Telehealth Expansion and Payment Parity Study
TECHNICAL ADVISORY GROUP (TAG) MEETING 8 NOTES

Date: 11/3/2023 8:30 a.m. – 10:00 a.m.

Welcome and Agenda Overview

TAG members in attendance:

- Jonathan Neufeld (gpTRAC)
- Sue Abderholden (NAMI)
- Ryan Jelinek (Hennepin Healthcare)
- Leo Bay (Essentia Health)
- Barb Andreasen (Allina Health)
- Rachel Flynn (Blue Cross Blue Shield)
- Bentley Graves (MN Chamber of Commerce)
- Carrie Suplick Benton (SEGIP)

TAG members not in attendance:

- Jean Abraham (UMN)
- Alicia Bauman (Lakewood Health)
- Jeremy Hanson Willis (Rainbow Health)
- Cara McNulty (CVS Health/Aetna)

Presentation by Mathematica

Ethan Jacobs and Arkadipta Ghosh presented results from Mathematica's examination of telehealth expansion and payment parity in Minnesota on patients and with private insurance coverage. View Mathematica's slide deck (PDF).

Data and Research questions: Mathematica answered four research questions using data primarily from Minnesota All Payer Claims Database (APCD)**.**
1. What is the impact of telehealth expansion and payment parity on:
    a. Access, quality of care, and health outcomes?
    b. Health care disparities and equitable access to care?
    c. Access to and availability of in-person care, especially in rural areas?
2. Does audio-only communication support equitable access and eliminate barriers to care without worsening outcomes?

3. Does increased access to telehealth affect outcomes for specific services and populations? (Specifically, inpatient hospitalizations and emergency department visits.)
4. To what extent are telehealth services:
    a. Substitutes for an in-person visit?
    b. Services that were previously not billed or reimbursed?
    c. Services that are in addition to or duplicative of in-person services?

Analysis approach
- Quantitative analyses examining differences in outcomes and differential changes in outcomes for telehealth users vs. non-users.
- Descriptive and regression-based analyses comparing change in outcomes from 2019 to 2021; compare outcomes in 2022.
- Separate analyses for commercial and Medicare Advantage populations

Conclusions
- Telehealth use was associated with overall increases and higher rates of use of ambulatory visits, especially behavioral health visits
- While use of audio-only services was low, use was highest among potentially vulnerable populations (e.g., older patients, sicker patients, and patients in areas with low broadband connectivity)
- Medicare Advantage patients did not appear to use telehealth as a substitute for in-person visits, and telehealth use was associated with slightly greater fragmentation of care for Medicare Advantage patients
- Commercially insured patients may have relied on telehealth to substitute for some in-person services following telehealth expansion

Discussion: Mathematica presentation

Discussion focused on a range of study components, including:

Q: Was your study able to parse out the difference between the overall baseline increase in telehealth utilization and telehealth consumption for patients who are accessing the care they need? That is to say, were you able to tell the difference between telehealth usage as a means for patients to access more of the care that they need and telehealth as merely another pipeline for more care?
    A: No, this analysis was not able to determine that.

Q: Will you explain the denominator in the chart on slide 18 that shows percentages of patients who use different forms of telehealth in 2021?
    A: Yes. The denominator consists of all patients who are included in our 2019 to 2021 difference in differences analysis who had at least three months of enrollment in each year and had at least one claim in each of those years.

Q: For changes in ambulatory services from 2019 to 2021 and 2022, were you able to control for utilization changes in general after care was deferred during COVID?

A: No, except for controlling for differences between users and non-users at baseline in their characteristics. Our analysis does pick up some of the pandemic-induced reductions in care as well as possibly pent-up care resulting in greater utilization.

Q: Regarding your findings that those with comorbidities have an increased use of telehealth, did you compare this to the use of health care generally? Could one assume these populations use telehealth more because they use health care more because of their comorbidities?

A: Yes. That is most likely the underlying driver of their higher telehealth use.

Presentation by SDK Communications

Stephanie Devitt from SDK Communications presented two findings from SDK's qualitative analysis of telehealth usage and perceptions by Minnesota-based providers and patients to build on the quantitative analyses to be included in the MDH telehealth report.

Analysis Approach

From late summer to mid-fall 2023, SDK conducted interviews with three groups of stakeholders: large healthcare system operations, smaller community-centered provider operations, and advocacy organizations and individual patients.

1. *Healthcare system operations*—SDK conducted 9 interviews with a focus on where, how, and when to offer telehealth services.
2. *Community-centered operations*—SDK conducted 9 interviews with a focus on where, how, and when to offer telehealth services. These interviews also focused on how telehealth fit into the operations' overall model of treating specific patient populations (e.g., gender-affirming care, care for specific racial and ethnic communities, unhoused, etc.)
3. *Advocacy organizations, community listening, and individuals*—SDK conducted 8 interviews with associations, 3 listening sessions with 38 people attending, and 23 one-on-one patient interviews. These interviews focused on telehealth preferences and experiences.

Findings

SDK highlighted two of the findings that emerged from their interviews.

1. *Different providers use telehealth in different ways*—i.e., traditional healthcare system operations talked about telehealth in different ways than community-centered providers.
   - Traditional care systems talked a lot about how payment considerations and quality of care played determining roles in when to offer telehealth. They also emphasized the role telehealth can plan in expanding access by increasing the supply of providers.
   - Community-centered operations talked about how providers rely on telehealth to make care more accessible to patients who are sometimes hard to reach, including those with transportation issues and homeless.

2. *Telehealth is emerging as an important tool to help patients get past social comfort, trust issues.*
    o Interviews revealed that patients who fear stigmas or that personal information could be revealed by going to a provider value telehealth.
    o Interviews also revealed that telehealth has the power to connect patients to trusted providers.

Discussion: Emerging lessons and areas for recommendations

The TAG was presented with three questions to consider as it makes recommendations for the legislative report.

1. Are there any policies in place related to telehealth that you think it's important are continued or protected, as we look to the future?
2. Are there any policies in place that you think could be tweaked or improved – and how do you think that might improve telehealth, overall?
3. Are there any policy that you are worried could sunset and would have a negative impact on telehealth, as a result?

Each TAG member was given the opportunity to respond. A summary of responses follow:

o **Payment parity**—The TAG supported continuing payment parity, noting that behavioral health services could be in jeopardy should parity not be extended.

o **Geographic limitations**—The TAG highlighted the importance of eliminating originating site restrictions or limitations.

o **Payer reimbursements**—The TAG brought up concern that payers would begin to not reimburse for some services.

o **Longer-term telehealth policies**—The TAG noted that providers are better able to make investments in telehealth services if they know the policies related to telehealth won't sunset in the near future.

o **Telehealth access varies by provider interest**—The TAG wished to recognized that providers embrace telehealth to different degrees and that this variability will impact patients' being able to access telehealth services.

o **Medicaid in Minnesota should cover e-visits**—The TAG noted that Medicaid in Minnesota should cover e-visits. Currently, it does not. A lot of systems are moving toward charging for patient messages through online patient portals.

Public Comment

Kathleen Picard, member of the Minnesota Chapter of the American Physical Therapy Association (APTA), discussed the APTA's efforts to prepare its profession for the delivery of physical therapy services through telehealth.

Next Steps

- Next meeting is Friday, December 8, 8:30 a.m. – 10 a.m.
- Slides from this meeting are available on MDH telehealth website after this meeting.