

Telehealth may increase use of specialty care for serious mental illness

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Greater county-level use of telemental health visits is associated with

modest increases in contact with outpatient specialty mental health care professionals and a greater likelihood of follow-up after hospitalization among Medicare beneficiaries with serious mental illness, according to a study recently published in *JAMA Network Open*.

Bill Wang, from Harvard Medical School in Boston, and colleagues assessed whether greater telemedicine use in a nonmetropolitan county is associated with quality measures for [mental health care](#), including use of specialty care and medication adherence. The analysis included a sample of fee-for-service Medicare claims for 118,170 beneficiaries with schizophrenia and related psychotic disorders and/or bipolar I disorder in 2,916 nonmetropolitan counties from 2010 through 2018.

The researchers found that the fraction of counties that had high telemental health service use increased from 2 percent in 2010 to 17 percent in 2018. There were 1.08 telemental health service visits per patient in 2018 in the high telemental health counties. Patients in high-use counties were 1.2 percentage points (8.0 percent relative increase) more likely to have a minimum number of specialty mental health service visits, 13.7 percentage points (6.5 percent relative increase) more likely to have outpatient follow-up within seven days of a mental health hospitalization, and 0.47 percentage points (7.6 percent relative increase) more likely to be hospitalized in a year compared with no telemental health care in the county. There was no association between telemental health service use and changes in medication adherence.

"Telemental health service largely substituted for in-person visits in the communities that embraced it," the authors write.

More information: Bill Wang et al, Association Between Telemedicine Use in Nonmetropolitan Counties and Quality of Care Received by Medicare Beneficiaries With Serious Mental Illness, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.18730](https://doi.org/10.1001/jamanetworkopen.2022.18730)

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