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Conclusion

As we have discussed throughout this guidebook, telemental health (TMH) and other health technologies provide numerous advantages and benefits to both care providers and care seekers, including enhanced access to care, decreased travel and related costs, greater community support, reduced stigma, and convenience. Key drivers of TMH expansion include health care reform, a continued shift toward patient/family-centric health care delivery, cost savings, technological advancements, and decreased technology costs. This final chapter provides a review of these drivers and the rationale for behavioral health providers to not only embrace technology but also lead technological adoption as needed "behavior change" for other health care disciplines. We first describe expanded TMH settings and services, including primary care, home-based services, and stepped-care models that include the range of health technologies. We then address emerging technology options that advance TMH.

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A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence-Based Telepractice, by D. D. Luxton, E.-L. Nelson, and M. M. Maheu

EXPANDED TELEMENTAL HEALTH SETTINGS AND SERVICES

Increasing numbers of individual care providers, health-related institutions, and governments are recognizing the value of providing behavioral and mental health care via technology to decrease spiraling costs related to neglected behavioral health care. The need is compelling in the United States (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2013a). The majority of adults and children with behavioral health needs does not receive any services, let alone evidence-based assessment and treatment from trained mental health professionals (Merikangas et al., 2011).

In the United States, more people have health insurance, especially with the passage of the Patient Protection and Affordable Care Act in 2010, and behavioral health coverage has expanded with the Mental Health Parity and Addiction Equity Act of 2008. Reimbursements for telehealth services have also been expanded and can be expected to extend to more types of services. As of 2015, videoconferencing-based telehealth services can be reimbursed in all 50 states by Medicare and in 46 of states by Medicaid (http://cchpca.org/state-telehealth-laws-and-reimbursement-policies-report). In many of these states, some telehealth-based services are covered in parity with in-person care. Telehealth coverage is on the horizon for Accountable Care Organizations under the Centers for Medicaid and Medicare Services (American Telemedicine Association [ACA], 2014). Expansion of telehealth in the United States is also driving worldwide trends, which are expected to grow substantially over the next few years to increase access to quality care (IHS, 2014).

With health care reform, primary care practices are becoming increasingly important in behavioral health services, both because of the high prevalence of behavioral health concerns at office visits and because of the patient's trusted relationship with the primary care provider and treatment team. The ACA-mandated reforms in the structure, functioning, and financing of primary care that provide many opportunities for TMH (Myers & Lieberman, 2013). TMH may advance behaviorally oriented integrated care models in primary care by providing direct behavioral services

and supporting teleconsultation with behavioral health specialists. TMH also helps underserved primary care settings, including Federally Qualified Health Centers and other community sites, by advancing patient-centered medical home (PCMH) goals and PCMH recognition/designation. Legislative reform worldwide can be expected to focus on the integration of a wide range of services, including behavioral services to medical patients.

As growing consumer demand facilitates telehealth adoption, there are an increasing number of opportunities to use TMH to connect multiple settings and systems to advance care coordination. For instance, it is technologically feasible to connect the patient, family, behavioral health specialists, primary care provider, and school representatives at the same time for the assessment and treatment of child behavioral concerns to set common goals and problem solve (Duncan, Velasquez, & Nelson, 2014; Nelson & Patton, in press).

In addition to traditional TMH services, behavioral medicine and health psychology services over telehealth are becoming increasingly important. CMS and other insurers look toward creative solutions to meet the needs of "super utilizers" of hospitals and emergency department services, the majority of whom have co-occurring behavioral health concerns in addition to multiple chronic illnesses. TMH services have the potential to enhance care coordination and adherence, prevent the need for hospital stays, lead to considerable cost savings, and improve the quality of life for these clients/patients and their caregivers (Chakravarty, Cantor, Walkup, & Tong, 2014; Luxton, 2013).

TMH services also go hand-in-hand with new distance educational models aimed at increasing primary care capacity to care for complex, chronic illnesses. For example, Project ECHO (Extension of Community Healthcare Outcomes; see http://echo.unm.edu/) uses telehealth technologies and case-based learning with an interprofessional teams to build rural and underserved practice capacity to deliver the same, or better, quality of care as received at academic institutions (Arora et al., 2014). TMH also has growing potential to advance prevention and public health initiatives as communities shift to a "culture of health" (see http://www.rwjf.org/en/about-rwjf/annual-reports/presidents-message-2014.html). This includes

TMH services focused on weight management, smoking cessation, and stress management. Finally, there is potential to expand use and training/support of community health workers and to increase mental health supports for diverse populations (Shore et al., 2012).

Home-based TMH is yet another burgeoning area that offers many advantages to support patients and their families in a convenient, client-friendly environment. It allows the telepractitioner a "window into the home" to conduct in vivo treatment, including supporting family members. Research and consensus building has led to effective strategies to deliver high quality, safe service right to the client/patient's home. This validated approach requires properly educating the clinicians as well as the recipient(s) of care (Luxton, O'Brien, McCann, & Mishkind, 2012; Maheu, Pulier, Wilhelm, McMenamin, & Brown-Connolly, 2004). Although home-based TMH services are not generally reimbursed through public and private insurers, there are many advocacy initiatives supporting this goal. Moreover, CPT (Current Procedural Terminology) billing code changes are preparing the way for such reimbursement by including codes for consultation with family members "with and without" direct patient involvement.

Clinical guidelines written by different professional groups frequently recommend that services for depression, anxiety, and other behavioral health conditions be structured around a stepped care model. In these models, clients/patients receive treatment at increasing "steps" or levels of treatment intensity (i.e., the amount and type), increasing at each step if they continue to experience distress at previous steps (Bower & Gilbody, 2005; L'Abate, 2013; Richards et al., 2012). Stepped care includes a continuum of guided self-help/self-management, progressing to traditional behavioral health options such as therapy. In addition, treatment progress is closely monitored to inform stepped care decision making.

TMH advances the stepped care model in two ways. First, technology, such as mHealth apps, extends options for close and more immediate monitoring of client/patient symptoms, informing when the next step of care is needed. Second, the vast array of asynchronous and synchronous technologies, such as behavioral health web-based services and videoconferencing (VC), offers evidence-supported behavioral options across self-care and treatment needs. For example, a client/patient with signifi-

cant stress and warning signs of depression may first use a stress management app (Luxton, Hansen, & Stanfill, 2014) and a self-guided online depression intervention. If the individual's symptoms persist or worsen, he or she progresses to the next level of a technology-supported care, and synchronous VC services with health care providers may be added for ongoing therapy or crisis management.

EXPANDED TELEMENTAL HEALTH TECHNOLOGY OPTIONS

The accessibility of inexpensive technologies such as webcams, Internet-based VC software, and mobile device apps greatly enhances a professional's capabilities to provide quality services. With the exception of underserved and very remote areas, most communities now have affordable and readily available high-speed connectivity options. Although discouraged for clinical purposes because of security and related considerations (see Chapter 3, this volume), Skype and FaceTime's popularity for social purposes has increased consumer understanding and comfort with VC. This familiarity with VC has encouraged the adoption of more health care appropriate VC platforms.

A variety of other new health technologies are on the horizon. This includes innovations such as virtual reality, augmented reality, intelligent wearable devices, and artificial intelligence applications used for clinical care (Luxton, 2015). Virtual artificial intelligent agents, for example, make use of virtual reality and artificial intelligence techniques including machine learning and natural language processing (Luxton, 2014a, 2015). This enables intelligent virtual simulation of human practitioners that can converse with the client/patient in real time. These systems have the potential to be accessed via the Internet 24/7 and can augment what psychologists and other mental health professional do by providing coaching, training, and other therapeutic functions (Luxton, 2014a, 2014b, 2015). In another example, robots with synchronous video capabilities can travel from hospital room to hospital room and allow care providers to speak with patients from remote locations through the onboard video system. This has the potential to assist a telepsychiatrist staffing an inpatient setting

to interact with patients in crisis. There is also potential for hospitalized and homebound children with critically ill conditions to videoconference with their classrooms and friends using robots. These types of technological developments, although not widely adopted at present, promise to bring new capabilities to enhance behavioral health care.

SUMMARY

As does traditional on-site practice, TMH rests on behavioral and mental health practitioners' dedication to providing the highest quality ethical and legal services to their clients/patients. Although this guidebook advocates the adoption of video-based technologies for behavioral and mental health care, it also cautions against jumping too quickly into unknown waters. TMH is advanced by caring practitioners who respond with creativity and innovation to clients/patients in need and their families. Such professional use of technology is based in comprehensive graduate education or postgraduate professional training, supervision, and consultation. Lifelong learning and peer-to-peer support are encouraged as behavioral health professionals initiate and sustain telepractice. TMH competency rests on keeping up-to-date with the scientific evidence base (Cain, Nelson, & Myers, 2015; Hilty et al., 2013; Shore et al., 2014), as well as ongoing collegial discussion with informed leaders in the clinical, ethical, and legal telehealth arenas of relevance.

The requirements for ensuring safe, competent, and ethical TMH are not to be feared. Practitioners who adhere to the latest practice guidelines, gain specialized training for TMH, and apply the knowledge and skills they already have as behavioral health professionals can be confident that they are providing a rewarding, safe, reliable, and quality care option. TMH is a powerful way to help behavioral and mental health professionals decrease patient suffering by expanding best practices in health prevention, assessment, treatment, maintenance/support, and consultation.