Telehealth: What’s That All About?

James A. Matney, MA, ADC
Rachel L. Moss, MSW, LGSW
Telehealth

It’s Not about the Technology ...

It’s About Expanding Access and Enhancing Treatment Services
- Data and Definitions
- Use of Technology
- Barriers to Treatment
- Telehealth Technologies
- Privacy & Security-Confidentiality
- Ethics
- License Portability
- Reimbursement
DATA and DEFINITIONS
Over half of the country’s land mass is designated as frontier or rural.
Approximately one quarter of the U.S. population (62 million people) lives in frontier/rural areas. 16-20% of those individuals experience substance dependence, mental illness, or co-morbid conditions. (NRHA, 2008)
Individuals residing in remote areas have

- higher mortality rates,
- higher suicide rates, and
- more severe alcohol/drug problems

(Baca et al., 2007; Goldsmith et al., 2002)
Studies show that those residing in rural areas use substance abuse treatment less often than those in urban areas because of individual, structural, and geographic barriers, as well as the stigma associated with receiving treatment

(Finfgeld-Connett & Madsen, 2008; Oser et al., 2012)
In rural vs. urban areas

- Perceived lack of privacy
- Women more stigmatized than men

(Finfeld, 2002; Finfgeld-Connett & Madsen, 2008)
2009 workforce study

*lowest concentration of mental health professionals was found in frontier/rural areas*

(counties with less than 10,000 people)

(Ellis et al., 2009; HRSA, 2011)
Telehealth

‘the use of telecommunications and information technologies to provide access to health information and services across a geographical distance’

Telemedicine

‘use of medical information exchanged from one site to another via electronic communications to improve patient health status’
Definitions

- Synchronous communications
  - Videoconferencing
  - Telephone
- Asynchronous Communications
  - Email
  - Web-based programs
- Some telehealth technologies include both type of communications

(IOM, 2012)
TELEHEALTH is not new

(Aronson, 1977; Backhaus et al., 2012; IOM, 2012; Wittson et al., 1961; Wittson & Benschoter, 1972)
Annually, 10 million patients receive telemedicine services (IOM, 2012)
VA Services

- **146** hospitals provided **55,000** community-based outpatient clinic patients with **140,000** telemental health visits

- **6,700** patients received home-based telemental health services

- **25%** decrease in hospitalization for receiving telemental health services between 2006-2010

- **30%** reduction in admissions during the first 6 months of care in 2011

(Darkins et al., 2008; IOM, 2012)
Indian Health Services (IHS)

- serves 2 million American Indians and Alaska Natives representing 566 federally recognized tribes
- includes 600 hospitals, clinics, and health stations under tribal governance
- implemented mobile telemedicine services in the 1970s
- Alaska Federal Health Care Access Network utilizes telehealth technologies
- Telenutrition Program - 2006

(IOM, 2012)
Addiction Treatment Lags Behind

There are few published works on the use of telehealth to provide or enhance substance abuse services in rural areas.

(Balas & Boren, 2000; Benavides-Vaello et al., 2013; Ryan & Gross, 1943)
NASADAD Survey

• In 2009, Addiction Treatment Providers in **16** of the 37 states responding to the survey reported offering treatment services using telehealth

• Of those 37 states, **25** reported providing mental health treatment services using telehealth
USE of TECHNOLOGY
85% of American adults have cell phones

53% have smart phones

(Pew Report, 2012)
80% send and receive text messages

(Pew Report, 2012)
Over **HALF** have gathered health information on their phone

Almost 20% have a health app

(Pew Report, 2012)
80% of Americans use the Internet

(Pew Report, 2012)
What do we know about clients?

- Survey of 8 urban drug treatment clinics in Baltimore (266 patients)
- Client’s access to:
  - Mobile Phone (91%)
  - Text Messaging (79%)
  - Internet/Email/Computer (39 - 45%)

(McClure et al., 2012)
Barriers to Treatment
In 2011, 20.6 million people aged 12 or older met the criteria for substance use disorders.

- 95.3% did not feel they needed treatment.
- 3.3% felt they needed treatment but did not make an effort.
- 1.5% felt they needed treatment and did make an effort.

19.3 million people needed but did not receive treatment for illicit drug or alcohol use.

(NSDUH, 2011)
Barriers Include

- Travel Costs and Burden
  (Rheuban, 2012)

- Time Away From Work
  (Berwick, 2008)

- Child Care
  (Berwick, 2008)

- Lack of Service Providers
  (Perle et al., 2011; Swinton et al., 2009)
Privacy and Confidentiality (Moyer & Finney, 2004/2005)
How do we facilitate a shift that will give addiction treatment providers greater reach and tools to serve the population that experienced barriers to treatment and those that needed but didn’t receive treatment?

(Kazdin & Blase, 2011; Perle & Neirenburg, 2013)
One Answer...
Telehealth Technologies
University of Virginia’s telehealth program has documented the avoidance of 7.2 million miles of travel (Rheuban, 2012).
Telehealth Technologies
<table>
<thead>
<tr>
<th>State</th>
<th>State-Specific Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IOWA</strong></td>
<td>⚫ Recent news, pending action: August 26, 2010 -- The Iowa Board of Medicine creates ad hoc committee to study broad range of telemedicine. The committee will study the Board’s 1996 policy statement and determine what is needed to make it more relevant to the continually expanding use of “telemedicine” by physicians. The committee will begin a review of the policy statement and the general topic of telemedicine this fall, but may not complete its work until a parallel nationwide study by the Federation of State Medical Boards is completed in 2011.</td>
</tr>
<tr>
<td></td>
<td>⚫ Pending legislation: HF 296: Directs the Department of Human Services to submit an amendment to the medical assistance state plan to the US Centers for Medicare and Medicaid Services for approval to include telemedicine as distinct covered services under the Medicaid program; defines “telemedicine”.</td>
</tr>
<tr>
<td></td>
<td>⚫ Medicaid law and regulations: Medicaid recognizes physician consultations when furnished using interactive video teleconferencing. Payment is based on the state's fee-for-service rates for covered services furnished in the conventional, face-to-face manner. Reimbursement is made at both ends (hub and spoke sites) for telemedicine services. Specific local codes are used for the add-on payment and CPT codes with the modifier &quot;TM&quot; is used to identify the consultations.</td>
</tr>
</tbody>
</table>
| From Telemedicine for CSHCN: A State-by-State Comparison of Medicaid Reimbursement Policies and Title V Activities (2005) prepared by Telehealth Connections for Children and Youth: | ⚫ Type of Service(s) Which Can Be Reimbursed
  ○ Note: Program terminated at time of survey due to insufficient data to support it. State had reimbursed for physician consultations using interactive video teleconferencing. |
| | ⚫ Payment Method
  ○ FFS
  ○ Same as reimbursement for covered services furnished in the conventional, face-to-face manner. |
| | ⚫ Reimbursement Type
  ○ Reimbursement is at both ends (hub and spoke). |
| | ⚫ How Identified in Claims/Use of Modifiers
  ○ Specific local codes for the add-on payment and CPT codes with the modifier "TM" to identify the consultations. |
| From Telemedicine Reimbursement Report (2003) prepared by the Center for Telemedicine Law: | ⚫ "The Medicaid agency began reimbursement through a pilot program that was legislatively mandated and upon completion legislatively terminated. The agency recognizes a limited number of physician consultation codes for use of interactive video teleconferencing. Only three providers initially entered into agreement to participate, but only two remain. Many providers indicated that completion of the forms (designed to collect data) was too burdensome. Payment is based on the state's fee-for-service rates for covered services furnished in the conventional face-to-face manner. Reimbursement is made at both the hub and spoke sites for telemedicine services. Specific local codes are used for the add-on payment, and CPT codes with the modifier "TM" is used to identify |

(ATA, 2013)
West Virginia

Contents

1 Recent news, pending action
   1.1 Pending Legislation
2 Insurance law and regulations
3 Medicaid law and regulations
   3.1 Specific questions
4 Telehealth licensure
5 Telehealth networks
6 Organization and people resources

Recent news, pending action

Pending Legislation

HB 3123[1]: Encourages the use of telemedicine, telepsychology and video conferencing to make child welfare system more effective.

Insurance law and regulations

Medicaid law and regulations


Type of Service(s) Which Can Be Reimbursed

- Physician consultations using interactive video teleconferencing. Patient must be present at time of the consultation.

Payment Method

- FFS
  - Same for covered services furnished in the conventional, face-to-face manner.

Reimbursement Type

- Reimbursement is at both ends (hub and spoke).
- No "add ons" (technical support, line charges or depreciation of equipment) are allowed

How Identified in Claims/Use of Modifiers

- Consultative CPT codes with a TV "GT" modifier.

"Store and Forward" vs. Live

- Reimburses for real-time only.
- No "store and forward".

# 2013 State Telemedicine Legislation Tracking (as of 8/14/2013) *

<table>
<thead>
<tr>
<th>State</th>
<th>Legislated Mandate for Private Coverage</th>
<th>Legislated Medicaid Coverage (primarily interactive video)</th>
<th>Other Proposed Bills Affecting Telemedicine Access or Coverage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania</td>
<td>Proposed</td>
<td></td>
<td>HB 491</td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Proposed</td>
<td>Proposed</td>
<td>S 753 and H 5725 - physician licensure (STATUS: Died in Session)</td>
<td></td>
</tr>
<tr>
<td>South Carolina</td>
<td>Proposed</td>
<td></td>
<td>SB 290 and HB 3779 (STATUS: Died in Session)</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>Proposed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>Proposed</td>
<td></td>
<td>SB 484 and HB 923 (STATUS: Died in Session)</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>✓</td>
<td>✓</td>
<td>HB 1470 - Medical board standards; HB 1806 - Telemedicine coverage; SB 830 - Telemedicine in trauma facilities (STATUS: Died in Session)</td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>H 272 and S 88 - related to telemedicine services outside of healthcare facility (STATUS: SIGNED INTO LAW. Law will focus on a pilot program to study effects of telemedicine when delivered outside of healthcare facility.)</td>
</tr>
<tr>
<td>Virginia</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>Proposed</td>
<td></td>
<td>HB 1448 (STATUS: Died in Session)</td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td></td>
<td></td>
<td></td>
<td>HB 2577 - revises laws related to the practice of pharmacy (STATUS: SIGNED INTO LAW 5/3/13)</td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Does Not Include State Administrative or Regulatory Orders
✓ = Previously Enacted

‘The research base for telemental health-related interventions is slightly more than 50 years old’.

(Richardson et al., 2009; Wittson et al., 1961; Wittson & Benschoter, 1972)
2000 – 2008
the number of telemental health publications **TRIPLED** from the previous 30 years

(Backhaus et al., 2012; Richardson et al., 2009)
Literature Review

- Videoconferencing
- Computer-based Interventions
- Web
  - Screeners
  - Support Groups
  - Virtual Reality/Video Games
  - Disease Management Programs
- Web-Portals
  - Videoconferencing
  - Messaging (chat and email)
- Telephone
  - Continuing Care
  - Interactive Voice Response
- Mobile Phones
  - Texting
Videoconferencing
Largest provider of telemental health services using videoconferencing

(Godleski et al., 2008; Darkins et al., 2008; IOM, 2012; Deen et al., 2012; Godleski et al., 2012)
Systematic Review of Videoconferencing Psychotherapy

- Patients and providers perceived a strong therapeutic alliance over videoconferencing.
- Studies that compared videoconferencing to in-person psychotherapy reported similar satisfaction levels between the conditions.
- High levels of satisfaction and acceptance with telemental health have been consistently demonstrated among patients across a variety of clinical populations and for a broad range of services.

(Backhaus et al., 2012)
Videoconferencing Studies in Addiction Treatment

- Opioid Treatment - group counseling
  (King et al., 2009)

- Alcohol Treatment
  (Postel et al., 2005)

- Alcohol Treatment
  (Frueh et al., 2005)

- Teleconferencing Supervision (TCS) - MI
  (Smith et al., 2012)
Computer-Based Interventions
DEFINITION

Use of computers to deliver some aspects of psychotherapy or behavioral treatment directly to patients via interaction with a computer program

(Carroll & Rounsaville, 2010)
Encouraging evidence suggests positive treatment outcomes

Bickel et al., 2008; Carroll & Rounsaville, 2010)
To date, more than 100 different computer-assisted therapy programs have been developed for a range of mental disorders and behavioral health problems

(Klein, et al., 2012; Marks et al., 2007; Moore, et al., 2011)
CBIs are flexible in their ability to provide automated and tailored information

(Moyer & Finney, 2004/2005; Fotheringham et al., 2000)
Clinician Extenders

(Bickel et al., 2008; Carroll & Rounsaville, 2010; Des Jarlais et al., 1999; Marsch, 2011)
Computer-Based Treatments

- Serve as Adjuncts to standard treatment
- Save clinician time
- Extend clinician expertise
- Integrate other EBTs to provide additional services to clients with co-morbid conditions
- Provide access to computerized smoking cessation programs or other health-related conditions

(Carroll & Rounsaville, 2010)
“Delivery of CBT could be subcontracted to the computer.....”

(Carroll & Rounsaville, 2010)
Examples of Computer-Based Interventions

• CBT4CBT (Carroll et al., 2008)
  – Outpatient clients
  – CBT + 6 computer modules on CBT

• TES [Therapeutic Education System] (Marsch & Bickel, 2004)
  – Community Reinforcement Approach + Incentives
  – Outpatient Opioid Treatment- TAU + TES (2008)
  – Outpatient Treatment-2hrs per week of TES + TAU (2012)

• Ondersma (2005/2007)
  – single-session computer-delivered MI intervention reduced drug use among postpartum women
The vital question for this field is not “Do computer-assisted therapies work?” but.....
“which specific computer-assisted therapies, delivered under what conditions to which populations, exert effects that approach or exceed those of standard clinician-delivered therapies”?

(Kiluk et al., 2011)
Web-based Screeners
Web-Based Screeners

- www.CheckYourDrinking.net
- www.AlcoholScreening.org
- www.DrinkersCheckup.com
- http://www.downyourdrink.org.uk/
Web-Based Screeners for College Students

- www.CheckYourDrinkingU.net
- www.eCHUG.com
- http://www.collegebingedrinking.net/
- https://www.mystudentbody.com/default.aspx
Systematic Review of Studies of Web-based Screeners (Bewick et al., 2008)

- Chiauzzi et al. (2005): comparison group
- Cunningham et al. (2005): comparison group
- Kypri & McAnally (2005): pure control group
- Kypri et al., (2004): comparison group
- Moore et al., (2005): comparison group- email newsletter
- Bendsten et al., (2006): process study-email-based
- Cunningham et al., (2000): process study
- Lieberman (2003): process study
- Linke et al.,(2004): process study
- Westrup et al., (2003): process study
Studies found that web screeners that provided automated personalized feedback impacted participants' behavior more than those with non-personalized feedback (Bewick et al., 2008)
Web-Based Support Groups
Web-Based Support

Psychoeducational Self-Help Mutual Support
Podcasts/Radio Shows

• www.12stepradio.com
Self-Help

CHALLENGE YOUR OCD, TAKE BACK YOUR LIFE.
Climb your mountain, fight your OCD...you can do it! -Elizabeth McIngvale

CLICK HERE AND LET LIZ EXPLAIN HOW THE JOURNEY WORKS

WHAT IS OCD?

HOW DOES THE OCD CHALLENGE WORK?

HOW TO CHALLENGE YOUR OCD

THE PEACE OF MIND FOUNDATION

Take back your life...sign up today!

Already a subscriber? Login
Want to learn more? Watch the tour.
Web-Based Support Groups

- http://aa-intergroup.org
- www.AlcoholHelpCenter.net
- www.smartrecovery.org
- http://www.cyberrecovery.net/forums/
- http://www.addictiontribe.com/
- www.NAChatroom.org
Virtual Reality
Mental health professionals are now employing virtual worlds in treating

- Asperger Syndrome (Mangan, 2008)
- Combat-related PTSD (Reger & Gahm, 2008; Wood et al, 2009)
- Emotional Aspects of Physical Disabilities (Chen et al., 2009)
Computer Simulation Games

Guardian Angel

• Male Veterans
  – adjunct to treatment
  – focused on relapse prevention
  – Played computer simulation game for 8 weeks
  – no different in relapse rates
  – results show decreases in craving and increases in self efficacy

(Verduin et al., 2012)
Web-Based Disease Management Programs

- **Cancer**  
  (Gustafson et al., 2005)

- **Diabetes**  
  (Glasgow et al., 2005; Williams et al., 2007)

- **Heart Disease**  
  (Verjejjden et al., 2004)

- **Mood Disorders**  
  (Farvolden et al., 2005)
Web-based Disease Management Programs - Addiction

• MORE (My Ongoing Recovery Experience)
  – 7 recovery modules-content tailored
  – 18 month period
  – Journal/workbook
  – Access to counselors and other individuals in recovery

(Klein et al., 2012)
Let's talk Recovery! Join with other community members like you and share motivation, inspirational quotes, stories, or encouragement. Are you in need of help with something? We are in this together. Mention it to the group and watch your local community of recovery rally around you!

We've made some changes to the Discussion Board. If you have been using a Yahoo email address to log in, you still can, but you have to set it up differently. For instructions on creating or changing your log in information and other features, please click here.

2643 comments

Susan Sandberg addresses the community on the positive outcomes HOPE is producing

RecoveryRoad - 5 hours ago
What would you define as one of your biggest barriers to recovery?

Newest →

TODAY - Jul 1
- 4:00PM - 5:30PM Seeking Safety
- 5:30PM - 6:30PM AA- First Things First Group
- 6:00PM - 7:30PM Courage to Change
- 6:00PM - 7:00PM AA- 5th Traditionists Group
- 7:00PM - 8:00PM AA- Bloomington Beginner's Group
- 7:00PM - 8:00PM AA- Live and Let Live Group
- 8:00PM - 9:00PM AA- Stone City Group
The U.S. Veterans Health Administration

My Recovery Plan Orientation for Health Care Team Members

Overview

My Recovery Plan® uses the My HealtheVet Personal Health Record as a vehicle to support mental health recovery.

It empowers Veterans with the tools to be a part of their own care and discusses the effectiveness of their VA treatment goals.
Other Web-Based Technologies
Email

(Alemi et al., 2007)
Messaging – Chat
Now You Can Get the Treatment You Need from the Privacy of Your Home!

**eServices** is an alternative to traditional therapy that gives you effective intervention and counseling services on your computer. Meeting with your therapist online, at your convenience, saves you time, energy and money. All you need is a phone or internet connection.

**eServices** uses evidenced based intervention and treatment practices; practices that are proven to be effective.

**eServices** can also be used for Assessments and Evaluations, Employee Assistance Programs (EAP), Student Assistance Programs (SAP), Outpatient Services, and much, much, more...

- Scheduling Flexibility & No Traveling
- Support 24/7
- Phone or Web-cam Based
- Affordable Fees
- Private & Confidential
- Many Insurances Accepted
- Individual & Group Settings
- Evidenced Based Practices Utilized
Complete online and phone counseling services

gateway connect

1-877-389-9966
Telephone
Use of the Telephone

Monitor/treat chronic mental & physical illness

– Smoking
  (Stead, et al., 2006)

– Depression
  (Simon, et al., 2000)

– Obsessive Compulsive Disorder
  (Taylor, et al., 2003)

– Hypertension
  (Bosworth, et al., 2005)

– Diabetes
  (Kim & Oh, 2003)

– Rheumatology problems
  (Pal, 1998)
Telephone Continuing Care
Telephone Continuing Care for SUDs

• Telephone Monitoring and Adaptive Counseling (TMAC) (McKay, 2004)
• Focused Continuing Care (FFC) (Betty Ford Clinic)
• Telephone Enhancement of Long Term Engagement (TELE) (Hubbard et al., 2007)
• Individual Therapeutic Brief Phone Contact (ITBPC) (Kaminer & Napolitano, 2004) *ADOLESCENTS*
• Telephone Case Monitoring (TCM) (McKellar et al., 2012)
• Telephone Continuing Care (TCC) (Godley et al., 2010)
Interactive Voice Response
Interactive Voice Response

• Automated, computer-based interventions have shown promise in treating substance use disorders

• Fully automated systems offer a number of potential advantages including:
  – low cost
  – consistent delivery
  – greater accessibility and availability of treatment
  – increased flexibility of scheduling and convenience

(Cranford, Tennen, & Zucker, 2010; Mundt, et.al., 2006)
Mobile Phones
Alcohol-Comprehensive Health Enhancement Support System (ACHESS)

• Explicitly designed to address three constructs
  – coping competence
  – social support
  – autonomous motivation

• Primary hypothesis is that ACHESS will reduce risky drinking days
ACHESS

Web based Portal & Database

Social Support
- Support Website
- Mobile Social Support
- Online Support Groups

Location Tracking
- High-Risk Patient Locator
- Meeting Locator
- Provider Locator

Virtual Counseling
- Video Conferencing
- Avatar
- Mobile Counselor Network

Assessments
- Mini-Assessments
- Diagnosis and Planning
- Biomonitoring

Education & Training
- Virtual Reality Training
- Tailored Information
- Healthy Event Newsletter

Alerts
- Tailored Reminders
- Risk Indicator
- Appointment Reminders
ACHESS

- Monitoring and alerts
- Reminders
- Autonomous motivation
- Assertive outreach
- Care coordination
- Medication reminders
- Peer & family support
- Relaxation
- Locations tracking
- Contact with professionals
- Information

It is operating now!
TEXTING - Portable Contingency Management

1-3 text reminders about sending video of breathalyzer results

- Vouchers earned for negative BAC tests
- Thank you texts
FINALLY...

Take home message.
“Given the elusive nature of motivation to change substance use-related behaviors... it is important to capitalize on the teachable moment.”

(Copeland, 2011)
Privacy, Security, & Confidentiality

Issues with Telehealth
HIPAA
(Health Insurance Portability & Accountability Act)

HITECH
(Health Information Technology for Economic & Clinical Health Act)

Privacy Rule
(Standards for Privacy of Individually Identifiable Health Information)

42 CFR Part 2
(Substance abuse treatment)
Protected Health Information (PHI)
Privacy, Security, & Confidentiality

- HIPAA Privacy Rules - **What** situations can individual health information be disclosed, no matter its format (oral, paper, or electronic)?

- HIPAA Security Rules - **How** are disclosures in electronic format made?

(Karasz et al., 2012; www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html)
Final Rule specifically states because "paper-to-paper" faxes, person-to-person telephone calls, video teleconferencing, or messages left on voice-mail were not in electronic form before the transmission, those activities are not covered by this rule (p. 8342).
To ensure the patient’s privacy during treatment sessions, clinicians should consider the use of private networks or encrypted videoconferencing software.
Counselors Use of Technology
Do you or your staff EMAIL or TEXT clients?
SO WHAT’S THE DEAL
More than one-third of cell phone users

• have sent a text message to the wrong person (38%)
• report that a text they sent was misunderstood by the reader (37%)

http://www.saurageresearch.com/key-findings-novemberdecember-2009/
“Traditional Short Message Service (SMS) text messaging is non-secure and non-compliant with safety and privacy regulations under HIPAA. Messages containing ePHI can be read by anyone, forwarded to anyone, remain unencrypted on telecommunication providers’ servers, and stay forever on sender’s and receiver’s phones.”

(Brooks, 2013)
**Text Message Detail**

- **Verizon**: 1 yr rolling
- **T-Mobile**: 2 yrs pre-paid, 5 yrs post-paid
- **AT&T**: 5-7 yrs post-paid
- **Sprint**: 1.5-2 yrs

**Text Message Content**

- **Verizon**: 3-5 days
- **T-Mobile**: 0 days
- **AT&T**: 0 days
- **Sprint**: 0 days

**Call Detail Records**

- **Verizon**: 1 yr rolling
- **T-Mobile**: 2 yrs pre-paid, 5 yrs post-paid
- **AT&T**: 5-7 yrs post-paid
- **Sprint**: 1.5-2 yrs
“It is not acceptable for physicians or licensed independent practitioners to text orders for patients to the hospital or other healthcare setting. This method provides no ability to verify the identity of the person sending the text and there is no way to keep the original message as validation of what is entered into the medical record.”

The Joint Commission November 10, 2011

http://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFaqId=401&ProgramId=1
Safe Practices
maintain physical control of your mobile device/computer
unsecured networks
unintentional disclosure
password protect EVERYTHING
check out what is downloaded on your mobile device/computer and keep the security software updated

(http://www.HealthIT.gov/mobiledevices)
activate wiping and/or remote disabling
Implement *policies & procedures* to restrict access to, protect the integrity of, and guard against unauthorized access to e-PHI.
ETHICS
Ethics

Use of technology by counselors

- is increasing
- presents unique ethical dilemmas

(NBCC Policy, 2013)
code of ethics

Need to be re-written to address technology
Ethical Codes Related to the use of Technology in Counseling/Therapy/Treatment

- NAADAC (Association for Addiction Professionals)
- National Board of Certified Counselors (NBCC)
- American Counseling Association (ACA)
- American Mental Health Counselor Association (AMHCA)
- American Association of Marriage and Family Therapy (AAMFT)
- National Association of Social Workers (NASW)
American Psychological Association (APA)

• recognizes the need for development of guidelines
• in 2011 approved a joint task force to develop telehealth guidelines for psychologists
• telehealth technologies are not currently included in the APA Code of Ethics
Ethical Codes

International Certification & Reciprocity Consortium (IC&RC)

• does not create or maintain a Code of Ethics
• IC&RC member boards deal with matter individually and recommends contacting member boards directly
• contact information for all member boards can be found at www.internationalcredentialing.org/findboard
Ethical Codes related to 4 areas of telehealth technology

- Informed Consent
- Confidentiality/Privacy
- Records & Data
- Competency

(NAADAC Code of Ethics, Rev. March 28, 2011)
License
Portability
Conducting Therapy Across State Lines

Which state governs?
What does the state licensing board allow/require?

(American Psychologist, 2009)
Reimbursement for Telehealth Addiction Treatment Services
Effective January 1, 2014

32 million people currently uninsured may have access to insurance through either Medicaid expansion or Health Insurance Exchanges. Of the 32 million people, 11 million will have a mental health or substance use condition.
West Virginia

• 22.5K adults ages 18-64 with substance use disorders will have coverage for substance use treatment under Medicaid expansion
• 11K adults ages 18-64 with substance use disorders will have coverage for substance use treatment within the Health Insurance Exchange
• This represents a two-fold increase in the estimated prevalence within the existing eligible Medicaid population (currently 18K).
Telecommunications Act of 1996... use of technology as a treatment modality

(Benavides-Vaello et al., 2013)
Who Pays for Services Delivered Using Telehealth Technologies?
State Laws and Reimbursement Policies

Select a state to view telehealth-related laws, regulations, and Medicaid programs. You can also view a list of pending laws or do an advanced search.
West Virginia

TELEMEDICINE/TELEHEALTH DEFINITION

Law
“The practice of telemedicine means the use of electronic information and communication technologies to provide health care when distance separates participants. It includes one or both of the...”

Regulation
No reference found.

Medicaid Program
“A tele-consultation is an interactive member encounter that meets specific criteria. This service requires the use of interactive telecommunications systems, defined as multimedia communication...”

LIVE VIDEO REIMBURSEMENT

Law

Regulation

Medicaid Program

http://telehealthpolicy.us/jurisdiction/45
ALMOST DONE
There will always be a place for face to face treatment....

(Kazdin & Blasé, 2011; Perle & Nierenberg, 2013)
However, something must change… to overcome the limitations facing the field and the notion that mental health care services are often not able to reach all those in need, particularly those in rural or remote areas.

(Kazdin & Blasé, 2011; Perle & Nierenberg, 2013)
A major shift and expansion of clinical practice must occur to overcome the mental health burden and facilitate positive change.

(Kazdin & Blasé, 2011; Perle & Nierenberg, 2013)
From this, the question becomes, how do we facilitate this shift that will give mental health professionals greater reach and tools to serve the greater population?

Greater reach & tools = TELEHEALTH TECHNOLOGIES

(Kazdin & Blasé, 2011; Perle & Nierenberg, 2013)
Whether it's Group Counseling 
Like This 
or Like This
or Client Homework

Like This

or Like This
Expanding Access

Enhancing Treatment Services

Telehealth is in Clients’ Best Interest
TIME FOR QUESTIONS
Thank you

National Frontier and Rural
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

www.nfaratcc.org