



ZELDIS RESEARCH THOUGHT LEADERSHIP

Opening Doors to Behavioral Health: Teletherapy's Role in Expanding Access



Mental Health Burden and Access



2022 The State of Mental Health in America

Over half (56%) of adults with a mental illness receive no treatment.



AMERICAN PSYCHOLOGICAL ASSOCIATION

Date created: October 19, 2021

Demand for mental health treatment continues to increase, say psychologists

Tuesday, April 26, 2022
Today's Paper

The Philadelphia Inquirer

News

Philly area's mental health backlog persists nearly two years into the pandemic

KFF

Filling the need for trusted information on national health issues

Telehealth Has Played an Outsized Role Meeting Mental Health Needs During the COVID-19 Pandemic

Justin Lo , [Matthew Rae](#) , [Krutika Amin](#) , [Cynthia Cox](#) , [Nirmita Panchal](#) , and Benjamin F. Miller

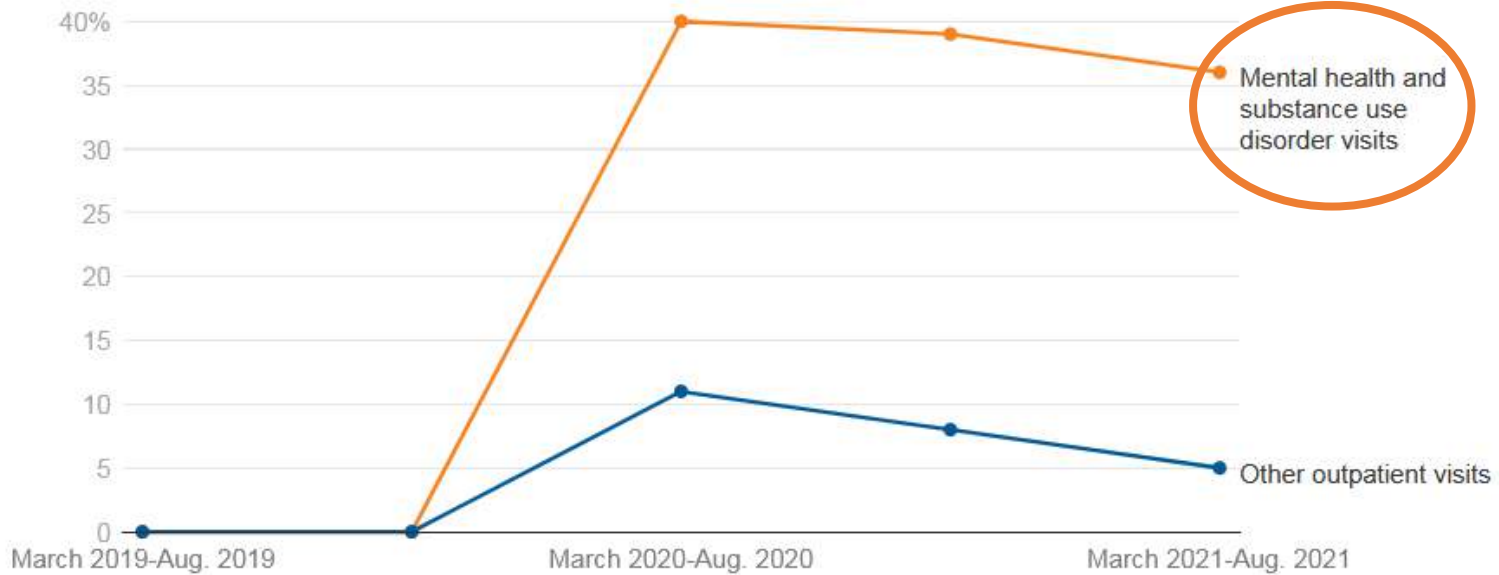
Published: Mar 15, 2022

Teletherapy Use Remains High



Figure 1

Share of outpatient visits delivered by telehealth, 2019-2021



SOURCE: KFF and Epic Research analysis of Cosmos data • PNG



What is the teletherapy experience, especially for new patients?



4 Guiding Questions

1



Access

Would they have
started
counseling
without
teletherapy?

2



Effectiveness

How easy is it for
new patients to
establish trust
via teletherapy?
Have they
switched to in-
person therapy?

3



Health Plans

How easy is it to
manage
teletherapy with
health plans?

4



The Future

What is the
future of
teletherapy?

Methodology



16 Consumer IDs

8 with **Group Insurance**

8 with **Medicare Advantage**



8 Therapist IDs

All

- Started therapy in past 1-2 years
- Started virtually

Group

- Age 25 to 51
- 8 female
- 4 White, 3 Asian, 1 Hispanic
- 3 BCBS, 3 UHC, 1 Aetna, 1 BS of CA
- 3 TX, 2 CA, 1 IL, 1 VA, 1 MA

Medicare

- Age 66 to 80
- 4 male, 4 female
- 7 White, 1 African-American
- 6 UHC, 1 Aetna, 1 Care Plus
- 2 NY, 1 NJ, 1 FL, 1 IL, 1 MA

- Psychologist, counselor, social worker, psychotherapist (one psychiatric therapist)
- See at least some patients virtually
- Mix of solo and group practice
- See mostly adults and adolescents
- See common mild/moderate issues
- 8 female
- State license: 3 NJ, 1 NY, 1 DE, 1 VA, 1 MD, 1 IL



Phone Interviews

30 minutes



Field Period

Mar 15 to Apr 1, 2022

Qualitative Note/Limitations

As with all qualitative research, it should be:

- Used for directional results
- Interpreted with caution given the small sample sizes



Access



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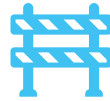
**People are seeking therapy right now because it's easier to access. Situations like you have a newborn, or you have three kids, or college kids that would normally not receive counseling during the school year because they're off in a new town.
(Therapist)**

”

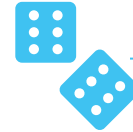
Teletherapy's Role in Pursuing Therapy



Most consumers describe teletherapy as having advantages that **help nudge them to get therapy.**



Teletherapy **removes potential barriers.**



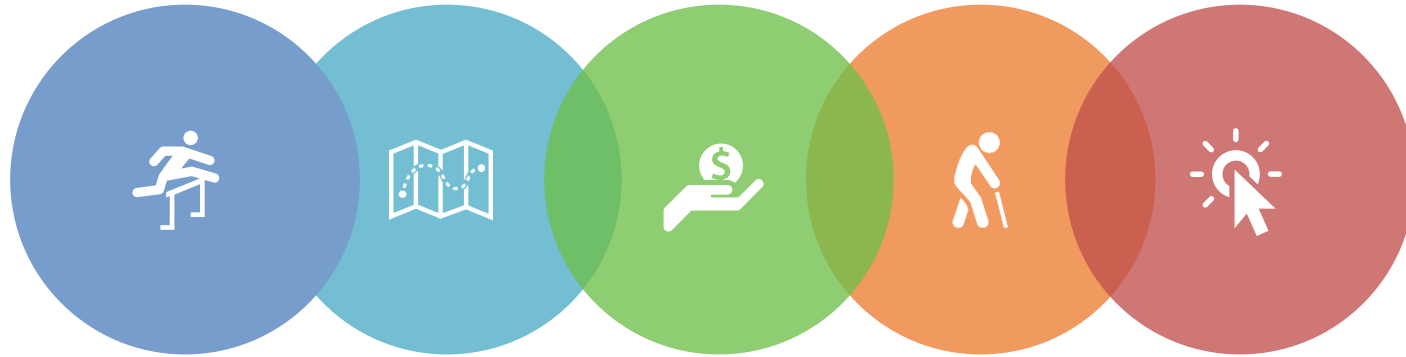
Some may have pursued in-person if required. **Teletherapy increased the chance they were not derailed.**



*I had thought about getting into therapy, but I knew I didn't have the time to go in-person. I was working full time and doing grad school at the time. They (grad school) were offering **free therapy** through **BetterHelp**. I appreciated that **it was so easy and so accessible** to me. **That's what encouraged me to get into it.** (Group consumer)*



Enhanced Access for Consumers



Fits Life

Reduces hurdles;
fits 'life' easier
than in-person;
less stigma

Geography

Widens
geographic
reach to find a
therapist who is
a good fit or a
practice
accepting
patients

Cost

Lower financial
cost (parking,
gas, sometimes
copay)

Mobility

Good solution
for those with
mobility or
transportation
challenges

Efficiency

Easier to cancel
or reschedule on
short notice –
reduces true 'no
show' rate for
some patients
and therapists



Continuity of Care Across States



- In reaction to the pandemic, many therapists were allowed to see out-of-state clients.
- Therapists (and patients) value the ability to continue care as patients move out-of-state.



College Students

“College kids would **not generally get therapy during the year.**

Counseling centers are **overwhelmed**, and it’s very rare for an 18-, 19-year-old to **find their own** therapist in the town where they go to college.”

(Therapist)



Adults

“The therapist that I worked with through BetterHelp, he was based in TX. I moved from CA to MA, and I was able to **continue seeing the same therapist.**”

(Group consumer)

Therapists and Access (cont'd)



PSYPACT

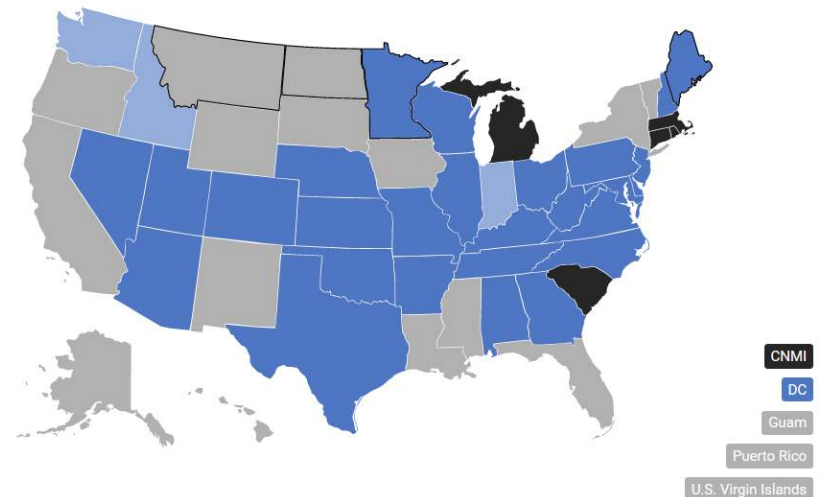
“We get clients from four different states where I am, so that makes it hard for some people, but **I’m part of PSYPACT, so I’m able to practice across state lines in all of the states.**” (Psychologist, Delaware)



NO PSYPACT

“During the pandemic, we had an easing of state regulations where we were able to see patients in other bordering states by teletherapy. **But now that the state of emergency has ended, we’re no longer able to see patients who are not in our state under our license.**”
(Psychiatric Therapist, Maryland)

PSYPACT Participating States (31 enacted, 28 effective)



Map Key

- PSYPACT Participating State
- Enacted PSYPACT Legislation -practice under PSYPACT not permitted
- PSYPACT Legislation introduced

Effectiveness



Most Consumers' View

“

It was definitely something that I was concerned about, going in. Then once I actually started and we were face to face on screens, I was surprised at how easy that — My concern fell away, that yes, we could still have a connection and good sessions, completely online.
(Group Consumer)

”

Most Therapists' View

“

**I was anticipating a great deal of difficulty in building rapport and connecting with new clients, and it's been virtually no different than if they were in the office. In some cases, I think the connection's been made faster.
(Therapist)**

”

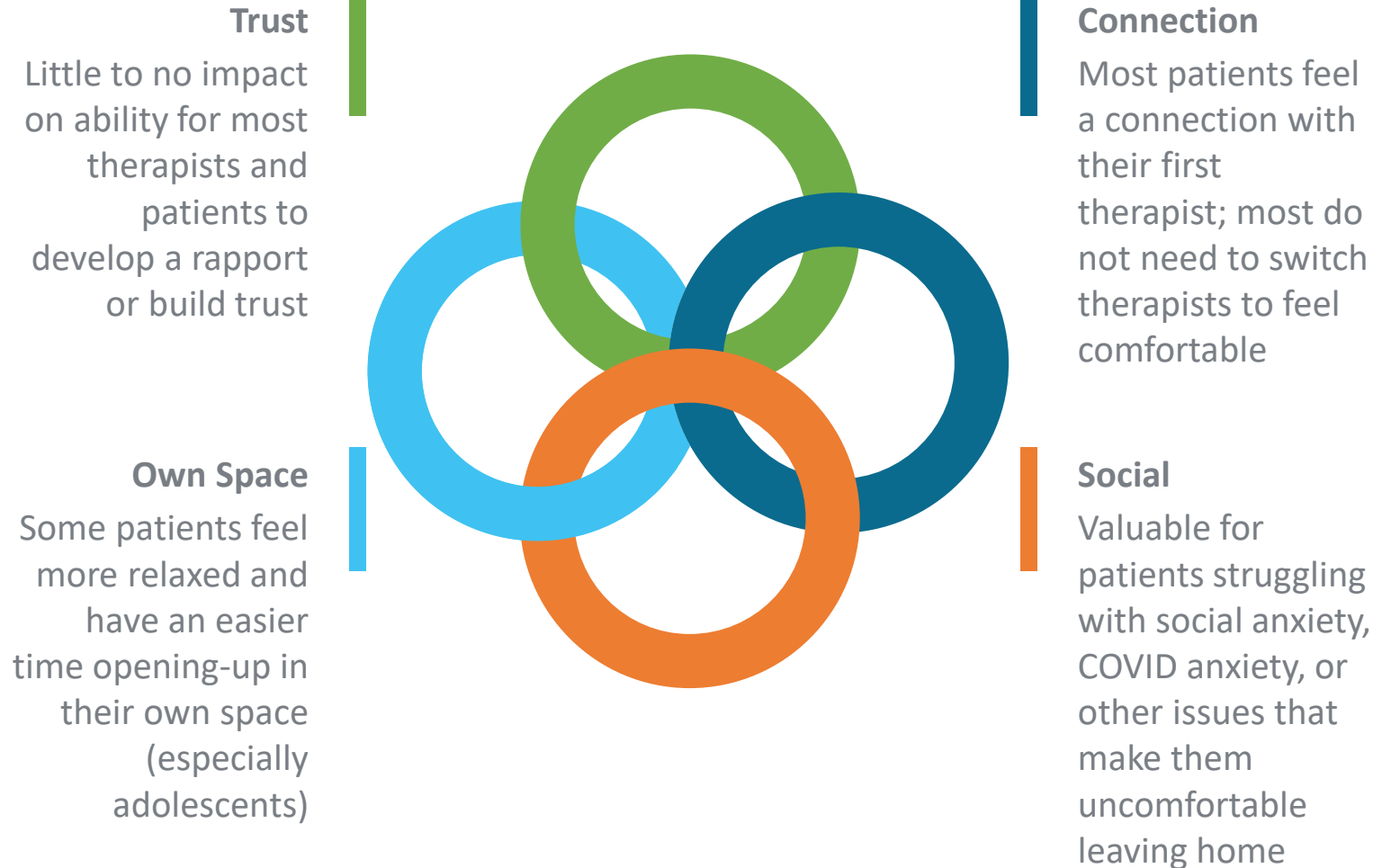
One Therapist Exception

“

Therapy is based upon a very intimate relationship between therapist and client. It's difficult to create that kind of relationship online, because there is obvious distancing – it's a buffer between me and the client. (Therapist)

”

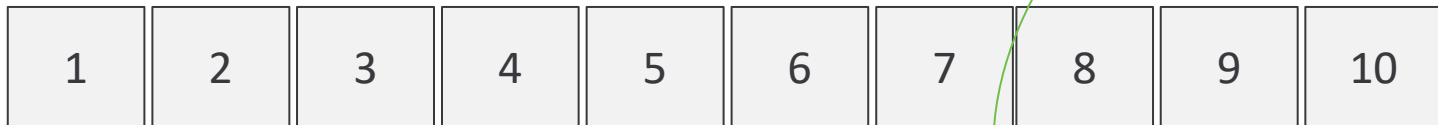
Effectiveness





On a scale of 1 to 10,
teletherapy is the...

Worst
approach
for me

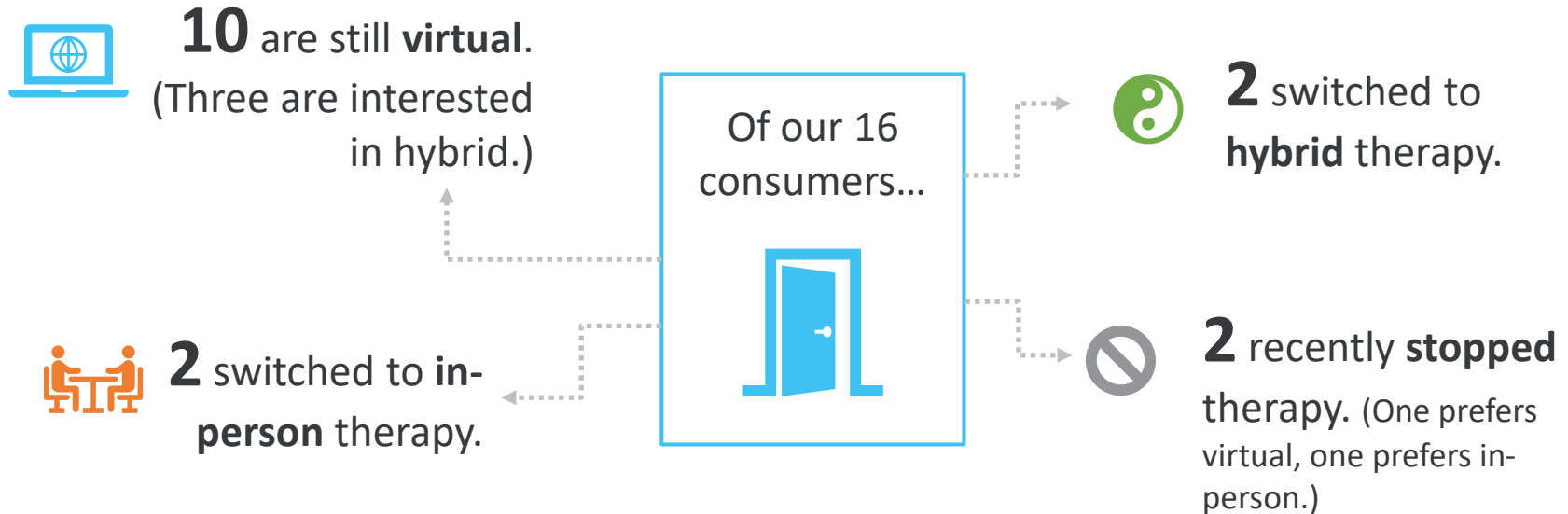


Best
approach
for me



Not asked of all due to time. Base: N = 10 consumers (6 Group, 4 Medicare)

Have consumers switched to in-person?



"There aren't the distractions of being at home... and we incorporate some art therapy and sharing that virtually can be a little challenging." (Group Consumer, switched to in-person)

"I am doing a little bit of both and trying [it] out." (Group Consumer, switched to hybrid)

"I can't imagine going back to in-person. After a while you say, 'Wow, I can't believe I actually had to go out and see a therapist'." (Medicare Consumer, stayed virtual)

Do therapists expect to continue teletherapy?



All our therapists expect to continue at least some teletherapy.



Most expect to have a large share of their patients via teletherapy.



One expects to be solely virtual.

“

I was very reluctant to start teletherapy, but I am now a serious advocate for it. At the moment, I am 100 percent telehealth, and I'm hoping to keep it that way. There are some clinicians in my office who are doing in-person stuff, but most of us are all telehealth now.

(Therapist)

”

Challenges



Distance



Physical distance can make therapy feel less personal (a few)

Non-verbal



Harder to read some non-verbal cues (a few)

Technology



Technology glitches/access (a few)

Distractions



Distractions, e.g., doorbell rings, temptation to check phone or look at other things on computer (a few)

Privacy



Less privacy (a few)

Strategies



Some strategies are hard or impossible to execute on-screen (e.g., art therapy, playing games with children)

Inappropriate Fit



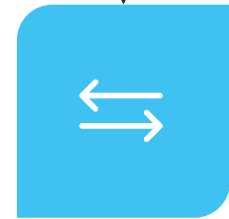
Active Crisis

Teletherapy is not appropriate for patients who need a physical examination or those in active crisis



Young Children/ADHD

Very young children or ADHD patients may not be able to hold attention online



Social Anxiety

Virtual sessions may be counterproductive to treatment for those struggling with social anxiety or similar conditions

“

As someone with ADHD it's really hard for me to stay on one screen. I want to be totally engaged but I can't help it. I feel like if I were in-person I probably wouldn't have so many distractions.
(Group Consumer)

”

Health Plans



Health Plans Represented



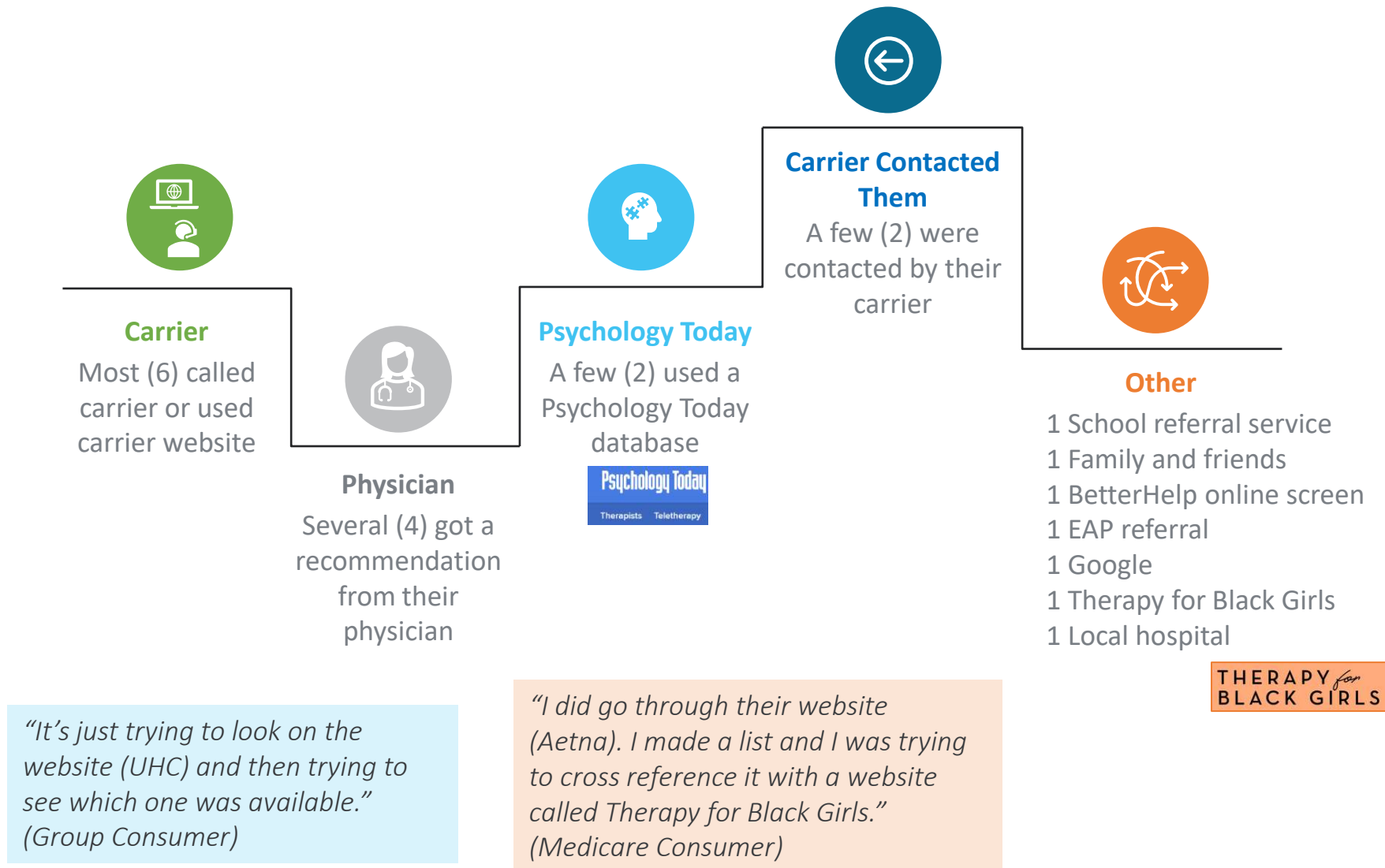
Group Consumers



Medicare Consumers



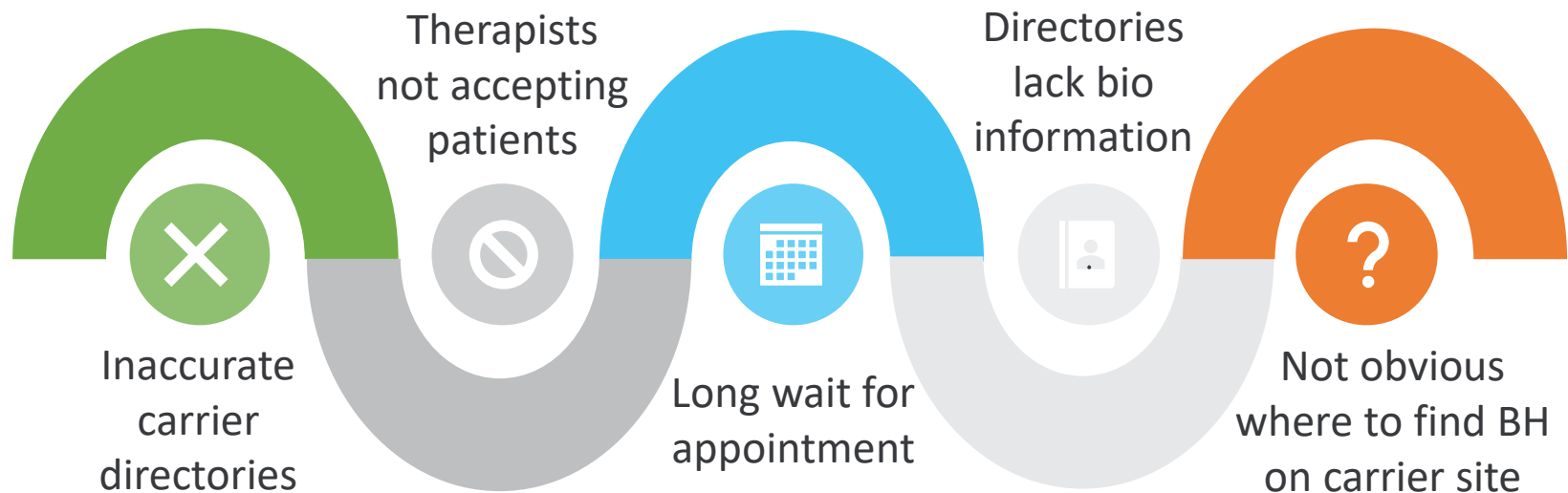
How Consumers Search for a Therapist



Ease of Search/Getting an Appointment



Several consumers describe a challenging process



My first provider they said, 'Oh, they should have updated the website. I'm no longer covering this type of healthcare.'" (Group Consumer)

"I called several people on that list. They weren't taking new clients, and a lot are out of network. It seemed like none were taking insurance, anyway. It's overwhelming to keep calling." (Group Consumer)



Some are not aware of app improvements.

“

Let me try and pull up my app. It's been a while since I've done it. There were limited options for what was available.

There's a specific mental health section now. That was not there before when I was trying to find it. Are you looking for family therapy, general therapy? **This is all an update to when I last looked.**

Honestly, it's very nice. That was my biggest challenge. It wasn't easy to find. I wasn't willing to go through the steps of calling and trying to do all that. **It's impressive that they have these updates, and very much needed.**

(Group Consumer)

”

Two Medicare consumers report challenges getting started with AbleTo.



“

The bureaucracy there was terrible, **they kept screwing up. Eventually, within a couple of weeks they got the right number and the right time and the right therapist.** Not all the bugs are worked out of it.
(Medicare Consumer)

”



“

The first person they put me in touch with **seemed very intelligent, empathetic.** But after the third session, she started saying things a therapist shouldn't say. “I'm having a tough time with this. I don't like my job.” **I get a phone call an hour before our session from the company saying that she just quit and they were really sorry. They got me another therapist.** (Medicare Consumer)

”

Cost and Coverage



Copay

Most consumers use health insurance to cover teletherapy and pay a small copay (\$10-\$25)

"The \$25 copay and unlimited sessions was a difference-maker, knowing I wouldn't have to stop after an arbitrary number of sessions, and it's not cost-prohibitive for me." (Group Consumer)



Pay/Reimbursed

Some pay out-of-pocket and then submit a bill for reimbursement



High Costs

A few pay high costs for out-of-network providers, due to limited availability in-network or earlier insurance difficulties

"Once the BetterHelp free trial period ended, I continued to pay out-of-pocket for it through my FSA [\$150 a month, for four sessions]. BetterHelp doesn't take insurance." (Group Consumer)



Billing

Most consumers say claims processing appears seamless. They do not see issues.

Future of Teletherapy



Future of Teletherapy



All agree teletherapy is 'here to stay' and agree it is opening-up doors to mental health therapy.



“

I don't think we're ever going back. We've all seen that it's good for the patients. We **now have access to patients who may not have otherwise sought treatment.** It's good for our clinic, it cuts down on no shows and increases our productivity level.

There's no going back now.

(Therapist)

”

Future of Teletherapy



Platform Opportunities

- Increase choice for how a video picture is positioned on screen
- Lockable screens so patients can't 'surf' during a session
- Built-in tech support
- Tools that support interaction and increase engagement (e.g., more effectively play with a child online, or conduct a music or art therapy)



Regulations/Legislation

- It remains to be seen if regulations or legislation may shrink or expand teletherapy access.
- Therapists are concerned about the potential for carriers reducing reimbursement rates.

Summary of Key Takeaways



Access: Consumers and therapists agree that teletherapy removes hurdles that may derail people from getting therapy.



Effectiveness: The large majority in our study feel it is surprisingly easy to establish a therapeutic relationship via teletherapy.



Staying Power: Most of our consumers are still virtual or hybrid. A few have switched to in-person, mainly due to distractions.



Health Plans: Consumers search for therapists in many different ways. Some may still be derailed by inaccurate directories and the like.



The Future: Therapists worry reimbursements may decrease. There are innovation opportunities that can enhance access/the experience.

Recommendations for Health Insurers



Grow/Refine: Expand teletherapy coverage and provider networks, improve ease of use and functionality within behavioral health sections of websites, provide complete descriptions of covered therapists online, potentially assist with ‘match-making’



Educate: Proactively communicate teletherapy benefits to members – especially high utilizers, caretakers, and other populations that may have increased need for mental health support



Innovate: Explore opportunities to address barriers, e.g., platform innovations for child or art therapy or to limit on-screen distractions or self-focus, more therapists of color and language capabilities



Advocate: Support legislative and other initiatives aimed to maintain and grow access to teletherapy (including cross-state access) and keep in-network providers aware of any changing legislation

Thank you!



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