

# Access to Health Care and Telehealth Use among North Carolina's Medicaid Beneficiaries with Behavioral Health Conditions (2019-2021)

## Background

- The **rapid expansion of telehealth** in response to the COVID-19 pandemic created an opportunity to **understand whether telehealth could increase access to health care services** across different patient populations insured by North Carolina Medicaid.
- Telehealth involves a patient **having a visit with a doctor or other health care provider over a computer, phone, or another device.**
- Behavioral health (BH) conditions are common among youth and adults.** People often **have trouble accessing BH services** because of a lack of providers, lack of transportation, and lack of awareness.
- Telehealth could help remove some barriers** by connecting people with health care providers without an in-person visit.

**Prevalence of BH Conditions in the US**



**About 16% of children experience a BH condition**

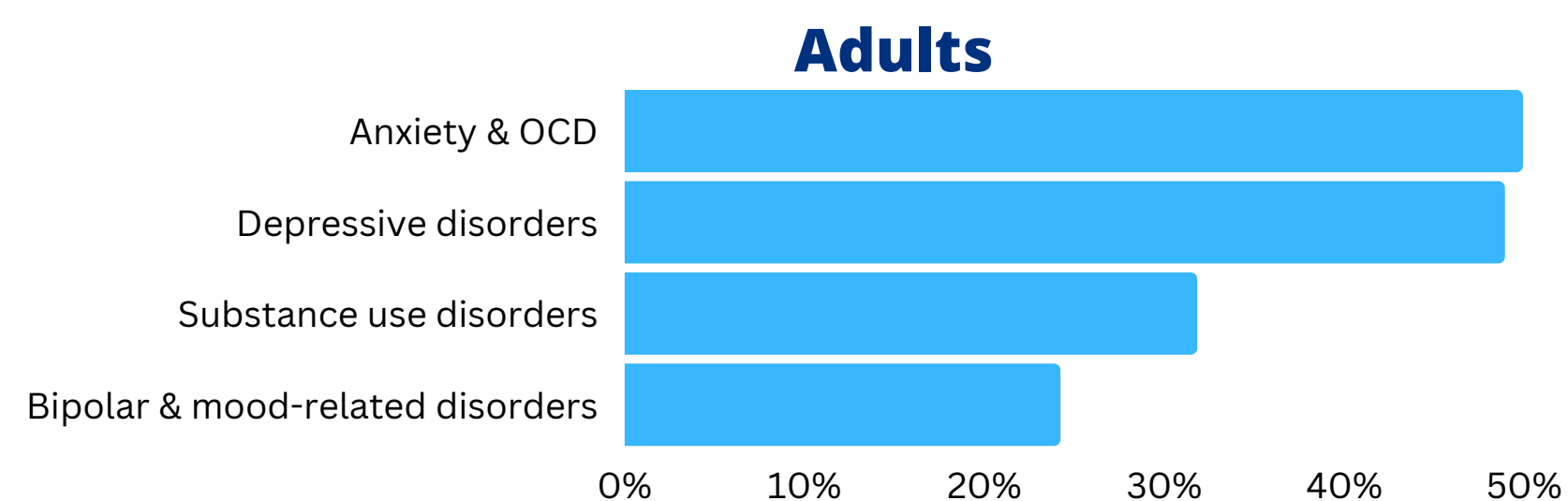
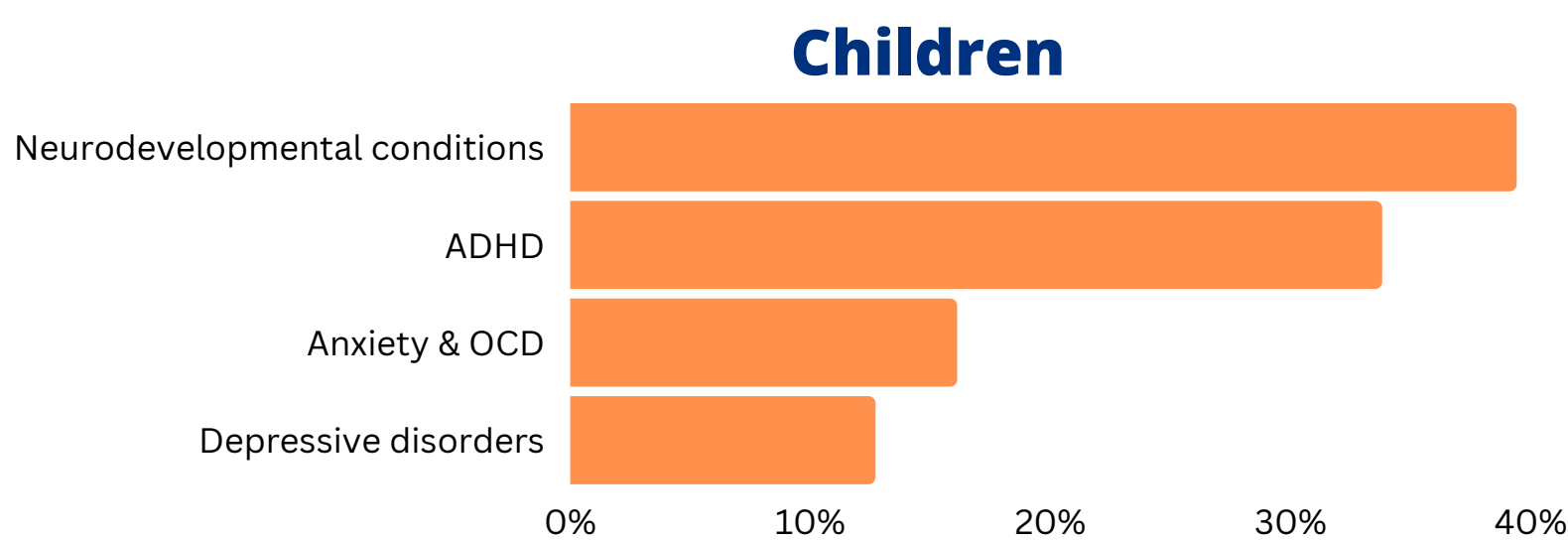


**About 20% of adults experience a BH condition**

## Research Study

- The goal of this research was to **provide policymakers and health care providers insights that can be used to improve future telehealth coverage, payment, and clinical policies**, particularly for people with Medicaid insurance in North Carolina (NC).
- Researchers used NC Medicaid claims data (information from the bills health care providers submit for reimbursement) from 2019-2021 **to examine how telehealth affected access to care for people with BH conditions.** No causal relationships can be inferred from these data.
- The study population included 167,500 children (< 21 years old) and 55,000 adults (21-64 years old) who had a BH diagnosis and were using BH services prior to the COVID-19 pandemic (March 2019 – February 2020).
- Health care providers were surveyed and interviewed to learn about their experiences delivering services via telehealth.** The research team also engaged community members. These findings are forthcoming.

### Common Behavioral Health Diagnoses among NC Medicaid Beneficiaries



## Who Uses Telehealth?

### Likelihood of Telehealth Use among People with Behavioral Health Conditions

Characteristics	Children	Adults
Black compared to White race	8% less likely	14% less likely
Other race or multiracial compared to White race	4% less likely	8% less likely
Hispanic/Latinx compared to non-Hispanic/Latinx	8% less likely	No difference
Females compared to Males	7% more likely	14% more likely
Eligible for an integrated health plan for individuals with significant behavioral health needs compared to those not eligible	23% more likely	20% more likely
Rural compared to urban residence	No difference	No difference

- 38% of children and 34% of adults with BH conditions and insured by Medicaid used telehealth** for BH services.
- Audio-only services were not commonly used to access BH care, but **children and adults living in rural areas used more audio-only services compared to urban residents.**



# Access to Health Care and Telehealth Use among North Carolina's Medicaid Beneficiaries with Behavioral Health Conditions (2019-2021)

## Patterns in Health Care Use

Telehealth Users Had Higher Service Use Pre-COVID-19 and Maintained Access to BH Services During COVID-19

	Children			Adults		
	Telehealth users accessing care (n=63,684)			Non-telehealth users accessing care (n=103,799)		
	Pre-COVID	During COVID	% change	Pre-COVID	During COVID	% change
BH Medical Management	22.4%	21.7%	-3.1%	13.8%	4.3%	-68.6%
Psychotherapy	50.3%	51.4%	+2.0%	43.6%	9.5%	-78.2%

	Telehealth users accessing care (n=18,796)			Non-telehealth users accessing care (n=36,200)		
	Pre-COVID	During COVID	% change	Pre-COVID	During COVID	% change
BH Medical Management	53.8%	50.4%	-6.3%	38.5%	16.5%	-57.1%
Psychotherapy	66.9%	72.0%	+7.5%	38.1%	10.2%	-73.3%

## Provider Perspectives



- Behavioral health (BH) providers reported telehealth works well for most BH conditions (e.g., depression, anxiety, PTSD); however, they acknowledged telehealth may be less suitable for certain BH conditions (e.g., substance use disorder, cognitive impairments)
- While telehealth can be beneficial for most people with BH conditions, providers recommended maintaining telehealth alongside in-person visits.

## Barriers to Accessing Care

**HISTORICAL BARRIERS TO ACCESSING CARE**



Lack of Providers




Insurance Parity




Transportation


**BARRIERS TO ACCESSING CARE USING TELEHEALTH**



Access to Broadband



Digital Literacy



Lack of Devices

## Benefits of Using Telehealth

- Providers reported telehealth helped improve access to care by addressing barriers to care such as transportation and workforce shortages.
- Telehealth reduced no-show appointments because patients did not have to schedule visits around work, childcare, or illnesses.
- Telehealth was also helpful for BH providers experiencing burnout. Some providers shared that telehealth helped them better manage their personal needs and patient care.

## A Path Forward

- Telehealth can help expand access to services in the current behavioral health crisis, especially for people with substantial medical or behavioral health needs in the NC Medicaid program.
- However, telehealth has not yet closed the gap in getting care to groups that have been historically marginalized, particularly those identifying as Black, Hispanic, or Latinx.

## Policy Considerations



- Identify strategies to promote the use of telehealth for BH services by patients and clinicians.
- Conduct additional research to further understand and address the drivers of racial and ethnic differences in telehealth use.
- Develop strategies to further expand access to telehealth for people with tenuous connections to health care. Audio-only telehealth could play an important role in in facilitating care for these groups.
- Identify policy options to facilitate broadband/internet access, improve access to technology, and foster digital literacy among patients and families.

