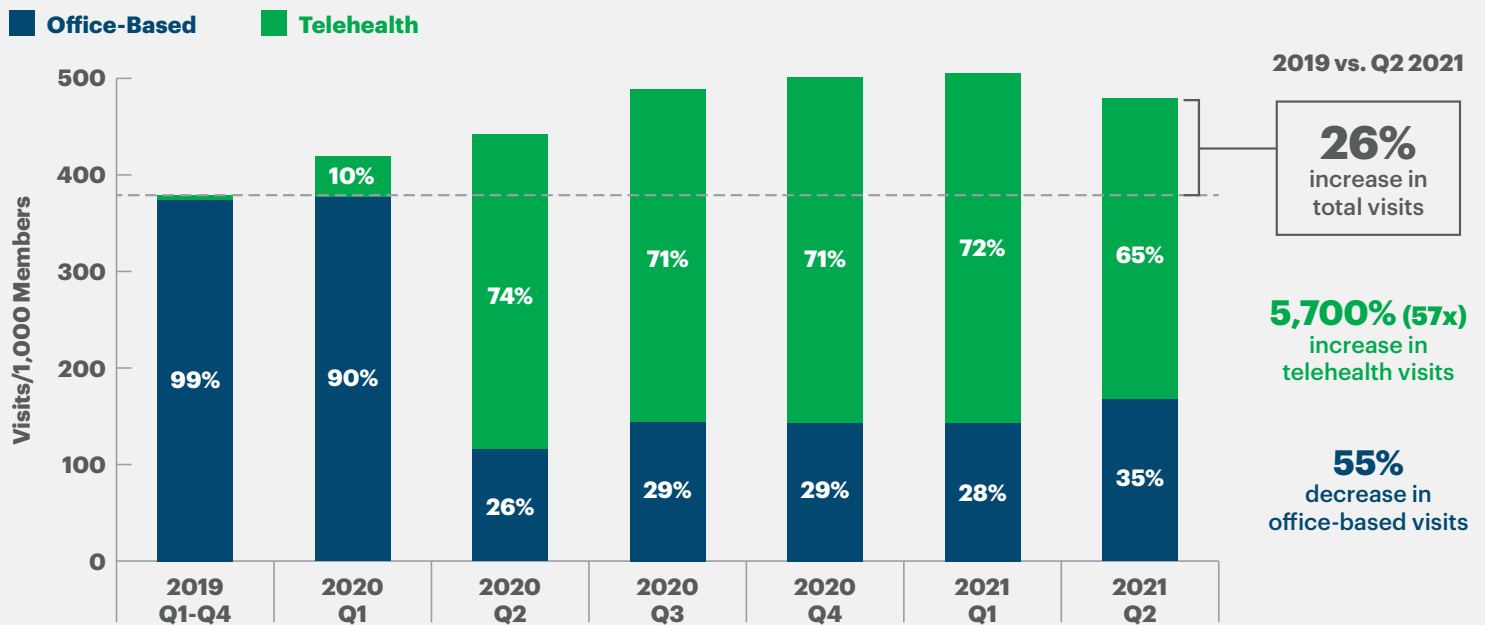


# Telehealth Enabled a 26 Percent Increase in Outpatient Behavioral Health Visits among Commercially Insured Individuals

Ensuring access to behavioral health care is an important priority. Prior to the COVID pandemic, telehealth was broadly viewed as a *potential* strategy for improving access to behavioral health care. **During the pandemic – which saw increased rates of depression, anxiety, and substance use disorder<sup>1</sup> – federal and state policymakers and commercial health plans established temporary flexibilities to increase access to care, and patients and providers increased their use of virtual visits as an alternative to in-person office-based care.**

There was a **26 percent increase in total in-network outpatient behavioral health visits** between 2019 (the last year before COVID) and the second calendar-year quarter (Q2) of 2021 among commercially insured Optum Behavioral Health plan members.<sup>2</sup> The **5,700 percent increase in telehealth visits** more than offset the **55 percent decrease in office-based visits.**<sup>3</sup>

## In-Network Outpatient Behavioral Health Visits, 2019 through Q2 2021



**Telehealth accounted for at least 65 percent and up to 74 percent of behavioral health visits** in each of the five quarters beginning in Q2 2020.<sup>4</sup>

### Telehealth offers a range of advantages for individuals with behavioral health conditions and their providers.

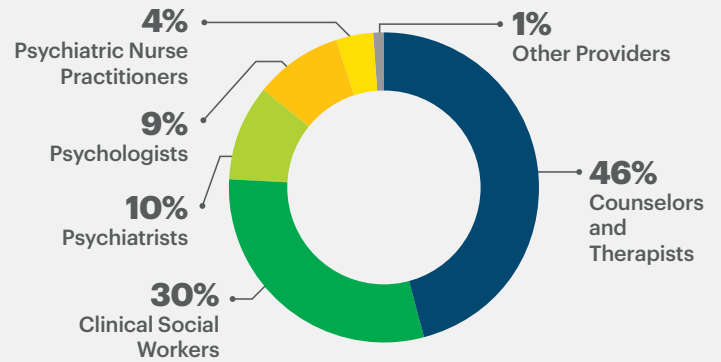
Specifically, telehealth:

- Can be of equal or greater clinical effectiveness than office-based care.<sup>5</sup>
- Increases provider capacity by reducing barriers to care driven by provider availability and geography<sup>6</sup> and reducing patients' no-show rates.<sup>7</sup>
- Improves patients' access to care by enabling them to see providers in distant geographies; get treatment without missing work or facing travel time and costs; and select a comfortable, private, and convenient location to receive care.

**Telehealth supports individuals' access to a variety of behavioral health providers.**

- **Counselors, therapists, and clinical social workers** delivered 64 percent of behavioral health visits prior to the COVID pandemic, and they were responsible for 76 percent of the increase in visits between 2019 and 2020.<sup>8,a</sup>
- **Psychiatrists and psychologists** delivered 30 percent of behavioral health visits prior to the COVID pandemic, and they were responsible for 19 percent of the increase in visits between 2019 and 2020.<sup>9</sup>

**Share of In-Network Outpatient Behavioral Health Visit Increase by Type of Provider, 2019 to 2020**



**Telehealth, combined with flexibilities in clinician licensing rules, enabled large increases in behavioral health visits where patients and providers were located in different states.<sup>10</sup> From 2019 to 2020 there was a:<sup>11</sup>**



**Telehealth is an effective and scalable digital health solution that can permanently increase access to behavioral health care.**

- Increased use of telehealth for behavioral health care by commercially insured individuals<sup>12</sup> was facilitated by temporary flexibilities that allow more people to:



Receive care and prescriptions via telehealth without an in-person exam



Access care from providers located in other states



Use only audio for care as appropriate

- Permanently establishing these flexibilities would improve access to behavioral health care for individuals with commercial coverage as well as individuals covered by Medicare and Medicaid.
- Improving access for individuals covered by Medicare and Medicaid,<sup>b</sup> as well as some commercially insured individuals, also would require efforts to address disparities in access to technology and broadband, improve digital literacy, and increase the supply of behavioral health providers.

a 2020 is the most recent calendar year for which a full year of data are available. For the provider analyses on this page, all four calendar-year quarters of 2019 are compared to all four quarters of 2020.

b Within the Medicare FFS and Medicaid populations, increases in telehealth visits did not fully offset decreases in in-person visits for behavioral health care during the pandemic.<sup>13</sup>

# Telehealth Enabled a 26 Percent Increase in Outpatient Behavioral Health Visits among Commercially Insured Individuals: Methodology and Citations

## Methodology

Analyses of outpatient behavioral health utilization are based on Optum Behavioral Health (OBH) individual, family, or group therapy outpatient psychotherapy claims for commercial members from 2019, 2020, and the first two calendar-year quarters of 2021. The page-one analyses that compare 2019, 2020, and 2021, were limited to utilization associated with providers who were in-network for all ten quarters, in order to account for any variation in the composition of provider networks from year to year. For page-two analyses that compare data from 2019 and 2020 only, utilization was limited to providers who were in-network for both years.

Utilization associated with an unknown member county and state was excluded. Utilization estimates were adjusted to account for changes in enrollment by calculating visits per 1,000 members using total member months. Page-one quarterly estimates for 2020 and 2021 were annualized so comparisons could be made to total 2019 visits per 1,000 members. All estimates are based on utilization for commercially insured individuals with OBH plans only and were not weighted to be representative of all commercially insured individuals in the U.S.

## Citations

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- <sup>2</sup> UnitedHealth Group (UHG) 2022 analysis of OBH in-network outpatient behavioral health claims from Q1-Q4 2019 and Q2 2021.
- <sup>3</sup> UHG 2022 analysis of claims from Q1-Q4 2019 and Q2 2021.
- <sup>4</sup> UHG 2022 analysis of claims from Q1 2019 through Q2 2021.
- <sup>5</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), "Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders," 2021. [www.store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-06-02-001.pdf](http://www.store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf)  
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- <sup>6</sup> SAMHSA, 2021.
- <sup>7</sup> National Committee for Quality Assurance, "Findings and Recommendations: Telehealth Effect on Total Cost of Care," September 2020. [www.ncqa.org/programs/data-and-information-technology/telehealth/taskforce-on-telehealth-policy/taskforce-on-telehealth-policy-findings-and-recommendations-telehealth-effect-on-total-cost-of-care/](http://www.ncqa.org/programs/data-and-information-technology/telehealth/taskforce-on-telehealth-policy/taskforce-on-telehealth-policy-findings-and-recommendations-telehealth-effect-on-total-cost-of-care/)
- <sup>8</sup> UHG 2022 analysis of OBH in-network outpatient behavioral health claims from Q1-Q4 2019 and Q1-Q4 2020.
- <sup>9</sup> UHG 2022 analysis of claims from Q1-Q4 2019 and Q1-Q4 2020.
- <sup>10</sup> UHG 2022 analysis of claims from Q1-Q4 2019 and Q1-Q4 2020.
- <sup>11</sup> UHG 2022 analysis of claims from Q1-Q4 2019 and Q1-Q4 2020.
- <sup>12</sup> UHG 2022 analysis of claims from Q1-Q4 2019 and Q1-Q4 2020.
- <sup>13</sup> Assistant Secretary for Planning and Evaluation (ASPE) Office of Health Policy, "Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location," December 2021. <https://aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf>  
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