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Governor's Behavioral Health Services Planning Council

www.kdads.ks.gov

October 12, 2017
Testimony re: House Bill 2206

Good day, my name is Shawna Wright and I am a licensed psychologist with a private practice. I am here today to testify in support of House Bill 2206. I have lived and worked in southeast Kansas since 2003. I am an alumnus of the National Health Service Corp, and started my career working as an outpatient therapist at the Southeast Kansas Mental Health Center. My affiliations with both of these organizations fostered my passion for working with Kansans living in rural and underserved areas. Approximately 6 years ago, I began studying telehealth for the purpose of professional development. In 2012, I started an independent practice, Wright Psychological Services, where I provide telepsychology services to residents of rural nursing homes throughout the state of Kansas. In 2016, I left the mental health center and began working for the University of Kansas Center for Telemedicine and Telehealth. My aspirations are to advance telehealth resources to children and families in rural and frontier areas of Kansas.

My work in telemedicine has afforded me many great opportunities to understand the importance of telemedicine in our state, and this includes becoming a member of the Rural and Frontier Subcommittee of the Governor's Behavioral Health Services Planning Council this year. I am proud to serve on the subcommittee because its *vision* of behavioral health equity for all Kansans, and its *mission* of collaborating through research to statistically understand and promote accessibility and availability of behavioral health services in rural and frontier Kansas counties are consistent with my ideals of telemedicine advancement in our state. We understand that the vast majority of all Americans living in underserved, rural, and remote rural areas also experience disparities in mental health services, and rural issues are often misunderstood, minimized and not considered in forming national, and even state, mental health policy. While the prevalence and incidence of adults with serious mental illnesses (SMI) and children with serious emotional disturbances (SED) are similar between rural and urban populations, access to mental health care, practitioners, and delivery systems to provide care, and attitudes and cultural issues influencing whether people seek and receive care differ profoundly between rural and urban areas. The Rural and Frontier Subcommittee champions' use of telehealth technology, and sharing established protocol and resources to support those who need assistance implementing telehealth technology and practice. The Subcommittee has found technology itself is no longer the barrier to use. Perceptions of technology and related local and state legislation and organizational policy are now the more significant barrier.

Starting Wright Psychological Services in 2012 was a daunting endeavor, and it signified the greatest risk I have taken in my professional career. Although I had studied telemedicine and telehealth, I was fortunate to have wonderful mentors and support from the Heartland Telehealth Resource Center because developing a business plan was arduous. As a matter of fact, some told me that independent telepractice was not an option for me due to the lack of telemedicine structure in Kansas. I was fortunate to network and collaborate with a telehealth company based in California that was interested in providing secure video connections and recruiting local providers to treat local residents. Even with the many supports available to me, the lack of telehealth legislation and regulation in Kansas was an obstacle in starting my practice. Given the absence of legislation and regulation, I turned to the states of Nebraska and Missouri, the American Telemedicine Association, and Medicare for guidance. Developing telemedicine policy for my independent practice was a tremendous endeavor because I had to piece together what I understood to be the best practices and highest standards of

implementing telehealth services from various sources. Some telemedicine experts were hesitant to provide guidance because of the absence of telehealth law in Kansas.

Through my telepsychology work, I have found that my passion and dedication for serving Kansans in rural and underserved regions has grown exponentially. In my work with the community health center, I thought I understood the needs and demands of this population. However, I have found there are regions that are more rural and more underserved. When I started Wright Psychological Services, I worried about how effective and needed the telehealth service would be for many reasons. The telepsychology approach was new to me and to the nursing facilities. I would be working with an elderly population that was not tech-savvy. I was prepared for the service to be uncomfortable and rejected by many due to these factors, but what I found was quite the opposite.

Over the past five years, I have worked with nine skilled nursing facilities reaching from Colby, Kansas in the northwest area of the state to Galena, Kansas in the southeast region. In that time, I have served hundreds of clients and have only had four residents refuse telepsychology services due to the technology being uncomfortable. Overwhelmingly, when I discuss the use of technology versus in-person treatment with new clients, they tell me "at least you are here, without you I have nothing." Some of the towns that I reach may have mental health centers within ten to 20 miles, but the staff time, transportation, and health risks associated with visiting a mental health center for regular appointments are often barriers to effective treatment. Through telemedicine, I can provide regular, goal-focused treatment at the nursing facilities with little demand on staff time and minimal discomfort to residents. I strive to assist individuals who are placed for rehabilitative care to manage anxiety and depression, helping to reduce their stays in the nursing facilities. I also assist individuals and families accept significant life transitions when health issues require longer-term skilled nursing care.

House Bill 2206 is essential to meeting the mental health care needs of Kansans living in rural and frontier communities. Mental health professionals and agencies need legislatively defined telemedicine terms and parameters to develop telemedicine structure and business plans. The viability of telemedicine in our state is dependent on reinforceable legislative structure. While Medicare and Medicaid clearly define telemedicine and provide published telemedicine policy, many third-party payor sources do not provide written telemedicine or telemental health policy. The absence of published telemedicine policy makes the implementation of telemedicine tenuous for Kansas health and mental health providers.

In conclusion, I am proud of the work that I do with the residents of skilled nursing facilities. I am honored that they are willing to share their lives with me and trust me with addressing painful and distressing disorders. However, there continue to be significant disparities in mental health service provision throughout Kansas. Telemedicine is a resource that can assist Kansans living in rural and underserved areas to connect areas to connect with providers in their own state. This bill is an important step in developing telemedicine in Kansas and in improving access and quality of care throughout the state. I hope that passing this bill will make it easier for other mental health providers and agencies to develop telemental health programs to address the needs of rural and frontier areas. Legislatively defining telemedicine and providing parameters for implementation and reimbursement is foundational for the development and expansion of telemental health services in our state.

Respectfully,

Shawna Wright, Ph.D., LP
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