

Connecting Idahoans to care via telehealth



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For months, Kristi Olson, director of a large behavioral health care practice, had tried unsuccessfully to interest her therapists in telehealth — treating clients on a secure video platform instead of meeting face-to-face in their offices. Then the coronavirus disease 2019 (COVID-19) pandemic erupted.

And that changed everything.

While the COVID-19 stay-at-home order was in place, telehealth became nearly the only way for the 18 therapists to keep their clients in care. As part of Pathways of Idaho, the therapists provide outpatient services at four offices — Boise, Payette, Nampa and Caldwell. Services at their offices include individual therapy, family therapy, medication management and a range of other supports.

Telehealth and telephonic services

Developed years ago to bring health care to residents in remote areas, telehealth today offers real-time, audio and video-enabled sessions with behavioral health and medical providers in urban, rural and suburban settings. The telephonic or virtual visits can take place at home, work or any other private location with phone and internet connectivity. For behavioral health care, telehealth helps increase access. It breaks down traditional barriers to treatment: lack of behavioral health care providers, consumers' busy schedules and persistent stigma surrounding psychological disorders.

And it's effective. Research shows that telehealth can deliver the same outcomes as in-person visits for many behavioral health conditions and meet the same standards of care set by the National Committee for Quality Assurance (NCQA).¹



Aided by the ubiquity of smart phones, tablets and laptops, as well as people's growing comfort level with technology, the use of telehealth for mental health care is growing.

Telehealth experiences explosive growth during the pandemic

Across the country, as clients and behavioral health care providers sheltered in place and practiced social distancing, the stress and isolation exacerbated emotional disorders. Demand for telephonic and virtual care visits soared. In response, Optum, the managed care contractor for the Idaho Behavioral Health Plan through Medicaid, permitted the use of popular applications such as Apple FaceTime, Facebook Messenger video chat, Zoom, Google Hangouts video or Skype. These applications could support its Medicaid members in addition to the approved technology typically required to conduct a virtual session. Optum also allowed the use of telephonic visits to address the needs of patients during the COVID-19 pandemic.

(For now, these options are still permitted; however, they may change as the state moves forward and restrictions related to the coronavirus are eased.) For the latest info, click here: optumidaho.com/content/ops-optidaho/idaho/en/providers.html.



In Idaho, telehealth grew exponentially

Case in point: In April 2020, 1,069 Idaho Medicaid behavioral health providers reported using telehealth, in contrast to 34 providers during April of the previous year. Likewise, the number of members receiving these services jumped from 206 members to 15,046, according to Optum claims data.²

The comfort of home creates progress



During the lockdown, telehealth became nearly the only safe way for the therapists at Pathways to keep its clients in care. To its surprise, it found that providing therapy in the comforts of home brought unexpected breakthroughs. One client, scarred by horrific events in her life as a refugee, was able to confront and release several traumatic experiences from her past — something she hadn't been able to do in her traditional office visits. The key? Feeling secure in the safety of her home. "Because she was more comfortable there, it brought out things that she hadn't remembered before," explains Susan Martinelli, LCSW, Pathways clinical director. Another client described being able to delve deeper into sensitive areas because the session wasn't "in person," says Ms. Martinelli.

Intensifying focus accelerates recovery

Other Pathways clients, diagnosed with post-traumatic stress disorder (PTSD) after severe traumas, have accelerated their recovery with telehealth by leveraging the digital technology, says Ms. Martinelli. With telehealth, therapists and clients are able to share psycho-educational information, a staple of trauma treatment, simultaneously. For example, together they watched videos on related trauma topics — shame, fear and anxiety, to name a few — and then processed what they saw. The videos showed clients that they are not alone in their experiences. "That's really powerful. You feel like you are part of a group. You won't feel so weird because others are experiencing this too," she says. "It makes it feel much safer." Afterward, the therapists and clients practiced coping skills. Watching the videos with therapists from the safety of their homes allowed clients to focus more intently on the content, their emotions and new ways to cope. "Face-to-face in the office, this could have taken months or years to happen," one therapist reported to Ms. Martinelli.

A lifeline reaches families in need

For many clients, connecting with their therapists — telephonically or virtually — throughout the shutdown proved critical.

Therapist Cassie Peck, LCSW, practices in Sandpoint, a town in the state's mountainous Northwest region. Her 20 or so family clients reside in the surrounding rural areas and most are Medicaid participants. Her young clients represent a range of emotional disorders — anger outbursts, behavior challenges, depression and anxiety. Several are on the autism spectrum. And many have problems functioning at home and at school.

The families are often physically and socially isolated. "I work with families who have very limited support. They may not have family in the area. Or they have family that they are estranged from. Or they are families who don't have close friends. Other than talking to me, they might not really have anyone to talk to," Ms. Peck says.



As the virus arrived in Idaho, closing her small office for face-to-face sessions with the families was difficult but necessary. It would be nearly impossible to keep a safe distance from her youngest clients and completely disinfect the toys used during their therapy after each session, explains Ms. Peck. With her clients in agreement, Ms. Peck moved to telehealth sessions. Clients could choose to receive services telephonically or via video connection. Clients appreciated the choice. About half of Ms. Peck's families who wanted to engage in telehealth didn't have enough data or get enough signal to support the video connection, so they got help over the phone.

The subsequent shutdown of school, preschool and other community activities increased the families' isolation and stress. "Some families I work with are single parents who are home with a young child who has difficulty sleeping and who has tantrums. Now they don't get a break," she says.

For those clients, Cassie's weekly telehealth sessions emerged as the families' sole source of outside support, breaking through their sense of isolation and despair.

"During the lockdown, that connection was really, really important. Without it, it would be even harder," she says.

Providing telehealth therapy to young children was challenging, but it is possible, says Ms. Peck. "Kids are really creative. So, they come up with new activities. Kids are more adaptable than adults." Not surprisingly, very young children, ages 3-6 years old, do better in a face-to-face setting where they can engage in play therapy, using Ms. Peck's dolls and puppets to act out emotions and troubling situations.

As Ms. Peck returns to seeing clients in the office, she wants to use telehealth in the event a client is sick or there is bad weather. "We live up in the mountains. We often have snow closures. Some clients live 50 miles from Sandpoint." She also envisions using it for her families who move out of the area but who stay in state. With the option of telehealth, care can continue uninterrupted.

Understanding of family challenges grows

Therapists at Pathways also provide services to young students at school in the Nampa district. Therapists didn't understand why some parents didn't participate in their children's sessions at school. But with telehealth beaming them right into the family's home, therapists gained new insights — viewing a disabled sibling visible in the next room, or hearing about a lack of transportation. With virtual sessions, the same parents engaged in their child's care. "They are more involved — which means there are healthier family interactions," says Ms. Martinelli.



Medication management and other support continues without a pause

Telehealth also helps clients stay safely on medication for psychological disorders. After an initial face-to-face examination with a psychiatric nurse practitioner or other authorized prescriber, clients may receive a prescription for medication to manage their bipolar disorder or other mental illness. Typically, the client meets on an ongoing basis with their provider to report how they are faring with their prescription.



Pathways offers medication management at all of its locations

During the lockdown, clients used telehealth "very successfully" to keep in touch about their medication with nurse practitioners, says Ms. Olson. Some clients, particularly in rural areas near Payette, lacked the technology to check in with their nurse practitioners. To keep them connected, the practice opened the doors to its Payette office and helped the clients set up a virtual session with their providers on the office computers.

With the special provisions that Optum allowed during the pandemic, telehealth also enabled Pathways to continue providing other help to clients, including community-based rehabilitation services and case management, as well as peer and family support.

Telehealth moves forward

Based on its success with telehealth and continued concerns about COVID-19, plans are in the works at Pathways to create virtual support groups. In the past, fighting distance and transportation issues, the practice had struggled to draw enough people for on-site support groups.

One new group is being planned for junior and high school students, already receiving services in the schools. “We want to do something more fun for them,” says Ms. Martinelli. Topics will include relationships, boundaries and coping skills. The virtual group will provide a chance to socialize — especially for the younger students who often don’t have a way to get about. Another group is intended for people struggling with co-dependency and relationship issues.

Today, most — if not all — of the therapists at Pathways want to continue offering telehealth, says Ms. Olson. Working from home, the therapists saw an improvement in their work-life balance. And they also saw a decline in client no-show rates.

Meanwhile, clients who want or require face-to-face treatment will continue to receive it, including those not adept at or fearful of technology, she says.

As for Ms. Olson, she views telehealth as a means to expand the practice’s scope. “We have a lot of rural areas. We have the ability to provide those services.”



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Sources:

1. Bashshur RL, Shannon GW, Bashshur N, Yellowlees PM. The empirical evidence for telemedicine interventions in mental disorders. *Telemed J E Health*. 2015; Dec 1. [ncbi.nlm.nih.gov/pubmed/26624248](https://pubmed.ncbi.nlm.nih.gov/26624248).
2. Based on Optum Idaho behavioral health provider claims for telehealth sessions submitted and paid by June 20, 2020 from April 1 to April 30, 2020, compared to telehealth session claims submitted from April 1 to April 30, 2019. Moyer, June 26, 2020.



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