

# RECOVERY

*The official newsletter of the  
Fletcher Group Rural Center Of Excellence*



**WHAT IS  
TELEHEALTH?**

**2**

**WHERE WE'RE AT  
TODAY**

**3**

**WHERE WE'LL BE  
TOMORROW**

**4**

## TELEHEALTH COMES OF AGE

*by Founder and Chief Medical Officer Dr. Ernie Fletcher*

America's growing senior population and the approaching retirement of an entire generation of physicians are driving a new paradigm, shifting the focus of rural healthcare from volume to value-based care.

Telehealth perfectly complements the new paradigm by leveraging the latest telecommunications and information technology to train, treat, and share data in the most timely and efficient manner.

Using Telehealth to enhance rural recovery housing has long been a priority at the Fletcher Group Rural Center Of Excellence. To that end, we support and collaborate with innovative Telehealth providers to promote responsible policy and facilitate the resources needed to integrate virtual care with emerging value-based delivery models.

As Telehealth and other trends continue to reshape the face of rural recovery, we thank you for your dedication, compassion, and support. You and your good work are always close to our heart.



# WHAT IS IT?

Telehealth can mean different things to different people. According to one study, seven different government agencies currently use ten different definitions, with each including and excluding different treatments and interventions.

We'll go with HRSA's definition: "The use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration."

## A Multitude Of Benefits For Rural Recovery

Telehealth delivers a host of powerful benefits to both rural healthcare providers and rural patients.

Telehealth dramatically expands the reach of providers while lowering staff and other costs. A study of 24 hospitals in four predominantly rural Midwestern states estimated an annual savings of \$522,000 in each hospital community with the figure rising to \$1.3 million in some.\* The convenience of Telehealth is also known for dramatically lowering cancellation rates.

Rural patients, particularly those in recovery, also have much to gain. Patients can access medical services and specialists 24x7, including urban behavioral health and mental health counseling services, without having to drive long distances or wait in line.

Telehealth can also reduce feelings of isolation and enable peer-support meetings, therapy, and counseling to proceed online when social distancing might otherwise make them impossible.

**And There's More**  
"Telepharmacy" can be used to access critically important medications and medication counseling. And what some call "mHealth" can be used by physicians and counselors to monitor a patient's health and medical data without the patient leaving home.

**The Challenges**  
Unfortunately, many of the 46 million rural Americans who lack easy access to medical care also lack a reliable Internet connection. And even when it's available, integrating and paying for it can be challenging. Computers, cameras, microphones and Wi-Fi don't come cheap. Additional challenges include complicated licensure systems that can make it difficult for physicians to expand their practices to rural areas. Some regulations have been expedited in response to the pandemic, but may not be lasting. The same applies to federal and state policies regarding third-party billings with Medicaid coverage varying from state to state.

**Did You Know?**  
Recovery House residents may qualify for a monthly phone or Internet benefit at [www.checklifeline.org/lifeline](http://www.checklifeline.org/lifeline)

\* "Estimating the Economic Impact of Telemedicine in a Rural Community" by Brian E. Whitacre



# WHERE WE'RE AT TODAY

According to the Agency for Healthcare Research and Quality, Telehealth's impact has been mixed. But three areas where it's been characterized as "robust" align perfectly with the needs of rural recovery. They are the management of chronic conditions, the monitoring of remote patients, and the delivery of behavioral healthcare.

## Breaking New Ground

Innovations in rural Telehealth are taking place coast to coast. The Mission Virtual Clinic in North Carolina provides round-the-clock substance use assessments and counseling for patients receiving MAT. The California MAT Expansion Project enables physicians to call in or fax buprenorphine prescriptions; patients can use a tablet to consent to treatment and make follow-up appointments. And the University of Vermont's Med-O-Wheel provides a limited supply of buprenorphine or methadone in a locked pill wheel that can be accessed only at predetermined times; patients can then document their intake with a video recording taken on their phone.

## Advice and Guidance

HRSA's Office for the Advancement of Telehealth hosts webinars and funds members of the National Consortium of Telehealth Resources Centers, including two national and 12 regional centers that help healthcare organizations, networks, and providers implement cost-effective Telehealth programs in rural and medically underserved areas. The consortium works with academic institutions, Continuing Medical Education offices, government agencies, payers, and others to develop Telehealth training initiatives and curriculum.

## Telehealth At The Fletcher Group

The Fletcher Group Rural Center Of Excellence is doing its part, too. One example is our online training of RH

operators and staff. To help rural partners apply the latest technology, we also recently arranged a donation of 28 iPads to 14 Recovery Kentucky centers, allowing residents to communicate virtually with family members, healthcare providers, sponsors, online educators, and potential employers.

"With visitations on hold, you worry about the emotions that come with isolation," says Melissa Estep, Program Director at Sky Hope Recovery Center in Somerset, Kentucky. "The iPads reduce that anxiety. In addition to all the other great things they do, they send the message that our clients matter and that people they've never even met are pulling for them!"

The Fletcher Group RCOE also works closely with two cutting-edge Telehealth innovators.

PursueCare helps patients in 23 states obtain medications like Suboxone by simply filling out an online form.

And SMART Recovery, a leader in online mutual support meetings, hosts over 3,500 weekly forums in 26 different countries, including over 2,200 in the U.S.





# WHERE WE’LL BE TOMORROW

The pandemic accelerated Telehealth's expansion by prompting authorities to rescind legal barriers. But hospitals were already migrating from in-patient to outpatient care, leading many experts to predict that Telehealth will expand steadily in the years to come.

## Not So Fast!

But a 2019 J.D. Power and Associates study suggests eager adoption is not a given. Their findings may surprise you:

- At the time of the study, only 9% of rural patients used Telehealth
- Seniors over 65 use Telehealth less than any other group
- Only 6% of Americans think Telehealth is superior to in-person care
- 74% of consumers believe Telehealth is not covered by their insurance or at least doubt that it's covered
- Only 17% of those who are eligible to use Telehealth instead of in-person care are aware of it
- Rural residents are more likely than others to think that Telehealth costs more than in-person care
- Consumers who characterize their health as “poor” use Telehealth far less than others
- Those who characterize their health as “very good” use Telehealth the most

These findings suggests those with the most to gain from Telehealth (rural residents lacking reliable healthcare, including those with SUDs) may be the least likely to use it. Winning them over may require persistence.

## A Favorable Convergence

But there is good news for rural recovery. The same technology used for Telehealth can help clients take advantage of a major change taking place in higher education—the development of what's called “short-term

credentials.” With millions of people out of work and 36% of American households canceling college plans due to the pandemic,\*\* universities across the country are enabling online students to quickly and cheaply acquire skills tied directly to immediate, good-paying jobs.

The movement is being driven in part by high-tech companies like Google and Amazon who have millions of unfulfilled jobs on offer, many paying as much as \$80,000 a year.

A single credential achieved in just a few weeks can result in a job that pays well enough to support someone while covering the cost of his or her next credential. This “stair-step” approach to building a professional career while supporting oneself may be especially attractive to those who, for whatever reason, may not be interested in making a four-year commitment at a college campus far from home.

## A Cautionary Note

There are thousands of short-term credentialing programs and not all are created equal. Some may even be scams. So RH Operators should make sure that all credentials are fully recognized by potential employers.

• The 2019 J.D. Power Telehealth Satisfaction Study of 31 providers across 15 performance metrics.  
\*\* According to USAFacts.