

Position Statement:

Support Telehealth Expansion into the Home or Workplace for Medicare and Private Pay Beneficiaries

to increase access to quality mental healthcare and improve wellness for those most in need

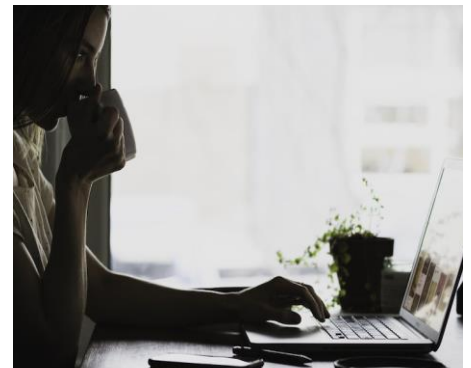
APA Society for Health Psychology supports continued and permanent expansion of telehealth benefits, including **a) the home or workplace as a qualified place to receive care, b) consistent and broad definition of telehealth across private payor beneficiaries, and c) guaranteed reimbursement parity for telehealth services.**

Additionally, APA Society for Health Psychology supports increased effectiveness studies in the delivery of mental health treatments via telehealth.

Treatment outcomes using telehealth service delivery are equal to - and sometimes more cost-effective than - standard face-to-face treatments.

While there is a need for even more research, effectiveness studies in the use of telehealth as a primary or adjunct mode of treatment suggest equal treatment outcomes when compared to traditional therapy, including

- *Chronic pain, COPD & fibromyalgiaⁱ*
- *Mindfulness trainingⁱⁱ*
- *Moderate to severe psychopathologyⁱⁱⁱ*
- *Obesity^{iv}*
- *Trauma & PTSD^v*



While telehealth has been shown to increase access for populations in need^{vi}, only ~25% of Medicare beneficiaries use telehealth services due to restrictions in receiving services^{vii}. This is largely because of constraints on the locations where services may be received. Ostensibly for liability reasons, these restrictions inhibit access to care, especially for disabled and rural populations.

The CARES Act of 2020^{viii} expanded telehealth access for beneficiaries of public and private insurance in order to meet the public health needs of America during COVID-19. This allowed medical and mental health professionals to meet the needs of patients at an unprecedented level of care.

The Society for Health Psychology supports maintaining these expanded services permanently, to include:

- Allowing patients to receive mental health treatment directly in their homes

- Expansion of the types of providers allowed to provide telehealth services
- Requiring reimbursement parity for services provided via telehealth
- Requiring innovative research into efficacy and effectiveness of telehealth services in this new era

Beneficiaries also experience difficulties in access, including access to providers

Before the passage of the CARES Act, telehealth parity had not been as quick or expansive as state policymakers originally envisioned. This is likely due to a number of factors that have informed private payor policies around telehealth, including ^{ix}:

- Limits on the types of services reimbursed if provided via telehealth (i.e., consultation only)
- The influence of policies from other sectors such as licensing boards on payors telehealth policies
- Contracts with third parties to provide telehealth services to beneficiaries rather than relying on network providers
- Initial reluctance from beneficiaries and providers to use telehealth
- Parity in reimbursement rates for telehealth services even though this was not guaranteed by regulation

Policymakers and advocates should consider ways to ensure all modalities are reimbursed by private payers:



- Ensure that payment parity language is included in legislation
 - Consider advocating for an education component for providers and
 - Encourage work with state licensing boards to create telehealth policies that allow licensees the flexibility to utilize technologies in delivering care
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APA Society for Health Psychology encourages an increase in effectiveness studies using telehealth as a main service delivery method, to enhance our understanding of utilization rates as well as treatment outcomes.

Rush KL, Hatt L, Janke R, Burton L, Ferrier M, Tetrault M (2018). The efficacy of telehealth delivered educational approaches for patients with chronic diseases: A systematic review. *Patient Educ Couns.* 101(8):1310-1321.

ⁱⁱRice, V. J., Liu, B., Allison, S. C., Schroeder, P. J. (2019). Mindfulness training offered in-person and in a virtual world—weekly self-reports of stress, energy, pain, and sleepiness among US military active duty and veteran personnel. *Mindfulness*, 10, pages1815–1827.

ⁱⁱⁱAardoom JJ, Dingemans AE, Fokkema M, Spinhoven P, Van Furth EF. (2017). Moderators of change in an Internet-based intervention for eating disorders with different levels of therapist support: What works for whom? *Behav Res Ther.* 89:66-74.

^{iv}Rollo ME, Burrows T, Vincze LJ, Harvey J, Collins CE, Hutchesson MJ (2018). Cost evaluation of providing evidence-based dietetic services for weight management in adults: In-person versus eHealth delivery. *Nutr Diet.* 75(1):35-43.

^vAcierno R, Gros DF, Ruggiero KJ, Hernandez-Tejada BMA, Knapp RG, Lejuez CW, Muzzy W, Frueh CB, Egede LE, Tuerk PW (2016). Behavioral activation and therapeutic exposure for posttraumatic stress disorder: a noninferiority trial of treatment delivered in person versus home-based telehealth. *Depression and Anxiety*, 33(5), 415-423.

^{vi}<https://www.cchpca.org/resources/research-catalogues>, Przeworski, A. & Newman, M. G. (2006). Efficacy and utility of computer-assisted cognitive-behavioural therapy for anxiety disorders. *Clinical Psychologist* 10(2), 43-53; Choi NG, Marti CN, Bruce ML, Hegel MT, Wilson NL, Kunik ME (2014). Six-month postintervention depression and disability outcomes of in-home telehealth problem-solving therapy for depressed, low-income homebound older adults. *Depression and Anxiety*. 31(8):653-61. Yuen, E. K., Gros, D. F., Price, M., Zeigler, S., Tuerk, P. W., Foa, E. B., & Acierno, R. (2015). Randomized controlled trial of home-based telehealth versus in-person prolonged exposure for combat-related PTSD in veterans: Preliminary results. *Journal of Clinical Psychology*, 71(6), 500–512.

^{vii}<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Information-on-Medicare-Telehealth-Report.pdf>

^{viii} <https://www.congress.gov/bills/116th-congress/senate/bill/3548/text?q=product+actualizaci%C3%B3n>

^{ix} https://www.cchpca.org/sites/default/files/2018-09/CCHP_Milbank-Telehealth-Exec-Summary-FINAL.pdf