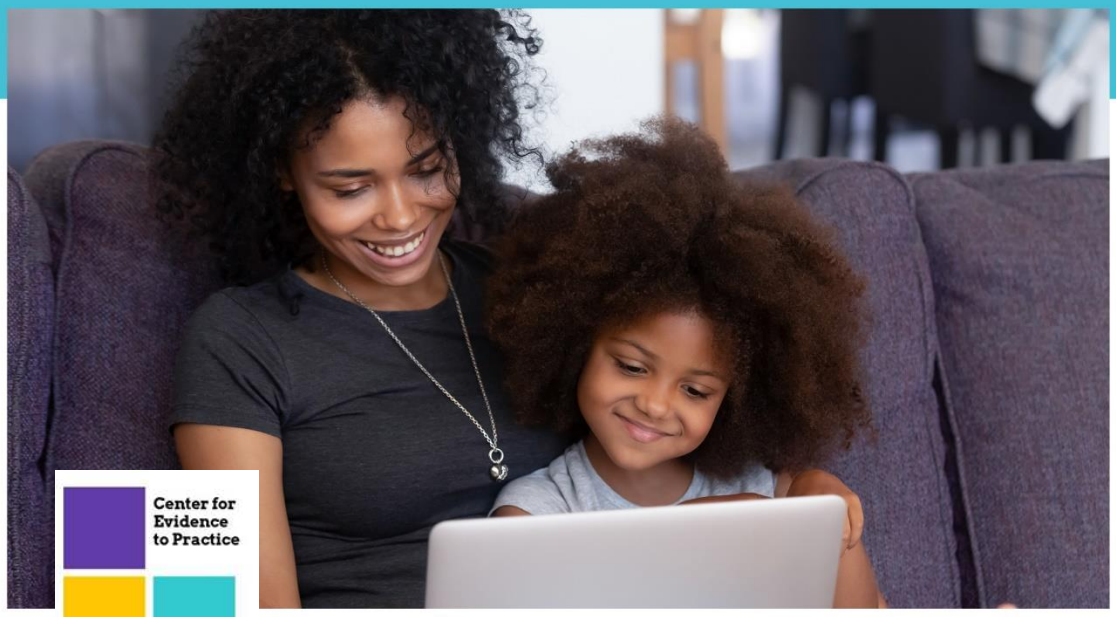
Telehealth among Behavioral Health Providers in Louisiana during COVID-19 and a Mandatory Stay at Home Order: *A Story of Adoption and Adaptation*



The Louisiana Center for Evidence to Practice

**Louisiana State University Health Sciences Center-
School of Public Health**

August 2020

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The Center for Evidence to Practice Mission

To support the state and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and to address challenges related to sustaining quality practice.

EXECUTIVE SUMMARY

The COVID-19 pandemic and subsequent March 2020 "Stay at Home" order from the Governor necessitated an unprecedented shift to telehealth to access behavioral health services in Louisiana. To better understand the impact of this sudden change in clinical practice, the Center for Evidence to Practice reached out to behavioral health providers throughout the state to examine how they were managing this abrupt shift. Support for these efforts came from the Louisiana Department of Health (LDH)- Office of Behavioral Health and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Data were collected through interviews, focus groups, and a quantitative **survey of over 350 providers**. The study sought to learn how providers had shifted to telehealth in the months immediately following the order; what barriers and facilitating factors were encountered; and what continued supports are needed to sustain their efforts. We also examined the extent to which providers of specific evidence-based practice (EBP) models experienced this transition to telehealth differently compared to general behavioral health approaches. Finally, anticipating that telehealth may have a longer-term impact, we asked providers to predict the future of telehealth for behavioral health services in Louisiana.

The **majority (85%) of provider**s, surveyed in June 2020**, reported continuing to see clients via telehealth after the Governor's March "Stay at Home" order**. Survey respondents indicated:

- 15% stopped seeing clients and almost half of those were Child-focused EBPs;
- of those utilizing telehealth, 89% reported using HIPPAA-compliant telehealth platforms;
- 87% maintained pre-COVID clinician staffing levels; 5% decreased staffing, and 4% increased;
- for those continuing services, 46% reported seeing fewer clients, 35% reported seeing about the same number, and 19% reporting seeing more clients;
- 33% reported no change in referral numbers and 19% reported increases; and
- 48% reported a decrease in referrals, with 52% of those indicating a loss of a 50 - 100% of referrals.

Barriers to providing care via telehealth were reported as, "clients' access to devices, data and internet" (78%) and "the client's knowledge of technology" (66%). The ability to access clients, specifically "hard to reach populations" was cited as both a barrier (36%) and a potential facilitator (21%). This specific finding suggests that clients without devices or money to purchase data could be further marginalized by the COVID-19 pandemic. Lastly, many survey respondents indicated they would continue to use telehealth to provide therapy (48%), assessments (60%), and screening (65%) even after the pandemic subsides should telehealth continue to be an allowable means to provide service.

In summary, telehealth has provided a platform allowing most clinicians to continue seeing clients in compliance with COVID-19 precautions. As the need for safety, including social distancing, continues in the Louisiana's response to COVID-19, the following conclusions are offered. (1) Providers leveraged telehealth's flexibility to maintain clients' access to behavioral health services. (2) The capacity to adapt and innovate to produce quality behavioral health services varies. (3) Referral networks can become disrupted during disasters and methods to sustain access to care, including telehealth, are crucial. (4) The quality of care offered over telehealth should be thoughtfully considered, as the state continues to support the dissemination of evidence-based practices. Access to quality behavioral health services via telehealth, including during disasters, can, and should, be part of a planned response. (5) The potential of telehealth to increase or decrease disparities in access to quality care requires the state to monitor use, and for policy-makers to consider low/no cost broadband access for providers and clients.

Stephen Phillippi, PhD
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BACKGROUND

Since 2017, the Louisiana Department of Health (LDH) has partnered with the Louisiana State University Center for Evidence to Practice (the Center) to support the scale-up of a menu of evidence-based behavioral health treatment models to improve outcomes for Medicaid-insured children and families. The Center has trained and supported over 160 providers throughout the state in the adoption and delivery of these evidence-based treatment models, and over 350 providers have participated in research-informed practice training.

The impacts of the Stay at Home Order, as part of Louisiana's response to COVID-19, included the complete or partial shutdown of key public systems such as schools, courts, and health clinics. Though behavioral health is an essential service, there was little pre-existing infrastructure in place for the rapid transition to telehealth, which was necessary to serve the psychotherapy needs of Louisiana's Medicaid-insured population. Provider organizations were required to act quickly to sustain access to, and quality of, care for clients. Clinicians, although trained in various treatment modalities, had never previously been challenged to deliver this level of behavioral healthcare via a telehealth platform.

Telehealth quickly became the primary mechanism to provide outpatient behavioral services, and, given the rapid transition, the extent of telehealth utilization needed to be examined. The SAMSHA-Emergency COVID Response FY 2020-21 Grant supports data-driven mechanisms to address telehealth issues and provides funding for some of the immediate telehealth needs of behavioral health provider organizations. This study was designed to explore how providers engaged the recent transition to telehealth and how providers perceived their ability to meet clients' needs. These data have been gathered to inform a Request for Proposal (RFP) to support providers in continuing their transition to quality telehealth services.

METHODOLOGY

This study used a sequential mixed-methods design. Five regional focus groups and seventeen provider interviews established an exploratory foundation for quantitative survey questions. These focus groups and interviews were coded and findings synthesized to inform a web-based quantitative survey of a broader, statewide sample of primarily Medicaid-contracted behavioral health providers. RedCAP was used for the 26-item survey focusing on current telehealth utilization and respondents' predictions of possible future telehealth use. From June 8th to July 7th, 2020, 1,554 surveys were successfully disseminated by emails derived from the Center's listserv and affiliated stakeholders. Of those receiving surveys, 483 (31.1%) of recipients opened the email and a total of 307 participants completed the survey[1] The survey targeted Medicaid providers, but may include a small, unknown, percentage of non-Medicaid provider responses since access to the survey was not limited.

FINDINGS

Of the 307 survey respondents, 32.6% were independent clinicians and 67.4% were employed by multi-clinician agencies. Respondents were based in metropolitan statistical areas (MSAs), defined as urban areas (75.1%), rural areas (13.0%) and travelling providers (11.9%). The following are the results of the survey data integrated with the focus group and interview findings.

[1] Data for agency name and location were collected from 97% of respondents. In addition, 210 respondents indicated their consent to be re-contacted for follow-up data collection; 206 of these individuals provided an email address and 186 provided a phone number.

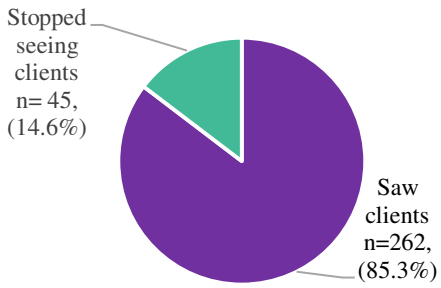
The survey asked: ***We would like to know how your practice has changed during the COVID pandemic. For the following [survey] questions, you may choose to answer either generally (i.e., about all of your practice), or about the specific context of a named treatment model. Select only one:***

- 62.5% - All treatment that I provide, regardless of treatment model
- 22.8% - Specific adult-focused Evidence-based program (EBP)
- 14.6% - Specific child-focused Evidence-based program (EBP)

Have you seen clients since the statewide Stay at Home Order (March 22, 2020)?

The primary finding of the survey is the substantial, rapid transition of most behavioral health treatment to telehealth platforms. Of the 307 respondents, 262 (85.3%) reported continuing to providing behavioral health care after the Stay At Home Order. The remaining 45 (14.7%) reported discontinuing care. *See Figure 1.*

Figure 1: Continuation of Services



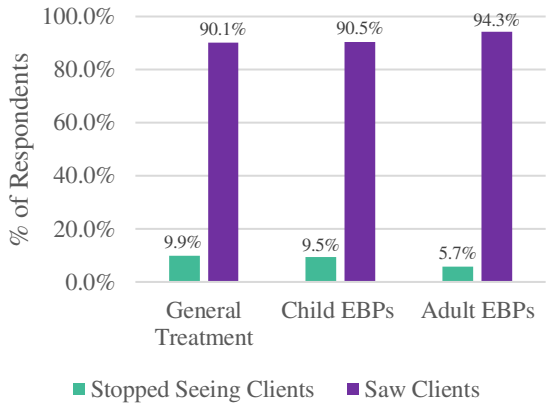
When analyzed statistically, organization size did not appear to impact whether providers reported continuing care after the Stay at Home order. The proportion of single- and multi-clinician agencies reporting providing behavioral health care during the Stay at Home order also did not differ significantly (single clinician agency: 'no' 17.2% vs 'yes' 82.8%; multi-clinician agency: 'no' 12.8% vs 'yes' 87.2%).

EBPs are emphasized in Louisiana in order to increase access to effective treatment models. Child-focused EBPs across age groups appeared to be more heavily impacted during the COVID emergency and resultant shift to telehealth (*See Figure 2).*[2] Of the forty-three clinicians reporting discontinuing care, the greatest loss across treatment models occurred among child-focused EBPs, followed by general treatment models and adult-focused EBPs. Nearly half of the clinicians (22, 48.9%) that reported stopping care among child-focused EBPs were providers for Nurse Family Partnership.[3]

What percent of your services during the Stay At Home Order occurred on a telehealth platform?

Nearly 85% of providers transformed their practice to either '100% telehealth' (139, 53.7%) or '75% or more telehealth' (81, 31.3%) to engage clients. EBPs were also delivered primarily with telehealth. Only fourteen EBP providers (5.3%) reported a telehealth utilization of 50% or less. The recommended telehealth platform is a HIPAA compliant audio/visual practice, which 234 (76.2%) of the survey respondents reported using. Thirty-seven clinicians (12.1%) reported using non-HIPPAA compliant platforms.

Figure 2: Continuity of services categorized by treatment groups (excluding NFP)



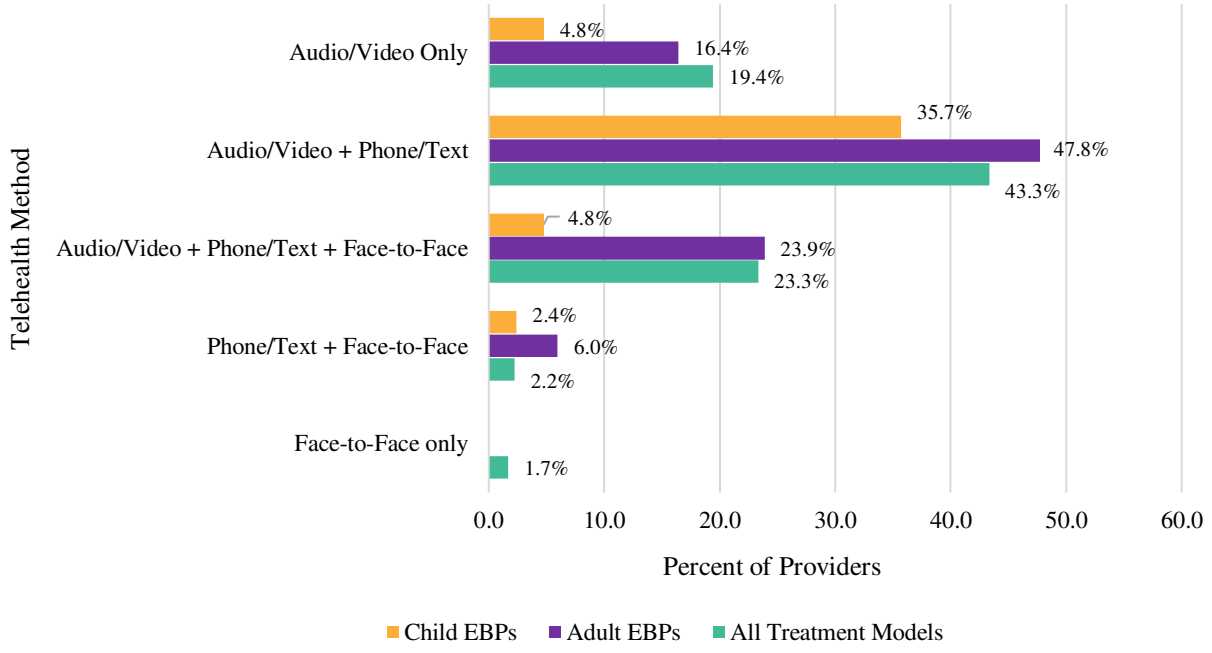
[2] Figure 2 does not include Nurse Family Partnership (NFP) as it is not part of the telehealth waiver for Medicaid services during COVID, and it is funded and implemented separately from LDH-OBH and the Center for Evidence to Practice

[3] The remaining two EBPs for which a reduction in services were reported were PCIT and FFT-CW

What telehealth platform are you using?

Providers reported use of a variety of telehealth platforms for working with clients based on technologies immediately available to them. Though almost a fifth (48, 19.6%) of providers reported using an audio/visual platform alone, many more used a hybrid approach, meaning a mix of several telehealth methods and traditional clinical environments. The combination of audio/visual and phone/text was more likely to be endorsed on the survey, with half using this method (125, 51.2%). Together, these represented over 70% of reported clinical activity during the COVID emergency. Another 24.5% (72) continued to engage clients in face-to-face clinical practices in addition to audio/visual and phone/text capacities. Among EBP practitioners, the highest percentage of EBPs were conducted through the combined audio/visual and phone/text mechanisms in particular for adults (32, 47.8%), yet there was a drop in use of audio/visual platforms alone with children, as interviewees reported difficulty engaging children's attention for the length of a traditional hour-long session. The array of telehealth practices, by general treatment, adult or child EBP model are illustrated in *Figure 3*.

Figure 3: Hybrid Telehealth Use across Treatment Models

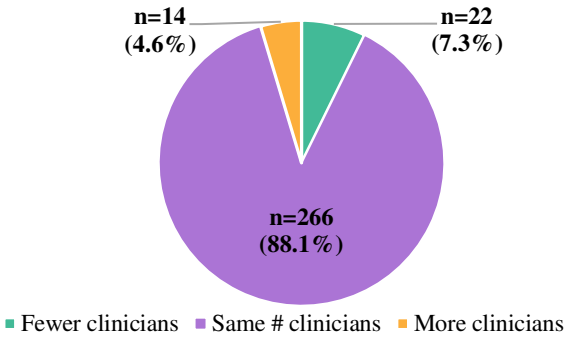


Providers were asked if they experienced a decrease, increase, or no change in the number of clients, clinicians or referrals to their agency.

Since the stay at home order, if your agency employed more than one clinician, did the agency sustain clinicians?

Few respondents indicated a change in the number of clinicians at their agency following the pandemic onset. The majority reported very little change in their agency, with only 4.6% observing an increase in clinicians and 7.3% observing a decrease. *See Figure 4.* Of note, these data do not reflect agencies that may have closed permanently due to the pandemic by the time the survey was administered, in June 2020.

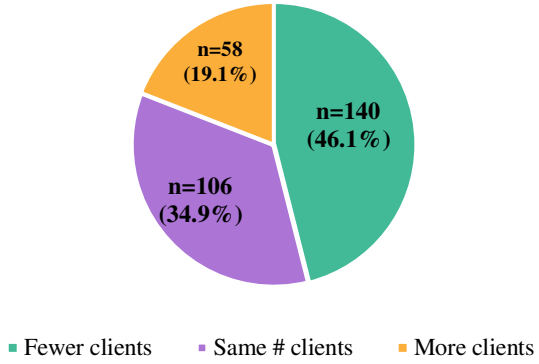
Figure 4: Change in Clinicians



Since the stay at home order, do you see fewer, about the same or more clients?

Nearly half of survey respondents reported a decline in the number of clients they were treating, (140, 46.1%). The other half reported either an unchanged clientele (106, 34.9%) or more clients (58, 19.1%). *See Figure 5.*

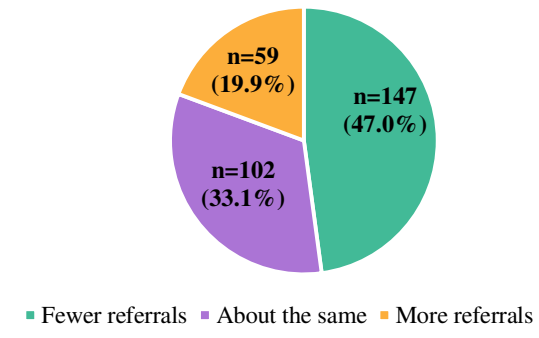
Figure 5: Change in Clients



Are you receiving fewer, about the same, or more referrals?

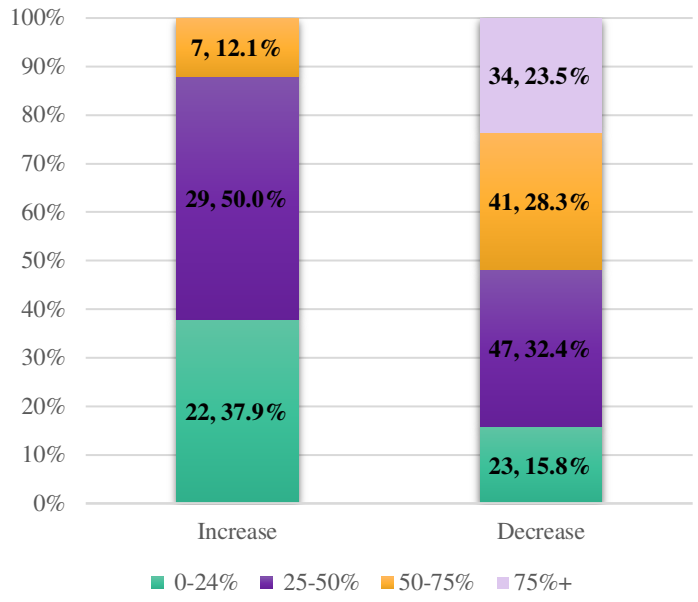
As *illustrated in Figure 6,* about half of provider organizations reported a decrease in referrals (147, 47.0%), one-third reported referrals staying the same (102, 33.1%) and another one out of five respondents reported referrals increasing (59, 19.9%).

Figure 6: Change in Referrals



Approximately what percent decrease/increase in referrals occurred?

Figure 7: Change in Referrals



The drop in referrals was significant for just over half (75, 51.8%) who reported a decrease between 50% and 100%. The other half (70, 48.2%) of respondents reported a decrease of 0% to 50% in referrals. The rise in referrals was also noted with most (51, 87.9) reporting an increase in referrals between 0 and 50% and a minority (7, 12.1%) indicating an increase of 50-75%. *See Figure 7.*

Overall, a third of providers reported their agency sustained the number of clinicians and clients (99, 32.9%) since the COVID-19 precautions were put in place. Another 15% (47, 14.7%) kept the same number of clinicians but increased clients, and a small group of respondents (10, 3.3%) reported increases in clients and clinical staff. Conversely, just over a third of providers sustained clinicians but lost clients (119, 39.5%) and a small number of respondents lost both clinicians and clients (19, 6.3%).

Which of the following issues created the biggest barriers to shifting to telehealth?

Table 1: Most Reported Barriers and Facilitators to Telehealth Implementation

Top Three Barriers Reported	n (%)
Client's access to internet, data, devices	198 (78.3%)
Client's knowledge of technology	167 (66.0%)
Ability to reach 'hard to reach' populations (e.g., rural, vulnerable)	91 (36.0%)
Top Three Facilitators Reported	
Access to Clients: Increased access to clients	141 (57.1%)
Ability to reach 'hard to reach' populations (e.g., rural, vulnerable)	110 (44.5%)
Ability to reach treatment outcomes with telehealth	52 (21.1%)

Largely, "clients' access to internet, data, and devices" was cited as a major issue, by three-fourths of survey respondents (198, 78.3%) and was mentioned nearly sixty times in interviews. Another barrier was indicated as clients' knowledge regarding technology use (167, 66.0%). Different survey respondents and interviewees cited some factors as *both* facilitators and barriers to telehealth implementation. The ability to reach 'hard to reach' populations (e.g., rural, vulnerable), for example, was named as a barrier by over a third of respondents (91, 36.0%), and reported as a facilitator of treatment by just under half (110, 44.5%) of respondents. This highlights differences in how providers experienced the shift to telehealth based on their own and their clients' capacities. *See Table 1.*

Which services will you or your agency continue to provide using telehealth after the social distancing restrictions are released (select all that apply)?

Respondents were asked to predict how their agency might continue telehealth services after current social distancing recommendations are relaxed or removed. The majority of respondents predicted continued provision of therapy (84.2%) via a telehealth platform, followed by assessment (76.3%), screening (61.3%), psychoeducation skills training (58.3%), medication management (42.1%), and case management (36.3%).

Table 2: Expectations for future telehealth service utilization	
	n (%)
Screening	147 (61.3%)
Assessment	183 (76.3%)
Psychoeducation Skills Training	140 (58.3%)
Therapy	202 (84.2%)
Case Management	87 (36.3%)
Medication Management	101 (42.1%)

CONCLUSIONS

Overall, it appears that Louisiana providers did an incredible job in transitioning care to a previously unused telehealth environment in order to maintain continuity of care in the face of COVID-19. It is also apparent that providers varied in this transition experience, and, it can be assumed, so did their clients. This variation is particularly evident in the type of services that were able to adapt and transition quickly. A number of child-serving EBPs appear to have struggled more than others. Variation is also noted in how provider described the barriers and facilitators of their telehealth transitions, particularly the ability to reach 'hard to reach' populations (e.g., rural, vulnerable). These differences in experiences raises potential concerns about whether this shift to telehealth might increase disparities (e.g., for rural, under-resourced or difficult to access clients, or for providers of certain treatment models, such as in-home services for parents of very young children). On the other hand, there is also an opportunity to acknowledge the risk and closely monitor telehealth implementation, access, and use.

The best news so far appears to be that telehealth is a method allowing most providers to continue seeing clients and comply with COVID-19 precautions. Providers have leveraged telehealth's flexibility to maintain clients' access to behavioral health services. However, we also note that referral networks can become disrupted during disasters and methods to sustain access to care, including telehealth, are crucial. The quality of care offered over telehealth should be thoughtfully considered, as the state continues to support the dissemination of evidence-based practices. Access to quality behavioral health services via telehealth, including during disasters, can, and should, be part of a planned response. Given the assumption that some variation of telehealth is now here to stay as a psychotherapy and EBP delivery option, these findings can begin the conversation to sustain quality telehealth access and utilization.