

Telemental Health Utilization

The REDC Consortium is the national consortium representing eating disorders care focused on standards, best practices, ethics, research, and policy. The REDC Consortium represents approximately 85% of the higher level of care treatment providers in the U.S.

Telemental Health Prior to March 2020

- Less than 5% of members delivered care via telemental health
- 90-100% of employees working in brick-and-mortar office

Telemental Health After March 2020

- 75% of members delivered care via telemental health in addition to in-person services
- 50-75% employees remain in brick-and-mortar office

Equitable¹: Telemental health increases access to life saving eating disorders treatment care.

- ↑ 20% attendance in binge eating disorder treatment program
- ↑ 10% attendance in PHP
- ↑ 15% attendance in IOP
- ↑ Access to treatment for individuals without transportation; individuals in communities where there is no local treatment options for specialized care; areas with inclement weather
- ↓ Vulnerability, shame, and/or social anxiety as individuals can engage in treatment from their homes
- ↑ Family-Based Therapy as it is easier for the family unit to participate together at home

Patient-Centered: Treatment provided via telehealth has the support of patients.

- Survey data from patients on the satisfaction between in-person and virtual care:
 - Program satisfaction had a 4-5 rating on the 5-point Likert Scale
 - ↓ Absenteeism and premature discharge



Effective: Initial studies have shown clinically significant outcomes for IOP treatment:²

- Virtual IOP patients showed significant and clinically meaningful improvements in all outcomes measured:
 - Self-reported eating disorder symptoms of bingeing, purging, and restricting;
 - Depression and self-esteem; and
 - Overall quality of life

Timely: Enables individuals to seek care earlier in their illness, which can deter disease progression that would require a higher, costlier level of treatment.

- 15-30% increase in treatment services since the onset of the COVID-19 pandemic

Principles for Effective Telehealth Policy

1. Permanently remove geographic and originating site restrictions.
2. Retain telehealth coverage for the Outpatient, Intensive Outpatient and Partial Hospitalization Program levels of eating disorders care.
3. Require payment parity for in-person and telehealth visits.
4. Eliminate initial in-person appointment requirement.

¹ Note: Timely, Patient-Centered, Effective, Equitable are part of the aims of a telemedicine measurement framework developed by the Institute of Medicine (IOM) and more information is available here:

<https://www.healthaffairs.org/doi/10.1377/hblog20200916.264569/full/>

² Blalock D., Le Grange D., Johnson C., Duffy A., Manwaring J., Tallent C., Schneller K., Solomon A., Mehler P., McClanahan S., & Rienecke R. Pilot assessment of a virtual intensive outpatient program for adults with eating disorders. *Eur Eat Disorders Rev.* 2020; 28:789-795. <https://doi.org/10.1002/erv.2785>

REDC

Highest Standards of Care

<https://redcconsortium.org>