Providing Behavioral Health Care During the COVID-19 Pandemic: Social workers' rapid transition to tele-behavioral health

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NASW National Association of Social Workers

Funding & Acknowledgement

- This study was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1.1 million. The contents are those of the authors and do not necessarily represent the official views of, nor are an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
- Acknowledgements: We thank the National Association of Social Work (NASW) for their assistance in survey development and distribution.

Background: A Defining Moment

- April 1 2020, 95% of Americans were under stay-at-home orders due to COVID-19

March 6

- President Trump signed an $8.3 billion emergency funding bill in response to the coronavirus outbreak. The benefits expanded telehealth coverage to all Medicare beneficiaries regardless of location. CMS previously restricted payment for communication technology to beneficiaries in rural areas.

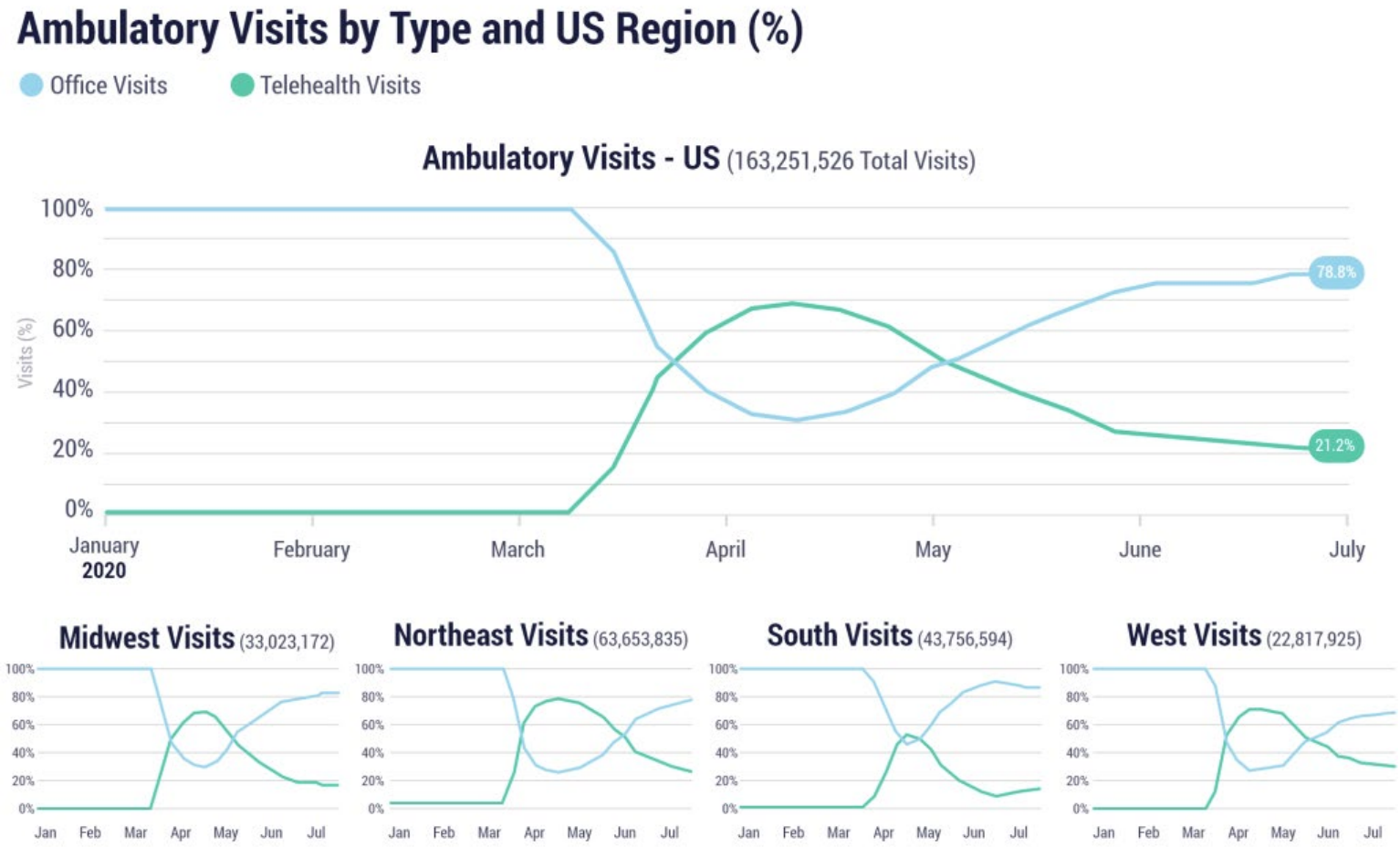
March 17

- Further expanded telehealth capabilities for Medicare beneficiaries, allowing them to have common office visits, mental health counseling and preventive healthcare screenings via telehealth.
- Administration will not enforce HIPAA penalties and suggested allowing providers to virtually communicate with patients via their personal phones. This allows providers to use platforms such as Apple FaceTime, Zoom and Skype to perform telehealth visits with patients.

April 30

- CMS expanded its list of audio-only telephone services covered by Medicare, including various behavioral health and patient education services. CMS also increased payments for telephone visits between beneficiaries and their clinicians to match payments for similar office and outpatient visits.

How do we get folks services? Telehealth!

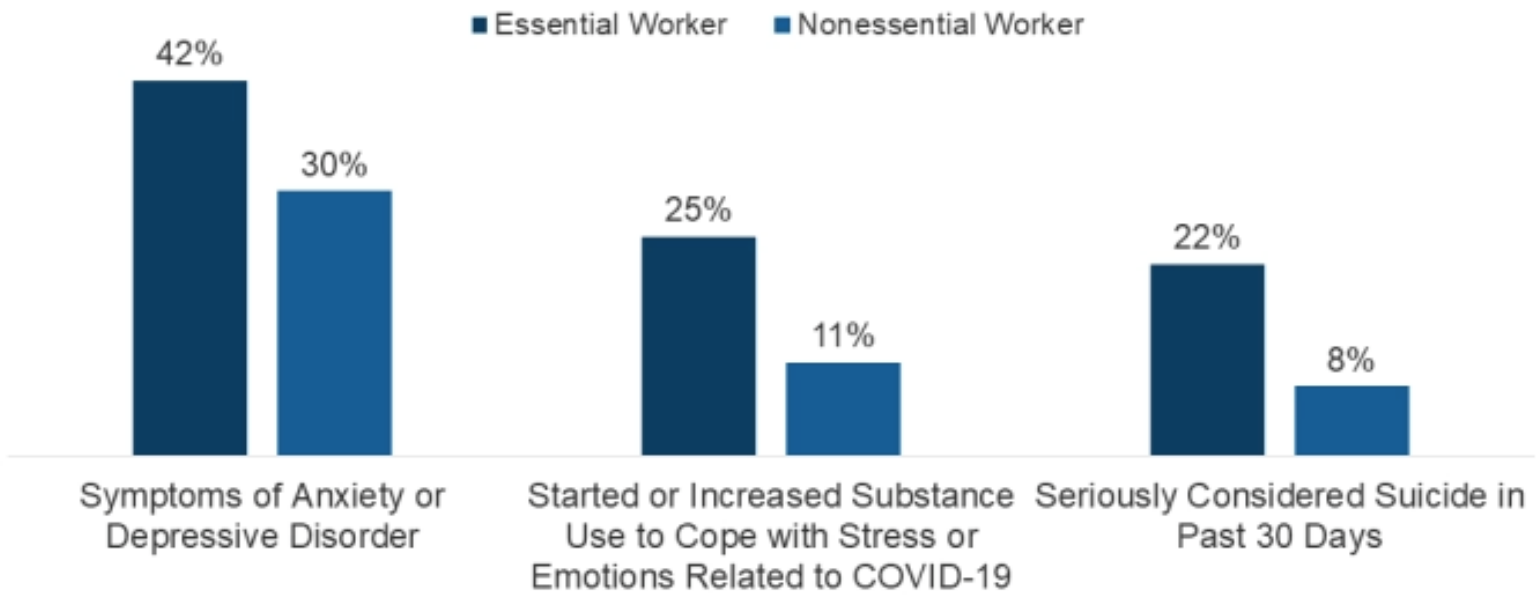


[Research briefs from Epic Health Research Network: https://ehrn.org/about-us/](https://ehrn.org/about-us/)

Need for behavioral health care is high!

Figure 8

Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.

SOURCE: Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

KFF

Background: Tele-behavioral Health in Social Work

Promising evidence has supported its growing use:

- Improved access to services for consumers
- Comparable outcomes from individual and group therapies
- The capacity for building social networks
- Improved profits and reduced costs
- The capacity for future innovations

Yet barriers existed before COVID:

- Difficulties in billing and reimbursement
- Provider training and education
- Organizational implementation and maintenance
- Financial barriers for clients

Social work has lagged behind many of its peers in tele-bh research and practice:

- Much of the literature is constrained solely to debates on the ethics of implementation
- Limited research into prevalence and training

Aims

01

Investigate the extent to which social workers were able to respond and provide tele-behavioral health services during the (ongoing) coronavirus crisis.

02

Understand the barriers and facilitative factors to implementing tele-behavioral services during a global pandemic.

03

Explore the ways COVID-19 could spur long-term adoption of tele-behavioral health and continued supports social workers would need to continue these services.

Methods

Survey development

- Guidance from several active social work practitioners and consultation from two national professional organizations
- Piloted with a group of practicing social workers (*n*=26)
- Cognitive interviewing completed with social work professionals currently using tele-health services (*n*=4)

Recruitment

- Convenience sample of practicing social workers contacted through the National Association of Social Workers (NASW)
    - Only NASW members with an MSW degree whose primary job entailed direct bh services
- Survey was distributed by email to a sub-set of NASW members and open for four weeks

Analysis

- Mixed-method approach
- Quantitative analysis was completed using Stata 16
    - Descriptive analyses
    - Bivariate (chi-square) analyses were conducted to assess differences between groups
- Qualitative analysis
    - Inductive thematic analysis
    - Open ended items were coded, organized into themes, and summarized

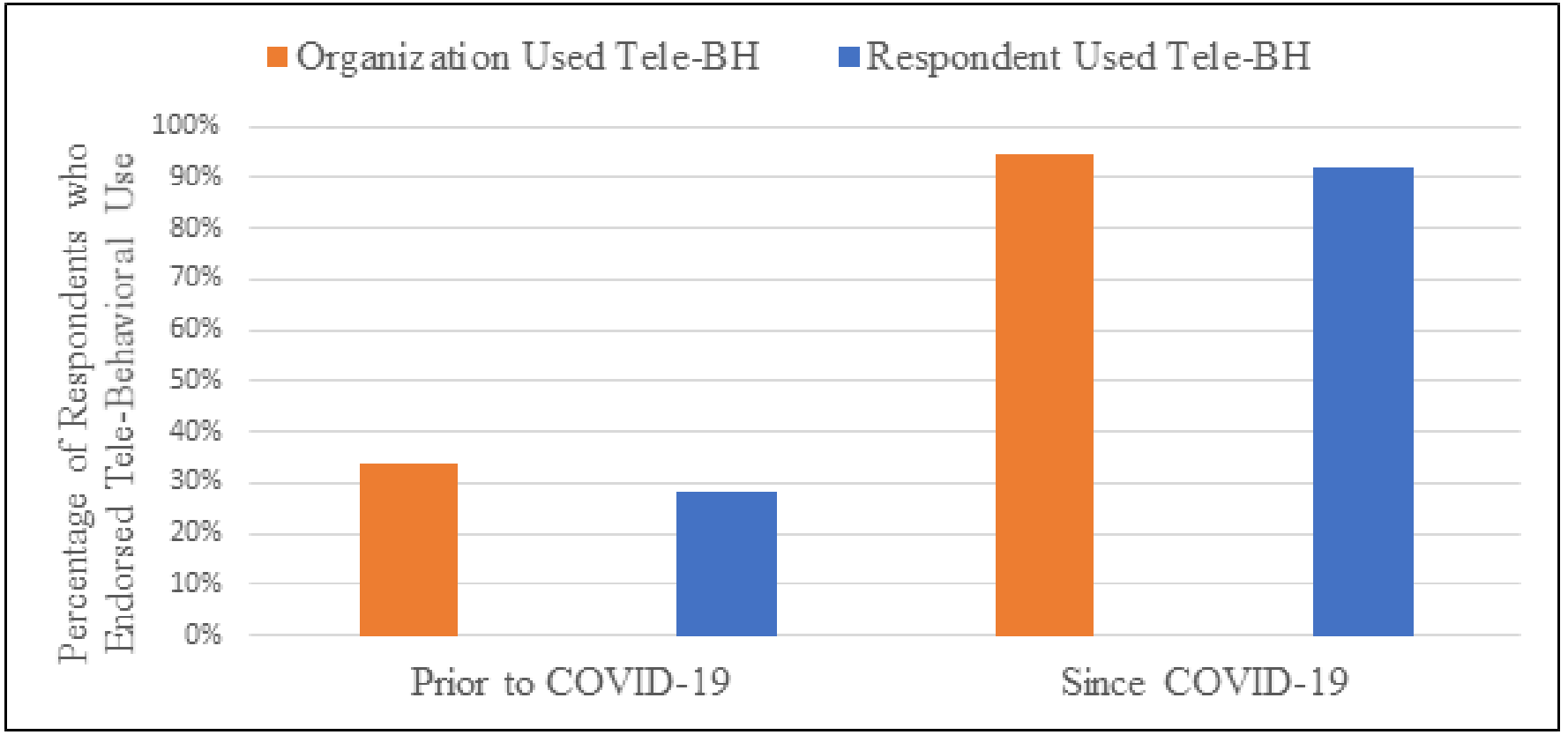
Results: Sample

- 585 participants
  - 90% self-identified as white
  - 88% self-identified as female
  - Average age of 54 years old (*SD*=13.5)
  - Average years worked at highest degree was 19 (*SD*=12)
  - 94% reported highest earned degree as MSW
  - 88% licensed to independently practice social work
  - 65% worked in private practice
  - 95% and 31% reported their organization provided mental health and substance use services respectively

Results: Social Work Tele-Behavioral Health Use

Figure 1

Respondent Reports of Tele-Behavioral Health Use Before and Since COVID-19



Results: Tele-BH Use Regionally

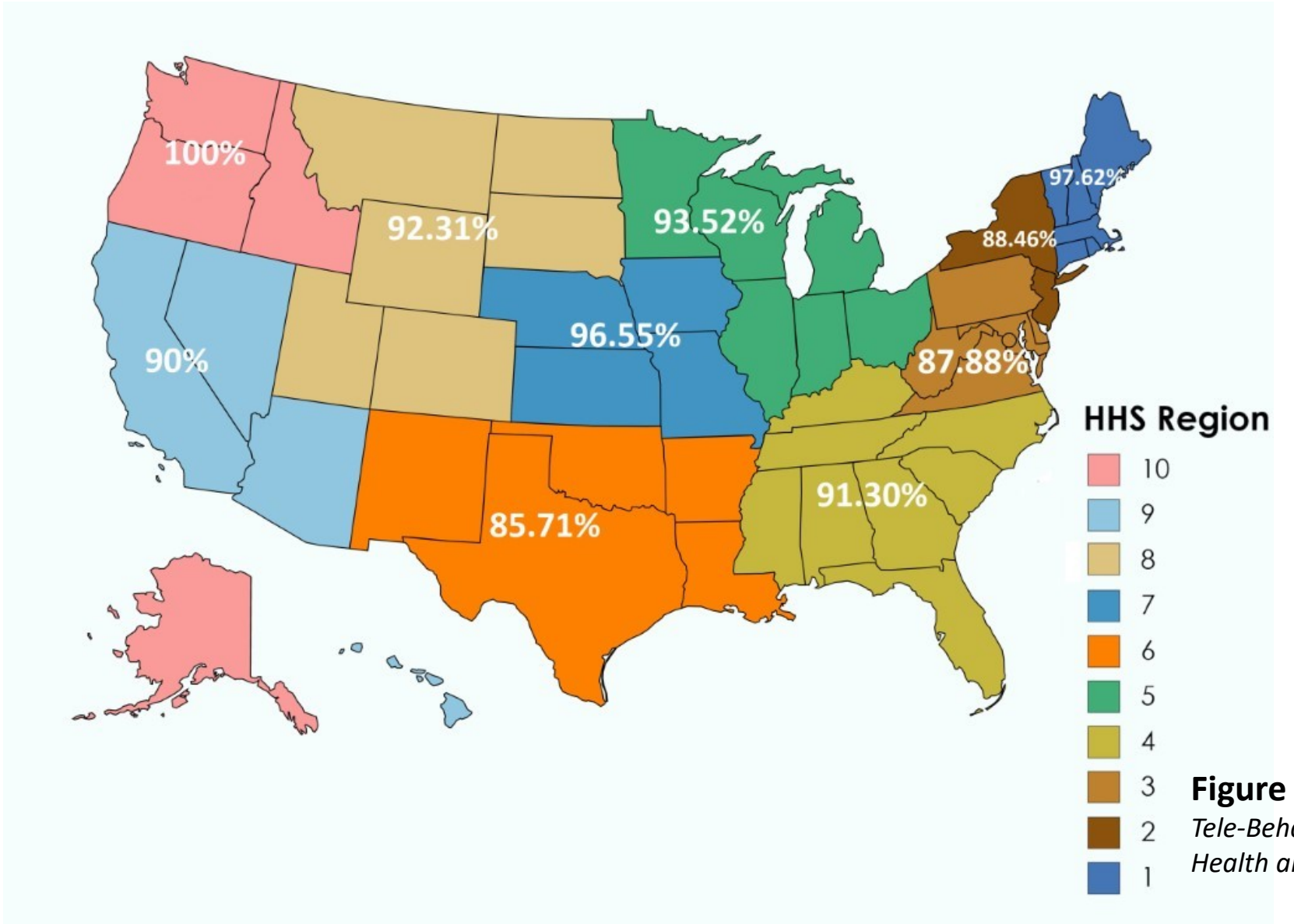


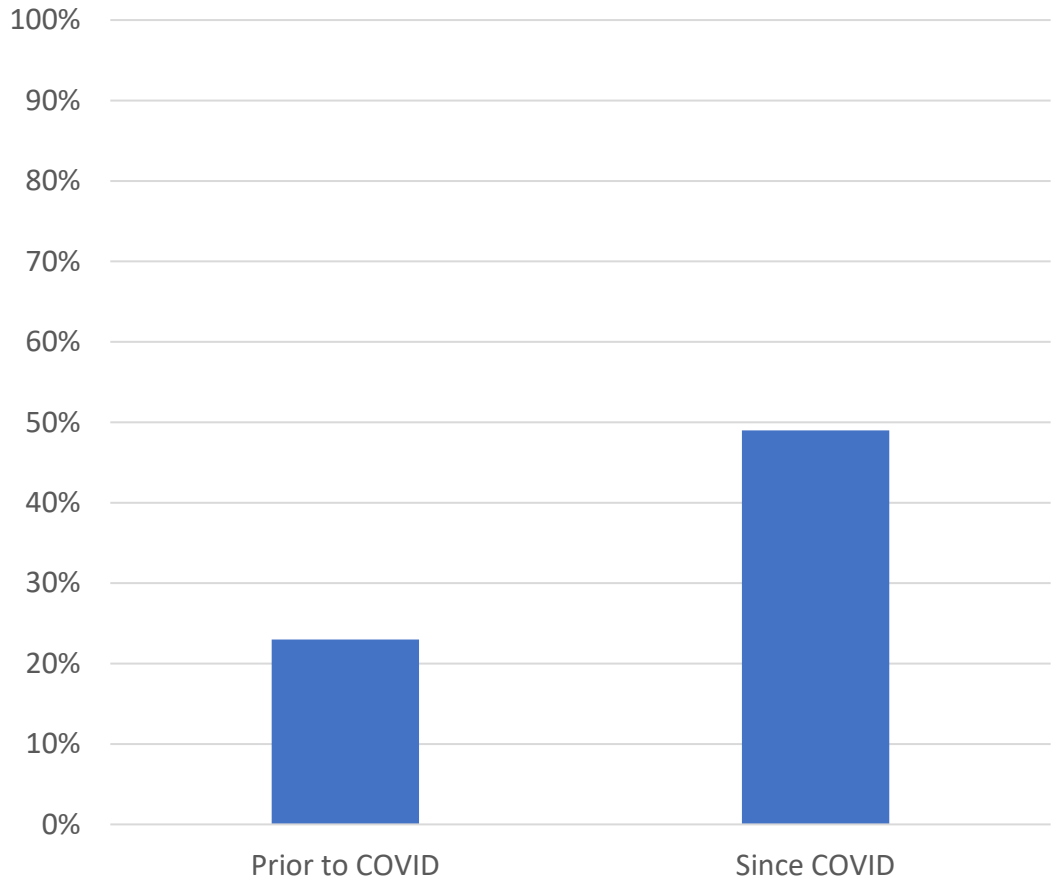
Figure 2

Tele-Behavioral Health Use by U.S. Department of Health and Human Services Region

Results: What kind of behavioral health services?

- Types of services provided through tele-behavioral health
    - 98% provided individual therapy
    - 62% provided family therapy
    - 20% provided group therapy
- Used tele-behavioral health to refer to resources
    - 70% referred to food sources
    - 89% referred to other behavioral health providers
    - 83% referred to health resources

Results: Training on Tele-Behavioral Health



Received training through:

- Professional organization (42%)
- Employer (41%)
- Telehealth resource center (15%)
- School of Social Work (10%)
- Local/state/national governmental agency (7%)

Results: Barriers

Table 1

Barriers to Tele-Behavioral Health Use (n=585)

Barriers to Use Tele-Behavioral Health	*n*	% of Sample
Financial Barriers		
Lack of Reimbursement	100	17.7
Cost of Equipment	78	13.8
Cost of Maintenance	30	5.3
Other Financial Barriers	28	5.0
Client Barriers		
Clients lack technology resources to engage in tele-behavioral health	306	54.3
Clients lack technology knowledge to receive services	255	45.2
Clients are not interested in or engaged in tele-behavioral health or technology	235	41.7
Clients cite privacy as a concern or barrier	108	19.2
Other client concerns	64	11.4
Lack of Organizational Support	51	9.0
Unaware of Training Programs	71	12.6
Licensure Regulations	91	16.1
Concern of Compliance Regulations	160	28.4
Social Worker Not Interested in Using Tele-Behavioral Health	20	3.6
Social Worker Does Not Believe Tele-Behavioral Health is Effective	26	4.6
Social Worker Has Concerns of HIPAA or Client Privacy	115	20.4
Other Concerns	65	11.5

87% Reported at least one barrier

73% Reported client related barrier

Results: Facilitators

State & national policy change to support tele-bh

Organizational & Employer supports

Training supports

Social supports

Available technology & space

Necessity to do it

Previous experience & Individual factors

Results: Facilitators

State & national policy change to support tele-bh

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What factors supported your use of tele-behavioral health during COVID-19?

- *"Insurance companies are paying for it"*
- *"Ability to get reimbursed for phone sessions"*

Results: Facilitators

State & national policy change to support tele-bh

Organizational & Employer supports

Available technology & space

Necessity t

What factors supported your use of tele-behavioral health during COVID-19?

- *"I am a part of a large private practice group that dealt with all of the logistics for us practitioners to have access to tele-behavioral health. They researched all insurance providers to allow tele-behavioral health"*

Results: Facilitators

State & national policy change to support tele-bh

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Available technology & space

What factors supported your use of tele-behavioral health during COVID-19?

- *"Thank goodness for zoom"*
- *"I have very new computers which I am lucky enough to afford"*
- *"Availability of a private space with good internet"*

Results: Facilitators

What factors supported your use of tele-behavioral health during COVID-19?

- *"Necessity. I AM medically compromised myself and my own PCP [primary care provider] has advised me to work from home only for my own health and safety. And I must continue to work to support my family "*

Available technology & space

Necessity to do it

Previous experience & Individual factors

Results: Future use of Tele-BH?

- 84% reported desire to use tele-bh beyond the COVID-19 pandemic

Positive View

- *"It is much easier than I expected, I would have started using it much sooner if I'd known this…*
- *"[Surprise] that more people are receptive, or actually prefer it, than I had thought*
- *"it removes barriers for clients obtaining therapy -- e.g., no driving or parking considerations"*

Negative View

- *"Internet or connectivity glitches can cause some inconvenience during sessions"*
- *"It's a real challenge with children. Lack of focus, high distractibility"*
- *"I have discovered, as I predicted, that I much prefer face-to-face interactions."*

Please advocate!

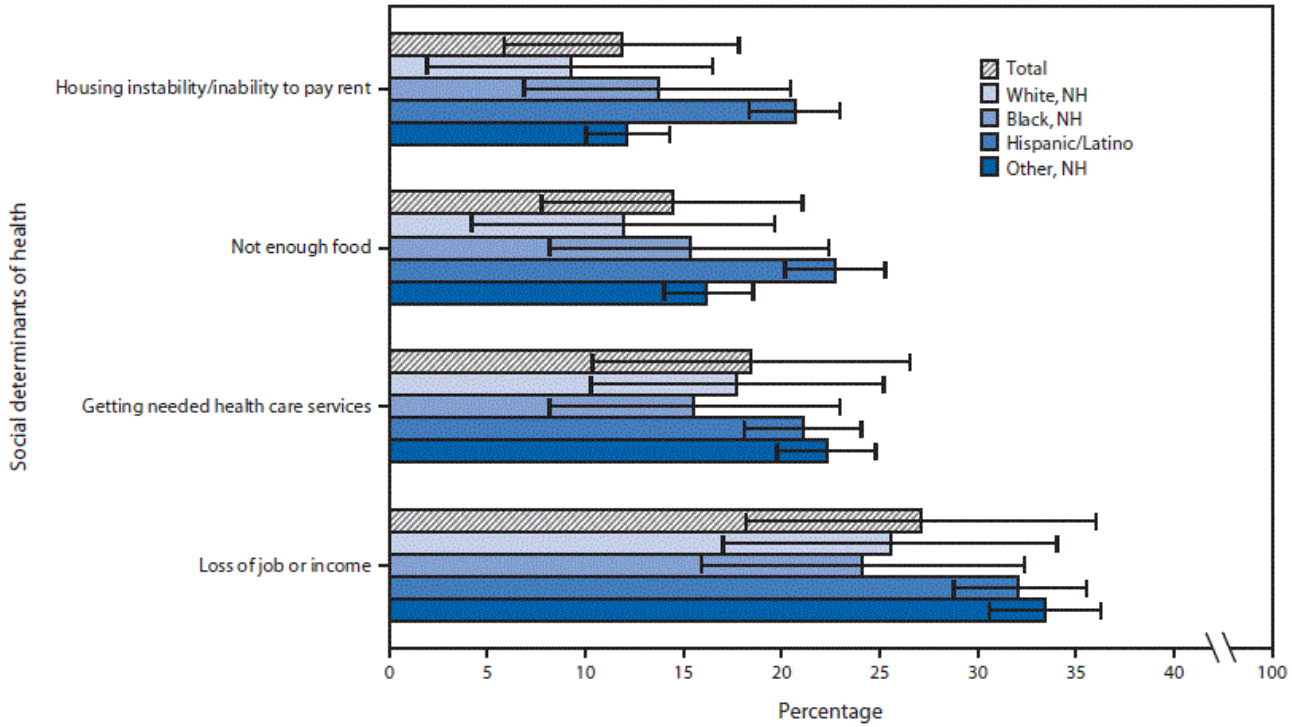
- *"I would like to continue this service but I fear insurance companies will not continue to reimburse for it"*
- *"We need more courses on Covid Related Therapeutic issues that are showing up."*

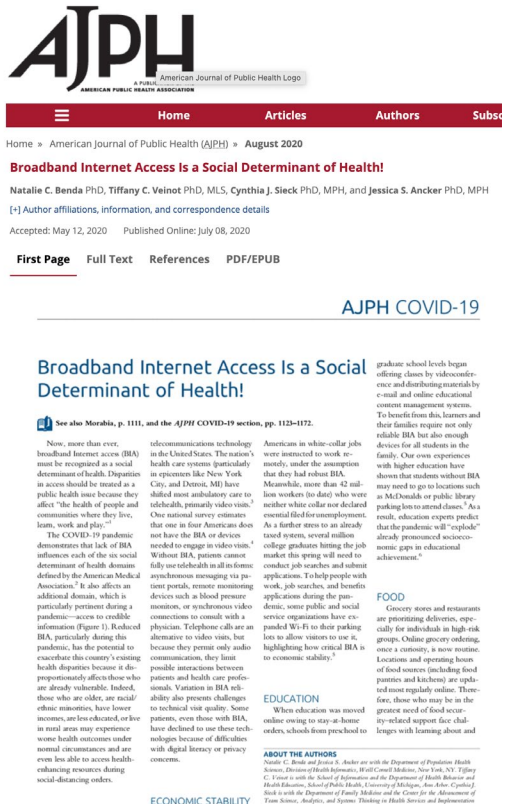
Discussion

- Key mechanisms to support tele-behavioral health during COVID-19 and beyond
  1. Ensure continued service parity and reimbursement for tele-behavioral health
  2. Train current and future behavioral health practitioners in tele-behavioral health
  3. Provide supports to engage clients use of tele-behavioral health

Discussion

- COVID-19 highlighted structural inequities that impacted the health and well-being of racial and ethnic marginalized groups
- Anticipated disparities in access to tele-behavioral health

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Broadband Internet Access Is a Social Determinant of Health!
Natalie C. Benda PhD, Tiffany C. Veinot PhD, MLS, Cynthia J. Sieck PhD, MPH, and Jessica S. Ancker PhD, MPH
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Accepted: May 12, 2020 Published Online: July 08, 2020
First Page Full Text References PDF/EPUB
AJPH COVID-19
Broadband Internet Access Is a Social Determinant of Health!
See also Morabia, p. 1111, and the AJPH COVID-19 section, pp. 1123–1172.
Now, more than ever, broadband Internet access (BIA) must be recognized as a social determinant of health. Disparities in access should be treated as a public health issue because they affect "the health of people and communities where they live, learn, work and play."[1]
The COVID-19 pandemic demonstrates that lack of BIA influences each of the six social determinant of health domains defined by the American Medical Association.[2] It also affects an additional domain, which is particularly pertinent during a pandemic—access to credible information (Figure 1). Reduced BIA, particularly during this pandemic, has the potential to exacerbate this country's existing health disparities because it disproportionately affects those who are already vulnerable. Indeed, those who are older, are racial/ethnic minorities, have lower incomes, are less educated, or live in rural areas may experience worse health outcomes under normal circumstances and are even less able to access health-enhancing resources during social-distancing orders.
telecommunications technology in the United States. The nation's health care systems (particularly in epicenters like New York City, and Detroit, MI) have shifted most ambulatory care to telehealth, primarily video visits.[3] One national survey estimates that one in four Americans does not have the BIA or devices needed to engage in video visits.[4] Without BIA, patients cannot fully use telehealth in all its forms: asynchronous messaging via patient portals, remote monitoring devices such as blood pressure monitors, or synchronous video connections to consult with a physician. Telephone calls are an alternative to video visits, but because they permit only audio communication, they limit possible interactions between patients and health care professionals. Variation in BIA reliability also presents challenges to technical visit quality. Some patients, even those with BIA, have declined to use these technologies because of difficulties with digital literacy or privacy concerns.
Americans in white-collar jobs were instructed to work remotely, under the assumption that they had robust BIA. Meanwhile, more than 42 million workers (to date) who were neither white collar nor declared essential filed for unemployment. As a further stress to an already taxed system, several million college graduates hitting the job market this spring will need to conduct job searches and submit applications. To help people with work, job searches, and benefits applications during the pandemic, some public and social service organizations have expanded Wi-Fi to their parking lots to allow visitors to use it, highlighting how critical BIA is to economic stability.[5]
EDUCATION
When education was moved online owing to stay-at-home orders, schools from preschool to graduate school levels began offering classes by videoconference and distributing materials by e-mail and online educational content management systems. To benefit from this, learners and their families require not only reliable BIA but also enough devices for all students in the family. Our own experiences with higher education have shown that students without BIA may need to go to locations such as McDonalds or public library parking lots to attend classes.[6] As a result, education experts predict that the pandemic will "explode" already pronounced socioeconomic gaps in educational achievement.[6]
FOOD
Grocery stores and restaurants are prioritizing deliveries, especially for individuals in high-risk groups. Online grocery ordering, once a curiosity, is now routine. Locations and operating hours of food sources (including food pantries and kitchens) are updated most regularly online. Therefore, those who may be in the greatest need of food security-related support face challenges with learning about and
ABOUT THE AUTHORS
ECONOMIC STABILITY

McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. MMWR Morb Mortal Wkly Rep 2021;70:162–166. DOI: http://dx.doi.org/10.15585/mmwr.mm7005a3external icon

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