

# Providing Mental Health Telehealth Services in Farming and Rural Communities

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# Providing Mental Health Telehealth Services in Farming and Rural Communities

This webinar will address how the COVID-19 pandemic affects access to care, specifically mental health services. Presenters will discuss how access to care is critical for farming and rural communities and highlight the unique barriers these communities face. Presenters will also provide information about telehealth service and resources, and how best practices developed prior and during the pandemic may provide longer-term solutions to mental health care access for farmers and rural communities.



## Focus Areas:

- Describe the impact of COVID-19 on access to telehealth in rural communities.
- What are the unique issues related to access to telehealth in rural communities (tie back to rural culture)?
- How can tele-health address concerns about stigma in access to treatment?
- How can we work best with schools to advance telehealth in rural communities?



# Presenters:

## Deborah C. Baker, JD



Deborah C. Baker, JD is the Director of Legal & Regulatory Policy in the Office of Legal & Regulatory Affairs of the American Psychological Association's Practice Directorate. Since joining APA in 2004, she has worked with state psychological associations, APA leadership and members, regulatory bodies and outside stakeholders on a variety of issues involving scope of practice/licensure, testing, telehealth, prescriptive authority, HIPAA compliance and other legal and regulatory issues.

Ms. Baker works with APA governance groups, such as the Board of Professional Affairs (BPA) on legal/regulatory issues affecting professional practice. She also participated in the 2017 APA Summit on Master's Training in Psychological Practice and provided support to several APA task forces, including the joint APA-ASPPB-APAIT Task Force on Telepsychology, which developed the APA Guidelines on the Practice of Telepsychology as well as several task forces established to review and revise APA policies on prescriptive authority for psychologists and designation of psychopharmacology training programs. She has most recently assisted with the initial drafting of the APA Guidelines for the Use of Social Media which is still in the internal drafting stage. She represents APA Practice in several outside organizations, including the Coalition for Patients' Rights and the American Telemedicine Association.

She has made numerous presentations at the APA Annual Convention, state psychological association meetings and conferences as well as outside organizations on the issues of HIPAA, telehealth and scope of practice issues. She has also authored numerous articles on telehealth issues as well as co-authored a chapter on interjurisdiction practice.

## Presenters, cont.

### Dr. Stephen R. Gillaspy



Dr. Stephen R. Gillaspy is a licensed psychologist and since August of 2019 has served as the Senior Director for the Office of Healthcare Finance within the Practice Directorate at the American Psychological Association (APA). Prior to joining APA, Dr. Gillaspy was a Professor of Pediatrics within the Department of Pediatrics at the University of Oklahoma Health Sciences Center since 2005. He completed his graduate training in Clinical Psychology at Oklahoma State University and completed his Clinical Internship and a Post-doctoral fellowship in Primary Care and Health Psychology at the University of Oklahoma Health Sciences Center. Within the Section of General & Community Pediatrics he served as the Associate Section Chief, Director of Research, and Director of Clinical Psychology. Dr. Gillaspy also serves as the Director of the Oklahoma Tobacco Helpline. He has been an active researcher in the areas of pediatric obesity, tobacco control, mental health screening, health disparities, and medical education. At the state level Dr. Gillaspy has served on the Board of the Oklahoma Psychological Association and served as President. Nationally, Dr. Gillaspy has served as the American Psychological Association's Advisor for the Health Care Professional Advisory Committee to the American Medical Association's Relative Value Update Committee (RUC) and served as a Division 54 (Pediatric Psychology) Representative to the Interdivisional Health Committee (IHC).



# Presenters, cont.

## Dr. Holly J. Roberts



Holly J. Roberts, PhD is an Associate Professor in the Department of Psychology at the Munroe-Meyer Institute for Genetics and Rehabilitation at the University of Nebraska Medical Center and a licensed psychologist in Nebraska. Dr. Roberts is a faculty trainer and a member of the Mid America MHTTC team in Integrated Care. Dr. Roberts provides behavioral health services in primary care clinics to children and families with a variety of internalizing and externalizing concerns. Dr. Roberts has extensive experience providing clinical service using telehealth. She also conducts telehealth training with students and licensed behavioral health providers and administrators both locally and nationally. As the clinic liaison in the Department of Psychology, Dr. Roberts takes an active role in establishing behavioral health in primary care clinics

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# Living in Rural America

- About 20% of the U.S. population reside in non-metropolitan areas
- Definitions are unclear:  
<https://www.ruralhealthinfo.org/am-i-rural>
  - Rural
    - US Census: Less than 2,500 people in population, housing, and territory
  - Frontier
    - Counties with population densities of 6 or fewer people per square mile.



# What is unique about Rural?

- Disparities between rural and urban health outcomes
- Higher likelihood of unmet medical and mental health concerns
- Distance to and from services
- Stigma with mental health



# It is imperative....

- That quality healthcare is provided to the 57 million people living in rural and frontier areas
- **Solution**=Telehealth



# Telehealth and COVID-19

- Telehealth has become the hottest topic since COVID-19
- It is allowing business and life to continue as close to “normal” as possible
  - Eliminating distance as a barrier
  - Patients continue to receive care
  - Trainees continue to receive supervision
  - Colleagues remain connected
  - Students able to complete courses
  - Encourages personal connections
  - **Encourages innovation**

# Telehealth: What is It?

- Telehealth is health (ATA, 2020)
- “...the use of technology to provide health care when providers are geographically distant from patients.” (Backhaus et al., 2012)
- “...the transmission of images, voice, and data between two health units via technology to provide educational, clinical, training, administrative, and consultative services.” (Perle & Nierenberg, 2013)
- Broad term that applies to health care delivered using telecommunications technology or technology-enabled health (ATA, 2020)

# Multiple Methods to Connect



# Connectivity and Privacy

- Connectivity
  - Videoconferencing equipment needs to be internet capable
  - Ensure the availability of internet and bandwidth capabilities
  - Provider and patient location
- Privacy
  - HIPAA compliant technology
  - Encryption standards
  - Block provider's caller ID



# Videoconferencing Applications

- Applications need the appropriate confidentiality (HIPAA) and security considerations
- Several videoconferencing platforms:
  - Zoom, Skype for Business, GoTo Meeting, Vidyo, Adobe connect
- Different functions:
  - Comments, number of participants that can join, document sharing, recording meetings



# Services Provided via Telehealth

- Live videoconferencing (synchronous)
  - Provider to patient
  - Provider to provider
- Store and forward (asynchronous)
- Remote Patient Monitoring
- Mobile Health



# COVID-19: Benefits and Challenges with Telehealth and Mental Health Care Access

- The COVID-19 public health emergency has eliminated many challenges associated with the utilization of telehealth
- It is a great time to use telehealth!

# Barriers to Mental Health Access

- Stigma
- Lack of anonymity
- Workforce shortages
- Lack of Culturally competent care
- Affordability
- Transportation
- Technology and Other Challenges



# Barriers and Solutions

- We might be the biggest barrier to the use of telehealth
  - Trying something new can be daunting
  - Many don't feel confident with technology
- It might help to know:
  - Outcomes are effective
  - Patients report high satisfaction
  - Patients need mental health services





# Stigma

- Stigma with mental/behavioral health is higher in rural areas
  - Perceived lack of privacy and confidentiality
  - Self Stigma: fear of having a diagnosis
  - Public Stigma: fear of judgement
  - Especially among older adults
  - Less likely to receive services
- **Solution**: Telehealth allows for therapist to be at a distance





# Lack of anonymity

- Being able to seek mental health services privately may be challenging in rural areas
  - Embarrassment
  - A therapist may be a friend or acquaintance
  - Fear of being seen walking into a mental health clinic
- **Solution**: Telehealth allows for therapist to be at a distance



# Workforce Shortages

- Mental healthcare workforce shortages are greatest in
  - Rural areas
  - Low-income areas
- Long waitlists for patients
- Billing restrictions for certain providers
  - Medicaid
  - Medicare
  - Private Insurance
- **Solution**: Telehealth eliminates the need for the patient or therapist to live in the same community and to access providers/services covered by insurers.

# Lack of Culturally Competent Care

- Culturally competent care increases patient engagement
- Rural areas in the U.S. are racially and ethnically more diverse
  - 20% of rural residents are American Indians or people of color.
  - Influx of immigrants



- **Solution:** Telehealth allows access to providers who are able to provide the perspective patients desire.

# Affordability of Care

- Insurance companies may not cover some mental health services
- Individuals in rural communities may not have health insurance
- Unable to pay out of pocket
- **Solution**: Telehealth may provide opportunities to connect with providers that offer no or low-cost services



# Transportation and Distance

- Reliable transportation may not be available
- Greater distance to travel to care
  - Patient
  - Provider
- Time
- Effort
- Work Schedules
- **Solution**: Telehealth allows for a reduction in time, distance, effort for both the patient and provider



# Technology and Additional Challenges in Rural Areas

- Patient access to appropriate technology
- Limited internet accessibility in some areas
- Provider/Organization Buy-In and Utilization
- **Solution:** Covid-19 has allowed relaxation of telehealth rules
  - audio-only connection acceptable
  - increased coverage by internet providers
  - Increased buy-in and utilization



# Benefits of Telehealth

- Increased Access to Quality Health Care
  - Distance, Effort, Work Schedule
- Cost Efficiencies
- Research Supported Outcomes and Satisfaction (Patient/Provider)
- Consumer Demand
- Technology/Platforms easy to use



# Challenges to Using Telehealth

- Patient access to appropriate technology
- Limited internet accessibility in some areas
- Provider/Organization Buy-In and Utilization
- Credentialing and Licensing
- Reimbursement
- Most of the time, the benefits outweigh the challenges

# Telehealth in Rural Communities: Collaborative Efforts

- Collaborative Efforts with trusted entities and individuals in the community
  - Primary Care Clinics and Schools
    - Provide a home base for patients
    - Already trusted by families
    - Internet connection may be more secure
    - Technology may be available for use



# What does telehealth mean?

## How is it defined?

- What technology apps or platforms are included in the definition?
- What kinds of services or uses are included in the definition?
- What kinds of health care providers are included?
- What kinds of settings are included?

# Payor Considerations (Pre-COVID 19)

## MEDICARE

- Only Medicare beneficiaries in underserved areas
- Only approved originating sites (clinical sites)
- Only approved providers (psychologists included)
- Only videoconferencing
- No separate CPT codes → use Place of Service (POS) 02 modifier

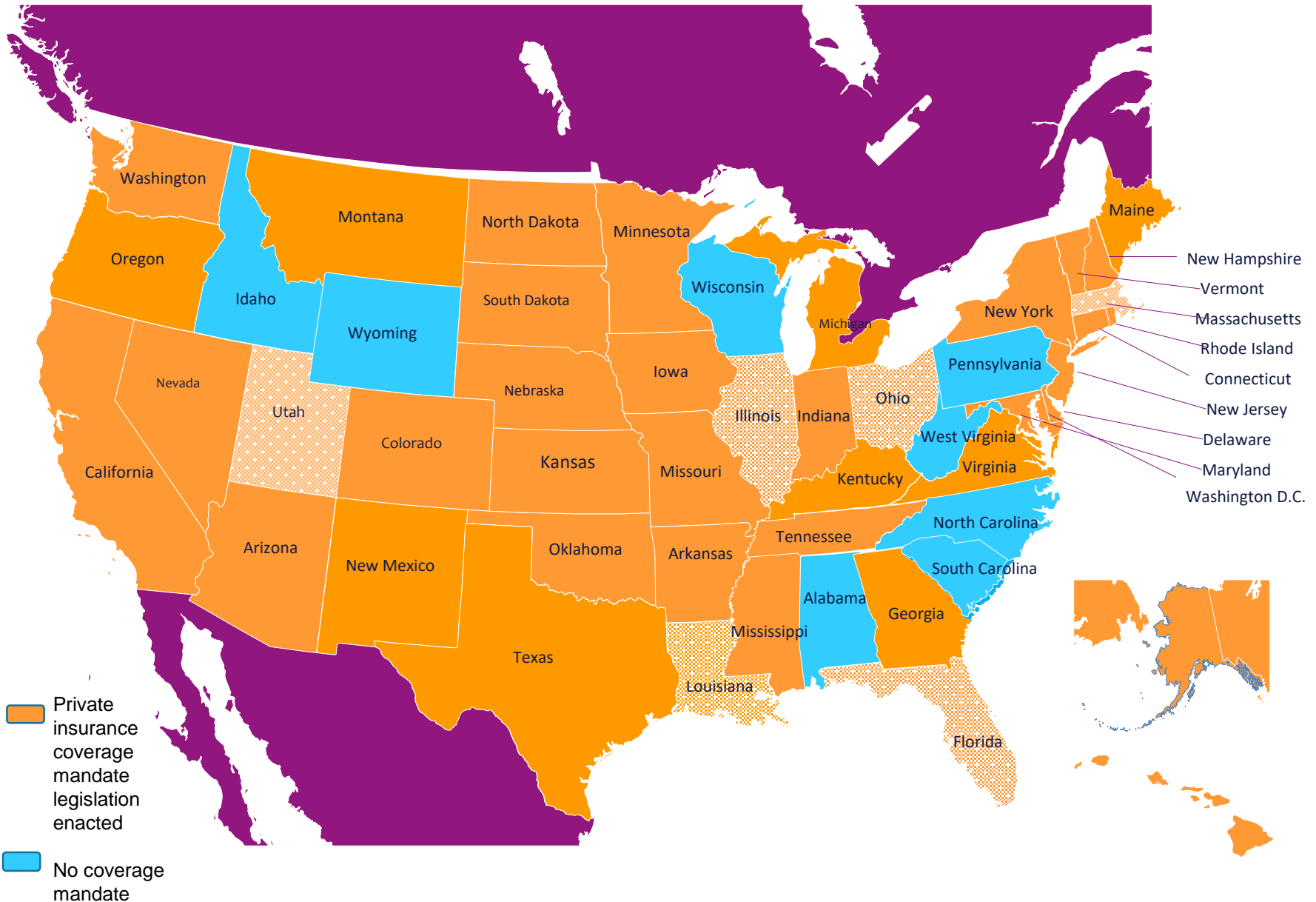
## MEDICAID

- Telemental health coverage is determined by individual state Medicaid program
- All 50 states' Medicaid programs have some type of coverage for telemental health services
- No separate CPT codes

## PRIVATE PAYOR

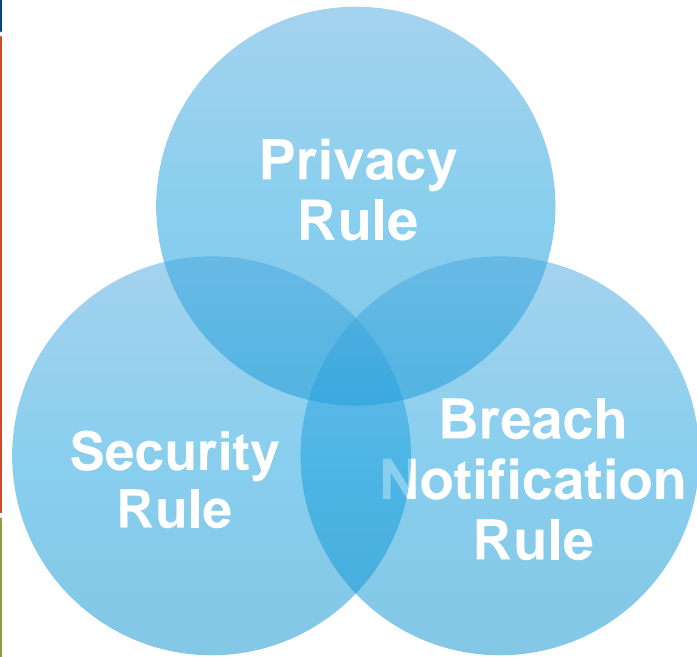
- Many larger insurance companies cover telehealth services
- But reimbursement rates may vary compared to in-person services
- Typically, “telehealth” is defined as audio-videoconferencing, but not phone, fax or email
- No separate CPT codes → use “95” modifier

# State telehealth coverage mandates for private insurance (prior to COVID-19 PHE)





# HIPAA Compliance is Critical (Pre-COVID 19)



**Privacy Rule** = what disclosures of confidential patient health information are permitted

**Security Rule** = how you collect, transmit, store and dispose of digital patient health information

**Business Associate Agreement (BAA)** is important for telepsychology platform vendor or any other 3<sup>rd</sup> party supplier having access to your patients' data

**Breach Notification** = what to do in the event of a data breach involving patient health information

# In-State versus Out-of-State Practice

- Typically, psychologists can provide telepsychological services WITHIN states where they're licensed.
- Some states have a temporary practice provision.
- Psychology Interjurisdictional Compact (PSYPACT) was established in 2015 and endorsed by APA.
  - A psychologist in a PSYPACT state can provide either telepsychological services or temporary, in-person services to patients in another PSYPACT state.

# What does this mean prior to COVID-19 PHE?

A LOT of variability across states and health plans



- Restrictions on eligible originating sites
  - Geographic – rural and provider shortage areas
  - Clinical setting - doctor's office, hospital or community mental health center
- Existing patients couldn't initiate services with telehealth
- No audio-only phone services allowed
- Restricted number of services or CPT codes
- Not all states require reimbursement parity for telehealth
- Some commercial plans restrict telehealth services to a telehealth carve out network (such as MDLive, Teladoc)
- Some states limit covered telehealth services to in-network providers
- Telehealth credentialing and platforms
- Self-insured plans not covering telehealth – continues to be a huge issue

# COVID-19 PHE – temporary telehealth expansions

## HHS/CMS

HHS Office of Civil Rights is temporarily relaxing its enforcement authority for HIPAA compliance

CMS lifted geographic and originating site restrictions for Medicare telehealth

CMS expanded list of eligible telehealth services -- now HBAI services, psychological & neuropsychological services, telephone management services included

Audio-only phone services permitted

## Medicaid/Private Payor

Expanded telehealth coverage & reimbursement for private health insurance

Expanded telehealth coverage & reimbursement for Medicaid

Patient's home = eligible originating site

Audio-only phone permitted

# Temporary HIPAA compliance waiver

- HHS/Office of Civil Rights issued its notification of enforcement discretion on March 17, 2020.
- Apps like FaceTime, Google Hangouts and Skype are permitted for the short-term
- But NOT apps Facebook Live, Tik Tok or Twitch
- TEMPORARY – will resume enforcement after PHE



# Other temporary changes during COVID-19 PHE

- Temporary interstate practice licensure waivers
  - ✓ Executive Orders
  - ✓ Licensing board policies
  - ✓ Existing temporary practice policies
- Many tied to state's PHE declaration
- A lot of variation among waivers
  - ✓ Emergency temporary license
  - ✓ Registry of out-of-state providers
  - ✓ Good faith/honor system
  - ✓ Virtual versus in-person
  - ✓ Existing versus new patients
- Return to pre-COVID-19 status:
  - ✓ Existing state temporary practice policy
  - ✓ Existing state telehealth/out-of-state provider registration
  - ✓ PSYPACT





# Telehealth “Post” COVID-19 PHE

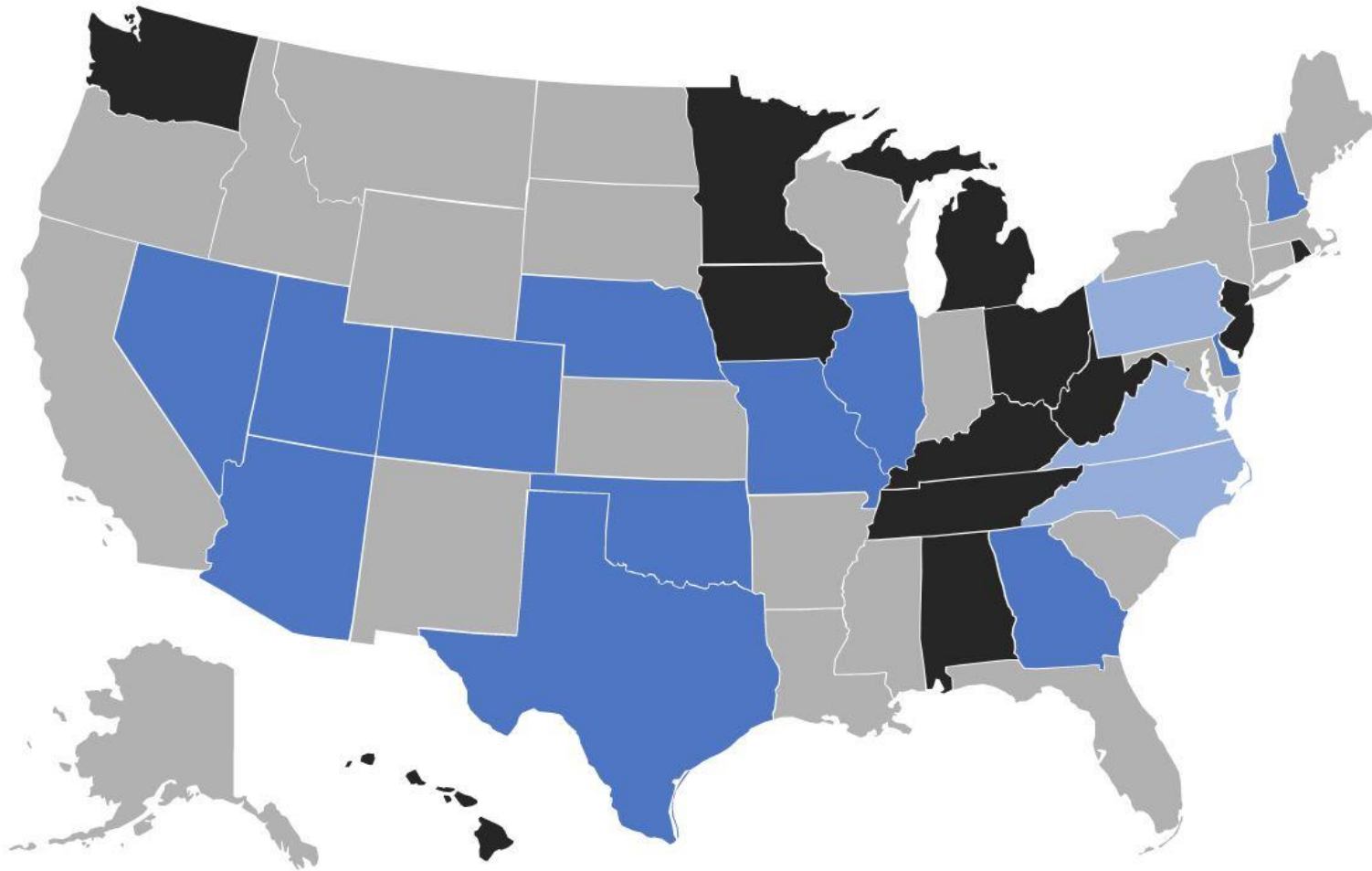
## Four levels of service delivery

- 1) In person services
- 2) Traditional telehealth, originating site a clinic/facility.
  - This would be for certain services where there needs to be someone else involved or use of certain technology.
- 3) Telehealth without originating site restrictions.
  - This would allow for certain services to be delivered directly into patients’ home, etc.
- 4) Audio or Phone only.
  - This would be for a subset of services and/or particular populations.




# Interstate Practice

- May 5, 2020 -- CMS announced it will recognize that the interstate license compacts as valid, full licenses for the purposes of meeting federal license requirements.
  - ✓Medicine, Physical Therapy, Occupational Therapy, Speech Language Therapy, Nurse Practitioner, and Psychology interstate license compacts
  - ✓Other disciplines also considering interstate licensing compacts
- [Psychology Interjurisdictional Compact](#) (PSYPACT) is now accepting applications for interstate telepsychological practice and temporary in-person practice.

# Current status of PSYPACT



## Map Key

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

DC

Guam

Puerto Rico

U.S. Virgin Islands

# This is an example of how the APA has been addressing access issues during COVID-19

## State level efforts

- Between June 2<sup>nd</sup> – June 5<sup>th</sup>, joint letter by APA, ApA, NASW, NAMI, and MHA were sent to all of governors and insurance commissioners asking for 12 month extension of current telehealth expansions.
- Collaboration with state psychological associations (SPTAs)
- Continuation of expanded telehealth services, reimbursement policies, patient's home as an eligible originating site & use of audio-only phone for 12-month transition period following PHE for Medicaid & private payors
- Identify temporary telehealth expansions to advocate Medicaid and private payors make permanent
- Advocate for state legislative proposals to require or expand coverage of telehealth services
- Collaboration with ASPPB in advocating for continued PSYPACT adoption

## Federal level efforts

- Collaboration with SPTAs, other associations & coalitions
- Continuation of expanded telehealth services, reimbursement policies & audio-only phone and suspension of originating site limitations for 12-month transition period following PHE for CMS/Medicare
- Identify temporary telehealth expansions to advocate CMS to make permanent for Medicare

# Resources:

- National Consortium of Telehealth Resource Centers
  - Funded by US Department of Health and Human Services and HRSA
  - 12 Regional Telehealth Resource Centers
  - Website: <https://www.telehealthresourcecenter.org/>
  - [COVID-19 Telehealth Toolkit](#)
- Rural Health Information Hub (RHlhub)
  - Supported by HRSA and US Department of Health and Human Services
  - Website: <https://www.ruralhealthinfo.org/>
  - Rural Telehealth Toolkit: <https://www.ruralhealthinfo.org/toolkits/telehealth>
  - COVID-19 Telehealth Updates: <https://www.ruralhealthinfo.org/topics/COVID-19>
- American Telemedicine Association
  - Sole focus is accelerating the adoption of telehealth
  - Website: <https://www.americantelemed.org/>
- American Psychological Association
  - [Telehealth guidance by state during COVID-19](#)
  - [What the COVID-19 telehealth waiver means for psychology practitioners](#)
- National Association for Rural Mental Health: [www.narmh.org](http://www.narmh.org)
- Farm Aid's Farmer Resource Network: [www.farmaid.org/ideas](http://www.farmaid.org/ideas)
- Farm Aid Fact Sheets: [www.farmaid.org/blog/fact-sheet/](http://www.farmaid.org/blog/fact-sheet/)



**Thank you for joining!**

