EXPANDING ACCESS TO BEHAVIORAL HEALTH CARE IN MASSACHUSETTS THROUGH TELEHEALTH: Sustaining Progress Post-Pandemic

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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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Manatt Health integrates legal and consulting expertise to better serve the complex needs of clients across the health care system. Combining legal excellence, first-hand experience in shaping public policy, sophisticated strategy insight, and deep analytic capabilities, Manatt provides uniquely valuable professional services to the full range of health industry players. Manatt's diverse team of more than 160 attorneys and consultants from Manatt, Phelps & Phillips, LLP, and its consulting subsidiary, Manatt Health Strategies, LLC, is passionate about helping its clients advance their business interests, fulfill their missions, and lead health care into the future.

AUTHOR'S NOTE

The research for this report was conducted prior to the global COVID-19 pandemic and was finalized during the early stages of the crisis in the United States. The rapid spread of COVID-19 has exposed some of the fault lines underlying the U.S. health care delivery system, and quickly catapulted telehealth to the front lines of the health care system's response to the pandemic. Telehealth offers health care professionals the ability to remotely screen, triage, and treat non-acute and acute patients wherever the patient may be located. This is proving to be an invaluable tool for reducing transmission of COVID-19 among health care workers and patients who are not infected, and expanding the capacity of our health care system to screen, diagnose, and treat those who are infected. Recognizing the critical role of telehealth in fighting the pandemic, the federal government and the vast majority of states have revamped their telehealth and cross-state licensing regulations to promote and rapidly scale telehealth adoption.

Massachusetts led the nation in rapidly deploying progressive new policies to temporarily expand access to telehealth across payers and providers during the pandemic. In March, Governor Charlie Baker and MassHealth issued guidance that makes the following key changes.[1]

All Payers in Massachusetts:

• Must allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth;

• Cannot impose requirements on providers' delivery of telehealth services that are more restrictive than those established in MassHealth All-Provider Bulletin 289, as outlined under the "MassHealth" section below;

• Cannot impose any specific requirements on the technologies (i.e., telephone or video modalities) used to deliver services via telehealth;

• Must ensure that rates of payment to in-network providers for services delivered via telehealth are not lower than those established for services delivered via traditional in-person methods;

• Must cover, without any cost sharing, medically necessary treatment delivered via telehealth related to COVID-19 by in-network providers.[2]

MassHealth:

• Must allow qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth;

• Cannot impose specific requirements for technologies (i.e., telephone or video modalities) used to deliver services via telehealth;

• Must ensure that rates of payment for services delivered via telehealth are the same as rates of payment for services delivered via traditional in-person methods.[3]

Note: In addition to the policy changes noted above, in May 2020, in light of the COVID-19 emergency, MassHealth established a Mental Health Center Transformation Incentive Payment program to support eligible providers as they transition from in-person delivery of mental health services to other care delivery methods.[4]

These changes have enabled significant increases in telehealth adoption in a short period of time.[5] As of the date of this report's publication, it remains unclear how these bold steps forward in Massachusetts' telehealth policies will affect the behavioral health care delivery landscape in the long term. For now, though these changes are temporary, many align with recommendations outlined in this report. We anticipate that these changes will help Massachusetts make a huge leap forward in payer coverage, provider adoption, and consumer utilization of telebehavioral health. Formally enacting some, if not all, of these changes as lasting policies could help the Commonwealth sustain major progress in telebehavioral health expansion achieved during the pandemic. Enacting them could also dramatically improve access to behavioral health care for residents across the state — both in future times of crisis and times of relative well-being in the Commonwealth.

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INTRODUCTION

In the 2019 report *Ready for Reform*, the Blue Cross Blue Shield of Massachusetts Foundation evaluated the Massachusetts behavioral health care (inclusive of mental health, substance use disorders, and co-occurring disorders) landscape and assessed the challenges residents face in accessing services. The report revealed that Massachusetts struggles to provide adequate access to behavioral health services despite having a high density of primary care practitioners and psychiatrists relative to other states, a pioneering and innovative Medicaid coverage and delivery system (MassHealth), and one of the highest rates of insured residents in the United States. Lengthy wait times for appointments, siloed physical and behavioral health care systems, insufficient insurance coverage for behavioral health services, and other access barriers are evident in Massachusetts. *Ready for Reform* illustrated the nuances of these challenges and highlighted opportunities for the Commonwealth to improve behavioral health care access and quality broadly. Among the recommendations, the authors proposed expansion of telehealth as a solution to improve access to behavioral health care services.[6]

Telebehavioral health care, a form of telehealth, has the unique ability to improve access to behavioral health services by increasing connectivity between patients and providers of behavioral health care resources, decreasing wait times, and eliminating logistical barriers.[7] This is especially true for populations with particularly challenging access barriers, such as individuals who are low income or live in rural areas, children, the elderly, and individuals with substance use disorders (SUDs). For instance, telebehavioral health care can lower the costs associated with overcoming logistical access barriers for low-income individuals by reducing or removing the need for transportation, child care, and/or a flexible work schedule. Similarly, it can be used to connect both patients and health care providers living in rural areas to behavioral health care resources in urban hubs, which typically have a greater density of behavioral health providers. Telebehavioral health can also help those with SUDs access the limited number of physicians who can prescribe buprenorphine (a medication used to treat dependence on or addiction to opioids) outside a federally regulated opioid treatment program. As adoption continues to grow, telebehavioral health is being recognized for its distinct ability to bring care closer to home and break through the financial, logistical, and geographic barriers often experienced by vulnerable populations.

> **TELEBEHAVIORAL HEALTH**
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> For the purposes of this report, telebehavioral health has been defined as the use of technology to create, promote, or maintain access to behavioral health services, including those to treat mental health disorders, substance use disorders, and co-occurring disorders.

Despite these potential benefits, utilization of telebehavioral health services in Massachusetts has historically been low. A recent study in the *Journal of the American Medical Association* found that less than one percent of Massachusetts psychiatrists provided at least one telebehavioral health visit between 2014 and 2016, a far lower proportion than in Nevada, Oklahoma, Wyoming, Texas, Georgia, and other states where at least 12 percent of psychiatrists have provided a telebehavioral health visit.[8] Where telehealth is being used in Massachusetts, telebehavioral health appears to be the most utilized service: Data recently published by the Massachusetts Health Policy Commission found that over half of the state's telehealth visits recorded in commercial insurance claims from the state's All-Payer Claims Database between 2015 and 2017 were for mental health services, with generalized anxiety disorder as the most common diagnosis. The highest-volume telehealth service delivered in Massachusetts during 2017 was a 45-minute psychotherapy session.[9]

Because of the potential that telebehavioral health has to improve the behavioral health care landscape in Massachusetts and beyond, the Blue Cross Blue Shield of Massachusetts Foundation commissioned Manatt Health to assess this emerging field in Massachusetts and nationally, and identify opportunities for Massachusetts to leverage telebehavioral health to improve behavioral health care access. In doing so, Manatt conducted a literature review of best practices in telebehavioral health programs and state policy, interviewed key health care stakeholders from

across the Commonwealth (detailed in Appendix A), and conducted a detailed assessment of the telehealth policy landscape in Massachusetts.

This report explores the potential for expanding access to behavioral health services in Massachusetts through tele-behavioral health. Specifically, it proposes a framework for an optimal telebehavioral health system of care, high-lights barriers to adoption experienced by providers and consumers, and identifies opportunities for promoting and expanding access to telebehavioral health across the Commonwealth, including sustaining the policy advances that have been made during the COVID-19 pandemic. The goal of this report is twofold: 1) to describe for policymakers, payers, and providers what a high-impact telebehavioral health model looks like; and 2) to highlight policies and pro-grams that will better enable the delivery of telebehavioral health care and support increased consumer engagement with and use of telebehavioral health services in order to address the state's behavioral health care access issues, particularly with regard to vulnerable populations.
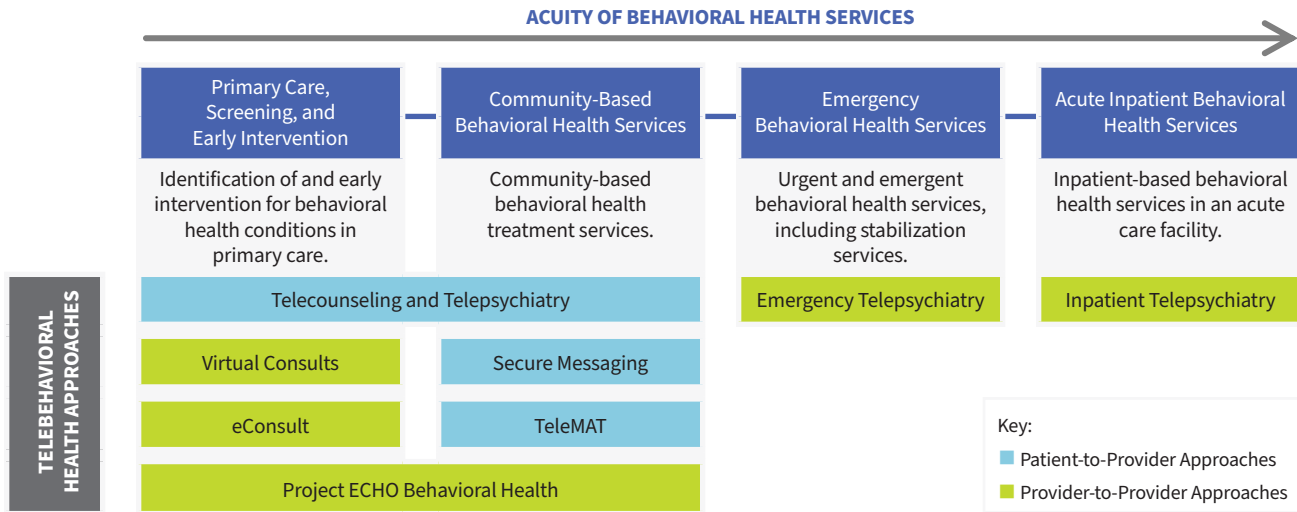
DEFINING TELEBEHAVIORAL HEALTH AND COMMON CARE DELIVERY APPROACHES

For the purposes of this report, telebehavioral health is defined as the use of technology to create, promote, or main-tain access to behavioral health services, including services to treat mental health disorders, SUDs, and co-occurring disorders. While this report primarily discusses the use of telebehavioral health care to treat adults, this care delivery method is also effective when used with pediatric populations.[10] Telebehavioral health interactions typically occur either between a provider and a patient or between a provider and another provider (e.g., a consult) to deliver various services across the behavioral health continuum of care.

The exhibit on the next page (Figure 1) details a range of different telebehavioral health care approaches, highlighted in blue and green, by acuity of service. This is not an exhaustive list but rather a depiction of commonly used and studied approaches to telebehavioral health care that will be referenced throughout this report, each of which has an established and growing evidence base to support its effectiveness and impact on access to care.[11,12,13] The telebe-havioral health approaches summarized in Figure 1 are arranged along an acuity spectrum from lowest acuity (e.g., screening and early intervention) on the left to highest acuity (e.g., inpatient-based services) on the right. Patient-to-provider telebehavioral health approaches, such as telecounseling and secure patient messaging are shown in blue. Provider-to-provider telebehavioral health approaches such as virtual consults and the Project ECHO Behavioral Health model are shown in green. Throughout the report, we will reference this full range of telebehavioral health approaches.

The next section of this report outlines a framework for an optimal telebehavioral health care delivery model. Each of the different telebehavioral health care approaches described below, along with others, should be incorporated into that framework to support the clinical and operational features of an optimal telebehavioral health care delivery model.

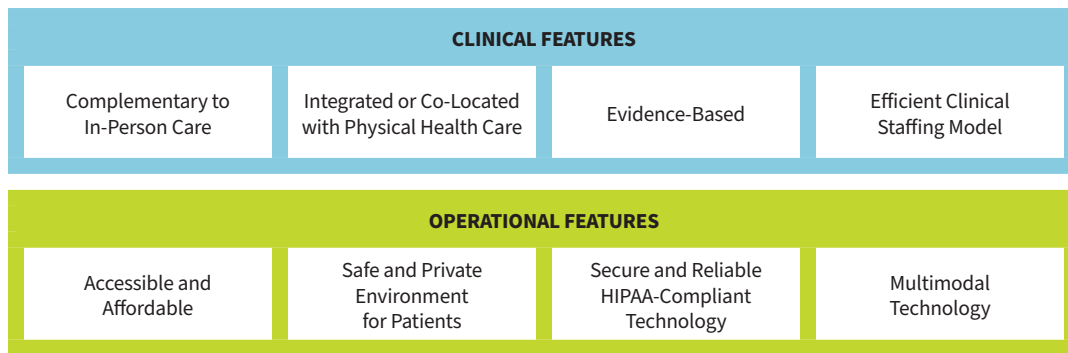**FIGURE 1.** TELEBEHAVIORAL HEALTH CARE APPROACHES BY LEVEL OF ACUITY

ACUITY OF BEHAVIORAL HEALTH SERVICES →

	Primary Care, Screening, and Early Intervention	Community-Based Behavioral Health Services	Emergency Behavioral Health Services	Acute Inpatient Behavioral Health Services
	Identification of and early intervention for behavioral health conditions in primary care.	Community-based behavioral health treatment services.	Urgent and emergent behavioral health services, including stabilization services.	Inpatient-based behavioral health services in an acute care facility.

TELEBEHAVIORAL HEALTH APPROACHES

Telecounseling and Telepsychiatry		Emergency Telepsychiatry	Inpatient Telepsychiatry
Virtual Consults	Secure Messaging		
eConsult	TeleMAT		
Project ECHO Behavioral Health			

Key:
- ■ Patient-to-Provider Approaches
- ■ Provider-to-Provider Approaches

APPROACH	DESCRIPTION
Telecounseling and Telepsychiatry	Patient connects to a behavioral health provider via phone or video to receive routine counseling or therapy.
TeleMAT	Patient connects via phone, video, and/or secure message to a behavioral health provider to receive Medication Assisted Treatment (MAT).
Secure Messaging	Patient uses a secure messaging platform to communicate with their provider about a behavioral health issue, request a prescription refill, or ask the provider a question.
Virtual Consult	A non-behavioral health provider uses phone or video to connect to a behavioral health provider to discuss a patient case and receive treatment and/or referral guidance. Video is sometimes used to visually assess the patient.
eConsult	A non-behavioral health provider sends a structured and formatted message to a behavioral health provider to ask a question or receive treatment advice for a patient.
Project ECHO Behavioral Health	"Hub-and-spoke" telementoring model that provides community-based providers ("spokes") with access to specialists at a "hub" via phone and video to conduct virtual case reviews with and discuss treatment recommendations.
Emergency Telepsychiatry	Emergency medicine provider in an emergency department uses phone or video to consult with a remote psychiatrist who assesses the patient and makes treatment plan recommendations to the emergency medicine provider.
Inpatient Telepsychiatry	Inpatient medicine provider in a hospital uses phone or video to consult with a remote psychiatrist who assesses the patient and makes treatment plan recommendations to the inpatient provider.

OPTIMAL TELEBEHAVIORAL HEALTH CARE DELIVERY MODEL

After reviewing the existing literature and interviewing experts and key stakeholders from across Massachusetts, the authors developed the following framework of the key characteristics of an optimal telebehavioral health care delivery model. The elements of an optimal telebehavioral health delivery model can be broken down into clinical features and operational features (see Figure 2). Clinical features relate to the care model, how it complements in-person care, quality of care, and clinical staffing approach. Operational features relate to the financing, the physical environment, and the required technology. After identifying and describing the features of a high-impact telebehavioral health care delivery model, this report highlights existing barriers to utilization of telebehavioral health care and concludes with a series of proposed policy and programmatic recommendations to achieve this model and promote enhanced provider and consumer telebehavioral health adoption across the Commonwealth.

FIGURE 2. FEATURES OF AN OPTIMAL TELEBEHAVIORAL HEALTH CARE DELIVERY MODEL FOR PROVIDERS AND CONSUMERS

CLINICAL FEATURES

Complementary to In-Person Care	Integrated or Co-Located with Physical Health Care	Evidence-Based	Efficient Clinical Staffing Model

OPERATIONAL FEATURES

Accessible and Affordable	Safe and Private Environment for Patients	Secure and Reliable HIPAA-Compliant Technology	Multimodal Technology

CLINICAL FEATURES

COMPLEMENTARY TO IN-PERSON CARE

Emerging evidence suggests that telebehavioral health care interventions are generally most effective when paired with in-person treatment. The convenience of telebehavioral health care—a major benefit for patients, especially those with certain access barriers—improves treatment adherence and consistency. In-person treatment contributes to developing a strong patient-provider bond. The two care delivery models when used in tandem can yield powerful results. A study published in the American Psychological Association's *Journal of Rural Mental Health* found that a hybrid of telepsychiatry and in-person visits had "improved timeliness of care and increased [the] number of total outpatient encounters compared to the group with in-person visits only," indicating hybrid care may be more effective in improving access than in-person visits alone.[14]

INTEGRATED OR CO-LOCATED WITH PHYSICAL HEALTH CARE

The holistic or "whole person" care model, which integrates behavioral and physical care, is recognized as a more comprehensive and effective method of care delivery.[15] The behavioral health needs of a patient often have significant implications for their physical health, and vice versa. Telebehavioral health can support integration by co-locating behavioral and physical health services that may normally be physically separated. Often, cost concerns or facility license issues make it challenging to co-locate behavioral health services within a primary care practice. If a primary care practice offers on-site telebehavioral health care to patients in its office, patients can conveniently access both physical and behavioral health care in one location.[16]

CASE STUDY 1: **Practice-Based Virtual Collaborative Care**

A recent study sought to understand the best ways of providing integrated care to medically underserved patients with depression being served by five Federally Qualified Health Centers in Arkansas's Mississippi Delta region and the Ozark Highlands.

Practice-based collaborative care is an evidence-based methodology that involves co-located primary care providers (PCPs), mental health specialists, and care managers who work together on-site with patients and has been shown to improve depression outcomes. The purpose of this study was to evaluate whether patients showed greater clinical improvements when receiving virtual collaborative care with comprehensive, albeit remote, resources versus in-person collaborative care with fewer in-person visits and less-comprehensive resources.

The control group in the study received practice-based collaborative care from an on-site PCP and nurse care managers while the telehealth group received collaborative care from an on-site PCP and an off-site (virtual) team that included a nurse care manager and pharmacist via telephone and a psychologist and psychiatrist via video. Patients in the telehealth group received virtual psychiatry consultations and virtual cognitive behavioral therapy.

The study demonstrated the following results:

- After six months, the average depression severity scores for the telehealth group fell over two times further than the scores for those in the practice-based control group.

- After 12 and 18 months, the depression scores of the telehealth group continued to be lower than those of the practice-based group, indicating that the telehealth approach was effective in improving depression.

Source: Fortney, John C., Jeffrey M. Pyne, Sip B. Mouden, et al., "Practice-Based Versus Telemedicine-Based Collaborative Care for Depression in Rural Federally Qualified Health Centers: A Pragmatic Randomized Comparative Effectiveness Trial," *American Journal of Psychiatry*, April 1, 2013, available at https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2012.12050696.

EVIDENCE-BASED

As with any type of clinical intervention, telebehavioral health programs should be grounded in evidence-based practices, such as those put forth by the American Telemedicine Association and the American Psychiatric Association, that have proved to be safe and effective for patients.[17] The evidence base for telebehavioral health services is evolving rapidly, and so care models and clinical best practices should be reviewed and updated regularly to reflect the latest clinical research findings.

EFFICIENT CLINICAL STAFFING MODEL

Where possible, in larger group practices or organizational settings, an optimal telebehavioral health care program should employ an efficient resource model in which a broad spectrum of behavioral health provider types deliver care based on the acuity of the patient. For instance, providers such as licensed clinical social workers, advanced practice registered nurses, and counselors can be integrated into a telebehavioral health program to screen patients, treat them when appropriate, or triage them to other providers when necessary. Psychiatrists are more expensive and there are fewer in number than other behavioral health professionals, so an optimal care model would limit their role to situations in which they are best suited to treat the patient and would rely on other types of providers to deliver care to less acute patients.

OPERATIONAL FEATURES

ACCESSIBLE AND AFFORDABLE

In order for a program to expand access to services, it must be accessible and affordable to consumers. Cost of care, site location, language accessibility, cultural considerations, and hours of business should be tailored to meet the needs of the population. When clinically appropriate and allowable under payer coverage policies, telebehavioral health care programs should enable patients to receive services from home, thereby eliminating many privacy, cost, and logistical barriers. Alternatively, telebehavioral health services can be delivered to patients in community-based settings (e.g., Federally Qualified Health Centers [FQHCs], local community health centers, houses of worship, etc.). For example, the Lutheran Social Services of North Dakota organization opened telebehavioral health counseling portals across its various church sites that are open to all individuals, regardless of religious denomination, in order to improve access to behavioral health resources for low-income and rural populations across the state.[18]

SAFE AND PRIVATE ENVIRONMENT FOR PATIENTS

Access to a safe and private environment for delivery of telebehavioral health services is essential to patient privacy and comfort, and to the efficacy of the service. Securing a safe and private environment for a telebehavioral health care visit may be more challenging for certain patient groups than for others. For example, rural populations, recently

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CASE STUDY 2: Telepsychiatry in Emergency Departments

South Carolina faces a below-national-average ratio of psychiatrists to patients, with only 10 to 12 psychiatrists for every 100,000 residents. The shortage is more pronounced in the rural regions of the state. In 2007, the South Carolina Department of Mental Health attempted to address this shortage by establishing a statewide telepsychiatry program in partnership with the University of South Carolina School of Medicine.

The program aims to reduce emergency department (ED) wait times and unnecessary hospitalizations of behavioral health patients by providing 18 rural South Carolina hospitals with remote video access to support from state-employed psychiatrists 16 hours a day, seven days a week. Within this model, a nurse at the rural hospital ED provides in-person support to help facilitate the virtual visit between the patient and the remote psychiatrist. The virtual visit occurs in a private room over a high-definition 26-inch screen with zoom-in capabilities. The remote psychiatrist can visually and interactively assess the patient and make treatment plan recommendations to the ED-based provider, as well as referrals to community-based resources.

From March 2009 to the end of 2012, the program demonstrated the following:

- Reduction in wait times for patients seeking a psychiatrist in participating EDs from 48–72 hours to roughly 12–36 hours.

- Decreased hospitalization rate of patients assessed by a psychiatrist from 18 percent to 11 percent, half of the rate among peer hospitals in South Carolina that did not offer telepsychiatry services.

- Estimated $1,400 in cost savings per mental health patient per year, due to reductions in inpatient admissions.

- Increased rates of follow-up appointment attendance: "46 percent of patients served by the program attended an outpatient follow-up appointment within thirty days of the initial ED visit, well above the 16 percent attendance rate among similar ED patients cared for in South Carolina hospitals not offering the program."

- Improved patient and clinician satisfaction; over 80 percent of patients served by the program reported "being satisfied with the process and services received" and 84 percent of ED physicians and staff reported feeling that the program improved patient care.

Source: Narasimhan, Meera and John Magill, Agency for Healthcare Research and Quality, "Statewide Partnership Provides Mental Health Assessments via Telemedicine to Patients in Rural Emergency Departments, Reducing Wait Times, Hospitalizations, and Costs," April 9, 2012, available at https://innovations.ahrq.gov/profiles/statewide-partnership-provides-mental-health-assessments-telemedicine-patients-rural.

released inmates, members of Native American tribes, homeless individuals, or those with unstable housing or unsafe home environments may face barriers to accessing a private and secure space with internet or telephone access from which to conduct a telebehavioral health care visit. Programs should be designed so that all patients can receive virtual care safely and privately. To achieve this, telebehavioral health care can be delivered to patients in a variety of private settings, including their homes or another residential setting, FQHCs, schools, nursing homes, community organizations, or houses of worship, among others.[19]

SECURE AND RELIABLE HIPAA-COMPLIANT TECHNOLOGY

Like any other health care program that touches protected health information, the technology used to conduct telebehavioral health care must be secure, reliable, and compliant with the Health Insurance Portability and Accountability Act (HIPAA). Many companies offer HIPAA-compliant telehealth platforms that behavioral health providers can use, such as doxy.me, VSee, thera-LINK, and Zoom for Healthcare, to name a few.

MULTIMODAL TECHNOLOGY

Optimal telebehavioral health programs encourage consumer adoption and adherence by making the communication simple, easy-to-use, and reflective of consumers' multimodal communication habits. An ideal telebehavioral health care intervention would enable patients to consult their providers via secure message, telephone, and video, depending on their specific need. For example, a telehealth platform that enables patients and psychiatrists to consult via video for counseling sessions may also enable patients to message that provider with medication questions.

MASSACHUSETTS TELEBEHAVIORAL HEALTH LANDSCAPE AND RECOMMENDATIONS TO PROMOTE PROVIDER AND CONSUMER ADOPTION

In addition to compliance with federal laws and regulations, telebehavioral health care programs, providers, and payers must comply with state laws, policies, and regulations related to the practice of medicine, telehealth, and telebehavioral health. To that end, state policy and regulation can either promote or inhibit the practice of telebehavioral health care. States that seek to enable the delivery of telebehavioral health services have many levers at their disposal. These include paying for telebehavioral health services at the same rate as in-person services (often referred to as payment parity), enabling out-of-state providers to deliver care to patients in their state, permitting a wide variety of providers to deliver telebehavioral health care, and eliminating the need for an initial in-person visit prior to a telebehavioral health visit, among others.

Historically, well before the COVID-19 public health emergency, Massachusetts was viewed as having one of the most restrictive telehealth regulatory environments in the nation. It has made notable strides over the past two years, and even more in the past few months, in expanding access to telehealth, and particularly telebehavioral health care.[20,21] Providers have taken note and have begun to expand their telebehavioral health offerings.[22,23] Additionally, prior to the COVID-19 pandemic (and the implementation of several *temporary* telehealth-related policy and program changes in response to the pandemic), policymakers in Massachusetts were actively deliberating passage of several legislative proposals that, if enacted, could address some of the barriers to telebehavioral health adoption (described below) and expand access to behavioral health services, including through telebehavioral health care delivery modalities:

- **"An Act to Improve Health Care by Investing in Value" (H.B. 4134):** In October 2019, Governor Baker released a proposed health care reform bill that included several provisions related to improving access to behavioral health services and telehealth more broadly. The bill would establish spending targets that

would require hospitals and insurers to increase spending on primary care and behavioral health services by 30 percent over the next three years without increasing overall spending. The bill would also establish a regulatory framework for telehealth services, including a parity rule for telehealth coverage, which would require all insurers to cover telehealth services if they cover the same service when provided in person.[24] The bill in its current form does not contemplate requiring payment parity.

- **"An Act Addressing Barriers to Care for Mental Health" (S.B. 2519):** In February 2020, the Senate Committee on Ways and Means introduced Senate Bill 2519, which the Senate later passed unanimously. The bill aims to increase student access to behavioral health services through telebehavioral health care and proposes a pilot program in public schools that will expand access to video-based behavioral health services for students, regardless of their ability to pay for such services, and allocates funding via a grant to support students, public schools, and local behavioral health providers participating in the pilot program.[25]

Despite the state's notable strides over the past two years in expanding access to telebehavioral health, prior to the COVID-19 pandemic, it had still not gained widespread traction.[26,27] Reasons for the slow pace of adoption include complex policy, legal, and regulatory requirements, privacy concerns, infrastructure and technology barriers, and affordability. To address these barriers, providers, policymakers, and payers will need to work collaboratively to create a more enabling environment in which telebehavioral health can flourish. In many ways, this collaboration has already been thrust upon and embraced by these stakeholders in an effort to promote access to telebehavioral health services during the COVID-19 pandemic. However, sustaining and building upon this progress will require extension of certain temporary policies enacted, as well as other permanent policy, programmatic, and regulatory changes.

To that end, the following analysis of Massachusetts' telehealth policies, laws, and regulations provides an overview of the state's current telebehavioral health landscape and summarizes the common barriers to enabling the delivery of and access to telebehavioral health services in the Commonwealth.[28] In conducting this analysis, we examined several domains: coverage and reimbursement in the state's Medicaid program (MassHealth), coverage and reimbursement for commercial plans, and provider and consumer needs and preferences to promote adoption of telebehavioral health services.[29] In addition to describing the state's current telebehavioral health landscape and barriers within each domain, we propose a series of recommendations (see Figure 3) that providers, policymakers, and payers should pursue in order to address the barriers and increase adoption of telebehavioral health in Massachusetts by both consumers and providers.[30]

FIGURE 3. RECOMMENDATIONS TO PROMOTE PROVIDER AND CONSUMER TELEBEHAVIORAL HEALTH ADOPTION IN MASSACHUSETTS

COVERAGE AND REIMBURSEMENT	PROVIDERS	CONSUMERS
• Clarify MassHealth coverage of services delivered in the home. • Clarify coverage for and enable all in-network providers to deliver telebehavioral health. • Ensure a payment parity law.	• Address concerns about medical malpractice liabilities. • Broadly implement HIPAA-compliant technology and provide education and consumer support. • Develop technical assistance programs for providers. • Explore opportunities to challenge the status quo (i.e., in-person treatment). • Expand the evidence base. • Explore opportunities to implement cross-state provider licensure.	• Address long-standing access challenges within the broader behavioral health care system. • Promote consumer awareness and utilization of telebehavioral health. • Allow for telephone-only telebehavioral health visits. • Expand access to internet and cellular service and technology for low-income and rural populations.

COVERAGE AND REIMBURSEMENT: MASSHEALTH

Due to policy changes in recent years (pre-COVID-19), the Commonwealth has progressive telebehavioral health policies in its Medicaid program, MassHealth, related to coverage and reimbursement, scope of practice, provider and patient relationship, and technology. As a result of MassHealth guidance issued in 2019, a broad range of MassHealth-enrolled behavioral health care providers (psychologists, psychiatrists, psychoanalysts, clinical social workers, behavioral health nurses, nurse practitioners, and professional counselors) are now able to deliver telebehavioral health care and receive reimbursement for their services at a rate that is equal to that for in-person care.[31] However, described below is an identified barrier that may impede expanded use of telebehavioral health among MassHealth providers and members,[32] as well as a specific recommendation that state policymakers should pursue to address this barrier.

LACK OF CLARITY THAT THE PATIENT HOME IS AN ELIGIBLE ORIGINATING SITE: In January 2019, MassHealth released a bulletin that announced coverage and payment parity for telebehavioral health services, and noted that there are "no geographic or facility restrictions" on originating sites[33] for telebehavioral visits. However, the state did not explicitly identify the patient's home as a "facility" or an originating site that is reimbursable by MassHealth. Without specific guidance, MassHealth providers have noted that they lack clarity as to whether a patient's home is a permissible originating site and are reluctant to deliver services to patients in their homes.

> In response to the COVID-19 pandemic, **Massachusetts issued temporary guidance that clarifies that the home is an eligible originating site**.
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> Source: Tsai, Daniel, Massachusetts Executive Office of Health and Human Services, "MassHealth All Provider Bulletin 289: MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019," March 2020, available at www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursement-policy-for-services-related-to.

RECOMMENDATION: Clarify MassHealth coverage of services delivered in the home. MassHealth took an important step in 2019 (through All Provider Bulletin 281 and Managed Care Entity Bulletin 10) to expand access to telebehavioral health services and to pay for behavioral health services delivered via telehealth at the same rate as in-person services.[34] Given the confusion providers have expressed around eligible originating sites, MassHealth should explicitly state that Bulletin 281 allows patients to be seen in their home or wherever they may be located. Again, the temporary guidance that Massachusetts issued in response to the COVID-19 pandemic clarifies that the home is an eligible originating site for telebehavioral health services reimbursable by MassHealth. Maintaining this guidance beyond the public health emergency would ensure that MassHealth providers have the necessary clarity on eligible originating sites.

COVERAGE AND REIMBURSEMENT: COMMERCIAL PAYERS

Private payers may, but are not required to, cover telehealth services under Massachusetts laws and regulations. The following barriers and recommendations to address them were identified in regard to commercial coverage and reimbursement for telebehavioral health care.

LACK OF CLARITY AROUND PRIVATE PAYER COVERAGE OF TELEHEALTH: State law requires that "coverage for health care services [via telehealth must] be consistent with coverage for health care services provided through in-person consultation," leaving insurers to interpret and set telehealth policies they deem to be "consistent" with in-person care. Provider stakeholders interviewed for this report indicated that this lack of clarity has created a wide range of coverage practices among private payers, which makes it challenging for providers to understand what is covered by each plan and to operationalize a

> In response to the COVID-19 pandemic, **Massachusetts issued guidance that temporarily requires telehealth coverage parity for commercial payers**.
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> Source: Baker, Charles D., Massachusetts Office of the Governor, "Order Expanding Access to Telehealth Services and to Protect Health Care Providers," March 15, 2020, available at https://www.mass.gov/doc/march-15-2020-telehealth-order.

telebehavioral health care service that can be provided and paid for consistently across payers. For example, while state law requires telehealth coverage that is "consistent" with the coverage of services that are available in person, the law allows insurance carriers to limit the in-network providers that are able to provide telehealth services, including telebehavioral health services. The law explicitly states, "An insurer may limit coverage of telemedicine services to those health care providers in a telemedicine network approved by the insurer," which may limit coverage of telehealth services to a narrow segment of a plan's contracted providers and may inhibit effective continuity of care for consumers.

RECOMMENDATION: **Clarify coverage for and enable all in-network providers to deliver telebehavioral health.** The state should provide clarity around the health care services that are required to be covered via telebehavioral health care to create greater consistency across coverage policies among private payers and to promote greater opportunity for utilization of telebehavioral health services among providers. In addition, private payers should expand coverage for telebehavioral health services to include all in-network providers. In many cases, payers contract with third-party telehealth vendors to provide telehealth services to their members. While this can provide one avenue for members to access these services, it can increase fragmentation of care. For instance, if a payer only covers telebehavioral health via a third-party vendor, a member who has an existing relationship with a behavioral health provider would not be able to see that provider virtually. Payers can promote continuity of care and expand access to telebehavioral health services by extending coverage for behavioral health services delivered via telehealth to all in-network providers.[35] Again, the temporary guidance Massachusetts issued in response to the COVID-19 pandemic requires telehealth coverage parity for commercial payers. Adopting this guidance into law for telebehavioral health specifically would promote continued utilization of telebehavioral health services by providers and consumers.

NO PRIVATE PAYER PARITY LAW: The state does not require payment parity between telebehavioral health and in-person services for commercial plans.[36] In many cases, this has resulted in reimbursement rates for telebehavioral health services that are lower than the rates for the equivalent in-person service. Given that most behavioral health practices operate on very slim margins, the lack of payment parity was noted by provider interviewees as a significant disincentive for providers to offer telebehavioral health services to individuals with commercial coverage.

In response to the COVID-19 pandemic, **Massachusetts issued guidance that temporarily requires telehealth payment parity for commercial payers**.

Source: Baker, Charles D., Massachusetts Office of the Governor, "Order Expanding Access to Telehealth Services and to Protect Health Care Providers," March 15, 2020, available at https://www.mass.gov/doc/march-15-2020-telehealth-order.

RECOMMENDATION: **Ensure a payment parity law.** Reimbursement for telebehavioral health interventions that is on parity with reimbursement for in-person care delivery is the most critical enabler of adoption for many behavioral health providers. Many states have enacted legislation that requires commercial payers to provide payment parity for telehealth services. Both academic literature and field experts suggest payment parity legislation has the greatest potential to improve adoption rates. According to the American Telemedicine Association's 2019 report, 16 states and Washington, D.C., had telehealth parity policies for private-payer coverage and 28 states and D.C. had telehealth parity policies for Medicaid.[37] According to a recent study, "states with parity laws saw significant increases in the number of outpatient telehealth visits. Controlling for year, the odds of receiving a telehealth visit in a parity state were 29.8 percent greater than in a non-parity state."[38] Massachusetts should ensure that telebehavioral health services are covered and reimbursed equally to in-person care. As most telebehavioral health visits require the same effort from the provider as in-person visits, this would enable providers to make the necessary investments in technology and be confident that they would be compensated fairly for the care they are providing, whether it is

delivered in person or remotely. In response to the COVID-19 pandemic, Massachusetts issued guidance that temporarily requires telehealth payment parity for commercial payers. Adopting this guidance into law for telebehavioral health care specifically would promote continued utilization of telebehavioral health services by providers and consumers.

PROVIDER BARRIERS TO OFFERING TELEBEHAVIORAL HEALTH CARE AND RECOMMENDATIONS TO ENHANCE PROVIDER ADOPTION

A lack of payment parity among commercial payers, as described above, was the single most important barrier experienced by providers to offering telebehavioral health care that surfaced in our stakeholder interviews and literature review. Several other barriers were also noted. Outlined below are several secondary barriers to provider adoption and specific recommendation that providers and policymakers should pursue to address the identified barriers.

PROVIDER CONCERNS ABOUT MALPRACTICE RISK: Some behavioral health providers interviewed, particularly those who care for highly acute or suicidal patients, have the perception that telebehavioral health care may result in increased medical malpractice liabilities. Whether this perception is accurate is unclear; there is limited literature surrounding the prevalence of medical malpractice lawsuits for telebehavioral health care, or even telehealth more broadly. According to *The National Law Review*, the majority of telehealth malpractice cases involve physicians who prescribed medications across state lines without first examining the patient in person.[39]

RECOMMENDATION: **Address concerns about medical malpractice liabilities.** Provider organizations should address concerns about medical malpractice liabilities related to telebehavioral health by ensuring that providers have the appropriate malpractice coverage in place for providing telebehavioral health services, clarifying medical malpractice liabilities from practicing telehealth, and promoting best practices in reducing liability when delivering behavioral health services virtually.

LACK OF APPROPRIATE TELEHEALTH TECHNOLOGY AND EQUIPMENT AND FAMILIARITY WITH USING IT:
Telehealth programs must use secure, reliable, HIPAA-compliant technology. There are many inexpensive HIPAA-compliant telehealth technology options available. However, several provider organizations that we interviewed, particularly those with limited resources such as smaller practices and FQHCs, may find the challenge of evaluating, selecting, procuring, and implementing the technology to be burdensome or costly. An analysis of 2018 U.S. health center data identified similar barriers to implementation of telehealth, with 23 percent reporting a lack of funding for equipment and 21 percent reporting a lack of training for providing telehealth.[40] In addition, providers interviewed noted a level of anxiety related to using new technology. Indeed, research indicates that there is a negative relationship between the level of anxiety that providers feel about using new technology and rates of telehealth adoption.[41]

> In response to the COVID-19 pandemic, **MassHealth established a temporary Mental Health Center Transformation Incentive Payment program to support eligible providers as they transition from delivery of in-person mental health services to virtual care delivery methods**.
>
> Source: Cassel Kraft, Amanda, Massachusetts Executive Office of Health and Human Services, "MassHealth Mental Health Center Bulletin 32: Mental Health Center Transformation Incentive Payments," May 2020 available at www.mass.gov/files/documents/2020/05/01/pb-mhc-32.pdf.

RECOMMENDATION: **Broadly implement HIPAA-compliant technology and provide education and consumer support.** As previously stated, many inexpensive HIPAA-compliant telehealth technology options are available.[42] Some health plans are equipping their providers with HIPAA-compliant telehealth technology free of charge as a way to address this barrier and encourage the use of telebehavioral health

care. Provider organizations should do the same to ensure that each individual provider has the ability to deliver telebehavioral health services should they so desire. Once these technologies are in place, providers should educate patients about their virtual care options, distribute clear communications and educational materials regarding these options, and provide robust technical user support to patients.

RECOMMENDATION: **Develop technical assistance programs for providers.** Technical assistance programs could help providers who lack adequate funding sources acquire HIPAA-compliant technology, receive telehealth training, and offer patients user support, among other activities. Massachusetts could develop provider- and consumer-facing technical support programs by partnering with organizations such as the Northeast Telehealth Resource Center to provide additional technical support on an as-needed basis. These programs should be funded and orchestrated at the state level to provide behavioral health providers with guidance, training, and/or technology to improve their ability to care for patients via telebehavioral health.

RESISTANCE TO CHANGE AND LACK OF PROVIDER EDUCATION AND TRAINING ON BEST PRACTICES FOR INCORPORATING TELEBEHAVIORAL HEALTH CARE INTO PRACTICE. Many providers, despite having access to telebehavioral health care technology platforms and being aware of its benefits, may still resist treating their patients via telebehavioral health. Providers interviewed for this report indicated that peers may avoid delivering care via telehealth due to a lack of familiarity with new ways of providing virtual treatment, intuitive comfort with face-to-face interactions, or resistance to changing the way they have historically been trained to practice. Some providers also cite a lack of leadership encouragement and commitment to digital transformation as an issue.

In addition, limited dissemination of best practices and adoption of proven care models, together with a limited pool of evidence, relative to other medical practices, has made it challenging for some organizations to gain the leadership buy-in and necessary investment to adopt or even pilot telebehavioral health programs.[43]

RECOMMENDATION: **Explore opportunities to challenge the status quo (i.e., in-person treatment).** Health system and provider group leaders should challenge the status quo, in which treatment is provided in person only, by encouraging providers within their organizations to deliver behavioral health services virtually and supporting them in doing so. Larger provider systems may incorporate targets for telebehavioral health services and incorporate these targets into provider compensation plans (e.g., conducting 10 percent of visits via telehealth). In many cases, provider organizations have rapidly scaled up their telebehavioral health offerings in response to the COVID-19 pandemic and so they may be in a position of sustaining advances they've made rather than starting anew.

RECOMMENDATION: **Expand the evidence base.** While there is a growing body of evidence about the effectiveness of telebehavioral health care, many studies are less than a decade old, have small or unrepresentative pools of participants, and/or lack an in-person treatment control group. Large health systems and academic medical centers can play a crucial role in developing the evidence base by providing seed funding to launch evidence-based research regarding the efficacy of telebehavioral health care for different populations.

OUT-OF-STATE LICENSURE: Only providers licensed in Massachusetts may deliver behavioral health services via telehealth to patients residing in Massachusetts.[44] Massachusetts laws and regulations do not allow the practice of telehealth by providers licensed in any other state, and the state is not currently a signatory to either the Psychology Interjurisdictional Compact (PSYPACT) or the Interstate Medical Licensure Compact (IMLC).[45] Many states have joined these compacts in an effort to increase the supply of behavioral health providers who can deliver services virtually in their state, thereby improving access to behavioral health care services. Given Massachusetts' significant behavioral health care access and workforce challenges, the lack of participation in these compacts may be a barrier to improving access to telebehavioral health care.

> In response to the COVID-19 pandemic, **Massachusetts issued guidance that provides for emergency temporary licensure for out-of-state providers**.
>
> Source: "Emergency Temporary License Application for Out-of-State Physicians." accessed May 8, 2020, available at https://www.mass.gov/service-details/important-information-regarding-physician-licensure-during-the-state-of-emergency.

Lack of Participation in PSYPACT: Many states have joined this interstate compact, which enables psychologists to conduct counseling sessions via telehealth with patients across state boundaries without obtaining a license in the other state, if that state has also enacted PSYPACT legislation. As of July 2020, 15 states have joined PSYPACT.[46]

Lack of Participation in IMLC: Twenty-nine states are signatories of the IMLC, which expedites the licensure process for physicians who wish to practice in multiple states, thus creating a more rapid process for out-of-state providers to gain licensure and deliver care via telehealth across state lines.[47]

RECOMMENDATION: Explore opportunities to implement cross-state provider licensure. In light of the behavioral health care workforce shortage issues in Massachusetts, policymakers should take steps that would enable behavioral health care providers located in other states to deliver care to Massachusetts residents via telehealth. There are a few actions that policymakers could take to achieve this end:

- Join PSYPACT to enable psychologists from other states to facilitate telebehavioral care with patients in Massachusetts.

- Join the IMLC to accelerate the speed with which psychiatrists in other states can obtain licensure to practice in Massachusetts.

- Create special-purpose telehealth licenses that would enable behavioral health care providers in other states to deliver telebehavioral health services to Massachusetts residents.

As noted above, in response to the COVID-19 pandemic, Massachusetts issued guidance that provides for emergency temporary licensure for out-of-state providers. Extending this licensure authorization for out-of-state behavioral health providers to continue delivering services virtually in Massachusetts would help to address the state's behavioral health service capacity challenges.

CONSUMER BARRIERS TO ACCESSING TELEBEHAVIORAL HEALTH CARE AND RECOMMENDATIONS TO ENHANCE CONSUMER ADOPTION

Described below are a number of challenges that consumers face in accessing telebehavioral health services that surfaced through stakeholder interviews with consumers and a review of the relevant literature. Many of these challenges may be addressed by the recommendations provided in response to barriers that were identified in other sections of this report. For example, consumers' lack of knowledge about the opportunity to receive telebehavioral health services may improve as provider receptiveness to this care modality improves. Moreover, the recommendation to encourage provider organizations to support clinicians with technical assistance—and by extension to provide similar support to their patients—could also enhance the consumer experience and take-up of virtual visits. This section includes a discussion of several additional opportunities to address the identified consumer barriers.

LIMITED ACCESS TO PROVIDERS WHO ACCEPT INSURANCE FOR TELEBEHAVIORAL HEALTH SERVICES. Consumers often face access challenges in finding behavioral health providers who accept insurance, a challenge exacerbated when seeking a provider who accepts Medicaid. A recent study notes that nationally, only 55 percent of psychiatrists accept Medicare and 43 percent accept Medicaid.[48] To make the access challenge even more pressing, only a limited number of clinicians provide telebehavioral treatment at all, and based on an analysis of 2014–2016 Medicare fee-for-service claims data, Massachusetts had the lowest proportion of psychiatrists providing telebehavioral health visits of any state in the country.[49] Several stakeholder and consumer interviewees reinforced these findings, noting significant and long-standing challenges to accessing behavioral health providers who not only accept insurance, especially Medicaid, but who also offer telebehavioral health services.

RECOMMENDATION: Address long-standing access challenges within the broader behavioral health care system. This set of barriers extends beyond the scope of challenges that are specific to telebehavioral health care. Consumers have consistently cited difficulty in finding behavioral health providers who accept insurance, and these challenges are exacerbated for consumers with public insurance.[50] Certain recommendations described in earlier sections, such as requiring payment and coverage parity for telebehavioral health services, are interim steps to promoting greater adoption of telebehavioral health utilization by providers, making it more accessible to consumers. However, addressing some of the more long-standing challenges in the broader behavioral health system, including having a sufficient workforce to meet demand and providers with the appropriate credentials, training, diversity, and acceptance of insurance, will require a systemic approach beyond the scope of this paper on telebehavioral health.

APPREHENSION ABOUT THE VIRTUAL CARE EXPERIENCE AND LACK OF AWARENESS OF TELEBEHAVIORAL HEALTH CARE OPTIONS. Just as providers may be hesitant to adopt a new method of treating patients, patients, too, may feel uncomfortable or unsure about being treated remotely. Consumer stakeholders interviewed for this report indicated that some individuals may avoid telebehavioral health options because they are concerned about maintaining the privacy of any information they exchange via a virtual visit or because they may not have been sufficiently trained to use the required telehealth platform. Additionally, they raised concerns around quality of care delivered via telehealth, since remote providers may not be able to adequately assess all physical or nonphysical cues that a provider may observe in person.

While many consumers may remain apprehensive, those who are willing to try telebehavioral health tend to be satisfied with their care experience. Preliminary findings from a one-year Massachusetts-based pilot program designed to increase access to behavioral health care using telemedicine indicated high rates of consumer satisfaction and comfort with the telemedicine platform.[51]

In addition, since telebehavioral health is not the primary care delivery model of many behavioral health providers and health plans, they may fail to conduct sufficient outreach or education to inform patients about telebehavioral health care treatment options. In many cases, providers may be hesitant to raise awareness about telebehavioral health care given that the rates of payment may be lower than that for in-person care. As a result, most consumer stakeholders interviewed for this report (prior to the COVID-19 pandemic) indicated that they were not aware of the telehealth or telebehavioral health services offered by their health plans or delivered by their providers. During a consumer focus group conducted as part of this study, we asked participants if they knew whether their behavioral health provider offered care via telebehavioral health to which the group unanimously responded no. In fact, one participant was intrigued by the option, and texted his behavioral health provider immediately to ask whether virtual care options existed. By the end of the focus group, he heard back from his provider that they did indeed offer telebehavioral health counseling options and the participant said he was eager and excited to use this option in the future.

During the COVID-19 pandemic there has been a significant spike in utilization of telehealth services.[52] This has included services provided by both video and telephone-only modalities. Still, anecdotal evidence suggests that despite the progressive new policies to temporarily expand access to telehealth, consumers continue to face challenges accessing and utilizing the technologies being promoted, in part due to insufficient provider communication. For example, consumers have reported inadequate notice and instruction from providers on the required telehealth application or software that must be downloaded prior to an appointment. Without this instruction, consumers do not have the required program set up on their device, resulting in delayed or missed appointments.[53]

RECOMMENDATION: **Promote consumer awareness and utilization of telebehavioral health.** There is an opportunity for a broad coalition of stakeholders to collaborate in a public effort to promote consumer awareness and adoption of telebehavioral health. Stakeholders should collaborate to develop a broad-based, multichannel consumer education campaign to increase awareness of telebehavioral health care options and create user support materials to educate consumers on how to access the full range of telebehavioral health services. For example, in South Carolina, the SC Telehealth Alliance partners with the state, payers, and providers to organize a Telehealth Awareness Week each October to highlight telehealth services and programs around the state. In California, the California Telehealth Resource Center provides consumer fact sheets, user videos, and instructions for telehealth visits to support consumers in ensuring a successful telehealth experience. Massachusetts stakeholders could consider similar efforts to broaden consumer awareness of telebehavioral health services and provide tools and resources to promote utilization of these telehealth platforms and support a positive telebehavioral health experience.

POOR CONNECTIVITY AND/OR LACK OF TECHNOLOGY. Lack of internet connectivity and/or the necessary technology prevents some individuals from seeking or using telebehavioral health care.[54] As of 2018, 24 percent of rural adults nationally reported that accessing high-speed internet was a "major problem" in their community.[55] As of 2018, nearly 10 percent of households in Massachusetts did not have internet access, and 22 percent did not have a broadband internet subscription.[56] Low-income and rural populations in particular may also lack the necessary technology and/or have connectivity issues due to limited cellular service or an unreliable internet connection, and this may result in lower rates of telehealth utilization even in states where telehealth services are generally covered by insurance.[57] Consumer stakeholders interviewed for this report indicated that many low-income individuals rely on libraries or other public facilities for reliable internet access and therefore may face challenges in finding an appropriately private space from which to conduct a telebehavioral health visit.[58,59] In terms of technology barriers, some consumers reported challenges with downloading a provider's required telehealth application due to insufficient storage capacity on the consumer's device, language barriers to using certain telehealth apps, and version issues (e.g., a telehealth app may be only available on Apple devices and not on the Android platform).[60]

Experience from behavioral health providers during the COVID-19 pandemic suggests that the ability to rely on and be reimbursed for telephone-only visits has been especially helpful in instances where technology and internet connectivity may be limited for providers and/or consumers. Provider organizations report that the telephone-only option helps to address challenges associated with a practice having a limited number of devices or licenses available for delivering services via video platforms. For consumers, the telephone-only option alleviates many of the internet and technology barriers often associated with telehealth visits delivered via video platforms. Some consumers may also feel more comfortable relying on a telephone interaction than on a video exchange. Providers have reported that being able to conduct telehealth visits using the telephone-only option has been extremely beneficial throughout the COVID-19 pandemic in promoting access to services via telehealth.[61]

RECOMMENDATION: Allow for telephone-only telebehavioral health visits. In addition to continued coverage of and reimbursement for telebehavioral health services delivered via video platforms, the state should maintain temporary policies enacted during the COVID-19 pandemic allowing for coverage and reimbursement of telebehavioral health services delivered via telephone only. This added flexibility may alleviate some of the consumer-specific internet connectivity and technology barriers associated with delivering telebehavioral health services via video modalities. It may also help to support a positive telebehavioral health experience for consumers who feel more comfortable relying on a telephone-only interaction for behavioral health services than on a video-based visit. This added flexibility also supports providers in continuing to deliver services via telebehavioral health, especially in instances where provider organizations have a limited number of devices or licenses available for providing services via video platforms.

RECOMMENDATION: Expand access to internet and cellular service and technology for low-income and rural populations. Several initiatives underway at the state and federal level aim to address internet and cellular service access issues. In an effort to facilitate telehealth access for low-income individuals in response to the COVID-19 pandemic, several of the major internet providers and the four major U.S. cellular carriers are temporarily offering low- or no-cost internet and cellular service.[62] Additionally, in response to MassHealth member and provider concerns about limited phone and internet access during COVID-19, MassHealth, with assistance from the Massachusetts Department of Telecommunications, developed a resource that describes the available discounted or free internet and cell service options or devices, including many temporary offers related to COVID-19. This resource is intended to help providers support MassHealth members to engage in services through telehealth.[63] These initiatives are temporary, and a more sustained approach is necessary to address ongoing connectivity and technology barriers for consumers.

CONCLUSION

The telebehavioral health care landscape within Massachusetts and across the United States continues to develop. Massachusetts is well positioned to maintain and build upon its recent efforts to expand access to telebehavioral health care within the MassHealth program, and to take actions that will drive awareness and adoption of telebehavioral health care across all payers, providers, and consumers. This report aims to provide state policymakers and behavioral health care stakeholders with a clear understanding of the current issues and barriers to adoption of telebehavioral health, the attributes of an optimal telebehavioral health care delivery model, and the opportunities to expand and promote access to telebehavioral health care. As the COVID-19 crisis began, Massachusetts led the nation in rapidly deploying progressive new policies to temporarily expand access to telehealth across payers and providers during the pandemic. We anticipate that these changes will catalyze a huge leap forward in payer coverage, provider adoption, and consumer utilization of telebehavioral health across the Commonwealth. Formally enacting some, if not all, of these changes as lasting policies could help Massachusetts sustain recent progress in telebehavioral health expansion achieved during the pandemic, and dramatically improve access to behavioral health care. Together, state policymakers, providers, and payers can adopt policies and implement programs that can move the needle on improving access to behavioral health care across Massachusetts, especially for our most vulnerable populations, both in future times of crisis and times of relative well-being.

APPENDIX A: STAKEHOLDER INTERVIEWS

Stakeholder interviews were conducted from December 2019 to March 2020.

- Association for Behavioral Healthcare
- Blue Cross Blue Shield of Massachusetts
- Community Health Center of Cape Cod
- Genoa Healthcare—Telepsychiatry
- Massachusetts Behavioral Health Partnership
- Massachusetts Behavioral Health Partnership Consumer Advisory Council
- Massachusetts Behavioral Health Partnership Family Advisory Council
- Massachusetts League of Community Health Centers
- MassHealth

ENDNOTES

1   Note: There have also been significant changes to telehealth law and regulation at the federal level, but for the purposes of this report we are focusing on state-specific changes.

2   Baker, Charles D., Massachusetts Office of the Governor, "Order Expanding Access to Telehealth Services and to Protect Health Care Providers," March 15, 2020, available at www.mass.gov/doc/march-15-2020-telehealth-order.

3   Tsai, Daniel, Massachusetts Executive Office of Health and Human Services, "MassHealth All Provider Bulletin 289: MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019," March 2020, available at www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursement-policy-for-services-related-to/download. Tsai, Daniel, Massachusetts Executive Office of Health and Human Services, "MassHealth Managed Care Entity Bulletin 21: Coverage and Reimbursement for Services Related to Coronavirus Disease 2019 (COVID-19)," March 2020, available at www.mass.gov/doc/managed-care-entity-bulletin-20-coverage-and-reimbursement-for-services-related-to-coronavirus/download.

4   Cassel Kraft, Amanda, Massachusetts Executive Office of Health and Human Services, "MassHealth Mental Health Center Bulletin 32: Mental Health Center Transformation Incentive Payments," May 2020, available at www.mass.gov/files/documents/2020/05/01/pb-mhc-32.pdf.

5   "Blue Cross Blue Shield/MassINC Survey Finds Spike in Telemedicine Use Among Massachusetts Residents," Blue Cross Blue Shield of Massachusetts, April 9, 2020, available at www.prnewswire.com/news-releases/blue-cross-blue-shieldmassinc-survey-finds-spike-in-telemedicine-use-among-massachusetts-residents-301038347.html.

6   The terms "telehealth" and "telemedicine" are used interchangeably throughout this report.

7   For the purposes of this report, "telebehavioral health" has been defined as the use of technology to create, promote, or maintain access to behavioral health services, including those to treat mental health disorders, substance use disorders, and co-occurring disorders.

8   Choi, Suyoung, Andrew D. Wilcock, and Alisa B. Busch, "Association of Characteristics of Psychiatrists With Use of Telemental Health Visits in the Medicare Population," *JAMA Psychiatry*, March 20, 2019, available at https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2728181.

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11 Hilty, Donald M., Daphne C. Ferrer, Michelle B. Parish, et al., "The Effectiveness of Telemental Health: A 2013 Review," *Telemedicine Journal and E-Health*, June 2013, available at www.ncbi.nlm.nih.gov/pmc/articles/PMC3662387/.

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14 Hughes, M.C., Jack M. Gorman, Yingqian Ren, et al., "Increasing Access to Rural Mental Health Care Using Hybrid Care That Includes Telepsychiatry," *Journal of Rural Medicine Health*, 2019, available at https://psycnet.apa.org/doiLanding?doi=10.1037%2Frmh0000110.

15 The American Psychological Association, "Behavioral Health Services in Primary Care: An Essential Component of Integrated Care," available at www.pcpcc.org/sites/default/files/resources/CPH_Integrated%20Behavioral%20Health_180911.pdf.

16 "Essential Elements of Effective Integrated Primary Care and Behavioral Health Teams," SAMHSA, March 2014, available at www.integration.samhsa.gov/workforce/team-members/essential_elements_of_an_integrated_team.pdf.

17 The American Psychiatric Association and the American Telemedicine Association, "Best Practices in Videoconferencing-Based Telemental Health," April 2018, available at www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf.

18 Rural Health Information Hub, "Lutheran Services of North Dakota Abound Counseling," December 16, 2019, available at www.ruralhealthinfo.org/project-examples/943.

19 "Originating site" refers to the location of the patient at the time of service, while "distant site" refers to the location of the provider delivering telehealth services.

20 American Telemedicine Association (ATA), "2019 State of the States Report: Coverage and Reimbursement," available at www.americantelemed.org/initiatives/2019-state-of-the-states-report-coverage-and-reimbursement/#join-modal.

21 Authors' analysis of the Massachusetts telehealth policy landscape and key changes over time.

22 Solis, Steph, Mass Live, "Kids Are Wanting to Go to Counseling: How These Massachusetts Districts Brought Therapy into Schools," February 7, 2020, available at www.masslive.com/politics/2020/02/kids-are-wanting-to-go-to-counseling-how-these-massachusetts-schools-brought-therapy-to-students.html.

23 Community Health Center of Cape Cod, "Improving Your Health Through Technology," available at www.chcofcapecod.org/services/telehealth.

24 The General Court of the Commonwealth of Massachusetts, "Bill H.4134: An Act to Improve Health Care by Investing in Value," available at https://malegislature.gov/Bills/191/H4134.

25 The General Court of the Commonwealth of Massachusetts, "Bill S.2519: An Act Addressing Barriers to Care for Mental Health," available at https://malegislature.gov/bills/191/s2519.

26 ATA, "2019 State of the States Report: Coverage and Reimbursement," available at www.americantelemed.org/initiatives/2019-state-of-the-states-report-coverage-and-reimbursement/#join-modal.

27 Authors' analysis of the Massachusetts telehealth policy landscape and key changes over time.

28 Note: This analysis was conducted prior to the COVID-19 pandemic. Please see the Authors' Note for a summary of the temporary flexibilities related to telehealth that have been implemented during the COVID-19 pandemic.

29 Note: In addition to these broad domains, we also examined specific telehealth regulatory issues related to scope of practice, "established relationship" requirements, technology requirements, and prescribing authority.

30 In June 2020, the Massachusetts State Senate passed *SB2769, An Act Relative to Putting Patients First*. This bill includes several provisions that align with many of the recommendations outlined in this report that would promote continued use of telebehavioral health by providers and consumers.

31 Tsai, Daniel, Massachusetts Executive Office of Health and Human Services, "MassHealth All Provider Bulletin 281: Access to Behavioral Health Services Through Use of Telehealth Options," January 2019, available at www.mass.gov/files/documents/2019/01/23/all-provider-bulletin-281.pdf. Tsai, Daniel, Massachusetts Executive Office of Health and Human Services, "MassHealth Managed Care Entity Bulletin 10: Access to Behavioral Health Services Through Use of Telehealth Options," January 2019, available at www.mass.gov/files/documents/2019/01/23/managed-care-entity-10.pdf.

32 Note: During the interview process we also heard that there is confusion among providers related to the Commonwealth's current requirements related to prescribing of Schedule II controlled substances. MassHealth may consider clarifying its guidance in the future, in particular related to in-person visit requirements for different clinical use cases (e.g., prescribing for treatment of SUD, prescribing stimulants to pediatric members).

33 An "originating site" is the location of the member at the time the service is being provided.

34 Tsai, Daniel, Massachusetts Executive Office of Health and Human Services, "MassHealth All Provider Bulletin 281: Access to Behavioral Health Services Through Use of Telehealth Options," January 2019, available at www.mass.gov/files/

documents/2019/01/23/all-provider-bulletin-281.pdf. Tsai, Daniel, Massachusetts Executive Office of Health and Human Services, "MassHealth Managed Care Entity Bulletin 10: Access to Behavioral Health Services Through Use of Telehealth Options," January 2019, available at www.mass.gov/files/documents/2019/01/23/managed-care-entity-10.pdf.

35 This recommendation should also extend to public insurance plans, where applicable.

36 Mass Gen Laws c. 175 § 47BB.

37 ATA, "2019 State of the States Report: Coverage and Reimbursement," available at www.americantelemed.org/initiatives/2019-state-of-the-states-report-coverage-and-reimbursement/#join-modal.

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