The Impact of COVID-19 on the Delivery of Behavioral Health Services

Constance M. Horgan, Sc.D.

Professor and Director
Institute for Behavioral Health
Heller School for Social Policy and Management
Brandeis University

Webinar:

THE IMPACT OF COVID-19 ON ALCOHOL USE IN THE UNITED STATES

Co-sponsored by Friends Of NIAAA, Research Society on Alcoholism, and the

American Psychological Association

in cooperation with the

Congressional Caucus On Addiction, Treatment And Recovery

September 15, 2020



Today's Presentation

- 1. Treatment Gap
- 2. Continuum of Services
- 3. Pandemic Disruption in Service Delivery
- 4. System Adaptations
- 5. Looking to a Post-COVID Future



TREATMENT GAP

Need for and Receipt of SUD Treatment*



21.2 million had a Substance Use Disorder in past year

- 3.7 million received SUD treatment in any location
- 2.4 million received SUD treatment in specialty setting

LESS THAN 10% receive SUD treatment in a specialty setting

*Of population 12 and older

Source: SAMHSA, NSDUH 2019

Mental Health and Substance Use During COVID

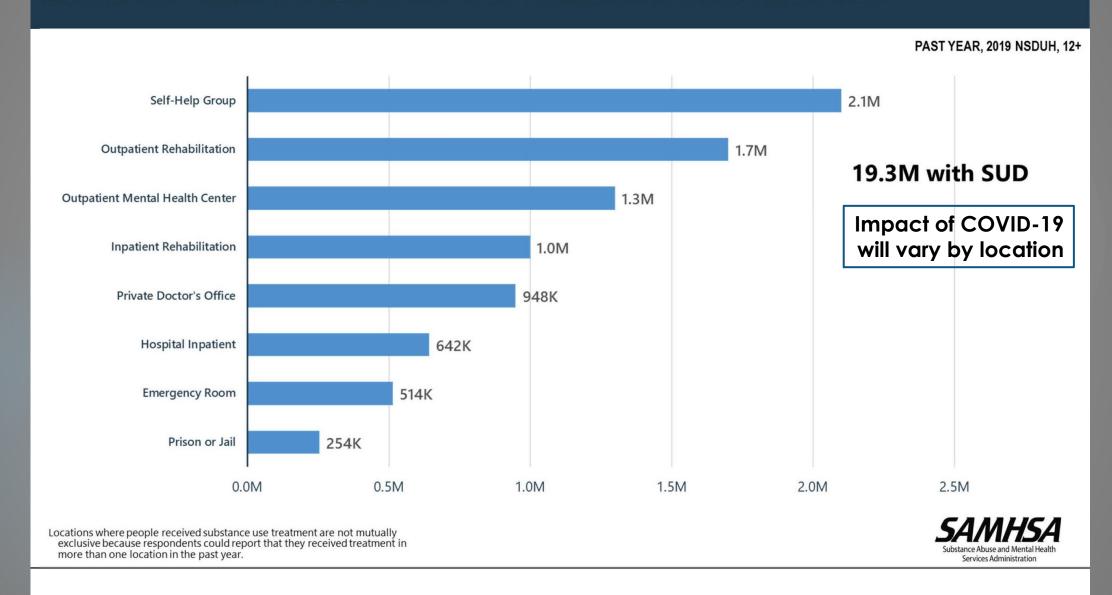
Younger adults, racial/ethnic minorities, essential workers, unpaid adult caregivers experience disproportionately



Source: Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic - United States, June 24–30, 2020. Morbidity an Mortality Weekly Report, August 14, 2020

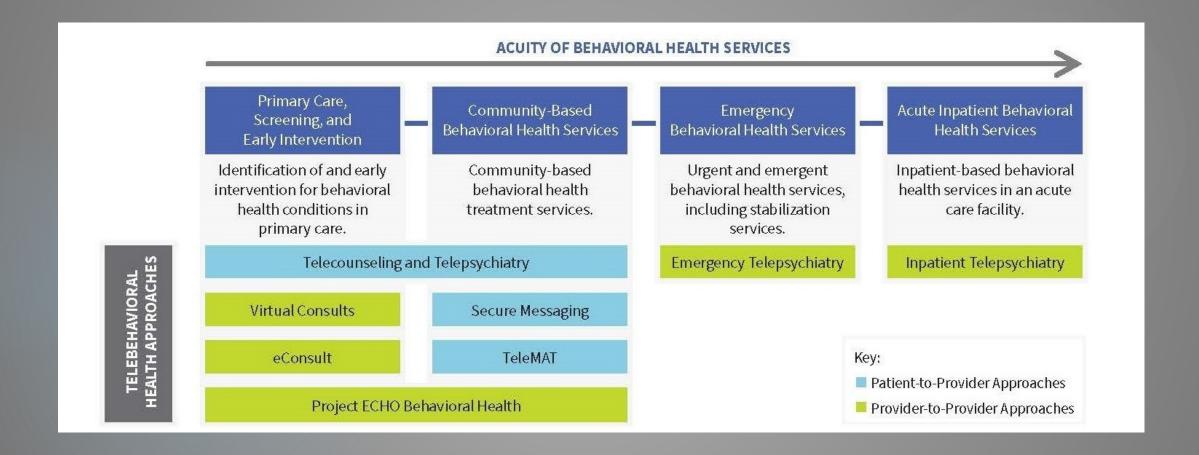
CONTINUUM OF SERVICES

Locations Where Substance Use Treatment Was Received



Source: SAMHSA, NSDUH: 2019, September 2020

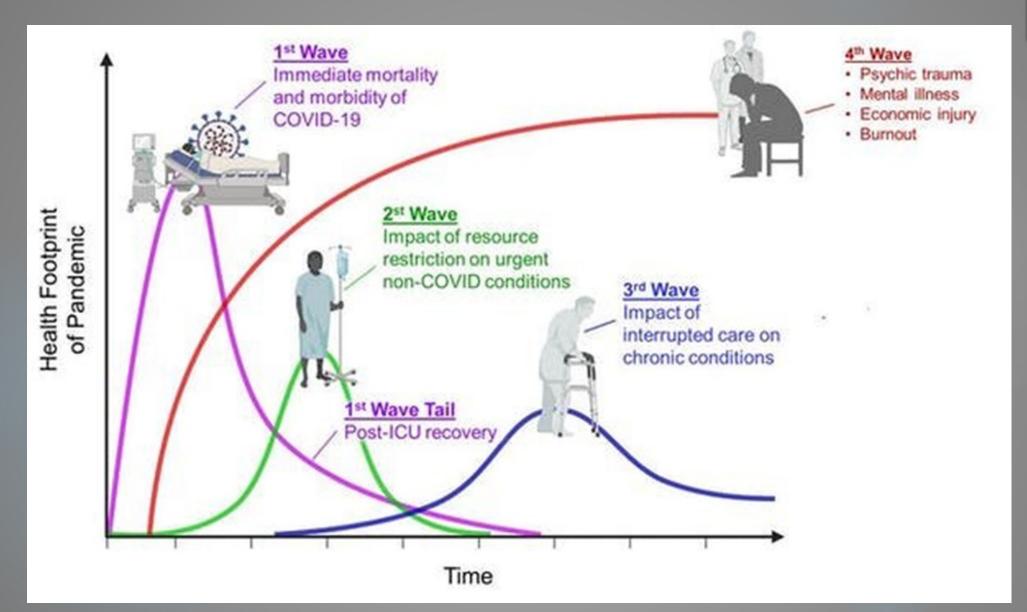
Behavioral Health Continuum of Services and Telehealth



nstitute for Behavioral Health BCBSMA Foundation, 2020

PANDEMIC DISRUPTION IN SERVICE DELIVERY

Four Phases of COVID-19 Pandemic



USNews

Coronavirus Pandemic Disrupts Treatment for Another Epidemic: Addiction

Drug rehabs around the country have experienced flare-ups of the coronavirus or financial difficulties related to the pandemic.

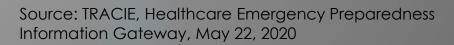
By Kaiser Health News, Contributor July 6, 2020, at 10:48 a.m.

- **Financial Difficulties**
- Coronavirus Positivity
- Reduced Census
- Close or Limit Operations
- Keep Clients and Staff Safe

- Reduced No-Shows
- **Delaying Care**
- Switch to Telehealth
- Shifting settings

COVID-19 Impact on SUD Care Delivery

- Behavior Changes Leading to Long-term Health Problems
- Financial Impacts to the Health Care System
- Workforce
- Continued Disruption of the Supply Chain
- Decreased ED Visits/Patients Delaying Emergency Care
- Interrupted In-person Treatment and Delays in Care
- Increased Use of Telehealth



SYSTEM ADAPTATIONS

Shifting Treatment Options/Setting

SAMHA is advising that:

- Outpatient Treatment Options, when clinically appropriate, be used to the greatest extent possible.
- Inpatient Facilities and Residential Programs should be reserved for those for whom outpatient measures are not considered an adequate clinical option. It is recommended that Intensive Outpatient Treatment Services be utilized whenever possible.
- Comprehensive long term residential treatment programs, where COVID related precautions can be implemented, remain a viable treatment option when clinically indicated

Switch to Telehealth



CDC has released guidance on the expanded use of telehealth services.

SAMHSA strongly recommends the use of telehealth and/or telephonic services to provide evaluation and treatment of patients. These resources can be used for:

- Initial evaluations
- Evaluations for consideration of buprenorphine for OUD
- Individual or group therapies such as evidence-based interventions including cognitive behavioral therapy for mental and/or substance use disorders

Source: SAMHSA, March 20, 2020

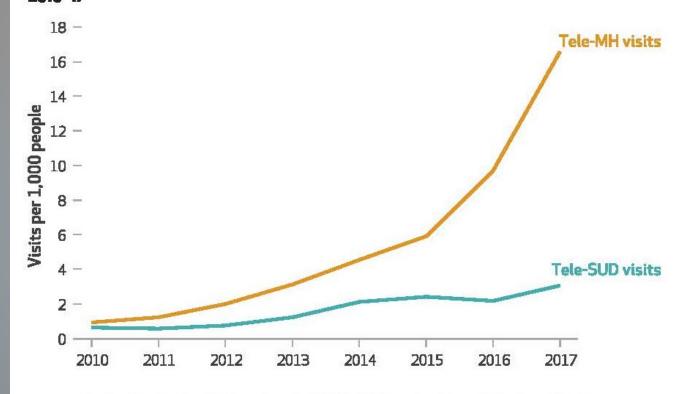
Telebehavioral Healthcare Approach and Description

APPROACH	DESCRIPTION
Telecounseling and Telepsychiatry	Patient connects to a behavioral health provider via phone or video to receive routine counseling or therapy.
TeleMAT	Patient connects via phone, video, and/or secure message to a behavioral health provider to receive Medication Assisted Treatment (MAT).
Secure Messaging	Patient uses a secure messaging platform to communicate with their provider about a behavioral health issue, request a prescription refill, or ask the provider a question.
Virtual Consult	A non-behavioral health provider uses phone or video to connect to a behavioral health provider to discuss a patient case and receive treatment and/or referral guidance. Video is sometimes used to visually assess the patient.
eConsult	A non-behavioral health provider sends a structured and formatted message to a behavioral health provider to ask a question or receive treatment advice for a patient.
Project ECHO Behavioral Health	"Hub-and-spoke" telementoring model that provides community-based providers ("spokes") with access to specialists at a "hub" via phone and video to conduct virtual case reviews with and discuss treatment recommendations.
Emergency Telepsychiatry	Emergency medicine provider in an emergency department uses phone or video to consult with a remote psychiatrist who assesses the patient and makes treatment plan recommendations to the emergency medicine provider.
Inpatient Telepsychiatry	Inpatient medicine provider in a hospital uses phone or video to consult with a remote psychiatrist who assesses the patient and makes treatment plan recommendations to the inpatient provider.

Stitute for Behavioral Health BCBSMA Foundation, 2020

Telehealth for SUD and Mental Health Services

Telemedicine visits for substance use disorder (tele-SUD) per 1,000 people diagnosed with SUD and telemental health (tele-MH) visits per 1,000 people diagnosed with mental illness, 2010–17



SOURCE Authors' analysis of claims data for 2010–17 from the OptumLabs Data Warehouse. **NOTE** Tele-SUD visits had a primary diagnosis of SUD, and tele-MH visits had a primary diagnosis of mental illness.

LOOKING TO A POST-COVID FUTURE

Enhancing Adoption of Telehealth

- Prior to COVID-19 limited spread of telehealth for SUD
 - Federal and state regulations
 - Insurance reimbursement
 - Patient and provided preferences



- During COVID-19 major regulatory and reimbursement policy changes have reduced barriers to use of telehealth
 - Most apply only under current public health emergency
 - Allows multiple technologies (i.e., telephone or video)
 - Rates of payment for services delivered via telehealth the same as traditional in person methods

Behavioral Health System Transformation

COVID-19 has profoundly altered access to and delivery of behavioral health services across the US.

- Will the demand for traditional behavioral health services return?
- Do and will the regulatory and reimbursement changes need to be maintained?
- What has been the impact on quality and patient outcomes?
- Will telehealth be a supplement or substitute for in-person care?

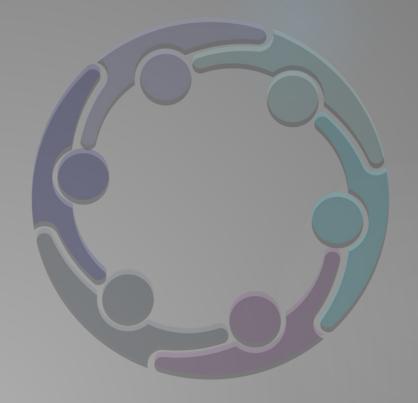
What will the **new "normal"** look like?



Impact of COVID-19

Challenges and Opportunities

- Patients/Consumers
- Providers
- Payers



Working together to improve the delivery of behavioral health services

References (selected)

- Blue Cross, Blue Shields Foundation Massachusetts and Manatt Health. "Expanding Access to Behavioral Health Care in Massachusetts through Telehealth: Sustaining Progress Post-Pandemic." July 2020. https://bluecrossmafoundation.org/publication/expanding-access-behavioral-health-care-massachusetts-through-telehealth-sustaining
- 2. Morbidity an Mortality Weekly Report, August 14, 2020. Mark É. Czeisler; Rashon I. Lane; Emiko Petrosky; Joshua F. Wiley, et al. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic United States, June 24–30, 2020." August 2020. https://www.samhsa.gov/data/sites/default/files/reports/rpt23245/NSDUHmrbScreenerSpecs2020.pdf
- Center for Behavioral Health Statistics and Quality. (2019). 2020 National Survey on Drug Use and Health (NSDUH): Screener Specifications for Programming. Substance Abuse and Mental Health Services Administration, Rockville, MD.
- 4. COVID-19 Healthcare Delivery Impacts. TRACIE, Healthcare Emergency Preparedness Information Gateway, May 22, 2020. https://files.asprtracie.hhs.gov/documents/covid-19-healthcare-delivery-impacts.pdf
- 5 Haiden Huskamp, Alisa Busch, Jeff Souza, Lori Uscher-Pines, Sherri Rose, Andrew Wilcock, Bruce Landon, Ateev Mehrotra. How Is Telemedicine Being Used In Opioid and Other Substance Use <u>Disorder Treatment?</u> Health Affairs, 2018 Dec; 37(12): 1940–1947.

