Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Overview of Telebehavioral Health

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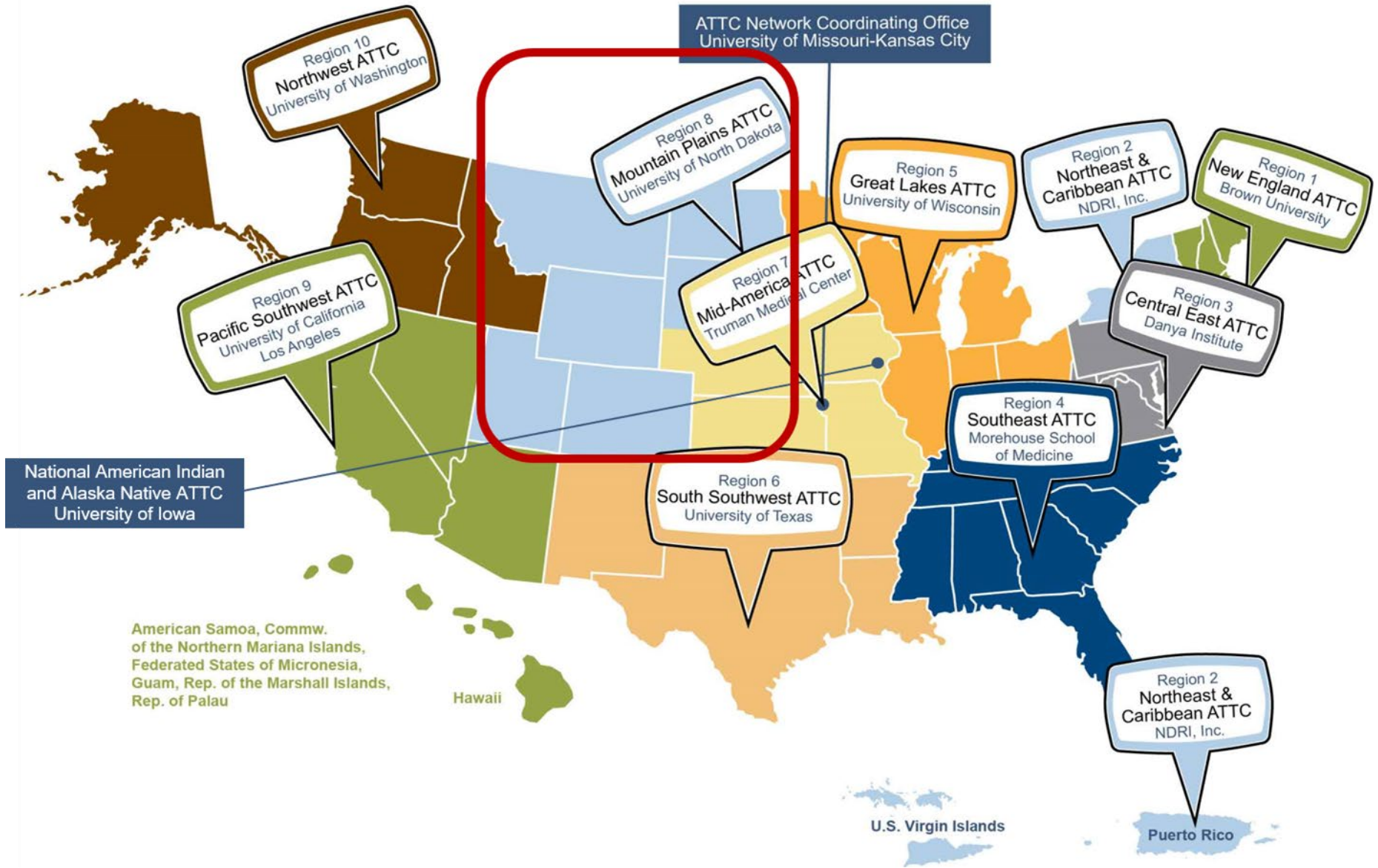
Telehealth

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

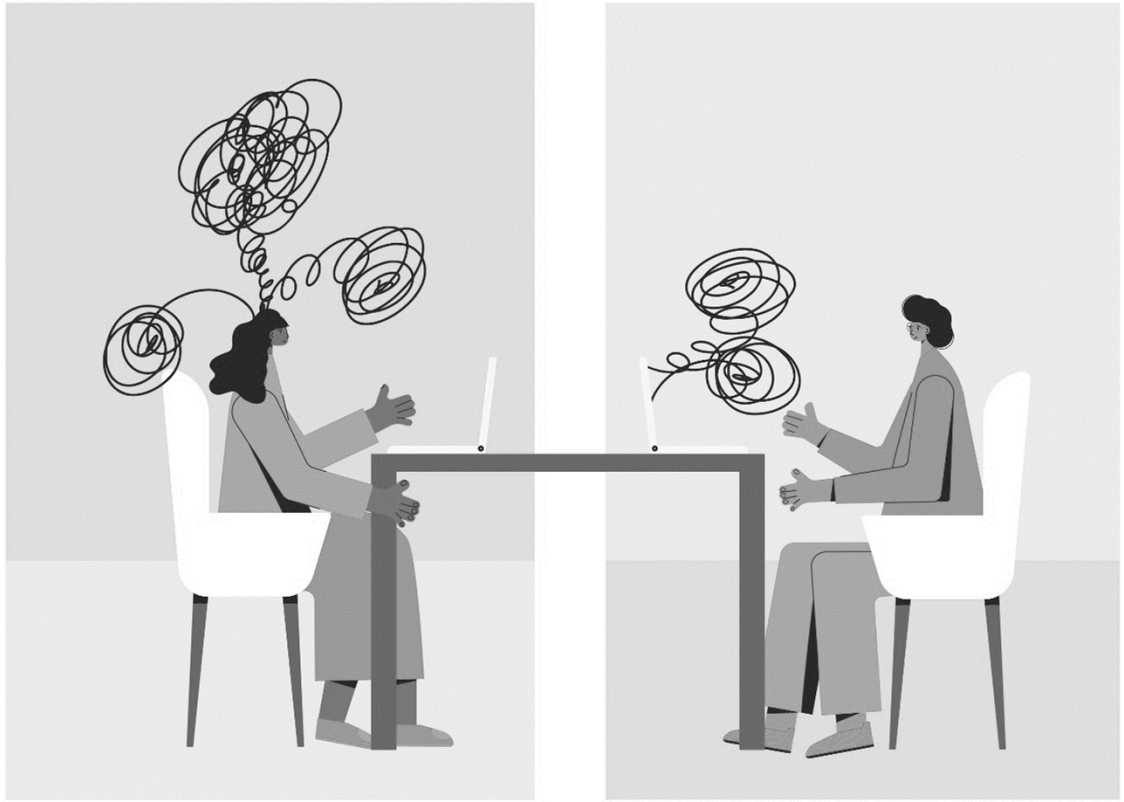
Domestic ATTC Network



Presentation Outline

- Uptake of Telebehavioral Health
- Research-base for Telebehavioral Health
    - Mental Health Services
    - SUD Treatment Services
    - Findings from Systematic Reviews
- Clients/Patients and Telebehavioral Health
- Clinicians and Telebehavioral Health
- Guidelines for Telebehavioral Health
- Telebehavioral Health Tips for Providers
- Lessons Learned from Telebehavioral Health Practitioner
- Resources
- Looking to the Future- Post Public Health Emergency

Making the case…..



Telebehavioral health in the form of synchronous (LIVE) video and audio is effective, well received, and a standard way to practice.

Hilty et al., 2017

The onset of the COVID-19 Pandemic

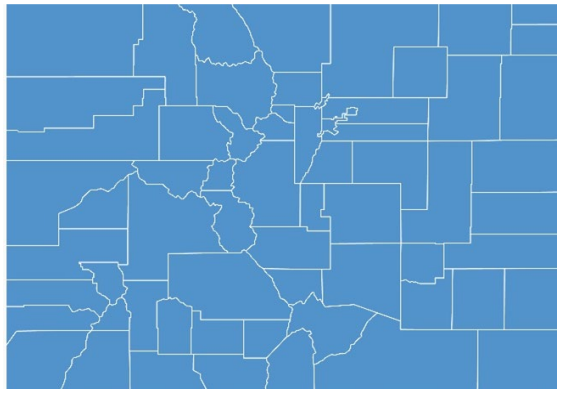
Rapid Virtualization of Behavioral Health Services

Shore, 2020

Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of COVID-19 Pandemic

- Prior to the pandemic, about **9%** of patient interactions for the surveyed practitioners was via telehealth; however, telehealth interactions increased to **51%** during the quarantine and is expected to be **21%** after the pandemic.
  (IQVIA, April 24 & May 8 2020)
- Nearly half **(43.5%)** of Medicare primary care visits were provided via telehealth in April, compared with less than one percent before the PHE in February **(0.1%)**.
- **1.28 million telehealth visits per week**
- Providers in rural counties had smaller increases in Medicare primary care telehealth visits compared with providers in urban areas who had much greater use of telehealth visits early in the PHE.

Bosworth et al., 2020 https://aspe.hhs.gov/system/files/pdf/263866/HP_IssueBrief_MedicareTelehealth_final7.29.20.pdf



Colorado Data Compared to Other States

Bosworth et al., 2020 https://aspe.hhs.gov/system/files/pdf/263866/HP_IssueBrief_MedicareTelehealth_final7.29.20.pdf

	February		April	
	Total Primary Care Visits	Percent Telehealth	Total Primary Care Visits	Percent Telehealth
Colorado (23rd)	220,314	0.1%	112,396	33.5%
Massachusetts (1st)	525,988	0.0%	346,745	69.7%
Minnesota (7th)	230,110	0.1%	125,352	54.3%
Nebraska (52nd)	143,735	0.0%	74,109	22.4%

Interest in Telebehavioral Health has Grown

platform
science
analysis
knowledge
sharing
abstract
education
sample
system
technology
development
product
industry
research
web
resources
information
validity
protocol
examine
experiment
indexing
control
quest
innovation
review
group
publish
design
discovery
literature
testing
case
authentication
hypothesis
study
database
quality
evidence
trial
assurance
instrument
methodology
work
subject
exchanging
practice
investigation
observation
criteria
survey
problem
results
conclusion
data
finding
placebo

‘The research base for telemental health-related interventions (videoconferencing) is more than 60 years old’

1959 – University of Nebraska began using videoconferencing for education, research, consultation, and treatment.

The telemedicine clinic at Boston’s Logan airport in the 1960s enabled health-care providers to share information on patients with providers at Massachusetts General Hospital.

Chakrabarti, 2015; https://irp.nih.gov/catalyst/v24i4/nlm-workshop-images-and-texts-in-medical-history

References that Show the Evidence for Videoconferencing

Hubley, S., Lynch, S.B., Schneck, C., Thomas, M., & Shore, J. (2016). Review of key telepsychiatry outcomes. *World Journal of Psychiatry*, *6*(2), 269.

Hilty, D.M., Ferrer, D.C., Parish, M.B., Johnston, B., Callahan, E.J., & Yellowlees, P.M. (2013). The effectiveness of telemental health: A 2013 review. *Telemedicine and e-Health*, *19*(6), 444-454.

Benavides-Vaello, S., Strode, A., & Sheeran, B.C. (2013). Using technology in the delivery of mental health and substance abuse treatment in rural communities: A review. *The Journal of Behavioral Health Services & Research*, *40*(1), 111-120.

Hilty, D.M., Sunderji, N., Suo, S., Chan, S., & McCarron, R.M. (2018). Telepsychiatry and other technologies for integrated care: Evidence base, best practice models and competencies. *International Review of Psychiatry, 30(*6), 292-309.

Bashshur, R.L., Shannon, G.W., Bashshur, N., & Yellowlees, P.M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and e-Health*, *22*(2), 87-113.

Videoconferencing Studies in SUD Treatment

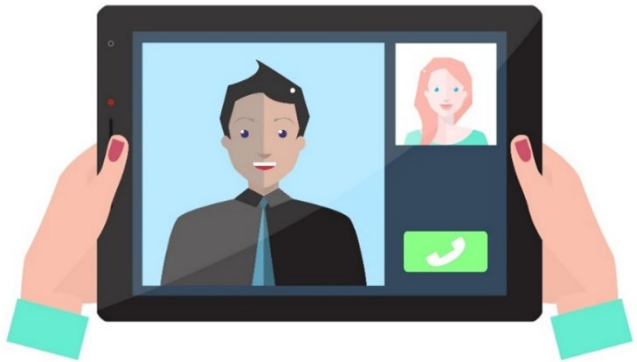
- **Opioid Treatment-group counseling** (King et al., 2009 & 2014)
- **Opioid Treatment** (Eibl et al., 2017)
- **Opioid Treatment** (Zheng et al., 2017)
- **Opioid Treatment** (Chang et al., 2018)
- **Opioid Treatment** (Weintraub et al., 2018)
- **Alcohol Treatment** (Postel et al., 2005)
- **Alcohol Treatment** (Frueh et al., 2005)
- **Alcohol Treatment** (Baca & Manuel et al., 2007)
- **Alcohol Treatment** (Staton-Tindall et al., 2014)
- **Alcohol Treatment** (De Leo et al., 2014)

Backhaus et al., 2012; Batastini et al., 2016; Lin et al., 2019

Telebehavioral Health in Justice Settings

Recent Findings from Meta -analysis by Batastini & Colleagues, 2015, p.27

- ***'Being physically present in the room with a client does not appear to be a necessary therapeutic component for gathering adequate clinical information or producing desired treatment effects.***
- ***The use of videoconferencing alone does not seem to inhibit clients' willingness to participate and engage in services.***
- ***'Future research will support that telehealth is an effective modality for reaching underserved populations.'***



Systematic Review of Videoconferencing Found:

Ease of Use

Improved Outcomes/ Communication

Medication Adherence

Missed Appointments

Wait-times

Re-admissions

Patient Travel-time

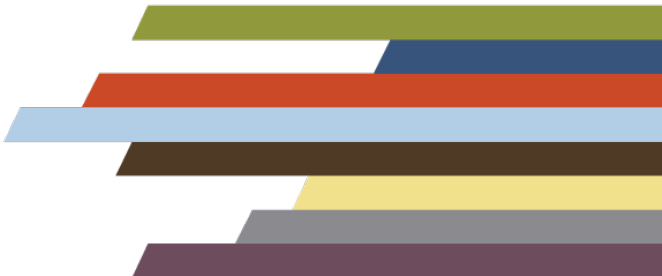
Kruse et al., 2017

Telebehavioral health is not more expensive than face-to-face delivery of mental health services and telebehavioral health is actually more cost-effective in the majority of studies reviewed.

Patient Appropriateness for Videoconferencing

To date, no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing.

Day, 2002; O'Reilly et al., 2007; Ruskin et al., 2004; Germain et al., 2010; Hyler et al., 2005; Kroenke et al., 2009



Before providing telebehavioral health services clinicians should consider a patient's:

- cognitive capacity
- history of cooperativeness with treatment professionals
- history of violence or self-injurious behavior along with access to emergency medical services
- support system and its efficacy
- current medical status

Shore (2020) considered it an essential practice that clinicians assess patients' comfort level with telebehavioral health on a regular basis regarding clinical issues and changes in condition, and living arrangements.

For some patients, services delivered via telebehavioral health provide

- Feelings of safety and control (those with trauma- or anxiety-related diagnoses)
- While for others the sense of ‘emotional or virtual distance’ experienced with telebehavioral health can at times be off-putting

Shore, 2020

Videoconferencing with American Indians

Shore (2012) reported that many American Indian women with histories of PTSD and domestic violence say it's easier to begin working with an unknown provider over video because the distance facilitates a feeling of safety

High levels of patient satisfaction

are the most consistently reported finding

All patient populations (children, adolescents, seniors, minority populations, and individuals in the justice systems) report satisfaction

Chakrabarti, 2015

Virtual Group Counseling

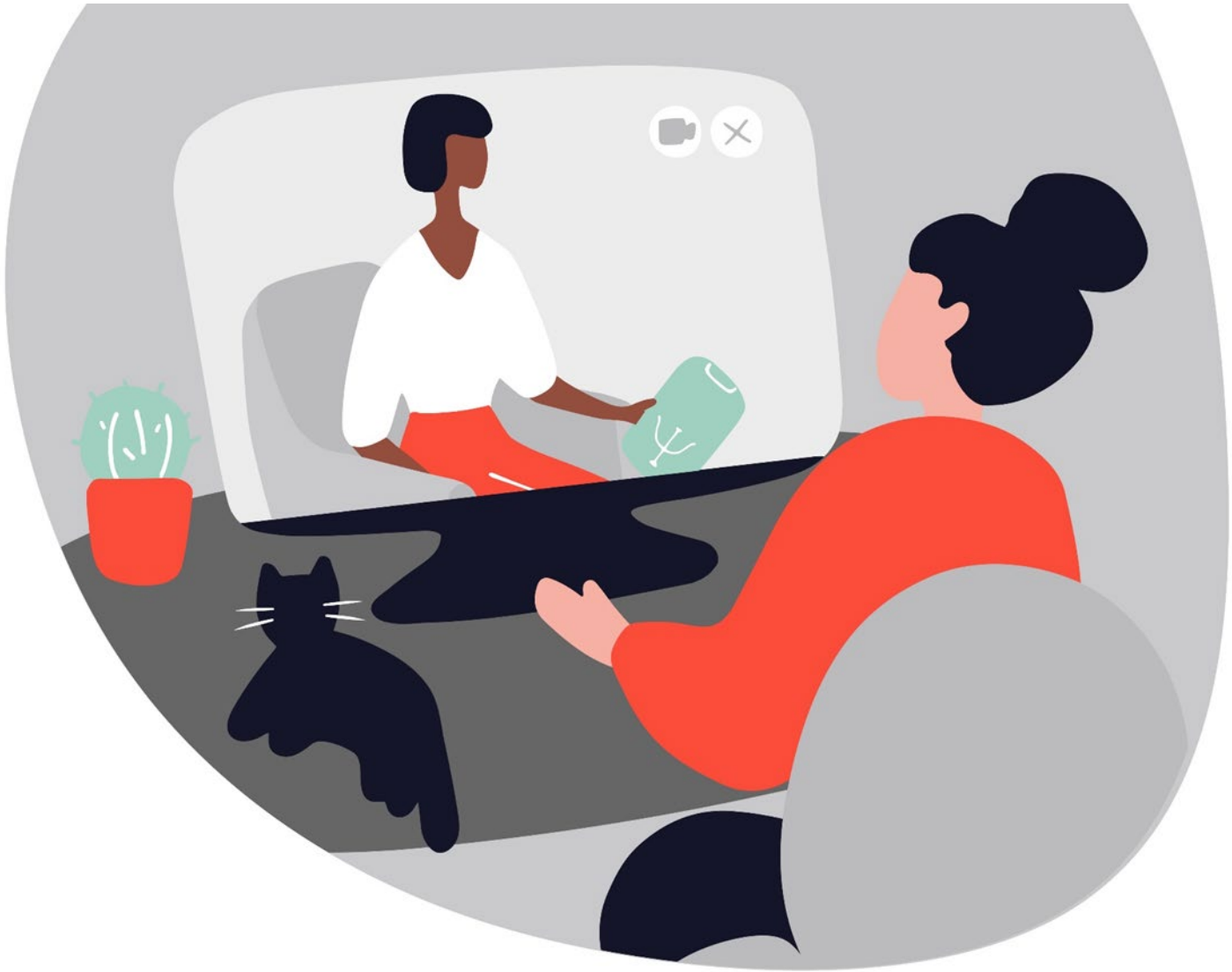
A recent study found that patients participating in an online group reported feeling less connected than group members participating in in-person sessions.

But most of these online group members believed:

- the convenience of attending group online offset any barriers or difficulties experienced
- they probably wouldn't have been able to attend group sessions if they did not attend the online sessions
- while an online group was not their first choice, it was preferred over no treatment

Lopez et al., 2020

Telebehavioral Health and Clinicians



Providers tended to express more concerns about the potentially adverse effects of videoconferencing on therapeutic rapport.

Reluctant providers… rather than Reluctant patients

"Hold my calls until I'm willing to listen."

Kruse, et al., 2017; Hubley et al., 2016

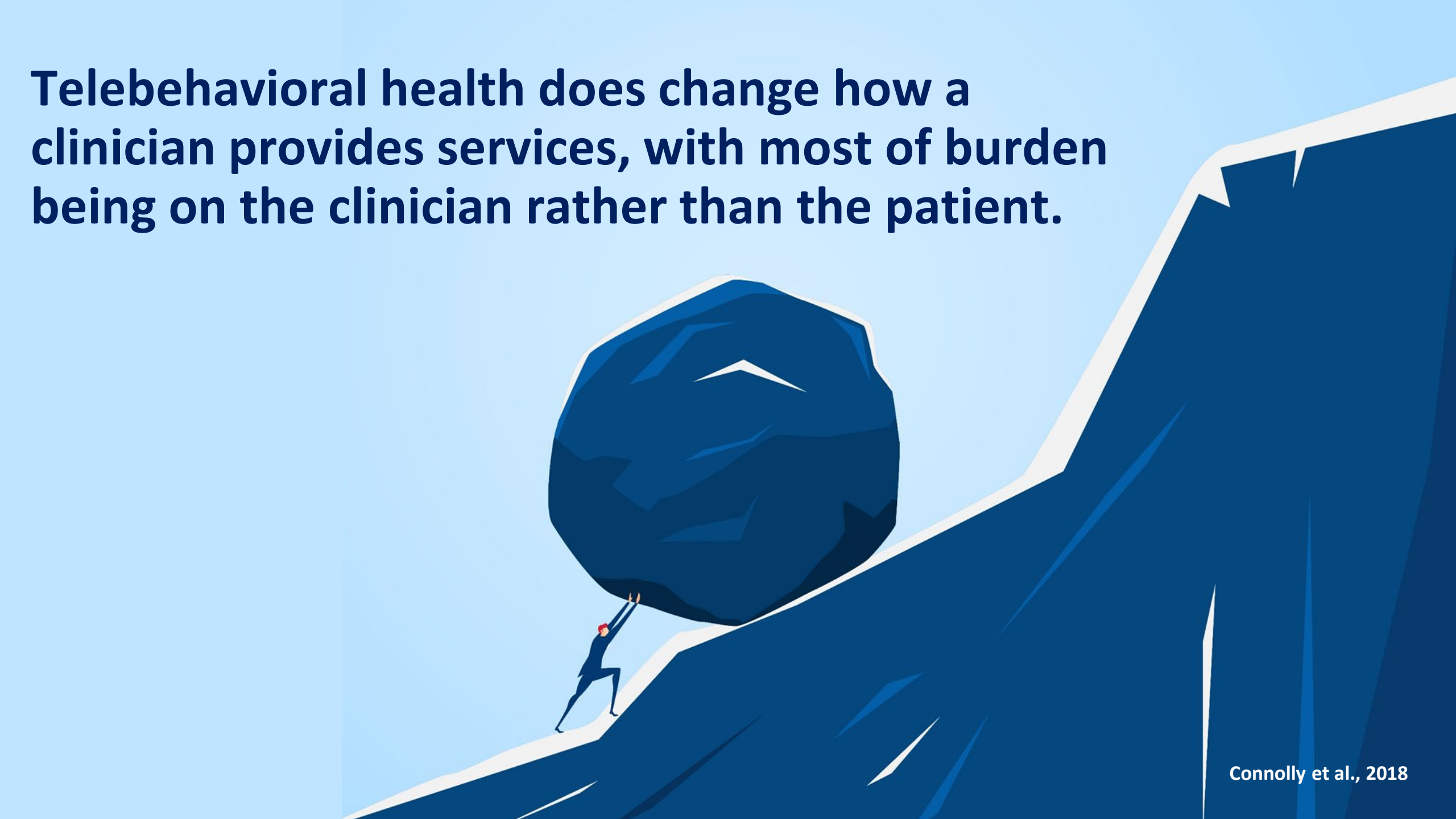
Clinician's Use of Telebehavioral Health

Concerns about:

- using new software programs or technologies
- confidentiality & privacy/security issues
- questions about telebehavioral's health efficacy
- regulatory concerns (e.g., uncertainty about laws governing telehealth or roadblocks)

McClellan et al., 2020; Jang-Jaccard et al., 2014; Scott Kruse, et al., 2018

Telebehavioral health does change how a clinician provides services, with most of burden being on the clinician rather than the patient.



Connolly et al., 2018

Building Therapeutic Rapport

Clinicians have still been able to project a stance of

- Openness
- Interest
- Inquisitiveness

via expressing exaggerated postures and thoughtful inflections when speaking in virtual sessions. (Batastini et al., 2020)

Clinicians have successfully introduced humor, direct therapeutic challenges, and motivational techniques such as "rolling with resistance", too! (Batastini, et al., 2020; Moyers & Rollnick, 2002)

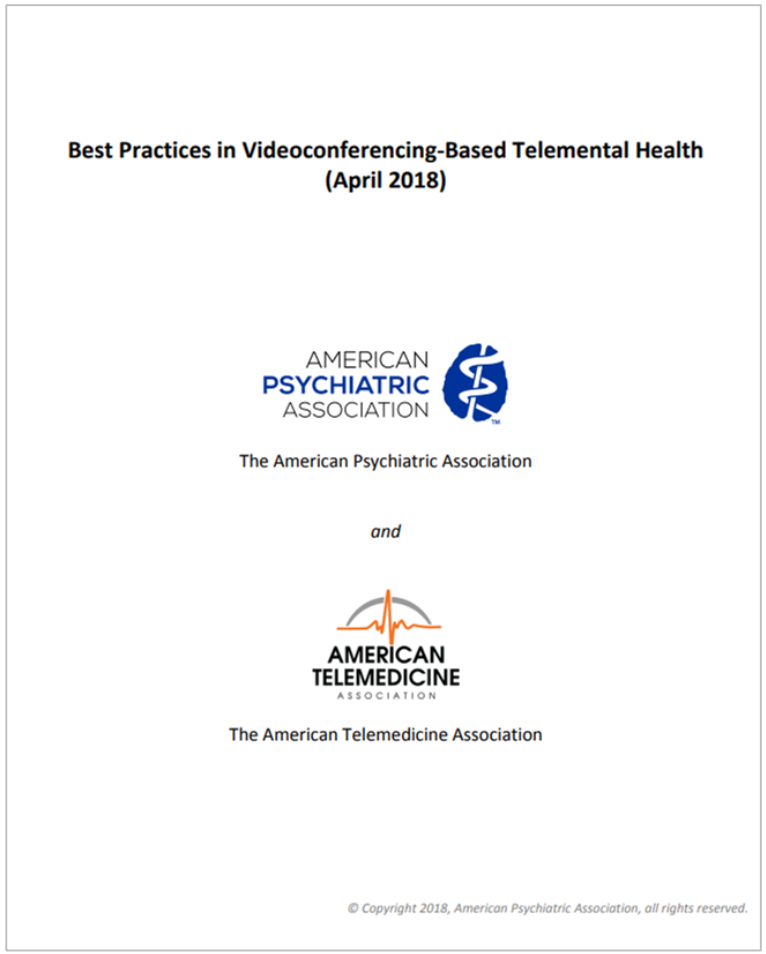
Study regarding clinician's attitudes about telebehavioral health found:

- Clinicians with more telebehavioral health knowledge and experience tended to have more favorable opinions
- Increasing knowledge and promoting skill proficiency may be the key to widespread adoption
- Practice with feedback, observing colleagues, & accessing experts helped to build competency

McClellan et al., 2020

Telebehavioral Health Guidelines & Tips

Best Practices Guide in Clinical Videoconferencing in Mental Health



Best Practices in Videoconferencing-Based Telemental Health (April 2018)

AMERICAN PSYCHIATRIC ASSOCIATION

The American Psychiatric Association

and

AMERICAN TELEMEDICINE ASSOCIATION

The American Telemedicine Association

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Best Practices in Videoconferencing-Based Telemental Health April 2018

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Abstract

Telemental health, in the form of interactive videoconferencing, has become a critical tool in the delivery of mental health care. It has demonstrated the ability to increase access to and quality of care, and in some settings to do so more effectively than treatment delivered in-person. This article updates and consolidates previous guidance developed by The American Telemedicine Association (ATA) and The American Psychiatric Association (APA) on the development, implementation, administration, and provision of telemental health services. The guidance included in this article is intended to assist in the development and delivery of effective and safe telemental health services founded on expert consensus, research evidence, available resources, and patient needs. It is recommended that the material reviewed be contemplated in conjunction with APA and ATA resources, as well as the pertinent literature, for additional details on the topics covered.

Keywords: *telemedicine, telehealth, telemental health, policy*

Introduction

This document represents a collaboration between the American Psychiatric Association (APA) and the American Telemedicine Association (ATA) to create a consolidated update of the previous APA and ATA official documents and resources in telemental health to provide a single guide on best practices in clinical videoconferencing in mental health. The APA is the main professional organization of psychiatrists and trainee psychiatrists in the United States, and the largest psychiatric organization in the world. The ATA, with members from throughout the United States and the world, is the principal organization bringing together telemedicine practitioners, health care institutions, government agencies, vendors, and others involved in providing remote health care using telecommunications.

Telemental health in the form of interactive videoconferencing has become a critical tool in the delivery of mental health care. It has demonstrated its ability to increase access and quality of care, and in some settings to do so more effectively than treatment delivered in-person.

The APA and the ATA have recognized the importance of telemental health with each individual association undertaking efforts to educate and provide guidance to their members in the development, implementation, administration, and provision of telemental health services. It is recommended that this guide be read in conjunction with the other APA and ATA resources that provide more detail.[1–7]

OFFICIAL APA AND ATA GUIDELINES, RESOURCES, AND TELEMENTAL HEALTH TRAININGS

APA	ATA
(1) APA Web-based Telepsychiatry Toolkit (2016)[1]	(4) Practice Guidelines for Telemental Health with Children and Adolescents (2017)[4]
(2) Resource Document on Telepsychiatry and Related Technologies in Clinical Psychiatry, Council on Law and Psychiatry (2014)[5]	(5) Telemental Health Resource Toolbox (2017)[6]
(3) American Psychiatric Association. Telepsychiatry via Videoconferencing. (1998)[3]	(6) Delivering Online Video Based Mental Health Services (2014)[8]
	(7) A Lexicon of Assessment and Outcome Measures for Telemental Health (2013)[10]
	(8) Practice Guidelines for Video-Based Online Mental Health Service (2013)[9]
	(9) Practice Guidelines for Videoconferencing-Based Telemental Health (2009)[7]
	(10) Evidence-Based Practice for Telemental Health (2009)[11]

DOI: 10.1089/tmj.2018.0237

Sections in Guide

- legal and regulatory issues
- standard operating procedures
- technical considerations
- clinical considerations

APA & ATA, 2018; Shore et al., 2018

How to do group therapy using telehealth

Group therapists are responding to COVID-19 by rapidly transitioning from in-person to online therapies.

By Martyn Whittingham, PhD, and Jennifer Martin, PhD Date created: April 10, 2020

Related Resources

- Telemental Health Laws App
- Group Circle: Couch to Screen, Online Group Therapy
- American Group Psychotherapy Association

CONTACT APA SERVICES

https://www.apaservices.org/practice/legal/technology/group-therapy-telehealth-covid-19

Establishing Screenside Manner

Do

- Look directly into the camera rather than looking at the picture of the person on the screen (pseudo-eye contact)
- Balance facilitative and directive language (e.g., What are your thoughts about next steps you might take; It sounds like you have a lot of background noise going on. Can you move to a different spot for our session?)
- Wear solid colors and dress as if you are going to work in the clinic/office
- Nod your head and lean forward
- Stay seated (don’t pace) and sit-up straight
- Adjust camera so your entire face is visible and facing forward

Establishing a Screenside Manner

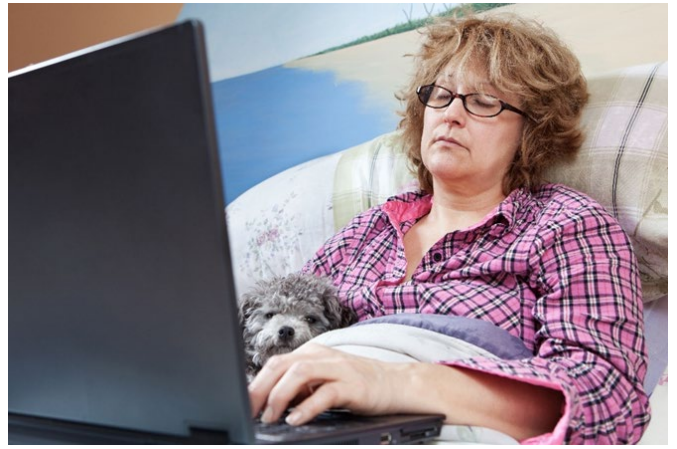
Avoid

- Fidgeting, tapping, doodling, etc. (any kind of distracting behavior)
- Eating or drinking during sessions (if you need to take a sip of water, turn your head away from the camera)
- Video-camera shaming (demanding that a patient/client turn on their camera)
- Making exaggerated motions with hands

Setting Up Office Space…

- Remove all distractions (you don't want patients/clients focused on trying to figure out what is on your bookshelf)
- Ensure there is good lighting (no shadowed face or halo effect)
- Provide a private and clean looking space
- Aim for a neutral backdrop like a plain wall or bookshelf
- Don't sit with a window behind you that can cast shadows
- Ensure good placement of camera, microphone, and speakers
- Remove any Alexa-type devices
- Put a Do Not Disturb sign on the door

Serving as a Role Model



- Turn off phone and email (avoid distractions)
- Use a virtual waiting room but be on time
- Being online can cause people to act more casually (called disinhibition effect)
- Avoid self-disclosures or chatting (follow the 90/10 rule: listen, reflect, support, identify discrepancies, roll with resistance 90% of the time; self-disclose/chat 10% of the time at the beginning/end of the session)
- Maintain boundaries (remember this is a counseling session, not a casual virtual meeting with friends)

Ethical Duties – Telebehavioral Health

'*Demonstrating competency* with technology'

Minimally, clinicians/counselors using a videoconferencing platform for service delivery should be able to show their capacity to use the technology with basic skills and be able to troubleshoot problems.

Specifically, clinicians/counselors should be able to do the following when delivering services virtually:

- Advise and help patients/clients with their use of the selected technology platform
- Explain the reasons for their choice of technology platform (e.g., ease of use, affordability, functionality, privacy and security, federal confidentiality 42CFR Part 2 protections, etc.)
- Be able to explain to patients the tenets of informed consent specific to telebehavioral health
- Translate clinical skills to provide services virtually (e.g., online engagement, support, pointing out discrepancies, employing EBPs and best practices, making referrals, etc.)
- Determine which patients/clients should not receive services using videoconferencing

Self-Assessment Questions for Clinicians

- Just because I can use telebehavioral health to conduct counseling/treatment sessions, should I?
- What is my level of competence? (Beginner or Master's level)?
- Do I need more training and/or supervision?
- Does my practice/organization adhere to any specific telebehavioral health guidelines?
- What do my state board regulations state about conducting telebehavioral health?

Ensuring Privacy, Security, and Confidentiality

HIPAA & 42 CFR Part 2

HIPAA Secure – Not HIPAA Compliant

Professionals Make Equipment HIPAA Compliant

Office for Civil Rights (HIPAA) Enforcement Discretion During PHE

- Waived potential penalties for violations arising out of good faith use of telehealth
- OCR allows practitioners to use non-public facing remote communication products
- 'Non-public facing' remote communication products would include:
  - Apple FaceTime
  - Facebook Messenger video chat
  - Google Hangouts Video
  - Whatsapp video chat
  - Zoom
  - Skype

- Do Not Use Public-facing Platforms
- Remote Communication Products are open to the public and allow wide or indiscriminate use. Examples include:
  - Tik Tok
  - Facebook Live
  - Twitch
  - Slack

Technology & Equipment

- Use Videoconferencing Platforms with end to end encryption
- Videoconferencing Platform Vendors should be willing to sign Business Associate Agreements
- Examples of videoconferencing platforms
  - Doxy.me
  - Zoom
  - VSee
  - Clocktree
  - Microsoft Teams
  - GoTo Meeting
  - Skype for Business
  - Cisco WebEx
  - ezTalks Meeting,
  - Starleaf

Use of Telephone and Texting

- As of July 23, all 50 state Medicaid agencies and Washington D.C. have issued guidance to allow for a form of audio-only telehealth services
- Texting Apps- Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or iMessage
- Texting patients using SMS texting should not be done
- 'Clients increasingly expect to be able to contact providers via text messaging…. although, incorporating text messaging in practice or clinical research may involve novel ethical concerns'

Lustgarten, et al., 2020

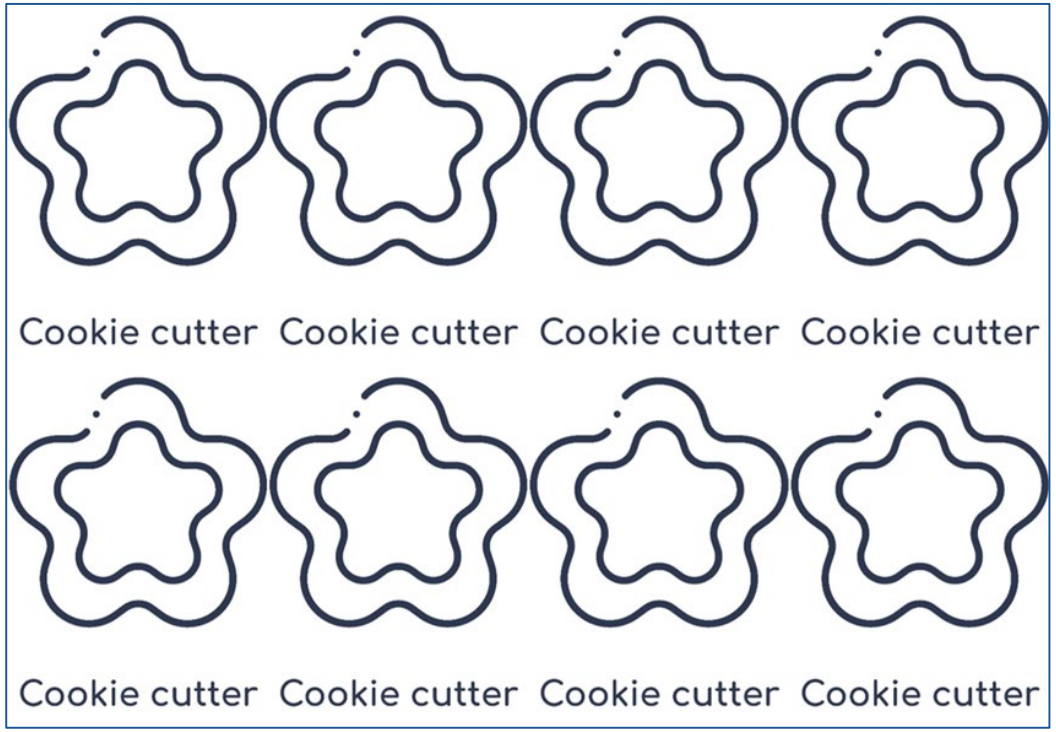
from telebehavioral health practitioners

Session Safety Checklist

- ✓ Orientation
- ✓ Technology Check
- ✓ Phone Number
- ✓ Location
- ✓ ICE

Appropriateness

- **Not every competent *clinician* is a good candidate for online practice**
- **Not every *client* with a computer should be a telebehavior health client**



Expect the Unexpected

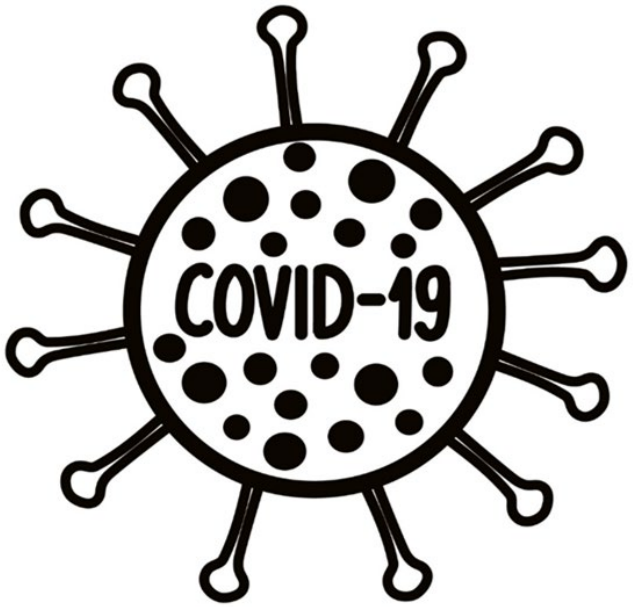
Innovative Strategies

- Using FedEx/couriers to enroll clients without physically being in front of them
- Open Fridays have given clients added schedule flexibility to see counselors
- Expanded counseling services include couples and family as an adjunct to SUD treatment
- Ability to coordinate services across the state in a cost-effective manner
- Contract with local homeless provider to provide behavioral telehealth to their clients
- Increased infrastructure, i.e., agency Wi-Fi
- Qualified behavioral telehealth counselors across the agency
- Expand technology to all programs across the agency, including adolescent services
- Trained community mental provider therapists for co-occurring client treatment across organizations

At the Beginning of the Public Health Emergency

Considerations

- Within 2 weeks, all programs moved to Telebehavioral Health
- Counselors began working from home with new process and safety procedures.
- New safety checklist
- Drug screens?
- Visitation?
- Social distancing within residential programs?
- Computer capacity and availability?



Continuing during

- MAPS clinics used phone more then video conferencing
- Outpatient no show rates improved
  - Jan-Feb 33%
  - March – May 15%
- ZOOM chat channels used for on-going staff safety and supervision
- Staff satisfaction increased when working from home for most

RESOURCES

Telebehavioral Health Resources

- **Network Coordinating Office ATTC**
  - Telehealth Learning Series
- **Mountain Plains ATTC**
  - Recorded Webinars
  - Audio Consultation Sessions
- **CoE on PHI**
  - Tip Sheets

Telehealth Learning Series for SUD Treatment and Recovery Support Providers

By ATTC Network

The Addiction Technology Transfer Center (ATTC) Network, the Center for Excellence on Protected Health Information (CoE-PHI), the National Consortium of Telehealth Resource Centers, and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada - Reno (UNR) partnered to host this 8-part national online discussion and resource sharing opportunity for substance use disorder (SUD) treatment providers and peer support specialists faced with transitioning their services to the use of telephone and videoconferencing methods in response to COVID-19 social dista

Listen on Spotify

Message

Website

https://anchor.fm/telehealthlearning

WHERE TO LISTEN

Top Five Tips for Managing Expectations and Challenges of Transitioning to Telehealth

Telehealth Learning Series for SUD Treatment and Recovery Support Providers • May 14

Share

Frequently Asked Questions

From March 31 to April 29, 2020, the Addiction Technology Transfer Center (ATTC) Network, the Center for Excellence on Protected Health Information (CoE-PHI), the National Consortium of Telehealth Resource Centers, and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada - Reno (UNR) facilitated eight national online discussion and resource sharing opportunities for substance use disorder (SUD) treatment providers and peer support specialists faced with transitioning their services to the use of telephone and videoconferencing methods in response to COVID-19 social distancing guidelines.

Each session invited attendees to ask any questions related to telehealth generally and in the content of the pandemic. Panelists and attendees responded to questions and shared key resources.

Panelists also offered ten-minute presentations "5 key tips" focused on one key topic at the end of each session:

Best Clinical Practices for Treatment with Telehealth
Privacy Considerations for Telehealth During COVID-19
Groups via Telehealth
Billing and Reimbursement
Tips for Engaging & Interacting in a Virtual Session
Tips for Successful Telehealth Implementation
Tips for Recovery Community and Recovery Support Services
Self-Care: Hope Matters

All materials shared during these sessions can be found on the Telehealth Learning Series page and the Resource page. These materials include podcasts, recordings and transcripts from each session, the key tips shared during each session, and a targeted selection of tools (webinars, toolkits, fact sheets, and other documents) to support implementation.

After analyzing the questions asked across the eight sessions, we found key issues people wanted additional information for in response to COVID-19 and the rapid implementation of telehealth, in addition to understanding the need for longer-term implementation planning if telehealth is to become a sustained part of their healthcare approach. The following summary of frequently asked questions (FAQs) is focused on supporting those rapidly seeking to implement telehealth and also highlights external documents we have found useful during this time.

Frequently Asked Questions

https://telehealthlearning.org/telehealth/documents/TLS_FAQs_June2020.pdf

TIPS FOR USING VIDEOCONFERENCING

TO DELIVER SUD TREATMENT AND RECOVERY SERVICES

Past Events and Resources

Where to Begin… Essential Tips for Using Videoconferencing to Deliver SUD Treatment and Recovery Services
Hosted live on March 31, 2020, this webinar provided an overview of the essentials of videoconferencing with patients/peers to include: a clinical/support session checklist; a review of legal, ethical, and patient/peer safety concerns; and privacy/security and confidentiality issues. Click here to view the recording.

SAMHSA Resources and Information: SAMHSA guidance and resources to assist individuals, providers, communities, and states across the country during challenges posed by the current COVID-19 situation.

TIP 60: Using Technology-Based Therapeutic Tools in Behavioral Health Services This manual assists clinicians with implementing technology-assisted care and highlights the importance of using technology-based assessments and interventions in behavioral health treatment services as well as how technology reduces barriers to accessing care.

APA and ATA Best Practices in Videoconferencing-Based Telemental Health This document represents a collaboration between the American Psychiatric Association (APA) and the American Telemedicine Association (ATA) to create a consolidated update of the previous APA and ATA official documents and resources in telemental health to provide a single guide on best practices in clinical videoconferencing in mental health.

https://attcnetwork.org/centers/mountain-plains-attc/tips-using-videoconferencing-deliver-sud-treatment-and-recovery

Advancing Clinicians' Videoconferencing Skills: An Audio-Consultation Series

Collaborating TTC: Mountain Plains ATTC
Publication Date: April 3, 2020

Developed By: Mountain Plains ATTC

The Mountain Plains ATTC introduces a new product based on a series of consultation groups developed to train behavioral health professionals on the use videoconferencing to deliver clinical services. The original series, *Advancing Clinicians' Videoconferencing Skills: An Audio-Consultation Series*, was developed and delivered in 2019 before the COVID-19 pandemic. Specifically, this series offered a live platform for learning and consultation related to videoconferencing case reviews, legalities and ethics, rules and regulations, and understanding clients through the lens of the evolving digital world. In addition, it explored a variety of topics and activities that promoted learning about the potential successes, challenges, and pitfalls of using videoconferencing to offer clinical services in a behavioral health setting, as well as enhancing participants' videoconferencing skills. Highlights are now available as eleven separate audio-recorded excerpts from the original series, including the PowerPoint slides, that can be downloaded.

Accompanying slides for each session can be downloaded above.

https://attcnetwork.org/centers/mountain-plains-attc/product/advancing-clinicians-videoconferencing-skills-audio

Center of Excellence for Private Health Information

Focus:PHI

The Center of Excellence for Protected Health Information

https://www.coephi.org/

SAMHSA 42 CFR Part 2 Revised Rule

On July 15, 2020, SAMHSA finalized changes to the Confidentiality of Substance Use Disorder Patient Records regulations, 42 CFR Part 2 ("Part 2"). Part 2 protects the confidentiality of individuals in substance use disorder treatment, and establishes privacy and security requirements for written, electronic, and verbal information. **The effective date of the changes to Part 2 will be August 14, 2020.** Read the SAMHSA 42 CFR Part 2 Fact Sheet for further details regarding the changes.

Newly Released SAMHSA/OCR Guidelines

In addition to viewing the tools and resources recently created by the CoE-PHI to increase awareness about OCR and SAMHSA COVID-19 guidance (and what providers can do to protect patient privacy while providing SUD and MH telehealth services), we also suggest reviewing SAMHSA's COVID-19 Guidance and Resources as well as the HHS Office of Civil Rights' Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.

Looking to the Future

Providers are also awaiting how the post-pandemic regulatory and policy landscape shakes out.

- What emergency measures will expire, and what actions will state and federal regulators take to make sure that telehealth continues to advance and expand?
- Will CMS continue to support RPM programs by allowing the patient's home to serve as a telehealth site?
- Will privacy and security guidelines – most notably HIPAA – be revised to allow providers and patients to connect on more platforms, including the audio-only phone?
  - As of July 23, all 50 state Medicaid agencies and Washington D.C. have issued guidance to allow for a form of audio-only telehealth services
- Will reliable broadband become a reality?

https://mhealthintelligence.com/features/covid-19-gives-providers-a-blueprint-for-new-telehealth-strategies

Thoughts from a Videoconferencing Expert…

- **The longer the pandemic and associated quarantines continue…**
  - More likely current changes become solidified and routinized into the practice of behavioral health.
- **What if the pandemic is controlled…**
  - Will current regulatory and structural changes stay in place or revert back?
- **What if the pandemic becomes episodic, resulting in a series of sporadic and regional quarantines…**
  - Will the regulatory/structural changes be state or region specific?
- **What will the lessons of the COVID-19 pandemic be…**
  - What services should be done in-person or through telehealth or other technologies? Shore et al., 2020

Telebehavioral Health:

- Is equivalent to in-person care
- Research base on mental health services is extensive
- Research base for SUD treatment is growing-OUD treatment
- Patients express satisfaction with it – they like it
- National Guidelines exist
- Clinicians may be initially reluctant
- Clinician training & practice may reduce reluctance
- Telehealth tips can inform practice
- Platforms should provide end-to-end encryption
- Resources for training/TA and products are available
- Status of telebehavioral health post-pandemic is undecided

Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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