Minority Fellowship Program Webinar
Utilizing Telebehavioral Health for Opioid Addiction Interventions

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Minority Fellowship Program Training
Webinar • March 25, 2020

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21st Century Health Care at the Technology Crossroads

Marlene M. Maheu, PhD
Executive Director
Telebehavioral Health Institute

Minority Fellowship Program Training
Webinar • March 25, 2020

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Information Presented Today

- The information offered in this presentation has been organized by Telebehavioral Health Institute for training purposes only.
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Telehealth Background

- Telehealth restrictions are changing rapidly, but practice fundamentals are the same
- The evidence base for telehealth is very strong – been building since the 1950's
- Telehealth started decades before the Internet
- Specialize telehealth protocols that maximize the legal and ethical uses of technology, including telehealth, are available for just about every disorder being treated
- Research and treatment protocols don't help anyone if they are not followed

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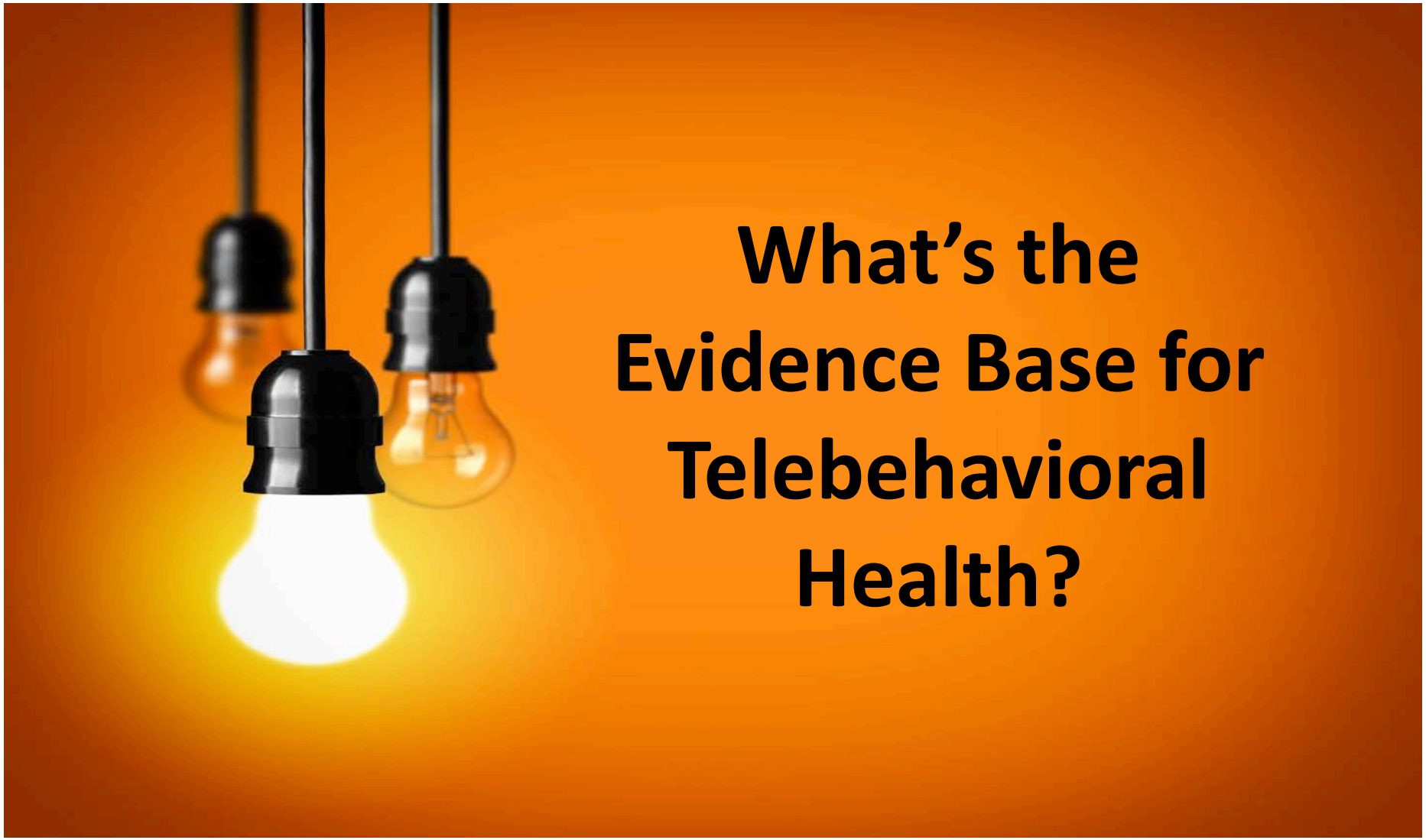
Evidence Base



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Evidence Base (con’t)

1. Key Studies, Clinical Reviews
2. Clinical Judgment
3. Client/Patient Preferences and Values

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Center For Connected Health Policy

CCHC is the federally funded organization focused on tracking US telehealth policy changes. Go to their search engine for state-by-state current and pending legislation, and to their blog for latest updates.

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Size of Telebehavioral Evidence Base

- More than 4,500 references used in the training at the Telebehavioral Health Institute (TBHI)
- Publicly available list of 1200+ searchable telebehavioral health references: telehealth.org/bibliography

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Video Teleconferencing (VTC) is Required for Most Telehealth Services

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H.R.6

Center for Connected Health Policy
The National Telehealth Policy Resource Center

Telehealth policies for all 50 states >

About CCHP | CCHP Projects | What is Telehealth? | Telehealth Policy | Resources

Home » Federal Legislation: HR 6 - SUPPORT for Patients and Communities Act

Federal Legislation: HR 6 - SUPPORT for Patients and Communities Act

Bill Number: H.R. 6

Title: SUPPORT for Patients and Communities Act

Sponsor: Rep. Walden (R-OR)

https://www.cchpca.org/

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H.R.6 Summary

Summary: HR 6 makes several changes to state Medicaid programs to address opioid and substance use disorder, as well as alters Medicare requirements to address opioid use. Among the changes, it would authorize Medicare beginning in 2020 to waive through rulemaking any of the geographic and originating site reimbursement restrictions for the treatment of an opioid use disorder or a mental health disorder that is co-occurring with an opioid use disorder under certain circumstances.

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H.R.6 Summary (con't)

Summary (cont.): Eligible services will be identified by the Secretary. Newly eligible facilities under this section would not qualify for the facility fee. The bill also requires the Secretary to submit a report to Congress within five years on the impact of any non-application of Medicare's telehealth requirements. The bill transfers $3,000,000 of CMS funds to remain available for purposes of carrying out the paragraph.

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SAMHSA Brief

In Brief: Rural Behavioral Health: Telehealth Challenges and Opportunities

This guide explores barriers to accessing substance use disorder and mental health treatment services in rural communities, and the benefits of telehealth for these communities. It assists practitioners with implementing telehealth technologies as a means to increase access to services.

Publication ID: SMA16-4989

Publication Date: November 2016

Format: Resource Guide

store.samhsa.gov/sites/default/files/d7/priv/sma16-4989.pdf

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Exhibit 1

Exhibit 1. Telehealth Across the Behavioral Health Continuum of Care[2,3,4,5,6]

Service	Telehealth Example
Assessment	Online substance use questionnaire
Treatment	Cognitive–behavioral therapy through videoconferencing
Medication management/ monitoring	Text message reminders to take medications as directed
Continuing care	Group chats for relapse prevention
Education	Webinars for clients and providers
Collaboration	Interactive video for consultation

store.samhsa.gov/sites/default/files/d7/priv/sma16-4989.pdf

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Agency for Healthcare Research and Quality Article

ahrq.gov/ncepcr/primary-care-research/opioids.html

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Opioid Use Disorder (OUD)

- Patients with OUDs face a substantially higher risk of early death. However, medication-assisted treatment (MAT) has been shown to reduce the risk of death by nearly 50 percent.
- MAT treatments can involve either methadone, naltrexone, or buprenorphine.
- Methadone requires strict prescription regulation as well as supervision when being administered
- Naltrexone's effectiveness is still being tested. Therefore, these therapies are not ideal for telehealth applications.
- Buprenorphine can help to bridge this gap and enable MAT access in rural areas to be increased.

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Opioid Use Disorder (OUD) (con't)

- While the requirement for clinicians to retain federal waivers for buprenorphine has relaxed in recent years, rural areas lack the number of prescribers necessary.
- Additionally, physicians who have retained the federal waiver consistently prescribe far less frequently than the legal limit.
- However, utilizing physicians in the same state that have retained their federal waivers would help open access to patients in rural areas to receive adequate MAT treatment, including through telehealth.

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Ryan Haight Act

- Limits the ability of prescribers to prescribe over state lines
- Drug Enforcement Administration (DEA) officially missed its deadline to submit its plans to Congress in late 2019
- Needs to announce a special registration process that would allow providers to prescribe controlled substances via telemedicine.
- The directive from Congress was passed in 2018; SUPPORT for Patients and Communities Act and was aimed at combatting the opioid crisis by increasing access to medication-assisted treatment (MAT).

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HB 6074

HB 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020.

- Grants certain powers to the Secretary of Health and Human Services to waive some of the telehealth limitations in Medicare.
- HB 6074 only addresses the barriers in Medicare. Millions of Americans do not receive their health care through the Medicare program and restrictions on the use of telehealth still exist for them.

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Basic Technology Options

- Video
- Telephone
- Email
- Text
- Apps
  - Wearables
  - Remote Patient Monitoring
  - More

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Technology for Treatment of Opioid Use Disorder

- **Videoconferencing** platforms that enabling addictions specialists and other behavioral health experts to deliver treatment, consultation and aftercare solutions nationwide
- **Digital messaging platforms** that allow care providers, family members, or peer support group members to deliver timely messages of **support**

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Technology for Treatment of Opioid Use Disorder (con't)

- **mHealth apps** that give users access to coping skills and care resources, peer support and on-demand access to caregivers in times of crisis
- **Apps and wearables** that measure **medication adherence** in medication assisted treatment (MAT) programs

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Legal and Ethical

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Do No Harm

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Licensed Behavioral Professionals in the US

- Addictions Professionals
- Behavior Analysts
- Behavioral Nurse Practitioners
- Counselors
- Marriage and Family Therapists
- Psychologists
- Psychiatric Nurses
- Psychiatrists
- Social workers

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6-2 Competency

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Principle VI: E-Therapy, E-Supervision, and Social Media ×

VI-1 Definition +

VI-2 Competency ×

Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings.

naadac.org/code-of-ethics

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Telebehavioral Health Competencies

Journal of Technology in Behavioral Science (2018) 3:108–140
https://doi.org/10.1007/s41347-018-0046-6

CORRECTION

Correction to: An Interprofessional Framework for Telebehavioral Health Competencies

Marlene M. Maheu[1] · Kenneth P. Drude[2] · Katherine M. Hertlein[3] · Ruth Lipschutz[4] · Karen Wall[5] · Donald M. Hilty[6]

Published online: 5 March 2018
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A Framework for Interprofessional Competencies [PDF Download]

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Boundaries of Competence

- Required Ethical Standard
  - Education
  - Training
  - Experience
  - Consultation
- Emotional reasoning vs competence
  - Example: Using Skype – many professionals use and ‘feel good” about using skype without understanding complexities

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Competencies

- Laws
- Regulations
- Ethical Standards
- Guidelines
- Training
- Professional Service Delivery

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CTiBS Interprofessional Framework for Telebehavioral Health Competencies

- 7 Domains
- 5 Subdomains
- 51 Telebehavioral Objectives
- 149 Telebehavioral Practices Across 3 Competency Levels (Novice, Proficient & Authority)

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CTiBS TBH Competency Domains

- Clinical
- Telepresence
- Technical
- mHealth
- Ethical & Evidence-Based
- Legal & Regulatory
- Practice Development

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Telebehavioral Objectives & Telebehavioral Practices

Domain and Subdomains are organized according to **competency level**

- Novice – advanced students, interns or residents
- Proficient – licensed professional, teaching faculty, supervisor
- Authority - advanced practitioner, specialist

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Certified Community Behavioral Health Clinics

Fundamental Telehealth/Telemedicine Considerations

All CCBHCs should consider the following issues, regardless of their state:

- What type of telehealth/telemedicine/telecommunications are reimbursable by the state (for example, interactive audio-visual, asynchronous, store and forward, remote patient monitoring)?
- For what services does the state permit telehealth/telemedicine delivery?
- Which providers does the state permit to deliver services via telehealth/telemedicine?
- Does the state limit where the consumer must be physically located and where the distant provider must be physically located?
- Are there state licensure restrictions related to the distant provider?
- Are there state or other credentialing restrictions related to the distant provider?
- Does the state permit facility, transmission, and/or other fees to be reimbursed?
- Does the state require someone to be in attendance at the originating site and, if so, is it reimbursed?
- Are there any prior authorization or other utilization controls that restrict telehealth/telemedicine use?
- What security and confidentiality restrictions does the state place specifically on telehealth/telemedicine?

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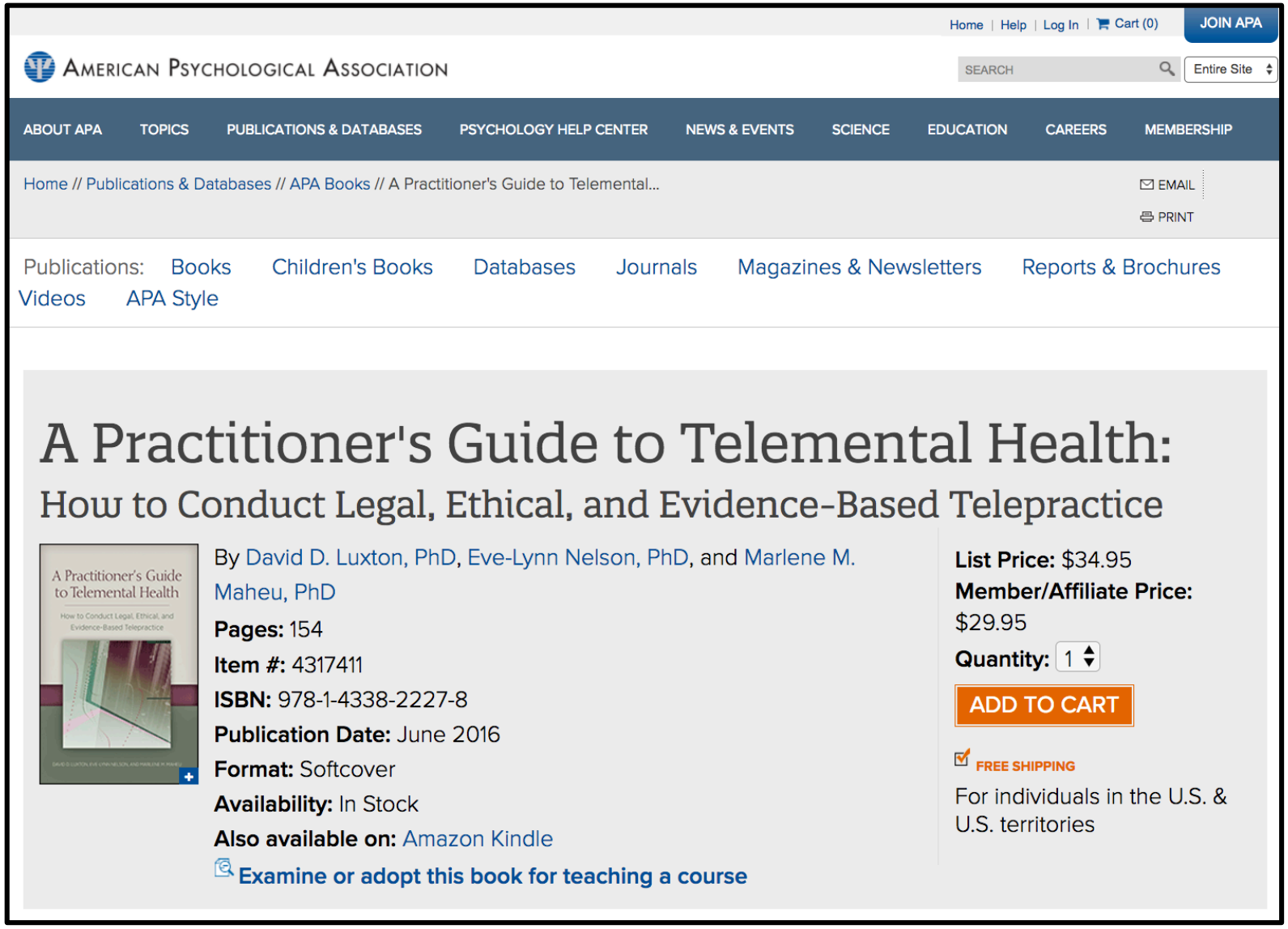
A Practitioner's Guide



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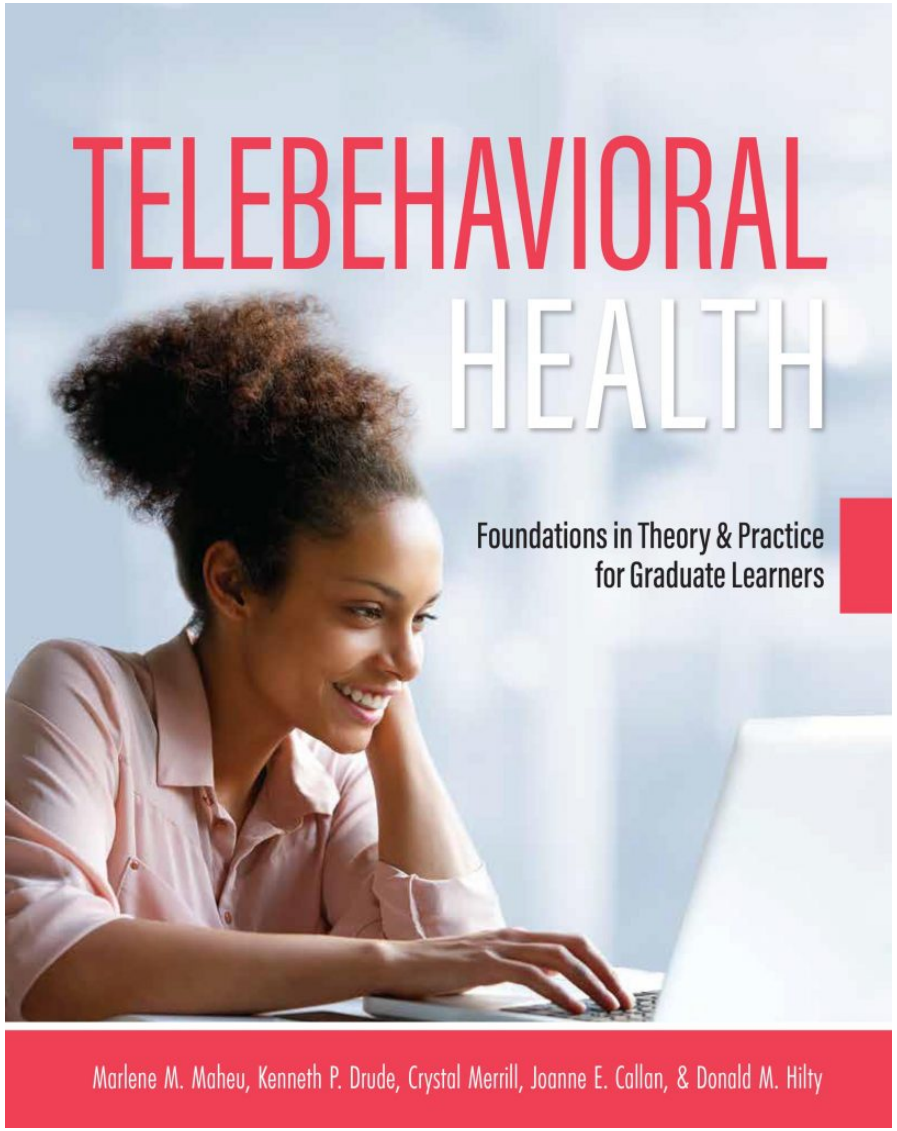
2020 Telebehavioral Health Textbook for Graduate Learners



Telebehavioral Health: Foundations in Theory and Practice for Graduate Learners provides detailed discussion of the Coalition for Behavioral Health (CTiBS) published telebehavioral health competencies

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Clinical Evaluation and Care (TBH Domain 1)

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Subdomain 1.A: Evaluation & Treatment

Telebehavioral **Objectives**

- Assesses for client/patient appropriateness for TBH services
- Assesses and monitors client/patient comfort with TBH
- Applies/adapts in-person clinical care requirements to TBH

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Adapt In-Person Assessment Strategies

- Gait Analysis
- Hygiene Check
- Eyes
- Decibel Level
- Sobriety
  - Mental Status
  - Orientation
- MAST
- Other…

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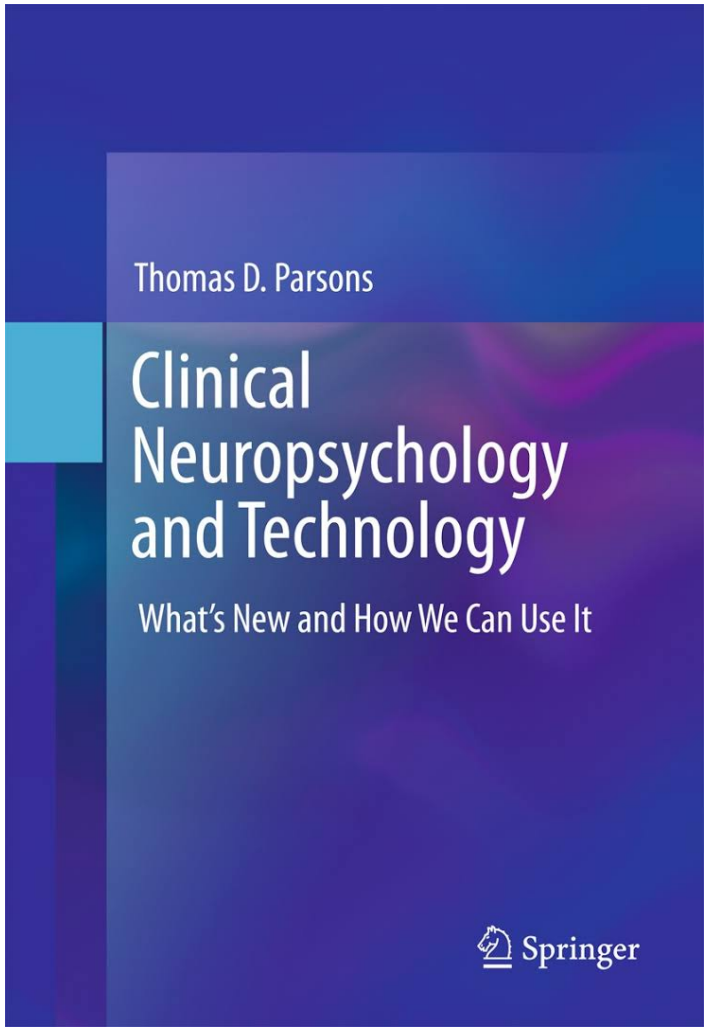
Different Tests



Summarizes a variety of evidence-based approaches to administering assessments via different technologies

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Intake Process Summary

- Conduct a formal intake
- No shortcuts
- Using video conferencing, identify geographic location, organizational culture, take full history, medications and medical conditions, mental status and stability, use of substances stressors, treatment history, support system, use of other technology, suicide/homicide intent
- Identify and document diagnosis if appropriate

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6-15 Missing Cues

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VI-15 Missing Cues ×

Addiction Professionals shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the counseling/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.

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Telephone

- Decide which types of issues to address / clients/patients to serve by telephone
- Look up and follow the guidance of leading researchers
- Look at the TBHI references/Google scholar
- Make sure studies have been replicated, outcomes are valid and that suggestions make sense, given your understanding of the issues

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Clinical Evaluation and Care (TBH Domain 1)

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Cultural Competence & Diversity (Subdomain 1.B)

Telebehavioral **Objectives**

- Assesses for **cultural factors** influencing care
- Ensures communication with a reasonable **language option**
- Creates a **climate that encourages reflection and discussion** of cultural issues in an ongoing manner

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Use Interpreters and Telehealth Consultants

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Clinical Evaluation and Care (TBH Domain 1)

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Informed Consent

- Legal Issue
- Ethical Issue
- Static vs. Dynamic

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Informed Consent Discussion VS Document

Represents a ”meeting of the minds”

- Information is influenced by many factors, including:
  - Client/Patient’s capacity for absorbing information
  - Time Limits
  - Clinician’s schedule

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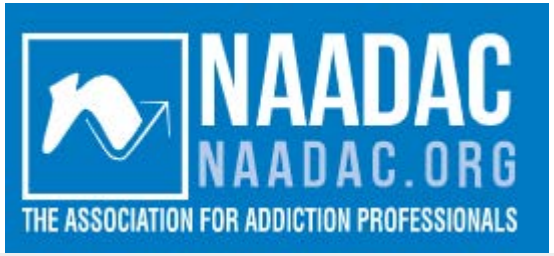
6-3 Informed Consent



VI-3 Informed Consent ×

Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.

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Opening Protocol & Documentation

- Identify yourself and your geographic location
- Ask your client/patient to do the same (as needed)
- Audio/video check (e.g. *Do you hear & see me clearly?)*
- *Is there anyone in your room or within ear-shot today?* (Agree on safety code words, signals or phrases)
- *Is there anything else I might notice and find of interest if I were in the same room with you today?*

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Legal and Regulatory Issues (TBH Domain 4)

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HIPAA, HITECH & Your State Law

- There are 27 common terms used in behavioral regulatory code.
- Data are “individually identifiable” if they include any of the 18 types of identifiers, listed on the next slide, for
  - an individual or
  - for the individual’s employer or
  - family member, or
  - if the provider or researcher is aware that the information could be used, either alone or in combination with other information, to identify an individual

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HIPAA Risk Assessment

- Video Chatting: Skype?
- HIPAA risk assessments give you a better understanding of the gaps that you currently have in your compliance program, so that you can build remediation plans to fix them.
- Audit of your practice to assess the status of your compliance
- Must be conducted “regularly”

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Practicing Over State & International Borders (6-6 Licensing Laws)

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VI-6 Licensing Laws

Addiction Professionals shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services.

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Inter-jurisdictional Practice

Safest Practice:

- Read latest updates issued by your Licensing Board
- Do not trust other people's comments – go to the source
- Provide services as permitted only
- Ask client/patient to attest to his or her location at every contact

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Duty to Report / Duty to Warn

- You are still a mandated reporter when you use telehealth
- Different for each state
- Need to contact the state where the client/patient is at the time of the contact
- SAMPLE: Child abuse regulation taken from California Business and Professionals Code
  - (v) Failing to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.
  - (w) Failing to comply with the elder and adult dependent abuse reporting requirements of Section 15630 of the Welfare and Institutions Code. CA Business and Professions Code Sections 4989.54 (cont.)

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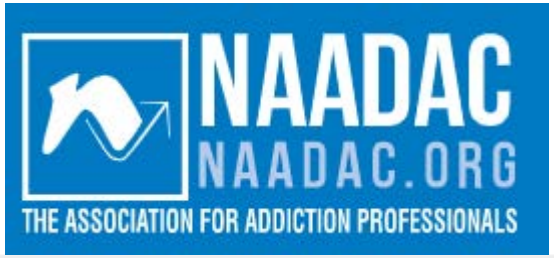
Apps (6-14 Capability)



VI-14 Capability

Addiction Professionals shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.

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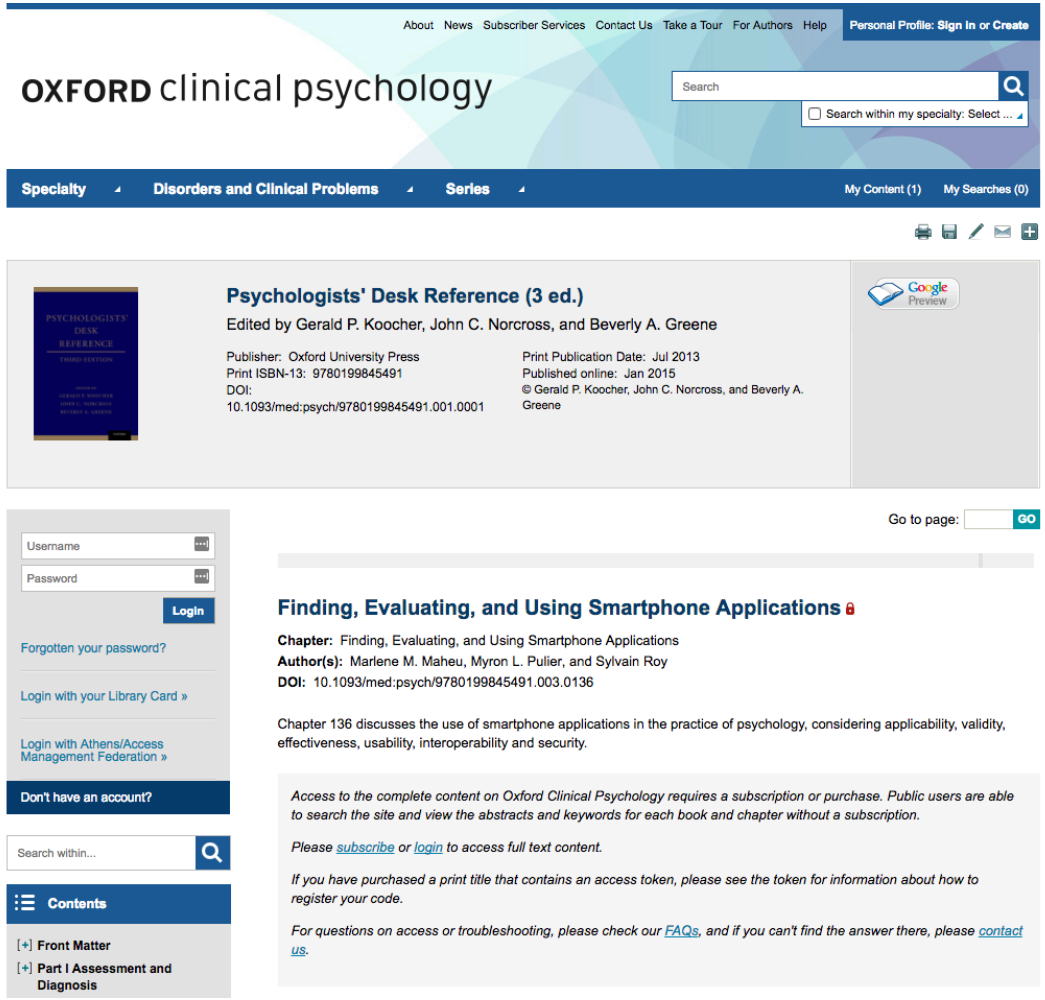
Finding, Evaluating and Using Smartphone Applications



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Choosing Apps

Identify 7 key principles to risk management for choosing apps

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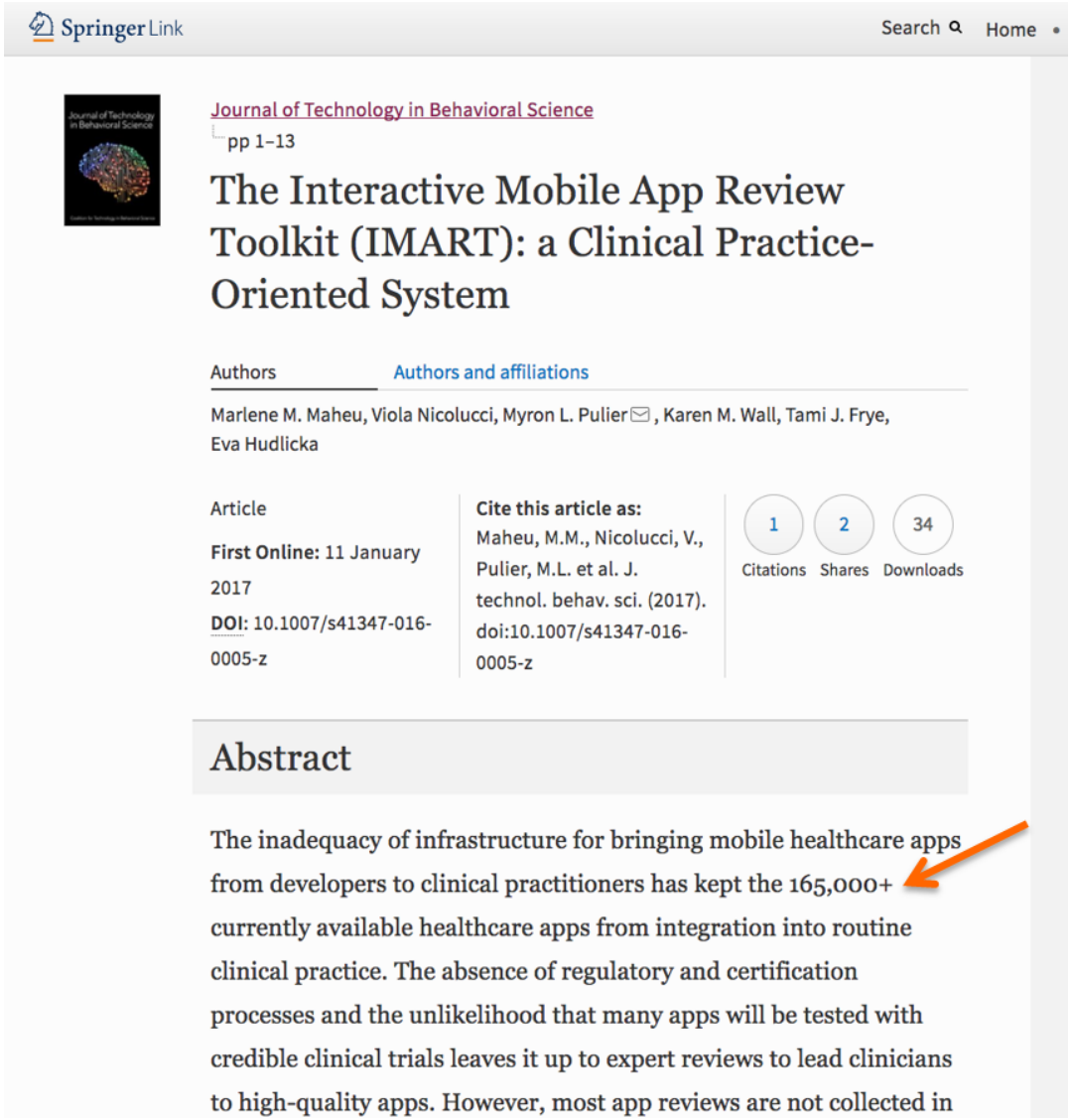
The Interactive Mobile App Review Toolkit (IMART)



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Journal of Technology in Behavioral Science
pp 1–13

The Interactive Mobile App Review Toolkit (IMART): a Clinical Practice-Oriented System

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Article

First Online: 11 January 2017

DOI: 10.1007/s41347-016-0005-z

Cite this article as: Maheu, M.M., Nicolucci, V., Pulier, M.L. et al. J. technol. behav. sci. (2017). doi:10.1007/s41347-016-0005-z

1 Citations 2 Shares 34 Downloads

Abstract

The inadequacy of infrastructure for bringing mobile healthcare apps from developers to clinical practitioners has kept the 165,000+ currently available healthcare apps from integration into routine clinical practice. The absence of regulatory and certification processes and the unlikelihood that many apps will be tested with credible clinical trials leaves it up to expert reviews to lead clinicians to high-quality apps. However, most app reviews are not collected in

IMAET facilitates an evidence-based approach for evaluating digital products for health and human welfare.

1. Applicability (Clinician therapeutic orientation)
2. Validity
3. Effectiveness
4. Usability
5. Interoperability
6. Security

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Mental Health Is Costliest Condition in the U.S.

- Mental disorders, including dementia, now top the list of medical conditions with the highest spending.
- Charles Roehrig, Director of the Center for Sustainable Health Spending at Altarum Institute in Ann Arbor, Michigan

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Most People Will Never See a Therapist

- Cost – Approximately $201 billion is spent on mental health annually. As more people age, increasing the prevalence of certain health conditions, such as dementia, is expected to push this figure higher, with accompanying calls for new management strategies.
- Artificial Intelligence?

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Safety Tips

- Most cell phones message are unencrypted
  - Encryption is required when transmitting any form of protected or Personal Health Information (PHI) via text messaging
  - Use an encryption program
- Download your text messages from your cell phone
- into your patient files
  - You can find software for this function online

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Big Data & Patient Monitoring

- Big Data: It's important to consider the interaction with and impact of big data.
- Remote Patient Monitoring:
  - Some apps can be used to track a person's health, including blood pressure.
  - Smart technology, such as apple watches, can be used with apps to monitor health.
- Sleep Tracker (Heart Rate Variability): Sleep tracker apps can be used to track heart rate.

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Directory of Products and Services

Telehealth Buyer's Guide

Products & Services

Create a listing in the Telehealth Buyer's Guide

Telebehavioral Health Institute offers you a complimentary **telehealth and technology buyer's guide** to **review listings and ratings for products and services**. Whether you are a healthcare professional seeking products or services or a vendor seeking to have your products and services listed in a directory, **you are likely to find what you need here.**

Buyer's Guide Listing Categories

- Associations (6)
- Attorneys (11)
- Audio Conferencing (1)
- Blogs (7)
- Books (4)
- Chronic Illness IT (9)
- Cloud Storage (10)
- Credit Card Processing (1)
- EHR – Electronic Health Records (13)
- Email (13)
- Email Dissemination (1)
- Employment (13)
- Finger Printing (1)
- Funding (5)
- HIPAA Compliance (2)
- Internet Fax (2)
- Interpreting (1)
- Light Therapy (1)
- Malpractice Insurance (1)
- Newsletters (9)
- Notary Services (1)
- Other (4)
- Patient Collaboration Tools (6)
- Professional Training (1)
- Security (e.g. HIPAA / PHIPA / PIPEDA) (1)
- Store-and-Forward Video (2)
- Summit/Conferences (2)
- Text Messaging (17)
- Video (45)
- Virtual Office Address (3)

https://telehealth.org/buyersguide/

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Text Messaging Study Results Summary

- Results of many studies show positive outcomes for using text messaging to deliver reminder messages in patients across diagnostic groups
- Research for interactive clinical exchanges is more sparse

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Text Messaging

- If you text your clients/patients, how do you address:
  - safety
  - confidentiality and the
  - lack of verbal and visual cues
- Which evidence-base are you referencing in your documentation?

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Boundaries of Competence

- Emotional reasoning doesn't count: "feeling good" about delivering a professional service and competence
- Example: emoticons :-)
  - The use of emoticons when texting is prohibited by some ethical standards.
  - The intent is to help maintain boundaries and avoid seeming overly familiar with clients/patients.
- Messages can reside on SIM card or in circuitry of the mobile phone

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Reimbursement

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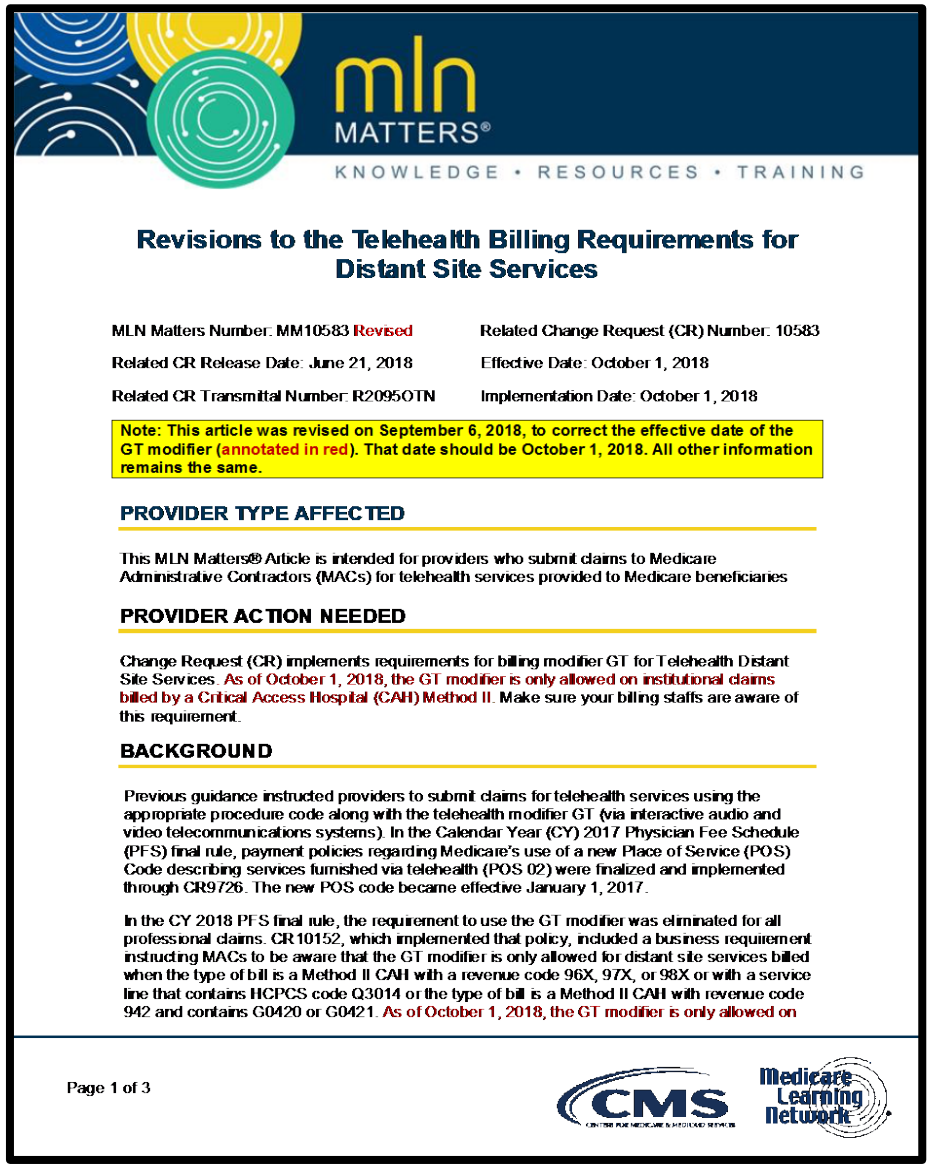
Telehealth CPT Code Modifiers



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Revisions to the Telehealth Billing Requirements for Distant Site Services

MLN Matters Number: MM10583 Revised | Related Change Request (CR) Number: 10583
Related CR Release Date: June 21, 2018 | Effective Date: October 1, 2018
Related CR Transmittal Number: R2095OTN | Implementation Date: October 1, 2018

Note: This article was revised on September 6, 2018, to correct the effective date of the GT modifier (annotated in red). That date should be October 1, 2018. All other information remains the same.

PROVIDER TYPE AFFECTED

This MLN Matters® Article is intended for providers who submit claims to Medicare Administrative Contractors (MACs) for telehealth services provided to Medicare beneficiaries

PROVIDER ACTION NEEDED

Change Request (CR) implements requirements for billing modifier GT for Telehealth Distant Site Services. As of October 1, 2018, the GT modifier is only allowed on institutional claims billed by a Critical Access Hospital (CAH) Method II. Make sure your billing staffs are aware of this requirement.

BACKGROUND

Previous guidance instructed providers to submit claims for telehealth services using the appropriate procedure code along with the telehealth modifier GT (via interactive audio and video telecommunications systems). In the Calendar Year (CY) 2017 Physician Fee Schedule (PFS) final rule, payment policies regarding Medicare's use of a new Place of Service (POS) Code describing services furnished via telehealth (POS 02) were finalized and implemented through CR9726. The new POS code became effective January 1, 2017.

In the CY 2018 PFS final rule, the requirement to use the GT modifier was eliminated for all professional claims. CR10152, which implemented that policy, included a business requirement instructing MACs to be aware that the GT modifier is only allowed for distant site services billed when the type of bill is a Method II CAH with a revenue code 96X, 97X, or 98X or with a service line that contains HCPCS code Q3014 or the type of bill is a Method II CAH with revenue code 942 and contains G0420 or G0421. As of October 1, 2018, the GT modifier is only allowed on

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CMS | Medicare Learning Network

- "95" In modifier code box next to your CPT code
- "02" Place of Service (POC)

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2020

- Starting calendar year 2020, CMS approved HCPCS codes GYYY1, GYYY2 and GYYY3 for telehealth treatment of OUD for Medicare
- Describe a bundled episode of care for treatment of opioid use disorders
- Includes overall management, care coordination, individual and group psychotherapy and substance use counseling

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Thank You, Contact, Questions

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Resources

- Telebehavioral Health Institute for Professional training with CME or CE hours telehealth.org
- The National Consortium of Telehealth Resource Centers telehealthresourcecenter.org
- SAMHSA: In Brief: Rural Behavioral Health: Telehealth Challenges and Opportunities
- HHS OCR Announces Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency
- CMS Medicare Telemedicine Health Care Provider Fact Sheet
- Center for Connected Health Policy cchpca.org
- CDC COVID-19 Updates coronavirus.gov

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Thank You

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

If you have questions or need additional information about this or other webinars

Contact the Minority Fellowship Program Coordinating Center: MFPCC@mayatech.com

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