



Interconnectivity of Behavioral Health:

Advancements, Benefits And Costs In An Era Of Teletherapy And Telehealth

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Main Goals of the Presentation

1. Understand the Historical Progression of Telehealth and the massive changes in Telehealth and Teletherapy related to the COVID-19 pandemic.
2. Recognizing benefits, costs, and other considerations related to Telehealth and Teletherapy within the realm of the court system
3. Preparing for the future of Telehealth and Teletherapy

Defining Telehealth

- ❖ Originally an offshoot of the term “telemedicine,” which was a term coined in the 1970s to literally mean “Healing at a Distance.”
- ❖ While effectively interchangeable with “Telemedicine,” the term “Telehealth” has been used to be more inclusive of other professions aside from doctors, including pharmacists, therapists, nurses, and even educators.

Defining Telehealth

❖ Constantly Changing- But here's the definition I've found which best encompasses the term:

The use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.

❖ Includes Teletherapy, teleconsultations, tele-education, telepsychiatry, etc.

Original Purpose of Telehealth

- ❖ Lowering costs within medical facilities (i.e. reducing number of on-staff doctors)
- ❖ Expanding care to rural and low-income areas
- ❖ Decreased expenses (ER visits are \$1,734 vs. \$79 Telehealth cost)
- ❖ Reducing burnout/load on hospitals and facilities (one provider for 250 patients)

Types of Telehealth

❖ Synchronous/Live Video Conferencing

❖ Live, two-way video-based conference between a patient and their healthcare provider. (Examples: Zoom, Doxy)

❖ Asynchronous/Store-and-forward

❖ Asynchronous video is the electronic delivery of a patient's documented health history outside of real-time, used by a healthcare provider (Examples: X-rays, MRIs, photos, patient data and even video-exam clips.)

Types of Telehealth

- ❖ Remote Patient Monitoring (RPM) Collection of a patient's health data from a patient or client in one location that is then electronically sent to a healthcare professional (Examples: Blood pressure monitoring, weight monitoring, blood sugar levels, pulse oximeters)
- ❖ Also includes Mobile Health (mHealth)
 - ❖ Use of mobile and wireless devices (cell phones, tablets, etc.) to improve health outcomes, (i.e. mental health apps)

Historical Timeline of Telehealth

Letters describing symptoms and jars of urine sent to medical practitioners

1500s

Medical professionals discussed using telephones to avoid “unnecessary” office visits.

1920s

Radio used to give medical advice to sailors on ships or individuals in remote locations

1950s

Television link (microwave) established between Nebraska Psychiatric Institute and Norfolk Hospital for consultations

1960s

Videoconferencing allowed telemedicine to remote areas (Over 100k cost) and hard-wired

1990s

Historical Timeline of Telehealth

All 50 states had implemented some form of telehealth

2000s

More than 5,00 ICU beds in 250 hospitals being covered by Tele-ICU

2010

46% of all medical providers were using limited telemedicine –(sending/reviewing documents, phone calls)

2015

Consumer usage of telehealth increased from 11% to 46%

2019-2020

Federal government allocated over \$200 million through the CARES act towards expanding telehealth

December 2020

Pre-Pandemic

- ❖ No two states had the same regulations regarding coverage and payment.
- ❖ Insurance payors had different regulations and established different beneficiaries (Medicare reimbursed only at facilities, BCBS home or work)
- ❖ Poor reimbursement issues/non-parity reimbursement
- ❖ Equipment costs placed on providers
- ❖ Varying federal and state guidelines
- ❖ Court systems had limited (mostly non-existent) remote capabilities

Question

- ❖ Who used telehealth pre-pandemic?
 - ❖ Text messaging/Instant Messaging
 - ❖ Phone calls
 - ❖ Asynchronous Data Transfers (MRI, Psych Testing)
 - ❖ Live Video Conferencing
 - ❖ In 2019, 7.07% of psychologists utilized telepsychology in their clinical work
 - ❖ In 2019, only 43% of health centers were capable of providing telemedicine

Pre-Pandemic

Usage of Technology in the Court Systems

- ❖ Minimal adoption of technology within court systems
- ❖ National judicial groups such as the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) had called on courts to use telehealth within the courts
- ❖ Before 2020, the Texas court system had **NEVER** utilized a single civil hearing via video system
- ❖ Michigan courts had not utilized a single video hearing in 2019
- ❖ Pre-pandemic, only 37 states and D.C. allowed people without lawyers to electronically file court documents in at least some civil cases.

Pre-Pandemic

Usage of Technology in the Court Systems

- ❖ Over 30 million Americans each year do not have adequate legal representation or access to court systems
- ❖ Were made to travel to the courts to manage evictions, debt collection, and child support cases on their own
- ❖ Mental health factors, transportation, childcare, etc- all were major factors in a person's capability to show to court

COVID and Telehealth

- ❖ On March 11th, the world health organization declared the coronavirus outbreak a pandemic
- ❖ By February of 2020, the CDC advised individuals to adopt social distancing practices, which included the recommendation providers offer clinical care through telehealth
- ❖ (May) The centers for Medicare & Medicaid services eliminated geographic restrictions
- ❖ Enhanced reimbursement on parity with in-person services

COVID and Telehealth

- ❖ March 27, 2020- The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law.
- ❖ \$7.5 million allocated to the federal judiciary to support continuing federal court operations during the pandemic and to help expand remote work capabilities.
- ❖ Allowed certain federal criminal (and civil) proceedings to be held via video or telephone conferencing.

COVID and Telehealth

- ❖ Providers and courts were woefully unprepared to transition fully to telehealth
 - ❖ Technology and security gaps existed
 - ❖ Classrooms and offices not setup
 - ❖ Major firewall and IT issues
 - ❖ Ethical rules/considerations not fleshed out
 - ❖ Uniform platforms did not exist
 - ❖ “Video Bombing” (I.e. non-secure meetings)

COVID and Telehealth

- ❖ By week 13 (June), there was a 154% increase in visits compared to 2019
- ❖ By this point, 95% of the health centers reported using some form of telehealth during the COVID-19 pandemic
- ❖ One study estimates between 35% of all care was done via telehealth in the week of June 26, 2020
- ❖ Telehealth usage currently plateaued around 13-17% across all areas of healthcare

Usage of Teletherapy/Telepsychology

- ❖ Teletherapy Usage increased to 85.53% during the pandemic, with 67.32% of psychologists conducting all of their clinical work with telepsychology.
- ❖ 12-26 fold increase with clinical work, with outpatient being highest and VA/inpatient being lowest
- ❖ Lowest increases were reported by psychologists working in rural areas, performing testing and evaluation, and treating rehabilitation populations (very concerning)
- ❖ Multiple websites and apps created, including Betterhelp, Talkspace, Regain, Pride Counseling, Teen Counseling, Faithful Counseling, and Online Therapy

Usage of Telehealth within the Courts

- ❖ E-filing was made available to more litigants in more jurisdictions- 42 states and D.C. either allowed it or had waived notarization requirements altogether
- ❖ In the fall of 2020, the Texas court system conducted 1.1 million remote proceedings across its civil and criminal divisions between March 2020 and February 2021.
- ❖ Michigan courts held more than 35,000 video hearings totaling nearly 200,000 hours between April 1

Usage of Telehealth within the Courts

- ❖ Overall, 93% of respondents in one survey said they were involved in conducting or participating in remote hearings in 2020, while 89% are currently doing so in 2021
- ❖ By November 2020, 82% of all state courts were permitting or encouraging remote hearings, with 15% mandating them
- ❖ “Remote proceedings are not the wave of the future, they are our present,” Chief Justice Anne M. Burke said. “Illinois Courts have a long history of increasing access to justice and responding to the needs of the communities they serve.”

Clinical Opinions of Teletherapy/Telepsychology

- ❖ Texting, telephones, video conferences, and even virtual reality were utilized
- ❖ Around 90% videoconferencing, 45% work phone, 35% personal phone, 65% email, 45% text messaging
- ❖ 73% of clinical psychologists regarded videoconferencing as a useful tool for therapy, and 51% indicated that they would like to use telepsychology in the future.
- ❖ 65% concerned about malpractice, 50% HIPAA concerns
- ❖ 95% felt they were undertrained for teletherapy or could use additional training

Benefits of Telehealth within the Courts

- ❖ In 2019, 70% of respondents in debt collection suits across multiple jurisdictions failed to appear in court or respond to summonses. By November 2020, 8-30% decline in failure to appear rates
- ❖ Reducing the day-to-day costs of coming to court—such as transportation, child care, lost wages, and travel time—have increased people’s ability to meaningfully engage in court cases.

Effectiveness of Teletherapy



Effectiveness of Teletherapy

- ❖ Majority of studies appear positive- A review of 14 studies describe mostly positive outcomes of telephone therapy, generally compared with no treatment or with treatment as usual.
- ❖ Nine sessions of telephone interpersonal psychotherapy produced long-term reductions in depressive symptoms, more than usual care
- ❖ Of the 33 videototherapy depression studies-medium to very large effects for reducing depressive symptoms
- ❖ Therapeutic alliance and psychotherapeutic common factors can be established in remote therapies

Effectiveness of Teletherapy

- ❖ HUGE caveats to current research
 - ❖ Variability in study quality
 - ❖ Dozen vs. 1000s of studies on in-person vs. teletherapy
 - ❖ Longitudinal studies do not really exist (usually controlled 8-16 weeks)
 - ❖ Not combined with therapist burnout/COVID-fatigue
 - ❖ How to create a “consistent” setting with patients (i.e. car therapy)
 - ❖ Phone versus computer monitor
 - ❖ **Conclusions: Massive gaps and possibilities in research**

Benefits of Teletherapy During COVID-19

- ❖ Personal Clinician and client safety (small, confined offices)
- ❖ Greater access to care (Fewer missed sessions)
- ❖ Lower costs in some areas for clients/clinicians (commuting, babysitters)
- ❖ Privacy avoiding waiting rooms
- ❖ Reduced overhead
- ❖ Entirely new business model (no longer brick and mortar businesses)
- ❖ Proactive vs. Reactive Treatment (constant monitoring)
- ❖ Massive new business opportunities

Effectiveness of Teletherapy - Ideal



The Reality of Teletherapy



Drawbacks of Teletherapy During COVID-19

- ❖ Compliance/HIPAA (Facebook Live, Google Duo, etc)
- ❖ “Car Therapy”
- ❖ Multiple distractors/interference points (cell phones in session)
- ❖ Buffers/Boundaries (“Underwear sessions”)
- ❖ Suicide/Violence planning becomes more difficult (Duty to Warn)
- ❖ Technology Interruptions (Dropped calls, unstable Internet)
- ❖ Non-verbal subtleties disappear (70-90% nonverbal)
- ❖ Staring at screens in rigid seating positions (Airline flights)

Other Drawbacks of Teletherapy

- ❖ Minimal psychological testing
- ❖ Major problems with group therapy
- ❖ Severe limitations with children (lack of play therapy, unsafe environments)
- ❖ Elderly/Tech limited populations are frustrated
- ❖ Creating a “private, safe” space difficult and critical to therapy – Who is in the room/nearby?

Other Considerations

- ❖ Access in rural/underprivileged areas **NOT increasing**- teletherapy usage in the South/rural areas did NOT increase
 - ❖ Limited broadband, phone minutes, accessibility to high-speed internet
 - ❖ Further isolating elderly, People of Color, other marginalized populations
- ❖ Text or chat-based therapies are not being compared to traditional therapies
 - ❖ Talkspace sponsored study indicated 46% of users saw it as effective- compared to what?
- ❖ Zoom Dysmorphia (56.7% of dermatologists saw increases in cosmetic consultations, 86% of cases specifically cited video conferencing as the reason for cosmetic consultation)

Opinions of Telehealth in the Courts

- ❖ About 1-in-3 said they thought virtual hearings were challenging, and 1-in-3 said they thought it was not challenging.
- ❖ 60% noted ability to upload/view online documentation was “most challenging”
- ❖ 76% noted “Communicating with Court Staff” also very challenging
- ❖ 35% noted virtual hearings diminished the ability to assess litigant witness credibility, while 27% felt that there was a loss of the ability to read behavior and/or body
 - ❖ Some reasons include poor camera quality, bad lighting, unstable internet connections, whether someone was coaching the witness in the background.

Opinions of Telehealth in the Courts

- ❖ Disproportionately benefited people and businesses with legal representation—For example, after courts briefly closed, national debt collectors who file suits in states across the U.S. quickly ramped up their filings, using online tools to initiate thousands of lawsuits each month.
- ❖ 2020- nearly 10,000 state and local pandemic-related orders reviewed, none specifically addressed technology accommodations for people with disabilities and limited English proficiency.
- ❖ Specific spaces needed to be created/modified for HIPAA compliance- loss of “Rec Rooms” or “Reading Rooms” – Spaces might not be available

Interesting Emerging Data

- ❖ Victims of domestic abuse were far more likely to have attended remotely than those with drug or alcohol misuse issues (78% compared to 18%).
- ❖ Four-fifths of legal representatives (78%) stated their preference during the pandemic was to work from their home. When asked about their preference for hearings post-pandemic, three-fifths of legal representatives (59%) still preferred to work from home, and a fifth (20%) said they would prefer to be located in a courtroom.

Emerging Data with Court-Involved Persons

- ❖ Two adolescent correctional facilities experienced a 57% decrease in overall wait time for a medical care referral
- ❖ Significantly decreased time from referral to treatment after the program was implemented.
- ❖ Outpatient visits increased 40% via telemedicine, and emergency room visits significantly decreased by year two
- ❖ Eliminates transportation costs/security needs (i.e. multiple guards and special transport equipment)

Short-Term Future of Teletherapy

- ❖ Continued fight for parity and looser teletherapy regulations
- ❖ Continued stabilization of teletherapy adoption (25-35% usage)
- ❖ “Blends” of teletherapy and in-person therapy
- ❖ Multiple trainings/Tech increases in teletherapy (40% lack proper training)
- ❖ Greater HIPAA/security development
- ❖ Further clarification of emergency management (Secondary local therapist acquisition)
- ❖ Further adoption of “live” chat usage

Long-Term Future of Teletherapy

- ❖ Possible unification of Interstate Licensure Compact
- ❖ Standardization of telehealth/telepsychology guidelines
- ❖ Synchronous technology alongside videoconferencing (blood pressure monitoring/HR during couple's therapy?)
- ❖ Virtual Reality Simulations (Exposure therapy)
- ❖ Broadband access to all underserved populations (Starlink)
- ❖ Massive external investments
- ❖ "Buy in" for previously un-reachable clients

What could therapy look like in the future?

- ❖ Initial contact via Website or text-based medium
- ❖ Initial Intake packet, PHQ-9 (and others) completed electronically before first visit
- ❖ First session done in person or remotely
- ❖ Client reports high anxiety levels and fear of driving (previous car accident)
- ❖ Lives 45 minutes away
- ❖ Set up secondary backup therapist for safety, establish treatment plan
- ❖ Utilizing RPM System (heart rate, BPM) via wearable tracker, you establish baseline readings and fear hierarchy
- ❖ Begin utilizing remote-based EMDR and Virtual Reality Simulations for Exposure Therapy (Driving a car)

What could court-based mental therapy look like in the future?

- ❖ Probation officer provides office setting or small, private office at a “neutral” location (i.e. local church, car)
- ❖ Creation of “Technology bailiffs/Technology Liaisons” – specialized roles and jobs
- ❖ Inmates could have telehealth group sessions or individual sessions with providers remotely – expanding access
- ❖ Central “hubs” for court-related telehealth/probation meetings could be created (shorter travel distances)
- ❖ Remote technologies (i.e. heart-rate monitoring, BP devices) could reduce the need for onsite medical staff for all occurrences

What could court-based mental therapy look like in the future?

- ❖ Local providers being contacted to determine availability and comfort level with court-related mental health
- ❖ Ensuring appropriate mediums available (i.e. Tablets, laptops, computers, etc)
- ❖ Having electronic signatures by probation officers, correctional officers, inmates, judges, etc)
- ❖ Having clear discussions about confidentiality and limited HIPAA compliance.
- ❖ Technology Bailiff helping individuals prepare their computer systems or giving access to electronic links
- ❖ Ensuring appropriate firewalls and security protocols in place
- ❖ Gaining access to firewalls (#1 complaint)
- ❖ Creating HIPAA-compliant spaces (difficult)

Conclusions

- ❖ Telehealth has (technically) existed for over 1500 years
- ❖ First adaptation of synchronous video existed in the 1960s
- ❖ Low adoption rates due to expense, lack of reimbursement and confusing bureaucracy
- ❖ COVID-19 pandemic greatly accelerated and improved telehealth/teletherapy access
- ❖ Benefits appear promising
- ❖ Multiple pitfalls and potential psychological costs (not for everyone)
- ❖ Technology needs to be uniform for ALL populations
- ❖ Promising future of telehealth/teletherapy