

## Expanding Use of Telemental Health Services in the Commonwealth

### Recommendation:

*That the Joint Commission on Health Care (JCHC) be asked to review the Report of the Telemental Health Work Group on Policy Development established by the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century (Joint Subcommittee), study the issues set forth in the report, and develop recommendations for increasing the use of telemental health services in the Commonwealth. The JCHC should report its findings and recommendations to the Joint Subcommittee by December 1, 2017.*

### Rationale:

Telemental health is the use of electronic information and telecommunications technologies to support the delivery of behavioral health services at a distance. This includes clinical care, patient and professional health-related education, public health, and administration. A variety of modalities can be used to deliver these services, including live interactive videoconferencing, remote monitoring, and mobile applications. Providers of telemental health include psychiatrists, psychologists, social workers, psychiatric nurse practitioners, and licensed professional counselors.

Significant challenges to access to and provision of mental health services exist in the Commonwealth. Resources available to local and regional community services boards and behavioral health authorities have not kept pace with the increasing number of persons in need of services. This is particularly true in rural and other underserved communities. Multiple reviews of the telemental health literature on its efficacy for diagnosis and assessment across a variety of populations (adult, child, geriatric) and for a variety of disorders and settings have largely shown that it is comparable to in-person care. Telehealth-enabled new models of care (e.g., remote monitoring/hovering, inter-professional collaborative care teams, mobile health) have also demonstrated very positive outcomes. Telemental health is therefore not only a viable but an essential tool for bridging the existing care gap. However, despite its demonstrated utility, telemental health has not been widely adopted within the Commonwealth.

During the 2016 interim, the Joint Subcommittee's Expert Panels on System Structure and Financing and Mental Health Crisis Response and Emergency Services jointly established a Telemental Health Work Group (Work Group) to develop policy proposals to remove impediments to greater use of telemental health services. More specifically, the Work Group was asked to identify barriers to greater use of telemental health services in the Commonwealth and to identify policy options for overcoming those barriers.

In October 2016, the Work Group reported on 30 policy options to address six specific barriers to greater use of telemental health services. The Work Group also provided 12 specific recommendations for immediate consideration. These recommendations addressed provider barriers, workforce barriers, financial barriers, patient/client barriers, and policy barriers to greater use of telemental health services in the Commonwealth. Despite the thorough work of the

Work Group, additional analysis and evaluation of policy options may be required. Therefore, the Work Group recommends that the JCHC be asked to the Report of the Telemental Health Work Group on Policy Development established by the Joint Subcommittee', study the issues and proposals set forth in the report, and develop recommendations for increasing the use of telemental health services in the Commonwealth. The JCHC should report its findings and recommendations to the Joint Subcommittee by December 1, 2017.

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