EXECUTIVE SUMMARY

Navigating the Outpatient Mental Health System in Massachusetts:

CONSUMER AND STAKEHOLDER PERSPECTIVES

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FOUNDATION MASSACHUSETTS

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The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for low-income and vulnerable individuals and families in the Commonwealth. The Foundation was founded in 2001 with an initial endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors.

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INTRODUCTION

Despite a greater per capita supply of mental health providers[1] and a lower rate of uninsured adults and children in Massachusetts relative to other states,[2-4] individuals and providers across Massachusetts report delays and wait lists associated with accessing outpatient mental health services.[5-8,9] Historically, low reimbursement rates, high workforce turnover, and fragmented service systems have impacted access to mental health services for individuals and families.[10] There are limited publicly available data to track wait times and access to outpatient mental health services. In an attempt to address this gap,[11-13] this study engaged a diverse group of stakeholders, providers, and service users to better identify and understand access issues from varying perspectives.

The research team employed a mixed-methods approach that relied on primary data collected through surveys of providers, interviews with stakeholders, and focus groups of service users. Researchers conducted a total of 21 interviews with 24 stakeholders. In addition, there were four focus groups, with a total of 20 participants, composed of publicly and commercially insured individuals and parents who had sought services from an outpatient mental health provider for themselves or their child within the past six months.

The study aimed to address three research questions (RQs):

- **RQ1:** What do stakeholders and individuals and/or parents seeking services think are clinically appropriate wait times for outpatient mental health visits, and are providers and organizations able to meet clinically appropriate standards?
- **RQ2:** What is the experience of Massachusetts adults and children seeking an outpatient mental health appointment?
- **RQ3:** What factors impact the experience of adults and children in Massachusetts seeking outpatient mental health services?

This report summarizes findings from the interviews with stakeholders and focus groups of individuals seeking services conducted in the summer and fall of 2016.

CLINICALLY APPROPRIATE WAIT TIMES

The first research question guiding this study focused on defining clinically appropriate wait times and examining whether Massachusetts providers are able meet standards for "clinically appropriate" time-to-care. Key themes from the analysis of stakeholder interviews and/or focus groups are summarized as follows:

- **Current wait times are, in general, perceived as longer than clinically appropriate for the majority of individuals seeking services, regardless of their clinical presentation. Definitions of clinically appropriate wait times for outpatient mental health services vary based upon diagnosis and diagnostic complexity.** Many stakeholders and focus group participants also reported that wait times are particularly long in safety-net settings and for individuals searching for a psychiatrist, especially children. There was variation among stakeholders in their definition of clinically appropriate wait times for outpatient mental health services. Stakeholders often associated clinically appropriate time-to-care with payers' contractual obligations for routine care (e.g., 14 calendar days for the Massachusetts Behavioral Health Partnership).[14] Many noted that contractual standards for routine care do not reflect *actual* wait times for outpatient services in Massachusetts (*actual* wait times are longer), particularly for new clients who often wait longer for an appointment than those already receiving services from a mental health provider.
- **Individuals with emergent or urgent needs tend to receive timelier access to care.** Adults and some parents reported having more timely access to care when the need was truly emergent or urgent. One adult with public coverage suggested that it was appropriate for emergent mental health issues to receive priority. Providers or organizations immediately prioritize these emergent cases, which facilitates an appointment.
- **Complex co-morbidities may delay access to providers with the appropriate specialization; individuals and parents of children with complex diagnoses and/or specialized service needs experienced particularly long wait times and challenges navigating the system.** While urgency of clinical need may facilitate access to services in some cases, stakeholders and focus group participants suggested that individuals with complex physical, mental health, or substance use disorder (SUD) co-morbidities often have a more difficult time finding outpatient mental health services.

EXPERIENCES SEEKING OUTPATIENT APPOINTMENTS

The second research question focused on the experience of adults and parents, with different types of insurance coverage, seeking outpatient mental health services. Findings from the analysis of stakeholder interviews and focus groups are summarized below.

- **Regardless of coverage type, individuals seeking mental health services are frustrated by the onerous process of finding a mental health provider.** Focus group participants reported that insurance plans' online resources are not kept up to date with provider availability or network changes.

Consequently, adults and parents needed to make many phone calls to find a provider who would accept their insurance or check on their or their child's status on a wait list with a given provider or organization.

- **Adults with public coverage report experiencing longer wait times, on average, than did individuals with commercial coverage. In contrast, parents of children with public coverage experienced shorter wait times, on average, than parents of children with commercial coverage (see Exhibit 1).**

EXHIBIT 1. FOCUS GROUP PARTICIPANTS' REPORTED TIME WAITING FOR OR SEEKING AN OUTPATIENT MENTAL HEALTH APPOINTMENT

	REPORTED WAIT TIMES/TIME SEEKING APPOINTMENT	
PRIMARY INSURANCE TYPE	ADULTS	PARENTS
Public Coverage	2–6 months	2–6 months
Commercial Coverage	0–3 months	4–9 months

- **Lack of insurance coverage (being uninsured) either increases wait times or may limit one's ability to obtain an appointment altogether; however, the ability to self-pay can decrease wait times for services.** Stakeholders who worked in safety-net settings reported that individuals without insurance are limited in the type of setting in which they can seek care. Stakeholders alluded to a two-tiered system of access for those who can afford to self-pay versus those who must wait for an open slot with a provider who accepts their insurance type. Individuals who can afford to self-pay for services are not limited to finding an in-network provider who is covered by a specific insurance plan, and may have quicker access to services.
- **Wait times are longer for outpatient mental health services in languages other than English.** Most stakeholders, particularly those working in safety-net settings, indicated that language is a major barrier to access and that clients who need services in languages other than English have longer wait times than English-speaking clients. The majority of stakeholders interviewed said that there are insufficient outpatient mental health providers to deliver services in *any* language other than English. Among clients with limited English proficiency, Spanish-speaking clients tend to fare the best when attempting to access services in their native language.
- **Organizations recognize the value of culturally competent outpatient mental health care, but stakeholders suggest that limited training resources and capacity to diversify the workforce continue to impose barriers in achieving it.** There was a consensus among stakeholders that "cultural competency" is a crucial part of outpatient mental health care and that while language proficiency and translation services are important and necessary, cultural competency extends beyond these. However, stakeholders cited a lack of resources and a limited understanding of how to improve cultural competency universally.
- **Individuals and parents seeking mental health services prefer a provider who is the right "fit," and who is nonjudgmental and non-stigmatizing, but they sometimes have to balance or forgo that preference because of their need for timely care.** While stakeholders talked about cultural competency in relation to a client's language preferences and cultural background, focus group participants from diverse backgrounds interpreted "culture" more broadly. Discussions about cultural

relevance in focus groups centered on the importance of respect, openness, and understanding of clients' needs and preferences. However, participants reported the process of finding a provider who was the right fit involved extensive research (particularly for those with commercial insurance), making multiple calls, and long waits for an initial appointment. Additionally, focus group participants noted that stigma and stigmatizing attitudes continue to serve as a barrier to accessing care. Individuals with public insurance reported experiencing stigma associated with having public insurance. Other individuals reported stigma due to their sexual orientation or gender identity. Several focus group participants discussed the stigma they experience from providers and administrators while seeking services, and how these experiences served as a deterrent to seeking care.

FACTORS IMPACTING ACCESS TO OUTPATIENT MENTAL HEALTH SERVICES IN MASSACHUSETTS

Access to outpatient mental health services in Massachusetts is not one-dimensional. This section highlights the factors stakeholders and/or focus group participants identified as impacting the accessibility, affordability, and availability dimensions of acquiring care.

- **Insufficient reimbursement rates are a primary factor in diminishing the affordability and accessibility of mental health services.** Stakeholders overwhelmingly reported that reimbursement rates for mental health services are not adequate in Massachusetts. Stakeholders noted several consequences of insufficient reimbursement rates, including the following:
  - The reliance on a fee-for-service (FFS) payment schedule, and the inadequacy of rates for mental health services therein, poses challenges for organizations in offering competitive salaries to attract and retain mental health clinicians;
  - Some organizations are reluctant to expand capacity for mental health services because reimbursement does not align with care delivery costs, resulting in operating losses; and
  - Some providers "opt out" of accepting health insurance, thereby diminishing the number of providers from whom individuals and families can afford to access care.
- **Providers are frustrated with insurance plan processes (e.g., prior authorization, utilization review, and credentialing requirements), prompting some to opt out of insurance participation and thereby limiting the pool of providers available to most individuals.** In addition to the reimbursement concerns noted above, many clinical leaders discussed the challenges providers encounter when trying to keep up with various payer authorization, documentation, and other administrative requirements. These include, for example, different processes for prior authorization and reauthorization of services, as well as varying restrictions on covered visits. Clinical leaders indicated that stringent and extensive credentialing requirements also deter providers from participating in a health plan's network. These insurance plan processes are especially burdensome to mental health clinicians who operate independent practices and manage their own billing.

- **Psychiatrists are the most difficult providers to access. Stakeholders and focus group participants reported relatively long wait times for psychiatry services and mental health providers with particular expertise.** The majority of stakeholders indicated that while there are relatively more mental health providers in Massachusetts than other states,[1] the demand for services significantly outpaces the supply of providers, particularly among providers accepting insurance and those with certain expertise. Stakeholders consistently stated that psychiatrists have the longest wait times and are the most difficult providers to access, especially for children and adolescents. Most stakeholders mentioned that psychiatrists are particularly hard to recruit and retain; many organizations cited being able to bring on a psychiatrist for only a half-day or one day a week. Similarly, parents reported experiencing longer wait times for psychiatrists and providers who specialize in treating children and adolescents.

- **Provider supply by setting is impacted by billing and reimbursement practices. While current billing policies may attract some providers to safety-net settings initially, current reimbursement arrangements also make retention of experienced staff particularly challenging for safety-net organizations.** For example, many stakeholders pointed out that unlicensed trainees working toward a degree (and license) in social work or mental health counseling can bill MassHealth if they are working under the direct supervision of a licensed clinician.[15] They are not, however, permitted to bill most commercial plans and therefore these providers-in-training overwhelmingly work in community mental health centers. While these billing practices were cited as a facilitator of access in safety-net settings because they help expand the pool of providers to which individuals have access, stakeholders also suggested that safety-net organizations' greater reliance on public payers for billing and reimbursement has posed challenges to retaining mental health providers.

- **The supply of providers outside Boston and the MetroWest area is limited and may contribute to geographic variation in wait times across the Commonwealth.** The majority of stakeholders suggested that clients seeking services outside Boston and the MetroWest area—particularly those residing in Western and Southeastern Massachusetts, and the Cape and Martha's Vineyard and Nantucket—face longer wait times due to provider shortages in those areas, and have to travel farther to appointments. Psychiatrists and those with specialized training to treat particular conditions (e.g., SUD, anxiety disorders, eating disorders) are scarce in these and other more geographically remote areas.

- **Distance and travel time to an appointment are factors individuals considered in selecting a provider, but other considerations pertaining to provider fit and office hour availability tended to be of greater importance.** Individuals from all focus groups identified distance and travel time to appointments as less critical than other factors in finding the right provider and specialty. It is important to note, that focus group participants resided in Boston or MetroWest, and these findings do not represent the perspectives of individuals from other regions of Massachusetts. Specific schedule preferences varied based on need.

- **While a referral—providing a client with assistance in connecting to outpatient mental health services—was perceived by stakeholders as expediting access to care, focus group participants did not voice consensus regarding the role of a referral in expediting access to care.** Stakeholders generally felt that a referral from a primary care provider helped facilitate access. Many focus group participants described the requirement in some types of health insurance plans for a primary care referral in order for outpatient mental health services to be covered. Those with public coverage

generally viewed this as a barrier to accessing services and a process that increased the wait time for an appointment.

- **Nonetheless, both stakeholders and focus group participants agreed that "self-referral," or seeking care on their own, was a frustrating process exacerbated by outdated provider lists that did not accurately capture providers currently covered by a plan or their availability to take on new clients.** Self-referring clients often faced challenges in selecting a provider from a lengthy list or verifying that a provider is included in their health insurance plan's network. Consumer advocates said these *"lists can be overwhelming"* for individuals seeking services, and the process of navigating through the list delays appointments. Individuals and families frequently rely on word of mouth and the experiences of peers when they are seeking a mental health provider for their child.

STAKEHOLDER POLICY RECOMMENDATIONS

Stakeholder also suggested current or future policy reforms in the Commonwealth that might address the core domains of access—availability, accessibility, affordability, accommodation, and acceptability—to improve the process of finding a mental health provider and diminish wait times for services. The following highlights stakeholders' policy recommendations to address access barriers in Massachusetts.

- **Address underlying issues of rate inadequacy for mental health services.** Most stakeholders suggested increasing reimbursement for mental health services. Most of the clinical leaders and mental health advocates emphasized the importance of increasing rates for all MassHealth plans, but stakeholders also suggested that commercial rates are variable and often too low. This assessment could not be evaluated because commercial rates are considered proprietary. Further exploration is needed to examine commercial insurance rates and the impact of potential rate disparities across commercial and public payers.
- **Support the movement to global payment and other payment and care models that move away from FFS, and encourage enhanced integration and coordination of care.** While stakeholders made clear their concerns over addressing the inadequacy of mental health rates as part of the process of moving to alternative payment and delivery system models of care, there was general support for moving toward a *"payment mechanism to incentivize coordination for providers"* and hope that this will help improve access issues that are tied to a system that pays for volume (i.e., FFS) instead of coordination. Stakeholders noted that most prevailing payment arrangements silo physical and mental health services, so while there may be a clinical need to coordinate services and facilitate access across settings, staff do not have the financial incentives to help clients navigate the system or connect with needed services. Greater incentives to make these connections—introduced by way of global payment, accountable care organizations, and other care models—hold promise in improving access to mental health care for individuals.
- **Reduce insurance-related administrative burdens.** Stakeholders suggested that administrative processes designed to manage utilization should be streamlined to encourage participation in insurance networks among providers who have opted out of insurance panels/networks. Along these same lines, one stakeholder felt that insurers, particularly commercial ones, could expand their networks by improving conditions for providers through *"better payment structure, easier credentialing, recruiting, [and] expediting paperwork,"* which the stakeholder argued are essential to creating a more *"favorable climate for providers."*

- **Reform the formal intake assessment requirement.** Intake processes are often inefficient and repetitive, but a formal psychosocial assessment at intake is required by most payers for routine behavioral health services. Department of Public Health regulations do not allow mental health providers to bill MassHealth for appointments without first conducting an intake assessment.[16] Multiple stakeholders have found that the rigid billing structure that currently exists is an obstacle to improving the intake process and delays access to care.
- **Improve the accuracy of health plan provider directories and ensure they are regularly updated.** Many stakeholders and focus group participants commented on the challenges of connecting with a mental health provider when relying on a provider directory alone. These directories are often out of date and fail to include pertinent information pertaining to provider specialty, expertise, or willingness to assume new patients.
- **Encourage the adoption of open access scheduling models.** Open access scheduling—wherein providers retain a certain number of open appointment slots in their daily clinical calendar to accommodate same-day scheduling requests—can facilitate access.[17] While many stakeholders lauded the benefits of this model, such as increasing access for those who need urgent appointments and reducing no-shows, they also identified obstacles in implementation such as predominant FFS payment models. With the movement toward new payment and delivery system models, open access scheduling may become financially more viable.
- **Increase coverage of teletherapy services, particularly for clients in geographically remote regions.** While several stakeholders cautioned that teletherapy should not replace face-to-face appointments, they acknowledged it could help support accessibility for geographically remote clients, reduce no-shows, and support organizations with long wait lists. Stakeholders identified several challenges to implementation of teletherapy such as lack of *"reimbursement for [providers] to be trained in and purchase these technologies,"* and difficulties ensuring that teletherapy providers have the credentials necessary to comply with Massachusetts' Board of Registration of Allied Mental Health and Human Services Professions policy guidelines.
- **Create professional development and training opportunities to encourage multilingual providers from diverse racial and ethnic backgrounds to enter the workforce.** Stakeholders acknowledged that the current pipeline of mental health clinicians in training is insufficient to meet client demand. The high cost of education, coupled with low reimbursement rates for providers entering the field, contributes to workforce shortages.[6] Multiple clinical leaders suggested scholarships or loan forgiveness programs as a long-term solution to attract and retain a diverse mental health workforce to help address the lack of financial and institutional support for cultural competency and diversity training. Stakeholders also recommended that practices establish partnerships with local community and social service organizations to expand access to services for individuals with diverse cultural and socioeconomic backgrounds.

CONCLUSION

This study, *Navigating the Outpatient Mental Health System in Massachusetts: Consumer and Stakeholder Perspectives,* sought to better understand access to outpatient mental health services in Massachusetts from a variety of perspectives. Stakeholders reported that current wait times for routine outpatient mental health care are longer than clinically appropriate for the majority of adults and children seeking outpatient mental health services in Massachusetts. Factors such as complex co-morbidities, the need for providers with particular specializations (e.g., psychiatry, SUD treatment, and/or trauma-informed care expertise), geography, language and cultural preferences, and providers' office schedules may delay access to outpatient mental health treatment.

Regardless of insurance coverage type (i.e., commercial or public), adults and parents seeking services for their children are frustrated by the onerous process of searching for an outpatient mental health provider and by long wait lists for providers who meet their needs. Being uninsured may limit an individual's capacity to get timely outpatient care, whereas those who are able to self-pay for services may have access to providers who have opted out of the insurance market, expediting their access to services relative to those without the ability to pay out-of-pocket for these services. Some suggested this may be creating a two-tiered system of access for those who can afford to pay out of pocket and those who must wait for an opening with a provider covered by their insurance.

Stakeholders report that insufficient reimbursement rates and burdensome insurance plan processes (e.g., prior authorization, utilization review, and credentialing requirements) are factors contributing to the limited supply of mental health providers who accept insurance. Stakeholders identified certain specialties (e.g., psychiatry) and regions of Massachusetts (outside Boston and MetroWest) in which providers are in particularly short supply.

Addressing these reimbursement and administrative-related insurance issues may help improve access to outpatient mental health services. In addition, stakeholders acknowledged that payment and delivery system initiatives under way in Massachusetts that are designed to move away from FFS payment arrangements may encourage enhanced integration and coordination of care, and create greater accountability for managing costs. These reforms hold promise in helping to address some of the existing barriers to access and eventually improving access to outpatient mental health services. All the same, the Commonwealth needs to explore ways to augment the mental health services workforce—in particular, to diversify the provider community and increase the availability of multilingual providers.

While initiatives under way in the Commonwealth hold promise for improving access to outpatient mental health services, continued attention to and monitoring of access to mental health services is imperative. Adults and parents are facing the barriers described in this report at a time when they are likely to be particularly vulnerable, making it all the more important that the process of seeking care not be onerous and challenging.

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