



Bridging Gaps in Telebehavioral Health: Best Practices for Reaching Rural and Access - Limited Populations

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Great Plains Telehealth Resource & Assistance Center

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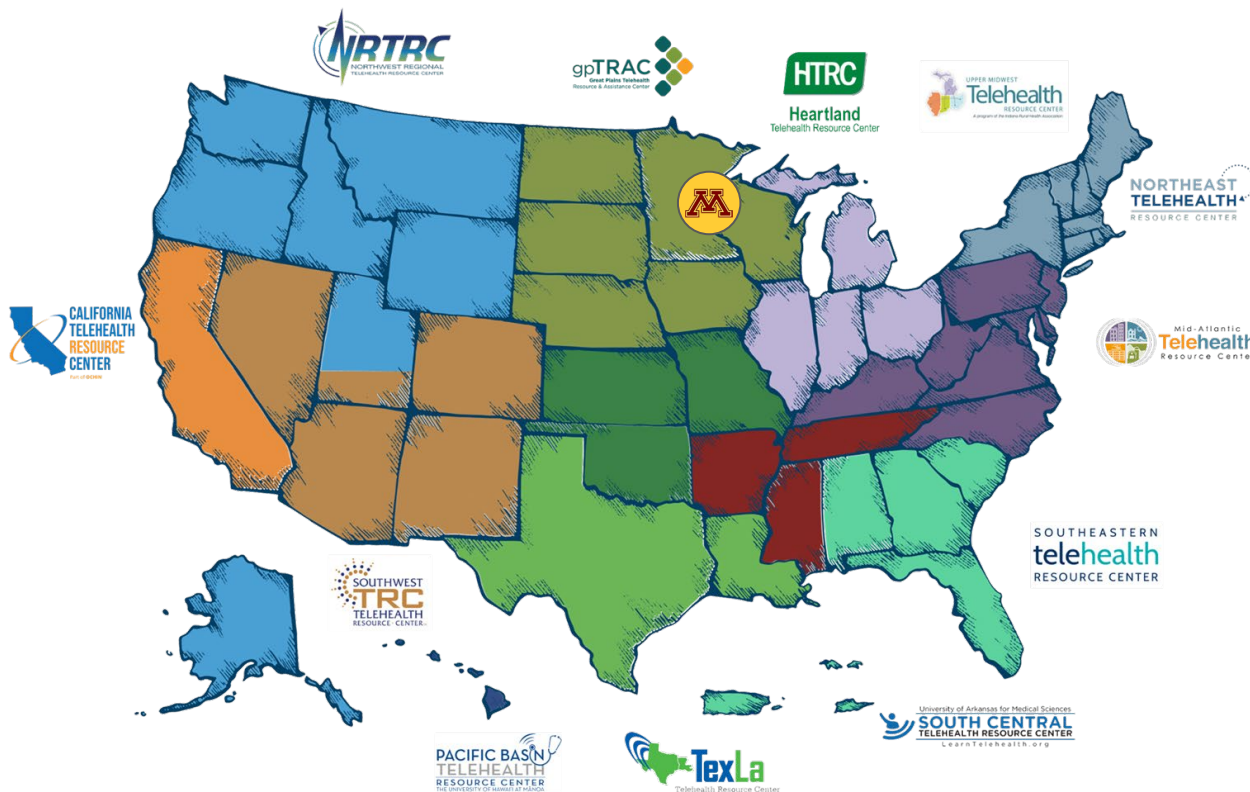
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www.telehealthresourcecenter.org



12 REGIONAL RESOURCE CENTERS

NTRTC	gpTRAC	NETRC
CTRC	HTRC	UMIRC
SWIRC	SCIRC	MAIRC
PBIRC	TexLa	SEIRC

2 NATIONAL RESOURCE CENTERS





POLICY

RESOURCES

STORIES

Iowa

Minnesota

Nebraska

North Dakota

South Dakota

Wisconsin

Nebraska Telehealth Policy

Overview

Medicaid

Commercial

Boards & Licensure

Mid-Level Providers

Behavioral Health

Other Policies



Nebraska Billing Guide - Jan 2024

Nebraska does **not** currently have an active PHE.

Nebraska is an **expansion state** with **full coverage parity & full Medicaid parity**.

Nebraska Medicaid allows telehealth for **any Medicaid-eligible provider** and **any Medicaid-eligible service**.



Original: 10/10/2020
Updated: 11/8/2020
12/15/2020, 01/29/2021, 2/26/2021, 3/31/2021,
4/30/2021, 5/31/2021, 6/30/2021, 7/31/2021, 8/31/2021,
9/30/2021, 10/31/2021, 11/30/2021, 12/31/2021,
1/31/2022, 2/28/2022, 3/31/2022, 4/30/2022, 5/31/2022,
6/30/2022, 7/31/2022, 8/31/2022, 9/30/2022, 10/31/2022

Prepared for:
Great Plains Telehealth Resource & Assistance Center

COVID-19 Virtual Visit & Reimbursement Guide - South Dakota

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Overview

- The Challenges
- The Possible Solutions
- Examples
- Q&A

The Challenges

Access in the Healthcare Context

Sub- outline

1. Statistics on access
2. Notice who is accessing whom
3. How it switched during the PHE resulting in rapid TH deployment
 - a. Also slipshod and sloppy
4. Double Problem:
 - a. How to use telehealth WELL
 - b. How to use telehealth to IMPROVE OUR ACCESS TO PATIENTS

Narrative Review - 2021

Telehealth models were associated with positive outcomes for patients and health care professionals, suggesting these models are feasible and can be effective. Future telehealth interventions and studies examining these programs are warranted, especially in rural communities, and future research should evaluate the impact of increased telehealth use as a result of the COVID -19 pandemic.

People use it and like it, especially when they need it

<https://pubmed.ncbi.nlm.nih.gov/articles/PMC8430850/>

AMA Report - 2022

- 37% of adults surveyed had used telehealth in the past year
- Use rises with age (as does healthcare use generally)

Women vs Men	42% vs 32%
White vs Minority	40% vs 33%
College degree vs HS or less	43% vs 30%
Urban vs Rural	40% vs 31%

Telehealth use is greater among those with better access, generally

<https://www.ama-assn.org/practice-management/digital-health/7-telehealth-trends-physicians-should-know>

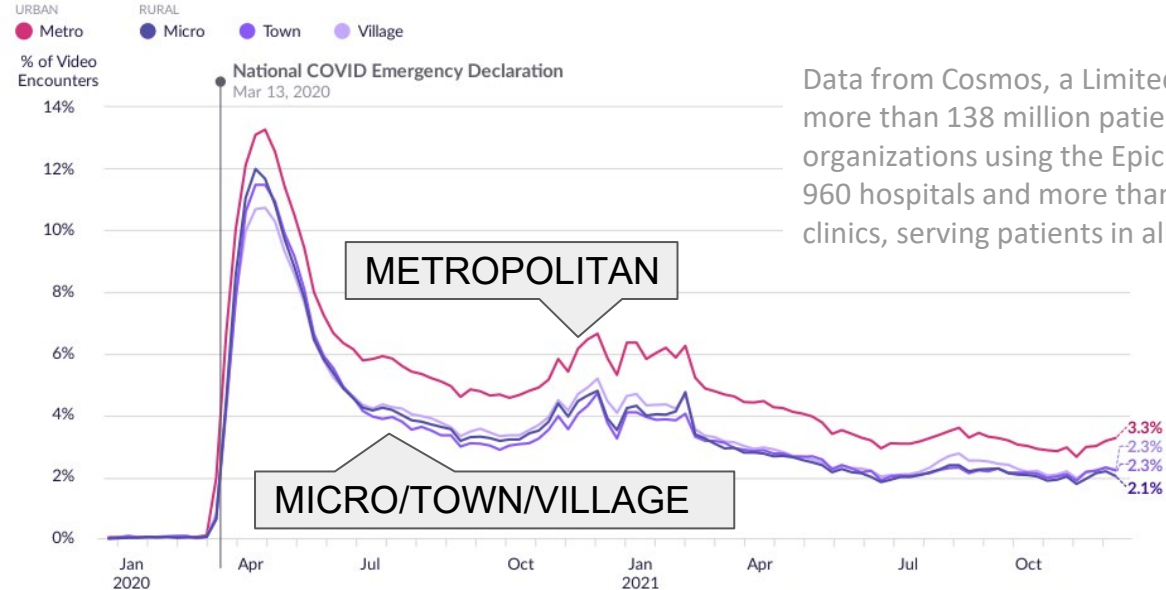
Why is telehealth use related to access?

- **Definitional** - if you use telehealth, you have access
- **Directional** - telehealth helps providers access patients, not vice-versa

Differences seen reflect the *same differences* we see in healthcare more generally

Telehealth Is More Urban Than Rural

Telehealth Video Encounters by Rurality



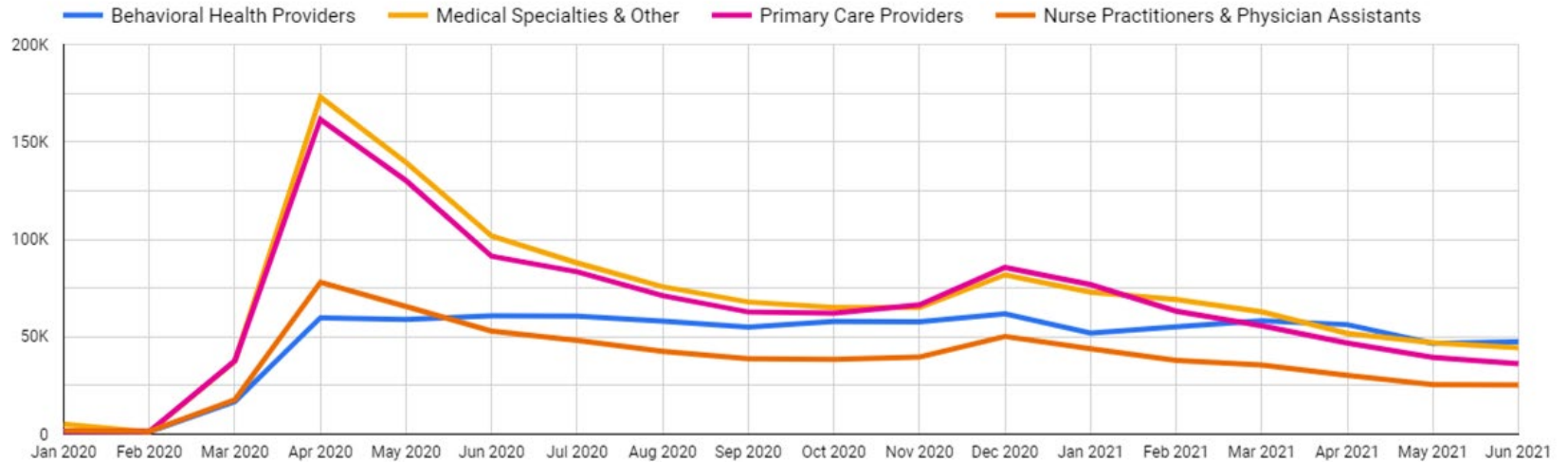
Data from Cosmos, a Limited Data Set of more than 138 million patients from 161 organizations using the Epic EHR, including 960 hospitals and more than 20,000 clinics, serving patients in all 50 states.

"Telehealth Encounters by Rurality," 2022. EpicResearch.org

Figure 2. Percentage of outpatient non-procedural visits each week conducted via video. Red represents urban areas, while the shades of purple represent the areas categorized as rural.

Telebehavioral Health Was Different

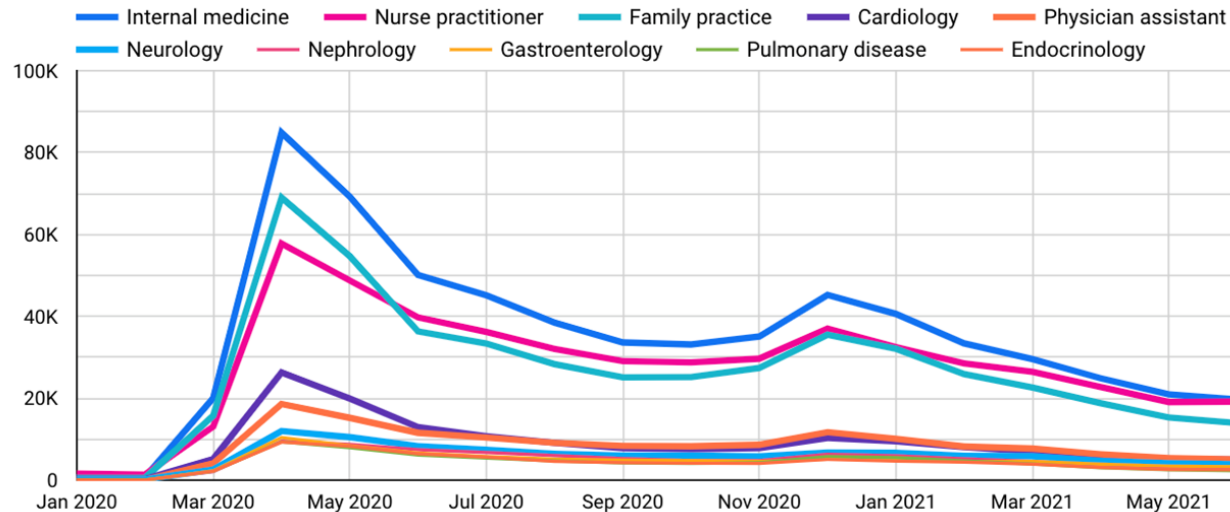
Medicare Visits *



Telebehavioral Health Was Different

Medical providers

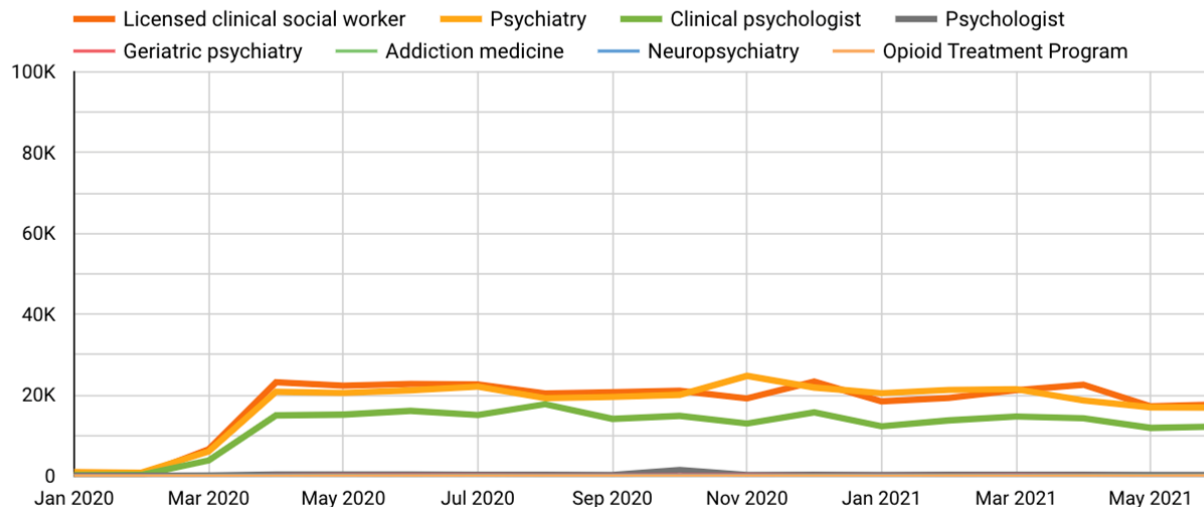
All Medical Providers Allowed Service Count *



Telebehavioral Health Was Different

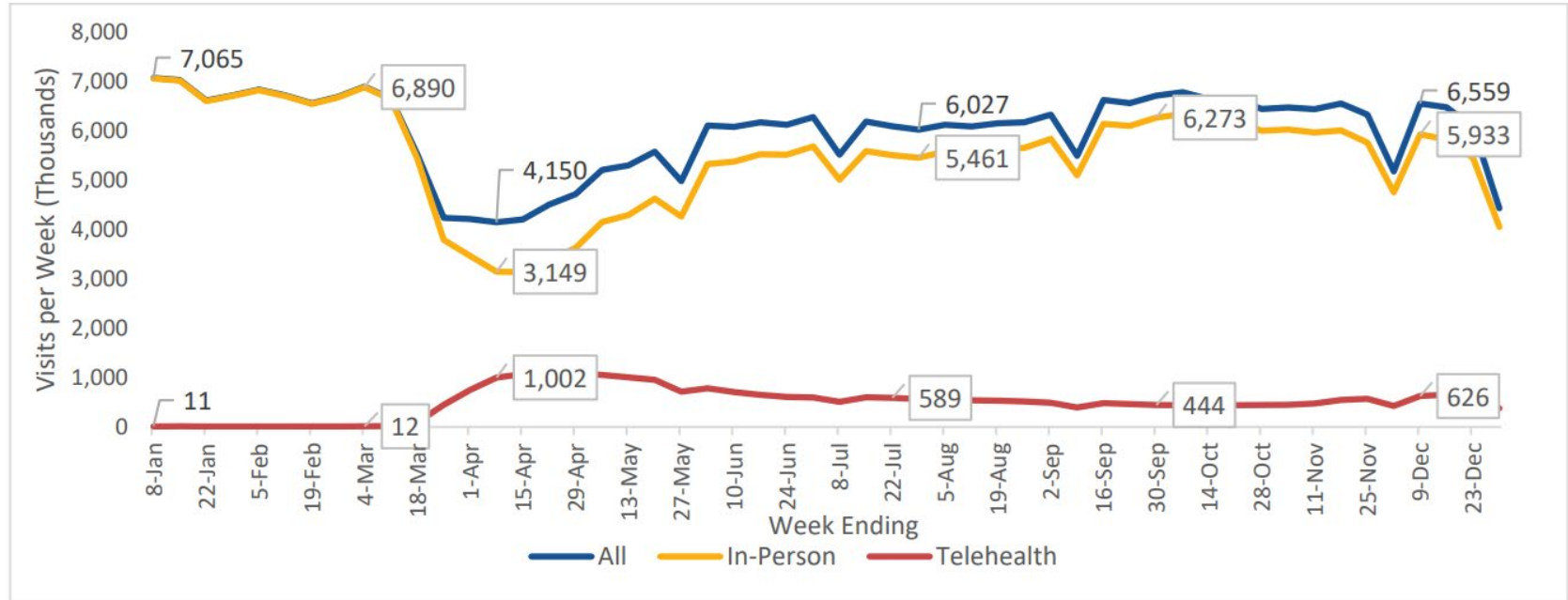
Behavioral health providers

Behavioral Health Providers Allowed Service Count *



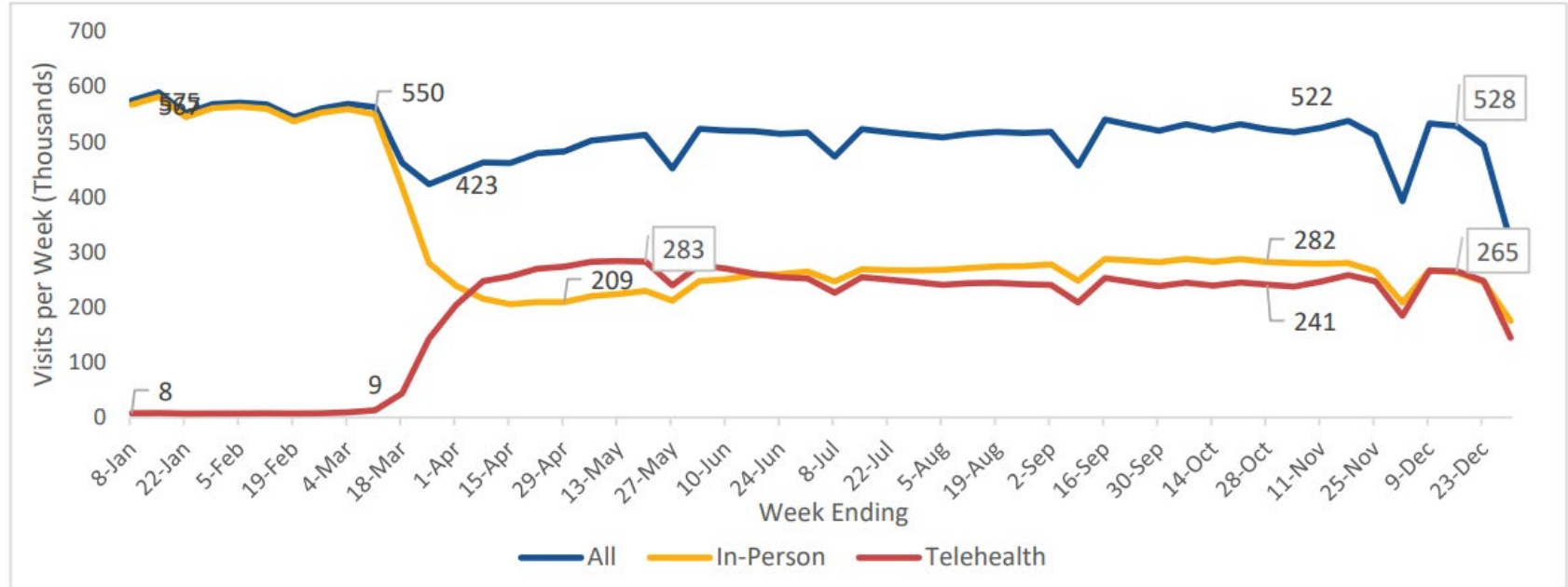
Primary Care Visits in 2020

Medicare FFS Primary Care Visits in 2020



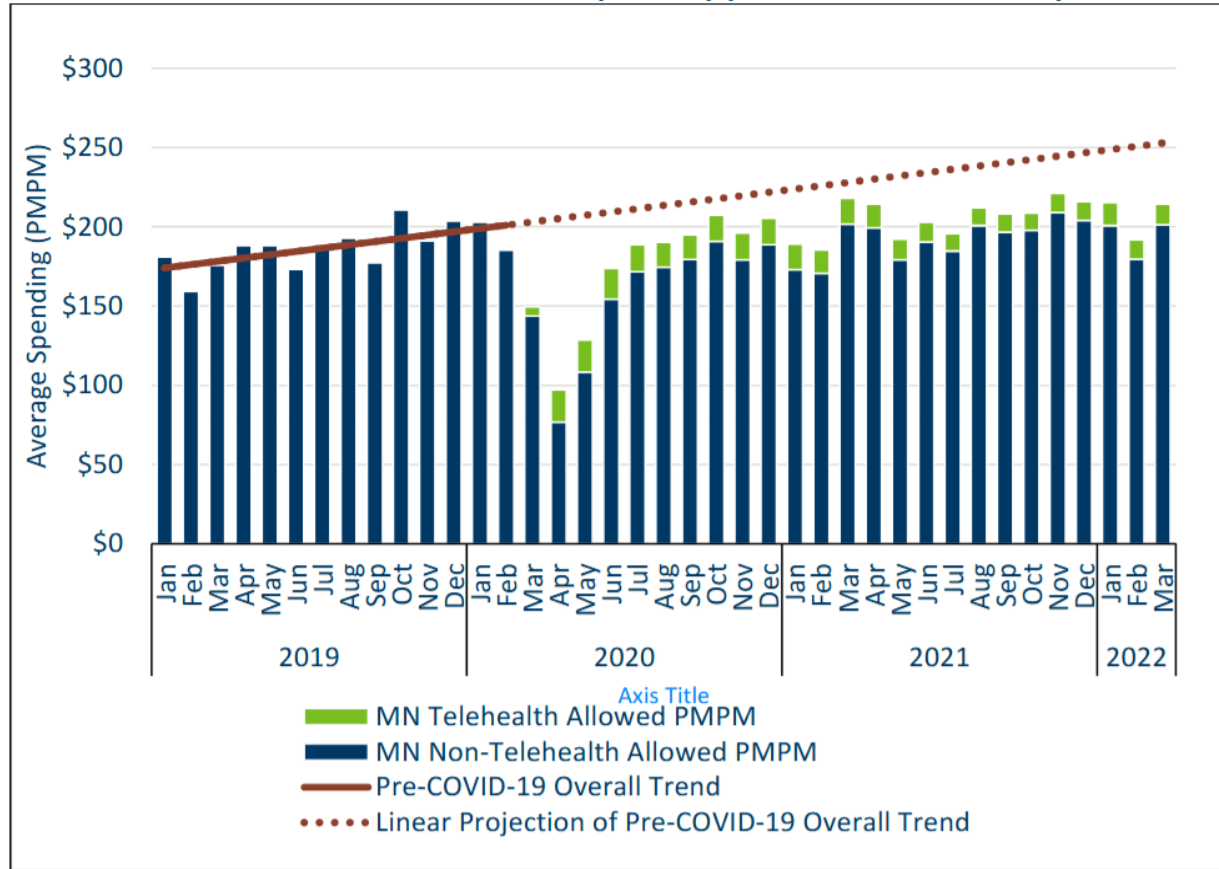
Behavioral Health Visits in 2020

Medicare FFS Behavioral Health Visits in 2020



Minnesota Commercial Spending On All Professional Services 2019- 2022

Figure 6. Projected Versus Actual Professional Services Spending, Per Member Per Month (PMPM) (Commercial Enrollees)

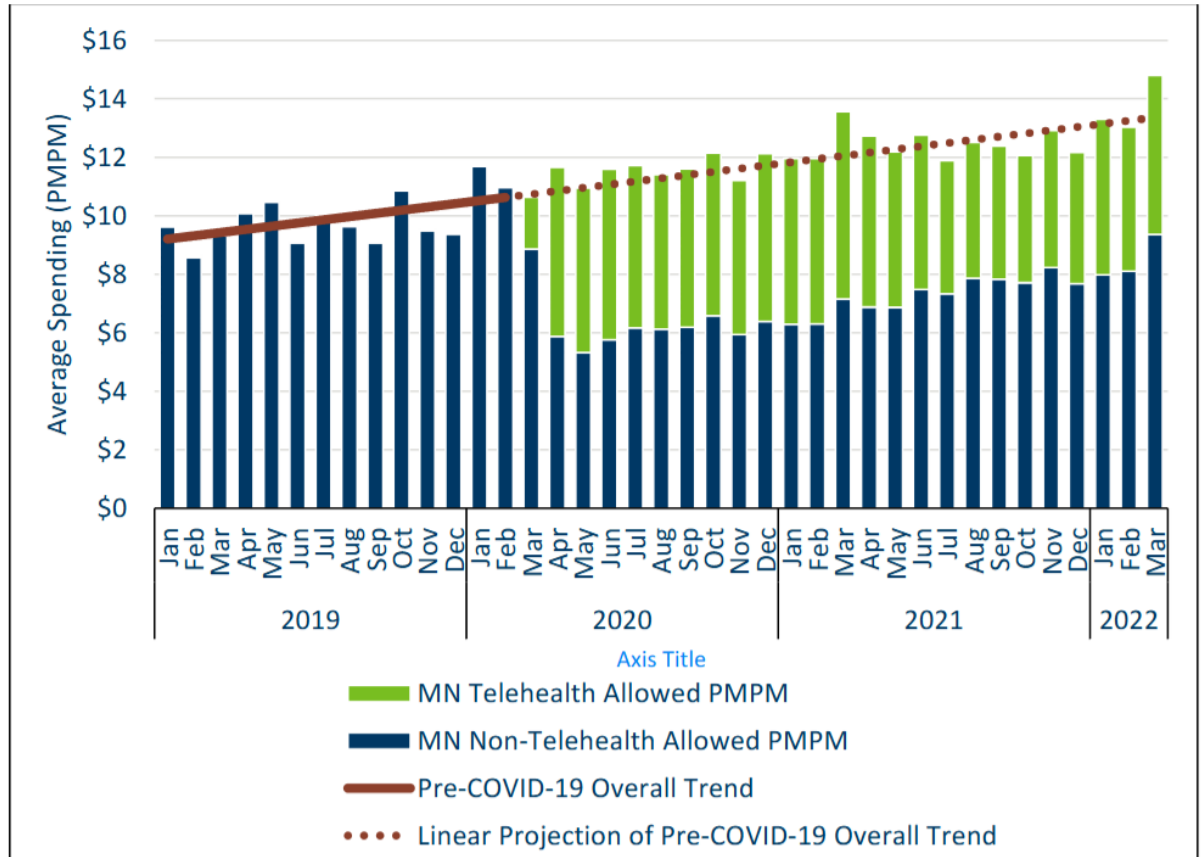


Minnesota

Commercial

Spending On Behavioral Health and SUD Services 2019-2022

Figure 7. Projected versus Actual Spending for Behavioral Health and Substance Use Treatment, Per Member Per Month (PMPM) (Commercial Enrollees)



Source: Oliver Wyman analysis of the Minnesota All Payer Claims Database (MN APCD), Extract 25.

PMPM: Per member per month.

Why Was Behavioral Health Different?

Need and access to technology was the **same for both groups of patients** (they were often the same patients)

1. It was easier for us (BH providers) to adopt telehealth than it was for primary care and other specialists
2. More BH providers had history/ experience with telehealth than primary care or other specialties

Conclusions: 1. *Providers* make the difference in adoption
2. Telehealth adoption solves

provider needs

2023 Survey of MH Clinicians

While most medical services had returned to in-person care by 2023, mental health services have continued to use telehealth for **the majority of patient visits**.

A survey of 1,221 mental health service providers found that 80% still offered telehealth services.

- 97% percent said they used it for counseling
- 77% for medication management
- 69% for diagnostic services

<https://www.coniferhealth.com/knowledge-center/telehealth-in-2024-the-evolution-continues/>

What Was the Problem We Were Solving?

1. We couldn't access our patients effectively
2. Our patients couldn't access us conveniently

The Nature of Solutions

In Healthcare, Form Follows Finance

What is a “solution”?

What problems need to be solved?

Most Common Telehealth “Solutions”

1. Providers expand their catchment area/target population or cover more sites (without needing to travel)
2. Providers work from home (or some other location) some or all of the time
3. Clinics contract with providers who can “telecommute,” expanding the pool of potential providers
4. Clinics can substitute a TH encounter for a late cancellation

These are all solutions to PROVIDER problems

What Do Patients Want?

1. ACCESS - we provide an office, “sanctuary”
2. FLEXIBILITY - “structure and consistency are good”
3. CONTROL - we are the experts

These are all things we aren't used to providing

But they can be very powerful, if used well

HOW TO: Becker's Survey - 2024

- 91% of health systems have a telehealth program
 - Telehealth is a foundational element of modern healthcare
- Barriers are common, and good programs overcome them
 - Adoption is a key metric of success, and must be driven
- As virtual care systems expand, more is done with them
 - Useful tools get used, re-used, and re-purposed

Better designed/implemented systems get used more

The more they are used, the more ways we find to use them

<https://assets.asccommunications.com/whitepapers/teladoc-health-wp-february-2024.pdf>

The Importance of Uptake

Successful programs measure/drive **adoption** among staff

- Not necessarily *everyone*

The more widely used a platform/ practice is, the more it gets adapted, fixed, improved, and applied to other problems

(Most staff want to solve problems)

The Classic Win/Win Scenario

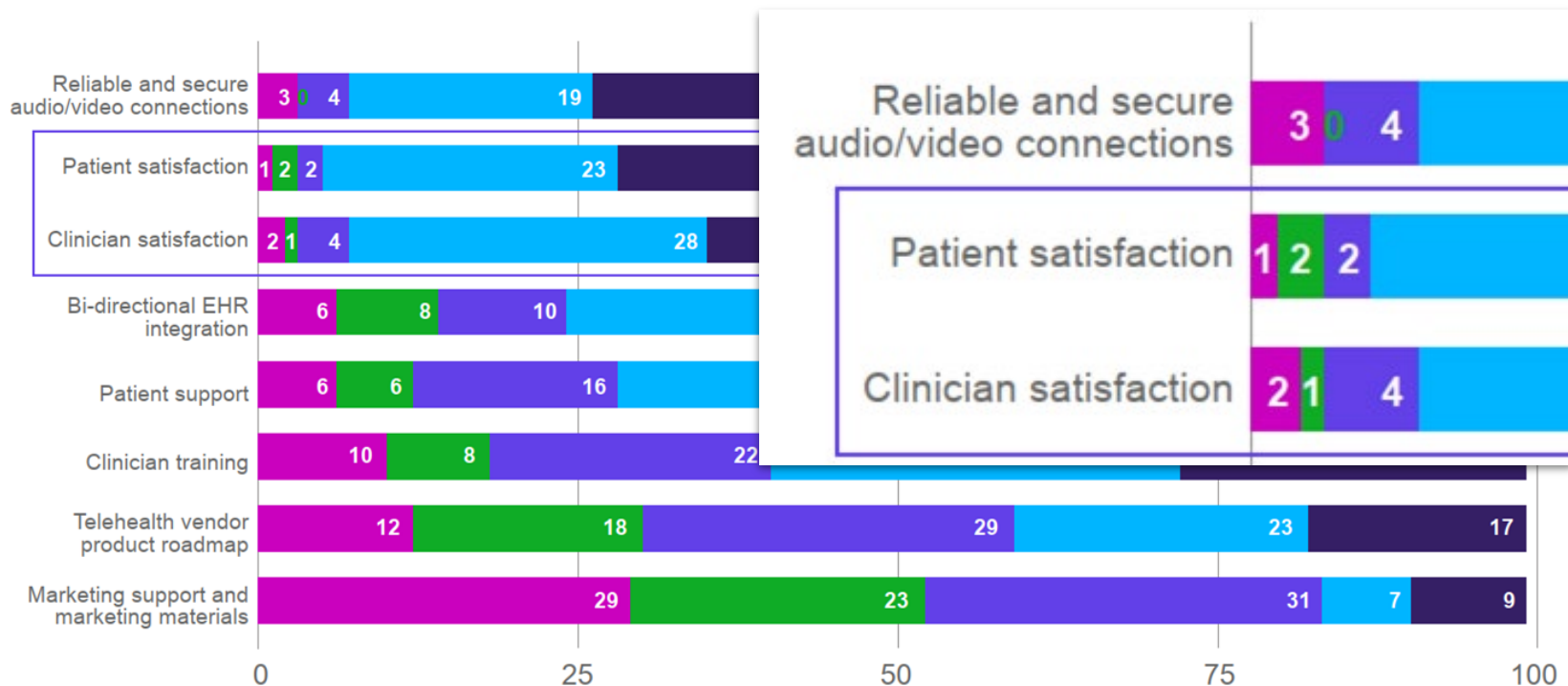
- Patients get greater access and flexibility, along with continuity of care
- Provider gets greater flexibility, fewer cancellations, more stable revenue



What We've Learned

Using new tools and doing new things

Key Factors Driving Success



<https://assets.asccommunications.com/whitepapers/teladoc>

-health-wp-february-2024.pdf

Telehealth Adoption During Early Pandemic

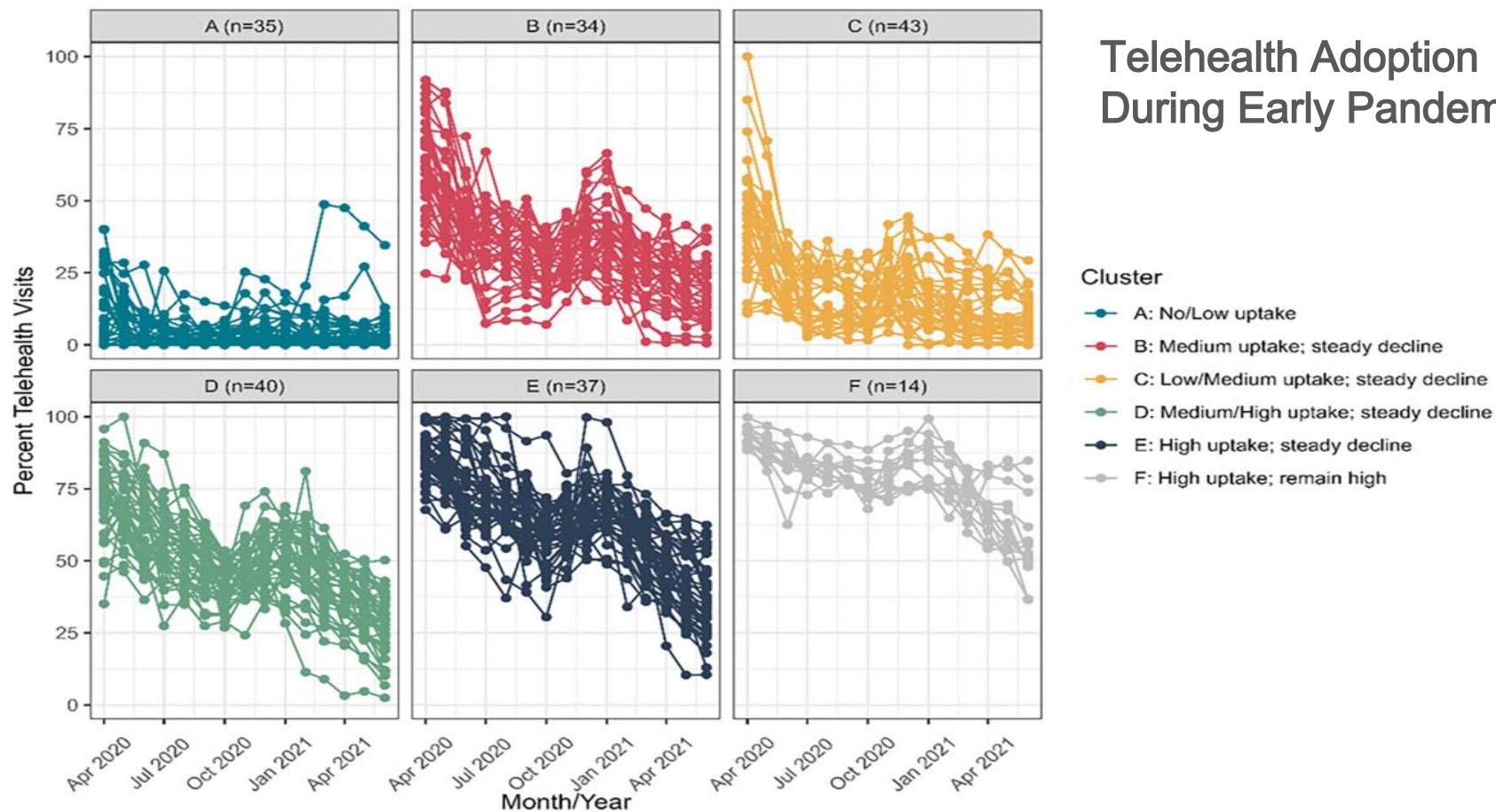


Figure 2. Distribution of telemedicine adoption at the onset of the COVID-19 pandemic across study clinics by cluster (April 2020-June 2021).

Everyone: “We do it differently”

Many “versions” of telehealth exist

Some are more/less enjoyable/satisfying for patients/providers (due to variations in technology, support, local workflows and logistics)

Programs tend to develop around specific needs, goals, talent, support

Someone, somewhere is doing [almost anything you can imagine] with telehealth; someone does it better than you; someone else does it worse

Audio - only is different

Audio -only telehealth is critical in certain situations, but relatively less popular when video or in -person options are available



Telehealth can be effective and satisfying

Telehealth can be highly effective when used appropriately.

Patients and providers are both highly satisfied when telehealth is used to meet their needs.



The Great Divide

Healthcare organizations are going two directions:

- Avoiding/ delaying technology
- Embracing technology



Contact



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<http://gptrac.org>

<http://telehealthresourcecenters.org>



What's Legal

VS

What's Reimbursable

	LEGAL	REIMBURSABLE
FEDERAL / MEDICARE	?	?
STATE / MEDICAID	?	?
COMMERCIAL PAYERS	---	?

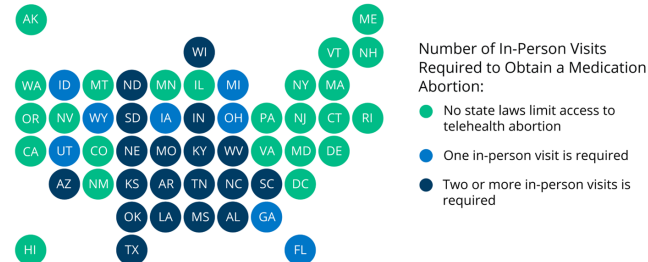
What's Legal via Telehealth

Federal Regulations

1. All general healthcare regulations apply (HIPAA, etc.)
2. Stark Law, Anti-kickback Statute, False Claims Act
3. Ryan Haight Act (requires in-person before Rx; registry) Federal enforcement via DEA, OCR

State -level regulations

1. Primarily through **licensing boards** (with ethical guidance from national societies)
2. “Special” topics of interest: controlled substances, abortion, etc.



NOTE: KFF Analysis of State Policies Affecting Telehealth for Medication Abortion, February 2022; KFF Analysis of State Policies and Guttmacher Institute, State Policies in Brief, Counseling and Waiting Periods, December 2021; Guttmacher Institute, State Policies in Brief, Requirements for Ultrasound, December 2021.

What's Reimbursed via Telehealth

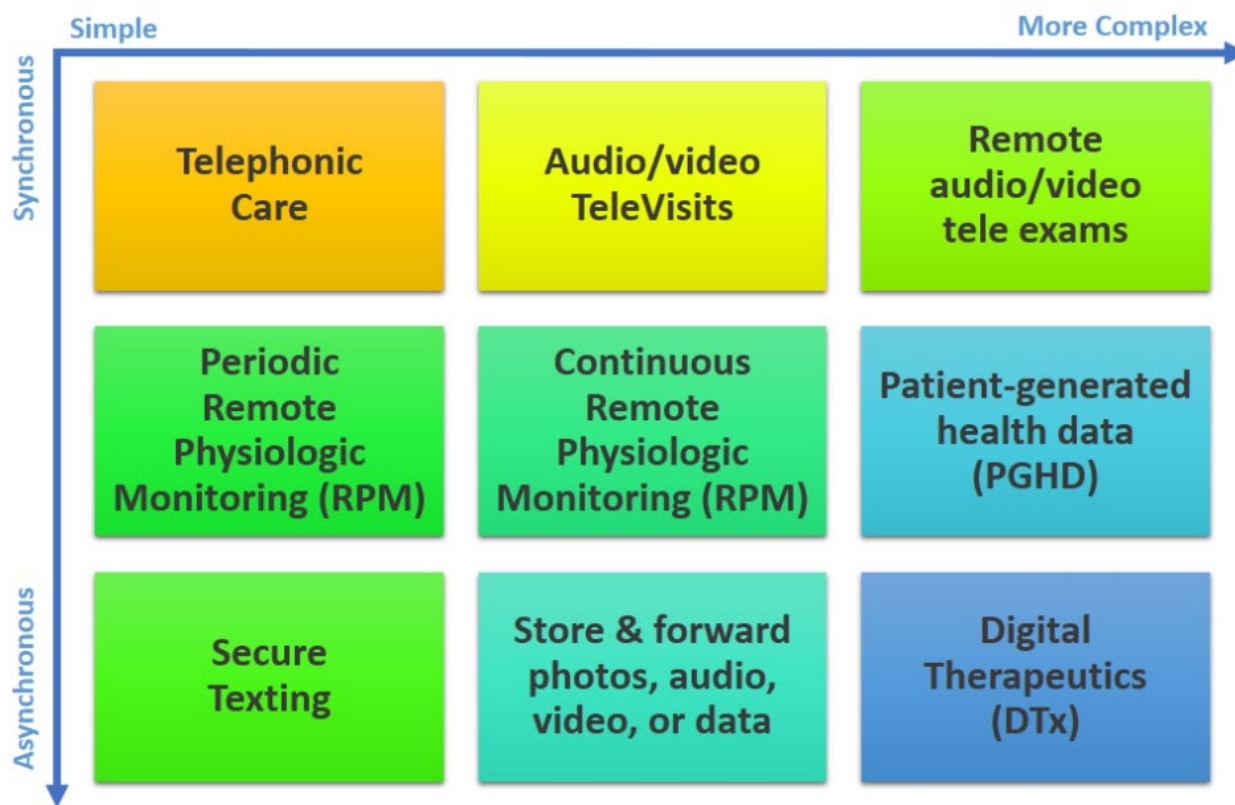
Payer-by-payer Policies

1. Is the test or service reimbursed for in-person (usual) care?
2. Is it reimbursed when provided via video or audio?
3. Any limitations on who/ when/ where?

Medicare (national policy) - waivers in place until Sep 30, 2025

Medicaid (state -by-state) - largely stable in MN other than audio

Commercial (plan -by-plan) - most made PHE changes; held, churn



9 Virtual Care Modalities



<https://ingeniumdigitalhealth.com/9-ways-to-deliver-extraordinary-care-virtually>

What's New in 2025?

Some things have been made permanent
while others are at risk of going away

Federal Updates - Review

Primary flexibilities are/were:

1. **Medicare** (expanded coverages & providers, any location, home OK, FQHCs/ RHCs can bill, audio-only “core” services reimbursed)
- ~~2. **HIPAA** - relaxation on security requirements for platforms~~
- ~~3. **DEA** - controlled substances without in-person visit~~

HIPAA flexibilities ended with the PHE; DEA extended through 2025

Medicare flexibilities extended until March 31, 2025

What's At Risk After ~~SEPTEMBER~~ ~~March 31, 2025~~?

Medical care under Medicare could lose coverage for:

1. Patient in **any location** (at home; in non-rural area)
 - a. Back to health care facilities in rural areas only
2. Use of **any technology**
 - a. Back to live video only
3. **Any provider** (including FQHC/RHC and PT/OT/SLP)
 - a. Back to MD/DO, NP/PA, CP, and CSW
4. **Also:** ACHAH, Hospice recerts, annual in-person visits

Already Gone - - Not Extended after Jan. 1

1. First dollar telehealth coverage for HDHPs/HSAs
2. Cardiac and pulmonary rehab services via telehealth

NOT at Risk

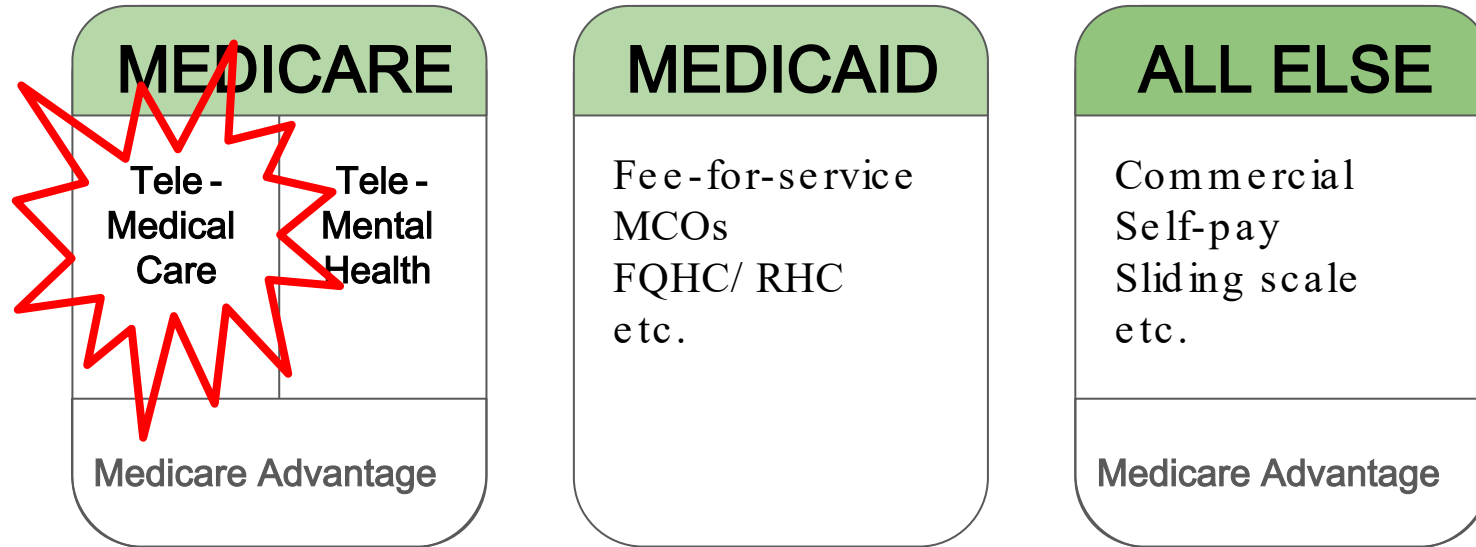
1. **Inpatient consults** - have been permanent since 2000 in some form
2. Virtualized **services that are not billed** (e.g., nursing)
3. Clinical services that are NOT “telehealth” (per CMS)
 - a. Care management/coordination services
 - b. Virtual check -ins
 - c. Remote monitoring

Already Permanent - - No Need To Extend

BEHAVIORAL HEALTH (ONLY)

1. Can be provided from anywhere (home, non -rural)
2. Can be provided using any technology (video/audio)
3. FQHCs/RHCs can be reimbursed; get coverage for telebehavioral health services same as in -person care

Three Groups of Payers



What Counts as a Rural Originating Site?

Use: <https://data.hrsa.gov/tools/medicare/telehealth>

- Gives a single answer (yes/no) for Medicare coverage eligibility at the address provided

Don't use: <https://www.ruralhealthinfo.org/am-i-rural>

- Gives multiple answers for various programs; confusing

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