Building strong alliances that ensure quality behavioral health services, including substance use & mental health services, are accessible to everyone in our state.

LR 350
December 8, 2020
Interim Study Hearing - TeleHealth

Good afternoon Chairpersons Howard & Williams, and members of the represented committees.

My name is Chase Francl, and I'm testifying today on behalf of the Nebraska Association of Behavioral Health Organizations (NABHO), as well as representing my employer, Goodwill Industries of Greater Nebraska. NABHO's membership proudly represents a diverse group of 49 providers across the state, encompassing the full spectrum of frontier, rural, and metro areas. We are a group who are dedicated to ensuring that quality behavioral health services, which include both substance use and mental healthcare, are available to everyone throughout our state. Over the past year, this has become a responsibility that has never been more important, or more challenging.

I want to begin today by acknowledging that telehealth is not a panacea—it does not cure all the problems that we have or will continue to encounter when it comes to providing our services. There are a range of services across the spectrum that our members provide that are both well- and poorly-suited to this delivery model to varying degrees. The reality is that COVID-19 has required a rapid transition to telehealth in some capacity for nearly every one of our member organizations, to nearly every one of our services, and they should be applauded for their efforts, as should the funders and regulatory bodies in our state who banded together to support Nebraskans throughout this crisis. The Division of Behavioral Health, Medicaid, and private insurers have all risen to the challenge, and for that, we are deeply grateful.

As we look ahead to the future of telehealth in Nebraska, it is vital that we recognize the appropriate position that such interventions should continue to occupy. Some services are ideally-suited to this delivery model: medication management, outpatient therapy and assessment, and family integration into residential services to name a few. Telehealth has also given us the ability to extend services to individuals who live in rural and frontier Nebraska, or to those who experience severe anxiety, transportation barriers, and a myriad of non-traditional barriers.

Other service models rely on in-person group settings to build and practice social skills, coping skills, and to build the structure and habits into their lives that will cultivate natural supports and promote independence or gainful employment. In these setting, telehealth has been a lifeline that has kept our individuals afloat, but ultimately cannot replace the human interaction that is fundamental to learning and practicing new skills alongside supportive peers.

Commonly, these services are accessed by the most severely impaired as a way to divert hospitalization, and we've seen firsthand that those suffering from auditory hallucinations, paranoia, and particularly our older generations with hearing loss or difficulty with technology have often struggled to access or have not been comfortable participating in services this way. For most however, telehealth has offered a path forward that is far better than the alternative.

I want to very briefly address several of the remaining challenges that provider agencies within NABHO face: regulation, reimbursement, and quality of care.

At the onset of COVID-19, regulations were rolled back to provide exceptions for things like timeliness of client signatures on documents, use of telehealth platforms that had not been certified as HIPAA-compliant, and allowances for services to be provided by telephone if a client did not have the means to participate in a telehealth appointment. Over time, and through grant opportunities such as the CARES Act or through other network resources such as Optum's free telehealth platform, providers have largely been able to find resources to overcome our side of the technology barriers.

However for our clients, this still presents a challenge for many who may not have the needed devices, sufficient cellular data plans, or even a private space to effectively engage in a telehealth appointment. In these cases, the ability to provide billable services by phone call has been a tremendous benefit, and NABHO would advocate that these should be allowed to remain billable services under certain conditions. It is our position that regulations that protect confidentiality of records and signature timelines should be appropriately reinstated at the conclusion of the present public health emergency to ensure the protection and privacy of those we are privileged to serve, but these have proved an important step to removing barriers throughout this transition.

As regards reimbursement, I want to caution the committee against the assumption that providing telehealth is a cheaper alternative for provider agencies. For most of us, our business models routinely operate on a payment structure that is below the cost of providing services, and our limited resources have been stretched even more thin with the addition of telehealth. Most of us will not (and should not) eliminate or reduce our primary cost drivers such as physical buildings or workforce, and the infrastructure needed to support the billing, regulatory compliance, and back-end functions associated with telehealth only increases in complexity by adding new service delivery methods. For many, the gains experienced through reduced travel time for community-based treatments or slight reductions in no-show rates is generally a wash when compared against the added cost of telehealth or the reduction in session lengths.

Finally, the most important, and unfortunately still the most unknown, is the impact that telehealth has on the quality and effectiveness of services. This is a complex issue that simply cannot be boiled down to a broad statement, and trying to do so would be to offer a disservice. The treatment environment that has been created by COVID-19 is defined by unknowns, and where some services and individuals thrive in a telehealth environment, we know others suffer despite our best efforts and resources. Where gains are identified, they should be encouraged

and promoted. Likewise, where we see our client's hard-earned progress being lost, we should be equally eager to abandon and accommodate those who need in-person care as safely we can. I suspect that the path forward lies somewhere in between, and NABHO recognizes the importance of leading down that path wisely. To that end, whatever assistance we can offer, we are certainly willing to do so.

While we are all eager to get back to the way things were, we must admit that COVID-19 has forced growth and innovation on our sector that badly needed it, and we would do well to be deliberative in our evaluation of the opportunities and challenges still before us. We are supportive of continuing to explore and refine an expanded role for telehealth, while at the same time acknowledging that further evaluation must still take place to ensure that quality continues to hold precedence over quantity.

Respectfully Submitted,

Chase Francl, MA
Goodwill Industries of Greater Nebraska
NABHO President