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OTSG/MEDCOM Policy Memo 09-042

MCCS

Expires 24 Jun 2011 **24 JUN 2009**

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL
COMMANDS

SUBJECT: Utilization of Tele-behavioral Health Services

1. Purpose: To provide instructions for utilization of tele-behavioral health services.
2. Background:

a. Tele-behavioral health services, most frequently in the form of video teleconferencing, has been a growing field since the 1960s and has been utilized in the Army Medical Department (AMEDD) since the late 1990s. Literature on the efficacy of tele-behavioral health, as compared to traditional in person modalities, has consistently shown tele-behavioral health to be as efficacious as in-person treatments, and to be satisfactory to patients utilizing this modality. (Hilty DM, et al: Telepsychiatry: an overview for Psychiatrists. CNS Drugs. 2002; 16(8):527-48 and De Las Cuevas C, et al: Randomized clinical trial of telepsychiatry through videoconference versus face-to-face conventional psychiatric treatment. Telemed J E Health. 2006 Jun; 12(3):341-50).

b. Mission requirements have presented challenges to the goal of maximizing behavioral health (BH) clinical assets throughout the AMEDD. Mission requirements include, but are not limited to, Medical Evaluation Boards (MEB), surge requirements for pre- and post-deployment fitness for duty evaluations, and providing assistance in the form of backfills to posts where assets have deployed.

c. All Regional Medical Commands (RMCs) currently utilize various levels of tele-behavioral health services to meet their BH mission; however, a survey of RMCs illuminates the reality that these services are in various stages of development, engagement, and acceptance within each of the RMCs.

d. In order to maximize the utilization of these services, guidance for Commanders regarding the importance of developing an enterprise approach to utilization is necessary. The approach developed will need to incorporate feedback and evaluation/coordination mechanisms for evaluating the utility of investing in further propagation of tele-behavioral health services.

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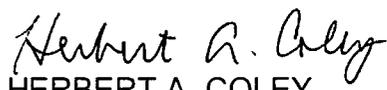
3. Policy:

a. RMCs facing shortages of specialized BH care are faced with challenges to meeting the BH mission due to fluctuations in need during pre- /post-deployment phases, changes in staffing, and crisis situations (for example, an increase in suicides on a post, backlog of MEBs, etc). Prior to approving requests for backfills and temporary hires, the RMC will evaluate utilization of inter- and intra-RMC tele-behavioral health assets. Traditional methods of obtaining resources can still be requested along with the evaluation of the possible usage of tele-behavioral health solutions if reasons for backfilling or hiring accompany the tele-behavioral health analysis.

b. The AMEDD will establish a position within the Office of The Surgeon General (OTSG), Health Policy and Services, to facilitate maximization of tele-behavioral health services within and between RMCs when needs are identified. This position will be the OTSG/MEDCOM Tele-behavioral Health Director (TBHD). The TBHD will be authorized to assist, evaluate, and recommend courses of action to assist RMC's and Medical Command (MEDCOM) in determining the most efficient manner of meeting the mission requirements of each request. Assistance will be via tele-behavioral health, TDYs for backfill, permanent or temporary hires, or a combination, based on what mission requires. This will allow for an enterprise approach to meeting needs throughout the system.

c. Each RMC will develop a process for monitoring and managing available tele-behavioral health capacity and capturing the tele-behavioral health workload. The process may include dissemination of a common Medical Expense and Performance Reporting System code (such as the functional cost code BFAD), a provider identification number, or utilizing DMRSi F codes. RMCs, in conjunction with the TBHD, will collect data and metrics to monitor usage and ensure that funding via relative value units or alternate workload accounting methods are visible, tracked, and utilized to ensure funding for utilization of tele-behavioral health assets are appropriately routed. Analysis of cost of utilizing tele-behavioral health versus the cost avoidance of hiring actions and/or TDYs for backfills will be managed by the TBHD to provide feedback on the cost effectiveness to RMCs and MEDCOM.

FOR THE COMMANDER:


HERBERT A. COLEY
Chief of Staff