

# TELEMEDICINE FUTURE- PROOFING

Anticipating policy changes, market trends, and emerging competition in the virtual Mental Health space.

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## Disclosures:

I am a psychiatric mental health nurse practitioner and owner of At Your Service Psychiatry, a private telepsychiatry platform as a service practice model. I am also the founder of PMHScribe, a software-as-a-service that provides AI-powered scribe and clinical tools for psychiatric and mental health providers. My involvement in these ventures may inform my perspectives on telemedicine delivery, the use of ai in healthcare, and opinions expressed in this presentation.

# POLICY CHANGE

DEA Changes shaping the future of telepsychiatry due to the need for controlled medications in bipolar, panic disorders, detox, ADHD, insomnia related to mental health conditions, and more. These decisions shape hiring, staffing, and payment models accepted.

- Will DEA require Psychiatric Certification?
- Will DEA limitations thwart development?
- Indecision leads to delay or closing practices.



## Regulatory Uncertainty Has Stalled Progress in Telepsychiatry

Uncertainty around DEA policies—especially related to controlled substances—has disrupted mental health telemedicine.

Multiple companies have shut down or reduced services due to the unclear future of remote prescribing.

Temporary DEA waivers extended in short bursts have made building long-term, sustainable care models nearly impossible.

Hiring, reimbursement, and service planning are all affected—especially for providers treating ADHD, anxiety, insomnia, and addiction.

### Presenter Notes / Footnotes:

The end of the COVID-19 public health emergency triggered questions about whether telehealth providers could continue prescribing controlled substances like stimulants, benzodiazepines, and buprenorphine. The DEA extended the pandemic waiver temporarily but has not issued final long-term rules.<sup>1</sup>

Ahead ADHD, a well-regarded mental health telehealth startup, shut down in 2022 due to regulatory and funding pressures.<sup>2</sup>

Others, including Halcyon Health, have exited virtual addiction care for similar reasons.<sup>3</sup>

Larger companies have halted controlled prescribing or made significant cuts due to the unstable regulatory landscape.<sup>4</sup>

Many organizations hesitate to invest in or expand telepsychiatry services without consistent guidance. Insurance-based practices are particularly vulnerable, given how DEA decisions shape credentialing, billing, and risk exposure.<sup>5</sup>

Care continuity for thousands of patients has been disrupted, especially in rural or underserved areas that relied heavily on telehealth during the pandemic. Pharmacies have also limited dispensing for specific telehealth prescriptions, compounding the problem.<sup>6</sup>

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5. Time, 2022. "The online therapy bubble is bursting." [Link](#)
6. MindSite News, July 2022.

# MARKET TRENDS

Platforms as a Service (PaaS) as the new Mental Health/SUD Group Practice Settings

➤ **Telehealth PaaS**

➤ **Billing PaaS**

➤ **Private Equity**



Telehealth PaaS are the new payment systems that enable independent contractors to maintain gig work. Ai-enhanced payouts. Both privately funded and equity-backed. Billing PaaS allows for a lower barrier of entry into private practice. Private equity buyouts vs hospital buyouts. Providers are joining many PaaS companies, such as Uber and Lift of Mental Health.

Due to shifting independent contractor rules like the ABC test—which requires contractors to perform work outside the core business, many companies are pivoting to platform models to maintain independent contractor status.<sup>1</sup>

The future of telemedicine is unfolding through Platform-as-a-Service (PaaS) models that are redefining how clinicians deliver care, particularly in mental health. Companies like Headway, Alma, and SonderMind are driving a shift toward gig-style healthcare, allowing providers to serve as independent contractors within turnkey digital practices. These platforms streamline credentialing, billing, marketing, and scheduling—lowering barriers to private practice and improving access to insurance-based care.<sup>2-4</sup>

Artificial intelligence is accelerating this evolution. Leading-edge platforms are beginning to integrate AI for managing billing codes, tracking claims, and—soon—processing real-time insurance payments and splitting payouts instantly, in models similar to Lyra.<sup>5</sup> The traditional delays of monthly payouts and manual bookkeeping are vanishing. Clinicians will expect this speed, and platforms that deliver it will dominate.

This presentation explores where PaaS is headed: from provider autonomy and Uber-style cross-platform flexibility to the growing role of venture capital and the policy decisions that could legitimize—or limit—this model.<sup>6-8</sup> As health care embraces tech-enabled, gig-style work, the key question becomes: How do we future-proof virtual care while preserving provider autonomy and care quality?

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# EMERGING COMPETITION

Artificial intelligence (AI) is becoming an integral part of the mental health space, especially in telemental health.

- **Ai Scribes base software like EHR/VoIP**
- **Ai Bots for administrative tasks**
- **Private Equity & Physicians as Investors**

Artificial intelligence (AI) is quickly becoming a foundational part of mental health care, particularly in virtual and telemental health settings. As the demand for remote services grows, AI is no longer just a nice-to-have—it's becoming a must-have. Platforms-as-a-service (PaaS) models need to keep up by offering AI tools like digital scribes and smart administrative bots, just as they already provide electronic health records (EHR) and voice-over-IP (VoIP) systems.

## AI Scribes Are Becoming Essential

AI scribes help clinicians by capturing and organizing clinical notes in real time, reducing time spent on documentation and improving overall productivity. This can be a game changer in psychiatry, where careful documentation is critical. Research shows that AI scribes improve note accuracy, reduce time spent charting, and help lower clinician burnout<sup>1</sup>. Accenture has also pointed out that AI integration is now expected in health tech solutions<sup>2</sup>. Specifically in psychiatry, these tools enhance documentation without interrupting the therapeutic flow of sessions<sup>3</sup>.

## Smart Bots for Administrative Tasks

AI isn't limited to note-taking. More platforms use bots to handle repetitive administrative tasks like scheduling, verifying insurance, managing prior authorizations, and processing claims. According to McKinsey & Company, nearly half of these administrative tasks can be automated with AI<sup>4</sup>, saving time and resources. Forrester Research has also highlighted that providers are starting to compete on the strength of their AI-powered patient experience tools, signaling a shift in expectations<sup>5</sup>.

## The Influence of Private Equity

Private equity (PE) firms have taken a strong interest in the mental health sector, and their investments are reshaping how practices operate. With PE backing, there's often a push toward tech-enabled efficiency—especially tools that can scale quickly, like AI scribes and automation<sup>6</sup>. While some express concerns about profit-driven care, PE involvement also brings opportunities for innovation, mainly through streamlined, tech-forward operations<sup>7</sup>.

### Clinicians as Drivers of Innovation

Increasingly, clinicians are becoming investors, founders, and advisors for health tech startups. With firsthand insight into what tools work in practice, they are well-positioned to guide innovation. Harvard Business Review explored how more healthcare professionals build or back digital tools to improve care delivery<sup>8</sup>. Andreessen Horowitz coined the term “physician-builders” to describe these hybrid roles<sup>9</sup>. In psychiatry, this movement ensures that AI tools are being developed with real-world clinical needs in mind.

### Conclusion

To stay competitive, telemental health platforms must keep pace with evolving technology. AI scribes, smart administrative bots, and automation aren't future ideas—they're already shaping how care is delivered. With private equity accelerating tech adoption and more clinicians joining the conversation as innovators, AI is becoming part of the foundation of modern mental health care—not just a trend.

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# EMERGING PAYMENT MODELS

Medicare cuts, change in leadership, and thereby lessening ACA-compliant insurance plans may increase the use of out-of-network plans. The American Medical Association's release of the 2025 CPT will lead to more telemedicine billing.



## Subscription Based

Monthly subscriptions seen in veterinary & primary care; now psychiatry and counseling

## Asynchronous Visits

With the new CPT codes, acceptance by insurers for E/M, less restrictions on portal and phone calls, more charges.

## Direct to consumer

Hybrid of direct-to-consumer model versus insurance, especially in mental health where people lose benefits

## Emerging Payment Models and Competitive Pressures in Telehealth

Telehealth continues to evolve in response to shifting policies, reimbursement models, and consumer preferences, especially in mental healthcare, where regulatory complexity and payment uncertainty challenge both access and sustainability.

One of the most significant drivers of change is the continued reduction in Medicare reimbursement. The Centers for Medicare & Medicaid Services (CMS) finalized a 2.83% cut to the Medicare Physician Fee Schedule for 2024, continuing a five-year trend of declining payments<sup>1</sup>. These cuts are prompting many providers, especially in psychiatry, to leave Medicare and commercial networks in favor of out-of-network or cash-pay models. In 2024, the highest percentage of psychiatrists opted out of the Medicare program to date – rising from 7% (compared to 1% of other physicians) to 8.1%<sup>2</sup>.

Shifts in political leadership also impact the insurance landscape. Republican-led policy trends often promote short-term, ACA-noncompliant health plans. These plans offer lower premiums but exclude coverage for mental health<sup>3</sup>. As more patients enroll in such plans, they may increase use of direct-to-consumer telemental health providers.

The American Medical Association added 17 new telemedicine CPT codes for easier billing of asynchronous and audio-only calls, including secure portal messages, brief phone calls, virtual check-ins, and other non-face-to-face communications<sup>1</sup>. As digital communications become

billable, more providers will be billing for these.

The direct-to-consumer (DTC) telehealth market is growing rapidly, as patients seek greater flexibility, shorter wait times, and mental health access outside insurance networks. Startups and telemedicine platforms offering memberships and cash-pay options are thriving. The U.S. DTC telehealth market is projected to reach \$9.5 billion by 2030, with annual growth exceeding 30%<sup>4</sup>. These services are attractive to consumers frustrated by deductibles, insurance limitations, and a lack of psychiatric access.

Payer-imposed restrictions continue to present barriers to traditional telehealth participation. Some commercial payers and Medicare Advantage plans require annual or initial in-person visits to maintain coverage for telepsychiatry. While CMS has extended the waiver on the in-person requirement for behavioral telehealth through September 30, 2025, it remains a temporary policy<sup>5</sup>. If reinstated, these rules may deter providers—especially those operating without physical offices—from participating in insurance networks, further accelerating the shift to private pay and subscription-based models.

In summary, declining reimbursement, inconsistent policies, and consumer demand are reshaping how psychiatric and mental health care is delivered.

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# THANK YOU



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