Importance of Virtual Access for Mental Health: Findings from the Employer-Sponsored Insurance Population

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HSD70

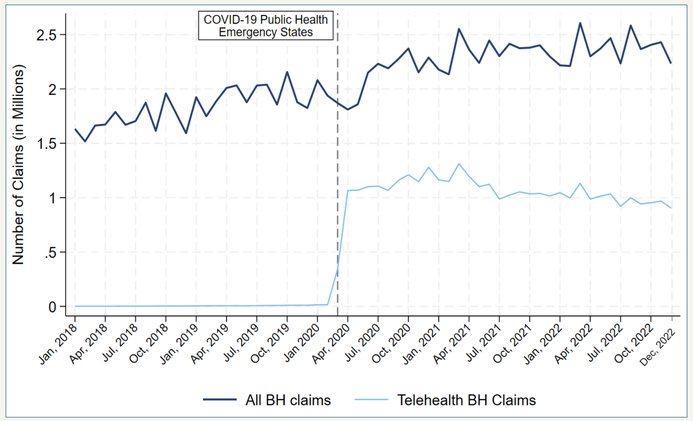
RESEARCH QUESTION:

What is the role of telehealth in helping meet the increasing demand for behavioral health (BH) services?

Background

- With Covid-19, the Centers for Medicare & Medicaid Services issued temporary waivers allowing for greater flexibility in accessing telehealth services, increasing the number of virtual access claims from <0.1% in 2018 to nearly 60% in 2020.
- Telehealth has since helped address the rising need for BH care, especially for beneficiaries living far from their providers. Those who used virtual access for BH care were reported to have higher completion and attendance rates and more treatment visits than those who used in-person services.
- While telehealth utilization declined for other services, it has remained elevated for BH.

Exhibit 1: Total number of BH claims and telehealth BH claims from 2018-2022



Data and Methods

- Commercial claims from Health Care Cost Institute (HCCI) in 2022, about 21 million claims and about 3 million enrollees for adults aged 18-64.
- BH services identified using Berenson-Eggers Type of Services (BETOS), and provider types identified using the NPIs linked to claims and the National Plan and Provider Enumeration System (NPPES)
- Telehealth identified as claims with place of service “02” or “10” or place of service “11”, “19”, “22” and procedure modifier “93”, “95”, “GT”, “GQ”, “G0”.
- Beneficiaries categorized based on beneficiary–provider interaction: in-person only, telehealth-only, or at least one in-person and telehealth service (hybrid).
- Zip codes of beneficiaries and their mental health providers were used to understand why beneficiaries may use a specific interaction type (in-person only, hybrid, or telehealth-only).

Exhibit 2: Comparison of beneficiaries with a mental health visit across three beneficiary–provider interactions, Adults 18-64

Distribution of Beneficiaries with a BH Claim	In-Person Only	In-Person + Telehealth (Hybrid)	Telehealth Only
Sample of Benes with a BH claim	1,713,122	477,712	788,601
Avg. Claim per Bene	3.6	13.2	7.7
Median Claim per Bene	1	9	4
Modal Claim per Bene	1	2	1
by age categories:			
18-24	19.4%	22.6%	15.5%
25-34	21.4%	29.0%	35.0%
35-44	21.5%	23.6%	25.7%
45-54	20.0%	15.2%	14.8%
55-64	17.7%	9.6%	9.1%
by gender:			
Female	60.8%	68.9%	67.9%
Male	39.2%	31.1%	32.1%
by RUCA designation:			
Rural	9.8%	6.0%	4.5%
Urban	90.2%	94.0%	95.5%
by HRSA designation :			
Whole shortage	12.8%	9.3%	6.6%
Partial shortage	77.0%	81.1%	84.6%
No shortage	8.2%	7.8%	7.3%

Exhibit 3: Distribution of provider types (top) and diagnoses (bottom) across the three beneficiary-provider interactions in 2022, Adults 18 - 64

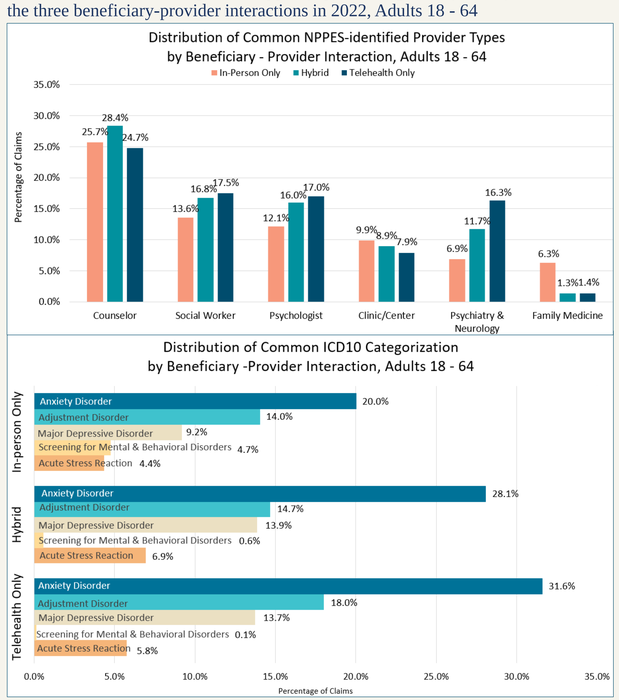


Exhibit 4: Distribution of estimated distance between beneficiary and provider zip codes in 2022, Adults 18 - 64

Miles from Mental Health Provider, Adults 18-64	Percentiles						Number of	
	5%	25%	Median	75%	90%	Mean	Claims	Benes
in-person only	2.6	5.8	10.6	21.8	52.4	30.8	5,008,724	1,713,122
hybrid	2.3	5.5	10.5	21.8	57.3	30.4	5,305,939	477,712
telehealth-only	2.1	5.5	11.8	29.6	170.7	69.4	5,361,744	788,601

Finding 1:

Beneficiaries using **any virtual access had a greater average number of claims than in-person** interaction type: hybrid interaction type was associated with the highest level of utilization (~13), followed by telehealth-only (~8) and in-person only (~4).

Those who virtually access mental health providers are **younger,** live in **urban areas**, and are **more likely to be female** in comparison to in-person beneficiaries.

Finding 2:

Beneficiaries who use **telehealth – only** interactions **see higher share of Psychologists** (17.0%) and **Psychiatry & Neurology** (16.3%) than those who interact with providers in-person (12.1% and 6.9%, respectively).

Beneficiaries who use any **virtual access** (hybrid or telehealth-only services) are associated with a **higher share of claims for anxiety and depressive disorders** than those who interact with providers in-person.

Finding 3:

All three interaction types have similar median distances (about 10.5 – 11.8 miles). However, **telehealth-only interactions at the 90th percentile** distances are **> 3 times those of in-person beneficiaries** (170.7 miles vs 52.4 miles, respectively).

KEY IMPLICATIONS

- Beneficiaries that use **virtual access are associated with greater frequency of BH services**, with the average and median number of claims per beneficiary the highest for hybrid interactions, followed by telehealth-only and in-person only interactions. **Greater frequency allows for greater opportunity to continue BH care**.
- Beneficiaries who **utilize virtual access** are more likely than those who interact with providers in-person to **see psychologists and psychiatrists/neurologists, with anxiety the highest of BH services**. Interacting with providers virtually about anxiety and depression, as opposed to conducting screenings, suggests the **suitability of telehealth** for receiving care for certain BH conditions.
- **Similar median distances across interaction types** indicate that even when the in-person option is feasible, some beneficiaries **may prefer a virtual access mode as a means of convenience**. However, those at the **90th percentile are triple the distance of their in-person** counterparts, **suggesting virtual access may a critical means of accessing BH services**.

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