COVID REALITIES & OPPORTUNITIES FOR RURAL BEHAVIORAL HEALTH SERVICES

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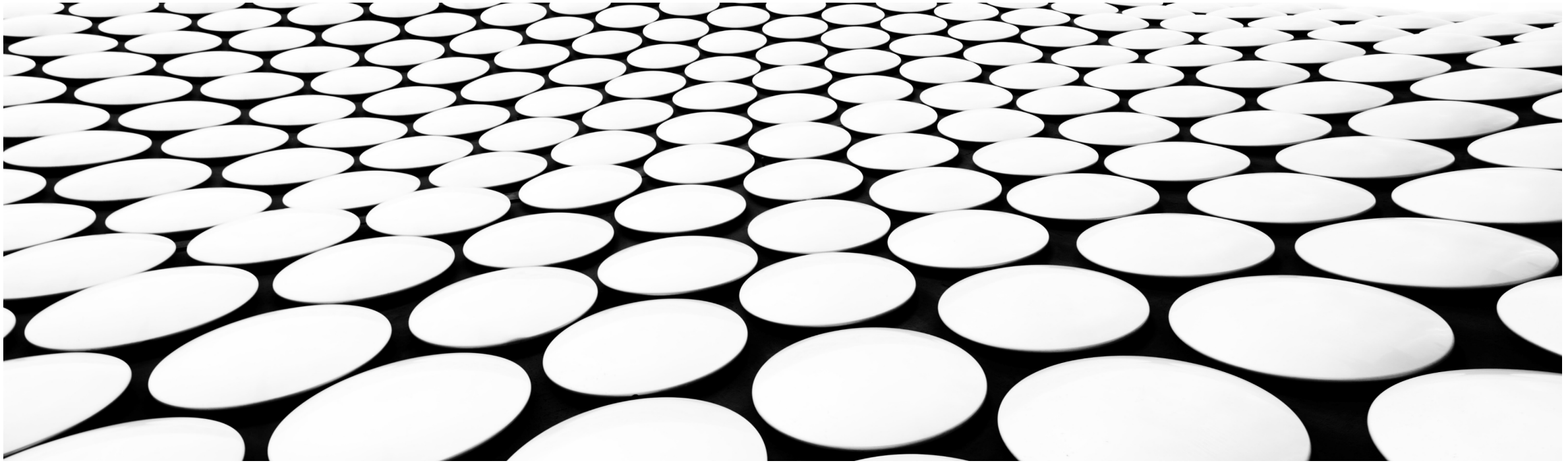
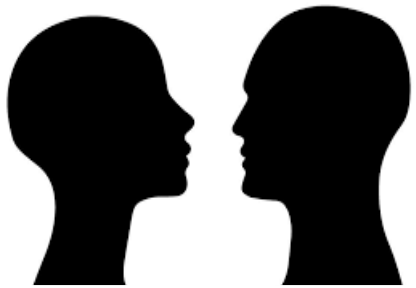
NACBHDD POLICY & LEGISLATIVE CONFERENCE (VIRTUAL). 18 MARCH 2021 1-2 PM CST



BEHAVIORAL HEALTH ONLINE SERVICE DELIVERY TIMELINE



PRE-COVID
Status Quo
(primarily face-to-face)

Online services limited due to:
Lack of providers
Limited reimbursement processes
Technological barriers
State licensing restrictions

COVID Era
Response to Crisis

Provider access relaxed
Reimbursement processes relaxed
Licensing restrictions relaxed
Technology improved

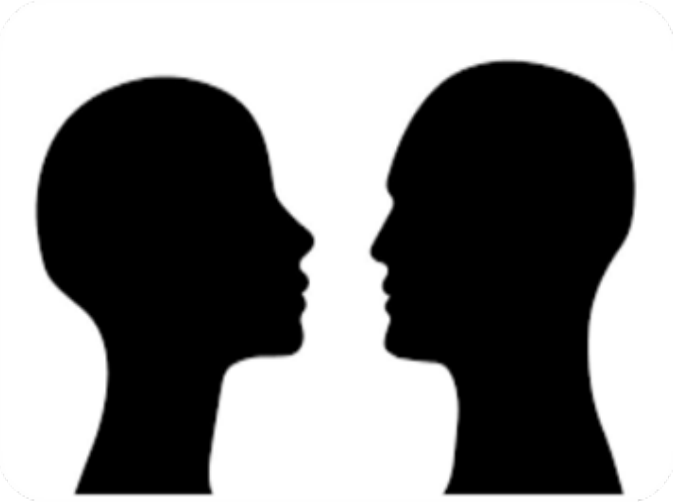
POST-COVID
Predicting the Future

Better access to internet?
Increased access to services?
Permanent reimbursement changes?
Broader access to service providers?
Improvements to technology?
State licensing changes?

LEARNING OBJECTIVES

1. Review rural behavioral health service access issues,
2. Identification of strengths and problem areas,
3. Review of pre- through post-COVID pandemic concerns,
4. Identification of policy areas and talking points to address,
5. Recommendations to improve services in future.

PRE-COVID ERA



Prior to COVID-19 Pandemic

- Behavioral health & social services largely distributed in face-to-face processes,
- Limited expectation to provide services via online,
- Lack of adequate behavioral health workforce.

- Online services that did exist faced challenges:
  - Differing insurance reimbursement rates,
  - Limited ability to cross state lines due to licensing restrictions,
  - Limited practitioner skill in use of technology-based ,
  - Lack of high-speed internet necessary to deliver services (especially in rural/remote areas)m

THE “RURAL PROBLEM”

- 90% of all Psychologists and 80% of clinical social workers currently reside in urban areas,
- Specialty behavioral health services in rural areas is often non-existent,
- Major and minor rural broadband access issues continue,
- Approximately 20 million rural Americans continue to lack access to high-speed broadband,
- Continued lack of access to services creates inequity between geographic locations.
  - Access issues often linked to insufficient broadband technology, limited practitioner tech-use skills,
  - Limits associated with State licensing,
  - Need for adequate hard- and software technology,
  - Limited access to technologists to repair, service, maintain systems.

(Mohatt, 2018)

About a quarter of rural Americans say access to high-speed internet is a major problem

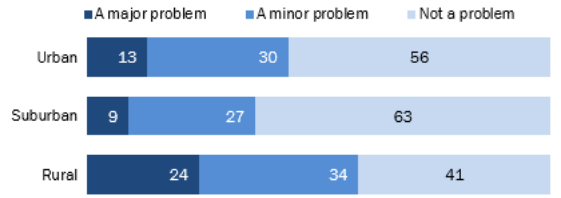
BY MONICA ANDERSON

(cienpies/iStock)

Fast, reliable internet service has become essential for everything from getting news to finding a job. But 24% of rural adults say access to high-speed internet is a major problem in their local community, according to a Pew Research Center survey conducted earlier this year. An additional 34% of rural residents see this as a minor problem, meaning that

Roughly one-in-four rural residents say access to high-speed internet is a major problem in their area

% of U.S. adults, by community type, who say access to high-speed internet is ___ in their local community

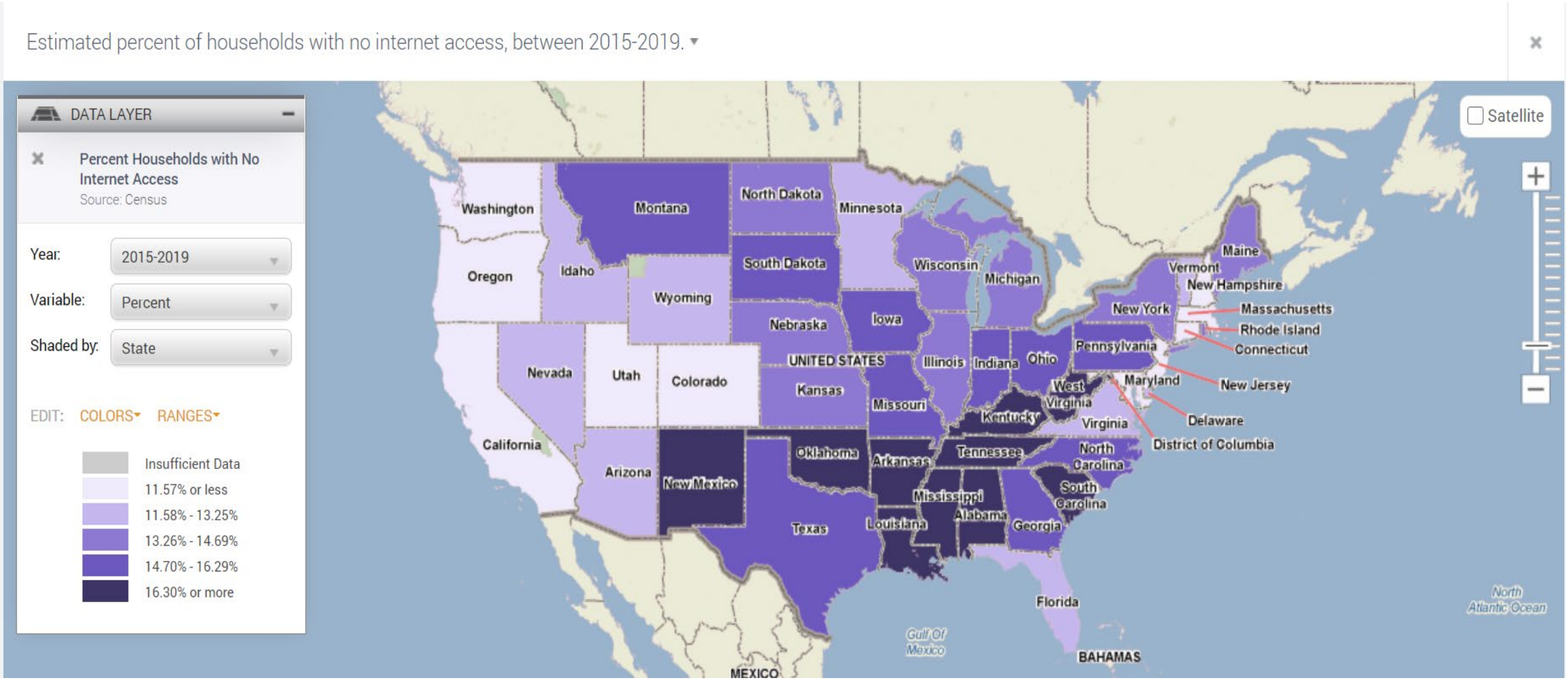


Note: Respondents who did not answer are not shown.
Source: Survey conducted Feb. 26-March 11, 2018.

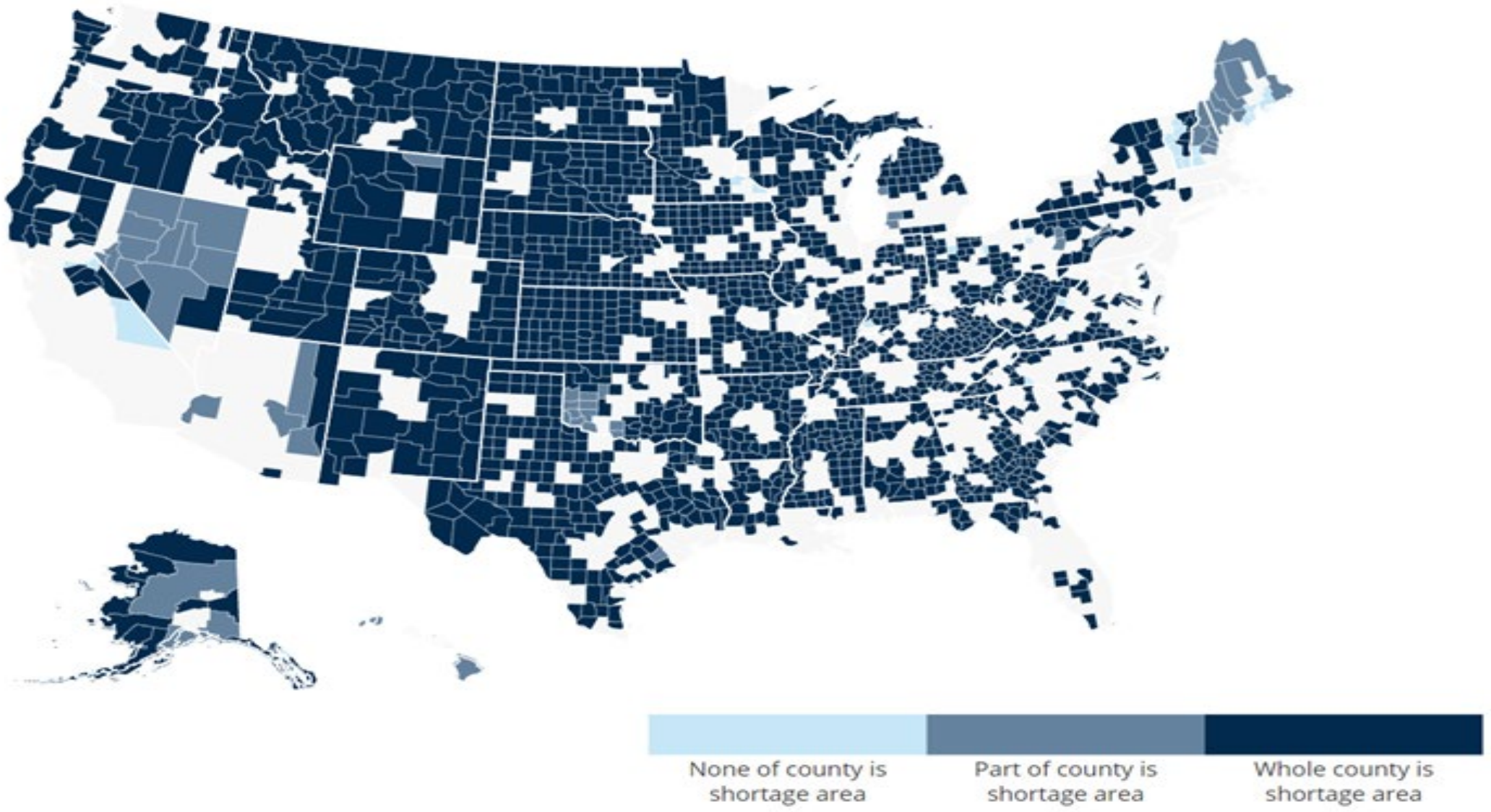
PEW RESEARCH CENTER

CURRENT LACK OF ANY ACCESS TO INTERNET BY STATE/PERCENT

MAP DEVELOPED BY P. MACKIE, 16 MARCH 2021 USING WWW.POLICYMAP.COM (NOTE: DATA CAN BE HARVESTED TO COUNTY, ZIP CODE, & CENSUS TRACT)

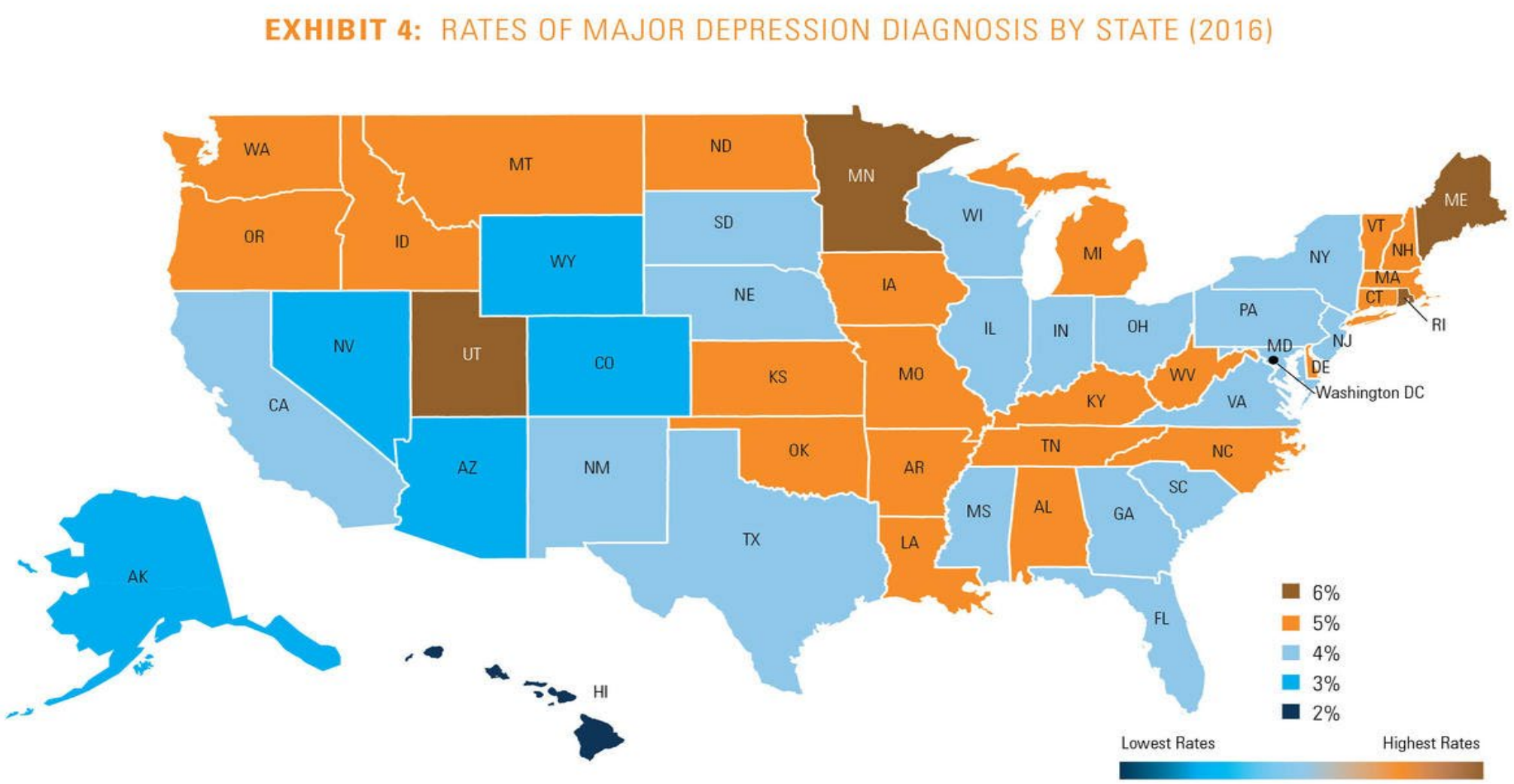


CURRENT NON-METRO COUNTY HEALTH SHORTAGE AREAS



Source: data.HRSA.gov, January 2021.

MAJOR DEPRESSION EXAMPLE (WELCH, 2018)



COVID ERA

Onset and throughout COVID Era

- Immediate need to provide access to behavioral health services remotely,
- Immediate need to allow for payment and reimbursement for online provided services,
- Immediate need for practitioners to “tool up” to provide services,
- Immediate need for State and Federal regulations to be adjusted to address crisis,

COVID ERA RESPONSES

EXAMPLE: MINNESOTA

HUMAN SERVICES

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Home › Partners and providers › Policies and procedures › Minnesota Health Care Programs › Provider › Provider types › Temporary coverage of telemedicine visits for Substance Use Disorder and Mental Health providers

Partners and providers

- Program overviews
- Policies and procedures
- eDocs library of forms and documents
- News, initiatives, reports, work groups
- Training and conferences
- Contact us
- Grants and RFPs
- Licensing
- IT systems and supports

Temporary coverage of telemedicine visits for Substance Use Disorder and Mental Health providers

Until further notice, Minnesota Health Care Programs (MHCP) is temporarily expanding coverage of telemedicine visits. In addition to the information on this page, see the Coronavirus (COVID-19) section of the MHCP Provider Manual.

- Substance Use Disorder (SUD)
- Mental Health
- Submitting telephonic telemedicine claims
- Providers who currently provide telemedicine services
- Frequently asked questions

MN: SUBSTANCE ABUSE & MENTAL HEALTH SPECIFIC

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⊕ Substance Use Disorder (SUD)

⊖ Mental Health

The modifications are effective Mar. 19, 2020, and increase access to mental health care and services via telemedicine, including:

- Expanding the definition of telemedicine to include telephone conversations so all providers who have a telemedicine agreement in place with DHS can serve patients through telephone visits. A Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) (PDF) is required if a telemedicine assurance statement has not been submitted in the past.
- Waiving the requirement that a provider's first visit with a patient be conducted face-to-face.
- Allowing a telemedicine visit (including telephone) to be provided according to the submitted assurance statement to meet the face-to-face requirement necessary to be eligible for payment under the encounter-based payment methods of Indian Health Services, 638 tribal providers, federally qualified health centers and rural health clinics.
- Waiving the cap on the number of telemedicine visits Medical Assistance or MinnesotaCare member can have

HOT OFF THE PRESS: MINNESOTA

Legislative information

News from DHS

News stories

State officials: Public health care program enrollees will benefit

February 23, 2021

Using telemedicine to ensure safe access to vital health care services during the COVID-19 pandemic has offered several advantages to public health care program enrollees and health care providers, advantages that should continue after the pandemic ends, a recent study indicates.

The department will present its report on telemedicine utilization during the COVID-19 pandemic at a House Health Finance and Policy hearing Tuesday, Feb. 23, at 3 p.m. Information about the hearing is available from the House of Representatives schedule.

Early in 2020, state and federal officials removed many limitations on telemedicine for people covered by Medical Assistance and MinnesotaCare. According to early findings on those policy changes in the Minnesota Department of Human Services Telemedicine Utilization Report, this resulted in:

- Improved attendance at appointments, with fewer no-shows and late arrivals.
- Easier access to treatment and involvement of patients' family members.
- Receipt of health care services that otherwise would have been skipped due to illness or fear of contracting COVID-19, travel distance, lack of transportation, providers not delivering services in in-person settings, or lack of care for children or older adult family members.
- Freed time for providers to treat more people by eliminating drive time between clinic sites.

"Using telemedicine to conduct medical and behavioral health appointments has ensured care for countless Minnesotans who otherwise would have gone without due to the pandemic," said Human Services Commissioner Jodi Harpstead. "The report makes it clear that our public health care program enrollees and providers see value in continuing to use it where it is safe and effective after the pandemic ends."

In his Fiscal Year 2022-23 proposed budget, Governor Tim Walz recommends permanent changes to state law that make telemedicine more easily available to public health care enrollees, including:

- Removing the current limit on the number of telemedicine visits per week.
- Expanding the types of providers allowed to deliver care via telemedicine.
- Clarifying that a person's home may serve as the originating site for covered services.
- Allowing real time, two-way interactive audio-and-visual telemedicine visits to satisfy face-to-face payment requirements for federally qualified health centers, rural health clinics, Indian Health Services, certain tribal clinics and Certified Community Behavioral Health Clinics.
- These changes provide greater flexibility to patients and make treatment services more accessible by eliminating the need to travel. Telemedicine options also increase the opportunities for patients to find culturally competent care that best meets their needs.

The state will continue to study the effectiveness of telemedicine as more complete data provides a fuller picture of its utilization during the pandemic and longer-term impacts on health outcomes.

EXAMPLE:

MICHIGAN

WWMT WEST MICHIGAN NEWS WEATHER CORONAVIRUS I-TEAM CHIME IN WATCH LIVE

Michigan nonprofits continue mental health support virtually during COVID-19 pandemic

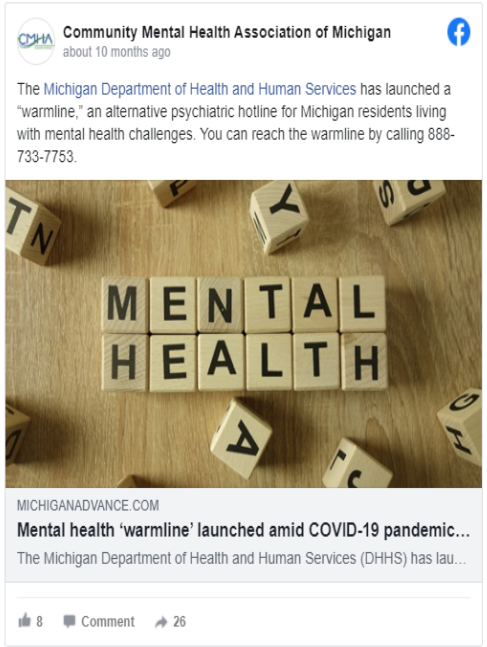
by Trisha McCauley | Newschannel 3 | Sunday, June 28th 2020

Michigan nonprofits continue mental health support virtually during the COVID-19 pandemic. (WWMT/File)

WWMT WEST MICHIGAN NEWS WEATHER CORONAVIRUS I-TEAM CHIME IN WATCH LIVE

At-home treatment

- Telehealth keeps caregivers and patients connected amid COVID-19 outbreak
- Blue Cross Blue Shield of Michigan launches at-home substance abuse treatment
- State of Mind: Mental healthcare providers turn to teletherapy during COVID-19 pandemic



Community Mental Health Association of Michigan CEO Robert Sheehan said a virtual

POST COVID ERA

This too shall pass, but then what?

- Will we revert back to normal? What does “normal” now mean?
- Pandemic exposed structural deficiencies, especially in rural.
- Responses to rural behavioral health via tech - now more available than anytime previously.

- Policy recommendations
  - Follow logic established by Electrification Act of 1936. See Internet as “basic infrastructure,”
  - FCC support for broadband access (UPDATE: See https://www.fcc.gov/broadbandbenefit)
  - Support recruitment, preparation, and retention of workforce through integration of technology,
  - Develop language allowing interstate services while respecting States’ licensing autonomy,
  - Create focal point position at federal level to oversee development, progress, and continuation of access,
  - Develop and maintain adequate funding and resources to continue support for technological advancements,
  - Make permanent State regulations enacted during pandemic through codification of law rather than executive order.
  - Identify and connect collaborative partnerships for funding and added value (HHS, SAMHSA, DOT, DOJ, USDA, FCC, etc.)

SUMMARY

- The COVID-19 pandemic exposed multiple areas of weakness and strength. What was previously considered “not doable” became commonplace.
- Public policy in the form of waivers and exceptions allowed access to services during the pandemic.
- These responses were necessary, and to expedite, done largely though executive order.
- Practitioners, policy makers, researchers, and administrators can now evaluate what worked, what didn’t.
- Temporary responses can be made more permanent through change of law.
- Areas to consider making changes: Rules governing licensing/jurisdiction, reimbursement.
- Support broad initiatives focused on treating high speed internet access as a basic service rather than market-based “luxury.”
- Seek collaborative opportunities across Federal & State agencies.
- Identify ways to support education and training for both developing providers and providing continued education.

SOURCES & ADDITIONAL READINGS

*Mapping the Digital Divide: Access to broadband compared to income at county level. The White House. https://esrifederal.maps.arcgis.com/apps/StorytellingSwipe/index.html?appid=bb31238b494041caa444b4d4a2fe0949

*geoISP. Broadband internet in the United States (by State). https://geoisp.com/us/

**www.policymap.com

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* = additional resource for continued learning (open access). **Interactive, fee access only.