



# The Employer Guide to Identifying High Value Tele-behavioral 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:



## **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 a national transformation movement called **The Path Forward for Mental Health and Substance Use** led by the National Alliance of Healthcare Purchaser Coalitions, American Health Policy Institute, the American Psychiatric Association (APA), the American Psychiatric Association Foundation (APAF) Center for Workplace Mental Health, HR Policy Association (The Association of Chief Human Resource Officers), Meadows Mental Health Policy Institute, the Bowman Family Foundation and the Jed Foundation. The Florida Alliance's efforts are focused on achieving measurable improvements in five priority areas:

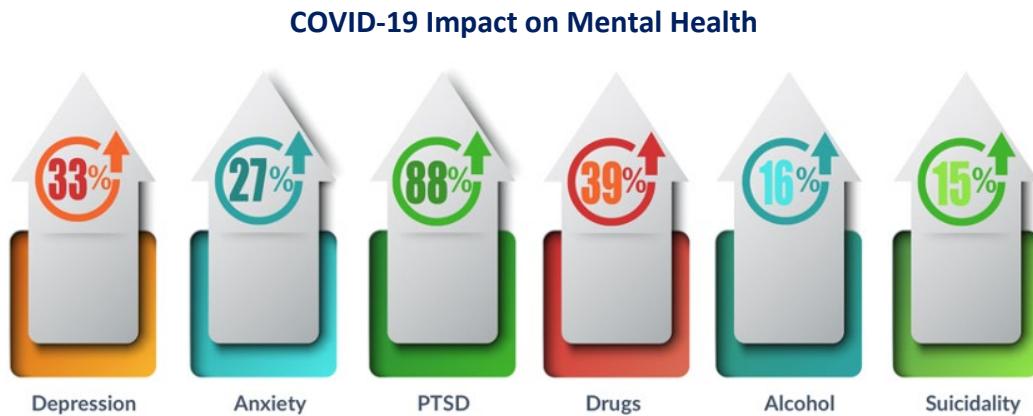
- **Increasing system capacity and improving access to “in-network” behavioral health specialists**
- **Expanding use of the collaborative care model to integrate behavioral health into primary care**
- **Implementing measurement-based care in both primary care and behavioral specialty care to improve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

As our country enters the third year of the coronavirus pandemic, the Florida Alliance continues to move forward on the need to promote expansion of TBH, ensure TBH services provided are evidence-based best practice and promote high value care, and reinforce the need for integration with primary health care.

## **Impact of the Pandemic**

COVID-19 continues to dramatically impact employers in multiple ways, with work from home and alternatively, employees being called back to offices, major business contraction or expansion, supplier issues, medical care, and absenteeism, to name a few. The psychological toll the pandemic has taken on employees' and their families' collective mental/behavioral health continues to rise in acuity with depression and anxiety at the top.

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 early in the pandemic, 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 elevated this need to a critical level.

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 have included telehealth providers in their benefit plans and are searching for guidance on how to manage that benefit, particularly as it relates to TBH. With two years of the pandemic learnings behind us, this updated 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:

- Coordinated primary and behavioral health care, with incentives for primary care providers to conduct behavioral health screenings for early identification of issues and referral to treatment, a model championed by The Path Forward initiative known as Collaborative Care
- Ability to quantify and analyze the combined cost of medical and behavioral care, including capturing quantitative data on reimbursement levels for all treatment modalities (audio only, audio and video combined, and in-person), 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, and ensuring the volume of treatment sessions is appropriate for the type of behavioral care needed.
- Promotion of medication assisted treatment (MAT), particularly long-duration buprenorphine or naloxone, for substance use disorders
- High customer satisfaction, low no-show, and high completion rates
- A range of providers able to serve TBH clients such as Licensed Psychologists, Doctoral-level therapists, students working towards Master's in Social Work degrees, Master's-level Social Workers, Licensed Clinical Social Workers, and Family Therapists

**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.**

We hope you find the guide useful and thank you for your continued engagement with the Florida Alliance. Special thanks to Dr. Henry Harbin and Brad Rex for their support of this project.

Sincerely,

*Karen van Caulil*

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## The Value Proposition for High Value Tele-behavioral Health Care

There are several terms that are used throughout this guide when discussing mental and behavioral health. These include:

- Serious Mental Illness (SMI): SMI is defined as a mental, behavioral, or emotional disorder among adults aged 18 years and older. An SMI results in serious functional impairment, which substantially interferes with or limits one or more major life activities.
- Substance Use Disorder (SUD): SUD is a diagnosis that applies when the recurrent use of alcohol or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
- Co-occurring Disorder (COD): COD refers to the coexistence of both a substance use and mental disorder.

Millions of Americans are impacted by an SMI, SUD or COD. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2021 Evidence-Based Resource Guide Series *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*, in 2019, 5.2% or 13.1 million people in America had an SMI. Of those, 47.7% or 6.2 million people reported an unmet need for mental health services in the previous year. Among those 12 and older in 2019, 7.4% or 20.4 million people reported experiencing a SUD. SMI, SUD and COD are key factors in the health and wellbeing of our society, and this includes their impact in the workforce.

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

- More than **70%** of individuals with **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. A report developed by Accenture, “Breakthrough Behavioral Health Access: Think Virtual” 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. 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 patients with behavioral conditions had less than \$68 of total annual spending for behavioral health treatment

From a healthcare equity standpoint, SAMHSA's guide notes that tele-behavioral health plays a role in helping to ensure that health equity is achieved for *all* employees, specifically those who may be part-time, seasonal, and/or lower income workers by removing barriers to accessing needed care and services. Barriers may include a lack of reliable transportation options for doctor visits, inability to take needed time off from work for personal appointments, and family caregiving responsibilities. Cultural stigma and the subsequent need for privacy around accessing mental health care and treatment is another important reason for implementing and sustaining a comprehensive TBH strategy. Employers need to be aware of employees' ability to access care via the internet. Surveying employees to determine if they have access to broadband internet and a computer or smart device will allow employers to determine if support is needed to access telehealth services.

Overall, TBH is a strategy that employers can deploy to address the increasing need for care, and types of delivery mechanisms.

## Components of a High Value Tele-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 that deliver high value behavioral health care should demonstrate that they have these components in place:

- 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 Measurement Based Care (MBC).*
- Ability to quantify and analyze the combined cost of medical and behavioral care, including capturing quantitative data on reimbursement levels for all treatment modalities (audio only, audio and video combined, and in-person), 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, and ensuring the volume of treatment sessions is appropriate for the type of behavioral care needed.
- Promotion of MAT, particularly long-duration buprenorphine or naloxone, for substance use disorders
- High customer satisfaction, low no-show, and high completion rates
- A range of providers able to serve TBH clients such as Licensed Psychologists, Doctoral-level therapists, students working towards Master's in Social Work degrees, Master's-level Social Workers, Licensed Clinical Social Workers, and Family Therapists.

A high-value, effective TBH healthcare program should adhere to the continuum of care model identified in SAMHSA's *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders* guide. The stages of the model include:

- Screening and assessment
- Treatment (Pharmacotherapy, MAT, Medication Monitoring, Behavioral Therapies)
- Case Management SUD Recovery Supports (peer recover support services)
- Crisis Services (ensuring there is a "no wrong door" approach for entry into services)

The continuum of care model is also a best practice championed by The Path Forward for Mental Health and Substance Use led by the National Alliance of Healthcare Purchaser Coalitions. The model connects primary and behavioral health providers to create a total person health strategy for the treatment of SMI, SUD and CODs. Currently, an estimated 40-60% of clients with mental/behavioral health issues and SUDs are treated by their primary care

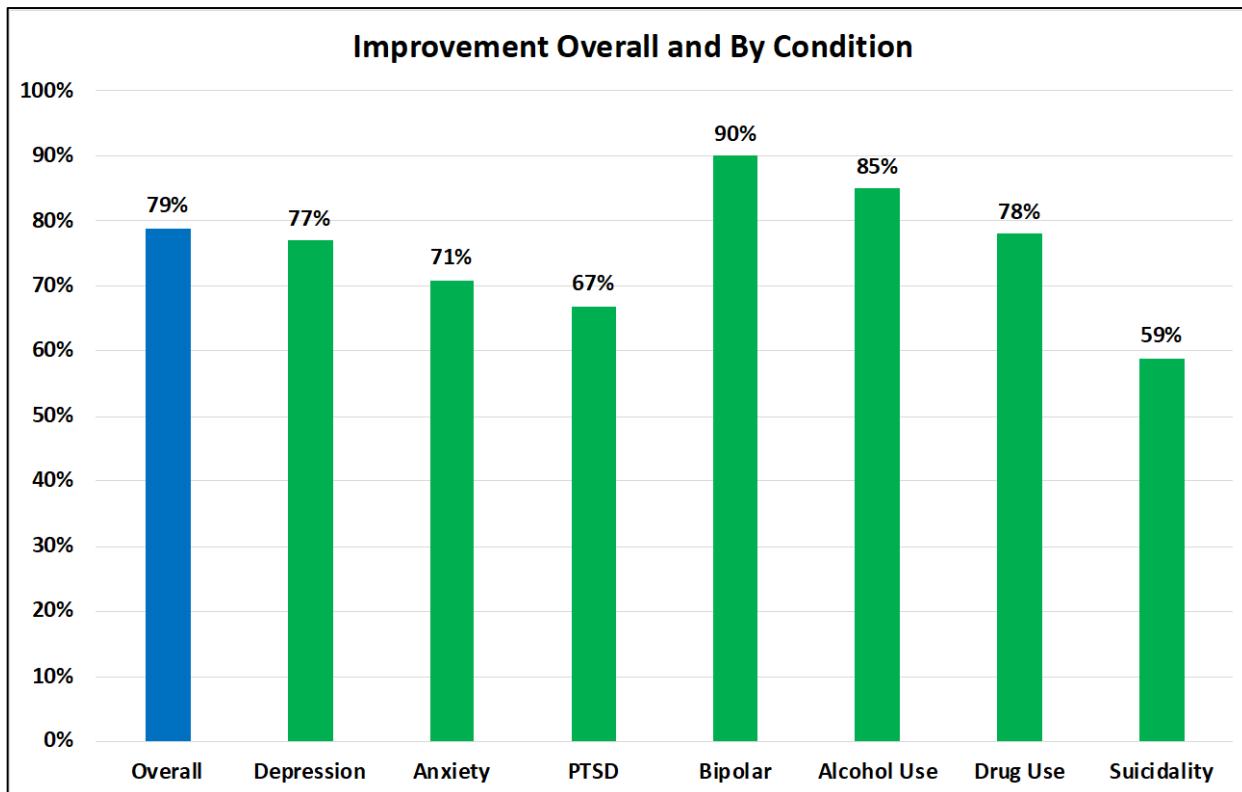
physicians. This model expands upon that treatment through the coordinated engagement of specialized behavioral healthcare providers. TBH is a strategy that ties the stages (or components) of the model together. Its integration into primary health care provides that coordinated, sustainable effort toward an employee's mental wellbeing.

### **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 updated 2021 results showed 67%-90% 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.



As noted above, MAT with video behavioral counseling is considered the gold standard in addiction treatment. In SAMHSA's guide, this behavioral health treatment demonstrates strong evidence around the following telehealth-specific outcomes when compared to in-person treatments:

- No significant difference in retention and counseling attendance rates
- No significant difference in and high level of client satisfaction
- No significant difference in client and provider ratings of therapeutic alliance

For individuals experiencing an SMI, SUD or COD using TBH for cognitive behavioral therapy, the following telehealth-specific outcomes were demonstrated when benchmarked against traditional care (ie/ treatment experienced through a primary care physician):

- Higher level of client satisfaction
- No significant difference in therapeutic working alliance between provider and client
- *Higher level of treatment completion, when compared to in-person treatment*

Use of the continuum of care model to deliver TBH has led to these key findings:

- Telehealth is effective across the continuum of care for SMI and SUD, including screening and assessment, treatments, including pharmacotherapy, medication management, and behavioral therapies, case management, recovery supports, and crisis services.

- Evidence-based treatments for SMI and SUD, traditionally provided face-to-face, are also effective when delivered using telehealth and have outcomes comparable to in-person service delivery.
- Therapeutic services provided using telehealth modalities generate positive outcomes for the client, including engagement in treatment, retention in care, and client satisfaction, which in turn lead to improved long-term health outcomes.
- Use of telehealth modalities increases individuals' and communities' access to trained providers and evidence-based practices that may otherwise be unavailable to them.
- When geographic and other access barriers (e.g., transportation, mobility, and obligations like employment and caretaking responsibilities) prevent individuals from accessing services, telehealth fills a treatment gap and improves health outcomes.
- TBH is most effective for total person care when integrated into and coordinated with a primary care provider.

These are critical outcomes and findings given that over *70% of those with an SUD maintain employment*.

## **Are Employers Offering Best Practice Tele-behavioral Health with Evidence Based Treatments (EBTs)?**

Lyra Health, a leading mental health benefit partner for companies nationwide, has identified five key dimensions of quality for assessing mental health benefits, whether they are offered via TBH or in-person. The five dimensions provide a general framework to approach TBH providers with the goal of ensuring your organization's program is benefitting both you, as the employer, and your employees by implementing and evaluating EBTs. The five dimensions are:

1. A commitment to evidence-based care, also known as EBTs as defined by the Society of Clinical Psychology. Examples of EBTs include Cognitive Behavioral Therapy and Exposure and Response Prevention
2. Verified network adequacy and quality
3. Quality of care that is measurable with data
4. Comprehensive care for every need
5. A proven mental health care partner

Keeping in mind the five dimensions, here are specific questions for employers to ask their carrier, benefits consultant, and/or vendor:

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

Best practice is fully integrated with close coordination between primary/medical and behavioral care to minimize overall costs. Integration into primary health care is a critical component for total employee health and wellbeing with decreased costs and increased presenteeism experienced as results. For some carriers, pharmacy management is also included.

### ***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.

### ***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. Reporting should capture quantitative data on reimbursement levels for all treatment modalities (audio only, audio and video combined, and in-person).

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

Best practice is TBH with carefully vetted, experienced audio and/or video delivery providers who provide Measurement Based Care. 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 using EBTs, such as Cognitive Behavioral Therapy. 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 primary and other 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. Metrics found in SAMHA's *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders* for treatment outcomes and access and utilization outcomes should be strongly considered for evaluation of TBH services.

### ***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 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.

***Is your health plan offering TBH services in compliance with Federal and State regulations and policies, including the 2008 Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act?***

Mental health parity refers to the prevention of providing mental health or substance use disorder (MH/SUD) benefits at less favorable benefit limitations than medical/surgical benefits. The Centers for Medicare and Medicaid Services (CMS) offers a Mental Health Parity and Addiction Equity Action [fact sheet](#). The Department of Labor provides an analysis checklist tool for determining compliance, and organizations are required to demonstrate that an analysis has been undertaken and mental health parity is adhered to in their benefit offerings.

Educational and tracking resources for federal and state regulations and policies addressed within SAMHSA's *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders* include:

- The Center for Connected Health Policy: The National Telehealth Policy Resource Center offers a map of federal telehealth laws, regulations, and reimbursement policies by state, as well as an accompanying report; and,
- The American Medical Association offers a brief guide on licensures and payment policies.

State-level licensure and prescribing requirements can be located at:

- [Florida Certification Board](#)
- [Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling](#)

***Are you implementing a Continuous Quality Improvement (CQI) and evaluation plan for TBH services?***

As the COVID-19 pandemic unfolded over the past two years, many employers quickly pivoted to TBH offerings for their employees out of necessity. Implementing a CQI plan can help to assess whether the TBH services are effective, identify barriers, create improvements in the virtual healthcare space and plan for sustainability of TBH.

SAMHSA's *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders* guide provides outcomes and indicators that can be used to measure the effectiveness of TBH services along with data sources. Examples include completed therapeutic treatment sessions, access to care, self-efficacy, and the client's relationship with the provider. The American Medical Association offers a [Telehealth Implementation Playbook](#) specific to SMI, SUD and COD. The AMA Playbook covers planning, implementing, evaluating, and scaling of TBH services.

## **Conclusion**

Employees' needs for mental/behavioral health services increased significantly due to COVID-19, and as we enter the third year of the pandemic, shows no sign of plateauing. Employers

can continue to 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 two years, 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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