

A NEW OPPORTUNITY FOR TELEMENTAL HEALTH



COORDINATED
BEHAVIORAL
CARE

EXECUTIVE SUMMARY:

The COVID-19 pandemic has substantially disrupted how healthcare is delivered and challenged *providers* to find new ways to engage with and treat their *clients*¹. In response to enforced social distancing protocols and regulatory guidance requiring drastic reduction—if not outright elimination—of face-to-face visits, these unprecedented circumstances have mandated rapid changes to the delivery of care from in-person to telephonic/audio-visual means of connection and communication. In particular, the behavioral health (BH) sector has had to react quickly to the public health emergency. The rapid regulatory responses, through waivers at the federal and state level, resulted in realigned care practices and workflows at the clinical level. To ensure continuity of care for its most fragile and vulnerable populations, community-based health and human service agencies have had to make costly investments to properly equip staff and clients with mobile devices and other technology-assisted care solutions. Now, five months into the COVID-19 public health emergency, a new status quo has emerged, as providers and clients have adjusted to virtual service delivery in ways that were not imaginable before March 2020. Accordingly, [Coordinated Behavioral Care's](#) (CBC) network of over 50 community-based, not-for-profit, health and human service agencies, serving 100,000 Medicaid clients, is strongly advocating for the continuation of most current reforms and waivers that were temporarily enacted for telehealth services.

While New York State has made significant progress meeting the challenges of the pandemic, there remains mounting concern among community-based BH providers that these newly adopted virtual interventions and the telehealth regulations currently permitting them will be eliminated once the public health emergency subsides. The promising implementation of telemental health (a term used to encompass tele-psychiatry and tele-therapy) conducted by CBC Independent Practice Association (IPA) Network Agencies, CBC's Health Home Care Management Agencies (CMAs), NYS Office of Mental Health (OMH)/Office of Addiction Services and Supports (OASAS) programs and innovative CBC programs like [Pathway Home™](#) and the positive experiences of both providers and clients—underscores the importance of and reliance on virtual care strategies to ensure and expand access during this pandemic. Now more than ever, it is vital to sustain virtual care growth, which will further increase timely access to needed services and provide client-driven choice bolstered by the strong support from providers and clients alike.

Beyond telehealth there are many use cases for technology-assisted care solutions in the mental health and substance use disorder treatment sector that can improve engagement, care delivery and health outcomes while reducing total cost of care value-based payment arrangements. Last summer, CBC published an [“Emerging Technologies and Behavioral Health”](#) whitepaper,

¹ In this Position Paper, we use the term “provider” to refer to any practitioner that practices and delivers healthcare services, and “client” refers to a recipient of these healthcare services.

which positioned CBC as a central resource to explore, vet, pilot, navigate and ultimately support and scale innovative solutions for providers and clients in the healthcare market. The whitepaper presented the unique needs and challenges of BH population and community providers with a special emphasis on client/family engagement, provider opinion and end-user feedback. CBC endorsed the use of technology-assisted care solutions and devices such as mobile platforms and telemental health to reduce barriers to care for vulnerable populations then, and this [Telemental Health Position Paper](#) expands upon that support by advocating for the flexible use of virtual care strategies as a standard practice of care and a complementary and adjunctive strategy in BH care delivery. Such virtual care strategies must be clinically driven, unencumbered by unnecessary administrative and regulatory burdens and responsive to client choice while preserving requisite privacy protections.

As CBC IPA continues on its path to a more clinically integrated delivery system, with an emphasis on continuous quality improvement and data analytics to support outcome measures that inform a transition to value-based care models, the role and impact of telemental health has emerged as a critical service delivery modality. If telehealth regulations roll back in a reversal to pre-pandemic policies, the BH sector's progress

serving its most vulnerable populations will be stifled. In the past few months, telemental health has proven to be an effective and responsive engagement/communication strategy with individuals at varying levels of acuity and improved the client's healthcare experience. We can increase access to care and advance the tenets of the Quadruple Aim by leveraging the technology tools that are available today. The right connection at the right time can save a life.

Over time, more routine use of virtual care strategies will facilitate access to care, improve outcomes with timelier responses and proactively identify risks with potential cost containment through preventive care, as too many Americans are not currently seeking or receiving the BH services and treatments they need. By adding these critical and complementary tools to the provider's arsenal, he or she is empowered to deliver seamless, high-quality services and an improved client experience.

In this Position Paper, CBC recommends the following based on an analysis of its network—encompassing a significant portion of NYC's BH sector—and acknowledges the underlying need for social equity as the lens through which all relevant future policies are framed. Each of the following four categories will be described in more detail:

1. PERMANENT REGULATORY RELIEF FOR TELEMENTAL HEALTH

As a result of the COVID-19 pandemic, substantial regulatory relief was extended to providers by both local and national governing bodies. Providers and telehealth vendors have worked together to deliver safe and effective care, setting the stage for a new and more expansive service delivery methodology. CBC recommends the formal adoption of many of these regulatory waivers, such as expanded location of service, use of audio-only interactions and increased provider/client choice.

2. ADMINISTRATIVE FLEXIBILITIES FOR TELEMENTAL HEALTH

Administrative and workflow flexibility have, in the short-term, yielded promising results and warrant consideration for permanent adoption. Examples of promising temporary workflows include streamlining documentation requirements and reducing redundant or obstructive confidentiality requirements. These flexibilities have been especially essential for the population struggling with substance use disorder/opioid use disorder (SUD/OD) during the pandemic.

3. ENHANCE WORKFORCE CAPACITY

As a result of relaxed workforce requirements, providers have been able to meet the needs of clients in a responsive manner during the pandemic. CBC recommends the relevant guidelines be made permanent, including those allowing providers licensed in New York but living out-of-state to offer telemental health services remotely. If a client is having difficulty with “technical literacy” that may prevent treatment engagement, BH providers should be able to support them and include this as billable time.

4. EQUITABLE PAYMENT/RATES

Telehealth has been shown to increase access and adherence to care through a combination of reduced barriers (like travel) and practice management tools (like appointment reminders). CBC recommends leveraging technology to promote more reliable and effective engagement efforts, as the sector shifts from fee-for-service (FFS) payment models to ones that focus on outcomes. Until such models are determined, CBC recommends that parity in payment and rates for services remain and that telehealth is reimbursed at the same rate as in-person treatment.

ABOUT CBC

Coordinated Behavioral Care (CBC) is a member-led, not-for-profit organization dedicated to improving the quality of care for New Yorkers with serious mental illness, chronic health conditions and/or substance use disorders. These populations are served by CBC's community-based health and human services organizations through a Medicaid Health Home and an Independent Practice Association (IPA), as well as a continuum of innovative care management programs. CBC seeks to create a healthcare environment where New Yorkers negatively impacted by social determinants of health and those with BH problems receive coordinated, individualized and culturally competent community-based care that is effective in preventing and managing chronic physical and BH conditions.