



# IHPI BRIEF

## Behavioral Health Provider Experiences with Telehealth in Michigan during COVID-19: Interview Findings and Federal Policy Implications



Telebehavioral health involves providing behavioral health services via remote technologies, including intake, assessment, diagnosis, prescribing, psychotherapy, and crisis management.<sup>1</sup> Historically, providers were relatively slow to adopt telehealth tools, often because of regulatory barriers such as inadequate reimbursement or lack of provider authorization.

The COVID-19 pandemic disrupted the delivery of behavioral health services. In order to continue treating clients and keep them safe, and as a result of state and federal policy changes, providers rapidly expanded their use of telehealth. Policy changes at the state and federal level expanded telehealth authorization and reimbursement across insurers, allowed for services to be delivered via video or audio-only methods, and removed requirements for written consent for treatment, allowing verbal consent, among other changes.



### Telehealth:

*The use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.<sup>1</sup>*

## Takeaways from our study

Between late July and mid-August 2020, a team at the University of Michigan Behavioral Health Workforce Research Center conducted in-depth interviews with 31 Michigan behavioral health providers\* across the state providing telebehavioral health services. A summary of their experience is below (the number of respondents who spoke to each theme is noted):

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### Quality of care and provider/client satisfaction

Out of 31 respondents

- 31** Telebehavioral health reimbursement alleviated and prevented financial shortfalls for providers during the COVID-19 pandemic.
- 30** From the providers' perspective, clients were satisfied with telebehavioral health services.
- 18** Remote care quality was the same or better than in-person care quality.

"...on the phone and through the ear, you're just less vulnerable...a lot of my clients are willing to go there more because it's like I'm not staring at them or we're not sitting in the same space... it just is a less threatening thing."

- 15** Audio-only telehealth services were as effective as audio-visual services and were sometimes preferable for clients with anxiety or trauma, who were uncomfortable with video.

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### Access to care for isolated and/or vulnerable clients

"If we want to provide ongoing and sustainable treatment...we have to meet those clients where they're at. And one of the places that they're at is in their home, and many don't have other options."

- 31** Providers felt better-equipped to meet their clients' diverse needs after receiving flexibility to offer telehealth services when appropriate
- 28** Telehealth mitigated frequently-cited barriers to accessing behavioral health care (e.g., lack of transportation, missed work, arranging childcare).
- 22** Providers reported decreased no-show and cancellation rates.
- 13** Audio-only telehealth services allowed for expanded access to care for clients who are geographically isolated, lack transportation, lack adequate internet access or internet-connected devices, or for certain populations such as older adults.

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### Challenges and limitations of telehealth

- 15** Many clients, especially in rural areas, had inadequate access to the internet or internet-connected devices and persistent barriers to in-person care.
- 11** Certain behavioral health services were not well suited for telehealth, such as group services and physical health care services (e.g., injections).
- 5** Obtaining written consent for treatment proved difficult when clients lacked the technology to email or fax physically signed forms. The temporary allowance for verbal consent during the pandemic alleviated these barriers.

*\*The interviewees included: a psychiatrist, psychologists, registered nurses, clinical social workers, mental health counselors, substance use disorder counselors, applied behavior analysts, and peer support providers, among others.*

# What are the implications for federal policy?

All providers interviewed indicated that they would like to see telebehavioral health continue moving forward after the pandemic to allow them to best meet their clients' diverse needs. Looking past the pandemic, as policymakers consider which policies should remain permanent, the following policy options could be considered:



## Audio-only telehealth services

- The Centers for Medicare and Medicaid Services' (CMS) definition of what is allowable expanded during the pandemic, extending coverage for audio-only telehealth services.
- According to interviewees, having the flexibility to provide audio-only behavioral health services in certain situations allowed them to better serve their clients' needs while not compromising care quality. Coverage for audio-only services could be permanently extended, even as a modality of last resort, to ensure clients' diverse needs are met.



## Originating site requirements

- Policymakers could consider making originating site (the location where a Medicare beneficiary receives services) requirements that were temporarily waived during the pandemic permanent. This change may help patients overcome barriers to care due to a lack of transportation, childcare needs, needing to miss work, etc.



## Privacy protections

- Health Insurance Portability and Accountability Act (HIPAA) requirements could be reassessed to provide more permanent flexibility regarding permissible audio or video communication platforms.
- During the pandemic, providers were given the flexibility to use communication products that do not comply with HIPAA. This allowed providers to offer telebehavioral health services to clients in ways that were accessible to them, such as audio-only telehealth, and mitigated issues with provider/client technological literacy. According to interviewees, patient confidentiality and health data were not jeopardized as a result of these flexibilities.



## Verbal consent for treatment

- During the pandemic, CMS clarified that verbal consent is allowed for telehealth treatment. According to our interviewees, this helped to expand access to care for patients who could not otherwise receive, sign, and/or transmit physically-signed written consent forms to initiate treatment. Policymakers could consider making this change permanent going forward.

## References

<sup>1</sup> **Telehealth programs.** Health Resources and Services Administration website. <https://www.hrsa.gov/rural-health/telehealth>. Updated September 2020. Accessed September 2, 2020.



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