

Telehealth Update: Where We're At and Where We're Headed

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Presentation Overview



Review rationale for telebehavioral health and related competencies



Describe telesupervision needs and approaches



Summarize Telehealth Resource Centers and implementation considerations



With admiration and appreciation to our participating families and their communities, our partner sites, our team, and our funders

COVID push for potential for care anyplace, anytime, anyone



- ▶ Take home from Dr. Stamm: *Psychologist supply (licensed doctoral-level workforce) is insufficient to address unmet need for mental health services.*
- ▶ Similarly, geographic gaps (e.g., urban/rural, frontier, other) present an opportunity for telehealth.
 - ▶ Very few or NO behavioral health options
 - ▶ Reverence for Primary care providers
 - ▶ Greater percentage of older adults and fewer resources
 - ▶ Ethnic/racial gaps
- ▶ This opportunity has been accelerated with the wide adoptions and more telehealth-friendly environment during the public health emergency.

COVID-19 Pandemic Has Changed Healthcare

Telehealth, defined here as the remote consultation between the clinician and the patient regardless of technology, is no longer an attractive niche option but now a necessity for delivering timely and safe healthcare. The ability to conduct a remote evaluation protects both patients and providers at a time when physical distancing is a priority, and both parties appreciate its availability, safety, and convenience.

AHRQ Issue Brief No. 20-0040-2-EF, August 2020



The Potential of Telebehavioral Health: Quadruple Aim



The Empirical Evidence for Telemedicine Interventions in Mental Disorders

Bashshur, Shannon, Bashshur, & Yellowlees, 2015

- ▶ The published scientific literature on TMH reveals strong and consistent evidence of the feasibility of this modality of care and its acceptance by its intended users, as well as uniform indication of improvement in symptomology and quality of life among patients across a broad range of demographic and diagnostic groups. Similarly, positive trends are shown in terms of cost savings.
- ▶ There is substantial empirical evidence for supporting the use of telemedicine interventions in patients with mental disorders.
- ▶ Large sample sizes from military/VA populations
- ▶ Updates from the National Quality Forum literature review, 2017
- ▶ Downward extension related to child telebehavioral health
- ▶ Current State Of Telehealth Evidence: A Rapid Review (Shigekawa et al., December 2018)
- ▶ CCHP Research Catalogues, <http://cchpca.org/research-catalogues>

Telesupervision— videoconferencing-based supervision

- ▶ May be at all levels of supervisor-supervisee and peer-to-peer supervision; assists with support/retention with new professionals as well
- ▶ Delivery via 1:1 or group supervisory settings
- ▶ During the public health emergency, has provided an important, safe way for continued training and supervision of behavioral health students across all levels of training

Range of supervisory oversight/observations



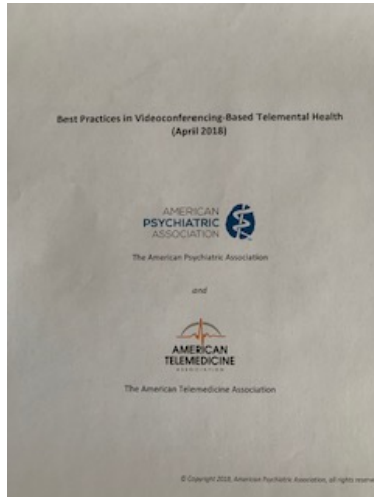
Trainee only live during the appt.; standard supervision options—report in supervision, video session option

Trainee and supervisor both live during appt.

**PCIT/
bug in ear**

Professional Guidelines

- ▶ American Psychiatric Association/American Telemedicine Association (2018)



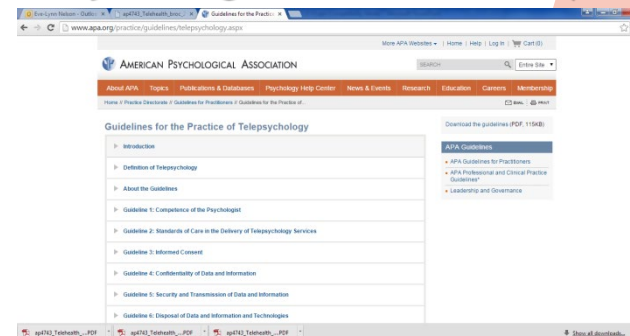
American Telemedicine Association - ATA (2009; 2013; 2017)



American Academy of Child and Adolescent Psychiatry (AACAP) practice parameter (2018)



American Psychological Association (2013)



Core competencies, levels of proficiency model

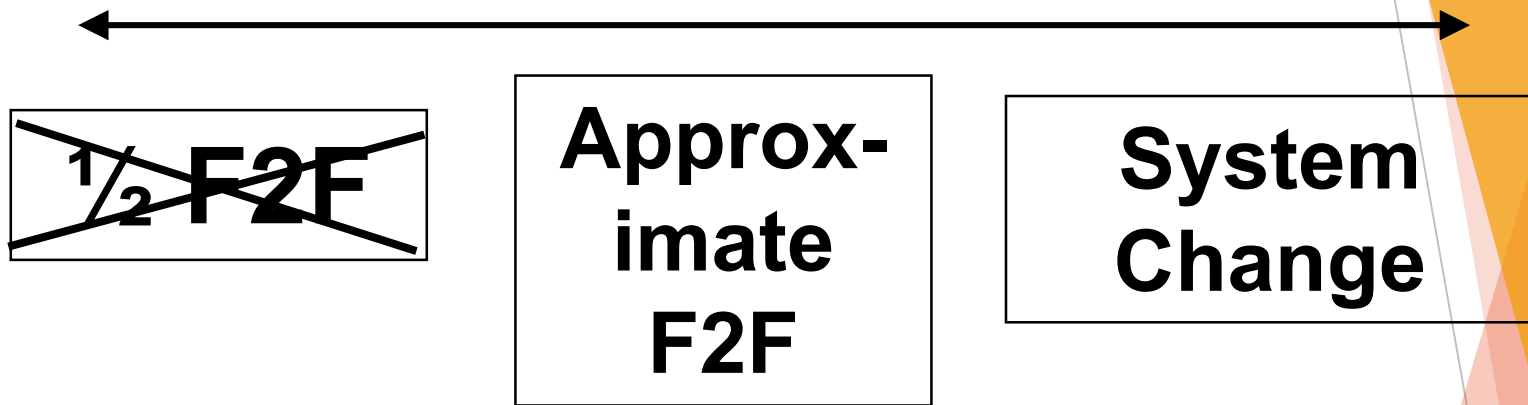
- ▶ Clinical competencies
- ▶ Virtual environments and telepresence
- ▶ Technology
- ▶ Legal and ethical
- ▶ **Outreach competencies/
systems of care**
- ▶ As with all clinics, self-care and wellness across professionals and trainees at all levels of training
- ▶ Research & QI

CTIBs publication: An Interprofessional Framework for Telebehavioral Health Competencies (Maheu, Drude, Hilty, 2018)

1. Clinical evaluation and care

- Make evidence-based decisions in the best interest of patients related to intake, triage, assessment, diagnosis, and therapeutic services across the patient lifespan this included culture and diversity, linguistic, and socioeconomic characteristics.
- Evaluation and treatment
- Cultural competency and diversity
- Documentation, and administrative procedures

Translate Same Quality Services to the Televideo Environment



- Individualized child telebehavioral health decisions with consideration: developmental considerations, parents' preferences, resources at the patient site, behavioral health provider comfort\
- Plan for psychological and medical emergencies ahead of time, know local emergency resources



5.c. General Telemental Health Practice Issues (ATA Child Telebehavioral Health Guidelines (Co-Chairs Myers & Nelson, 2017))

5.c.iii. Patient Appropriateness for Telemental Health Services.

- If care is delivered in a traditional clinic setting, the provider shall alert staff to any risks to the youth's safety so that they can be aware of need to assist
- If care is delivered at home, a responsible adult should be onsite and accessible to assist in assessing potential harm
- The provider shall ascertain whether the youth can safely engage in the session either alone or with the parent in the room and shall ensure that resources at the patient site are able to deal with any potential risks
- If care is delivered outside of a traditional clinic setting, such as school, the provider shall determine whether the school will be able to assist with the sessions and ongoing engagement of student and family



5.e. Telemental Health Interventions (Co-Chairs Myers & Nelson, 2017)

5.e. iii. Psychotherapy approaches.

- Standard practice guidelines shall direct psychotherapy within the TMH setting
- Providers shall adhere to evidence-based practice and empirically supported treatments and adapt them to the videoconferencing venue
- Providers should monitor outcomes consistent with the onsite setting, including monitoring process measures and outcome measures

Telehealth ROCKS Services

Family/Behavioral Therapy

- Modified Parent-Child Interaction Therapy
- Psychological strategies for behavioral concerns, trauma, and chronic conditions
- Behavioral strategies for autism/comorbid concerns

Medication Management & Consultation

- Behavioral medication management
- Medication consultation related to developmental concerns

Parenting/Prevention

- OASIS intensive parent/guardian training

Assessment

- Autism assessment
- Functional behavioral assessment

Feeding & Weight Issues

- Feeding difficulties
- Pediatric obesity

Toileting Concerns

- Toileting



2. Virtual environment and telepresence

- ▶ Apply appropriate techniques to maximize therapeutic atmosphere in both physical and virtual environments
- ▶ Approximate an onsite relationship—to foster spontaneity and minimize distraction and interruptions.

TRUST CONTINUES TO BE THE CENTER OF BEHAVIORAL HEALTH ACTIVITIES at home, with many overall similarities

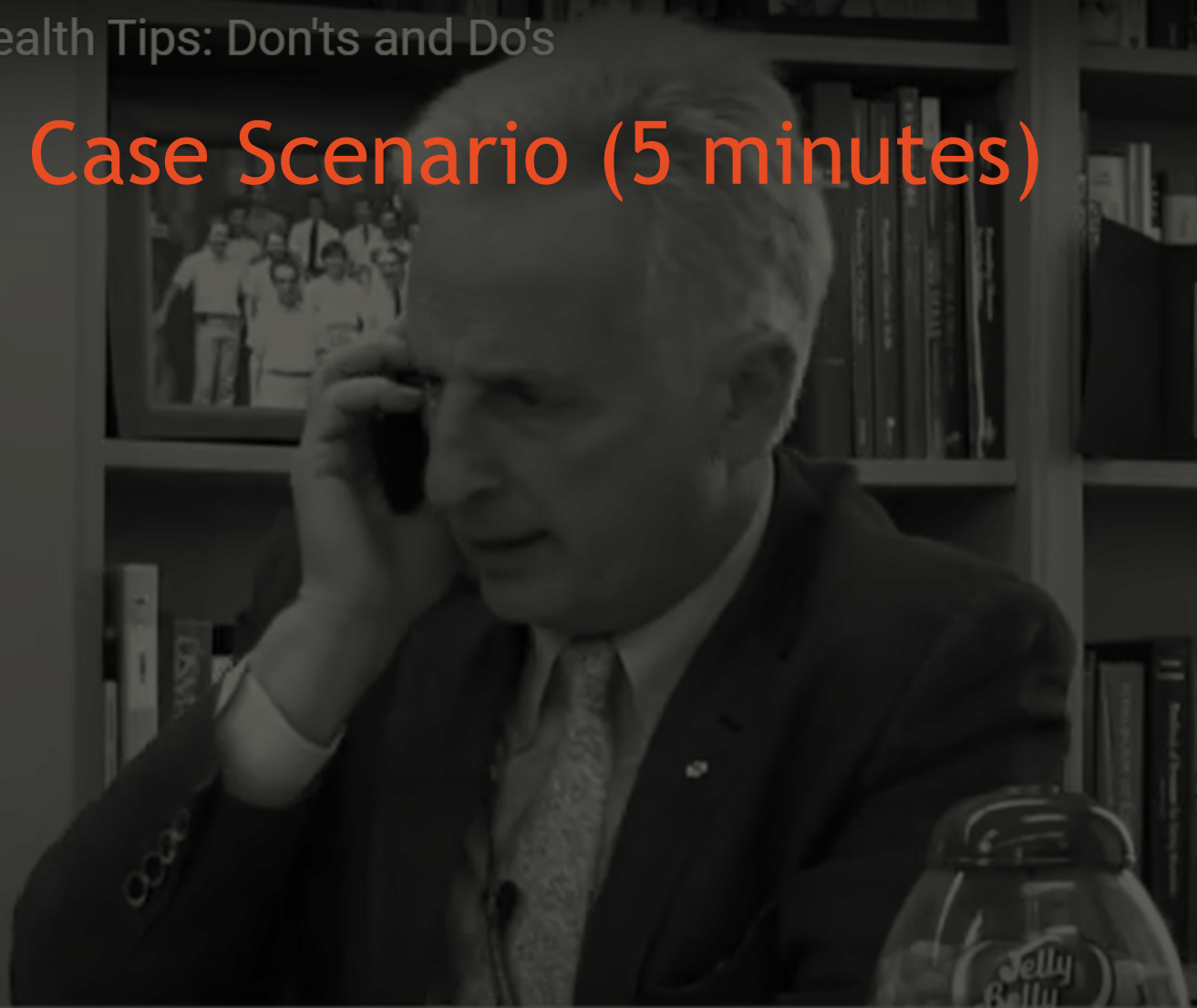
- ▶ In considering the individual patient needs across in person & variety of technology-delivered care, weighing:
 - ▶ ADVANTAGES such as a safe environment during COVID19, a convenient environment that able to best connect expertise with need, advantages of the lived environment in getting a picture of the family and building rapport
 - ▶ DISADVANTAGES of less control of the environment and need to plan for emergencies, potential for less formality in the home setting
 - ▶ Depending on the patient, telehealth may offer increased or decreased health equity



**KEEP
CALM
AND
TRUST THE
PSYCHOLOGIST**

Telemental Health Tips: Don'ts and Do's

Worst Case Scenario (5 minutes)



▶ <https://www.youtube.com/watch?v=K4unpA1Se5I>



Don't have side conversations.



2:21 / 5:31

Scroll for details



- ▶ Telepresense: “The use of technology to establish a sense of shared presence or space among geographically separated members of a group.” (Buxton , 1991)
- ▶ The frame is the foundation or structure that promotes security, trust, and confidentiality
- ▶ Provider comfort and confidence with the technology and the telehealth approach
- ▶ Good seating (e.g., ergonomic support), Adequate lighting
- ▶ Limiting extraneous noise and no “drop ins”
- ▶ If the room in the home is used for other things, planning ahead is critical to ensure it is clinically conducive (e.g., others not around, avoid interruptions).
- ▶ In clinics, a sign signifying the need for relative quiet, avoiding interruptions and using alternative spaces for transit may help.
- ▶ Consider medical interpreting needs following CLAS standards
- ▶ Grandma’s Rule—Overall, good manners and associated best communication practices go a long way, just as onsite care.

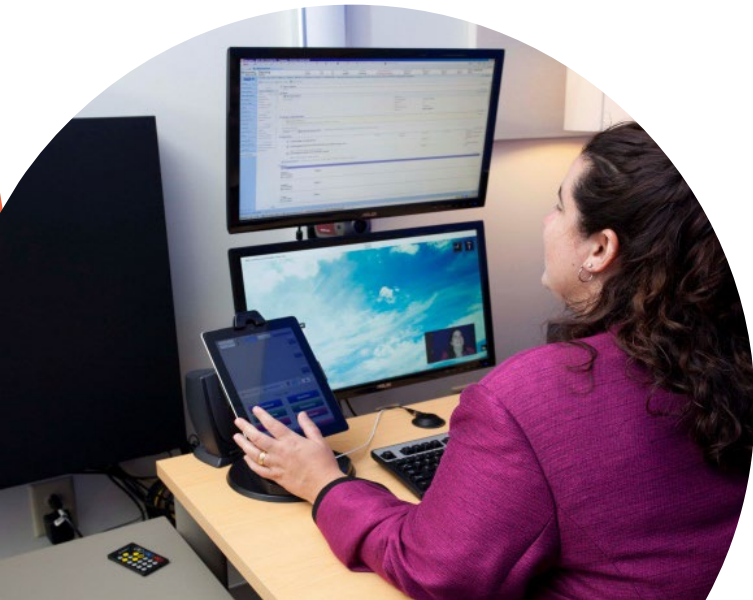
Creating a Positive Environment and Therapeutic Frame

COVID-19 impacts to onsite sessions

- ▶ Public health best practices
- ▶ Mask wearing
 - ▶ Impact on reading verbal and nonverbal cues
 - ▶ Impact on relationship
- ▶ Restrictions to toys, board games, etc.
- ▶ Risks of in-person visits to the home



Relationship building competencies



- ▶ Start with the evidence-supported strategies that practice already
- ▶ Adapt strategies for the telehealth context
- ▶ Ongoing colleague support related to telehealth

3. Technology

- ▶ Make informed decisions that reflect understanding patients' preferences for and experience with using technology
- ▶ Responsibly use the technology they choose and can demonstrate a functional knowledge of its strengths, applications, and limitations (e.g., privacy, confidentiality, data integrity, and security)

Telemedicine Models

- ▶ Supervised settings (Primary Care, Clinics, Schools, other sites)
 - ▶ Advantages with local presenters/champions
 - ▶ ACO model—team-employed presenter based rural
- ▶ Scheduled or on-demand models
- ▶ Home based/unsupervised settings; Direct to consumer
- ▶ Televideo mix with onsite, Ryan Haight Act
- ▶ Provider to provider-telementoring, econsultation—aligns with the leadership competencies from yesterday's presentations

PATIENT SAFETY



ACCESS

QUALITY

4. Legal and regulatory issues

- ▶ Demonstrate adherence to relevant federal, state/provincial, and local laws regulations and policies/procedures regarding TBH practice components mandated reporting
- ▶ Informed consent
- ▶ Documentation
- ▶ Legal technology related mandates & business associate agreements

Implications of Technology Use

SCOPE OF PRACTICE

- ↓ Practice occurs at the patient's location
- ↓ Practice within your skill set & training

ETHICAL REQUIREMENTS

- ↓ Evaluate appropriateness of telehealth *for this patient/condition/situation*
- ↓ Have an emergency response and safety plan (*at patient's location*)
- ↓ Identify self; confirm patient's identity, enrollment, and informed consent
- ↓ Understand and maintain privacy and confidentiality
- ↓ Comply with all relevant regulations (e.g., HIPAA, licensing, coordination of care, documentation, etc.)

Emergency Waivers

In March, CMS expanded coverage and temporarily suspended many restrictions on telehealth services.

States followed suit, declaring emergencies and using emergency powers to temporarily expand coverage for many kinds of telehealth services.

Each payer introduced their own set of flexibilities, just like CMS introduced flexibilities for Medicare.

Many states set temporary policies for Medicaid and temporary regulations for commercial payers to ensure they covered telemedicine (including telephone care).

Medicare Emergency Waivers

All patients eligible for telehealth - new/established (except new Methadone)

Any location (rural/urban, home, etc.)

Originating site facility fees are paid to the provider (for “Home” visits)

Co-insurance and co-payments waived for COVID cases

Many new/temporary codes are now billable via telehealth

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

PT/OT/SLP services are covered (though NOT these providers)

Remote Physiological Monitoring (RPM) available to any patient

Services provided via telephone (“audio only”) are now covered

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

Federal Regulations Relaxed Under COVID-19 PHE

HIPAA

- ← Enforcement discretion for non-compliant platforms

DEA

- ← No in-person exam needed to prescribe controlled drugs (though live video is required)
- ← Multiple prescriptions up to 90 days' supply (staggered)
- ← State registration exceptions

Medicare

- ← Services to patients' homes
- ← Cost-sharing may be waived
- ← New and established patients OK
- ← 80+ new payable codes (via video)
- ← Continuing services*
 - Virtual check-ins (phone/images)
 - eVisits (asynchronous)

*Covered as of 2019

COVID-19 Flexibilities (in general, most jurisdictions)

- ↓ Expanded range of services may be conducted by video and telephone
- ↓ Asynchronous (portal-based, text-based) services covered
- ↓ Patient's home is allowed as an "originating site"
- ↓ Non-HIPAA compliant software platforms allowed (Skype, Facetime, etc.)
- ↓ Audio-only (telephone) services are allowed and reimbursed
- ↓ Consent can be provided/obtained during the first service
- ↓ New patients can access all services (not just established patients)

**** MOST TELEHEALTH IS TAKING ADVANTAGE OF THESE FLEXIBILITIES NOW ****

Implications of Temporary Policies

- ↓ Huge increases in telehealth use, mostly to patients' homes (cell phones)
- ↓ Many patient technical barriers exist (devices, data, minutes, etc.)
- ↓ Physical challenges apparent (need for appropriate space)
- ↓ Providers and clinics are facing unprecedented revenue shortfalls
- ↓ Many organizations had to stand up telehealth services rapidly
- ↓ Many providers are having to use telehealth without training
- ↓ Some (most?) telehealth could subside after the PHE ends (unlikely)

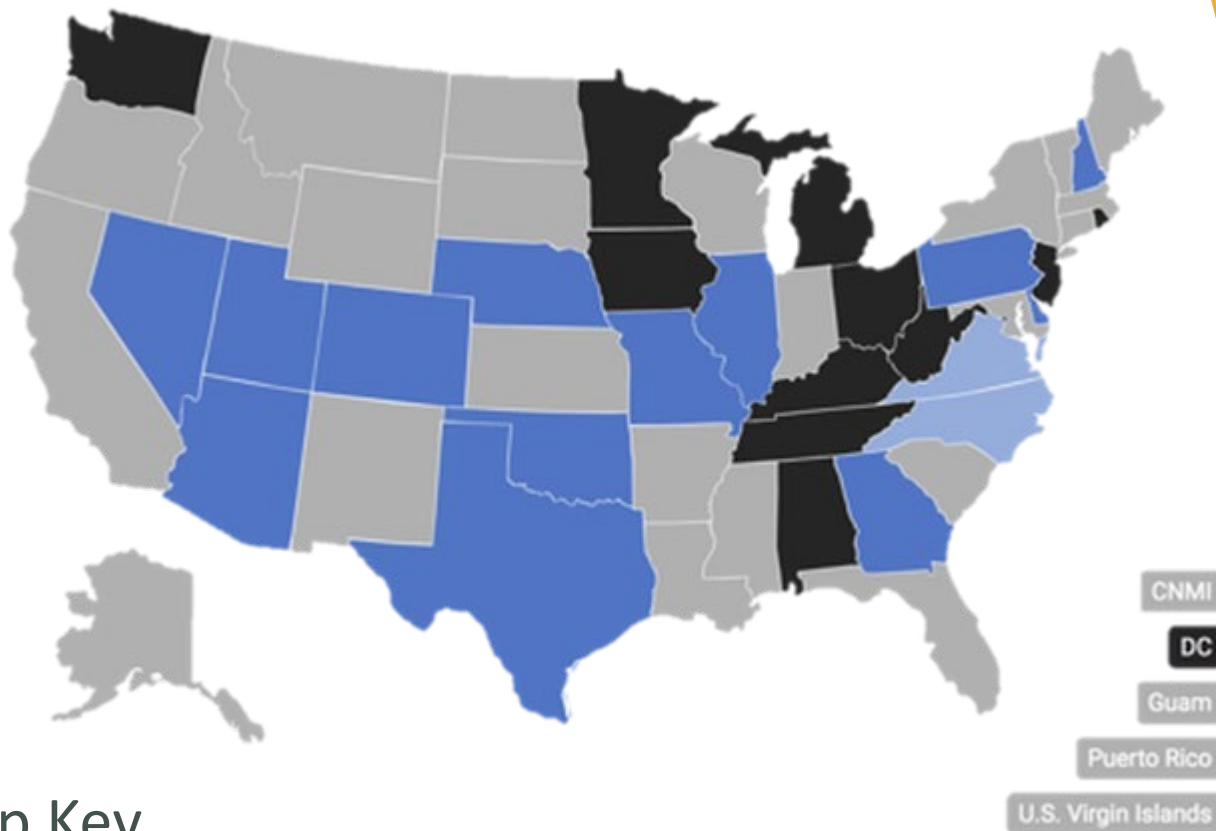
**** We all have to get more comfortable with and better at telehealth ****

Provider-driven Uptake

The most significant challenge most telehealth programs used to face was generating significant/sustainable interest on the part of the clinicians who were referring patients into the program.

Now, providers are much more reliant on telemedicine to see their patients, and provider uptake is not nearly the issue it was.

It remains to be seen how much it will continue and what policy changes will be made to support it...



Map Key

- States with Enacted PSYPACT Legislation
- States with Enacted but not Effective PSYPACT Legislation
- States with Pending PSYPACT Legislation

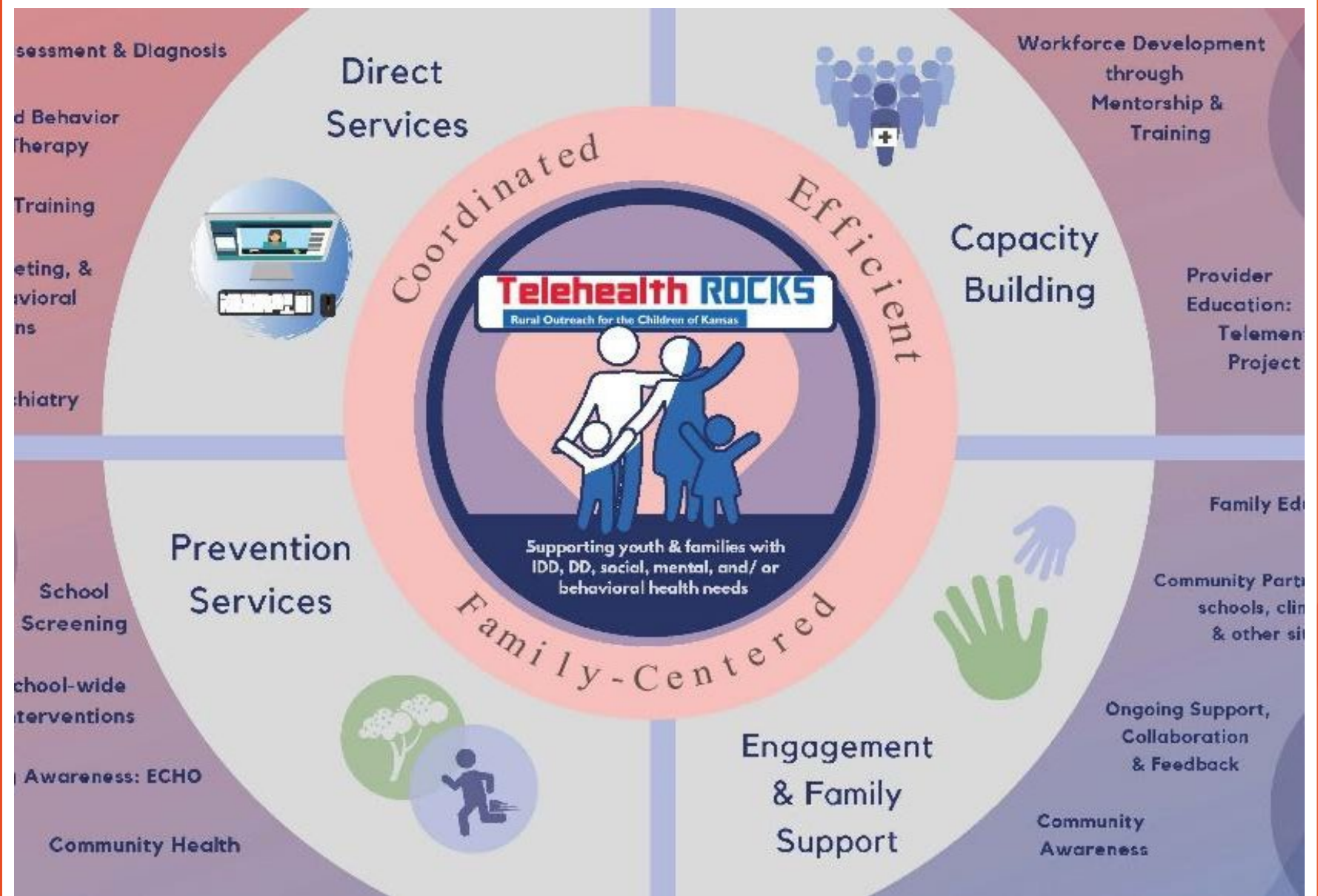
Map Date: September 1, 2020

Additional States Joined: Virginia (1/1/21) and North Carolina (3/1/21)

Pending Legislation: Alabama, Connecticut, DC, Indiana, Iowa, Kansas, Kentucky, Maryland, Minnesota, New Jersey, New Mexico, Ohio, Tennessee, Washington

Outreach competencies

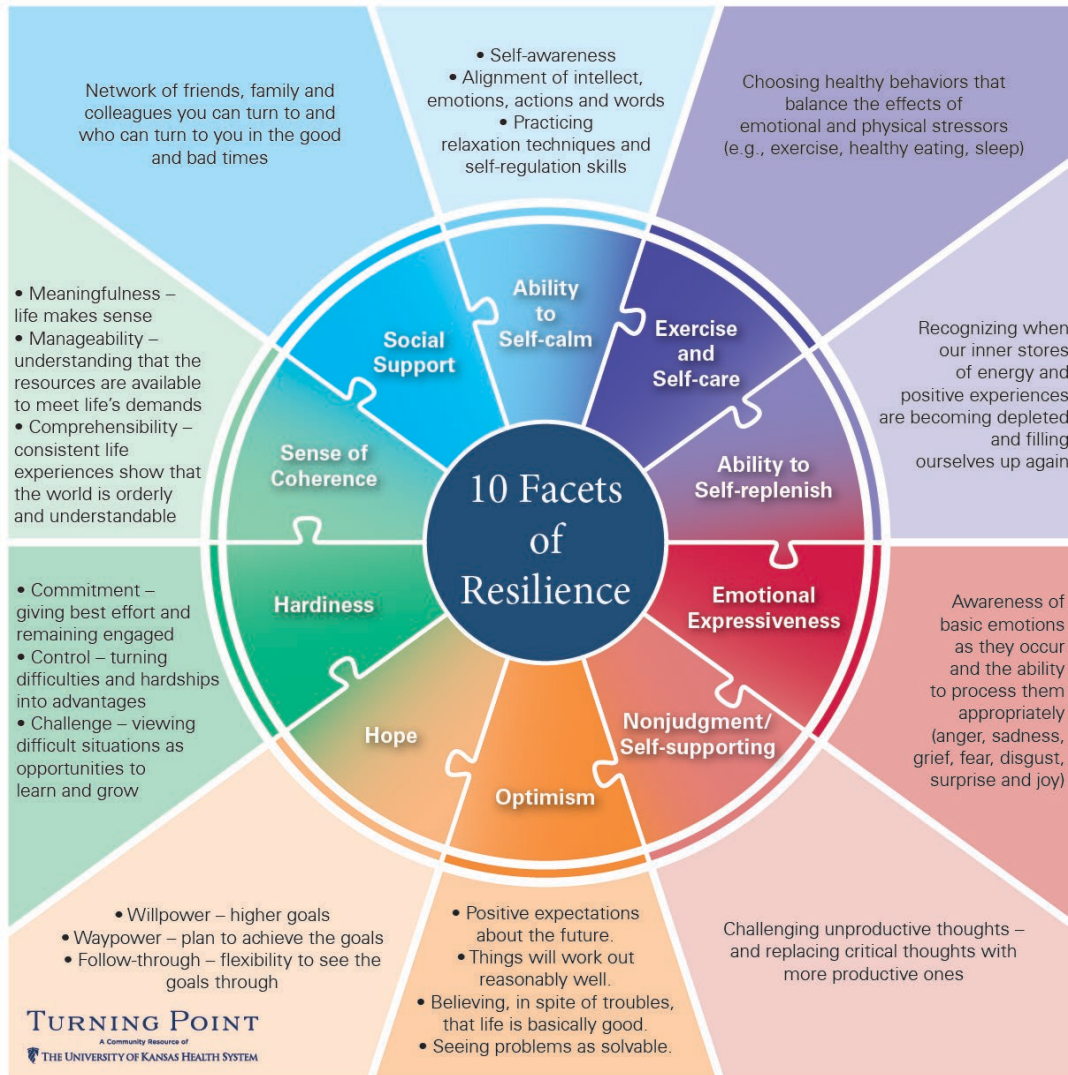
- ▶ Working across systems of care (schools, primary care)
- ▶ Within new models (e.g., primary care and ACO)
- ▶ Care coordination
- ▶ Linkages between clinical care and workforce development/capacity building, including Project ECHO



Perspectives related to Rural Stress & the Need for Telebehavioral Health

- ▶ Kansas and Vaccinations, especially among elders
- ▶ COVID 19 is on top of:
 - ▶ Financial losses
 - ▶ Disasters
 - ▶ Injuries
 - ▶ Elder population
 - ▶ Caregiver stress
 - ▶ Changed careers
 - ▶ Coping with suicide
 - ▶ Coping with chronic illnesses
 - ▶ Stigma of mental illness in rural communities

Resilience competencies



Evidence-based Facets of Resilience & Supervision

1. Modeling as a supervisor
2. Reinforces as a supervisor
3. Opportunities for trainees to build their presentation/prevention skills around wellness, stress management, resilience



You wouldn't let this
happen to your phone.
Don't let it happen
to you either.

SELF CARE IS A PRIORITY.
NOT A LUXURY.

Domains and Subdomains of the Telemedicine Measurement Framework

Domain	Subdomain(s)
Access to Care	<ul style="list-style-type: none">• Access for patient, family, and/or caregiver• Access for care team• Access to information
Financial Impact/Cost	<ul style="list-style-type: none">• Financial impact to patient, family, and/or caregiver• Financial impact to care team• Financial impact to health system or payor• Financial impact to society
Experience	<ul style="list-style-type: none">• Patient, family, and/or caregiver experience• Care team member experience• Community experience
Effectiveness	<ul style="list-style-type: none">• System effectiveness• Clinical effectiveness• Operational effectiveness• Technical effectiveness

- ▶ Reinforce curiosity driving the trainees
 - ▶ Quality improvement competencies
 - ▶ Research competencies

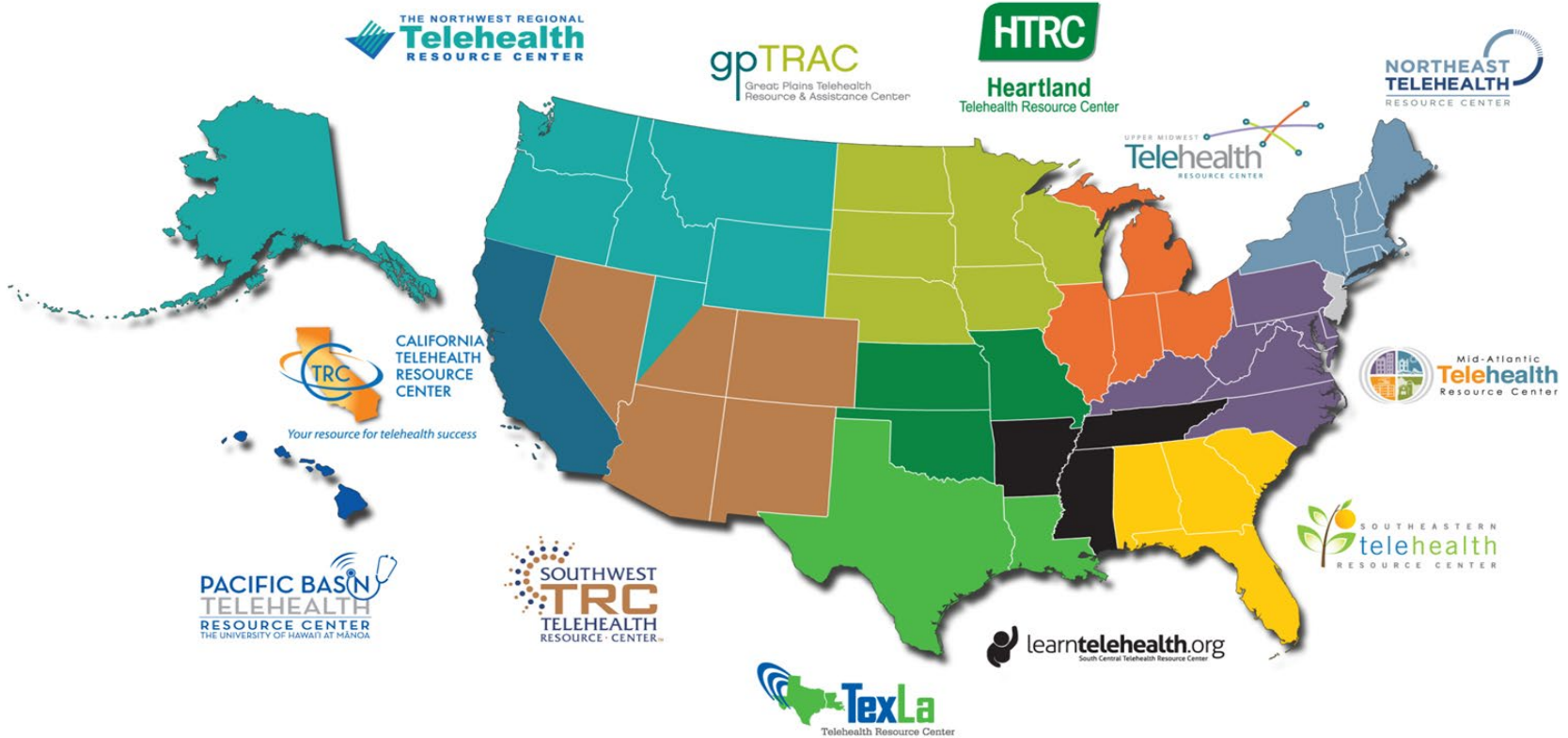
National Quality Forum,

<https://www.qualityforum.org/ProjectDescription.aspx?projectID=83231>

Which technology, which place, which system team to meet the individual's needs and preferences for health and healthcare across the lifespan? During COVID? Beyond COVID?



TelehealthResourceCenters.org



TTAC
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

Center for Connected Health Policy



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

Telehealth Resource Centers (TRCs)

- www.telehealthresourcecenter.org
- Federally funded through HRSA/ORHP to provide assistance, education and information on Telehealth in order to expand delivery of health care to rural and underserved populations
- Assistance is generally free of charge
- TRC Grant Program – est. 2006
- Extensive telehealth program implementation experience
- 12 Regional TRCs, plus
- 2 Telehealth Technical Assistance Centers





▶ Provider Telehealth Introduction:

https://youtu.be/kdTc2Wbi_Ag

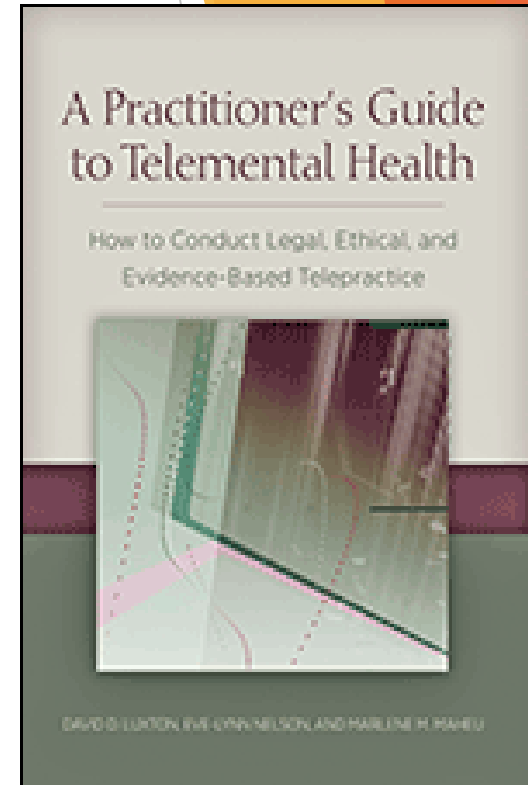
▶ Patient Telehealth Introduction:

https://youtu.be/XEcdpvhL_n0

Resource from the State of Hawaii Department of Health Genomics Section and Western States Regional Genetics Network,
<https://www.westernstatesgenetics.org/telegenetics/>

Resources

- ▶ Luxton, Nelson, Maheu (2016). A practitioner's guide to telemental health. APA.
- ▶ Martin, Millan, Campbell (2020). Telepsychology Practice: Primer & First Steps. APA Practice Innovations.
- ▶ Telehealth Resource Centers
<https://www.telehealthresourcecenter.org/>
- ▶ Indian Health Service Telebehavioral Health Center of Excellence (TBHCE) Indian Health Service Telebehavioral Health Center of Excellence (TBHCE)
<https://www.ihs.gov/telebehavioral>
- ▶ Telehealth Resource Center, Telebehavioral Health Center of Excellence <https://tbhcoe.org/>
- ▶ SAMHSA Telebehavioral Health training resources, <https://www.integration.samhsa.gov/operations-administration/telebehavioral-health>
- ▶ National Quality Forum telehealth evaluation framework,
https://www.qualityforum.org/publications/2017/08/creating_a_framework_to_support_measure_development_for_telehealth.aspx





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