



Society for
Digital Mental Health



PLAYBOOK

Digital Mental Health Treatment Implementation

Successful Practices from
Implementation Experiences in
American Healthcare Organizations



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EXECUTIVE SUMMARY

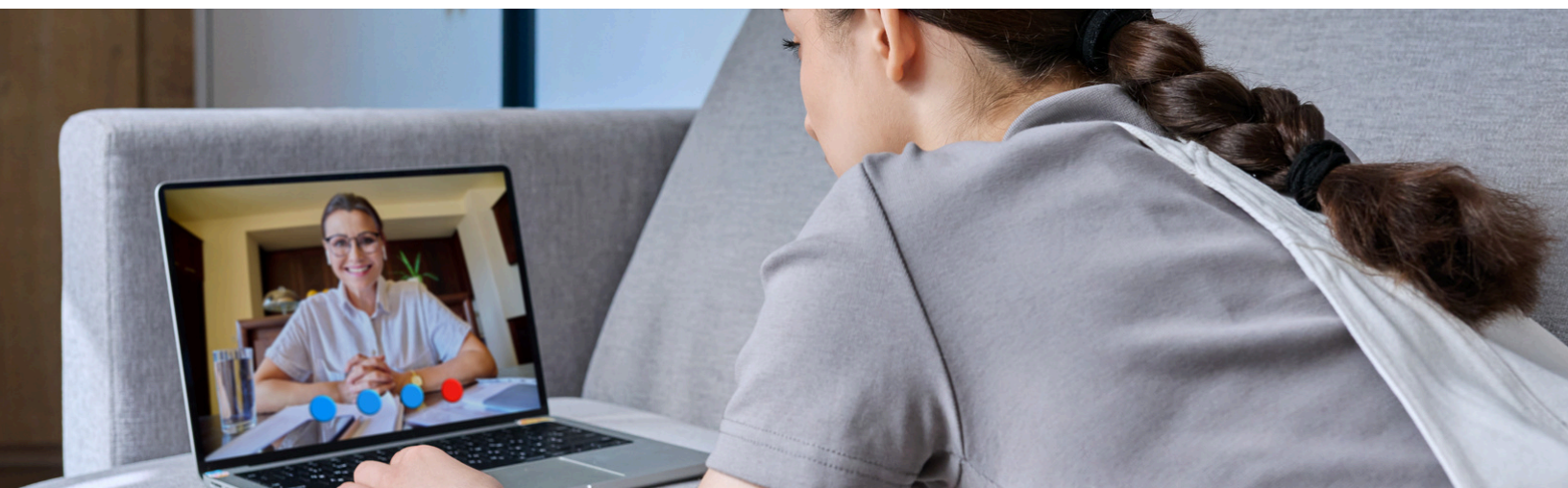
As digital mental health treatments (DMHTs) become increasingly integrated into U.S. healthcare systems, there is a critical need for shared knowledge and best practices to ensure successful implementation. Currently, the lack of publicly available data on both successful and unsuccessful implementations slows progress, as valuable lessons remain siloed within individual organizations. To address this gap, the Society for Digital Mental Health (SDMH) established the DMHT Implementation Workgroup. The group's goal was to create a DMHT Playbook to guide effective strategies in American healthcare settings.

The Workgroup, consisting of representatives from seven healthcare systems, ten DMHT companies, and technical experts, worked collaboratively to identify best practices for implementing DMHTs. Through virtual meetings, discussions, and the development of an interview guide, the group gathered insights from 20 key opinion leaders with firsthand implementation experience. These

insights were analyzed by experts in qualitative data analysis, refined, and discussed by the Workgroup members, resulting in this playbook.

This playbook summarizes proven methods, processes, and procedures that have led to successful DMHT implementations. It has been created to serve as a valuable resource for healthcare organizations looking to streamline their DMHT implementations, improving the efficiency and effectiveness of digital mental health interventions in the U.S. healthcare system. A fully references version is available ([Front Dig Health 2025;7:1509387.](#))

However, the Workgroup acknowledges that the field of DMHTs is rapidly evolving. While the practices described in this playbook are currently effective, ongoing changes in technology, healthcare policy, and user needs will likely drive further adjustments to implementation strategies in the future.



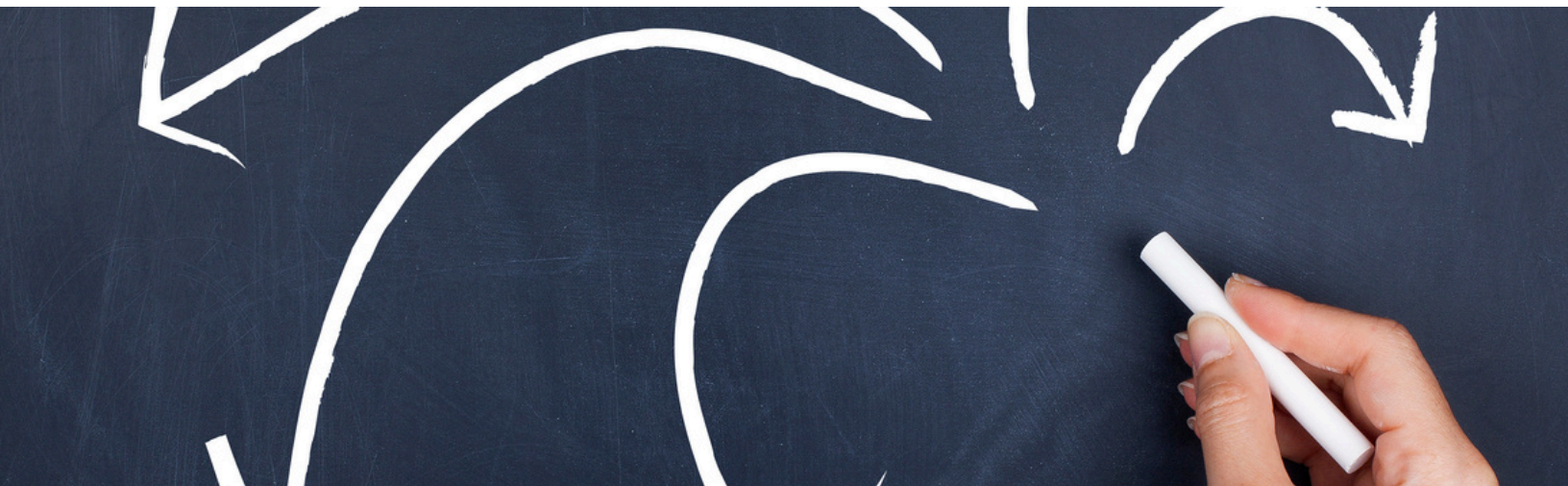
INTRODUCTION

The rise in mental health conditions, particularly among youth, combined with a shortage of providers, has driven a shift toward telehealth and Digital Mental Health Treatments (DMHTs) like mobile apps, virtual reality, and chatbots. While these tools have shown effectiveness, especially with human support, challenges remain, such as cost, inadequate insurance coverage, and regulatory barriers. DMHTs are particularly beneficial in reaching underserved populations, like those in rural areas, and are scalable, but their adoption in the U.S. is hindered by reimbursement and regulatory issues. A key development is the Centers for Medicare and Medicaid Services (CMS) announcement of reimbursement codes for DMHTs, effective in 2025, which is a first major step towards easing these challenges.

The Society for Digital Mental Health (SDMH) is a non-profit organization focused on improving the

implementation of DMHTs in the U.S. through collaboration among healthcare systems, private companies, and policymakers. SDMH developed the first DMHT Implementation Playbook, offering a framework for integrating DMHTs into U.S. healthcare systems. The playbook emphasizes starting with small-scale pilots to refine strategies and highlights the importance of stakeholder engagement, key performance indicators (KPIs), and process that support patient onboarding and engagement. .

While the playbook's strategies have not been fully scientifically evaluated and may not apply universally across all healthcare systems, it provides the best practices for integrating DMHTs into healthcare at this time. With evolving reimbursement mechanisms, regulatory changes, and growing familiarity with DMHTs, these services have the potential to transform mental healthcare delivery, making it more accessible and scalable.



METHODS

SDMH formed an implementation workgroup with representatives from seven healthcare organizations, nine DMHT companies, and other entities like the American Psychological Association (APA) Digital Therapeutics Alliance. The workgroup conducted three remote planning meetings to share experiences on DMHT implementation.

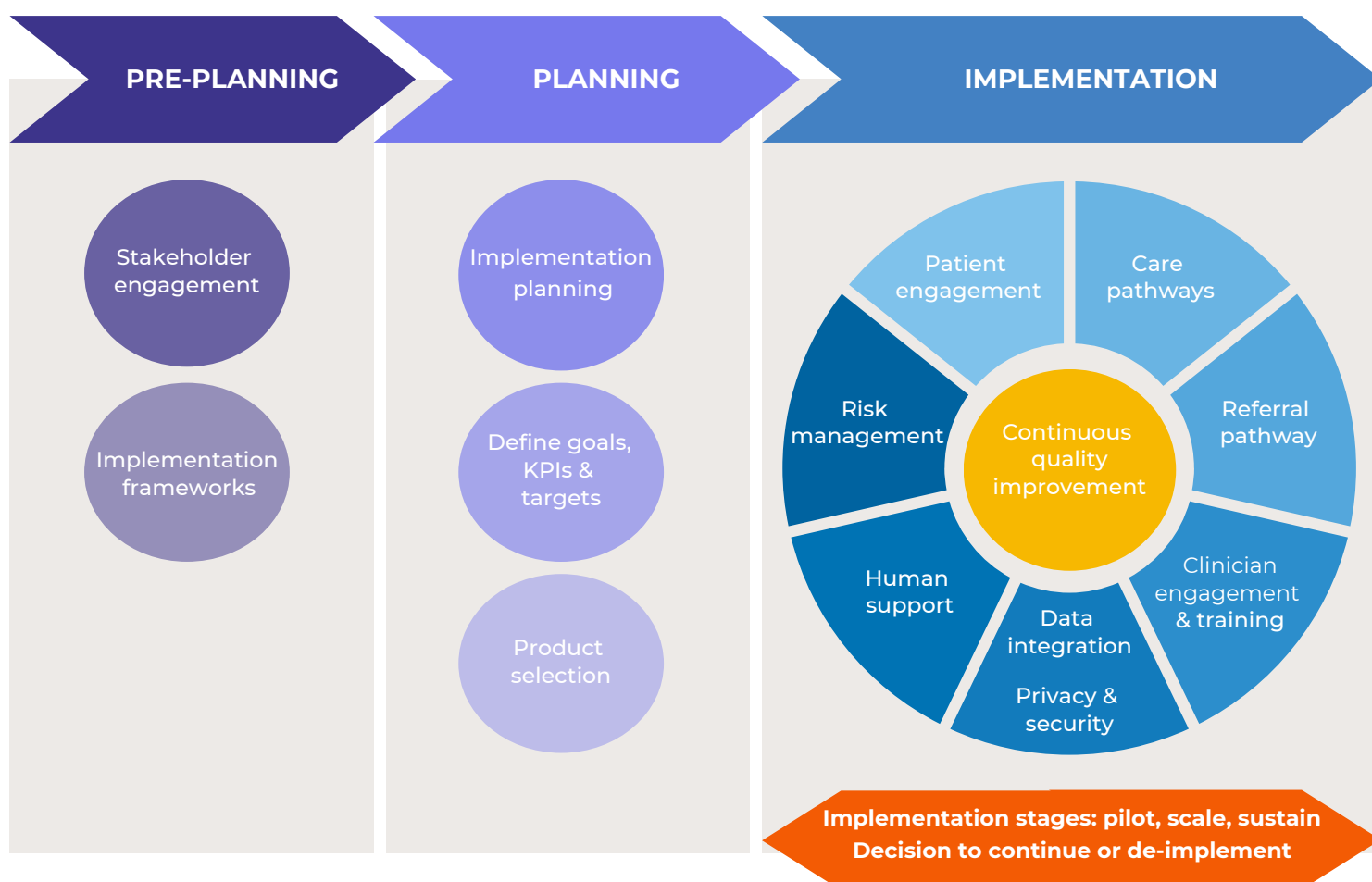
In the second phase, the group developed two semi-structured interview guides for key opinion leaders (KOLs) from healthcare systems and DMHT companies. Interviews with 20 KOLs (nine from healthcare systems and 11 from DMHT companies) were

conducted via Zoom from February to April 2024. Data from these interviews were transcribed and analyzed, identifying themes across the transcripts. The workgroup met in person in May 2024 to refine findings and reached consensus on a maturity rating for each concept, which informed the development of this initial DMHT implementation playbook.

IMPLEMENTATION WORKFLOW

This workflow diagram outlines the steps involved in implementing a DMHT program, beginning with pre-planning, in which implementation frameworks are explored and stakeholders are engaged. It moves into defining goals, KPIs and targets, product selection then developing an implementation plan document. During implementation, care pathways are selected; patient engagement, risk management and human support processes are defined; clinicians are engaged and trained; and data integration that ensures privacy and security is established.

To optimize the DMHT implementation, continuous quality improvement (CQI) methods are used, monitoring KPIs and adjusting the implementation plan throughout the process. These quality improvement processes continue through the pilot stage and, assuming there is no decision to discontinue and de-implement, into the scaling and sustainment stages, ensuring an effective and sustainable program.





IMPLEMENTATION FRAMEWORKS

The following combination of frameworks and qualitative design methods can be helpful in supporting systematic and flexible DMHT implementation to address the evolving needs of providers and patients.



Anchored process: A theoretical framework to anchor the process can help define intervention goals, target populations, and development strategies. This also aids in decision-making around scaling and expansion. Some workgroup members used established frameworks like RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance), while others did not.



DTA Evaluation Guide: The Digital Therapeutics Alliance (DTA) provides [evaluation toolkits](#) that help healthcare systems, companies, payors, and policy makers with evaluation and integration of digital therapeutics.



Design-forward approach: The workgroup also recommended blending frameworks with human-centered design (HCD), which uses qualitative methods like interviews and shadowing to identify challenges, develop solutions, and optimize care delivery.



IMPLEMENTATION STAGES

Effective DMHT implementation occurs in three key stages: pilot implementation, scaling, and sustainability. Each stage has distinct goals, evaluation metrics, and timeframes, and requires tailored strategies and ongoing engagement with stakeholders to ensure long-term success and integration of DMHTs within healthcare systems.



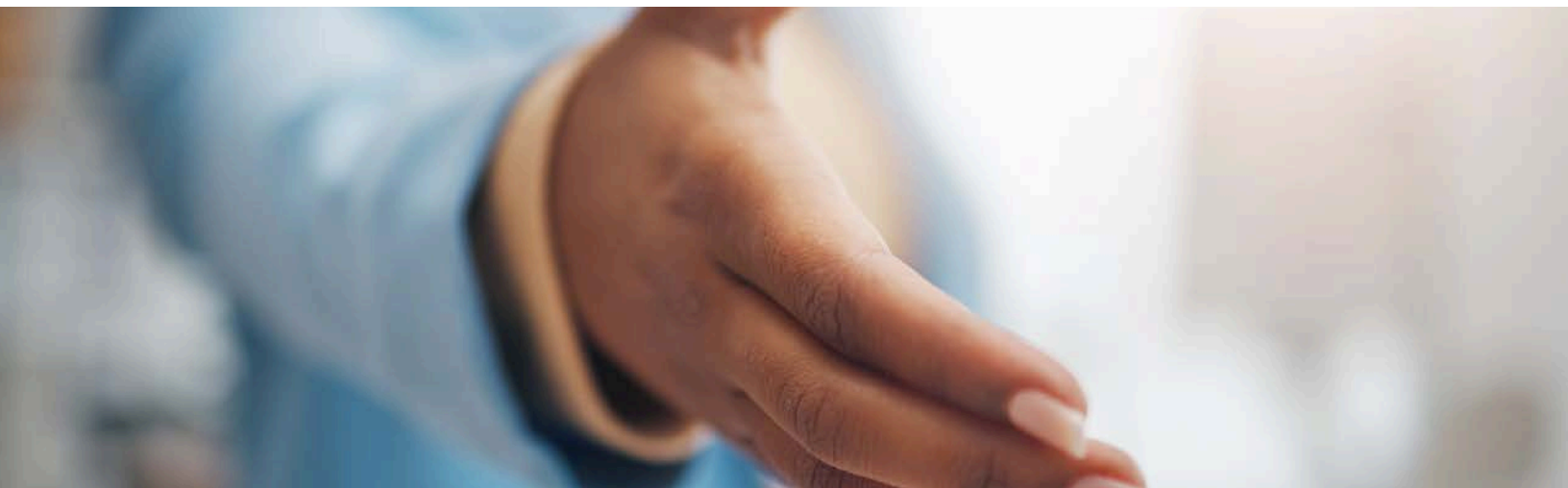
Pilot implementation: This stage is a small-scale trial of a DMHT within a healthcare system, involving a small number of innovation-minded providers and 25-50 patients. The pilot typically starts with a small number of providers or an innovative site, and regular feedback from providers and staff helps identify challenges. Implementers can refine processes and address major issues before expanding.



Scaling: Scaling is the process of expanding to reach a broader patient population. Strategies from the pilot are adapted to accommodate a larger scope, with integration into standard care processes solidified. Scaling often occurs in phases, marked by milestones, which requires careful planning. Key challenges must be addressed to ensure smooth scaling.



Sustainability: Sustainability ensures the long-term integration and effectiveness of DMHTs by maintaining DMHTs within clinical workflows, consistently tracking patient engagement and outcomes, and using regular reporting to monitor success. A comprehensive sustainment plan should account for changes in healthcare systems, evolving patient preferences, and advancements in DMHT products. It should also establish clear criteria for discontinuing DMHTs that no longer are providing therapeutic value.



STAKEHOLDER ENGAGEMENT

Stakeholder engagement ensures alignment across all levels of the organization and helps navigate the challenges that arise during implementation.



Initial engagement: Engaging stakeholders involves securing buy-in from clinical services, leadership, compliance, legal teams, IT, marketing and patient representatives.



Ongoing engagement: Stakeholder involvement should continue throughout implementation to manage challenges and drive adoption



DMHT company integration: The relevant DMHT companies should be considered key stakeholders. Their experience can inform the implementation process and help refine the strategy.



Building and maintaining trust: Trust is crucial for successful stakeholder engagement but can be fragile during implementation. Building and maintaining trust involves transparent communication, involving stakeholders in decision-making, and fostering respect.

METHODS FOR EFFECTIVE ENGAGEMENT



**Stakeholder
Identification
and mapping**



**Identification
of leadership
and champions**



**Consistent
communication
and feedback**

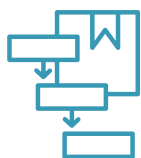


IMPLEMENTATION PLANNING

A robust implementation plan outlines goals, processes, and procedures for both the pilot and scaling phases, ensuring all stakeholders are aligned on roles, technologies, and workflows. Developed through shared input and consensus, the plan defines goals and timelines while allowing flexibility for ongoing adjustments.



Collaborative development: The implementation plan should be co-created by all relevant stakeholders to ensure a shared understanding of the objectives and processes.



Phased approach: The plan should be structured in phases or waves, with clear milestones for each stage of implementation, from pilot through to scaling. This helps manage the complexity of the process and ensures that progress is measured in manageable increments.



Prioritization: Given limited resources and time, not all goals can be pursued simultaneously. Prioritize which objectives are most critical to success in the short term, and which can be deferred for future phases. These decisions should be informed by the broader vision for DMHT integration and the data needed to support scaling, continuing, or terminating the initiative.



Flexibility: The implementation plan should be a living document that is updated as new information becomes available and circumstances change.



DEFINE GOALS, KPIs, & TARGETS

Effective DMHT implementation requires clear goals, measurable KPIs, and well-defined targets. Together, these elements create a framework for monitoring and optimizing DMHT implementation, ensuring the initiative meets its objectives while remaining adaptable.



Goals: Goals are the overarching objectives that healthcare systems aim to achieve through DMHTs. Goals directly inform the selection of KPIs and are critical for setting a clear direction for the pilot.



Key performance indicators (KPIs): KPIs are quantifiable metrics that track progress toward achieving the set goals. They help evaluate success, demonstrate value, and support decision-making. KPIs also enable continuous quality improvement by identifying challenges and guiding adjustments during the pilot phase.



Targets: Targets may be used for some KPIs to set benchmarks for pilot success and scaling decisions. Targets can help evaluate goal achievement and guide responses to challenges during implementation.

EXAMPLES OF COMMON KPIs



Access to
care



Treatment
effectiveness &
patient outcomes



Provider adoption
& satisfaction



Financial
performance



Technical
performance &
quality

COMMON KPIs



Access to care

Reach (number, proportion, representativeness of patients, engaged), DMHT use (uptake, sustained engagement), and reduced wait times (e.g., time from referral to treatment initiation)



Treatment effectiveness & patient outcomes

Symptom severity reductions (e.g., PHQ-9, GAD-7), treatment response rates, patient safety (suicidality, hospitalizations, deterioration), and satisfaction



Provider adoption & satisfaction

Adoption (number and proportion of referring providers), satisfaction



Financial performance

Cost savings, ROI, and reduced use of avoidable services (e.g., ER visits)



Technical performance & quality

Platform reliability, data security, and staff productivity (e.g., efficiency of referrers or coaches)



PRODUCT SELECTION

Common evaluation criteria used to select among the many DMHT products:



Alignment with health system goals: The DMHT must support the system's priorities and integrate with existing digital tools.



Clinical efficacy data: Randomized controlled trials demonstrate effectiveness.



Real-world data: Healthcare systems seek evidence of how the product performs in everyday settings, engaging diverse populations and improving health outcomes.



Company evaluation: The stability, experience, and track record of the DMHT provider are important.



Data privacy and security: HIPAA compliance, data protection, and transparency are essential, alongside ongoing risk assessments.



Clinical review: Clinicians often evaluate the product's clinical content and appropriate behavioral change principles.



Health equity: The product should address the needs of marginalized populations and be accessible to all.



Cost considerations: Pricing models should be evaluated for cost-effectiveness and potential ROI.



BUSINESS MODELS

Healthcare systems evaluate the financial and operational feasibility of DMHTs through pricing models and the sales cycle.



Pricing models: Value-based pricing links costs to performance milestones like patient outcomes or cost savings, ensuring mutual incentives. It's essential that performance metrics are clearly defined to avoid holding DMHT providers accountable for factors outside their control.



Sales cycle: The healthcare sales cycle is typically long (12–24 months or more) due to complex decision-making and multiple stakeholders. While this can slow scaling, it provides an opportunity for relationship-building, trust, and goal alignment, setting the foundation for successful long-term partnerships.



CARE PATHWAYS

For DMHT implementation, the care pathway includes careful clinical setting selection, measurement-based care for ongoing monitoring, and post-treatment triage for patients requiring further intervention. Key elements for successful DMHT integration include:



Setting: DMHTs are most effective when referred by trusted providers in clinical settings like primary care. Direct-to-patient marketing alone is often insufficient to drive significant uptake. Some attempts to offer to patients on waitlists for psychotherapy have had poor uptake. It is likely important to make the referral to a DMHT before a patient has made a decision to pursue psychotherapy.



Clinical monitoring and evaluation: Measurement-based care is crucial for optimal patient care, involving regular assessments of patient progress and adjustments to treatment plans. Many implementations have identified staff, often care managers or behavioral health specialists, to monitor patients' DMHT usage and symptoms.



Post-treatment triage: Systems should be in place to identify and refer patients who don't respond adequately to DMHTs, ensuring they receive appropriate care.



REFERRAL PATHWAYS

A referral pathway connects patients to a DMHT and should be streamlined and supported by clear criteria, reminders, and effective onboarding processes. Challenges include balancing provider burden with patient support, and ensuring engagement through onboarding and follow-up. Key elements include:



Trigger: Providers identify patients with mental health conditions suitable for a DMHT using clear criteria.



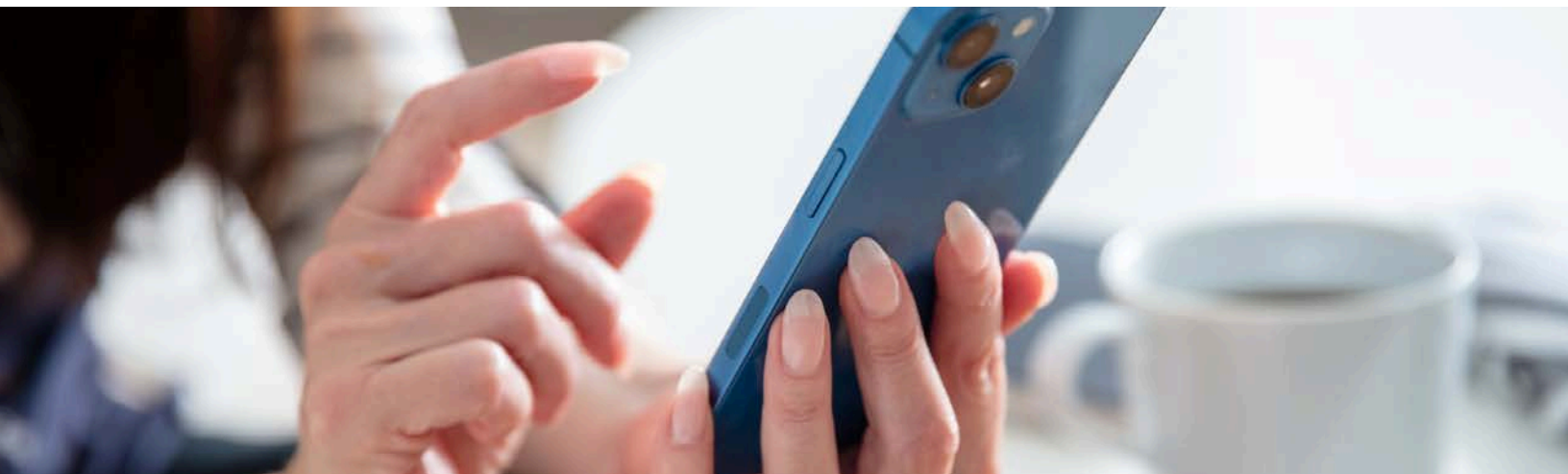
Reminder: Providers often forget DMHT options, so reminders within EHRs and regular feedback on referral rates can help maintain awareness.



Referral process: Automating the referral process via EHRs and smartphrases can reduce provider burden and simplify communication.



Onboarding: Helping patients download and register during appointments substantially increases uptake and engagement. This can be done by a digital navigators.



PATIENT ENGAGEMENT

Patient engagement is crucial for successful DMHT implementation. Key aspects of engagement include:



First presentation: The provider's introduction is vital, highlighting the DMHT's effectiveness, emphasizing its routine role in care as a first line of treatment, setting usage expectations, and framing it as an option that can begin immediately. Sharing observations of improvement by similar patients can be helpful.



Connecting to the DMHT: Even patients who are interested and motivated during the visit often do not ultimately initiate treatment. Ideally, registration with DMHT occurs during the office visit, supported by a digital navigator or medical assistant. If not possible, a digital navigator should follow up within 24-48 hours. For specialized DMHT devices, expedited shipping and follow-up can optimize uptake.



Sustaining engagement: Maintaining patient engagement with a DMHT can be challenging. Ongoing engagement is supported by integrating discussion the DMHT into follow-up care, having care managers or digital navigators support patients through periodic contact, and offering triage to other care levels when necessary.

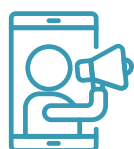


Referral pathways: Efficient and manageable referral pathways can be difficult to integrate into workflows, and should be designed collaboratively to avoid overburdening providers while optimizing patient uptake.



CLINICIAN ENGAGEMENT AND TRAINING

Training and maintaining provider and staff engagement are essential for successful DMHT implementation. Key elements include:



Provider champions: Identifying innovation-minded providers as champions is critical. They help design the implementation plan, gather early feedback, and influence peers to promote DMHT adoption by sharing best practices.



Training providers and staff: Effective training is essential to familiarize providers with DMHTs, as many may be unfamiliar with digital health tools. Training should be system-wide, comprehensive, and role-specific.



Training over time: Single session training is often insufficient to change practices. Training should be delivered over time, ideally in-person but also via high-quality videos. Strategies to boost attendance include offering continuing education credits or integrating training into regular meetings. Follow-ups can include brief check-ins, feedback, positive reinforcement, and problem solving.



Maintaining trust with referring providers: Ongoing trust is crucial for successful implementation. Positive patient feedback helps, as patient complaints can undermine provider trust quickly. Regular updates on DMHT effectiveness can reassure referring providers and maintain their engagement.



PATIENT RISK MANAGEMENT

Effective risk management protocols are vital for supporting patients using DMHTs. The primary risk is non-fatal self-harm or suicide. Clear protocols ensure that patients in crisis can quickly access the appropriate support, such as crisis lines or healthcare providers.



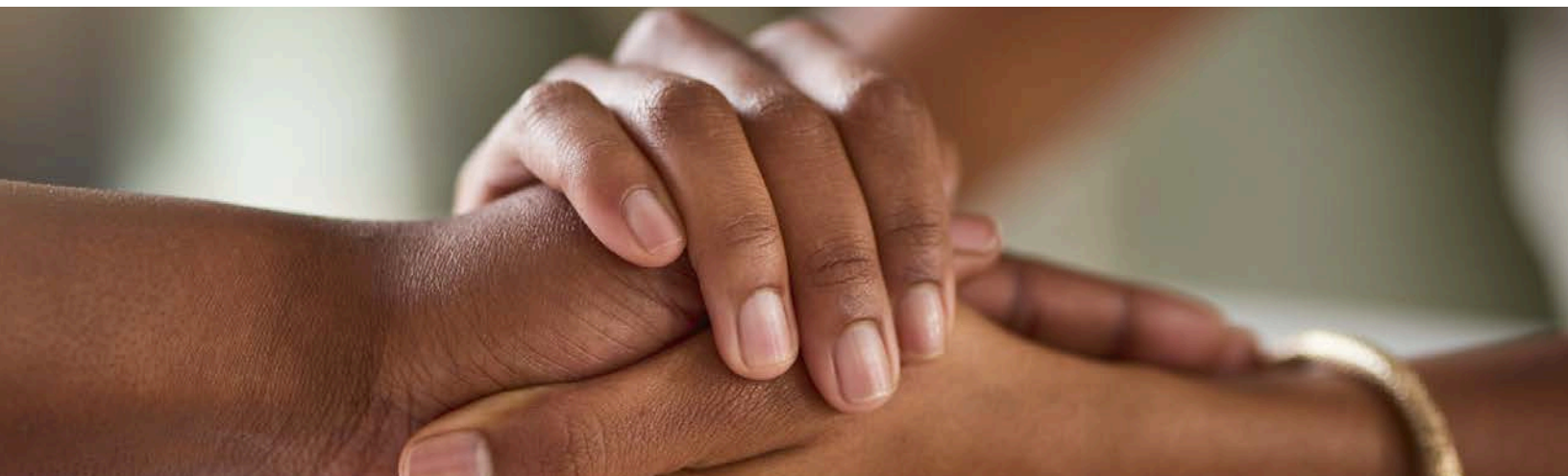
Detection: DMHTs track patient-reported outcomes to flag risks like suicidality. Some DMHTs may ask directly about suicidal thoughts, while others rely on staff interactions to gather this information.



Intervention: DMHTs with human support need trained staff who can handle suicide risk management protocols effectively.



Clinical integration: Integrating DMHTs with healthcare systems ensures appropriate and timely follow-up. This includes risk stratification, handoff procedures between the company and healthcare system, and data-sharing protocols that protect patient privacy.



HUMAN SUPPORT

Human support is helpful[DM1] for enhancing engagement and outcomes with DMHTs. Effective implementation requires careful planning, sufficient resources, and streamlined workflows to integrate human support into healthcare systems. Types of human support include:



Support providers: Can include licensed clinicians, peers, paraprofessionals, or lay people, all of whom require training and supervision.



Support models: Some DMHTs integrate support into healthcare workflows, while others provide support following DMHT onboarding through the DMHT company.

BEST PRACTICES FOR HUMAN SUPPORT



Clear protocols

Support staff should have defined roles, treatment goals, and clear communication guidelines.



Quality assurance

Ongoing training and supervision prevent deviations from protocols and ensure high-quality support.



Scripts & templates

Standardized messaging helps ensure consistency and saves time for support staff.



Minimizing confusion

Clear roles and streamlined support prevents confusion from multiple interactions with different staff members.



DATA INTEGRATION

Data integration is crucial for the success of DMHTs, but it presents challenges, particularly in early stages due to complexity and costs.



Purpose: Data from DMHTs help evaluate pilot success and guide treatment decisions, requiring seamless integration into healthcare workflows.



EHR integration: Ideally, full integration of DMHT data into EHRs allows seamless data flow, decision support, and access to patient records. However, it is complex and costly, requiring data standardization, building APIs, and mapping data fields.



Manual data transmission: Initially, many pilots use manual data transfer due to the high cost and complexity of full integration. This method is quicker but limits integration into workflows and can create added staff burden and challenges in timeliness and usability of data for providers and those supporting patients.



Balancing needs: Pilots must balance the need for timely, effective data integration with the costs and time required for full integration. Some have opted to delay full integration until the DMHT is proven successful.



PRIVACY AND SECURITY

Clear protocols for data ownership, patient consent, data security, and compliance are critical to ensuring patient trust and regulatory compliance.



Data ownership: There are concerns about who owns DHMT data, especially if the company is acquired or goes bankrupt. Agreements must clarify data handling to ensure security and responsibility.



Preventing unauthorized access: Data security measures, like encryption, access controls, and protocols for high-risk data are crucial to prevent breaches or unauthorized access.



Patient consent: Informed consent is required for data collection, use, and sharing. Consent processes must be transparent, but challenges exist, particularly for youth, where age requirements and parental consent laws vary by state.



Certification and insurance: DMHT companies must meet security and privacy standards, and may need cyberinsurance and indemnification to mitigate risks.



CONTINUOUS QUALITY IMPROVEMENT (CQI)

CQI is an essential approach in DMHT implementation, ensuring that processes are continuously assessed, refined, and optimized for better performance. By following an iterative, data-driven method, teams can make ongoing improvements and ensure long-term success.



Iterative and data-driven: CQI is a continuous process of evaluating and refining practices based on data to improve performance and outcomes. It allows real-time identification and resolution of issues for better long-term results.



Ongoing implementation and scaling: CQI doesn't stop after the pilot phase, ensuring the program remains adaptable. It continues through scaling, though activities may decrease as objectives are met.



DECISION TO DE-IMPLEMENT

A decision to continue or terminate a DMHT often is made at the end of the pilot. Termination can happen due to failure to meet goals, not reaching KPIs, changes in healthcare system priorities or the inability to continue the service. If a decision is made to terminate a DMHT service, a de-implementation plan is needed to ensure the process is smooth, transparent and informative.



Patient management: Halt new referrals and allow current patients to finish treatment. If not possible, refer active patients to alternative behavioral treatments.



Provider and staff management: Notify all involved providers and staff about the termination decision to ensure transparency



Technology: Remove relevant tools from EHRs, referral pathways, marketing materials, and messaging systems associated with the DMHT.



Final review: Assess what worked and what didn't by reviewing KPIs and gathering qualitative feedback from key participants, to improve future implementations.



Media management: Prepare a coordinated communication plan for managing public messaging if the termination attracts media attention.

PUBLICATION

This Implementation Playbook was proudly developed in partnership between the SDMH and the DMHT Implementation Workgroup with the goal of creating a comprehensive guide to guide effective implementation strategies in American healthcare settings.

The full publication can be found at <https://www.frontiersin.org/journals/digital-health/articles/10.3389/fdgth.2025.1509387/full>.

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APPENDIX B: FUNDING & CONFLICTS

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Conflicts of Interest

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Frederick Muench has an equity interest Clear30.

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