
Patterns of Telepsychiatry Usage within Episodes of Behavioral Health Treatment: Implications for Telehealth Policy

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Background

The expansion of telepsychiatry has been critical to increasing access to behavioral health care. However, there is limited information on the proportion of patients seen by behavioral health providers receiving all their care via telehealth versus in-person care versus a hybrid approach.

Methods

Using MarketScan® Commercial Database, we identified claims for services performed by behavioral health providers in 2021 and 2022. Episodes of care (EOCs) were categorized into three groups: 1) in-person only, 2) telehealth only, and 3) hybrid (in-person and telehealth claims). Descriptive summary statistics were performed, followed by multivariate logistic regression analyses to identify differences in telehealth use.

Findings

Of the 937,711 EOCs identified, the largest proportion were in-person only (41.1%), followed by telehealth only (32.9%) and hybrid (26.0%). Logistic regression showed that variables associated with higher odds of telehealth only EOCs included older age, urban residence, and female sex. Residence in the North Central, South, and West geographic regions of the U.S. (reference = Northeast region) and all non-general psychiatrist provider types (child psychiatrist, psychologist, therapist) were associated with lower odds of telehealth only EOCs. Of the 243,799 hybrid EOCs, 42.5% were initiated by a telehealth visit.

Conclusions and Policy Implications

A majority of EOCs included some form of telehealth visits. All told, 44% of EOCs would not qualify for reimbursement if care initiated by a telehealth visit was not covered. These findings suggest that rules that require in-person initiating visits may significantly limit access to behavioral health services and hinder providers' ability to meet patients' needs.

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