

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Testimony presented to the House Health and Human Services Committee
Re: HB 2206

Amy A. Campbell – February 9, 2021

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition to support HB 2206. The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, pharmaceutical companies and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year.

KMHC supports HB 2206 to expand the options for provider originating sites, distant sites, and referral to specialty services. The new section regarding health homes is designed to improve care coordination with the patient's consent.

We urge this committee to consider an amendment to expand telemedicine to include the option of voice only communication. Telemedicine and telehealth services are dependent on the capacity of the patient's smartphone, tablet, computer and digital connection. The past year has shown that patients who do not have these tools can be effectively served in part through voice calls.

Telemedicine and Telehealth – A Crucial Behavioral Health Service

Before the pandemic, Kansas community mental health centers in rural and frontier communities were using telehealth to provide mental and behavioral health services. The expanded use of these services during the past year might be considered the silver lining of the pandemic.

While telehealth has been successful in helping to alleviate the lack of mental health services in rural areas, we are also seeing positive results for serving individuals that were difficult to reach due to other service barriers including the lack of transportation, lack of childcare, scheduling outside of work hours and difficulties pulling kids out of school for appointments. Providers now report better participation and decreased no-shows, as well as an important view into the home environment.

A large body of evidence has demonstrated that telehealth programs help increase access to care in areas with limited mental health resources, provide effective treatment for mental health conditions and addictions, and improve medication adherence.

Telehealth interventions typically fall into four domains:

- **Hospital care** – Rural hospitals connect to behavioral and mental health specialists through telehealth. For example, a psychiatrist can use video telehealth technology to diagnose patients in a rural emergency department. Mental health screeners can interview patients for potential hospital referral.
- **Integrated primary care** – Patients can receive behavioral and mental health services through telehealth in primary care settings and community mental health centers offering primary care services. For example, patients of a CMHC may use live-video teleconferencing to consult with a

primary care doctor or nurse practitioner or a primary care clinic could use live-video teleconferencing to receive counseling from a remote psychologist.

- **Mobile health applications or remote monitoring programs** – These can support longer-term interventions or management of behavioral health conditions. For example, rural patients could use a tablet, smartphone application, or computer program to track medication adherence, monitor their symptoms, and receive self-management education.
- **Direct to consumer services** – These allow patients to connect directly to behavioral and mental health providers using on-demand telehealth applications from any setting, including the home.

Communities across the country are using telehealth to provide the following behavioral and mental health services:

- **Evaluation and diagnosis** – Providers can use telehealth technology to observe the patient; administer scales, assessments, and screenings; and diagnose conditions.
- **Case consultation** – Some programs enable rural providers to consult with psychiatrists and psychologists. Consultations can take place by direct video communication, telephone, or email. This service can be helpful in cases that require crisis interventions.
- **Treatment** – Behavioral and mental telehealth programs typically provide counseling and psychotherapy, which can be delivered to individuals, couples, or groups. Some programs also offer more specialized therapies such as medication-assisted therapy (MAT), cognitive processing therapy, or prolonged exposure therapy for post-traumatic stress disorder (PTSD). Programs may also use telehealth to deliver interventions such as education about mental health conditions and skills coaching.
- **Medication management** – Telehealth can help patients adhere to their medication regimens. Tools that rural communities have used for medication adherence include monitored in-home dispensing devices, mHealth apps, and telephone counseling.
- **Continuing care** – Some rural programs provide case management services through telehealth to improve patient outcomes. For example, a nurse care manager could coordinate with family members, social services agencies, and healthcare facilities through the phone to meet the identified needs of their patients.

Thank you for the opportunity to speak to you today. Please feel free to contact me at any time to discuss these issues further.

Amy A. Campbell, Kansas Mental Health Coalition, PO Box 4744, Topeka, KS 66604 785-969-1617