Golden Leaves Health System

Implementing a Pediatric Telepsychiatry Service to address Access to care challenges for children in rural and underserved communities

Business Plan

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Project Summary

This business plan is for Houston-based Golden Leaves Health System (GLHS) to implement a Pediatric Telepsychiatry service to address access to care challenges for children in rural and underserved communities in Cameron, Hidalgo, and Montgomery counties in Texas. Providing fully integrating telepsychiatry services with primary care providers' offices in these counties, GLHS connects its Houston-based psychiatrists from its network of community health centers with eligible patients.

Nearly 1 in 5 children in the United States have a mental, emotional, or behavioral disorder (O'Connell, Boat, & Warner, 2009), such as anxiety, depression, Attention-Deficit/Hyperactivity Disorder (ADHD), Disruptive Behavior Disorder (DBD), and Tourette syndrome. The Health Resources and Services Administration (HRSA) estimates that 61% of areas with a mental health professional shortage are rural or partially rural or underserved areas (Bureau of Health Workforce, January 2017).

Traditionally, underserved, and rural areas have struggled to attract psychiatrists to care for patients, as a result, these families (on average) must embark on a two-hour drive to see a psychiatrist sometimes after waiting for a few weeks. GLHS is strategically targeting three (3) Texas counties of over 400,000 residents, where at least 25% of the population is under the age of eighteen (18) and the psychiatrist per 100,000 children is under 10. The organization plans to leverage its telepsychiatry service to increase access to care in these underserved and rural Texas counties.

Texas Counties	Population (2019 Est.)	% Population < 18	Population < 18	Psychiatrist per 100,000
Cameron	423,163	30%	126,949	2
Hidalgo	868,707	32%	277,986	8
Montgomery	607,391	26%	157,922	5

Executive Summary

Nearly 1 in 5 children in the United States have a mental, emotional, or behavioral disorder, such as anxiety or depression, attention-deficit/hyperactivity disorder (ADHD), disruptive behavior disorder, and Tourette syndrome. The Health Resources and Services Administration (HRSA) estimates that 61% of areas with a mental health professional shortage are rural or partially rural (underserved) areas. According to the US Office of Management and Budget (OMB), 191 of the 254 counties in Texas are classified as rural, which represents 75% of the counties. In July 2022, GLHS's goal is to increase patient access to pediatric psychiatric services through telemedicine in Cameron, Hidalgo, and Montgomery counties. This will be accomplished by contracting with primary care sites to set up originating (patient) sites in those communities while simultaneously having psychiatrists based in Houston see the patients virtually. The organization will co-locate the psychiatrists in its network of community health centers, with Licensed Vocational Nurses (LVNs) onsite performing nursing support functions to ensure the patient's medical needs are addressed by the provider at each visit. The organization is targeting three (3) Texas counties because it presents the opportunity to enhance access to care for patients, a core part of its mission, and increase patient revenue by expanding into new territory. Under terms of an agreement, the organization will contract with these primary care sites and provide the equipment, resources, and 24/7 technical or virtual support in exchange for patient revenue. The startup cost in year one (1) is $1,031,425 and it will be funded by GLHS ambulatory care division operating budget.

Mission Statement:

GLHS is an academic healthcare system devoted to enhancing access to care for the patients it serves, thus creating a healthier future through coordination of care, clinical research, and patient education.

Market Opportunity:

The Centers for Disease Control and Prevention (CDC) estimates that by 2020, the number of child and adolescent psychiatrists will increase to 8,312, but this is only 65% of the estimated 12,624 that are needed to meet demand. This 34% shortfall nationally coincidentally, widens when underserved and rural areas are examined. GLHS believes the shortfall gap will continue to widen over the next five years, thus creating an opportunity for the organization to make a larger investment locally and in selected Texas counties that meet the criteria for telepsychiatry service expansion. From a population growth perspective, the population change (on average) for Cameron, Hidalgo, and Montgomery counties from April 2010 to July 2019, went up 17% (U.S. Census Bureau, 2019). This promising growth indicator, coupled with the psychiatrist shortfall highlights a heightened demand for care, amid insufficient supply creates a viable market opportunity for the GLHS to essentially provide a service that improves access to care in these counties.

Management and Key Personnel:

The management team will consist of the Vice President – Specialty Services, Medical Director/Chief of Community Psychiatry (Smith College of Medicine employee), Director – Pediatric Service Line, Nurse Manager – Pediatric Service Line, and Project Manager. Key personnel will include IT Manager, two (2) Community Outreach Liaisons, and a Lead Pediatric Psychiatry Nurse.

Management:

- **Vice President, Specialty Services**: VP is a member of the Ambulatory Care leadership team with oversight over the community centers and clinics. She has extensive knowledge and relationships with communities of practitioners as well as technical expertise in system design. Additionally, she is the executive leader in charge of leading this implementation and ensuring the service offering in the target counties is successful, as she conducted the successful transition of the thirty (30) community health centers from paper charts to Epic EMR in 2010. She holds a

BSc in Communication Sciences and Disorders from the University of Texas at Austin, as well as an MBA from the University of Houston.

- **Medical Director/Chief of Community Psychiatry**: The Medical Director is the physician leader who will be responsible for recruiting, hiring, and supervising the child and adolescent psychiatrists that will be seeing the patients virtually. As a member of the faculty in the division of psychiatry in the department of pediatrics at the Smith College of Medicine, he has developed extensive relationships with a network of psychiatrists at Smith College of Medicine and around the country. Trained at Harvard Medical School, he completed his residency and fellowship at the University of Washington/Seattle Children's Hospital, and last year, he was instrumental in opening the first telepsychiatry patient site in Baytown, allowing so children who needed mental health care see a provider virtually instead of having to travel 1+ hours to Houston.

- **Director, Pediatric Service Line**: He will be responsible for enhancing cooperation and fostering healthy relationships between psychiatrists, GLHS IT teams, networks of community groups, partner schools', behavioral centers, etc. He will ensure compliance with the federal rules, regulations, and codes as well as providing oversight to the policies, procedures, and protocols for GLHS. He will manage the organization's budget activities for the service. Lastly, he will develop an applicable continuous quality improvement program which includes monitoring and evaluation of clinical care activities and patient services with a timeline to assess the efficiency of corrective measures. The Director has a BSc degree in Management from Oklahoma State University, as well as an MBA from Texas Tech University. He also holds the certified medical practice executive certification from the American College of Medical Practice Executives (ACMPE). He is responsible for the day-to-day operations of the outpatient pediatric service line in Ambulatory Care. He will be responsible for the day-to-day operations of the project and update the VP and other ambulatory care leaders periodically.

- **Nurse Manager, Pediatric Service Line**: As a member of the management team, she will ensure that all employees are trained and educated on the best clinical techniques and practices. Before this role, she was a lead pediatric psychiatry nurse for six (6) years at the South Houston Community Center, where she worked with five (5) child and adolescent psychiatrists who saw seventy-five (75) patients per day. The Nurse Manager has a BSc in Nursing degree from Prairie View A&M University.

- **Project Manager**: The Project manager has a BSc in Chemical Engineering from the University of Houston. He is also certified as a Project Management Professional (PMP) by the Project Management Institute (PMI). He has successfully led twenty-three (23) GLHS projects over the last three (3) years.

Key Personnel:

- **IT Manager**: The IT Manager will be responsible for managing the procurement of hardware and software to support the telepsychiatry implementation. He will also lead the testing and training simulations along with the Nurse Manager. His team will travel to the sites to perform a site assessment and make sure the rooms that will be used at the patient site are Health Insurance Portability and Accountability Act (HIPAA) compliant.

- **Community Outreach Liaisons**: The community outreach team will deploy two (2) outreach liaisons who will be responsible for traveling to predetermined primary care sites along with the Director and the Medical Director to engage with primary care providers. The team will travel on a schedule to check-in with primary care providers to ensure all their needs are being met and the partnership is working smoothly.

- **Lead Pediatric Psychiatry Nurse**: The Lead Nurse will be responsible for supporting the child and adolescent psychiatrists as they see patients virtually from various community centers owned by GLHS. The lead nurse will monitor the electronic medical record system (EMR) patient messages and contact patient families as needed. She will be responsible for checking the

medication refill line and working with each psychiatrist to manage any necessary patient paperwork. She will indirectly supervise the patient site licensed vocational nurses (LVNs), who will be hired as part of the telepsychiatry implementation.

Competitors:

The competitors in the market are organizations with significant growth plans across Texas over the next 5 – 10 years. These include children's hospitals with an ambulatory division, medical groups with a significant pediatric footprint, and mental health-focused groups. Currently, there are two (2) healthcare organizations that meet this litmus test. They include Texas Children's Hospital and Legacy Community Health.

Texas Children's Hospital:

- Strengths:
  - Largest Children's Hospital in the US with over 900 beds
  - Strong brand awareness across the State of Texas and the US, while being consistently ranked in the top 5 by US News and World Report.
  - Over 40 pediatric clinics across the Houston and Austin areas
- Weaknesses:
  - A large healthcare organization (Difficult to make change)
  - Focuses primarily on growing its inpatient business in developed markets in Texas (Dallas, Austin, and Houston)

Legacy Community Health:

- Strengths:
  - A strong network of clinics located in underserved areas around Houston, Beaumont, Port Arthur, Baytown, Liberty, and Lake Charles

- The organization has a large mental health provider group

- Weaknesses:

    - No inpatient presence

    - 44% of their funding source comes from their in-house pharmacies at their community sites

Business's Competitive Advantages:

GLHS has a few competitive advantages that set it apart from the competition. First, the organization has robust cardiology, endocrinology, and stroke telemedicine programs. The organization has built a reputation in the Houston market for innovation in the telemedicine space. Their invaluable experience with these telemedicine programs will allow the organization to swiftly move to implement telepsychiatry in the targeted markets. Secondly, GLHS is a major regional player in pediatric primary and specialty care. With over one hundred (100) pediatricians and pediatric specialty providers across the thirty (30) community centers and multi-specialty clinics, patients and families easily recognize and the GLHS logo across the region.

Financial Information:

Capital Requirements: $1,031,425 (Year #1)

Funding Sources: GLHS's operating budget (It will cover most of the program associated cost in year #1, as well as the yearly indirect costs associated with running the service). The donor funding (**$750,000 over three (3) years**) will help with patient education efforts in the target counties. The patient education efforts will be centered around providing materials such as brochures and other printed materials that talk about anxiety, depression, Attention-Deficit/Hyperactivity Disorder (ADHD), and Disruptive Behavior Disorder (DBD) created by an outside vendor.

3-Year Income Projection	Year #1	Year #2	Year #3
Avg. Yearly Visits per site	1,344	1,546	1,777
Total Yearly Visits (All sites)	12,096	13,910	15,997
Patient Revenue	$ 934,547	$ 1,074,729	$ 1,235,938
Accounts Receivables	$ 233,637	$ 268,682	$ 308,984
Total Income	**$ 1,168,183**	**$ 1,343,411**	**$ 1,544,922**

Income Statement			
	Year #1	**Year #2**	**Year #3**
Income			
Patient Revenue	$ 934,547	$ 1,074,729	$ 1,235,938
Accounts Receivables	$ 233,637	$ 268,682	$ 308,984
Donor Funding	$ 250,000	$ 250,000	$ 250,000
Gross Income	$ 1,168,183	$ 1,343,411	$ 1,544,922
Expenses			
Marketing & Advertising	$ 225,325	$ 75,000	$ 50,000
Depreciation	$ 400	$ 400	$ 400
EMR License extender fee	$ 108,000	$ 108,000	$ 108,000
High Speed Internet	$ 21,600	$ 21,600	$ 21,600
Onsite LVN Salary + Fringe	$ 585,000	$ 585,000	$ 585,000
EMR Maintenance	$ 4,500	$ 4,500	$ 4,500
Total Expenses	$ 944,825	$ 794,500	$ 769,500
Net Income/(Loss)	**$223,358**	**$ 548,911**	**$ 775,422**

The Organizational Plan

Summary Description of the existing Business:

Introduction: GLHS is a fully integrated healthcare system in Houston and is one of the largest systems in the country. The system includes thirty (30) community health centers, five (5) school-based clinics, five (5) same-day clinics, one (1) multi-specialty clinic location, and two (2) full-service hospitals.

Shawn Carter Hospital is a world-renowned Level I trauma center with 500 licensed acute-care beds and provides a wide range of specialty care outpatient services. John Marshall Hospital is a 307 licensed bed acute-care hospital with a newly expanded Level III trauma center and a distinguished regional center for neonatal intensive care for high-risk deliveries. The Morgan Clinic, named in honor of Willie and Sue Morgan, is designed exclusively for outpatients requiring specialty care. The seven-story facility has more than 190 exam rooms and houses diagnostic and specialty clinics, as well as Magnetic Resonance Imaging (MRI) and ultrasound diagnostics. In addition to the J. Ervin and Mary Waller Radiation Therapy Center, Morgan Breast Center, Morgan Infusion Therapy Clinic, Morgan Diagnostic Imaging department, and Morgan Oncology Clinic, the facility houses clinics for the following specialties: Allergy, Asthma, Dermatology, Diabetes and Endocrinology, Gastroenterology, Genetics, Gynecology, Hematology, Infectious Disease, Infusion Center, Neurology, Pulmonary, Renal/Nephrology, Rheumatology, and Tropical Medicine.

GLHS is a teaching site for Smith College of Medicine and The University of Houston School of Medicine. The organization serves as a training ground for the next generation of healthcare providers on the latest medical procedures and technological breakthroughs.

GLHS is divided into three (3) divisions:

- Shawn Carter Hospital Division
- John Marshall Hospital Division
- Ambulatory Care Division (Community Centers and Clinics locations)

SWOT Analysis – Existing Business:

- Strengths:

    - Organization size (> 10,000 staff and providers)

    - Medical school affiliation (Smith College of Medicine and The University of Houston School of Medicine)

    - Strong payor mix – 45% Medicaid, 20% Fundraising/Donations, 20% Medicare, 10% Commercial and 5% Self-pay/sliding scale

    - Convenient locations across Houston (30 community health centers, 5 school-based clinics, 5 same-day clinics, 1 multi-specialty clinic location, and 2 full-service hospitals.)

    - Robust telemedicine programs

- Weaknesses:

    - New outreach department (Less than 2 years ago)

    - No prior relationships outside the Houston market

- Opportunity

    - Enter an underserved market with a pediatric population greater than 25% of the overall population

    - New patient revenue source

    - Increase brand awareness beyond its current region

    - Increasing access to care for patients in underserved and rural areas

- Threats:

    - Emerging competition for pediatric patient revenue in Texas (Texas Children's Hospital is growing within the Austin market and has set its sights on the Dallas/Fort Worth market as well)

    - With expanding the business footprint to the three (3) counties, the organization faces challenges with patient experience and efficient communication

Key Stakeholders/Key Decision Makers:

The key decision-maker will be the Executive Vice President (EVP) of the Ambulatory Care division of GLHS; however, she will delegate her execution authority to the Vice President – Specialty Services. Also, the Medical Director/Chief of Community Psychiatry, Director – Pediatric Service Line, Nurse Manager, and IT Leadership for ambulatory care will serve as stakeholders. The pediatric service line leadership in conjunction with the Medical Director/Chief of Community Psychiatry believes the EVP of Ambulatory Care will decide to proceed with the implementation due to the challenges to access for children in the targeted underserved and rural areas.

Summary Description of the New Business:

The new business opportunity is for GLHS to implement a pediatric telepsychiatry service to address access to care challenges for children in rural and underserved communities in Cameron, Hidalgo, and Montgomery counties in Texas. GLHS has a unique opportunity to partner with primary care providers' offices to set up embedded telepsychiatry patient sites to connect with a child and adolescent psychiatrist from the organization's network of community health centers based in Houston. The organization will contract with these primary care sites and offer value, resources, and support in exchange for patient revenue.

SWOT Analysis – New Business:

- Strengths:
    - Convenient locations across Houston (30 community health centers) to help co-locate psychiatrists that will be hired
    - Robust telemedicine programs exist within GLHS, so implementation will be smoother.
    - Medical Director/Chief of Community Psychiatry has a reputation for attracting great psychiatrists to the organization and this would be no different for this new business.

- Weaknesses:
    - No physical present (brick and mortar) in these targeted counties
    - No prior relationships outside the Houston market
- Opportunity
    - New patient revenue source
    - Helping to coordinate care between the psychiatrist and primary care provider
    - Increasing access to psychiatry care for patients in underserved and rural areas, a core part of its mission
- Threats:
    - Potential concerns with patient adoption of receiving care virtually
    - Patient experience and efficient communication concerns when operating a purely virtual business

Strategy – New Business:

GLHS through its Ambulatory Care division will partner with primary care offices in three (3) Texas counties that have over 400,000 residents, where at least 25% of its population is under the age of eighteen (18) and the psychiatrist per 100,000 children is under 10. The organization is hoping to leverage its telepsychiatry service to increase access to care in these underserved and rural Texas counties. Through the affiliate agreement with Smith College of Medicine, GLHS will hire new psychiatrists in Houston, where they will be in select community centers while seeing patients virtually in the three (3) targeted Texas counties. The ambulatory care division will enter into a contract with the primary care offices and provide licensed access to its EMR system (Epic), fund 1.0 FTE (LVN) per site, provide the hardware, software, and ongoing IT support to ensure the service offering is successful. Also, the organization will handle the marketing and outreach campaigns in the counties to provide awareness of the new service offering. GLHS will provide Epic training (for clinicians and onsite nursing to use to document visits, place orders, send prescriptions, review

results, and send communications to patients) to the primary care site staff, so patient demographics, insurance coverage, and pharmacy preference information can be documented. The organization will bill for services and collect the patent revenue associated with the visits. GLHS will promote the coordination of care piece that is a cornerstone of its mission to the primary care offices as it believes introducing psychiatric services in an underserved area would increase primary care visits for the local primary care office.

- Short-term goal: In the first three (3) years, GLHS wants to improve access to mental health services for children in underserved and rural areas in three (3) strategically targeted Texas counties. The organization hopes to contract with three (3) primary care sites per county in the first 12-months. The organization will also spend resources to provide patient education around telepsychiatry and measured outcomes.
- Long-term goal: GLHS plans to grow its patient care revenue in Texas. From a mental health standpoint, it plans to expand to seven (7) primary care sites per county between year four (4) and year six (6). Also, the organization will gather data around other potential pediatric specialties that would help improve access to care, patient outcomes, and help further the coordination of care, which helps to improve the overall care of the patient.

Strategic relationships – New Business:

GLHS will have strategic relationships with a select number of primary care sites that will serve as patient sites for telepsychiatry. By providing the support originally stated above in exchange for the patient revenue, the organization will also strategically work with rural hospitals in the three (3) counties. Studies show that over half a million children a year present to an emergency department (ED) with a mental health problem and of the children successfully committing suicide, over half of them had been seen by a physician in the 1 to 6 months before their death (Sheridan, MD et al. 2015, page 1). There is an opportunity to promote this service with rural hospitals, so they have pertinent information around access to psychiatry care as a service to share with the patients and families that

present to the emergency department. The organization will also have a referral-based relationship with independent school districts (ISDs) in these counties, as this allows all students (with a parent and or legal guardian present) to come into the primary care clinic (patient site) and be seen virtually. The Nurse Manager will partner with the community outreach team to make the connections and build the communication pathway.

GLHS will engage community groups in each county (community centers, recreation centers, parent-teacher associations (PTA) groups, and so forth) to evaluate the healthcare and social services needs the community faces, and work with them to address the needs where possible.

Services:

GLHS will be implementing pediatric telepsychiatry services (virtual child and adolescent psychiatry visits) in three (3) Texas counties to address access to mental health care for underserved and rural children. The organization will recruit, hire, and train psychiatrists who will reside in Houston (utilizing office space within its 30 community centers) and virtually see patients located in primary care sites in the targeted rural and underserved counties. (Please see appendix for the "Pediatric Telepsychiatry Visit Workflow")

Administrative Plan:

Golden Leaves Health System
Ambulatory Care Division

Executive Vice President	
Ambulatory Care	

Vice President
Specialty Services

Director
Pediatric Service Line

Project Manager
Specialty Services

Medical Director/
Chief of Psychiatry
Community Psychiatry

Nurse Manager
Pediatric Service Line

Lead, Psychiatry Nurse
Pediatric Service Line
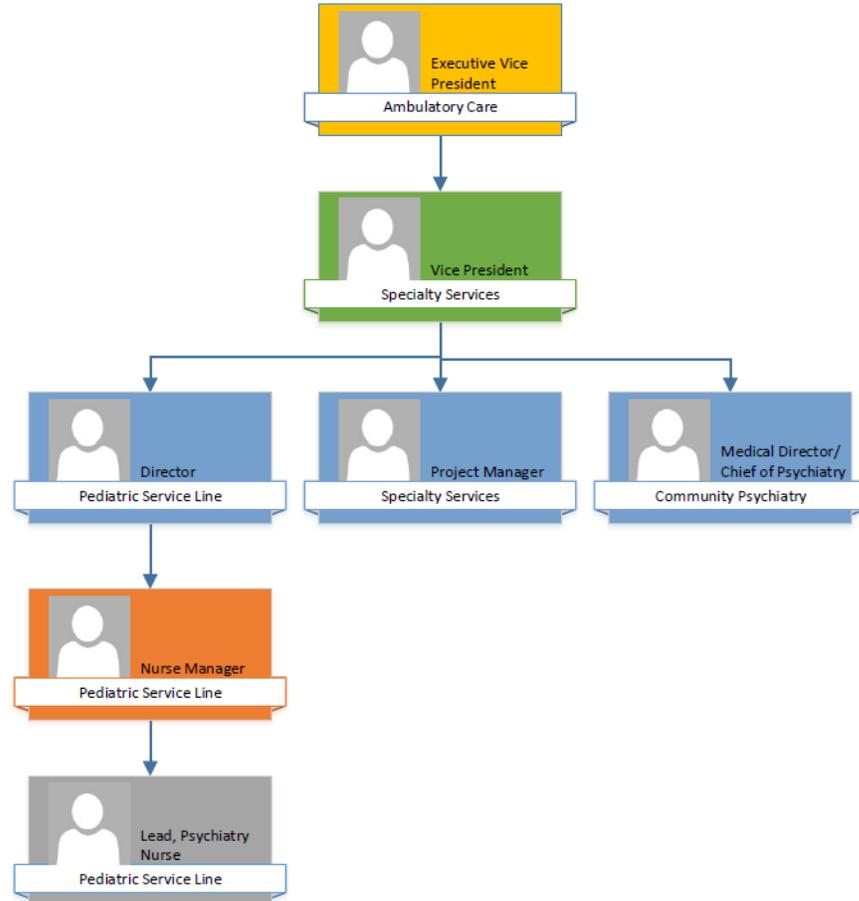
- Approval plan: The decision to proceed with implementing the telepsychiatry service to address access to care challenges in the three (3) targeted counties will come from the Executive Vice President – Ambulatory Care Division. The EVP has a strong desire to expand mental healthcare in targeted rural and underserved counties.

- Responsibilities:

  ▪ Executive Vice President: She will be responsible for approving/signing all the contracts with primary care offices, approval of the overall business plan which includes budgets.

- Vice President – Specialty Services: She will provide strategic leadership for the implementation project. She will serve as the executive leader for GLHS on all aspects of executive leadership and direction.

- Medical Director/Chief of Community Psychiatry: He will be responsible for hiring, onboarding, and training of all new psychiatrists. He will also be responsible for developing the workflow and documentation processes to ensure consistency in practice.

- Director – Pediatric Service Line: He is responsible for planning, directing, and overseeing the implementation of the telepsychiatry service and will assist the Nurse Manager with her responsibilities as needed.

- Nurse Manager – Pediatric Service Line: She will be responsible for creating the nursing workflow that the LVN onsite will follow to ensure consistency in nursing practice. She will manage the lead pediatric psychiatry nurse (who in turn remotely and indirectly manages the site LVNs)

- Project Manager: He will manage the project timeline and ensure the project stays on or ahead of schedule. He will work closely with the Director and Medical Director to move the project from start to completion.

Operational Plan:

Responsible Team	Operational Plan	Details	Timeline for Completion
Administrative	Business plan approval	The business plan will need to be presented to the Executive Vice President - Ambulatory care for review and approval.	3 Months
Administrative	Marketing budget approval	Approved by the Administrative Director - System Marketing and the Executive Vice President – Ambulatory care	2 Months
Marketing	Conduct primary care market research - Cameron, Hidalgo & Montgomery Counties	The marketing department will evaluate population data, Medicaid covered, and Medicaid eligible patients and assess the number of primary care offices that meet the "initial phase" specifications.	8 Months
Marketing	Select potential target primary care Offices	The team will narrow the list down to 100 - 150 that meet the initial phase specifications and areas that have favorable a payor mix	3 Months
Administrative	Convene project team	Assemble the management team and key personnel to help layout the implementation plan.	2 months
Administrative	Apply for a $750,000 grant from the Children's Health Fund (CHF)	The Director will work with the Grants Manager to complete an abridged version of the proposal and submit it to the CHF.	3 Months
IT	Review hardware options with IT Manager	Review the various telemedicine hardware options with the IT team and make selections	1 Month
IT	Purchase hardware (Telepsychiatry equipment)	For better pricing, the equipment will be purchased through the IT department's procurement process	2 Months
IT	Work with Epic Systems on EMR licenses	IT Manager and IT Director will meet with Epic representatives to discuss license option for the primary care sites	5 Months
Legal	Work with legal department on telepsychiatry service agreement/contract	The contractual language will include verbiage outlining the support from GLHS in exchange for patient revenue. The contract will be reviewed yearly, renegotiating every five (5) years.	3 Months
Marketing	Send brochures to targeted primary care office that meet the "initial phase" requirements	The brochures will provide enough information about telepsychiatry, its benefits, and how it can help address the access to care challenges in their area.	2 Months

Community Outreach	Community Outreach Liaisons will follow-up by phone with all targeted primary care office	The team will contact the targeted sites by phone one (1) month from the initial brochures going out. The organization is expecting a hit rate of 30% (where 30% of primary care offices remember getting the brochure and are interested in having a conversation about the service offering)	2 Months
Administrative	Set up a site visit: 4-person team	Site visits to the three (3) counties will be planned based on the success of the outreach team securing introduction meetings with primary care sites.	2 Months
Administrative	Purchase furniture – originating (patient) sites and distant (provider) sites.	The furniture is unique and will be purchased after IT does its site assessments	2 Months
Administrative	Select three (3) distant sites with the community centers for the new psychiatrists	Internally, the Ambulatory care division will look at what community sites have office space to co-locate the psychiatrists	1 Month
Administrative	Setup internal cost center and budget	The finance team will work with the Director to set this up to track expenses in year one (1) and beyond.	2 Months
Legal	Sign contracts with primary care offices	The goal is to have 9 originating sites sign a contract with the organization starting in year one (1)	4 Months
Provider Relations	Hire three (3) psychiatrists	New psychiatrists complete their fellowship in June of each year, and the organization will work with both medical schools to recruit	8 Months
Marketing	Marketing Blitz - TV, radio, print, and billboard advertising	Marketing will work with content creators on the advertising campaign.	4 Months
Community Outreach	Community Outreach events - Two (2) events per county	As the service start date gets closer, the outreach team will travel to each county and hold two events promoting the service to residents.	3 Months
Nursing	Develop nursing and provider workflow	The Nurse Manager will work with her team to trial and develop the workflow for the onsite LVN to ensure consistency in nurse practice.	1 Month
Provider Relations/IT	Train Psychiatrist - Virtual visits, documentation, and E-prescribing	The new psychiatrists will need to learn how to effectively document in Epic, check in basket messages, and e-prescribe medication to the patients' preferred pharmacy.	1 Month

Nursing	Train onsite LVNs - Nursing documentation, virtual visit setup, troubleshooting, and so forth	The LVNs will travel to Houston for a few days of onsite training. The training will cover nursing workflow, documentation, visit setup, and simple troubleshooting methods.	2 Weeks
Administrative	Create and seek approval for telepsychiatry guideline	The Medical Director and Nurse Manager will work collaboratively to develop this document with the approval of the Medical Executive Committee (The Health Systems' governing body for clinical practice related documents)	2 Months
IT	IT site visit for setup and testing	IT will visit the sites to set up and test the equipment	1 Month
Nursing	Complete mock visits - Three (3) visits per site	For three weeks, nursing and the psychiatrists will be going through mock visits to ensure everyone is comfortable with the technology	3 Weeks
Administrative	Service start date	Friday, July 1, 2022	

Milestone for Success:

The milestones the organization will be looking for to measure success include:

- Market Research Outcome – The marketing department's strategy is to use all the public and private (paid) resources to evaluate the primary care landscape in the three (3) Texas counties and produce a report for the project team with their findings. This milestone is key because the project's success in this new business area depends on the report.

- Epic EMR Licenses – The IT leadership team will spearhead the conversations with Epic System to work out a way for the organization to extend its Epic EMR account to include use at the eventual primary care sites.

- Primary care site contracts – The key to securing contracts for the business are two-fold. Firstly, the organization's marketing team will need to produce a quality marketing research report outlining the prospective sites that meet the initial phase specifications. Secondly, the Director and Medical Director/Chief of Community Psychiatry will need to sell the venture by highlighting the value the service will bring to the primary care business as an entity (psychiatry

service has the potential to increase primary care visits). The success of these two steps will lead to the organization securing contracts with primary care sites.

- Staff Recruitment – The hiring environment for psychiatrists is competitive and being able to hire three (3) individuals on the schedule will be a key milestone for this project. New psychiatrists finish their fellowship in June (end of the academic year), and secure employment by the end of the preceding December. This narrow window presents a challenge for the Medical Director in his efforts to recruit. The positions will be advertised internally at Smith College of Medicine, as well as at the University of Houston School of Medicine in August of the preceding year. The human resource team will also contact the Texas Tech University Health Sciences Center (Medical School) and the Paul L. Foster School of Medicine at Texas Tech University Health Sciences Center – El Paso to advertise the positions as well. The LVN recruitment campaign will be spearheaded by the human resource team, in partnership with the primary care offices. This is because the LVNs will ultimately be employees of the primary care office and GLHS will fund the positions indirectly. The organization has retained two staffing agencies that fill nursing positions for medical practices in these counties. The HR team will meet biweekly for six (6) months before year one (1) to stay on track with having the LVNs hired for the service.

- Physician/Nursing Training – The robust training for the teams involved will be key to the organizations' success with implementing this new service. The training goal for psychiatrists will be centered around getting comfortable with using the technology and understanding the expectations for documentation, billing, and e-prescribing. The LVN training will focus on nursing practice as it relates to patient flow and communication. The completion of these training events will be a significant milestone for the project.

- Originating site (Patient Site) setup – The work required to set up a patient site will require coordination between hospital logistics, IT, Epic IT, procurement, and others to ensure each site is set up to meet the specifications for telepsychiatry.

Roadblocks & Mitigation Strategies:

The project's success depends on how well the strategy is executed and when each milestone is crossed. The milestones will allow the organization to adequately take a pulse of where things stand and what changes in strategy are needed if warranted. Below are the potential roadblocks and corresponding mitigation strategies:

- Staff Recruitment – The recruitment efforts for this project are key to setting up the service offering to help address the access challenges in underserved areas. With a competitive job market for new psychiatrists, the organization could potentially fall short in its recruitment of the three (3) psychiatrists it will need. The Medical Director will oversee assessing where the recruitment work is and adopt his contingency plan accordingly. The contingency plan is to utilize three (3) of his internal psychiatrists' staff (GLHS has 35 psychiatrists throughout the ambulatory care service's network of community clinics that do in-person visits). He will use three (3) psychiatrist, to provide interim coverage in the event the project does not have the full 3.0 FTEs as planned. In this scenario, the medical director will use locum psychiatrists to temporarily backfill the shortage of his in-person visits if he needs to pull from his current in-house team.

Incorporation Strategy:

Pediatric telepsychiatry will serve as an extension of the organization's already robust telemedicine services. In the Houston market, GLHS has a renowned reputation for telemedicine in cardiology, endocrinology, and stroke care. GLHS utilizes Epic's EMR across its three (3) divisions and the Epic team will easily be able to provide technical support without having to be trained.

The Marketing Plan

Overview of the Marketing Strategy:

The overall goal of GLHS's pediatric telepsychiatry service's marketing strategy is access to care and coordination of care awareness. The target market for this service is children in underserved and rural areas where the population is over 400,000, where at least 25% of the population is under the age of 18 and the psychiatrist per 100,000 children are under 10. The Texas counties targeted include Cameron, Hidalgo, and Montgomery counties.

All Topics ▼	Hidalgo County, Texas ⊗	Cameron County, Texas ⊗	Montgomery County, Texas ⊗
ⓘ Population estimates, July 1, 2019, (V2019)	868,707	423,163	607,391
👤 **PEOPLE**			
Population			
ⓘ Population estimates, July 1, 2019, (V2019)	868,707	423,163	607,391
ⓘ Population estimates base, April 1, 2010, (V2019)	774,764	406,215	455,747
ⓘ Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	12.1%	4.2%	33.3%
ⓘ Population, Census, April 1, 2010	774,769	406,220	455,746
Age and Sex			
ⓘ Persons under 5 years, percent	⚠ 8.6%	⚠ 7.8%	⚠ 6.6%
ⓘ Persons under 18 years, percent	⚠ 32.1%	⚠ 29.9%	⚠ 26.1%
ⓘ Persons 65 years and over, percent	⚠ 11.3%	⚠ 13.8%	⚠ 13.4%
ⓘ Female persons, percent	⚠ 51.0%	⚠ 51.2%	⚠ 50.5%
Race and Hispanic Origin			
ⓘ White alone, percent	⚠ 97.0%	⚠ 97.1%	⚠ 87.9%
ⓘ Black or African American alone, percent (a)	⚠ 0.9%	⚠ 0.8%	⚠ 5.9%
ⓘ American Indian and Alaska Native alone, percent (a)	⚠ 0.5%	⚠ 0.7%	⚠ 1.0%
ⓘ Asian alone, percent (a)	⚠ 1.0%	⚠ 0.8%	⚠ 3.3%
ⓘ Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ Z	⚠ 0.1%	⚠ 0.1%
ⓘ Two or More Races, percent	⚠ 0.5%	⚠ 0.6%	⚠ 1.9%
ⓘ Hispanic or Latino, percent (b)	⚠ 92.5%	⚠ 90.0%	⚠ 25.2%
ⓘ White alone, not Hispanic or Latino, percent	⚠ 5.9%	⚠ 8.6%	⚠ 64.4%

The table above includes statistics information found at Census.gov

Market analysis:

- Target market and audience: Large underserved and rural counties with over 25% of its population under the age of eighteen (18), where the child and adolescent psychiatrist per 100,000 is under 10.

- Competition: Currently, there is no competition in this space, but GLHS believes that by year three (3), Texas Children's Hospital would seek to enter the market and provide pediatric telepsychiatry services in underserved and rural areas. As a larger organization with strong financials, they may seek to increase their territorial domain.

- Market trends: According to the Centers for Disease Control and Prevention (CDC), telemedicine could increase access for all rural Americans by maximizing the ability of the existing mental health workforce to reach people who may not have access to in-person services. While telemedicine health has been used more with adults than children, pediatric use is increasing (Centers for Disease Control and Prevention, 2018).

- Market research: Nearly 1 in 5 children in the United States have a mental, emotional, or behavioral disorder (O'Connell, Boat, & Warner, 2009), such as anxiety or depression, attention-deficit/hyperactivity disorder (ADHD), disruptive behavior disorder, and Tourette syndrome. Children with these disorders benefit from early diagnosis and treatment. Unfortunately, only about 20% of children with mental, emotional, or behavioral disorders receive care from a specialized mental health care provider (Martini, 2012). The Health Resources and Services Administration (HRSA) estimates that 61% of areas with a mental health professional shortage are rural or partially rural (underserved) areas (Bureau of Health Workforce, January 2017). Currently, there is a gap between the demand for child and adolescent psychiatrists and the supply of providers. According to the Centers for Disease Control and Prevention, the number of child and adolescent psychiatrists will increase to 8,312 in 2020, but this falls short of the estimated 12,624 that are needed to meet demand (Hoge, Morris, Daniels, Stuart, Huey, & Adams 2007). This represents a 34% shortfall

nationally, and coincidentally, this gap widens when underserved and rural areas are examined.

Marketing Strategy:

- Description: The marketing department's strategy is to create targeted marketing materials (like brochures and flyers) that will be mailed to selected predetermined primary care sites explaining the access to care challenges in underserved and rural areas, while simultaneously amplifying how telepsychiatry can help address the access needs. The outreach liaison team will make targeted calls to these primary care offices to follow-up on the marketing materials they received with the sole purpose to schedule an introductory meeting between the Director and the Medical Director/Chief of Community Psychiatry and the primary care site physician owner. The organization will also place radio and TV ads to run in major cities (Cameron county – City of Brownsville, Hidalgo county – City of McAllen and Montgomery county – City of Conroe). The marketing team will also place ads in these various cities' local papers as well as put up billboards and bus side advertisements. Additionally, working directly with independent school districts (ISDs) network of guidance counselors and school nurses to serve as a referral funnel and awareness vehicle for children and adolescents in need of mental healthcare.

- Marketing Budget: GLHS's marketing team estimates $225,325 over the next 12 months. The estimates are based on expenses related to pre communication efforts (marketing material development – brochures, flyers, radio, TV, bus, and billboard advertisement designs). There will be marketing communication that will occur after certain trigger events happen, such as signing a contract with a primary care office. Once a contract is signed, advertising within that county will commence. The community outreach team is estimating a total of four (4)

major site visits in the first 12 months before starting (This is subject to change in the event the service offering's traction is favorable).

Marketing Budget			
Category	**Estimated Quantity**	**Estimated Cost per Unit**	**Estimated Subtotal**
Communications			
Initial brochures mailed to primary care offices	5,000	$0.15	$750.00
Television (After contracts have been secured)	5	$4,000.00	$20,000.00
Radio (After contracts have been secured)	13	$350.00	$4,550.00
Newspapers (After contracts have been secured) - 6 months term	30	$120.00	$3,600.00
Billboards (After contracts have been secured) - 6 months term	9	$6,000.00	$54,000.00
Bus sides (After contracts have been secured) - 12 months term	50	$1,300.00	$65,000.00
What is Pediatric Telepsychiatry flyers (w/Brochures)	7,500	$0.05	$375.00
		Communications Costs Total	**$148,275.00**
Advertising			
Initial brochures (development and production)	5,000	$0.15	$750.00
postage costs	12,500	$0.44	$5,500.00
What is Pediatric Telepsychiatry flyers	15,000	$0.05	$750.00
Television	3	$1,500.00	$4,500.00
Radio	6	$500.00	$3,000.00
Newspapers	30	$250.00	$7,500.00
Billboards	9	$750.00	$6,750.00
Bus sides	50	$150.00	$7,500.00
		Advertising Costs Total	**$36,250.00**
Community Outreach (Regional Travel - 3 Texas Counties)			
Hotel - (4 rooms/4 people) - 2 Night @ 3 Trips	96	$400.00	$38,400.00
Food	6	$200.00	$1,200.00
Rental car expense	3	$200.00	$600.00
Gas	3	$200.00	$600.00
		Community Outreach Costs Total	**$40,800.00**
ESTIMATED MARKETING GRAND TOTAL			**$225,325.00**

- Relationship with current business: GLHS as a major player in the region focuses its

  marketing effort on patient experience and coordination of care, which is a core part of its

  mission. With a large inpatient and outpatient specialty footprint, the marketing strategy

  focuses on sharing various patient experiences stories in print media in local papers around

  major cities in Texas counties closer to Houston (these include Brazoria county – Pearland,

  Fort Bend County – Sugar Land and Galveston County – Galveston). The organization takes

  the same approach in marketing how its coordination of care practices leads to better patient

  outcomes. Conversely, the ambulatory care division, which is leading the pediatric

  telepsychiatry service, will focus on access to care awareness while highlighting the

  coordination of care benefits that will be actualized. Since psychiatry is classified as a

  specialty, coordinating their care with the patient's primary care provider is key to

  implementing the new service offering. Therefore, the outreach to primary care offices in the

  initiation phase is key to executing the marketing strategy as patients believe and trust their

  primary care provider.

<u>Implementation of Marketing Strategy:</u>

- <u>Mode and methods for marketing</u>: The marketing strategy will be deployed in three (3) phases – Initial, Outreach, and Introduction/Site visits. The strategy is designed to work in this order, so the organization can allow the process to be tracked over time.

Initial Phase: Send out brochures to targeted primary care offices based on these criteria: Office size (> 10,000 sq ft or 1000 sq ft per provider), Practice's pediatric patient population (> 30% of total patients), Age of the practice (> 7 years) and Favorable Google reviews (3 stars or better)

Outreach Phase: Community Outreach Liaisons will follow-up with targeted calls to introduce GLHS and ask if they received a brochure about pediatric telepsychiatry. The team will use specific verbiage provided by marketing to aid them in scheduling introduction meetings/site visits.

Introduction/Site Visits: The Director, Medical Director and two Community Outreach Liasions will make trips to pre-scheduled sites in these counties to meet with the primary care office physician owner (and clinic manager). The Director and Medical Director will make a presentation to explain the service, its benefits and how it helps address the access to care chanllenges.

Financial Documents

<u>Summary of financial needs:</u>

The telepsychiatry service will operate under the Ambulatory Care division of GLHS and will be initially funded by the operating budget of the division. From a long-term operational standpoint, GLHS will support the service, as it plans to grow its footprint in these counties.

- <u>Startup Capital</u>: The capital required to fund year one (1) is based on a model that projects the organization will secure nine (9) primary care sites (originating sites) and set up three (3) offices within their network of community clinics (distant site). The startup capital required is $1,031,425.

Pediatric Telepsychiatry Startup Costs				
Startup Costs - Year 1 (Monthly)	**Quantity**	**Unit Cost**	**Monthly Cost**	**Yr. 1 Cost**
Epic EMR license extender Fee	9	$ 1,000	$ 9,000	$ 108,000
Golden Leaves Health IT Support - Year #1	10	$ 100	$ 1,000	$ 12,000
Onsite LNV Salary & Fringe (FTEs)	9	$ 5,417	$ 48,750	$ 585,000
Enhanced High Speed Internet	9	$ 200	$ 1,800	$ 21,600
			Sub Total	**$ 726,600**

Startup Costs - Year 1 (One-Time)	Quantity	Unit Cost	Total	
Marketing Budget			$ 225,325	
Telesych Equipment - Originating Site	9	$ 2,000	$ 18,000	
Telesych Equipment - Distant Site	3	$ 2,000	$ 6,000	
EMR maintenance fee (yearly)	9	$ 500	$ 4,500	
Furniture	9	$ 1,500	$ 13,500	
Originating site setup cost	9	$ 3,000	$ 27,000	
Distant site setup cost	3	$ 500	$ 1,500	
Onsite LVN Telehealth training	9	$ 750	$ 6,750	
New Psychiatrist Telehealth training	3	$ 750	$ 2,250	
		Sub Total	$ 304,825	

Total Cost - Year #1	**$ 1,031,425**

- <u>Startup Costs & other costs allocated to GLHS</u>: The organization will fund the above startup expenses in year one (1) to ensure the new business service starts smoothly. Additionally, the startup expense for hiring three (3) child and adolescent psychiatrists in year one (1) is a total of $882,588. This salary expense, along with other indirect costs will be covered by GLHS. The project team's salary (and fringe benefits) allocation to the project will be covered by GLHS.

Pro Forma Cash Flow Statement (Budget)

Statement of Cash Flows						
	Year #1		Year #2		Year #3	
Cash flow from Operations						
<u>Cash Inflow</u>						
Cash Received from patient services	$	934,547	$	1,074,729	$	1,235,938
Accounts Receivables	$	233,637	$	268,682	$	308,984
Donor Funding	$	250,000	$	250,000	$	250,000
Total cash Inflow	$	1,418,183	$	1,593,411	$	1,794,922
<u>Cash Disbursements</u>						
Marketing & Advertising	$	225,325	$	75,000	$	50,000
Depreciation	$	400	$	400	$	400
EMR License extender fee	$	108,000	$	108,000	$	108,000
High Speed Internet	$	21,600	$	21,600	$	21,600
Onsite LVN Salary + Fringe	$	585,000	$	585,000	$	585,000
EMR Maintenance	$	4,500	$	4,500	$	4,500
Total cash disbursements	$	944,825	$	794,500	$	769,500
Net Increase/(Decrease) in Cash	$	473,358	$	798,911	$	1,025,422
Beginning Cash Balance	$	-	$	473,358	$	1,272,269
Ending Cash Balance	$	473,358	$	1,272,269	$	2,297,691

Three-Year income projection

Due to parity laws, telepsychiatry services are billed and reimbursed the same way as face-to-face psychiatry visits. The CPT codes used are 90792 (psychiatric diagnostic evaluation with medical services) and 99214 (established patient office or other outpatient visits). The fees associated with these codes are $160.96 and $110.43 respectively. The income projections are based on the Medicaid reimbursement rate of 60%. GLHS will start the service with three (3) psychiatrist seeing patients virtually at nine (9) originating sites. GLHS estimates annual accounts receivables at 20% of total patient revenue.

CPT 90792 (psychiatric diagnostic evaluation with medical services)	$	160.96
Medicaid Reimbursement (60%)	$	96.58
E&M Code CPT 99214 (Established patient office or other outpatient visits)	$	110.43
Medicaid Reimbursement (60%)	$	66.26
Total Medicaid Reimbursement	$	162.83

Below is the 3-year income projection for the pediatric telepsychiatry Service based on three (3) psychiatrists and 9 patient sites (originating sites).

3-Year Income Projection	Year #1	Year #2	Year #3
Avg. Yearly Visits per site	1,344	1,546	1,777
Total Yearly Visits (All sites)	12,096	13,910	15,997
Patient Revenue	$ 934,547	$ 1,074,729	$ 1,235,938
Accounts Receivables	$ 233,637	$ 268,682	$ 308,984
Total Income	**$ 1,168,183**	**$ 1,343,411**	**$ 1,544,922**

Projected balance sheet

Projected Balance Sheet			
	Year #1	**Year #2**	**Year #3**
Assets:			
Cash	$ 934,547	$ 1,074,729	$ 1,235,938
Accounts Receivables	$ 233,637	$ 268,682	$ 308,984
Donor Funding	$ 250,000	$ 250,000	$ 250,000
Equipment (Furniture & IT)	$ 37,500	$ 37,100	$ 36,700
Depreciation	($400)	($400)	($400)
Total Assets	$ 1,455,283	$ 1,630,111	$ 1,831,222
Liabilities/Owner's Equity:			
Accrued Payroll	$ 585,000	$ 585,000	$ 585,000
Owner's Equity	$ 870,283	$ 1,045,111	$ 1,246,222
Total Liabilities/Owner's Equity	$ 1,455,283	$ 1,630,111	$ 1,831,222

Break-even analysis

To break even, the pediatric telepsychiatry service will need to have 1,450 psychiatric diagnostic evaluations (visits) per site in year #1 or 13,050 psychiatric diagnostic evaluations with medical service visits (with E&M code 99214) in year one (1), which would result in $2,124,932 in revenue. Based on the break-even analysis and the year one (1) visit projections per site, the service will be able to break even in year one (1). GLHS will be contributing (hospital covered costs) yearly to cover these costs.

Break-even Analysis		
		Year #1
Psychiatry Visits per Site in Year #1		1450
Total Visits - Year #1		13050
Patient Revenue	$	2,124,932
Total Revenue		
	$	2,124,932
Depreciation	$	400
EMR License extender fee	$	108,000
High Speed Internet	$	21,600
Onsite LVN Salary + Fringe	$	585,000
EMR Maintenance	$	4,500
Marketing & Advertising	$	225,325
Telesych Equipment - Originating Site	$	18,000
Telesych Equipment - Distant Site	$	6,000
Furniture	$	13,500
Originating site setup cost	$	27,000
Distant site setup cost	$	1,500
Onsite LVN Telehealth training	$	6,750
New Psychiatrist Telehealth training	$	2,250
Three Psychiatrists (Salary + Fringe)	$	882,588
Director - Pediatric Services (0.25 FTE)	$	35,000
Medical Director - Psychiatry (0.1 FTE)	$	30,000
Nurse Manager - Pediatric Services (0.1 FTE)	$	12,500
Project Manager (0.25 FTE)	$	25,000
2 - Community Outreach Liaisons (1.0 FTE)	$	45,000
Lead, Pediatric Psychiatry Nurse (1.0 FTE)	$	75,000
Total Expenses		
	$	2,124,913
Net Profit:		
	$	18.46

Program Associated Costs (rows: Depreciation through Distant site setup cost)

Hospital Covered Costs (rows: Onsite LVN Telehealth training through Lead, Pediatric Psychiatry Nurse)

Profit & Loss Statement (Income Statement)

Income Statement			
	Year #1	Year #2	Year #3
Income			
Patient Revenue	$ 934,547	$ 1,074,729	$ 1,235,938
Accounts Receivables	$ 233,637	$ 268,682	$ 308,984
Donor Funding	$ 250,000	$ 250,000	$ 250,000
Gross Income	$ 1,168,183	$ 1,343,411	$ 1,544,922
Expenses			
Marketing & Advertising	$ 225,325	$ 75,000	$ 50,000
Depreciation	$ 400	$ 400	$ 400
EMR License extender fee	$ 108,000	$ 108,000	$ 108,000
High Speed Internet	$ 21,600	$ 21,600	$ 21,600
Onsite LVN Salary + Fringe	$ 585,000	$ 585,000	$ 585,000
EMR Maintenance	$ 4,500	$ 4,500	$ 4,500
Total Expenses	$ 944,825	$ 794,500	$ 769,500
Net Income/(Loss)	$ 223,358	$ 548,911	$ 775,422

Financial statement analysis

According to the financial statements and projections, the pediatric telepsychiatry service will

begin making a profit in year one (1) of operations through year three (3). Based on the income statement,

specifically the patient revenue line item growing at 15% per year, the service will continue to be

profitable for GLHS in subsequent years. The organization also estimates accounts receivables at 20% per

year.

Payor Mix

The market research team's analysis of population and insurance data during the primary care market research work in all three (3) counties, revealed a favorable payor mix for the organization. The high Medicaid population in these three (3) target counties mirror the Houston market for GLHS and thus, would continue to serve as a barometer for income projection work beyond year three (3).

Payor Mix

A bar chart titled "Payor Mix" showing Percentage (y-axis, 0% to 70%) by Payor Group (x-axis):
- Commercial: 27%
- Medicaid: 59%
- Self Pay: 8%
- Medicare: 6%
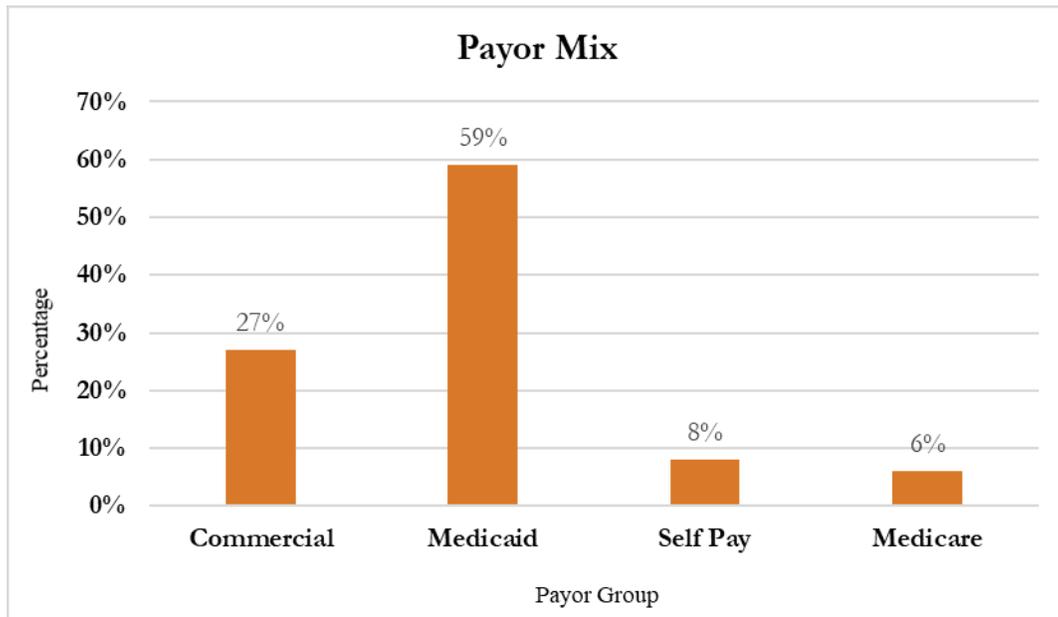
Financial Impact from Competition

Based on the market research work conducted, coupled with the lack of other pediatric State-wide or regional players in these counties, GLHS believes Texas Children's would look to enter the market in year four (4) or five (5) of its operation. Texas Children's owns a health plan (Texas Children's Health Plan -TCHP) and serves as a payor for primary care and specialty services in Montgomery county. GLHS projects it will take Texas Children's 12-months from its third year in operations to enter the Montgomery county market, as their focus at this point is expanding its inpatient presence in Dallas/Fort Worth area. Montgomery County has grown by 33% over the last decade with 26% of its population under the age of

eighteen (18), and GLHS anticipates this is another reason why Texas Children's will make the strategic entry during the timeframe. GLHS believes they will enter the two other counties by year six (6).

The entry threat of Texas Children's in year four (4) or year five (5) will have a financial impact of 10% - 15% by the end of the fiscal year of record. GLHS plans to expand to seven (7) patient care sites per county for a total of 21 sites between year four (4) and year six (6). The organization anticipates this will help serve as a barrier to entry for Texas Children's as its operations in the targeted counties would be well-established practices. Nonetheless, GLHS projects average yearly visits per site to peak in year four (4) as Texas Children's begins to enter the region. Patient revenue will increase as GLHS expand from nine (9) to twenty-one (21) patient sites.

3-Year Income Projection	Year #4	Year #5	Year #6
Avg. Yearly Visits per site	2,044	1,840	1,564
Total Yearly Visits (21 sites)	42,925	38,633	32,838
Patient Revenue	$ 3,316,433	$ 2,984,790	$ 2,537,071
Accounts Receivables	$ 829,108	$ 746,197	$ 634,267
Total Income	**$ 4,145,542**	**$ 3,730,988**	**$ 3,171,339**

In year three (3), GLHS will strategically focus on addressing the threats to its new business in the target counties by working with its public relation team to hold focus groups to assess concerns with patient adoption of receiving care virtually as well as how to improve communication in a virtual-only business. The insight from these focus groups will allow GLHS to further cement its place in the target counties, edge out the competition, and maintain or improve its patient revenue prowess.

Business Financial History
Since this is a new business, there is no financial history available currently.

Innovative elements and expected business outcomes

<u>Why and how does this innovative idea positively impact the health of your population and the organization?</u>

Access to mental health services for children has always been a challenge for healthcare organizations to tackle. When this challenge is viewed through the lens of underserved and rural areas, the need is even greater. Rural hospitals and small medical clinics or groups will continue to run into challenges recruiting psychiatrists to underserved and rural areas. Introducing telepsychiatry offers an innovative way to meet this need as it provides access to care while offering local primary care offices a way to coordinate care for their patients that also need mental health services.

In the short term, the organization will use telepsychiatry services to increase access to mental health services, which is a core part of GLHS's mission and in part lays the groundwork for tackling the HRSA estimated shortage. Also, it allows GLHS to provide patient education on mental health, which is limited in its current state. Through collaborating with an outside vendor, the donor funding will be used to provide various patient education materials such as brochures and other printed materials that talk about anxiety, depression, Attention-Deficit/Hyperactivity Disorder (ADHD), and Disruptive Behavior Disorder (DBD). In the long term, the organization can scale this service to other rural and underserved areas thus taking a bold position to increase access to care in vast parts of rural Texas as well as open more streams of patient revenue. This opens the door to expanding GLHS's footprint and brand in the state and indirectly raise a barrier to entry for future competition.

<u>Next steps to put the project in action:</u> The next steps to bring this service to fruition include:

- Initiate a project team meeting to review the business plan

- Present the business plan to the Executive Vice President, Ambulatory Care division at GLHS for feedback and eventually approval

- Consult with hospital counsel on contract creation for primary care sites in underserved and rural areas

Addendum: Other factors

<u>Provide additional elements and key considerations that have not been addressed in part I-IV but are essential for this new business model:</u>

The clinical and workflow aspect of the telepsychiatry service is key to the success of this new service offering. The Medical Director/Chief of Community Psychiatry will need to work diligently to ensure each psychiatrist is trained on how to correctly document in the electronic medical record (EMR) for appropriately billing. The workflow from patient check-in to check-out will be primarily handled by the onsite LVN. Their role is integral to the success of the service and ongoing feedback will need to be collected to help the lead nurse and nurse manager manage expectations. The Nurse Manager will need to create nursing workflows for check-in, rooming, connecting the patient with the psychiatrist at the distant site, and check out. She will need to work closely with the Medical Director as both workflow processes (psychiatry and nursing) will overlap throughout the visit.

References

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Appendix

Pediatric Telepsychiatry Visit Workflow

Golden Leaves Health System – Ambulatory Care Services

Patient Access Rep.

Patient arrives at Originating site → Patient is greeted by Patient Access Rep. → Verify patient's demographics and complete the sign-in process in Epic → Patient is seated is waiting area with parent/legal guardian → Patient departs originating site

Onsite LVN

LVN welcomes the patients and completes the check-in process in Epic → Vitals Signs are obtained in the LVN room → Patient is seated in the Telepsychiatry room and placed in virtual room → LVN walks patient to LVN room → LVN makes next appointment and provides the after visit summary

Psychiatrist (Distant Site)

Psychiatrist connects to virtual room → Visit encounter occurs between patient and provider:
- Health history
- Remote examination
- Prescriptions as needed
- Discuss follow-up visits as needed

→ Patient visit ends → Psychiatrist documents encounter in the patient's chart → Encounter closed in 24 hrs