KMMC Consumer Engagement Report, Fall 2020

Experiences with Behavioral Health via Telehealth

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Acknowledgements

The KanCare Meaningful Measures Collaborative (KMMC) is grateful for the support of its membership, who provided valuable input on the development of this effort. The KMMC would also like to extend special thanks to the KanCare consumers who shared information about their experiences with telehealth.

Please direct any questions to KMMC@khi.org, and additional information on the KMMC can be found at the KMMC website, KMMCdata.org.

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Background

The KanCare Meaningful Measures Collaborative (KMMC) consumer engagement process was conducted from August 2020 to November 2020. This process was intended to gain input from KanCare consumers about their experiences with behavioral health services provided via telehealth. Such feedback is designed to help KMMC with future direction, as well as state and local partners regarding the future of telehealth services.

Purposes & Goals of the Survey

As described below through the development process, the current survey was designed to build on previous data collection related to this issue, but also capture input from consumers that was not collected previously. More specifically, the goals and purposes included:

- Use of behavioral health services provided via telehealth (video, audio, both).
- The extent to which consumers experienced challenges and difficulties in setting up and using behavioral health services provided via telehealth.
- The extent of comfort and satisfaction of using behavioral health services provided via telehealth.
- Preference in receiving behavioral health services provided via telehealth after COVID-19
- Consumers' biggest challenges and benefits in receiving behavioral health services via telehealth.

Development Process

KMMC members recognized that behavioral health services had transitioned to being provided via telehealth (phone or video) since March 2020. In addition, there was a growing discussion as to the future of telehealth services. KMMC members recognized that while service providers had discussed such issues and there were some attempts to recognize consumers' experiences, additional information on consumer experiences could shed light on the issue.

With that in mind, the Kansas Health Institute (KHI) and the Community Engagement Institute (CEI) at Wichita State University drafted a brief survey and shared it with KMMC partners for feedback. KMMC members and others were then approached about whether they could administer the survey questions in October 2020. KHI and CEI provided organizations the procedures/process for administration, providing latitude as to the approach taken (e.g., phone interview, online survey) to keep it to a minimal burden. Fourteen organizations expressed interest in surveying consumers, with eight organizations being able to participate based on their availability.

Participating organizations were asked to use the same set of ten interview questions so that there would be consistency across populations (See Appendix A on page 8 for questions). Participating organizations included health care clinics, community mental health centers, and mental health consumer-run organizations located and serving both rural and urban settings. These organizations gathered input from 694 KanCare consumers/persons served using telephone and virtual-based interviews. Organizations

sent consumer responses to CEI where they were organized into a master analysis document, while also ensuring responses did not identify a specific individual.

Limitations

Findings from this effort may not represent consumer experiences statewide, as it used a convenience sample. Methods for contacting consumers (e.g., phone interview, paper survey during in-person visit, online survey) varied by organization and may have influenced the findings. The number of consumers engaged varied by organization, with three participating organizations responsible for collecting approximately 76% of consumer responses. Finally, this survey does not include feedback from KanCare consumers who may have been unable to access telehealth services at all due to a lack of technology or broadband.

Highlighted Findings

The following are highlighted findings that emerged from the survey results. The full set of findings by survey question, along with figures, can be found in Appendix B (page 10).

- The majority of participants (76%) received behavioral telehealth services within the past 90 days. Fourteen percent of those contacted had never received telehealth services, while the remaining 10% had received telehealth services, but not in the past 90 days. The remaining highlighted findings focus only on those who received telehealth services.

- The type of technology used for telehealth services varied with 50% using audio only (telephone), 27% using video (e.g., Zoom or other web services), and 23% using a combination of audio and video.

- A large majority of respondents (87%) indicated that it was “very easy” or “easy” to set-up their telehealth services, including having necessary technology, equipment, and internet. Only 3% indicated it was “difficult” or “very difficult.”

- Similarly, 81% of respondents indicated that they “rarely” or “never” had technical difficulties during telehealth sessions, such as dropped calls or bad internet connection. Only 3% of respondents indicated that they “always” or “almost always” had technical difficulties.

- Many respondents (70%) indicated they were as comfortable sharing via telehealth as they were during in-person services. In addition, 13% indicated they were more comfortable sharing during telehealth services. Seventeen percent indicated they were less comfortable sharing during telehealth services than in-person services.

- Overall, respondents were satisfied with the behavioral health services provided via telehealth with 50% indicating “very satisfied,” 37% indicating “satisfied,” and 9% indicating “somewhat satisfied.” Only 4% indicated any type of dissatisfaction.

- When asked about their preference for receiving behavioral health services once COVID-19 ends, 55% of respondents indicated a preference for a combination of telehealth and in-person, and 29% indicated a preference for all in-person. 16% indicated a preference for some form of telehealth: audio only (6%); video only (3%); or a combination of video and audio (7%).

Further analysis examined differences and relationships across responses. Several of these are worth nothing as there were significant differences.

- Those who were more comfortable sharing during telehealth services than during in-person services were more likely to indicate a preference for some form of telehealth after COVID-19 compared to others. For example, 48% of those who indicated they were more comfortable indicated a preference for telehealth after COVID-19. Conversely, only 3% of those who were less comfortable indicated a preference for telehealth after COVID-19 [X^2 (4, 554) = 112.58, p = .001]

- The only difference related to whether a person had received behavioral health services via telehealth in the last 90 days compared to more than 90 days was related to how easy telehealth services were to set up. More specifically, 88% of respondents who had received telehealth services within the past 90 days said it was very easy or easy to set-up telehealth services, while 74% of those who had received services more than 90 days ago said it was very easy or easy [t(489) = 7.4, p < .01].

- There were no differences between respondents who lived in urban versus rural counties related to satisfaction, ease in setting up, technical difficulties, or comfort.[1] The only difference was that respondents living in urban areas were more likely to use audio (phone) for telehealth compared to their rural counterparts. Whereas 39% of rural respondents used audio only, 59% of urban respondents used audio only. Conversely, 35% of rural participants used video only compared to 21% of urban participants. Finally, 26% of rural used both audio and video options, while 20% of urban respondents used both. [X^2 (2, 599) = 24.8, p = .001]

- Respondents from healthcare settings (i.e., FQHCs, Clinics) and respondents from mental health settings (i.e., CMHCs, CROs) differed in the technology used. While 63% of respondents from mental health settings used audio (phone), only 31% of respondents from healthcare settings used audio. Conversely, while 42% of respondents from healthcare settings used video only, 17% of respondents from mental health settings used video only. Respondents from healthcare settings were also slightly more likely to use both audio and video (27%) compared to respondents from mental health settings (20%). [X^2 (2, N=599) = 65.6, p = .001]

[1] Counties were designated as urban or rural consistent with the county peer groups designated by the Kansas Department of Health and Environment.

Open-Ended Responses

Challenges

Participants were asked to share what had been the biggest challenge, if any, of receiving behavioral health services via telehealth. Approximately half of respondents indicated they did not have a challenge or did not share any challenges associated with telehealth. Of those who did, a few key themes emerged about the challenges associated with telehealth, including those described below.

Lack of Personal Connection with Service Provider: While many respondents indicated they were as or more comfortable with telehealth compared to in-person services (83%), one challenge mentioned by some respondents was the lack of personal connection with their service provider. Respondents indicated that telehealth felt impersonal or did not have the same emotional connection as in-person services. Others suggested the inability to have nonverbal communication or body language when using a phone created barriers.

Technical Challenges: Although many participants (80%+) indicated they did not have challenges setting-up telehealth or technical issues during sessions, several technical challenges were mentioned by respondents when asked. Some respondents indicated telehealth not working on their phone or computer very well or consistently. Others mentioned difficulties in setting-up or maintaining connection. Other examples included calls or connections that were dropped during sessions.

Staying Engaged: Participants indicated that the ability for them or others (e.g., their children) to stay engaged during sessions was at times a challenge. Sometimes participants indicated distractions or interruptions that caused them or others to lose focus or remain engaged. Others indicated they did not pay attention as well, sessions were shorter, or that it was more difficult to keep interest.

Prefer In-Person and/or Do Not Like Telehealth: Finally, some participants indicated they simply did not like telehealth or preferred services to be in-person.

Additionally, other challenges highlighted by a handful of respondents included:

- Some services not well suited for telehealth, such as collecting vital signs.
- Scheduling or missing appointments.
- Privacy concerns or comfort level in sharing.

Benefits

Participants were asked to share what had been the biggest benefit, if any, of receiving behavioral health services via telehealth. About one-third of respondents did not share any specific benefits associated with telehealth. Of those who did, a few key themes emerged about the benefits associated with telehealth, including:

Access & Service Continuity: The most common benefit highlighted by respondents was the ability to access services. While not all respondents tied this directly to the COVID-19 pandemic, some did, sharing that telehealth allowed them to stay safe by receiving

services at home and avoiding unnecessary contact with others. Others indicated that telehealth increased access to services for some with difficulty getting around or out of the house, and others commented that telehealth allowed them to complete more appointments.

Convenience: Some commented on the convenience afforded by telehealth, including that it saved respondents time, was easier to schedule appointments and allowed them to obtain an appointment more quickly. For some, telehealth allowed them to schedule around work and school commitments more easily. Others commented on the convenience of receiving services within their own home, as well as the flexibility that having access to telehealth services provided.

Transportation: Some respondents highlighted how telehealth solved issues related to transportation. For individuals without a car or a ride to appointments, telehealth made it easier to complete appointments. It also allowed respondents to save money, including on gas. Further, some commented that telehealth allowed them to save time by avoiding long drive times (e.g., 1+ hour each way) to get to and from appointments.

The common benefits noted above — access, convenience, and assistance with transportation issues — could have contributed to the high levels of satisfaction associated with telehealth, as well as why approximately 71% of respondents indicated an interest in having some form of telehealth available following the COVID-19 pandemic.

Additionally, other benefits highlighted by respondents included:

- Increased comfort via receiving services at home, which could have contributed to the nearly 83% of respondents who indicated that they were as or more comfortable sharing via telehealth compared to during in-person services.
- Not needing to obtain childcare to complete an appointment.
- The development of new skills, including technology-related skills (e.g., ability to use Zoom) and improved ability to communicate via technology (e.g., on the phone, via video call).

Conclusion

The above findings provide useful insights into KanCare consumers' experiences with behavioral health services provided via telehealth. The majority are satisfied with their experiences (87% "satisfied" or "very satisfied") and were comfortable sharing during telehealth services (83% were as or more comfortable sharing compared to in-person services). In addition, 87% of respondents indicated that it was "very easy" or "easy" to set-up telehealth services and 81% indicated they "rarely" or "never" had technical issues. Respondents recognized benefits to telehealth services, such as accessibility and convenience. Some challenges were indicated, including lack of personal connection, technical challenges, and staying engaged. While there are limitations based on the methods used to gather KanCare consumer responses, there are a number of considerations for the future, including:

- Additional opportunities to gather feedback and experiences from KanCare consumers and providers would provide a more comprehensive understanding of behavioral health services provided via telehealth. Such a focus could examine specific groups or differences across KanCare consumers. In addition, while the current focus was on behavioral health services, future efforts could focus on other services.

- These findings, along with other feedback regarding behavioral health services provided via telehealth could help shape or inform future policies, procedures, or training for KanCare providers and consumers. Additional learning opportunities could be helpful to advance telehealth services where KanCare members are comfortable, able to use technologies, and remain engaged.

- Finally, attention is needed as to how telehealth relates to other issues or items of interest to KMMC, including, but not limited to accessibility, affordability, and transportation, as well as considerations for how to measure the impact of telehealth on the KanCare program.

Appendix A: Telehealth Survey Questions

Introduction: Behavioral health services are those that help people with mental illnesses and substance use disorders, like counseling. Since the beginning of the COVID-19 (also known as the coronavirus) pandemic, many behavioral health services have been provided using telehealth. Telehealth includes when providers use technology — like telephone or video — to deliver services to people.

To better understand behavioral health services delivered via telehealth in Kansas, we want to ask you a few questions about your experiences with telehealth. Your participation is completely voluntary.

1. What county do you live in?

2. Have you received a behavioral health service via telehealth in the past 90 days?
    a. Yes
    b. No, my last service via telehealth was more than 90 days ago
    c. No, I have never received a behavioral health service via telehealth (Note: If selected, survey ends.)

3. What technology have you used to receive your behavioral health services via telehealth? (select all that apply)
    a. Audio only (e.g, via a telephone call)
    b. Video (e.g., using Zoom or other web-based service)

4. How easy was it to set-up your telehealth services, including having the necessary technology, equipment, and internet connection?
    a. Very Easy
    b. Easy
    c. Somewhat Easy
    d. Somewhat Difficult
    e. Difficult
    f. Very Difficult

5. How often have you had technical difficulties during telehealth sessions, such as dropped calls or a bad internet connection?
    a. Always
    b. Almost Always
    c. Frequently
    d. Sometimes
    e. Rarely
    f. Never

6. Compared to when this service is provided in person, when receiving services via telehealth did you feel:
    a. More comfortable sharing information
    b. As comfortable sharing information as an in-person service
    c. Less comfortable sharing information

7. How satisfied have you been with your behavioral health services provided via telehealth?
    a. Very Satisfied
    b. Satisfied
    c. Somewhat Satisfied
    d. Somewhat Dissatisfied
    e. Dissatisfied
    f. Very Dissatisfied

8. After the COVID-19 (also known as the coronavirus) pandemic ends, how would you prefer to receive your behavioral health services?
    a. All telehealth, audio only
    b. All telehealth, video only
    c. All telehealth, via audio or video
    d. A combination of telehealth and in-person
    e. All in-person

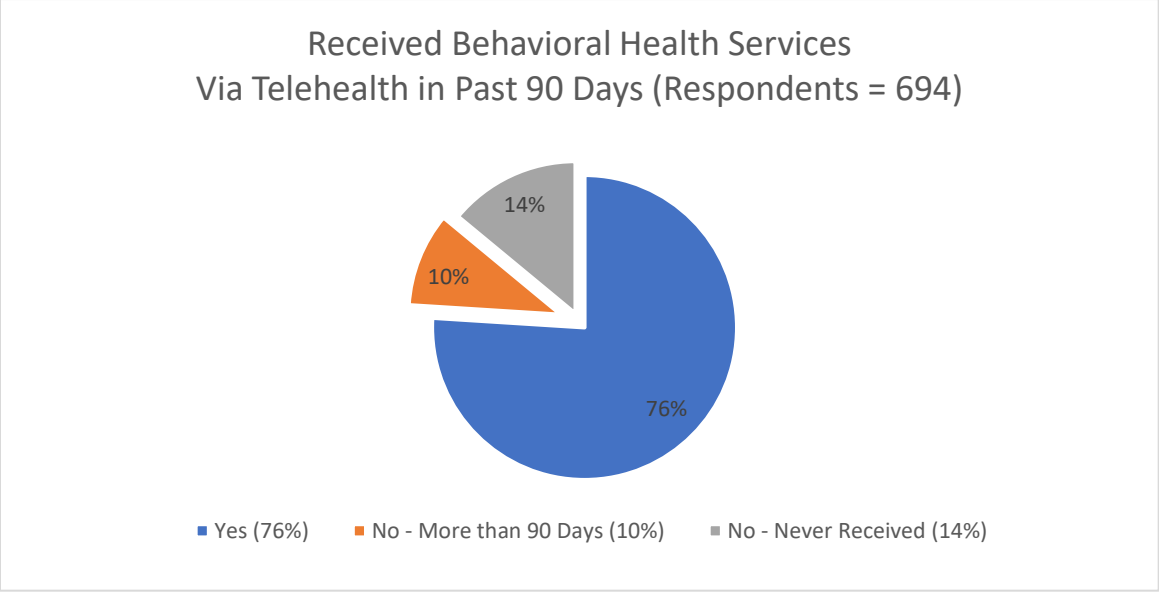
Short answer/open ended

9. What has been the biggest challenge for you, if any, of receiving behavioral health services via telehealth?

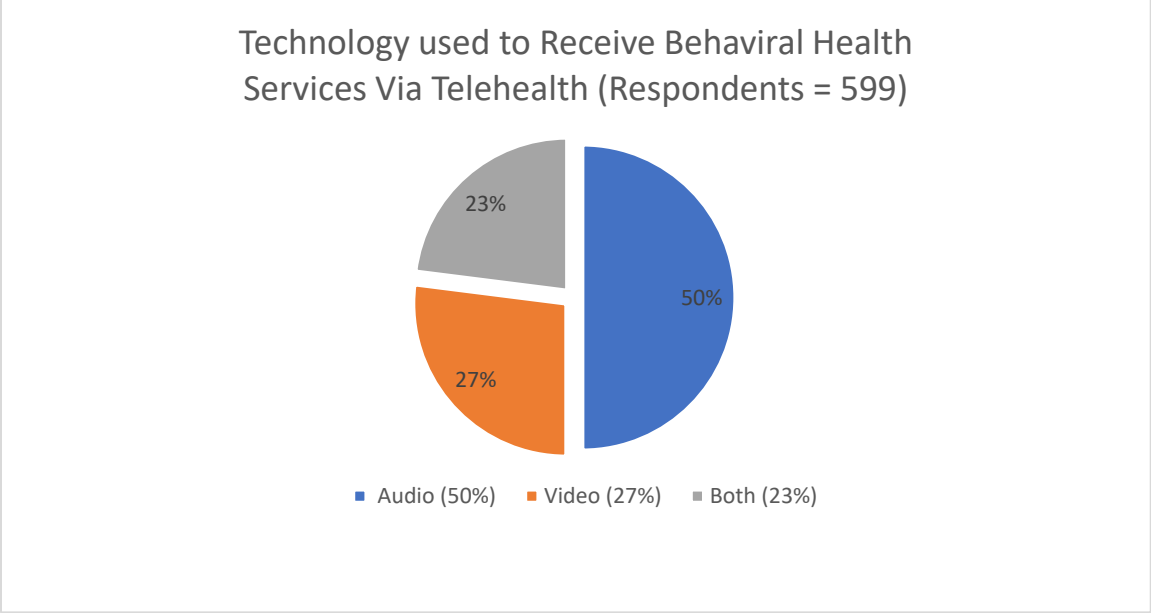
10. What has been the biggest benefit for you, if any, of receiving behavioral health services via telehealth?

Appendix B: Summary Tables and Graphs of Responses

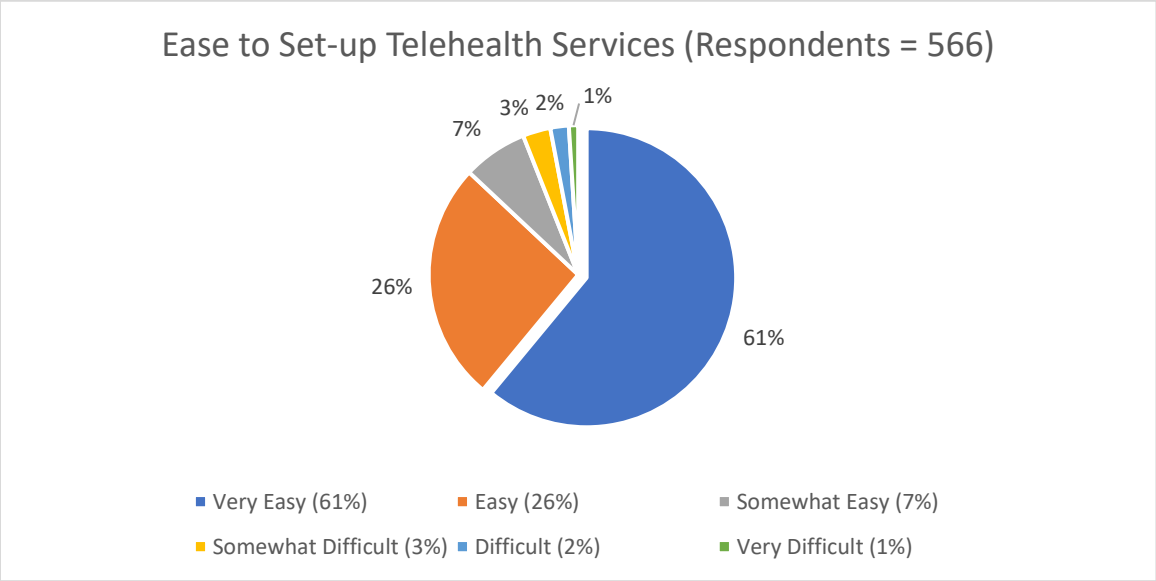
2. Have you received a behavioral health service via telehealth in the past 90 days?	Yes (76%)	No -More than 90 days (10%)	No – Never Received (14%)



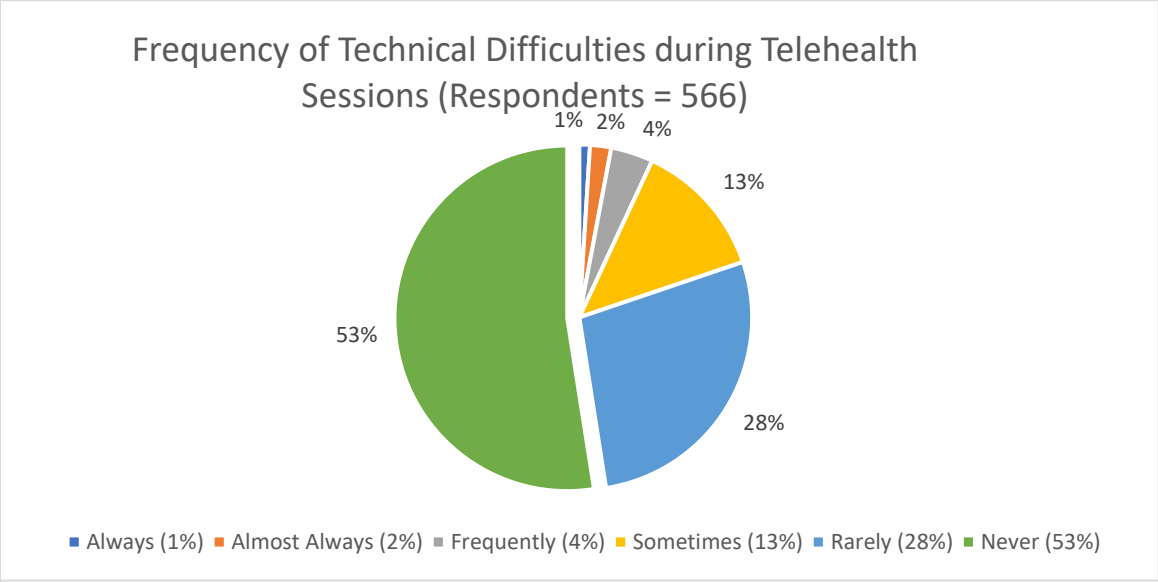
3. What technology have you used to receive your behavioral health services via telehealth?	Audio (50%)	Video (27%)	Both (23%)



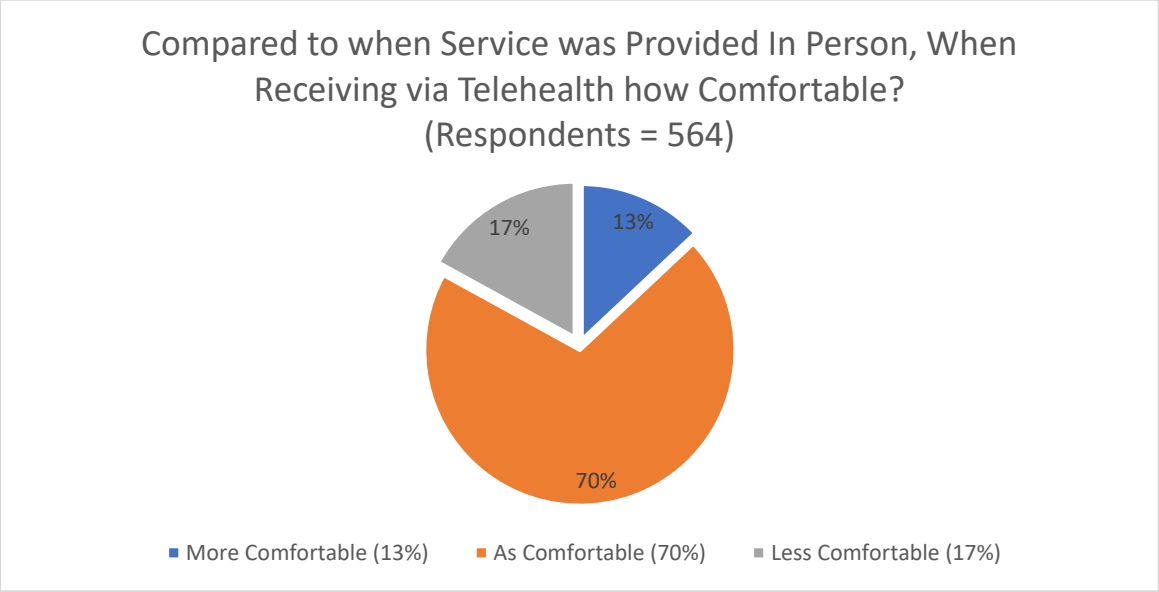
4. How easy was it to set-up your telehealth services, including having the necessary technology, equipment, and internet connection?	Very Easy (61%)	Easy (26%)	Some-what Easy (7%)	Some-What Difficult (3%)	Difficult (2%)	Very Difficult (<1%)



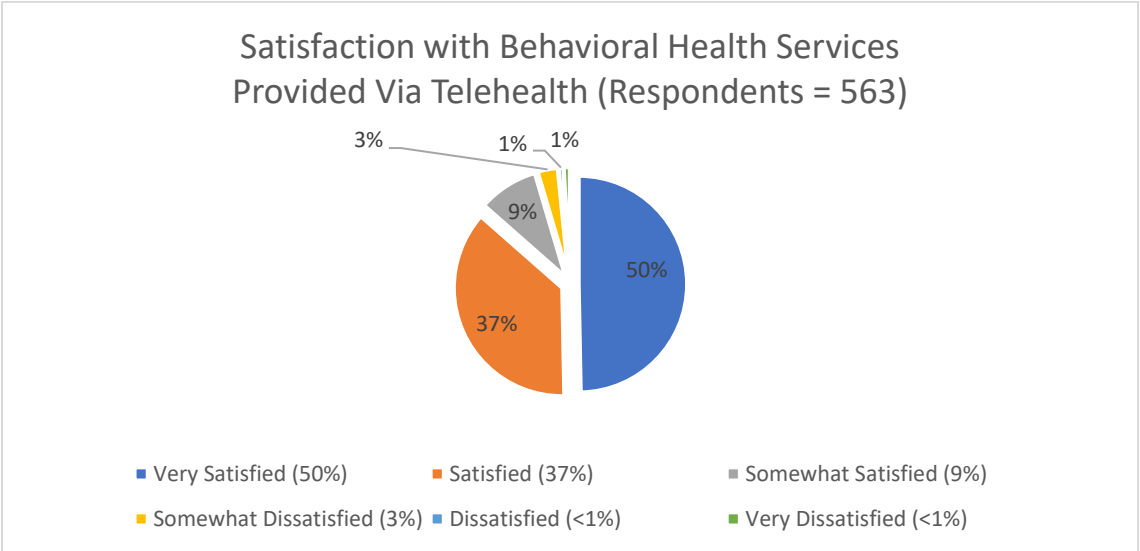
5. How often have you had technical difficulties during telehealth sessions, such as dropped calls or a bad internet connection?	Always (<1%)	Almost Always (2%)	Frequently (4%)	Some-times (13%)	Rarely (28%)	Never (53%)



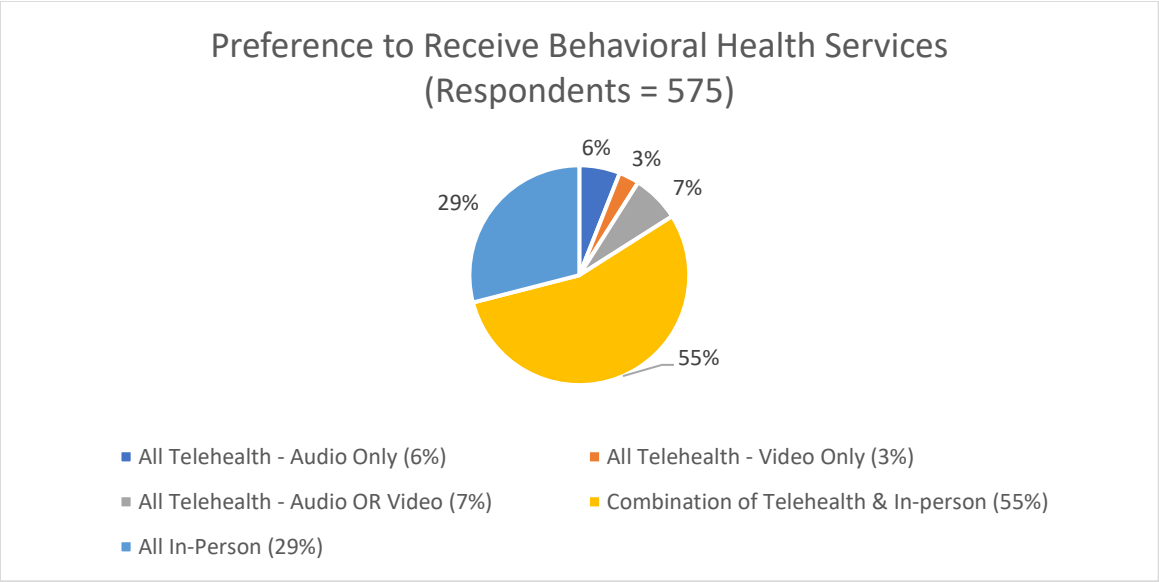
6. Compared to when this service is provided in person, when receiving services via telehealth did you feel:	More Comfortable (13%)	As Comfortable (70%)	Less Comfortable (17%)



7. How satisfied have you been with your behavioral health services provided via telehealth?	Very Satisfied (50%)	Satisfied (37%)	Some-What Satisfied (9%)	Somewhat Dissatisfied (3%)	Dissatisfied (<1%)	Very Dissatisfied (<1%)



8. After the COVID 19 (also known as the coronavirus) pandemic ends, how would you prefer to receive your behavioral health services?	All Telehealth – Audio Only (6%)	All Telehealth Video Only (3%)	All Telehealth Audio OR Video (7%)	Combination of Telehealth and In-person (55%)	All In-person (29%)



The KanCare Meaningful Measures Collaborative (KMMC) was created out of a desire to better understand how KanCare is performing. KanCare is the state's comprehensive managed care program that combines Medicaid and the Children's Health Insurance Program (CHIP). While it has been in existence since 2013, there are differing views of how well KanCare is meeting its goals from the perspective of the state, the consumers enrolled in the program and other key stakeholders. One purpose of KMMC is to establish consensus around a set of measures — Meaningful Measures — that are important to better understanding KanCare performance. Learn more at KMMCdata.org.