Research Summary: Behavioral Health Virtual Care Modalities and Policy Considerations

United States of Care and Third Horizon Strategies

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About United States of Care

United States of Care (USofCare) is a nonpartisan organization committed to ensuring that everyone has access to quality, affordable health care. The organization aims to drive a unique cross-sector, people-centered approach to prioritizing, creating, and advancing state and federal policies that meet the needs of people and result in a more equitable health care system.

About Third Horizon Strategies

USofCare partnered with Third Horizon Strategies (THS) Behavioral Health Team for this Research Summary.

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.

Virtual care as a solution to addressing barriers people experience in accessing care and reducing disparities

The Issue: We know that people face barriers to accessing health care that meets their unique needs.

USofCare's Work – Closing gaps in access through virtual care: COVID-19 is unleashing a revolutionary expansion in virtual care. Without careful attention, these changes may leave people and communities behind who already face barriers accessing care. We are:

★ Leveraging our listening research to understand people's diverse experiences with virtual care

★ Identifying, developing, and sharing policies and approaches that reflect people's priorities and close gaps in access

Learn more about USofCare's virtual care work at http://unitedstatesofcare.org/priority/virtual-care/

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Virtual Care in the Behavioral Health Care Setting

What follows is a summary of the research on barriers and enablers patients experience when using various virtual care modalities for behavioral health care services. We also detail policy considerations for how virtual care can be used as a tool to address inequities and close gaps in access to behavioral health services.

Research approach: USofCare partnered with THS to conduct this research on established and innovative models of virtual care prominent in behavioral health care. This research included:

★ Conducting qualitative assessment of publicly available research to identify the barriers experienced by patients in accessing behavioral health and barriers experienced by providers in providing virtual care.

★ Case study interviews with various health care providers to provide insight on their experiences with virtual care.

★ Investigating behavioral health virtual care tools and the opportunity these tools have to overcome the identified barriers.

★ Identifying policy and implementation barriers to care and potential solutions to put into practice.

Learn more about our research on patient and provider barriers to accessing behavioral health care services *here*.

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Virtual Care Modalities

The virtual care tools explored include:

Digital Front Door

Synchronous Telemedicine

Asynchronous Telemedicine

Remote Patient Monitoring

Contingency Management

While these may not be inclusive of all virtual care solutions in the market, they were selected based on prominence in the literature, subject matter expertise, and clinical evidence base.

Digital Front Door

★ Contactless digital intake platform designed to make the intake process safe and more easily accessible for patients.

★ **Patient Functions:** Online scheduling • Check in from anywhere using their mobile device • Telehealth kiosks

★ **Provider Functions:** Platforms integrate with core Electronic Health Records (EHR) systems through industry-standard Application Programming Interfaces (APIs) • Availability in multiple languages • Streamlined eligibility and financial review processes

Synchronous Telemedicine

★ Simultaneous interactive video or phone connections with clinical or peer support professional.

★ **Patient Functions**: One-on-one or group appointments conducted outside of medical office for physical medicine visits, counseling, and/or peer support • Provide patient and family education trainings • Live chat features

★ **Provider Functions**: Engagement, assessment, and screening • Live chat features • Virtual case consults to enable provider and peer collaboration

Asynchronous Telemedicine

★ Secure mobile platforms for messaging, educational or therapeutical content, connection to others for support and linkage to treatment or recovery activities.

★ **Patient Functions**: Chat based peer support monitored by AI and natural language processing tools, and escalated as appropriate • Offer online self-led therapy modules such as cognitive behavioral therapy (CBT) or dialectical behavior therapy (DBT)

★ **Provider Functions**: Messaging platforms with surveys to monitor and trigger action for negative responses • Establish individualized plans of care • Provide patient and family education material • Stratification of patient based on risk factors • Integrate interdisciplinary practitioners on what platform • Use of GPS locator to identify other people in recovery nearby to provide support while in any location • Personalize content and linkage to community-based support groups for specific demographics

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.

★ **Patient Functions**: Ability to complete care compliance interventions without going to a physical office

★ **Provider Functions**: Ability to measure progress through breathalyzer and home-based saliva drug tests — performed through the phone, verified by selfie video • Measure medication adherence in medication assisted treatment (MAT) programs through wearables • Measure vitals including blood pressure and heart rate

Contingency Management

★ Digital application to support individual's treatment and recovery plan adherence by leveraging earned incentives based on positive behaviors and actions taken.

★ **Patient Functions**: Earn incentives for completing treatment and recovery plan goals

★ **Provider Functions**: Create a treatment and recovery plan complete with earned incentives contingent on positive behavior and adherence to care plan • Development of treatment and recovery plan in collaboration with patient • Push reminders for reward completion and behavior/activity tracking • Monitor status and tracking of earned incentives • Ability to determine financial spending using the rewards achieved by the patients • Closed loop referral tracking and management

Policy Barriers and Enablers
to Utilizing Virtual Care Tools

There are common policy elements shared by all tools in the virtual landscape that need to be overcome to have an effective virtual care behavioral health strategy for both patients and providers

Common Barriers

★ <u>Licensure</u> that does not cross state lines for providers

★ <u>Privacy</u> and patient protection laws

★ Established face to face visit laws

★ Variable coverage and reimbursement across payers and states

★ Restrictions on <u>telephone based (audio-only) visits</u>

★ Restrictions on prescribing controlled substances

Common Enablers

★ FCC <u>broadband expansion</u> during COVID 19

★ The FCC <u>Over-the-Air Reception (OTARD)</u> device rule

★ No cost devices and data plans

★ Licensure compacts

★ <u>Medicare virtual care</u> bill codes added to CPT

★ Allowance of e-signatures on consent to treat and other enrollment documents

Care Delivery Barriers and Enablers to Utilizing Virtual Care Tools

There are common care delivery elements shared by all tools in the virtual landscape that need to be overcome to have an effective virtual care behavioral health strategy for both patients and providers

Common Barriers

★ Lack of access to technology devices

★ Poor broadband connection action and strength

★ Lack of digital literacy

★ Patient privacy concerns in home

★ Insufficient provider technical assistance

★ Workflow challenges to triage patients between in person and telemedicine

★ Costs associated with implementation

★ System integration of device into broader infrastructure

Common Enablers

★ Patient education by trusted partners

★ Telehealth kiosks

★ Platforms that integrate and are interoperable with core electronic health record and scheduling systems

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Digital Front Door

Considerations when digital front door may not be appropriate:

★ When patient is in crisis and needs immediate care

★ When broadband is not consistently available

Potential unintended consequences:

★ Problematic for provider if system is not integrated with electronic health record and in-person scheduling system

★ Requires workflow adaptations

★ Reduction or reallocation of staff conducting these roles today

★ Patients may not have ability to complete assessment accurately or timely resulting in greater burden or gaps in care

★ Limited support if patients have questions when completing application

Consumer Barriers Addressed	Stigma	Cost	Coverage	Availability	Cultural and Linguistic	Fear of Repercussion	Social Barriers
Provider Barriers Addressed	Payment and Reimbursement			Workforce Development		Workforce Shortage	

Synchronous Telemedicine

Considerations when synchronous telemedicine may not be appropriate:

★ When clinically contraindicated (e.g., exacerbates paranoia or other symptomatology)

★ When patient is at immediate risk (suicidal ideation, or risk of self-harm or harm to others)

★ When patient does not have a private space to have a confidential encounter

★ When patient needs or strongly prefers therapeutic interactions with peers

★ When patient does not have access to consistently available broadband or smart device

Potential unintended consequences:

★ Patients who require a higher level of care may resist coming in person when clinically indicated

★ Providers need to maintain capacity for both telehealth and in-person services

★ Decline in revenue due to greater amount of telehealth visits at lower costs

★ Administrative burden of additional system requirements

★ Providers working across state lines may not have access to local resources and therefore cannot offer care coordination as needed

Consumer Barriers Addressed	Stigma	Cost	Coverage	Availability	Cultural and Linguistic	Fear of Repercussion	Social Barriers
Provider Barriers Addressed	Payment and Reimbursement		Workforce Development		Workforce Shortage		

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Asynchronous Telemedicine

Considerations when asynchronous telemedicine may not be appropriate:

★ When clinically contraindicated (e.g., exacerbates paranoia or other symptomatology)

★ When used as a replacement for all care delivery rather than a complement or supplement to care needs

★ When patient is at immediate risk (suicidal ideation, or risk of self-harm or harm to others)

Potential unintended consequences:

★ Patients using the modality during crisis and providers are unable to meet patients' immediate care needs

★ Data systems are not integrated with electronic health records causing greater administrative burden and diminished ability integrated care

Additional Policy Considerations:

★ New CPT codes to support Online Digital Evaluation and Management Services have been developed to support this care

Consumer Barriers Addressed	Stigma	Cost	Coverage	Availability	Cultural and Linguistic	Fear of Repercussion	Social Barriers
Provider Barriers Addressed	Payment and Reimbursement			Workforce Development		Workforce Shortage	

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Remote Patient Monitoring

Considerations when remote patient monitoring may not be appropriate:

★ When patient self-report is not reliable or cognitive functioning is impaired

★ When patient is unable to access remote monitoring technology or it is not available through provider or payer

★ When patient and provider digital literacy is limited

Potential unintended consequences:

★ Data not interoperable with existing electronic health record or other infrastructure causing potential gaps in care or challenges to data collection, performance measurement, and quality improvement

★ Patient fear of limited privacy or intrusion from provider

★ Misuse if adequate patient and provider training is unavailable for digital tools

Additional policy considerations:

★ Requirement of data security and data accuracy

★ Medicare codes for physiological monitoring do not fall under telehealth umbrella

★ Limited to established patients

Consumer Barriers Addressed	Stigma	Cost	Coverage	Availability	Cultural and Linguistic	Fear of Repercussion	Social Barriers
Provider Barriers Addressed	Payment and Reimbursement			Workforce Development		Workforce Shortage	

Contingency Management

Considerations when contingency management may not be appropriate:

★ May be dependent on where an individual is in their treatment or recovery process

★ Condition dependent - some methods of contingency management are more effective for certain conditions

Potential unintended consequences:

★ Perceived potential of fraud, waste, and abuse if controls are not in place for managing tool utilization

★ Fostering an environment of failure or penalization if patient does not meet assigned goals

★ Exacerbated stigma of "rewarding" those who have conditions

Additional Policy Considerations

★ Currently not legal in every state, but under Office of Inspector General (OIG) review

★ May have to combat stigma of perception of "rewarding" patients

★ Recent FDA authorized smartphone-based digital therapeutics that incorporate contingency management

Consumer Barriers Addressed	Stigma	Cost	Coverage	Availability	Cultural and Linguistic	Fear of Repercussion	Social Barriers
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Policy and Implementation Considerations

What's Needed

Our research identified opportunities to address barriers to accessing virtual behavioral health services, both in terms of implementation and policy needs. We also identify policy opportunities that have the potential to address the greatest barriers prohibiting effective and meaningful utilization of virtual tools for behavioral health care.

Based on our research and expertise, **we've concluded several policy changes and implementation actions are needed to overcome barriers patients experience to accessing virtual care and maximizing its tools.**

Policy Considerations

Barriers	Policy Solutions	Policy Examples*/ Resources
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)
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 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
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

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

Policy Considerations (cont.)

Barriers	Policy Solutions	Policy Examples*/ Resources
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
People must have an in-person visit and be an "established patient" before initiating virtual care.	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)

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Policy Considerations (cont.)

Barriers	Policy Solutions	Policy Examples*/ Resources
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.	• 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 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	• Collaborative care model to promote integrated care • HRSA's Pediatric Mental Health Care Access Program
People are not able to use clinically proven tools utilized by providers to treat substance use disorders virtually.	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 Medicated 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

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Considerations for Implementation

Without proper implementation and operational considerations, there is risk for these tools to exacerbate disparities further across populations already disproportionately impacted by barriers to mental health and substance use disorder care.

Key considerations when developing new policy or programing must include:

★ Gather input from a diverse group of individuals with lived experience

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

★ Develop clinical pathways and evidence-based 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 evaluation purposes

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