



# Telepsychiatry: A Year in Review and a Look Ahead

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# Agenda



- innovaTel Telepsychiatry Overview
- State of Telehealth in 2022 — 4 Key Takeaways
- Regulatory Update
- Success in Action
- 2023 – 5 Important Considerations



innovaTel is a clinically operated national telehealth company that was founded with a mission to increase access to **behavioral health treatment.**

We are committed to helping organizations help their patients by integrating highly qualified, remote telehealth providers into their clinical teams.



# State of Telehealth in 2022

4 Key Takeaways

# 1. Telehealth *continues* to be effective.

Recent studies have shown:

- **Greater levels of remission** in Suicidal Ideation (SI) after 12 weeks of telehealth treatment
- Telehealth leads to **better care engagement** among Medicaid beneficiaries with mental health conditions treated within FQHCs
- 85% of care providers indicate telehealth has **increased timeliness of care.**
- 75% said telehealth allowed them to **deliver high-quality care.**
- More than 70% were motivated to **increase telehealth use.**



## 2. Medical Directors can deliver value *remotely*.



Part-time or full-time



Improve clinical workflows



Develop & review policies & procedures



Decrease no-show rates



Quality improvements & regulatory updates



Support provider billing codes

### 3. The impact of forensic telepsychiatry is growing.



- **56%** of people in state prison have some indication of a mental health issue; however, only **26%** have received professional help.
- Telepsychiatry **enhances access** to Forensic Psychiatry.
- Can work with the courts to **provide guidance** in sentencing and treatment.
- **Collaborates with CCBHCs** to assist with the requirement to coordinate with local justice organizations.

## 4. Telehealth continues to *enable access* to important subspecialties of care.

- **Child/adolescent populations**
- **Bi-lingual providers**
- **Emphasis on DEI in provider care**
  - Ethnic & racial diversity
  - Geriatric care
  - LGBTQ+ communities





# Regulatory Updates

2022 Progress &  
What to Watch in 2023

# Regulatory Updates *Overview*

**Federal Law**



**State Law**

+



**State & Federal  
Emergency Declarations**

**Payer Policies**



# Permanent vs. Temporary Telehealth Policy



## Temporary Policies:

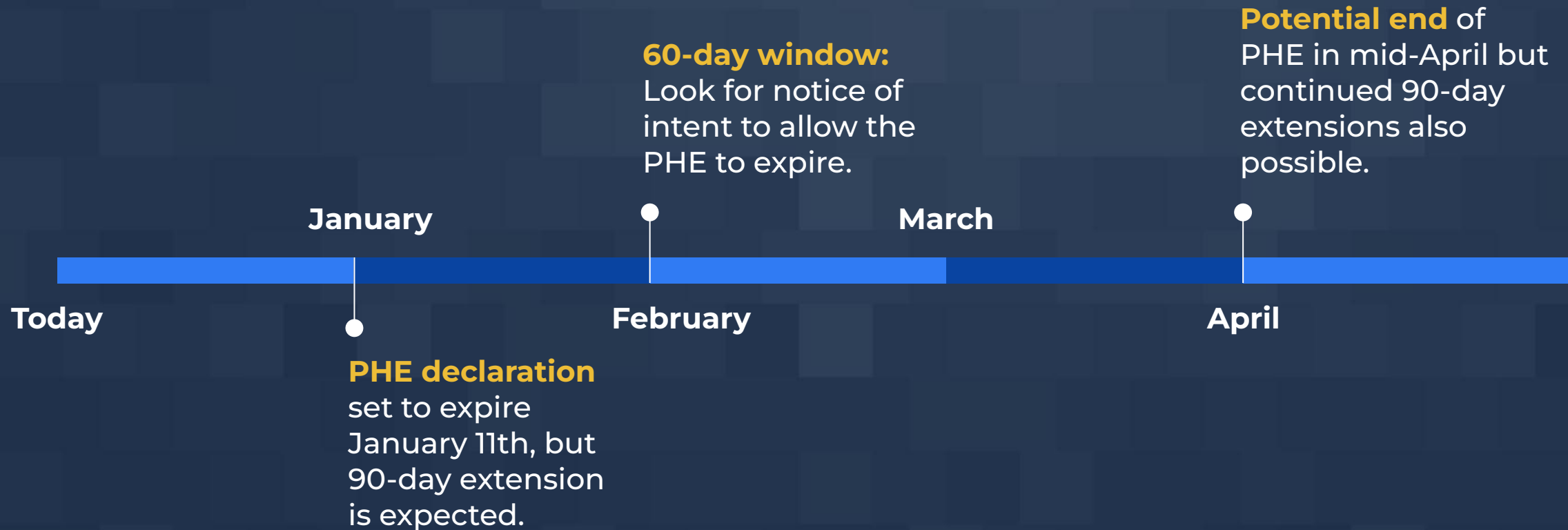
- Time-limited, linked to federal and/or state COVID-19 emergency declarations.



## Permanent Policies:

- Will remain in place after emergency declarations expire.
- Some changes require Congressional action (e.g., Medicare benefits).

# When will the federal Public Health Emergency end?



# Enabling Telepractice: Focus Areas



Telehealth Coverage  
& Payment



Prescribing  
Requirements



Cross-State  
Licensing

# Telehealth Coverage & Payment

Commercial, Medicaid & Medicare

# Commercial Reimbursement



- Preserving expanded telehealth reimbursement.
- 43 states now have service and/or payment parity laws in place.
  - 24 mandate payment parity.
- Waived cost-sharing requirements.

# Medicaid Reimbursement



- Expanded reimbursement during COVID-19.
- Most states now allow both video and audio-only visits.\*
  - Video: 50 states and DC
  - Audio: 34 states and DC
- Up to 15M at risk of Medicaid disenrollment after PHE expires.



# Medicare Reimbursement

- Medicare Advantage plans have had additional flexibility to offer telehealth services since Jan 2020 (pre-COVID-19).
- Permanent changes to allow Medicare FFS members to access telemental health in any geography, at home and by phone.
- In-person requirements take effect 152 days after the end of PHE:
  - 6-month prior in-person visit.
  - 12-month in-person follow-up visit (with exceptions).
  - Medicare members who initiated treatment during the PHE will be exempt from the 6-month prior in-person visit requirement.
- Beginning in 2023, auxiliary personnel including LPCs and LMFTs can practice under general supervision.

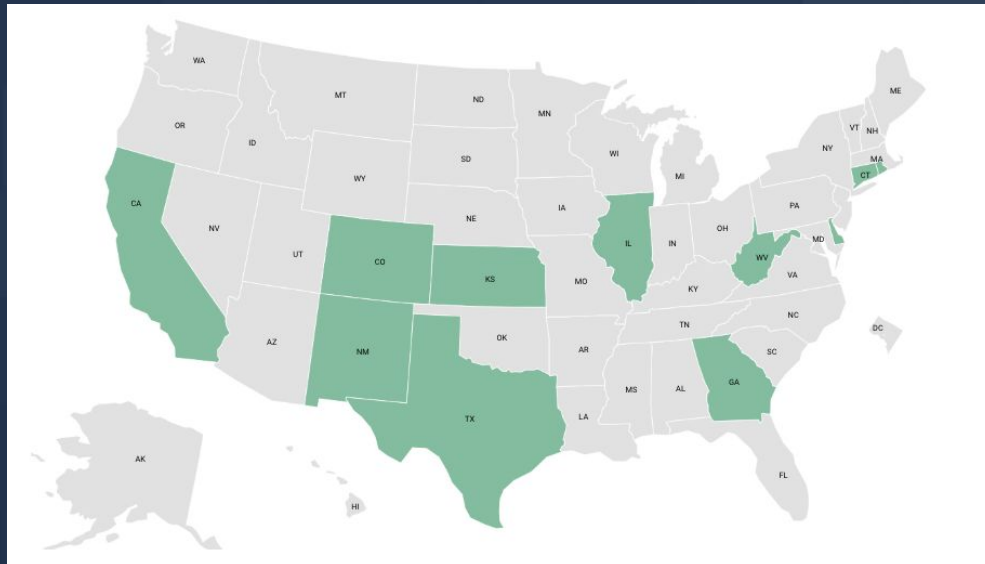
# Controlled Substance Prescribing & Ryan Haight Act



- Remote prescribing of controlled substances without initial in-person visit allowed during the PHE.
- Buprenorphine to new and existing patients with OUD via telephone without initial in-person visit.
- Pressure from policymakers and advocates for DEA to act to preserve these flexibilities and protect patient access post-PHE.

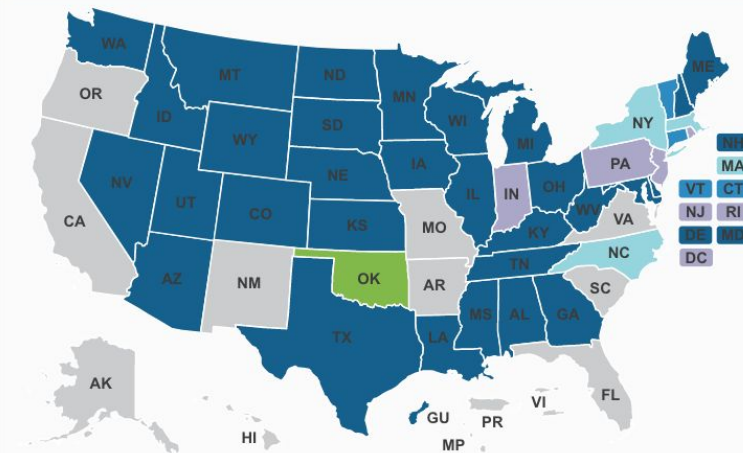
# Cross-State Licensure

Many state emergency declarations allowed to expire.



Provider compact participation continues to grow.

U.S. State Participation in the Compact



- Light blue = Compact Legislation Introduced
- Dark blue = IMLC Member State serving as State of Principal License (SPL) processing applications and issuing licenses\*
- Light green = IMLC Member State implementation mixed - MD Board is serving as SPL processing applications and issuing licenses - DO Board is serving as non-SPL issuing licenses only\*
- Medium blue = IMLC Member State non-SPL issuing licenses\*
- Purple = IMLC Passed; Implementation In Process or Delayed\*

\* Questions regarding the current status and extent of these states' and boards' participation in the IMLC can be directed to the [respective state boards](#).

# What to watch in 2023

- Widespread bipartisan support for mental health legislation.
- Rush to make temporary flexibilities permanent as the federal Public Health Emergency may end as early as mid-April 2023.
  - Unprecedented pressure on the DEA to promulgate overdue rules on virtual prescribing of controlled substances.
  - Medicare in-person initiating and follow-up requirements for telemental health.

# Success in Action

A Success Story Case Study

# High Plains Mental Health Center



- CCBHC in **northwest Kansas**
- **Covers 20 counties**
  - Population of 100,000
  - Rural and Frontier
    - 5 people per square mile
  - Serve 6,500 patients per year
- **Provider recruitment challenges**

# Partnering with innovaTel for growth

- Original innovaTel partnership:
  - **2019: 1 part-time psychiatrist**
- Expanded innovaTel partnership:
  - **2022: 7 psychiatric providers, 10 therapists and launch of MAT program**



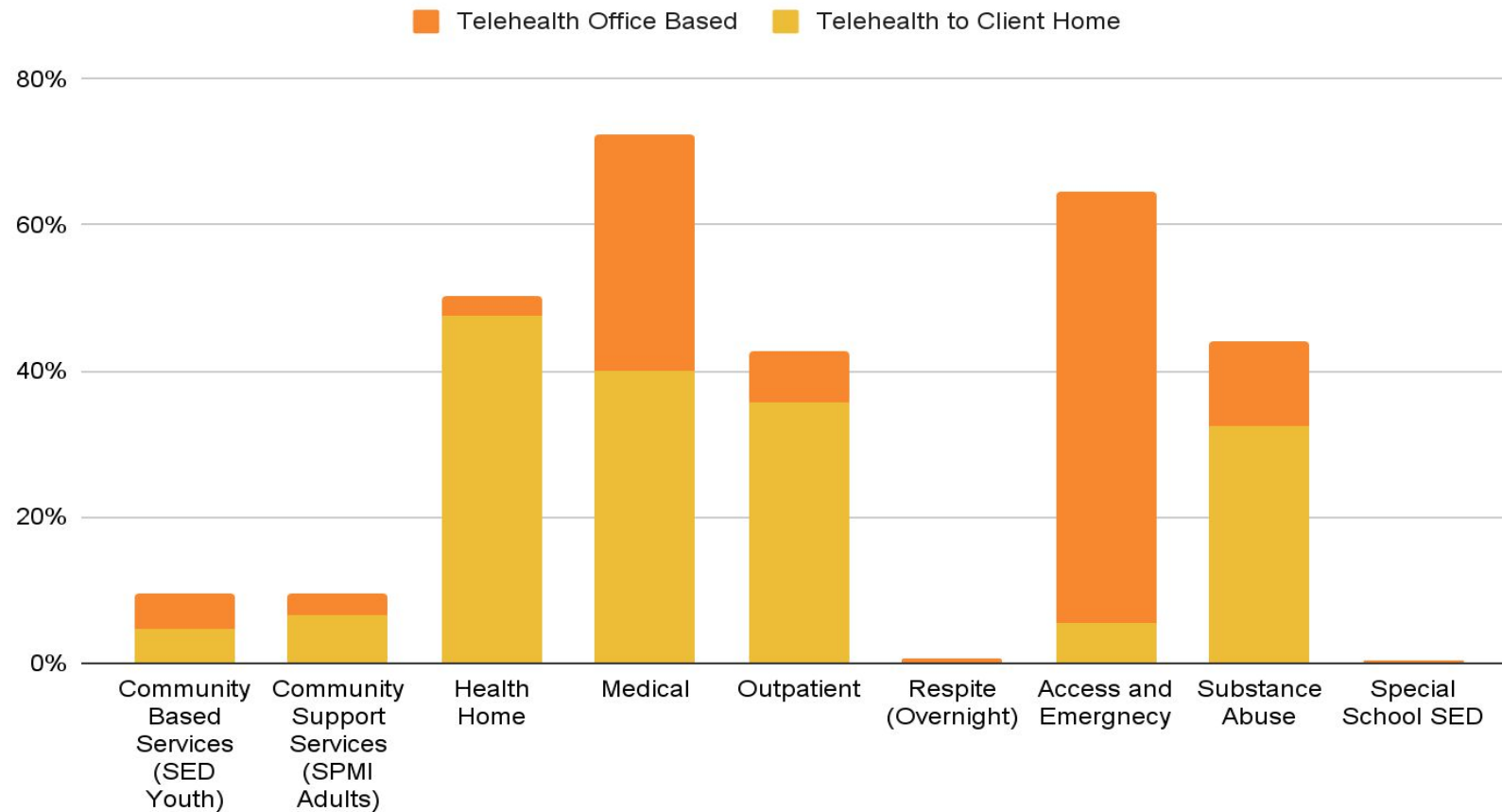
# Access to care, speed to care

- **Initial assessments**
  - Before CCBHC expansion and additional providers with innovaTel: 2 weeks
  - After: 3 days
- **Psychiatric care access**
  - Before CCBHC expansion and additional providers with innovaTel: 6 weeks
  - After: 2 weeks





# The growth of telehealth services at High Plains



# Meeting the needs of *underserved communities*



Aging Populations  
(Medicare)



Agricultural  
Communities



Hispanic  
Populations

# Increasing services through **increased funding**



MAT services focused on a **whole-person approach**



Expanding **LCSW team**



**Assertive Community Treatment (ACT) team development**

# A Look Ahead

5 Important Considerations for 2023

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2. **Increased funding for CCBHCs.**
3. **The evolution and continued importance of the hybrid care model.**
4. **Navigating the complexities of state licensures.**
  - Developing ways to mitigate delays in care delivery.



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- 2. Increased funding for CCBHCs.**
- 3. The evolution and continued importance of the hybrid care model.**
- 4. Navigating the complexities of state licensures.**
  - Developing ways to mitigate delays in care delivery.
- 5. Increased focus on calls to advocacy.**
  - Supporting mental health legislation at the local and national levels.

# Q&A

# Thank You!

**For more information:**

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