Clinician Perception of Telemedicine-Enhanced Access to Mental Health Services during COVID-19

Christina C. Klein, MPH[1], Jeffrey A. Welge, PhD[1], Thomas Blom, MS[1], Claudine Higdon, MD[2], Brittany Dyce[1], Victor Fornari, MD, MS[2], Saranda Gashi, MPH[2], Stephen Crystal, PhD[3], Michael T. Sorter, MD[1,4], Christoph U. Correll, MD[2,5], Melissa P. DelBello, MD, MS[1]

[1] Department of Psychiatry, University of Cincinnati College of Medicine
[2]Zucker Hillside Hospital/Northwell Health and Zucker School of Medicine at Hofstra/Northwell
[3] Institute for Health, Health Care Policy, and Aging Research, Rutgers University
[4] Cincinnati Children's Hospital Medical Center
[5]Department of Psychiatry; Charité–Universitätsmedizin Berlin, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Berlin, Germany

INTRODUCTION

- The COVID-19 pandemic caused an abrupt and dramatic shift in mental healthcare delivery. There has been little research on telehealth for mental healthcare for youth with pre-existing psychiatric disorders.[1-2] We sought to examine clinician and administrator perceptions of telehealth initiation and utilization during COVID-19.

METHODS

- Child and adolescent mental health care clinicians and clinical administrators (N=57) from 28 academic and community mental health centers in CA, MA, MN, NY, OH, PA and TX participating in MOBILITY (**M**etformin for Overweight & **OB**ese Ch**IL**dren and Adolescents with B**I**polar Spectrum Disorders **T**reated with Second-Generation Antips**Y**chotics) TEACH (**T**elemedicine **E**nhanced **A**ccess during **C**OVID-19 to **H**ealthcare) completed an online survey via RedCap regarding their perceptions of telehealth from 1/29/21 – 5/24/21.
- Each MOBILITY Site Principal Investigator suggested two participants. Response rate was 80% (57/71).
- We computed descriptive statistics on time to telehealth initiation, telehealth utilization, respondent confidence in and barriers to telehealth, and respondent quality of life.

RESULTS

- Most mental health clinics (67.4%) converted to telehealth within one week (mean=1.5 weeks) of the COVID-19 stay at home order. Telehealth remained the primary method of providing mental healthcare in the previous month, with only 18.6% of visits being conducted in person.
- As expected, services offered via telehealth since the pandemic increased and included medication management (23/57 respondents before COVID-19, 57 since), individual therapy (15 before, 53 since), family therapy (9 before, 36 since), and group therapy (8 before, 38 since).
- Overall frequency of visits (in person and telehealth) since the pandemic increased for 45.6% of respondents, stayed the same for 31.6% and decreased for 5.3%.
- Respondents reported a high level of confidence using telehealth technology (4.6/5.0 Likert scale where 5=strongly agree and 1=strongly disagree). Since COVID-19, their perception of telehealth improved (4.2). Telehealth did not decrease work productivity (1.8/5.0). The top barrier reported to telehealth reported by clinicians and administrators was technological barriers for patients (29.1%). Only 11.9% of respondents reported privacy/security concerns, and 11.2% reported technological issues for themselves.
- Respondents' quality of life decreased during the course of the pandemic, but trended closer to pre-pandemic levels over the course of the pandemic (before 3.8/5.0, during 3.3/5.0, during study period 3.5/5.0).

CONCLUSIONS

- During the COVID-19 pandemic, community and academic mental health centers serving children and adolescents quickly transitioned to telehealth with little disruption to patient care or clinician work satisfaction.
- Continuing telehealth and reimbursement for telehealth services after the pandemic is necessary.
- Future research should focus on the impact of telehealth on patient-centered outcomes.

Since COVID-19, clinician perception of telehealth delivery of mental healthcare has improved.

Clinicians and administrators report a high degree of confidence in using telehealth technologies.

Most (67.4%) of mental health clinics converted to telehealth within one week of the COVID-19 stay-at-home order.

Table 1. Services Via Telehealth (*n*=57)

	Before COVID-19	During COVID-19
None	57.9%	0%
Medication Management	43.3%	100%
Individual Therapy	29.8%	92.9%
Family Therapy	15.7%	63.2%
Group Therapy	14.0%	66.7%
Other	5.2%	15.8%

Table 2. Perception of Telehealth During COVID-19 (5=strongly agree, 3=neutral)

	Mean	Std
Telehealth has helped my clinic reach clients from underserved populations.	4.0	1.0
Telehealth has decreased my patient no show rate.	4.0	1.2
Telehealth has decreased my patient cancellation rate.	3.9	1.2
I am confident I could handle a psychiatric emergency during a telehealth visit.	3.8	1.0
Telehealth has increased my productivity at work.	3.7	1.2
Telehealth makes it difficult for me to read body language/nonverbal cues.	3.4	1.1
Telehealth requires more effort than in person visits.	2.8	1.2
Telehealth interferes with the patient/clinician relationship.	2.7	1.1
Telehealth has a negative impact on my ability to provide the highest level of quality care.	2.7	1.2
Telehealth has decreased my productivity at work.	1.8	1.1

Table 3. Frequency of Visits (In-Person & Telehealth)

	N	%
Decrease since COVID-19	3	5.3%
Same	18	31.6%
Increase since COVID-19	26	45.6%
Varies by Patient	10	17.5%

Table 4. Barriers to Telehealth

	N	%
None	11	8.2%
Tech Barriers for Patients	39	29.1%
Privacy/Security Concerns	16	11.9%
Tech Barriers for Yourself	15	11.2%
Patient Reluctance	14	10.4%
Notifying patients of conversion to virtual appointments	12	9.0%
Equipment	10	7.5%
Training	8	6.0%
Lack of Private Space	5	3.7%
Clinician Concern over Effectiveness	4	3.0%

DISCLOSURES: Dr. DelBello receives research support from NIH, PCORI, Acadia, Allergan, Janssen, Johnson and Johnson, Lundbeck, Otsuka, Pfizer, and Sunovion. She is also a consultant, on the advisory board, or has received honoraria for speaking for Alkermes, Allergan, Assurex, CMEology, Janssen, Johnson and Johnson, Lundbeck, Myriad, Neuronetics, Otsuka, Pfizer, Sunovion, and Supernus. Dr. Correll has been a consultant and/or advisor to or has received honoraria from: Alkermes, Allergan, Angelini, Boehringer-Ingelheim, Gedeon Richter, Gerson Lehrman Group, Indivior, IntraCellular Therapies, Janssen/J&J, LB Pharma, Lundbeck, MedAvante-ProPhase, Medscape, Merck, Neurocrine, Noven, Otsuka, Pfizer, Recordati, Rovi, Servier, Sumitomo Dainippon, Sunovion, Supernus, Takeda, and Teva. He has provided expert testimony for Bristol-Myers Squibb, Janssen, and Otsuka. He served on a Data Safety Monitoring Board for Boehringer-Ingelheim, Lundbeck, Rovi, Supernus, and Teva. He received royalties from UpToDate and grant support from Janssen and Takeda. He is also a shareholder of LB Pharma. Dr. Patel is an employee of Humana Healthcare Research, Inc. Dr. Welge, Dr. Sorter and Mr. Blom receive research support from NIH and PCORI. Dr. Fornari, Dr. Higon, Ms. Klein, Ms. Dyce, and Ms. Gashi receive research support from PCORI. Dr. Crystal has no conflicts to disclose.

References:

[1] Amag MG and Pearson DA. Challenges for child and adolescent psychiatric research in the era of COVID-19, *J Child Adolesc Psyhopharm,* 30:1-4, 2020.
[2]Homles EA, O'Connor RC, Perry VH, Tracey I, Wessely S. Arseneault L, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry*. [Epub ahead of print], April 15, 2020

Northwell Health™

Cincinnati Children's changing the outcome together

MOBILITY TEACH

University of CINCINNATI

This study is funded by Patient-Centered Outcomes Research Institute (PCORI) (PCS-1406-19276)