

CHANGES TO PSYCHOTHERAPY USE IN 2020 IN MASSACHUSETTS

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INTRODUCTION

The COVID-19 public health crisis contributed to a nationwide increase in anxiety and stress¹. In a June 2020 CDC survey, 41 percent of U.S. adults reported at least one adverse mental or behavioral health condition². The crisis was especially prevalent among young adults, with 75 percent of 18–24-year-olds reporting at least one adverse mental health condition and 26 percent reporting having recently considered suicide. Furthermore, the Massachusetts Health Policy Commission (HPC) has previously found increased rates

of mental and behavioral health-related ED boarding in 2020, especially among pediatric patients.

Policymakers at both the state and federal level have enabled continued access to mental health services during the pandemic by increasing access to telehealth through changes to payment policy. Chapter 260 of the Acts of 2020 established permanent payment parity for tele-behavioral health services in Massachusetts.

OBJECTIVES

Using commercial claims data from the Massachusetts All-Payer Claims Database (APCD), the HPC sought to understand ambulatory mental health care utilization³, the role telehealth played in accessing

psychotherapy during 2020⁴, and to examine the disparities in psychotherapy use among adults and children in the Commonwealth.

STUDY DESIGN

This study used the Massachusetts All-Payer Claims Database (APCD) to measure 2018–2020 psychotherapy utilization and to understand the role telehealth played in accessing psychotherapy during 2020. The professional claims “site of service” field and Health Care Cost Institute methodology were used to identify ambulatory care settings (e.g., hospital outpatient and office-based settings). Professional site of service and Current Procedural Terminology (CPT) codes were used to identify telehealth visits. The HPC calculated the share of psychotherapy visits conducted via telehealth in 2020 and identified the highest and lowest quartiles of telehealth use by zip code. The

HPC analyzed psychotherapy utilization separately among children (ages 0–17) and adults (ages 18–64).

In a sub-analysis, the HPC examined psychotherapy visits among residents who were diagnosed with a mental health condition in the first two months of the year, and who had at least two visits in that period, one of which was in February, to understand trends in discontinuation of regular therapy use from March 15, 2020, to December 31, 2020, compared to prior years. The HPC also calculated the share of the population who used telehealth services to continue their psychotherapy use.

1. Taylor S, Caeleigh A, Landry, Michelle M, Paluszek, Thomas A, Ferguson, Dean McKay, Gordon J.G, Asmundson, et al. Development and initial validation of the COVID Stress Scales, 2020. <https://doi.org/10.1016/j.janxdis.2020.102232>. Journal of Anxiety Disorders. 2020 May;72:102232. doi: 10.1016/j.janxdis.2020.102232. Epub 2020 May 4. PMID: 32408047; PMCID: PMC7198206 (<https://www.sciencedirect.com/science/article/pii/S0887618520300463>)

2. Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:1049–1057. Available at: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

3. Due to 42CFR, the HPC does not currently receive claims with any substance use diagnosis codes (FXX) or substance use specific services. Therefore, this section will focus solely on mental health therapy visits, identified by CPT codes.

4. It is important to note that this study only contains claims-based data, so any therapy paid for out-of-pocket or through an employee benefit plan (not administered by employee health insurance) will not be represented in this data.

RESULTS

In comparison to nearly all other categories of care, psychotherapy utilization rose with the onset of the pandemic; use remained high throughout 2020. More than 80% of psychotherapy visits were delivered via telehealth among all age groups from April – December 2020.

The percentage of individuals ages 18–64 with any therapy use rose from 11.9% in 2018 to 13.7% in 2020. Over the same period, the average annual number of therapy visits per person (among those with at least

one visit) increased from 11.9 in 2018 to 15.4 in 2020. These increases were driven mostly by younger adults (Exhibit 1). Although therapy use rose for all adults, pre-existing income disparities persisted. Adults in high-income communities had 13.4 visits per person in 2019 and 16.1 in 2020, compared to an increase from 11.8 to 14.9 visits in low-income communities.

The share of children ages 0–17 accessing any psychotherapy services each year also grew, from 8.8% in

2018 to 9.9% in 2020, while the average number of person visits among children rose from 10.2 in 2018 to 12.9 in 2020.

Despite these increases, rates of therapy discontinuation were higher than in prior years, indicating that pandemic-related access challenges may have been a cause. A substantial proportion of both adults and children who had been regular therapy users in January and February of 2020 did not maintain utilization after

the onset of the pandemic. In 2018 and 2019, about 8% of children who were receiving psychotherapy services at the beginning of the year discontinued care, a rate which doubled to 16% in 2020. Similarly, roughly 6% of adults discontinued therapy in 2018 and 2019, a share which grew to nearly 11% in 2020. Men and boys had a higher discontinuation rate in 2020, 14% and 19%, respectively. Women and girls both had discontinuation rates of 9% (Exhibits 2 & 3).

EXHIBIT 1. Total adult psychotherapy visits in person and via telehealth by quarter and age group, per 1000 members, 2020

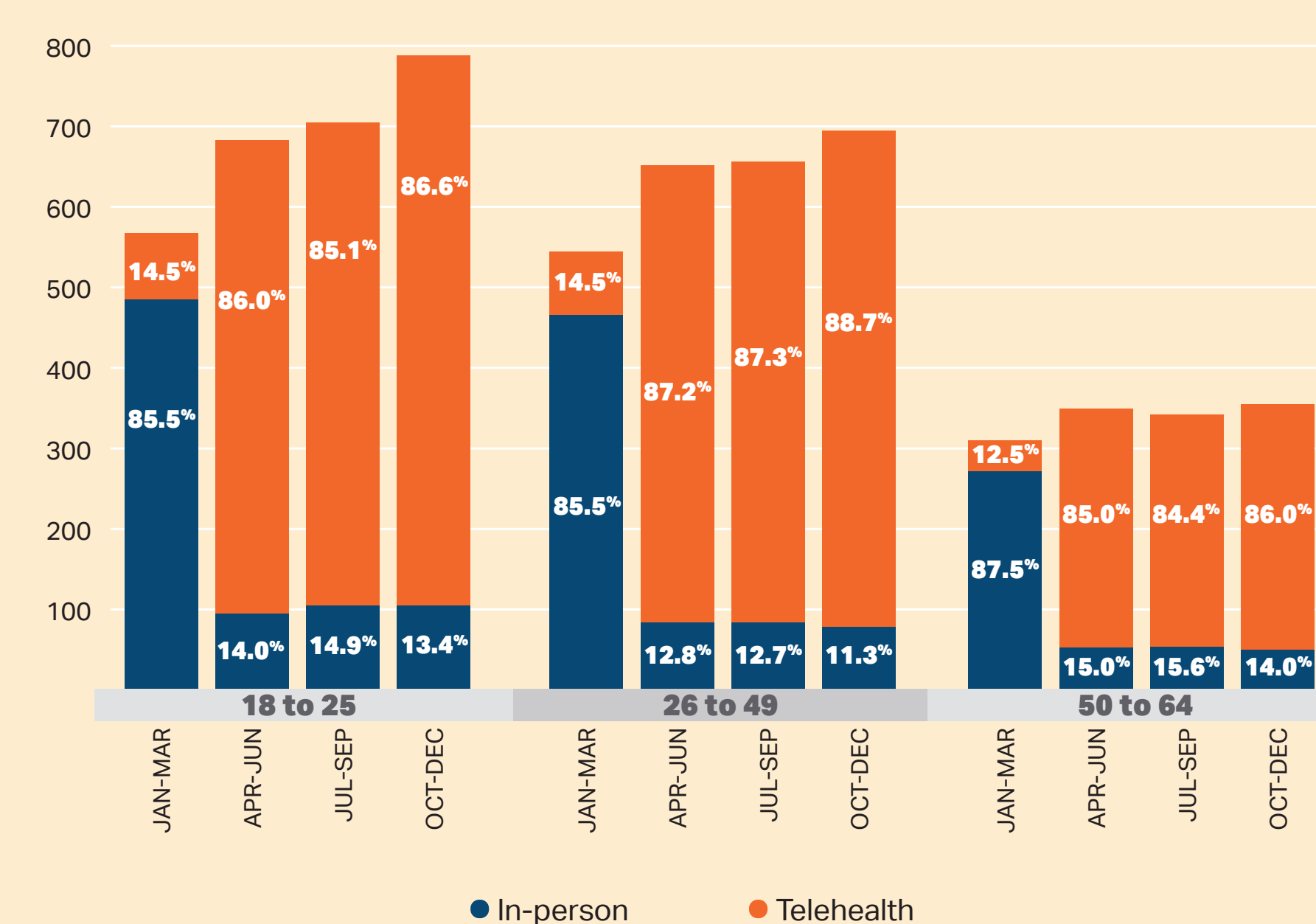


EXHIBIT 2. Continuation of care by mode for March 15 - December 31 each year for patients ages 18-64 who had in-person psychotherapy utilization in January-February of the same year, 2018-2020 and by sex, 2019-2020

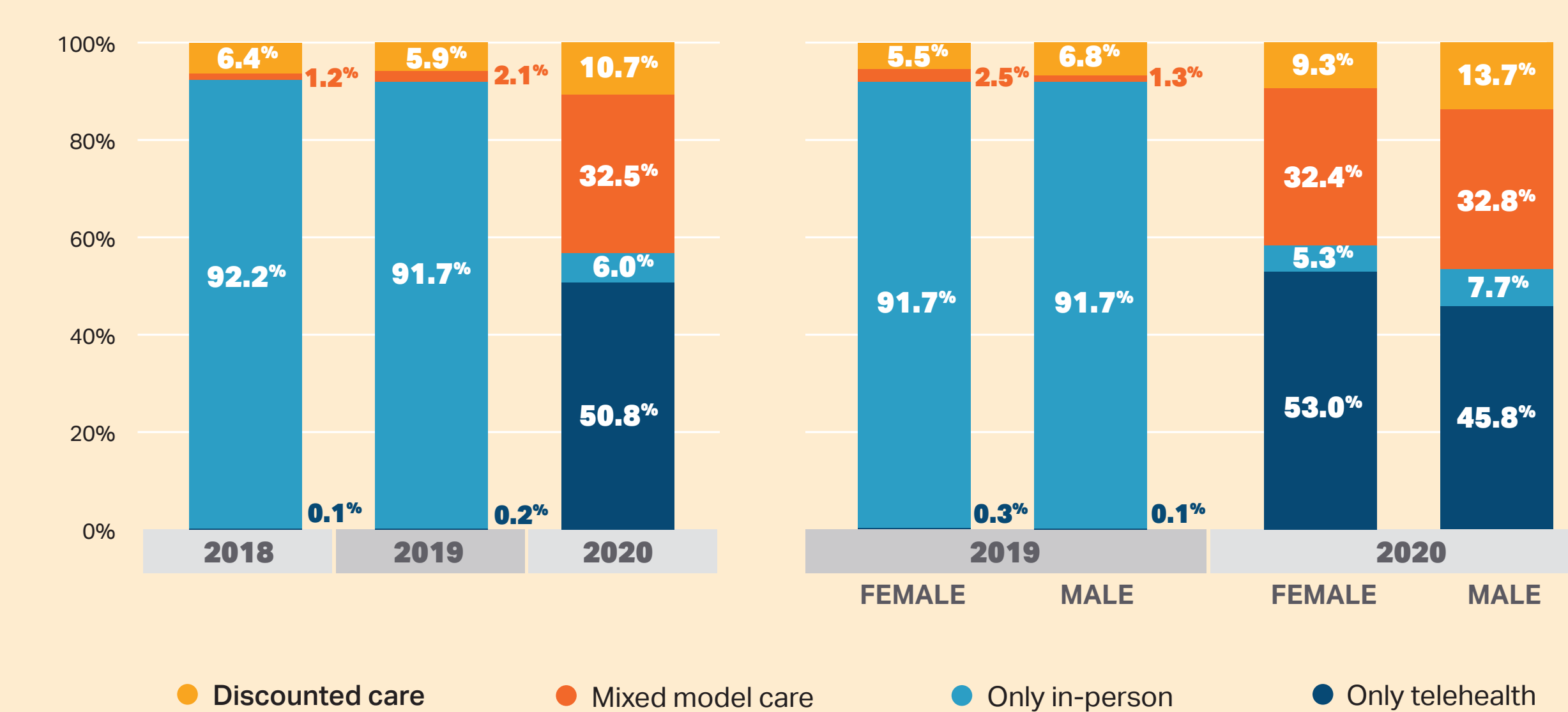
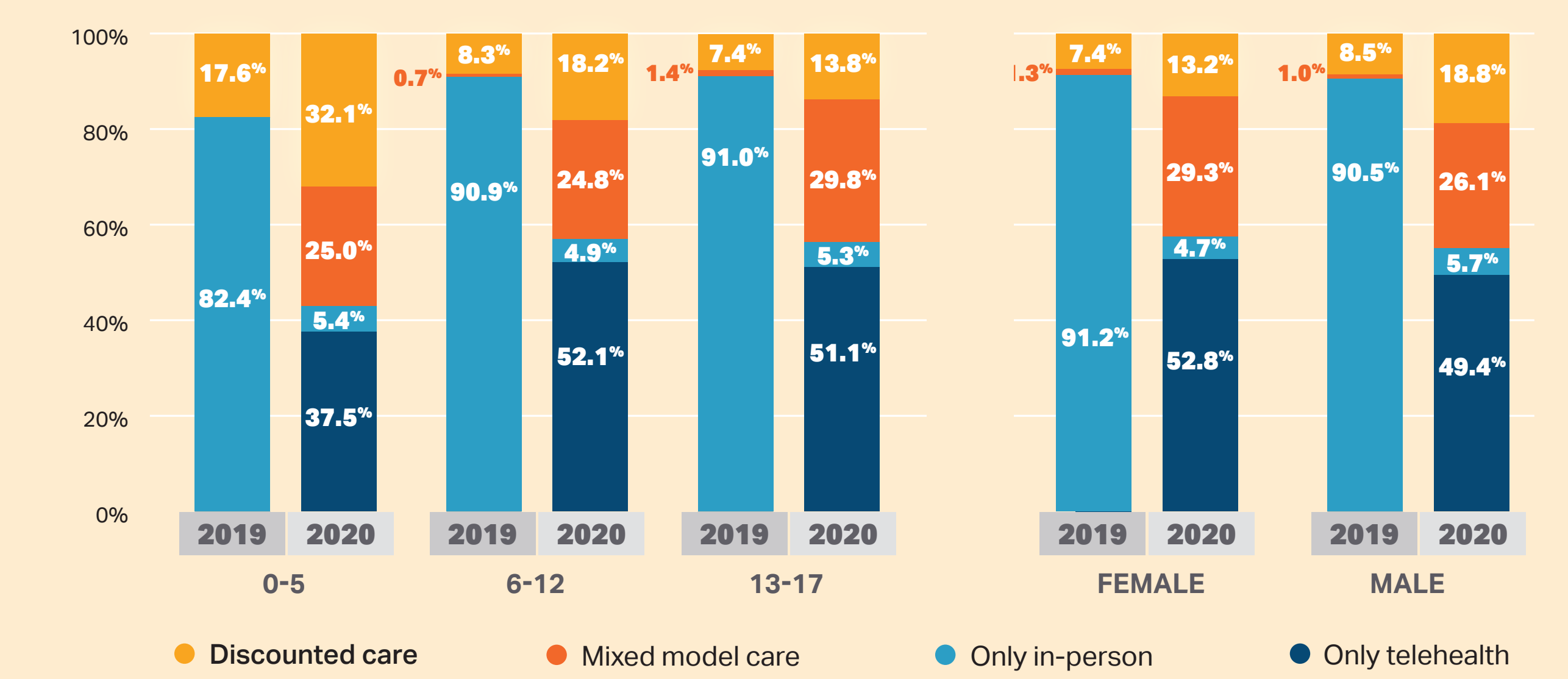


EXHIBIT 3. Continuation of care by mode for March 15 - December 31 each year for patients under age 18 who had in-person psychotherapy utilization in January-February of the same year, 2018-2020 and, by age and sex, 2019-2020



CONCLUSIONS

A higher share of Massachusetts residents increased their psychotherapy utilization and had a greater intensity of care in 2020, compared to the previous two years. This jump in utilization was mainly propelled by younger adults, aged 18–25.

Roughly 86% of all visits between April–December of 2020 were conducted via telehealth, which indicates that telehealth enabled continued

access to mental health care. Approximately 50% of adults and children who were regular therapy users in the early months of 2020 continued their therapy utilization through telehealth for the rest of the year. However, a higher share of men, boys, and children living in lower-income communities who were regular therapy users before the onset of the pandemic discontinued their therapy utilization in 2020 than women, girls, and those in higher-income communities.

POLICY IMPLICATIONS

Access to telehealth services should be maintained, as it has enabled continuation of care for individuals who may have abandoned mental health care during the pandemic without that modality. Resources should be devoted to ensuring continued access to both telehealth and in-person mental health care, especially for the groups who were more likely to

have discontinued care due to pandemic-related disruptions. The HPC has published other policy recommendations around increasing access to telehealth in a 2023 report “Telehealth Use in the Commonwealth and Policy Recommendations” which includes exploring policy levers to increase access to telehealth in traditionally underserved populations.

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