THE NEW ROLE OF

VIRTUAL CARE

IN BEHAVIORAL HEALTHCARE

Presented by:

quali*facts* + NATIONAL COUNCIL *for* Mental Wellbeing

SUMMARY

POST-COVID-19 VIRTUAL CARE:
Challenges and Opportunities for Behavioral Health Providers

Behavioral health care is profoundly intimate. Providers engage in up-close, deeply personal dialogues with their clients to create trust and build a partnership around individual goals and milestones.

That is one reason why the notion of supplementing (or even replacing) in-person client interactions with virtual care has been slow to take root in behavioral health settings. Other major factors, most notably state and federal regulatory roadblocks that made offering virtual care physically and financially unworkable in most cases, also slowed its deployment.

The advent of COVID-19, with its shelter-in-place orders and abrupt in-person business cessation, changed everything.

As the pandemic raced across communities nationwide, federal agencies like the Centers for Medicare and Medicaid Services (CMS) quickly adapted or temporarily waived long-standing regulations in order to foster adoption of virtual services. The vast majority of states followed suit, issuing waivers to in-state licensure requirements for physical care and telemedicine.[i] These rules were similarly relaxed for behavioral health and human services providers, allowing for expanded telehealth services to be set up and, in some cases, at better reimbursement rates than were previously offered. Within less than a month, remote behavioral health care became a viable option.[ii]

Behavioral health providers responded immediately. In many cases, they created new systems, processes, staff training and short-term workarounds in a matter of days. They have been able to continue care and remain engaged and supportive of their clients during a period of extreme stress, anxiety and trauma. And in the ensuing months, have been working to integrate their newly deployed telehealth operations into their overall service structure.

Qualifacts and the National Council for Mental Wellbeing recently surveyed a nationwide group of more than 1,000 behavioral health executives and staff on the topic of virtual care. Survey respondents shared their insights on the challenges around virtual care, as well as their hopes for its continued use in the coming months and years. One thing that behavioral-health providers have made quite clear is that while the future state of care delivery is an ever-evolving landscape, their commitment to serve the needs of their communities remains as steadfast as ever.

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Virtual Care Sees Rapid Adoption Across the Behavioral Health Landscape

Behavioral health care historically has been an in-person operation. The intimate nature of behavioral health care, the regulatory challenges associated with telehealth delivery and the financial burden for telehealth adoption are just some of the factors that have largely minimized virtual care opportunities in the behavioral health field.

COVID-19 upended the status quo in a matter of weeks. Behavioral health providers quickly adapted to the public health parameters of the pandemic by adopting care models largely built upon virtual care technologies.

Prior to the pandemic, 93% of survey respondents said they provided less than 20% of their care in a virtual setting. In a span of just weeks, that figure soared and 60% of respondents say they now offer up to 80% of care virtually.

Impact of COVID-19 on the Use of Virtual Care
% of Care Provided Virtually
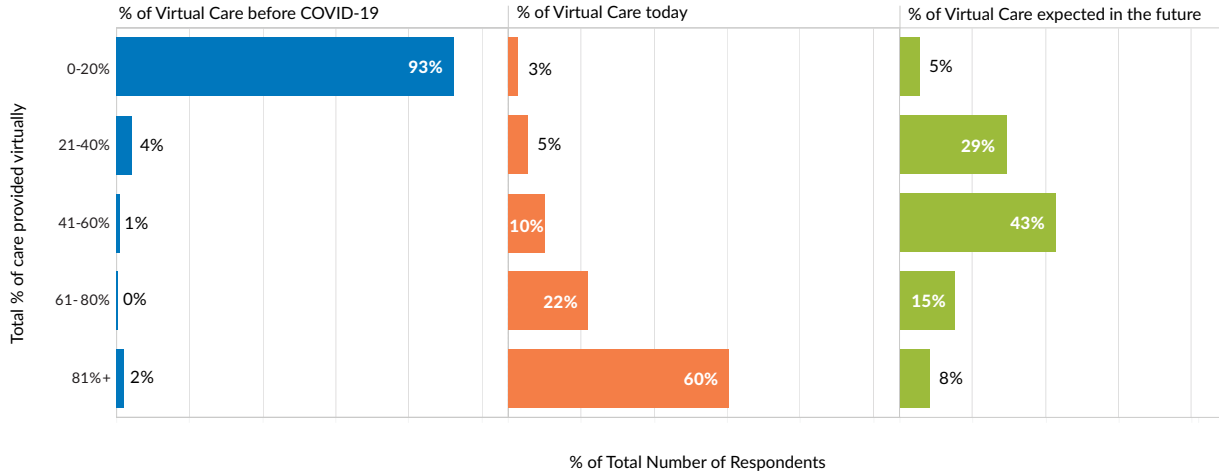
The rapid change from very little to almost total virtual care.

The breakdown did not significantly favor any one geographic area, although the Northeast had the strongest adoption numbers, as did Certified Community Behavioral Health Centers (CCBHCs), as a whole. In terms of size, smaller organizations – those with fewer than 100 employees – tended to adopt at a higher percentage than larger ones.

All told, this dramatic upswing underscores the magnitude of the shift to virtual care.

The Role of Regulations in an Era of Social Distancing

Once the move to virtual became necessary, providers quickly sorted out their options and made inroads into deploying solutions.
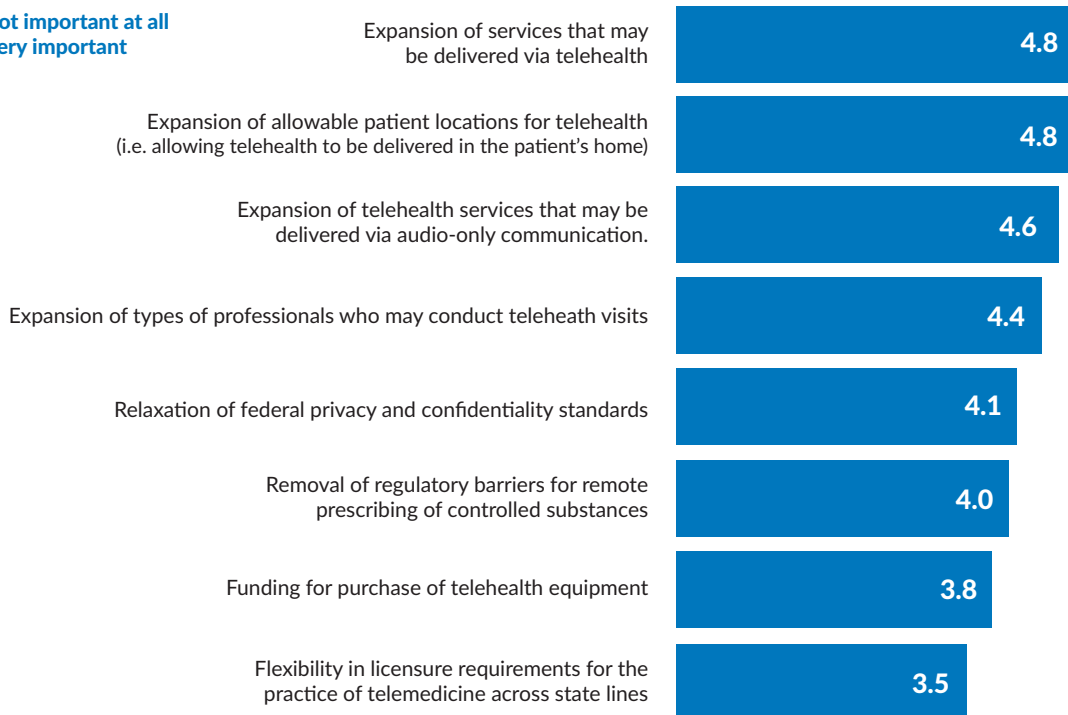
Agencies knew they had to find a way to continue client engagement and support. Even so, a move from in-person to virtual care required some outside support in addition to adaptations in care provision.

According to survey respondents, some major legislative changes that made the pivot possible included:

- Expansion of services that could be delivered via telehealth.
- Expansion of allowable patient locations for telehealth.
- Expansion of telehealth services that could be delivered via audio-only communication.

Recent Federal and State Policy Changes Most Impactful in Facilitating Transition to Virtual Care

1 = not important at all
5 = very important

Policy Change	Rating
Expansion of services that may be delivered via telehealth	4.8
Expansion of allowable patient locations for telehealth (i.e. allowing telehealth to be delivered in the patient's home)	4.8
Expansion of telehealth services that may be delivered via audio-only communication.	4.6
Expansion of types of professionals who may conduct teleheath visits	4.4
Relaxation of federal privacy and confidentiality standards	4.1
Removal of regulatory barriers for remote prescribing of controlled substances	4.0
Funding for purchase of telehealth equipment	3.8
Flexibility in licensure requirements for the practice of telemedicine across state lines	3.5

Respondents pointed to the rapid responses from state and federal agencies by way of relaxed regulations as essential to their early and ongoing success with virtual care. There is a growing consensus among behavioral health stakeholders that these regulatory changes have allowed the behavioral health field to progress technologically in a way that creates little appetite for a return to status quo.
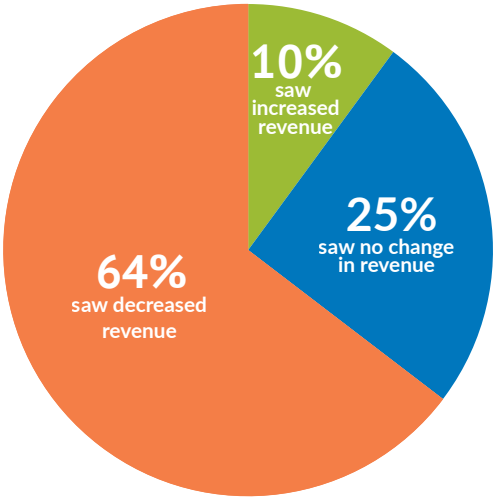
The extent to which the relaxed regulations and rules are returned to their prior status is a conversation that federal and state agencies must engage in alongside community behavioral health providers.

Agency Revenue and Patient Engagement:
A Tale of Conflicting Outcomes

The majority of survey respondents reported significant revenue reduction from mid-March, when most shelter-in-place orders were put into place, through the second quarter of 2020, the period of this survey. At the same time, overall client no-show rates decreased. On its face, these two statistics would seem to oppose each other — but can be explained with some context.
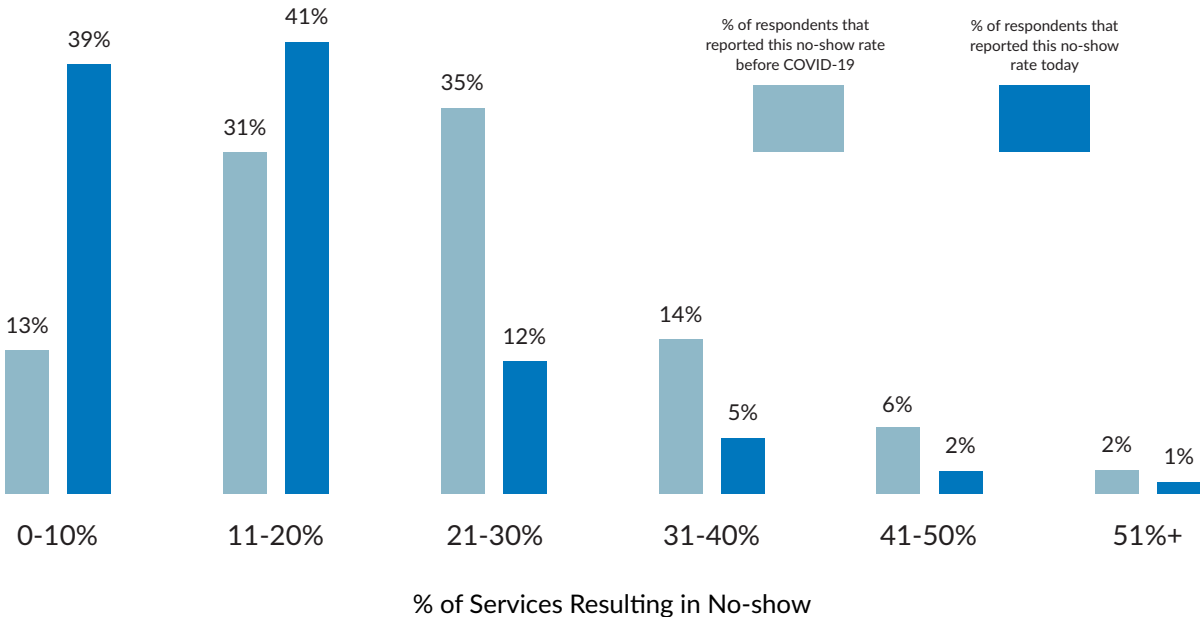
COVID-19 Impact on Revenue
% of organizations that saw a change in revenue

10% saw increased revenue

25% saw no change in revenue

64% saw decreased revenue

Pre Vs Post-COVID-19 No-show Rates
COVID-19 Impact on No-show % Rates

% of respondents that reported this no-show rate before COVID-19

% of respondents that reported this no-show rate today

% of Services Resulting in No-show	Before COVID-19	Today
0-10%	13%	39%
11-20%	31%	41%
21-30%	35%	12%
31-40%	14%	5%
41-50%	6%	2%
51%+	2%	1%

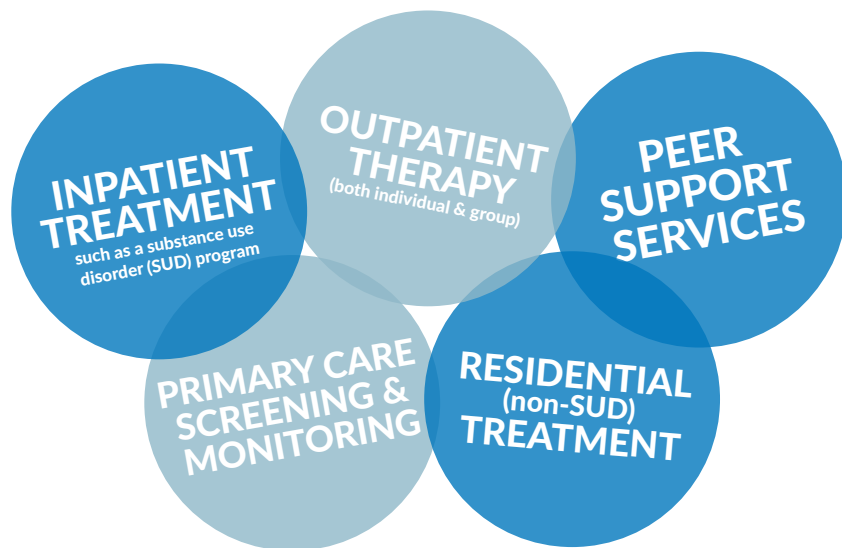**% of Services Resulting in No-show**

The widespread adoption of virtual care meant that clients enrolled in individual or group therapy programs, for example, were able to engage in telephonic or virtual sessions. These sessions appear to have resulted in higher rates of appointments kept, possibly due to reductions in access barriers such as transportation, child care, etc. Additionally, this improvement in no-show rates may be due, in part, to an overall reduction in the number of services provided.

The picture for programs that had to be rendered onsite is easier to understand. Physical shutdowns meant that many inpatient programs had to severely reduce services or, in some cases, completely shut down. This major reduction of inpatient programs – often the most profitable of service lines for organizations — played a significant role in the overall revenue reduction of many survey respondents. And, in the case of agencies that care for individuals with developmental disabilities, that loss of income was particularly acute as they had to shutter campuses completely for an indefinite period of time leading to a loss of in-the-moment revenue, but an inability to project the costs around reopening and re-onboarding furloughed or laid-off staff.

Organizations that had more programmatic offerings, such as CCBHCs, were slightly better insulated against fiscal setbacks during the pandemic (fewer than half of CCBHCs reported revenue decreases, compared to the two-thirds figure reported by standard providers), but still saw significant downturns.

Organizations, particularly CCBHCs, have been better insulated against fiscal setbacks if they derive income from a mix of services such as:

INPATIENT TREATMENT such as a substance use disorder (SUD) program

OUTPATIENT THERAPY (both individual & group)

PEER SUPPORT SERVICES

PRIMARY CARE SCREENING & MONITORING

RESIDENTIAL (non-SUD) TREATMENT

Provider Tools Needed To Improve Virtual Care Provision

The sudden advent of an almost all-virtual care models, which arrived with little forewarning, showcased a stark need for technological improvements and upgrades. In many ways, behavioral health providers lagged behind their primary care counterparts in the technological arena, so many providers had a heavy lift in order to stand up programs quickly.

With some hindsight, survey respondents — both executives and staff — say they have become aware of what will be needed to maintain efficient and effective virtual care service delivery:
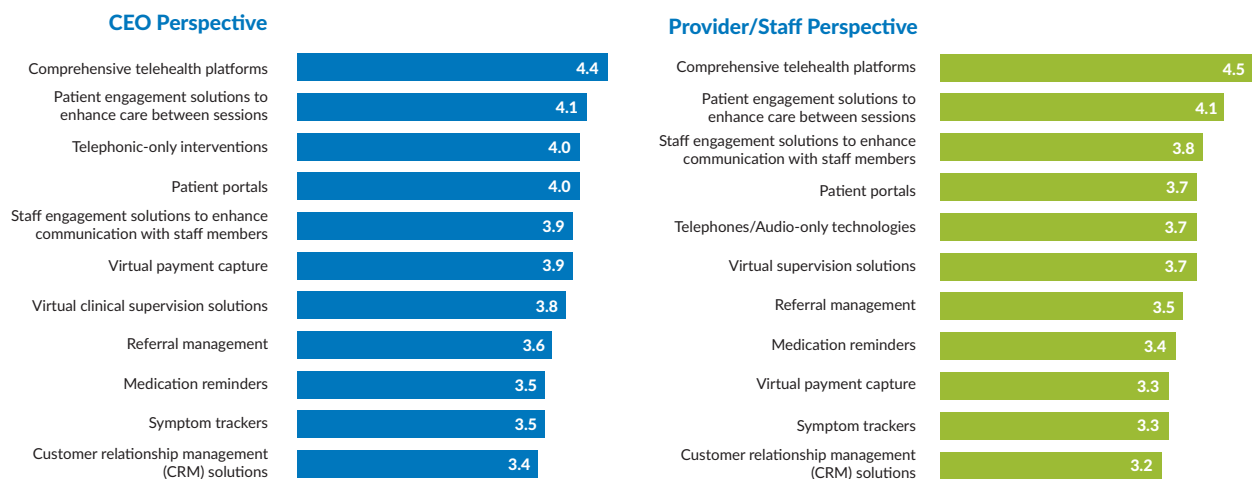
- Comprehensive telehealth platforms.
- Patient engagement solutions.
- Telephonic-only interventions.

Current easing of regulations has allowed providers to utilize a multitude of virtual and audio-only platforms for the provision of services — many of which came with initial compliance challenges. As state and federal agencies consider which regulations to begin enforcing again, providers and administrators understand the importance of having telehealth platforms that not only provide video capabilities but do so in ways that abide by federal and state rules. Notably, clinicians and non-clinical staff also identified staff engagement solutions as important tools for the sustainability of virtual and remote care.

Clinicians were concerned about maintaining connections with both their peers and supervisors, thus they identified staff engagement solutions. Supervisors agreed on those engagement points, and also wanted virtual supervision and payment functions.

Important Technological Capabilities To Support Virtual Care

1 = not important at all
5 = very important

CEO Perspective

Capability	Score
Comprehensive telehealth platforms	4.4
Patient engagement solutions to enhance care between sessions	4.1
Telephonic-only interventions	4.0
Patient portals	4.0
Staff engagement solutions to enhance communication with staff members	3.9
Virtual payment capture	3.9
Virtual clinical supervision solutions	3.8
Referral management	3.6
Medication reminders	3.5
Symptom trackers	3.5
Customer relationship management (CRM) solutions	3.4

Provider/Staff Perspective

Capability	Score
Comprehensive telehealth platforms	4.5
Patient engagement solutions to enhance care between sessions	4.1
Staff engagement solutions to enhance communication with staff members	3.8
Patient portals	3.7
Telephones/Audio-only technologies	3.7
Virtual supervision solutions	3.7
Referral management	3.5
Medication reminders	3.4
Virtual payment capture	3.3
Symptom trackers	3.3
Customer relationship management (CRM) solutions	3.2

Acknowledging and Addressing the Digital Divide

Provider/staff respondents overwhelmingly identified mobile phones as the primary modality of communication with their clients. Telephonic communication has long been a method of maintaining relationships between providers and clients, partly due to the ubiquitous nature of mobile phones.
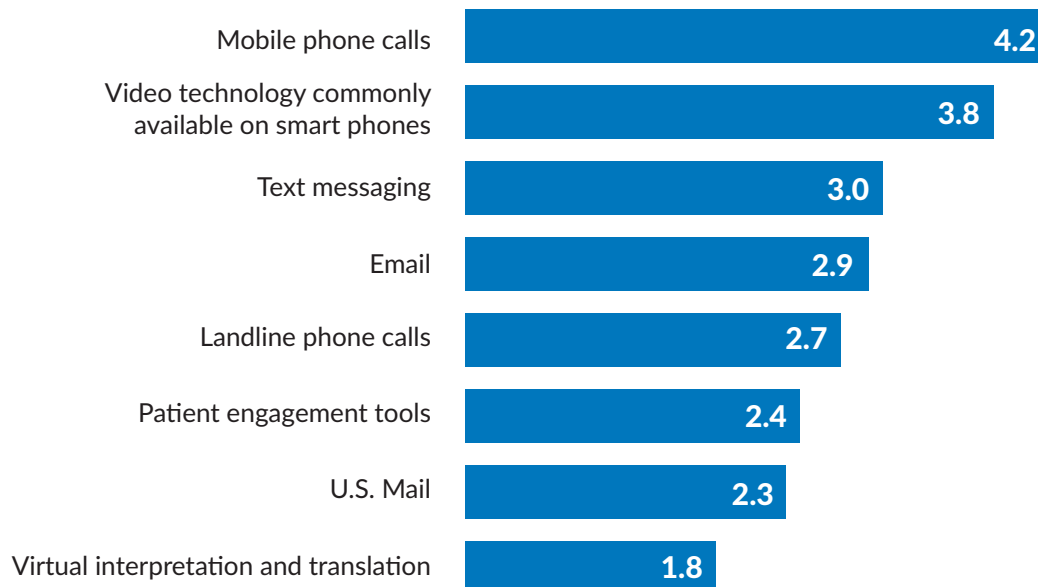
That's why it will be key for providers to continue to support this method of engagement and utilize it when building or expanding a virtual care platform. To do so, consider what staff believed were the most effective ways they utilize to stay connected their clients, in descending order, in their communications toolbox:

- Mobile phones
- Video technology
- Text messaging

Care Delivery - Client Communication in Virtual Care

1 = not important at all
5 = very important

Main Ways Providers Stay Connected with Clients in Virtual Care Environment

Mobile phone calls	4.2
Video technology commonly available on smart phones	3.8
Text messaging	3.0
Email	2.9
Landline phone calls	2.7
Patient engagement tools	2.4
U.S. Mail	2.3
Virtual interpretation and translation	1.8

Client Concerns in Receiving Virtual Care
1 = not important at all
5 = very important

Concern	Rating
Poor connectivity	3.8
Access to internet	3.8
Difficulty understanding technology	3.6
Limited or no cell phone data	3.4
No cell phone/home phone	2.8
Concerns around lack of insurance coverage or ability to pay for services	2.7
Comfort level with sharing personal	2.6
Concerns over privacy	2.4
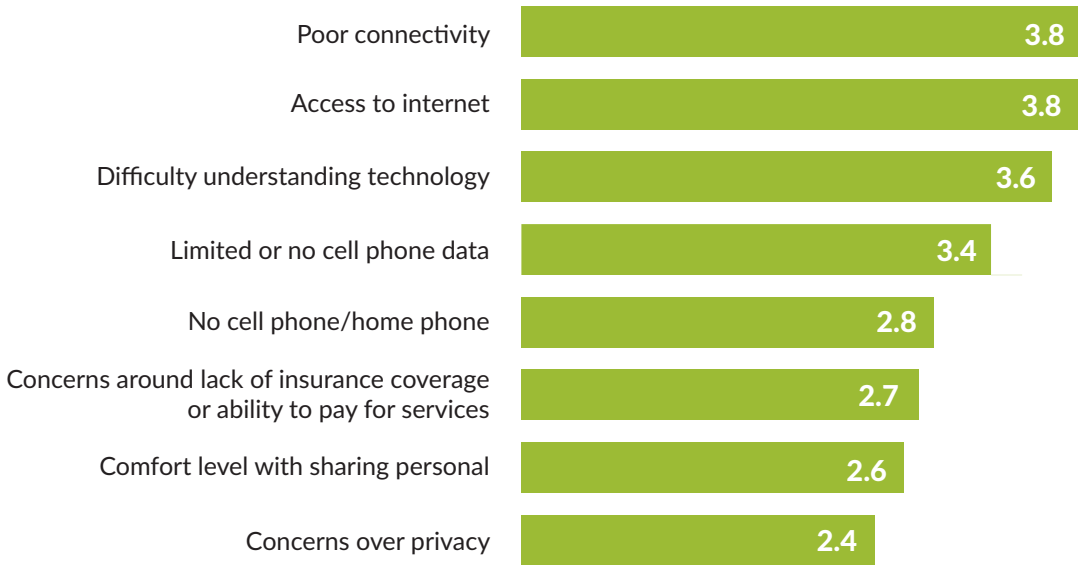
Respondents also pointed out the challenges their clients face around access to virtual care — and how that will affect the frequency, quality and effectiveness of care. They are concerned about their clients not having the right technology and resources to support a virtual care model, as well as an inability to understand and utilize the technology even if it is available.

Their top issues in this regard included:

- Poor connectivity
- Access to internet
- Difficulty under standing technology

The fact that 86% of the adult Medicaid population owns smartphones aligns with the providers desire to leverage these technologies as their primary method of connection. [iii]

Virtual Care Adoption: Staff Concerns

I prefer providing care virtually vs traditional care models

Strongly agree	8%
Agree	18%
Neither agree nor disagree	38%
Disagree	23%
Strongly disagree	12%

I am concerned about maintaining my connections with peers and supervisors in a virtual care environment

Strongly agree	15%
Agree	32%
Neither agree nor disagree	22%
Disagree	24%
Strongly disagree	6%

% of Total Number of Respondents

These issues in access to virtual care are representative of larger health equity issues that can be viewed through a lens of social determinants of health (SDOH). Despite the barriers that are removed through provision of virtual care (e.g., cost and time associated with travel, time off of work, child care needs), it's important to note that virtual care still perpetuates health disparities, particularly for racial minority groups, economically challenged communities and rural communities.

Beyond this issue, survey results revealed that staff are still largely "lukewarm" to the notion of virtual care. Only 26% of staff stated that they prefer virtual care – the majority of other respondents reported neutral preferences on virtual care. Those who addressed the question further voiced a concern about being able to maintain a connection with their peers and supervisors in a largely virtual setting.

This in-person/virtual divide will be something for organization to address as communities reopen in a post-COVID-19 era.

The Role of Electronic Health Record (EHR) Technology In Virtual Care

When providers had to deploy telehealth solutions in an incredibly compressed time frame, they needed help from their technology providers. That was especially true of their EHR partner, because of the immediate need for new capabilities around appointment reminders, clinical record updates, billing and more.

When asked if they felt they had the right EHR to support their virtual care efforts, respondents split unexpectedly:

64%
of **EXECUTIVE RESPONDENTS** said they did
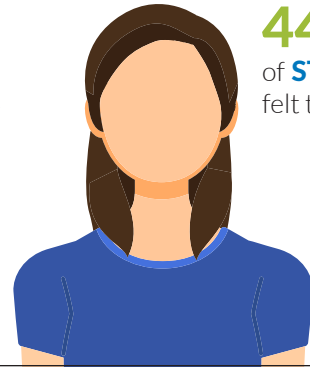
44%
of **STAFF** felt that way

20% OF AGENCIES

said they believed they would need to change EHR vendors in order to support their new virtual care programming.

The EHR is the centerpiece of the technology strategy for the vast majority of behavioral health providers. The rapid advent of virtual care has resulted in providers having to develop and deploy new workflows in their EHRs, as well as adopting new technologies such as telehealth and patient engagement.

The result of this rapid deployment of workflows and technology has resulted in areas of staff inefficiency and exposed or highlighted weaknesses in many of the legacy EHR platforms

This probably indicates that the provider is conducting services, billing and getting paid, but the workflow is not efficient for the staff member.

Besides the workflow efficiency and integration of telehealth solutions, the two major gaps that staff members believe exist are patient engagement and staff engagement — both are likely deficiencies in current EHR systems.

CONCLUSION

What's the Way Forward for Virtual Care in Behavioral Health?

Prior to the COVID-19 pandemic, there was a gap between the behavioral health needs of individuals across this country and their ability to access services. The pandemic has greatly exacerbated this gap — behavioral health issues continue to rise in part due to the anxiety, fear and trauma associated with the pandemic, while behavioral health providers struggle to keep up with demand.

The uniqueness of this global pandemic provides an opportunity for the behavioral health community to adopt new methods of delivering services that can complement existing approaches. To successfully embrace this opportunity and close that gap, stakeholders must collaborate on new opportunities for virtual care.

The ability of behavioral health organizations to stand up virtual care services with great speed during an unprecedented national health crisis was remarkable. As the COVID-19 pandemic continues to develop in unpredictable ways, providers are looking at virtual health as an ongoing part of their treatment toolbox as opposed to a short-term fix.

In fact, two-thirds of survey respondents believe that even after the crisis wanes, they will provide more than 40% of care virtually. For that to happen, the behavioral health system, including providers, payers, government agencies and other stakeholders, need to be aware of important factors for successful virtual care:

Full collaboration: The entire behavioral health ecosystem – providers, administrators, payers, policymakers and vendors of EHR systems and other technology — will need to work closely together to stand up or expand virtual care.

Address client challenges: For virtual care to work, clients must be able to access, utilize and connect to providers. Disparities in behavioral health access and broader health inequity issues must be tackled head-on by all behavioral health stakeholders.

Consider the future state of regulatory changes: Should state and/or federal agencies revert back to previous rules and regulations around virtual care, many of the gains providers have made during the pandemic could be lost. Government agencies and elected official must collaborate with behavioral health providers and associations to identify a regulatory

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framework that fosters virtual care and technological innovation while maintaining important client safety and privacy oversight.

And behavioral health providers will need to focus on 3 critical areas:

Enhancing Patient Engagement: One of the most important technological capabilities that both the staff members and executives agreed was critical to supporting a virtual care model was patient engagement. While patient engagement can mean many different things, the need for providers to maintain a strong connection with their clients in lieu of traditional face-to-face encounters is consistent. A comprehensive approach to patient engagement will likely not only lead to higher client and staff satisfaction, but better overall outcomes.

Ensuring staff engagement: Staff surveyed said they understand the need for virtual care, but generally remain in favor of the traditional, in-person approach. Their attitudes may shift over time, but providers still need to hear this concern and take steps to improve technology adoption and comfort levels. One clear path forward will be to establish best practices and clear clinical protocols on the delivery of care in fully virtual environments as well as a blended approach of in-person and virtual services that adopt technology solutions that fully support staff engagement.

Deploy the right technology solutions: Providers will need the right technology foundation to succeed in a multifaceted virtual environment. Using their EHR as a centerpiece, an enterprise-wide technology ecosystem should include telehealth solutions, patient engagement and staff engagement platforms, virtual supervision and patient payment systems. That system must also support a flexible, integrated workflow that creates efficient utilization for the staff member, regardless of whether the service is provided virtually or in a traditional care setting.

In summary, the "new normal" of virtual care is here and will likely continue to play a huge role in the behavioral health treatment landscape in the future. Understanding the impact to both providers and the clients they serve will not only help providers build a strategic plan of sustainability and growth but ensure they can address the ever-increasing demand for services.

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[i] https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies
https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
[ii] Ibid
[iii] https://www2.deloitte.com/us/en/insights/industry/public-sector/mobile-health-care-app-features-for-patients.html#:~:text=Our%20survey%20finds%20that%20adult,94%20percent%20and%2079%20percent)