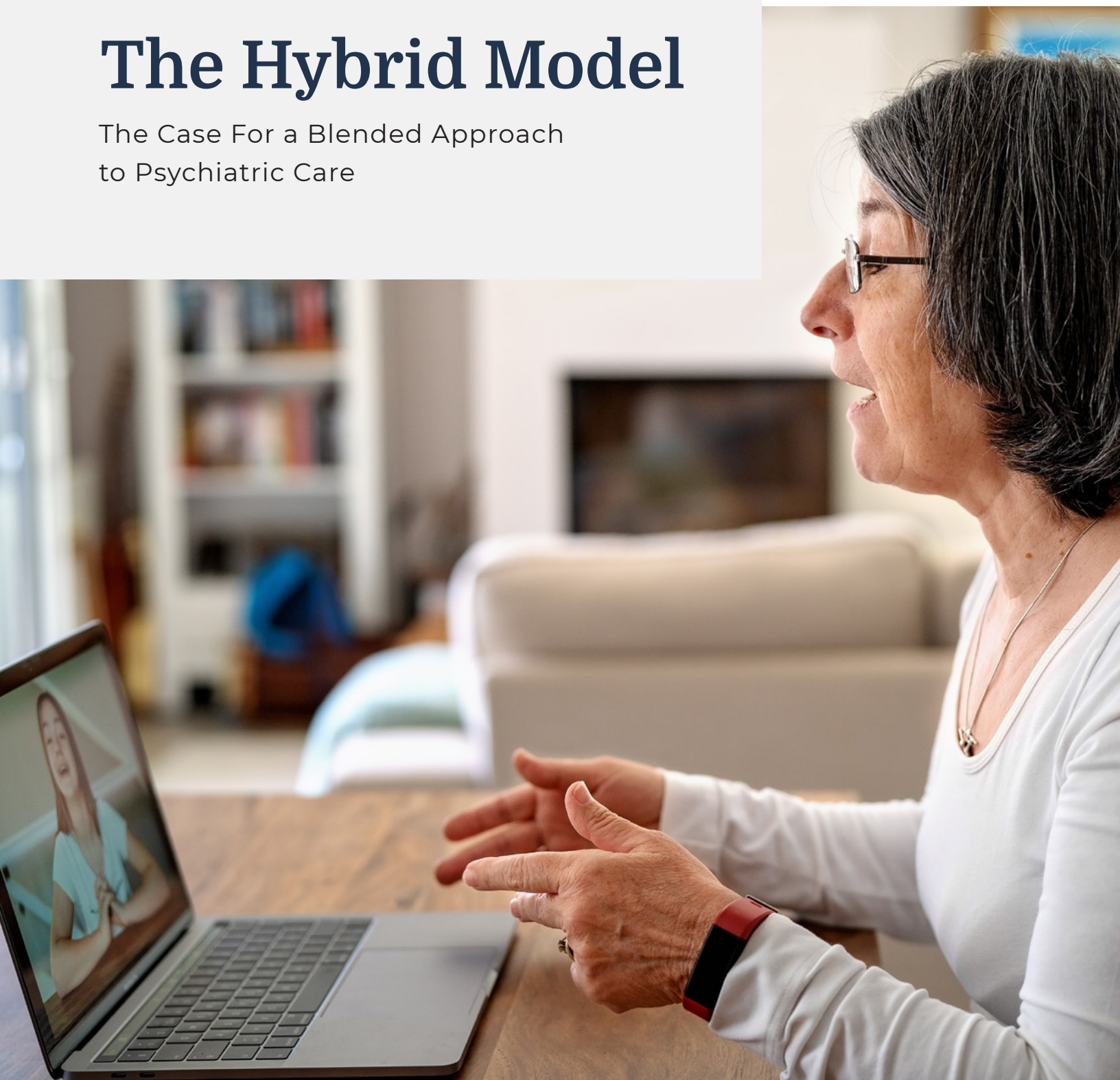


The Hybrid Model

The Case For a Blended Approach
to Psychiatric Care



Telepsychiatry Today

As the world navigated a global pandemic throughout 2020, a number of issues impacted the traditional behavioral healthcare model.

Amid suggestions to isolate, the delivery model for behavioral health care was forced to innovate as the need for care escalated. Patients dealing with job loss, a global pandemic, pre-existing conditions, and social isolation created an increased demand for behavioral health services and regulatory policies responded with several, notable changes.

Telehealth overall experienced a surge in adoption and use during the pandemic, increasing a reported 50% in the first quarter, but telepsychiatry's growth appears to have dwarfed even that phenomenal increase.

As stay-at-home orders were introduced, traditional treatment rooms transitioned away from a clinic or office and directly to a patient's home. Telehealth technology provided patients with access to providers, even as the world quarantined. It was a dramatic, rapid shift for a healthcare industry that is rooted in, and benefits from, face-to-face interactions.

As fresh as the industry's response to the pandemic seems, that seismic shift is now already in the past. But, it will very likely shape the future of how care is delivered to patients in need.

**60% of providers began offering
80% of their care in a virtual
setting in response to COVID-19.**

Source: [Qualifacts survey](#)

“As a result of our hybrid approach to care, we have seen a **notable reduction in no shows**. If a patient prefers to receive care at home, we arrange for that. However, that option is not clinically appropriate for every patient, so the hybrid model allows us to see patients in-person, too. We believe patient choice is the future.”

— Walt Hill, *CEO High Plains Mental Health Center*

In a sea of uncertainty on the horizon, one constant remains: Demand changes, needs evolve and flexibility allows for the most appropriate clinical response at any given time.

That truth, as it relates to constant change, supports the case for implementing telepsychiatry services while recognizing that remote care should never become the exclusive model for the delivery of care in the behavioral health care industry or in any one clinic. However, a hybrid model, one that allows a clinic to offer a blend of in-person treatment and telepsychiatry services either into a clinic setting or directly to a patient's home, creates a well-rounded portfolio of care for an increasingly diverse patient population.

A hybrid model of care introduces choices for patients and providers and it meets an organization or clinic right where it is, offering flexibility in a changing world, with changing needs and changing demands.

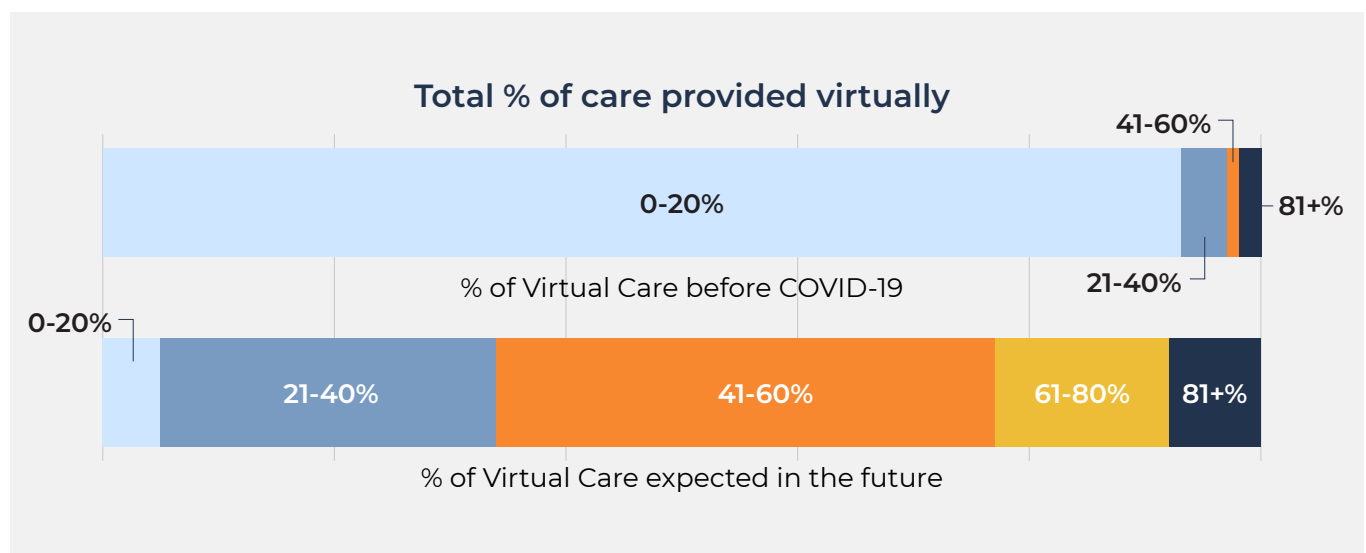


What Tomorrow Looks Like

Despite a rapid and accelerated adoption of telehealth practices during 2020, much of the world is still eagerly awaiting a return to normalcy once the pandemic subsides. Social interactions will resume, dining and entertainment will rebound and in-person care will return.

Industry forecasts support that assumption.

A recent [Qualifacts survey](#), shared with the National Council on Behavioral Health, noted that 43% of behavioral health providers expect to deliver 40-60% of their care virtually and 29% expect to deliver 20-40% of their care virtually in the future. Compare that to pre-COVID metrics, where 93% of providers only offered up to 20% of care virtually.





1 in 3 individuals could have a behavioral health need in 2021.

Source: [McKinsey](#)

While many providers shifted their care model — in a matter of weeks — in response to the pandemic, a large percentage believe that their care model will eventually adjust along a sliding scale, to one that includes a blended approach to the delivery of care.

Behavioral health care has always been rooted in provider-patient relationships that were historically developed in a face-to-face setting, but patients and providers have willingly shifted to largely virtual settings out of pandemic-influenced necessity, and based on forecasts, will continue to in some way by choice. That means there is room and need for both in-person and virtual care, depending on the circumstances, the technological connectivity and the complexity of a patient's needs.

Put simply, behavioral health care clinics and organizations serve as the central and lasting foundation for care, and telepsychiatry is just one, innovative and complementary avenue for the delivery of care.

Even as providers adjust their post-pandemic care models, they do so while anticipating a “second wave” of patients dealing with COVID-related mental health issues. Some providers have characterized the need on the horizon as an incoming “tsunami.”

Statistics indicate the need for mental health services is climbing, quickly. [McKinsey](#) predicts that about 35 million more Americans could develop behavioral health conditions in 2021 as a result of the pandemic. And that significant need may create capacity challenges for behavioral health clinics and organizations already struggling to keep up with patient demand. This is where a hybrid model for the delivery of care will be useful, if not vital.

Expanding a Portfolio of Care

By adopting a hybrid model, behavioral health care clinics and organizations create an environment of flexibility for patients, for providers and for the organization itself.

That flexibility eases scheduling conflicts, reduces no-shows, increases adherence to patient treatment plans, decreases wait times for appointments and introduces new-found, valuable capacity for providers.

Telepsychiatry has proven to be as effective as in-person care; however, there are differences based on whether a patient connects to treatment directly from their homes or receives telepsychiatry services at a physical clinic with the on-site support of staff. Either way, telepsychiatry improves timely access to care, which improves outcomes for patients.

A key influencer for the success of telepsychiatry is a clinician's ability to engage

with patients. Telepsychiatry providers who have the skills to make patients feel comfortable through this modality of treatment positively impact the effectiveness of telepsychiatry.

Clinics and organizations that choose to expand a portfolio of care to include telepsychiatry do so knowing that not every patient is an appropriate candidate for remote care from home. Complex conditions and technological inequities are two of the most common barriers for delivering effective telepsychiatry services into patients' homes, illustrating why a blended model offers the best opportunity to help the greatest number of patients.

“

I have been using telepsychiatry exclusively since 2010 as my only care modality. I have seen every possible diagnosis and every age group and have never had to exclude a patient from this opportunity to receive care. With appropriate protocols in place, anyone can safely utilize telepsychiatry.”

— Dr. Liberty Eberly, *Chief Medical Officer, innovaTel*

For patients who may not have the right technology or connectivity, it's more clinically appropriate for them to receive telepsychiatry services at a physical clinic. To best serve this population of patients, organizations and clinics have set up telepsychiatry rooms within their offices, allowing patients to leverage their technology to connect with remote specialists, while also receiving the support of on-site staff.

The rapid adoption of telehealth in 2020 introduced an element of patient choice into the behavioral health delivery system. A hybrid model allows patients who prefer or need in-person interaction to receive those services in an office setting, while creating new opportunities for care for those who would rather receive care remotely. In many cases, a hybrid model also allows for a combination of both in-person and telehealth appointments.

It's also an attractive option for providers who have the ability to deliver care remotely, which may come with the opportunity to introduce a new specialty to clinical teams from afar.

Expanding a portfolio of care actually expands the ability of a clinic or organization to provide patients with critical access to care.

Delivery of Care Methods



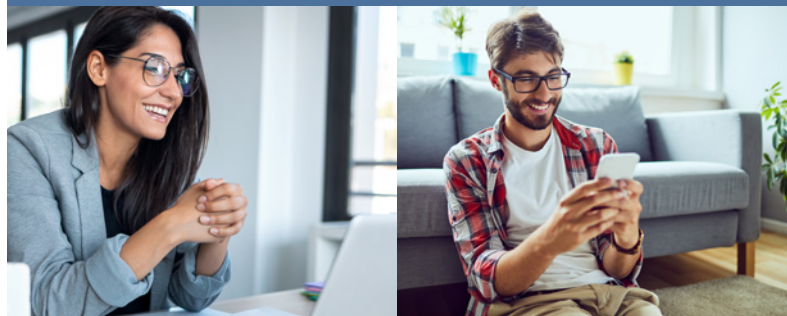
Face-to-face



Virtual provider, patient in clinic



Virtual patient, provider in clinic



Virtual provider & patient

Integrating a Hybrid Model of Care

The expansion of any organization often comes with a logistical question related to the best approach to growth.

Should an organization add to its internal team to meet demand, or should it forge relationships with partners to help manage needs?

It truly is an industry agnostic quandary and it is one the behavioral health care field grapples with all too often, particularly when it comes to the introduction of telepsychiatry services. Clinical leaders are most often concerned about the costs and disruptions tied to provider turnover, philosophical consistency when it comes to treatment and the ability of remote providers to integrate within a clinic's systems and teams.

Telepsychiatry partners that boast healthy provider retention rates, involve clinical teams in the recruitment process and integrate remote providers with in-house clinical teams effectively eliminate concerns that would make it more attractive to meet the demands of growth with an expanded in-house team. Outside partners absorb the time and energy associated with remote team building, from recruitment to candidate vetting to full integration.

Benefits of a Hybrid Model with a Telepsychiatry Partner



Scheduling flexibility



Decreased no-shows



Specialized providers without geographic limitations



Increased patient capacity



Options for the delivery of care



Provider consistency and retention



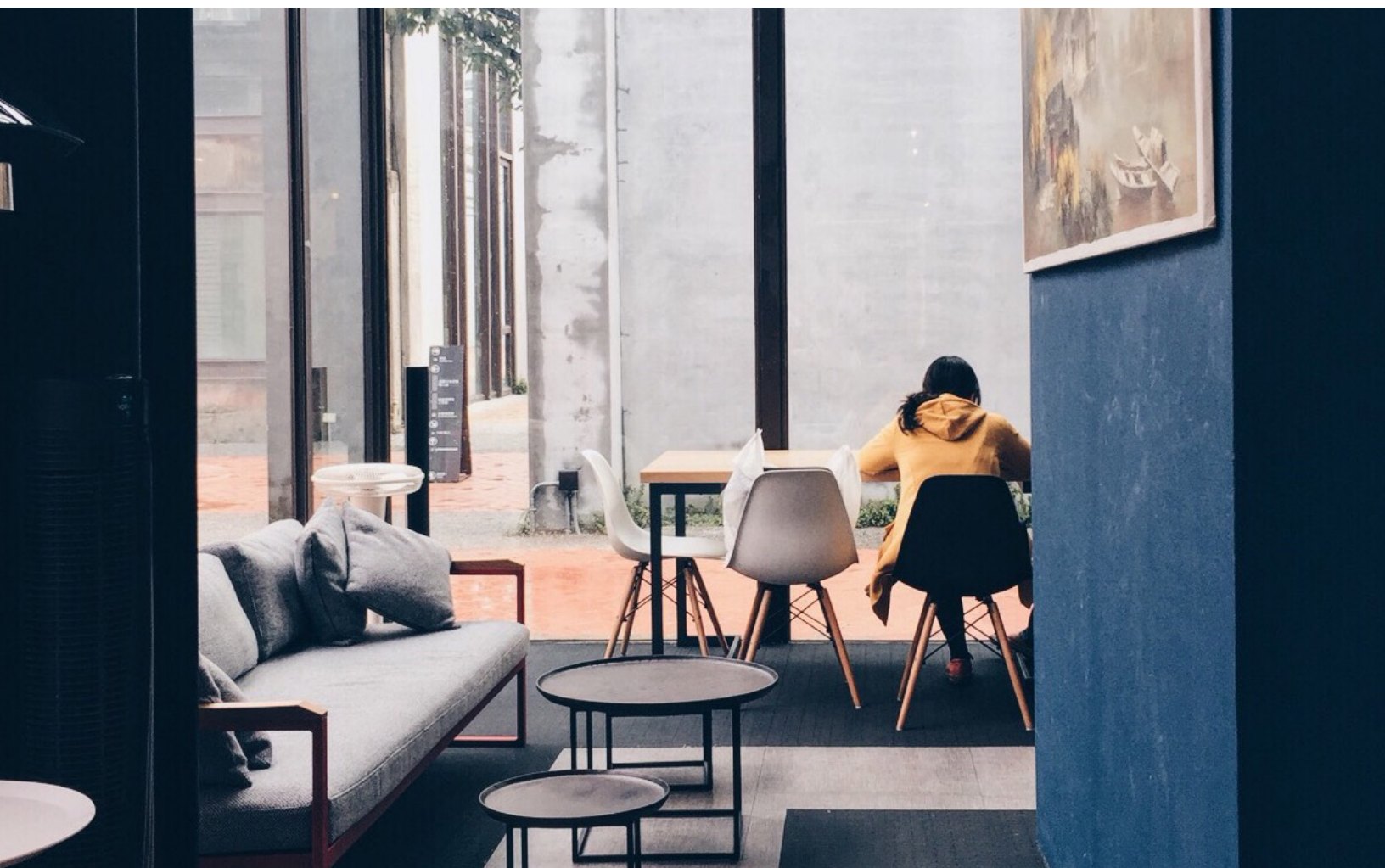
Seamless integration fosters operational efficiencies

Telehealth policies vary by payer and state; however, a number of policies were adjusted in response to the COVID-19 pandemic, making it easier for patients to receive care and easier for providers to receive reimbursement for the care they deliver. The recent removal of a number of statutory restrictions expanded access to care and enabled payment of services, which helped propel the accelerated adoption of telepsychiatry services.

In short, regulatory adjustments have made it easier for clinics and organizations to introduce a hybrid model of care by easing restrictions on the location of services, the type of provider and the method by which care is delivered.

Significant Medicare Telehealth Reimbursement Changes

- ✓ **No geographic restrictions** on location of originating site.
- ✓ **No restrictions on type of originating site**, to include home.
- ✓ Expanded type of **eligible providers**.
- ✓ **Expanded modalities** to include telephone and audio sessions.
- ✓ **Expanded list of approved services** from 100 to about 240.





innovaTel is a national telepsychiatry provider that partners directly with community-based organizations to improve access to behavioral health services. For the past seven years, innovaTel has been providing telebehavioral health services with a remote clinical team made up of psychiatrists, psychiatric nurse practitioners and licensed clinical social workers with a fundamental mission of increasing access to care.

For more information, visit www.innovatel.com.