October 26, 2021

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Re: Response to the Request for Information (RFI) on Policy Proposals to Address Unmet Mental and Behavioral Health Needs (Submitted electronically)

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of 98point6, I thank you and the Senate Committee on Finance for the work you are doing to ensure continued access to necessary care during the pandemic. We also appreciate the Committee's thoughtful consideration of policies and processes beyond the current public health emergency (PHE), specifically focusing on mental and behavioral healthcare services.

98point6 is pioneering a new approach to primary care. By pairing artificial intelligence (AI) and machine learning technology with board-certified physicians, our vision is to make primary care more accessible and affordable, leading to better health outcomes. 98point6 believes in meeting patients where they are by offering private, modern, technology-enabled diagnosis and treatment via a HIPAA compliant mobile application. Our goal is to increase primary care access and enable earlier medical intervention with reduced costs of overall care. In addition to primary care services, 98point6 also provides individual cognitive behavioral therapy and psychotherapy by licensed clinical social workers (LCSWs), as well as behavioral coaching from coaches certified by the National Board for Health & Wellness Coaching (NBHWC) and International Coach Federation (ICF). 98point6 coaching is available nationwide and therapy is currently available in 19 states. We are on track to offer therapy nationwide

by January 2022. Coaches assist patients with common concerns such as stress management, insomnia, tobacco cessation and healthy behavior change. LCSW therapists assist patients with chronic and acute mental health concerns such as anxiety, depression and adjustment disorders, referring to in-person or a higher level of care when appropriate.

We appreciate the opportunity to provide comments on some of the issues highlighted in the RFI, including:

- Strengthening the workforce through changes in federal licensing
- Identifying best practice for increasing integration, coordination and access to care
- Identifying structural barriers to ensuring parity between behavioral and physical health care
- Furthering the use of telehealth

***

Strengthening the workforce through changes in federal licensing

As mentioned in the introduction above, 98point6 offers coaching visits and therapy sessions from our employed LCSWs and NBHWC trained coaches.

Behavioral health coaching is generally suited for patients who would benefit from support for more common, everyday challenges, like maintaining a healthy nutrition plan, implementing an exercise routine or managing stress stemming from a recent chronic illness diagnosis. Our coaches are experts in facilitating patient-centered behavior change and have experience working in health and wellness settings. They have completed training approved by the NBHWC or are credentialed by the NBHWC or International Coach Federation. We are also in the process of launching a NBHWC-approved training program that will be required of all of our coaches.

Our therapists are currently all LCSWs who provide evidence-based psychotherapy such as Cognitive Behavioral Therapy for mental health symptoms, including anxiety and depression, and can support medication adherence and monitoring for patients.

Pairing digital primary care with behavioral health in one platform creates smooth and seamless pathways to improving mental health by enabling 98point6 physicians and behavioral health providers to identify patients who are in need of services and to collaborate on care. The integration between

this cross-functional behavioral health team results in patient-centered care that is customized to meet individual needs while supporting positive clinical outcomes.

Behavioral health services such as diagnosis and prescriptions for common concerns like anxiety and depression are offered 24/7, on-demand within the scope of primary care and are included with access to 98point6. 98point6 members can pre-schedule coaching and therapy visits with minimal wait times and sessions are available within several days. We do not currently offer behavioral health for patients under 18 but are working to expand our offering.

While our trained coaches are certified through a national program, our LCSWs must be licensed in each individual state. Without an existing interstate or regional compact, this is the only path toward a true telehealth service allowing patients from anywhere in the country to access these services. Not only does the LCSW need to go through the initial licensure process, but they also need to keep up-to-date on any continuing education requirements or changes to these requirements for each state. This is very time-consuming, resource intensive and can potentially be financially challenging for some organizations. Further, because there is no simple way for an LCSW to be licensed in more than one state, access for patients can be impeded. 98point6 is rolling out our behavioral and mental health services as we work through the licensure process in every state. We launched our behavioral health program in February 2021and are working toward being available nationwide as we continue to navigate the licensing process. *We believe consideration should be given to federal policies that would allow for more flexibility and incentives for states to consider interstate or regional compacts, particularly for behavioral and mental health professionals.*

Identifying best practice for increasing integration, coordination and access to care

According to a recent Kaiser Family Foundation poll, 53% of U.S. adults reported that their mental health was negatively impacted by the novel coronavirus, which can lead to a decrease in well-being and productivity. We also know that behavioral health issues are incredibly common, with 20% of Americans experiencing a mental illness in any given year and an estimated 50% diagnosed with a mental illness at some point in their life. Many more Americans experience subclinical yet impactful challenges such as stress, sleep dysregulation and challenges with mood. With COVID-19, rates of anxiety, stress and burnout have surged.

However, people are facing limited access and are not getting the help they need. For example, 24% of adults with a mental illness report an unmet need for treatment. Further, 60% of U.S. counties do not have a single mental health specialist. There are also limited options for care outside the

standard weekday hours of 9 am to 5 pm, which leads to an average wait time of 25 days for first appointments.

There is a lack of coordination between physical health and mental health and a lack of visibility into benefits that are available. Less than 50% of patients who are referred to mental health services by their physician receive mental health care and 55% of employees said their employer didn't have, or they were unsure if their employer had, any mental health assistance programs.

Finally, we see an opportunity to shift the focus to patient outcomes rather than utilization. This can help improve the overall health of the patient, as well as provide significant cost savings to the healthcare system in addressing unmet mental health needs.

We believe in a connected approach to mental health. With 98point6's text-first primary care service, patients can have on-demand access to board-certified physicians who are able to diagnose behavioral health issues early, alongside other symptoms, and direct patients to licensed therapists and behavioral health coaches as needed—ensuring they get the appropriate level of support at the right time.

Almost 70% of people with poor mental health either do not seek professional help or do so only from their primary care clinician. While primary care can address several issues, it also provides an opportunity to provide a smooth ramp from this first step to more robust and specifically tailored behavioral health services. Delivering behavioral health access in a primary care setting allows us to reach patients who may have never sought these services on their own. With seamless flow between primary care and behavioral health, the providers are able to help address issues before they become severe by providing early identification, assessment, behavioral health coaching and self-paced digital therapeutic content. This also allows us an opportunity to address the problem upstream and helps to reduce stigma around seeking help, normalizing behavioral health in patients' mindsets. We also believe that one patient's positive experience can impact family, friends and community members to seek help, too.

Finally, we believe tracking health outcomes and quality are essential to this integration. We work to establish baselines and track longitudinal progress on key metrics such as engagement, PHQ-9 and GAD-7 to make sure patients are improving.

As the committee considers best practices of care integration, we encourage examining how to incentivize models, like 98point6, that provide seamless transitions to and from primary care and

behavioral and mental health care. This ease of access can increase the likelihood of patient utilization and allow providers to more effectively coordinate on individual patient care, thereby improving health outcomes.

Identifying structural barriers to ensuring parity between behavioral and physical health care

In addition to the access challenges already discussed above, patients face increasing challenges in managing appointment times, traveling to and from appointments, and missed or delayed work. While the demand for mental healthcare services has increased to nearly 6 in 10 (56%) Americans seeking or wanting to seek mental health services either for themselves or for a loved one, patients continue to face affordability and access barriers to mental health services. Specifically, patients face high out-of-pocket costs, excessive wait times for appointments and a lack of mental health professionals within a reasonable driving distance. A recent study assessing Americans' current access to and attitudes toward mental health services found 96 million Americans (38%) have had to wait longer than one week for mental health treatments. And nearly half of Americans (46%) have had to or know someone who has had to drive more than one hour round-trip to seek treatment.

Emerging data suggests that the delivery of therapy virtually, as opposed to in-person, has helped improve patient engagement tremendously. Some estimates of outpatient therapy no-show rates are as high as 60%. According to a recent report from the American Psychiatric Association, only 9% of psychiatrists reported that all patients kept their appointments prior to the pandemic. After shifting to telepsychiatry, that number has increased to 32%.

These challenges must be met with increased opportunities for providers to meet patients where they are—in location and modality. *As such, 98point6 appreciates the committee's work toward expanding the ability of patients to access behavioral and mental healthcare services from the convenience of their home and increasing the use of audio-only telecommunications. We encourage the committee to consider patient preference in other modalities, such as text-based communications with medical professionals, and locations outside of the home.* Patients appreciate having a variety of communications options (e.g., video, audio, text) available, particularly when wanting to discuss potentially sensitive information around mental health issues. Allowing patients to communicate with their mental health provider through secure, text-based platforms, for example, provides an extra layer of privacy from any environment the patient happens to be in.

Furthering the use of telehealth

Quality and Patient Safety: 98point6 appreciates the committee seeking feedback on program integrity and patient safety. These are extremely important issues and are top priorities for our organization. The committee should consider directing relevant federal agencies gathering stakeholder groups together to discuss lessons learned and form best practices to disseminate broadly. Some specific examples below are followed by key areas of focus for us to ensure the highest standards of care and patient safety are followed.

Specific examples:

- Emergency Referral Policy. Our primary care and behavioral health teams have a shared "Clinic Emergency Referral Policy" that provides step-by-step guidance for communicating with and documenting patient visits that involve emergent patient care needs. We developed this policy in conjunction with our physicians, therapists, support staff and care coordination team, with oversight from our legal team. Included in this policy is guidance on emergency referral follow-up steps and state reporting requirements, among other items, and is a best practice guideline for telehealth care.
- Clinical Quality Assurance. Our primary care and behavioral and mental health providers use a shared Clinical Quality Assurance (CQA) rubric that evaluates Documentation, Patient Experience, Clinical Care, Referrals and Patient Safety. We also facilitate regular peer audits and feedback on improvement opportunities. The 98point6 Clinical Quality Assurance Committee meets monthly to discuss the audits and ensure that providers are practicing at or above the expectations set for our clinic. The audit process provides data that supports the continuous evolution of care at 98point6.
- Ad Hoc Quality/Safety Review. Our entire clinic, including physicians, therapists, coaches, nurses, medical assistants, care coordinators and support staff all share the ability to submit a CQA and Patient Safety Ad-Hoc review request. We formed a Physician Safety Team which can review patient visits as needed for safety and quality. The Behavioral Health Team partners with the Physician Safety Team to review visits when clinically indicated.

Key areas of focus:

- Practice Standards. 98point6 has identified a list of conditions seen in the highest volume in our clinic and we have written high-quality, evidence-based standards of practice for each one. While these documents outline a standard of practice we strive to achieve as a healthcare provider, they do not supersede a physician's clinical judgment. This information is provided as a reference to all of our physicians. Conditions with established acceptable care guidance

include but are not limited to: anxiety, asthma, bronchitis, influenza, pharyngitis, sinusitis, upper respiratory infection, UTI and vaginitis.

- Prescription Policy. We do not prescribe controlled substances, cosmetic medications, lifestyle medications or medications that require strict monitoring. For refill requests, patients are encouraged to return for a visit so our physicians may provide a clinical assessment of their condition and appropriate treatment.
- Antibiotic Stewardship. Our physicians adhere to evidence-based standards with respect to antibiotic stewardship. We prescribe antibiotics when they are appropriate and make sure our patients understand that antibiotics are not appropriate for every condition. We actively review our prescribing practices and audit visits with antibiotic prescriptions to help improve processes and guidelines around antibiotic stewardship.
- Patient Privacy Guidelines. 98point6 is dedicated to the protection of patient information. To avoid the possibility of non-authorized personnel breaching confidentiality, private working areas are required for physicians while they are providing care.
- Patient Referrals. 98point6 physicians base all patient referrals on what is medically necessary for the patient. Our physicians will make a general recommendation to see a specialist or their primary care provider.
- Cultural Competence. 98point6 physicians deliver services in a culturally competent manner that takes into account details such as the patient's age, disability status, ethnicity, gender, gender identity and sexual orientation, geographical location, language, religion and socio-economic status.

Increase Access and Affordability: As previously mentioned, structural and stigmatic barriers currently exist for patients needing to access behavioral and mental health services. There are provider shortages, long wait times for appointments, increased travel time to and from appointments and sometimes care can be cost-prohibitive. All of these can exacerbate health disparities.

Telehealth can help address, mitigate and solve these challenges, especially as these relate to health disparities. Behavioral and mental health services specifically are different from most other telehealth services in that many of the services primarily involve verbal conversation where visualization between the patient and furnishing physician or practitioner may be less critical to provision of the service. It is also important that audio-only access is available and allowed in areas of the country with poor broadband infrastructure and among patient populations that do not wish to use, do not have access to and/or are unable to utilize devices that permit a two-way, audio/video interaction. This data suggests that an in-person visit is not necessary and not preferred by the patient.

We strongly recommend the committee limit the need for in-person visits and strict established relationship requirements. We further encourage the committee to consider patient preference of modality, including visual, audio or text-based communication with their providers.

Making Certain COVID-19 Telehealth Flexibilities Permanent: There are many helpful flexibilities for providers during the current COVID-19 public health emergency (PHE). We believe the extension or permanency of two specific policies will help expand access to populations that currently face limited options for care.

- There are several legislative efforts that would remove requirements for individuals with health savings account (HSA)-qualifying high-deductible health plans (HDHPs) to pay fair market value for telehealth primary and behavioral healthcare until they meet their required deductible. We believe this is a barrier to obtaining care. Some temporary relief was provided through the CARES Act in 2020, which included a provision that waived the fair market value requirement for HSA-eligible HDHPs. But without congressional action, this policy will end on December 31, 2021. In May 2021, Senators Catherine Cortez Masto (D-NV) and Steve Daines (R-MT) introduced the Telehealth Expansion Act of 2021 (S. 1704) which would permanently remove the requirements. In October 2021, Representatives Brad Schneider (D-IL) and Brad Wenstrup (R-OH) introduced the Primary and Virtual Care Affordability Act (H.R. 5541) which would temporarily extend the CARES Act provisions, among other provisions, through December 31, 2023. *At a minimum, we strongly recommend the committee consider addressing this issue through a temporary extension like H.R. 5541.*
- Telehealth should be an excepted benefit under federal employee benefits laws—meaning employers can provide telehealth primary and behavioral healthcare as a standalone benefit to employees who work part-time without opening themselves up to penalties. Under the current PHE, the relevant federal agencies are allowing employers the choice to temporarily extend telehealth service to their non-eligible employees. However, this flexibility is only available during the current PHE. These employees are generally part-time, seasonal and hourly workers, as well as those who may be full-time but declined to enroll in the full benefits package. It can also include dependents. *We strongly recommend the committee consider this policy as one way to expand access to primary and behavioral health services provided through telehealth.*

In addition to these specific policies, as previously mentioned, *we encourage the committee to reduce unnecessary barriers by removing in-person and established relationship requirements, and increasing patient choice and encouraging access by broadening the availability of modalities.*

***

Thank you for your ongoing attention and commitment to these important policy issues and your consideration of these comments. Please contact Rachel Stauffer at 703-200-8248 or rachel.stauffer@98point6.com if you have any questions.

Sincerely,

Rachel Stauffer
Director of Government Affairs
98point6