# Special Project

## Introduction

My special project is entitled Telemental Health Review and took place at 7200 E Indiana St, Evansville, IN at Deaconess Cross Pointe from early March 2024 to July 5, 2024. The Telemental Health review involved utilizing data regarding the Telemental Health program that was available via after-visit notes in our EPIC charting system. I transferred the data to a Google Sheets spreadsheet that I created for the review process, and reviewed data from appointments from 2/15/24 forward. The program began 2/13/24, but the team was not aware of the start time, so after some brief instructions patients were first seen on 2/15/24. At Deaconess Cross Pointe, it is the CARE TEAM that conducts Plan of Care assessments and whose notes I was able to review. The participants were the CARE TEAM staff and hospital administrators to whose attention I would share my review.

## Social Issue

In order to promote service, social justice for all, the dignity and worth of persons, integrity, and competence it is important to evaluate whether the Telemental Health program offered by Deaconess Cross Pointe is achieving these goals. Assessing Plan of Care mental health assessments is the route needed for thorough assessments of outpatient referrals for treatment provided. For many these rights are thwarted due to the lack of transportation for in-person assessments. In order to further the right to mental health assessments this service is available in on online format, removing the need for transportation to receive an assessment. It also enables assessments from any location convenient to patients, increasing the provision of services to patients. In theory, this program increases accessibility to Plan of Care mental health assessments. However, in practice, the program is ineffective and in need

of changes in order to increase its effectiveness in achieving its goals for service. Specifically, the program had no policy in place regarding how the program was to operate, which lead to a host of other challenges. For instance, there was no training offered as to how the program would operate prior to the rollout, and the online training eventually provided was not specific to CARE TEAM Plan of Care mental health assessments and included poor audio. The poor audio resulted in an ineffective training experience. The program also did not consider conflicts in the scheduling of these appointments with our in-office appointments, walk-ins, and ER TeleMed appointments that we are simultaneously responsible to fulfill. The program also didn't appear to address time limits for appointments and how those could be fulfilled. Furthermore, the continuous scheduling does not allow for lunch breaks for employees. Perhaps worse yet, the online advertisement and scheduling of the program does not indicate in all the avenues that one can schedule an appointment online that it only serves patients in the state of Indiana (though the hospital chain is present in Indiana, Illinois, and Kentucky) and referrals are best offered to those within a 1 hour radius of our location in Evansville, Indiana. Patients are also often not familiar with the service offerings we can provide and expect services we don't provide, such as medication management, counseling, a full mental health assessment and diagnosis, and ability to speak with a psychiatrist. Finally, laws from adjacent states that practitioners could get licensed to practice in vary and could impact whether we could see them via Telemental Health from the state of Indiana. The impact of these issues resulted in staff working to solve conflicts that were not considered prior to the rollout and creating resolutions to problems organically in real-time. This project was significant in terms of determining how to improve the service provision to a community

not fully aware of the program and how it works. This project was recommended by my field instructor as a project that would yield results that she would benefit from receiving, as well.

**Interventions**

In order to address the deficiencies in the current Telemental Health program I chose a 4-prong approach. To begin with, I did a complete review of the current program and discovered the deficiencies being experienced by both patients and clinicians. This review included creating a spreadsheet that tracked the frequency of successful visits and the reasons for unsuccessful visits, following review of after-visit notes. This tracking element is essential, as Koch, et al. (2024) report that when Telemental Health programs are reviewed in order to reduce variables that make them less effective, especially for those over 55, mental health services are expanded, there is a reduction in blackout zones for mental health care, and there are less transfers of patients that occur in order to effect the appropriate treatment. Secondly, I also reviewed two policies: a broader Telehealth policy that the hospital has in place that does not address how the Telemental Health program should function. Additionally, I reviewed a policy that is in place for assessments that are done online for admitted patients in local ERs that CARE TEAM sees in order to use those policies as a template in framing a new policy that would relate directly to the Telemental Health assessments that the new program allows for from the comfort of one's own home. This new policy gives specific directives to ensure that CARE TEAM staff understand how this program works and dovetails with the workload already being experienced by the CARE TEAM. And the creation of telemental health policies are the work that social workers should be involved in at all levels (Lee & Cook, 2023). In order to support social justice, social workers should be at the forefront of this modality, ensuring it accessibility, creating

policies regarding practice, and establishing best practices that are evidenced based and include training (ibid.). Thirdly, I included an element of education to my superiors in order to make them aware of the challenges being faced by this new program. To accomplish this, I created a PowerPoint presentation that highlighted the major areas of concern that needed to be addressed by upper management, including their Marketing and Advertising teams. After speaking with counseling educators, counseling supervisors, and counseling practitioners, Robertson and Lowell (2021) found that dissatisfaction with telemental health program training is due to the content being ineffective or insufficient, the need for a consistent protocol, and the need for telemental health service delivery to be addressed in collegiate social work programs. Truly, education at all levels of telemental health service provision is sorely needed. And finally, the final prong included recommendations to improve the website's information regarding the program and all other advertising/marketing avenues as well as a recommendation regarding the convergence of the 2 appointment creation systems so that double appointments were not being experienced. Without proper educational or marketing materials regarding telemental health programs for the public we will not reach our targeted audience. As Xue et al. (2023) found, "education" or marketing of our program offerings must consider various demographics and provide for ease of use, trust, and the advantage it offers potential patients. Without meeting these essential components, we are creating a program that will not serve those we wish to serve.

The theoretical frameworks that these interventions are based upon include systems theory, task-centered theory, and problem-solving theory. These interventions clearly point to the need for various systems to interact with one another in order to effect essential changes to the current service provision being provided by the Telemental Health program.

Additionally, task-centered and problem-solving theories are needed as the social work team must advocate for the needs that the hospital system did not anticipate in their rollout of this program by seeking solutions to the problems being faced and accomplishing those objectives using a task-centered model. These frameworks will enable the social work team, in conjunction with other hospital partners using a systems framework, to follow a problem-solving approach through until completion of the enactment of new protocols essential to the success of the program.

**Results**

As a result of my special project, I was able to form a special collaborative meeting that included the CareTeam supervisor and the CareTeam associate supervisor, who also serves as my field instructor. Within that scheduled meeting, I had the opportunity to present to them my policy proposal for the new Telemental Health program that had been implemented without clear directives, and certainly nothing in writing. At the meeting I presented the current hospital Telehealth policy for at-home medical online assessments and the TeleMed policy, which is only used for our onsite CARE TEAM Plan of Care online assessments at local ERs that we also see. These policies I accessed and reviewed prior to our meeting and created multiple copies of in order to provide a basis for the policy that I created. As I gave them each a copy of those policies, I highlighted that neither one of those policies provides directives for the new Telemental Health program and shared how my policy proposal mimics the layout of the current Telehealth policy, however it is specifically related to mental health services that the hospital is now offering on the same platform, which requires different directives and an understanding of the clinician that will be answering the calls and what they can/cannot offer. Additionally, I presented a PowerPoint presentation that

highlighted the major areas of ineffectiveness that were manifesting in the current practice of the program we were implementing. I then provided some recommendations regarding website edits that were needed in order to best market and advertise the services that we could provide and to which constituencies (since that was a major area of confusion, regarding states and locales served), and I also recommended that a joint appointment system be created so that appointments created online by patients dovetailed with our current appointment system for in-person visits. In terms of implementation, this project takes the form of a review with proposals for change which will occur at higher levels of leadership within the hospital system, so the timeline for accomplishing and fixing the errors cannot be determined and is in the hands of management to accomplish.

**Conclusions**

The conclusions included patients experiencing a lack of Plan of Care mental health assessments online due to misleading advertisement online which suggests that we provide full mental health assessments, a psychiatrist will be conducting the assessments directly, and they can receive medication management. Anti-racist practice would be accomplished by noting the lack of access being experienced by people of color with the inaccurate and subsequent false hopes that result. Additionally, it does not advertise that services preclude residents from Kentucky and Illinois. Another conclusion is that merged scheduling between the online program and the onsite scheduling would be ideal but are difficult to effect in a large hospital conglomerate where the wheels of change move slowly. This challenge is a limiting factor to any real changes being implemented. The rollout of this program should have begun with a one-month notice which included a written policy, in-person staff trainings, a question-and-answer period, and an opportunity for the program kinks to be

worked out via staff review. Additionally, random hospital visitors, in order to assess their ease in scheduling appointments and their understanding of what it offered, should have been invited to try the program out in order to determine the relative ease for average users. I would recommend that after visit questionnaires be submitted to patients in order to assess this data, as well, in order to best determine effectiveness and satisfaction. All of that should have occurred prior to the rollout, but none of that was taken into consideration. The unexpected outcomes were misleading advertising, conflicting schedules for the CARE TEAM that would respond to the requests, and a program that was not fully created before being implemented.

**Competency 1: Demonstrate Ethical and Professional Behavior**

Within the course of this special project, I created a Google Sheets spreadsheet that was securely shared with both my field instructor and task supervisor. All of the information generated for the spreadsheet was represented in a confidential manner and did not include names or dates of birth. Information generated was simply to determine success of visit but also includes ages, genders, and times of appointments for further analysis in-house. Additionally, I retrieved notes from online encounters from the onboarding system EPIC that is used for charting, and my transfer of information into my spreadsheet was conducted in an ethical manner.

**Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice**

I was able to advance the human right of providing a quality mental health Plan of Care assessment by creating a PowerPoint presentation to supervisors within this department to highlight challenges being faced with the current Telemental Health system, including the

scheduling conflicts. I also created a document for local referral counseling sources that listed their next available appointment times in order to accurately provide wait times to patients during the referral process.

**Competency 3: Engage Anti-racism, Diversity, Equity, and Inclusion (ADEI) in Practice**

I recommended that we engage tracking of after-care visits with questionnaires to determine if certain ethnicities were excluded from receiving service from us. I also recommend language accessibility be incorporated into the program so that a diverse population can receive read and schedule appointments in their own language and relay their language of preference directly to our team. Service provision should be available to all patients, regardless of their language preference.

**Competency 4: Engage in Practice-Informed Research and Research-Informed Practice**

**I reviewed literature**… I contacted local mental health counseling resource centers to determine availability and determined that there are major deficits in this region to acquire appointments in the near future for symptoms being experienced. The wait times are often months-out, denying the patients the right to efficient and effective care.

**Competency 5: Engage in Policy Practice**

I created a policy for the Telemental Health program based upon the template provided for other similar programs that are offered but was specific to the needs of this program. I shared that prospective policy with supervisors for their review and potential implementation at higher levels in the organization. They recognized that the hospital system had not provided a specific policy for this program and one was needed to provide direction and to determine whether benchmarks were being met or not.

**Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities**

I engaged with the supervisor and his associate regarding the challenges being experienced by the sudden rollout of this new Telemental Health program and presented a PowerPoint presentation regarding the findings of areas of improvement that would benefit the program. The engagement we shared as we discussed elements that truly weren't working as planned is intended to lead to further engagement at higher levels within the organization.

**Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities**

I reviewed the Google Sheets Document that I created based upon the notes in our EPIC charting system regarding the online Telemental Health visits scheduled. I shared with my supervisor trends that I was noticing, such as a large population that were out-of-state and could therefore not be served, no-shows, and persons calling for services that we do not provide. Further, I illustrated that appointment times conflict with the scheduled in-person appointments we have in the office and the difficulty in serving both groups, in addition to serving walk-in patients at area hospitals that we are called upon to serve, as well. There are many populations to serve and it appears possible that some appointments may be missed if the demand becomes too great and there is not sufficient staff to meet the need.

**Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities**

The 4 components utilized as interventions included a review of the information and data collected on my Google Sheets spreadsheet regarding the online Telemental Health encounters, a policy proposal to create structure and awareness of the parameters of the program and expectations, an educational component that included a PowerPoint

presentation to my supervisors, and finally recommendations for an improved website marketing program and an appointment system that merged both in-person and Telemental Health appointments so that there was one work flow to review. These interventions are meant to improve the experience for patients of all walks of life for their Telemental Health visits and the practitioners that see them.

**Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities**

Based upon the document review and the subsequent meeting with supervisors, I assessed whether changes are occurring on the website and whether the scheduling process was being merged into one system and determined that these goals are long range and will take significant time to accomplish within such a large organization. I also suggested that an after-visit questionnaire for patient satisfaction should be implemented in order to determine what aspects of service provision are not being performed as desired.

## References


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