



Telehealth-Trends 2 years Post Public Health Emergency

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The Impact of Pandemic on Behavioral Health Disorders¹

- In 2020 - social distancing, school and business closures, limited in person services including health care
- Financial and medical uncertainty during initial phases
- Political divide and doubts regarding who to believe
- Social distancing becomes social isolation
- Increase in domestic violence, neglect and child abuse
- Tripling of depressive conditions
 - Most vulnerable populations (female, younger ages, unemployed, chronic illness)
 - Impact on minorities, essential workers and unpaid home caregivers
 - Increased substance use
 - Increased suicidal ideation

Attrition

- Early in the pandemic, job closing resulted in higher job opening to unemployment ratios
 - Peak of 5 in April 2020
- Began to trend down in later 2020
- Most job openings in:
 - Professional and business services (1.5 million in Dec 2020)
 - Healthcare and social assistance (1.3 million)
 - State and local government education (270,000)
- Largest increase in open jobs was in durable goods manufacturing



Attrition - The “Great Resignation”

- New record in Sept 2021 according of Bureau of Labor and Statistics
 - Leisure/hospitality and retail highest rates
 - 20.2 million employees left voluntarily May-Sept 2021
- In one survey of 380 North American employers, 73% reported difficulty attracting employees
- In a survey by Ernst and Young, (2021 Work Reimagine Employee Survey), 54% of global workers would leave their job if not afforded some flexibility of when and where they work.

Effects of the Pandemic on Telehealth

Increased real-time, audio video-enabled sessions with a behavioral health provider.

- ✓ **Clinically equivalent** to in-person visits for a wide range of conditions⁶
- ✓ **No impact** to provider reimbursement
- ✓ **Many provider** types can provide services through telehealth
- ✓ **Commonly treated conditions** like depression, bipolar disorders, anxiety disorders and substance use disorder



Expands access to more people in need



Simplifies access to increase engagement



Expedites access to improve outcomes

Faster, easier access leads to better outcomes⁷

Workplace Burnout¹



- Raise awareness about importance of mental health and MH resources
- Mitigate psychosocial risks related to work, environment, culture
- Address diversity and inclusion
- Assess mental health needs and measure intervention impact
- Promote and provide access to high quality and evidence based mental health care
- Integrate mental health care into comprehensive wellness program
- Leverage local and national resources

Barriers



- Technology, including internet availability and speed
- Comfort with use of technology (provider and consumer)



- Reimbursement
- CMS waivers during pandemic, uncertainty of post pandemic



- Cross state licensure



- Many states waived during pandemic
- Engagement resistance in some consumers

Pre pandemic, 42.6% of US adults with a BH condition received any treatment in the previous year²

Is Telehealth Effective?

- Reduction in barriers to in-person behavioral health appointments for many patients¹
 - Transportation
 - Childcare
 - Increased access in rural areas to more populated areas
 - Telephonic care reduces need for internet
 - Wider availability of diverse languages
 - Provision outside of traditional office hours
- Virtual BH has been demonstrated to be efficacious for depression, anxiety, PTSD, adjustment d/o⁹
- In one study 2,356 adults with depression symptoms between April-June 2021 mean reduction of symptom severity was greater than 50% after 8 weeks of tele-behavioral health therapy¹



Is Telehealth Effective? *Continued*

- Virtual behavioral health care delivered to individuals with chronic disease results in improved quality of life measures and decreased hospitalizations⁹
- Digital mental health technology has also advanced and improved access to treatment¹⁰
- Options for self guided treatments – example CBT with or without a coach¹⁰
- Improved workplace productivity, decreased absenteeism, presenteeism, improved with telehealth^{11,12}
- National organizations now offer accreditation in telehealth
 - Utilization Review Accreditation Commission (URAC) became the first to establish the Telehealth Accreditation

Provider Experience³

- Small survey (n = 45 mental health clinicians) but 76% response rate
- Provider satisfaction/comfort/willingness to use tele-behavioral health is high
- Top scoring items from Journal of American Academy of Child & Adolescent Psychiatry (JAACAP) survey:
 - ✓ Telehealth saved time for my patients
 - ✓ Telehealth made it easier for my patients to get mental health treatment
 - ✓ I will use telehealth to see patients again

Provider business impact⁴



Pre-pandemic visits

- 16,998 out of 21, 807



Pandemic visits

- 19,167 out of 21,765

Pre-pandemic vs pandemic statistics

No show (NS)

1.7% vs 1.3% $p < 0.0001$

Late cancel

0.8% vs 0.2% $p < 0.0001$

Early cancel

15.6% vs 9.1% $p < 0.0001$

Conclusion

Telehealth services had

- reduced no shows
- reduced late cancels
- reduced early cancels

Billing Optum for Telehealth

Modifiers:

- ✓ GT for synchronous services
- ✓ 95 for synchronous services
- ✓ NEW: FQ for audio-only services

Place of Service Codes:

- ✓ 02 for Telehealth
- ✓ NEW CMS POS – 10: Telehealth services in which the participant is in their home

Patient/Consumer perspective⁵

- N 100 (50% in-person visits patients, 50% telehealth visit patients) at University of Missouri
- 72% indicated preference for telehealth
- Reason for preference to telehealth:
 - convenient
 - no need for travel
 - allowed fewer absences from work or school
 - safety from covid (28%)

14%

Preferred in-person

36%

Reported
preference due to
human connection

14%

Had no preference

60%

Had no complaints
about telehealth

- The most common complaints were internet or technology
- 16% seen virtually and 24% of in-person reported concern with ability to interpret body language with virtual

Telehealth Best Practices⁸



Develop a plan for managing appointments and adjust any current process as needed

- Which patients?
- Telehealth exclusive (all in person or all tele or mix of both?) vs hybrid?
- Screening for appropriateness
- Workflow analysis
- Consents
- Funding
- Understand billing requirements
- Availability of resources (broadband, etc)
- Start small and build
- Evaluate your process using satisfaction surveys, clinical outcome measurements, etc.

Telehealth Best Practices⁸



Prepare Your Patients

- Informed consent and patient choice
- Confidentiality and patient expectations
 - Establish “rules” – for example, no therapy at the grocery store or while driving
 - Can family attend?
 - Use of headphones
- Identification of patient (show drivers license, etc)
- Know patient’s address and current physical location



Have a Plan for Emergencies

- Screen patients for appropriateness for telehealth
- Have strategies to engage crisis services
- Establish individualized crisis plans and contact procedures before/after appointments

Conclusion

Pandemic was/is hard for everyone!!

- Telehealth offers flexibility for both patients and providers/employers
- Barriers exist
- Patient and Provider preference is important



Resources

State of Alaska Division of Behavioral Health



[Division of Behavioral Health \(alaska.gov\)](https://alaska.gov)



**Center for Connected
Health Policy**

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER

<https://www.cchpca.org/>

<https://www.cchpca.org/alaska/>

CMS.gov

Centers for Medicare & Medicaid Services

[List of Telehealth Services | CMS](#)

Northwest Regional Telehealth Resource Center

<https://nrtrc.org/about/region/alaska.shtml>

[HTTPS://TELEHEALTH.HHS.GOV](https://telehealth.hhs.gov)

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Q&A

Thank you!