

Mental and behavioral telehealth in private practice: Perspectives of individual providers

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Background

An estimated 1 in 5 adults in the United States experiences mental illness in a given year. Despite the approximately 44 million U.S. adults who will experience mental illness each year, only 41% of those adults received mental health services in the last year. Individuals living with serious untreated mental and behavioral disorders are at increased risk of comorbid chronic illness, and experience significantly lower life expectancy than others. Additionally, serious mental illness costs the U.S. upwards of \$200 billion in lost earnings each year, and conditions related to mental and behavioral illness are one of the most common causes of hospitalization in the U.S. for people under 50. [1]

Telehealth has been well-established via multiple randomized clinical trials, systematic reviews, meta-analyses, and other gold-standard analytical methods as a clinically and cost effective treatment for the treatment of mental and behavioral disorders. [2]

Despite the abundance of literature supporting the use of telehealth in a number of use-cases both patients and providers report barriers to adoption specific to the mental and behavioral health community.[3]

Objective

The objective of this study is to assess the perceptions and practices of non-physician clinicians regarding the use of telehealth for mental and behavioral care in an effort to better understand why uptake often remains low. The findings will inform innovative opportunities for training, clinical support, and technological enhancements designed to improve access to telehealth treatment across the Mid-Atlantic.

Methods

Non-physician mental and behavioral providers in the Mid-Atlantic region using the SimplePractice EHR in January 2019 provided informed consent to participate in an online survey conducted using SurveyMonkey™. The survey included items aimed to measure the following topics:

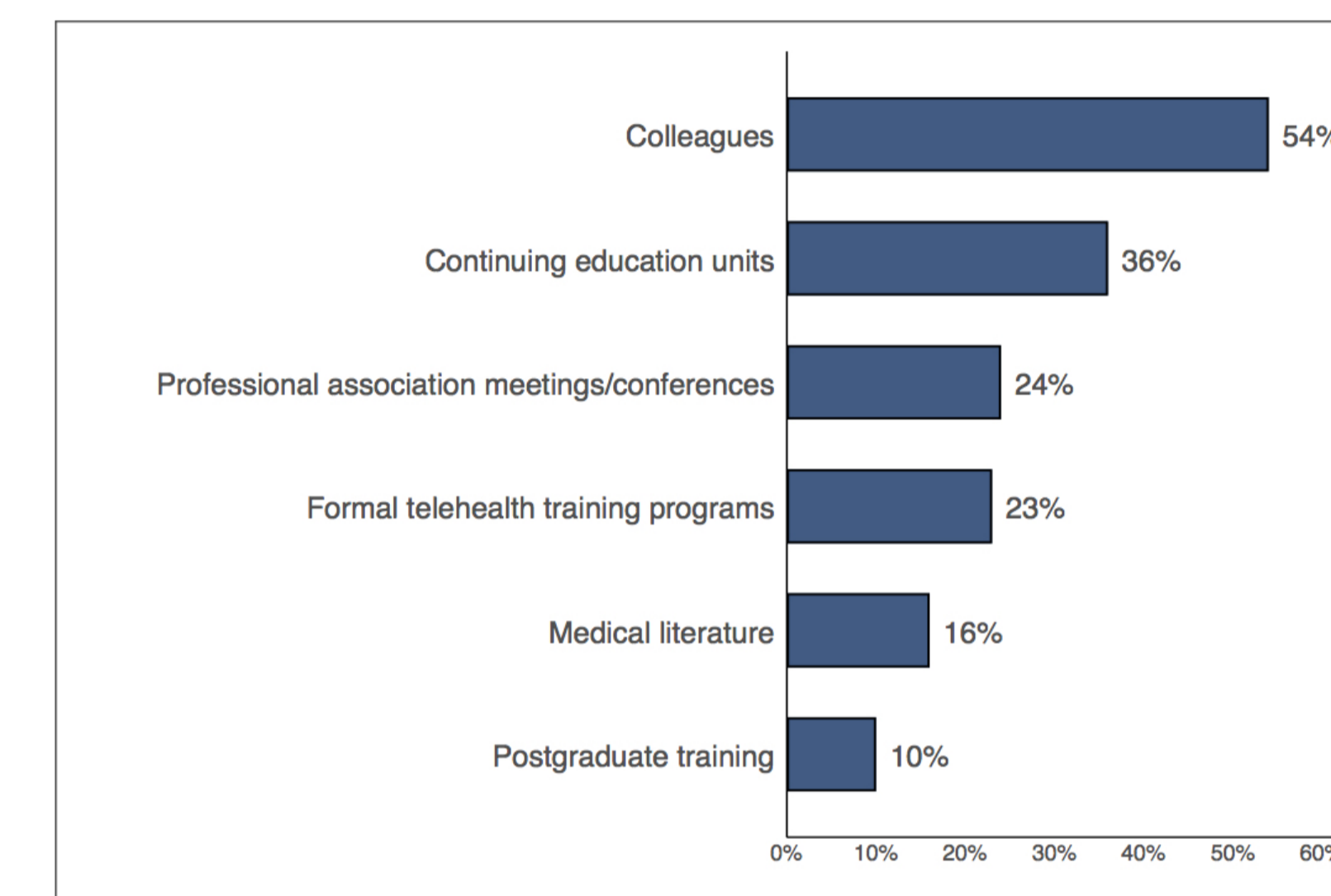
- Current telehealth usage
- Perceived competency and efficiency providing telehealth services
- Barriers to using telehealth
- General provider attitudes toward telehealth

The participants were invited via email to take the online survey and all responses were collected anonymously. Providers who completed the survey were given a \$5 Amazon.com gift card for their participation. The content validity of the questionnaire was checked and deemed adequate, and the reliability was calculated using Cronbach's alpha coefficient ($\alpha = 0.89$).

Results

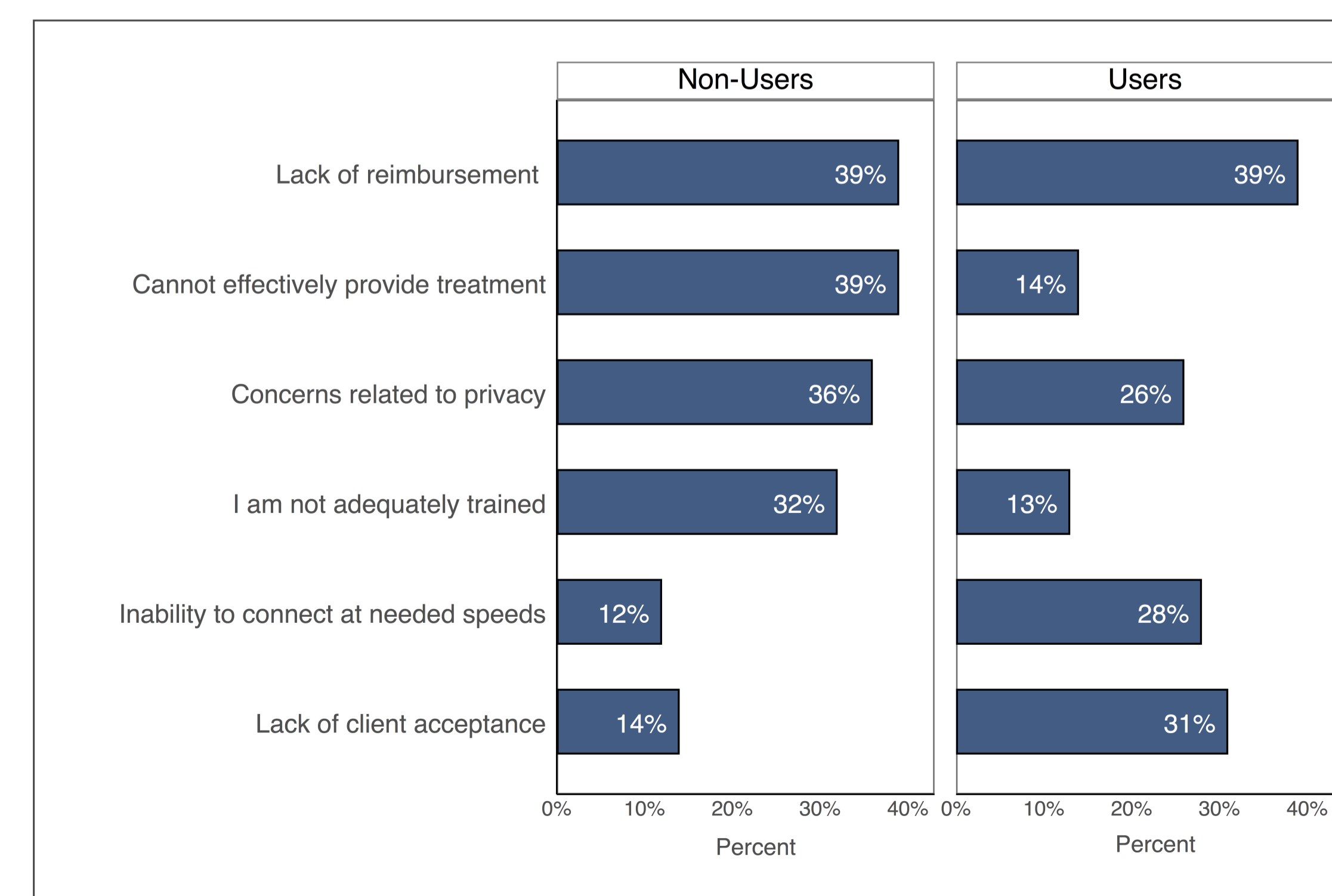
In total, 653 clinicians completed the questionnaire, and the response rate was 39%. Slightly less than half (49%, n=322) were currently using telehealth for some or all appointments. More than half (54%, n=172) of users reported that colleagues were their primary source of telehealth knowledge.

Figure 1: Where clinicians get their knowledge on telehealth



The most frequent barriers to usage for current telehealth users were lack of insurance reimbursement (39%, n=115), lack of community/client acceptance of telehealth (n=91), and insufficient bandwidth speeds (n=80). Lack of insurance reimbursement was also the most frequent barrier cited by nonusers (39%, n=130), however nonusers also reported that clinical effectiveness (n=130) and privacy/security concerns (n=119) were barriers to usage.

Figure 2: Reported barriers to telehealth usage by telehealth users and non-users



Implications

- As the most frequently cited barrier to providing telehealth services in both current users and nonusers of telehealth was lack of insurance reimbursement, support for legislature that makes it easier for providers accept insurance when conducting telehealth sessions is imperative.
- More robust and easily accessible education will likely increase the rate of claims successfully paid to providers who do bill commercial and/or government insurance.
- Internet bandwidth speeds were also frequently reported as a barrier to telehealth usage even amongst current telehealth users. While federal grants have started to address this problem in rural areas, lack of access to high-speed internet remains a significant problem that disproportionately affects people living in rural communities.
- Future training of pre-licensed and licensed clinicians should focus on using telehealth to achieve improved outcomes. Programs that highlight how to incorporate other electronic tools into telehealth practice and how to develop optimal workflows will likely increase uptake of telehealth usage and confidence in practice.

Limitations

- This study used a convenience sample comprised of SimplePractice EHR customers. This non-probability sample is considered a source of bias.
- This convenience sample selected for practitioners who were already using technology in the form of an EHR, meaning that some practitioners who have not yet embraced technology in general may have significantly different perspectives of telehealth usage.
- This study is limited to the Mid-Atlantic region of the United States, as defined by the Office of Rural Health Policy. Regional limitations of the study findings must be considered.

References

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