POLICY BRIEF

Assessing Behavioral Health Workforce Surge Needs during the COVID-19 Pandemic

SCHOOL OF PUBLIC HEALTH
BEHAVIORAL HEALTH WORKFORCE RESEARCH CENTER
UNIVERSITY OF MICHIGAN

Project Team
Victoria Schoebel, MPH
Amanda Mauri, MPH
Kyle L. Grazier, DrPH, MPH, MS

Background

In March 2020, the coronavirus disease (COVID-19) pandemic drastically disrupted day-to-day life. Initial research links this disruption of daily life to an increase in anxiety, depression, trauma, suicidal thoughts, distress, and substance use.[1-3] To address increasing behavioral health needs, laws were implemented to allocate funding for behavioral health services and expand coverage of telehealth services.[4,5] These changes made telehealth more accessible and are reflected in the increase in the use of telebehavioral health services during the pandemic.[6-8] As such, it is crucial to assess behavioral health needs during a national disaster to improve the public health response and workforce capacity.

This study contributes to the current literature by describing the prevalence of mental health (MH) service use before and during the COVID-19 pandemic using Blue Cross Blue Shield of Michigan (BCBSM) preferred provider organization (PPO), health maintenance organization (hereinafter referred to as Blue Care Network (BCN)), and Medicare Advantage (MA) claims data. Further, this study will explore the rates of telemental health use during the pandemic and the impact on the workforce.

Methods

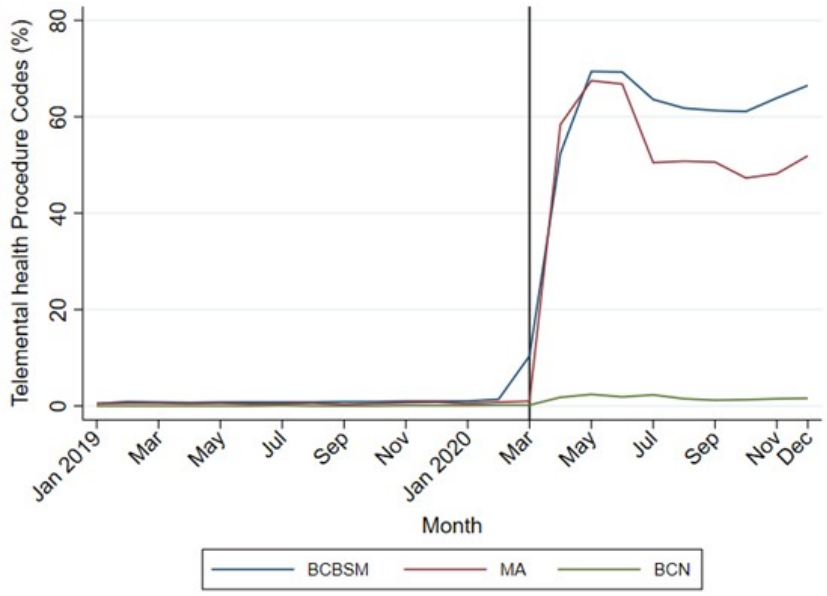
The Michigan Value Collaborative provided access to BCBSM PPO, BCN, and MA claims data from January 2019 to December 2020. Negative binomial regression was used to examine counts of monthly MH procedures and diagnoses before and during the COVID-19 pandemic. The analysis was conducted from May to October 2021 using SAS 9.4 software to generate counts and STATA 16.1 software to create figures and run analyses.

Key Findings

This study found a large increase in the overall percentage of MH procedures and diagnoses recorded among BCBSM (66.7% and 31.6% increase from April 2019 to April 2020, respectively) and BCN members (61.6% and 47.3% increase, respectively) during the pandemic. Further, telemental health use dramatically increased at the start of the pandemic for many BCBSM PPO and MA members and remained high with nearly 50% or more of all MH procedures conducted via telehealth during the pandemic (Figure 1).

During the pandemic, the rate of MH procedures among BCBSM PPO and MA members increased by 28% (RR=1.28, 95% CI=1.18, 1.39) and 25% (RR=1.25, 95% CI=1.08, 1.43), respectively (Table 1). Additionally, the rate of MH diagnoses among BCBSM PPO and HMO members both increased by 16% during the pandemic (RR=1.16, 95% CI=1.10, 1.21 and RR=1.16, 95% CI=1.07, 1.25, respectively).

Figure 1. Percent of mental health diagnostic codes per the total number of diagnostic codes filed with Blue Cross Blue Shield of Michigan (BCBSM), Medicare Advantage (MA), and Blue Care Network (BCN) from January 2019 to December 2020.[a]



[a]The percent of telemental health procedure codes was calculated by counting any individual who has received at least one telemental health service over the total number of mental health procedure codes recorded in that month. The vertical line indicates the start of the COVID-19 pandemic in March 2020.

Table 1: Association Between MH Service Use and the COVID-19 pandemic among BCBSM Members.[a]

	Rate Ratio (95% CI)[b]		
	Blue Cross Blue Shield	**Medicare Advantage**	**Blue Care Network**
Mental health procedures			
COVID-19 Pandemic[c]	**1.28 (1.18, 1.39)**	**1.25 (1.08, 1.43)**	1.14 (0.91, 1.42)
Mental health diagnoses			
COVID-19 Pandemic[c]	**1.16 (1.10, 1.21)**	1.08 (0.99, 1.17)	**1.16 (1.07, 1.25)**
Supervision hours	40	0	-

[a] BCBSM=Blue Cross Blue Shield of Michigan; MH=mental health. This represents BCBSM's preferred provider organization, health maintenance organization (i.e., Blue Care Network), and Medicare Advantage members.

[b] Bold values indicate significant confidence intervals.

[c] In this study, the start of the COVID-19 pandemic is March 2020.

Limitations

This study was subject to constraints of claims data, such as observations being dropped due to missing coverage date information when restricting to those continuously enrolled for each year. Further, additional covariates were not added to the model due to data and time restrictions. Future research should examine MH service use during the COVID-19 pandemic by subgroups that are disproportionately affected by the pandemic.[5]

Caution should be taken when interpreting the data due to claims having a lag time between when a service occurs and when it is reported. This subsample of BCBSM members also limits this study's generalizability. Lastly, this study lacked 2021 data, but did analyze claims patterns prior to the pandemic and continuously through 2020.

Conclusions

As the COVID-19 pandemic continues, it is essential to understand its influence on MH needs to address workforce capacity to meet these needs. MH service use, especially telemental health service use, increased among many BCBSM members at the start of the pandemic. Policies that support telemental health use should be sustained after the pandemic to continue improving access to MH care. Future research should continue to explore the impact of the pandemic on the workforce needed to provide access to MH services.

Acknowledgements

This study was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $900,000. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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