

CBHC BOARD POSITION STATEMENT 25.0

Telemedicine for Behavioral Healthcare

Position Statement

To support progressive and innovative policy and legislation that advances the use of telemedicine and increases access to behavioral health services across the state while ensuring equitable reimbursement.

Background

Conceived by NASA in the 1960s to monitor astronauts' health in space, telemedicine is an increasingly essential clinical services delivery method. Telemedicine is defined in Health First Colorado's State Plan, as the use of medical information electronically exchanged from one site to another whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis and treatment of a client. Telemedicine includes synchronous services provided "live" where the client and the distant provider interact with one another in real-time through audio, audio-video, or data communications. Telemedicine does not include consultation provided by facsimile machines, text messaging, or electronic mail. To provide telemedicine services, health care practitioners must act within their scope of practice and be licensed practitioners as defined by state law.

Historically, telemedicine was primarily used for highly specialized medical consultation that was only available in urban teaching or specialty institutions and for access to routine physical and behavioral health services in rural and frontier areas. Beginning in the mid-1990s, Colorado Community Mental Health Centers effectively utilized telemedicine for Medicaid members under the behavioral health capitation waiver, especially to reach patients in rural and frontier areas but inability to access interactive audio/video telecommunications equipment limited its use. However, since its inception advances in technology have greatly increased access to telemedicine.

Prior to 2017, Colorado only mandated commercial coverage for telemedicine in rural and frontier areas. However, legislation passed in 2017 mandated coverage across the state and waived the location requirement, SB20-212 which passed in 2020 increased telemedicine parity protection for providers. The legislation prohibited limitations on telemedicine coverage, waived the requirement that providers have an established relationship with patients before engaging in telehealth, and required pediatric behavioral healthcare to be a billable service.

In early 2020, fueled by the COVID-19 pandemic and under the authority of the public health state of emergency, federal regulatory bodies began offering new, but temporary flexibilities to encourage the use of telemedicine to limit exposure risk and provide services despite non-emergent service closures. The flexibilities included expanding the types of services that could be provided remotely and the types of

technology that were permissible, e.g., telephonic services were allowed versus requiring video connection. These flexibilities lead to a dramatic and rapid increase in the use of telemedicine. The use of telemedicine services increased by 627% from 2019 to 2020. Colorado's CMHCs were one of the many provider types that quickly pivoted to delivering care virtually under the new guidelines. As the public health emergency winds down, many of the temporary flexibilities will remain in place due to the many benefits of telemedicine that have been realized during the pandemic. Colorado's CMHCs will continue to offer telemedicine services and evaluate how to provide quality community-based services within the expanded guidelines. Protecting telemedicine parity is essential for the delivery of statewide behavioral health services. CMHCs continue to face challenges to offering telemedicine services including limited broadband service in rural areas, licensing and regulatory barriers, and differing reimbursement rates for pediatric behavioral health providers.

Policy Priorities

25.1 Increase Access to the Full Continuum of Behavioral Health Services Statewide

CBHC supports telemedicine policies that enable the provision of the full continuum of behavioral healthcare across Colorado, particularly in rural and frontier areas of the state. Telemedicine options for behavioral healthcare should be available for BH services as long as quality of care is maintained to the highest standards. Telemedicine policies should support the existing statewide safety net and recognize that community providers are best equipped to meet the unique needs of their community. Telemedicine providers having a physical presence in their communities and relationships with local providers allows community members to access services that cannot be provided through telemedicine and allows providers to maintain wrap-around services, recovery-oriented services, and address social determinants of health, resulting in better health outcomes.

- ❖ CBHC supports policies that closely tie telemedicine to a full continuum of community-based care and recognize it as a tool, prioritizing the most interactive telehealth tools for care, where possible.
 - Payers and regulators should allow and reimburse for services provided using different modalities including interactive/live chat, phone, or video, knowing that providers will use their best clinical judgment and prioritize the most appropriate mode of care delivery possible.
 - State requirements must ensure that any providers offering telehealth services are well connected to the local continuum of care and are not allowed to default clients to more costly hospitalization or crisis care before first engaging local in-person outpatient services.

- ❖ CBHC supports policies that ensure telehealth is utilized as an effective component of a comprehensive continuum of care that addresses the needs of clients with complex conditions.

25.2 Promote Behavioral Health Equity for Medically Under-Resourced Populations

Due to technological barriers, the expansion of virtual care can exacerbate existing health disparities. CBHC supports telemedicine policies that address the barriers of virtual care while also leveraging the advantages of telehealth to promote health equity. While internet and device access are barriers to achieving health equity, telemedicine also provides opportunities for increased access in rural areas, providing services to

members with transportation difficulties, increasing service opportunities for people who experience time poverty, and reducing stigma associated with behavioral health services.

- ❖ CBHC supports policies that ensure Medicare, Medicaid, and commercial payer alignment to increase telehealth accessibility for all, without geographic restrictions or originating site requirements.
- ❖ CBHC supports policies that create access to low-cost technologies and broadband for medically underserved and digitally excluded patients

25.3 Improve Member Experience and Promote Patient Choice

Telehealth is an essential tool in reaching certain populations and can expand access to care by supporting clients who cannot engage in traditional outpatient services due to public health emergencies, transportation, childcare, and/or other barriers.

- ❖ CBHC supports policies that increase access to care and respect client choice by making telehealth an available option.
 - Client-centered care recognizes that consumers' needs may change and evolve over time. A continuum of services that includes telehealth as well as face-to-face services should be available within the local community.
 - Policies should enhance the ability of local providers to provide a range of virtual services with adequate reimbursement.
 - Policies that expand access to telehealth must protect clients' ability to transfer between levels or modalities of care as needs and preferences evolve through the course of treatment.

25.4 Use Technology as an Incentive to Support the Behavioral Health Workforce

Due to extreme pressure on the behavioral health workforce, reorganizing and transforming how behavioral health providers deliver care to patients through technology can facilitate expanded service delivery, increase staff retention rates, and reduce burnout. The option to provide telemedicine can improve healthcare workers' stress levels, work-life balance, and increase overall job satisfaction. These employment incentives are necessary to salvage a hemorrhaging behavioral health workforce, as well as attract new providers to behavioral health.

- ❖ CBHC supports telemedicine policies that improve clinician workflow, reduce administrative burden, and give providers access to clinical decision-making support.
- ❖ CBHC supports the expansion of telemedicine as a vehicle to supporting providers, reducing workloads, and improving work-life balance.

25.5 Continue the Statewide Development of Broadband

To realize the full potential of telemedicine and virtual care, Colorado must invest in service delivery infrastructure including broadband access. embrace the range of telehealth modalities available and ensure care is available for those populations that have historically had limited access to broadband, cell phone data plans, and other technologies.

- ❖ CBHC supports policies that increase investment in making relevant technologies available to historically underserved populations including rural/frontier regions and communities of color.
- ❖ CBHC supports policies that diversify access to care pathways through virtual mediums.
 - Allowance and coverage of app-based, text, audio, and audio-visual telehealth modalities when appropriately connected to in-person, local continuums of care and aligned with client needs.

25.6 Continue to Increase Medicare and Medicaid Flexibilities Related to Use of Telemedicine.

The flexibilities which have been allowed during the COVID-19 public health emergency must be maintained and monitored closely. The COVID-19 pandemic has demonstrated the demand and importance of telemedicine, the future of telemedicine should build on the lessons learned during the pandemic and continue to expand telemedicine care to meet member demand.

- ❖ CBHC supports policies that enhance an individual's ability to initiate or receive care virtually. This includes:
 - Oral or virtual consent to treat with appropriate documentation, rather than in-person paperwork.
 - HIPAA/FCC regulatory modifications to allow more utilization of audio and video care modalities.
 - Allowing telehealth services to be delivered from a variety of settings (originating site and distance site) including in clients' homes, within appropriate clinical and privacy guidelines.
 - Initiation of care relationships and intake with virtual technology.

Effective Period

The Colorado Behavioral Healthcare Council (CBHC) Board of Directors approved this policy on 8/7/2020. It is reviewed as required by the Public Policy Advisory Committee.

Policy Updated

Updates to this policy position were approved by the CBHC Board of Directors on 6/16/2022.

Expiration: 6/16/2024