

Pandemic Era Use of Telehealth Procedures in PA

April 1, 2021



► EXECUTIVE SUMMARY ◀

- 74 RCPA members responded to a request to participate in a survey regarding use of telehealth procedures during the pandemic. Approximately 65% of the respondents indicated that their primary business was behavioral health.
- All 74 respondents reported that they used some form of telehealth to provide services to customers. Primary uses were individual therapy, group therapy, and psychiatric medication reviews.
- Primary funders of telehealth services were Medicaid (85% of respondents) and private insurance companies (64% of respondents).
- Overall, costs of providing services via telehealth were largely unchanged, with 21% of agencies reporting increased costs and 22.8% reporting decreased costs.
- About $\frac{3}{4}$ of reporting agencies indicated that cancellations had declined with the use of telehealth procedures.
- Greatest barriers to the adoption of telehealth procedures were consumer access and consumer reticence.
- While 57.5% of agencies reported no change in treatment efficacy with telehealth procedures, 35.6% reported decreased efficacy. Note that these subjective estimates are in comparison with pre-pandemic rates of efficacy.
- Satisfaction with telehealth was high with 95% of agencies reporting satisfaction. Agencies believe that consumer satisfaction was almost as high (90% satisfaction).
- It was noted that the adoption of telehealth enabled continuation of services during the pandemic, but the use of telehealth also improved attendance and reduced barriers to access to treatment.
- Behavioral Health Agencies only
 - Primary uses were individual therapy, group therapy, and monitoring of psychiatric medications.
 - Primary funders were Medicare (50.0%) and private insurance companies (78.3%).
 - Payments were generally timely and complete.
 - Use of telehealth was associated with increased costs.
 - 68.9% of behavioral health respondents reported that efficacy remained the same or improved.
 - Provider satisfaction with telehealth procedures approached 96%, while perceived consumer satisfaction reached 85%.

Telehealth procedures typically refer to a combined audio/video real time communication between the service recipient and the service provider. Primary uses of these telehealth services are diagnosis, education, and treatment.

There have been numerous examples of broad based telehealth use over the past 20 years (Smith, Thomas, Snoswell, Mahrota, Clemenson, & Caffery, 2020). For example, NATO developed a multinational telemedicine system in 2000, and it has been used in various military deployments over the ensuing years. Hurricanes Harvey and Irma led private telemedicine companies to provide care to victims who were relocated from their homes as a result of the storms. Severe Acute Respiratory Systems (SARS) onset in 2003 led China to investigate the use of telehealth procedures and to develop electronic medical systems. The recent brushfires in Australia caused the Australian government to provide additional mental health services via telehealth procedures. It has been recognized that the use of telehealth procedures was the future of community behavioral health (Goodwin, 2021), but despite these examples, adoption of telehealth procedures was limited.

The onset of the COVID-19 pandemic in early 2020 has had dramatic impact on the practice of behavioral health and other social services. The need to maintain social distancing during the COVID-19 pandemic led many social service agencies to provide some or all their services via telehealth procedures. Oss (2021) reported that in the midst of the pandemic, 80% of all behavioral health visits were virtual. At the same time, Medicare claims for telehealth services increased from 13,000 per week to 1.4 million per week (Oss, 2020). A Tridium survey of behavioral health clinicians (2020) reported that 86% of respondents began using telehealth procedures during the pandemic, and the majority expect to continue with its use.

Similar findings were reported by Welty, Klinger, Peterson, Stemple, Scheffer, & DiDomenico (2020), who reported that while 45% of Pennsylvania clinicians reporting some use of telehealth procedures prior to the pandemic onset, 93% reported using telehealth procedures once the pandemic took control. Surveying service recipients, the same authors (2020) found that only 10% of service recipients reported use of telehealth prior to the pandemic, while the comparable pandemic rate of use was 88%.

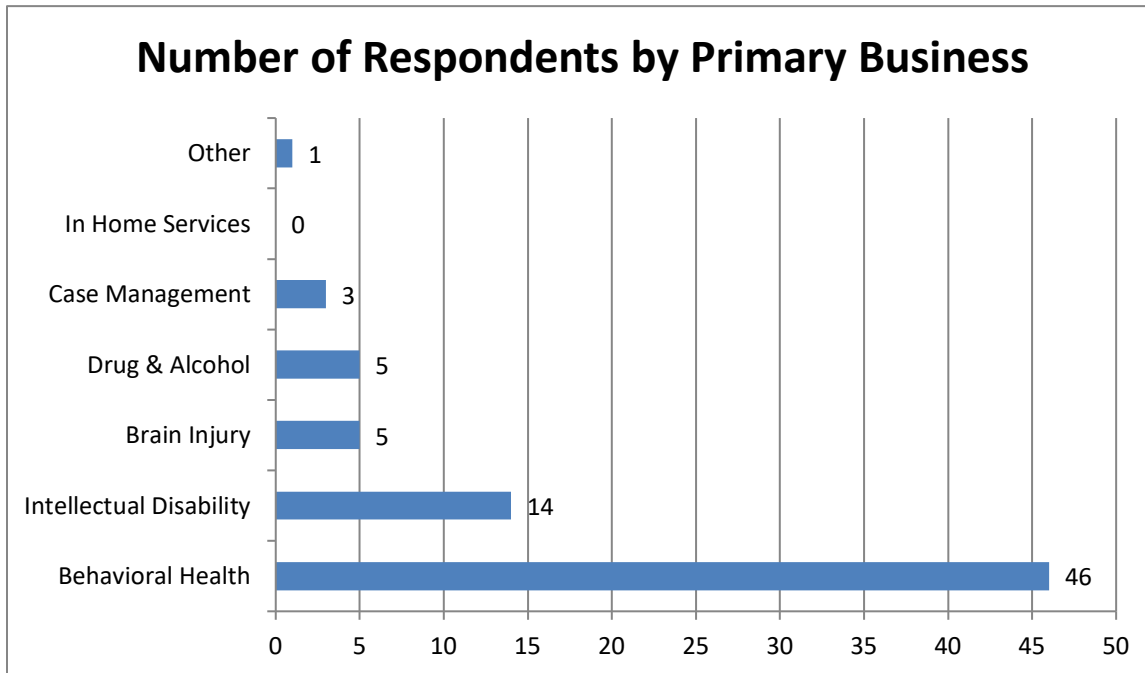
Rehabilitation and Community Providers Association (RCPA), a Pennsylvania provider association, undertook a survey of its membership in an effort to gain understanding regarding the use of telehealth procedures across a broad range of clinical services in Pennsylvania. Specifically, RCPA sought to gain information about the operation of telehealth services, the funding of telehealth services, the challenge of providing telehealth services, and the outcomes associated with telehealth services.

Methods

With the input of a team of RCPA members and staff, a brief questionnaire was constructed to assess properties related to the use of telehealth procedures. The questionnaire was developed in SurveyMonkey, and the RCPA President/CEO invited membership to respond via a link to the survey. The initial request to participate in the survey was made on February 8, 2021 and the final date for accepting survey responses was 3/5/21. RCPA contracted with the Research Institute at Woods Services to conduct the analysis of the survey and to generate a final report. A copy of the survey is available [here](#).

In response to an email request from RCPA President/CEO Dr. Richard Edley, 85 respondents completed a SurveyMonkey questionnaire. A number of respondents completed all or part of the questionnaire twice, and deleting these multiple responders reduced the effective sample size to

74 agencies. All respondents operated social service organizations within Pennsylvania. The table immediately below lists the primary business of each respondent agency.

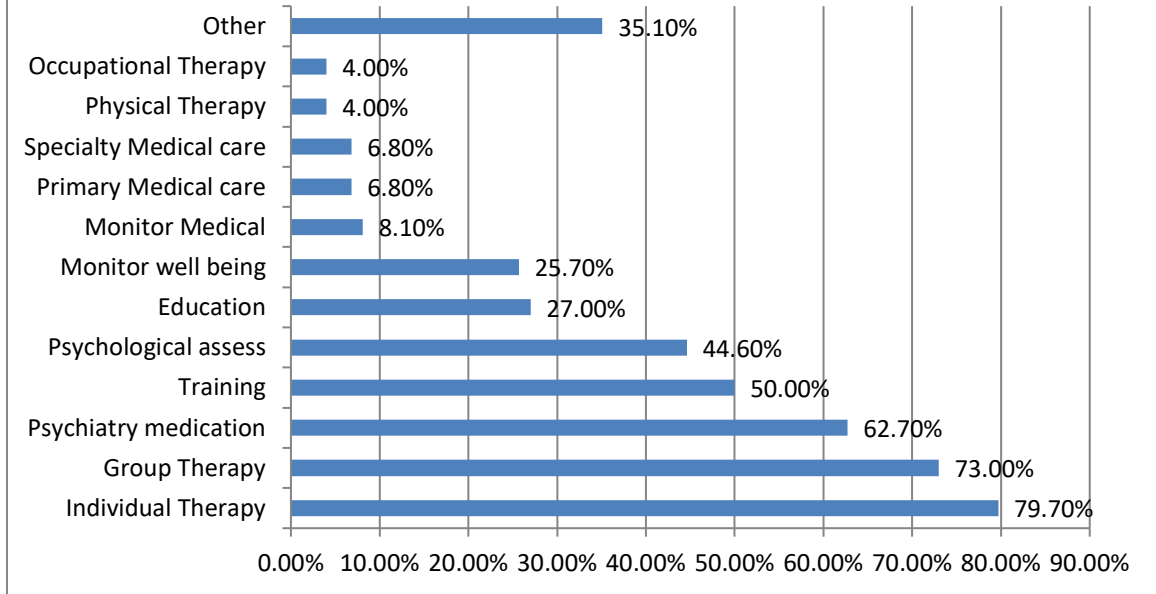


It is evident that most of the respondents to this survey considered their primary business to be behavioral health; however, most RCPA members maintain multiple service lines. Both an overall analysis and an analysis of only behavioral health providers will be presented.

Overall Analysis

Each of the 74 responding agencies reported that they use some form of telehealth somewhere within their organization. The most frequently cited forms of telehealth were for the provision of individual therapy (80% of responders) and group therapy (73% of responders). Psychiatry medication review was cited by 64% of respondents. The figure below presents the percentage of respondents indicating that they used any of the listed services.

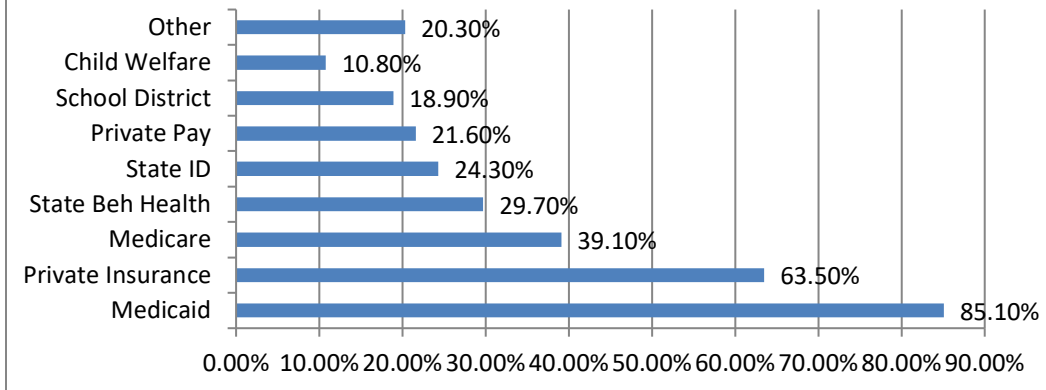
Percent of Respondents Using Telehealth for Listed Procedure



Funding

The use of Telehealth procedures is funded through multiple payors, and one must recognize that the funding is for the provision of a service rather than for the use of telehealth procedures per se. This sample derived funding from the following payors.

Percent of Respondents Receiving Funding for Telehealth from Each Funder



While funding is always a concern within the social services, it appears that most payments for telehealth services are provided fully and in a timely manner. 80% of respondents reported that full funding for telehealth services is received in a timely manner. An additional 15% reported that full funding is received but is sometimes delayed. Only one respondent reported not having received full funding, and an additional two reported not yet having received payment. It is noted that 88% of respondents indicated that a waiver of existing regulations or standards enabled the use of telehealth procedures. The Pennsylvania Department of Human Service confirmed that it has relaxed various rules to permit expanded use of telehealth services (Welty, Klinger, Peterson, Stemple, Scheffer, & DiDomenico, 2020).

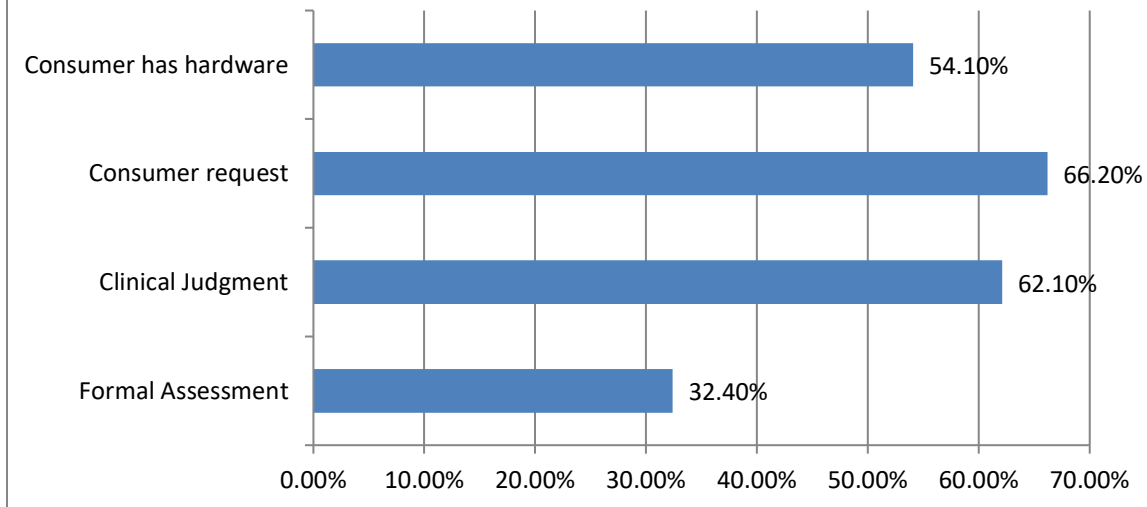
Participants were invited to respond to an open-ended question regarding problems with payments. Note that these are open-ended questions, and not every participant elected to offer a response. Thus, one cannot gauge importance by referencing the percentage of respondents that offered the comment. There were 32 respondents (of 74) who noted that there had been no problems with funding. There were eight (8) other comments. Four (4) named specific funders that had been problematic. The remaining comments addressed co-pays, time frame for receiving payments, the limitation on audio-only telehealth, and unspecified threats to reduce rates.

Oss (2021) has speculated that the Centers for Medicare and Medicaid Services and commercial insurers will continue to fund telehealth sessions once the pandemic subsidies but acknowledged that there have been no public pronouncements to that effect. It has been rumored that telehealth strategies might be funded for those agencies that participate in value-based reimbursement models, perhaps in a way to encourage a movement from fee-for-service models.

Selecting Telehealth Participants

The selection of individuals to participate in telehealth procedures appears to rely on multiple indicators. The two primary criteria appear to be consumer request for telehealth services (66% of respondents) and therapist clinical judgment (62% of respondents). The factors related to deciding to use a telehealth approach with a given consumer are listed below:

Factors in the Decision to Use Telehealth: Percent of Responding Agencies



Consumer interest, judgment of the therapist, and consumer access to necessary hardware and software are key elements. It was noted by several respondents that telehealth procedures may be more acceptable for certain conditions rather than others. Consistent with the findings of the Tridium (2020) study, it was suggested that patients considering suicide and patients participating in play therapy would not be ideal candidates for telehealth procedures. Of course, one might note that the early suicide hotlines of the 1970s were early forms of telehealth.

In most situations, training consumers to participate via telehealth is done by the therapist (76%). Fifteen agencies (20%) reported that they offer no training in the use of telehealth procedures.

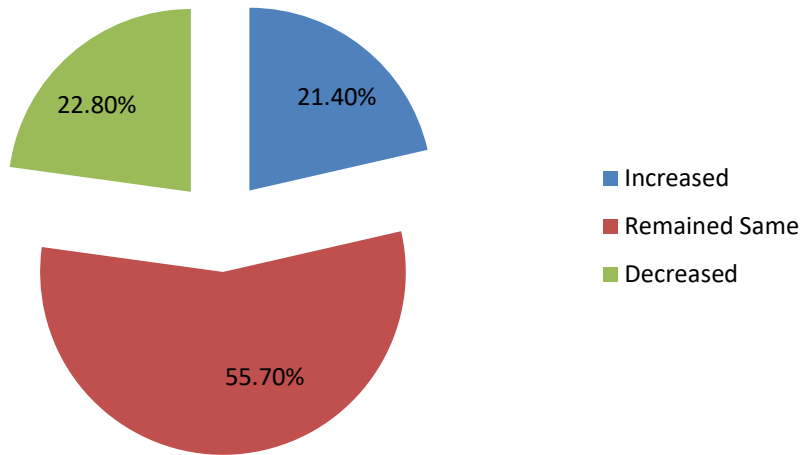
Telehealth Vendors

Zoom was the overwhelming favorite telehealth option, being cited by 82% of responding agencies. Go to Meeting was a distant second with just 20%. Note that most agencies were relying on multiple communication options, with Zoom being the most frequently cited. Note also that Doxy was not offered as an option in the survey but was cited several times in response to a request to identify any other options being used.

Costs

Respondents were asked to identify whether they believed that the adoption of telehealth procedures impacted the costs of services. The figure below presents the percentage of agencies indicating that costs increased, decreased, or remained the same. The number of respondents reporting increased costs was roughly matched by the number reporting decreased costs. Note that several respondents mentioned that the purchase/rental fees associated with the various communication options added to the cost of service.

Costs to Provide Services

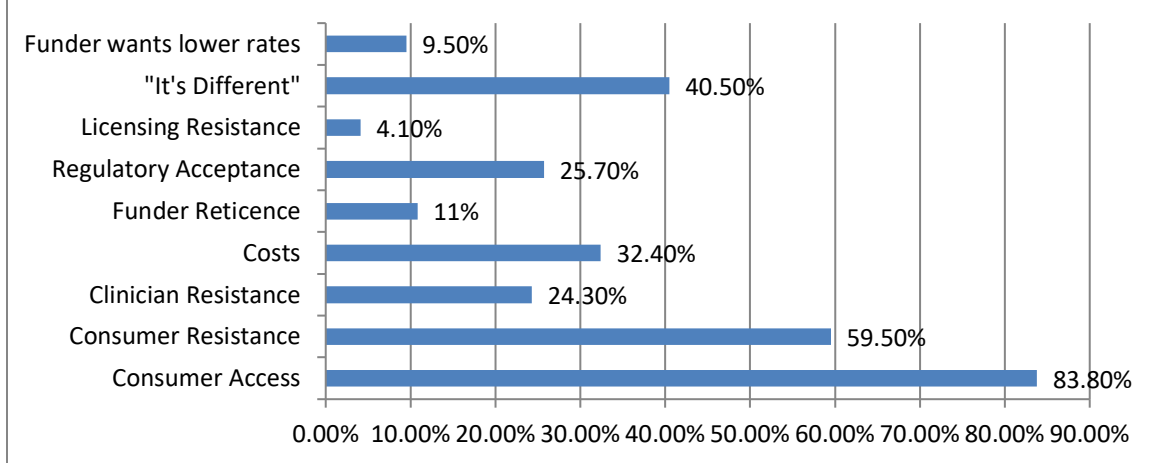


Offsetting any increase in costs appears to have been a reduction in the number of missed or cancelled appointments. Almost three quarters (74.8%) of responding agencies reported a decrease in the number of missed/cancelled appointments. Only three agencies (about 4%) reported an increase in missed/cancelled appointments. Similar positive findings about reduced cancellations were reported by Welty, Klinger, Peterson, Stemple, Scheffer, & DiDomenico (2020).

Barriers to the Provision of Telehealth Services

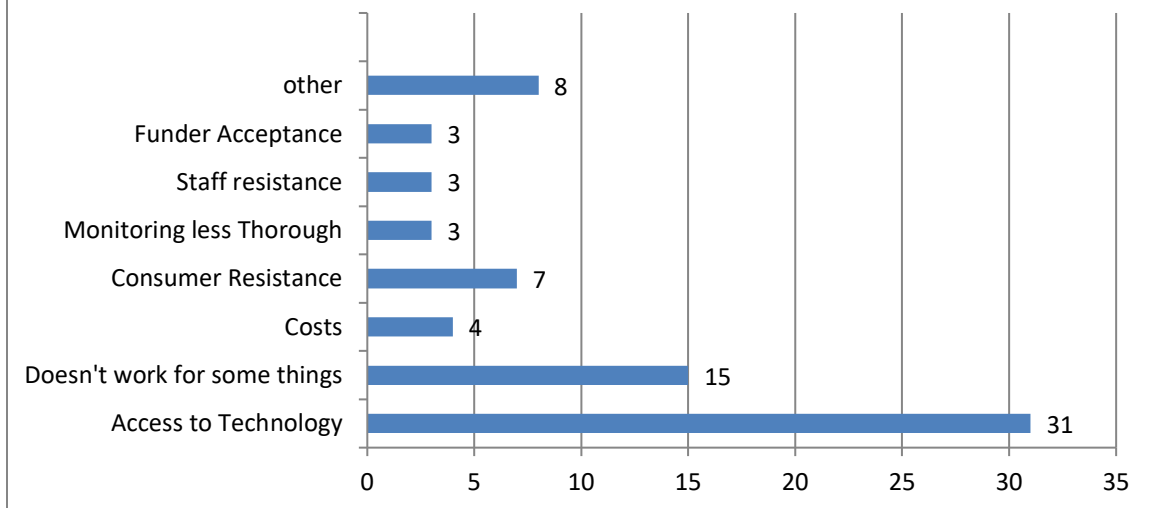
Respondents were asked to indicate whether any of a list of factors served as barriers to the provision of telehealth services. It appeared that the greatest barriers were linked to the consumers, either the availability of internet access (83.8%) or general consumer resistance (59.5%). Note that these values do not mean that 83.8% of consumers lacked access, but rather that 83.8% of respondents had encountered access as a barrier for some consumers. The breakdown of barriers is presented below:

Percent of Respondents Citing Barriers to Telehealth Use



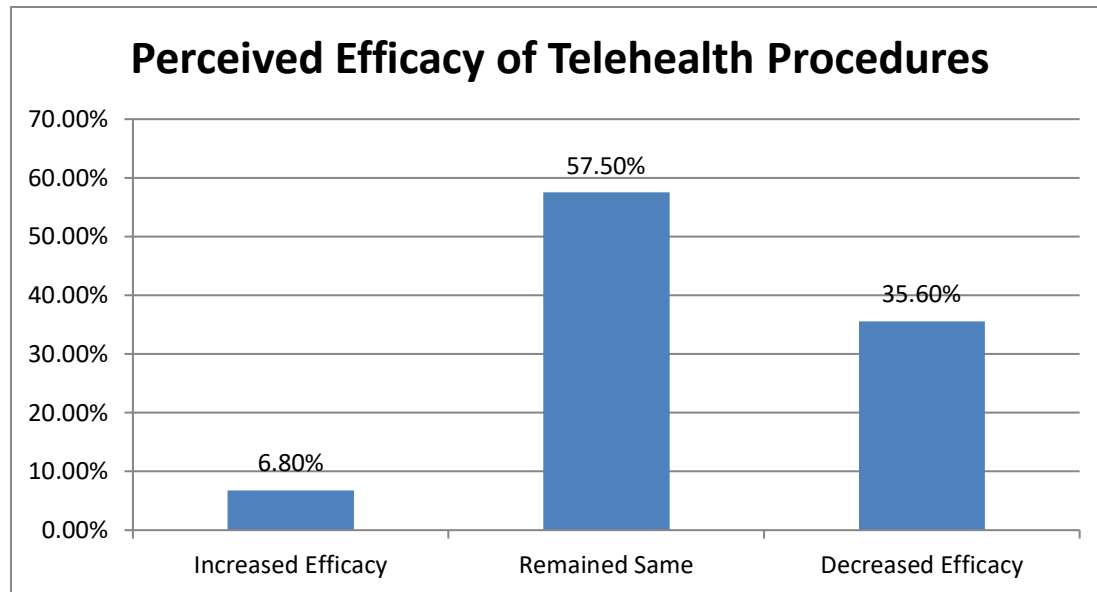
Respondents were invited to respond to an open-ended question regarding things that did not work well with the process of adopting telehealth strategies. The single largest concern, raised by 31 different agencies, had to do with access to the technology. Consumers without ready access to computers and the internet were largely unable to participate in telehealth. It was also noted that some consumers were resistant to the use of telehealth. The figure below presents a listing of the number of comments that were made in response to a question about what did not work with telehealth.

Barriers to Telehealth: Number of Respondent Comments



Efficacy

Efficacy of telehealth-based procedures was raised as a concern. While Tridium (2020) reported that 80% of respondents to their large survey report equal or superior efficacy with the use of telehealth procedures, only 64% of the respondents to this survey reported equal or improved efficacy. These variations may simply be a function of different study samples, or they may reflect changing perceptions of respondents working in a highly challenging time. Note also that the question about efficacy asked about change from current efficacy levels, not about overall efficacy. Thus, if pre-pandemic efficacy rate was estimated to be 80%, these data would suggest overall efficacy rate of about 51% (64% of 80%). The data suggest that there is a perception of slightly reduced efficacy with telehealth procedures. These efficacy ratings appear below.



Caution must be exercised in the interpretation of these data. First, they are the subjective impressions of the respondents rather than objective data. Second, the telehealth procedures were used for a variety of different therapeutic actions, and it is conceivable that some therapeutic activities are better suited to telehealth procedures.

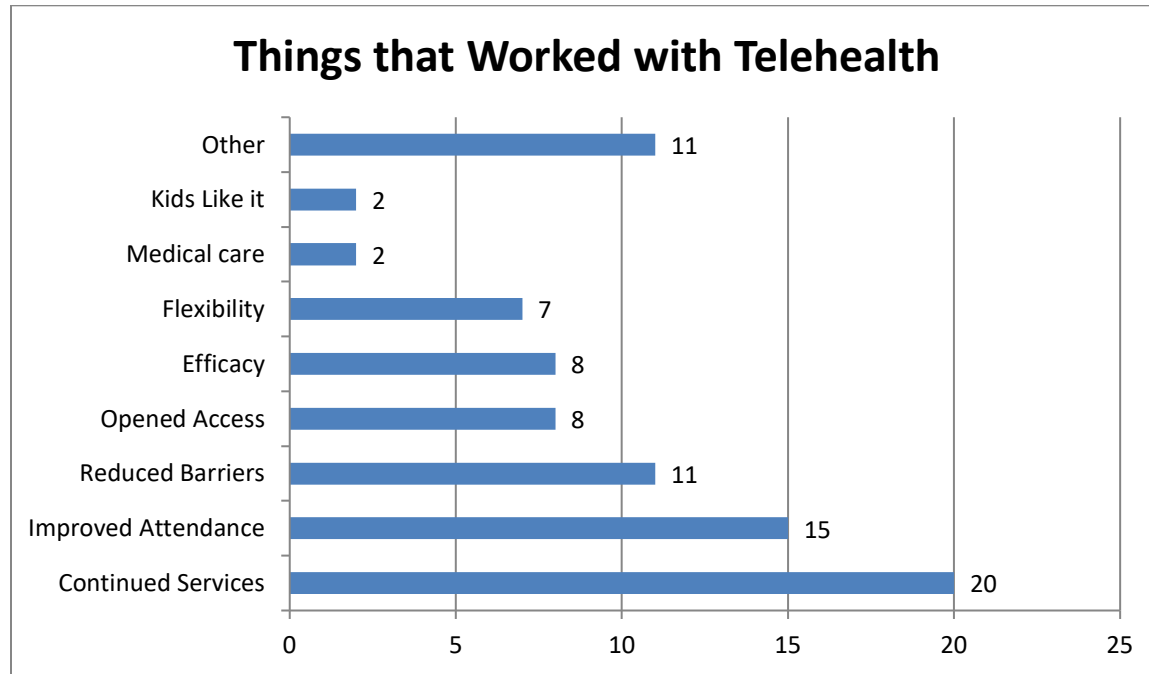
Satisfaction

Despite the concerning impressions regarding efficacy, agencies reported generally high levels of satisfaction for telehealth procedures. One explanatory factor may be that the procedures enable the agencies to continue to provide service, and even if efficacy was somewhat reduced, the procedures were better than the alternative of not providing services. Almost 95% (94.5%) of the agencies responding indicated that they were either “very satisfied” or “satisfied” with the use of telehealth procedures. No agency reported dissatisfaction with the use of telehealth procedures.

A similar question was asked about consumer acceptance of telehealth procedures. Almost 90% (87.8%) of responding agencies reported that consumers were either “very satisfied” or “satisfied” with the use of telehealth procedures. Only a single responding agency reported that consumers were perceived to be dissatisfied.

An open-ended question asked respondents to opine on what things did work with the increased use of telehealth procedures. A total of 86 comments were offered, with 46 of those comments

being operational. Specifically, the increased reliance on telehealth procedures ensured the continuation of services during the pandemic, improved attendance, and reduced/eliminated barriers to participation such as transportation and childcare. It was suggested by eight agencies that access to services was increased during the pandemic. A summary of the number of comments appears below.



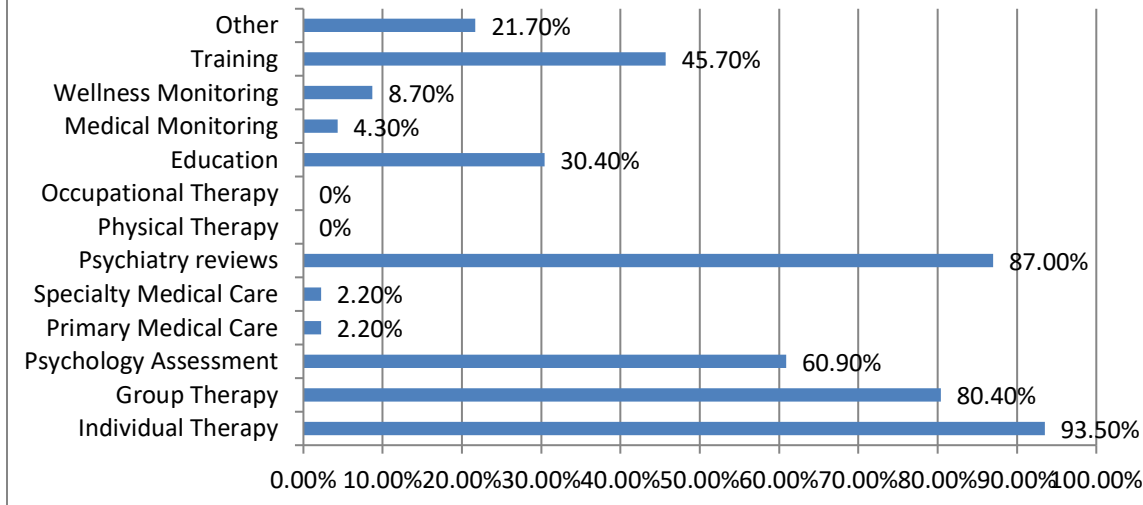
After having relied on an increased level of telehealth procedures for almost one year, respondents were asked to speculate about the future of telehealth procedures. Almost two-thirds (63.5%) opined that the use of telehealth procedures would continue to grow, while 20.3% were anticipating a decline over time. The figures suggest a relatively positive reception of telehealth procedures, and that such procedures will continue, where judged clinically appropriate, in a post-pandemic era. One might anticipate growth in the primary health care and specialty health care areas. Our data suggest room to grow in these areas, and mechanical support alternatives are now becoming commercially available. It is noted that Oss (2021) has suggested that the pandemic acceptance of telehealth procedures will translate into the expectation that telehealth procedures are part of the post-pandemic health care array of services.

Behavioral Health Only

As noted earlier, the overwhelming bulk of the survey respondents declared that behavioral health was their primary business venture. An analysis of just those behavioral health agencies may be of utility. There were 48 respondents that indicated behavioral health was their primary service line.

As might be reasonably expected, the provision of individual therapy (93.5%), group therapy (80.4%), and psychiatric medication reviews (87.0%) were the most frequently cited uses of telehealth procedures by behavioral health agencies. The chart below lists the percentage of responding behavioral health agencies indicating that telehealth procedures were used for various services.

Percent of Behavioral Health Agencies Offering these Services via Telehealth



Funders were varied as noted in the analysis of the entire sample, with private insurance (78.3%) and Medicare (50.0%) being the most frequently cited funders of service. It is noted that 88.4% of responding agencies reported full and timely payment for telehealth-based services. Another 11.6% reported full, but somewhat delayed payment.

Approximately one-quarter of providers (25.6%) reported that the use of telehealth procedures resulted in increased costs, while 60.5% reported no change in costs. Another 13.3% reported cost reductions with telehealth procedures. These data suggest that behavioral health agencies incurred greater costs in the use of telehealth procedures than did other provider types.

Efficacy

Subjective estimates of efficacy suggest that 62.2% of respondents believed telehealth procedures to be equally effective as in-person procedures. A modest 6.7% suggested that efficacy increased under telehealth procedures, while 31.1% suggested that telehealth procedures were less effective. In its earlier study, Tridium (2020) reported that 80% of their respondents believed that efficacy had not changed from pre-pandemic practices. It must be recognized that efficacy was a subjective estimate forwarded by the survey respondents, rather than an empirical analysis of outcomes.

Agency satisfaction with telehealth procedures suggested that 95.9% of agencies were either “very satisfied” or “satisfied.” Similar satisfaction levels were attributed to consumers, where 87.0% were judged to be either “very satisfied” or “satisfied.”

Future

Behavioral health agencies speculated that would grow (63.0%) or remain the same (19.6%). Only eight agencies (17.4%) anticipated a decreased reliance on telehealth procedures. These projections are like those reported by Welty, Klinger, Peterson, Stemple, Scheffer, & DiDomenico (2020).

Policy Recommendations

1. Given expressed concerns regarding decreased efficacy of telehealth procedures, an empirical study of efficacy should be commissioned by the PA Department of Human Services (DHS). This study should rely on objective measures of consumer outcome.
2. In anticipation of the continued use of telehealth, Federal and State regulatory entities should engage professional societies and practitioners to formally develop standards of care regarding the use of telehealth procedures to ensure the current telehealth flexibilities are fully considered so to best meet the needs of consumers and practitioners.
3. Licensing matters regarding multiple states need to be resolved. For example, as a Pennsylvania licensed psychologist living in New Jersey, can I offer therapy to a Pennsylvania resident while I am at home?
4. Providers should give thorough consideration for future operational and fiscal planning as funders will potentially use the authorization for telehealth to motivate providers to accept less favorable funding strategies. Provider clinical actions should be shaped primarily by consumer outcomes, rather than funding strategies. RCPA is recommended funding parity and equity for face to face and telehealth services. Efforts to link continued funding of telehealth to acceptance of value-based services should be resisted.

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Notes

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