Report on National Provider Survey: "Behavioral Health 2015 – Are We Ready?"
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History

Comprehensive Behavioral Health Management (CBHM) has been monitoring the change coming to our health care system. Within the next five years, our expectation is that government, large employer groups, and academic think tanks will re-define the delivery of health care in America. While the design of the end product is unclear, many of the leading trends are. We expect:

- Demand for transparency of treatment costs and outcomes
- Payment based upon performance
- Increased member out-of-pocket expense
- Focus on health prevention and wellness programs
- Acceptance of health coaching as an alternative to traditional counseling for "the worried well"
- Use of biomarker tests for predicting treatment response (e.g., CNS Response, Brain Resources, etc.)
- Electronic health care records
- Telemedicine
- Online treatment

All of these trends will impact the availability and delivery of mental health and substance abuse treatment. Traditional office based services may be limited. The purpose of the survey was to understand the impact of these trends on the individual practitioner and to share the findings with policy makers at the local, state, and national level.

The survey was divided into seven key areas:

1. Provider demographics
2. Current Use of Technology
3. Current Health Care Coordination
4. Current Health Coaching and Attitudes Toward Coaching
5. Current Practice Transparency and Outcomes
6. Expected Changes to Practice Related to Technology, Health Care Coordination, Coaching, and Practice Transparency & Outcomes
7. Future Challenges

To provide a greater demographic base for the survey, CBHM developed a partnership with three other behavioral health management companies who agreed to distribute the survey to their provider networks.

These partners are:

- Beacon Health Strategies – Massachusetts (http://www.beaconhealthstrategies.com/)
- PsychCare, Inc. – Florida (http://www.psychcare.com/)
- New Directions Behavioral Health – Missouri (https://www.ndbh.com/)

The survey was advertised to over 6,000 behavioral health practitioners via

- Direct email link
- Fax
- Mail
- Face-to-face Presentations

Response to Survey

- A total of 898 responses were received (approximately 15% response rate).
- 75% of the surveys were completed online. The remainder were returned by mail or fax and then manually entered into the online survey.
- 88% of the surveys were completed in full.
- 74% of respondents entered an email address
- 13% of respondents entered a website address
- 43% were willing to participate in a provider forum if offered

Findings

DEMOGRAPHICS

The Average Participant in this study had the following characteristics:

- Is a Master's Level Provider (71%)
- Is over the age of 45 (80%)
- Has an individual practice (73%)
- Sees patients in an office setting (95%)
- Receives majority of referrals through commercial health plans (86%)
- Has been in practice for 18 Years
- Works 35 hours per week
- Sees 31 patients per week
- Has average reimbursement rate of $69.00
- Belongs to Professional Associations (86%)
- Participates in CEU Workshops (89%)
- Receives updates about the behavioral health industry from professional associations (41%) and CEU Courses (21%)

The geographic breakdown was:

West (AK, CA, UT, SD)	287
Midwest/Central (AR, IL, KS, MO, TX)	66
South/Southeast (FL, GA, NC, TN)	189
North/Northeast (DC, MA, MD, MI, MH, NY, RI)	336

The licensure breakdown was:

	Individual Practice (73.1%)	**Group Practice (20%)**	**All**
Psychiatry (MD/DO/RNP)	6.5%	**17.6%**	**9.10%**
Psychologists (PhD, EdD)	20.6%	**22.7%**	**20.30%**
MA Level (MFT, LCSW, LPC, LMHC)	**72.9%**	59.7%	**70.60%**

The age group breakdown was:

	Yrs in Practice	**Individual Practice**	**Group Practice**	**All**
20 to 35	7	2.50%	**10.80%**	**4.33%**
36 to 45	10	14.80%	**17.60%**	**15.72%**
46 to 60	18	**48.10%**	43.20%	**47.72%**
60 to 80	24	**34.60%**	28.40%	**32.23%**

Notes:

- Response rate to the survey was higher than expected.
- 25% of the surveys were completed by hand and mailed in rather than completed on line, which is consistent with the 25% of providers who reported that the use the Internet for personal enjoyment "occasionally" or less.
- Respondents tended to be master level providers with well-established individual practices
- Group practices have a higher representation of psychiatrists and psychologists.
- The majority of providers rely on their professional associations and CEU courses for healthcare industry updates.

TECHNOLOGY

Percentage of providers who responded "Often" or "Always" to the following statements

	20 to 35	35 to 45	45 to 60	60 to 80	All
I use the Internet daily for personal enjoyment	**79%**	**79%**	74%	**72%**	**75%**
I use the Internet daily for practice management	**47%**	58%	**59%**	51%	**56%**
I communicate with clients via email	**24%**	14%	14%	**11%**	**14%**
I communicate with other practitioners via email	**50%**	30%	33%	22%	**30%**
I utilize my own professional website	16%	18%	**22%**	**15%**	**19%**

Notes:

- Newer providers were most likely to use the Internet for personal enjoyment, communicate with clients via email, and communicate with other practitioners via email.
- More established providers reported having websites and/or were using the Internet for practice management.
- Less than one third of respondents reported that they would be likely to introduce telemedicine, teletherapy, online therapy, or online prescribing.
- Written comments emphasized
  1. Time limitations for learning and implementing technology
  2. Cost of development
  3. Reduction in quality of treatment when electronic communication replaces face-to-face therapy
  4. Confidentiality of electronic records

HEALTH CARE COORDINATION

Percentage of providers who responded "Often" or "Always" to the following statements

	20 to 35	35 to 45	45 to 60	60 to 80	All
I communicate with other mental health or substance abuse providers	70%	**78%**	72%	**65%**	**71%**
I communicate with other medical providers	**57%**	**57%**	**61%**	59%	**60%**
I share client's treatment plan with other providers	**41%**	**31%**	37%	32%	**35%**
I refer clients to health plans for wellness programs	46%	**40%**	**47%**	43%	**45%**

Notes:

- Behavioral health providers are more likely to coordinate care with another behavioral health provider rather than a medical provider
- There is a reluctance to share treatment plans
- Providers are referring clients to wellness programs
- Written comments emphasized
  1. Importance of treating the whole person
  2. Greater inclusion of behavioral health in the overall medical delivery system

HEALTH COACHING

Percentage of providers who responded that they provide health coaching

	20 to 35	35 to 45	45 to 60	60 to 80	All
I provide health coaching	31%	**24%**	**40%**	33%	35%

Percentage of providers who responded "Agree" or "Strongly Agree" to the following statements

	20 to 35	35 to 45	45 to 60	60 to 80	All	Provide Coaching	Do Not Provide Coaching
Health coaching can be a replacement for traditional treatments for a client with mild to moderate dysfunction	**43%**	**22%**	26%	26%	**26%**	**42%**	18%
Some of my clients could referred for health coaching	**54%**	**41%**	46%	**41%**	**44%**	**65%**	33%
Health coaching is more convenient and cost effective than traditional treatments	**19%**	**9%**	15%	13%	**12%**	**26%**	7%

Notes:

- Providers misunderstood the intent of question and would mark "I provide Health Coaching" if they incorporated health coaching into their current practices rather than having a separate coaching practice.
- Providers who offer coaching are more positive about coaching
- Newer providers were more agreeable to health coaching being an alternative treatment methodology; and they were more likely to offer coaching as an alternative treatment.
- Written comments emphasized
  1. Concerns about training and qualifications of coaches
  2. Inability of coaches to appropriately address depressive disorders
  3. Fear that traditional therapy was being "dumbed down."
  4. Coaching being able to provider a wider range of affordable treatment options.

PRACTICE TRANSPARENCY AND OUTCOMES

Percentage of providers who responded "Often" or "Always" to the following statements

	20 to 35	35 to 45	45 to 60	60 to 80	All
I disclose the rates for my service on my website or voice mail	**37%**	12%	17%	**10%**	**15%**
I provide written information regarding my training, specialties and interventions	40%	**43%**	**50%**	**43%**	**46%**
I ask my clients to rate their functioning before and during treatment	**83%**	**56%**	65%	61%	**63%**
I am able to create and share reports about my performance	**46%**	36%	33%	**32%**	**34%**

Interpretation

- Outcomes reporting is more acceptable than practice transparency.
- Providers are not currently providing written or verbal information about fees prior to initial contact.
- While providers ask clients to rate functioning they are not as prepared to create personal performance reports.
- Looking forward, newer providers were the most likely to implement tracking client outcomes and reporting performance.

BEHAVIORAL HEALTH 2015

Percentage of providers who responded "Somewhat Likely" or "Very Likely" to the following statements

	20 to 35	35 to 45	45 to 60	60 to 80	All
Use of Internet for practice management	**80%**	**88%**	**88%**	82%	**86%**
Development of professional website	69%	**70%**	68%	**50%**	**27%**
Creation of electronic health records	**66%**	50%	52%	**43%**	**49%**
Use of email for communicating with clients	**66%**	55%	50%	**46%**	**50%**
Use of biomarker programs	14%	13%	**17%**	**9%**	**14%**
Tracking client outcomes and reporting performance	**74%**	52%	47%	**46%**	**49%**
Providing health coaching as an alternative to traditional therapy	**37%**	**27%**	34%	29%	**31%**
Providing telemedicine and/or teletherapy	**17%**	28%	**29%**	22%	**26%**
Providing online therapy and/or online prescribing	**20%**	**24%**	21%	**20%**	**21%**

Notes:

- Providers recognize the need to utilize the Internet for practice management, especially related to online eligibility verification and claims submission.
- There is less likelihood of incorporating e-therapy or e-prescribing
- Newer providers are the group most likely to incorporate change

FUTURE CHALLENGES

Providers were asked to name three challenges that they anticipate in the future, choose the primary challenge, and write any additional comments they would like to share.

The narrative responses were coded into categories. The table below lists the categories in order of frequency with number 1 being the most frequent and 14 being the least frequent.

Ranking	Category	Description
1	Reimbursement	Concerns about reimbursement rates being static and/or too low
2	Managed Care/Insurance	Concerns about healthcare regulations, paperwork, claims problems, limited care, etc.
3	Treatment Affordability	Concerns about clients not being able to afford treatment due to lack of insurance coverage, high co-pays, job loss, etc.
4	Maintaining/Staying in Practice	Concerns about being able to stay in business: hiring and paying staff, increased overhead costs, lack of referrals, marketing problems, etc.
5	Technology Requirements	Concerns about keeping up with technology changes, being able to learn to use technology and/or pay for technology
6	Quality of Care	Concerns that quality of care will suffer due to lack of trained professionals, decrease in face-to-face contact, pressure to use medications, etc.
7	Other	Not otherwise classified
8	Treatment Access	Concerns about access to providers (e.g., lack of psychiatrists) and/or access to medications due to cost, formularies, limited authorization, etc.
9	Health Care Reform	Concerns about how healthcare coverage will be determined (universal, individual purchase) and what benefits will be available for mental health and substance abuse treatment
10	Economy	Concerns about the downturn in economy, impact of recession, etc.
11	Retirement	Concerns about preparing for retirement
12	Severity of Presenting Illness	Concerns that clients seen will have more serious illnesses, that there will be an increase in clients with stress and anxiety disorders
12	Work/Life Balance	Concerns about maintaining health while having increased client loads and/or technology requirements
13	Confidentiality	Concerns about loss of confidentiality in electronic systems

Notes:

- Paperwork, pre-authorization, and billing requirements continue to be a source of frustration.
- Economic concerns impact providers being able to maintain practices and clients being able to afford treatment.
- Quality of care needs to be balanced with technology, transparency, performance measurement, etc.
- Alternative treatment methodologies can supplement existing practices
- The hope is mental health and substance abuse will continue to be covered without further limitations on treatment.

Lessons Learned

1. Health care coordination is increasing and providers are interested in integrated care. The concern is how to integrate while protecting privacy.
2. Health coaching as a separate practice for behavioral health has not caught on yet, however, many providers are utilizing coaching techniques within their current practices and almost one-half of providers are referring to wellness programs.
3. The newest generation of providers will lead the way with technology and transparency.
4. Quality of care remains a high priority for providers who are fearful that the healing process, which occurs through the therapeutic relationship, will be lost with the implementation of alternative electronic interventions.
5. The primary source for information about the healthcare industry comes from provider professional associations rather than from the industry itself.
6. While providers and health plans depend upon each other for continued prosperity, there continues to be a perception that “managed” care is “restrictive and bad” care.