

Telehealth Study 4Q/20-1Q21

Integrated Case Management
Services (ICMS)



**Mental Health
Association in
New Jersey, Inc.**

Background

- MHANJ has been active during the COVID-19 Pandemic in increasing our state-wide call lines accessibility, holding virtual webinars for a wide variety of audiences on the practical and emotional consequences of the Pandemic, and ongoing advocacy with our communities.
- Through these processes we identified the importance of telehealth for persons isolated by the pandemic. We determined that getting objective feedback on telehealth from persons with lived experience in mental health was critical. This has proven to be especially important to provide objective feedback to payors as well.
- In July/August 2020, MHANJ conducted a purposeful pilot study with 75 consumers of mental health telehealth services. The results were compelling, however the need still existed to poll a population more representative of the public system of mental health care in NJ.
- The ICMS population was selected for this purpose. A randomized study of this population was designed, approved, and implemented in 4Q20/1Q21. The findings are reported in this presentation.

Objective

Study Objective:

To gather information about consumers' experiences with telehealth services for behavioral health.

Purpose:

To assess the habits and perceptions of telehealth consumers.

Statement:

Due to the COVID-19 pandemic, it is likely that telehealth is here to stay. This study examines the frequency, forms, and settings in which telehealth is used, as well as how clients perceive telehealth services. Ultimately, the study aims to demonstrate the current impacts of telehealth and provide a basis for the future of telehealth services.

Methods

Sampling

- All ICMS programs in New Jersey were asked to participate.
- FT Case managers in the ICMS programs administered a brief questionnaire about individuals experiences with telehealth to a randomized sample of persons receiving ICMS services in all counties.
- Sample size was 5 clients per FT case manager; 10 clients in high census areas (Essex, Middlesex, Camden).
- Total sample size: 878 clients

Survey Design

- Case managers were given an electronic survey link to complete with the clients.
- The survey utilized Likert scales and contained a total of 12 questions regarding telehealth.

Administration

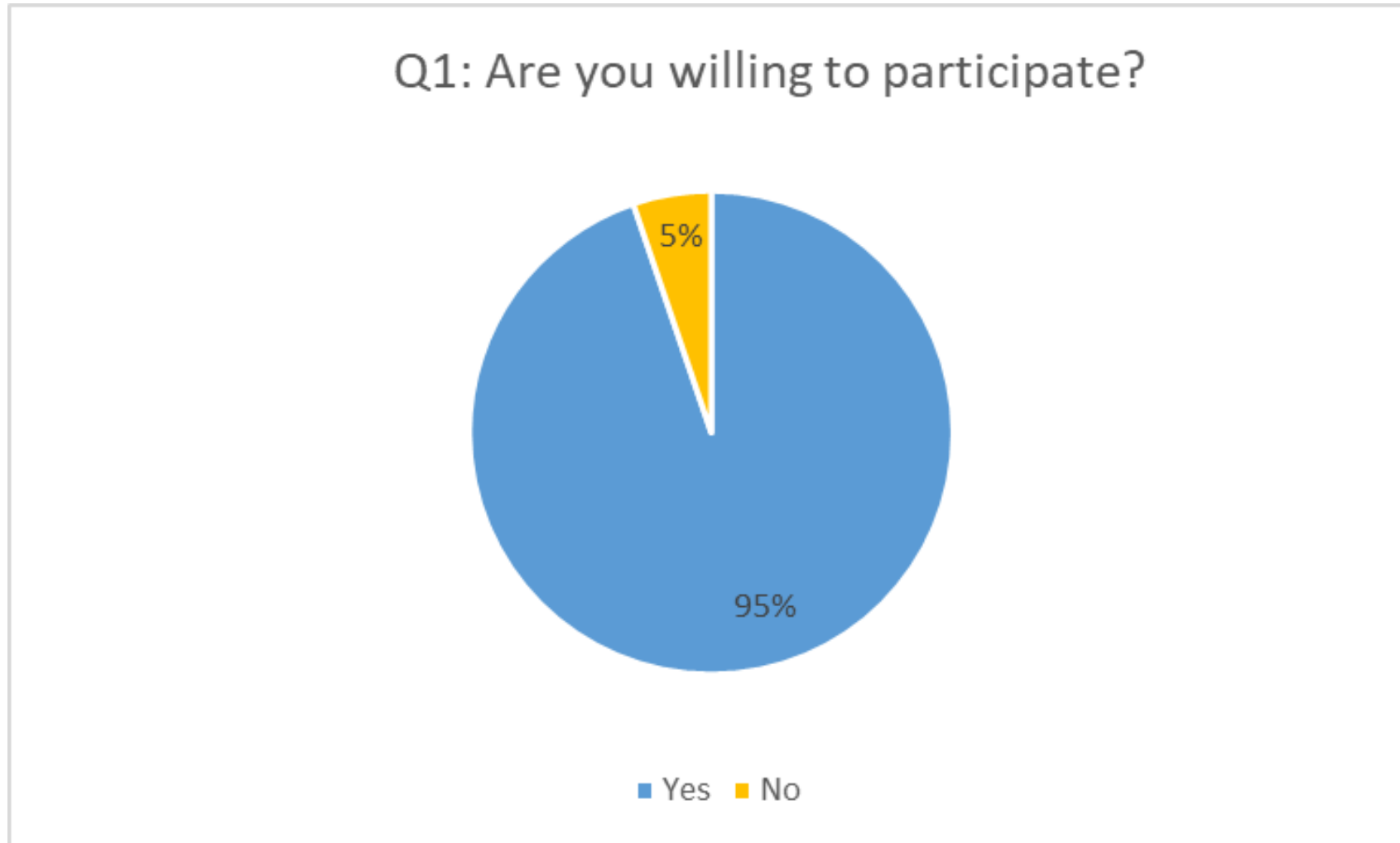
- Case managers administered the questionnaire to their clients. This includes asking for client participation, reading the survey questions, and then electronically recording their responses (on a computer, phone, iPad).

Timeline of Study

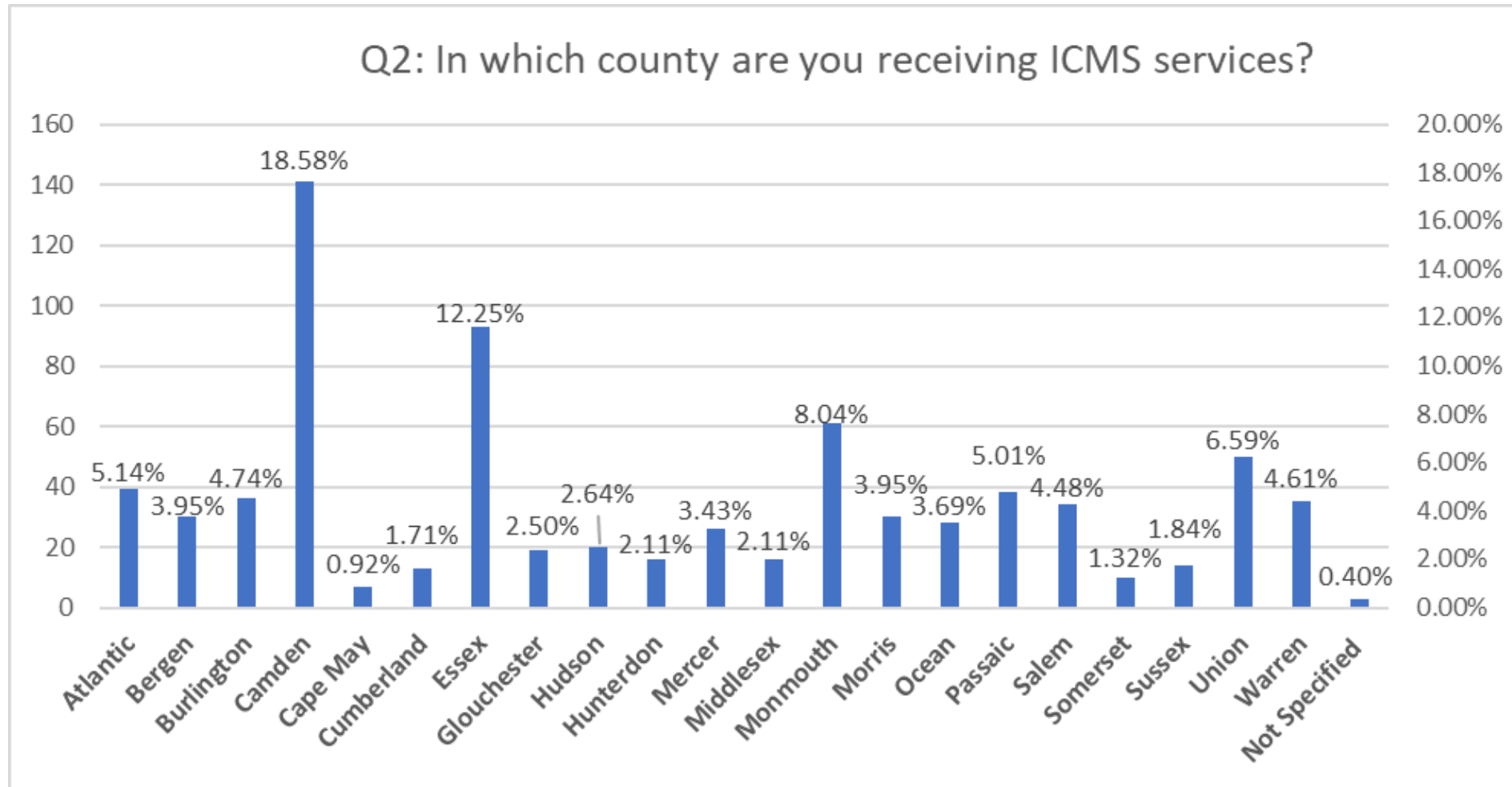
- The study was launched early December 2020 with the intent of completion by year end.
- Due to pandemic issues and vacations, the study was closed February 2021.
- Analysis was completed in March 2021.
- Results first to be shared with ICMS leadership, DMHAS and DHS leadership.
- Second Tier: ICMS programs; advocacy/policy/legislative groups; payors; paper presentation at public health meetings.

Study Results

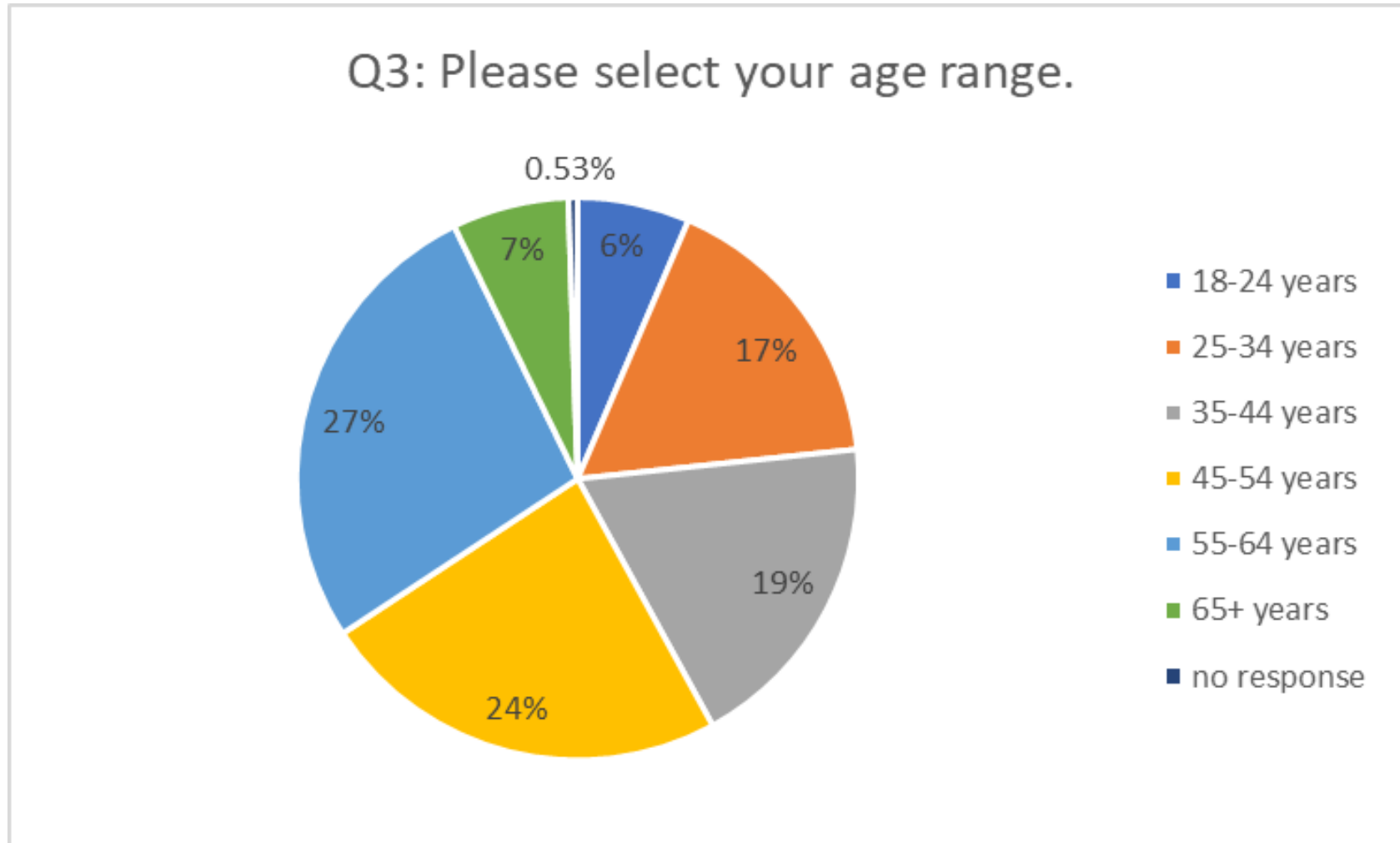
Of 878 Respondents, 95% Agreed to Participate in the Study.



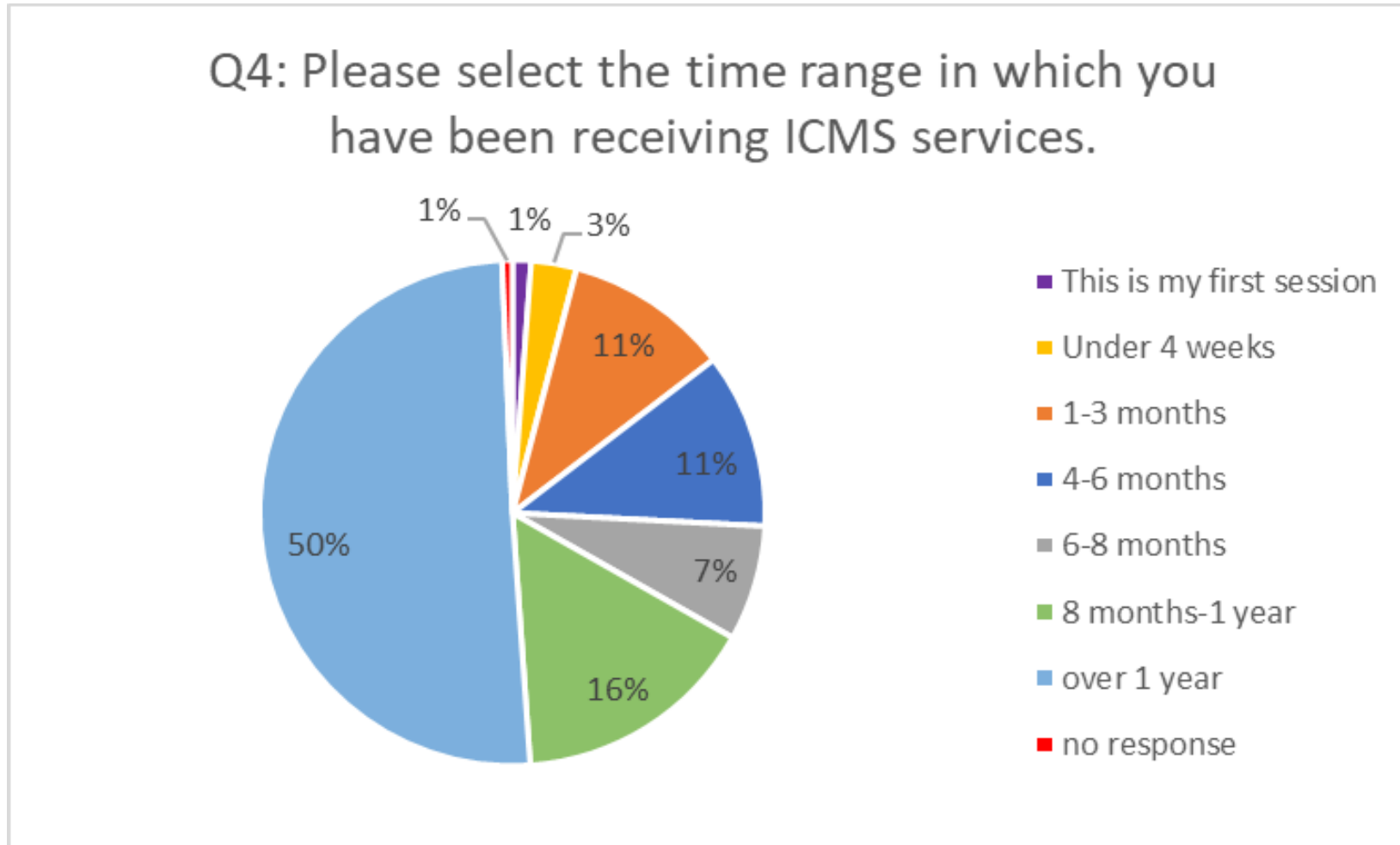
The Majority of Respondents Were From Camden and Essex Counties.



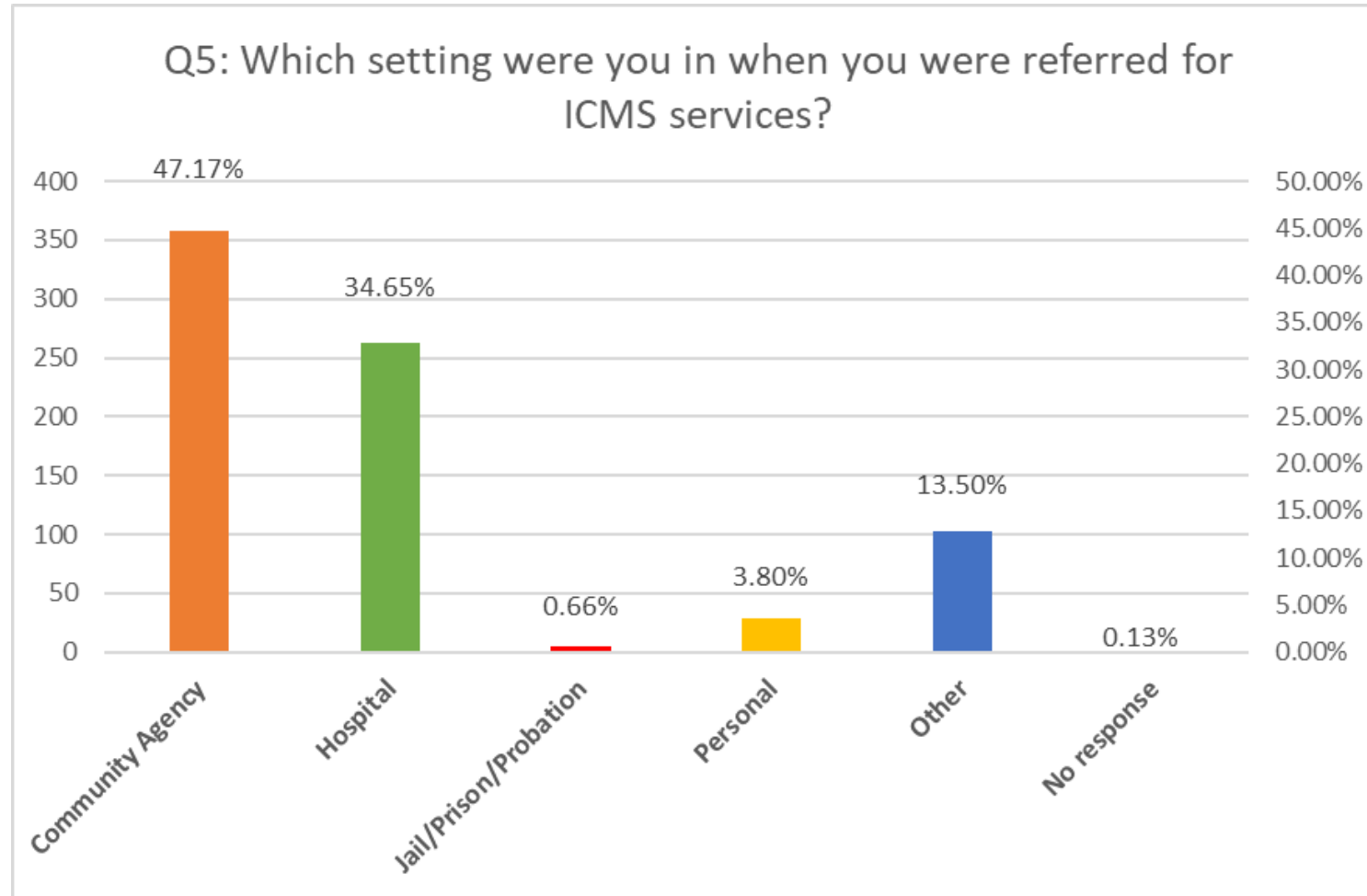
Over 50% of Participants Were 45 Years or Older.



Half of All Participants Have Been Receiving ICMS Services for Longer Than 1 Year.

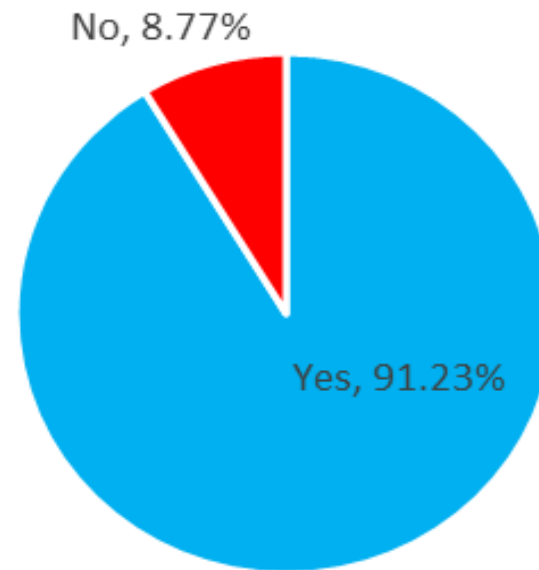


82% of Participants Were Referred to ICMS Via Community Agencies or Hospitals.

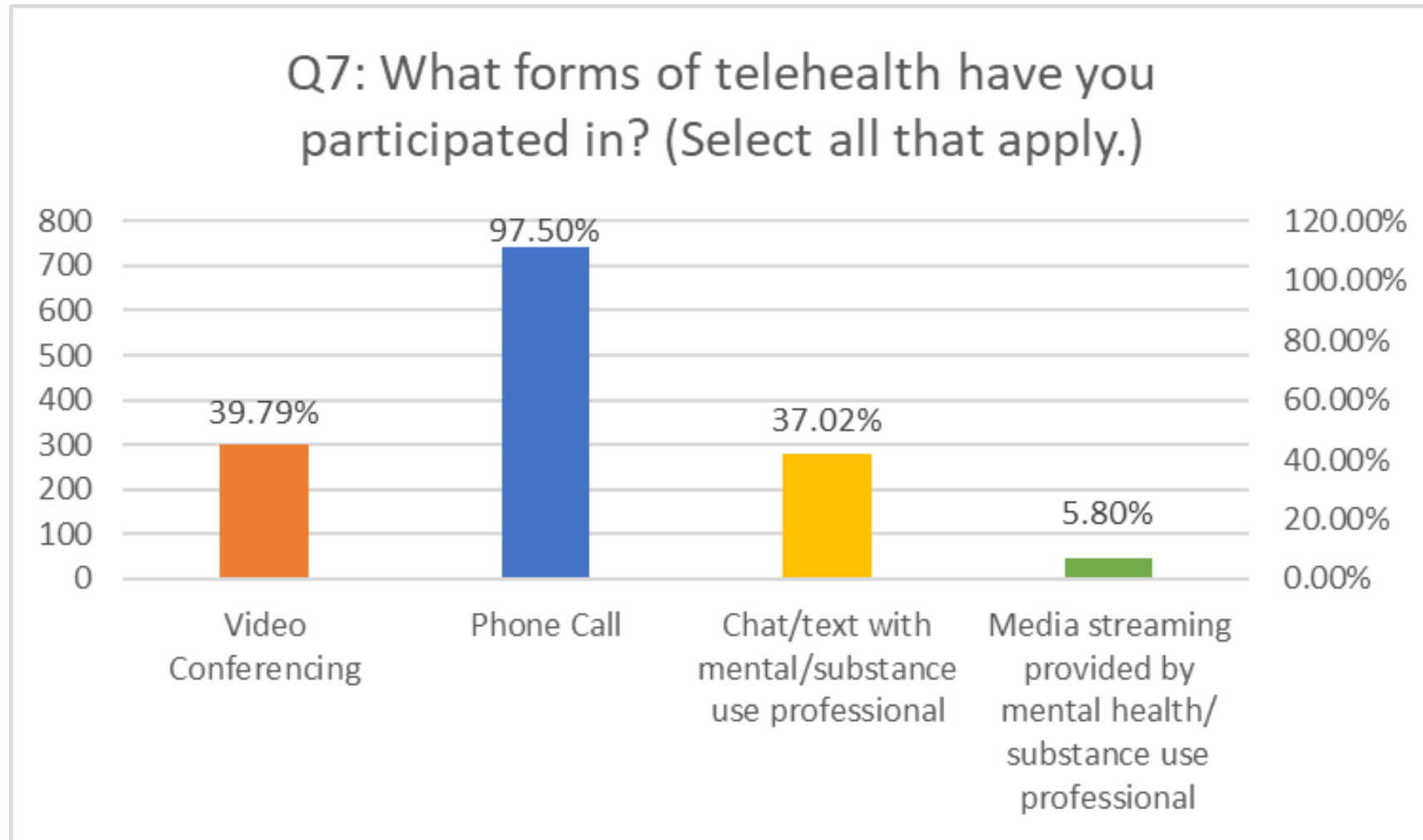


Almost All Respondents Have Participated in Some Form of Telehealth Since the COVID-19 Pandemic Began.

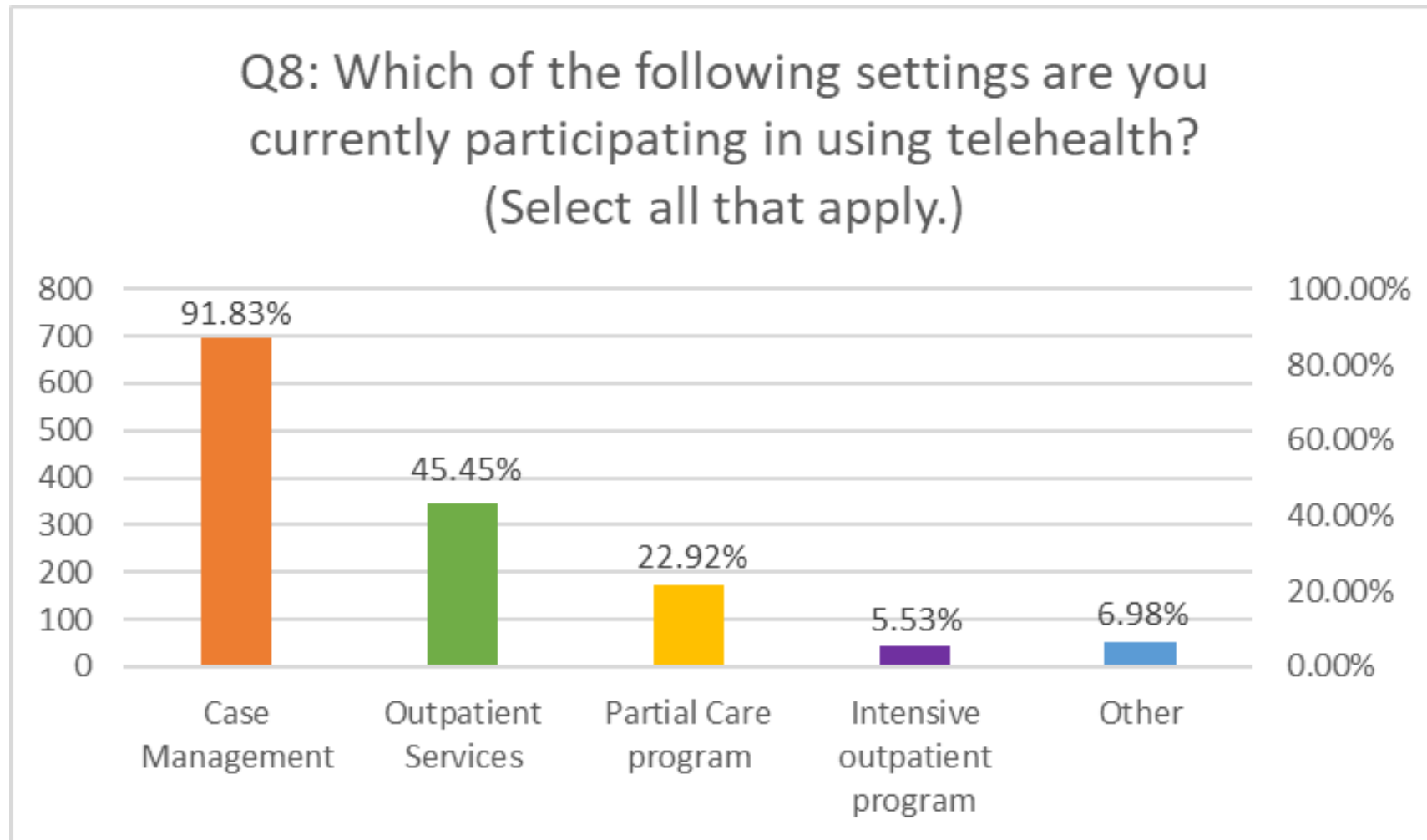
Q2: Have you participated in any forms of telehealth for a mental health or substance use condition since March 2020?



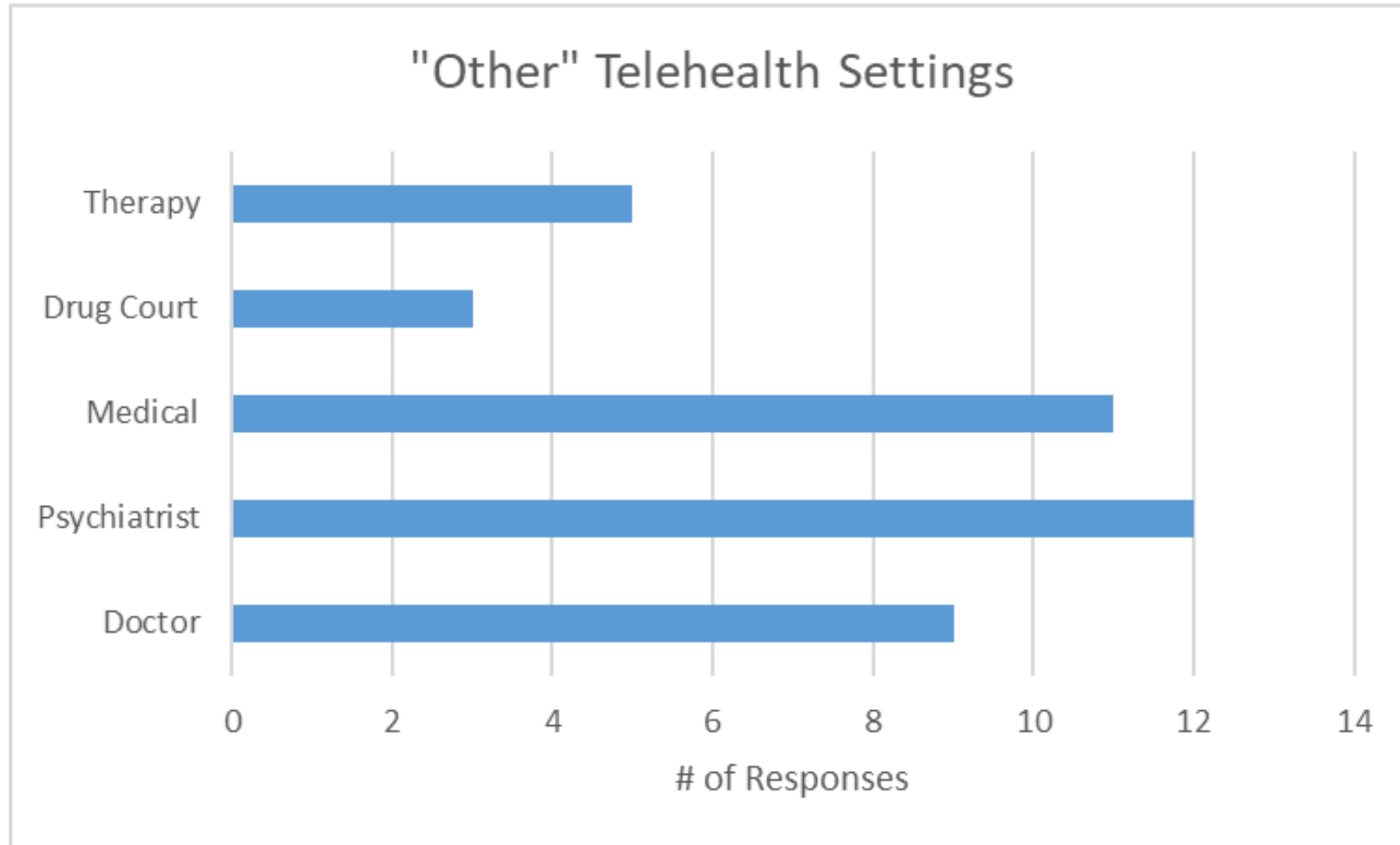
97% of Respondents Use Voice/Phone Calls the Most Frequently, Followed By Video Conferencing and Chat Messaging.



Telehealth Services Were Used by Most Participants in Case Management, Followed by Outpatient Settings.

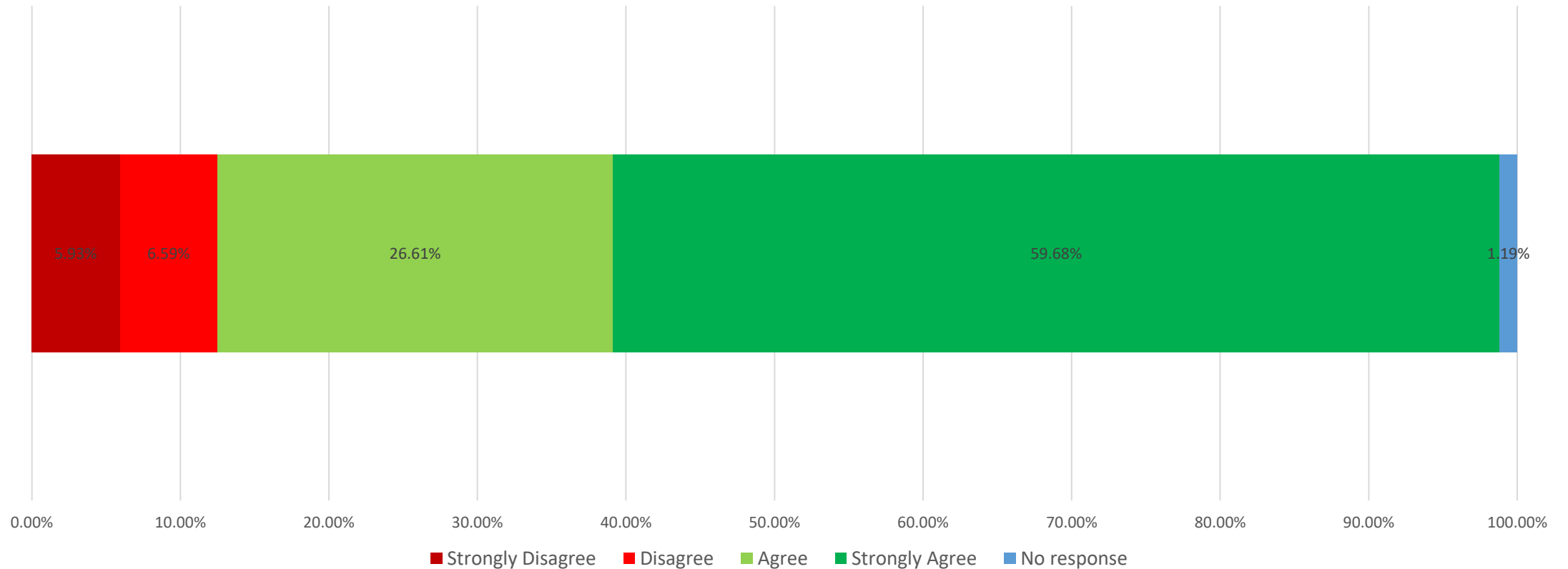


“Other” Settings for Telehealth Services Include:



87% of Participants Agreed or Strongly Agreed That They Used In-Person Services Prior to the Pandemic.

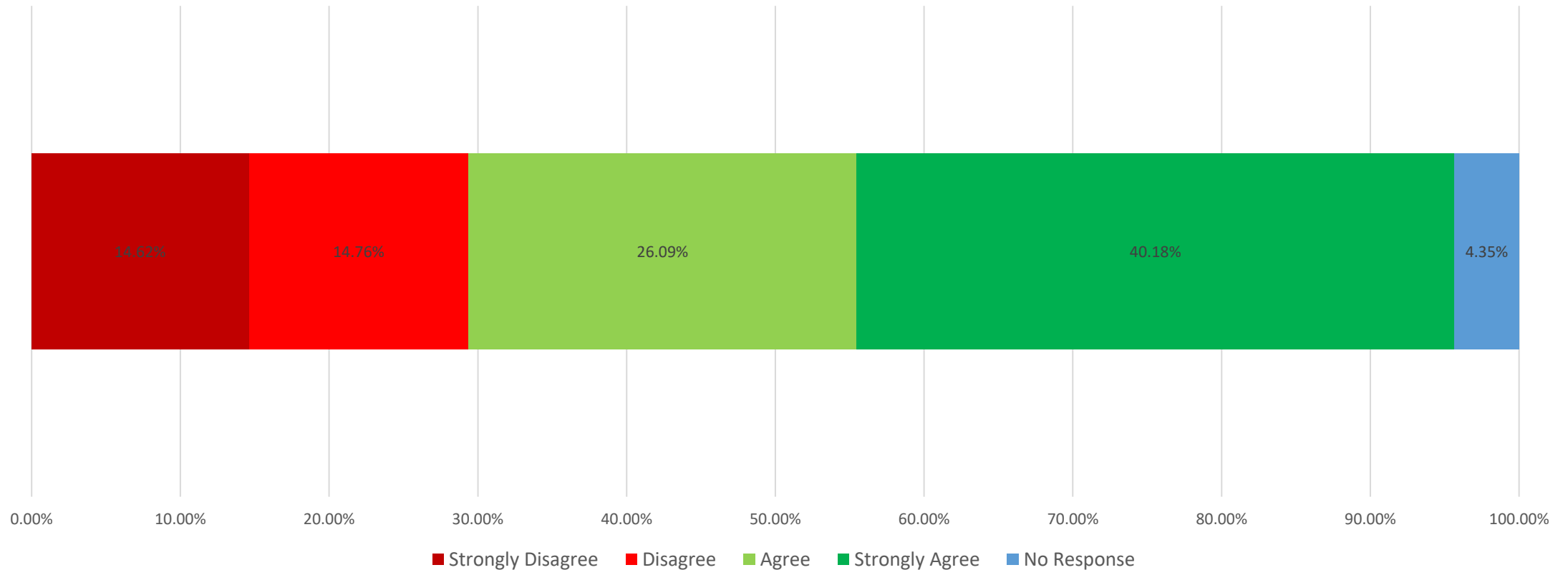
Q9: Prior to the pandemic, I was receiving in-person services for my condition.



Mean: 3.417789757, Std. Deviation: 0.857331837

66% Agreed or Strongly Agreed That They Never Used Telehealth Before the Pandemic.

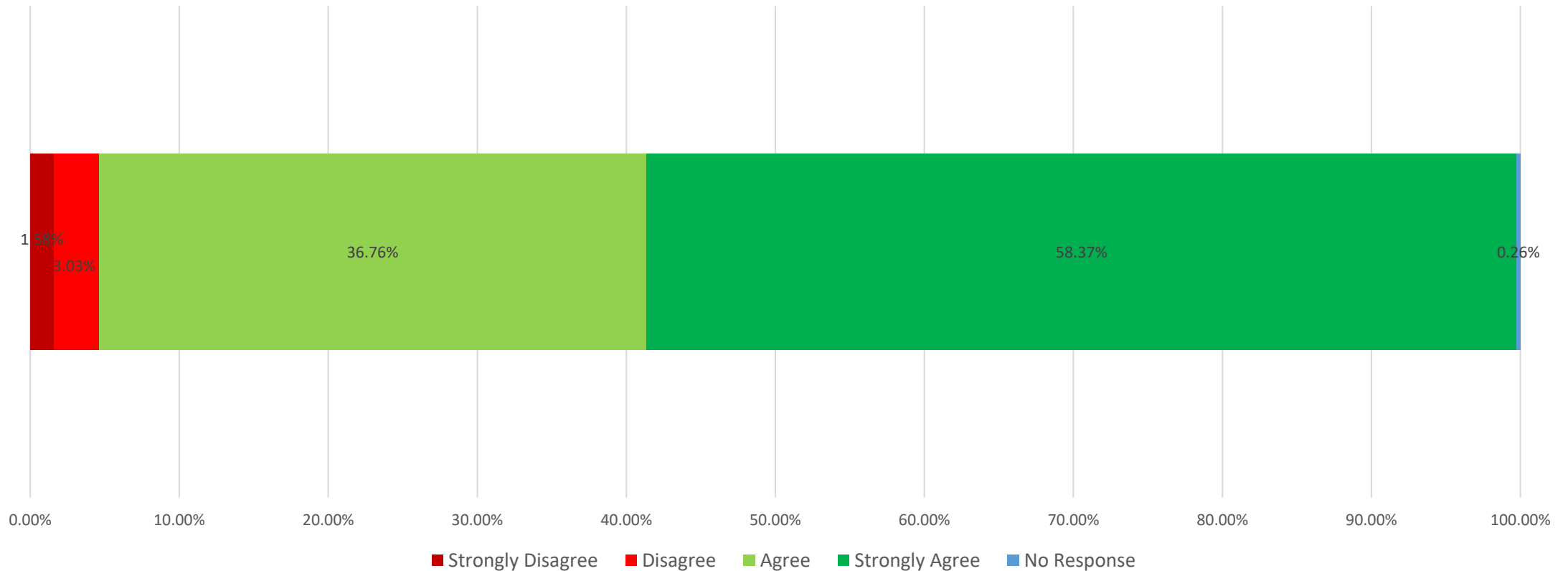
Q9.1: Prior to the pandemic, I had never used telehealth before.



Mean: 2.95821727, Std. Deviation: 1.091253863

95% of Participants Agreed That Telehealth Is A Safe Way to Seek Care During the Pandemic.

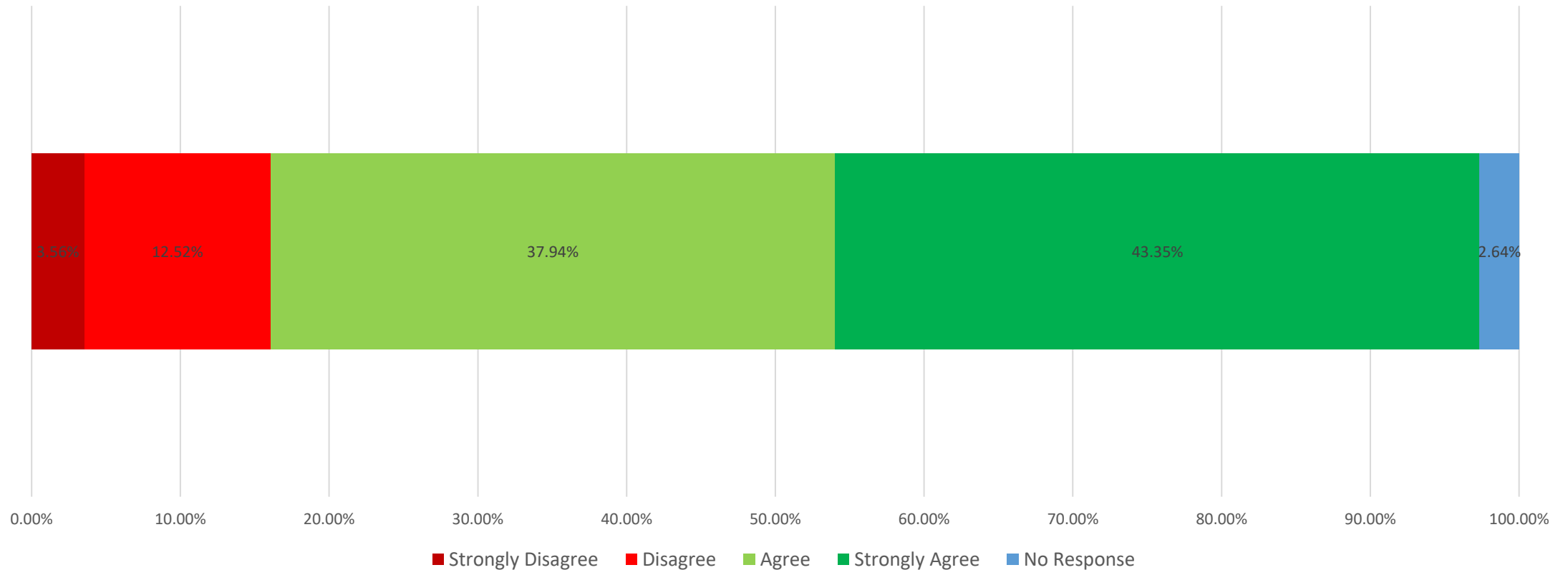
Q10: I believe that telehealth is a safe way to seek care during the pandemic.



Mean: 3.52393617, Std. Deviation: 0.637873829

81% Agreed or Strongly Agreed That Telehealth Is A Great Alternative to In-Person Care.

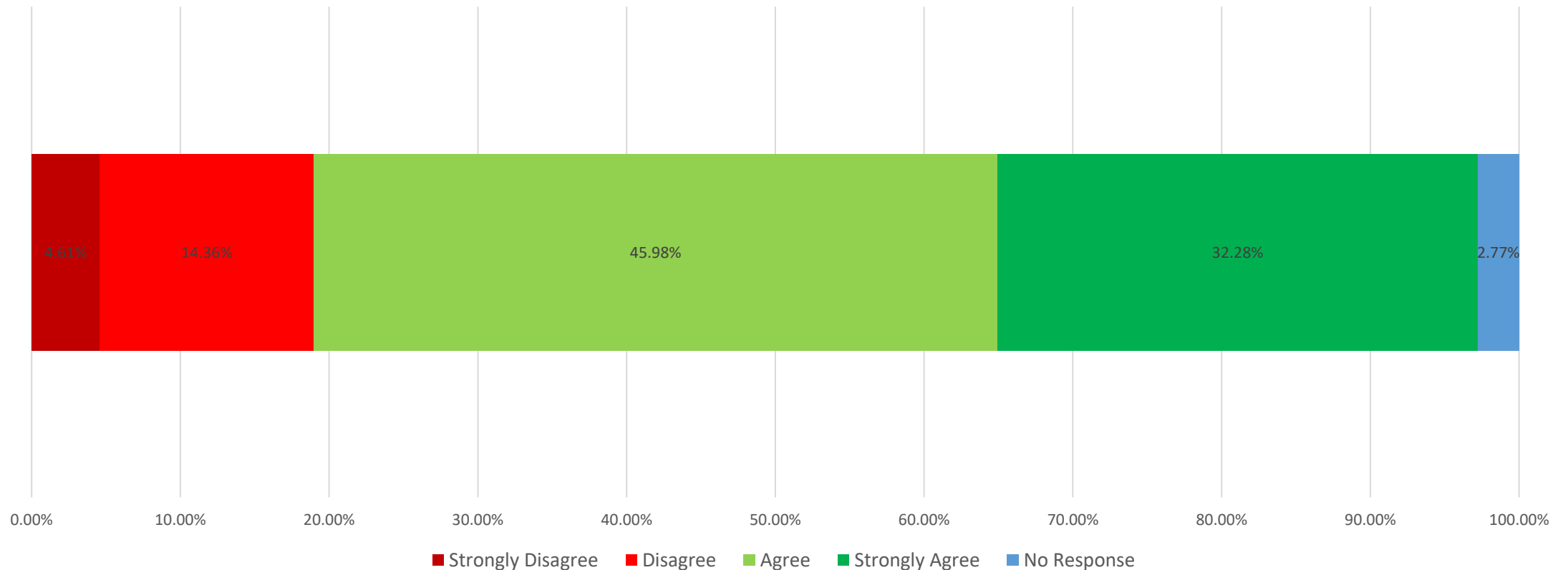
Q10.1: I believe that telehealth is a great alternative to in-person care.



Mean: 3.242506812, Std. Deviation: 0.814963895

78% Agreed or Strongly Agreed That Telehealth Has Been Effective in Treating Their Conditions.

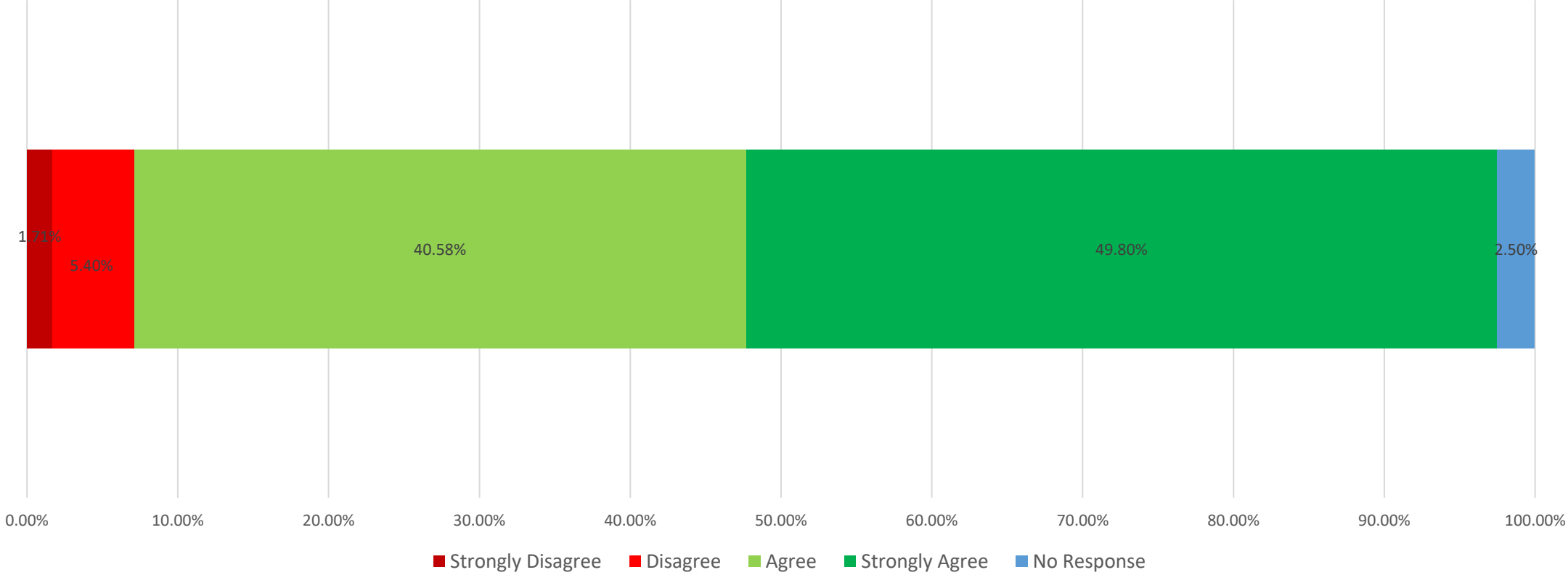
Q10.2: I believe that telehealth is effective at treating my condition.



Mean: 3.087312415, Std. Deviation: 0.814869746

91% Agreed or Strongly Agreed That Telehealth Is Very Convenient.

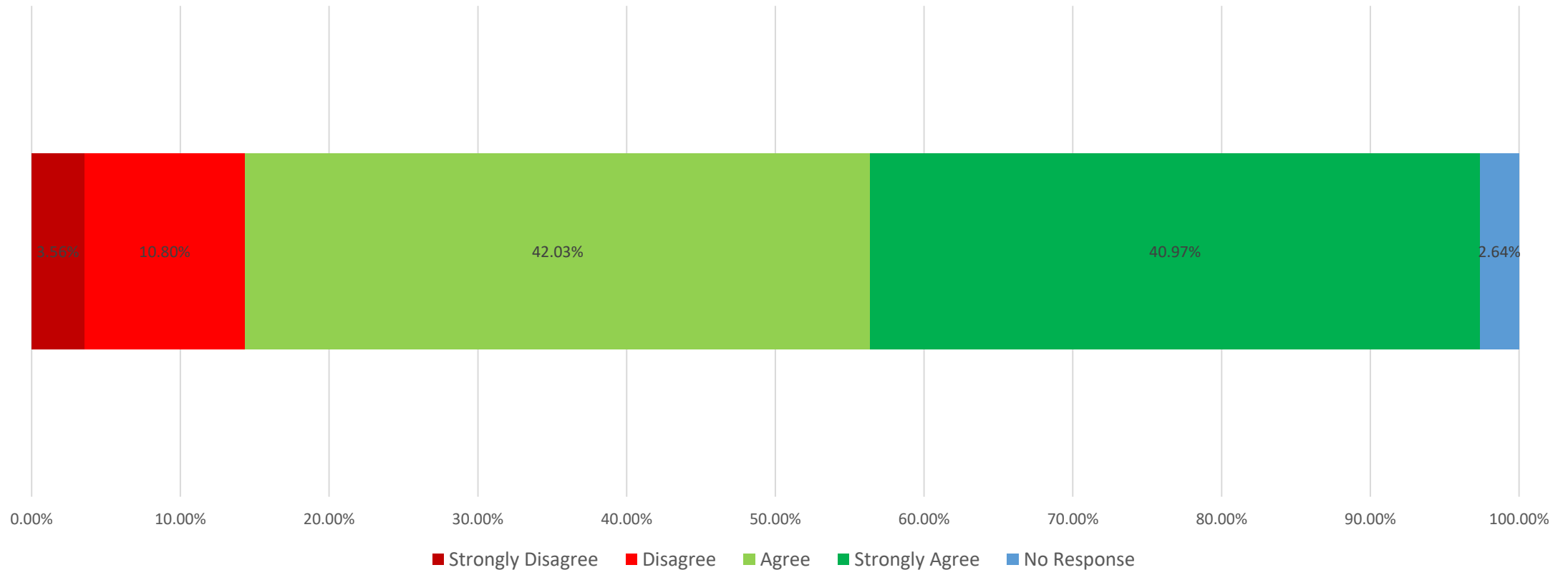
Q10.3: I believe that telehealth is very convenient.



Mean: 3.420408163, Std. Deviation: 0.67984982

83% Agreed or Strongly Agreed That Telehealth Allows Them to Feel Connected to Others While Social Interactions Are Limited.

Q10.4: I believe that telehealth allows me to feel connected to others while social interactions are limited.



Mean: 3.235694823, Std. Deviation: 0.791110263

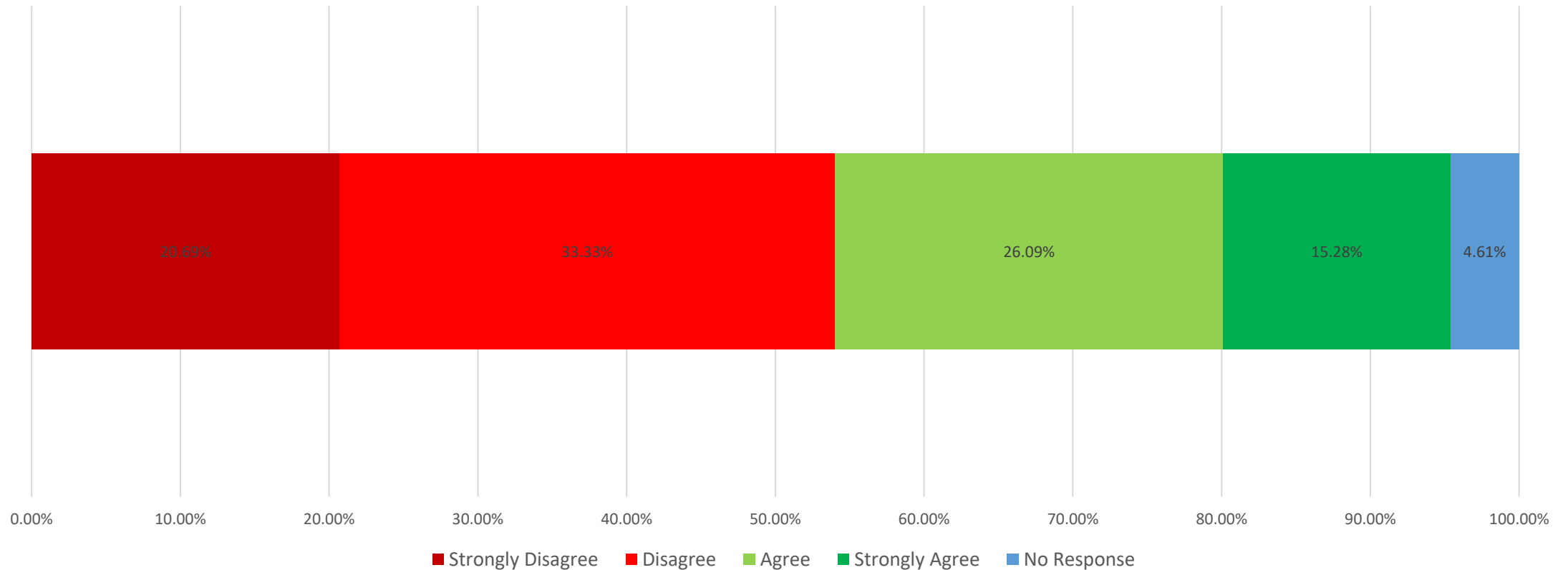
Most Participants Agreed With the Benefits of Telehealth.

Agreed/Strongly Agreed	Telehealth...	Disagreed/Strongly Disagreed
84%	Saves me time on transportation.	13%
82%	Is helpful because I do not have to arrange transportation.	14%
77%	Helps me save money on transportation.	21%
62%	Is flexible with my work schedule.	23%
51%	Is helpful because I do not have to arrange childcare.	33%
17%	Is difficult because I have limited access to a phone for my appointments.	79%
17%	Is difficult because I do not have a place to be alone for my appointments.	78%
44%	Is difficult because I have limited access to a computer for my appointments.	53%

**percentages may not equal 100%, as answers indicating no response were not included in this chart.

While Responses Were Positive Throughout the Study, Only 41% Agreed or Strongly Agreed That They Prefer Virtual (Online) Services.

Q10.9: I have found telehealth helpful because I prefer virtual (online) services.



Mean: 2.374130737, Std. Deviation: 0.994664610

Summary of Key Findings

1. Voice/phone calls are the form of telehealth most commonly used by ICMS clients.
2. The majority of participants indicated positive feelings regarding the convenience and safety of telehealth services during the COVID-19 pandemic.
3. 41% of participants agreed that they prefer utilizing virtual services.



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