Responding to Crisis - Telehealth & Referral Network Adoption & Adaptations among Louisiana Behavioral Health Providers

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TECHNOLOGY, BEHAVIORAL HEALTH APPS AND TELEHEALTH PLATFORMS: BEST PRACTICES IN TECHNOLOGY AND BEHAVIORAL HEALTH
A Three Part Story

COVID, Social Distancing & Predictable increases in mental health need

Overnight transformation to telehealth platforms w/ an emphasis on evidence-based practice delivery

Rebuilding a disrupted referral network
COVID-19 pandemic and March 2020 “Stay at Home” order from the Governor necessitated an unprecedented shift to telehealth in Louisiana.

Louisiana’s Department of Health issued guidance for provider policy and managed care practices. Acknowledged the need for BH services during COVID & approved use of telehealth for licensed MH practitioners, including reimbursement for telehealth use.

Paralleled guidance from feds, “Essential psychological services can, and in many cases, should be delivered through telehealth. It is critically important...to meet the needs of patients and communities during this difficult time, without further increasing the risk of contagion.”
COVID, Social Distancing & Predictable increases in mental health need

**TOP MH CONSEQUENCES FROM STUDYING DISASTERS:**

- Post-Traumatic Stress Disorder
- Depression

Others...
- Anxiety
- Complex Grief
- Higher Substance Abuse
- Domestic Violence
- Child Abuse / Neglect

And we know Mental Illness & Physical Illnesses impact each other

(Galea, 2011; Phillippi et al. 2019)
Overnight Transformation

- 85% of providers continuing to see clients via telehealth
- 15% stopped seeing clients (almost half were Child-focused EBPs... largest-not part of Medicaid expansion / NFP)
- 89% reported using HIPAA-compliant telehealth platforms
- Center focused on EBP delivery via telehealth
Rebuilding a disrupted referral network

- 87% maintained pre-COVID clinician staffing levels; 5% decreased staffing, and 4% increased
- 47% reported seeing fewer clients, 35% reported seeing about the same number, and 19% reporting seeing more clients
- Half of those with a decrease reported loss of a 50-100% of referrals
- Center collaboration w/ 211 & DOE to reach populations in need
Rebuilding a disrupted referral network

Halfway into 2020 and headed for 30% (3572) increase from 2019 (2406)
Triple 2018 (1037)
Quadruple 2017 (893)
Rebuilding a disrupted referral network

The ability to access “hard to reach populations” cited as both a barrier & a potential facilitator. This finding suggests clients without devices, or money to purchase data, could be further marginalized by the COVID-19 pandemic.

SAMHSA- Emergency COVID Grant helping support telehealth use

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<tr>
<th>Most Reported Barriers and Facilitators to Telehealth Implementation</th>
<th>n (%)</th>
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<tr>
<td><strong>Top Three Barriers Reported</strong></td>
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<tr>
<td>Client's access to internet, data, devices</td>
<td>198 (78.3%)</td>
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<td>Client's knowledge of technology</td>
<td>167 (66.0%)</td>
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<td>Ability to reach 'hard to reach' populations (e.g., rural, vulnerable)</td>
<td>91 (36.0%)</td>
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<td><strong>Top Three Facilitators Reported</strong></td>
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<td>Access to Clients: Increased access to clients</td>
<td>141 (57.1%)</td>
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<tr>
<td>Ability to reach 'hard to reach' populations (e.g., rural, vulnerable)</td>
<td>110 (44.5%)</td>
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<td>Ability to reach treatment outcomes with telehealth</td>
<td>52 (21.1%)</td>
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How are we doing compared to emerging research?

- Telehealth use skyrocketed, with wide deployment, and near universal incorporation, of technology across diverse settings and treatment models (Zarefsky, 2020).

- Given lack of certainly of the future of office and home visits, the concept that behavioral health care has taken an ‘irreversible’ shift and adopted more usable, resilient & equitable telehealth BH approaches should be considered moving forward (Wind et al., 2020).

- Expectation is that there is ‘no going back’ to a time without telehealth, as the advantages for clients and clinicians are many, including lower time and material costs compared to face-to-face, increased safety, convenience and flexibility without sacrificing therapeutic outcomes, such as establishing therapeutic alliance and decreasing no-show rates (Wood, 2020; Blumenstyk, 2020; Tuerk et al., 2019; Wind et al., 2020; Berger, 2017).

- Threat of COVID-infection itself is anxiety producing, so engaging care in a safe ‘home’ environment has added benefit for patients (Wicklund, 2020).

- Clinicians engaged advanced training and developed innovations to adapt telehealth to the primary needs of their clients (Vis et al., 2018).

- Issues of quality of care in telehealth can be directly addressed by training and clinical acceptance (Smith et al., 2020).

- Much of the early research around telehealth utilization identified persistent obstacles as clinician acceptance, flexible payer mechanisms, and appropriate treatment match w/ illness in a telehealth model (Vis et al., 2018; Wood, 2020).
How are we doing compared to emerging research?

- From Blueprints for Healthy Youth Development
  - 58 of 94 EBPs reporting (62%)
  - Addressing EBPs during COVID-19

Status of dissemination or implementation

Which of the following describes the status of the dissemination/implementation of your intervention because of COVID?

- None of the above (0%)

  - We have had requests for changes to the delivery modality (78%)
  - We have had requests for changes to training and/or support (76%)
  - We have suspended implementation (10%)
  - We have discontinued/cancelled implementation (0%)
  - We have experienced new requests for the adoption of our intervention model (48%)
Takeaway...

- Telehealth provided a platform allowing most clinicians to continue seeing clients in compliance with COVID-19 precautions.
- Providers leveraged telehealth’s flexibility to maintain clients’ access to BH services.
- The capacity to adapt & innovate to produce quality BH services varies, but most demonstrate success.
Referral networks can become disrupted during disasters and methods to sustain access to care, including telehealth, are crucial.

- The quality of care offered over telehealth should be thoughtfully considered, as the state continues to support the dissemination of EBPs. Access to quality BH services via telehealth, including during disasters, can, and should, be part of a planned response.

- The potential of telehealth to increase or decrease disparities in access to quality care requires the state to monitor use, and for policy-makers to consider low/no cost broadband access for providers and clients.
Thank you!

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