DEPARTMENT OF HEALTH

# Impact of Telehealth Expansion

## A QUALITATIVE STUDY OF SERVICE RECIPIENTS, PROVIDERS, AND PAYERS CONDUCTED BY WILDER RESEARCH

12/21/2022

*Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.*
*Printed on recycled paper.*

# Contents

Executive summary ..... 1

Background ..... 4

Legislation ..... 4

Methods overview ..... 5

Limitations ..... 6

Findings ..... 6

Access to care ..... 6

Care delivery and outcomes ..... 15

Satisfaction with telehealth ..... 21

Payment for telehealth ..... 25

Priority research areas ..... 29

Respondent recommendations ..... 29

Continue to make both telehealth and in-person care available ..... 29

Support expansion of broadband throughout the state ..... 30

Provide clarity about payment for services ..... 31

Develop guidelines for telehealth best practices ..... 31

Promote telehealth as a quality option for patients ..... 32

Conduct additional research on the clinical effectiveness of telehealth ..... 32

Concluding remarks ..... 33

# Executive summary

## Background

Telehealth utilization increased significantly and rapidly across the U.S. in 2020 due to the COVID-19 pandemic. Because of this sudden, widespread adoption of telehealth services, it is important to understand how these services are being used and experienced in order to inform future decision-making. To contribute to this understanding, the Minnesota Department of Health (MDH) contracted with Wilder Research (Wilder) in 2022 to fulfill a legislative requirement to conduct a qualitative study of telehealth (i.e., health care via video or telephone) utilization and experiences among privately insured Minnesotans, as well as the providers and payers who support their care. This report captures the findings from this study to inform telehealth policy and practice in Minnesota.

Wilder Research used a mixed methods approach to complete this study, including 30 interviews with service recipients, 20 interviews with health care providers, and individual and group interviews with 16 leaders representing five payer organizations.

## Overall, respondents believe telehealth has increased access to care

- When asked about changes to access, all provider respondents believed that access to care has improved as a result of the expansion of telehealth. Specifically, over half of providers (55%) mentioned increased availability of specialist visits.
- In addition, nearly one-quarter of service recipients (23%) reported that telehealth has enabled them to see health care providers (especially mental health providers and specialty providers) whom they would otherwise have been unable to see.
- Study participants identified specific ways in which telehealth expanded access to care for service recipients, including:
- Reducing the length of appointments, including wait times (77% of service recipients)
  - Preventing issues related to time off work (75% of providers) and/or child care (50% of providers)
  - Simplifying scheduling (37% of service recipients) and scheduling appointments sooner (27% of service recipients)
  - Removing barriers associated with transportation (30% of service recipients), including during inclement weather (40% of providers) and for providers located far from patients (30% of service recipients)
  - Accessing care when in-person visits pose health and safety risks, such as exposure to COVID (27% of service recipients)

Telehealth allows service recipients in greater Minnesota to gain access to a wider range of specialists and service recipients can spend less time traveling to their nearest clinic. However, providers and service recipients emphasized challenges associated with broadband access in greater Minnesota specifically.

- However, telehealth did also pose some new challenges, specifically around technology and connectivity issues (60% of service recipients).
  - Several respondents reported that they encountered more technology issues when they first started using telehealth and they were willing to work through them to access care via telehealth.

- Most providers felt that telehealth resulted in an overall reduction in disparities in access to health care (65%). However, half of providers (50%) did not feel that access to telehealth itself is equitable, mostly due to disparities in access to broadband, digital literacy, and comfort using technology. Some identified audio-only care as an option to address these gaps.

Providers identified that audio-only care can address technology challenges including offering more equitable access to telehealth care in general and as a back-up when technology issues arise with audio-video appointments.

## Compared to in-person care, respondents believe the quality of telehealth is comparable or better

- The majority of providers felt that the quality of care provided between telehealth and in-person modalities was the same (60%) and/or enhanced (70%), depending on the situation. They identified enhancements such as:
  - Having an opportunity to see patients in their home environment (35%)
  - Increased engagement among their patients (70%) and follow-through with health care (70%)
- Nearly half of the providers interviewed (45%) mentioned that they could do most of their visits using telehealth. Specifically, providers pointed to a number of conditions or situations that were particularly well-suited to telehealth visits, including:
  - Chronic illness such as diabetes, hypertension, or asthma (65%)
  - Mental health care (65%)
  - Follow-up care, such as from a procedure or new treatment plan (55%)
  - Medication management (35%)
  - Established patients (35%)
- Similarly, many payers agreed that telehealth could act as a substitute for in-person care, particularly in behavioral health services.
- However, more than one-third of service recipients (40%) mentioned that telehealth was not appropriate or ideal for certain types of visits or needs, particularly for physical exams or when a visual is needed for diagnosis.
- Overall, payers indicated that telehealth has allowed health care delivery to be innovative, especially through telehealth for preventative services and tele-monitoring, involving patients wearing monitoring devices in their home while providers monitor those devices in a different physical space. Providers echoed the benefit of telemonitoring.

## Overall, respondents are satisfied with telehealth

- All service recipients (100%) and most providers (90%) reported that they were satisfied with telehealth.
- Half of service recipients (50%) also stated that their satisfaction was the same for telehealth and in-person care.
- The majority of service recipients (63%) received telehealth services through both video and audio-only connections, and the remainder (37%) received telehealth services exclusively via video.

Of those who participated via both video and audio, 44% said they were equally satisfied by video and audio-only care, stating that the two delivery mechanisms were “about the same.”

- The vast majority of service recipients (90%) said that they generally have a choice between telehealth and in-person care when making appointments. In all, 83% of respondents said they are satisfied with their ability to choose between telehealth and in-person services.

## Payment for telehealth

- Nearly all payers shared that they follow the guidelines that the Centers for Medicare & Medicaid Services (CMS) put out to help determine which types of services or patients are appropriate for telehealth. CMS guidelines also typically outline services that are reimbursable through telehealth.
- Overall, payers expressed hesitancy around any government or statutory mandates on payment parity. Payers want to have the ability to be more creative and innovative in how they pay and they do not want to be limited by strict payment parity.
- However, all providers interviewed said that all types of appointments should be reimbursed at the same rate. The key reason cited was that they should be reimbursed based on their expertise and the service provided (85%); some also noted that the time they spend on a telehealth visit is the same as an in-person visit (30%).

Because some patients only have access to audio-only care, providers emphasized that this type of care must continue to be reimbursed in order to support more equitable access to care.

- Service recipients commented only on the desire for continued insurance coverage of all types of visits.

## Conclusions and study participant recommendations

- **Continue to make both telehealth and in-person care available.** Nearly one-quarter of service recipients (23%) and more than half of providers (60%) emphasized that telehealth should continue to be available in Minnesota moving forward. Providers felt strongly that Minnesota should invest in telehealth for the long term, citing accessibility and disparity reduction as key benefits.
- **Support expansion of broadband throughout the state to ensure authentic choice.** More than one-quarter of service recipients (27%), the majority of whom were from greater Minnesota (63%), highlighted the importance of ensuring access to broadband, as well as cellular service, across the state.
- **Provide clarity about payment for services.** Payers expressed hesitation around enacting or extending formal payment parity policies. However, most providers interviewed believe payment parity should remain in place, and audio-only care should continue to be reimbursed. Service recipients did not speak directly to payment. Given these different perspectives, it will be important to make thoughtful, inclusive decisions about payment parity for the long term and to clearly communicate those decisions.
- **Develop guidelines for telehealth best practices.** Because health systems had to quickly ramp up capacity for telehealth after the pandemic started, many were forced to develop such platforms without having full policies in place. Therefore, it would be beneficial to develop guidelines and educational materials around best practices in telehealth.
- **Promote telehealth as a quality option for patients.** Providers also recommended that the benefits and availability of telehealth, including the most appropriate types of services for telehealth, be more widely promoted to service recipients.
- **Conduct additional research on the clinical effectiveness of telehealth.** Even though many payers identified benefits regarding increased access to telehealth services, they expressed some concerns about the quality of care from telehealth. They shared the need for a better understanding of the impacts telehealth has on the quality of care to inform future decisions around telehealth.

# Background

Telehealth utilization increased significantly and rapidly across the U.S. in 2020 due to the COVID-19 pandemic. Because of this sudden, widespread adoption of telehealth services, it is important to understand how these services are being used and experienced in order to inform future decision-making. To contribute to this understanding, the Minnesota Department of Health (MDH) contracted with Wilder Research (Wilder) in 2022 to fulfill a legislative requirement to conduct a qualitative study of telehealth (i.e., health care via video or telephone) utilization and experiences among privately insured Minnesotans, as well as the providers and payers who support their care. This report captures the findings from this study to inform telehealth policy and practice in Minnesota.

## Legislation

According to the Minnesota Legislature (Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2), "'Telehealth' means the delivery of health care services or consultations through the use of real time two-way interactive audio and visual communications to provide or support health care delivery and facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care. Telehealth includes the application of secure video conferencing, store-and-forward technology, and synchronous interactions between a patient located at an originating site and a health care provider located at a distant site. Until July 1, 2023, telehealth also includes audio-only communication between a health care provider and a patient…. Telehealth does not include communication between health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission. Telehealth does not include communication between a health care provider and a patient that consists solely of an e-mail or facsimile transmission. Telehealth does not include telemonitoring services..."

In 2021, the Minnesota Legislature passed a requirement that the Minnesota Department of Health and Minnesota Department of Human Services, in consultation with the Department of Commerce, collectively conduct a study of the impact of telehealth expansion and payment parity (Minnesota Session Laws, 2021). Specifically, the study was required to assess the impact of telehealth on access to health care services, quality of care, health outcomes, and patient satisfaction, with an emphasis on equitable access to care for underserved communities and the effectiveness of audio-only care. MDH took the lead on studying several aspects of telehealth care, including collecting qualitative information from Minnesotans with private insurance and the providers and payers who serve them. Clinical outcomes, including symptom reduction or improvements in functioning, were not assessed in the current qualitative study. MDH is conducting additional research beyond this qualitative study, and will continue to consult with the Minnesota departments of Human Services (DHS) and Commerce to ensure a collaborative and informed set of legislative recommendations.

## Methods overview

MDH contracted with Wilder Research to collaboratively fulfill the requirements of the legislative mandate to gather qualitative data to better understand telehealth experiences of individuals served through telehealth, as well as providers and payers. Wilder Research used a mixed methods approach to complete this study, including the following:

- ***Interviews with service recipients.*** Wilder Research conducted virtual interviews with individuals between August and October 2022 to gather detailed, nuanced information about service recipients' experiences with telehealth, including how telehealth affected their perceptions of access to and quality of the care they received. In order to be eligible to participate in an interview, individuals had to be age 18-65, live in Minnesota, have used telehealth in the past 18 months, and have private insurance. Wilder Research completed interviews with 19 individuals in the seven-county Twin Cities metropolitan area and 11 individuals in greater Minnesota, including five individuals in rural areas.
- ***Interviews with providers.*** To better understand how providers experience telehealth, Wilder Research conducted virtual interviews with a sample of 20 health care providers who have experience providing care via telehealth. Interviews were conducted in October 2022. Of the 20 individuals interviewed, 14 respondents provide primary care, two provide behavioral health care, and four provide specialty care (e.g., OBGYN/midwife or physical therapy). Nine of these individuals provide care in the Twin Cities metro area and 11 provide care in greater Minnesota. All 11 of the greater Minnesota providers serve rural areas, though four are based in a metro area outside of the Twin Cities, and seven are based in rural communities.
- ***Individual and group interviews with payers.*** To better understand how payers perceive telehealth, including the value and perceived quality of telehealth services, Wilder Research conducted virtual interviews between August and September 2022 with a sample of 16 individuals representing five of the most prominent payer organizations in Minnesota. In many cases, individuals from the same organization chose to participate in an interview together, though some respondents chose individual interviews instead.

Individuals were recruited for interviews through multiple channels, including: letters sent to providers and payers from MDH, social media posts, collaboration with partner agencies, and outreach through MDH and Wilder Research staff networks.

Data from the interviews were analyzed using an open-coding method to identify key themes. Throughout this report, themes from interviews are described if at least five service recipients and/or three providers discussed the idea. Given the relatively small number of payers participating in this study, and the mix of individual and group interviews used, all key points from payers are described in this report.

Counts of the number of individuals who mentioned a theme are listed in this report, but these should be treated as estimates. Due to the nature of interviews, a person may not mention a concept, but that idea may still be relevant to them.

## Limitations

There are several limitations of this study that need to be considered. These limitations require caution when generalizing or extrapolating from the study findings. The key limitations include:

- While this study collected some information specific to the audio-only telehealth format, many of the findings relate to telehealth generally.
- The current study was unable to assess clinical outcomes (e.g., symptom reduction) or improvements in functioning.
- The study team had a great deal of difficulty recruiting service recipients and providers from rural areas. Therefore, we are unable to disaggregate data by rural versus urban geographies and instead have chosen to report by metro and greater Minnesota geographies. Some respondents in the greater Minnesota groups are from urban areas outside of the 7-county Twin Cities metro area (such as Duluth or Rochester).
- Participation in the interviews, particularly with service recipients, may have been biased toward enrollees who have consistent access to a reliable device and internet.
- Because the focus of this study was on gathering qualitative data to gain greater depth of information, rather than breadth, the data should not be considered representative, particularly with regard to service recipients and providers, for whom the individuals we engaged are a small proportion of all individuals receiving or providing telehealth services.

# Findings

## Access to care

### Telehealth increased access to care

When asked about changes to access, all provider respondents believed that **access to care has improved** as a result of the expansion of telehealth.

> *Virtual care has been a wonderful addition to what we can offer our patients, allowing us to meet them where they are instead of compelling them to have to come into our spaces for the care that they need. –Provider*

> *What patients are telling me is that to them it feels more comfortable and accessible to be able to have the option to have telehealth. It takes away a lot of our no-show rate as far as transportation concerns because we do not have transportation in rural areas unless it's provided by somebody's insurance company. A lot of them were either missing appointments or not being able to schedule at all because they could not get themselves to the clinic. –Provider*

Telehealth also increased access to care for service recipients by enabling them to **see health care providers, especially mental health providers and specialty providers, whom they would otherwise have been unable to see**. In all, seven respondents (23%) reported this scenario, and six of these were located in greater Minnesota. Specifically, nearly one-third of service recipients (n=9; 30%) reported that telehealth allowed them to access

providers located far away from them. This benefit was noted by service recipients in greater Minnesota in particular, with nearly half of these respondents mentioning it (n=5; 45%).

*My therapist…would be someone I would've been really adrift without this past eight months. And she was only really accepting telehealth appointments. –Service recipient*

*We moved from the metro…to southern Minnesota, so metro to rural, and I was able to keep many of my same providers. For sure, [my] mental health provider. –Service recipient*

*I was able to see providers that were further away, and I also had the ability to see a specialist that…I wouldn't have to take a whole day off work [to see]. –Service recipient*

*If I want to just go to a clinic or something…I live eight miles from the closest town. They're not open all the time…It's just not literally physically accessible that much out here. And especially those visits that are in the dead of winter. I was grateful to not have to drive an hour and 20 minutes to my doctor. –Service recipient*

*It increased access because I was able to get some care that I wouldn't have otherwise been able to get in my area at all…the three closest hospitals to me do not have prenatal care. –Service recipient*

Similarly, many payers also shared that telehealth helps increase access to services and providers. Specifically, given the shortage of providers in behavioral health services, telehealth allows greater access to a large number of providers in the field, particularly in for residents in greater Minnesota.

*Behavioral health is just the easiest because you can do some of those therapies and with considerable access issues, just with the workforce and the rural nature of where we're at on the Western side of the state. And this really gives us, I would say, the leeway or just the ability to think critically and creatively. –Payer*

Providers also mentioned that telehealth **increased availability of specialist visits**. Just over half of provider respondents (n=11; 55%) talked about the benefit that service recipients derive from being able to schedule a specialist visit using telehealth. Providers described that, for many service recipients, telehealth provides a key access point to specialists who might otherwise be inaccessible to them, especially when taking into account the long wait times for appointments with certain specialties. Providers in greater Minnesota spoke to this as well, noting that service recipients outside of the Twin Cities may not have the resources to attend an in-person specialist visit that requires travel.

*Now we have a psychiatric nurse practitioner available two days a week. That person's located elsewhere, but when they are available here, they are the highest licensure of mental health care available in the county. So that's been an important advantage. –Provider*

*Virtual consults in the hospitals need to stay. We have a number of rural hospitals that just don't have the degree of specialists that we have in our metro hospitals, particularly the U, but with tele-ICU and tele-consultation to specialists, we've been able to keep more patients*

*in their community, and that's huge for patients to be able to be close to family and supports. And it keeps the beds in the tertiary care centers available for patients who really need the hands on tertiary care, not send people on an ambulance ride just so a specialist can walk in the room and talk to them. –Provider*

*And so, this allows people to get access to those types of providers in their home in a much more timely and convenient fashion to get most of what they need. There's still limitations, but I think it's critical to improve access. –Provider*

*I don't think we've lost providers in rural areas due to the availability of telehealth. I think if anything, we've been more creative about utilizing some of our other specialties via telehealth. For instance, I am doing a lot more referrals for a specially trained perinatal mental health specialist for patients with postpartum depression, just because our own mental health care services here in [rural community] are beyond capacity. And so, that's been a nice feature for patients. Not only having someone who has that specific expertise, which is sometimes hard to find, but also getting them in faster really makes the big difference. Because sometimes if they're waiting three months to be seen by a therapist, because that's your waiting list, you've lost them and they're not going to continue with that care. So at least we can connect them to someone who maybe could see them in the next two weeks. That's a big deal. –Provider*

In addition, more than a quarter of service recipients (n=8; 27%) reported that they were often able to **schedule appointments sooner** through telehealth than they would have been able to do using in-person care. This benefit was especially notable when respondents wanted to see a specialist or to access care particularly quickly due to an urgent medical issue. However, seeing a provider sooner via telehealth also made accessing care in general more convenient. Respondents did indicate that a downside of quicker access through virtual care is that the appointment might not always be with a service recipient's preferred provider, but they acknowledged that this was the tradeoff of getting an appointment sooner.

*I know, even right now, one of my providers that I've been seeing, to see them in person was going to be out like six months whereas if I saw them [through] telehealth, it was like two months. So I was able to see them a lot quicker if I saw them via telehealth versus if I wanted to wait and see them in person. –Service recipient*

*Getting in to be able to [be] seen quicker when I have a few things going on that I've been working with the doctor on, so getting into the specialist sooner. It was more convenient to be able to get into telehealth first and then follow-up with a person-to-person visit, but it definitely opens the access. –Service recipient*

*In our town, our clinic is so small, you can just never get an urgent care appointment or a right away appointment. So, that's helped us to get care when there wasn't anything available. –Service recipient*

## Telehealth reduced a number of barriers to care

Providers and service recipients also referred to several barriers to care that were reduced with access to telehealth.

Overall, **scheduling for telehealth was simplified** and made more flexible for service recipients (n=11; 37%). A number of service recipients mentioned the benefit of being able to more easily coordinate telehealth appointments with their work hours by, for example, scheduling appointments over their lunch hours, between meetings, or outside of standard business hours. Respondents also noted that they were sometimes able to schedule telehealth appointments on short notice to avoid urgent care visits or to take care of minor symptoms for which they might not otherwise take the time to obtain care.

> *Well, I think telehealth helped me to be able to go and see a physician while I was on break and I didn't have to then take off work time or do travel or all of those things or take PTO. –Service recipient*

> *What might happen is sometimes I might have an appointment for Wednesday and then I'll go to my boss and then she'd be like, 'Oh, sorry, we have three people who are not going to be here'…So telehealth makes it flexible because sometimes if I can't do it during my work hours, I could even do it at five in the afternoon. –Service recipient*

> *One of the biggest challenges for me, my entire adult life, has been coordinating schedules, so needing to go to work and then needing to commute to go to an appointment. And I feel like just having so many barriers to get to an appointment, I would be like, 'Well, that's okay. I'll just wait it out to see if whatever symptom I'm experiencing will go away on its own.' But now I'm like, 'Hey, I can just click on my phone a couple of buttons and then get an appointment a couple of days later and do it from the comfort of my home.' –Service recipient*

In addition to offering more flexible scheduling, telehealth **reduced the amount of time required** of service recipients for visits. A large majority of service recipients (n=23; 77%) reported that telehealth required less time than in-person care—including time spent travelling, finding parking, and waiting in the waiting room. This was especially the case for recipients in greater Minnesota, nearly all of whom (n=10; 91%) noted that telehealth required less time than in-person care.

> *Mostly it saves the time of commuting to an office and waiting. –Service recipient*

> *With myself, personally, I do mental health [appointments] every other week [through] telehealth, and…if I had to drive there because it's an hour and a half away…I probably would just go maybe once a month just again because of the time and expense. –Service recipient*

> *I would say it has made it more accessible, just because with my work schedule, I've been able to connect with more providers than I would have if I would've had to go in person, just because then I don't have to drive somewhere. Whereas if I had to go in person that wouldn't have happened. –Service recipient*

Relatedly, providers noticed this improvement as well, with several (n=15; 75%) mentioning that telehealth helped service recipients who frequently had difficulty with taking time off work to make it to appointments. For service recipients with this barrier, providers noted that telehealth made it easier to schedule appointments that fit within typical work hours, and that service recipients did not have to take as much time away from work (which may be particularly challenging for people working hourly). Some providers also recalled instances in which they were able to connect with service recipients who they might typically see in person, but may travel for work or spend winters elsewhere (n=4; 20%). For these service recipients, providers identified that telehealth visits provided important continuity of care.

> *The notion of taking two hours or a half day away from an hourly job where your job is at risk and your financial stability is jeopardized by seeking medical care. You can't afford to do that. Those patients now can go into a break room or go out to their car or jump on a video or phone with their clinician and have it only take the amount of time that it needs for that kind of a visit. –Provider*

Service recipients also mentioned that telehealth visits removed barriers related to **transportation**, including the cost of gas and parking (n=9; 30%). Providers also touched on the benefit of not having service recipients travel to appointments during inclement weather, such as winter storms (n=8; 40%). Providers both within and outside of the Twin Cities also brought up transportation (or lack thereof) as a reduced barrier (n=15; 75%), though with different emphases. For providers in greater Minnesota, it was more common that they talked about the cost of gas or distance to travel (36% of providers from greater Minnesota). However, metro-area providers more often noted challenges associated with not having a car or issues related to traffic and parking (67% of metro-area providers).

> *I think for complex conditions, for patients who need specialty care, that's actually a huge win for expansion of access in rural spaces for those, especially that specialty access and being able to bring the care to the patient instead of having the patient make a sometimes lengthy drive to the Twin Cities to get it. –Provider*

> *The transportation piece. That has been helpful just because we only have one car. And so if we can reduce the driving plus the cost, because the cost of transportation has gone way up. Sometimes these clinics are not close by. –Service recipient*

> *No travel, no parking, no having to navigate whether it is personal transportation options or hiring an option or getting to public transportation. I don't have any of that to worrry about it. –Service recipient*

> *I think now, going forward, [telehealth] can be a tool to help us better manage patients who have transportation barriers, or in the middle of winter. I have patients who will tell me, year in and year out, in October, 'I'll see you when the snow is off the ground.' And if you're healthy, that's fine. But if you just had a stroke, a heart attack, your A1C is 9.13, you may not be able to go from October to March without seeing me…When telehealth becomes a tool that we can use, and not a tool we have to use, I think it will improve our quality of care. And*

*I think we're at that point now where it's kind of a transition. I can see that we're maybe already getting to the point where telehealth could be a way to decrease disparities instead of increase them. –Provider*

Finally, providers identified that telehealth helped to reduce challenges related to **child care** (n=10; 50%). For many service recipients, not having appropriate child care may mean limited access to in-person visits. This was likely exacerbated during the pandemic, when patients were not allowed to bring others to appointments. Some providers further specified that service recipients with lower socioeconomic status were more likely to be affected by this challenge.

*It's also very helpful for folks with the very hectic lifestyle, [with] little kids at home. Frequent no-shows for in-person appointments where we're able to actually talk to those folks more often with the telemedicine, because they can just pick up the phone where they are. They don't have to haul kids to the clinic or manage the behaviors in the exam room. So I do feel like for a subset of patients, this telemedicine has been a godsend. –Provider*

Service recipients (n=8; 27%) also noted that telehealth makes care more accessible when **in-person care carries health/safety risks**, such as those related to COVID. This was especially important for respondents who needed mental health services when COVID restrictions were in place. Respondents also appreciated the peace of mind of just knowing that a telehealth option was available if needed so that they and their family wouldn't be exposed to COVID. Some respondents discussed using telehealth especially in cases where they felt like they might be able to forego in-person care—i.e., where no physical exam was needed—in order to avoid potential COVID exposure at a clinic or doctor's office. Providers also suggested that allowing service recipients to opt for telehealth meant that they could keep viral spread low during seasonal surges in illness.

*It's definitely helped, especially with the pandemic. I mean, that's really when I started with telehealth and [it] really provided a way to safely meet with a provider. I know I had really been struggling, so having access to that and having access specifically to a therapist via telehealth was very, very impactful. –Service recipient*

*I know at least for probably the first nine months to 12 months of the pandemic, I did not feel comfortable going in person to the doctor's office…having that option to not have to put myself or my family at risk was a huge deal. –Service recipient*

*Because of COVID I didn't want to go in. And…it was something that I felt it was more of a question-answer type of visit, not really something where I needed to be physically examined. –Service recipient*

*And every time we have a peak, every time there's another surge in the winter? Boom. We're back to doing a bunch of video visits again. I think having the flexibility is so important. –Provider*

## Telehealth introduced new challenges

While themes from providers and service recipients indicate increased access to care, both groups noted certain challenges that arose along with the expansion of telehealth. These issues are largely focused on technology for and understanding of telehealth.

The most significant barrier that has emerged with the expansion of telehealth appears to be **technology and connectivity**. Providers noted a lack of access to sufficient broadband to engage in video visits, for both metro (n=5; 25%) and greater Minnesota (n=13; 65%) service recipients. Further, some said that many service recipients who reside in remote areas do not even have sufficient cellular phone service for an audio-only visit. Alongside the experience with video visits, providers also noted that they have needed to pivot to an audio-only visit if video isn't working well (n=6; 30%). This may happen for a variety of reasons, but most commonly due to the service recipient having trouble navigating the platform or insufficient broadband strength.

> *If the patient gets there, but then the audio quality isn't sufficient to have a good experience or the video quality isn't sufficient to have a good video experience, we just abandon ship and call them. We'll do a little bit of troubleshooting if we can, but if it's coming up pretty quickly that it's not going to be a good experience and we should just pivot to audio, then that's what we do. –Provider*

> *If someone's freezing or has to turn their camera off, then folks over 65 especially are much more comfortable with the phone call in those cases and don't want to waste time or waste the provider's time kind of fussing around with technology. –Provider*

> *One of my biggest challenges, particularly in rural Minnesota, is there are several places that just don't have broadband or great cellular access. And unfortunately, just as a provider that does outreach in these areas and travels through these areas, it disparately impacts tribal communities. So Red Lake, Cass Lake, Beach Lake, there are parts where you are driving through those areas and there is no cell phone service at all. And until that's addressed, we're never really going to have equity, even with telehealth capabilities. So we've got to find ways to address that. –Provider*

Among service recipients, nearly one-third (n=9; 30%) mentioned encountering difficulties with technology during telehealth visits, and many also indicated that technological issues were the primary way that telehealth fell short of expectations (n=8; 27%). Some respondents encountered glitches with software applications (e.g., video links that wouldn't work) and others reported occasional issues with internet connectivity, whether on their end or the provider's. Other issues noted by respondents included power outages, lack of platform continuity across providers, and difficulty getting online medical charts (i.e., MyChart) set up.

Several respondents reported that they encountered more tech issues when they first started using telehealth and that the technological issues had lessened over time. Respondents also indicated that the technology issues were generally not significant and that they were willing to work through them to access care via telehealth.

> *When I was starting at first, the connection problem [was a challenge]. And then I didn't know that I had to get MyChart set up and all that. So the first initial meeting for the whole telehealth thing was chaotic for me, because I wasn't told that I have to download MyChart. So the first initial meeting…was very stressful...But after that it went smooth. –Service recipient*

*In the sense that there's not a continuous platform. Maybe Essentia in Lakeside, Duluth has it this way. Maybe the Nicollet has it that way. You're always kind of trying to figure how to run the card, and that's how it feels like. What is the platform? I would say the least comfortable thing of any virtual appointment that I've experienced is the uncertainty and no continuity in the initial access. –Service recipient*

*I think really for me, it's only been the connection errors, just dropping midway, or when I've had to do group sessions, I think there would [be] a lot more connection issues. –Service recipient*

*Where they have a software that just does not seem to work with other people's software. So, if doctor's offices had... it's like they had their own... non-meshing 'doctor appointment program' instead of Hangout, or Google meet or Zoom or whatever all the other ones are. I can understand wanting to have patient privacy to be enforced and doctor patient stuff, but that was pretty disappointing. –Service recipient*

*There have been times when we've had…connection issues, just with my provider that I do mental health with…and that has made it hard sometimes when it's you know, glitchy or we can't really hear each other. So a couple times, we've actually hung up and just done a phone call. But I feel like that's gotten better in the last year. I think that was more at the beginning. –Service recipient*

In addition to mentioning technological barriers, more than one-third of service recipients (n=12; 40%) mentioned that telehealth wasn't appropriate or ideal for **certain types of visits or needs**. For example, telehealth might not be ideal when a visual of symptoms (e.g., a rash) is required for diagnosis, even if telehealth is presented as an option for the visit type. In other cases, physical exams and screenings (e.g., pap smears) cannot be done via telehealth and patients have consequently foregone care due to COVID-related health and safety concerns or because in-person care wasn't being offered due to COVID restrictions. Additionally, respondents noted that it's not always clear that telehealth isn't appropriate until an appointment is underway and it is determined that an in-person visit is necessary, resulting in a patient having to do two visits instead of one.

*I think there's just those situations where it's more helpful if a doctor can examine you in person. There's limitations on what they can do for telehealth. –Service recipient*

*I feel like, especially if you're trying to diagnose something, you can see things better than a camera would if your camera is dirty or if you don't have good lighting or maybe there's bumps on…a rash. So not that it affected my care, but I think it could have. –Service recipient*

*How do you have a physical by telehealth?...I haven't had a physical or a pap smear. –Service recipient*

## Telehealth reduces disparities, but lacks true equitable access

Most providers felt that **telehealth resulted in an overall reduction in disparities in access to health care** (n=13; 65%). This belief was further evidenced by a handful of provider anecdotes regarding improved outcomes.[1]

However, several providers noted examples of how telehealth may not adequately support individuals with a primary language other than English (n=9; 45%). These included:

- Patient portals being offered in English only
- Not having appropriate infrastructure or processes for service recipients who request an interpreter
- An acknowledgement that some health systems work better than others when it comes to supporting service recipients who primarily speak a language other than English

> *Language, if the language they speak is other than English, is a huge barrier. Like I said, we don't have a way to get an interpreter any longer on the video, so if it's a video visit, I just call an interpreter on my speaker phone and hold it, and then it's really clunky. That's really not fun for anyone. –Provider*

Provider opinions on equitable access to telehealth itself were mixed, with less agreement than stated above regarding disparity reduction. Many did express that, overall, access was equitable (n=7; 35%), while some were not sure (n=3, 15%). Among those who felt it was not equitable (n=10; 50%), they observed **disparities in broadband access, digital literacy, and comfort with using technology.** Providers identified that these disparities are particularly salient for patients with a lower socioeconomic status, elderly patients, and patients living in remote locations. A few providers (n=3; 15%) specified that audio-only care is especially important for service recipients in remote locations (and who may only have access to a land line).

> *People of lower socioeconomic status and the elderly are much more likely to need phone visits instead of video visits. Which is another huge concern about the potential loss of phone visits being fully covered visits, because it's going to adversely impact people who already are at high risk of poor health outcomes. –Provider*

> *It's a whole lot cheaper to allow that family to have broadband so they can do telehealth visits so they can get their medicines than it is to pay for insulin and glucose meters and all that kind of stuff. So if that same type of credence was given to the mental health problem as a physical health problem, then I think that we would have a whole lot happier people, but it would also be more equitable for the people who really need it because telehealth absolutely needs to find its home in mental health. It has to. And chronic care, yes. But mental health, well, let's face it, mental health impacts chronic care. Chronic care is probably a result of mental health so they all go hand in hand. –Provider*

---

[1] See *Care delivery and outcomes* section

*So people who are younger, people who have iPhones and are savvy with technology who can go online on their MyChart app and schedule it, it's easy for them. But I had a guy the other day who couldn't pick up the phone in the ER because he's hard of hearing and he couldn't hear what the person was saying to get let into the ER. –Provider*

Due to a concern for availability of health care in greater Minnesota, providers were asked whether or not the expansion of telehealth impacted the availability of in-person care in rural areas. While some providers expressed that they did not have any opinion nor information about this, all those who responded to the question (n=10; 100%) did not feel that in-person care had been affected.

# Care delivery and outcomes

## Increased patient engagement through telehealth

A number of providers commented that a key benefit of telehealth visits has been an **increased level of engagement** among their patients (n=14; 70%) and follow-through with health care (n=14; 70%). When telehealth was an option, providers felt that service recipients were more likely to schedule appointments when they needed to, and on a more appropriate timeline. Overall, providers felt that service recipients connected more with them than they did prior to the expansion of telehealth, and providers perceived this as a positive outcome.

*I am seeing more follow-through with visits, which means we get through treatment plans and complete goals more probably than we did before because people are actually continuing and showing up. They are reducing those barriers to showing up to your visit. So, we can actually complete a treatment plan better. So, that's one way that I've seen changes in a positive way. –Provider*

*I think they're a little bit more consistent with their appointments… especially the mental health appointments. Because as primary care in a rural setting we manage a lot of depression and anxiety. We just don't have enough behavioral health practitioners to do that. So I think that's kept it more consistent, where typically that population, it tends to get lost in followup. –Provider*

*If I'm a diabetic and it would actually be good for my health if I interacted with my clinician three times a year instead of the once a year, to manage my chronic disease, and now I've removed some of the barriers to make it easier for me to do that, is that a good thing? I think it's hard to quantify that value to patients when maybe it wasn't a measurable barrier, but yet, I think it's true and telehealth has allowed us to expand that reach and to make it easier for patients to connect with us. –Provider*

Service recipients echoed the sentiments of providers on increased engagement, with nearly one quarter (n=7; 23%) talking about the utility of telehealth for taking care of simple appointments, such as follow-up care and other straightforward services that they might otherwise have gone without. Respondents talked about getting

follow-ups to lab work via telehealth, checking symptoms that they would have typically waited out, and completing simple check-ins or reassessments.

> *We had, for example, allergist appointments. We did some things in person at the lab, you have to, to give a blood sample. But they can talk to you about it via the online platform, which would save you another trip. –Service recipient*

> *I think I might not have even reported that I had COVID. But being able to actually see on camera…see me and agree to prescribing Paxlovid…I might not have pursued anything beyond just staying at home, treating myself. –Service recipient*

## Telehealth tends to work best for specific types of care or patients

Providers pointed to a number of conditions or situations that were particularly well-suited to telehealth visits, including:

- Chronic illness such as diabetes, hypertension, or asthma (n=13; 65%)
- Mental health care (n=13; 65%)
- Follow-up care, such as from a procedure or new treatment plan (n=11; 55%)
- Medication management (n=7; 35%)
- Care for established patients (n=7; 35%)

In these instances, providers are focusing their care for service recipients on aspects of **education, monitoring, and prevention**; therefore, conducting a physical examination with the patient is not necessary to provide quality care.

> *For a lot of things, it's interpreting data. It's having the conversation about what their experience is, what their symptoms are…[it] doesn't require an in-person exchange to provide that very high-quality care experience for patients with chronic diseases. And that's also true for behavioral health. Care for things like anxiety and depression, it lends itself beautifully to virtual care and having a very high quality experience. –Provider*

> *The pandemic really accelerated our ability to provide telehealth, which was one of those silver linings. I think it was most significant in the behavioral health department. That was something that worked really well and brought in patients who weren't maybe comfortable coming in person or who had issues with transportation in our very dispersed community that has no public transportation. Folks who had issues with daycare or caregiving in general. So that was really important. –Provider*

> *Chronic disease management like diabetes has been great where my patient can tell me what their glucose readings are, I'm able to make medication changes. It has been great for asthma and for people with a home blood pressure cuff. It's been great for high blood pressure management as long as I know the renal function is okay, they don't need their labs to be rechecked. Again, there's appropriate things to do with telehealth and there are inappropriate conditions, but for chronic concerns and mental health concerns, it has been great. –Provider*

*A lot of wellness is asking, are you due for your screenings? Should you be on a cholesterol medication? What's your blood pressure? Do you have diabetes? How can we prevent diabetes? That's what it really is. So I think that we could utilize telemedicine more, and my hunch is that as time progresses, it will become more and more popular and video limitations will become less and less, and we will be using it more. –Provider*

Nearly half of the providers interviewed (n=9; 45%) also mentioned that they could do **most of their visits using telehealth** and direct their patients to go in for labs separately, which are often easier to schedule or can be done on the weekend. Some also felt that this eased the burden of coordinating appointments together.

*We have lab only appointments available on the weekend. So people can do labs at different times. Our pharmacy will do vitals on the weekends. So trying to be more flexible to help folks out. –Provider*

*A lot of the time we can also help the patient schedule nurse appointments, lab appointments, being able to just be on the phone and get the care coordination out of the way to streamline the service is huge for a lot of our patients. –Provider*

*If I'm seeing people with lots of labs done in the clinic, that will require discussion to follow up on that, but we don't need to repeat that. Having the ability to chat over the phone and go through what those labs mean, what's the next step, that's been really helpful too. And then the COVID treatment, if the patient doesn't have red flag symptoms, they need antiviral medication and you don't want to bring them to the clinic to expose people if they don't need the level of care to be seen in-person. I think it's wonderful to be able to call them, go over the medication-assisted treatment regulations, go over what to monitor for, and send the medication over. A lot of things can be very streamlined. –Provider*

Two providers with specialties related to caring for pregnant people also described aspects of **pre- and post-natal care** that can and should be adapted for telehealth. These providers suggested that doing so would further enhance the care for pregnant people, especially those from BIPOC communities, who are impacted by significant disparities in infant and maternal care.

*I would say [telehealth] has had a positive impact on the disparities around maternal mortality. That's probably one of the largest disparities that I deal with day to day. I mean, the country's dealing with, right? Maternal mortality is out of control in the United States, and it's really driven by Black people because their rate of death and severe morbidity is so, so, so inappropriately high all over the country. And we know that what is killing people in relation to their pregnancy are things that happen in the postpartum period. They're clotting disorders, infections, bleeding, preeclampsia, and then mental health problems, suicide, substance use, things like that. And I'm not a very dramatic person, but I mean, this is what the state of the evidence is. People die in the postpartum period if it's related to pregnancy, and it happens quickly, and it happens before that six-week period. So I think we are addressing that disparity. –Provider*

*Traditionally, everyone's seen at six weeks postpartum for a checkup, but we've known for many years that that's actually not when we should be seeing people for the first time. Really, one to two weeks is when you really should see people. And so my service, the nurse midwife service, is doing a virtual visit, or scheduling 100% of our patients who birth with us for a virtual visit, within two weeks. To me, it's the benefit of the pandemic. It let us be able to offer care that we've needed to do but we didn't have a way to operationalize and didn't have clinic space to do. And then that's been great for them because they don't have to come into the clinic with a one-week-old baby. –Provider*

Many providers, regardless of discipline, emphasized the importance of telehealth for **mental health care** and strongly encouraged its continued use. Some providers noted that the ability to conduct therapy using telehealth was especially critical in our current circumstances (in an ongoing pandemic) and with certain populations. Two providers who largely see youth and adolescents experiencing depression or anxiety noted that they may be much more willing to engage in therapy if telehealth is offered and telehealth provides the ability to participate in patient care that wasn't previously possible.

*[Telehealth] is just another way to meet patients where they're at and help provide the care that they need now. I like teens. And so being able to see teens with their mental health problems, which are just huge right now, it's very gratifying to be able to be available and to help. –Provider*

*The other thing I love about telehealth is that I've been able to attend a lot more [Individual Eduction Program] meetings and team conferences than I ever could before because it would require me to leave clinic, and that would be less patient time. So now I can schedule it in and just hop on to the team appointments. I feel like we have a very holistic approach on how we manage our kids here. And so being a part of that IEP team or that discharge planning or any of those things that require you to be involved, you can do it quite easily now with the telehealth options. And you can bill for those services, so why not be a part of that? –Provider*

Similarly, many payers seemed to agree that telehealth could act a substitute for in-person care in behavioral health services. Payers have observed a relatively high and sustained rate of telehealth use for behavioral health care.

*Behavioral health is the best example and this is where we've seen both a significant increase in behavioral health services delivered via telehealth during the pandemic and, by far and away, the largest sustained continuation of telehealth services. –Payer*

## Telehealth is comparable to in-person care, with some unique benefits

Service recipients tended to have the **same quality expectations** for telehealth and in-person care (n=9; 30%). Respondents explained that that they expect to have their health history reviewed, to receive the same information, and to have the same level of trust with their providers whether they receive care in-person or through telehealth.

*I would expect the same sort of quality of treatment from telehealth as in person. –Service recipient*

*I hold pretty much to the same standard for both. Although, I do have some grace for the fact that…technology doesn't always like to do what we want it to do. –Service recipient*

A smaller group of respondents (n=6; 20%) did report having **different quality expectations** for telehealth and in-person care. For example, respondents noted that they would expect a telehealth visit to be less in-depth than an in-person visit but that a telehealth visit would be more likely to start on time.

*I think my expectation for telehealth is that it's a little bit more efficient and quicker and it tends to be really fast, like maybe 15 minutes for most of my appointments, and there's not a whole lot of waiting. I feel like when I come in person, I expect to have some type of wait, even if I have an appointment. –Service recipient*

Because providers described providing care during telehealth visits that was largely discussion-based (n=4; 20%), they perceived **little difference between in-person and telehealth care, when used appropriately**. During such visits, providers might be engaging in health education or supporting a patient in their medical decision-making. The majority of providers felt that the quality of care provided was the same (n=12; 60%) and/or enhanced (n=14; 70%), depending on the situation. Referencing improvements, providers often attributed this to increased engagement.[2] Just a few (n=3; 15%) noted a lower quality of care; in these instances, providers described cases in which they might be able to "catch" other health concerns that are not brought up verbally during a visit.

*I can provide the same level of quality and, I would argue in some cases, an even better experience to my patient. The medical judgment, the years I spent in school and training to provide safe, effective, high-quality care for whatever the disease may be, isn't diminished by the fact that I'm doing it via video as opposed to sitting in front of somebody. –Provider*

*So much of what we do is conversation and interpretation of data. It doesn't matter if I can see you or not see you. –Provider*

Providers expressed another tertiary benefit to telehealth as compared to in-person care; because most of their telehealth visits were conducted via video, they had an opportunity to **see patients in their home environment** (n=7; 35%). This was particularly valuable for providers who were speaking with a patient about their mental health concerns (e.g., depression or anxiety). They also described an appreciation or enjoyment derived from getting to know their patients better or get a better picture of who they are as a whole person.

*Providers can see patients at home. Patients can be a lot more relaxed and there's a lot more insight that the providers get about how the patients are doing. – Provider*

*Providers can see where a patient is sitting at home. They can sometimes see what their setup is for an elderly patient who maybe has mobility issues. It's much easier for the spouse to join in and chat. So they feel like they get just a better picture of the whole person. And*

---

[2] See *Care delivery and outcomes; Increased patient engagement* section.

*there are some situations too, especially with children where kids are a lot more relaxed if they're doing something over telehealth, especially screenings, and they can get a much better feel for how the child interacts with family members, speaks, does skills. –Provider*

## Telehealth has allowed for innovations in care delivery

Overall, payers indicated that telehealth has allowed them to be innovative, particularly on ways telehealth services can be delivered. For instance, they shared that there are increasingly more providers using telehealth not just for emergency or urgent care, but also for **preventative services**. In addition, one respondent identified that telehealth has allowed for different **acute care models**.

*I think as we've progressed with telehealth over the last couple of years, we've seen a shift from telehealth being only, or mainly, used for emergent or urgent care needs to a preventative space. And that's where we've spent probably the majority of this past year focusing on creating some options for our members that based on whatever obstacles they have going on, be it time, travel, preference, whatever it might be, that we can get them in for a video visit and focus really on management of their chronic conditions and preventative services. – Payer*

*I think probably innovation might be a strong word, but I think that there's pockets of it within telehealth delivery. We have certainly seen increase in more acute care Hospital at Home type models that are not wholly telehealth delivered, but are augmented or enabled by telehealth supplementation. I think what we have seen is, in acceleration, in the innovation, in those spaces, out of necessity. So, I think overall we see it as a positive towards moving or enabling innovation in health care delivery. –Payer*

Many payers shared that they noticed more providers using **tele-monitoring** in their practice when it is appropriate. Tele-monitoring allows patients to wear monitoring devices in their home while providers monitor those devices in a different physical space. This set-up still allows providers to reach out to their patients when something goes wrong or an alarm goes off. Additionally, providers shared that some provider systems are also developing capacities to take blood pressure at home or have their patients' oxygen levels checked. These capacities were previously only available in person. Providers echoed this benefit, noting that when patients are able to use devices such as blood pressure cuffs at home, they can provide care that is equal to or better than in-person care.

*The other type of telemedicine I wanted to comment on that we're seeing more and more of with our providers is just the tele-monitoring…They have all these devices now the patient wears in their home, and then the provider just monitors that, and when something goes wrong, an alarm goes off and they reach out. –Payer*

*Since we got blood pressure cuffs at clinic, that's been very, very helpful. We're trying to get blood pressure cuffs in the hands of every one of our hypertensive patients. –Provider*

*Within my field, there's new technologies that can do electronic fetal monitoring. For instance, a non-stress test that normally a patient would have to come into the office for*

*monitoring a high risk pregnancy that can be done via telehealth, using continuous glucose monitoring and uploading your values and getting them sent in to your provider, that can be done. I think looking at expanding access to those technologies needs to be a part of this as well. And I don't know if anyone has talked about that, but there's been a lot of advancements over the past couple years, and I think we're going to continue to see more. –Provider*

### Clear care delivery guidelines are needed

While many health systems were able to begin providing telehealth very quickly after the start of the pandemic, some providers noted that additional work is needed to smooth out this method of care delivery. Providers discussed a **need for education and clinical practice guidelines in order to make the best use of telehealth** and for it to be used in the optimal circumstances. Specifically, providers suggested that service recipients receive education around how telehealth works, and when to use it, as well as promotion of telehealth generally (n=9; 45%). Providers also indicated that health systems need more thorough education (n=8; 40%), including **developing and implementing best practices for telehealth**, such as clear guidelines about how and when to use telehealth versus in-person care.

*I feel like things will improve as telemedicine gains more traction and institutions develop more protocolized way of telling people what's appropriate and encouraging and educating the scheduling staff. –Provider*

*I think [it's] been part of our journey to figure out what lends itself well to good virtual care and what are things that are not as appropriate for virtual care and how do we educate our patients and how do we educate our clinicians? I think that's just part of the learning curve with a new modality for giving and receiving care that, I mean, two plus years into it, we're pretty good at it at this point, but that's certainly been part of our journey is to figure out how do we highlight and promote virtual care for the right type of conditions and make that available and visible to our patients as part of their scheduling experience even. –Provider*

*It's not only a learning thing for us, but also a learning process for patients. I think they're doing a much better job now of utilizing telehealth services appropriately than they did initially. –Provider*

*Put it in the curriculum for health care, and that comes from our Board of Nursing and our Board of Medical Practice and those that approve those curriculums, those are where that needs to come, and that's a policy thing. –Provider*

## Satisfaction with telehealth

### Overall high levels of satisfaction

All service recipients (n=30; 100%) reported that they were satisfied with telehealth, with half expressing a high level of satisfaction. Half of respondents (n=15; 50%) also stated that their satisfaction was the same for telehealth and in-person care.

More than one-third of service recipients (n=12; 40%) attributed their satisfaction with telehealth to its convenience, speaking about the ability to schedule around other obligations, see providers located outside their geographic area, and receive care without the burden of traveling and sitting in a waiting room. Respondents (n=9; 30%) also mentioned that they were satisfied with telehealth when there was a resolution to the reason for the visit (i.e., when they felt that their questions were being addressed).

> *So, I think my expectations [for telehealth] were a little low, and I would even say that I was aiming for a five from a scale of zero to 10, and I've come out at 9, 10 being the highest. –Service recipient*

> *If they're professional, and they're good at what they do, and they tell me what the diagnosis is, I'm not gonna question it, whether it's in person or on the video. –Service recipient*

> *I have to schedule things around my meetings and other work-related things and have that flexibility. So I think that just…added to my satisfaction with [telehealth]. –Service recipient*

> *I'm making an appointment because…there's something that's bugging me or something that's not right. Or something that needs to be fixed. So that's why I'm scheduling [an] appointment…what satisfaction I'm looking for is a resolution or a solution. –Service recipient*

Service recipients reported that telehealth providers met their expectations by listening, answering questions, and "getting to the bottom of the patient's need" (n=8; 27%). Respondents talked about gaining information and having a plan or next steps. Service recipients (n=7; 23%) also emphasized the importance of telehealth providers making care feel personal and giving their full attention to the patient. Here respondents spoke about providers being engaged with the visit—knowing why the patient is there, knowing the relevant history, and making an effort to understand the patient's concerns.

> *We talked about what's going on. We talked about ways in which a new medication can help. We talked about my next visit would be coming in person to get my blood drawn, things like that…I was able to talk to someone and I was able to at least move forward with something. –Service recipient*

> *Mostly they've been able to address whatever issue I've had through that telehealth visit, whether it is a question or a discussion or conversation. I think that's where they have met my needs. –Service recipient*

> *My mental health telehealth visits, it almost feels like an in-person visit because of how personable she makes it…I can tell that I always have her full attention for those 45 minutes that we have. –Service recipient*

> *It's got to be somebody that listens, understands, hears, has that empathetic understanding, good emotional intelligence. –Service recipient*

The majority of service recipients (n=19; 63%) received telehealth services through both video and audio-only connections, and the remainder (n=11; 37%) received telehealth services exclusively via video. Of those who

participated via both video and audio, 44% (n=8) said they were equally satisfied by video and audio-only care, stating that the two delivery mechanisms were "about the same." Seven respondents (39%) stated that they were more satisfied by video services, noting, for example, that they liked to see the facial expressions of the clinician they were working with. Three said that it depended on the visit type whether video or audio would be more satisfactory, with audio being satisfactory for more informational exchanges, as when receiving test results. Just one service recipient preferred audio-only altogether, describing fatigue from being on video calls.

*They [video and audio-only] were the same, yeah. I was happy. –Service recipient*

*I think they're better with video because there's that connection with a physical person, and you feel like they may be able to visually just kind of diagnose you as, as they're talking. There's an extra level there. It's, it's different than calling a credit card company. –Service recipient*

*Sometimes I just wish it would be audio-only. I would be more satisfied if it was audio-only so there wasn't that expectation to be on a video platform. Or even if they said, 'Hey, this platform is a video, but you don't have to have your camera on the whole time,' or something like that, even if they had that caveat. I think people are so excited, 'Oh, you can do it via video,' but not everyone wants to be on a video. I think there's a fatigue of being on video calls. So it would be nice not to have to be on it. Even if that is the platform that you have, everything can be just audio as needed. –Service recipient*

The majority of providers interviewed said that they are **overall satisfied with telehealth as part of their work** (n=18; 90%). Contributing factors to their satisfaction with telehealth included:

- Convenience and accessibility for their patient population
- Flexibility for their work schedule, including the ability to work remotely
- Avoiding burnout associated with medical professions, which some attributed to the clinic environment
- Freeing up space in the clinic and improving overall capacity for clinic support staff (e.g., medical assistants)

*Part of my schedule was templated so that it can only be virtual care. Many of our clinicians have chosen to do that for a variety of reasons. In some of our areas, that's actually been a way that we can see more patients because if we can shift our clinician resources offsite, that frees up capacity in our brick and mortar space to be able to bring patients in for in-person care. –Provider*

*I think that is particularly compelling for women in medicine, women in the workforce in general. But in medicine in particular, because we see attrition of women, particularly in primary care, after they enter the workforce, which is something that we all need to care about because we are not producing doctors fast enough to keep up with the demand of a growing aging population. –Provider*

*I've seen it being helpful for my colleagues and myself just offering a little bit more variety of practice in reducing burnout and increasing sustainability of the work that we do, because the day in and day out of primary care grind and in our institution, the barriers we see of getting specialty access, a lot of the workload is on primary care and burnout is a real concern. And I*

*see telehealth as really beneficial in providing some reprieve in the work that we do, that we still provide great care. –Provider*

*It cuts down on our reliance on our medical assistant, which we're short on medical assistants all the time, or it can take a while for the patient to get roomed and that can be a really big, frustrating point. –Provider*

However, some providers expressed dissatisfaction with telehealth as part of their work overall (n=2; 10%), or noted that they personally prefer face-to-face visits, though they did not negate the value of telehealth (n=5; 25%).

*In general, I'm not as keen on trying to connect with patients only by phone or video for a long period. I usually use it to fill in the times between and cut down on some of the in-person visits rather than entirely supplanting the in-person stuff. –Provider*

*From my perspective, I hate telehealth. I love seeing patients in person, I love the human contact, I love being able to see how they describe things. When I was doing telehealth for a week at a time, by Friday, I was about to go stir crazy. I could not do a large portion of my clinical practice as telehealth. I do it because I love my patients and there's a role for it. –Provider*

*There's a difference between standing in my office looking at the computer all day and actually talking to people and interacting. And I really feel bad for my patients who are now stuck in their basements doing all their work there. It's just not my preference. –Provider*

## Service recipients are satisfied with their ability to choose telehealth and payers are able to make options clear to service recipients

The vast majority of service recipients (n=27; 90%) said that they generally have a choice between telehealth and in-person care when making appointments, although some noted that this choice did not exist during the peak of COVID restrictions when only virtual care was available, and others noted cases where certain providers might only offer telehealth. Some also pointed out that sometimes the visit type influenced whether telehealth was presented as an option (i.e., via a screening tool). In all, 25 respondents (83%) said they are **satisfied with their ability to choose** between telehealth and in-person services.

*Oh that's the easiest thing. Actually, if I do it online, I have to go to the portal for either one. So I have to consciously be like, 'Do I have time to travel or should I do a telehealth visit?' –Service recipient*

*Outside of having lab work done, I have had the opportunity to do virtual. –Service recipient*

*There'll be a screening tool. Maybe if it's for physical health, a symptom check, and then that will decipher if they need to see you in person or not. But it's been very easy to figure out. –Service recipient*

*I'm just happy that we can go in again and be safe if we want to. And the fact that I can choose and make it fit with my schedule more is great. –Service recipient*

Payer were asked about how their health plan members find out that telehealth services are available under their plan in addition to in-person care. A few payers indicated that they have infrastructure and processes in place to communicate with patients about the telehealth options that service recipients can access. These processes can include readily available information on payer's websites or landing pages about telehealth services, patients directly reaching out to customer service lines, and/or working closely with employer groups to include what telehealth services are covered under their plans in their benefit packages.

*They could call our customer service line and ask if it's covered. Some members, like our Medicare Advantage members, still get member documents from the plan. That is a requirement from CMS. And in there, it specifies telehealth is covered and at the same rate as it is in-person. There's a variety of ways for people to know what their coverage is. –Payer*

*So in our commercial space, we work really closely with our employer groups. So when a staff is on board, they would receive a document that highlights their benefit packages to include information that they can access services via telehealth. –Payer*

*Usually the big telehealth providers that we contract with include this [telehealth] information in their benefits packages. So they become aware of them upon enrollment. Doctor on Demand, for example, is just included as this is one of the telehealth providers that's in network. Although, I'd say it's also becoming more common for the health systems to include telehealth options on their landing pages and websites. –Payer*

# Payment for telehealth

## Payers usually rely on specific criteria for services to be reimbursed through telehealth

Nearly all payers shared that they follow the guidelines that the Centers for Medicare & Medicaid Services (CMS) put out. CMS typically outlines services that are reimbursable through telehealth. These payers highlighted that the coverage for telehealth services was significantly broadened during the pandemic.

*CMS tends to lead the way. CMS will typically outline services that are reimbursable through telehealth. –Payer*

However, one payer shared that they sometimes let their providers/clinicians determine what services are appropriate for telehealth. Another payer talked about continually evaluating their membership to better understand the types of telehealth services they want to offer.

*I would say from a medical economics perspective, we've just looked at and continue to evaluate our membership and where they utilize services and where their needs are. That has just allowed us to have some direction on what those types of services we would want to*

*offer would be. So if we see an increased need in behavioral health, which we have, that's an area that we want to focus in. –Payer*

## Payers tend to see telehealth as a way to deliver care already covered

Nearly all payers noted that telehealth does not necessarily provide services that were previously not billed or reimbursed. Rather there are many telehealth services that used to be in person that can now be reimbursed through telehealth.

*There are definitely services that used to just be in person that can now be reimbursed through telehealth, like primary care visits or preventive care visits. As far as new services that were never covered before, I do not have recollection of any specific brand new services that were not covered before. But we did expand what used to only be in person to also be virtual. Again, very public health emergency driven. –Payer*

Most payers felt that premiums would not be impacted by provision or coverage of telehealth services. One of the reasons was that telehealth services would be covered and included in the payer's premium impact analysis and there are not any new services that were not previously billed. Additionally, payers believed that as long as there are regulatory frameworks around payment parity, there should not be many duplicated services and therefore the cost impacts would be limited from a premium perspective.

*To the extent that there remains regulatory frameworks around paying at parity for audio-only telehealth and in-person visits, which exists currently and my belief that there's not a ton of duplicated services in that situation, I believe that the cost impacts would be limited from a premium perspective, as long as we don't see concerning behaviors in terms of fraud or those types of things from a billing perspective. And so I think the impact to the premium is likely small. –Payer*

On the other hand, one payer mentioned that from a reimbursement rate standpoint, the premiums could decrease in the long term as long as the utilization rate doesn't go up too high and patients could get appropriate care virtually at the appropriate rate. This allows payers to provide better benefits.

*[I]f we don't see an increase in overall utilization because of telehealth, then premiums should not be impacted. However, I think from a reimbursement rate long-term, if we can work to get appropriate care virtually at the appropriate rate, then, we are providing a better benefit in some cases, but then that may allow us to decrease premiums long-term. –Payer*

## Payers are hesitant to have payment parity policies in place

Overall, payers expressed hesitance on any government or statutory mandates on payment parity. Payers want to have the ability to be more creative and innovative in how they pay and they do not want to be limited by strict payment parity. They expressed desires to work with providers to come up with appropriate reimbursement considering things like type of services, demographics of clients, and region of the state that the providers serve.

Many providers emphasized it should be results-driven and providers should design care delivery that drives the greatest value and not be incentivized by how it is paid.

> *We have no definitive position right now on statutory payment parity, but generally are hesitant on government and statutory mandate. That is just a general policy position overarching, but we do support sustainable and adequate reimbursement for virtual care. We acknowledge the importance that it plays, that everyone's highlighted in the room today that it needs to be supported. –Payer*

> *I believe that we should have the ability to be more creative and innovative in how we pay so that we're not tied to the strict payment parity, same for same. We should be able to work with our providers and come up with what is the right way to reimburse for the demographic they serve, the part of the region of the state that they serve, because not everything is the same. And it should be results driven, outcomes driven. We have to make sure we're getting quality care and we want the providers to be able to design care delivery in a way that they can drive the greatest value and that it not be incented by how it's paid, but rather on how does it drive the best outcomes and then reward the outcomes with payment. –Payer*

## However, providers want payment parity

All providers interviewed said that comparable appointments should be reimbursed at the same rate regardless of whether they are delivered in-person or via telehealth. The key reason cited was that they **should be reimbursed based on their expertise and the service provided** (n=17; 85%); some also noted that the time they spend on a telehealth visit is the same as an in-person visit (n=6; 30%).

> *From a clinician perspective, the cognitive effort that I apply to a particular clinical situation, as it relates to what I'm hearing, what I'm learning, what I'm interpreting, the questions I'm answering and asking, the diagnostic stuff that I'm formulating, and the cognitive effort that I'm putting into formulating a treatment plan, and discussing it with a patient and counseling them about risks, benefit, side effects, alternatives, consequences, what if it doesn't get better, all that sort of thing, that doesn't change whether I'm in front of you or talking to you on the phone. –Provider*

> *We're providing the same level of care. We're treating the same degree of illness. We're doing the same medical decision-making and that's what the billing and coding is based on. So if I spend 30 minutes on the phone with the patient, even though it's a phone visit and offer medical decision-making that's equivalent to an in person, I should get paid for that. Because health systems just can't afford to give away care…I'm fine with caveats that physicals and annual wellness visits need to be face to face. Because I think those have requirements for physical exam components that we can't do virtually. –Provider*

Further, because some patients only have access to audio-only care, providers emphasized that this type of care must continue to be reimbursed in order to support more **equitable access** to care.[3]

> *[It's] about reducing barriers for our population who might not have the connectivity or might be quite elderly to be able to do appropriate telehealth via the phone, that should be paid for. –Provider*

> *We're doing a good job calling patients' phones if they don't show up for their video visits. So the majority of the time my no-show rate for telehealth is significantly lower compared to my no-show rate for in-person appointments because we're meeting people where they are talking about their needs, but the video visit is a challenge. Then it goes into, oh, we get reimbursed for face to face level of service with video visits, but when we convert it to telephone, I'm not providing a lower level of care, whereas the reimbursement significantly tanks from that perspective. –Provider*

> *By not reimbursing for telephone visits, I think it excludes people in rural areas and will make the care gaps bigger because you're not being able to provide adequate services to those people. –Provider*

> *I think if [audio-only care] wasn't billed at the same rate, you just would have people not offering it, and then that would worsen disparities for people who can't get video to operate well. –Provider*

## Service recipients want insurance coverage for telehealth continued

A few service recipients (n=5; 18%) noted that they wanted insurance to continue to cover telehealth moving forward. Respondents commented that they didn't want insurance companies to "revert back" to not covering telehealth, and they wanted to ensure that telehealth is **affordable through insurance**. Three respondents (10%) suggested lowering copays and other patient costs for telehealth services to reduce patient costs relative to in-person care.

> *Just making sure it's accessible insurance-wise, and that people have the option to choose. I feel like that's been very important…Just making sure that it's included in insurance, it's affordable, so people have the option for what works best for them. –Service recipient*

> *That is also, of course, going to require and ensure that all of the various health insurance providers and that sort of thing are going to pay for that. I remember when my insurance didn't, when I had the opportunity to go to telehealth when I first started seeing the provider*

[3] See *Access to care; equitable access* section.

*who was an hour and a half way, my insurance didn't pay for telehealth at that point. I had to be there in person. –Service recipient*

*I mean, honestly...if people are going to opt more for telehealth…at least for questions or whatever, I would say, can they lower the copay? Because I was like, really, it was probably like $10 a minute is what it came down to. –Service recipient*

*Okay, here's the biggest thing, I think…Right now, the teleheath appointments we've had cost the same as going in. Now I know the doctor's training is not any different for telehealth than it is for the patient they see physically there. However, for the patient to have to pay a fee when they didn't actually go there, I think there ought to be a way that it makes it a little bit less complicated for the patient, the patient has less outlay in general. –Service recipient*

## Priority research areas

Themes related to care in greater Minnesota as well as those concerning audio-only care were of particular interest to MDH, and have been highlighted here in addition to being included in the corresponding sections above.

### Greater Minnesota

- Telehealth allows service recipients in greater Minnesota to gain access to a wider range of specialists and service recipients can spend less time traveling to their nearest clinic; however, lack of sufficient broadband poses a significant challenge.

### Audio-only care

- Providers feel that it is critical for audio-only care to be billed at the same rate as video visits in order to provide equitable access and care.
- Audio-only care is particularly important for service recipients in greater Minnesota who may not have access to the broadband needed for a video visit.
- Service recipients expressed equal amounts of satisfaction with video and audio-only care.

# Respondent recommendations

## Continue to make both telehealth and in-person care available

Nearly one-quarter of service recipients (n=7; 23%) and more than half of providers (n= 12; 60%) emphasized that **telehealth should continue to be available** in Minnesota moving forward. Service recipients further recommended that health systems should not revert to offering only in-person visits. In fact, respondents want telehealth to be available for as many services as possible, framing telehealth as "essential."

*I think continuing just to make it accessible for as many appointment types as it makes sense for. I know, obviously, you can't do a mammogram remotely through telehealth. There are things you have to do in person, but I think whenever possible, having the option for a*

*telehealth visit, especially for ongoing care that doesn't require hands-on assessment, it's absolutely essential. Without it, I will not be able to get the care I need. –Service recipient*

However, a few service recipients (n=3; 10%) emphasized that telehealth should not expand to the point that it displaces in-person care, but rather in-person care should also continue to be available.

*Here's one issue I would be worried about if telehealth were to expand more is that in-person care might suffer…I mean think about Amazon and think about…how everyone buys from Amazon and then in-person stores fall apart. What my concern would be is that if we put too much emphasis on this to the detriment of the in-person, there might be communities that don't have equal access to medical care that way. So I would just be very careful to make sure that there's a balance, that there's not too much of a reliance on [telehealth]. –Service recipient*

Providers felt strongly that Minnesota should invest in telehealth for the long term, citing accessibility and disparity reduction as key benefits. This includes investing in home medical devices that can further support telehealth visits. For some providers, access to such devices (e.g., blood pressure cuffs) were made available as a result of a grant or pandemic-related funding, while others had service recipients who purchased devices on their own or using their health plan. These providers suggested that investment in expansion of devices for key populations could further improve equity and access to quality care.

*Policymakers [should] get behind this 100% and fight for the continued access to this type of care on behalf of our patients, on behalf of our clinicians and caregivers, and on behalf of our health care system. I think it is an absolute truth that virtual care can and will improve the health of Minnesotans and reduce barriers to care for some of our patients, especially our most fragile patients in need of care. I hope that our policymakers will fight fiercely for it. –Provider*

*Investment in that sort of new technology like remote monitoring equipment that I think could be really useful in rural populations, but is going to be a big push to implement. I would love to see the state have a broader plan for how to make that impactful in rural areas as health care is shrinking in rural areas. –Provider*

## Support expansion of broadband throughout the state

More than one-quarter of service recipients (n=8; 27%), most of whom (n=5; 63%) were from greater Minnesota, highlighted the importance of ensuring access to broadband, as well as cellular service, across the state. Even in cases where respondents themselves had adequate broadband, they expressed concern for others in the broader community from an equity perspective.

In addition, access to sufficient broadband was the challenge most commonly cited by providers (n=16; 80%), regardless of location. They noted that ensuring broadband access across the state was critical for the future success of telehealth (n=8; 40%), particularly those located in rural communities and who may lack access to a range of specialists.

*And sometimes connectivity is hard. So I don't know. I am in a place where there is good services, but even sometimes calls or videos have been hard to see or just things are not working that day…I mean, that's a big issue in Minnesota, just access to better broadband and better service for phones. –Service recipient*

*I think that broadly, telehealth is an incredible way to improve access to health care. I think that there are a lot of infrastructure things that need to be improved to ensure that it is accessible to everyone, to make sure that it is accessible to everybody. That's going to be making sure that there's good internet access out in some of these rural areas where folks really need to be able to have better access to a provider, but they also don't have really good internet or cell phone data access. –Service recipient*

## Provide clarity about payment for services

During the pandemic, health systems were able to approach telehealth with flexibility because of the public health emergency and other temporary telehealth provisions. Providers expressed concern about what telehealth would look like if and when those policies expire. A key factor playing into this concern for providers is the criteria for payment, and many noted that clarity around reimbursement and continued payment parity was important to them (n=9; 45%). Given that payers tend to be concerned about potentially rigid payment parity policies and providers want to see policies in place that ensure payment parity, it will be important to make thoughtful decisions about parity for the long-term and to communicate those decisions clearly.

## Develop guidelines for telehealth best practices

Because health systems had to quickly ramp up capacity for telehealth after the pandemic started, many were forced to develop such platforms without having full policies in place. Developing guidelines for best practices would provide the necessary information for both providers and service recipients regarding how and when to use telehealth in place of in-person visits.[4] Providers also recommended that educational materials be developed for a range of service types. For example, one provider noted that education about conducting telehealth visits should be included in medical degree programs, particularly for those in nursing fields.

Another guideline that providers called out is regarding licensure. Many providers expressed appreciation that provision of telehealth services across state lines was opened up as a result of the public health emergency. However, they felt concerned about the future of this key health policy. Notably, some commented on the linkages between the availability of telehealth regardless of location and equitable access. This is particularly true of those located in rural areas near state borders, for whom the nearest clinic or needed specialist may be across the border.

*One of the things I would really like to see going forward in the future of telehealth care is not requiring physical location and state boundaries. When we get to the point where the public*

[4] See *Care delivery and outcomes; Clear care delivery guidelines* section.

*health emergency ends and we can't practice across state lines, I won't be able to see [certain service recipients] anymore because they have to be physically located in Minnesota. And I understand the need for state licensure, but I think the definition of what qualifies as a Minnesota patient could be changed. So for example, all of my patients have cancer treatment care plans at Mayo Clinic in Minnesota. I would like that to be enough so that they can see me, and they don't have to drive or fly eight to 10 hours, when they could just click into their computer. So I would like to see, if a patient has established care at a medical institution, then their physical location doesn't matter. –Provider*

*Patient care is number one, we need to be able to use the people we have in the workforce to provide services to those people who need it, regardless of location. Especially if we can provide telehealth, it doesn't make sense to me why a state line changes that. That patient is no less important to me than one that is on this side of the line. –Provider*

*Currently I'm credentialed in Wisconsin, Minnesota, and North Dakota, but I have patients who, all of a sudden I'm doing a telehealth visit, and they're in a sundress on the beach in Florida. And I'm like, technically I'm not credentialed in Florida...We should be able to provide care in more places in order to make telehealth care more seamless because our patients don't just live in one place and it really limits the number of providers who can provide care to certain patients, because it's very burdensome for everyone to be credentialed and have to pay for credentialing every year to every state in the United States. –Provider*

## Promote telehealth as a quality option for patients

Providers who commented on the need for easily available guidelines and education around telehealth best practices also recommended that telehealth be more widely promoted to service recipients. Specifically, they suggested that promotion be centered on the unique benefits of telehealth visits, such as ease of access and flexibility with scheduling. Promotion should also focus on educating service recipients about the types of visits that are best suited to being conducted via telehealth. Materials could be tailored to different audiences, and may be broad enough to appeal to the general public, as well as specific to certain health systems.

## Conduct additional research on the clinical effectiveness of telehealth

Even though many payers identified benefits regarding increased access to telehealth services, they expressed some concerns about the quality of care from telehealth. They expressed a need for a better understanding of the impacts of telehealth on the quality of care in order to better inform future decisions around telehealth.

*I also believe that we do not currently have a way to really look at the outcomes. Are we deriving better outcomes leveraging telehealth or just the same outcomes?...This is one of the things we really want to understand. –Payer*

*I do think that there's a component of, how do we ensure that we're getting the quality of care that we would expect as more care is delivered through telehealth models? And I think*

*the best approach to that is through research of what's going on. I worry that we get too involved and we stifle innovation by limiting what we believe should be delivered in a telehealth model. And there's got to be a balance here. –Payer*

# Concluding remarks

In summary, all respondent groups from this study had largely positive perspectives of the expansion of telehealth, most notably its ability to reach service recipients who experience significant barriers to accessing care. Telehealth has the capacity to relieve barriers that affect low-income households in particular (see *Access to care*), and to enhance care for individuals living in rural areas of the state.

It is important to acknowledge that at the time of this study, telehealth as a mode of care is still in a rapid state of change as health systems and service recipients adapt to changes in the state of the pandemic. In order to more fully understand the values and challenges associated with telehealth, the research questions explored in this study should be revisited in the future to determine the degree of change.

While this study learned valuable information from service recipients, providers, and payers regarding their experiences and perspectives of telehealth, there is more to understand. Further research might consider the following questions that would deepen the current understanding of the impacts of telehealth:

- How pervasive is the issue of lack of connectivity?
  - What percentage of households in Minnesota have access to broadband? To a sufficient cellular signal?
- How can adults with low digital literacy be supported to successfully engage with telehealth?
- How can service recipients with certain chronic illnesses be supplied with appropriate home medical devices (e.g., blood pressure cuffs) to better facilitate telehealth visits?
- What are the best approaches to integrating education regarding telehealth practice into the training that providers receive?
  - Which aspects of telehealth practice are critical for successful care?