



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

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for Science and Technology
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Executive Office of the President
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Submitted electronically to connectedhealth@ostp.eop.gov

Dear Dr. Nelson:

The American Psychological Association (APA) appreciates the opportunity to respond to the Request for Information (RFI) on Strengthening Community Health Through Technology (87 FR 492).

APA is the leading scientific and professional organization representing psychology in the United States, comprised of more than 133,000 researchers, educators, clinicians, consultants, and students. Its mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

As the White House Office of Science and Technology Policy is aware, digital technologies can enhance and transform health care infrastructure supporting communities. As a result, this technology alters how we live, work, and play. Further, innovative technology will have an increasing influence on health and the health care infrastructure. To this end, APA would like to follow up on an earlier submission from APA's Senior Director for Health Care Innovation, C. Vaile Wright, PhD, with three specific examples of models that have successfully impacted community health.

Remote Access to Court Clinic: To mitigate COVID-19 impacting the Boston-area communities, the Court Clinic, for two distinct periods, has operated remotely. Remote work allows the clinic to respond in real-time to mental health emergencies in the court and continue to serve clients and protect evaluators. It helps preserve the workforce from illness and avoid staffing shortages that would mean a lack of access to mental health evaluation services. Further, access allows on-call court clinicians to cover other rural and difficult-to-cover courts in the outer areas of the state, which has a shortage of forensically trained psychologists.

Barriers – (1) There is limited access to technology, including lock-up areas in courthouses with limited internet signal and courts ill-equipped to allow remote access. (2) Interagency disagreement is also a barrier. Remote access to mental health evaluation services has been done case-by-case, depending on the court. Remote access relies on court officers to facilitate the equipment, and some officers disagree with such facilitation. (3) There is limited data in this area, particularly at the intersection of mental health and the law.

Trends from the pandemic – Even within the described limitations, having some remote access has dramatically assisted with providing essential services that would otherwise be suspended or intermittently unavailable (e.g., if staff are sick and unable to perform their duties).

User Experience – There can be many problems, from handling the equipment to acoustics, among other issues. In addition, when individuals who are court-involved but not in custody require assessment services, it varies whether access to the internet is available to allow for a remote evaluation. As a result, they must rely on their attorneys or other community agencies.

Tool and training needs – There is a need for more equipment and training, but also interdisciplinary/systemic facilitation to encourage agency-wide embracement of the technology.

Proposed government actions – (1) Provide funding to provide courts infrastructure to support such access, including the equipment but also resources to train the staff and to compensate staff who now have extra duties. (2) Provide more community access to technology such as videoconferencing rooms where members of the community can reserve space in various agencies/public libraries, etc. (3) Provide free, low cost, or subsidized broadband access. (4) Provide community education and training for the elderly, children, and people with disabilities to learn how to use the technology.

Health equity – Digital access and training can improve outcomes for marginalized communities and increase access to services. It would also allow individuals without transportation access to mental health counseling.

For more information, contact: [Laura Guzman-Hosta](#); Department of Mental Health, Massachusetts

Using Interactive Virtual Presence to Install Car Seats: Currently, the installation of about 80 percent of car seats on American roads is incorrect. As a result, seat belts improve safety, but not optimally. The University of Alabama at Birmingham (UAB) researchers are currently studying interactive virtual presence to help parents install car seats properly in their vehicles. Access to certified car seat technicians is limited and primarily available in larger cities. Deliverance of interactive virtual presence by smartphone can help parents in rural and outlying areas get help installing car seats from certified technicians. The system is also valuable to low-income parents with busy lifestyles.

Published UAB's pilot data (a series of three studies) includes promising findings from a U.S. Department of Transportation (DOT)-funded grant helping parents in rural Southeast Montana. Researchers are currently conducting a multisite randomized controlled trial at seven locations to demonstrate effectiveness before broad dissemination. Additionally, a major car seat manufacturer integrates the system into its consumer helpline. The use of this technology is easily scalable to national outreach. Users are positive, and the system has initial evidence of efficacy. Community health providers can easily measure outcome through safe and proper car seat installation."

Barriers – Broadband access is the most prominent current barrier, especially in rural areas. Various strategies are available to overcome this. Another barrier is insufficient certified car seat technicians in the country.

Trends from the pandemic – The COVID-19 pandemic has made this technology more appealing.

User Experience – The research suggests a positive experience for expert technicians and families installing car seats. *HelpLightning*, the interactive virtual presence system used, is effective and well-liked. It is also commercially available and has a no-cost version available for free use worldwide.

Tool and training needs – Certified car seat technicians are trained through various programs; many of the programs are run by Safe Kids Worldwide. The technicians are given basic training on using interactive virtual presence (1–2-hour session). The technology is freely available. Internet access and speed are a priority.

Health equity – The program is valuable for rural populations, language minorities, low-income, and communities of color.

International model -- This model could work identically abroad. Australia is currently testing it.

For more information, contact: [David Schwebel](#); University of Alabama at Birmingham

Digital Mental Health Interventions: Digital mental health products supported by coaching, delivered either by a trained layperson or licensed clinician, improvements may be equivalent in some cases to psychotherapy and pharmacotherapy. In addition, numerous scientific studies have supported the effectiveness of digital mental health interventions with robust evidence in treating depression, anxiety, and post-traumatic stress disorder. Fully automated digital mental health interventions are often effective; however, effect sizes are usually more modest, as fewer people remain engaged and benefit.

Barriers – Barriers to accessing mental health care include the lack of trained providers, the stigma associated with seeing a health care provider, cost of care, lack of transportation to appointments, and difficulties finding child or other dependent care while attending appointments. Even more pronounced are the issues associated with accessing care in underserved populations who typically suffer the poorest health outcomes and may have prior negative experiences in the healthcare system.

Proposed government actions – Digital mental health interventions are currently not widely reimbursable, limiting their use in healthcare systems and benefiting Americans experiencing mental health problems. Reimbursement mechanisms are required for both the product and the time necessary for coaching. Recently developed CPT (Cognitive Processing Therapy) codes are still insufficient as the patient must initiate communications, and the provider must be a physician or nurse. Similarly, while service codes exist for home technologies, none fit the tools commonly used for digital mental health services. The establishment of CPT codes for digital mental health would further expand reimbursement through other reimbursement mechanisms, such as risk- and value-based contracts or systems being developed in some states for Medicaid.

Establishing a national infrastructure for digital mental health services is needed, including supporting the development of reimbursement pathways. These include the institution of CPT codes, reimbursement under Medicare, technical assistance to states for reimbursement under Medicaid, and federal guidance for using statutory funding lines such as mental health block grant funds and action to create standards for regulating digital mental health products.

International model – Digital mental health interventions are already integrated into the healthcare systems of many other countries. For example, Australia has funded the MindSpot Clinic, a digital mental health clinic that provides digitally supported remote care for tens of thousands of Australians. The United Kingdom has approved digital mental health interventions as a reimbursable treatment. The treatments are being integrated into their national mental healthcare system through their Increasing Access to Psychological Therapies (IAPT) program. Unfortunately, the U.S. is lagging behind peer nations in promoting the strategic use of digital tools to increase access to and quality of mental health care.

For more information, contact: [Stephen Schueller](#); University of California, Irvine

Again, APA appreciates the opportunity to provide input on a significant area related to improving community health. It is important that we leverage technology to extend the reach of healthcare to allow all communities to reap the benefit of innovation. Please do not hesitate to contact Joseph Keller, PhD (JKeller@apa.org) if you have questions or need additional information.

Sincerely,

Katherine B. McGuire, MA

Chief Advocacy Officer

American Psychological Association