

## Dr. Matthew State says telehealth is one of the pandemic's silver linings

While the coronavirus lockdown banned most in-person hospital visits, child psychiatrist Dr. Matthew State said he was able to see significantly more patients.

At a news conference Monday, State said the number of virtual sessions at the University of California San Francisco Department of Psychiatry and Behavioral Sciences rose from 3% to 99% in about two weeks following the outbreak. That year, the department saw an overall growth of 40% across all adult and children visits and the number of autism evaluations rose 150%, he said.

“And none of that was due to increased staff. That was essentially all due to the increased efficiency of being able to use telehealth in order to conduct these evaluations to see patients and to be reimbursed for that,” he said.

Telehealth is one of the many innovations that quickly took off during the pandemic as health centers were forced to innovate ways to make their services accessible. Between February and April 2020, telehealth visits for primary care rose from zero to 148 visits per 1,000 patients at Federally Qualified Health Centers (FQHCs) in California, according to research from the Santa Monica-based RAND Corporation.

Before the pandemic, insurance companies wouldn't reimburse hospitals to provide telehealth services, State said. But following the lockdown, some private payers [removed](#) these restrictions and Medicaid expanded coverage for these services.

State said with the dearth of mental health providers in the United States, virtual sessions make mental health resources more accessible for rural populations.

“Telehealth offers at least a glimmer of hope there to increase reach, particularly there are regions even in my state in California where you can go hundreds of miles and not find the child and adolescent psychiatrist,” he said.

Christopher Perrone, director of California Health Care Foundation's Improving Access team, which aims to provide coverage for the state's low-income communities, said telehealth also doesn't require people to pay for childcare to visit a doctor or take many hours off for transportation.

In California, the Department of Health Care services currently pays federally qualified health centers for video and audio telehealth visits, covering all Medi-Cal covered benefits and services, benefiting low-income community members who wouldn't have access to video sessions.

“Many of them don't have internet-connected devices. They don't have strong Wi-Fi broadband. And similarly, many clinics don't have strong broadband or the devices that they would need to connect quickly and easily with their patients on a screen,” he said. “And so the phone was really an important lifeline if you will to access during the pandemic.”

However, telehealth still has its barriers for people less likely to use or access video sessions, including nonnative English speakers, migrant farmworkers and homeless people, according to a [study](#). Perrone said his research will focus on overcoming the language barriers and digital divide.

State said the increased usage of telehealth represented society's rising commitment to providing mental health services, an area of health care that has historically been largely inaccessible.

"I do think that, in addition to simply using communication tools, it reflected a shift that was driven by the pandemic. But I think it's going to be very hard to go back from that now. And I think that that's a very positive thing," he said.