

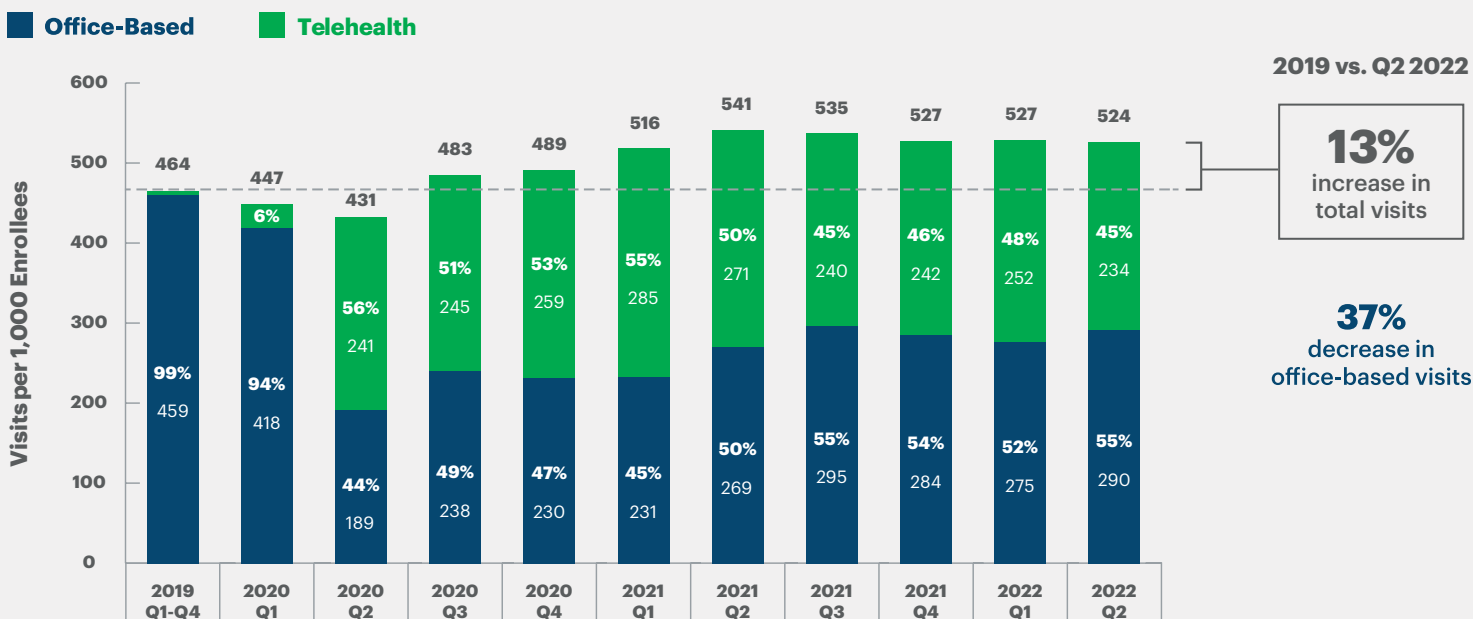
Telehealth Enabled a 13 Percent Increase in Outpatient Behavioral Health Visits among Medicare Advantage Enrollees

Ensuring access to behavioral health care for older adults and individuals with disabilities is an important priority. Prior to the COVID pandemic, telehealth accounted for 1 percent of behavioral health visits among Medicare Advantage (MA) enrollees.¹ During the pandemic – which saw increased rates of depression, anxiety, and substance use disorder,² as well as social isolation and loneliness for older adults³ – federal policymakers and MA plans established temporary flexibilities to increase access to care, and MA plans conducted outreach to providers and patients.⁴ As a result, patients and providers increased their use of virtual visits as an alternative to in-person office-based care.

There was a **13 percent increase in outpatient behavioral health visits** between 2019 (the last year before COVID) and the second calendar-year quarter (Q2) of 2022 among MA enrollees.⁵

- The increase in telehealth visits more than offset the 37 percent decrease in office-based visits.
- Telehealth visits grew from 1 percent to 45 percent of all visits.

Outpatient Behavioral Health Visits for MA Enrollees, 2019 through Q2 2022



Telehealth has accounted for at least 45% of behavioral health visits for MA enrollees since Q2 2020.

MA enrollees' use of behavioral health care has exceeded pre-COVID levels since Q3 2020 despite fewer in-person visits – because of **substantial increases in telehealth visits**.⁶

Telehealth is an effective and scalable digital health solution that can permanently increase access to behavioral health care. To support ongoing access to, and use of, behavioral health care by older adults and individuals with disabilities, the federal government should make permanent the temporary flexibilities that allowed Medicare enrollees to use telehealth to visit providers virtually.

Telehealth Enabled a 13 Percent Increase in Outpatient Behavioral Health Visits among Medicare Advantage Enrollees: Methodology and Citations

Methodology

The analysis of behavioral health utilization was based on Optum Behavioral Health claims for Medicare Advantage (MA) enrollees from 2019, 2020, 2021, and the first two calendar-year quarters of 2022. The outpatient behavioral health services included in this analysis were selected to mirror the Medicare Part B benefit. These services included: individual, family, or group psychotherapy; evaluation and management visits; and services provided to Medicare enrollees who are inpatients in skilled nursing facilities, hospitals, or other residential facilities when those services are billed as separate outpatient services. Services from both participating and non-participating providers were included. Utilization estimates were adjusted to account for changes in enrollment by calculating visits per 1,000 enrollees.

Citations

- ¹ UnitedHealth Group (UHG) 2022 analysis of claims from Q1-Q4 2019.
- ² Nirmita Panchal et al., "The Implications of COVID-19 for Mental Health and Substance Use," Kaiser Family Foundation, February 2021. www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
- ³ Commonwealth Fund, "More COVID-19 Fallout: Social Isolation Associated with Poor Health and Emotional Distress," May 2022. <https://www.commonwealthfund.org/blog/2022/more-covid-19-fallout-social-isolation-associated-poor-health-and-emotional-distress#:~:text=For%20older%20adults%2C%20this%20may,the%20start%20of%20the%20pandemic>
Yingying Su et al., "Prevalence of loneliness and social isolation among older adults during the COVID-19 pandemic: A systematic review and meta-analysis," *International Psychogeriatrics*, March 2022. <https://pubmed.ncbi.nlm.nih.gov/35357280/>
- ⁴ Better Medicare Alliance, "The COVID-19 Response: Differences in Medicare Advantage and Fee-For-Service Medicare in Meeting Beneficiary and Provider Needs," November 2021. https://bettermedicarealliance.org/wp-content/uploads/2021/11/BMA-HMA-COVID-Response-Project_FIN.pdf
- ⁵ UHG 2022 analysis of claims from Q1-Q4 2019 and Q2 2022.
- ⁶ UHG 2022 analysis of claims from Q1 2019 through Q2 2022.