ORIGINAL RESEARCH

Characteristics of Organizations That Provide Telemental Health

Zhuo Shi, BA,¹ Haiden A. Huskamp, PhD,¹ Jeff Souza, MA,¹ Alisa B. Busch, MD,^{1,2}
Lori Uscher-Pines, PhD,³ and Ateev Mehrotra, MD, MPH^{1,4,*}

Abstract

Telemental health use is rapidly increasing in the United States. It remains unclear what type of organizations are providing this care. Using deidentified claims from a 20% random sample of 2017 Medicare beneficiaries, we identified the 100 tax identification numbers billing the highest volume of telemental visits and categorized them into 84 unique organizations who provided 66.9% of all telemental health visits. Among the organizations categorized, five private telemedicine companies provided 48.3% of the visits with the remaining visits largely provided by private health clinics (24.3%) and community health centers (14.5%). A large majority of telemental visits (87.2%) were provided by organizations that focused solely on mental health or substance abuse services.

Introduction

In many rural communities, patients have difficulty accessing specialty mental healthcare and these access barriers contribute to urban rural disparities in the use of behavioral health services. One potential solution is telemental health services that connect patients and distant mental health providers through video.

Although it is recognized that telemental health use is rapidly increasing,^{1–3} relatively little is known about the providers and organizations that are providing this care. Prior work has described the psychiatrists who provide telemental health⁴; however, it remains unclear which types of organizations (e.g., private telemedicine companies, academic medical centers, and community health centers) are most likely to offer this care. To fill this knowledge gap, we characterized the organizations that provide and bill for any telemedicine visit for mental health and substance use disorder (SUD) in the Medicare population.

Methods

Using deidentified claims from a 20% random sample of 2017 Medicare beneficiaries and building off of prior work,¹ we first identified telemedicine visits as visits

with either a telemedicine modifier (95, GT, GQ) or visits with telemedicine-specific codes (G0425–7 (telehealth consultations emergency department, initial inpatient), G0406–8 (follow-up inpatient, skilled nursing facility consultations through telehealth), and G0459 (pharmacologic management service furnished through telehealth to inpatients)). Among these telemedicine visits, we then identified those with a mental health or SUD diagnosis as the primary diagnosis code (ICD 10: F10–F69 or F80–F99) regardless of the clinician specialty (0.04% were primary care physicians).

We then identified the 100 organizations (as classified by unique tax identification numbers [TINs]) billing the largest number of telemental health visits. Through an online search service for TINs,⁵ we identified 68 out of the 100 organizations. For another 25 organizations where the organization linked to the TIN was not available, we identified the individual clinicians (using the National Provider Identifiers) within each organization and used web searches and websites such as LinkedIn to find a common organization where these individual clinicians worked. The remaining seven organizations could not be clearly identified using either method. The 93 identified organizations were combined into 84 unique

¹Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts.

²Clinical Performance Measurement & Health Services Research, McLean Hospital, Boston, Massachusetts.

³RAND Corporation, Arlington, Virginia.

⁴Division of General Medicine and Primary Care, Beth Israel Deaconess Medical Center, Boston, Massachusetts.

*Address correspondence to: Ateev Mehrotra, MD, MPH, Department of Health Care Policy, Harvard Medical School, 180 Longwood Avenue, Boston, MA 02115, E-mail: mehrotra@hcp.med.harvard.edu

organizations because some telemedicine companies merged.

For these 84 unique organizations, we used their institutional websites to determine the geographic region, number of locations, main practice type, and whether

Table 1. Characteristics of higher volume organizations that provide telemedicine for mental health and substance use disorders in Medicare, 2017

	No. of unique organizations	Estimated no. of visits provided ^a	Percentage ^b
All	84	114,336	100.0
Main type of practice ^c			
Academic health system	1	1148	1.0
Community health center ^d	28	16,556	14.5
State or local government entity	1	1028	0.9
Health system ^e	10	8252	7.2
Private health center ^f	36	27,768	24.3
Private telemedicine company	5	55,228	48.3
Other ^g	3	4356	3.8
No. of locations or other physical sites ^h			
1	21	12,300	10.8
2–5	12	9740	8.5
5+	44	33,968	29.7
No physical location	7	58,328	51.0
Offers substance use disorder services	57	52,040	45.5
Provides primarily mental health services ⁱ	67	99,656	87.2
Region			
Northeast	4	2304	2.0
Midwest	30	23,468	20.5
South	36	28,360	24.8
West	9	4508	3.9
Across many states ^j	5	55,696	48.7

^aThe visit frequencies in the sample population were multiplied by 5 to reflect the estimated numbers that would be in the 100% 2017 Medicare files. Column percentages were limited to the 84 organizations that could be identified.

^bSubcategory percentages may not add up to a total of 100.0% because of rounding.

^cMain type of practice: The organization is categorized by its main practice type. Only two organizations had significant overlap with another practice type.

^dCommunity health center includes community mental health centers and federally qualified mental health centers.

^eHealth systems are larger organizations with an array of care sites and more comprehensive care including primary care practices, urgent care centers, clinics, hospitals, and/or residential centers.

^fPrivate health center includes both private for-profit, private nonprofit, and private not-for-profit organizations.

^gOther includes human resources organizations that provided development and/or community resources, such as job search trainings, and staffing companies that appear to focus primarily on identifying providers to work in clinics, nursing homes, and hospitals. These organizations have no care site of their own.

^hNo physical location: These organizations provide their services online or through other organizations with no physical location of their own. We included the five telemedicine companies and two staffing companies here.

ⁱThese organizations mainly focus on providing mental health services as opposed to also offering primary care and/or other services.

^jAcross many states: The organizations had physical locations in many states or were online companies that served across many states.

they primarily focus on mental health services as opposed to also offering primary care and/or other services. We used the combination of information available on their websites and the Behavioral Health Treatment Services Locator database to determine whether they report SUD treatment.⁶ Recognizing limitations on how much information organizations report on their website, we defined the organization as providing SUD treatment if it was listed as a service provided. Community health centers included both federally qualified health centers and community mental health centers. All visit counts were multiplied by 5 to reflect the 20% random sample used.

Results

The 84 organizations provided 66.9% of the estimated 213,745 telemental health visits received by Medicare beneficiaries in 2017.

Among the visits provided by the 84 unique organizations, 5 private telemedicine companies provided almost half of the visits (48.3%), followed by private health centers (24.3%) and community health centers (14.5%) (Table 1). The vast majority of visits (87.2%) were provided by organizations that primarily provided care for mental health conditions. Organizations with >5 locations accounted for 29.7% of visits. Around half of all visits (54.5%) were provided by organizations that did not report offering SUD services. Of the five private telemental health companies, all focused only on mental health, but none clearly reported providing SUD treatment.

Discussion

There were several notable findings from our characterization of the higher volume organizations that bill Medicare for telemedicine visits for mental health and SUD. Roughly half of all these visits are provided by five private telemedicine companies. Because a small number of organizations play such a dominant role in delivery of telemental health currently, it will be important to monitor their quality and understand how they are integrating with local providers and providing continuity of care.

It was surprising that community health centers provided 14% of all telemedicine visits. Our expectation was that these would primarily serve as recipients versus delivering telemental health. Prior work has highlighted that health centers struggle to attract and retain mental health specialists.⁷ Community health centers may be using telemedicine to leverage their existing providers across multiple clinical sites so the patients and/or clinicians do not have to travel. In regions with sparse resources, these organizations may also be most likely to try this new innovation. In prior work, rural psychiatrists were much more likely to provide telemental health.⁴

In contrast, a small number of the high-volume organizations were academic or nonacademic health systems. Although many health systems have described how telemedicine is a key component of their future strategy in caring for patients,⁸ currently few appear to be billing a large volume of visits.

Only half of these high-volume providers appeared to also offer SUD treatment. Given the magnitude of the opioid epidemic, there has been wide interest in whether telemedicine can be used to expand access to SUD treatment. The recent passage of the SUPPORT for Patients and Communities Act has greatly expanded access to which patients can receive telemedicine for SUD.^{9,10} It will be important to track which organizations expand into this area. Providers who already use telemedicine for mental health conditions may be those best suited to expand into treatment of SUD.

A key limitation of this analysis is that it is limited to visits billed to Medicare. Owing to low reimbursement or administrative hurdles, many organizations do not bill Medicare for these visits. Also, Medicare only covers visits for patients who receive care in a rural community. We, therefore, are likely undercounting visits and likely missing many organizations that are engaged in provision of telemental health who do not bill. In some contracting models, the originating site hosts the patient bills on behalf of the telemedicine provider. As such, it is not always possible to differentiate between the organizations that host patients and those who deliver telemedicine services. We focused on the top 100 organizations in terms of volume that bill Medicare and the identification and classification of these organizations depended on the information available through webpage searches and government databases, which, although extensive, were not exhaustive.

In summary, roughly half of the telemental health and SUD visits billed to Medicare were provided by just a handful of private telemedicine companies. Private health clinics and community health centers, who focus on mental health conditions, provided the bulk of the other visits. We are still in the infancy of this care model and it will be important to continue to monitor how these organizational models evolve, and whether a given type of organizational provider leads to superior outcomes.

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