

POLICY BRIEF

Provider and Client Perspectives on Telebehavioral Health Satisfaction and Quality of Care



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Background

The coronavirus pandemic (COVID-19) has caused a rapid and dramatic transition to distanced health care services, including telebehavioral health.¹ As part of this transition, state and federal agencies made regulatory and policy changes to allow greater provider flexibility in billing and remote service delivery.^{2,3} This initial shift from in-person behavioral health services to telebehavioral health services has persisted throughout the COVID-19 pandemic and may lead to sustained changes in the ways providers and clients use behavioral health services.

This study seeks to gain a deeper understanding of the overall experiences of those receiving (i.e., clients), directly providing (i.e., providers), and directly supporting (i.e., administrative staff) the provision of telebehavioral health services. This includes the identification of specific barriers and facilitators affecting overall satisfaction and quality of telebehavioral health services during the COVID-19 pandemic. Secondly, this study aims to investigate the overall attitudes about telebehavioral health services held by groups providing and receiving services.

Methods

The National Council for Mental Wellbeing (formerly known as the National Council for Behavioral Health), in partnership with the Behavioral Health Workforce Research Center at the University of Michigan School of Public Health (BHWRC), conducted a mixed methods study with a literature review and an electronic survey that was deployed to more than 45,000 behavioral health stakeholders selected from the National Council's mass communications listserv. Due to the method of survey distribution and convenience sampling, a response rate was not calculated, and this is not a nationally representative sample. The survey initially received 2059 responses and the final data cleaning resulted in a final analyzed sample of 570 participants.

Key Findings

Overall, telebehavioral health services were well-received across all three groups (providers, clients, and administrative staff). Of those surveyed, 89.4% (n=76) of administrative staff, 83.5% (n=218) of providers, and 82.8% (n=178) of clients reported their experiences with these services as all positive or mostly positive within the last month. The rapid and explosive shift to telebehavioral health services in recent months makes drawing comparisons from before COVID-19 difficult, because only a fraction of both providers and clients were engaged in telebehavioral health services before the pandemic.

Administrative staff facilitators included increased accessibility, increased flexibility, and better time management. Staff also noted more clients completing programs or adhering to court-ordered treatment as

other positive effects. Administrative staff barriers included fears of overwork and burnout from increasing caseloads, the need for assistance in getting clients better technology, concerns that telebehavioral health may not be as effective as in-person treatment (although this appears to be a minority in the group when compared to quantitative data), and that telebehavioral health services may not be as effective for some populations (e.g., children, people with severe mental illness).

Provider facilitators included the increased access to and engagement of clients, reduced wait lists, less travel and commute time, increased flexibility in meeting client needs, and the enjoyment of working from home at least some of the time. Those working with children also noted increased opportunities to engage parents in treatment. Provider barriers included insufficient technological equipment or connectivity on either the provider or client side, lack of private space for clients, increased burnout of clinicians due to decreasing no-show rates and increasing caseload numbers, difficulties with reimbursement through insurance, and uncertainty if reimbursement will continue past the pandemic. Some also cited that it was harder to read spontaneous body or facial language when working audiovisually or audio-only and felt a lack of connection to colleagues.

Clients' most often cited facilitators included the lack of travel and related time and expense costs. Others included the convenience, increased accessibility (either due to symptom interference or external conflicting demands on time), being able to keep providers even if they or the provider move, and being more comfortable in their own homes. Clients' biggest barriers included insufficient technological equipment or connectivity, lack of private space, difficulties with getting appointments due to increased demand for providers, and insurance reimbursement concerns or the cost related to receiving treatment if insurance would not reimburse, reimburse partially, or reimburse fully for telehealth.

Conclusions & Policy Considerations

This study explored overall experiences of clients, providers, and administrative staff with telebehavioral health services and sought to identify barriers and facilitators to satisfaction within and between these groups. Both the survey and the existing literature show that overall satisfaction with telebehavioral health services is generally high across all groups. Specific barriers and facilitators exist both within and between groups, with common threads being lack of travel and related costs as a facilitator, while lack of private space, lack of stable or adequate technology, and uncertainty over future regulation requirements and reimbursement remained common barriers. A particular benefit of telebehavioral health noted by providers and administrative staff was the increased access to new and underserved populations, with lower barriers to care for these groups.

In order to ensure adequate access to care exists for all those in need, future policy action should continue to explore ways to help ameliorate the already severe workforce shortages in the behavioral health space. Efforts should also be made to ensure that the lowered barriers to treatment and increased access for clients resulting from the expansion of telebehavioral health and other factors remain as low as possible. Long-term solutions, regulatory guidance, and reassurance of the continuation of fair financial reimbursement will be essential aspects to both ensuring access to clients while also protecting and expanding the behavioral health care workforce to address the current severe shortages.

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