I

January 19, 2021

Netsmart Comments
Federal Communications Commission
FCC Telehealth Program Application Evaluation Metrics
WC Docket No. 20-89

We thank the Federal Communications Commission and Wireline Competition Bureau for the opportunity to comment on the FCC Telehealth Program Round 2 Application Evaluation Metrics.

Netsmart is the technology partner -- and bridge to the rest of healthcare -- for human services and post-acute provider organizations nationwide. We provide ONC-certified electronic health records (EHRs), health information exchange and virtual care, telehealth and consumer engagement solutions built for remote patient monitoring. Our clients include behavioral health, substance use and addiction management, child and family services, developmental disabilities, autism, home care, hospice, palliative care, skilled nursing, assisted living, independent living, long-term acute care hospitals and inpatient rehabilitation facilities. Our collaboration with Carequality enables nationwide care coordination across 600,000 care providers, 50,000 clinics, and over 2800 hospitals. Our more than 2,300 associates work hand-in-hand with our 675,000+ users at our clients across the U.S. to develop and deploy technology that automates and coordinates everything from clinical to financial to administrative.

Significant Impact of the COVID-19 Pandemic on Mental Illness

We believe that the large-scale impact of COVID-19 on mental health warrants a rebalancing of the scales in Phase 2 to maximize the reach and capabilities of mental health-related telehealth services as we approach the one-year mark of the pandemic.

Our specific recommendations to help address this compelling issue:

We recommend that Phase 2 application evaluation criteria include high priority consideration for applications from behavioral health and post-acute providers that incorporate robust mental health treatment plan components and/or integrated mental health treatment and primary care services plans.

We also recommend that if a decision is made to require Phase 1 applicants to refresh and resubmit their applications that they be encouraged to include a mental health treatment component in their applications.

www.ntst.com
11100 Nall Avenue
Overland Park, KS 66211
800.842.1973

A report from the Centers for Disease Control and Prevention (CDC), *Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020* states: “The coronavirus disease 2019 (COVID-19) pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders.”[i]

The survey also cites compelling data about this alarming emergence of behavioral health issues:

- 40.9% of respondents reported at least one adverse mental or behavioral health condition
- 30.9% reported symptoms of anxiety disorder or depressive disorder
- 26.3% reported symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic
- 13.3% reported having started or increased substance use to cope with stress or emotions related to COVID-19

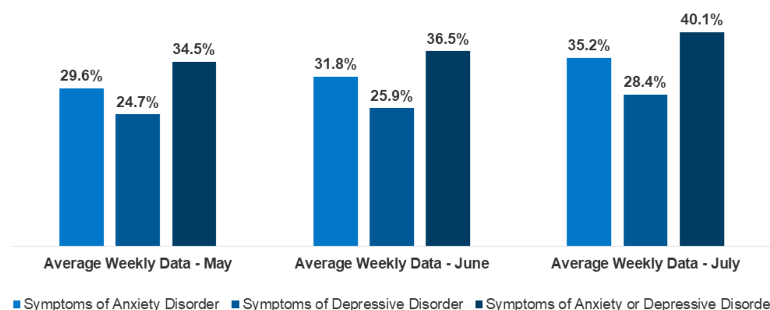
There were also sobering responses related to suicide:

- 10.8% of respondents reported having seriously considered suicide in the 30 days before completing the survey
- The percentages were significantly higher among respondents aged 18–24 years (25.5%); minority racial/ethnic groups - Hispanic respondents (18.6%); Black respondents (15.1%); self-reported unpaid caregivers for adults (30.7%); and essential workers (21.7%).

A Kaiser Family Foundation poll found that 45 percent of respondents reported that the pandemic is negatively affecting their mental health, up from 32 percent just a month prior, in addition to heightened symptoms of anxiety and depressive disorders.[ii]

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic, May-July 2020



NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data presented for "symptoms of anxiety or depressive disorder" also includes adults with symptoms of both anxiety and depressive disorder. Data presented for May is the average of the following weeks of data: May 7-12, May 14-19, May 21-26, May 28- June 2; for June, data is the average of June 4-9, June 11-16, June 18-23, and June 25-30; for July, data is the average of July 2-7, July 9-14, and July 16-21 (last week of published data).

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020.

Priority Consideration for Mental Health

These concerning trends can also be linked to a broader interpretation of this part of Question 11 in the comment Public Notice: *Are there specific types of telehealth and connected care services that should be prioritized?* Mental health and human/social services providers serve the underserved -- high-risk patients that are often the most frequent utilizers of health services, many with chronic co-occurring health conditions and social determinants of health that further heightens their risk from COVID-19 and the related impact on their mental health.

In Netsmart's view on behalf our clients, the definition of a "hotspot" as a priority can arguably be expanded to include the significant nationwide negative effect of COVID-19 on the mental health of persons across the country, regardless of age, race, income level and geographic location.

Significant Funding and Parity Challenges

Community mental health centers (CMHCs) and community behavioral health organizations (CBHOs) are critical pillars in our nation's behavioral health system. These providers are significantly underfunded at this time of escalating need for their services and unprecedented challenges to their financial sustainability.

The Atlantic reported on a National Council for Behavioral Health survey of nearly 900 mental health treatment providers across the country that found "the pandemic is forcing practices to reduce services, provide care to patients without sufficient protective equipment, lay off and furlough employees and risk closure within months."[iii]

Already resource-thin, behavioral health providers were in effect omitted from the more than $35 billion EHR Meaningful Use incentive funding program in 2010. This pattern of limited funding has continued since that time, including allocation of a proportionately small percentage of COVID-19 Provider Relief Fund dollars to behavioral health providers vs. to acute care health systems.

In addition, while a number of regulatory restrictions on the delivery and funding of telehealth services have been removed during the pandemic emergency, it is unclear how many of these will remain in place when the emergency declaration is no longer in effect.

Another significant barrier to widespread implementation of telemental health is the issue of parity. A June 2020 blog post by The Commonwealth Fund reported that no federal statute requires payers to reimburse telehealth encounters at the same rate as in-person (i.e., reimbursement parity) or even to cover telehealth at all (i.e., coverage parity). The article also indicated that "State parity laws are thus essential to guarantee that providers will receive comparable payment for telehealth encounters as for in-person services. But prior to COVID-19, only five states had implemented telehealth parity laws. And while recent analyses showed that an additional 21 states expanded telehealth services through COVID-19 emergency orders, only 13 required parity." [iv]

Value/Success of Telehealth in Mental Health

Behavioral health providers are using telehealth during the pandemic to successfully mitigate mental health issues and improve care.

- 51% of Netsmart behavioral health provider clients surveyed in Florida report a majority (+50%) of their services are being delivered via telehealth…and they anticipate care delivery via telehealth across a majority of their programs to continue in the future.
- A large Netsmart behavioral health provider client in Alabama deployed virtual triage and eligibility checking for consumers who present in both the ED/ICU and hospital settings. They reduced average time to secure a psych consult from 24-72 hours to 28 minutes…and reduced ED costs for individuals conducting a psych consult by 33%.
- Prior to the pandemic, 93% of 1,000 provider respondents to a National Council for Behavioral Health survey said they provided less than 20% of their care in a virtual setting. In a span of just weeks, that figure soared, and 60% of respondents say they now offer up to 80% of care virtually.[v]

Telehealth is the key for behavioral health organizations to partner with community organizations to more efficiently facilitate care and meet individual needs. Partnering with community outlets such as schools, jails and law enforcement brings case management and crisis services directly to the consumer, which in turn improves access to care, reduces recidivism rates and leads to more individuals served. Another community health provider in Alabama began hiring case management staff to track individuals to ensure they were linking to appropriate mental health services once they were released from jail. Using the Stepping Up Initiative has saved their county more than $1.7 million in a two-and-a-half-year period. They manage a caseload of 84 people and achieve a recidivism rate of less than 6%. The initiative has spread to 15 counties across the state and has caught the eye of legislators due to success rates.

Virtual technology and mobile solutions assist the front lines of care in crisis response, including our first responders. Educators, who are especially challenged in meeting the needs of students and families during the COVID-19 crisis, benefit from students and families accessing behavioral health services. Many of our community providers have expanded telehealth to meet the needs of virtual learners. Increasing FCC funding for community behavioral health services will also allow for further expansion of services resulting in jail diversion, reducing unnecessary acute emergency department encounters, and improving educational and workforce resiliency.

Scaling telehealth does more than alleviate patient and provider concern until a COVID-19 vaccine is available. Telehealth can increase access to necessary care in areas with shortages, such as behavioral health, improve the patient experience, and improve health outcomes.[vi]

We encourage the use of Phase 2 evaluation criteria as a catalyst for much-needed funding for providers to deploy and optimize telehealth services that will impact the serious effects of COVID-19 on our nation's mental health.

Sincerely,

Kevin Scalia
Executive Vice President, Corporate Development
Netsmart
kscalia@ntst.com
(516) 241-2575

---

[i] Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *Centers for Disease Control and Prevention*. August 14, 2020.

[ii] The Implications of COVID-19 for Mental Health and Substance Use. *Kaiser Family Foundation*. August 20, 2020.

[iii] The Coming Mental-Health Crisis: Congress must rethink the American approach to mental-health care during the pandemic. *The Atlantic*. May 14, 2020.

[iv] Using Telehealth to Meet Mental Health Needs During the COVID-19 Crisis. *The Commonwealth Fund*. June 18, 2020.

[v] The New Role of Virtual Care in Behavioral Healthcare. *National Council for Behavioral Health*. August 5, 2020.

[vi] Telehealth: A Quarter-Trillion-Dollar Post-COVID-19 Reality?. *McKinsey & Company*. May 29, 2020