

# Behavioral health providers look for happy medium for post-Covid telehealth

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Jake Haacker knew preparations for the future had to begin, but he had no idea how fast the future would arrive.

As chief information officer and security officer at Horizon Health, Haacker dipped his toe into technological upgrades in fall 2019 that would allow the agency to begin offering telehealth offerings. Thanks to some grants, a small, controlled pilot launched before the new year gave a select few patients and providers access to virtual visits.

A few months later, they and pretty much everyone else on the planet lost control of nearly everything. Covid-19 forced providers like Horizon to pivot completely to telehealth, a road that was bumpy at first but that has smoothed significantly over the last two years. That road may ultimately be paved in gold for providers and patients alike as the pandemic spurred a shift that has ended up



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Liz Mauro, CEO, Endeavor Health.

expanding the reach of caregivers in ways that seemed impossible three years ago.

Once Covid-19 closed the doors of Horizon's offices, the rush was on to keep the entire operation from halting, Haacker said.

"It was a lot of effort on the IT department and support/clinical staff. We had the framework in place, and we had a ramp-up plan going. Within one week, we had our whole organization shifted from bricks and mortar to a virtual health care provider," he said.

A basic structure was also in place at Endeavor Health Services. CEO Elizabeth Mauro said virtual visits were used there to offset geographic barriers, such as reaching a patient or provider in Rochester, and the occasional staffing shortage.

"When Covid hit, it was like, 'Whoa,' " she said.

Fully upgrading the operation took months after Covid began and a laptop shortage exacerbated the issue. Additional wrinkles such as getting consent forms signed and adequately documenting visits have to be ironed out. But once the infrastructure was upgraded, Endeavor saw upwards of 70% of its services offered remotely by the peak of the pandemic. Behavioral providers nationwide saw a similar surge, according to the Department of Health and Human Services, from 1% of visits conducted virtually in 2019 to 38.1% in 2020.

Demand has remained ramped up compared to 2019. Endeavor still sees about a third of clients remotely, while Horizon has seen an 11% climb in remote services from the first quarter of 2020 to the second quarter of this year. Both Mauro and Haacker said it's allowed for a farther reach, eliminating the need for commutes involving multiple bus transfers and granting access to Western New York's rural outposts. It's also helped alleviate staffing shortages, as employees need not live in the area to treat local patients.

"It's like finally having the freedom to use this really great tool, but it shouldn't be the only tool," Mauro said. "It really benefits some people in certain situations."

But, while the future will accommodate those situations, the need for a face-to-face option won't disappear. Mauro cited privacy concerns such as one woman who was in a domestic violence situation during Covid-19 and whose alleged abuser interrupted a virtual session. There are also facial cues and other gestures that sometimes get missed virtually.

So finding that sweet spot will be the focus going forward. Among the issues to be dealt with are state regulations, which Haacker said are still adapting to a remote-focused environment, and insurance companies that don't want to reimburse virtual visits at the same rate as in-person visits. Emergency regulations that the state put in place required equal reimbursement rates, but those won't last forever.

"Once the emergency order goes away, insurers are hoping to reduce insurance payments," said Haacker, who cited a traditional approach by those companies that puts more value on the traditional way of operating. "The outcomes are about equivalent. Don't just look at the framework. There's actually more around telehealth like software, security and training. When you're comparing bricks and mortar versus telehealth, it's the same overhead if not more."

Those costs could be offset by the preventative treatment that telehealth could cover, Mauro said. The average patient who has mental health or substance abuse problems said they lived with them for a dozen years before getting treatment, she said. Making it easier to see such patients could avoid larger, more costly treatments later on.

"Damage is done all that time," she said. "Our system is so reactive. We wait until you're (hurting) in a real bad way before we do anything."

Continued software and hardware upgrades are also needed. Mauro said tech companies are still working to offer integrated platforms that allow for scheduling, counseling and all other services through a single service.

The path toward the future of telehealth may not be completely smooth out for some time. But providers agree the work is worth

putting in.

"It's not a one size fits all. It should be a mutual decision between the provider and the client," Mauro said. "We get too rigid with our care sometimes. We lose the client voice in that."

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