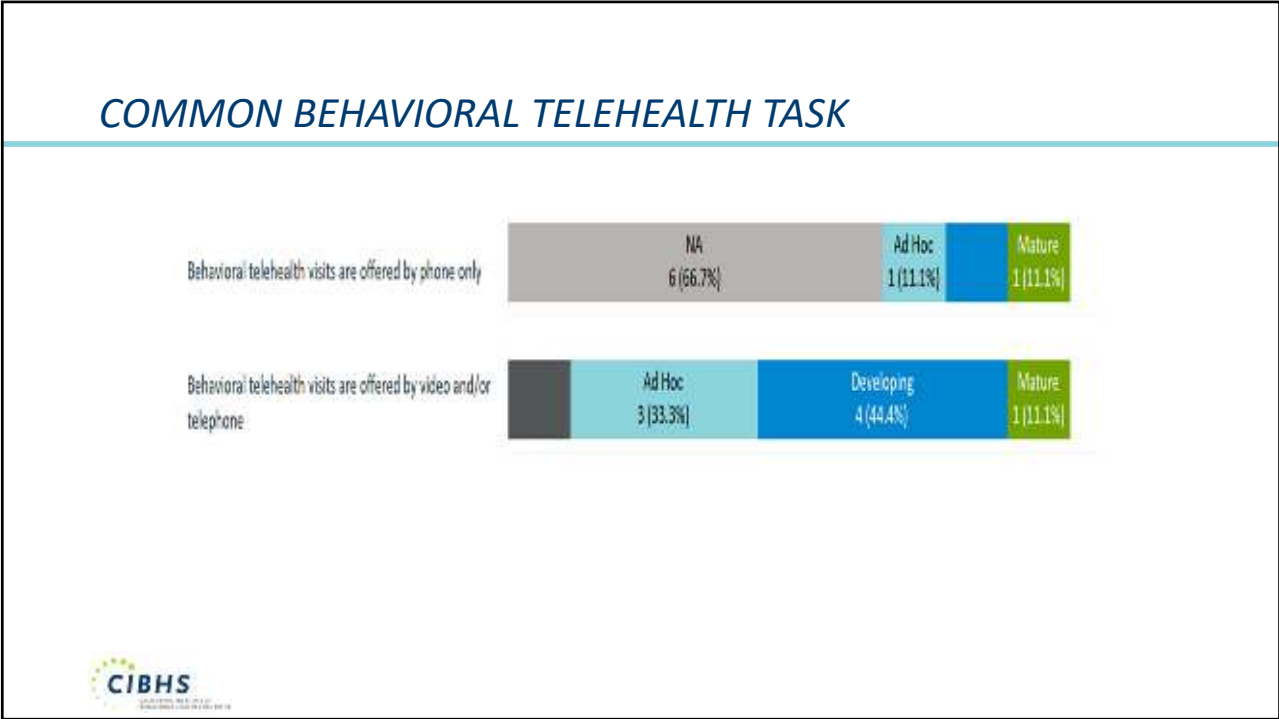
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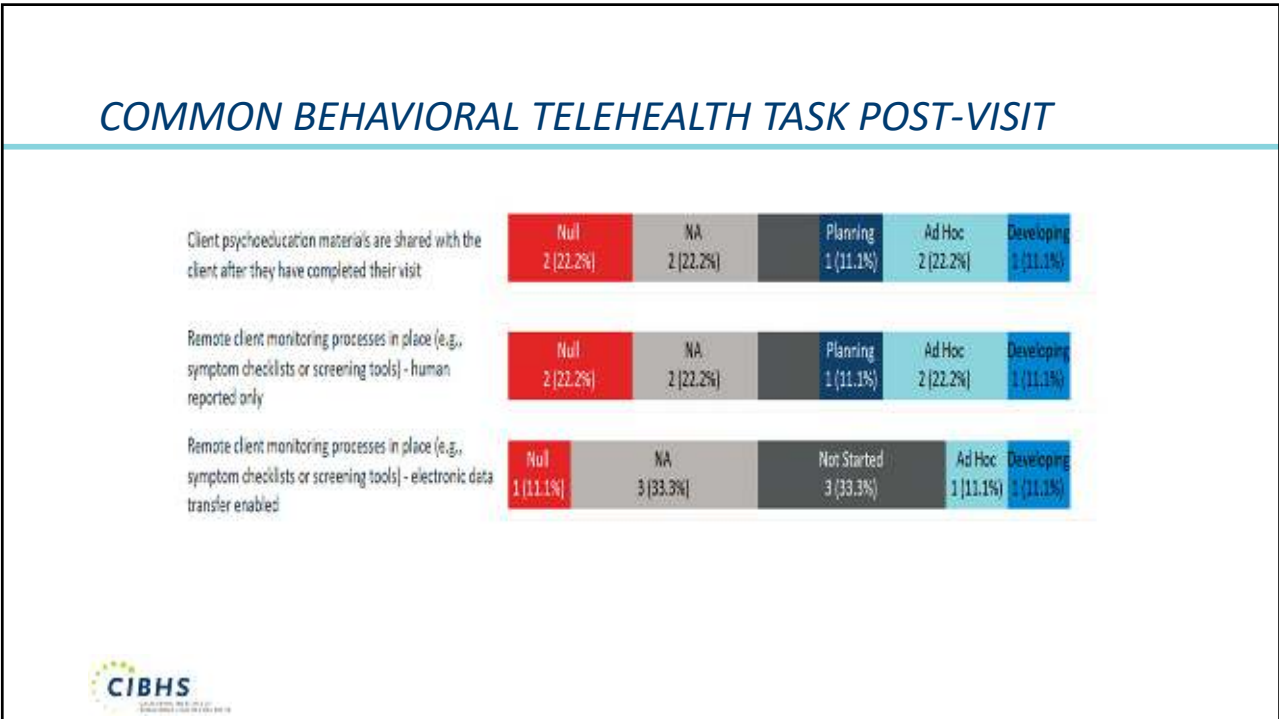
***ADDITIONAL DATA NOT REVIEWED IN COEBT  
TEAM CONVENING (8-25-22)***



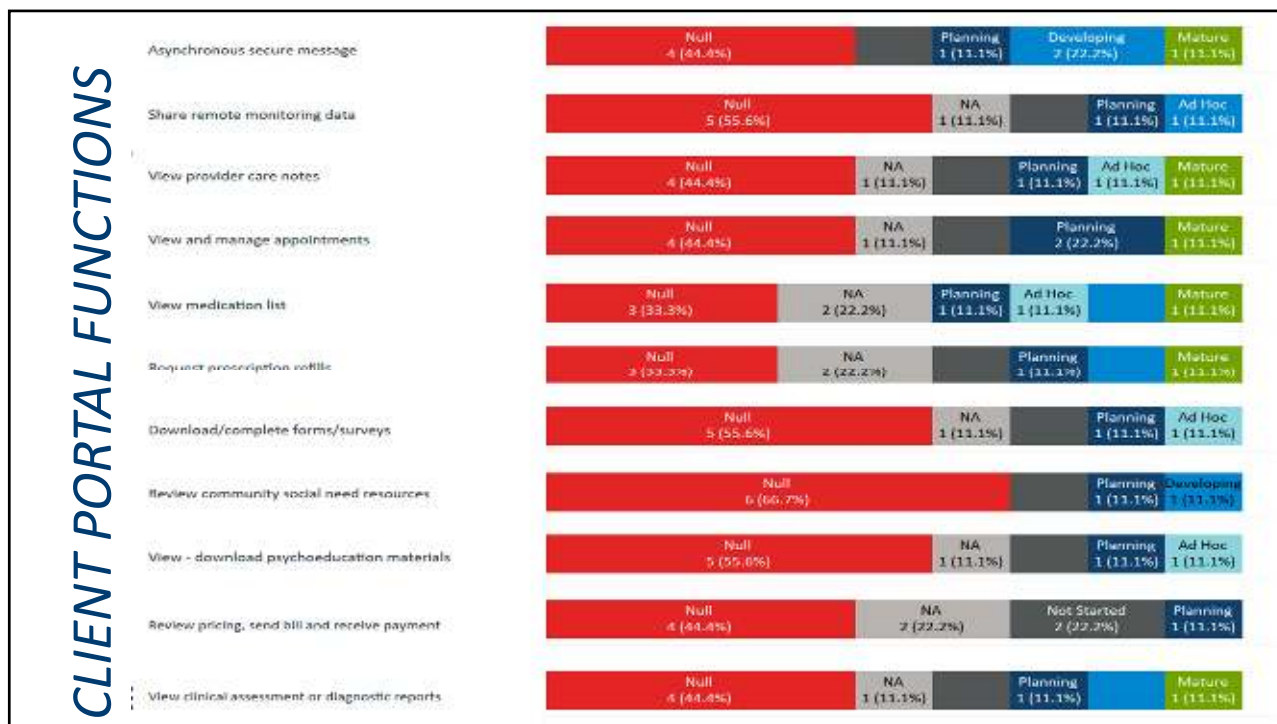
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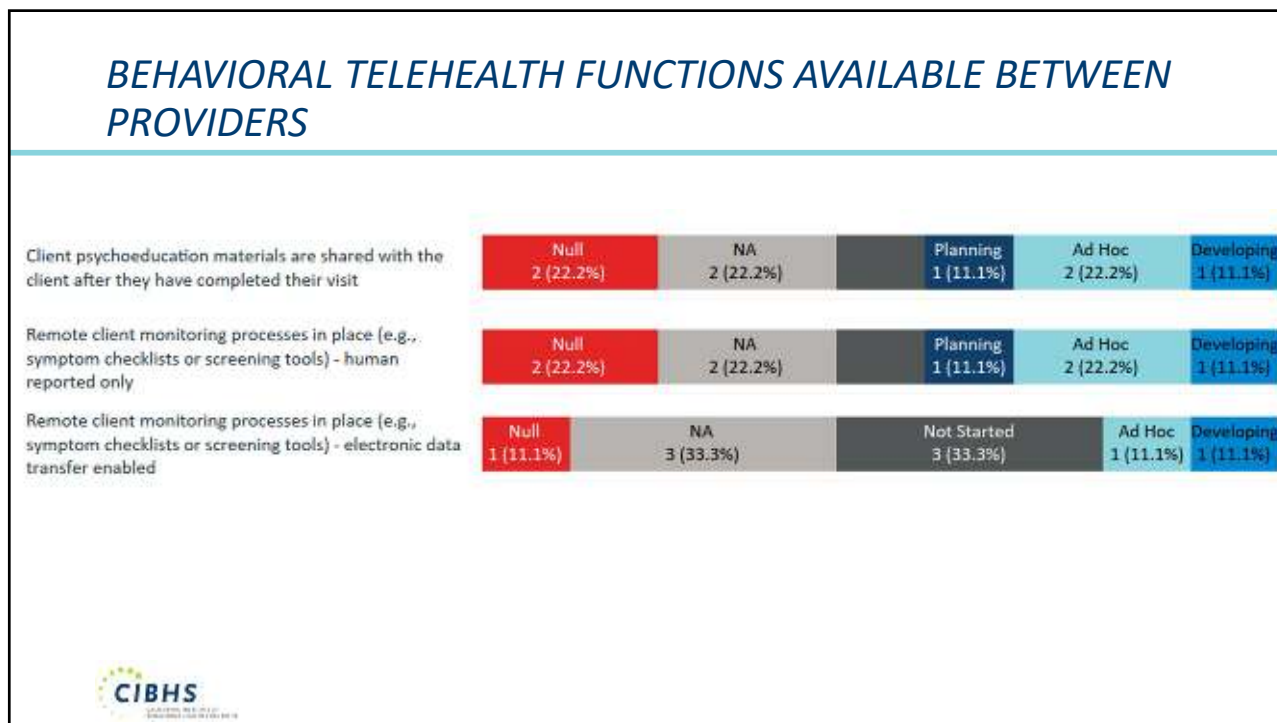
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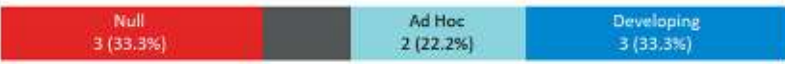


### BEHAVIORAL HEALTH PROGRAM-TO-COMMUNITY

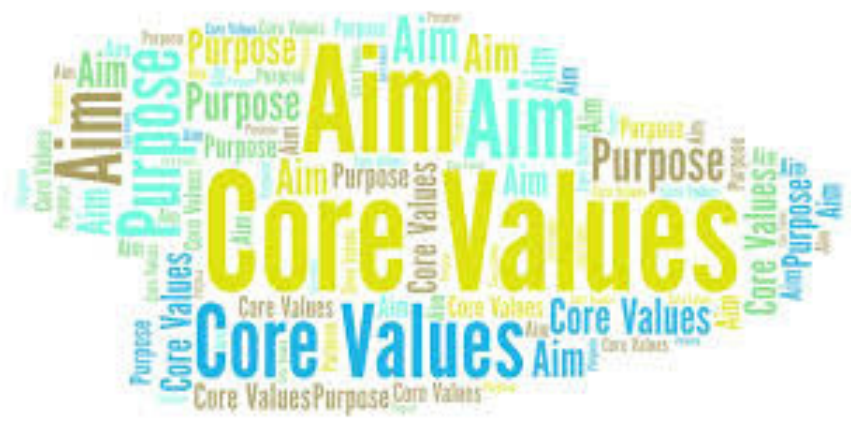
Provider offers client community resources via brochure or warm handoff after telehealth visit as needed

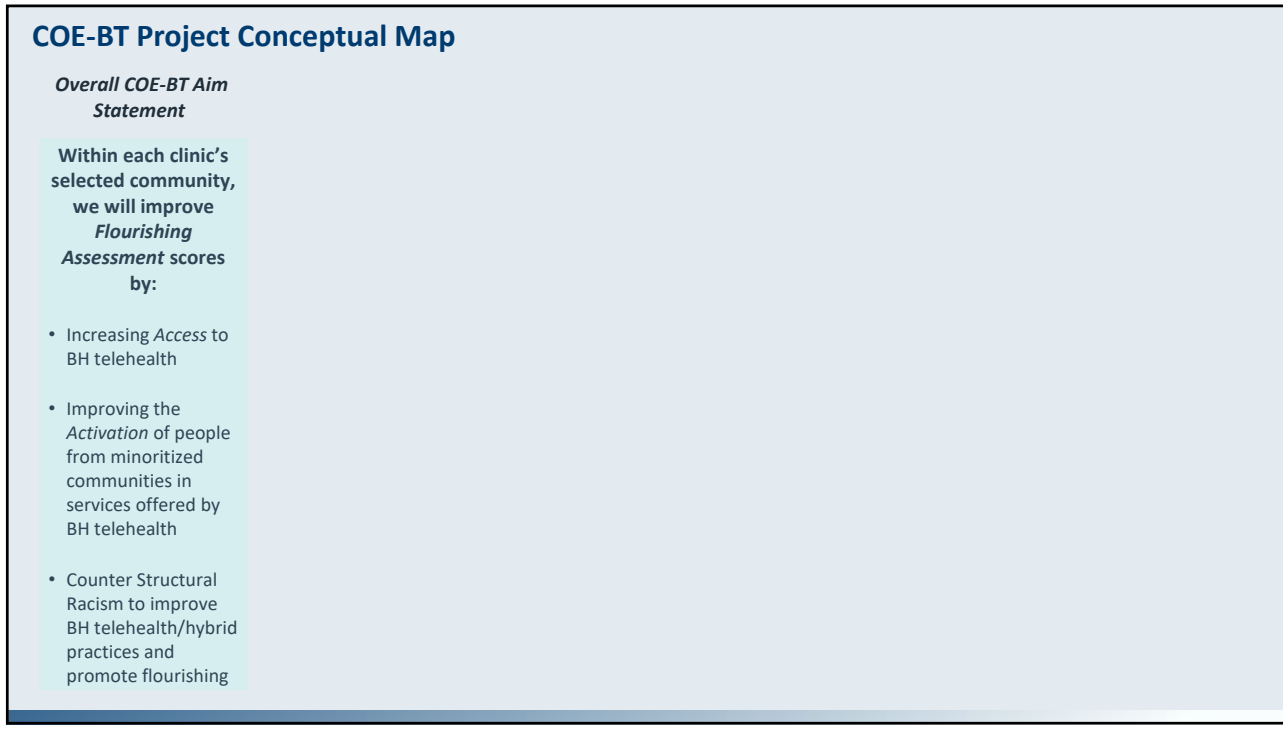


Provider offers client community resources as needed via a 3rd party resource connection service (e.g., resource directories)

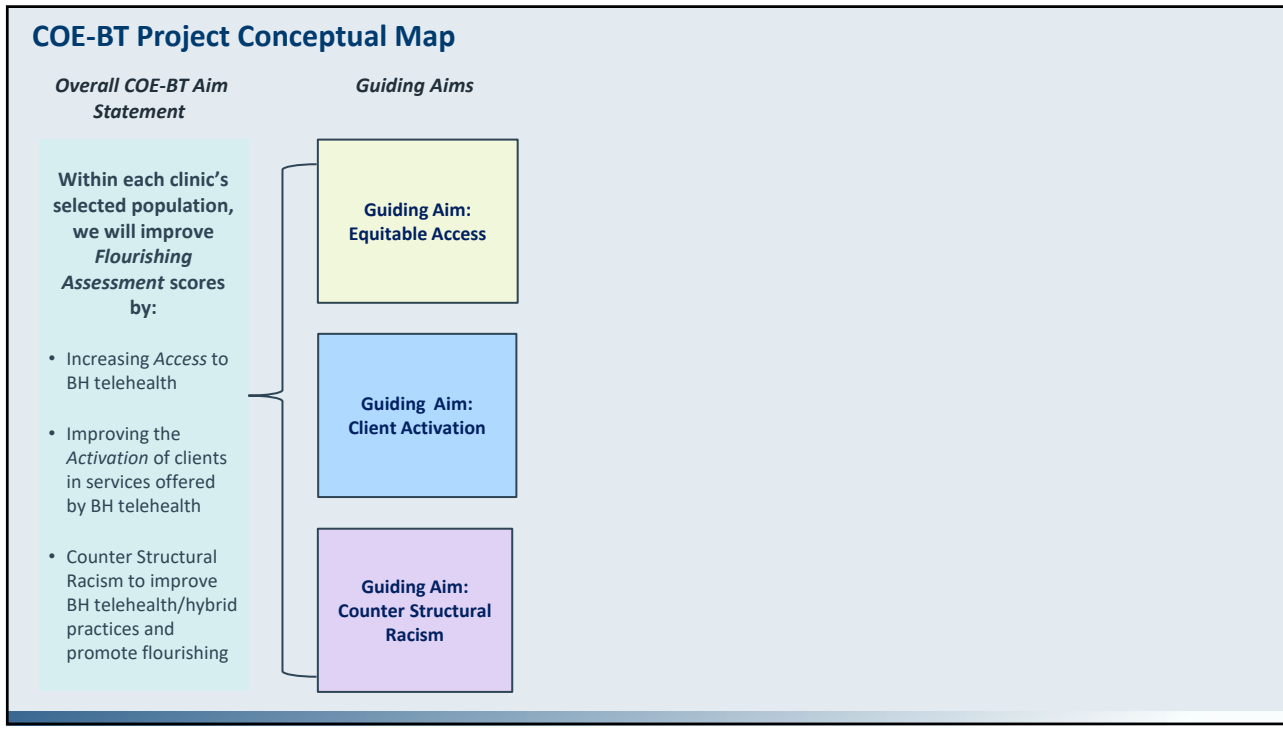


### INTRODUCTION TO AIM STATEMENTS

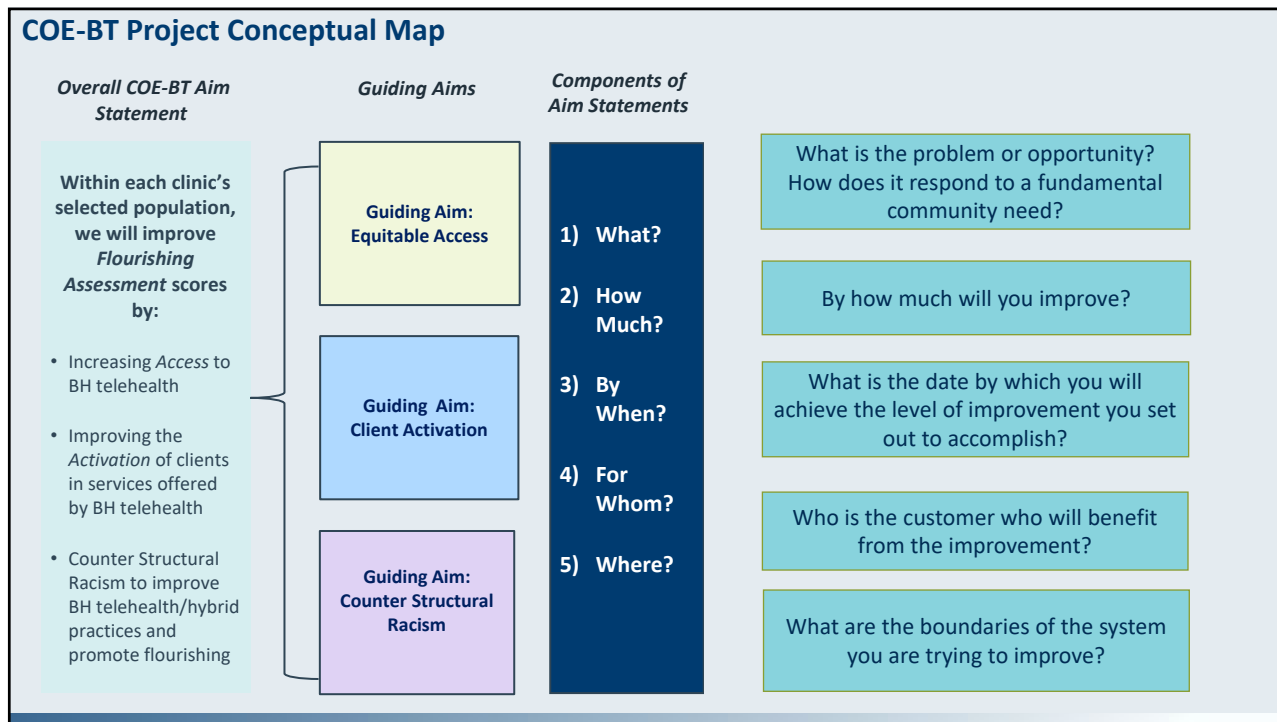




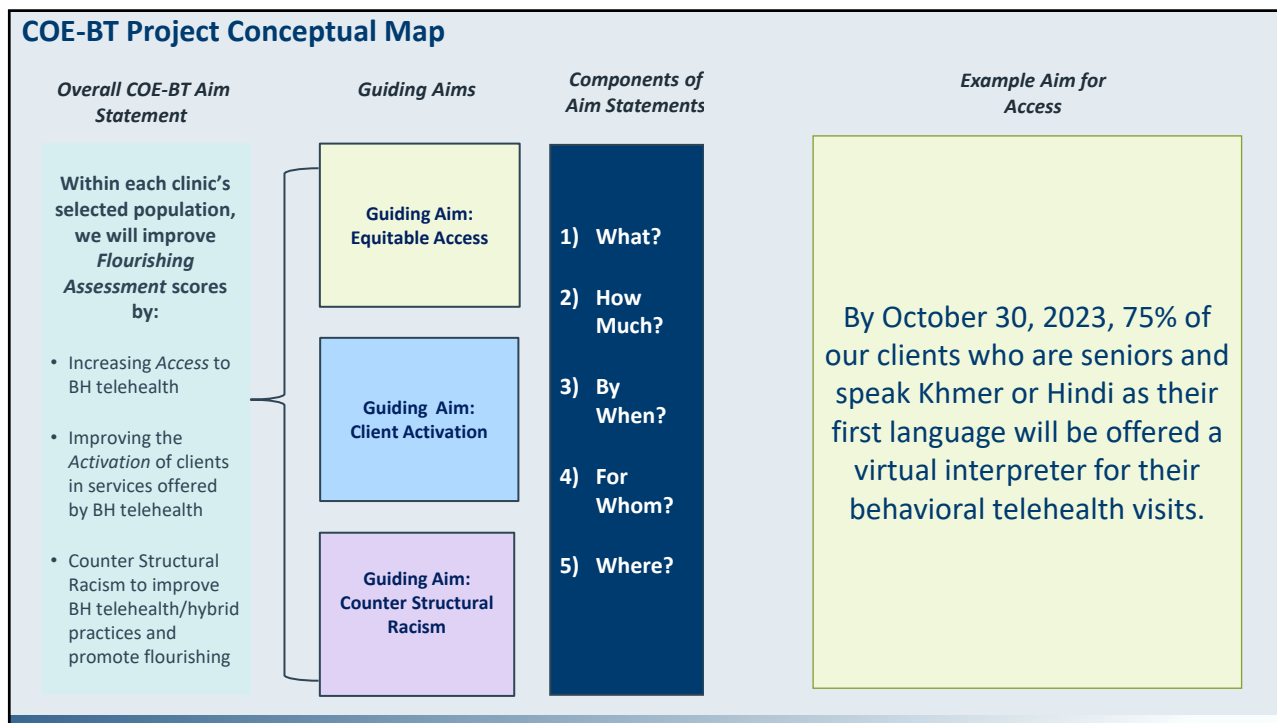
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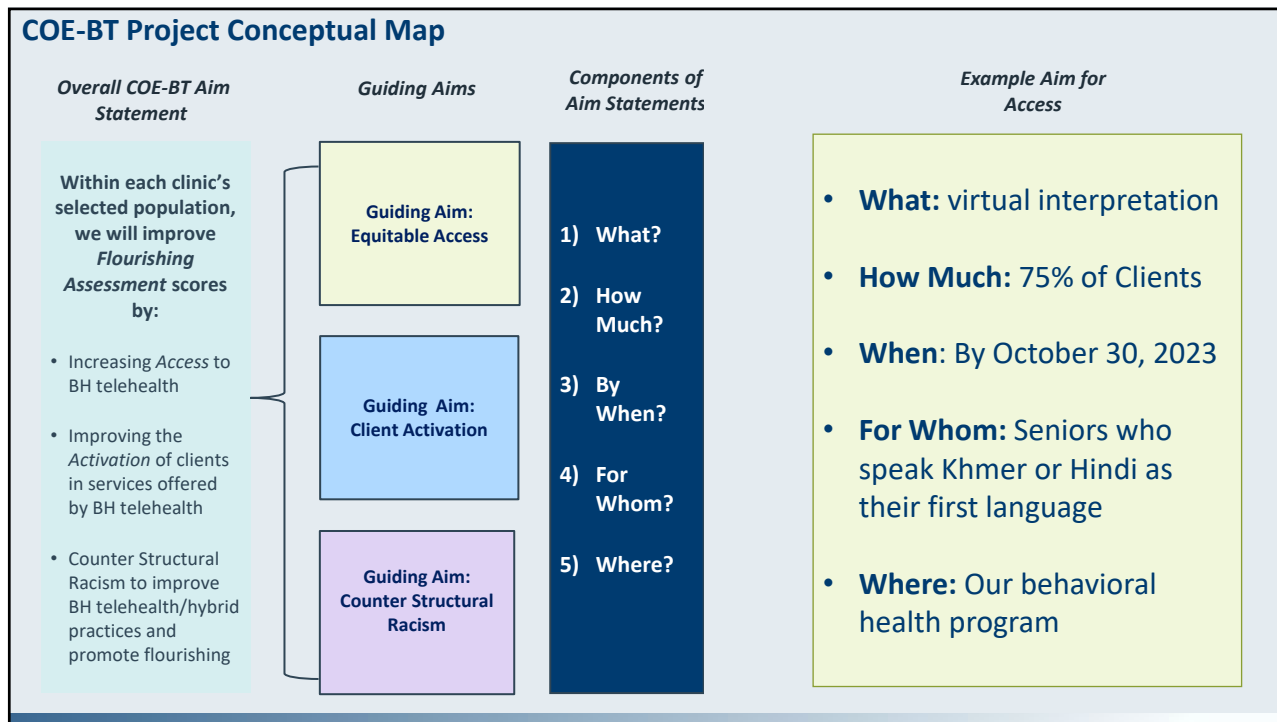
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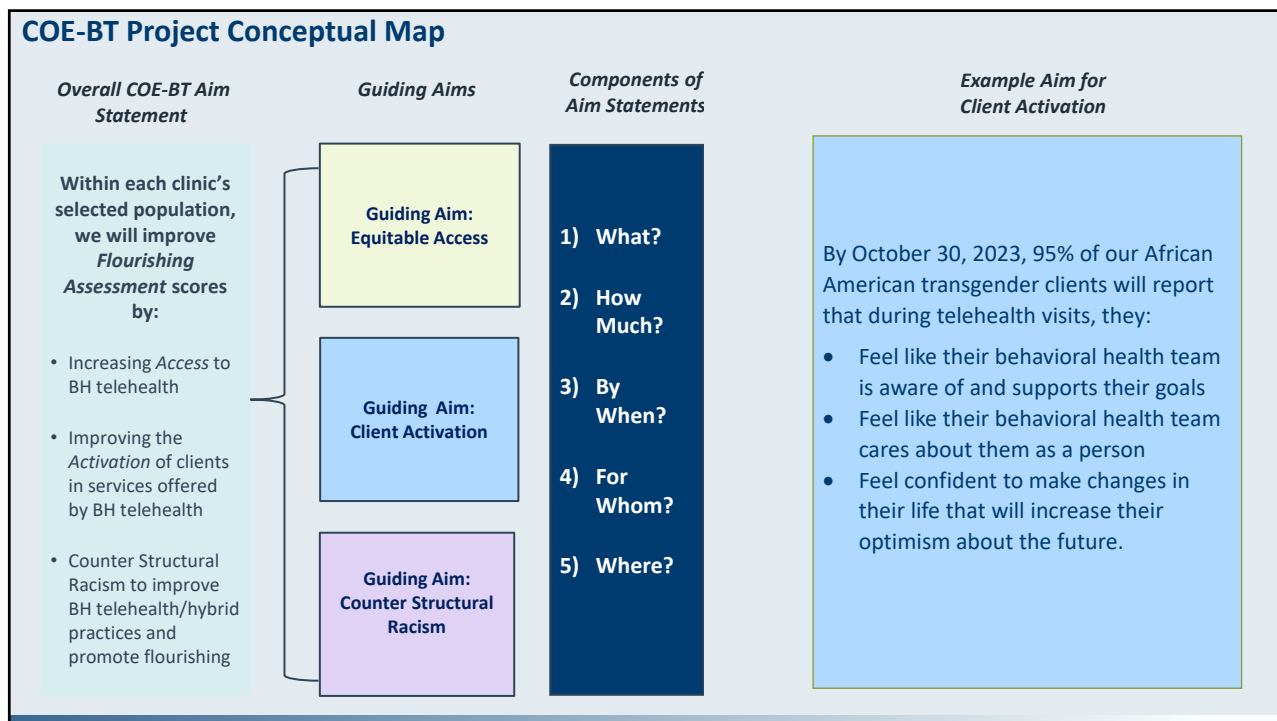
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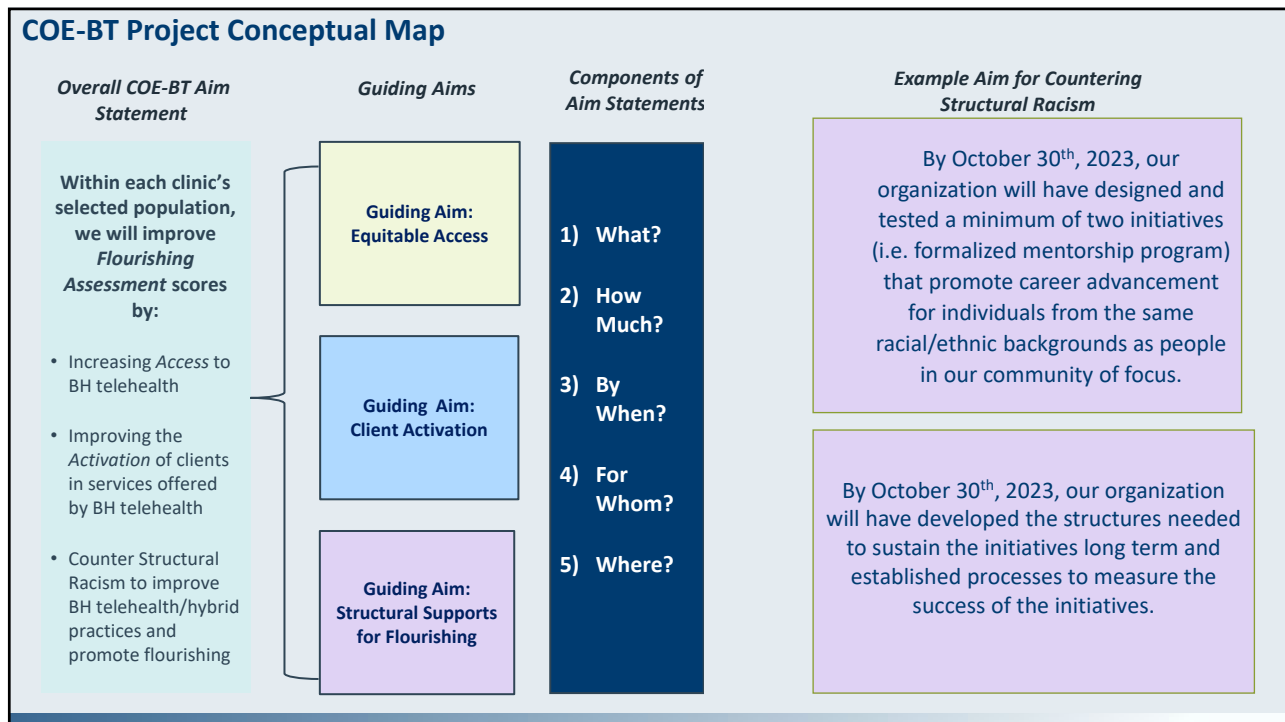
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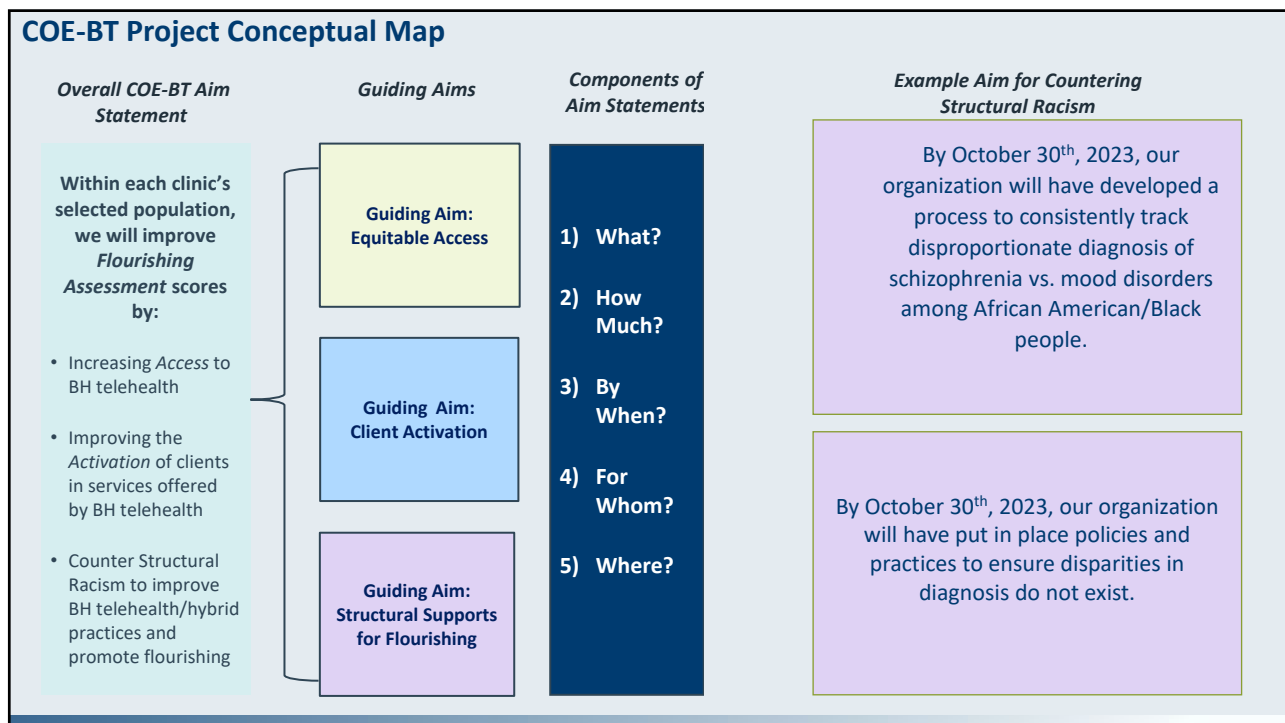
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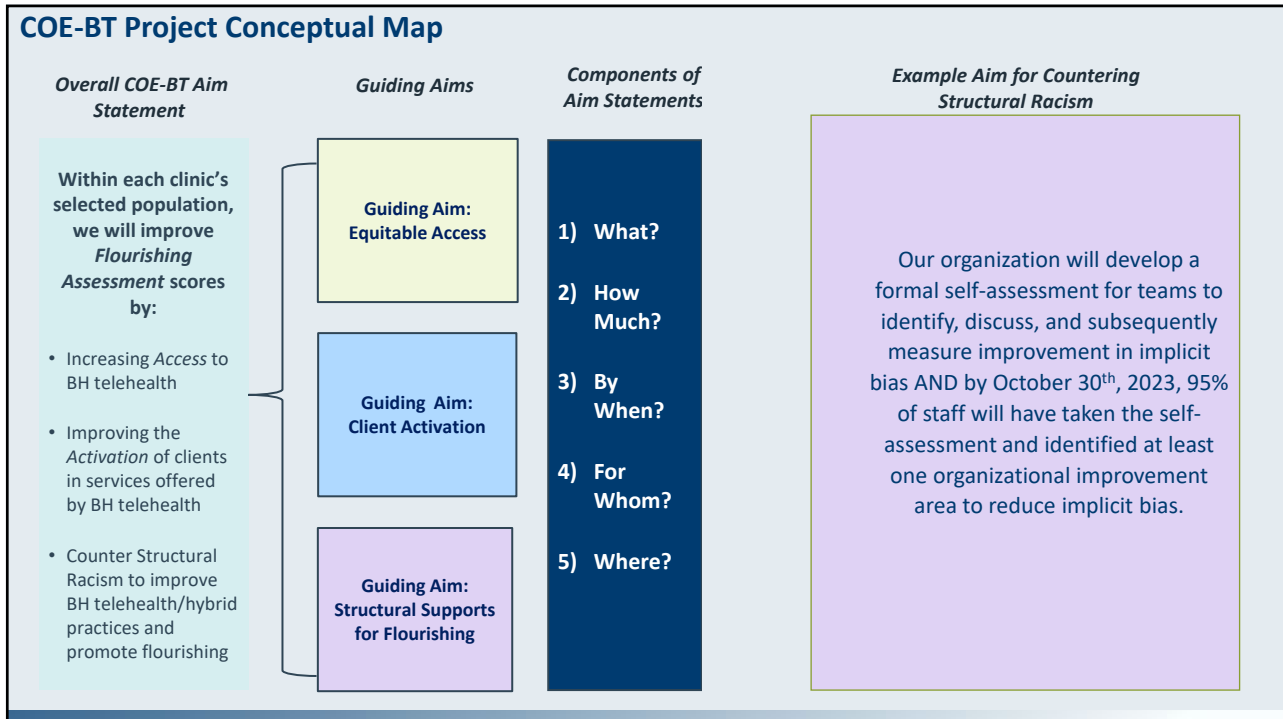
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**ENVISIONING YOUR AIM:  
BREAK OUT QUESTIONS**

1. If you achieve your definition of success in COEBT, what would the people you serve from minoritized communities experience when they initially engage with your agency?
2. If you achieve your definition of success in COEBT, what would people who have been minoritized and made vulnerable experience with their provider?
3. Think of a close friend or family member with a mental health condition or substance use disorder. If you achieve your definition of success in COEBT, what three adjectives would they use to describe their experience getting served by your agency.



**CIBHS**  
California Health Care Foundation

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**INTRODUCTION TO COMMUNITY BASED  
PARTICIPATORY RESEARCH**

Tamu Green

**CIBHS**  
California Health Care Foundation

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## **Community Based Participatory Research: Engaging the Community to Define the Problem and Generate Solutions**

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## **Overview of Community Based Participatory Research & Finalizing Priority Communities.**

**Sep 14, 2022 1 – 3pm**

- Discuss outreach and engagement to identify and select appropriate CBOs to partner on a community based participatory research (CBPR) project.
- Strategize how to conduct outreach to these CBOs, introduce the project and contracting opportunity, and facilitate the CBOs' engagement.
- Provide a series of training sessions to the CBOs to build their capacity to conduct CBPR and sustain their research relationship with the clinics in the learning collaborative over time.

**Training topics will include...**

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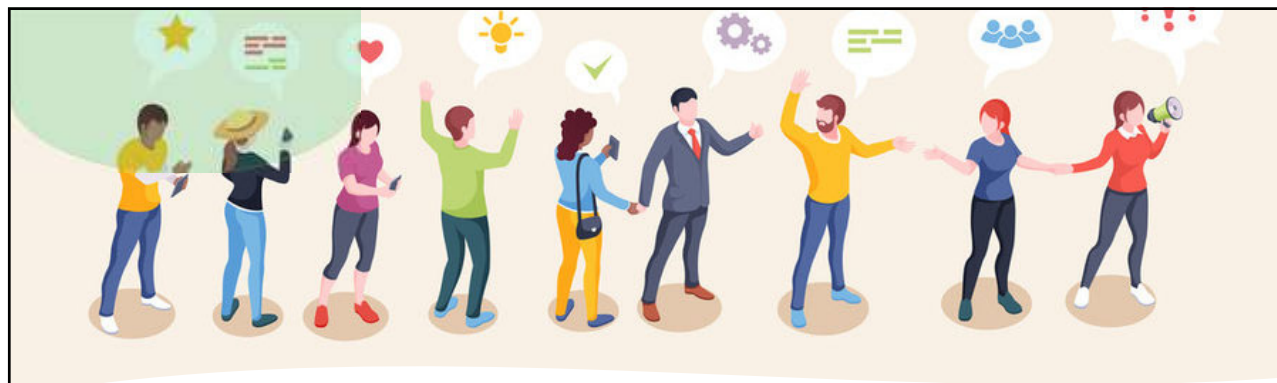
## How to Conduct Community-Based Participatory Research.

Nov 03, 2022 1 – 2:30pm

- Community Engagement with CBPR: Guidance on what CBPR is and how it is being utilized for this project to define the problem and generate solutions from the communities most impacted by poor health care access, experience, and quality.



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## Utilizing A Community-Based Participatory Research Approach to Data Collection

Dec 01, 2022 9:30 – 11am

- Data Collection with CBPR: Guidance on structuring their CBPR projects, including templates and recommended practices for outreach, consent, question development, engagement formats, and other technical concerns related to their data collection.

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## Data Analysis and Interpretation in Community-Based Participatory Research

Feb 09, 2023 9:30 – 11am

- Data Analysis: Support in demystifying their data analysis, including interpretation and presentation of their primarily qualitative findings.



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## Technical Assistance

Technical assistance will be available to provide one-on-one support, coaching, and guidance to the contracted CBOs to support them in the practical application of their training materials as they engage with their communities through:

- Forums
- Surveys
- Focus groups
- Interviews
- Think tanks
- Recorded testimony
- And/or other methods to understand local perspectives related to behavioral telehealth equity.



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## Dissemination Processes

- The community findings will be discussed in facilitated on-site half-day sessions with each of the clinics in the learning collaborative. Materials for the sessions will include an accompanying report that will highlight the partners, contributors, process, themes, and recommendations from these themes.



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## *Introduction to Digital Navigators*



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## Mental Health Workforce Today

Occupation	Number in Workforce	Data Source	Number of Workforce Need Calculated		Additional needed to care for SMI/SUD population
			SMI/SUD	SUD	
Psychiatry (General)	33,364 - 38,205	AMA Masterfile, 2017	143,910	--	105,705 - 110,546
Addictive Psychiatrists	1,164	AAAP	--	44,484	43,320
Addictive Medicine Specialist Psychiatrists	3,171	ABMS	--	44,484	41,313
Child and Adolescent Psychiatrists	8,181 - 9,204	AMA Masterfile, 2017	57,697	--	48,293 - 49,316
Psychologists (in behavioral health settings)	28,630	BLS Occupational Profile, 2018	195,290	128,542	293,302
Counselors (Behavioral Health)	283,540	BLS Occupational Profile, 2018	1,078,407	641,261	1,436,228
Social Workers (Behavioral Health) or Case Workers	317,770	BLS Occupational Profile, 2018	108,764	105,615	96,614
Nurses (Psychiatric or Behavioral Health and Core/Eng)	113,275	NSSRN (2019)	304,541	334,218	348,482
Provider (Mid-level professions, e.g., Physician Assistant/Advanced Practice Nurse)	17,937	NSSRN (2019)	79,262	42,412	104,160

Peer Support Specialist	25,507	Texas Institute for Excellence in Mental Health, 2017	777,326	349,519	1,103,338
Nurse Assistants/Tech/Aides (in behavioral health settings)	11,730	BLS Occupational Profile (2019)	215,622	348,138	552,030
Psychiatric or Behavioral Health Technicians/Aides	43,880	BLS Occupational Profile (2019)	150,089	--	106,209
Education Support Specialist	1,320	BLS Occupational Profile (2019)	1,125	--	--
<b>Total Behavioral Health Practitioners Necessary to Meet Current Needs</b>					<b>4,486,865</b>

<https://www.samhsa.gov/sites/default/files/behavioral-health-workforce-report.pdf>



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## Can Digital Fill the Gap?



**Synchronous**



**Asynchronous**



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## Not if Tech is Not Accessible

“Proportion of visits with populations at risk for limited digital literacy/access have **decreased** significantly”

- ≥65 years old (41% to 35%, P=0.002)
- Non-English language preference (14% to 7%, P<0.001)
- Insured by Medicare (43% to 22%, P<0.001) or Medicaid (17% to 10%, P<0.001)

Nouri S, Khoong EC, Lyles CR, Karliner L. Addressing equity in telemedicine for chronic disease management during the Covid-19 pandemic. NEJM Catalyst Innovations in Care Delivery. 2020 May 4;1(3).

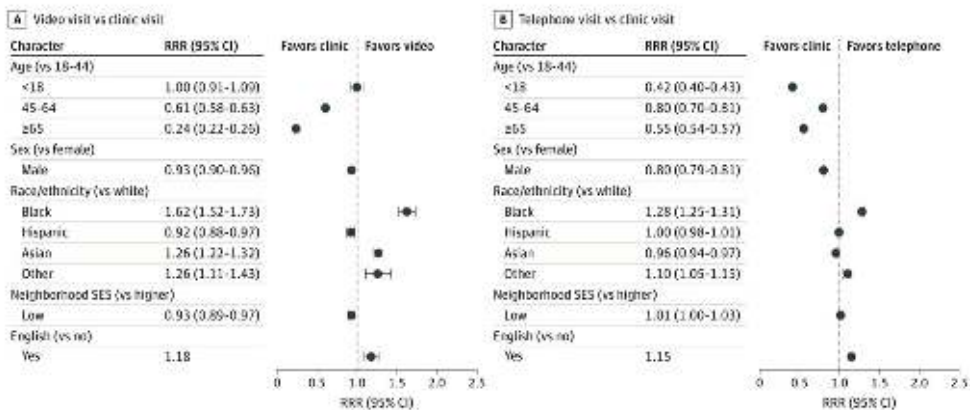


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## Not if Tech is Not Accessible



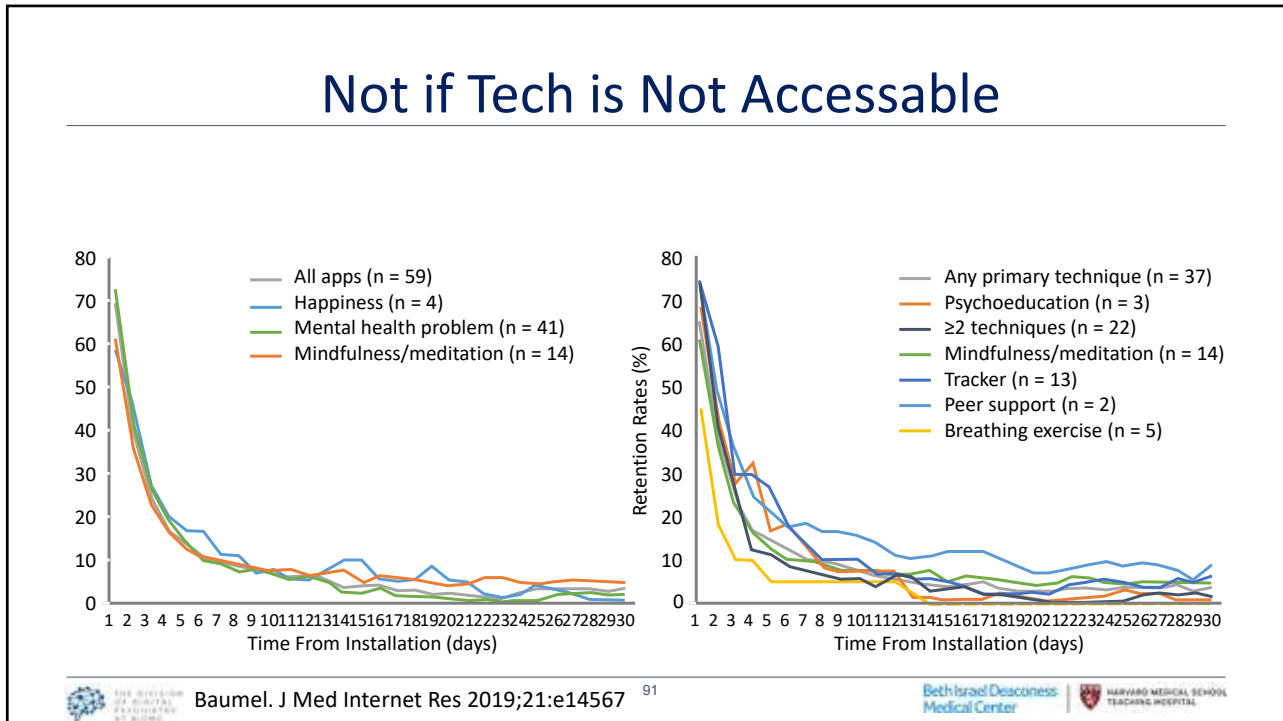
Reed ME, Huang J, Graetz I, Lee C, Muellly E, Kennedy C, Kim E. Patient Characteristics Associated With Choosing a Telemedicine Visit vs Office Visit With the Same Primary Care Clinicians. JAMA Network Open. 2020 Jun 1;3(6):e205873-



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## Focus on Mobile

“Because mobile devices are used in most video visits, and are increasingly the primary internet-access in vulnerable groups or those with lower health-engagement, mobile-friendly tools may represent valuable opportunities to engage these patients.”

- Neighborhood with high internet access ⇒ MORE likely to pick telehealth with 1.10 RRR
- Prior experience with a video visit within the past year was associated with telemedicine choice (RRR, 11.39 for video visit; RRR, 1.53 for telephone visit)

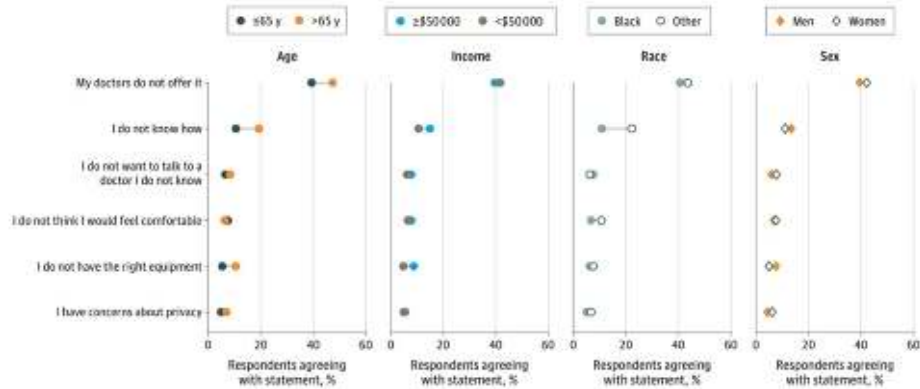
Reed ME, Huang J, Graetz I, Lee C, Muellly E, Kennedy C, Kim E. Patient Characteristics Associated With Choosing a Telemedicine Visit vs Office Visit With the Same Primary Care Clinicians. JAMA Network Open. 2020 Jun 1;3(6):e205873-.

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## What is the #1 Barrier Today?

Figure 3. Reasons for Not Using Videoconferencing by Demographic Group

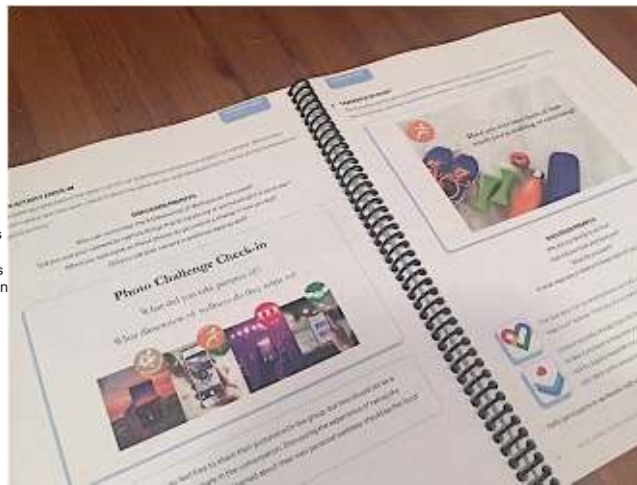


Fischer SH, Ray KN, Mehrotra A, Bloom EL, Uscher-Pines L. Prevalence and Characteristics of Telehealth Utilization in the United States. *JAMA network open*. 2020 Oct 1;3(10):e2022302.

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## Directly Teach Smartphone Skills




Hoffman L, Wisniewski H, Hays R, Henson P, Vaidyam A, Hendell V, Keshavan M, Torous J. Digital Opportunities for Outcomes in Recovery Services (DOORS): a pragmatic hands-on group approach toward increasing digital health and smartphone competencies, autonomy, relatedness, and alliance for those with serious mental illness. *Journal of psychiatric practice*. 2020 Mar;26(2):80.



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## Digital Navigator




**Digital Navigator Role 1:**  
App Evaluation and Recommendation to the Clinician

➔




**Clinician Benefit:**  
Clinician can easily make recommendations to patients surrounding apps without having to continually evaluate them




**Digital Navigator Role 2:**  
Technology Set Up and Troubleshooting

➔




**Clinician Benefit:**  
Clinician is able to maximize time with patient and focus on clinical interaction





**Digital Navigator Role 3:**  
App Data Preview and Summary

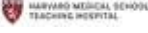
➔



**Clinician Benefit:**  
Clinician and patient can have meaningful discussion around app data and make treatment modifications or recommendations

 Wisniewski H, Torous J. Digital Navigators to Implement Smartphone and Digital Tools in Care. Acta Psychiatrica Scandinavica. 2020 Jan 13


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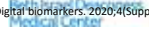
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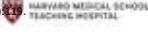
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## Digital Navigator

MODULES				
Core Smartphone Skills	Basic Technology Troubleshooting	App Evaluation	Clinical Terminology and Data	Engagement Techniques
Objectives				
<ol style="list-style-type: none"> <li>Obtain a basic understanding of how to use smartphone tools</li> <li>Be able to independently utilize smartphone tools to benefit mental health.</li> </ol>	<ol style="list-style-type: none"> <li>Learn about common troubleshooting problems</li> <li>Demonstrate effective methods to solve basic troubleshooting issues</li> </ol>	<ol style="list-style-type: none"> <li>Learn to evaluate apps independently</li> <li>Learn how to use an app evaluation tool to recommend clinically appropriate apps</li> </ol>	<ol style="list-style-type: none"> <li>Obtain a basic understanding of clinical terminology</li> <li>Demonstrate ability to summarize potentially clinically relevant information from graphs and app data</li> </ol>	<ol style="list-style-type: none"> <li>Learn to verbally engage with patients in order to maintain app utilization</li> <li>Communicate questions and concerns to appropriate channels as needed</li> <li>Assist with the maintenance of trust and transparency in order to aid the therapeutic process</li> </ol>
Tools: curriculum requirements within each module				
<ol style="list-style-type: none"> <li>WiFi and data</li> <li>Clock</li> <li>Calendar</li> <li>Text messaging</li> <li>Health Apps</li> <li>Internet</li> <li>Music</li> <li>Photos &amp; videos</li> <li>Notes &amp; reminders</li> </ol>	<ol style="list-style-type: none"> <li>Complications</li> <li>App compatibility</li> <li>WiFi/data connection</li> <li>Unknown account</li> <li>Notification issues</li> <li>iOS/password</li> <li>App crashing</li> <li>Lack of storage</li> <li>Bluetooth connections</li> </ol>	<ol style="list-style-type: none"> <li>Gather background information</li> <li>Risk/Privacy &amp; Security</li> <li>Evidence</li> <li>Ease of Use</li> <li>Interoperability</li> </ol>	<ol style="list-style-type: none"> <li>Diagnoses</li> <li>Clinical Red Flags</li> <li>HIPAA Compliance and confidentiality</li> <li>Types of Data</li> <li>Streams</li> </ol>	<ol style="list-style-type: none"> <li>Interviewing methods</li> <li>Communication Methods</li> <li>Conveying Trust and transparency</li> </ol>
Skills: knowledge required to complete a tool				
<ol style="list-style-type: none"> <li>Understanding difference between wifi and data, connect to wifi</li> <li>Making a call, guided meditation by phone</li> <li>Creating a message, talking to support systems</li> <li>Performing a search, watching videos, researching accurate information</li> <li>Creating a playlist, finding podcasts</li> <li>Taking photos/videos, photos/videos for mental health</li> <li>Creating notes/reminders, notes/reminders for mental health</li> <li>Setting an alarm, creating a routine</li> <li>Creating an event, setting a schedule</li> <li>Viewing step count, exercise and mental health</li> </ol>	<ol style="list-style-type: none"> <li>Checking connections, deleting apps</li> <li>Recovering passwords</li> <li>Deleting apps, download size</li> <li>Updating software</li> <li>Switching networks, checking network strength, changing locations</li> <li>Updating notification settings</li> <li>Closing and reopening apps</li> <li>Updating apps</li> <li>Disconnecting/connecting to Bluetooth, resetting wearables</li> </ol>	<ol style="list-style-type: none"> <li>App costs, developer, platforms, last update, reviews</li> <li>Privacy policy, data collection, opt-out, deleting data, data sharing, HIPAA compliance</li> <li>What does the app do?, peer-reviewed evidence, red flags</li> <li>Customizability, accessibility, easy to use</li> <li>Data sharing, exporting/downloading data, integration with other platforms</li> </ol>	<ol style="list-style-type: none"> <li>Depressive Disorders, Anxiety Disorders</li> <li>Warning signs, when to seek help</li> <li>Adhering to HIPAA regulations, understanding and practicing program specific compliance and confidentiality protocols</li> <li>Active Data, Passive Data</li> </ol>	<ol style="list-style-type: none"> <li>Asking for clarification, open ended questions</li> <li>Refer patient to appropriate sources</li> <li>Acknowledge role limitations which conveys honesty and trust</li> </ol>

 Wisniewski H, Gorrindo T, Rauseo-Ricupero N, Hilty D, Torous J. The role of digital navigators in promoting clinical care and technology integration into practice. Digital Biomarkers. 2020;4(Suppl 1):1-19.

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## Digital Navigator (UK)



## Digital Navigator Examples

### Digital Navigator Job Description



- **Developing Job Description:**
  - Determine who they will work with, who they will report to
  - What does the job entail:
    - provide individualized or small group assistance to patients who need technical support with login, usage, and/or navigation of digital applications, and/or coaching in introductory digital skills in order to become effective users
    - performs a variety of administrative and analytic tasks and dashboard monitoring related to digital care to assist in the quality and compassionate care provided to patients. Manages a patient registry
  - Specific responsibilities:
    - Receives, returns, or initiates telephone or online contact with patients seeking assistance of digital applications.
    - Assesses patient access to technology, current digital skill level pertaining to what they need to accomplish clinical plans, connectivity needs, and digital use priorities.
    - Collaborates with our clinical and leadership team for patient outreach, adoption, and successful usage of digital tools.
    - Identifies and triages complex or urgent questions for clinical or leadership team.
    - Partners with clinical and program teams to develop educational materials.
    - Tracks data and metrics as required, keeps accurate records of patient outcomes as required, maintains dashboards
- **Experience Level and Education**
- **Personal qualities**
- **Salary based on other similar jobs within the system**



## Digital Navigator Examples

**THE WALL STREET JOURNAL.**  
 How World, U.S., Politics, Economy, Business, Tech, Markets, Science, Lifestyle, Real Estate, US, Markets, News

**How to Stay on Top of Your Health From Home During Covid-19**  
 You may not want to go to the doctor. There are plenty of proactive steps you can take—without leaving the house.

For those struggling with issues such as anxiety, depression and substance abuse, video consults offer an effective way to stay in close contact with mental-health professionals, says John Torous, director of the division of digital psychiatry at Beth Israel Deaconess Medical Center in Boston. Dr. Torous and his team offer face-to-face sessions over a videoconferencing platform and train patients to use a smartphone app called mindLAMP between appointments to take anxiety surveys, monitor their medication regimens and keep a mood journal.

Psychiatrists, social workers and other mental-health professionals use data collected through the mindLAMP app to gain better insight into the patient experience between sessions and to help customize treatment, such as assigning mindfulness exercises.

**A New Connection**  
 The mindLAMP app is one of the digital mental health tools designed to improve interaction between the experts and patients. Here are two ways it works:

**Traditional face-to-face therapy** sessions are held either in person or over a videoconferencing platform.

**A "digital navigator"** handles the technical aspects of the digital interaction between therapist and patient, from app setup and notification to data preservation and troubleshooting.

The mindLAMP app allows patients to access a guided mental health resources and tool, complete custom and surveys about their symptoms, moods and activities, complete activities and prompts to manage symptoms, track their own treatment progress, and connect with their therapists. It also tracks physical activity, like the patient's daily number of steps, screen time and hours of sleep—that can be analyzed to see if it is affecting the patient's mental health.

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## Digital Navigator Training

### A Bridge Between and Solution for Unmet Mental Health Needs

### Health Technology





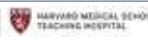
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## Digital Navigator Training

1. **Support** anyone to use their own smartphone towards recovery
2. **Help** anyone navigate and find useful apps
3. **Increase** engagement and benefit from technology




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## Digital Navigator Training

1. **Support** anyone to use their own smartphone towards recovery



**Tech 101**



**Tech Support 101**



**Refer to Office Hours**



**Refer to DOORS**


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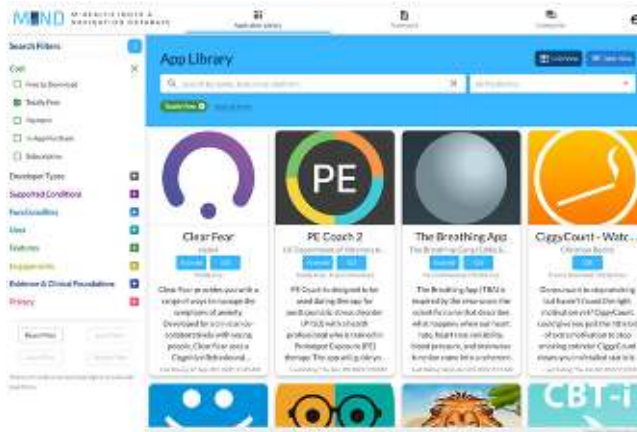
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# Digital Navigator Training

## 2. Help anyone navigate and find useful apps



MindApps.org



# Digital Navigator Training

## 3. Increase engagement and benefit from technology



mindLAMP Examples and Cases for 1) Monitoring and 2) Intervening



# Online Augmentation

- Scalable Digital Navigator Training



**Skill Practice**

Web browsers provide access to things like sites with tips for coping skills, blogs from others in recovery and healthcare portals.

Chrome is the default browser on an Android phone.

Click on the Chrome icon next to the camera icon.



## NEXT STEPS AND ADJOURN



**NEXT STEPS**

- Sept 6** – Video on Website and Dropbox
- Sept 14, 1-3 pm** – Community Based Participatory Research: Q and A
- Sept 15, 9-11 am** – Foundational Training 1, Structural Racism and Advancing Equity: Prewrite Assignments
- Nov 8** – Digital Navigators Academy (Sacramento)
- Dec 12** – Learning Session 1 (Bay Area)



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