



# USE OF TELEMEDICINE FOR BEHAVIORAL HEALTH

## AN OVERVIEW OF THE NATIONAL LANDSCAPE

March 1, 2020\*

### Executive Summary

Health care provided via telecommunications technology, also known as telehealth and telemedicine, is the fastest growing “alternative” point of service in recent years, outpacing retail health clinics and urgent care centers.<sup>1</sup> While this modality of providing care is still a small subset of all health encounters — less than one percent in the United States — it has grown at a considerable rate in recent years.<sup>2,3</sup> Additionally, the number of health plans covering services provided via telemedicine and states adopting telemedicine-related policies continue to grow.<sup>2,4</sup> Behavioral health stands out amid this growth. Behavioral health services are some of the most common services offered via telemedicine by health care providers, and psychiatrists are one of the most common physician specialties practicing via this modality.<sup>5,6</sup>

The provision of behavioral health services through telemedicine presents a unique opportunity to address a recognized need. One in five adults experience a mental illness in a year. One in six youth aged six to 17 years experiences a mental health disorder each year. However, only 43% of adults and 51% of youth receive treatment for these conditions.<sup>7</sup> The need for increased access is well established and exacerbated by provider shortages, particularly in the behavioral health domain.<sup>8</sup> Within Georgia, estimates of behavioral health practitioners indicate that Georgia’s supply of behavioral health professionals does not meet the estimated demand for services for each of the professions reviewed (See Figure 1).<sup>9</sup>

Telemedicine may offer a path to address some of these gaps in services. However, it will take work at the patient, provider, health system, policy, and regulatory levels to establish and increase its appropriate use. With the rapid increase of interest in telemedicine, the policy landscape for telehealth laws has been quickly transforming. In recent years, nearly every state has adopted at least one new law or guidance related to the provision of clinical services via telecommunication technologies.<sup>4,10</sup> With this changing landscape, states are exploring numerous paths to facilitate the use of telemedicine.

This brief will review some of the key factors impacting the policy and regulatory landscape for telemedicine, generally, and in behavioral health. It will also explore some of the innovative approaches states have taken to facilitate the use of telemedicine. Simply increasing the use of telemedicine will not be a cure-all in addressing the numerous barriers facing patients in accessing behavioral health care or shortages in key professions. Creating a robust landscape for telemedicine services will also require additional supports such as provider and patient education, guidance on implementation, and other solutions to increase patient uptake of this modality for care. Here, we present opportunities currently available to Georgia to begin facilitating telemedicine adoption.

**Figure 1. Supply and Demand Estimates for Behavioral Health Professions in Georgia, 2016**

Where Georgia Stands...			% of Demand Met	Rank Among States and DC
Psychiatrists (All)			69%	27
Psychiatrists (Pediatric)			50%	35
Psychiatric Nurse Practitioners			94%	18
Psychologists			60%	37
Addiction Counselors			38%	51
Mental Health Counselors			53%	38
School Counselors			86%	34
Social Workers			51%	40
Marriage & Family Therapists			77%	31
1st Quintile	2nd Quintile	3rd Quintile	4th Quintile	5th Quintile

Source: Analysis of HHS State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016–2030 [Data Set: Scenario Two Unmet Needs]<sup>10</sup>

\*In light of the coronavirus pandemic, many temporary changes in telehealth policy are being enacted. This brief does not reflect policy and regulatory changes in response to COVID-19.



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## Telemedicine Terms and Definitions

**Telehealth:** The use of telecommunications systems to deliver, enhance, or support healthcare, health education, or public health.

**Telemedicine:** The use of telecommunications systems for clinical diagnosis, treatment, and monitoring.

### Telemedicine for Behavioral Health:

Behavioral health services provided via telecommunications technologies.

**Telemental Health:** In Georgia, a term related to professional licensure.

**Synchronous:** Services provided through live, real-time video and audio connection.

**Asynchronous/Store-and-Forward:** Encounters recorded and forwarded to the distant site provider to review at a different time.

### Remote Patient

**Monitoring:** Technology that collects patient health data remotely and transmits it to their health care provider.

**Distant Site:** Where the practitioner providing health care services is located.

**Originating Site:** Where the patient is located.

**Presenting Site:** Where the patient is located with a health professional assisting in presenting the case to the distant site provider.

## What is Telehealth and Who is Using It?

Telehealth is “a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunication technologies.”<sup>11</sup> Telemedicine is often described as a subcategory of telehealth, focusing on clinical diagnosis, treatment, and monitoring delivered by technology. As technology has advanced, so has the use of telehealth and telemedicine in the health services field.

States have mixed results in the utilization of telemedicine services.<sup>1,12,13</sup> Many of the states that have demonstrated higher utilization in studies of private and public payers also align with those receiving a grade “A” in the American Telemedicine Association’s review of each state’s telemedicine policy landscape (See Figure 2). They feature policies such as lenient legislation, participation in interstate compacts, or state-supported telemedicine initiatives that may be facilitating their increased uptake of services provided via telemedicine. This brief will review four key areas impacting telemedicine adoption and uptake, highlight states with promising work in these areas, and identify opportunities Georgia can pursue to encourage growth in this modality of care.

### Regulating Telemedicine

States regulate the use of telemedicine in numerous ways. Legislation may cover who has to pay for it and at what levels. It may detail which providers are eligible to provide services and where. Legislation can also be more open-ended and allow Medicaid and other payers to establish policies and procedures defining the use of telemedicine within their networks. State Medical Boards also play a role in setting rules aligned with legal requirements and informing providers of their responsibilities in providing care via telemedicine.

As of 2019, Medicaid programs in all 50 states and Washington, D.C. reimburse for some level of live video telemedicine services. Forty states and Washington, D.C. have laws requiring reimbursement from private payers for telemedicine services. Twenty-nine states and Washington, D.C. have adopted the Interstate Medical Licensure Compact allowing state medical boards an expedited path to issuing licenses to out-of-state physicians.<sup>10</sup>

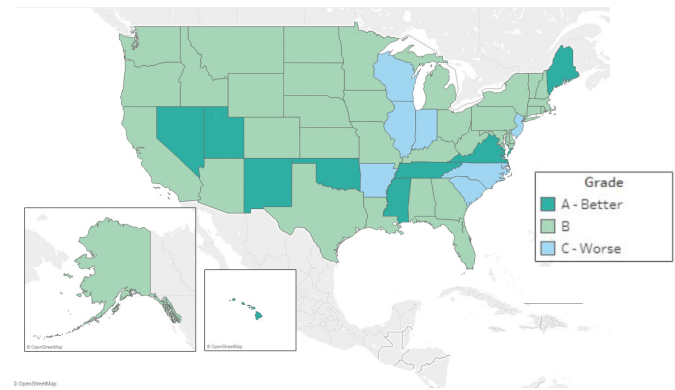
### Where Georgia Stands

Georgia passed the Telemedicine Act in 2005 to create a regulatory framework for the provision of health care services via telemedicine in the state. In 2019, the Act was updated to the Telehealth Act, which expanded the state’s coverage and reimbursement parity requirements for payers. The law creates a robust frame on which agency telemedicine guidance can be built.

### Opportunity 1

Georgia agencies can continue to update and hone their guidance to health care professionals on telemedicine and how state laws impact their practice via this modality of service provision.

Figure 2. American Telemedicine Association State Telemedicine Gaps Analysis: State Grades 2017<sup>14</sup>



## State Innovation in Telemedicine Legislation

### TENNESSEE

Tennessee telemedicine laws are fairly open-ended. Rather than setting detailed limits or requirements within law, Tennessee allows insurers and providers to determine many aspects of telemedicine implementation.

Source: Analysis of TN Code Telehealth Services (Tenn. Code Ann. § 56-7-1002 accessed via LexisNexis)

## Behavioral Health and Telemedicine

Behavioral health services provided via telemedicine may alleviate some of the common barriers in accessing these services, including overcoming geographic barriers, shortages in practitioners, and stigma associated with utilizing behavioral health services. This opportunity is ripe for expansion as behavioral health is already one of the most accessible services available via telemedicine.

Fifteen states were ranked the highest and identified as having no restrictions on coverage for behavioral health services in a report reviewing the regulatory landscape for telemedicine use in behavioral health. These states also included at least one practitioner type beyond psychiatrists as eligible for providing services and did not have conditions for reimbursing services. Among these 15 high-ranking states were several of Georgia's southeast neighbors, including Florida, Mississippi, and Tennessee.<sup>14</sup>

In the same report, the most common services covered through state Medicaid plans included "mental health assessments, individual therapy, psychiatric diagnostic interview exams, and medication management." The most common providers allowed were psychiatrists, advanced practice nurses with clinical specialties, and psychologists. All but one state allowed for physicians plus at least one other practitioner type to be reimbursed via this modality.<sup>14</sup>

Defining more available originating sites (i.e., where the patient is located at the time of service) also offers opportunities to expand access. Behavioral health specialists in rural areas have cited telemedicine and more allowable originating sites as helpful tools to decrease stigma in small towns where someone accessing services at the local behavioral health center may be concerned about being identifiable.<sup>15</sup>

### Where Georgia Stands

Georgia currently has some conditions on reimbursement for Medicaid covered services, but does include numerous practitioner types covered for select behavioral health services. However, Georgia requires three licensed practitioner types — social workers, marriage and family therapists, and counselors — to have telemedicine-specific training before providing services via this modality, a requirement and potential barrier not found in other states.<sup>16,17</sup> Georgia Medicaid allows the home as an originating site with some restrictions. Georgia is one of only a handful of states that recognizes behavioral analysts as a reimbursable practitioner for providing certain services via telemedicine.

### Opportunity 2

Review availability of resources for practitioners on their roles and responsibilities in practicing via this modality. Assess potential gaps and barriers in practitioner resources and requirements in their practice via telemedicine.

## Medicaid Originating Site Locations by the Numbers



18 states



18 states, including Georgia, allow schools as an originating site for telemedicine services.



19 states



19 states allow the home as an originating site for telemedicine services. Georgia allows the home with some restrictions.



22 states



22 states, including Georgia, have defined lists of allowable originating sites for telemedicine in their Medicaid programs.



44 states



44 states, including Georgia, do not have any geographic restrictions on where telemedicine services can be provided within their state.

Source: Center for Connected Health Policy<sup>10</sup>

## Allowable Practitioners by the Numbers

As of 2019...

**26 states** do not specify provider type as a condition of payment for telemedicine services



**49 states** allow physicians and at least one other practitioner type to practice via telemedicine technologies



As of 2017...

**23 states** include licensed social workers, and 18 include licensed professional counselors

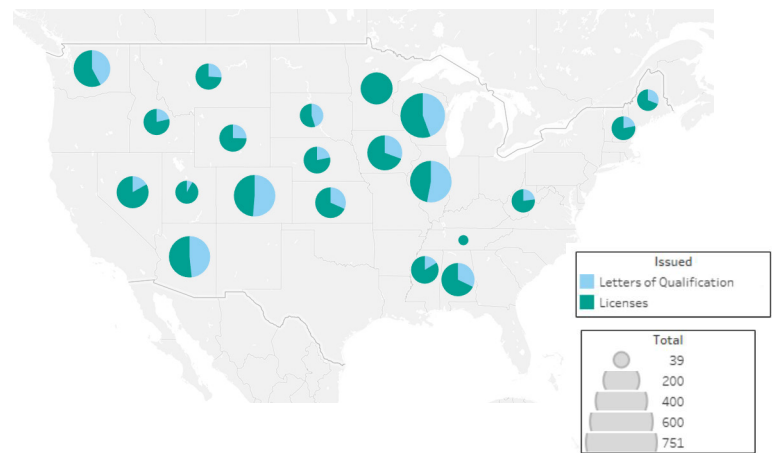


Sources: American Telemedicine Association<sup>4,14</sup>

## Cross-State Practice

Interstate licensure compacts facilitate the expedited licensing of out-of-state health care professionals to allow for practice across state lines. These compacts are thought to help increase access by increasing the number of practitioners that can provide services in a state without requiring additional workforce training. Figure 3 shows the number of licenses, green, and letters of qualification, blue, issued by states under the Interstate Medical Licensure Compact between March 2017 and March 2019.<sup>18</sup> While it does not show the number of services rendered across state lines, there does seem to be a promising practice of most states both issuing licenses and letters of qualification. This means states are both benefiting from the compact by having more providers available to practice in their state, and contributing to it by qualifying providers to practice in other states.

Figure 3. Licenses & LOQs Issued via the IMLC, March 2017– March 2019<sup>23</sup>



## Where Georgia Stands

Georgia joined two interstate compacts in 2019, the Interstate Medical Licensure Compact (IMLC) and the Psychology Interjurisdictional Compact (PSYPACT). The IMLC allows for the cross-state licensing of physicians, including psychiatrists. PSYPACT allows for the cross-state licensing of psychologists. Both compacts anticipate being operational in Georgia in 2020. Georgia is also a member of the Nurse Licensure Compact.

## Opportunity 3

Once the IMLC and PSYPACT are operational in Georgia, there will be an opportunity to assess their effectiveness in closing gaps in access to practitioners and services.

## State Telehealth Networks

The federal Office of Advancement for Telehealth supports national and regional technical assistance and education on telehealth through the Center for Connected Health Policy and regional Telehealth Resource Centers.<sup>19</sup> Many of the states with established telehealth systems also convene regular state-based telehealth education opportunities through a state-based collaborative. These groups may be created through legislative action, such as Arizona's ongoing quarterly convening Arizona Telemedicine Council or Florida's temporary Telehealth Advisory Council tasked with researching and providing recommendations related to telehealth in the state.<sup>20,21</sup> These coalitions have also been formed as membership-based organizations, such as the Mississippi Telehealth Association or the New Mexico nonprofit Telehealth Alliance.<sup>22,23</sup>

## Where Georgia Stands

The Georgia Partnership for Telehealth, now the Global Partnership, has supported numerous telehealth initiatives in the state, including an annual conference. Numerous organizations continue to work on telemedicine, but as the field grows, there continues to be room for more resources for providers and practitioners learning about this modality.

## Opportunity 4

Assess landscape of groups and organizations within behavioral health field currently exploring telemedicine. Document findings for consideration of future more formal learning network amongst these groups.

## References

Visit <https://ghpc.gsu.edu/use-of-telemedicine-for-behavioral-health-references/>.

## State Innovation in Telehealth Networks

### ARIZONA

Arizona's Legislature created their Telemedicine Council in 1996. It consists of partners from state government, state agencies, universities, and other stakeholders, including health systems and the health care tech industry.

Source: Arizona Telemedicine Program<sup>20</sup>

### MISSISSIPPI

The University of Mississippi Medical Center, through a federal grant, created one of two Centers of Excellence for Telehealth in 2017. The robust Mississippi Telehealth Association convenes annually with core objectives, including increasing patient uptake of telemedicine and increasing access in rural communities.

Source: Mississippi Rural Health Association<sup>22</sup>



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