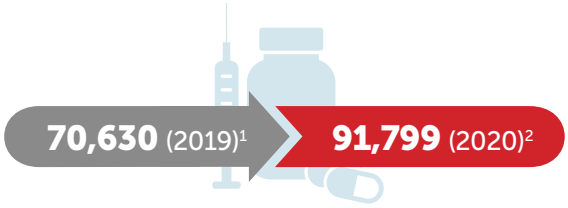
ADVOCACY ISSUE BRIEF

Enact Telehealth Reform

Maintain Access to Important Psychiatric Pharmacist Services

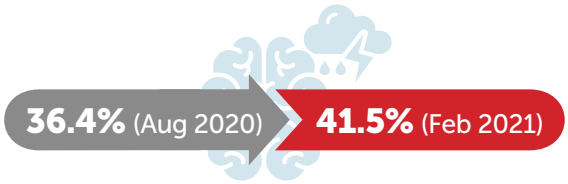
Impact of COVID-19

COVID-19 Greatly Increased Mental Health (MH) and Substance Use Disorder (SUD) Service Needs



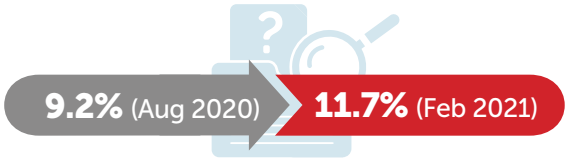
70,630 (2019)[1] → **91,799** (2020)[2]

Historic 30% increase in **overdose deaths**[3]



36.4% (Aug 2020) → **41.5%** (Feb 2021)

Increase in percentage of adults with recent **symptoms of anxiety or a depressive disorder**[4]



9.2% (Aug 2020) → **11.7%** (Feb 2021)

Increase in those reporting an **unmet mental health care need**[4]

FACT: Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers have experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation during COVID-19.[5]

Telehealth As A Solution

Mental health conditions were the **top telehealth diagnoses in the nation** in November 2020—signifying an **almost 20% increase year over year**, with no indication that this trend is reversing.[6]

During the first quarter of 2020, the number of **telehealth visits increased by 50%**, compared with the same period in 2019.[7]

In February 2021, **mental health conditions** made up **54.6% of telehealth claims**, marking it as top diagnoses treated by telehealth.[6]

CONGRESS SHOULD TAKE ACTION ON PERMANENT TELEHEALTH REFORM

Remove Restrictions on Medicare Beneficiary Access to Mental and Behavioral Health Services Provided Via Telehealth

Reject arbitrary restrictions that would require an in-person visit prior to a telehealth visit. Not only is there no clinical evidence to support these requirements, but they also exacerbate clinician shortages and worsen health inequities by restricting access for those individuals with barriers preventing them from traveling to in-person care.

Remove Restrictions on the Location of the Patient and Provider

Permanently remove the Section 1834(m) geographic and originating site restrictions to ensure that all patients can access virtual care in their homes, or the location of their choosing, where clinically appropriate and with appropriate beneficiary protections and guardrails in place.

Allow Telephonic (Audio-Only) Services for Mental Health and Substance Use Disorder Services

Federal Communications Commission (FCC) reports that between 21.3 and 42 million Americans lack access to broadband. Audio-only visits will ensure that those in areas with limited or no broadband, older adults, and younger individuals with disabilities, who rely on Medicare for essential behavioral health care, won't lose access to critically needed services. Further, a review of 13 studies found reduced symptoms of anxiety and depression when therapy was conducted via telephone.[8]

Continue Allowing the Prescribing of Medications for Opioid Use Disorders (MOUD) Via Telehealth

The Drug Enforcement Agency (DEA) should immediately release a proposed rule to create the Special Registration for Telemedicine as directed in the 2008 Ryan Haight Act. The rule should build upon the pandemic flexibilities allowing access to MOUD via telehealth by 1) eliminating the prior in-person exam requirement and 2) removing any restrictions on the location of the patient.

Continue Payment Parity for Telehealth Services

As more providers have transitioned to telehealth, payers are starting to evaluate cutting rates, often making the case that delivering care for telehealth is less expensive. Behavioral health providers furnishing both in-person and telehealth services often must maintain their brick and mortar overhead while also seeking to invest in telehealth platforms, hire more technology support staff, and make immediate and continuing information technology investments.

Enact Telehealth Reform

Maintain Access to Important Psychiatric Pharmacist Services

ADVOCACY ISSUE BRIEF

Psychiatric Pharmacists Provide Valuable Telemental Health Services

Psychiatric pharmacists provide telemental health and substance use disorder services as members of the health care team. Telehealth services were provided prior to the COVID pandemic, particularly with patients in rural and underserved areas. Behavioral health services can be furnished via telehealth, including through audio-only technology, to beneficiaries in their homes and do not require a face-to-face interaction between patient and provider. Telehealth visits with a psychiatric pharmacist typically include the provision of comprehensive medication management (CMM) services involving:

- Direct patient care through initial consult appointment via telemedicine, provided face-to-face over video conference, and typically lasting 60 minutes
- Medication management of mental health diagnosis when referred by primary care provider
- Assessment of all of a patient's medications–prescription, nonprescription, vitamins, and supplements–to ensure they are appropriate, effective, safe, and can be taken as intended
- Identifying and addressing medication-related problems
- Developing individualized care plans with therapy goals and personalized interventions
- Prescribing medications and ordering laboratory or other diagnostic tests (varies by state)
- Education of patient and families about medications and lifestyle modifications
- Referral to other providers and specialists for services such as diagnostic clarification, psychotherapy, and dietary counseling
- Collaboration with other mental health team members to clarify diagnoses and discuss complex medication regimens
- Follow-up appointments at regular intervals (e.g., weekly, biweekly or monthly) to assess for response, adverse effects, adherence, and need for dosage adjustments; typically lasting 30 minutes

BARRIER: Psychiatric pharmacists can only bill Medicare at "incident to" physician or non-physician providers at the lowest allowable level of Evaluation and Management Code (99211)

Telehealth Benefits Patients Through:

- Increased access to care
- Flexible scheduling
- Improved adherence and education
- Decreased medication misuse
- Prompt attention to adverse effects
- Increased options for family or caregiver involvement in visits
- Increased privacy
- Decreased stigma
- Decreased hospitalizations
- Decreased costs associated with travel and childcare

Telehealth Benefits the Health Care Team Through:

- Improved access to patients and caregivers
- Fewer no-shows and unbillable encounters
- Collaborative care improving outcomes for patients
- Decreased hospitalizations
- Lower overhead costs
- Ability to evaluate and care for patient in their home setting
- Facilitation of lifestyle changes or provision of aid identified by seeing home environment

The American Association of Psychiatric Pharmacists (AAPP) is a professional association representing psychiatric pharmacists nationwide. Our members integrate into teams of health care professionals, making a difference in overall costs, treatment efficiencies, patient recovery, and quality of life.

References available at: https://aapp.org/advocacy/telehealth

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