A variety of telemental health services and models can bring expanded access and improved outcomes to healthcare organizations.
### Age standardized disability adjusted life year (DALY) rate per 100,000 population, 2015

<table>
<thead>
<tr>
<th>Country</th>
<th>DALY Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>23.104</td>
</tr>
<tr>
<td>Belgium</td>
<td>19.747</td>
</tr>
<tr>
<td>Germany</td>
<td>19.399</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>19.321</td>
</tr>
<tr>
<td>Canada</td>
<td>19.119</td>
</tr>
<tr>
<td>Austria</td>
<td>18.961</td>
</tr>
<tr>
<td>Netherlands</td>
<td>18.795</td>
</tr>
<tr>
<td>Australia</td>
<td>18.758</td>
</tr>
<tr>
<td>France</td>
<td>18.746</td>
</tr>
<tr>
<td>Comparable Country Average</td>
<td>18.552</td>
</tr>
<tr>
<td>Sweden</td>
<td>17.749</td>
</tr>
<tr>
<td>Switzerland</td>
<td>17.468</td>
</tr>
<tr>
<td>Japan</td>
<td>16.012</td>
</tr>
</tbody>
</table>

**Source:** Kaiser Family Foundation analysis of data from Institute for Health Metrics and Evaluation, Global Burden of Disease Study 2015 (GBD 2015) Data Downloads
Disease burden per 100,000 people

- United States
- Comparable Country Average

### Age standardized disability adjusted life years (DALYs) rate per 100,000 population, both sexes, 2015

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and substance use disorders</td>
<td>3.355</td>
</tr>
<tr>
<td>Cancer and Tumors</td>
<td>3.131</td>
</tr>
<tr>
<td>Circulatory</td>
<td>3.065</td>
</tr>
<tr>
<td>Injuries</td>
<td>2.419</td>
</tr>
<tr>
<td>Musculoskeletal disorders</td>
<td>2.357</td>
</tr>
<tr>
<td>Endocrine (diabetes, kidney)</td>
<td>1.827</td>
</tr>
<tr>
<td>Nervous System</td>
<td>1.463</td>
</tr>
<tr>
<td>Chronic respiratory</td>
<td>1.050</td>
</tr>
<tr>
<td>Skin diseases</td>
<td>642</td>
</tr>
<tr>
<td>Sense organ diseases</td>
<td>624</td>
</tr>
</tbody>
</table>

Background

- Mental health is the highest-volume specialty service in telehealth
- Mental disorders are the largest contributor to the overall burden of disease
- Unmet needs for mental health services vary across the Great Plains region.

Source: Kaiser Family Foundation
Introductions

Shawna Reitmeier, MSW
Chief Executive Officer
Northwestern Mental Health Center

Paul Goering, MD
VP of Mental Health
Allina Health

Ric Schaefer
Executive Director
Arrowhead Health Alliance

Sonja Ranck, RN, BSN
Chief Clinical Officer
Skiff Medical Center
Questions & Discussion

- Introduce your program. How do you use telehealth?
- Current benefits and future goals
- Unexpected challenges and/or findings
- Significant remaining barriers
Northwestern Mental Health Center

Access through Telemedicine
Northwestern Mental Health Center

- Community Mental Health Center: 55 years in operation and newly **Certified Community Behavioral Health Clinic**
- Six (6) County rural/frontier service area (Kittson, Mahnomen, Marshall, Norman, Polk, Red Lake) in addition to anyone from MN and some ND.
- Geographic size of the state of Vermont that has 70 people per square mile compared to our region with 7 on average (4 in Frontier)
Northwestern Mental Health Center

Full range of services from birth to end of life; clinic & community based care.

- Outpatient MH psychotherapy,
- Outpatient SUD treatment
- Med management
- Rehabilitation
- Homeless Services
- School Based Mental Health

- Transition age Youth
- Mobile and Stabilization Crisis Services
- Co-located care in primary care clinics
- Transitional Housing w/ Supports
- Adult Foster Care
Telehealth use in Mental Health at Allina Health

Paul Goering, MD
INTERNAL

1. Mature Use, Extending Crisis Social Workers in our ED’s (4,000 visits a year)
2. Out-Patient Psychiatry, Outreach to Rural Sites, limited
3. Weekend Inpatient call coverage, 2 hospitals in Rural Minnesota (Pilot)
IN PARTNERSHIP

Vendor Supported Partnership, starting this summer

- Consult Service to hospitals without psychiatry (ED and Medical/surgery consults)
- Inpatient Coverage, Limited Pilot
Arrowhead Health Alliance

SERVING NORTHEAST MINNESOTA WITH INTEGRATED PUBLIC HEALTH CARE AND HUMAN SERVICES THAT ARE EFFICIENT, ACCESSIBLE AND AFFORDABLE.
Arrowhead Telepresence Coalition

Multiple organizations joining under a common telepresence platform - DHS/MN.IT telepresence network

- 70 separate organizations/entities
- 300 accounts on the
- Access to over 4000 users statewide

Primary purpose is improved behavioral health services
AHA serves as a network facilitator to help develop ideas and make connections between providers and places that need services:

- Community Mental Health Center Connecting to County Jails
- Mobile Crisis Response Providers Connecting to Rural Emergency Rooms
- Community Mental Health Centers connecting to schools for scheduled appointments and crisis calls
- Providers connecting to individual clients in their own homes
Skiff Medical Center

48-bed rural hospital

Iowa

Newton
MH Emergency Care Program

• 12,000 ED visits annually
  • 300 of those are purely psychiatric in nature
• No on-site counselor, ARNP or psychiatrist

> Established 2010
  > > 35,000 hours of telepsychiatry
> Team of 30 Psych Prescribers
  > 47 Hospitals: ER, Med Consults, Inpatient
> 2,500 Emergent Cases Handled
  > 24/7/365 Patient Advocate Assistance

Timely Access via Telepsychiatry
Questions & Discussion

- Introduce your program. How do you use telehealth?
- Current benefits and future goals
- Unexpected challenges and/or findings
- Significant remaining barriers
Questions & Discussion

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