UNITED STATES of CARE | WELL BEING TRUST

Virtual Care:

A Tool for Addressing Barriers to Accessing Behavioral Health Care Services

AN EXECUTIVE SUMMARY

Behavioral health care in the United States has long failed to meet people's needs. People face enduring barriers to accessing effective, timely, and quality behavioral health care, including treatment for mental health and substance use disorders. Certain populations, such as communities of color, rural communities, LGBTQ+ individuals, and other underserved groups, **experience** greater challenges and obstacles than others. A behavioral health care crisis has long existed in the United States; the COVID-19 pandemic made it exponentially worse. Not only has it disrupted the delivery of behavioral health care, but the resulting stress, solitude, and economic crisis from the pandemic have taken a devastating mental health toll on the American people, notably those with **low socioeconomic status** and from **communities of color**.

Prior to the pandemic, **less than half** of adults with mental illness received treatment, faced with a number of barriers including coverage limitations and behavioral health provider shortages. Black, American Indian, and Alaska Native people use mental health services at significantly lower rates than white American individuals, due in part to lower rates of insurance coverage and geographic barriers that limit access to behavioral health providers. In addition, people with mental health challenges face disproportionately high rates of poverty and housing and employment discriminaton.

Demand for behavioral and mental health services remains high. During the pandemic, people reported experiencing **anxiety, depressive episodes**, and **elevated stress**, with some individuals reaching "chronic states of anxiety and stress." People of color have been disproportionately affected by pandemic-related mental health issues. Untreated substance use disorders are also rising, and communities are reporting concurrent **increases in opioid-related mortality**. Without intervention or access to support, increasing behavioral health crises could be the next epidemic to sweep the nation.

> ❝ The behavioral health team has been so busy, many of the patients having worsening depression, anxiety, and bipolar disorder - they are able to reach out regularly through telehealth. ❞
>
> *Safety net provider, Yakima, WA*

During the pandemic, the most common use of telehealth services has been for mental health conditions. At United States of Care (USofCare), we believe that a well-designed approach to virtual care--including telehealth, remote monitoring, and other digital forms of communication--has the potential the potential to break down long-standing barriers to health care access. In particular, virtual care can help ease barriers to treatment for mental health and substance use disorders.

However, without careful attention to people-centered strategies and solutions, the overnight revolution that the pandemic unleashed in how we access health care - i.e. virtually - could leave certain people and communities further behind, including those that need it the most. USofCare is committed to bringing people, policymakers, providers, and entrepreneurs together to build a virtual care system centered on people's needs, closes gaps, and removes barriers to access.

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The purpose of this summary brief is to **share the concerns and barriers that people experience using virtual care to access behavioral health services.** We also detail solutions and policy changes that support more equitable access to these lifesaving services.

Overcoming Barriers to Behavioral Health Care

In order to understand the **extent to which virtual care can be used as a tool to address inequities in access to behavioral health care**, we must first understand the barriers to care contributing to these inequities. Barriers can be categorized as patient or provider barriers, both of which affect people's ability to access needed care.

PATIENT BARRIERS: *Challenges that inhibit patients from seeking or accessing needed services.* Major barriers include:

★ The social stigma associated with behavioral health conditions and seeking treatment

★ Cost to receive ongoing care

★ Coverage limitations or lack of insurance coverage

★ Long wait times to get an appointment

★ Cultural and linguistic challenges

★ Fear of legal repercussions for seeking treatment or support

★ Social factors, such as food, housing, and transportation insecurity that inhibit the ability to seek necessary behavioral health care

PROVIDER BARRIERS: *Systemic challenges that limit the ability of providers to meet the needs of patients and communities.* Major barriers include:

★ Payment and reimbursement that is not adequate to cover the cost of services, tools, and other infrastructure and support resources

★ Insufficient training to ensure non-behavioral health providers, such as primary care providers, are able to identify and support the needs of patients with behavioral health conditions

★ Workforce shortages in key disciplines that traditionally manage and treat behavioral health conditions

★ Regulatory barriers such as state licensing laws or burdensome requirements, including same-day billing challenges that limit primary and behavioral health care integration

More details on patient and provider barriers to accessing behavioral health care are **available here**.

→ The Opportunity

Amid the COVID-19 pandemic, virtual care tools have grown in reach and prominence as potential means for addressing barriers to accessing care. When addressing the unique nature of behavioral health conditions, we have found that virtual care best complements or supplements in-person care. Virtual care should be implemented when it is clinically and culturally appropriate. Virtual care should not be considered a cure-all to care access barriers. There are many opportunities to include virtual care tools in care delivery and thoughtful policy changes, and implementation considerations are needed to ensure barriers and disparities are eased, not exacerbated.

→ Our Approach

In pursuit of its mission to put people at the center of health care, United States of Care and Third Horizon Strategies, in partnership with Well Being Trust, researched (in the spring and summer of 2021) how virtual care tools could best be used to address behavioral health care access. Our research aimed to identify ways to increase access and decrease barriers so that all people can obtain personalized, understandable, and equitable behavioral health care.

To explore this topic, we used a mix of research methodologies—including literature reviews, expert input, key informant interviews, case studies, and conversations with everyday people. This body of resources aims to guide policymakers and health system leaders to support virtual care strategies for behavioral health care. In particular, this summary brief explores the question, **"How can virtual care be used as a tool to address inequities and close gaps in access to treatment for mental health and substance use disorders?"**

In answering this question, **our research identified several key themes:**

★ **Barriers to virtual care do not impact all populations the same way** and vary greatly based on race, ethnicity, age, gender, geographical region, and socioeconomic factors. Underserved populations, including people of color and people living in rural areas, are disproportionately impacted by barriers to behavioral health care. Barriers may also be heightened by clinical condition, including co-occurring physical and behavioral health conditions, psychiatric diagnoses that may limit cognitive functioning, or a severe level of acuity.

★ **Virtual care is not a panacea**, and will not resolve all challenges to behavioral health care.

★ **Virtual care should augment, not fully replace other services.** Virtual tools should supplement or complement approaches to behavioral health care. Behavioral health providers should have the flexibility to direct clients to the appropriate level of care.

★ **Federal and state policy changes are needed** to maximize the effectiveness of virtual care treatment for mental health and substance use disorders.

★ Policy changes focused on payment models **must promote adequate access to virtual care services.**

★ Any virtual care policies – and implementation of those policies – **must be inclusive and designed with patient, family, and provider needs in mind.**

→ The Challenge Today

The COVID-19 pandemic continues to magnify behavioral health needs while highlighting historical health disparities. A **2021 Milliman report** found that during COVID-19, 41 percent of CDC survey respondents experienced at least one adverse behavioral health symptom, and 13 percent started or increased substance use to cope. These trends increased the need for behavioral health services and produced a strong interest in virtual behavioral care. There are different types of virtual care tools providers can implement to support patient behavioral health needs:

Digital Front Door: Contactless digital intake platform designed to make the intake process safe and more easily accessible for patients.

Synchronous Telemedicine: Simultaneous interactive video or phone connections with clinical or peer support professional.

Asynchronous Telemedicine: Secure mobile platforms for messaging, care assessment and management, education, and connection to others for support and linkage to treatment or recovery activities.

Remote Patient Monitoring: Continuous evaluation and progress tracking of a patient's clinical status or behavior, often through wearables, breathalyzers, or via review of tests and images collected remotely.

Contingency Management: Digital application to support individual's treatment and recovery plan adherence leveraging earned incentives based on positive behaviors and action taken.

Additional information and research on behavioral health virtual care modalities and tools are **available here**.

As virtual care tools are implemented, providers and policymakers must be aware that they are not a perfect solution for all populations. Long-existing policy and implementation barriers limit the health care system's ability to utilize virtual care expansively across the behavioral health delivery system. There are also instances where virtual care is not clinically appropriate or desirable for some patients. Virtual care presents other unique challenges, even beyond those experienced by people accessing behavioral health services in general. **Those challenges include:**

TECHNOLOGY BARRIERS: Devices that can support virtual care and access to high-speed internet are two necessities for virtual care visits. Therefore, lack of access to the prerequisite technology or broadband can create new disparities in access to care, particularly for people of color, economically challenged communities, older adults, and rural communities. In addition, it is important to consider patient privacy concerns related to the provision of virtual care at home or alternative care settings.

> **Virtual calls use a ton of data! You have to be on wifi, which some people don't have access to when you're trying to use the service. Those struggling financially and the elderly and those in rural areas may be adversely affected by it, but it's good and bad because it may give access to specialists people may not have otherwise had access to. I don't believe we will ever move away from in-person visits.**
>
> *Consumer of mental health services*

WORKFORCE SHORTAGES: Although virtual care expands access to behavioral health services in communities lacking providers, it does not increase the size of the provider workforce. However, some virtual care tools can reduce demand for provider time. Unless the behavioral health provider pipeline is addressed, virtual care is a temporary solution that mitigates a broader provider workforce shortage issue.

→ What's Needed

Our research identified opportunities for the health care system to address barriers to accessing virtual behavioral health services. In addition, we identified policy opportunities that address the most significant barriers prohibiting effective and meaningful utilization of virtual behavioral health care. **Our research found that those populations disproportionately underserved by the health care system also experience the greatest gaps in accessing virtual behavioral health care.** These solutions will go a long way toward overcoming these gaps and ensuring people can get the personalized care they need, when and how they need it.

→ Policy Considerations to Advance Behavioral Health Care Access Through Virtual Care

Based on our research and expertise, we have identified a number of critical policy changes and implementation actions needed to overcome barriers to accessing virtual care and maximizing its tools. Below is an overview of some of the key policy solutions to overcoming barriers to virtual behavioral health care:

Barriers	Policy Solutions	Policy Examples*/ Resources
Insurance coverage		
People fear they will incur unexpected charges for virtual care services; providers will offer limited virtual care options, if at all, to people.	Sustainable provider reimbursement and coverage parity for virtual care services.	• Telehealth Modernization Act (**S.368**, **H.R. 1332**) • Protecting Access to Post-COVID–19 Telehealth Act of 2021(**H.R. 366**) • Expanded Telehealth Access Act (**H.R. 2168**) • Illinois Telehealth Services (**HB3498**)
Technology		
People have limited or no access to broadband	Expansion of broadband	• **Emergency Broadband Benefit**
People and providers lack appropriate devices and data plans to use virtual care	Provide no-cost devices and data plans	• **Lifeline program** • **Emergency Broadband Benefit**
	Allow health plans to cover virtual care/audio-only and virtual care messaging (assessments, coaching, cognitive behavioral therapy, etc.) care delivery to increase access by adequately covering the provider's cost	• Arkansas Amendment to Telemedicine Act (**Act 829**) • Iowa's Provision for Telemedicine **HF88**, now **HF431**

(table continued)

Barriers	Policy Solutions	Policy Examples*/ Resources
Patients and providers lack digital literacy and training on new virtual care delivery models	Provide funding to support patient education and provider training	• **Federal Communication Commission** provides $200 million in grants through their COVID-19 Telehealth Program (invoices & reimbursements). • **HRSA provides grants** through their Telehealth Network Grant Program that is under their Office for the Advancement of Telehealth
Legacy policies		
People must have an in-person visit and be an "established patient" before initiating virtual care	Allow verbal or electronic consent to treat and other e-document signatures, as was permitted under COVID-19 emergency waivers	• **Minnesota waiver** allowing verbal consent for individual treatment plans for certain behavioral health services *(this emergency waiver has expired)* • **SAMHSA Public Health Emergency guidance**
	Allow virtual visits for new patients without requiring they be previously established	• **CMS's Medicare Telemedicine Health Care Provider Fact Sheet** on flexibilities under the Public Health Emergency
	Eliminate requirements under Ryan Haight Act for in-person assessment	• **Extend Pandemic Flexibilities for Treating Opioid Use Disorder**
People can only receive care, and providers can only provide care, from approved locations presenting scheduling and transportation challenges	Permanently remove reimbursement restrictions on where patients and providers are located (referred to as the 'originating site' and 'distant site') to receive and give care	• Telehealth Modernization Act (**S.368**, **H.R. 1332**)
Workforce availability		
People are not able to access the providers they need due to staffing shortages. (*Note: As stated above, provider reimbursement rates and payment parity will also impact workforce availability*)	Approve clinicians and other providers to practice across state lines to address provider distribution challenges and promote continuity of care during life changes	• Connecticut's Act Concerning Telehealth (**SB1022**) • Maryland's Act Regarding Health care Practitioners, Telehealth, and Out of State Health care Practitioners (**HB732/SB568**) • **Interstate Medical Licensure Compact**
	Equitable reimbursement and scope of practice across state lines of peer support and recovery specialists to augment clinical workforce	• **H.R. 2767** The Promoting Effective and Empowering Recovery Services in Medicare Act • **39 states** reimburse for peer recovery support services in Medicaid
	Expand HRSA grants and sustainable reimbursement for consultation services between primary care and behavioral health providers, including asynchronous eConsult programs.	• **Collaborative care model to promote integrated care** • **HRSA's Pediatric Mental Health Care Access Program**

Barriers	Policy Solutions	Policy Examples*/ Resources
Treatment Tools		
People are not able to use clinically proven tools utilized by providers to treat substance use disorders virtually, such as contingency management	Improve legality of contingency management and utilization across state lines	• California's Substance use disorder services: contingency management services bill (**SB110**) • **Pear Therapeutics and Massachusetts Medicaid**
People have limited access to Medication Assisted Treatment (MAT) for their substance use disorders.	Update the X-waiver to 1) allow additional clinician types 2) expand the number of patients clinicians can serve and provide MAT services to 3) make COVID-19 e-prescribing emergency flexibilities permanent	• **HHS Expands Access to Treatment for Opioid Use Disorder** • **VA Medicaid Bulletin clarifying ability to use telemedicine to provide MAT** • **S. 4103** The Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act

some legislation may not have been passed into law at the time of publication

→ ## Spotlight on Utilizing Virtual Care to Support Integration

One of the policy opportunities we identified through our research focuses on using virtual care as an opportunity to integrate primary and behavioral health care to support care coordination and continuity. As mentioned above, one of the barriers to accessing behavioral health care is the social stigma associated with seeking behavioral health treatment. Integration with primary care via a virtual care platform can provide increased opportunity to seek care confidentially.

An important consideration when addressing access to behavioral health care is the identification of key care access points. The first stop for many individuals seeking behavioral health care is their **primary care provider**. For example, **40 percent of adults** receive mental health or substance use disorder treatment from their primary care provider. Primary care is the **preferred point of entry** for health care for racial and ethnic minority populations and individuals with limited English proficiency. As such, it has become an important care access point for identifying undiagnosed or untreated behavioral health disorders.

The real cost lies in not treating behavioral health disorders. Lack of access is a **root cause for the mental health crisis**, resulting in increased use of the emergency department and the need for inpatient hospital admissions, **increasing wait times and cost, and impacting outcomes**. Mental health and substance use-related **ED visits** increased more than 44 percent between 2006 and 2014, with suicidal ideation visits growing by nearly 415 percent. Early identification of behavioral health challenges and proper subsequent referral can mitigate the need for costly crisis care services in an inpatient or emergency department setting.

However, there is often not a clear referral path to providers due to siloed systems and other barriers to access. There are several existing models that can potentially be expanded or replicated to promote sustainable reimbursement for virtual consultation services between primary care and behavioral health providers. Examples include the **Collaborative Care Model** to promote integrated care and **HRSA's Pediatric Mental Health Care Access Program**, which was expanded to provide grant opportunities to all 50 states under the American Rescue Plan Act in recognition of the need for increased access to behavioral health consultation services in the wake of the COVID-19 pandemic.

→ Policy Implementation Considerations for Health Systems

Many populations are disproportionately impacted by barriers to mental health and substance use disorder care. Virtual health tools must be implemented properly to ensure they do not further exacerbate these disparities.

When developing and implementing new policies and care programs, **health systems should include the following steps:**

★ **Gather input** from a diverse group of patients with relevant lived experiences

★ **Gather input** from a diverse group of mental health and substance use providers, administrators, and payers

★ **Establish best practices and clear clinical protocols** on the delivery of care (e.g., support a blended approach of in-person and virtual services that adopt technology solutions that fully support both client and staff engagement)

★ **Develop clinical pathways and evidence-based or culturally competent practices** that ensure in-person or higher acuity care is accessible when needed

★ **Implement flexible funding models** that enable patient and provider education on virtual modalities

★ **Improve and standardize data collection and analysis efforts** for monitoring and evaluating the impact of virtual care on the quality of care, in addition to improved data systems that monitor outcomes of behavioral health treatment.

For more details on behavioral health virtual care modalities and policy considerations, **see here.**

→ What Virtual Care May Not Solve For

As virtual care tools are implemented, providers and policymakers must be aware that virtual care presents other unique challenges, even beyond those experienced by people accessing behavioral health services in general. **Those challenges include:**

PROVIDER SHORTAGES: While virtual care may help bring services into underserved communities, it does not solve the overall national shortage of behavioral health providers. The American Academy of Child and Adolescent Psychiatry **estimates** that the country needs 47 child psychiatrists per 100,000 people. That figure is four times the number of child psychiatrists currently practicing, according to a 2020 study in **Pediatrics**. While virtual care may enable a psychiatrist in Boston to provide services to a child in rural Appalachia, it does not solve the overall shortage. **Additional policy solutions are needed to increase the pipeline of physicians choosing the behavioral health field, which may include:**

- Streamlining reporting requirements and addressing administrative burdens
- Enforcing behavioral health parity
- Increasing loan repayment opportunities for licensed professionals at all levels of care
- Increasing reimbursements to ensure competitive salaries

- Increasing loan repayment and paid training opportunities to support a diverse workforce, including Black, Asian American, Latino, and people with disabilities
- Providing manageable workloads to avoid burnout
- Creating pathways to alternative payment methodologies for behavioral health providers.

OPPORTUNITIES FOR CARE COORDINATION:
Additionally, while virtual care can enable providers to practice across state lines, it can potentially disrupt and weaken local, community-based systems of care delivery. For example, if a patient requires more intensive mental health or substance use disorder treatment, virtual care providers may not be connected to local resources. If a virtual provider refers a patient to the emergency department rather than a community-based provider, it could drive up the cost of care.

Community-based organizations and integrated behavioral health providers in primary care often collaborate with local human service agencies, schools, and area health systems. Out-of-area providers might miss a vital referral point for patients and the opportunity for more coordinated, local care.

Conclusion & What's Next

Even though significant barriers to virtual behavioral health care exist, there are also tremendous opportunities to close gaps and improve access to care. We arrived at the suggestions in this briefing document, so that policymakers, providers, patients, payers, and others can work effectively to use virtual care to remove barriers to access. Our research found that those populations disproportionately underserved by the health care system also experience the greatest gaps in accessing virtual behavioral health care. These solutions will go a long way toward narrowing these gaps and ensuring people can get the personalized care they need, when and how they need it. The virtual care system of the future must be centered on people's needs in order to close such access gaps and improve equitable outcomes. Thoughtful, intentional, and impactful change will take bringing people, policymakers, providers, and entrepreneurs together. At USofCare, fostering such collaborations and taking deep dives into the experiences people have with virtual care, and combining those learnings with leading research forms the basis of our work.

Along with this briefing document, USofCare is publishing a collection of resources to help advance access to behavioral health care through virtual tools. **You can learn more through these resources here:**

- Case studies to illustrate how barriers have effectively been addressed in behavioral health centers across the country (**see here**)
- Research on behavioral health virtual care modalities and policy considerations (**see here**)
- Research on patient and provider barriers to accessing behavioral health services (**see here**)

About United States of Care:

United States of Care is a nonpartisan organization committed to ensuring that everyone has access to quality, affordable health care.

Visit **usofcare.org**

About Well Being Trust:

Well Being Trust is a national foundation dedicated to advancing the mental, social, and spiritual health of the nation. Created to include participation from organizations across sectors and perspectives, Well Being Trust is committed to innovating and addressing the most critical mental health challenges facing America, and to transforming individual and community well-being.

Visit **wellbeingtrust.org**

About Third Horizon Strategies:

Third Horizon Strategies (THS) is a boutique, strategic health care advisory firm focused on shaping a future system that actualizes a sustainable culture of health nationwide. The firm offers a 360° view of complex challenges across three horizons – past, present, and future – to help industry leaders and policymakers interpret signals and trends; design integrated systems; and enact changes so that all communities, families, and individuals can thrive.

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