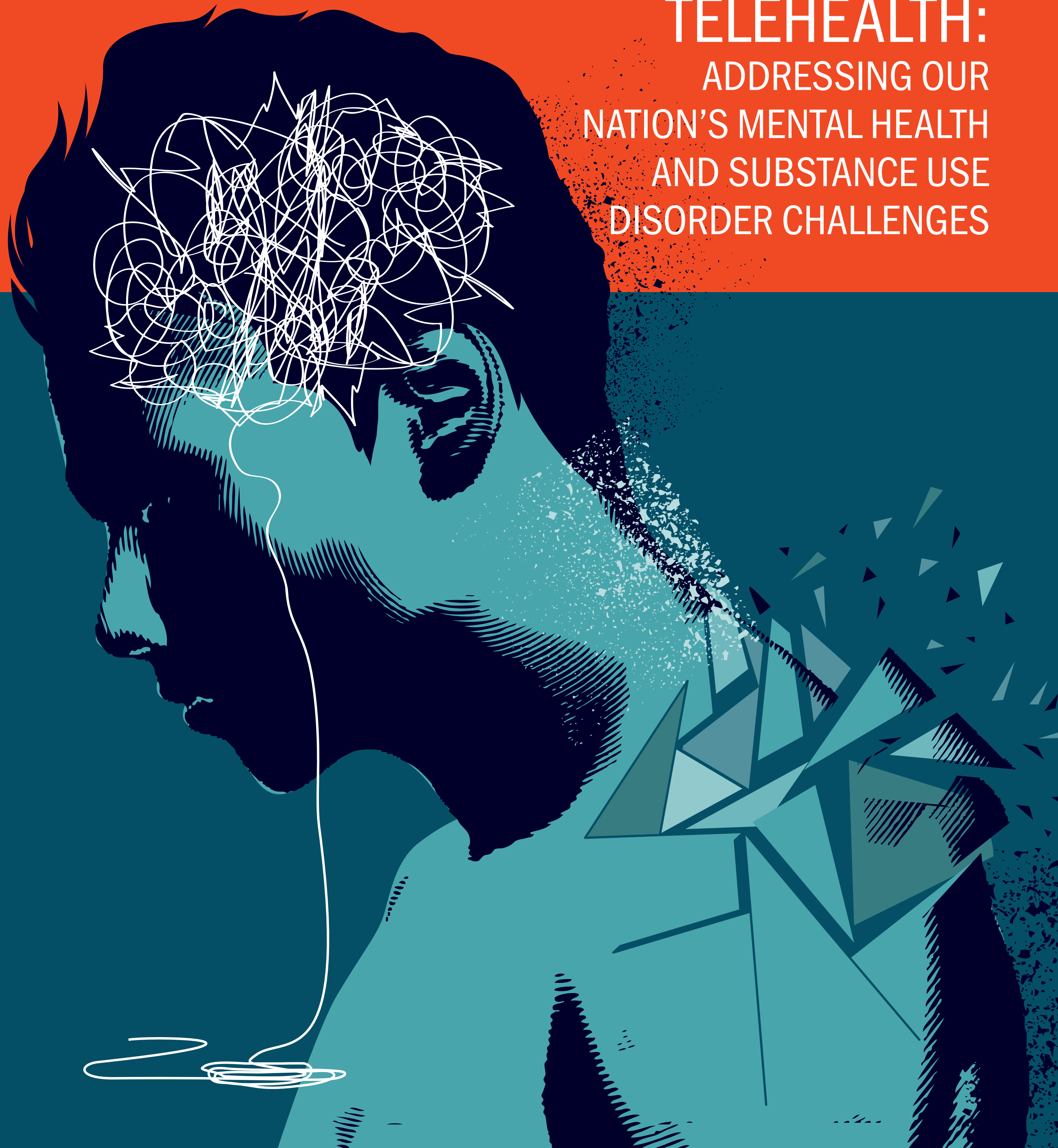
urac®

TELEHEALTH:
ADDRESSING OUR NATION'S MENTAL HEALTH AND SUBSTANCE USE DISORDER CHALLENGES



During the COVID-19 pandemic, providers across the country turned to telehealth to serve their patients' needs. While telehealth encounters rose in most specialties, in the field of behavioral health, the revolution was particularly dramatic.[1] This area of health care has experienced long-standing challenges, including access to affordable, quality care. Did moving to telehealth open new possibilities for addressing those challenges? We asked some experts for their take.

The United States is a nation under stress. This was true even before March 2020. Then the COVID-19 pandemic hit and the public health emergency closed schools, workplaces and other structures and institutions that connect and support communities through difficult times. Rates of depression, anxiety, substance use and suicidal ideation rose even further across the country. According to Mental Health America, about 1 in 10 American adults reported symptoms of anxiety and depression in 2019. That climbed to more than 1 in 3 in 2020.[2] As things begin to return to pre-pandemic life, estimates for 2022 put the rate at about 1 in 5 adults, with young people, LGBTQ+ people, and people of color most at risk.

Combine that with fact that more than half the people with mental illness do not receive any care—and another 28 percent reported not being able to get the care they needed—and the situation becomes dire.[3]

"The pandemic increased the support needs of the population significantly, while also decreasing their availability to go to an office for care—especially when the public health emergency was first declared," says Shawn Griffin, MD, president of URAC, an independent, nonprofit health care accreditation organization.

Telehealth helped providers bridge that gap in all areas of health care, but for mental health and substance use disorder in particular, the technology ushered in transformative changes that may help address long-standing barriers to effective treatment. Continue reading to hear from leading organizations and industry experts as they discuss some of the major factors that prevent patients from receiving treatment including an uneven geographic distribution of providers, logistics, stigma and cost and quality of care, and how telehealth can address some of those factors.

AFFORDABILITY

The number one reason people don't access behavioral health care is affordability. Despite federal parity laws, insurance coverage for behavioral health care still lags behind other types

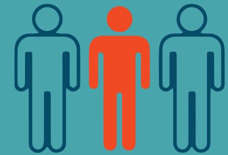
of health care and many patients cannot afford the out-of-pocket costs required to receive needed care. According to a report from the National Alliance on Mental Illness, as many as 25 percent of those seeking therapy cannot find an in-network provider who meets their needs, and out-of-pocket costs for these visits can easily exceed $200.[4] By comparison, only seven percent of patients resort to out-of-network providers when seeking other specialty health care and the costs of those visits tends to be less as well. More than 40 percent of patients with a mental health condition cannot afford care—and nearly a quarter of these patients report having 14 or more mentally unhealthy days each month. Often, these patients also have other chronic illnesses which also require medical care.

Federally qualified health centers provide much of the safety net care across the country and have already used telehealth to expand access to behavioral health services for Medicaid and Medicare patients. But even as telehealth solves one problem, it presents another to those who do not have internet service or broadband access. Central hubs or access through houses of worship, community centers and businesses are merely stop-gap measures until broadband access is expanded nationwide—like a 21st century edition of the Rural Electrification Act.

UNEVEN DISTRIBUTION OF PROVIDERS

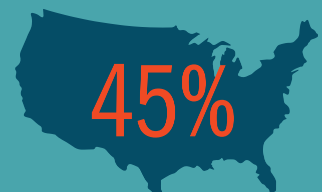
Other factors contribute to the higher cost of behavioral health care, including availability and uneven distribution of licensed and qualified providers. Therapists and other mental health care providers may be plentiful in big cities such as Los Angeles, Chicago and New York, but rural areas experience extreme shortages of such providers. More than half of the counties in the U.S. do not have a psychiatrist within their borders and more than 45% of Americans live in areas designated by the federal government as mental health professional shortage areas.[5] Even in urban areas, patients may have difficulty finding a provider who takes their insurance, putting affordable care out of reach.

Telehealth has the potential to address some of those discrepancies by extending the reach of current providers, says Anthony Sossong, MD, Chief Medical Director of Behavioral Health at Amwell. “Providers want flexibility, and telehealth can offer that work-life balance that allows them to provide care in parts of the day that might not be available if they had to go



According to Mental Health America, about 1 in 3 American adults reported symptoms of anxiety and depression in 2020.

42% of adults with mental illness weren’t able to get care because they couldn’t afford it.



45% of Americans live in areas designated by the federal government as mental health professional shortage areas.[5]

back to the office." For example, providers can see patients after dinner or on Saturday mornings. Amwell offers a platform for delivering telehealth visits that works securely with a variety of electronic health record systems. More than 2,000 hospitals and 98,000 providers nationwide use the system to provide telehealth services, including for mental health care. (In a December 2022 article, *The New York Times Wirecutter* named Amwell as their top choice for online therapy services.[6])

Telehealth also allows providers to offer care to patients in a variety of geographic locations. A provider can see students at a school-based clinic and patients in their homes via telehealth even as they continue to offer in-person sessions—all in the same day.

Telehealth offers other advantages, including easier integration with primary care—an increasing need across the country. Since depression screenings became a standard part of primary care visits several years ago, an increasing number of primary care visits now address behavioral health issues, says Clint Shackelford, Vice President of Operations at ARcare, a Federally Qualified Health Center that serves all 75 counties in Arkansas plus seven locations in Kentucky and two in Mississippi. Connecting patients to needed care has been a challenge in rural areas like those served by ARcare.

In 2018, ARcare saw telehealth as a possible way to address access issues caused by long travel distances and transportation challenges that characterize rural areas. In their first month, they were elated to see 36 patients via telehealth. But challenges remained.

"We have really struggled to find clinicians that have the credentials required for reimbursement by Medicare and Medicaid," says Shackelford.

Recently, rule changes in Arkansas meant that licensed professional counselors (LPCs) are now eligible for Medicare and Medicaid reimbursement, which broadened the field of available counselors.

With the addition of new providers, ARcare visits numbered more than 1,400 patients via telehealth in November 2022. That's a drop from 2020, but still a huge increase from 2018—and they aim to make it a sustainable one. Now, if a primary care provider identifies a behavioral health issue, they can connect the patient with a counselor via telehealth, often on the same day as the office visit.

REMOTE PRESCRIBING REGULATIONS

The January 2020 relaxation of restrictions imposed on remote prescribing by the Ryan Haight Act set the stage for increased access to care for psychiatry patients.[7] The Act, passed in 2008, originally required an in-person visit before prescribing many medications used by people with depression, anxiety, ADHD and other conditions. While the bill passed before telehealth was widely available, this provision effectively limited the reach of telepsychiatry to patients who live within driving distance to make that in-person visit. The Act, however, included some exemptions from the requirement, including during a public health emergency, such as that declared in 2020 in response to the COVID-19 pandemic.

That exemption allowed Mindpath Health, an outpatient behavioral health provider in North Carolina, California and six other states, to expand telehealth services to serve patients in underserved areas. The organization already had qualified and licensed staff trained in telepsychiatry who could extend their reach to patients at more remote locations, thanks to the waiver.

Across the country, but especially in rural areas, another huge unmet need is medication assisted therapy (MAT) for substance use disorder. Until recently, the hurdles associated with being licensed to prescribe this evidence-based treatment severely reduced access to MAT. According to the 2023 State of Mental Health in America Report, more than 15 percent of adults in America reported having a substance use disorder in 2020, yet

more than 90 percent of those people did not receive any form of treatment.[8] With the opioid crisis worsening during the pandemic, waived rules allowed more providers to prescribe this potentially lifesaving therapy, while telehealth increased the convenience and availability of the therapy.

Alongside the pandemic came an escalation of the epidemic of substance use disorder, says Diego Garza, MD, Senior Vice President of Specialty Operations for Mindpath Health. The availability of MAT via telehealth "totally changed the landscape for treatment," he says, adding that Mindpath's substance use treatment program is delivered 100 percent via telehealth.

ADDRESSING LOGISTICAL BARRIERS

The no-show rate for mental health visits is high for a variety of reasons, including scheduling, transportation and childcare challenges. With telehealth, care comes to the patients, rather than the other way around—which can help address that no-show rate.

Since offering telehealth options, ARcare has seen that rate come down significantly, especially among substance use treatment patients.

Shackelford says this convenience is critically important for this population, which he says, "drives" their no-show rate. "A lot of folks in our substance use program are struggling," he explains. "They have a history of bad decision-making, and the pressure of [showing up at] an appointment is sometimes more than they can handle. Sometimes they backslide. Given the opportunity to have the appointment via telehealth, not to have to leave their home—their security—and sit in a waiting room to wait their turn, potentially being judged by their peers, that's opened up improvement" in adherence to treatment.

Logistical barriers also affect other populations, and telehealth can help there too. ARcare uses telehealth to provide school-based care to students, which benefits students, parents and teachers by reducing transportation challenges and interruptions to the school day. They have also set up a telehealth hub in a local church-based shelter for people experiencing homelessness, bringing care to that hard-to-reach population.

15 percent of adults in America reported having a substance use disorder in 2020.

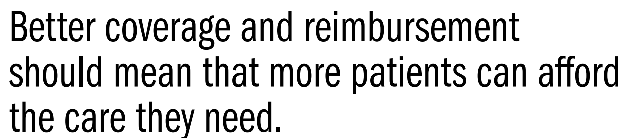
QUALITY CONCERNS

The combination of telehealth and increased attention to the need for behavioral health care has brought more providers and companies into field. This influx has some worried about quality of care. However, the increased use of telehealth has also provided real-life data on access and outcomes that gives providers and payers a fuller picture of the potential of telehealth.

"The pandemic gave us a chance to do unplanned studies," says Griffin of URAC. "Now we've got two years' worth of data on telehealth." For example, he says, one of the worries about telehealth is that it would open the door to fraud and abuse. However, that didn't play out on any significant basis during the pandemic. A report from the HHS Office of Inspector General found that among the 742,000 providers that billed Medicare for telehealth, less than .02 percent posed a high risk for fraud.[9] Griffin continued, "When we look at the OIG report on telehealth fraud in Medicare, we can see that telehealth fraud is low compared to overall Medicare fraud and that telehealth has a great

potential Medicare benefit. The same can be said for others providing and receiving care via telehealth."

Quality must be a paramount concern, says Mindpath's Garza. Just because telehealth can offer people faster or easier access to care, doesn't mean it's a shortcut, he says. "You have to be able to perform the entire battery of assessments or tests that you would normally do to ensure the diagnosis is as accurate as it can be. Telemedicine is a different delivery method for the same type of services you offer in the office—it has to be evidence-based; you have to play by the clinical guidelines."



Better coverage and reimbursement should mean that more patients can afford the care they need.

Providers focused on quality are tracking outcomes to gather data on which services are associated with desired outcomes when delivered via telehealth. As Griffin points out, "we've seen some quality gains, specifically improvements in access to medication assisted therapy and other behavioral health care." Providers can use this data to make the case with payers to continue to pay for services rendered via telehealth.

The emphasis on quality and outcomes has led top providers to develop training programs, policies and procedures to help ensure effective care. For example, ARcare provides extensive training for the new LPCs in situations that mirror what they are going to see when they enter the field. "Everyone who onboards now gets training in telehealth on the software and how to use it," explains Shackleford. Three years ago, we didn't even have that arm in our department." ARcare tracks outcomes for the new LPCs who are now providing counseling to their Medicare and Medicaid patients so the organization can ensure the clinicians are maintaining quality standards.

Quality and outcomes data may also help address one of the first reasons people don't receive care for mental and behavioral health conditions: cost of care. Armed with quality and outcomes data on the impact of effective behavioral health care on overall well-being, providers and mental health advocates can make a stronger case to payers, legislators and regulators for increased reimbursement and parity for services delivered via telehealth. Better coverage and reimbursement should mean that more patients can afford the care they need.

Part of the challenge is determining when telehealth is an effective choice and when in-person care is called for. Mindpath offers care both ways. For example, day programs and interventional psychiatry are best suited to in-person care.

Sossong sees few absolute contraindications to psychiatric and mental health treatment via telemedicine—although it should always be determined on a case-by-case basis. "We can treat the broad range of disorders that we see within behavioral health," he says. "The fundamental difference between in-person and telehealth is that you're not there in the room." Since most psychiatric visits do not require a hands-on physical examination, this isn't usually a problem, he points out.

However, telemedicine with video does offer some advantages, providers say. Sossong cites the ability to zoom in on a patient's face to take a closer look at facial expressions to detect a tic or spasm. He also says that patients in their own homes may

present themselves more candidly than if they might in an in-person visit "You get to see the environment in which the patient lives."

"We are certainly aware that telehealth is not the answer for everything," says Shackleford. "But it has bridged so many gaps in care that we have working in rural communities/populations."

While the pandemic may have entered a more endemic phase, the stressors of life continue—as do the high rates of mental and behavioral health conditions that often come with stress. The American Psychiatric Association reported in late 2022 that two in five Americans rate their mental health as fair or poor and one in four believe more stress lays ahead for them.[10] While care via telehealth is not a panacea in these tough times, it can give patients, providers and payers another option for effective, quality behavioral health care to address these conditions.■

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