Telehealth: Disparities In Access & the Digital Divide

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Introduction: What is Telehealth?

Telehealth vs. Telemedicine

- **Telemedicine:** The use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. (American Telemedicine Association (ATA))
- **Telehealth:** The use of telecommunications technologies to deliver health-related services and information that support patient care, administrative activities, and health education" (Agency for Healthcare Research and Quality (AHRQ))

Telehealth Expansion due to COVID-19

- Amid vaccination efforts, quarantine and telehealth became the forefront of transmission prevention
  - "Between March 2nd and April 14th 2020, telehealth visits increased from 102.4 daily to 801.6 daily."
    - **683%** increase
- COVID-19 has set a new precedent for telehealth in our healthcare system.
  - U.S. insurers have quickly expanded coverage to include all telehealth visit types
  - States relaxed licensure requirements for care delivered across state boundaries.
  - At the onset of the pandemic, in person visits declined by almost 80%.

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Barriers to Vulnerable Populations Receiving Quality Telehealth Services (The Digital Divide)

Examples of vulnerable and underserved populations

- People ages 65 and older (More than 41% of Medicare patients lack access to a desktop or laptop computer with a high-speed internet connection at home, (Roberts, Mehrotra, 2020).
- People living with a moderate to severe mental health disorders
- People living with a developmental disability
- People who are considered low-income or living in poverty based on the federal poverty level (Medicaid eligible patients)
- People who live in urban or rural settings
- People experiencing homelessness
- People who are uninsured or undocumented

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Barriers to Vulnerable Populations Receiving Quality Telehealth Services (The Digital Divide)

Barriers & challenges to receiving quality care

- Absence of technology and a lack of reliable internet service (less than 60% of low-income households have access to broadband internet or a computer device (Velasquez, Mehrotra, 2020).
- Lack of digital literacy (unable to comprehend how to use a computer and other digital devices properly).
- Physical and or psychological impairments may bring difficulties in navigating technological devices (e.g. even with the support of hearing aide, the patient's hearing impairment may prevent them from hearing the provider clearly).
- Language barriers (access to language interpretation services may be limited).
- Clinicians may not be able to provide or be reimbursed for some virtual visits. The effectiveness of telehealth care delivery may be impaired.
- Inability for the patient to measure the providers qualification or level of attention during the visit. When building provider trust, some people like to "see" and "touch" the provider.

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Dr. Charles Smith, Ph.D., Region 8 Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA)

- Licensed Psychologist with over 20 years of clinical experience in fields of forensic/correctional psychology, emergency/crisis intervention, rehabilitation counseling, methadone maintenance, consultation, and supervision.
- Served as the Director of the Division of Behavioral Health, Colorado Department of Human Services
- Served as Deputy Commissioner of Mental Health and Substance Abuse for the State of Colorado
- Extensive experience developing, leading, and assessing Colorado's behavioral health programs

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Telehealth: Understanding Disparities, Health/Mental Health, and Rural Health

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U.S. Department of Health and Human Services

Metro State University
Department of Social Work
January 26, 2021

SAMHSA
Substance Abuse and Mental Health Services Administration

Mental Illness and Substance Use Disorders in America

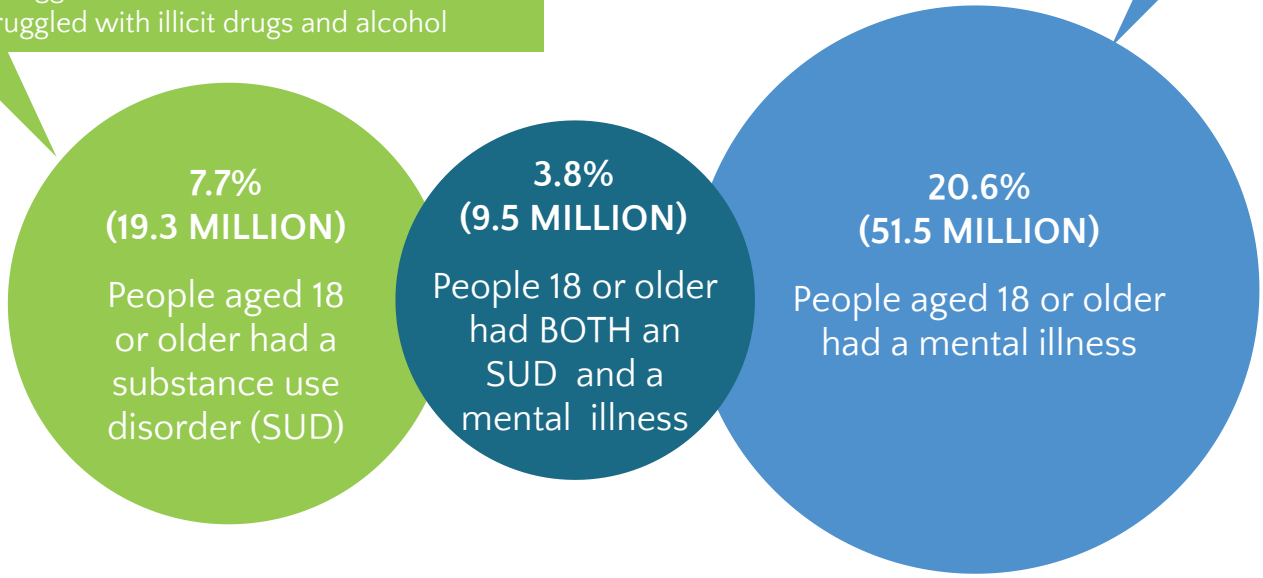
PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:

2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
3 IN 4 (73.1% or 14.1M) struggled with alcohol use
1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

Among those with a mental illness:

1 IN 4 (25.5% or 13.1M) had a serious mental illness



In 2019, **61.2M** Americans had a mental illness and/or substance use disorder, an increase of 5.9% over 2018 composed entirely of increases in mental illness.

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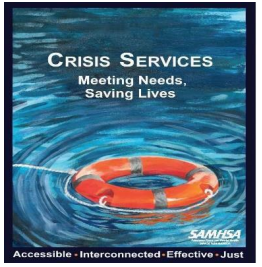
Behavioral Health System of Care

- Health Promotion / Prevention
- Urgent / Crisis Care
- Primary Care
- Specialty Care
- Rehabilitation / Recovery Support



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Behavioral Health Technology is Not New

- Health Promotion/Prevention
  - Digital/Media Health Messaging
  - Digital Mood Apps
  - Mantherapy.org
  - You@College
  - Treatment Locators/Drug Take Back
- Crisis Services
  - Virtual Co-Responder Programs
  - ODMaps (Overdose Geo-location)
- Primary/Specialty Care
  - Remote BH Assessment
  - Telemedicine/Telehealth
  - Client Care Management
  - Psycho-education
  - E-Therapy
- Recovery Support Services
  - Social Media/Facebook Groups
  - AA/NA Sponsor App (VA)
  - Virtual Clubhouses & Recovery Support Programs
  - Sober Entertainment
- Workforce Training & Support
  - Virtual Supervision
  - Specialized training programs

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Behavioral Health and COVID-19

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COVID19 Behavioral Health Impacts

- Increased in crisis calls related to suicide and domestic abuse
  - SAMHSA Disaster Distress Hotline and other Helplines: ~900% increase
- Increased BH Crises
  - ER visits due to BH crises and children treated for injuries related to abuse;
  - Increased rates of suicide attempts, completed suicides, and overdose deaths;
- Increased demand for BH Treatment:
  - 52% of member organizations are seeing an increase in demand for their services, (“on demand care”)
  - Insufficient inpatient BH bed capacity
  - Insufficient workforce to meet demand
- Significant impact on BH Workforce
  - Stressed and strained healthcare workforce; feeling of helplessness, frustration, “Burnout”
  - Inability to serve people due to lockdowns, distancing, and isolation/quarantine orders
  - Lack of support/payment for patient services
  - Lack of PPE, rapid access to testing, exposure to illness; stigma – personal/family safety vs patients
  - Loss of colleagues

*CMHC agency survey conducted by the National Council, (11/2020)

SAMHSA National Action Plan - COVID

PUBLIC

- PSA: Tips for Social Distancing, Quarantine,& Isolation; COVID Wallet Card
- Work with FEMA: CCP
- Disaster Distress Helpline/ Suicide Prevention Lifeline /National Helpline
- Messaging: Importance of staying connected

SMI/SUD

- Treatment locators
- *Telehealth (phone and video): CMS approved billable
- HIPAA and 42 CFR Part 2 rules relaxed due to privacy Medical Emergency Allowance
- OUD/OTP/MAT assistance
- Recovery resources and $

WORKFORCE

- National network of Addiction, Mental Health, and Prevention Technology Transfer Centers
- Opioid Response Network
- Provider Clinical Support System
- SMI-Advisor
- Free trainings and resources

www.SAMHSA.GOV/coronavirus

BIG Tele-Behavioral Health Pivot

Opportunities

- Most BH agencies pivoted to telehealth
- Increased funding/policy flexibilities (Medicare, Medicaid, Commercial Ins.)
- Increased services provision (Dx Eval, MAT, O/P,Diversion Courts, Recovery)
- Reduced no-show rates
- Increased follow-up visits
- Increased treatment adherence
- Patient satisfaction
- Increased pre-service and CE training
- Increased technical assistance/innovation

Challenges

- Limited access / bandwidth / equipment
- Limited data plans
- Clinicians providing tech support
- Provider discomfort/patient discomfort
- Lack of training
- Low/unequal reimbursement
- Limited technology infrastructure
- Not applicable to for all programs: IOP, Partial Hospital, ACT, AOT, Inpatient, Therapeutic Community, etc.(Hybrid)

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Technology as a Force Multiplier

- Increase **Access**
- Improve **Efficacy**
- Enhance **Engagement**

What types of technology can help?

National Mental Health Innovation Center
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

- Augment prevention, assessment, treatment & recovery
- Personalization is important
- Understand barriers
- Community partners

National Mental Health Innovation Center
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

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PREVENTION

TRIPP

National Mental Health Innovation Center

RECOVERY

Smoking Cessation

Mindcotine

https://www.mindcotine.com/

Goldenhersch et al., 2019

National Mental Health Innovation Center

ASSESSMENT

National Mental Health Innovation Center

TREATMENT

EXPOSURE THERAPY

- -Cost-effective approach
- - Increase engagement and simulate real-life experiences
- - Can be used in mental health and substance use disorders

National Mental Health Innovation Center

https://ovrhealth.com/

Freeman et al., 2018

Workforce Training,
Education, & Supervision

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Region 8 Behavioral Health Technology Summit – 10/29/2020

"Technology, Well-Being, and Behavioral Health" (Benjamin Miller, PsyD, Chief Strategy Officer, Well-being Trust)

"To infinity and beyond: COVID, Technology and the Future of Psychiatry" (Jay Shore, MD, MPH, Department of Psychiatry and Family Medicine, CU-Anschutz

Behavioral Health Promotion/Prevention and Technology

- You@College/ManTherapy (Joe Conrad, CEO & Nathaan Demers, PsyD, Grit Digital Health)
- OpiSafe (Robert Valuck, PharmD, CEO, OpiSafe)

Behavioral Health Treatment and Technology

- Virtual Reality and Behavioral Health Treatment (Debbie Boeldt, PhD, Deputy Director, Mental Health Innovation Center, CU-Anschutz)
- Mobile Crisis Technology (Travis Parker, M.S., Program Area Director, Policy Research Associates)
- Breaking Free App (Lacey Berumen, PhD, Behavioral Science Director, TRACKTech, Inc.

Behavioral Health Recovery Support and Technology

- Virtual Recovery Support Services - Rod Rushing, CACIII RCP CFPS, CEO, Embark/PCA Colorado
- Psychiatric Advanced Directives App - Larry Wall, Jr., Co-Founder and CEO, mTreatment.net

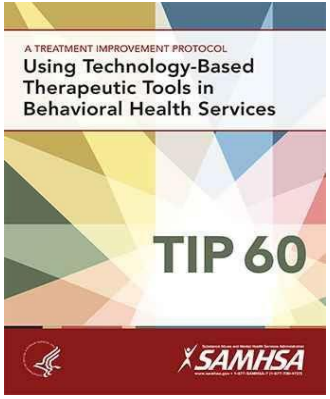
Behavioral Health Workforce and Technology

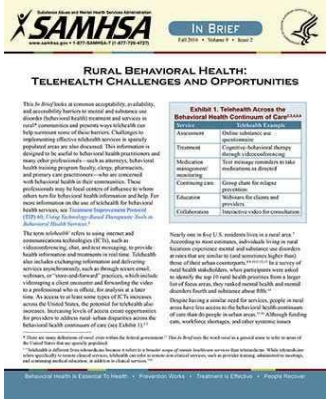
- Provider Training & Education - Don Hilty, MD, Northern California Veterans Administration, Health Care System and Department of Psychiatry and Behavioral Sciences, UC-Davis & Nancy Roget, Co-Director, Mountain Plains ATTC/Executive Director, CASAT, University of Nevada-Reno

Speakers Panel: Imprinting BH Technology in Region

- Moderator: Karmen Hanson, MA, Program Director, National Conference of State Legislatures
- Panel: Charles Severance-Medaris (NCSL); Nancy Roget; Lacey Berumen; Nathaan Demers, Rod Rushing, Rob Valuck, Debbie Boeldt,

Federal /National Telehealth Resources





HHS Office of National Coordinator for Health Information Technology

SAMHSA TTCs

Center for Connected Health Policy

American Telehealth Association

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA Southeast MHTTC

Southeast Mental Health Data: Tele-Health Impact

Publication Date: January 12, 2021

Developed By: Southeast MHTTC

VIEW RESOURCE

MHP RS ACS

Potential Impact of Tele-Health on Mental Health Care Access for Entire U.S.

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Substance Abuse and Mental Health Services Administration

Thank You!

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www.samhsa.gov
1-877-SAMHSA-7 (1-877-726-4727)

Findtreatment.samhsa.gov
1-800-487-4889 (TDD)

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Parker Sternbergh, MHA, LCSW-BACS

- Serves as the Director of the Porter Cason Institute and Center for Life Long Learning at the Tulane School of Social Work.
- Ms. Sternbergh has worked in private clinical practice, agency and community macro setting.
- Sternbergh's current projects and areas of research focus on addiction, family trauma, homeless youths, and children in the juvenile justice and foster care systems.

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Q&A

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