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The Telehealth Tipping Point

In *The Tipping Point*, author Malcolm Gladwell suggests the best way to understand the emergence of trends or mysterious changes that mark everyday life is to think of them as epidemics – saying, “Ideas and products and messages and behaviors spread just like viruses do.” Strangely enough, it seems the COVID-19 pandemic has served as a tipping point for healthcare.

A tipping point – that critical point beyond which a significant and unstoppable change takes place- is often difficult to predict. For more than 10 years, expert analysts have been attempting to predict the telehealth tipping point. The technology to provide quality care in a virtual environment has been available for more than a decade, and consumer demand was growing every year; but, regulatory red tape and a lack of payment parity kept innovation at arm’s length. Many wondered what it would take for the powers that be to rethink the well-intentioned but impractical limitations on telehealth, such as requirements around specific technology, geography, provider type, DEA registration, and prescribing practices.

Well, what it took was the international crisis of COVID-19. What many providers had been trying to accomplish for years was accomplished in a matter of days. State and federal rules and restrictions were waived and the floodgates to the future of behavioral healthcare were thrown wide open.

Prior to COVID, less than 10% of visits used telehealth. On March 17, the Centers for Medicare & Medicaid Services (CMS), which covers more Americans than any other payer, temporarily expanded the types of healthcare providers can offer via telehealth and also began paying for services delivered via telephone, email, and even Skype, Zoom and FaceTime. As of June, about 460,000 Medicare beneficiaries had received mental health services via telehealth, or 60% of all behavioral health visits, according to CMS data. Commercial telehealth providers followed suit and saw a huge increase in telepsychiatry services. Teladoc Health reported a doubling in the demand for mental health virtual visits among digital natives - people aged 18 to 30.

Many feel the expansion of services and payment parity are likely to continue – but that the requirements for providers to use HIPPA-compliant platforms will return post-pandemic. While many payers were reluctant to embrace telehealth expansion – some saw its utility early on. In an Executive Briefing from November 2018 titled *Is 2019 The Year Of The Telehealth Tipping Point?*, Monica Oss wrote, “Optum reports that virtual care can provide 20% faster appointments than in-person sessions and may result in a 60% decrease in missed appointments; as well as a 25% reduction in hospitalization rate and lengths of stay.” Now we have national data that seems to support Optum’s claims, and providers are planning and budgeting for about 25% virtual care going forward.

This “new normal” means community mental health centers will likely see increased competition for both staff and clients from online-only organizations. While telehealth isn’t appropriate for all circumstances, it is appropriate for many - and studies show that while adherence to guidelines and the overall quality of care delivered to patients varies in virtual care, the variation isn’t significantly different than it is for typical office visits.

To remain competitive, community-based organizations must evolve to provide the best possible care for clients, wherever they may be, both in-person and online. It’s also important we ensure technology reduces, rather than compounds, existing disparities in healthcare. With secure devices and high-speed broadband, marginalized populations can more easily access providers who speak their native language and who specialize in their conditions while also experiencing less stigma and greater satisfaction with services.

Innovations often conjure visions of what the future holds before viability has been determined. Tipping points analysis can help anticipate changes that threaten business models or create new opportunities while avoiding common pitfalls. Four forecasting tools outlined in *Tipping Points: When to Bet on New Technologies* by Gottfredson and O’Keeffe may help leaders time investments in innovative ideas:

1. Experience Curves: these show how unit cost declines relative to increased production volume
2. Elements of Value: these identify attributes consumers value most in a product such as reduced cost, saving time
3. Adoption Curves: these forecast the likely pace of adoption and saturation point
4. Barriers and accelerators: such as government policies, technology, and consumer attitudes that could slow or speed the arrival and penetration of an innovation.

External factors like regulation, economics, and consumer behavior can be used as signposts to monitor the evolving pace of adoption – but forecasting is imperfect and must be coupled with dynamic strategy and decision making.

These are exciting times in behavioral healthcare. I encourage you to continue collaborating with your **mhca** peers so you’ll be poised to make the most of opportunities the new normal presents.

Keep in touch!



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