SMIAdviser
A Clinical Support System for Serious Mental Illness

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

www.SMIadviser.org

Welcome to your quarterly update from SMI Adviser. In spite of the uncertainty caused by the COVID-19 pandemic, we remain committed to advancing evidence-based care for individuals who have serious mental illness (SMI).

The pandemic continues to surface unexpected impacts and upend many of the norms in mental health. It empowers access to care via telehealth. Yet for many individuals and clinicians alike, that is a big adjustment. It forces community-based teams to adapt delivery of Assertive Community Treatment (ACT). It transforms how clinicians prescribe and track medications like clozapine. Yet at the same time, it burdens individuals who have SMI with added disparities that threaten their health.

For SMI Adviser, these last few months allowed for timely reflection. Our team challenged original assumptions around technical assistance as we pivoted to serve the in-the-moment needs of the field. One thing that is certain – the pandemic validates our investment in data infrastructure and contemporary technology. This foundation allows us to ask and answer important questions about clinician needs, information gaps, and how to best use our resources.

There are many other exciting developments. And there is always a role for you – visit our Partner Action Toolkit to find all of our materials and help us raise awareness.

Thank you for being an important part of this initiative.

For questions about SMI Adviser, please contact us at SMIAdviser@psych.org. Our team is here to help you.

A BETTER TOMORROW
Find answers that help people with serious mental illness live their best lives.

Clinicians & Providers

Individuals & Families

An APA and SAMHSA Initiative

www.SMIadviser.org

A Time for Reflection

Year 2 of SMI Adviser came to a close in early July 2020. Our team took that opportunity to reflect on the changes made necessary by COVID-19. We also took time to look at what we have learned about how clinicians access and use our resources and tools.

- ✅ There are immediate and ongoing needs in the field given the impact of the COVID-19 pandemic. We made a pivot to meet those needs via education, resources, and clincial support.

- ✅ There are also distinct ways that clinicians use technical assistance. Sometimes it varies by topic and sometimes by profession. We reflected on our original strategy and its assumptions around resources, needs, and delivery.

We are proud to present you with a detailed account on both what we learned and how we adapted.

SMIadviser.org

A Blueprint for Real-Time Change

At the outset of our initiative, our team committed to measure and visualize data in real time. This cuts across all forms of data: registration, consultation, website usage, marketing performance, and much more.

We use a suite of contemporary technology tools to aggregate data and visualize it in charts, maps, and hierarchies. This lets our team uncover trends and opportunities that static data does not easily present. And all of the visualized data is interactive – it allows us to drill down and respond to needs based on specific profession, state, SAMHSA region, types of interactions, webinars, resources, and more.

This data infrastructure fuels an evidence-based approach to how we provide technical assistance to the field. It gives our team the ability to ask and answer questions across any facet of our initiative and respond to needs in real time.

SEE DATA DASHBOARD

SMIAdviser
A Clinical Support System for
Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION
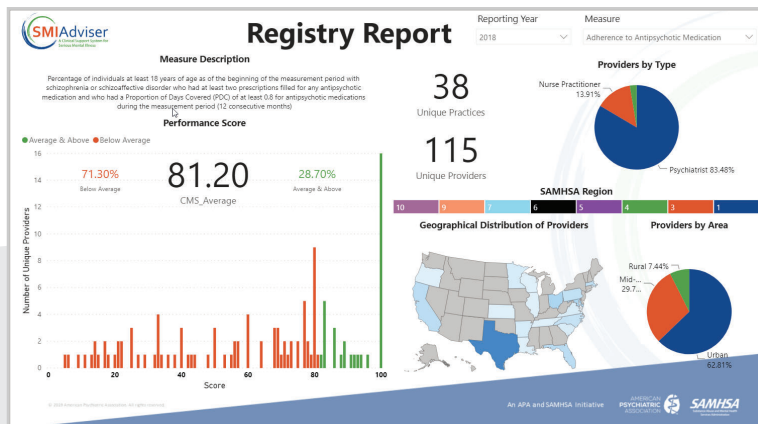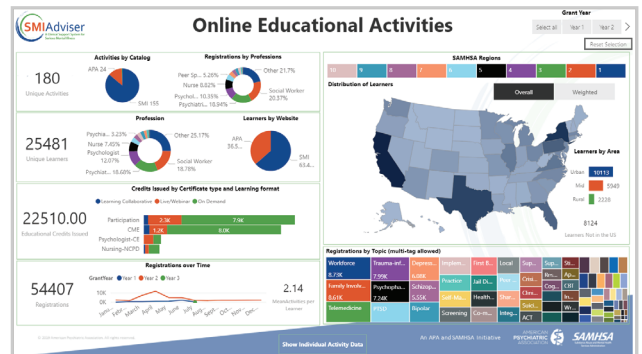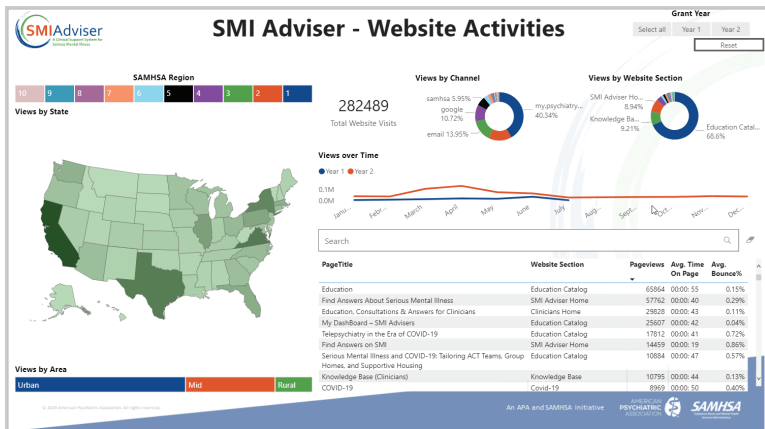
SAMHSA
Substance Abuse and Mental Health
Services Administration

What We Learned About Our Audience

?	**ASSUMPTION**		**REALITY**
	Our primary audience will be psychiatrists (physicians).	→	Our audience is highly interprofessional.

Our original expectation was that psychiatrists would be the primary audience for SMI Adviser given that SMI Adviser is administered by the American Psychiatric Association.

Yet what we see in the data is a broad, interprofessional audience of mental health clinicians. Engagement among social workers rivals that of psychiatrists.

Bar chart — Number of Unique Learners:
- Other: 4619
- Psychiatrist: 3961
- Social Worker: 3858
- Psychologist: 1798
- Nurse: 1436
- Peer Specialist: 887
- Psychiatric Resident-Fellow: 681
- Physician Assistant: 563
- Counselor: 406
- Medical Student: 404
- Researcher: 299
- Physician (Non-Psychiatric): 159
- Pharmacist: 13

25,000+
Total
Learners

32%+
Increase
Since April
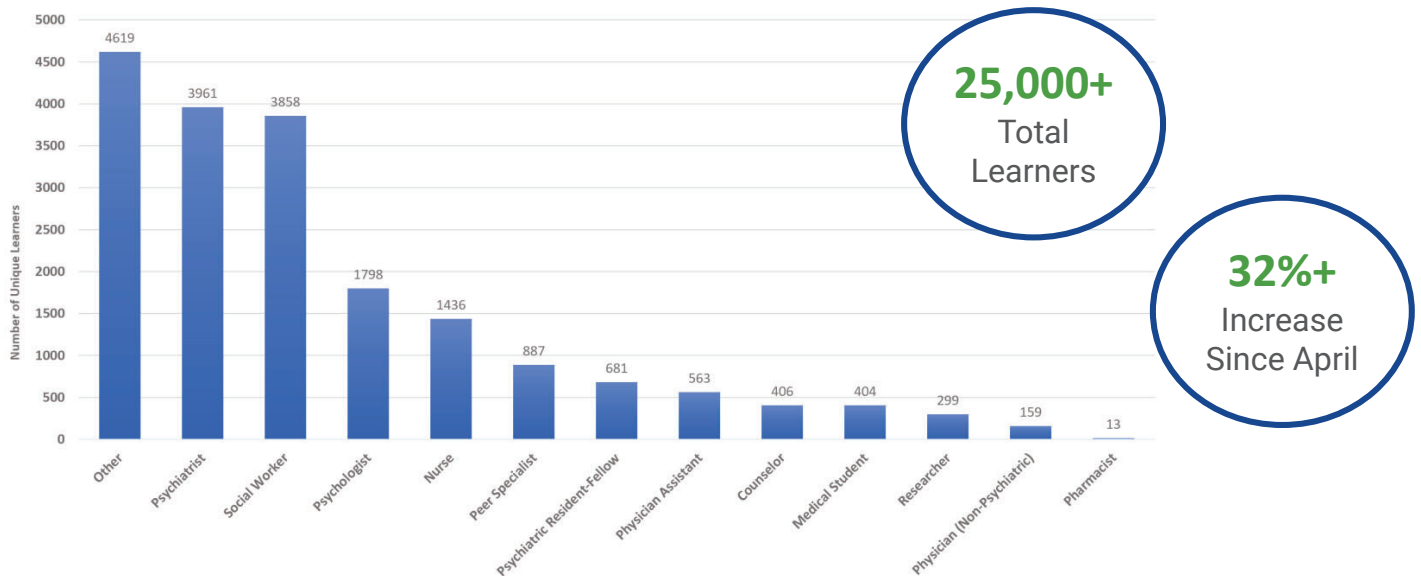
How We Adapted

We added an experienced licensed clinical social worker to our Clinical Expert Team.

Sherin Khan, LCSW

We obtained certification to offer social work continuing education and will begin to offer CE credits in September 2020.

ACE
ASWB approved continuing education

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.

SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

What We Learned About Meeting Educational Needs

? ASSUMPTION

Our educational plans will primarily be driven by needs assessments collected in advance.

✓ REALITY

Just in time learning based on current needs is of high value to clinicians.

Our original vision for how we plan education was that it would be measured and driven by needs assessments and timelines planned in advance.

Yet what we see is that mental health clinicians need and value education and resources that are developed quickly in response to real-world changes.

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 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

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.

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 run to ensure it works.

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.

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 5 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

SMIAdviser
A Clinical Support System for Serious Mental Illness

An APA and SAMHSA Initiative
AMERICAN PSYCHIATRIC ASSOCIATION
SAMHSA

GRANT STATEMENT
Funding for this initiative was made possible (in part) by Grant No. 5H79SM080818-01 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.

© 2020 American Psychiatric Association. All rights reserved.

We created tools to support immediate needs

VIEW OUR TIP SHEET ON VIDEO APPOINTMENTS

SMIAdviser
A Clinical Support System for Serious Mental Illness

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

www.SMIadviser.org

What We Learned About Educational Formats

? **ASSUMPTION**

Our primary instructional modality will be one-hour webinars.

→

✓ **REALITY**

Our audience also values shorter, alternative learning formats.

Our original plan for education formats was to focus on one-hour webinars, which are widely used across continuing education.

Yet what we see is clear engagement from mental health clinicians across diverse, shorter, alternative learning formats.

How We Adapted
We are testing short, interactive, engaging formats.

Clozapine & LAI Virtual Forum - unites professionals who prescribe clozapine and LAIs to discuss and share ideas on a trending topic each month.

20-minute webinars - allows clinicians to participate in learning during short windows in their schedules.

Video-based answer cards - enhances our popular text-based answer card format with video content from our clinical experts.

Clozapine & LAI Virtual Forum

Meets the first Wednesday of every month
3:30-4:00 pm EST
Starts August 5, 2020

SIGN UP FOR OUR LISTSERV

SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

What We Learned About Interprofessional Needs

? **ASSUMPTION**

Interest in topics would be aligned with the discipline of participants.

✓ **REALITY**

Interprofessional participation is the norm in our activities.

Our original expectation was that engagement with specific education topics and resources would be driven by specific professions. For example, psychiatrists and nurse practitioners would drive registration for webinars that focus on medication management.

Yet what we see is clear interprofessional participation across our education, resources, and all types of topics.

How We Adapted

We focus on education topics that involve the entire mental health care team.

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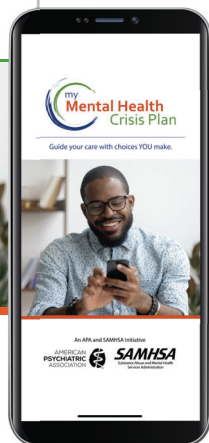- ✓ Psychiatric Advance Directives
- ✓ Suicide Prevention

Topics of highest interprofessional participation

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 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

my Mental Health Crisis Plan
Guide your care with choices YOU make.

How to Create a Psychiatric Advance Directive (PAD) Facilitator Guide

An APA and SAMHSA Initiative

We create tools for use by the entire mental health care team.

GET THE MY MENTAL HEALTH CRISIS PLAN APP

SMIAdviser
A Clinical Support System for Serious Mental Illness

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

www.SMIadviser.org

What We Learned About Education Uptake

? **ASSUMPTION**

There will be equal uptake across all learning modalities for each topic.

✓ **REALITY**

Some topics are weighted towards particular modalities.

Our original strategy anticipated that there would be consistent engagement in specific topics regardless of the learning modality.

Yet what we see are clear trends that interest in certain topics aligns with specific modalities.

How We Adapted

We ensure that our content on specific topics aligns with the modalities where we see higher uptake.

Example:
We see high uptake in psychopharmacology topics across our Virtual Learning Collaboratives and Knowledge Base, but less so via 1 hour webinars.

SEE PSYCHOPHARMACOLOGY ANSWER CARDS

Join Our #MissionForBetter at SMIadviser.org

SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

What We Learned About the Landscape

? | **ASSUMPTION**

We will be an umbrella.

✓ | **REALITY**

We are a puzzle piece.

Our original vision was that SMI Adviser would partner with other organizations to deliver all content on SMI under our umbrella.

Yet what we learned is that there are clear advantages to being just one of an array of organizations that offer content on how to care for those who have SMI.

How We Adapted

We have routine, consistent communication with several key partners in order to minimize overlap and cover all gaps.

For example, in 2019 we hosted the Second National Conference on Advancing Early Psychosis Care in the United States in collaboration with the Psychosis-Risk and Early Psychosis Program Network (PEPPNET) and the National Institute of Mental Health (NIMH).

PEPPNET

NIH National Institute of Mental Health

Upcoming:
We are again partnering with PEPPNET and NIMH to host the Third National Conference on Advancing Early Psychosis Care in the United States. It takes place in Fall 2020. This virtual meeting is free and provides continuing education credits for multiple professions.

SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

What We Learned About Technical Assistance

ASSUMPTION

We would focus mostly on <u>disseminating</u> evidence-based practices.

REALITY

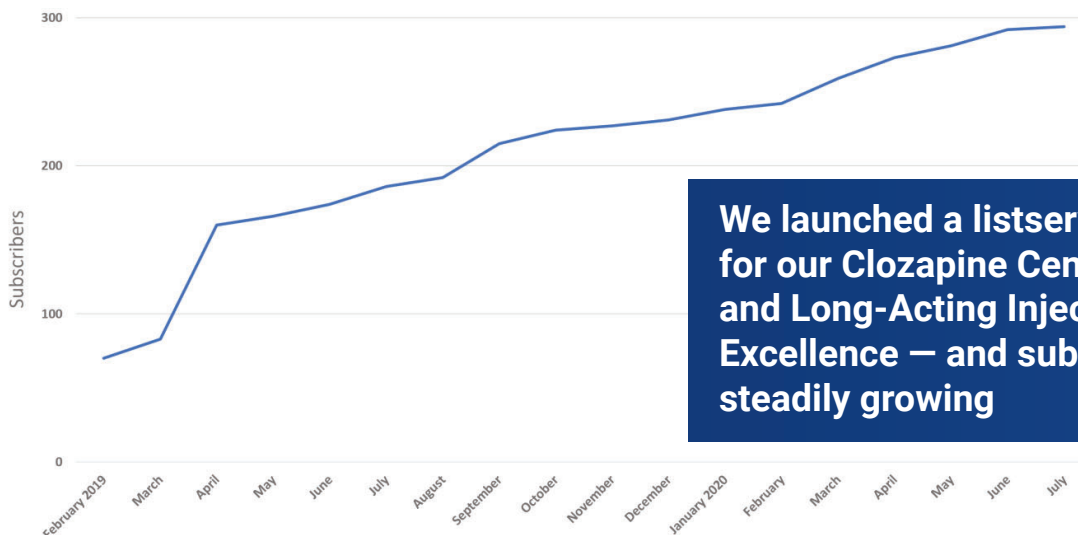We focus mostly on <u>implementing</u> evidence-based practices.

Our original vision was that SMI Adviser would focus on disseminating gold standards of care.

Yet what the field needs is assistance in how to tailor evidence-based practices to local needs, priorities, and resources. Peer-facilitated learning is a powerful tool to identify solutions for implementation.

How We Adapted

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

Virtual Town Hall

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

We launched a listserv for our Clozapine Center of Excellence and Long-Acting Injectable Center of Excellence — and subscribers are steadily growing

SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN **PSYCHIATRIC** ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

What We Learned About Consultation

? **ASSUMPTION**

Clinicians would eagerly seek consultation through the website.

✓ **REALITY**

Clinicians seek answers in many ways.

Our original expectation was that SMI Adviser would constantly field consultation questions from mental health professionals through our on-demand consultation service.

Yet we see a clear trend that clinicians find answers through multiple methods.

How We Adapted

- ✓ **Increased time for Q&A**
- ✓ **Created answer cards for questions not answered during webinars**

53,500+
Total Registrations

33%+
Increase Since April

www.SMIadviser.org

SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

What We Learned About Intensive Consultation

? ASSUMPTION

Implementation sites would accept and adopt guidance on how to improve workflows around SMI.

✓ REALITY

They are struggling due to COVID-19 and thin resources; it is a challenge to devote attention to change.

Our original plan for Implementation Sites hinged on routine and regular contact with their teams.

Yet even sites ready for change face overwhelming resource challenges and struggle to focus on implementing scalable change.

How We Adapted

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

SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

New Resource Highlight

New Tip Sheet on Telehealth Billing Codes

SMI Adviser developed a new tip sheet to help mental health clinicians identify the various types of telehealth visits and associated billing codes. This is a valuable resource for clinicians who are now billing for services they would typically provide in the office.

Tips for Telehealth Billing During the COVID-19 Pandemic

Plan to get reimbursed for services you would typically provide in the office? 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 VISITS THAT REPLACE OFFICE VISITS

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.

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

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 payer 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.

Initial Psychiatric Evaluation	Evaluation and Management Outpatient		
90791+95	*99204+95*	99205+95	99212+95
90792+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		Family Therapy	
90832+95	30 (16-37*) minutes	*90846+95*	Patient not present
90834+95	45 (38-52*) minutes	*90847+95*	Patient present
90837+95	60 (53+*) minutes	*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
- American Psychiatric Association
- Center for Connected Health Policy
- Centers for Medicare and Medicaid Services
- Federation of State Medical Boards

SMIAdviser
A Clinical Support System for Serious Mental Illness

An APA and SAMHSA Initiative
AMERICAN PSYCHIATRIC ASSOCIATION SAMHSA

GRANT 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.

© 2020 American Psychiatric Association. All rights reserved.

GET THE TIP SHEET NOW

Have questions about telehealth?

Submit questions to our free consultation service and receive a personal response from one of our clinical experts within one business day. This saves you time and delivers the best possible answers you can find.

SUBMIT A QUESTION

SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

Access SMI Adviser Materials in Our Partner Action Toolkit

Use our Partner Action Toolkit to share information about SMI Adviser with your staff and colleagues. It contains logos, flyers, text for social media posts, text for listservs, and more. Simply download the files you need.

Join our Mission for Better – help us raise awareness and promote the use of evidence-based care for individuals who have SMI. Post something on social media today and use our hashtag #MissionForBetter.

SEE THE TOOLKIT

SAMHSA Spotlight: Mental Health Technology Transfer Center

This section highlights other programs and resources from the Substance Abuse and Mental Health Services Administration (SAMHSA)

MHTTC — Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
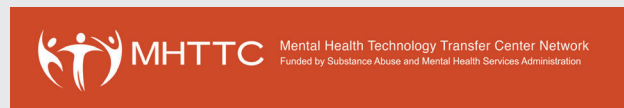
The purpose of the MHTTC Network is technology transfer: disseminating and implementing evidence-based practices for mental health conditions into the field. This collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. Their team works with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.

LEARN MORE ABOUT THE MHTTC