



Tele-behavioral Health for Employees: Where Do We Go From Here?



**Tuesday, March 15, 2022
12:00 - 1:00pm**

Webinar Procedures



All lines will be muted



Please submit all questions using the "Q&A" dialog box



Email Diane Engel at dengel@nebgh.org with any issues during this webinar



The recording and a PDF of the slides will be shared



Q&A

You have no question.

What h

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Speakers:



Mark Wilson

President & CEO, *American Health Policy Institute*
VP, Health & Employment Policy, Chief Economist, *HR Policy Association*



Howard Kraft

Staff Vice President, Total Health Clinical Strategy
Anthem National Accounts



Sandi Stein

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Margaret Faso

Director, Health Care Research & Policy
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Connie Haralson, CPC, LPC

Vice President, Client Partnerships
Beacon Health Options



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Margaret Faso

Director, Health Care Research & Policy
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• Telehealth Legislation

- Telehealth Expansion Act (H.R. 5981/S.1704): Permanently allows first-dollar coverage of telehealth under high-deductible health plans
- Allow telehealth as excepted benefit: Amend the excepted benefit and eligibility classifications to provide employers the ability to offer a stand-alone telehealth program to all employees
- Reform licensure requirements allowing health care professionals in good standing to provide services to patients in other states
- Continued focus on modernizing telehealth rules for the commercial market



Howard Kraft
Staff Vice President, Total Health
Clinical Strategy
Anthem National Accounts



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Telehealth & Digital Care

An unprecedented need for behavioral health

COVID-19 has worsened the country's behavioral healthcare crisis, from

1 in 5  **1 in 3**
adults needing support.²

Employees experiencing mental distress cost employers an average of:⁴

Nearly
\$3,000 more
in healthcare services per year than their peers

\$4,783 per employee per year (PEPY)
in lost days.

\$5,733 PEPY in turnover.

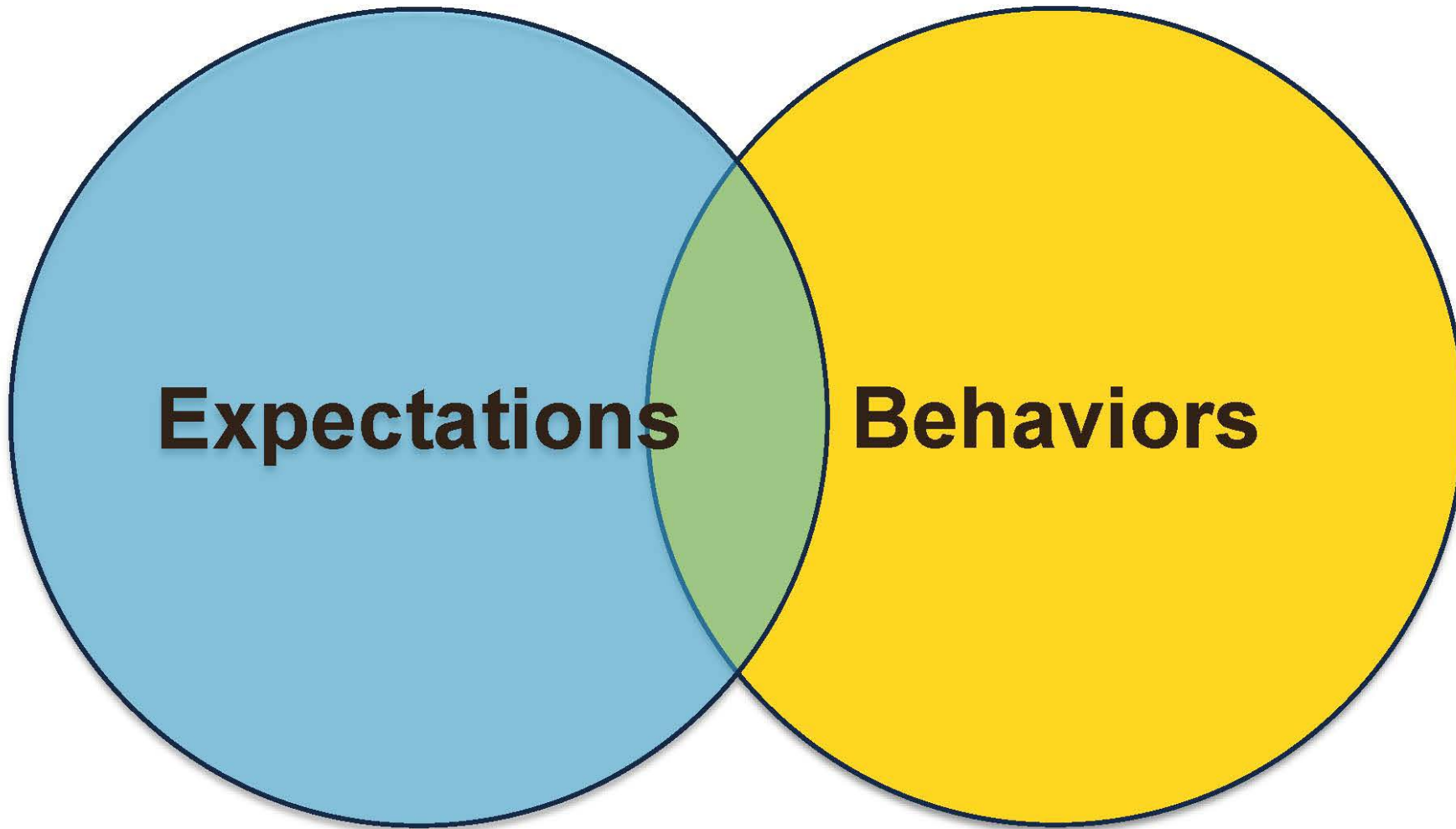
¹ American Psychiatric Association™: *Mental Health 2020: A Presidential Initiative for Mental Health* (2019); *Mental-Health-2020-A-Presidential-Initiative-for-Mental-Health* 20(1).pdf.

² McKinsey & Company, Healthcare Systems & Services: *Understanding the hidden costs of COVID-19's potential impact on US healthcare* (September 4, 2020); mckinsey.com.

³ Panchal, N., Kamal, R., Cox, C., et al.: *The Implications of COVID-19 for Mental Health and Substance Use* (February 10, 2021); kff.org.

⁴ National Safety Council and the National Opinion Research Center at the University of Chicago: *New Mental Health Cost Calculator Shows Why Investing in Mental Health is Good for Business* (May 13, 2021); nsc.org/newsroom/new-mental-health-cost-calculator-demonstrates-why.

A rapidly evolving landscape



Consumers AND Providers

Care delivery is shifting

445%

Increase in telehealth sessions
in 2021 compared to 2020

**Commercial &
Employer Clients**
account for over half
of the increased
utilization

75%

Providers across all levels of care
are providing OP services mostly *or*
exclusively via telehealth

Myths

1. Baby Boomers Won't Adopt Telehealth

293%

Increase in telehealth sessions for 2021 compared to 2020 for this segment

2. Organizational Crisis Events Can Only Be Delivered in Person

125%

Overall increase in critical incidence responses in 2021 compared to 2020

185%

Increase in virtual critical incidence responses in 2020 compared to 2019

5%

Increase in virtual critical incidence responses in 2021 compared to 2020

3. Modality of Treatment is Exclusively Driven by Acuity Level

Looking ahead to 2022 and beyond



Behavioral health usage is projected to increase

Personalized



Intuitive



Fluid



Seamlessly Integrated across the Continuum of Care
Focused on the Whole Person



Sandi Stein

Senior Vice President, Global Head of Benefits
Brown Brothers Harriman

Tele-Behavioral Health & Employees

What We've Learned

BBH & C

BBH/EAP 2021 Care Insights

AWARENESS

171

New registrations in 2021
(577 total Y1/Y2)

224

Members in care in 2021
5.8% of 3,892 members
(2.9% in 2020)

ACCESS

99%

Were instantly matched with a
provider

6

Median days to first visit

HIGH ALERTS

15

Total high alert clients

*What is a high alert?
A high alert is triggered by a member
indicating thoughts of suicide or self-harm
upon signing up for Lyra. This action prompts
Lyra to reach out within 2 hours, stabilize the
individual and help them get into care.*

OUTCOMES & SATISFACTION

81%

Of BBH members see improvement
or recover

93.8%

Of clients are satisfied or highly satisfied

Tele-Behavioral Utilization

Employee Assistance Program

	2020	2020 (%)	2021	2021 (%)
In-Person	229	15%	90	31%
Video	1,314	85%	1,749	95%
Live Messaging	N/A	0%	3	0%

Health Plan

- 73% of outpatient visits were virtual (higher than BoB)
- Virtual care increased by 18%, (403 in 2020 to 475 in 2021)
- Average number of units per claimant increased 14% (9.75 in 2020 to 11.08 in 2021)
- the average paid per unit decreased by 28.7%, dropping from \$95.33 in 2020 to \$67.99 in 2021
- members also had more services virtually vs. in-person:
 - ✓ virtual-only: 10.13 units per claimant, an increase from 6.55 units in 2020 (+54.7%)
 - ✓ face-to-face only: 9.24 units per claimant, an increase from 8.24 in 2020 (+12.1%)
 - ✓ combined/both modalities: 28.3 units per claimant, and increase from 18.8 in 2020 (+50.5%)



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Benefits of Tele-behavioral Health (TBH)

Effective care delivery, added convenience and (in most cases) easier access

Both telephone and video prove effective for those experiencing depression, anxiety, trauma, and substance use.^{1,2,3}

Reduced stigma

Tele-behavioral health may help reduce stigma for clients seeking services.⁴

Quality and outcomes are comparable to in-person care

Substantial evidence shows that TBH is comparable to in-person care when measured by:^{3,4}

- Therapeutic engagement
- Quality of care delivered
- Validity and reliability of care assessments
- Clinical outcome

Clients are satisfied

Clients and treating providers both report positive satisfaction. And clients are more likely to complete treatment with fewer no-show appointments.⁵

Treatment for Substance Use Disorder (SUD) is more effective

SUD treatment completion rates by video are twice that for in-person care (80% vs. 41%). The combination of Medication Assisted Treatment (MAT) with video counseling is now the gold standard.⁶

Health plans are collecting positive data

In 2018, Optum Behavioral Health reported:⁷

- 20% faster appointments for virtual care
- 60% decrease in missed appointments
- 25% reduction in hospitalization rates and lengths of stay
- Effectiveness at least as good as in-person care and often better - people access care sooner.

References:

1. Varkey T, Brand RM, Ward J, Terhaag S, Phelps A. Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. Psychological Services. 2019 Nov;16(4):621.
2. Australas Psychiatry. <https://www.ncbi.nlm.nih.gov/pmc/article/pmc7387833>
3. American Psychological Association. <https://apa.org/monitor/2020/07/cover-telepsychology>
4. <https://abhw.org/wp-content/uploads/2020/09/ABHWTelehealthWhitePaper.pdf>
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7505720/>
6. National Association of State Alcohol and Drug Abuse Directors. "Telehealth in State Substance Use Disorder (SUD) Services." <https://nasadad.org/2019/09/telehealth-in-state-substance-use-disorder-sud-services/>
7. Open Minds. "Is 2019 The Year of the Telehealth Tipping Point?" <https://openminds.com/market-intelligence/executive-briefings/is-2019-the-year-of-the-telehealth-tipping-point/>

Employer Checklist for Tele-behavioral Health (TBH)

This checklist will guide you in preparing to meet with your health plan, benefits consultants and/or vendors to discuss data requests.

■ Is behavioral health care fully integrated into total health and well-being?

Best practice: full integration with close coordination between medical and behavioral care to minimize overall costs. For some carriers, pharmacy management is also included.

■ Can you provide the combined cost for medical and behavioral health care at an individual employee and cohort level?

■ What is your tele-behavioral health (TBH) offering?

■ What is your reported time to get an appointment for the following?

- | | |
|--------------|----------------------------------|
| a. Routine | b. Urgent |
| c. Inpatient | d. Emergency department referral |

■ Are employees able to get an appointment in the timeframe that meets their needs even if not an emergency? What tools are utilized and how is this measured?

■ What metrics can you provide to show the effectiveness of treatment?

Best practice: ability to provide a comprehensive report of the intake condition of an employee, number of sessions and outcome condition.

■ What percentage of your members received mental health screening during annual exams?

■ What percentage of providers routinely screen for mental health, and other conditions (e.g., eating disorders and substance use disorders)? What are the validated screening tools used?

■ What is your pre-authorization or step therapy requirements for behavioral health medications?

Best practice: few or no pre-authorization requirements for behavioral health, especially for medications for addiction treatment. An AMA report explicitly states payers should remove prior authorization, step therapy and other inappropriate administrative burdens or barriers that delay or deny care for FDA-approved medications used as part of MAT for opioid use disorder.

■ What are your TBH no-show rates?

Best practice: providers have TBH no-show rates of less than 10% (as compared to in-office rates of 25%-40%).

■ Were MH/SUD providers reimbursed for the following modalities?

- | | |
|---------------|---------------|
| a. Audio-only | b. Video-only |
|---------------|---------------|

■ Were the allowed amounts for the following modalities the same as allowed amounts for in-person office visits?

- | | |
|---------------|---------------|
| a. Audio-only | b. Video-only |
|---------------|---------------|

■ How are you determining the effectiveness of care (and satisfaction) in various mental health settings (virtual, audio, and in-person)?



Have a question? Use the Q&A box!

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- **Mar. 28** – Dr. Mark's Weekly COVID-19 Update
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