**Illinois Psychological Association**

**Health Care Reimbursement Committee**

Information from APA

COVID-19 March 14, 2020

Good evening everyone, March 10,2020

We in APA Practice understand the importance and urgency of the concerns about coronavirus for practice management, telehealth, access, and reimbursement.  Our immediate strategies are three-fold: (a) telehealth/reimbursement advocacy, (b) resources for practice management & telehealth, and (c) ethical, compliance, & risk-management considerations.       
  
We are currently working to confirm with CMS the specific policy changes regarding telehealth within the Medicare program so that APA can provide detailed advice to practitioners.     
  
Our LRA attorneys have reached out to the largest national payors (Cigna, Optum, Anthem, etc.) to advocate for favorable telehealth policies.  We are also organizing state-by-state insurance advocacy resources that you and your state associations can use, as well as additional information and resources for your practice.    
  
There will be more to come, soon.  
  
Best Regards,  
Stephen R. Gillaspy, PhD  
Senior Director, Health Care Financing  
  
Jared L. Skillings, PhD, ABPP  
Chief of Professional Practice

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# COVID-19 and psychology services: How to protect your patients and your practice

## Prepare your practice

Consider how a potential outbreak in your community might affect your business. Review your finances and business policies and determine how you can be more flexible. Can you alter your cancellation policy or waive fees to accommodate potential last-minute cancellations? Do you have enough in reserves to cover expenses if you experience a decline in services or become ill yourself? Do you have a plan for someone to handle communications and pay your bills if you become ill?

## Explore telepsychology options

Are you equipped to offer psychology services via phone or secure videoconferencing from your office or home during an outbreak or quarantine? Check [APA’s guidelines for the practice of telepsychology](https://www.apa.org/practice/guidelines/telepsychology) as well as "[How to make the most of telepsychology and steer clear of pitfalls](https://www.apa.org/monitor/2017/05/ce-corner)." If you are on insurance panels, be sure to confirm whether they will reimburse for services provided in this manner. Talk with patients about using telehealth platforms to meet for appointments if illness interferes with face-to-face sessions.

## Review your malpractice insurance policy

Check for policy clauses on confidentiality and work-from-home considerations specific to telepsychology services. Check into the feasibility and risks of having health records available at a home office if you suspend services at your practice office.

## Develop a patient communication plan

Determine how to stay in touch with patients and their families during an outbreak or quarantine. Write a notice outlining how your office will function so you are prepared to discuss with patients. Review it with every patient; post it to your website, in your waiting room and share by email. Include information on office policies and procedures such as last-minute closings and cancellations.

## Implement a plan for group practices

Be sure that your employees have up-to-date information so they can respond consistently. Review the [U.S. Chamber of Commerce guide for employers (PDF, 3.06MB)](https://www.uschamber.com/sites/default/files/guidance_for_employers_to_plan_and_respond_to_coronavirus.pdf).

## Promote hygiene in your practice

Create a safe office environment for patients and employees. Post signs encouraging hand-washing and put hand sanitizers in waiting rooms, offices and restrooms. Regularly check the Centers for Disease Control website for updates and [guidance on preventing the spread of coronavirus](https://www.cdc.gov/coronavirus/2019-ncov/community/index.html).

## Help manage patient and community anxiety

News reports about the coronavirus and the possibility that it could become more widespread are making some people anxious. Help to quell fear by providing credible information to patients, community leaders and local media. Share APA’s [tips on managing anxiety and putting news reports in perspective](https://www.apa.org/helpcenter/pandemics) and the [Speaking of Psychology Podcast](https://www.apa.org/research/action/speaking-of-psychology/coronavirus-anxiety) episode on coronavirus anxiety.

Visit the [Pandemics page on APA's website](https://www.apa.org/practice/programs/dmhi/research-information/pandemics) for more resources. Offer yourself as a resource for local media on managing coronavirus anxiety.

## Make self-care a priority

Remember to take care of your own health and that of your family. It can be tempting to prioritize patient needs, but remember that if you become ill, you cannot provide effective care. Listen to APA’s [podcast episode on self-care for psychologists](safari-reader://www.apaservices.org/practice/business/podcasts/self-care).

[Download the COVID-19 fact sheet (PDF, 221KB)](safari-reader://www.apaservices.org/practice/news/covid19-psychology-services-protection.pdf)

My understanding is that Medicare has instituted a temporary emergency rule that will allow psychologists to do teletherapy with a patient who is in his or her home rather than have the patient go to a healthcare site. The requirement is that the patient must be someone you have seen in the last 3 years—it can’t be a new patient. APA is hoping this can be expanded to other insurance companies but this would have to be done state by state. See <https://mhealthintelligence.com/news/breaking-telehealth-coverage-included-in-coronavirus-spending-bill>

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# APA Applauds Congress for Funding Efforts to Fight Coronavirus

March 6, 2020

WASHINGTON — The American Psychological Association applauded Congress and the president for swiftly enacting $8.3 billion in emergency funding in response to the coronavirus, but also appealed to the public to remain calm and heed the best scientific advice to deal with the spread of COVID-19.

“The American Psychological Association commends Congress and the administration for this important first step,” said APA President Sandra L. Shullman, PhD. “We call on Congress to pass additional reforms to tackle this developing epidemic and to modernize Medicare to eliminate other important access barriers for our nation’s seniors, who are some of the people most affected by this virus.”

The Coronavirus Preparedness and Response Supplemental Appropriations Act extends $8.3 billion toward comprehensive, government-wide efforts to fight the coronavirus, including allocating funds for research, development of vaccines, prevention and treatment services. The legislation also temporarily waives Medicare telehealth restrictions, allowing more older adults to continue to receive essential health and mental health treatment, including at their home, during this public health emergency period — potentially helping to minimize exposing others to the virus.

Psychological research shows that people feel more anxious when confronted with unknowns. This can lead to negative behaviors, such as avoiding or discriminating against people perceived to be associated with the disease, particularly Asian Americans, who are no more likely to be infected than anyone else.

“APA urges the public to remain calm since the likelihood of most people becoming sick from the coronavirus is low,” Shullman said. “The fact that there is a great deal of news coverage on this issue does not necessarily mean that it presents any threat to most of us. We should all follow the advice of the medical experts who are cautioning us all to wash our hands and stay home from work or school if we feel sick.”

APA also warned against blaming marginalized groups for the spread of COVID-19, noting that such discrimination could increase stress levels within these communities deter some people from seeking needed testing or treatment. An increasing number of news reports document numerous instances of stereotyping, harassment and bullying directed at people perceived to be of Asian descent following the coronavirus outbreak.

“Expressions of bias, stereotyping, discrimination and microaggressions directed at any particular racial or ethnic group in themselves constitute public health risks, as documented in a large and growing body of research.” Shullman said. “Such behaviors can increase risk for transmission of communicable diseases due to the climate of fear that they engender.”

APA urged the public to seek information from reputable sources to reduce the risk of further transmission of the virus, and to quell fears.

APA has posted [helpful information](safari-reader://www.apa.org/practice/programs/dmhi/research-information/pandemics) about the coronavirus on its website.

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# Keeping Your Distance to Stay Safe



With the number of COVID-19 cases increasing every day, psychologists offer insights on how to separate yourself from others, while still getting the social support you need.

Around the world, public officials are asking people who have contracted or been exposed to the new coronavirus to practice social distancing, quarantine or isolation measures in an effort to slow disease’s spread.

**Social distancing** means keeping a safe distance (approximately 6 feet) from others and avoiding gathering spaces such as schools, churches, concert halls and public transportation.

**Quarantine** involves avoiding contact with others if a person has been exposed to coronavirus to see if they become ill.

**Isolation** involves separating an individual who has contracted COVID-19 to prevent them from spreading it to others.

Spending days or weeks at home with limited resources, stimulation and social contact can take a toll on mental health. Though controlled studies on interventions to reduce the psychological risks of quarantine and isolation are lacking, psychologists have established best practices for handling these challenging circumstances.

Here is a summary of research on social distancing, quarantine and isolation, as well as recommendations on how people can cope if asked to take such measures.

## What to Expect

People asked to stay home due to illness, exposure or active community spread of COVID-19 will likely be cut off from their regular routines for at least two weeks, the estimated incubation period for the virus.

Common sources of stress during this period include a drop in meaningful activities, sensory stimuli and social engagement; financial strain from being unable to work; and a lack of access to typical coping strategies such as going to the gym or attending religious services.

Psychologists’ research has found that during a period of social distancing, quarantine or isolation, you may experience:

### **Fear and anxiety**

You may feel anxious or worried about yourself or your family members contracting COVID-19 or spreading it to others. It’s also normal to have concerns about obtaining food and personal supplies, taking time off work or fulfilling family care obligations. Some people may have trouble sleeping or focusing on daily tasks.

### **Depression and boredom**

A hiatus from work and other meaningful activities interrupts your daily routine and may result in feelings of sadness or low mood. Extended periods of time spent at home can also cause feelings of boredom and loneliness.

### **Anger, frustration or irritability**

The loss of agency and personal freedom associated with isolation and quarantine can often feel frustrating. You may also experience anger or resentment toward those who have issued quarantine or isolation orders or if you feel you were exposed to the virus because of another person’s negligence.

### **Stigmatization**

If you are sick or have been exposed to someone who has COVID-19, you may feel stigmatized by others who fear they will contract the illness if they interact with you.

## Vulnerable Populations

People with pre-existing mental health conditions and health-care workers helping with the response to the coronavirus may have an increased risk of experiencing psychological distress when they engage in social distancing, quarantine or isolation.

People with disabilities who require specialized diets, medical supplies, assistance from caregivers and other accommodations are also at risk for psychological challenges during a pandemic because of the increased difficulties in receiving the care they require.

## How to Cope

Fortunately, psychological research also points to ways to manage these difficult conditions. Before social distancing, quarantine or isolation orders are enacted, experts recommend planning ahead by considering how you might spend your time, who you can contact for psychosocial support and how you can address any physical or mental health needs you or your family may have.

### **Limit news consumption to reliable sources**

It’s important to obtain accurate and timely public health information regarding COVID-19, but too much exposure to media coverage of the virus can lead to increased feelings of fear and anxiety. Psychologists recommend balancing time spent on news and social media with other activities unrelated to quarantine or isolation, such as reading, listening to music or learning a new language. Trusted organizations—including the U.S. Centers for Disease Control and Prevention, the U.S. Substance Abuse and Mental Health Services Administration and the World Health Organization—are ideal sources of information on the virus.

### **Create and follow a daily routine**

Maintaining a daily routine can help both adults and children preserve a sense of order and purpose in their lives despite the unfamiliarity of isolation and quarantine. Try to include regular daily activities, such as work, exercise or learning, even if they must be executed remotely. Integrate other healthy pastimes as needed.

### **Stay virtually connected with others**

Your face-to-face interactions may be limited, but psychologists suggest using phone calls, text messages, video chat and social media to access social support networks. If you’re feeling sad or anxious, use these conversations as an opportunity to discuss your experience and associated emotions. Reach out to those you know who are in a similar situation. Facebook groups have already formed to facilitate communication and support among individuals asked to quarantine.

Relying on pets for emotional support is another way to stay connected. However, the Centers for Disease Control and Prevention recommend restricting contact with pets if you contract COVID-19 until the risks of transmission between humans and animals are better understood.

### **Maintain a healthy lifestyle**

Get enough sleep, eat well and exercise in your home when you are physically capable of doing so. Try to avoid using alcohol or drugs as a way to cope with the stresses of isolation and quarantine. If needed, consider telehealth options for psychotherapy. If you already have a psychologist, contact them ahead of a potential quarantine to see if they can continue your sessions using phone-based or online delivery.

### **Use psychological strategies to manage stress and stay positive**

Examine your worries and aim to be realistic in your assessment of the actual concern as well as your ability to cope. Try not to catastrophize; instead focus on what you can do and accept the things you can't change. One way to do this is to keep a daily gratitude journal. You may also choose to download smartphone applications that deliver mindfulness and relaxation exercises. For example, PTSD Coach is a free application developed by the U.S. Department of Veterans Affairs’ National Center for PTSD and the Department of Defense’s National Center for Telehealth and Technology. It contains coping and resilience resources such as exercises for deep breathing, positive imagery, muscle relaxation and more.

Focusing on the altruistic reasons for social distancing, quarantine or isolation can also help mitigate psychological distress. Remember that by taking such measures, you are reducing the possibility of transmitting COVID-19 and protecting those who are most vulnerable.

## What Happens Next

Following a period of quarantine or isolation, you may feel mixed emotions, including relief and gratitude, frustration or anger towards people who worry you may infect them with the virus, or even feelings of personal growth and increased spirituality. It’s also normal to feel anxious, but if you experience symptoms of extreme stress, such as ongoing trouble sleeping, inability to carry out daily routines, or an increase in alcohol or drug use, seek help from a health-care provider.

See more APA advice on [ways to deal with COVID-19.](https://www.apa.org/practice/programs/dmhi/research-information/pandemics)

## Tools and Resources

* [Mental Health and Coping During COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html)   
  Centers for Disease Control and Prevention, 2020
* [Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019](https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019)   
  The National Child Traumatic Stress Network, 2020
* [Coronavirus Disease (COVID-19) Advice for the Public](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public)   
  World Health Organization, 2020
* [Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak](https://store.samhsa.gov/system/files/sma14-4894.pdf)   
  Substance Abuse and Mental Health Services Administration, 2014
* [The psychological impact of quarantine and how to reduce it: rapid review of the evidence](https://doi.org/10.1016/S0140-6736(20)30460-8)   
  Brooks, S.K., et al., The Lancet, 2020
* [Substance Abuse and Mental Health Services Administration Disaster Distress Helpline](http://disasterdistress.samhsa.gov/)   
  1-800-985-5990
* [National Suicide Prevention Lifeline](http://suicidepreventionlifeline.org/)   
  1-800-273-TALK (8255)

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