WISCONSIN COMMUNITY HEALTH CENTERS' VISION FOR SUSTAINABLE & COMPREHENSIVE ACCESS TO TELE-BEHAVIORAL HEALTH
Community Health Centers deliver high-quality primary medical, oral health, and behavioral healthcare, including substance use disorder (SUD) treatment and recovery services, in underserved areas and for underserved communities in our state. Community Health Centers provide care to patients regardless of their insurance status or ability to pay and are an essential part of the healthcare safety net.

In response to the urgent unmet need for behavioral health services across the state, Community Health Centers are committed to creating greater access to care by integrating and expanding behavioral health services within primary care settings. Community Health Centers provide a robust array of behavioral health services including brief behavioral health interventions, outpatient therapy and counseling, group therapy, school-based behavioral healthcare services, comprehensive medication assisted recovery programs, and more to both children and adults. In 2020, Wisconsin Community Health Centers provided over 190,000 behavioral health visits, including visits for mental health and substance use disorder recovery and treatment, over 40% of these visits took place via telehealth. (2020 UDS Data)

This issue brief outlines key elements of tele-behavioral healthcare for Wisconsin patients, with a focus on covered services for Medicaid enrollees, as over half (55%) of Community Health Center patients are insured through Medicaid. (2020 UDS Data)
In response to the COVID-19 pandemic, Community Health Centers rapidly transformed their care delivery models to serve patients virtually. Behavioral health providers were among the first to operationalize virtual visits and have learned a lot about how to effectively leverage tele-behavioral health to provide patient-centered care. Tele-behavioral health visits proved to be essential and effective in limiting disruptions to care and facilitating access to care for many patients.

Telehealth has not changed the types of care Community Health Centers provide; it has transformed how clinics deliver care by creating another tool in their toolkit and creating new options for patients to access healthcare. As Community Health Centers envision the role of telehealth beyond the context of the pandemic, Health Centers are striving to bring together the best of in-person and virtual care to create more options for how patients engage in their healthcare and by increasing access to key services.

Wisconsin Community Health Centers are committed to providing continued access to tele-behavioral health services as an option to our patients. To ensure Health Centers can provide these services sustainably into the future, WPHCA supports the inclusion of telephone-only services, maintaining parity between medical and behavioral health providers, and maintaining coverage of group therapy provided via telehealth.
**TELEPHONE-ONLY SERVICES**

*Policy Priority: Include telephone-only visits in permanent telehealth guidance in Medicaid.* Telephone-only visits create a critical pathway for many patients to access behavioral health services during the COVID-19 pandemic and beyond.

- **Telephone-Only Services Extend Access to Care.** Telephone-only visits allow more options for patients to access behavioral healthcare, especially patients who face inordinate barriers to in-person care. Phone-only visits create the flexibility that some patients need to overcome barriers to care, such as transportation, medical conditions (e.g., depression, anxiety, physical disabilities), work schedules, childcare, etc.

- **Reduced No-Show Rates.** Community Health Center providers have reported a marked decrease in no-show rates by patients accessing behavioral healthcare via phone-only visits.

> “I have had patients state to me that they would have CANCELLED their appointment due to being ill in the past, however due to the pandemic and the allowance of telehealth services they did NOT cancel their appointment. These patients have then reflected that this has been positive for their mental health over the week since they were allowed to still have their session! I have had patients inform me that their stress level has greatly reduced due to being able to attend a virtual visit, as they no longer had to provide and find care for their child/children/child with a disability, which would often make the visit an all-day stressful affair. Telehealth works. Telehealth, whether by phone or video works. It is proven to work. I have seen a general increase in the attendance rates as those original barriers, childcare, transportation, illness are generally wiped away with telehealth. Thank you for supporting this and ensuring that we are allowed to offer these services for the indefinite future! What a wonderful asset!”

-Community Health Center Provider, 2020 Provider Telehealth Survey
**Patients Face Barriers to Accessing Video Technology.** While telehealth visits have reduced barriers to care for many patients, some patients at Community Health Centers continue to experience barriers to visits that require both audio and video. Providers at Community Health Centers report poor internet connectivity, lack of camera, preference for phone calls, broadband access and comfort with the technology as the most common barriers to patient engagement during virtual visits. Having the option to conduct phone-only visits has been critical to mitigating technology challenges that arise with video visits that create inequities in access to care, particularly for low-income individuals, elderly people who are less comfortable with technology, or those with limited or no access to the Internet.

“**I have a patient who was recently discharged from an inpatient psychiatric unit, and sometimes avoids appointments because he can’t afford to miss more work. We were able to do a phone visit which allowed him to stay on the job in a neighboring town, and just take a 20-minute break to discuss his mood, medications, and continued safety plan. I believe this technology has improved care in our rural area in many ways.**”

-Community Health Center Provider, 2020 Provider Telehealth Survey
• **Telephone-Only Visits are a Pathway for Clinically Appropriate Care.**
Community Health Center providers have shared that there are visit types where audio-only is clinically appropriate and the best method for serving the patient.

“**I have [a] patient with severe social anxiety who gets very anxious coming into the clinic for appointments. She had many, many no shows at our clinic due to her anxiety and therefore had difficulty engaging in treatment. She really likes the phone visits, says she feels much more comfortable, and she no longer feels anxious for days before her appointments. She has actually been attending her appointments! She is engaged and invested in her treatment, and she has made significant progress in a short time since we switched to phone visits. She has not been willing to do video appointments yet due to her anxiety.**”

-Community Health Center Provider, 2020 Provider Telehealth Survey
Policy Priority: Maintain parity between medical services and behavioral health services in telehealth policy, through the inclusion of telephone-only time-based codes for behavioral healthcare providers (98966-98968) in Medicaid.

Many Community Health Centers have adopted evidence-based models of integrated behavioral healthcare. Integrated models of care facilitate seamless and immediate access to behavioral healthcare services within a primary care setting, reducing the silos between primary medical and behavioral healthcare by coordinating care between service lines and across care teams. Applying a whole-person approach to care, medical and behavioral health clinicians work together to address a patient’s needs, typically within the same visit to the clinic, either in-person or via telehealth.

For example, a patient is seen in primary care for diabetes management and during the visit (either through a screening tool and/or conversation with the patient) the clinician identifies the patient is experiencing symptoms of depression. In a traditional unintegrated model of care, this patient would be referred to a behavioral healthcare provider, need to set-up another appointment, and return to the clinic at another time for this visit. In an integrated model of care, the primary care provider would have the option to briefly consult with a behavioral health provider on the best approach to take with this patient during the visit and/or provide a warm hand-off to a behavioral health provider to address their behavioral health needs while the patient is present in the visit, either in-person or via telehealth. By maximizing the patient’s time while they are already engaged with the clinic, Community Health Centers reduce the wait time for patients to access the care they need and reduce the need for patients to take time away from work, get childcare, find transportation to another visit, etc.
As permanent policies for telehealth coverage are developed, medical and behavioral healthcare teams need to have access to the same array of tools in their toolkits to provide care to patients. Community Health Centers are concerned about payers rolling back flexibilities that currently facilitate integrated care. For example, if medical providers are leveraging audio-only visits when clinically appropriate and the preferred option for the patient, but behavioral health clinicians require a video visit and/or in-person visit to provide care, it will create confusion and frustration for patients, pose additional barriers to facilitating integrated models of care within the clinic, and add inefficiencies. With a set of shared clinical tools in the toolkit, providers will be able to exercise their expertise and judgement to provide the right care, at the right time, in the way that works best for patient. As permanent policy is developed, Community Health Centers need the continued flexibility to address patient needs through an integrated approach.

<table>
<thead>
<tr>
<th>Current Status of Permanent Audio-Only Coverage in Wisconsin Medicaid Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Medical Care</strong></td>
</tr>
<tr>
<td>Currently, 99441-99443 codes are included in permanent Medicaid telehealth policy that would allow for medical providers to provide care via telephone-only visits lasting from 5-30 minutes. These codes create a sustainable pathway for medical providers to offer clinically appropriate care in the amount of time the patient needs, in the way that works best for the patient.</td>
</tr>
</tbody>
</table>
Policy Priority: Maintain group visits as an allowable service under permanent telehealth policy in Medicaid.

Community Health Centers provide an array of behavioral health group visits, including groups designed for people early in recovery, people who have experienced trauma, chronic pain related groups, and beyond. During an unprecedented time of uncertainty and isolation, group visits via telehealth have provided a critical opportunity for patients to find social connectivity. For some patients who otherwise would be unable to participate in-person, group visits via telehealth have also created the flexibility they need to access care consistently. Permanent policies that allow group visits to occur via telehealth will give providers more options and opportunities to ensure continuity of care for group services, extend access to group services to more patients, and create options for patients on how they want to engage in their care.
This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,123,023. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

The Wisconsin Primary Health Care Association

The mission of the Wisconsin Primary Health Care Association is to improve health through the work of Community Health Centers and their partners.

We envision a future where all individuals and communities in Wisconsin achieve their highest potential.

5202 Eastpark Blvd, Suite 109, Madison, WI 53718  
www.wphca.org | 608-277-7477

For questions regarding this brief, please contact: Molly Jones, Director of Health Information & Quality, at mjones@wphca.org, 608-443-2957