## Centene Advanced Behavioral Health

White Paper

# Behavioral Health



The COVID-19 pandemic has brought telehealth to the forefront as an essential medium for delivering critical behavioral health care -- now and in the future. During this time, there has also been an unprecedented impact on the mental well-being T BH

a such as

transportation,
childcare, and
time away from
work or school.

In addition to technology access, acceptance of and satisfaction with TeleBH services can also serve as barriers for some. A comprehensive report on children and adolescents' access to substance use disorder (SUD) services across the country concluded that satisfaction with TeleBH "is influenced by both pediatric patients' and their caregivers' access to technology, knowledge of available resources, [and] willingness to interact with technology..." which are, in turn, a ected by "socioeconomic, educational, health, and other personal characteristics." Understanding the factors a ecting diactcnd04667 itr6d (c)1.

## Recommendations

#### **ACCESS AND QUALITY OF CARE**

Because Centene is committed to o ering accessible, telehealth services, it has and will continue to invest in accelerating the adoption of, and e cacy of telehealth services for both our members and providers. TeleBH has been a viable care delivery modality for member care during the COVID-19 pandemic and will continue to be in the future. TeleBH can improve member engagement and treatment results, reduce stigma concerns, increased provider access,

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# TeleBH can

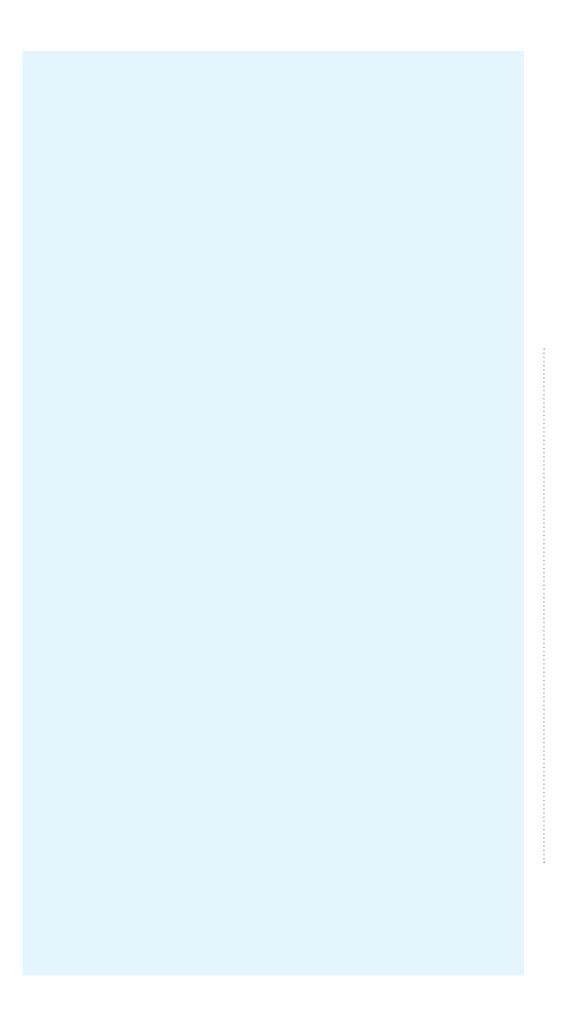
by reducing stigma or privacy concerns, increasing provider access, or removing barriers



#### **PROVIDER SUPPORT**

Payers are in a unique position to assist providers and shape the future use of TeleBH while maintaining or improving access, e cacy, and quality of behavioral health interventions. Below are a number of steps payers can take to support providers o ering valuable TeleBH services when desired by members.

- » TeleBH platforms may of er unique opportunities for providers to engage in measurement-based care by providing self-report progress questionnaires while members are waiting online for their session to start. Payers can promote measurement-based care in TeleBH to enhance treatment outcomes and more quickly identify when the current modality is not as effective.
- » Although the uptake of TeleBH has been rapid, over-reliance on TeleBH for outpatient therapy and medication management must be avoided. There is some concern in the provider community that payers may turn exclusively to large national TeleBH vendors. Payers should reassure providers that when e ective therapists can be found locally, they remain a desired option for members. Member benefits, such as access to specialists, should be communicated clearly with providers so that TeleBH is viewed as an enhancement, and not a replacement, to standard care.
- » Using TeleBH platforms that are integrated into electronic health record



### **Summary**

Telehealth, particularly TeleBH, has become essential during the COVID-19 pandemic and will continue to be in demand in the future. Given this, payers need to determine how to use this innovative modality of care as a component in improving the mental health of those they serve. To truly impact members' total wellbeing, TeleBH must be factored into a payers' overall telehealth strategy. The significant impact that behavioral health has on physical wellbeing has been well documented. Further, payers are in a unique position to ensure the digital divide is not inadvertently increased, but rather technology is used to mitigate disparities and increase access for all. To ensure success, TeleBH must be enabled appropriately so it can be embraced by members, providers, and payers.

As a Managed Care Organization, Centene remains steadfast in providing valuedriven care for our members, and being a strong partner to our providers for both in-person and telehealth visits through supporting appropriate expansion of telehealth services and elimination of regulatory barrio oups (18.5) (e)-1.2

