

Family Guidance Centers, Inc.

Substance Use Disorder (SUD) Patient Experience with Telephone Counseling During the COVID-19 Pandemic:
Results from the Family Guidance Centers, Inc. Telehealth Survey

February 2021



Substance Use Disorder (SUD) Patient Experience with Telephone Counseling During the COVID-19 Pandemic: Results from the Family Guidance Centers, Inc. Telehealth Survey

Executive Summary

In order to understand the impact of the rapid change to telehealth for substance use disorder (SUD) counseling during the COVID-19 pandemic, Family Guidance Centers, Inc. (FGC) conducted a survey of 1,914 patients receiving outpatient methadone maintenance treatment (OMT) services across nine program locations in Illinois from June 14 to December 15, 2020. From survey respondents' overwhelmingly positive feedback on telephone counseling, there is evidence that the continuation of telehealth for treatment of SUD has the potential to increase access to care, increase convenience for patients and improve satisfaction with the care they receive. **Key findings include the following:**

- The vast majority (92.9%) of patients reported that they had a usable cell phone and 92.6% reported that they had available minutes for telephone counseling.
- Just under 95% of survey respondents reported having at least one telephone session with their counselor and among those patients, 98.1% stated that phone sessions were helpful for their recovery.
- 88.7% of survey respondents using telehealth reported that telephone sessions were just as helpful as in-person, face-to-face sessions.
- When asked what they liked about telephone counseling, the most frequent responses were that telephone sessions were more convenient, they allowed patients to come into the clinic less often, they made it easier to make counseling fit into patients' work schedules, and they reduced transportation problems associated with participating in treatment.
- When asked what they did not like about telephone counseling, the most frequent responses were that patients missed seeing their counselor, they preferred face-to-face sessions, they found telephone sessions impersonal and they felt they spent too much time playing "phone tag" with their counselor.

While state and federal policy changes on telehealth use and reimbursement were precipitated by the COVID-19 pandemic, these policy changes were also necessary to address long-standing structural barriers to accessing treatment. As SUD and mental health treatment providers seek to secure lasting regulatory and reimbursement policies to support the use of telehealth services, it is important for the behavioral health care field to develop a comprehensive plan for ensuring provider competence in using telehealth effectively and guidelines for patient-centered, evidence based treatment that incorporates telehealth as a key component of care. While the COVID-19 pandemic quickly ushered in the use of telehealth, the lessons learned from behavioral health providers should help inform long-term policy for the post-COVID era.

For questions regarding the FGC Telehealth Survey, please contact:
Maria Bruni, Ph.D., Senior Vice President
mbruni@fgcinc.org

Background

The COVID-19 pandemic created the need for substance use disorder (SUD) treatment providers to develop strategies to provide ongoing care for patients while undertaking social distancing measures to reduce the spread of the coronavirus. Protecting staff and patients from exposure to the virus has required SUD providers to limit the number of in-person services while rapidly expanding the use of telehealth (telephone and video) counseling (Long, Manz and Mette, 2020). Both the federal government and the State of Illinois enacted policy changes to make telehealth services easier to access during the public health emergency. The Centers for Medicare and Medicaid Services (CMS) announced in March 2020 that it would waive HIPAA penalties for use of noncompliant technologies, such as Skype and FaceTime, for telehealth encounters with patients during the COVID-19 emergency (HHS, 2020). Also in March 2020, the Illinois Department of Healthcare and Family Services (HFS) submitted an 1135 Medicaid waiver to CMS and issued emergency Medicaid administrative rules in order to allow greater flexibility and for parity in reimbursement for services (including SUD counseling) delivered via telehealth (HFS, 2020). Opioid treatment programs (OTPs) delivering outpatient methadone maintenance treatment also received guidance in March from the Substance Abuse and Mental Health Services Administration (SAMHSA) allowing stable patients to receive 28 days of take-home doses of methadone, and up to 14 days for “patients who are less stable but who the OTP believes can safely handle” those take-homes (SAMHSA, 2020). While all of these changes allowed patients to have continued access to critical treatment services during the public health crisis, they also addressed access to care problems and the underutilization of telehealth for the delivery of behavioral health services that existed prior to the pandemic (Huskamp et al. 2018; Lin et al., 2019; Warren & Smalley, 2020).

Telehealth Effectiveness in SUD Treatment

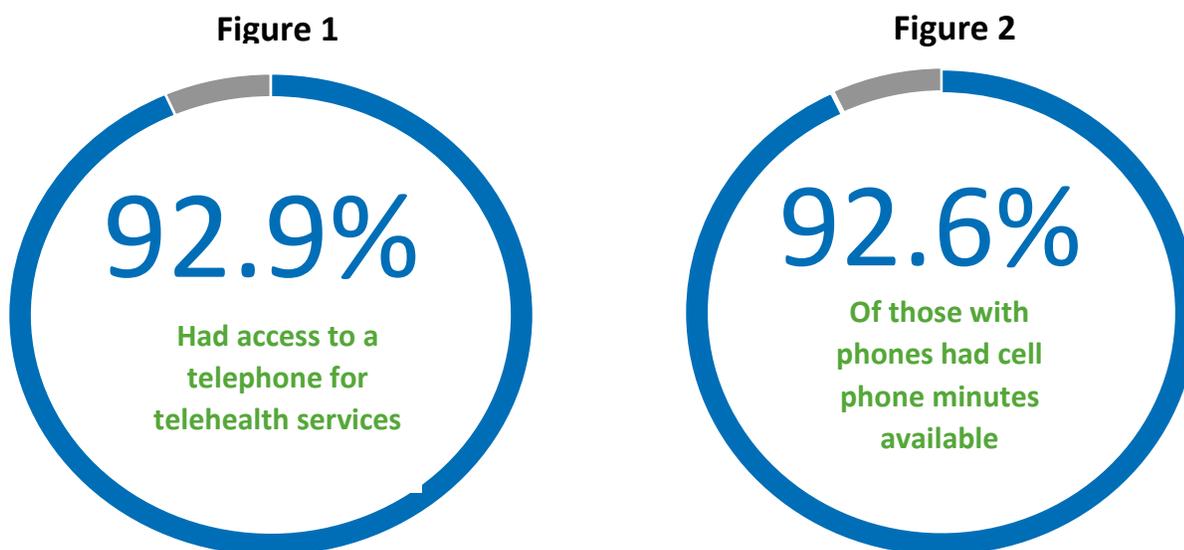
There is early evidence of positive outcomes resulting from the rapid shift to delivering SUD services via telehealth (Oesterle et al, 2020; Hughto et al, 2021). Even prior to the current public health crisis, telephone-based recovery supports and SUD services delivered through video-conferencing were associated with retention in services, lower rates of missed appointments and higher rates of patient satisfaction (Eibl, et al., 2017). Since the onset of the COVID-19 pandemic, telehealth has become more widely used as an effective tool for engaging and retaining patients with SUD in care (Hughto et al., 2021). Feedback from clinicians treating individuals with OUD points to the positive impacts of telehealth on interactions with patients and the increase in access for those seeking care (Uscher-Pines et al., 2020).

Family Guidance Centers, Inc. (FGC) Telehealth Survey

In order to understand the impact of the rapid change to telehealth for SUD counseling, Family Guidance Centers, Inc. (FGC) conducted a survey of patients receiving outpatient methadone maintenance treatment (OMT) services across nine program locations in Illinois. Responses to the survey totaled 1,914 from June 14 to December 15, 2020. The survey instrument consisted of 40 items primarily aimed at assessing patients’ experience with individual telephone sessions with their counselor. The majority of items asked respondents to report the extent to which they agreed/disagreed with statements about

their experience with receiving individual and counseling via telehealth. Open-ended questions were included to gain detailed patient feedback on what they liked and did not like about telehealth services.

Prior to implementing the Telehealth Survey, FGC conducted a short patient survey in March 2020 in order to gather information about patients' capacity to utilize telehealth services and to help the agency prepare for the rapid shift to telephone and video counseling. FGC staff administered 652 surveys, with 92.9% (N=606) of patients reporting that they had a usable cell phone (Figure 1). Among patients with access to a cell phone (N=606), 92.6% reported having available minutes for telephone counseling (Figure 2).



Results

Results from the larger FGC Telehealth Survey (N=1,914) conducted from June-December 2020 show that the vast majority of patients reported having telephone sessions with their counselors and patient feedback was overwhelmingly positive on SUD telehealth services at FGC. Just under 95% (N=1,816) of survey respondents reported having at least one telephone session with their counselor and among those patients, 98.1% stated that phone sessions were helpful for their recovery (Figure 3). In addition, 88.7% of patients participating in telephone counseling agreed with the statement that “The phone sessions I’ve had have been as helpful as an in-person, face-to face session,” (Figure 4). Privacy did not appear to be a concern among respondents, in that 92.6% agreed with the statement “My current living environment has the privacy I need to participate in long-term telephone counseling for individual sessions.”

Figure 3

The phone sessions I've had have been helpful to my recovery.

(N=1,773)

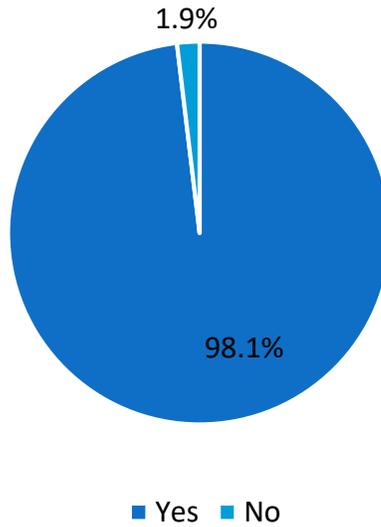
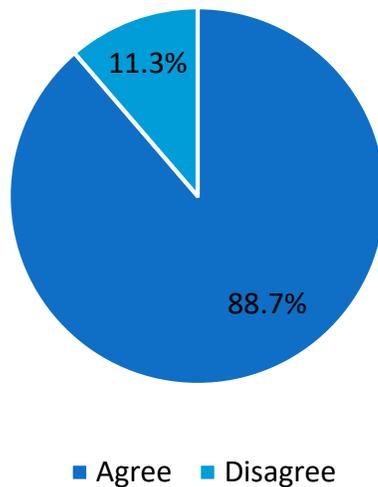


Figure 4

The phone sessions I've had have been as helpful as an in-person, face-to-face session.

(N=1,767)

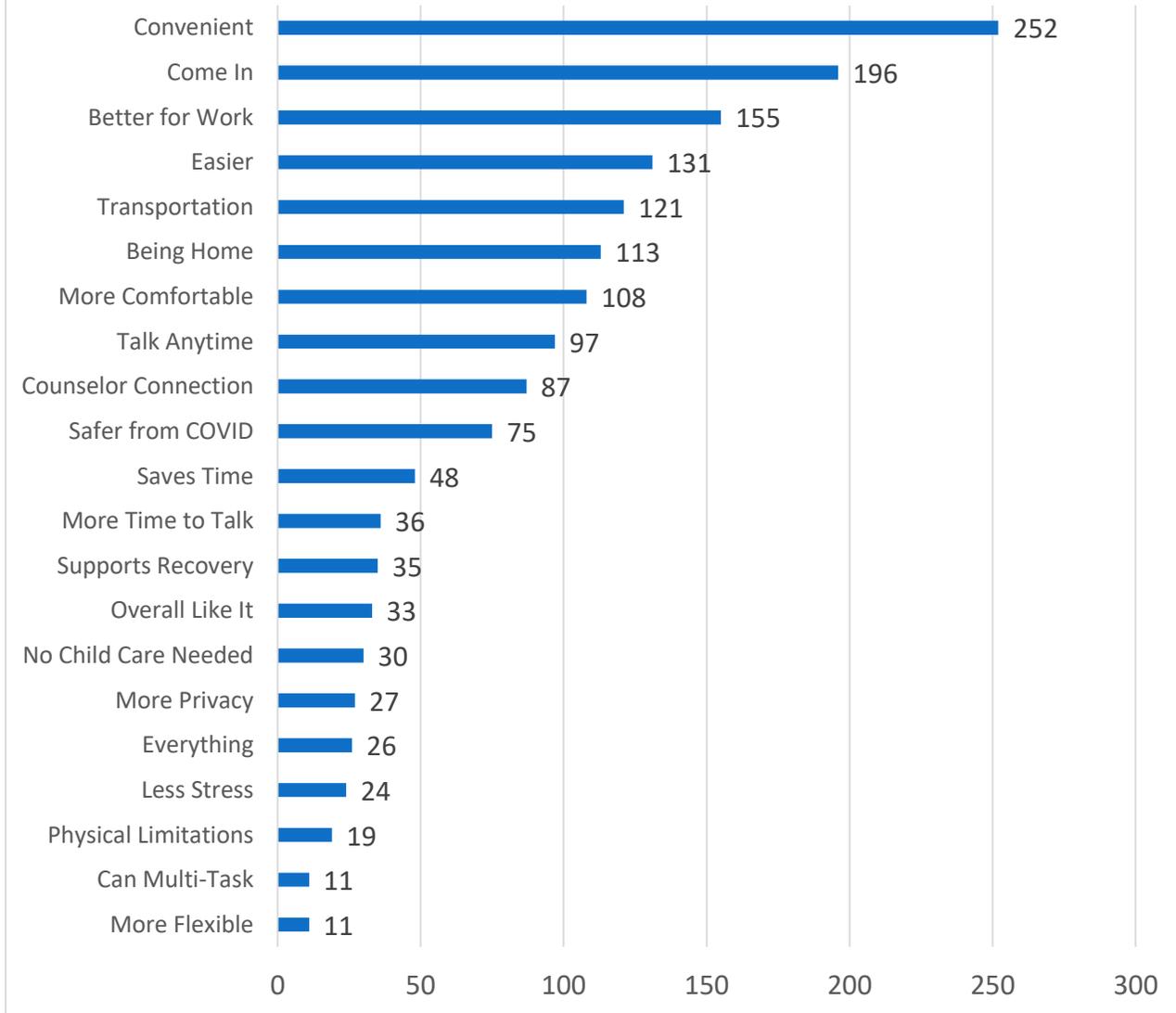


Through several open-ended questions, the FGC Telehealth Survey gained insightful feedback on what patients liked and disliked about SUD telehealth services. In particular, the question “What do you like about telephone sessions?” received 1,607 written responses. Using qualitative data analytic methods, responses from the open-ended questions were coded to identify common key themes and word patterns, illustrated in the word cloud in Figure 5 and detailed in Figure 6.

Figure 5
“What do you like about telephone sessions?”



Figure 6
What do you like about telephone sessions?



The largest number of respondents (N=252) mentioned that telephone sessions with their counselor were more convenient, followed by a substantial number of individuals (N=196) saying that they liked not having to come into the clinic as often. The top five responses also included feedback from patients that telephone sessions made it easier to make counseling fit in with their work schedules, that it was easier, and that they did not have to worry about transportation to and from the clinic. In addition, two highly mentioned themes were “more comfortable” and “counselor connection.” In terms of the former, over 100 patients (N=108) expressed the idea that they felt more comfortable opening up and sharing with their counselor over the phone, rather than in person (see Figure 11). In terms of the latter, 87

patients responded that the telephone sessions made them feel closely connected to their counselors (see Figure 11). Survey respondents also said that they liked being in their own home (N=113) and being able to talk at any time during the day with their counselor (N=97). Staying safe from COVID-19 was mentioned by 75 respondents as what they liked about telephone counseling sessions.

Figure 7
“What do you like about phone sessions?”
Patient Response Examples

“More Comfortable”

“I feel like I can be more honest because of my anxiety. I usually am honest, but this helps me more. I’m more comfortable and don’t get as nervous.”

“I’m in the comfort of my own home and I can be more honest. I can speak a lot more about personal things and not be shy.”

“I can talk more like myself because I’m less nervous than when I’m in person.”

“I get nervous sometimes in an in-person session, but on the phone I can be calmer and relaxed. I’m more comfortable talking over the phone when it comes to counseling.”

“Counselor Connection”

“I like the closeness I feel between me and my counselor and I really feel the support whenever I need it.”

“It makes me feel good that my counselor cares enough to call and see how I’m doing.”

“We have a bond and when I talk to him on the phone I know I have to be honest and I like being able to talk to him.”

“I have been able to talk to my counselor every week and I am getting more support than ever.”

“Talking with my counselor makes me feel as though I’m wanted and somebody cares about me.”

While a large number (1,455) of patients also responded to the open-ended question asking what they did not like about telephone sessions, it is important to note that over half (54%) answered that there was “nothing” they did not like. Key words and themes from the remaining 675 responses are summarized in the word cloud in Figure 8 and the chart in Figure 9.

Figure 8

“What do you not like about telephone sessions?”



Most respondents providing feedback on what they did not like about phone sessions mentioned missing being with and seeing their counselor (N=97), preferring to have face-to-face sessions (N=77) and disliking not being able to see their counselor’s facial expressions (N=71). Patients also claimed that they found telephone sessions impersonal (N=59) and felt that they spent too much time playing “phone tag” with their counselor (N=41). Dropped calls and other phone issues (N=37) and being called at an

inconvenient time (N=24) were also mentioned by survey respondents. Thirty-six patients expressed that they missed the social interaction associated with coming to the clinic (Figure 10). Some respondents reported that they were less comfortable opening up to their counselor over the phone (N=18) and patients that were new to the program or had recently changed counselors found it hard to connect with a new counselor over the phone (N=13) (Figure 10). Lastly, several patients (N=11) pointed out that telephone sessions were helpful if they felt strong in their recovery, but would need to see their counselor in person if they were struggling (Figure 10).

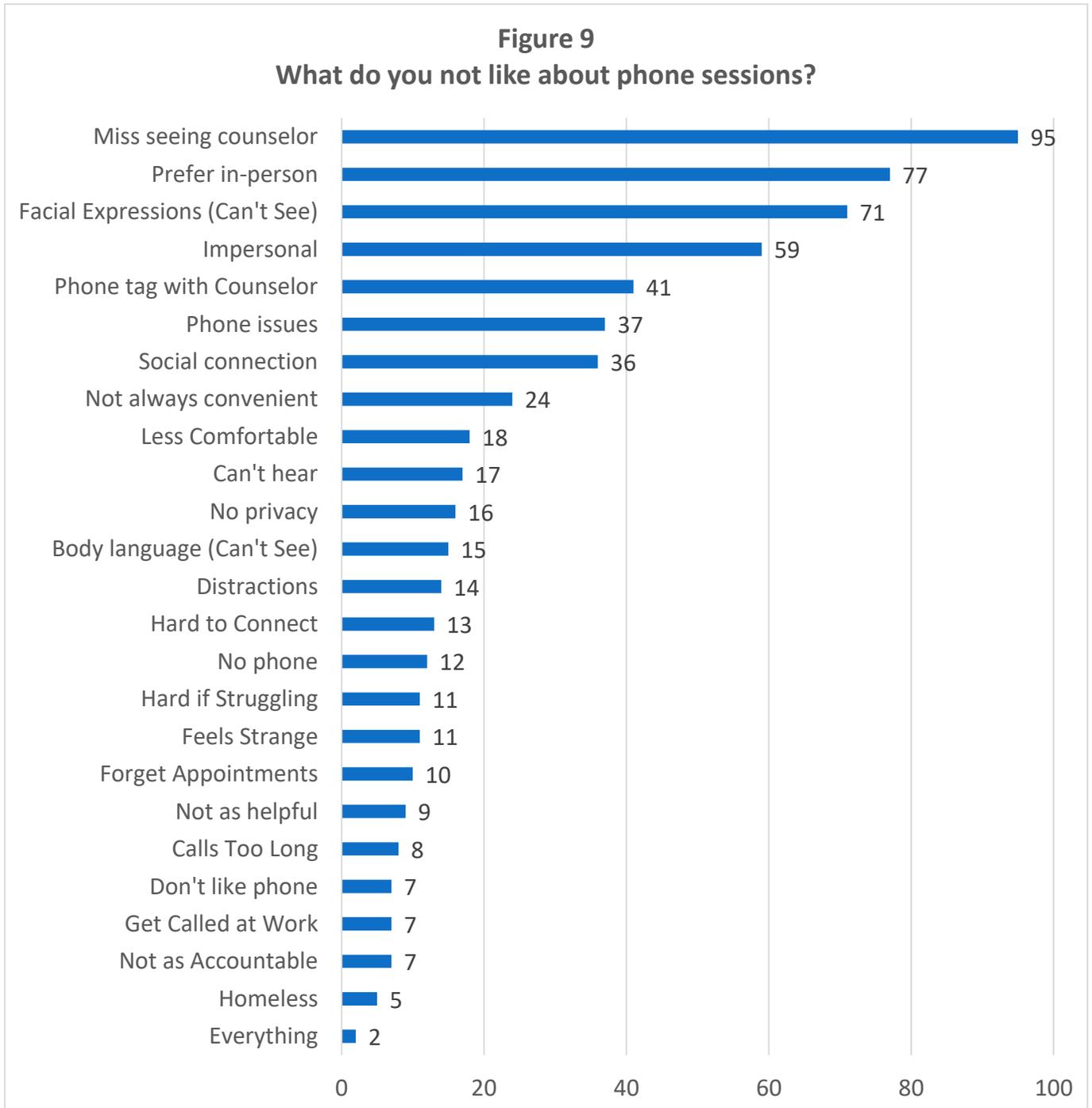


Figure 10

**What do you not like about phone sessions?
Patient Response Examples**

“Social Connection”

“Coming to my sessions gets me out of the house and forces me to talk to people. I miss the adult interaction.”

“I like the phone sessions, I just really miss everybody.”

“Less Comfortable”

“I can’t really say and open up like I want. I think being in person is more helpful.”

“I feel more comfortable when I am with my counselor and they can see me. Over the phone it is harder to articulate the meaning of what I am saying and feel like if I were to say the same thing in person my words would be better perceived.”

“Hard to Connect”

“I’ve never met my counselor in person, so it’s difficult to feel connected over the phone.”

“Since I have switched counselors, I would like to meet you in person to know who I am talking to. Other than that I like it.”

“Hard if Struggling”

“If I’m going through a bad day I might want to see someone in person.”

“Because when I am depressed I can talk to you in person, but over the phone I lay down and go back to sleep.”

Among the 780 respondents who said there was “Nothing” that they disliked about telephone sessions, 56 stated that they would like to continue doing both telephone and in-person counseling. As one patient remarked, “I would really like to see my counselor once a month but then talk on the phone the other times.” In addition, **the vast majority (90.9%) of the survey respondents said that they would be interested in continuing telehealth services after the current state of emergency/COVID-19 pandemic ends and 94.3% reported that their living situation would support long-term participation in telephone counseling sessions.**

Summary

Through its Telehealth Survey, FGC received overwhelmingly positive feedback on SUD telephone counseling sessions from a sample of nearly 2,000 (N=1,914) patients receiving outpatient methadone services across nine locations in Illinois. From this survey, there is evidence that the continuation of telehealth for treatment of SUD has the potential to increase access to care, increase convenience for patients and improve satisfaction with the care they receive. While the state and federal policy changes on telehealth use and reimbursement were precipitated by the COVID-19 pandemic, these policy changes were also necessary to address long-standing structural barriers to accessing treatment. Indeed, there is mounting evidence that access to behavioral health care is getting more difficult for patients as the COVID-19 pandemic exacerbates substance use and mental health problems, increasing the number of individuals seeking care.

As SUD and mental health treatment providers seek to secure lasting regulatory and reimbursement policies to support the use of telehealth services, it is important for the behavioral health care field to develop a comprehensive plan for how telehealth will look beyond the current public health emergency. We must develop standards for provider competence in using telehealth effectively, as well as guidelines for patient-centered, evidence-based treatment that incorporates telehealth as a key component of care. Counselor and provider training are needed to ensure the quality of care delivered to patients using telehealth services. While the COVID-19 pandemic quickly ushered in the use of telehealth, the lessons learned from behavioral health providers should help inform long-term policy for the post-COVID era.

References

Department of Health and Human Services, Centers for Medicare and Medicaid Services (DHHS-CMS). (2020). Medicare

Eibl, J.K., Gauthier, G. Pelligrini, D., Daiter, J., Varenbut, M., Hogenbirk, J.C., & Marsh, D. (2017). The effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting. *Drug and Alcohol Dependence*, 176, 133-138.

Hughto, J.M.W., Peterson, L., Perry, N.S., Donoyan, A., Mimiaga, M.J., Nelson, K.M., & Pantalone, D.W. (2021). The provision of counseling to patients receiving medications for opioid use disorder: Telehealth innovations and challenges in the age of COVID-19. *Journal of Substance Abuse Treatment*, 120. DOI: <https://doi.org/10.1016/j.jsat.2020.108158>

Huskamp, H.A., Busch, A.B., Souza, J. et al. (2018). How is telemedicine being used in opioid and other substance use disorder treatment? *Health Affairs*, 37 (12), 1940-1947.

Illinois Department of Healthcare and Family Services (HFS). (2020). Provider Notice: Telehealth services expansion prompted by COVID-19 (March 20, 2020). <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200320b.aspx>.

Lin, L.A., Casteel, D., Shigekawa, E., Weyrich, M.S., Roby, D.H., McMenemy, S.B. (2019). Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. *Journal of Substance Abuse Treatment*, 101, 38-49.

Long, K., Manz, J., and Mette, E. (2020). *States Rapidly Build their Telehealth Capacity to Deliver Opioid Use Disorder Treatment*,” National Academy for State Health Policy (NASHP), April 13, 2020.

Oesterle, T.S., Bhanuprakash, K., Risma, C.J., Breiting, S.A., Rakocevic, D.B., Loukianova, L.L., Hall-Flavin, D.K., Gentry, M.T., Rummans, T.A., Chauhan, M., & Gold, M.S. (2020). Substance use disorders and telehealth in the COVID-19 pandemic era: A new outlook. *Mayo Clinic Proceedings*, 95, (12), 2709-2718.

Substance Abuse and Mental Health Services Administration. (2020). Opioid Treatment Program (OTP) Guidance. <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>

U.S. Department of Health and Human Services (HHS). (2020). Notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

Uscher-Pines, L., Sousa, J., Raja, P., Mehrotra, A., Barnett, M., & Huskamp, H.A. (2020). Treatment of opioid use disorder during COVID-19: Experiences of clinicians transitioning to telemedicine. *Journal of Substance Abuse Treatment*, 118. <https://doi.org/10.1016/j.jsat.2020.108124>

Warren, J.C. & Smalley, K.B. (2020). “Using telehealth to meet mental health needs during the COVID-19 crisis. To the Point, Commonwealth Fund, <https://doi.org/10.26099/qb81-6c84>.