

KMMC Consumer Engagement Report, Fall 2020 Experiences with Behavioral Health via Telehealth

Background and Goals. 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 hadn't been collected through previous collections. 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 (e.g., phone interview, online survey) taken 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.

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

Organizations sent 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 percent 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 majority of participants (76%) received behavioral telehealth services within the past 90 days. 14% of those contacted had never received telehealth services, while the remaining 10% had received telehealth services, but not in the past 90 days.
- The type of technology used for telehealth sessions varied with 50% using audio only (telephone), 27% using video (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 2.7% 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 2.7% 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. 17% indicated they were less comfortable sharing during telehealth services than in-person.
- 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%).

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?