

Considering the Future

Making Telebehavioral Health More Accessible

Creating a Legislative Climate That is Conducive to Telebehavioral Health

These insider thoughts have been compiled by InSight Telepsychiatry. InSight is the leading national telepsychiatry service provider company with 15 years of experience designing and implementing customized telebehavioral health programs in a myriad of settings.

Reimbursement

Currently, being reimbursed for telebehavioral health depends on location and payor sources. The trends are fractured and inconsistent among states.

21 states have legislated private payer coverage. 12 states have legislated Medicaid coverage. Some states require a provider to be physically located in the same state as the consumer for reimbursement, and some states will only reimburse if the care received is considered “medically necessary.” Several states don’t reimburse for telehealth or telebehavioral health at all. If a state or county within a state is considered ‘rural,’ Medicare will reimburse for telebehavioral health services.

In many states there are also issues with narrowly defined service sites that dictate where the remote provider or consumer can be located.

Despite these challenges, the practical options for offering telebehavioral health continue to expand. In order to make telebehavioral health more accessible, legislature must be updated consistently with the changing capabilities of this mode of care.

Credentialing

There is a lot of bureaucracy hindering the ability of providers to be credentialed at multiple sites in a timely manner. The process is fundamentally the same, over and over again, between organizations and systems. There are outdated bylaws and medical affairs processes that are no longer relevant. JCAHO regulation and CMS changed their position on proxy credentialing in 2012, but it is underused by facilities to date. If the credentials at one organization were accepted by others of the same type, telebehavioral health programming could be implemented much faster and more people would be able to access that care with shorter wait times and more flexibility.

Licensure

Today, providers must be licensed to practice behavioral health in the state the consumer is located AND the state where he or she is physically located. Becoming licensed in multiple states is an arduous and time consuming process as many states take weeks or even months to process new licenses.

There are movements to increase reciprocity between states, come up with a universal medical license or to create an inter-state licensure compact, all of which would help to alleviate this problem.

E-prescribing

Real-time video telemedicine occasionally gets unfairly confused with shady online “questionnaire” pharmacies that are not reputable—prompting some states to restrict remote providers’ ability to prescribe certain tiers of medication, or entirely.

Online pharmacies are not based on a real relationship between provider and consumer but real-time telebehavioral health offers a true opportunity to develop a physician/consumer relationship where decisions about medications are made by the physician’s experience as a doctor rather than a self-reported interpretation by the consumer.

When done properly, e-prescribing is an important piece of comprehensive telebehavioral health and it should be treated as such legislatively. It is important to know the specifics of the physician/consumer relationship definition in each state when addressing this issue.

The most important consideration is typically the ability of a remote provider to collaborate with an onsite staff member or provider who can see that the remote provider’s decisions are carried out safely and effectively.