Envisioning the Future of Telehealth: Policies to Ensure a Continuum of Care for Mental Health and Substance Use Disorder Patients

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Defining Telehealth:

- Means of service delivery, not a service
- Uses all means of technology: video, audio, texting

Client Needs:

- Client choice of how to best receive services: In person, remote
- Choice can reflect convenience; not last resort
    - Allows clients to consider own needs such as geographic, work, family, and transportation
- Include a broad range of technologies: Video, audio only, synchronous texting
    - Meet clients (and providers) where they are
- Site Restrictions lifted – clients chose to receive services where convenient and accessible
- Available for both existing and new patients (initial in person visit not required)
- Services via telehealth are safe and remain clinically effective
- Telehealth provides needed access to services in geographical droughts
- Telehealth can reduce health disparities within vulnerable, underserved populations
- Access to remote communication technology is a need, not a luxury
    - Internet must be made available
    - Own devices
- Social determinants of health can also be address remotely
    - Maslow's hierarchy of needs, including food, connection, housing, finance
- Remote comprehensive case management assures all needs are identified and met

Provider Needs:

- Additional credentialing - not needed for telehealth
    - it is enough to be licensed to provide the professional services
- Authority to fully utilize in behavioral health settings (prior focus on medicine)
- Individual providers have access to support so they can achieve effectiveness
    - Create an environment that approximates the is face to face experience;
    - As if in the same room; same care & compassion
    - Adaptations that address client privacy issues when accessing services at home
- Platform allows for more frequent and briefer appointments
- Site Restrictions lifted for providers – treated as if in an office
- Allows more efficient workforce allocation, reducing waits for appointments
- Fewer no shows at appointment

Payment Considerations:

- Reimbursement rates remain the same as in person services
    - Behavioral health workspaces remain the same whether remote or in person
    - Telehealth requires investments in technology, electronic records, digital infrastructure
- Telehealth available without copays
- No requirement to first expend Flex Savings Account (FSA)
- Take full advantage of opportunities to enhance telehealth under Medicaid
    - Including use of cell phones
    - CMS toolkit to ID policies that hamper the use of telehealth
- Telehealth allows cost effective access to behavioral health services
- Services provided via telehealth are not duplicative of in person services
- Well envisioned telehealth plays an important role contribute to parity
    - between medical health and behavioral health

Legislative and Policy Needs:

- Congressional Action – maintain reimbursement
- HHS – codes, rules around virtual checkins, anti-kickback rules that continue to allow no copays
- DEA – permit prescribing controlled substances via telehealth (ex buprenorphine for SUD)
- FCC – broadband deployment
- States – providers that utilize, established patient rules, licensure rules, technology definitions
- SUPR Contract Policy Manual
- Need to establish means for electronic consent/signatures/address witness requirements

Resources:

National Council for Behavioral Health website: COVID 19 telehealth resources

https://www.thenationalcouncil.org/covid19/

SAMHSA MHTTC: Responding to COVID-19/Telehealth

https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/responding-covid-19-telehealth

CMS Telehealth and Telemedicine Toolkit (ID policies that hamper state use of telehealth)

https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Fifty State Survey of Telehealth

https://www.foley.com/-/media/files/insights/health-care-law-today/19mc21487-50state-survey-of-telehealth-commercial.pdf

State Telehealth Laws and Reimbursement Policies

https://www.cchpca.org/sites/default/files/202005/CCHP_%2050_STATE_REPORT_SPRING_2020_FINAL.pdf

Early Impact of CMS Expansion Of Medicare Telehealth During COVID-19

https://www.healthaffairs.org/do/10.1377/hblog20200715.454789/full/#.XxA8CJNjtkw.linkedin

Health Professional Shortage Areas (HRSA)

https://data.hrsa.gov/topics/health-workforce/shortage-areas

Connect Illinois Round 1 Projects

https://www2.illinois.gov/dceo/ConnectIllinois/Documents/Connect%20Illiinois%20Rd%201%20Projects%20Map.pdf

Behavioral Health Workforce Education Center Task Force Report – Submitted to The Illinois General Assembly on December 27, 2019

https://www.ilga.gov/reports/ReportsSubmitted/693RSGAEmail1488RSGAAttachBH%20Workforce%20Task%20Force%20Report%2027DEC2019%20FINAL.pdf