



**FLORIDA ALLIANCE  
FOR HEALTHCARE VALUE**

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# **The Employer Guide to Identifying High Value Telebehavioral Health Care**

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This project was supported through the Florida Alliance for Healthcare Value's work as a Regional Employer-Stakeholder Engagement Team for:



***The Path Forward***

for mental health and substance use

## Introduction

The Florida Alliance for Healthcare Value (the Florida Alliance) has been selected through a competitive process to lead efforts in Florida to improve mental health and substance use treatment. This initiative is part of a national transformation movement called **The Path Forward for Mental Health and Substance Use** led by the National Alliance of Healthcare Purchaser Coalitions, the American Psychiatric Association (APA), the American Psychiatric Association Foundation (APAF) Center for Workplace Mental Health and Meadows Mental Health Policy Institute. The Florida Alliance’s efforts are focused on achieving measurable improvements in five priority areas:

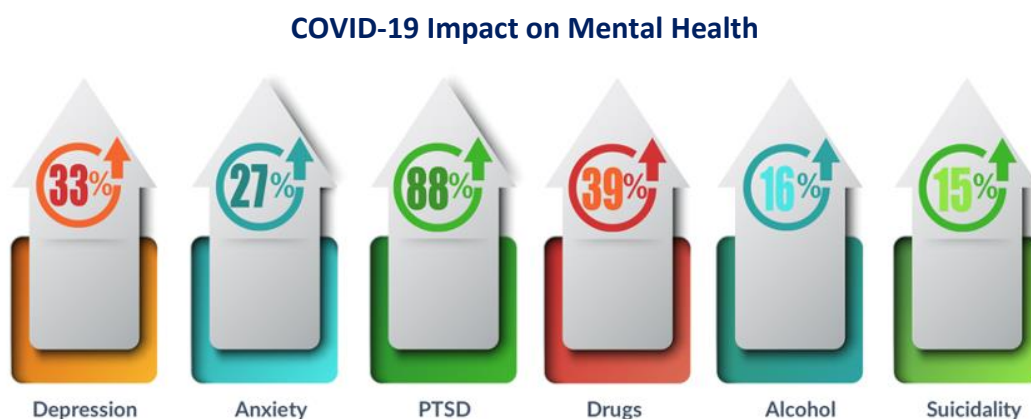
- **Increasing system capacity and improving access to “in-network” behavioral health specialists**
- **Expanding use of the collaborative care model to integrate behavioral health into primary care**
- **Implementing measurement-based care in both primary care and behavioral specialty care to improve quality and outcomes**
- **Expanding telebehavioral health (TBH)**
- **Ensuring mental health parity compliance**

As part of The Path Forward and in response to the coronavirus pandemic, the Florida Alliance has moved forward on the need to promote expansion of TBH and to ensure the services provided are evidence-based best practice and promote high value care.

## Impact of the Pandemic

COVID-19 has dramatically impacted employers in multiple ways, with work from home, major business contraction or expansion, sanitizing requirements, supplier issues, medical care and absenteeism, to name a few. A less perceived but highly impactful result of the pandemic is the psychological toll it is taking on employees and their families.

A study done by Florida Alliance Affiliate Member eHome Counseling Group shows the significant increase in mental health issues as a result of COVID-19 from 2019 to 2020:



*March-June year over year comparison (2019 to 2020) based on eHome Counseling Group assessment results*

Many employers struggled pre-COVID-19 to identify high quality, cost-effective behavioral health care. Given these impacts, the pandemic has now made this need even more important and timely.

Despite the many negative aspects of COVID-19, one positive change has been the acceleration in the acceptance of telehealth and TBH by consumers. In losing the option of visiting a doctor or counselor in person, employees discovered the convenience and confidentiality of video visits and the demand for telehealth has boomed. States have loosened telehealth regulations, opening access to providers. Employers are including telehealth providers in their benefit plans and searching for guidance on how to manage that benefit, particularly as it relates to TBH. This guide is designed to help employers understand the attributes of high quality, cost-effective TBH to ensure that the services their plan members are receiving are high value.

Health plans and behavioral care providers who deliver high value behavioral health care have these components:

- Ability to quantify and analyze the combined cost of medical and behavioral care for individual employees to minimize overall costs
- Embracing TBH, with full payment parity, to ensure access to quality care for all members
- A short time to appointments for care
- Use of measurement-based care (MBC) to demonstrate the quality and outcome of therapeutic services
- Removal of barriers to accessing behavioral care, including limited or no pre-authorizations or step therapy requirement, particularly for addiction treatment
- Promotion of medication assisted treatment (MAT), particularly long-duration buprenorphine or naloxone, for substance use disorders
- Coordinated primary and behavioral care, with incentives for primary care providers to conduct behavioral care screenings for early identification of issues and referral to treatment
- High customer satisfaction, low no-show, and high completion rates

**Throughout this document, the term “behavioral health” is used to define the promotion of emotional, social and psychological resilience and well-being and the treatment of mental and substance use disorders.**

Special thanks to Dr. Henry Harbin and Brad Rex for their support of this project.

We hope you find the guide useful and thank you for your continued engagement with the Florida Alliance.

Sincerely,

*Karen van Caulil*

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President and CEO, Florida Alliance for Healthcare Value

## The Value Proposition for High Value Telebehavioral Health Care

### Why Should Employers Care about Behavioral Health Care?

- More than **70 percent** of individuals with a **substance use disorder (SUD)** maintain employment
- Individuals with SUD have **40% more missed days** from work than other employees
- Individuals with SUD are **50% more likely to change jobs every year**
- **Healthcare costs** for employees with alcohol use disorder are **double** that of workers without the disorder
- Employees who use alcohol or illicit drugs are **3.5 times more likely** to be involved in **workplace accidents** and more likely to file **Workers' Compensation claims**

Multiple studies have quantified the economic benefits of appropriately addressing behavioral health care for employers. In a report developed by Accenture, "Breakthrough Behavioral Health Access: Think Virtual" it states:

In addition to the effect on people's lives, better access to care is a potential breakthrough in terms of overall outcomes and medical spending. Accenture analysis shows that virtual behavioral health services could materially expand access to treatment for more than 53 million people in the United States. This increased access can translate into **reduced overall medical costs**. It is estimated that a 1% increase in treatment for behavioral health disorders in the US could yield as much as **\$2.4 billion in medical cost savings annually** in the United States.

These savings largely come from the fact that individuals with behavioral health conditions often have other medical conditions. In fact, 68% of behavioral health patients have a co-occurring medical condition. As a result, **the healthcare system absorbs two to three times more in cost from these patients**. In addition, people with behavioral health conditions who get treatment may experience **up to 30% lower costs** than those who do not.



**An employee with diabetes who also has depression is much less likely to monitor daily blood sugar levels and take insulin when depressed, resulting in more severe medical complications due to their diabetes. By treating the underlying depression, the diabetes is much better controlled resulting in lower overall costs.**

An August 2020 study by Milliman, Inc., funded by the Mental Health Treatment and Research Institute, revealed that individuals with behavioral health conditions in addition to physical health conditions drive high total healthcare costs in the US and only 5% of their cost of care is for their behavioral health conditions.

Key findings of the study include:

- 5.7% of the entire study population – high cost patients with both conditions – accounted for 44% of all healthcare spending
- 50% of all patient with behavioral conditions had less than \$68 of total annual spending for behavioral health treatment

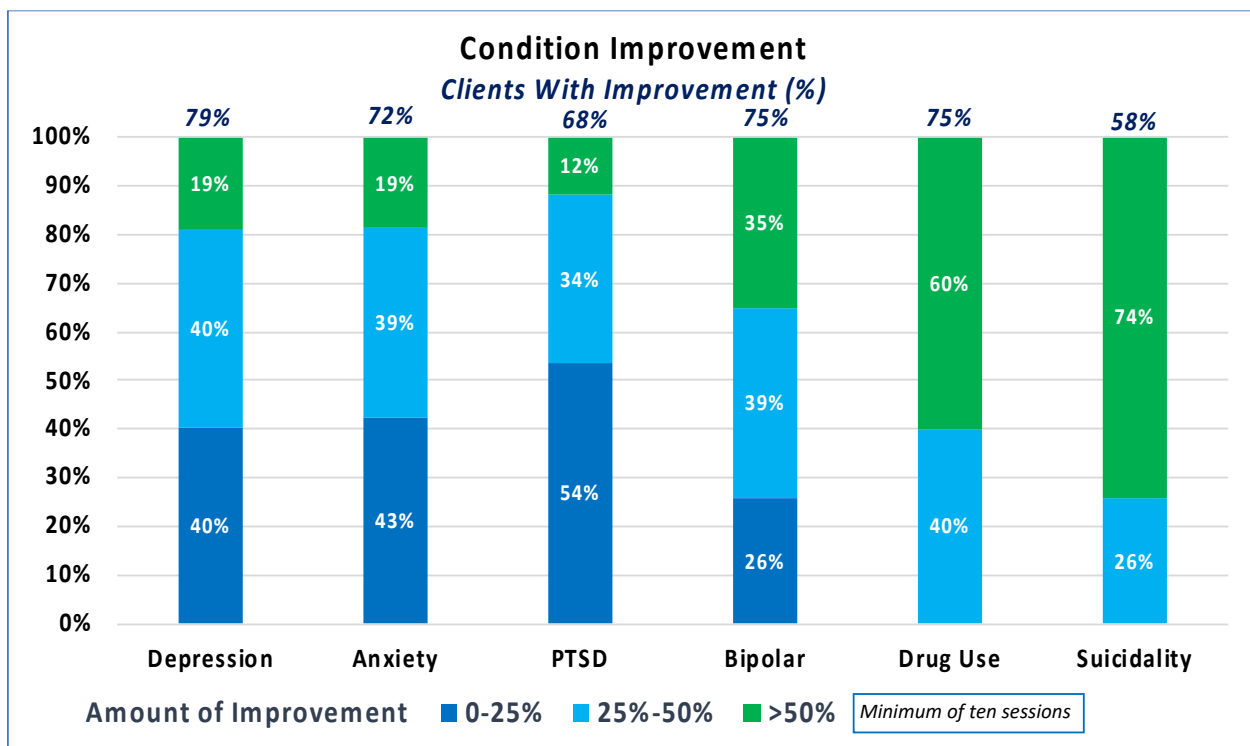
TBH is a strategy that employers can deploy to address the increasing need for care.

## Are Counseling Services Delivered Via TBH Effective?

TBH provides an important advantage in treating addiction. A National Association of State Alcohol and Drug Abuse Directors report demonstrated treatment completion rates for video addiction treatment were twice the rate for traditional in-office care (80% vs. 41% respectively). The combination of MAT with video behavioral counseling is now considered the gold standard in addiction treatment, reflected in new programs from Medicare reimbursing this protocol.

Roberta Montemayor, Director for Telehealth of Optum Behavioral Health, shared information at an Open Minds Summit in 2018 about Optum’s Virtual Visits program, which included over 4,700 clinical professionals offering TBH services. Optum reported that virtual care can provide 20% faster appointments than in-person sessions and may result in a 60% decrease in missed appointments, as well as a 25% reduction in hospitalization rate and lengths of stay.

Florida Alliance Affiliate Member eHome Counseling Group is a national TBH provider that uses metrics-based care. Their comprehensive assessment program quantitatively measures the mental health condition of each client at initial intake and throughout treatment. These assessments were analyzed by University of Central Florida researchers who confirmed statistically significant improvements in client outcomes across a spectrum of different diagnoses. The results showed 68%-79% of clients improved for the four most prevalent behavioral health conditions (depression, anxiety, post-traumatic stress disorder, bipolar disorder), as well as significant reductions in drug use and suicidality.



Beyond the quantifiable benefits shown above, employees reported high satisfaction with tele-behavioral health, with five-star ratings and powerful testimonials.

## Components of a High Value Behavioral Healthcare Program

The recent, rapid advancement of TBH in response to COVID-19 has significantly improved access to care issues. Health plans and behavioral care providers who deliver high value behavioral health care should demonstrate that they have these components in place:

- Ability to quantify and analyze the combined cost of medical and behavioral care for individual employees to minimize overall costs
- Embracing TBH, with full payment parity, to ensure access to quality care for all members
- A short time to appointments for care
- Use of MBC to demonstrate the quality and outcome of therapeutic services such as URAC's new standards (see References)
- Removal of barriers to accessing behavioral care, including limited or no pre-authorizations or step therapy requirement, particularly for addiction treatment
- Promotion of MAT, particularly long-duration buprenorphine or naloxone, for substance use disorders
- Coordinated primary and behavioral care, with incentives for primary care providers to conduct behavioral care screenings for early identification of issues and referral to treatment.

Note: Use of the Psychiatric Collaborative Care Model is recommended by The Path Forward for Mental Health and Substance Use as a best practice for integration of medical and behavioral care and it has a specific CPT code. All the Collaborative Care Model services can be delivered virtually and are in addition to TBH services. The billing codes require the use of MBC.

- High customer satisfaction, low no-show, and high completion rates

## **Are You Offering Best Practice Behavioral Health?**

Here are questions to ask your carrier, benefits consultant, and/or vendor:

### ***Is behavioral health care fully integrated into medical health care?***

Best practice is fully integrated with close coordination between medical and behavioral care to minimize overall costs. For some carriers, pharmacy management is also included.

### ***Can you provide the combined cost for medical and behavioral health care at an individual employee level?***

Best practice is to not only provide this reporting but demonstrate how alleviating behavioral health issues can reduce medical costs.

### ***What is your TBH offering?***

Best practice is TBH with carefully vetted, experienced video delivery providers who provide MBC. These providers should be able to treat the full spectrum of mental health issues from simple depression or anxiety to co-occurring conditions and addiction. Delivery is preferred by video but can be delivered by telephone for patients who do not have access to video or do not want to use video. A mechanism should be in place to ensure that TBH services are integrated with medical services to ensure coordination with other providers from whom the patient may be receiving treatment.

### ***What is your typical time to get an appointment?***

Best practice is 48-72 hours for an initial appointment. Longer time indicates reduced access to care or an inadequate network.

### ***What metrics can you provide to show the effectiveness of treatment?***

Best practice is the ability to provide a comprehensive report of the intake condition of an employee, number of sessions and outcome condition. The condition should show all mental health issues, not just depression or anxiety. Addiction reports should show total cost of care including any inpatient, partial hospitalization, intensive outpatient, emergency room and hospitalization costs over an extended period (e.g., six months) and one- and six-month relapse rates.

### ***What are your pre-authorization or step therapy requirements, particularly for addiction care?***

Best practice is few or no pre-authorization requirements for behavioral care, especially for medications for addiction treatment. An American Medical Association Report explicitly states payers should remove prior authorization, step therapy and other inappropriate administrative



burdens or barriers that delay or deny care for FDA-approved medications used as part of MAT for opioid use disorder.

***What percentage of your members receive mental health screening during annual exams?***

Best practice provides incentives to primary care providers to conduct mental health screenings as part of annual examinations by providing adequate reimbursement for assessments such as the PHQ-9 (depression), Audit-C (alcohol use), NIDA (drug use), GAD-7 (anxiety) or M-3 (multiple conditions). Patients with positive screens are then referred to behavioral health professionals for treatment. Screening and tracking of outcomes with a validated set of measures such as those developed by URAC is recommended.

***What are your no-show rates and customer satisfaction scores?***

Best practice providers have TBH no-show rates of less than 10 percent (as compared to traditional in-office rates of 25%-40+%). Best practice also closely monitors customer satisfaction, achieving at least four out of five stars.

## Conclusion

Employees' needs for mental health services have increased significantly due to COVID-19. Employers can meet these needs while reducing costs and absenteeism and increasing retention and satisfaction through provision of best practice, high value TBH. The behavioral healthcare landscape has changed dramatically in the past year, offering employers the opportunity to significantly reduce overall healthcare costs by demanding high quality, outcomes based TBH services from their carriers and providers.

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