

Welcome and Sign-In

- Please sign-in by chatting
 - your name,
 - your organization
 - anyone else joining you today
- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Betsy Payn, MA, PMP
- Esther Solano

Anna Ratzliff MD PhD has received book royalties from John Wiley & Sons (publishers).

Overview of Learning Collaborative

- Audience:
 - Psychiatric Consultants
 - Working or hoping to work in integrated care settings
- Goals:
 - Provide ongoing integrated care education (CME available)
 - Foster learning and support network
 - Support sustainment of integrated care
- Structure:
 - Monthly lunch hour on 2nd Tuesday
 - Didactic topic 20-30 mins
 - Open discussion remainder of time
 - Topics repeat every 6 months

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666
- [UW TBI-BH ECHO](#)

Reminders

- Please keep yourself on mute during the didactic
- If you have a question during the presentation (related to the topic or not) please type it in the chat



Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

TeleBehavioral Health and Policy Overview

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Speaker Disclosures

- No relevant disclosures

DISCLAIMER

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Federal and state policies frequently change – and are not uniform! Check the date of publication to be sure you are accessing current information.

Always consult with legal counsel, billing & coding experts, and compliance professionals.

Learning Objectives

- Review telehealth definitions and modalities.
- Review legal, regulatory and reimbursement issues that impact the delivery of telehealth services.
- Review TeleBehavioral Health implementation checklist.
- Meet state requirements for telehealth training (WA SSB 6061).
- Identify additional resources.

Definition:

- Telehealth = the use of a technology-based virtual platform to deliver various aspects of health information, prevention, monitoring, and health care services.
- Telemedicine = the delivery of health care services via a remote electronic interface, including provider-to-provider, patient-to-provider.

TYPES OF TELEMEDICINE/TELEHEALTH



1. Real-time interactive consultation

3. Remote monitoring



2. Store and Forward



4. Case-based teleconferencing



5. mHealth





TELEHEALTH/TELEMEDICINE LANDSCAPE

 **Integrated Care Training Program**

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WHAT IS TELEHEALTH/TELEMEDICINE?

Centers for Medicare & Medicaid Services (CMS)

We pay for specific Medicare Part B services that a physician or practitioner *at a distant site* provides via 2-way, interactive technology (or telehealth). Telehealth substitutes for an in-person visit, and generally involves 2-way, interactive technology that permits communication between the practitioner and patient.

Medicare Learning Network (MLN) Factsheet: [MLN901705 - Telehealth Services \(cms.gov\)](https://www.cms.gov/medicare-mln-factsheet-telehealth)

Distant site = where the consulting provider is located

Originating site = where the patient is located

TELEMEDICINE BILLING & REIMBURSEMENT - CMS

During the COVID-19 public health emergency (PHE), emergency waivers and other regulatory authorities encouraged and expanded the use of telehealth services until the end of the PHE on May 11, 2023. Section 4113 of the Consolidated Appropriations Act, 2023 ([BILLS-117hr2617enr.pdf \(congress.gov\)](https://www.congress.gov/bills/117/hr2617/enr/pdf)) extended many of these flexibilities through December 31, 2024, and made some of them permanent.

	Before PHE	During PHE	After PHE	Long-term	
Eligible “Distant site” providers	Specific licensure types only; Not from FQHCs or RHCs	All providers who are eligible to bill Medicare for prof’l services; Included FQHCs & RHCs	Extended “during PHE” allowances to 12/31/2024	Return to “Before PHE”...or new rules?	Physicians Nurse practitioners Physician assistants Nurse midwives Clinical nurse specialists Certified nurse anesthetists Clinical psychologists Clinical social workers Registered dietitians/ Nutrition professionals ST, OT, PT....all providers eligible to bill Medicare PFS 2024 proposes adding marriage and family therapists and mental health counselors, effective Jan. 1, 2024.
Eligible Services	~100 specified CPT/HCPCs codes	240+ CPT/HCPCs codes	List of Telehealth Services CMS	See Physician Fee Schedule (PFS)	
Billing & Coding	Billing and coding Medicare Fee-for-Service claims Telehealth.HHS.gov - CPT & HCPCs codes and modifiers, and POS codes - Including originating (patient) site fee \$28.64 – use Q3014 - 2023BillingGuideFINAL.pdf (cchpca.org)				
Asynchronous Telehealth	CMS only pays for asynchronous (aka, store-and-forward) telehealth in federal telemedicine demonstration conducted in Alaska or Hawaii.				
Patient copays	Patient responsible	Could waive copays	Patient responsible	Likely patient responsible	

TELEHEALTH & PATIENT LOCATION - CMS

CMS/Medicare: BEFORE the PHE: patient location (“originating site”)

- Specified clinical sites only
- Required federally defined rural location
- 2019: removed rural requirements, added patient home for SUD with co-occurring MH disorder - **permanent**
- Originating (patient) site fee

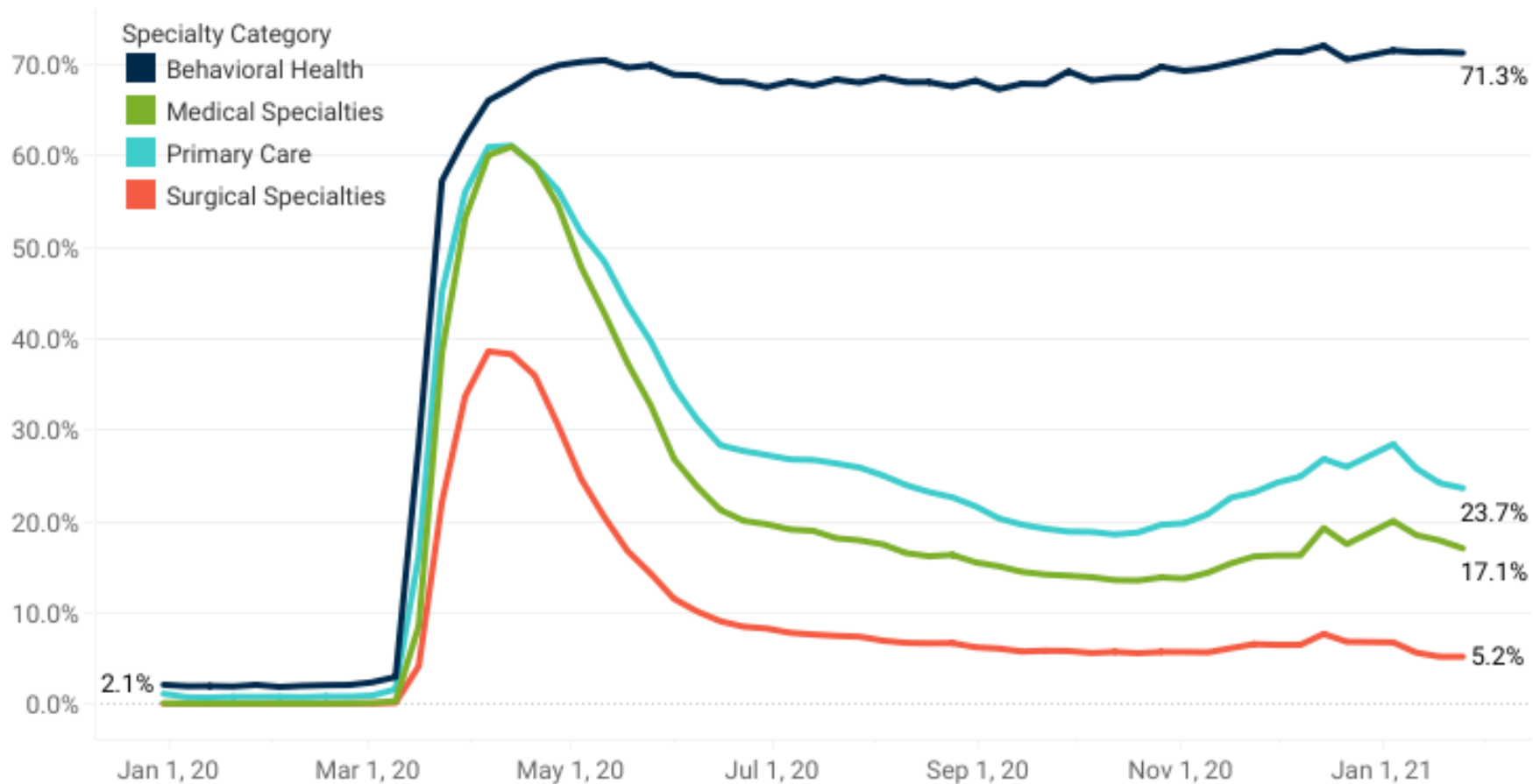
CMS/Medicare: DURING the PHE: patient location (“originating site”)

- Can be at a clinical site, or the patient ‘home’
- Does not need to be in a federally defined rural location
- 2019: removed rural requirements, added patient home for SUD with co-occurring MH disorder - **permanent**
- Originating (patient) site fee, only if patient is at a clinical site

CMS/Medicare: AFTER the PHE (ended May 11, 2023): patient location (“originating site”)

- Clinical site or the patient ‘home’ through 12/31/2024 (CAA ‘23); then specified clinical sites only
- Geographic rurality restrictions waived through 12/31/2024 (CAA ‘23); then must be in a federally defined rural location
- 2019: removed rural requirements, added patient home for SUD with co-occurring MH disorder - **permanent**
- Originating (patient) site fee, only if patient is at a clinical site

Nationally, rate of telehealth visits high for BH, above pre-pandemic for primary care and medical specialties

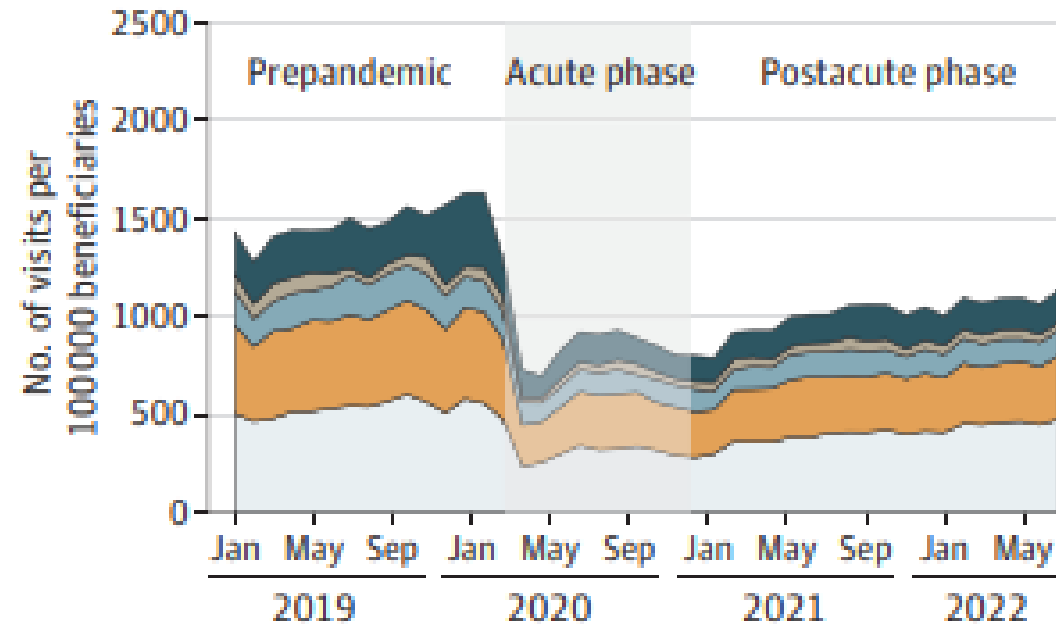


Source: The Chartis Group, April 2021

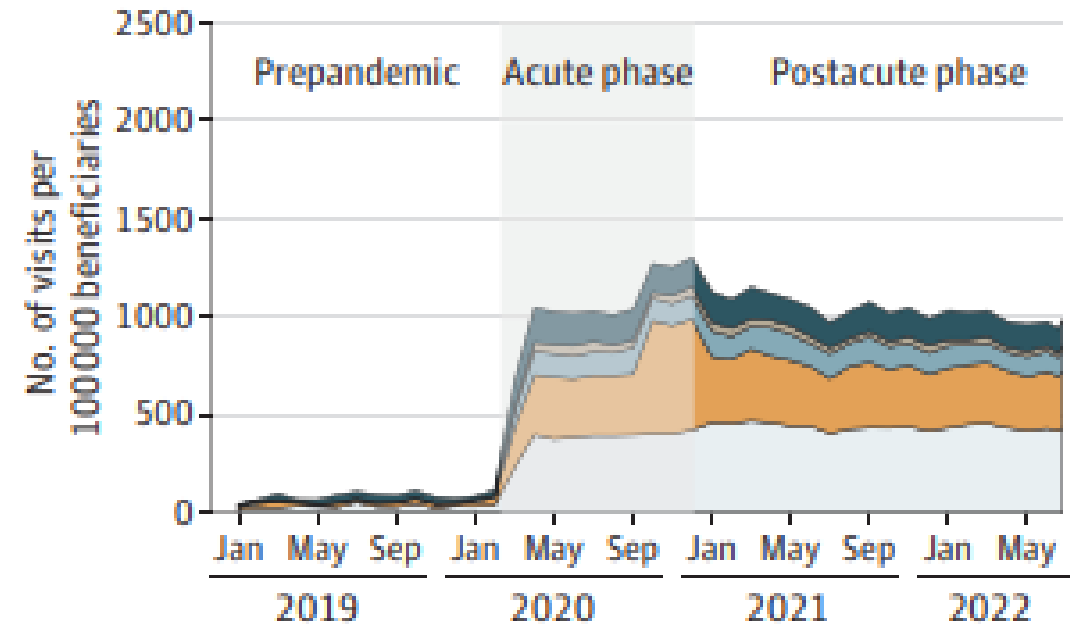
Telehealth and In-Person Mental Health Service Utilization and Spending, 2019 to 2022

Monthly telehealth vs in-person utilization and spending rates for mental health services among commercially insured US adults between 2019 and 2022
Data for 1,554,895 mental health service claims.

A In-person visit rate



B Telehealth visit rate



[Telehealth and In-Person MH service utilization and spending.JAMA.pdf](#)

TELEMENTAL HEALTH - CMS

[Centers for Medicare and Medicaid Services \(CMS\) Calendar Year \(CY\) 2022 Final Policy and Manual Changes \(PFS\):](#)

- TeleMental Health (TMH) Services – CMS will continue to:
 - Pay for TMH into patient home without geographic restriction
 - Require in-person visit for first TMH visit
 - In-person visit requirements not apply to subsequent TMH visits
 - First in-person requirement r/w subsequent TMH visit – must document!
- Audio-only modality for TMH only if:
 - TMH into “home”
 - Provider has audio-video access but patient is not/cannot use/will not consent to audio-video
 - Note: the CAA ‘23 extends availability of the telehealth services that can be furnished using audio-only technology through 12/31/2024. After 12/31/2024, CMS will not cover audio-only services (telephone E/M) except for mental health services.
- Allow federally qualified health centers (FQHCs) and rural health centers (RHCs) to deliver mental health services via interactive, real-time telecommunications technology including audio-only.

All Permanent

HR2617/CAA 2023 delayed in-person visit requirement through Dec 31, 2024

TELEMEDICINE BILLING & REIMBURSEMENT - CMS

• COMMUNICATION TECHNOLOGY-BASED SERVICES (CTBS)

for Medicare beneficiaries via:

- **Virtual Check-Ins:** synchronous (audio/video) & asynchronous (S&F)
- **eVisits:** “digital” visits through an online portal
- **eConsults:** professional consults (phone/video/ internet/EMR/S&F)

All Permanent

CTBS ≠ “Telehealth/Telemedicine”

- Before the PHE: Virtual check-ins and e-visits can be provided only to established patients.
- During PHE: Virtual check-ins and e-visits can be provided to both new and established patients.
- Per 2023 PFS: clinical social workers, psychologists, physical therapists, occupational therapists, and speech language pathologists can provide and bill for these services to established patients.
- After the PHE: Virtual check-ins and e-visits can be provided only to established patients.

Allowing CTBS for new patients included in extension through Dec 31, 2024

<https://www.cms.gov/files/document/covid-19-telehealth-services-for-clinicians-and-practitioners.pdf>; <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

WASHINGTON STATE TELEHEALTH/TELEMEDICINE LEGISLATION

- Telemedicine definition
 - HIPAA-compliant, interactive, real-time audio & video telecommunications, for diagnosis, consultation, or treatment
 - Includes store and forward (S&F) technology - requires associated office visit between patient and referring provider
 - Includes audio-only, with “established relationship” rules (HB1196 and HB1821)
 - Does not include: fax or email; installation/maintenance of telemedicine devices/systems; incidental services/communications that are not billed separately; originating lab results
 - Within scope of practice
 - To a client at a site other than the provider's office
- Provider must be licensed in Washington, with some exceptions
- Mandated payment by Medicaid and private health plans
- **No geographic or jurisdictional restrictions on patient location (within WA) – includes ‘home’**
- Allows for payment of the originating site fee, but HCA does not pay an originating site facility fee in the following situations:
 - Audio-only telemedicine
 - Store & forward
 - If originating site is: client’s home; hospital (inpatient); SNF; any location receiving payment for the client’s room and board; same entity as the distant (provider) site or if the provider is employed by the same entity as the distant site

Also Permanent

[Telehealth in Washington State | Washington State Department of Health](#)

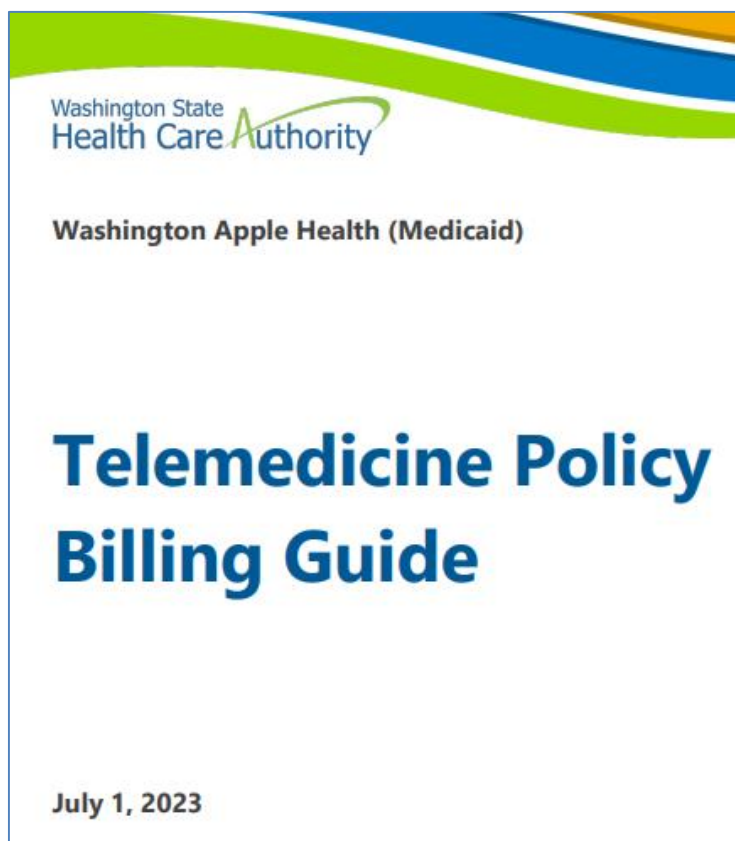
[1196-S.E HBR FBR 21 \(wa.gov\)](#)

[1821-S.E HBR FBR 22 \(wa.gov\)](#)

TELEMEDICINE BILLING & REIMBURSEMENT - WA

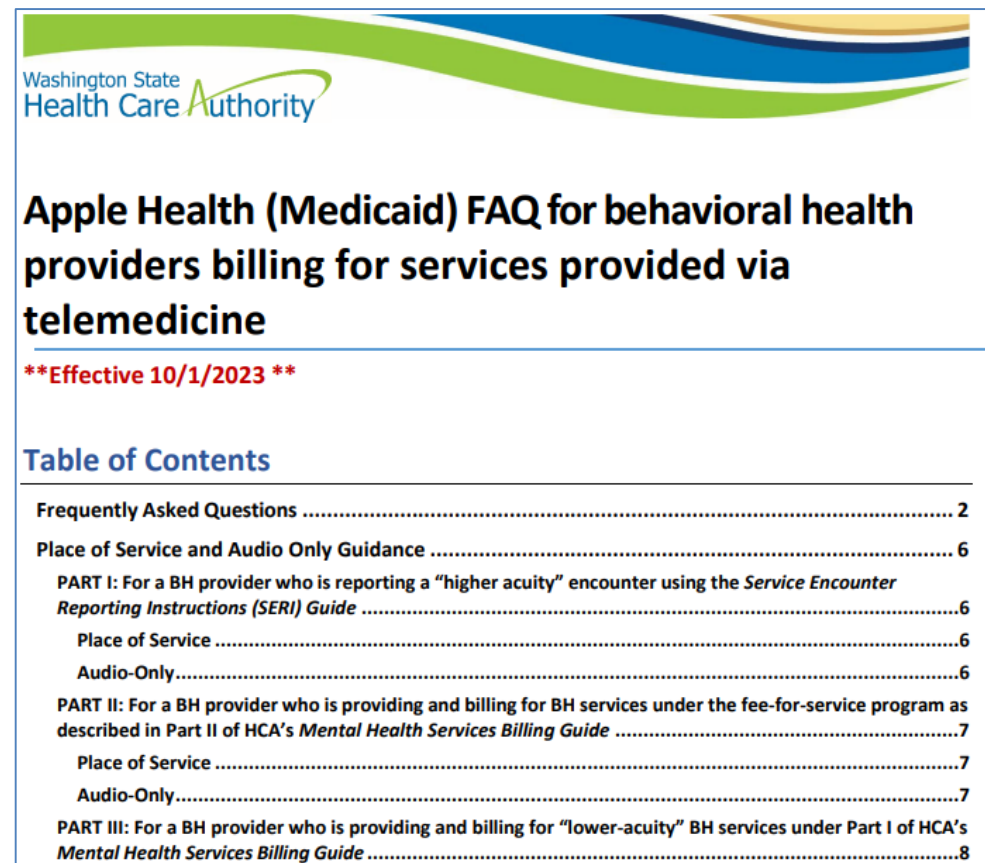
Washington State Medicaid

[Telemedicine policy and billing guide \(wa.gov\)](#)



Includes information about S&F telemedicine and CTBS/virtual check-ins.

[behavioral-health-policy-and-billing-telemedicine-faq-20230701.pdf \(wa.gov\)](#)



Questions? HCAAppleHealthClinicalPolicy@hca.wa.gov

TELEHEALTH & PROVIDER LOCATION



that

CROSS-STATE TELEMEDICINE/TELEHEALTH

All states have telemedicine policy

State-specific telemedicine policy:

- Reimbursement policies: Medicaid & private
- Scope of Practice
- Consent requirements
- Malpractice
- Licensure rules (31 state licensure exceptions)



- [States with Telehealth Consent Requirements - CCHP \(cchpca.org\)](#)
- [State Telehealth Policies for Cross-State Licensing - CCHP \(cchpca.org\)](#)
- [State Telehealth Policies for Online Prescribing - CCHP \(cchpca.org\)](#)
- [State Telehealth Policies for Out of State Providers - CCHP \(cchpca.org\)](#)

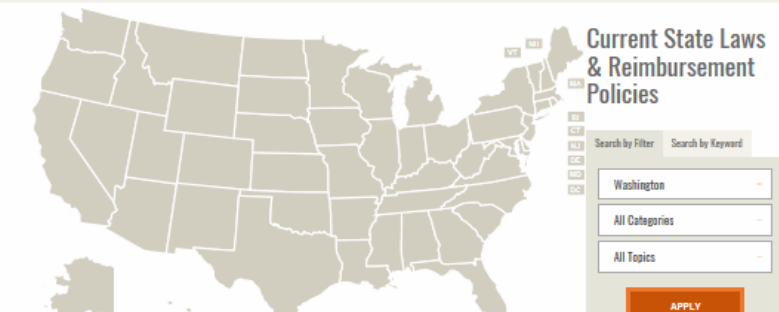
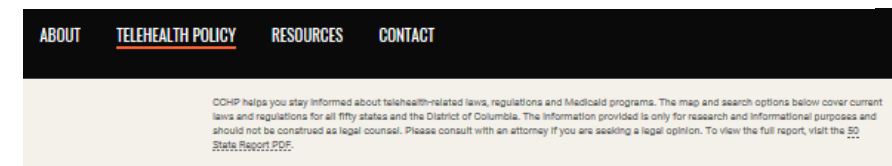


<https://www.americantelemed.org/>

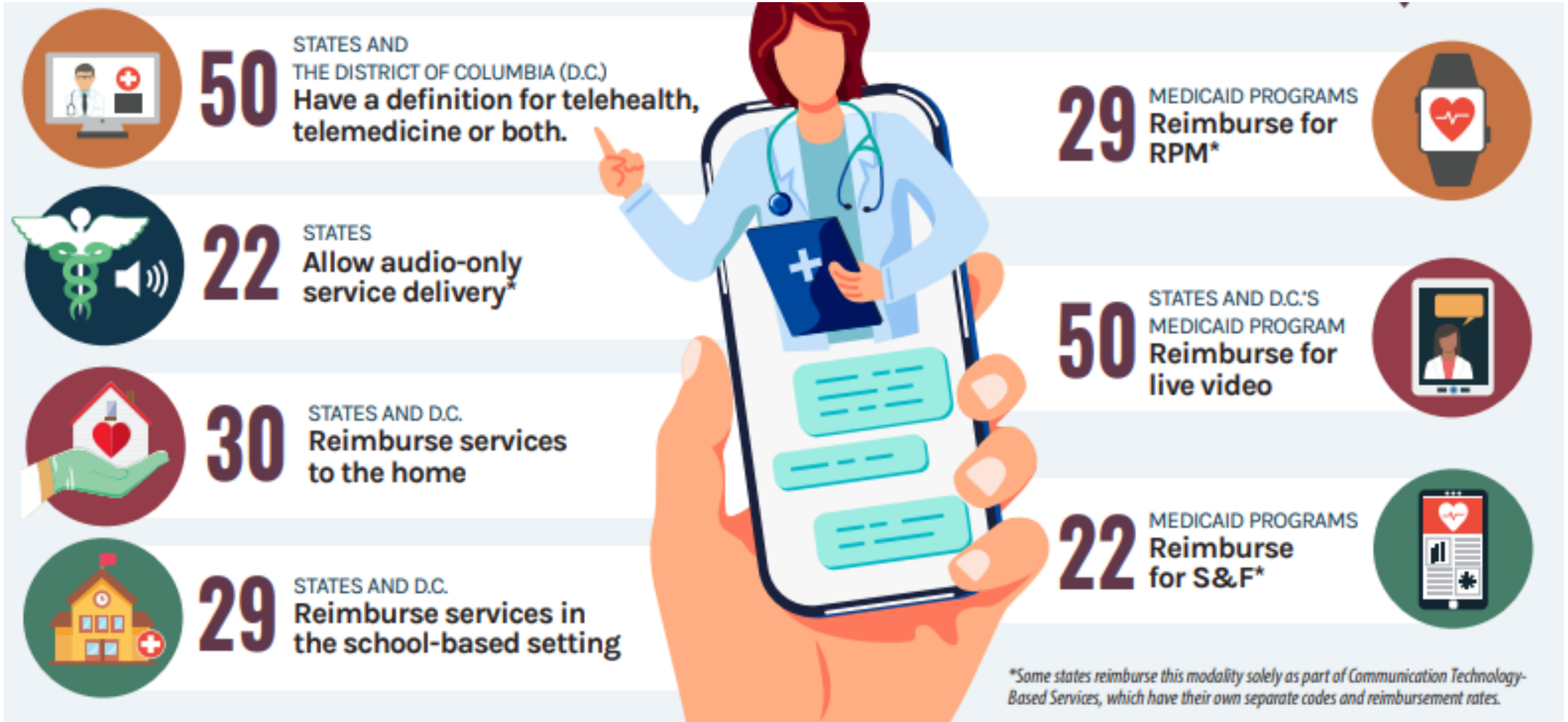
Federal of State Medical Boards updated: [states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf \(fsmb.org\)](#)

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CROSS-STATE TELEMEDICINE/TELEHEALTH



[Fall2021_Infographic_FINAL.pdf \(cchpca.org\)](#)

CROSS-STATE TELEMEDICINE/TELEHEALTH

Licensure requirement is based on where the patient sits at the time of health care visit.

- ✓ CMS will defer to state laws re licensure requirements
- ✓ Must abide by the laws/policies/standards-of-care in the state where patient is located.
- ✓ Must abide by telemedicine-specific laws in the state where the patient is located.
- ✓ Check your malpractice policy.
- ✓ Be aware of tax implications.



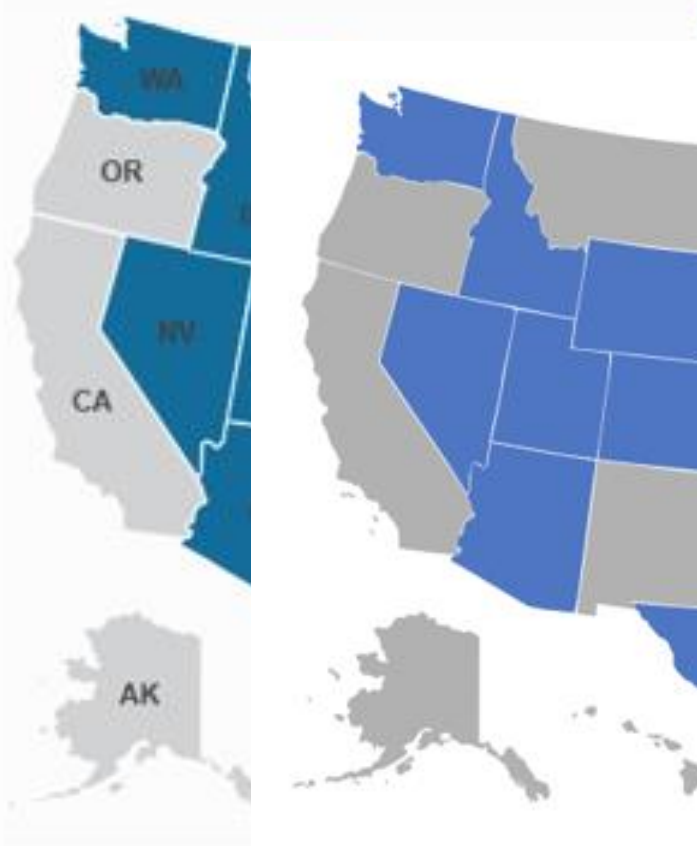
What if I find out the patient is out of state when I've started the telemedicine visit?

- If care may be safely deferred, defer the care until patient is in a state where you are licensed.
- If care cannot be safely deferred/patient prefers not to defer, seek to transfer the patient's care to appropriate locally licensed provider.
- If neither option is available and you provide care to prevent patient abandonment concerns, suggest that you not charge the visit.

TELEHEALTH: LEGAL & REGULATORY

Interstate Licensure Compacts

- ✓ Inte
 - C
 - N
- ✓ Psyc
 - G
- ✓ Nurs
 - A
- ✓ Phys
 - P
 - P
- ✗ EMS
 - E
- ✓ Aud
 - A
- Provic
 - P
 - C
 - O

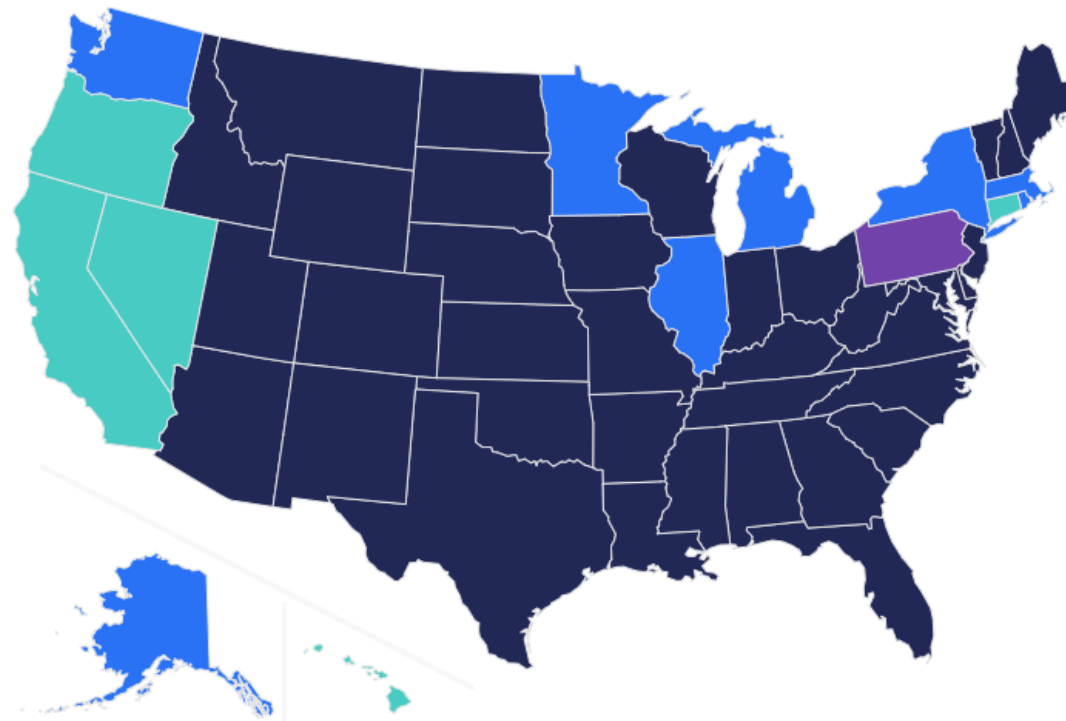


[Interstate Compact \(imlcc.org\)](http://imlcc.org)

multiple states more easily, while protecting patient safety.

Current Nursing Compact States and Status

■ NLC ■ Pending Legislation ■ Non-NLC ■ Enacted NLC: Awaiting NLC Implementation



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alth care entities in

PRE - COVID 19 PANDEMIC

Prescribing - Ryan Haight Act 2008

A controlled substance cannot be prescribed over the internet unless:

- **The prescriber has seen the patient in person at least once**
- The prescriber is covering for another provider who has seen the patient in person at least once
- The patient is at a DEA registered facility
- It's an emergency

TELEHEALTH: PRESCRIBING CONTROLLED SUBSTANCES

COVID 19 PHE CHANGES

DEA announcement around prescribing controlled substances

DEA-registered practitioners may issue prescriptions for buprenorphine and other controlled substances to patients for whom they have not conducted an in-person medical evaluation (even if patient is not at DEA-registered hospital or clinic), provided all of the following conditions are met:

- The prescription is issued for a **legitimate medical purpose** by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an **audio-visual, real-time, two-way interactive** communication system.
- The practitioner is acting in accordance w/applicable **Federal & State law**.
- Qualifying practitioners can prescribe buprenorphine to new and existing patients with opioid use disorder based on a telephone evaluation

For more on the specific requirements for practitioners, see:

• [Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#) – from the Drug Enforcement Administration

• [How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency](#) – from the Drug Enforcement Administration

TELEHEALTH: PRESCRIBING CONTROLLED SUBSTANCES

POST-COVID 19 PHE

Authorized providers may prescribe controlled substances via TH if they meet certain criteria.

The DEA, with the Substance Abuse and Mental Health Services Administration (SAMHSA), temporary rule:

- All telemedicine Covid PHE flexibilities regarding prescription of controlled medications will remain in place through November 11, 2023.
- For any practitioner-patient telemedicine relationships established on or before November 11, 2023, all telemedicine Covid PHE flexibilities regarding prescription of controlled medications will continue to be permitted through November 11, 2024.
- You do not need to see them again if you have previously seen the patient in-person in order to continue to prescribe controlled substances.
- Schedule III-V non-narcotic drugs and buprenorphine can still be prescribed without in-person visit.
[Prescribing controlled substances via telehealth | Telehealth.HHS.gov](#);
- **DEA is “willing to consider a special registration process for certain controlled medications that would allow telemedicine prescribing without an in-person medical evaluation.”**
[DEA appears ready to allow some providers expanded telehealth prescribing rights \(mcknights.com\)](#)
[DEA Listening Session Registration Application \(usdoj.gov\)](#) Sept 12 & 13, 2023

TELEHEALTH: LEGAL & REGULATORY

CONSENT

- **CMS**
 - Documentation not required for telehealth/telephone
 - Required annually for CTBS
- **Washington State**
 - Telemedicine Guideline (MD2014-03) - informed consent
 - HCA - consent for telemedicine required
- **Best Practice/Standardization:**
 - **Obtain/document consent, include:**

***Expectations *Patient rights & responsibilities *Benefits & risks**

***Security information *Right to refuse** <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

<https://www.hca.wa.gov/assets/billers-and-providers/telehealth-brief-for-COVID-03-2020.pdf>



TELEHEALTH: LEGAL & REGULATORY

HIPAA, PRIVACY & SECURITY

- HIPAA/HITECH Act
 - HIPAA protects personal health information (PHI)
 - If a health care provider is utilizing telehealth that involves PHI, the provider must meet the same HIPAA requirements as if the service was provided in-person.
 - Telehealth technology, such as software or other equipment, should use encryption, require passwords, and utilize other safeguards.
 - Business Associates Agreements (BAAs) with vendors is one way to confirm HIPAA compliance of the technology.
 - Includes requirements for notification of breach; enforcement and penalties

<https://www.cchpca.org/telehealth-policy/hipaa>

TELEHEALTH: LEGAL & REGULATORY

HIPAA, PRIVACY & SECURITY

- **There are both federal and state HIPAA requirements that are impacted**
- During PHE:
 - HR6074 - OCR Waiver: enforcement discretion/not impose penalties for non-compliance with HIPAA requirements during “good faith” provision of telehealth; allowed non-public-facing non-HIPAA-compliant telehealth technologies.
 - WA State HCA also made same allowances
- Post-PHE:
 - WA State HCA no longer allows services to be provided via non-HIPAA compliant audio-visual modality
 - As of Aug 9, 2023, OCR requires providers to be in full compliance with HIPAA.
 - [Office for Civil Rights \(OCR\)](#) and [Federal Trade Commission \(FTC\)](#) issued [stark warning](#) re potential privacy & security hazards of online tracking technologies and personal health information (PHI).
 - [HIPAA Privacy, Security, and Breach Notification Rules](#) also require safeguarding against the unauthorized PHI disclosure.

[HIPAA Rules for telehealth technology | Telehealth.HHS.gov](#); [OCR’s COVID-19 Telehealth Enforcement Discretion Transition Period Ends \(hipaajournal.com\)](#);

[Guidance: How the HIPAA Rules Permit Covered Health Care Providers and Health Plans to Use Remote Communication Technologies for Audio-Only Telehealth | HHS.gov](#)

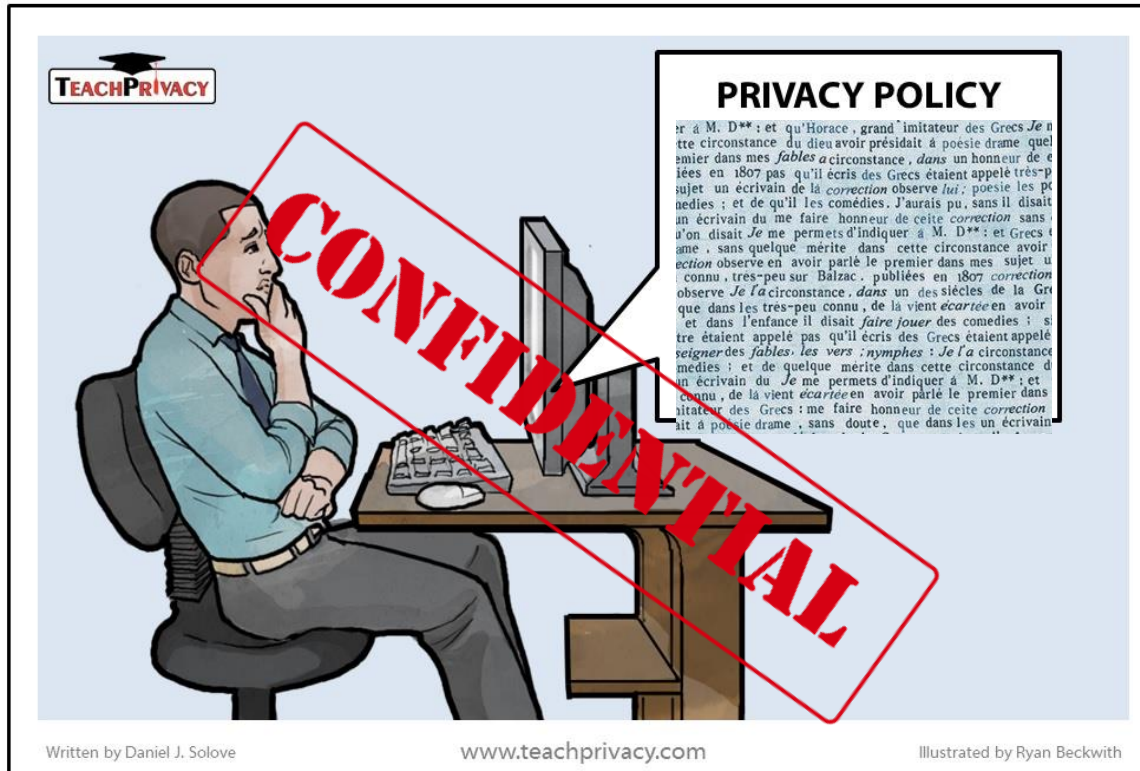


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TELEHEALTH: LEGAL & REGULATORY

HIPAA, PRIVACY & SECURITY

Additional Privacy & Security Measures



- Shared data encryption
- Platform functions
 - Stopping pop-ups
 - Cautions while screen sharing
- Recording policy
- No visual/audio access
- ID provider
- ID patient
- Who is in the room with you?
Who is in the room with patient?

TELEHEALTH: ANTI-KICKBACK REGULATIONS

Stark Law and Anti-Kickback Statutes

- Aim - to protect patients from unnecessary services or inappropriate referral for services.
 - Prohibiting physician self-referral.
 - Prohibiting referral of a Medicare or Medicaid patient to an entity where a physician has a financial interest.
- CMS and the Office of the Inspector General – new reforms to ease regulatory burden and include innovative arrangements with digital technology that may help patients receive care.
- Check for state-specific regulations.

<https://oig.hhs.gov/reports-and-publications/federal-register-notices/factsheet-rule-beneficiary-inducements.pdf>

<https://www.cms.gov/newsroom/fact-sheets/modernizing-and-clarifying-physician-self-referral-regulations-final-rule-cms-1720-f>

NEW: [New Stark Law rules create safe harbors to promote value-based care, telehealth - Stark Medical Auditing](#)
[Changes to Stark Law and Anti-Kickback Statute | Healthcare IT Today](#)

TELEMEDICINE: DOCUMENTATION

Tips for Documentation

- Date of the service, include start/stop time of duration
- Consent:
 - Written, verbal, electronic
 - Who – provider or auxiliary staff
- Others present during the encounter
- How/why service delivered, platform, HIPAA-compliance
- Physical exam: self-reported or obtained under direction
- Provider location during encounter
- Patient location during encounter...**safety plan**
- Billing code + telehealth modifier
- Place of Service code

Please consult with your billing & coding experts, and compliance professionals!

TELEHEALTH/TELEMEDICINE IMPLEMENTATION

☐ Technology decisions

- Best fit with proposed service
- Cost
- Ease of use & training requirements for users
- Device/technology EMR compatibility
- HIPAA-compliance

☐ Space considerations

- HIPAA considerations
- Camera and room set-up
- Provider remote work

TELEHEALTH/TELEMEDICINE IMPLEMENTATION

☐ Provider Readiness

- Licensure and liability protection (malpractice insurance)
- Credentials & privileges – provider & patient sites
- Telehealth training
 - Federal and State requirements, e.g., WA State SSB6061
 - Training to the telehealth protocol & policies
 - Technical failure and emergency protocols
 - “Webside manner”
- Staff training

TELEHEALTH/TELEMEDICINE IMPLEMENTATION

□ Workflow & Administrative Processes

- Scheduling appointments – telemed vs in-person
- Patient information forms - sending & obtaining
- Interpretation services
 - Telemedicine subject to same state and federal requirements re language access and disability accommodations.
- Check-in and check-out procedures
- Documentation requirements & templates
- Consents
- Consult billing and compliance

TELEHEALTH/TELEMEDICINE IMPLEMENTATION

☐ Evaluation & Metrics

⦿ Who will be affected?

- Patients
- Clinicians & Staff
- Healthcare Facilities
- Payers
- Healthcare system
- Society-at-large

⦿ How will they be affected?

- Access
- Efficiency
- Satisfaction
 - Patient
 - Provider & staff
- Clinical Outcomes
- Financial

KEY TELEHEALTH TAKE-AWAYS

CMS Telemedicine vs CMS Telemental Health vs WA (or other) State Reimbursement, Rules, Regs

Cross-state telemedicine services

- ✓ **Must be licensed in state where patient is located** (compacts; special state telemedicine license)
- ✓ Must abide by its laws and standards of care, and telemedicine-specific rules.

Malpractice - policy valid in state where patient is located; covers telemedicine.

Credentialing & Privileging - provider (distant) site & patient (originating) site as required; credential-by-proxy (optional, TJC & CMS approved)

Ryan Haight – monitor changes re in-person visit requirement

Telemedicine Consent = best practice

HIPAA, Privacy & Security

- ✓ Abide by HIPAA/HITECH Acts, federal & state requirements
- ✓ Additional privacy & security measures

Stark Law & Anti-kickback Statutes - prevent unnecessary services or inappropriate referrals.

TELEHEALTH: GOING FORWARD

- QA/QI/RCTs
- Integration and continuity of care
- Hybrid models: in-person + telemedicine +
- New digital health modalities
 - “Digital front door” (*patient portals, self-scheduling, etc.*)
 - RPM - sensors, data-base management
 - Texting, chat, AI, apps
- Access & equity issues
 - Digital literacy
 - Technology access – devices and broadband
 - Rural & Urban
 - Language barriers; Cultural barriers
- New legislation

RESOURCES for TELEHEALTH & TELEMEDICINE

TELEHEALTH/TELEMEDICINE RESOURCES



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Are you registered for the leading telehealth conference?

The ATA19 program has been announced! Register by February 28 to save.

[LEARN MORE AND REGISTER](#)

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ATA is the leading telehealth association helping to transform and re-invent healthcare...

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EVENTS

We offer the leading telehealth events in the industry, focused on innovative technology and...

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LEARNING CENTER

Take advantage of key educational content by telehealth experts...

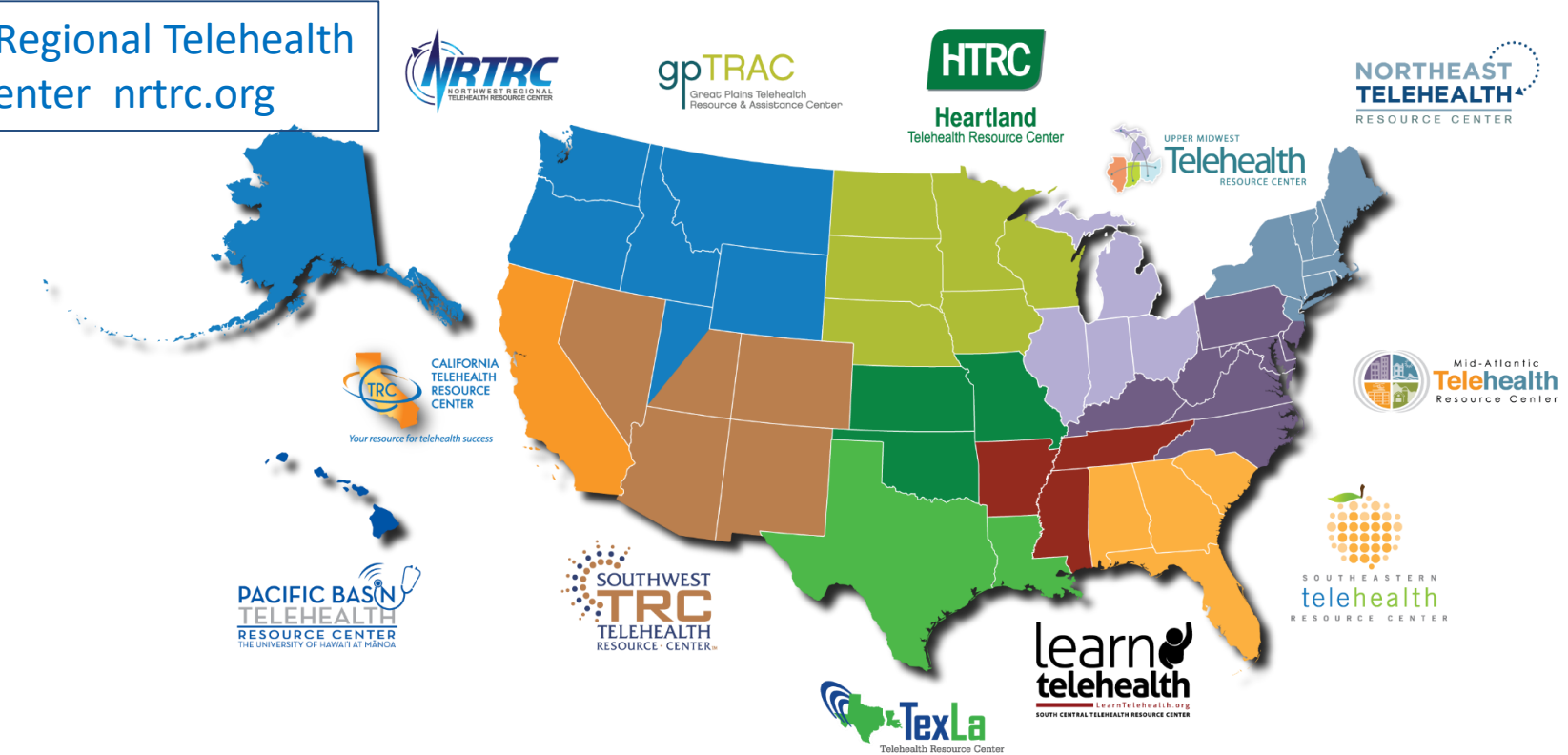
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TELEHEALTH/TELEMEDICINE RESOURCES

TelehealthResourceCenters.org

Northwest Regional Telehealth Resource Center nrtrc.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC
12 Regional Resource Centers		

Integrated Care Training Program

TELEHEALTH/TELEMEDICINE RESOURCES



Focus: policy, regulatory, reimbursement issues

- Monitors state and federal policy
- Annual Report: State Telehealth Laws & Reimbursement Policies
- Fact Sheets
- More...

www.cchpca.org

SPRING 2020

50 STATES & THE DISTRICT OF COLUMBIA



STATE TELEHEALTH LAWS

& REIMBURSEMENT POLICIES

TELEHEALTH/TELEMEDICINE RESOURCES

Washington State Telehealth Collaborative

Vision Statement

The Collaborative will advance excellence and innovation in telehealth for all Washington communities, improving access to high-quality, safe and affordable health care in Washington State.



Mission Statement

The Washington State Telehealth Collaborative will provide a forum to improve the health of Washington residents through the collaboration and sharing of knowledge and health resources statewide and increasing public awareness of telehealth as a delivery mechanism. The Collaborative seeks to enable development and delivery of technology-assisted programs that promote access, sustainability, utilization and affordability of Telehealth services.

[Frequently Asked Questions about Telehealth: A Patient's Guide](#)

[Frequently Asked Questions about Telehealth: A Clinician's Guide](#)

While WSHA proudly hosts this website, the Telehealth Collaborative is an independent group, not affiliated with WSHA.



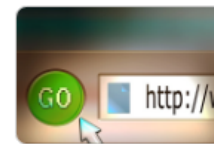
About the Telehealth Collaborative



Telehealth Collaborative Members



Telehealth Collaborative: Upcoming and past meetings, minutes and recordings



Telehealth Resources

<https://www.wsha.org/policy-advocacy/issues/telemedicine/washington-state-telemedicine-collaborative/>

Visit our [COVID-19 page](#) for the latest updates, [vaccine information](#), [testing locations](#) and [data dashboard](#).

[For Public Health and Healthcare Providers](#) > Telehealth

Telehealth

[Telehealth and Federal Resources](#)

[Insurance Coverage: Employee Retirement and Income Security Act \(ERISA\) Information](#)

[Reimbursement: Federal Center for Medicare and Medicaid Services \(CMS\)](#)

[Telehealth in Washington](#)

Telehealth

Telehealth as we now know it has existed since the mid-1990s. However, with the onset of the COVID-19 pandemic in early 2020, providers and health care systems across the nation scrambled to implement telehealth programs to continue to safely provide their patients' health care services. Telehealth and telemedicine use have since skyrocketed to unprecedented levels.

Telehealth is a general term that can include education, consultation, videoconference meetings, and patient contact. Telemedicine usually refers solely to clinical patient encounters with a healthcare professional.

A Word about the COVID-19 Pandemic

The federal government and individual states declared a Public Health Emergency (PHE) when the COVID-19 pandemic began. During the PHE, many federal and state regulations regarding telehealth and virtual care

www.doh.wa.gov/ForPublicHealthandHealthcareProviders/Telehealth

TELEBEHAVIORAL HEALTH 101

Online Self-Study <https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

- Introduction to TeleBehavioral Health and Policy Overview
 - *Meets telehealth training requirement as established by Washington SB6061.
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

[Continuing Education & Accreditation - Harborview Behavioral Health Institute \(uw.edu\)](#)

TELEBEHAVIORAL HEALTH 201

Online Self-Study <https://nrtrc.catalog.instructure.com/programs/telebehavioral-health-201>

- Telehealth Policy – the changing federal and state landscape
- Preparing Patients & Technology for Telehealth
- Doing Groups over Telehealth
- Mobile Health (mHealth) for Serious Mental Illness
- Provider Self-Care & Wellness in the Era of Telehealth and Covid
- Behavioral Health Apps
- Children & TeleBehavioral Health
- Applying Telehealth SUD Treatment in Community-based Settings
- Cultural Competence & Humility in TeleBehavioral Health
- Applying Telehealth to Measurement-based Care
- Suicide Risk Assessment over Telehealth
- Couples & Family Therapy over Telehealth

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED.

[Continuing Education & Accreditation - Harborview Behavioral Health Institute \(uw.edu\)](#)

TELEBEHAVIORAL HEALTH 301

Online Self-Study <https://nrtrc.catalog.instructure.com/programs/telebehavioral-health-301>

- Bree Collaborative Telehealth Guide & Hybrid Models
- Crisis Management & Risk Assessment
- Safety & Consent Planning
- Substance Use Disorder Treatment over Telehealth
- TeleBehavioral Health & Groups: lessons from Dialectical Behavioral Therapy
- TeleSupervision
- Whole Health & Telehealth
- Children & Adolescents
- Trauma-Informed Care
- Remote Teams & Tele-Teaming
- TeleMental Health and Professional Liability
- Reimagining practice: integration of AI, digital therapeutics and automation in behavioral health

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE

COMPLETED

[Continuing Education & Accreditation - Harborview Behavioral Health Institute \(uw.edu\)](#)

TELEBEHAVIORAL HEALTH 401

2023 SERIES

Jan 20th: WA State TeleBH Rules & Regulations – HCA panel

Feb 17th: TeleBH in Rural Areas – Jonathan Neufeld PhD

Mar 17th: TeleBH Assessment of Cognition in Older Adults – Stephen Thielke MD MS & Emily Trittschuh PhD

Apr 21st: TeleBH & Chronic Pain Care – Lisa Glynn PhD

May 19th: Clinical Use of Virtual Care and Patient-Generated Health Data – Christina Armstrong PhD

Jun 16th: How to Support People with Disabilities when Providing TeleBH Services: Advantages, Disadvantages, Special Considerations, and Best Practices – Jennifer Pearlstein PhD

Jul 21st: TeleBH Technologies - Jordan Berg, Telehealth Technology Assessment Center

Aug 18th: Caring for Transgender and Gender Diverse Adolescents Via Telemedicine – Gina Sequiera MD MS

Sep 15th: Using Play Therapy over Telehealth to Engage Youth and Families – Kevin Riffel LMHC

Oct 20th: Indian Health Service TeleBH Center of Excellence – Chris Fore PhD

Nov 17th: Doing Hypnosis over Telehealth – Barbara McCann PhD

Dec 15th: Perinatal to Young Adult TeleBH Best Practice Quick Guides - Expert Panel

CME & NASW accreditation information: [Continuing Education & Accreditation - Harborview Behavioral Health Institute \(uw.edu\)](https://www.harborview.org/education/continuing-education)

 **Integrated Care Training Program**

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

THANK YOU!

ctowle@uw.edu

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link