

# BEHAVIORAL HEALTH SPOTLIGHT

TELEBEHAVIORAL HEALTH:  
TECHNOLOGY-ENABLED  
BEHAVIORAL HEALTH TREATMENT



**BHARC**  
BEHAVIORAL HEALTH  
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# Telebehavioral Health: Technology-enabled Behavioral Health Treatment

Mim Landry,  
Substance Use & Mental Health Advisor, BHARC

**COVID-19 and Behavioral Health.** Across this country and around the world, people's lives are significantly upended by COVID-19. Many are living in quarantine and working from home. Many people lost their jobs due to COVID-19. Some have jobs that cannot be done virtually and work in fear of getting infected. COVID-19 is affecting people's behavioral health.

Research indicates that during quarantine, people can experience poorer mental health, specifically post-traumatic stress, avoidance behaviors, anger, fear of infection, and frustration and boredom (Brooks et al., 2020). These psychological effects are also related to the length of quarantine duration, financial loss, and of course, death of friends and family members.



## Need for Behavioral Health Treatment

Even before COVID-19, many people with behavioral health problems lacked access to behavioral health treatment (SAMHSA, 2020). Among people age 12 years or older with a substance use disorder in 2019, only 10.3 percent received any substance use disorder treatment in the past year. This is similar to annual estimates since 2015. Among adults age 18 years or older in 2019, 26 percent perceived an unmet need for mental health services in the past year. This is higher than the percentage in each year from 2008 through 2018.

## Growth of Telebehavioral Health

Over the past few decades, health care professionals have made substantial progress providing virtual clinical services to people in remote and rural areas. For example,

patients in remote areas of Alaska have long received clinical treatment services by phone—telehealth—due to inaccessibility and isolation. In fact, telehealth has delivered remote treatment for more than 30 years.

Technical advances in virtual communication, especially video conferencing, enable live two-way video communication, a substantial enhancement over phone-only communication. In 2020, COVID-19 prompted many health providers to close offices or greatly reduce office hours and services—and for many to embrace various types of technology-enabled treatment, including behavioral health.

Telebehavioral health became a necessity rather than a choice to provide behavioral health treatment during the pandemic, adhere with stay-at-home orders, and maintain social distancing (Wright et al., 2020). Today, telebehavioral health is a standard practice and a rapidly growing approach to deliver clinical services to patients (Paterson et al., 2020). Telebehavioral health in the form of interactive videoconferencing is now a critical tool in the delivery of behavioral health care (Shore et al., 2018).

## What is Telebehavioral Health?

Telebehavioral health is an approach to provide behavioral health clinical services, counseling, and health education and information using telecommunication and video communication technologies. Telebehavioral health approaches are varied and include virtual visits, asynchronous videoconferencing, remote patient monitoring, and mobile health.

- **Virtual Visits.** Virtual sessions are live, synchronous, two-way audiovisual communication between a patient and provider through videoconferencing platforms, such as Zoom and Skype.
- **Asynchronous Videoconferencing.** Also called “Store-and-Forward,” this allows the electronic transmission of health information such as documents, digital images, and pre-recorded videos through secure email. It can also be used by providers and specialists to securely share information and discuss patient care.
- **Remote Patient Monitoring.** This can involve the use of personal health technologies, such as wireless devices, wearable sensors, and mobile apps.

It enables collecting, transmitting, evaluating, and communicating patient health data to a provider or clinical team.

- **Mobile Health.** Also called mHealth, this involves health care and behavioral health care information provided through mobile devices. The information may include general educational information, targeted texts, recovery and motivational messages, and treatment-related notifications, such as medication reminders.



### Practical Benefits of Telebehavioral Health

Telebehavioral health is associated with many practical benefits. It enhances patient access to a behavioral health provider despite distance or the inability to meet in person and brings care to the patient (Paterson et al., 2020; Aboujaoude et al., 2015). It reduces the need to take time off from work, obtain childcare services, and find transportation (Saeed et al., 2011). It reduces the need for emergency care, delays in care, and improves continuity of care and followup. Telebehavioral health can help promote patient-centered care, integrate behavioral health care and primary care, and thus leading to better patient outcomes (Hilty et al., 2015). Evidence indicates that telebehavioral health approaches are cost-effective and equivalent to or more cost-effective than face-to-face approaches, depending on the method used to evaluate cost-effectiveness (Hubley et al., 2016).

### Patient and Provider Satisfaction

There is substantial evidence that both patient and provider satisfaction with videoconference-based treatment is equivalent—and often greater than face-to-face treatment (Bashshur et al., 2016; Guaiana et al., 2020; Hubley et al., 2016; Kruse et al., 2017; Wright et al., 2020). Studies examining patient and provider acceptability and satisfaction showed that there either was no difference between telepsychiatry and in-person care (Egede et al., 2016; Ruskin et al., 2004) or patients and providers were more satisfied with telebehavioral health (Chong and Moreno, 2012; Fortney et al., 2007; Luxton et al., 2016;

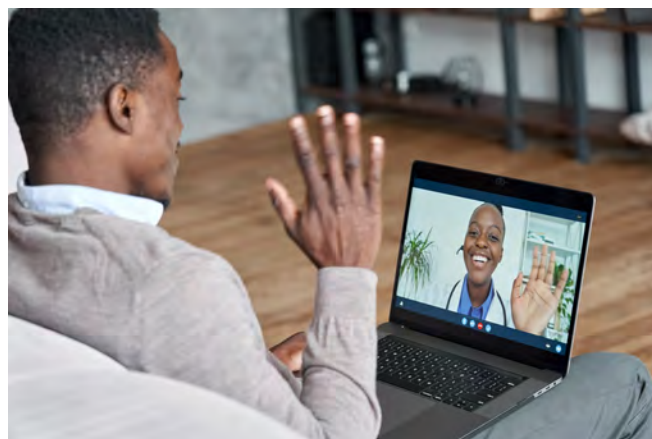
Wright et al., 2020). Recent studies examining general telemedicine implemented in response to COVID-19 report high patient and provider satisfaction (Garcia-Huidobro et al., 2020; Ramaswamy et al., 2020; Wright et al., 2020).

Research studies and several meta-analyses have demonstrated the effectiveness of telebehavioral health including videoconferencing (Guaiana et al., 2020; Hubley et al., 2016; McCord et al., 2020).

### Effectiveness of Telebehavioral Health

Research indicates that behavioral health interventions delivered virtually and face-to-face have equivalent outcomes. This includes clinical assessments, treatment outcomes, and the delivery of psychotherapy and pharmacotherapy (Hubley et al., 2016). Studies also indicate the frequent superiority of telebehavioral care over face-to-face treatment (Bashshur et al., 2016; Guaiana et al., 2020; Hubley et al., 2016).

Telebehavioral health has been shown to be effective in relation to diagnosis and assessment, across multiple populations and settings, and for multiple disorders (Hilty, et al., 2013). Overall, research indicates that telebehavioral health is effective, well received, and a standard way to practice (Hilty et al., 2017).



### Maintain Standard of Care

The standard of care in telebehavioral health is the same as in-person visits. Issues such as written consent, confidentiality, licensure, continuing education, and more, remain critical. As mentioned below, some Federal regulations have been temporarily waived during the COVID-19 national emergency. Practitioners should be mindful of and comply with their clinical standard of care (Jeffrey et al., 2020).

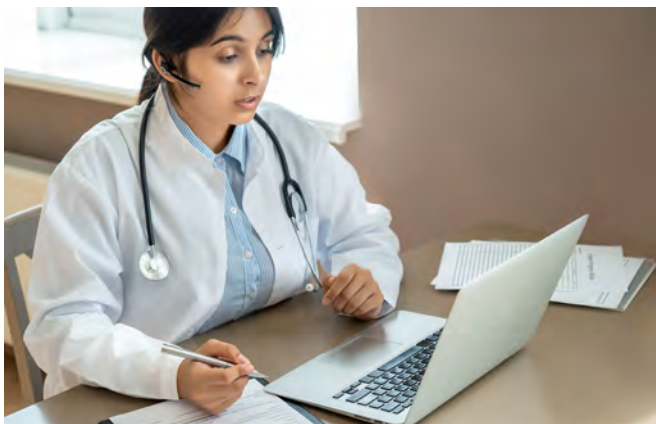
## Understand Your State Laws

Importantly, all state licensing boards require providers to follow practice regulations irrespective of method of communication. Licensing boards also require providers to practice within their areas of competence. Check your state licensing board to identify requirements for continuing education, certification, and supervision in telebehavioral health. Most states have laws that govern private payer reimbursement for telehealth and all states reimburse for some form of video telehealth in Medicaid fee-for-service. State Medicaid laws, rules, and policies are evolving.

## Obtain Required Trainings

Your state likely requires telebehavioral health-specific training. Numerous organizations provide continuing education and certification in telebehavioral health, telemental health, telepsychiatry, and telehealth. Identify and ensure that you meet your state's requirements. The Telebehavioral Health Institute provides Continuing Medical Education (CME) and Continuing Education (CE) trainings for physicians, nurses, nurse practitioners, physician's assistants, psychologists, addiction professionals, social workers, and counselors. Their CME and CE trainings are approved by the American Psychological Association, NAADAC-The Association for Addiction Professionals, the Association of Social Work Boards, the National Board for Certified Counselors, and more.

The Coalition for Technology in Behavioral Science (CTiBS) developed an interprofessional, evidence-based, measurable framework for telebehavioral health competencies (Drude et al., 2020; Maheu et al., 2017). The competency framework is applicable to psychiatry, psychology, social work, counseling, and other behavioral sciences. It is intended to promote the legal and ethical use of behavioral services through competency-based technology-enabled clinical practices.



**Telebehavioral health can enable providers to help patients navigate the health system and access routine care during this national emergency pandemic and beyond.**

## Comply with Federal Rules and Regulations

Telehealth providers must follow all federal rules and regulations that relate to behavioral health patients and their clinical data. Of note, clinicians must adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH) guidelines for conducting telebehavioral activities. HIPAA mandates requirements regarding patients' protected health information and HITECH has requirements related to personally identifiable health information, including encryption of electronic records and synchronous

telebehavioral health sessions to safeguard against a breach of confidentiality. Federally-assisted clinicians and programs must comply with the 42 CFR Part 2 Revised Rule regarding the confidentiality of substance use disorder patient records, the need for written consent, and prohibitions against redisclosure. Some HIPAA requirements are temporarily loosened, such as allowing providers to serve patients wherever they are, and 42 CFR Part 2 requirements for

written consent having been revised during the COVID-19 pandemic national emergency.

## Follow Practice Guidelines

Clinicians should identify, learn, and adhere to practice guidelines appropriate for their clinical profession and association. Professional associations, such as the American Psychiatric Association and the American Psychological Association have practice guidelines for telebehavioral health (American Psychiatric Association and American Telemedicine Association, 2018; American Psychological Association, 2013).

In addition, telehealth organizations have developed practice guidelines, such as the American Telemedicine Association (Myers et al., 2017; American Telemedicine Association 2009, 2013, and 2017). Telehealth clinical guidelines often provide guidance regarding clinician competencies to provide technology-enabled services, standards of care, informed consent, data confidentiality, data security and transmission, and data disposal.

## Commentary

Before COVID-19, telemedicine and telebehavioral health use was minimal. COVID-19 prompted a rapid and still-evolving expansion of telemedicine and telebehavioral health. Providers and patients embrace and are poised to adopt telebehavioral health. It has been well-received by both patients and providers.

Telebehavioral health, especially videoconferencing, provides significant opportunities for providers to deliver treatment to existing behavioral health patients, new and hard-to-reach patients, and to connect with community partners and specialists.

Telebehavioral health is adaptable to private practices, outpatient clinics, hospitals, military treatment facilities, and nursing homes. Telebehavioral health can address the treatment gap through a spectrum of clinical services. It can be used for screening, assessment, prevention, treatment, recovery management, and continuing care.

Telebehavioral health connects patients with providers and enables treatment and treatment planning. It empowers patients to consult with providers, enables

providers to obtain patient updates, and facilitates the delivery of prescription medication. Telebehavioral health care enables greater patient points-of-entry, supports collaborative and integrated care, and increases accessibility.

Telebehavioral health can enable providers to help patients navigate the health system and access routine care during this national emergency pandemic and beyond.

It is recommended that clinicians utilize telebehavioral health approaches, including videoconferencing. To do so, clinicians should become informed of requirements and regulations, obtain training in telebehavioral health competence, and use a carefully planned approach to incorporate telebehavioral health in their practices. 📌



## Resources

There are numerous resources and tools that provide guidance about using telebehavioral health approaches in clinical practice. These include information about getting started, best practices, laws and regulations, selecting a telehealth vendor or product, reimbursement and payment, and more.

- [Telehealth Implementation Playbook](#)—American Medical Association
- [Telepsychiatry Toolkit](#)—American Psychiatric Association
- [COVID-19 Telehealth Toolkit](#)—National Consortium of Telehealth Resource Centers
- [Telehealth Resources for COVID-19 Toolkit](#)—from the Mid-Atlantic Telehealth Resource Center
- [Quick Start Guide to Telehealth](#)—Northwest Regional Telehealth Resource Center
- [Revvig Up Your Telemedicine Practice in The Time of COVID](#)—Southwest Telehealth Resource Center
- [Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic](#)—Centers for Disease Control and Prevention

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## SPOTLIGHT

### **About BHARC**

The Behavioral Health Advancement Resource Center (BHARC) is an authoritative source for behavioral health information, insights, technical assistance, training, and innovative tools. BHARC is a mechanism to share evidence-based behavioral health interventions. The BHARC Advisory Council consists of experts who specialize in substance use disorders, mental health, clinical trials, pharmaceuticals, healthcare standards/quality across various sectors, communities, and special populations. The BHARC Advisory Council reviewed and approved this issue of the BHARC Behavioral Health Spotlight.

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