NATIONAL COUNCIL for Mental Wellbeing

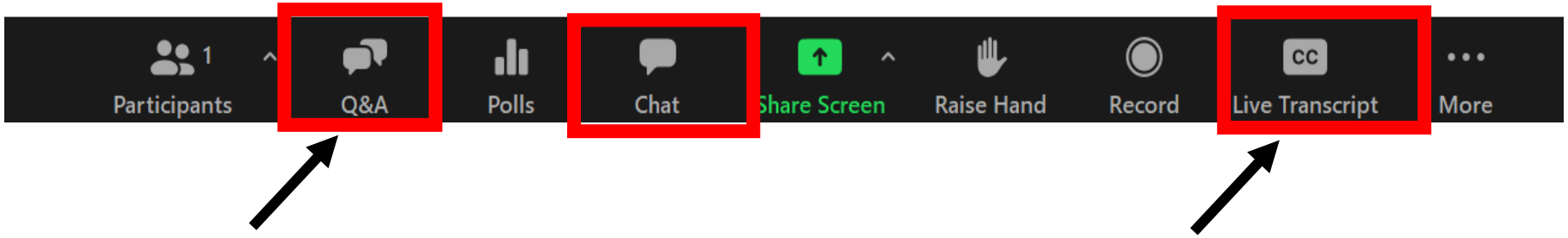
Telehealth Part 1: Leveraging Telehealth to Improve Access in Rural Integrated Care

April 20, 2023
2:00 – 3:30pm E.T.

CENTER OF EXCELLENCE for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

NATIONAL COUNCIL *for* Mental Wellbeing

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Poll #1: What best describes your role?

- Clinician
- Administrator
- Payer
- Policy Maker
- Other (specify in chat box)

NATIONAL COUNCIL for Mental Wellbeing

Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

NATIONAL COUNCIL for Mental Wellbeing

Speakers

Tamanna Patel, MPH, CDP
Director, Practice Improvement
National Council for Mental Wellbeing

Carolyn Rekerdres MD,
Medical Director of NE Region,
East Texas Behavioral Health Network

NATIONAL COUNCIL *for* Mental Wellbeing

Webinar Series Details

- Tuesday, May 16th - Part 2: Rural Telehealth & M-Health for Children & Youth
- Thursday, June 22nd - Part 3: Rural Telehealth & M-Health for Immigrants and Migrants

Learning Objectives

After this webinar, participants will be able to:

- Define structural urbanism and understand its contribution to health disparities in rural integrated care.
- Recognize and understand existing health disparities within rural communities.
- Identify strategies when considering telehealth as a tool for rural integrated care.
- Understand and describe the DEA's proposed rules on telemedicine and prescribing after the Public Health Emergency ends.

We know where we are born, live, work, play, pray…

impacts our health status

NATIONAL COUNCIL *for* Mental Wellbeing

Defining Rural

- **U.S. Census Bureau** defines urban but does not follow city boundaries
  - Urban Areas are 50,000 or more people
  - 19.3% of population and 97% of the land is rural
- **Office of Management Budget** designates areas as metropolitan, micropolitan or neither
  - After 2010 Census, non-metro counties consisted of 15% of population (or 46.2 million people) and 72% of the land
- **U.S. Department of Agriculture's Economic Research Service** created Rural-Urban Commuting Area (RUCA) codes using Census data
  - To identify smaller tracts

Source: Health Resources Services Administration (2023). Defining Rural. Population.

Rural ≠ Monolith

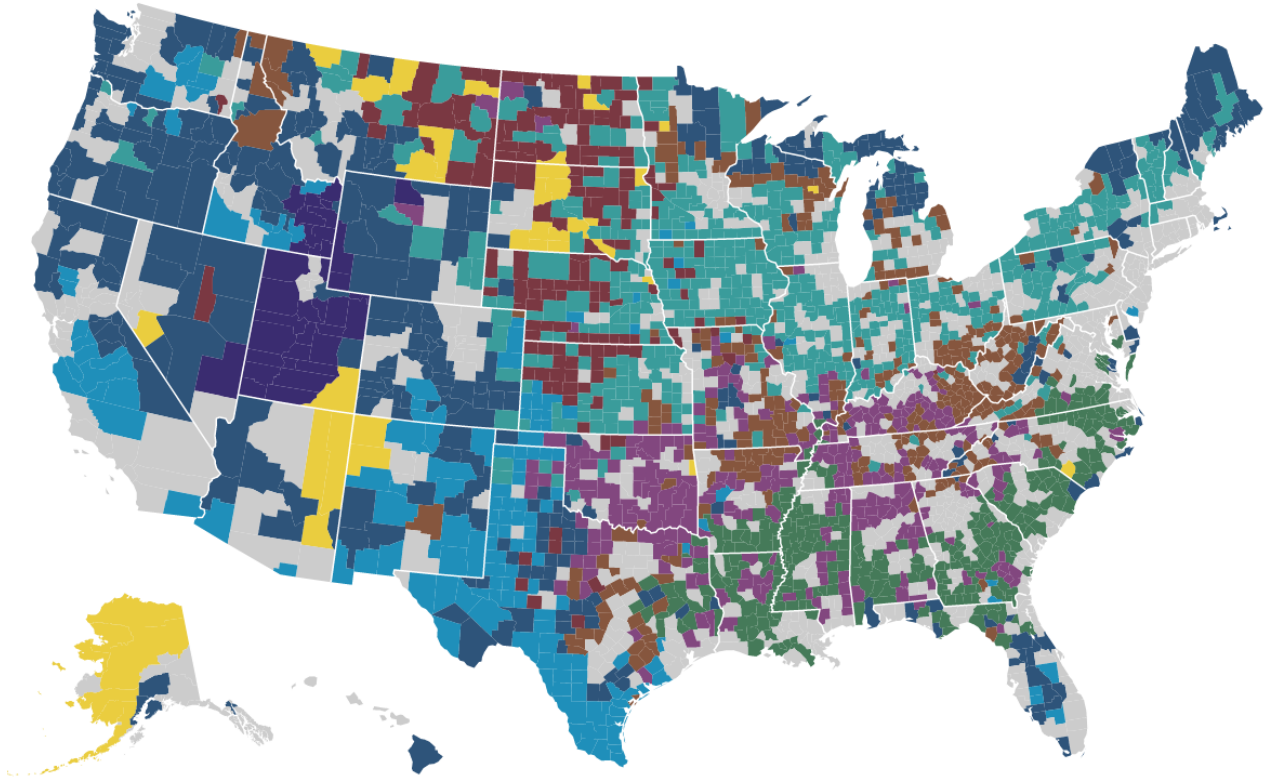
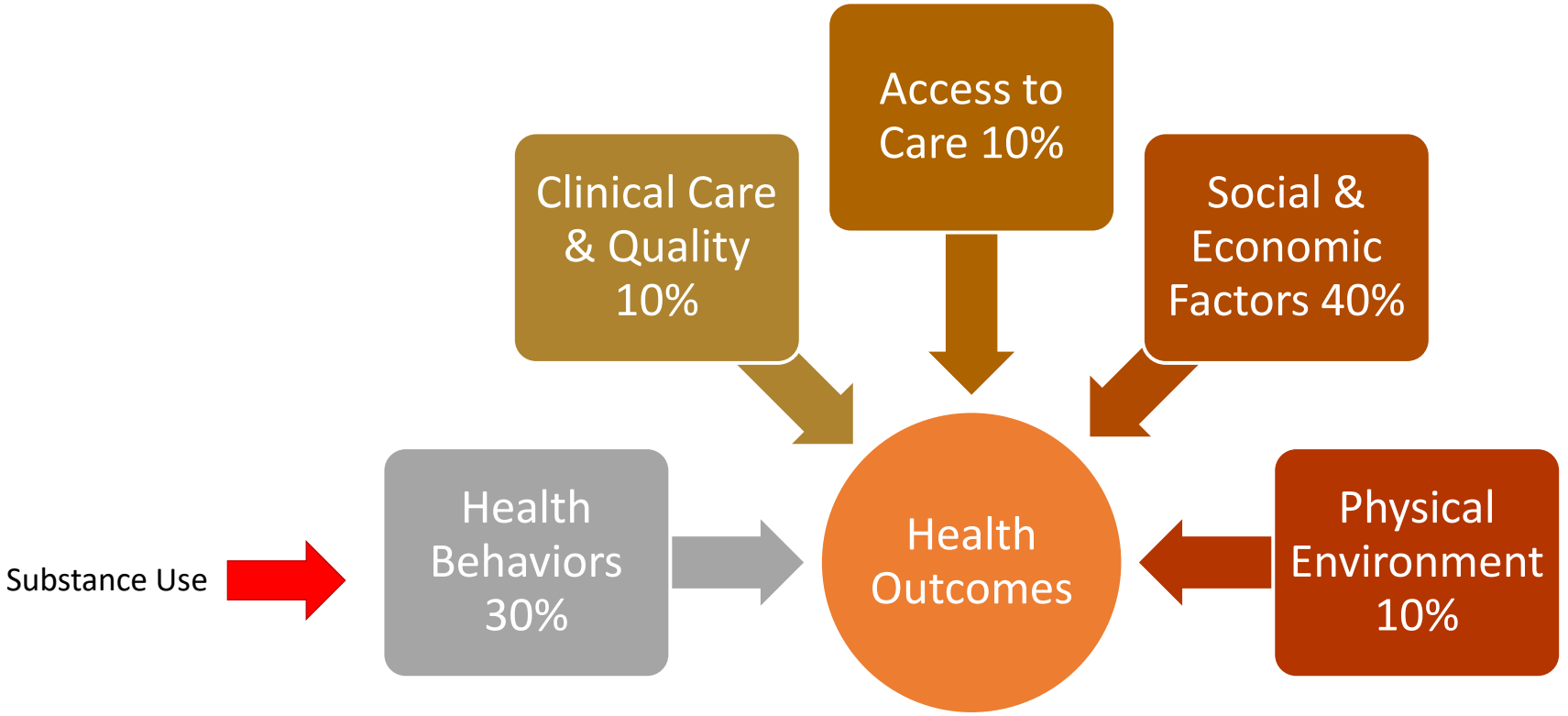


Image Source: American Communities Project (2019). A New Portrait of Rural America. Vol 2. Autumn.

NATIONAL COUNCIL for Mental Wellbeing

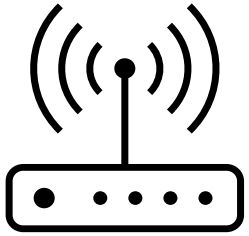
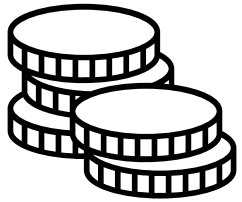
Social Determinants of Health



Source: Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes.

NATIONAL COUNCIL for Mental Wellbeing

Rural Considerations

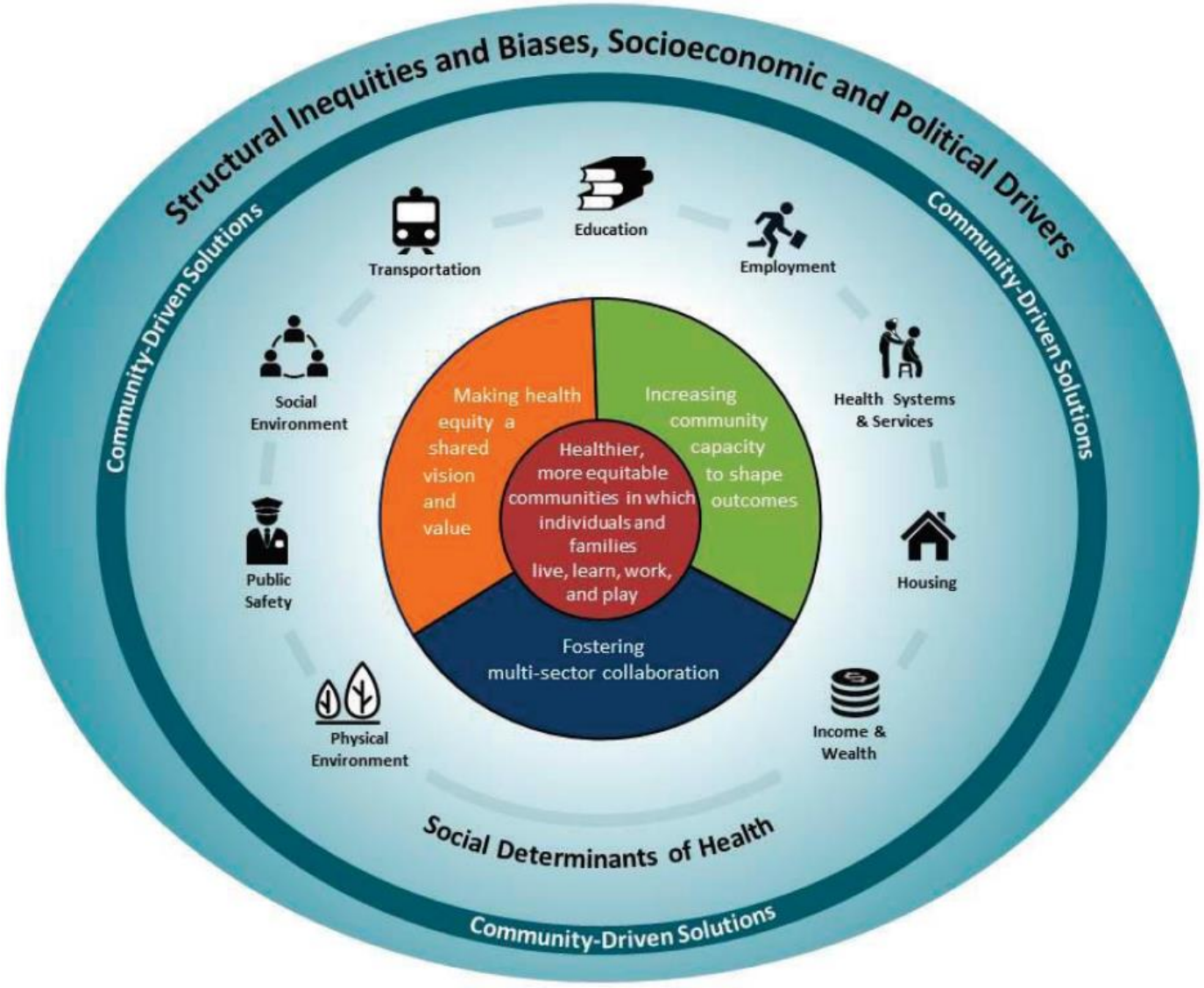






Sources:
Association of State and Territorial Health Officials. State Approaches for Addressing Rural Social Determinants of Health.
Rural Health Information Hub. Rural Health Disparities.

NATIONAL COUNCIL for Mental Wellbeing

Advancing Equity



Source: National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*.

NATIONAL COUNCIL *for* Mental Wellbeing

Structural Urbanism

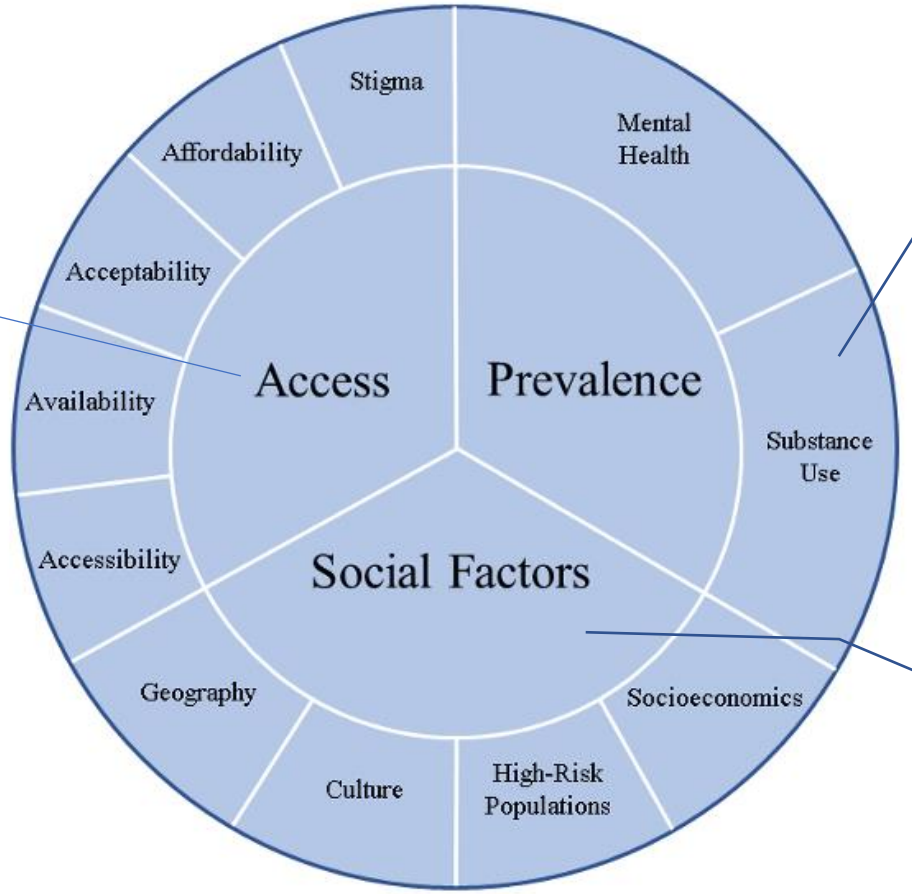
"Elements of the public health and health care systems that disadvantage rural communities as they seek to enhance, maintain or rebuild healthcare infrastructure to support population health."

- Biases in current models of health care funding, which treat health care as a service for individuals rather than infrastructure for populations (favors large populations)
- Requires a shift away from health care as a product

Source: Probst, J., Eberth, J., and Crouch, E. (2019). Structural Urbanism Contributes to Poorer Health Outcomes for Rural America.

Rural Health Disparities

Figure 1: The Context for Understanding Rural Mental Health and Substance Use



- Less access to providers
- Limited availability of specialty providers
- Lack of trained mental health providers and care coordination
- Underutilization of available services
- Higher % public insurance or underinsured
- Reimbursement rates
- Stigma

- Higher risk of suicides
- Higher rates of alcohol use among 12–20-year-olds
- More likely to engage in risky behavior
- Growing need for MH/SU services
- Higher rates of opioid-related deaths

- Stigma
- Privacy concerns
- Higher proportion of families living below poverty level
- High rates of unemployment
- Higher sense of isolation and hopelessness
- Lower education rates

Sources:

- Gale, J., Janis, J., Coburn, A., Rochford, H. (2019). Behavioral Health in Rural America: Challenges and Opportunities. Rural Policy Research Institute.
- Morales DA, Barksdale CL, Beckel-Mitchener AC. A call to action to address rural mental health disparities.
- Richman L, Pearson J, Beasley C, Stanifer J. Addressing health inequalities in diverse, rural communities: An unmet need.
- Jean-Louis, F. 2022, July 7. Rural Health Disparities: Changes and Challenges.

Disparities Among Rural Sub-populations

- **Women**
  - Including pregnant & post-partum people
  - Exhibit twice the rates of depressive symptoms
- **Children/adolescents**
  - In children ages 2 - 8 years old, higher prevalence of mental, behavioral or developmental disabilities (18.6%) compared to urban (15.2%)
  - Higher rates of serious mental illness (SMI), major depressive disorder, serious psychological distress and suicide
  - More likely to use alcohol, methamphetamine, opioids
- **Veterans**
  - Report lower quality of life and greater disease burden
  - Increased risk for additional stress related to mental health challenges

Source: Gale, J., Janis, J., Coburn, A., Rochford, H. (2019). Behavioral Health in Rural America: Challenges and Opportunities.

Disparities Among Rural Subpopulations Cont.

- **Black and American Indian/Alaska Native (AI/AN)**
  - Higher prevalence of self-reported fair or poor health
  - Non-Hispanic Black and AI/AN individuals report higher rates of frequent mental distress
  - Suicide and alcohol use higher among AI/AN individuals
- **Older Adults**
  - Experience higher rates of depression, suicidality, and alcohol misuse
- **Individuals w/co-occurring conditions**
  - Less likely to seek treatment
  - Integrated care is still silo-ed

But what about COVID19…

Source: Gale, J., Janis, J., Coburn, A., Rochford, H. (2019). Behavioral Health in Rural America: Challenges and Opportunities.

NATIONAL COUNCIL for Mental Wellbeing

Reimagining the Utilization of Telehealth in Integrated Care

Telehealth as a tool, not as a substitute, to enhance access to coordinated, integrated, person-centered care.

Leveraging community partnerships and technology innovations.

NATIONAL COUNCIL *for* Mental Wellbeing

Strategies to Move Forward: Telehealth and Integrated Care

- Leverage strengths & assets
- Consider rural culture
- Provide culturally responsive care
- Implement approaches from an integrated systems perspective
- Using telehealth as a tool

NATIONAL COUNCIL *for* Mental Wellbeing

Leveraging Rural Strengths & Assets

Strengths that may lead to innovation in rural settings:

- Resilience
- Collaboration
- Culture
- Creative Approaches with fewer resources

Values:

- Closeness of local community
- Life in a small town
- Being around good people

Source: Georgia Health Policy Center, 2020. Understanding the Rural Landscape.

Provide Culturally Responsive Care

- Demonstrating interest, genuine curiosity, and empathy
- Ongoing, non-hierarchical relationship
- Consider language
  - Words people use to express mental health needs (can have cultural roots and meaning)
- Commitment to listening and identifying underlying factors
  - e.g. trauma, stigma, cultural values, spiritual beliefs and historic lack of access to care
- Engage faith leaders

Source: Bullard, J. 2022, October 11. using Cultural Humility to Address Rural Mental Health Gaps.

Implement Approaches from an Integrated Systems Perspective

- Loan repayment support
- Integrating behavioral health services into primary and acute care settings
- Integration with community partners (schools, faith-based organizations, etc.)
- Support broadband infrastructure
- Expanding telehealth options
  - Many states enacted new laws or codified COVID19 emergency actions.

Source: Association of State and Territorial Health Officials. 2022. Legislative Overview Series. Rural Health State Investment in Healthcare and Infrastructure.

Using Telehealth as a Tool

- Reduces stigma (privacy concerns)
- Improves access (transportation, distance, access to providers)
- Can improve monitoring, timeliness and communications
  - *Remote patient monitoring (RPM), mobile health communication (mHealth), communicating medical information*
- Reduction of no-show rates

However,

- Challenges remain around broadband access
- Reimbursements go to originating site
- Medicaid programs vary in reimbursement
- Current physician licensure systems places burdens on those wanting to expand to rural areas
- Legal and ethical responsibilities

Sources:
Ralls, M., Moran, L. 2020, June 19. Telehealth in Rural America: Disruptive Innovation for the Long Term?
Rural Health Information Hub. Telehealth Use in Rural Healthcare.

Key Opportunity-Integrated Care via Telehealth

Integrated Care:

"treat the whole person's health care needs in a coordinated way that improves health outcomes"

Source: Bagalman, E. et al., 2022. . HHS Roadmap for Behavioral Health Integration (Issue Brief).

NATIONAL COUNCIL for Mental Wellbeing

Telehealth Policy Changes

Telehealth Extension and Evaluation Act

- Allowed Medicare patients to access telehealth at home (**permanent**)
- Allowed controlled substances to be prescribed via an initial telehealth encounter under the Ryan Haight Act without any in-person follow up (**will sunset on December 24th, 2023**)
- Extended Medicare payment flexibilities for Rural Health Centers (RHCs), Federally Qualified Health Centers (FQHCs) for behavioral health services (**permanent**)
- No geographic restrictions for originating site for behavioral telehealth services (**permanent**)
- Audio only behavioral health services can be provided using audio-only technology (**permanent**)

Sources:
O'Reilly, K.B. (2022). American Medical Association. Huge House win puts telehealth extension in Senate's hands.
Library of Congress. (2022). Telehealth Extension & Evaluation Act

NATIONAL COUNCIL for Mental Wellbeing

Current Landscape

Ryan Haight Act of 2008

Requires a practitioner to conduct at least one in-person medical evaluation of a patient before prescribing a controlled substance by means of the “Internet”. Failing to do so was a criminal violation and carried stiff penalties, enforcement was undertaken by the DEA.

Purpose was to eliminate "rogue internet sites" that, at the time, were basically online pharmacies with no medical oversight shipping narcotics to anyone willing to pay.

Emphasis was placed on establishing a "doctor-patient relationship" and this was certified by having an in person visit prior to ever prescribing controlled substances.

Sources:
Federal Register. The Daily Journal of the United States Government. (2023). Telemedicine Prescribing of Controlled Substances.
Library of Congress. (2008). Ryan Haight Online Pharmacy Consumer Protection Act of 2008.
American Psychiatric Association. (n.d.). Ryan Haight Online Pharmacy Consumer Protection Act of 2008.

Audio Only Changes

- The telemedicine service at issue must be furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder.
- The service must be provided to a patient located in their home. No public spaces!
- The telemedicine practitioner must be technically capable of meeting the audio-video interactive communication standard.
- **The patient is not capable of, or does not consent to, the use of video technology. This means the audio-only option may only be used if the patient is unable to use, does not wish to use, or does not have access to two-way, audio/video technology.**

Source: Lacktman, N.M. (2023). Foley & Flander LLP. DEA's Proposed Rules on Telemedicine Controlled Substances Prescribing after the PHE Ends.

NATIONAL COUNCIL for Mental Wellbeing

New Ryan Haight Considerations

7 "practice of telemedicine" exclusions

1. Treatment occurs in a hospital or a clinic
2. Treatment occurs in the presence of a DEA registered provider
3. Treatment by Indian Health Services or Tribal practitioners
4. Treatment during a public health emergency
5. Treatment by a practitioner who has obtained a "special registration"- **DEA never created this registration**
6. Treatment at the VA during a public health emergency
7. "Other circumstances"=The practice of telemedicine is being conducted under any other circumstances that the [DEA] Administrator and the Secretary of Health and Human Services have jointly, by regulation, determined to be consistent with effective controls against diversion and otherwise consistent with the public health and safety.

Source: Lacktman, N.M. (2023). Foley & Flander LLP. DEA's Proposed Rules on Telemedicine Controlled Substances Prescribing after the PHE Ends.

NATIONAL COUNCIL for Mental Wellbeing

Proposed Changes

- DEA not going as far as hoped
- Clients get a direct, on paper referral by an in-person provider (likely a Primary Care Provider) to a named behavioral health provider ***or*** you are limited to a 30-day supply, now named a "telemedicine prescription" of schedule III, IV or V controlled drugs.
- Exception for Buprenorphine for the treatment of Opioid Use Disorder (OUD), otherwise schedule II and III narcotics are absolutely prohibited from telemedicine visits again.
- Provider must be located in the USA, and must have a state license where they are located at when the prescription is sent.

Source: Lacktman, N.M. (2023). Foley & Flander LLP. DEA's Proposed Rules on Telemedicine Controlled Substances Prescribing after the PHE Ends.

Integrate Now!

- Integration between physical health, mental health, and substance use treatment providers will be critical if this law moves forward.
- Many community organizations can see clients utilizing the exception of clinic or hospital-based services but will not be able to continue providing audio only or tele-health visits to patients in their homes for medication management services.
- Clinical need must come before billing convenience.
- Join our next webinar to learn more about how!

Sustainability and Billing Considerations

- Telehealth is not going away; we can use it as a tool to enhance integrated services.
- Medicare can cover these services, and they are legal when taking care to utilize an exception.
- Bright spot: OUD treatment was singled out as an exception - emergency providers and behavioral health providers can utilize the 30-day supply for people who need it immediately with Buprenorphine (not Methadone).

References (1 of 2)

- American Communities Project (2019). A New Portrait of Rural America. Vol 2. Autumn. Retrieved from https://www.americancommunities.org/chapter/overview-2/
- Federal Register. The Daily Journal of the United States Government. (2023). Telemedicine Prescribing of Controlled Substances.
- Association of State and Territorial Health Officials. State Approaches for Addressing Rural Social Determinants of Health. Retrieved from https://www.astho.org/globalassets/pdf/state-approaches-for-addressing-rural-social-determinants-of-health.pdf
- Association of State and Territorial Health Officials. 2022. Legislative Overview Series. Rural Health State Investment in Healthcare and Infrastructure. Retrieved from https://www.astho.org/globalassets/pdf/legislative-prospectus-series/legislative-prospectus-rural-health.pdf
- Bullard, J. 2022, October 11. using Cultural Humility to Address Rural Mental Health Gaps. Retrieved from: https://healthcare.rti.org/insights/using-cultural-humility-address-rural-mental-health-gaps
- Federal Register. The Daily Journal of the United States Government. (2023). Telemedicine Prescribing of Controlled Substances.
- Gale, J., Janis, J., Coburn, A., Rochford, H. (2019). Behavioral Health in Rural America: Challenges and Opportunities. Rural Policy Research Institute. Retrieved from https://rupri.public-health.uiowa.edu/publications/policypapers/Behavioral%20Health%20in%20Rural%20America.pdf
- Georgia Health Policy Center, 2020. Understanding the Rural Landscape.
- Health Affairs, vol 38(12): Rural Health. Pgs1963-2116. https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01466
- Health Resources Services Administration (2023). Defining Rural. Population. Retrieved from: https://www.hrsa.gov/rural-health/about-us/what-is-rural#:~:text=The%20Census%20does%20not%20define,of%2050%2C000%20or%20more%20people
- Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135.
- Jean-Louis, F. 2022, July 7. Rural Health Disparities: Changes and Challenges. Retrieved from https://healthcare.rti.org/insights/rural-health-disparities-changes-and-challenges

References (2 of 2)

- acktman, N.M. (2023). Foley & Flander LLP. DEA's Proposed Rules on Telemedicine Controlled Substances Prescribing after the PHE Ends.
- Library of Congress. (2022). Telehealth Extension & Evaluation Act
- Morales DA, Barksdale CL, Beckel-Mitchener AC. A call to action to address rural mental health disparities. J Clin Transl Sci. 2020 May 4;4(5):463-467. doi: 10.1017/cts.2020.42.
- National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. https://doi.org/10.17226/24624. Probst, J., Eberth, J., and Crouch, E. (2019). Structural Urbanism Contributes to Poorer Health Outcomes for Rural America.
- O'Reilly, K.B. (2022). American Medical Association. Huge House win puts telehealth extension in Senate's hands.
- Ralls, M., Moran, L. 2020, June 19. Telehealth in Rural America: Disruptive Innovation for the Long Term? Retrieved from https://www.chcs.org/resource/telehealth-in-rural-america-disruptive-innovation-for-the-long-term/
- Richman L, Pearson J, Beasley C, Stanifer J. Addressing health inequalities in diverse, rural communities: An unmet need. SSM Popul Health. 2019 Apr 9;7:100398. doi: 10.1016/j.ssmph.2019.100398.
- Rural Health Information Hub. Rural Health Disparities. Retrieved from https://www.ruralhealthinfo.org/topics/rural-health-disparities#causes
- Rural Health Information Hub. Telehealth Use in Rural Healthcare. Retrieved from https://www.ruralhealthinfo.org/topics/telehealth

Tools & Resources

- National Council for Mental Wellbeing- Rural Interest Group
- Integrated Approaches to Improving Rural Health Equity and Access
- Rural Health Information Hub
- American Communities Project
- Telehealth Services: Rural Health Fact Sheet Series
- Workforce Capacity for Reducing Rural Disparities in Public Mental Health Services for Adults with Severe Mental Illness
- Turning COVID-19 Challenges into Opportunities: Tele-Behavioral Health within Latino Communities

Previous CoE Sessions:

- Rural Health Part 1: Addressing Structural Urbanism in Rural Communities through Integrated Care
- Rural Health Part 2: Strategies for Recruiting and Retaining a Strong Rural Health Workforce
- CoE Office Hour: Rural Health Challenges During COVID-19
- CoE Office Hour: Resources & Tools for Advancing Rural Health Equity through Integrated Care

NATIONAL COUNCIL for Mental Wellbeing

Upcoming CoE Events

CoE-IHS Office Hour: **Determining Level of Care within Crisis Services**

Register for the office hour on Thursday, April 27th from 2-3pm ET

CoE-IHS Webinar: Part 2: Rural Telehealth & M-Health for Children & Youth

Register for the Webinar on Tuesday, May 16th from 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

Looking for free trainings and credits?

Check out integrated health trainings from Relias here

Subscribe for Center of Excellence Updates

Subscribe here

NATIONAL COUNCIL for Mental Wellbeing

Thank You

Questions?

Email integration@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)

NATIONAL COUNCIL for Mental Wellbeing