

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

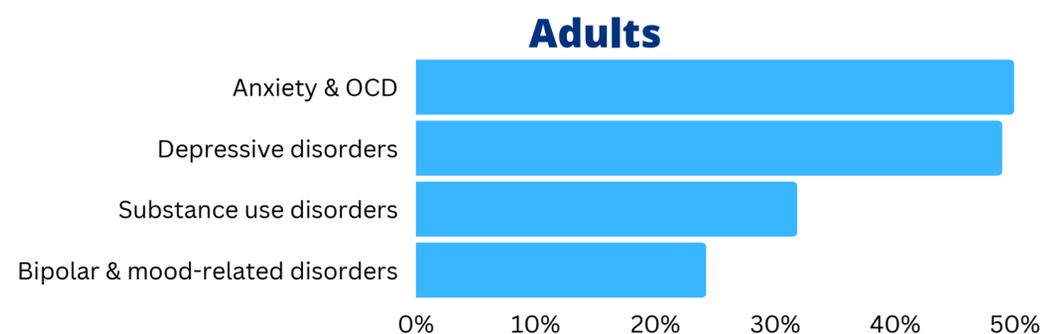
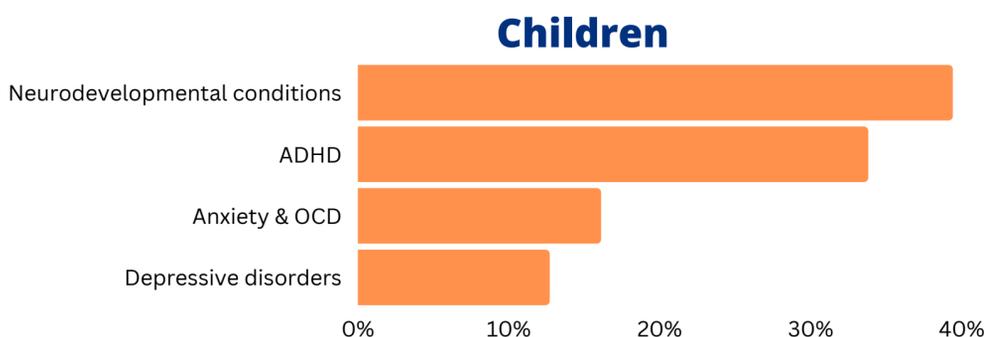


About 20% of adults experience a BH condition

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.**



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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 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.

