

Telehealth Use during COVID-19 Pandemic: Medicare Beneficiaries' Use of Telehealth in 2020

Presentation to the National Academies of Science & Engineering (NASEM) Workshop on
Telehealth for Disability Assessment

Presentation Date: March 9, 2022

U.S. Department of Health and Human Services



Acknowledgements and Disclaimer

- **Citation:**

- Samson, L., Tarazi, W., Turrini, G., Sheingold, S., Medicare Beneficiaries' Use of Telehealth Services in 2020 – Trends by Beneficiary Characteristics and Location (Issue Brief No. HP-2021-27). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December, 2021.

<https://aspe.hhs.gov/reports/medicare-beneficiaries-use-telehealth-2020>

- *Disclaimer: The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the U.S. Department of Health and Human Services.*



ASPE
ASSISTANT SECRETARY FOR
PLANNING AND EVALUATION

OFFICE OF
HEALTH POLICY

Agenda

I. Background

- Digital Divide: Internet/Technology Access
- Survey evidence on telehealth disparities
- Medicare policy context

II. Research Findings: trends in Medicare telehealth utilization and modalities, 2019 vs. 2020 by

- Provider type
- Patient demographics
- Geographic location



Background: Digital Divide in US, by State, Age and Income

Figure 5. Percentage of People in Poverty Who Have No Internet Access in their Households by State, 2019

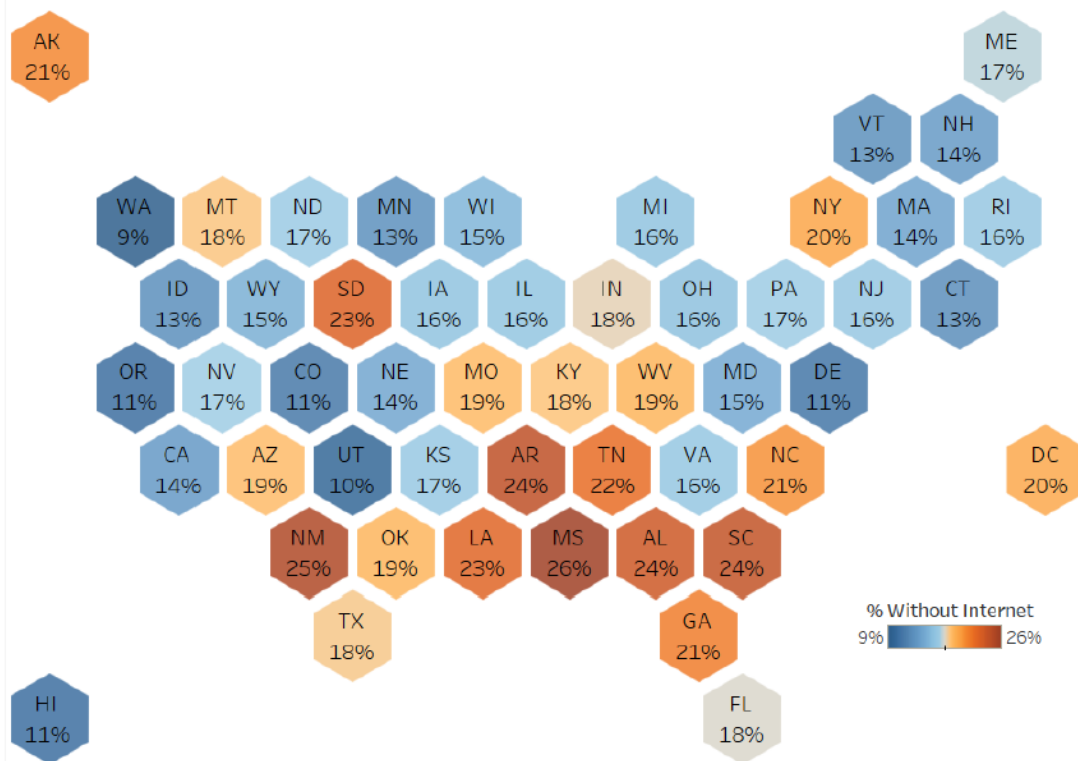
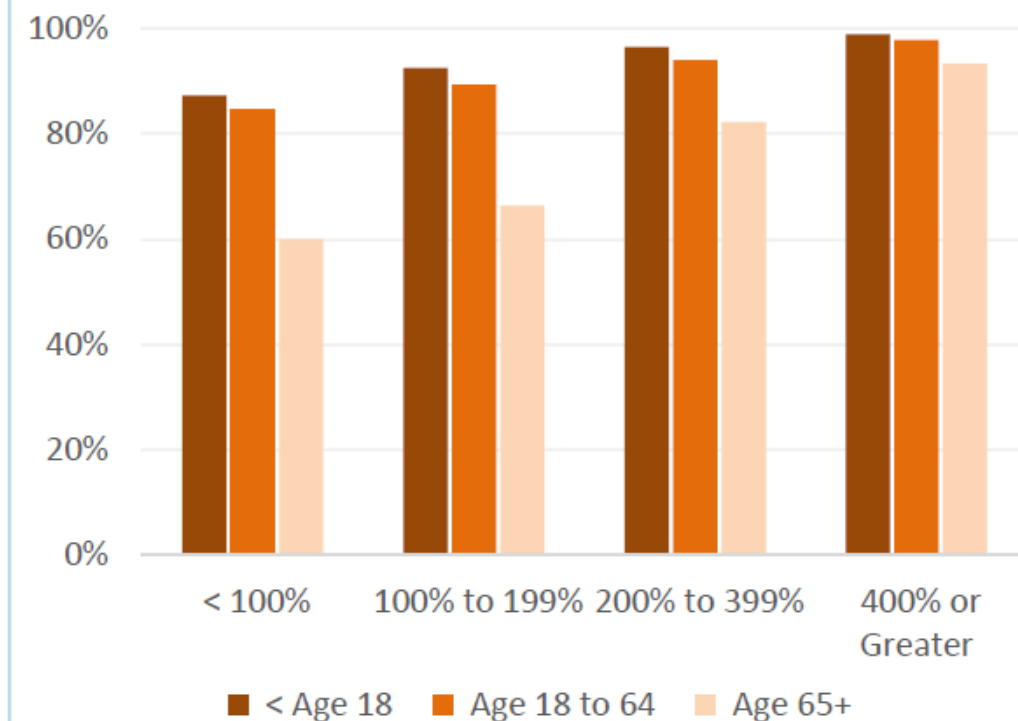


Figure 4. Household Internet Access, Percent of People by Age and Poverty Status, 2019

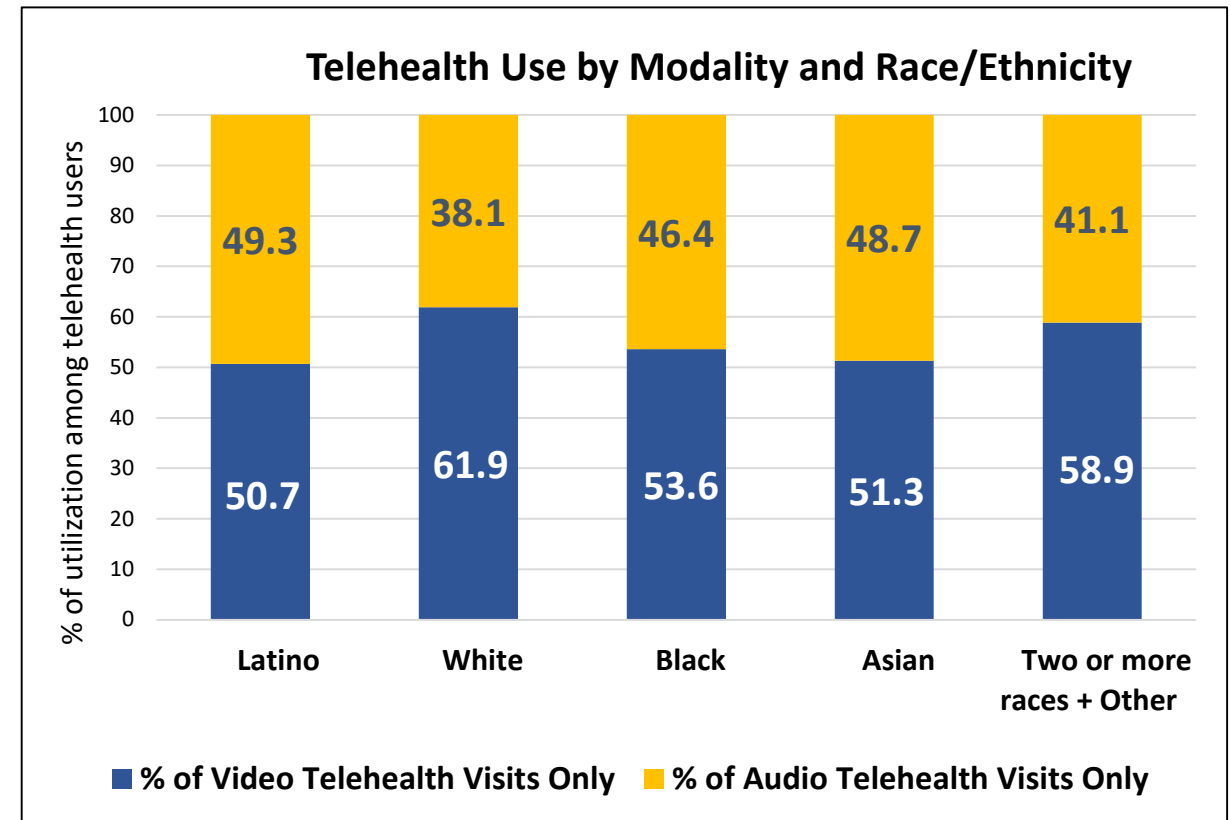


Background:

Disparities in Telehealth Utilization & Video vs. Audio Visits

Recent ASPE analysis of Census Survey Data from 2021:

- Telehealth use (mean 23%) lower among
 - Uninsured (9%)
 - Young adults 18-24 (18%)
- Video-based visits lower among
 - Adults 65 and older
 - Those w/less than high-school education
 - Latino, Asian, Black respondents



Source: ASPE Issue Brief, 2022. *National Survey Trends in Telehealth Use in 2021*

<https://aspe.hhs.gov/reports/hps-analysis-telehealth-use-2021>



ASPE
ASSISTANT SECRETARY FOR
PLANNING AND EVALUATION

OFFICE OF
HEALTH POLICY

Background: Medicare Telehealth Policies Before & During PHE

Medicare Telehealth Policies	Pre-COVID-19	COVID-19 PHE Flexibilities
Geographic Restrictions	Rural or non-MSA health professional shortage areas	No geographic restrictions – allows urban
Originating Site (location of patient for visit)	Health care facilities only	Allows beneficiary home & other temporary health care facilities
Telehealth Modality	Interactive audio-visual technologies (2-way live video conferencing)	Some services eligible for payment if audio-only interaction Relaxed HIPAA enforcement of privacy requirements for teleconferencing platforms (i.e., Skype, Facetime)
Telehealth Eligible Services & Practitioners	Limited set of health care services defined by CMS	Additional 80+ services eligible via telehealth during PHE, including initial evaluations Added other practitioners (PT/OT, speech)
Telehealth Policy Exceptions by Condition	Substance Use Disorders (SUD) ESRD Stroke & telestroke mobile units	FY2022 Medicare Behavioral Health visits may be audio-only if patient had in-person visit in prior 12 months



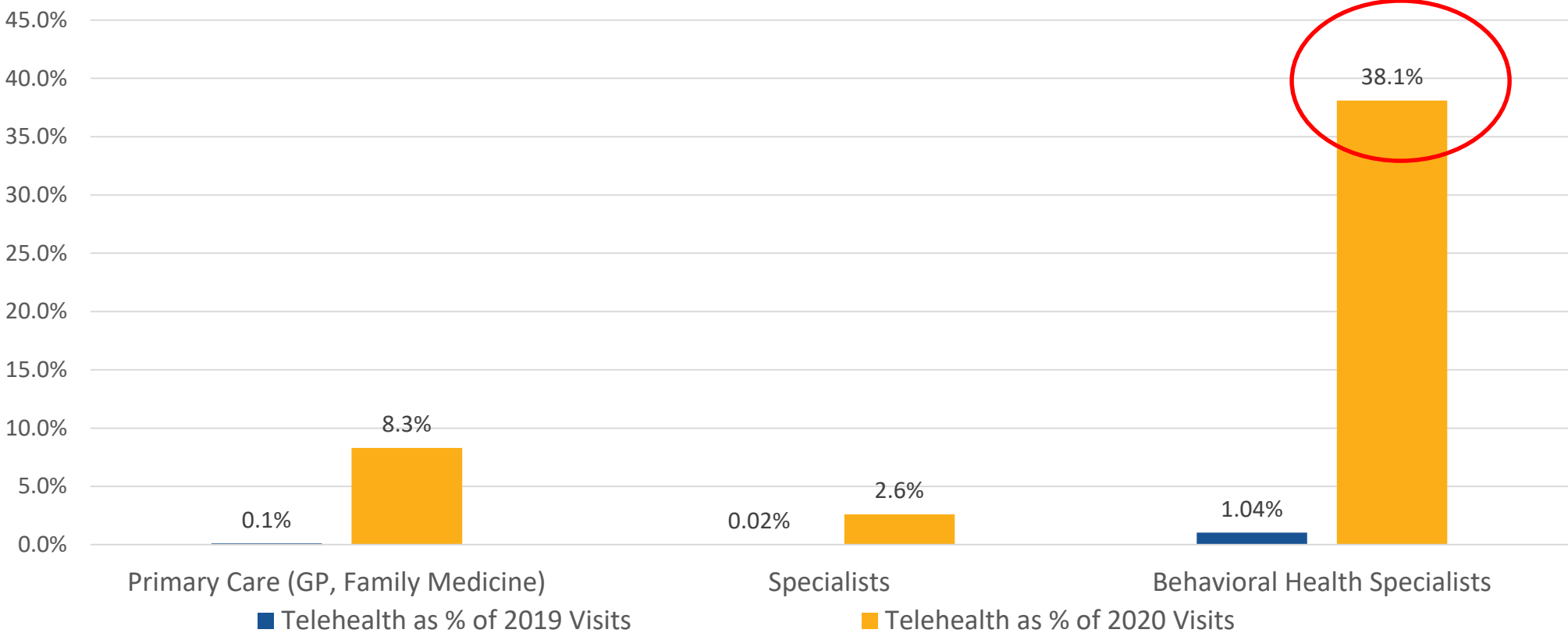
Research Objective

- To understand the impact of the Medicare telehealth flexibilities on use of Medicare FFS telehealth in 2019 vs. 2020
 - How telehealth was used, by whom and in which populations
 - Identify changes in overall health care utilization in Medicare FFS by visit specialty, beneficiary characteristics, and location
 - Assess if telehealth helped maintain access to care during COVID-19 pandemic, especially among vulnerable populations
 - Identify potential disparities in telehealth use



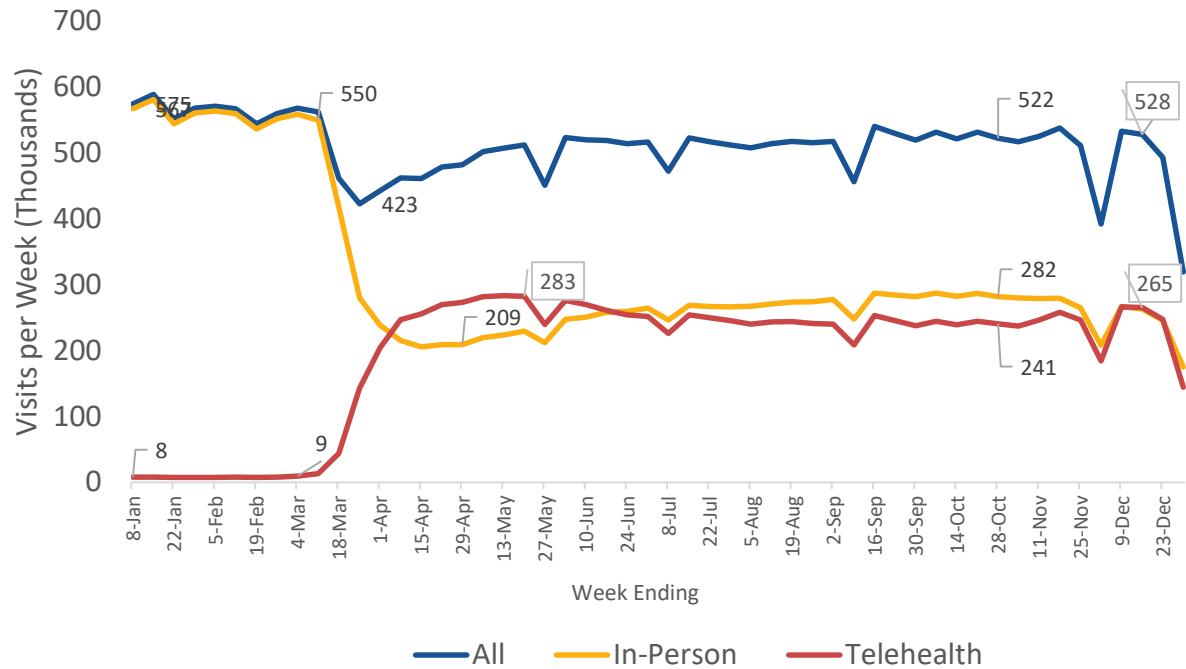
Telehealth Increased for All Specialties, But Most for Specialist Behavioral Health Visits

Change in Medicare FFS Part B Visits (In-Person and Telehealth) from 2019 to 2020, by Visit Specialty

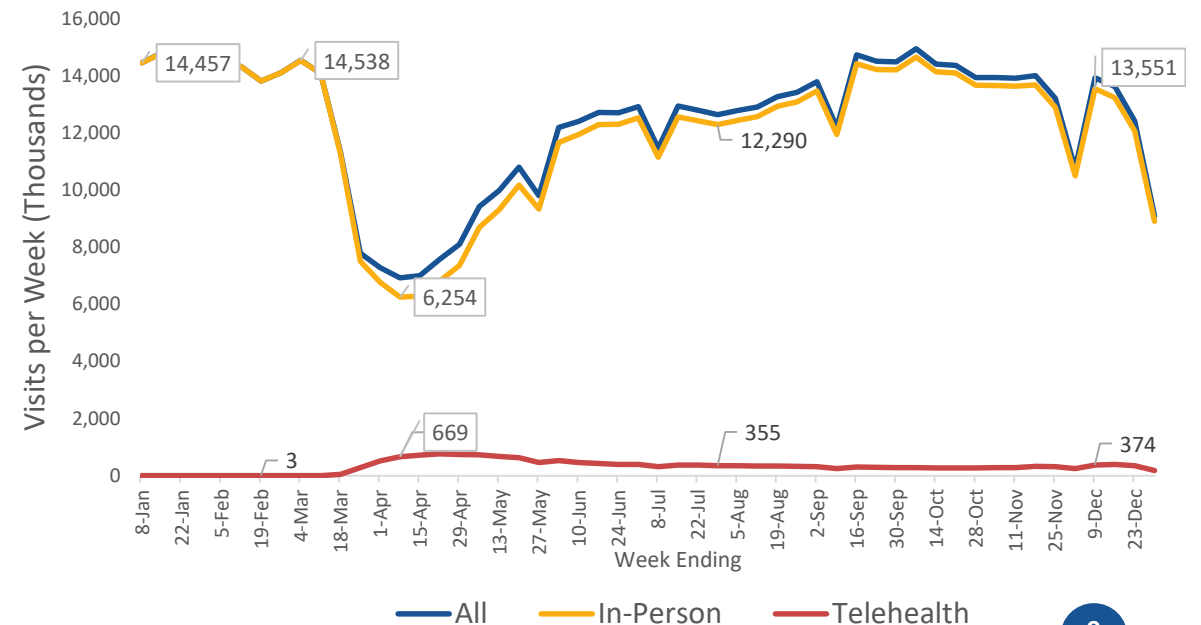


Specialist behavioral health telehealth weekly visits increased at start of pandemic and remained high throughout 2020

Specialist Behavioral Health - Medicare FFS Part B Visits per Week in 2020 - Telehealth versus In-Person



Specialist Medicare FFS Part B Visits per Week in 2020 - Telehealth versus In-Person

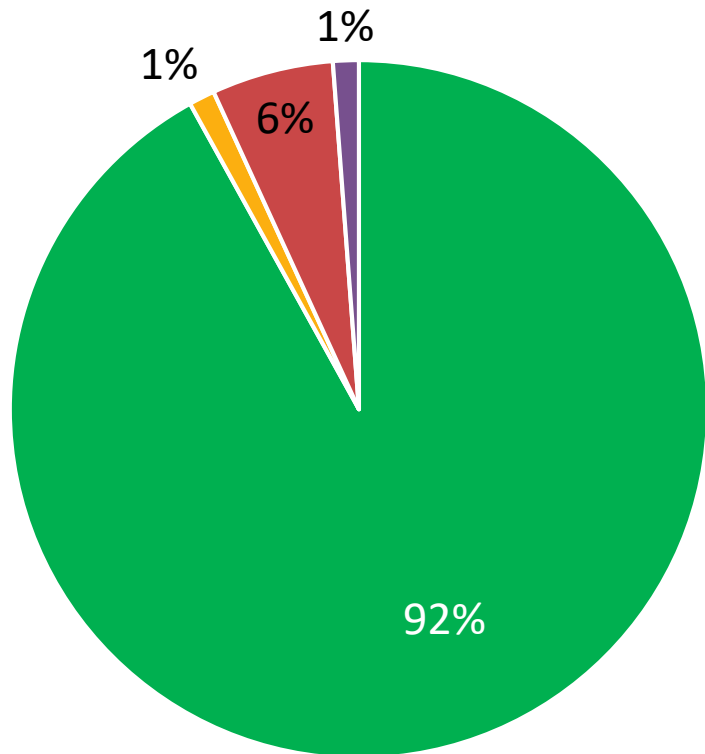


Source: ASPE analysis of Medicare FFS 2020 claims



OFFICE OF
HEALTH POLICY

Telehealth Location: Shift to Telehealth Visits from Home



- Beneficiary's home
- Hospital
- Skilled Nursing Facility
- Transfers & Hospice

N=52.7 million Medicare telehealth visits in 2020

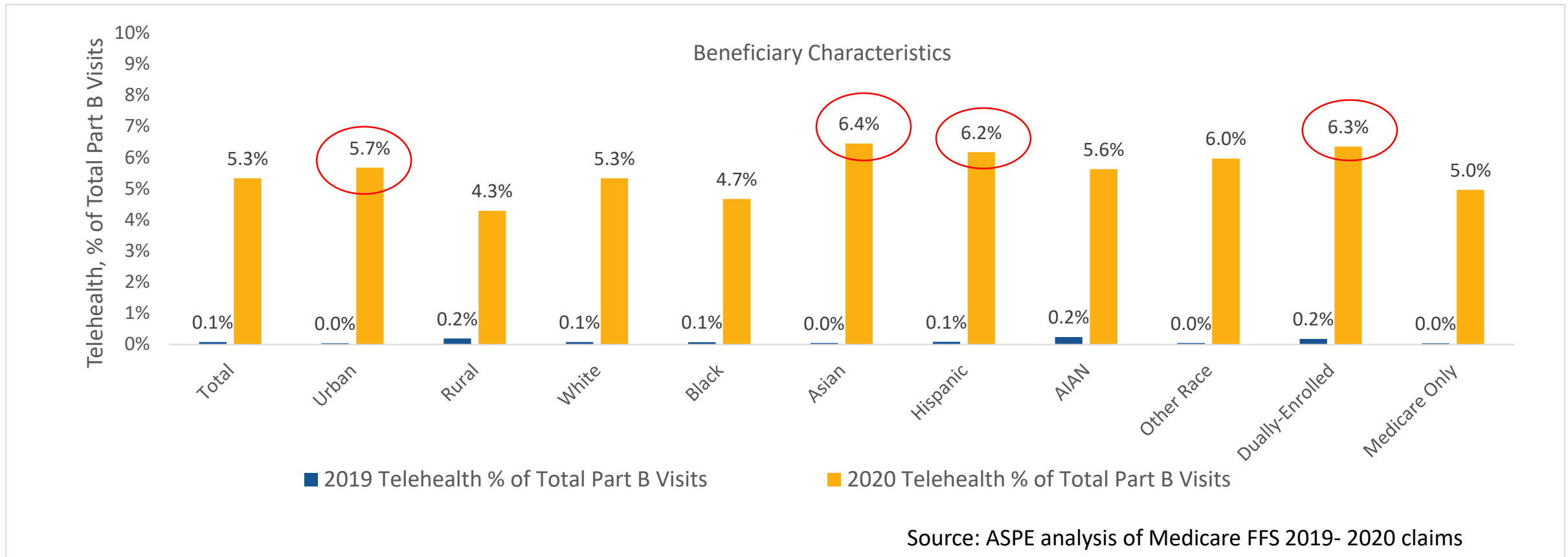
Source: ASPE analysis of Medicare FFS 2019-2020 claims



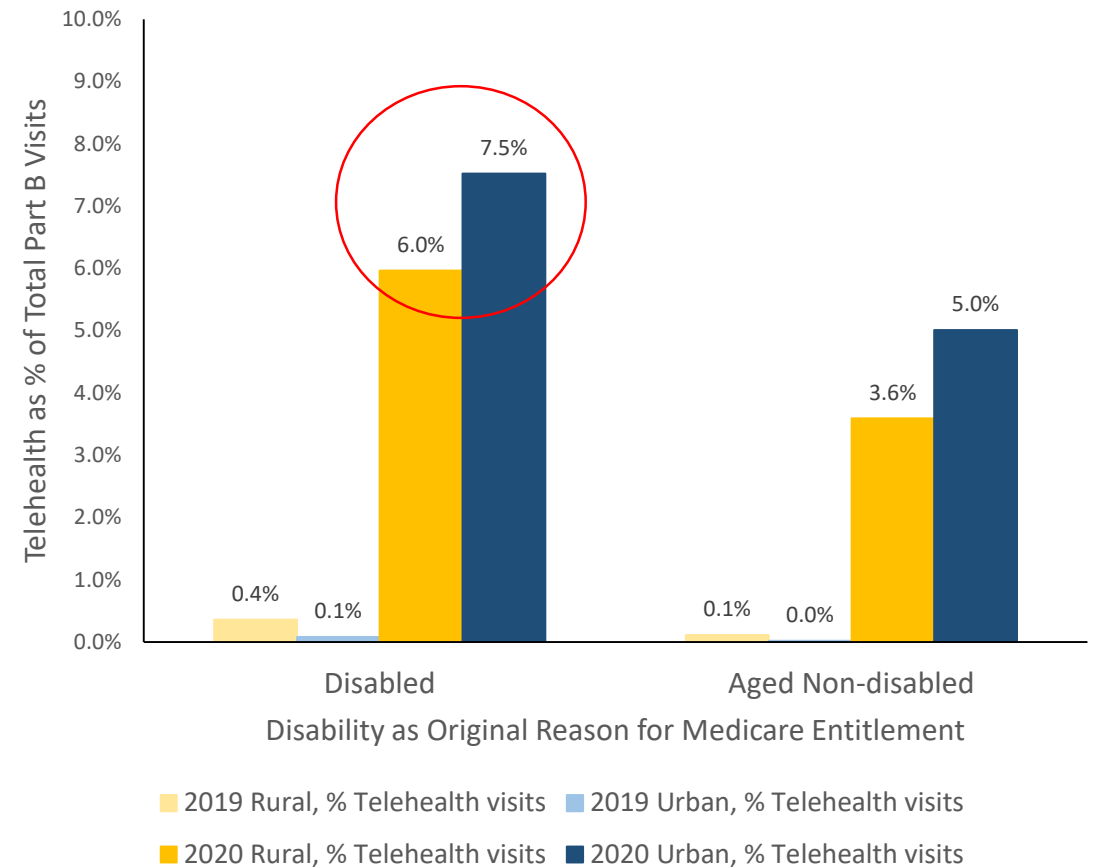
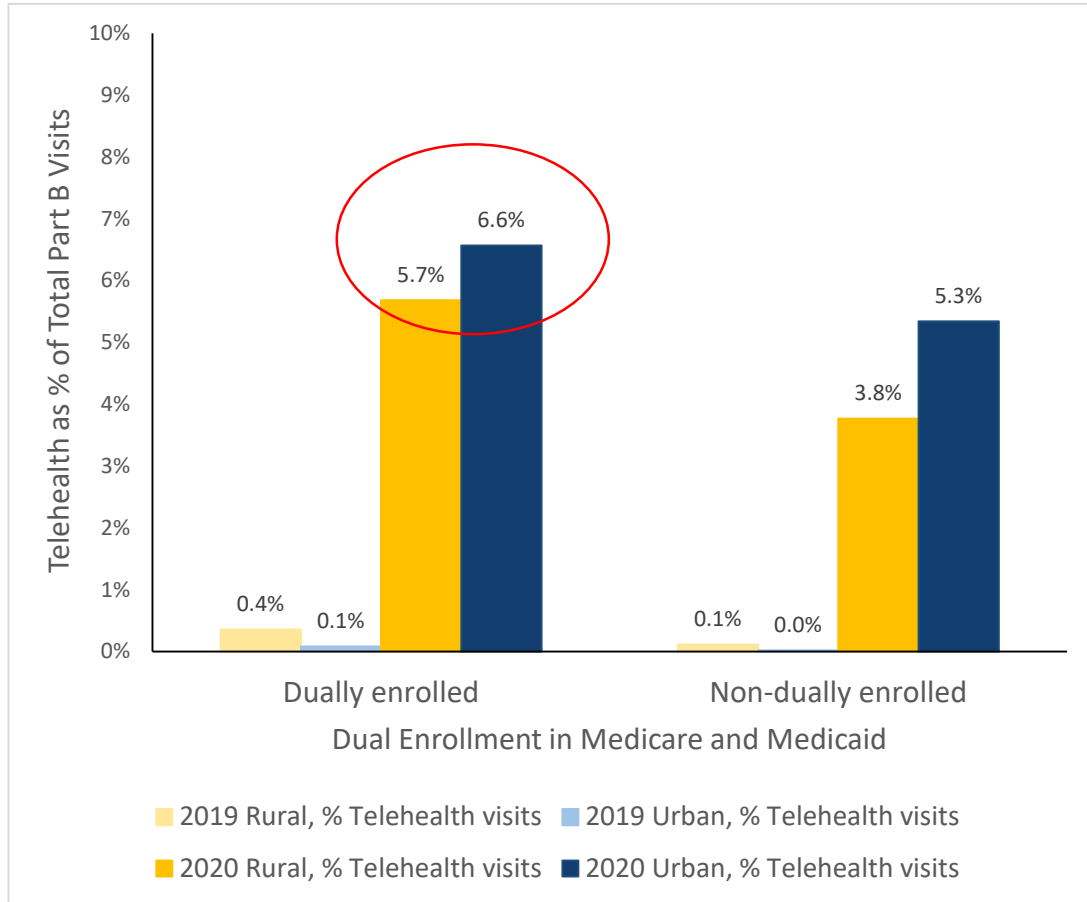
ASPE
ASSISTANT SECRETARY FOR
PLANNING AND EVALUATION

OFFICE OF
HEALTH POLICY

Medicare Telehealth Visits by Beneficiary Characteristics: More Telehealth by Urban, Asian, Hispanic, & Dually-Enrolled Beneficiaries



Higher Telehealth Use among Dually-Enrolled and Disabled Beneficiaries, but Lower in Rural Areas



Source: ASPE analysis of Medicare FFS 2019-2020 claims



Discussion & Key Findings: Surge in Telehealth in 2020

- Medicare telehealth flexibilities led to a **63-fold increase in telehealth** from 2019-2020, from 840,000 to nearly 52.7 million telehealth visits
- Telehealth was only enough to partially offset **16% reduction in in-person visits** during this time to 11% reduction in total visits
- 92% of beneficiaries received telehealth from their homes, previously not allowed
- In 2020, telehealth increased from less than 1% of total Medicare visits in 2019 to **5% in 2020**:
 - **8%** of primary care visits
 - **3%** of specialist (non-behavioral health) visits
 - **30%** of specialist behavioral health visits



Discussion & Key Findings: Disparities in Telehealth Use

- Black beneficiaries had lower use of telehealth compared with White beneficiaries, while Asian and Hispanic beneficiaries had higher use. However, all groups had a similar overall decrease in health care services in 2020.
- Dually-enrolled and disabled beneficiaries had telehealth use in 2020 than aged Medicare beneficiaries
 - but this was not enough to offset particularly large reductions in in-person care for these groups.
- Telehealth use varied by geography, with higher use in the Northeast and West, and lower in the Midwest and South; and urban areas more than rural areas (a reversal from pre-pandemic patterns).



Implications

- These findings highlight the role of telehealth for promoting access to care for beneficiaries during the pandemic
 - By allowing telehealth in their home
 - Especially for those who needed care from a behavioral health specialist
- Overall lower health care utilization in 2020 underscores potentially foregone care and potentially delayed diagnoses
- Disparities in telehealth use by demographic factors may reflect underlying barriers in internet access, device ownership, technology comfort & literacy, and differences in care seeking. More investments are needed to eliminate telehealth disparities.



Thank You

Questions?

Contact: Lok Samson, PhD, MHS

Health Policy Analyst, Office of Health Policy

Office of the Assistant Secretary for Planning and Evaluation

Lokwong.samson@hhs.gov



ASPE
ASSISTANT SECRETARY FOR
PLANNING AND EVALUATION

OFFICE OF
HEALTH POLICY

Appendices - Methodology



ASPE
ASSISTANT SECRETARY FOR
PLANNING AND EVALUATION

OFFICE OF
HEALTH POLICY

Background: Medicare Telehealth

Pre-COVID Medicare Telehealth Policies

- Medicare telehealth restricted to:
 - Rural, non-MSA health professional shortage areas
 - Health care facilities as originating site
 - Interactive audio-visual technologies
 - Limited set of health care services telehealth eligible
- In 2018, Congress expanded telehealth to Substance Use Disorder, ESRD, Stroke & telestroke mobile units
- In 2019, CMS also allowed telecommunications (not considered telehealth)
 - **virtual check-ins** - a brief, non-face-to-face check-in with an established patient via communication technology to assess whether an office visit or other service is necessary
 - **E-visits** – brief communication initiated via a patient portal
 - **remote patient monitoring** of established patients
 - **teleconsults** between professionals

COVID-19 Telehealth Flexibilities

- Medicare telehealth expanded broadly:
 - **Removal of geographic restriction**
 - Allow **beneficiary home** and other **temporary health care facilities** as originating sites
 - Certain telehealth services eligible for reimbursement if delivered **audio-only**
 - Relaxed HIPAA enforcement of **privacy requirements for tele-conferencing platforms** (i.e., Skype, Facetime)
 - **Additional 80+ services** eligible telehealth during PHE, including initial evaluations
 - Added **other practitioners** (PT/OT, speech)



Telecommunications vs. Telehealth

In 2019, CMS also allowed telecommunications (not considered telehealth under Medicare statute)

- virtual check-ins - a brief, non-face-to-face check-in with an established patient via communication technology to assess whether an office visit or other service is necessary
- E-visits – brief communication initiated via a patient portal
- Remote patient monitoring of established patients
- Teleconsults between professionals
- **Broad study definition of telehealth:**
 - CMS-defined telehealth services
 - PHE added telehealth services
 - Audio-only telehealth services** *eligible for reimbursement if delivered via audio-only*
 - *Not considered telehealth by Medicare statute: telecommunications services (e-visits and virtual check-ins)



Data Source & Telehealth Definition

- Medicare FFS claims – 2019 vs. 2020
 - Medicare Shared Systems Data which is updated nearly daily and includes claims processed past the enumeration stage
- Medicare FFS Part B Visits
 - In-person visit
 - Telehealth visit – identified from CMS list of Part B telehealth services
- Medicare providers were instructed to use the modifier 95 to indicate the service was delivered via telehealth
- No specific codes or modifiers previously available to indicate whether an audio-only eligible telehealth service was actually delivered via phone.
 - For FY2022, CMS will add a service-level audio-only modifier.



Key Visit, Beneficiary & Provider Characteristics

- Telehealth visits by provider specialty
 - Primary care, specialists, specialist behavioral health
 - Setting
- Telehealth use by patient characteristics and location
 - Race-ethnicity, dually-enrolled, disabled (*original reason for Medicare*)
 - Urban/Rural location and state (*zip code of beneficiary's residence*)
 - Location of beneficiary for the telehealth visit (*home, skilled nursing facility, inpatient, transfers/hospice*)

