American Hospital Association™
Advancing Health in America

MARKET SCAN

TRAIL BLAZERS

Minding the Gap

Using telehealth to expand access to behavioral health services

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Introduction

The U.S. is experiencing a behavioral health crisis, according to the National Center for Health Workforce Analysis at the Health Resources and Services Administration (HRSA). In 2024, approximately 23% of all adults in the U.S. had a mental illness, and 48% of those individuals didn't receive treatment. Workforce shortages on the healthcare provider side and stigma on the patient side have combined to amplify existing access challenges to receiving behavioral healthcare.

For hospitals and health systems, that means finding creative solutions to provide inpatient and outpatient behavioral health services to a growing population of patients who need them. An increasing number of hospitals and health systems are complementing their traditional recruit-and-retain workforce approach with innovative virtual care models to expand access to behavioral health services and improve workforce capacity.

This Trailblazers report from the American Hospital Association's (AHA's) Market Scan details the market dynamics behind this trend and how two health systems are deploying behavioral telehealth to meet patients' needs. ●

"The mental health crisis continues to be a challenge, and hospitals and health systems are really trying to identify ways in which they can meet that demand at scale. The most important part of that sentence is 'at scale."

— **SHANNON JOHNSON** —
Vice President, Partner Success, Iris Telehealth

92.4%

Percentage of hospital-based psychiatric medical practices that used telehealth to videoconference with patients in 2024.

Source: American Medical Association, December 2025

Behavioral health supply and demand

As of Dec. 31, 2025, more than 137 million people in the U.S. lived in Mental Health Care Health Professional Shortage Areas (HPSAs), according to KFF's HPSA tracker. The tracker reports that only 27.3% of the nation's mental health needs are being met, and it would take an additional 6,800 practitioners to meet that need.

The shortage of psychiatrists continues to challenge healthcare organizations' efforts to recruit and retain these practitioners. According to AMN Healthcare's 2025 Review of Physician and Advanced Practitioner Recruiting Incentives report, psychiatry was the 10th most highly recruited medical specialty last year. The latest available data from the Association of American Medical Colleges suggest that the supply-demand gap is unlikely to ease soon. Though the aggregate number of psychiatry residents is increasing, there were just 5,115 active medical residents in psychiatry during the 2024-2025 academic year, representing only about 5.5% of all active medical residents.

This shortage of behavioral health clinicians continues to challenge access to traditional treatment. According to the latest available data from the National Alliance on Mental Illness an estimated 61.5 million U.S. adults (23.4% of the total adult population) experienced mental illness in 2024. Yet only a little more than half — 52.1% — received treatment for their mental health conditions.

DATA POINT

137.1 million

Number of people who live in designated Mental Health Care Health Professional Shortage Areas.

Source: KFF, HSRA, December 2025

The growing necessity of telehealth

Telehealth and telemedicine are not new care models or technologies. They existed before the COVID-19 pandemic but became ubiquitous when fear of spreading the virus limited or restricted in-person care. Since then, telehealth and telemedicine have become an integral part of the healthcare landscape as accessible care options for patients through hospitals, health systems and medical practices.

Telehealth is the umbrella term to describe all aspects of patient care done virtually. Telemedicine is a subset of telehealth. It means direct patient care done virtually.

Having a telehealth or telemedicine option for care provides a choice between in-person or virtual treatment. However, given the decreasing availability of in-person behavioral health care services, whether inpatient or outpatient, what was once an option is becoming a necessity. Providers are increasingly implementing virtual care capabilities to give patients access to the behavioral healthcare they need when they need it. Behavioral health is well-suited to telehealth because behavioral health doesn't always require physical, in-person interactions between clinician and patient.

"Providers no longer see physical and mental health as separate. It's just health. It's whole-person care. It's integrated care. Hospitals, health systems and medical practices no longer need to refer their patients outside of their system for behavior health. Expanding access through telehealth is one way to do that and keep that whole-person care intact. It's not just providers. Patients and payers want that, too."

— **TOM MILAM, M.D., M.DIV.** —
Chief Medical Officer, President, Iris Telehealth

Telehealth finds a permanent home in behavioral health

Some 71.4% of physicians worked in medical practices that used telehealth with patients in 2024, per a report from the American Medical Association on patient-facing telehealth services. That's down from a peak of 79% during the pandemic but up significantly from 25.1% in 2018. Hospital-owned psychiatric practices have embraced the virtual model with 92.4% using it to video conference with patients in 2024, 66.8% doing audio-only visits with patients and 26.2% using it to monitor patients remotely.

Patients are in. Some 45.1% of mental health outpatient visits by Medicare beneficiaries from 2021 through 2023 were conducted through telehealth, according to a study published in the Annals of Internal Medicine. By comparison, only 3.3% of physical health outpatient visits by Medicare beneficiaries over that three-year period occurred through telehealth. The the study found that the top five mental health conditions for which patients sought a telehealth visit were:

- **Anxiety and fear-related disorders.**
- **Depressive disorders.**
- **Trauma- and stressor-related disorders.**
- **Bipolar and related disorders.**
- **Miscellaneous mental and behavioral disorders/conditions.**

Payers are in, too. FAIR Health, which tracks claims paid by commercial health insurers, recently released the results of its Quarterly Telehealth Regional Tracker for the first quarter of 2026. Some 18.4% of commercially insured patients filed a telehealth claim with their health plan during the first three months of the year, up from 17.3% in the fourth quarter of 2025. The top diagnostic category for paid telehealth claims across all age groups was a mental health condition.

Implementing a behavioral healthcare telehealth program

As the supply, demand and stakeholder acceptance evidence shows, the case for change is compelling when it comes to expanding patients' access to behavioral health services through telehealth.

The challenge for hospitals and health systems is how to effectively build out that virtual behavioral health service line at scale for inpatients and outpatients without expending resources pursuing clinicians who just are not there. Like most projects, the work falls into three categories: people, process and technology. Combined, the three create the access infrastructure to meet patients where they are when they need behavioral healthcare services.

People

The most important part of any new endeavor is people. In this case, the people are a multidisciplinary team of behavioral health specialists. They include psychiatrists, psychologists, psychiatric mental health nurse practitioners (PMHNPs), licensed clinical social workers (LCSWs), licensed therapists, mental health technicians, community health workers and

DATA POINTS

62.6%

Increase in behavioral health utilization from 2018 through 2024

Source: 2026 Behavioral Health Report, Trilliant Health, April 2026.

28%

Percentage of rural health clinic leaders who cited patients' lack of technology/connectivity for their clinic's limited use of telehealth services, which was the top reason cited by the respondents.

Source: 2026 Policy Survey Report. National Association of Rural Health Clinics. April 2026.

care navigators. They can be existing staff who want to extend or expand their practices virtually. They also can be members of a medical group owned and operated by a third-party, multi-state, licensed telehealth company.

The care team, whether in-house or out-of-house, works in a cross-functional model with other clinicians and staff 24/7 for inpatient units and as needed in outpatient settings, after a referral. Behavioral telehealth providers must be adept at using technology to achieve a virtual connection with patients. More importantly, they must be comfortable and confident communicating with patients visually across a range of digital health tools. The right body language and facial expressions are critical both for the clinician to exude and for the clinician to be able to read the patient.

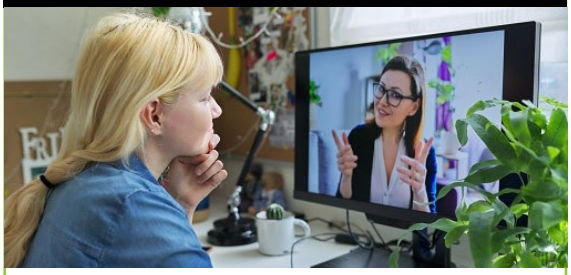
Process

Behavioral healthcare services to inpatients and outpatients through telehealth are integrated into the hospital's or health system's existing clinical protocols and workflows. In the emergency department, for example, the attending physician would order a behavioral health consult with a patient per protocol. The only difference is that the exam with a behavioral health practitioner would happen virtually over a monitor or other secure digital device rather than in-person. Ideally, that exam would happen in minutes rather than hours after an order as virtual specialists are accessible 24/7. The same holds true for admitted patients on inpatient hospital units: The protocols and workflows remain the same, but the virtual method leads to faster behavioral health visits and exams. Referrals for outpatient visits follow the same processes, allowing patients to see a provider via a virtual visit in a timely fashion.

Technology

At this point, post-pandemic, many hospitals and health systems have their HIPAA-compliant telehealth technology plugged in, powered up, ironed out and integrated with other information and medical technology systems. Adding services like telepsychiatry or teletherapy for emergency, inpatient and outpatient care is likely not to be a challenge from a technology standpoint. One tech hurdle hospitals and health systems will need to overcome to implement a behavioral telehealth service line will be on the patient side for outpatient care, particularly in rural markets. Many patients will need access to reliable internet and a Wi-Fi-enabled device like a smart phone, tablet or laptop/desktop computer. Additionally, they must be adept at using those technologies to see and communicate with providers. In most cases, all of that can happen in the patient's home. In some cases, it will happen in local medical office settings with staff who can help patients connect with their providers.

INSIGHTS



4 tips for redesigning behavioral healthcare delivery

During a panel discussion at the American Hospital Association 2026 Leadership Summit in Denver, leaders from CommonSpirit Health, Emplify Health and Iris Telehealth shared four recommendations for hospitals and health systems seeking to meet the growing need for behavioral health services in the face of headwinds such as workforce shortages and increased demand for care.

1 | **Invest in future clinicians**
Forming partnerships to create local talent pipelines can ease shortages of behavioral health professionals, and adding telehealth can significantly bolster recruitment efforts.

2 | **Consider partnerships**
If you're adding telehealth to your behavioral healthcare services, you may want to consider a partner that can extend the reach of your high-quality virtual care program.

3 | **Celebrate small wins**
Building out a sustainable behavioral healthcare service line and successfully incorporating telehealth can be a monumental task. Don't forget to celebrate the incremental wins as you progress toward your ultimate objective of expanding access to medically necessary behavioral health services.

4 | **Quantify your return on investment (ROI)**
To obtain buy-in from your health system's chief financial officer and other executives, it's crucial to do the math and define the value added by behavioral health services.

6 critical behavioral telehealth success factors

For most hospitals and health systems, checking off the people, process and technology requirements of a behavioral health telehealth service line should be straightforward. They are the baseline components of the program. But, according to the subject matter experts interviewed for this report, execution of the implementation details of a program will determine whether it succeeds in expanding access to behavioral healthcare to meet the demand in a hospital's or health system's service area. Below are six critical success factors identified by experts:

-1-

Define the specific problem a behavioral health telehealth program is designed to solve. Is the challenge related to access, cost, quality, service or a combination of these factors? Identifying the underlying need helps organizations choose the right virtual care solution and establish meaningful performance measures to monitor progress and outcomes.

-2-

Support and complement, not eliminate or replace, ongoing efforts to recruit and retain psychiatrists, psychologists, PMHNPs, LCSWs and licensed therapists. Working both tracks simultaneously will close the gap between demand and supply faster and enable hospitals and health systems to scale their in-person and virtual behavioral health service lines faster.

-3-

Anticipate that over time, more patients might gravitate toward virtual rather than in-person visits with a behavioral health clinician because of shorter appointment wait times and the convenience of having the visit at home. However, a cohort of patients will continue to prefer in-person visits. It's advisable to consider patient preferences as well as clinician direction concerning the type of care that supports optimal outcomes.

-4-

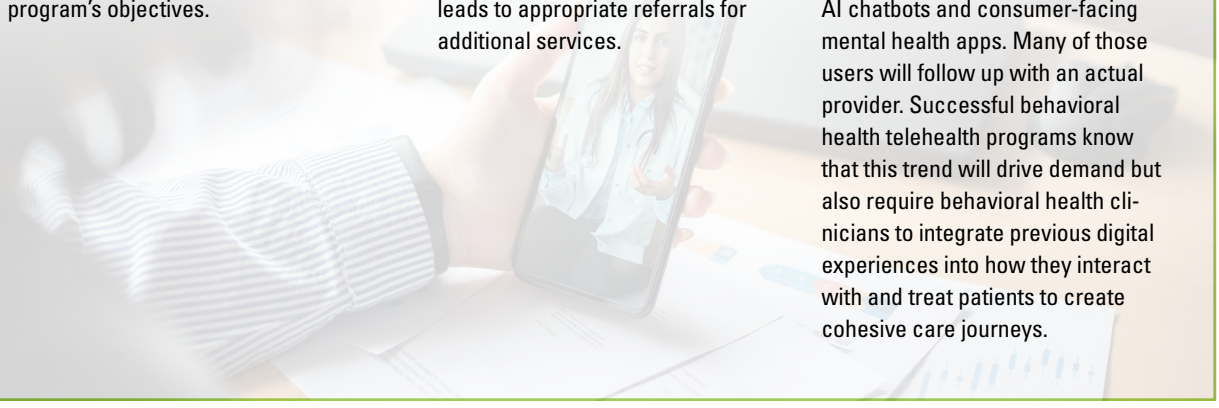
Fostering internal collaboration and alignment across cross-functional clinical teams and with non-clinical departments is essential. Otherwise, unintentional barriers will appear and slow progress toward meeting the program's objectives.

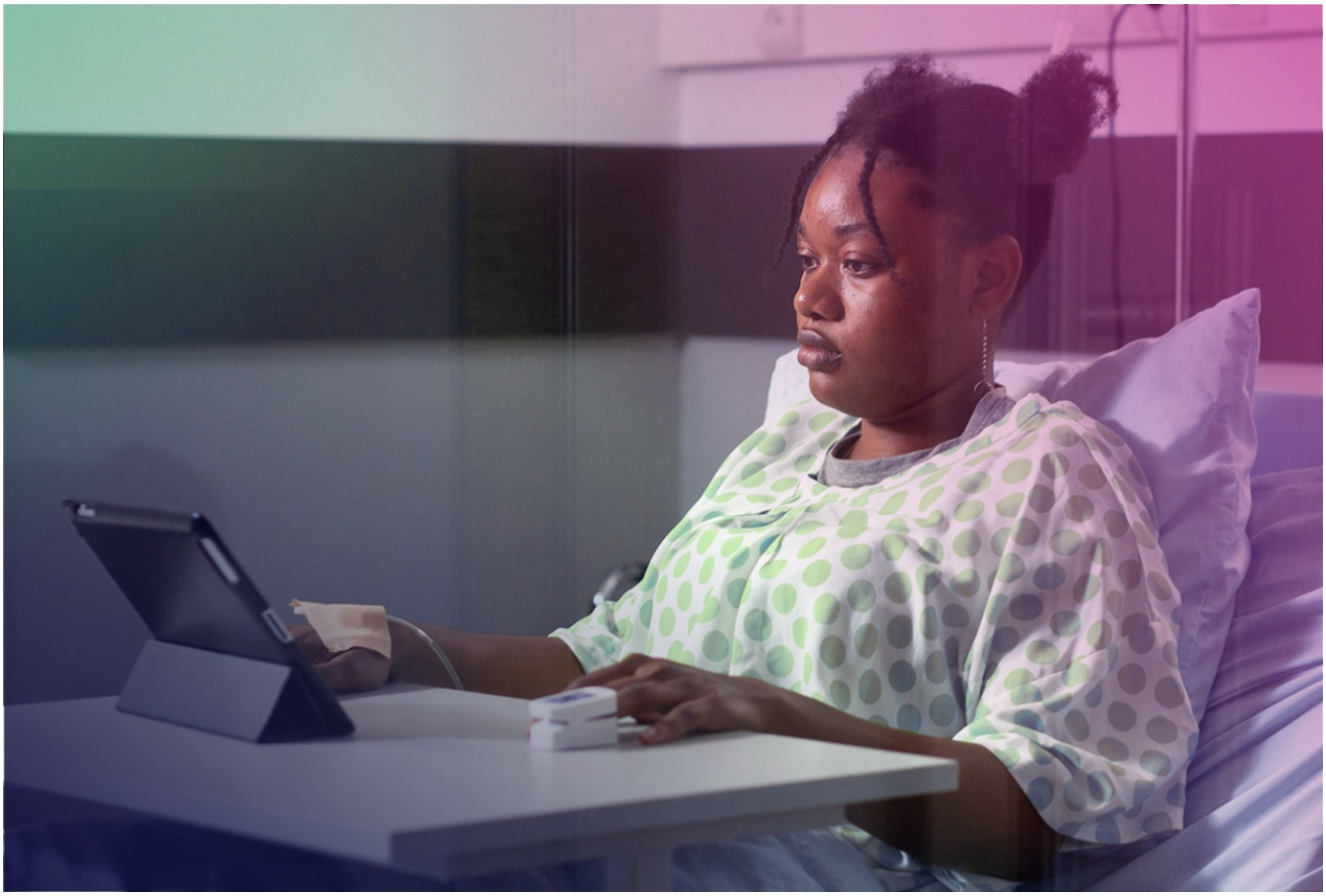
-5-

If using a third-party vendor to staff a virtual behavioral health service, credentialing and privileging are essential. In addition, ensure that the vendor's knowing what is and what isn't available leads to appropriate referrals for additional services.

-6-

Understand what advice and information patients receive from other online and digital sources prior to telehealth appointments. More and more people are seeking mental health advice and information from AI chatbots and consumer-facing mental health apps. Many of those users will follow up with an actual provider. Successful behavioral health telehealth programs know that this trend will drive demand but also require behavioral health clinicians to integrate previous digital experiences into how they interact with and treat patients to create cohesive care journeys.





Sarah kept holding it together, **until she couldn't.**

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CASE **STUDY** **Emplify Health**

When demand outpaces capacity

Emplify Health is a not-for-profit health system that operates 11 hospitals and more than 100 outpatient clinics in four states: Wisconsin, Minnesota, Iowa and the Upper Peninsula of Michigan. Bellin Health, based in Green Bay, Wisconsin, merged with the Gundersen Health System, based in La Crosse, Wisconsin, in 2022 to form Emplify, which formally adopted its new name in 2024.

Emplify Health operates Emplify Health Behavioral Health (formerly Bellin Psychiatric Center), an 80-bed inpatient psychiatric hospital for adults, adolescents and children in Green Bay complete with 24/7 emergency services and a full roster of outpatient settings and services for people with psychiatric, substance use and dialectic behavior conditions and disorders.

For a relatively small city of about 107,000, one might think that a 80 bed hospital would be more than enough to serve the behavioral health needs of Green Bay, but that would be incorrect on several counts, according to Debbie Patz, vice president of Emplify Health Behavioral Health. First, Emplify Health Behavioral Health's psychiatric service area extends throughout northern Wisconsin and into the Upper Peninsula of Michigan, well beyond the city limits of Green Bay. Second, the need for behavioral health services has not abated since demand spiked in 2020 and 2021. At first, Emplify saw increases in inpatient volume, particularly as outpatient visits were restricted because of the pandemic. The demand for inpatient care remained post-pandemic and grew exponentially for outpatient care after in-person visits resumed.

"The demand was so high and growing, we knew we had to do something," Patz says. "We were hearing from state officials. We were hearing from local governments. We were hearing from community partners. They were all asking what more we could do for everyone out there."

Like many hospitals and health systems, the answer to the question was right there in front of Emplify Health Behavioral Health: behavioral telehealth.

"We realized that behavioral healthcare really lends itself very well to virtual services. Unlike primary care and other medical specialties, with behavioral healthcare, you don't always need to lay your hands on a patient," says Marilou Counard, the director of ambulatory clinical services and business development at Emplify Health.

With that insight, Emplify Health's behavioral telehealth program was born. Emplify Health's behavioral telehealth program kicked off in 2020 when then-Bellin contracted with an outside company, Iris Telehealth, to offer virtual behavioral health services to Bellin and now all Emplify Health's behavioral health patients. Iris Telehealth, based in Austin, Texas, is a medical group practice that employs

CASE STUDY Emplify Health

hundreds of behavioral health clinicians available virtually to patients at hospitals and health systems across the country. Iris' clinicians can provide both inpatient and outpatient behavioral health care services to patients.

There was some initial hesitancy about resourcing services outside of Bellin, according to Patz and Counard. Did the system really want outside clinicians caring for patients within Bellin's network? Could Bellin solve the problem on its own? Would it be better to simply recruit more staff?

As leaders and clinicians assessed the growing demand for services and the ongoing workforce shortage, they recognized that partnering with Iris Telehealth offered the fastest and most sustainable path to expanding access. Once that decision was made, the organization moved forward with broad support.

"We spoke with a couple of telehealth companies, and we landed with Iris because their values and business model very much matched ours," Counard says.

With the people component addressed, it was on to process and technology. Process, or workflow, didn't change much at all. Patients seeking an outpatient behavioral health appointment now have an option for an in-person or a virtual visit. Virtual visits are offered first. The technology didn't change much either. Emplify Health ensures that patients who request virtual behavioral health visits like any virtual visit have the technical capability — Wi-Fi and a working device — to connect with Emplify Health for their visit. Everything is integrated into Emplify's existing EHR system and patient portal.

"Providers and patients sometimes think that virtual care is lesser care, or not as good as in-person care," Counard says. "But they get over that barrier pretty quickly after a visit or two, especially after the added convenience."

From a clinical perspective, virtual care gives providers an advantage that they don't have with in-person care, Patz says. With virtual care, providers can sometimes literally see and hear into a patient's home or room and have a better understanding of the environment in which they may be experiencing behavioral health issues. They might gain insight into other factors influencing a patient's health that they may otherwise miss during an in-person visit.

"That's a benefit that we didn't anticipate," Patz says. "But we hear that from our providers all the time."

The service also offers access to patients who otherwise would not be able to take the time to travel for an in-person visit such as those living in rural areas, parents with young or school-aged children and working adults.
Six years later, Emplify Health Behavioral Health sees 500 patients a day who need outpatient behavioral health care services with about 40% of those visits done virtually. The wait time between referral and appointment is down significantly.

The Wisconsin Hospital Association recognized Emplify Health's work to expand access to behavioral health care services in the region by awarding the system with the WHA's 2026 Excellence in Healthcare Quality & Patient Safety Award.

"If you do make that leap of faith and partner with an outside company, make sure that your mission and vision fully align. We don't identify our clinicians as Iris providers. They are our providers, taking care of our patients."

— **DEBBIE PATZ** —
Vice President, Emplify Health Behavioral Health

CASE **STUDY** **CommonSpirit Health**

Pursuing the right blend of build and buy

CommonSpirit Health, based in Chicago, is one of the nation's largest not-for-profit health systems with 159 hospitals in 24 states. The health system's Mountain Region alone operates 20 hospitals in Colorado, Utah and western Kansas.

Though CommonSpirit is a large health system, it shares the same challenge as even the smallest health systems. That's meeting the growing demand for behavioral healthcare services in the communities they serve. The gap between supply and demand is especially wide in the system's Mountain Region and the many rural areas the division serves.

About four years ago, the leadership of CommonSpirit's Mountain Region decided to complement its traditional approach to addressing behavioral health workforce shortages — recruiting additional clinicians — with a broader, more multifaceted strategy.

Doug Muir, CommonSpirit's behavioral health initiatives regional director based in Littleton, Colorado, notes that relying solely on recruitment was unlikely to solve a challenge affecting providers across the field. "If we recruit a provider from another organization, that's a loss for that other organization," he says. "That doesn't feel right, especially in behavioral health. Their patients need as much help as our patients."

One aspect of the new approach is working with local high schools, community colleges and four-year colleges and universities to teach, train and license new behavioral health clinicians with what Muir refers to as "stackable credentials."

Students start working as behavioral health specialists, doing simple tasks that do not require a degree such as administering screening questionnaires. As they work toward their associate degree, they work at a Mountain Region facility as a Level 1 behavioral health specialist, continue their education and training to become a Level 2 behavioral health specialist, then earn a four-year bachelor's degree and ultimately their master's. At each step, they take on additional direct patient care responsibilities within the scope of their training and education. There are different career pathways for different certifications and specialties. Muir calls this the "grow your own" part of the new approach.

DATA POINT

200

Average number of inpatient psychiatric consultations per month at CommonSpirit's 12 Colorado hospitals.

Source:CommonSpirit Health Mountain Region

CASE STUDY CommonSpirit Health

Building a sustainable pipeline of behavioral health clinicians through education, training and career development is a long-term investment. While essential, it takes time to produce enough professionals with the skills and credentials needed to meet growing demand.

To address more immediate workforce and access challenges, CommonSpirit's Mountain Region added a second component to its strategy: telehealth. Last fall, the Mountain Region partnered with a behavioral health telehealth organization to provide inpatient psychiatric consultation and medication management services for patients served by its Colorado hospitals. This program is now expanding to CommonSpirit's three rural hospitals in Western Kansas.

The partnership enables CommonSpirit to expand access to care today while continuing to strengthen its behavioral health workforce for the future.

"Telehealth services allow us to provide behavioral health care to our patients now by filling the gaps until these longer-term solutions start kicking in," Muir says.

It's a blended approach of build and buy, rather than build or buy. It also means the Mountain Region's ability to provide behavioral health care services to patients does not depend solely on one or the other.

Meanwhile, Bradley Siebenaller, a licensed clinical social worker and certified addiction specialist based in Denver, manages and builds out CommonSpirit's blended approach of growing its own supply of behavioral health clinicians and filling the gaps with an outside telehealth provider.

"What we're doing is building the full continuum of behavioral health care services by linking together all the in-person and virtual pieces and then connecting each piece with whatever other resources patients need," Siebenaller says.

Siebenaller is also responsible for setting key performance indicators (KPIs) to track the Mountain Region's progress on building that full continuum of behavioral care. The KPIs must be meaningful to both the hospitals and the patients.

The KPIs and data Muir, Siebenaller and their team are tracking include:

- Emergency department (ED) length of stay for patients with behavioral health needs.
- Demographic and diagnostic profiles of ED patients and their ICD-10 codes to get a more accurate picture of true behavioral health ED volume.
- Response time for a psychiatric consultation requested from the telehealth vendor.
- Suicide screening rates as part of CommonSpirit's system-wide zero suicide initiative.
- Incidences of workplace violence, which are highly correlated with behavioral health issues.

Siebenaller and his two clinicians all work with patients in person. But as Muir continues his pursuit of the right blend of build and buy, CommonSpirit Mountain Region will be working to advance its teleassessment programs to better serve its communities and ensure its patients are able to access the level of care services they need with community providers or through their or partner tele behavioral health programs or blended programs.

"We recruit right out of high school. We get them trained while they start earning a living. We help them get their associate's degree, bachelor's degree and so on. Then we have a position for them because we want them to stay in our communities."

— **DOUG MUIR** —
Behavioral Health Initiatives Regional Director, CommonSpirit Mountain Region

CONCLUSION

Improving access to behavioral health is critical

For organizations committed to whole-person, integrated care, addressing that widening gap is essential. Physical and behavioral health are deeply interconnected, and improving access to behavioral health services is critical to advancing patient outcomes and community well-being.

An increasing number of providers are responding to this challenge by implementing behavioral telehealth programs that extend access to inpatient and outpatient care. These programs help connect patients with needed services more quickly, reducing wait times and bringing care to patients wherever they are.

As this AHA Trailblazers report demonstrates, the foundational people, process and technology requirements are well within reach for most organizations. The key success factors are practical and manageable, and effective programs can be launched more quickly than many leaders might expect.

The need is clear. The tools and models are available. The question is no longer whether behavioral telehealth can help address growing demand, but how quickly organizations can put it to work in service of their patients and communities.

> "Building and strengthening the behavioral health workforce remains a priority for hospitals and health systems. Yet because demand continues to exceed the supply of available clinicians, organizations are also turning to technology-enabled solutions to increase access to care."
>
> — **SHANNON JOHNSON** —
> Vice President, Partner Success,
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iris telehealth

Iris Telehealth is a clinician guided behavioral health solutions partner that works with healthcare organizations to design, build, and strengthen programs within existing care environments. By expanding access to high quality behavioral health care across diverse clinical settings, Iris supports patients, providers, and care teams where care is already delivered.

Rather than offering disconnected services or standalone platforms, Iris works alongside organizations to integrate behavioral health directly into workflows, teams, and care models, making it a natural part of everyday care. Programs are shaped and delivered by experienced clinicians who understand the realities of behavioral health care and are thoughtfully aligned to each organization's needs.

With insight and measurement woven into every solution, Iris supports quality oversight, continuous improvement, and sustainable performance over time. Trusted by leading healthcare organizations nationwide, Iris was recognized as Best in KLAS in 2025 for behavioral health services.. For more information, visit www.iristelehealth.com

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