

Centene Advanced Behavioral Health

White Paper

Behavioral Health as a Critical Component for TeleHealth Strategy



The COVID-19 pandemic has brought telehealth to the forefront as an essential medium for delivering critical behavioral health care -- now and in the future. During this time, there has also been an unprecedented impact on the mental well-being of the nation. Therefore, we cannot design for the healthcare delivery system of the future without a focus on TeleBehavioral Health (TeleBH).

A significant portion of telehealth services are attributable to behavioral health conditions. At Centene, nine of the top ten primary diagnoses treated in a telehealth context are behavioral health disorders, and half of the top ten provider categories delivering these services are behavioral health specialists based on total paid amounts. Across the country, reports show that behavioral health providers are currently delivering up to 80% of care virtually, and demand continue to grow as stress, anxiety, and trauma persist.¹ According to Mental Health America, “the number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to COVID-19.”² Because of its magnitude and impact, behavioral health must be at the center of the national conversation about telehealth. One of the primary benefits of TeleBH is increased access to behavioral health services. TeleBH not only allows members to continue behavioral health treatment safely and in the comfort of their own homes, it extends services to rural, and other under-served areas with shortages of providers. Virtual appointments also provide greater access to care for those who are homebound or have a disability. TeleBH has the potential to connect members with providers who can meet their unique cultural needs and improve access to specialists, such as child psychiatrists, giving all members an equal opportunity to obtain specialized care. Additionally, TeleBH removes barriers that can be present with in-person care such as lack of reliable transportation, stigma, securing childcare during visits, and time away from work or school.

With the issue of health disparities being highlighted by COVID-19³, the interaction between increasing TeleBH use and the digital divide must be analyzed and addressed. Health disparities are an indicator that underlying factors are influencing the ability of certain populations to access and engage in care. Access to reliable technology and broadband are amongst the largest drivers of whether or not an individual can utilize TeleBH. A 2018 survey of individuals with Medicare coverage found that 26% of respondents lacked either a computer with high-speed internet or a smartphone with a data plan. Respondents were significantly less likely to have digital access if they reported lower income, were on Medicaid, had less formal education, were over 85, or were African-American or Latino.⁴ Payers can monitor utilization of TeleBH versus in-person services and work to ensure that when disparities related to TeleBH access exist, steps are taken bridge these access gaps.



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In addition to technology access, acceptance of and satisfaction with TeleBH services can also serve as barriers for some. A comprehensive report on children and adolescents' access to substance use disorder (SUD) services across the country concluded that satisfaction with TeleBH "is influenced by both pediatric patients' and their caregivers' access to technology, knowledge of available resources, [and] willingness to interact with technology..." which are, in turn, affected by "socioeconomic, educational, health, and other personal characteristics."⁵ Understanding the factors affecting disparities is imperative in helping payers formulate solutions that ensure ready access to TeleBH.

Another consideration is efficacy and quality of TeleBH interventions. While not a treatment itself, but rather a modality of care, adapting traditional face-to-face, evidence-based treatments to tele-delivery raises questions regarding the empirical basis for delivering such treatments through this medium. As efficacy and quality of TeleBH interventions are assessed, similarly to physical telehealth, we may find that not all behavioral health services should be delivered through a telehealth modality. There is not yet an adequate body of research on TeleBH, and existing research is somewhat conflicting. According to a Milbank review⁶, TeleBH interventions were on par with, or better than in-person interventions and had satisfaction rates as high as or higher than in-person treatment across a range of conditions and interventions. Separately, in a May 2020 Report to Congress⁷ about telehealth and remote patient monitoring use in pediatric populations to reduce barriers to SUD services, the authors found mixed evidence for effect on emergency visits, little evidence for impact on avoidable admissions and readmissions, and no difference in quality for face-to-face versus TeleBH for SUD in adolescents. In fact, one cited example showed a rate of 90% completion among adolescents in virtual SUD treatment, demonstrating that treatment engagement may be enhanced when delivered virtually. However, more research comparing TeleBH with in-person treatment across different populations, conditions, and treatments is needed to inform future medical necessity criteria for payers. Until then, payers and providers should continue to partner to closely monitor quality and outcomes of TeleBH to ensure the best care possible is delivered to members.

In addition to other effects of the pandemic, providers have had to pivot and find solutions to a sudden shift in service delivery. Because of this, an unintended consequence of TeleBH may be increased provider stress. Although it is very encouraging that TeleBH has led to reduced no-show and attrition rates and increased member engagement with treatment, individual therapists risk burnout due to fewer breaks throughout the day for administrative duties or time to decompress. Newer therapists may struggle with how to engage effectively in virtual supervision, while others may suffer from loneliness and disconnectedness from their provider community.

As the largest Medicaid Managed Care Organization in the country serving some of the most vulnerable individuals, Centene is committed to responding to community needs and supporting our provider partners in doing so. Through access, quality of care, strong support of provider partnerships, and influencing national and state policy, TeleBH can be utilized to improve the mental well-being of our country. The following are recommendations for payers in this pursuit.

Recommendations

ACCESS AND QUALITY OF CARE

Because Centene is committed to offering accessible, telehealth services, it has and will continue to invest in accelerating the adoption of, and efficacy of telehealth services for both our members and providers. TeleBH has been a viable care delivery modality for member care during the COVID-19 pandemic and will continue to be in the future. TeleBH can improve member engagement and treatment results, reduce stigma concerns, increase provider access, and reduce social determinant barriers. For these reasons, Centene and other payers can implement strategies to ensure high-quality, effective services are offered to members through TeleBH when this option is indicated.

- » According to the Eighth FCC Broadband Progress Report, access in rural areas remains problematic with 19 million residents lacking connectivity⁸ and many more with insufficient internet speeds to support video calls. It is important for payers to join communities in advocating for better technology infrastructure in rural areas.
- » In addition to connectivity, members may not have adequate devices that allow for TeleBH treatment. Payers can look for opportunities to assist with this. For example, Centene has partnered with Samsung to deploy smart devices along with 90 days of free wireless service to providers, particularly in rural areas, to distribute to members so they can participate in telehealth services.
- » As more members choose TeleBH, they have access to a larger provider network to better match their needs for specialty expertise or cultural sensitivity. At Centene, our partnerships with national networks of TeleBH providers help augment locally available, in-person care. For example, Centene's expanded partnership with Quartet helps care managers quickly refer members to behavioral health providers in their area, for telehealth or in-person treatment.
- » Supporting the option for audio-only visits allows more members to benefit from TeleBH, whether by preference or need. While audio-only is not the preferred modality for TeleBH long-term, this could be used when audio/visual is not possible. Members may not have access to a video capable device, perceive video as being invasive, have a disability limiting their use of visual technology, and/or live in areas with limited broadband. Conversely, video and other options should also be available to meet the needs of individuals with certain disabilities, including hearing impairment.
- » Payers can monitor published and peer-reviewed research outcomes about treatments delivered through TeleBH versus in-person care. In situations where there is no evidence to guide TeleBH intervention success, payers should work closely with providers to co-monitor progress and adjust interventions.
- » It is important to compare quality measures of TeleBH services to those related to in-person treatment, understanding that some differences may be confounded with characteristics that drive the choice of TeleBH versus in-person treatment.



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PROVIDER SUPPORT

Payers are in a unique position to assist providers and shape the future use of TeleBH while maintaining or improving access, efficacy, and quality of behavioral health interventions. Below are a number of steps payers can take to support providers offering valuable TeleBH services when desired by members.

- » TeleBH platforms may offer unique opportunities for providers to engage in measurement-based care by providing self-report progress questionnaires while members are waiting online for their session to start. Payers can promote measurement-based care in TeleBH to enhance treatment outcomes and more quickly identify when the current modality is not as effective⁹.
- » Although the uptake of TeleBH has been rapid, over-reliance on TeleBH for outpatient therapy and medication management must be avoided. There is some concern in the provider community that payers may turn exclusively to large national TeleBH vendors. Payers should reassure providers that when effective therapists can be found locally, they remain a desired option for members. Member benefits, such as access to specialists, should be communicated clearly with providers so that TeleBH is viewed as an enhancement, and not a replacement, to standard care.
- » Using TeleBH platforms that are integrated into electronic health records can increase coordination with the entire provider team through interoperability and shared care plans to provide a whole health approach. For example, Centene has implemented Quartet's HIPAA-compliant technology platform to integrate with Centene's population health platform, making it easier for Care Managers and Utilization Managers to refer members to Quartet for behavioral health care, track member progress, and collaborate with referred behavioral health providers and the full provider team – all within existing workflows. Centene is committed to supporting providers through robust telehealth partnerships to expand telehealth access for our members and ensure care continuity.
- » Payers can offer administrative and clinical trainings for providers, as well as documentation in provider manuals that covers which services can be offered by TeleBH, summarizes state and federal requirements for equipment or methodology of TeleBH, and specifies required licensure or certification. Payers should support providers through education of best practice guidelines, skills, and competencies for delivering services virtually.

FEDERAL AND STATE POLICY

Centene supports policy efforts that address appropriate long-term sustainability of TeleBH, increase alignment of regulation across state and federal levels, and eliminate regulatory barriers that may impede care delivery.

- » The federal government and states have instituted valuable policy flexibilities, such as suspending the originating and remote site requirements, lifting restrictions for providers prescribing controlled substances (for OUD treatment) without an in-person medical evaluation, and broadening the types of licensed providers able to bill for telehealth (e.g., marriage and family therapist and licensed mental health counselors). Like Centene, payers can support appropriate expansion of telehealth services and elimination of regulatory barriers to care delivery that would increase access to care.
- » Payers can advocate that other telehealth flexibilities, like out-of-state licensure, be extended beyond the current pandemic or made permanent to increase access to care and availability of providers for members. Proposals such as these could be established through a multi-state telehealth compact that enforces national telehealth standards at a federal level.
- » Like other payers, early in the pandemic Centene waived all cost sharing for in-network primary care, behavioral health, and telehealth visits for the remainder of the calendar year. Payers should anticipate state and federal policy changes and avoid any rapid retraction of flexibilities if possible. Providers and members will need a clearly directed, easy-to-follow path to minimize disruption and continue to benefit from post-public health emergency TeleBH.
- » As outlined in the recent NCQA Taskforce on Telehealth Policy report, historically the Congressional Budget Office has maintained that expanding telehealth would result in significant cost and utilization increases. However, the budget analysis does not take into account all of the factors that offset cost and utilization, such as earlier access to services that could decrease later higher-level of care and emergency department utilization, travel cost and time, and appointment no-shows¹⁰. Payers can assist state and federal partners by providing TeleBH cost and utilization data to address payment parity.
- » By providing assistance to community behavioral health providers to strengthen their technology resources to deliver telehealth services, payers can help them to implement tools such as a comprehensive telehealth platform that is interoperable with electronic health records. Targeted funding or grants for behavioral health providers to purchase and implement this technology could be provided.
- » In April 2020, Centene announced a partnership with AT&T to offer healthcare providers expedited access to the federal FirstNet network, a nationwide wireless broadband service. Payers could expand this effort by supporting a federal-level expansion of FirstNet mobile broadband network to allow vulnerable members to enroll in the service with a referral by their healthcare provider or insurer via a licensed provider.



Centene partnered with Samsung to deploy **smart devices** & 90 days **free wireless service** to providers to distribute to members



Summary

Telehealth, particularly TeleBH, has become essential during the COVID-19 pandemic and will continue to be in demand in the future. Given this, payers need to determine how to use this innovative modality of care as a component in improving the mental health of those they serve. To truly impact members' total wellbeing, TeleBH must be factored into a payers' overall telehealth strategy. The significant impact that behavioral health has on physical wellbeing has been well documented. Further, payers are in a unique position to ensure the digital divide is not inadvertently increased, but rather technology is used to mitigate disparities and increase access for all. To ensure success, TeleBH must be enabled appropriately so it can be embraced by members, providers, and payers.

As a Managed Care Organization, Centene remains steadfast in providing value-driven care for our members, and being a strong partner to our providers for both in-person and telehealth visits through supporting appropriate expansion of telehealth services and elimination of regulatory barriers to care delivery. Our commitment to TeleBH will continue as we leverage scalable, sustainable solutions to help improve the health and lives of our members now and beyond the pandemic.

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