

Empowering individuals to get behavioral care on their terms.



The widespread impact of behavioral health conditions.

One in 5 American adults is affected by mental health and substance use disorders each year.¹ Despite this, many behavioral conditions are left undiagnosed or untreated, which can lead to serious consequences, increased risk of other medical conditions, higher incidence of premature death and higher total costs of care.^{2,3}

Breaking down traditional barriers to behavioral care.

Virtual visits offer real-time, audio/video-enabled sessions with a provider from the comfort of home, work or any other private location with internet connectivity. Behavioral health virtual visits deliver the same outcomes as in-person visits for many conditions, and meet the same standards of care set by the National Committee for Quality Association.⁴ They also allow for more flexible scheduling, so individuals can get into care more quickly—increasing engagement and improving overall health outcomes.⁵ Individuals are already embracing this new modality; most adults who have tried a behavioral health virtual visit report they would be willing to continue seeking care virtually.⁶

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Over half of employers identify virtual visits as a top priority within their health care initiatives.⁷

Challenges to traditional in-person behavioral care.

Advantages of virtual behavioral care.



Shortage of providers.

Nearly 40% of the U.S. population lives in regions suffering from a shortage of mental health providers, leading to limited or delayed access to services.⁸

Expands access to care.

Virtual visits have been shown to be as effective as face-to-face visits for a range of conditions.⁹ In a recent study, members who used virtual visits for behavioral care used other therapy services less than their counterparts who chose traditional, in-person treatment.¹⁰



Busy schedules.

People lead complicated lives. Compared to peers from previous generations, individuals may spend more hours at work, commuting and fulfilling family obligations. Many lack the time or flexibility needed to travel to a behavioral health appointment.

Lessens wait times for appointments.

Wait times for first appointments drop considerably—typically from about 3 weeks to 1 week—or even less. Members with faster access to behavioral care have higher levels of engagement and better treatment outcomes.⁵



Stigma.

Although behavioral health disorders require the same attention and support as medical conditions, a sense of shame about these conditions persists. Individuals may be too embarrassed or afraid to seek help through traditional methods.

Eases concerns about stigma.

Individuals can engage in behavioral health virtual visits without having to physically enter a provider's office, helping to dispel fears about how others may judge them.

97%

Telehealth overall has been shown to increase patient engagement and satisfaction by 97%.¹¹

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Possible benefits of behavioral health virtual visits.

May help to foster connections with physicians, ERs and schools.

Virtual behavioral health sessions may help facilitate collaborations with providers in primary care, emergency room and school settings to support a whole-person approach and improve outcomes. For example, our members have virtual access to the family coaching component of Applied Behavior Analysis treatment—so families and caregivers of children with autism can receive support and guidance without the inconvenience of driving to and from appointments.

Offer flexible scheduling for members and providers.

Individuals can opt for an appointment in a private conference room at work or from the comfort of their couch at home. This flexibility may reduce concerns about missing work or family responsibilities. With the broader range of times and locations, behavioral health virtual visit providers could see fewer cancellations and no-shows—meaning more people could receive the care they need.

Expanded availability also helps providers add more patients to their practice and maintain vital treatment for existing patients with scheduling difficulties.

May help reduce behavioral and medical costs.

Today, about 55 million people with a mental illness also have a lifelong medical condition such as heart disease or diabetes.¹³ Research shows that the costs for individuals with diabetes and depression are twice as high as their counterparts who are not depressed.¹⁴ Evidence is building that virtual behavioral care may be able to help these individuals improve their mental and physical health as well as lessen their overall medical costs.

An example of how a virtual visit works.



To get started, members only need a **computer, smartphone* or tablet** with a camera capability, an up-to-date browser and high-speed internet. Members then choose a behavioral health provider in their network who offers virtual visits and is licensed in the member's state.

Members **make a first appointment** with a provider by phone or online. When it's time for the appointment, the provider and member both log on, and treatment begins virtually in real time.

Whether virtually or face-to-face, **behavioral health providers offer evaluation, therapy and medication management** that adhere to the same standards of care.

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“Telehealth... can improve health care access outcomes, particularly for chronic disease treatment and vulnerable groups.”¹²

— World Health Organization

A recent study concluded that members who used virtual visits had, on average, 16% lower overall behavioral health expenditures following treatment compared to members who sought in-person care.¹⁰

16%

* Data rates may apply.

Expanding access to behavioral care.

Everyone with a stake in this complex issue—employers, health plans and the behavioral health community—can take action to make virtual visits available to those who need them. This response can include:

- Promoting the efficacy of virtual visits among health plans and employers.
- Educating primary care physicians about behavioral health virtual visits so they know when to refer to this modality.
- Building the number of behavioral health providers who incorporate virtual care into their practice, which can create greater acceptance and availability.
- Informing individuals about the availability of virtual visits for behavioral care.

By expanding member access to behavioral health care, virtual visits may help lower the total cost of care.



Contact your UnitedHealthcare representative for additional information.



¹ Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

² Sarlin E. "Substance Use Disorders Are Associated with Major Medical Illnesses and Mortality Risk in a Large Integrated Health Care System." National Institute on Drug Abuse (NIDA), Oct. 2017.

³ "Mental Health by the Numbers." NAMI; Updated September 2019.

⁴ Hilty DM, Ferrer DC, Parish MB, Johnston B, Callahan EJ, Yellowlees PM. The effectiveness of telemental health: a 2013 review. *Telemed J E Health*. 2013 Jun; 19(6): 444–454.

⁵ National Council for Behavioral Health and the Cohen Veterans Network. America's Mental Health 2018. Ketchum Analytics 2018 (Oct. 10): <https://www.cohenveteransnetwork.org/wp-content/uploads/2018/10/Research-Summary-10-10-2018.pdf>.

⁶ Optum Behavioral Health Consumer NPS Report, virtual visits. Kes, April 2019.

⁷ Calise R. Smart benefits: more employers are offering telehealth—should you? GoLocalProv Business 2018 (Dec. 17); <https://www.golocalprov.com/business/smart-benefits-more-employers-are-offering-telehealth-should-you>.

⁸ Comparison of population of 123,832,882 people in mental health care professional shortage areas (Source: U.S. Department of Health and Human Services Health Resources and Services Administration, Designated Health Professional Shortage Areas Statistics, December 31, 2017) to estimated U.S. population of 325,719,178 (Source: U.S. Census Bureau, QuickFacts United States, available at <https://www.census.gov/quickfacts/fact/table/US/AGE765210>).

⁹ Shigekawa E, et al. The Current State Of Telehealth Evidence: A Rapid Review. *Health Affairs*. 2018 Dec 1;37(12):1975-1982.

¹⁰ Optum Behavioral Health virtual visits evaluation, Kes, March 2019.

¹¹ 2018 U.S. Telemedicine Industry Benchmark Survey, Reach Health, March 2018.

¹² WHO. Health and sustainable development: Telehealth. World Health Organization 2019; <https://www.who.int/sustainable-development/health-sector/strategies/telehealth/en/>.

¹³ Erving CL. Physical-psychiatric comorbidity: patterns and explanations for ethnic group differences. *Ethnicity & health*. 2018;23(6):583-610.

¹⁴ World Health Organization. Addressing comorbidity between mental disorders and major noncommunicable diseases. Geneva: WHO. 2017. http://www.euro.who.int/__data/assets/pdf_file/0009/342297/Comorbidity-report_E-web.pdf.

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