The effect of Kentucky's tele-mental health expansion on Medicaid providers' delivery of and satisfaction with telemental health.

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BACKGROUND

- Kentucky's proactive initiative in 2018 to authorize telehealth use was designed to ensure continuous healthcare access.¹
- The expansion of telehealth services among
 Medicaid providers holds particular significance in mental and behavioral healthcare.
- However, it is imperative to scrutinize the utilization of and satisfaction with tele-mental health services by Medicaid providers, contributing to the well-being of individuals living with mental and behavioral health problems.

PURPOSE

Examine the effect of the tele-mental health expansion on treatment outcomes and healthcare utilization by assessing providers' satisfaction with tele-mental health services.

METHODS

- A cross-sectional study.
- An anonymous, voluntary survey was distributed to Medicaid providers across selected Community Mental Health Centers (CMHCs), including NorthKey, New Vista, Pathways, RiverValley Behavioral Health, and Adanta.
- Surveys were administered either in-person with the assistance of research personnel or online with support from CMHC staff.
- The collected data included demographic information, frequency of telehealth use for mental and behavioral health services, and the Telehealth Usability Questionnaire.
- Additionally, Medicaid providers were asked to evaluate their attitudes, subjective norms, perceived behavioral control, and intentions to provide behavioral mental health services via telehealth platforms.

Data Analysis

- Chi-square tests of independence was employed to examine associations between demographic variables and telehealth frequency use.
- Hierarchical linear regression was utilized to identify factors associated with telehealth usability ratings.
- A p-value of 0.05 was considered indicative of statistical significance.

Sample Characteristics

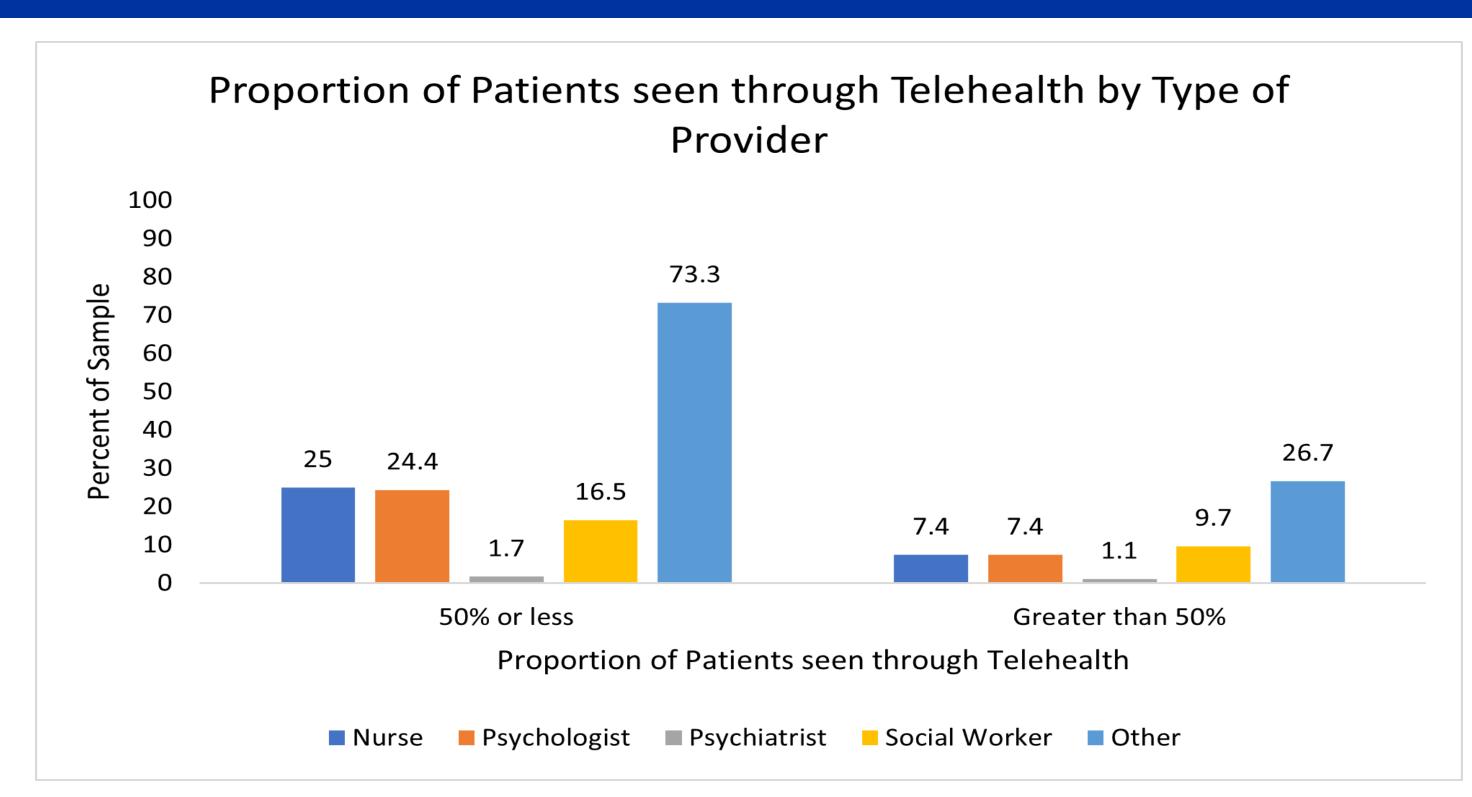
	n	%
Demographic characteristics (N = 176)		
Age		
35 year or younger	59	33.5%
36 year or older	117	66.5%
Sex		
Man	22	12.5%
Woman	154	87.5%
Gender Identity		
Heterosexual	148	84.1%
Non-Heterosexual	28	15.9%
Ethnicity		
White	148	84.1%
Other	28	15.9%
Marital Status		
Single	26	14.8%
Married or Widowed	125	71.0%
Divorced or separated	24	13.6%
Missing	1	0.6%
Education		
Less than college graduate	11	6.3%
College graduate	165	93.8%
Provider Location		
Urban	79	44.9%
Rural	96	54.5%
Missing	1	0.6%
Type of Provider		
Nurse	57	32.4%
Psychologist	56	31.8%
Psychiatrist	5	2.8%
Social worker and case manager	46	26.1%
Other	12	6.8%
Percentage of Patients Seen		
50% or less	129	73.3%
Greater than 50%	47	26.7%
Telehealth Usability Questionnaire (M ± SD)	115.52 ± 24.79	

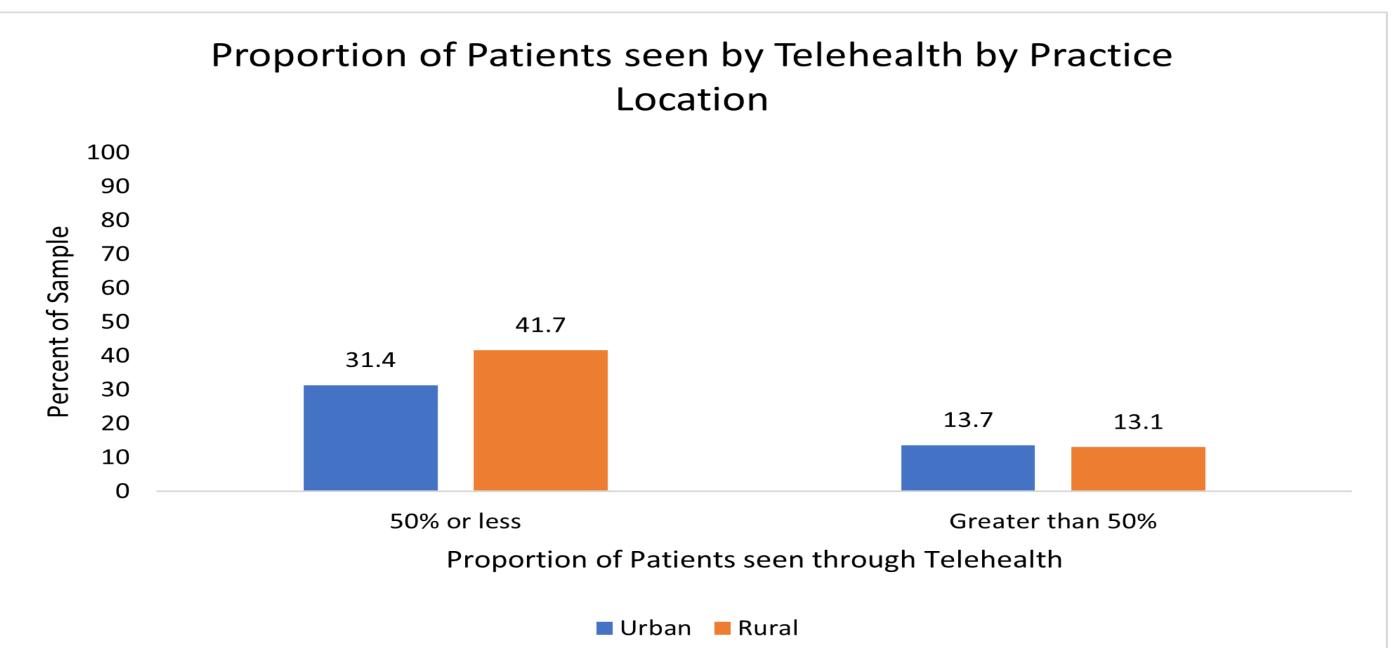
CONCLUSION

The study's findings indicate that tele-mental health options support the provision of mental and behavioral healthcare services for Medicaid beneficiaries and subsequently enhance beneficiary adherence to treatment and health outcomes.

Future studies should explore interventions to increase tele-mental health use, address access barriers, and improve healthcare utilization for Medicaid beneficiaries.

RESULTS





Factors Associated with Telehealth Usability Scores among Medicaid Providers

	F	p-value	R ² change	Beta	p-value
Step 1	1.03	.406	.036		
Age				168	.036
Sex				033	.651
Marital Status 2				.064	.526
Marital Status 3				.115	.256
Ethnicity				073	.325
Education				020	.781
Step 2	7.50	.007	.042		
Work Location (Urban)				.187	.012
Step 3	20.86	<.001	.103		
Percentage (50% or less)				.329	<.001

In the final step, adding the percentage of patients seen by providers using telehealth (50% or less vs. greater than 50%) increased the explained variance to 10.3% and resulted in a significant model (p <.001).

REFERENCES

- Kentucky Medicaid Services: https://apps.legislature.ky.gov/law/kar/titles/907/003/170/
- Parmanto B, Lewis AN Jr, Graham KM, Bertolet MH. Development of the Telehealth Usability Questionnaire (TUQ). Int J Telerehabil. 2016 Jul 1;8(1):3-10.