Health Workforce Policy Brief
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Use of Telehealth to Strengthen Behavioral Health Workforce Capacity

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BACKGROUND

In 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that nearly 1 in 5 Americans live with a mental health or substance use disorder (SUD), and many do not have access to treatment.[1] In fact, nearly 80 million Americans live in mental health professional shortage areas, and even in urban environments, cost of care, transportation, and time constraints often prevent people from accessing services.[2]

Telehealth, which supports provision of psychological and therapeutic services remotely via telephone, email, or videoconferencing, is considered to be a promising strategy to address geographic barriers and improve access to, and quality of, healthcare for patients. Use of this technology is one method that can be used to extend behavioral health workforce capacity. Telehealth within behavioral health settings might take the following forms: remote consultations between providers; store-and-forward technologies (the electronic transmission of medical information); remote patient monitoring; or video conferencing between a patient and a behavioral health specialist. In turn, telehealth can improve the delivery of behavioral healthcare by increasing patient access to care, improving care affordability (e.g., reducing the need to take time off work to travel to follow-up appointments), and enhancing care quality.[3]

The uptake of telehealth is gaining traction in the U.S., however states vary with regard to telehealth implementation. Several recent federal policies have expanded the accessibility of telehealth to further increase uptake:

- In late 2013, the Centers for Medicare and Medicaid Services (CMS) expanded the definition of rural to include all sites located within a metropolitan statistical area that: (1) are classified by the Federal Office of Rural Health Policy (ORHP) as rural and (2) have a sufficiently high "Rural Urban Commuting Area" (RUCA) score. This expanded definition greatly expanded the number of sites where CMS will reimburse for telehealth services.
- On the state level, more than 150 telehealth-related bills were introduced in the 2016 legislative session, the majority of which addressed reimbursement in Medicaid programs and/or among private payers, established telehealth professional board standards, and addressed cross state licensing.

CONCLUSIONS AND POLICY IMPLICATIONS

Widespread utilization of telehealth within behavioral health settings appears to be hindered by barriers such as reimbursement, cost of infrastructure, and scarce and/or underutilized workforce training and development opportunities. The research team proposes the following policy recommendations to support an increase in telehealth use for the behavioral health workforce:

1) Support educational initiatives from providers such as Telehealth Resource Centers.

2) Support providers and health care administrators to enhance knowledge around grants that fund the uptake of behavioral health information technologies and tools, such as the ones supported by HRSA and the Federal Office of Rural Health Policy.

3) Alleviate cross-state licensing and credentialing barriers related to providing telehealth services by encouraging states to adopt a standardized definition of telehealth and telehealth-eligible providers, establish reciprocity and standardization of the licensure and credentialing process.

4) Redefine the "place of service" from the originating site to the distance site.

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[1] National Alliance on Mental Illness. (2016, August 15). *NAMI*. Retrieved from Living with a Mental Health Condition: http://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition

[2] Kaiser Family Foundation. Mental Health Care Health Professional Shortage Areas; 2016. http://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[3] Capterra. Three ways telehealth can help you better serve your behavioral health patients. Retrieved from https://blog.capterra.com/telehealth-can-help-you-better-serve-your-behavioral-health-patients/

The research team at the Behavioral Health Workforce Research Center engaged in several activities to better understand workforce factors related to telehealth implementation across the U.S. This brief explores how organizations are using telehealth, what types of telehealth are being used, barriers to using telehealth, and provider attitudes towards telehealth.

METHODS
A mixed methods approach was used to investigate the use of telehealth including:
- An online quantitative survey was developed to assess the extent to which telehealth is used; perceptions of the utility of telehealth; barriers to the use of telehealth; populations that utilize telehealth; and the type of telehealth services used. The survey was sent to National Council for Behavioral Health (National Council) member organizations in all 50 states (*N*=2,900 organizations).
- Key informant interviews with one behavioral health provider and one state official in five states (Colorado, Maine, Montana, Nevada, and North Dakota) were conducted to investigate workforce development initiatives, barriers to using telehealth, and the utility of telehealth. Interview participants were recruited through the Behavioral Health Training and Technical Assistance Program for State Health Officials and through National Council member organizations.
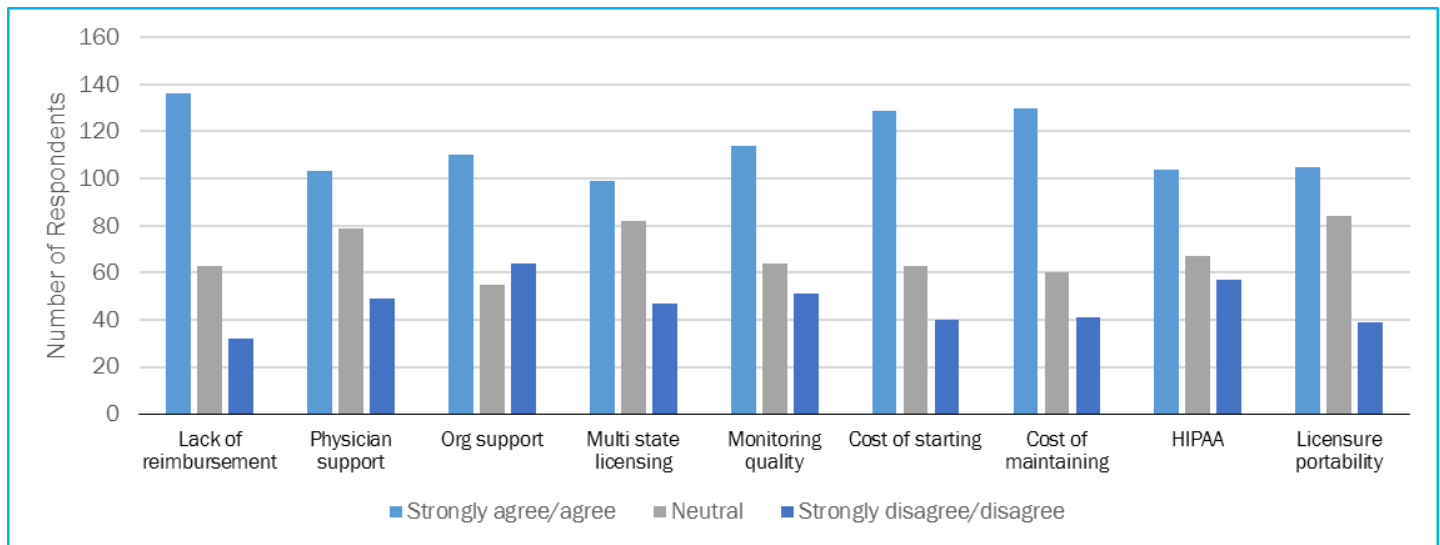
KEY FINDINGS
Survey Results
A total of 329 organizations (11%) responded to the online survey, with representation from all 50 states. The majority of respondents identified their practice setting as a *community mental health center* (41%, *n*=134); a *co-located mental health and substance use disorder treatment organization* (15%, *n*=48); or a *federally qualified health center* (12%, *n*=39). Fifty-seven percent (*n* =187) of responding organizations were located in rural areas, and 36% (*n*=118) of organizations were located in a designated medically underserved area (e.g., areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population).

A total of 319 organizations provided information about their use of telehealth. Nearly half of these respondents (48%, *n*=153) reported that they specifically used telehealth for behavioral health services, and direct video conferencing was the most commonly used form of telehealth. A range of behavioral health professionals use telehealth for service delivery. Psychiatrists were the most commonly noted provider (78%, *n*=119) followed by mental health counselors (33%, *n*=51) and social workers (24%, *n*=37). With respect to service type, eighty-three (54%) of responding organizations use telehealth for medication or individual counselling (16%, *n*=25). More than half of respondents (53%, *n*=81) reported that less than 10% of their clients use telehealth.

Figure 1 details respondent–identified barriers to using telehealth. It was noted that the most commonly identified barriers were related to financing, including: reimbursement structures, initial cost of implementation, and cost of maintaining telehealth equipment. Additionally, the variability of licensing requirements across states poses a barrier to utilizing telehealth for some organizations.

Figure 1. Respondent-Identified Barriers to Telehealth Utilization

Interview Results

Key informant interviews supported the survey results, with issues related to financing cited as the largest barrier, followed by cross-state licensing requirements. Specific challenges related to the use of telehealth included the cost of implementing the technology infrastructure to start a telehealth program, and the cost of maintaining this infrastructure. Participants in Montana and Colorado noted that in rural areas, the technology infrastructure, such as availability of internet connections or proper equipment, can be a barrier to utilizing telehealth. Additionally, health officials noted a struggle with engaging providers from different states, possibly due to various licensing, credentialing, and/or reimbursement policies across states. These barriers stem from the different definitions of telehealth used by different state Medicaid offices, and different allowable providers from jurisdiction to jurisdiction. Although barriers exist, 100% of the behavioral health providers indicated that they were interested in furthering the uptake of telehealth at their organizations and saw it as a promising practice to reach rural and underserved clients.

An additional barrier noted across surveys and interviews was a lack of familiarity or comfort using telehealth as an intervention. Seventy-five percent (*n*=247) of survey respondents indicated that they were not aware of any programs to support telehealth uptake and education. One provider in Montana, however, did note the use of Project ECHO (a practice model that relies on knowledge-sharing networks led by expert teams who use videoconferencing to conduct virtual clinics with community providers in order to educate them on how to provide excellent specialty care to patients in their own communities) during an interview as a distance learning provider education model. This program is particularly helpful in bringing evidence-based practices to providers in rural communities.[4]

CONCLUSIONS

Telehealth is considered to be a promising practice to reach rural communities and provide services to underserved populations; however, there are still barriers to its widespread implementation. Financing barriers, such as reimbursement and cost of infrastructure, were cited across the survey and interviews. Additionally, workforce training and development opportunities are either scarce or not being utilized to their full capacity, as many survey respondents were unaware of such initiatives. Finally, there are both licensing and credentialing barriers the can hinder practitioners from practicing in multiple states. Credentialing requirements related to providing telehealth services can vary from state to state. As a result, sites planning to implement telehealth must ensure providers are appropriately credentialed according to the rules for both the originating and remote sites. As a result of these and

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[4] University of New Mexico. Project ECHO; 2017. https://echo.unm.edu/

other barriers, the research team proposes the following strategies to support the increased uptake of telehealth for behavioral health services:

1. Provide support for educational initiatives for providers, health care administrators, and health officials to enhance knowledge around telehealth rules, regulations and best practices. Telehealth Resource Centers[5] (TRCs) provide valuable educational materials to behavioral health providers and administrators and should be continually supported to enhance knowledge about telehealth.
2. Support education initiatives for providers and health care administrators to enhance knowledge around grants that fund the uptake of behavioral health information technologies including health information exchanges, mobile technologies, and telehealth tools. For example, the Health Resources and Services Administration (HRSA) supports telehealth through the Federal Office of Rural Health Policy and its Office for the Advancement of Telehealth (OAT). The OAT provides critical grant support programs for rural organizations looking to implement telehealth. Similarly, the United States Department of Agriculture administers a grant program that brings broadband internet access to rural areas. Health officials should work in partnership with behavioral health provider organizations to capitalize on such grant opportunities to alleviate infrastructure challenges in rural areas.
3. Alleviate cross-state licensing and credentialing barriers related to providing telehealth services by encouraging states to adopt a standardized definition of telehealth and telehealth-eligible providers, and establish reciprocity and standardization of the licensure and credentialing process.
4. Redefine the "place of service" from the originating site to the distance site.

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[5] The Telehealth Resource Centers are funded through the Office of Rural Health Policy. The grant program supports the establishment and continued operation of resource centers to assist health care organization, networks, and health care providers in implementing cost-effective telehealth programs to serve rural and medically underserved populations. Currently, the OAT supports 12 regional TRCs and two national TRCs.