

Executive Summary: Assessing Telehealth Utilization and Experiences Among Medical Assistance (MA) Enrollees in Minnesota

Findings from a Mixed Methods Study of Enrollees and Providers

Background

In 2021, the Minnesota Department of Human Services (DHS) contracted with Wilder Research to conduct a study of telehealth utilization among people enrolled in Minnesota Health Care Programs (MHCP), with a specific focus on the Medical Assistance (MA) program. For this study, telehealth is defined as receiving health care by video or telephone. This report captures the findings from this study to inform policy and practice pertaining to telehealth for MHCP enrollees in Minnesota. This report uses the abbreviation “MA” to refer to the population of people enrolled in Medical Assistance (e.g., “MA enrollees”).

Wilder Research used a mixed-methods approach to complete this assessment, including a survey of 2,985 randomly selected MA enrollees, 2 focus groups and 28 interviews with MA enrollees, and 26 interviews with behavioral health providers who serve MA enrollees. Throughout the study, DHS and Wilder Research engaged a diverse panel of individuals enrolled in MA to guide the study and ensure a culturally-inclusive and community-informed approach.

Telehealth has become widely used

Almost two-thirds of survey respondents reported receiving telehealth care at some point in their life (62%), and about half reported receiving telehealth care in the past year (51%).

Sixty percent of service recipient interviewees (and some urban focus group participants) thought that telehealth is better for simple health care issues but not for complex issues that might require lab work or examinations. Many service recipients shared that they have used telehealth for their behavioral health needs, namely psychotherapy, and they prefer and plan to continue to do so.

Regarding their future care, 73% of survey respondents said they would be interested in accessing health care via telehealth, including 46% interested in either video or phone, 17% interested in phone only, and 10% interested in video only.

Providers and MA enrollees see a comparable quality of care between telehealth and in-person care

“I really haven’t seen any differences in quality per se, but difference in experiences. I really have top notch providers and they do a good job whether it is telehealth or in person.”

– service recipient

“It is better to do something than nothing at all. Let’s say we are not allowed to do [telehealth] and only face-to-face, our clients will suffer greatly. Telehealth should be an option for clients, but also the providers. We cannot operate like it was 20 years ago. We need to have more options for clients to choose from.” – provider

Overall, the majority of survey respondents agreed that there was no difference in quality between telehealth and in-person care for the services they received. For those who did identify a difference, a higher percentage said that in-person care would be of higher quality (Figure 1).

Figure 1. MA enrollee responses regarding care quality

MA enrollee responses	Via telehealth ^a	In-person	No difference
I would have received better care if we had met... (N=1,421)	5%	35%	61%
My provider would have listened more carefully to me if we had met... (N=1,415)	6%	32%	62%
I would have been more comfortable sharing my thoughts and feelings with my health care provider if we had met... (N=1,436)	10%	34%	56%
I would have had more say over decisions that affect my health if we had met... (N=1,418)	6%	31%	63%
I would have left the appointment feeling more confident that I can manage my health and any necessary treatment if we had met... (N=1,428)	7%	35%	58%

Note. Percentages may not add to 100% due to rounding.

^a This response option did not differentiate between the various modes of telehealth (e.g., audio-only, video-only, audiovisual).

When asked about future services, reasons respondents reported for preferring in-person care included:

- They and their provider would be able to hear and see each other better (67%)
- They would feel more comfortable talking openly with their provider (54%)
- Their provider can explain things better in person (51%)
- There would be fewer distractions during the appointment (51%)
- Their provider needs to assess their health concern in person (45%)

A third of providers (9 out of 26) and 60% of service recipients interviewed indicated that telehealth (defined in the interviews as video and telephone calls with their doctor, nurse practitioner, therapist, or any other provider, but not nurses, schedulers, or office staff), helps build relationships, and enhances rapport and communication through more consistent and frequent interactions and participation from patients. In addition, the majority of service recipient interviewees and focus group participants said they felt more comfortable and safer (including COVID-related and social- or psychological-related safety reasons) receiving services via telehealth. However, some providers felt that patients and their family members could easily disengage from telehealth services and it can be more difficult to build new relationships with patients using telehealth.

MA enrollees and providers believe telehealth increases access to care

“It was a good thing because it guarantees that I can actually attend the meetings/sessions. Prior to not having telehealth services, I would have to drive to the clinics. Most of the services are during the day and will require me taking time off work. With telehealth, it increases my access to the services that I need.” – service recipient

Two-thirds of survey respondents who received telehealth services in the past year (65%) said that telehealth made it possible for them to access health care they otherwise would not have received. Telehealth may be particularly helpful in improving access for enrollees of certain racial/ethnic groups, enrollees in rural areas, enrollees who received behavioral health services, and younger enrollees (i.e., age 49 and under compared to enrollees age 50-64). In addition, almost all providers (25 out of 26) shared that telehealth helped reduce barriers to accessing services for their patients. Because of improved access, providers noticed an increase in utilization of services from patients who usually do not seek care and more consistent and reliable care across their patients.

Specifically, the most common health care services survey respondents received by telehealth that they otherwise wouldn’t have received include:

- Mental health treatment (52%)
- A visit with a doctor for an injury or illness (34%)
- A visit with a specialist who focuses on treating certain conditions or parts of the body (28%)
- A preventative visit with a doctor (25%)
- Medication or medical equipment (25%)

With regard to access, around half of respondents felt that there would be no difference between telehealth or in-person care. However, those who said one would be better than the other most often said telehealth would be easier to access (Figure 2).

Figure 2. MA enrollee responses regarding access to care among respondents who received telehealth services in the past year

MA enrollee responses	Via telehealth ^a	In-person	No difference
Transportation would have been easier if we had met... (N=1,408)	36%	16%	48%
The wait time to get an appointment would have been shorter if we had met... (N=1,416)	26%	17%	56%

^a This response option did not differentiate between the various modes of telehealth (e.g., audio-only, video-only, audiovisual).

When asked about future health care, respondents who said they would prefer telehealth most often said it was because of:

- No travel time (78%)
- No need to pay for gas, parking fees, and other travel costs (71%)
- Easier to schedule (67%)
- Shorter wait times for appointments (56%)
- No need to take time off from work (47%)
- No need to find child care or elder care (34%)

Recommendations for telehealth

There was a broad consensus among all study respondents that telehealth should continue to be offered as an option for care. Study respondents and DHS staff identified a number of important recommendations for improving or enhancing telehealth in the future:

- Continue existing expansions of telehealth, including extending the coverage of audio-only, for Medical Assistance and MinnesotaCare enrollees until more information is collected to inform the development of permanent policies.
- Ensure authentic and equitable choice for providers and MA enrollees to access care via telehealth or in-person.
- Conduct additional research on telehealth cost-benefit analyses and the clinical effectiveness of telehealth.
- Continue support for legislation to allow payment parity in reimbursement for all telehealth formats until further data can inform a final policy recommendation, particularly with regard to audio-only services.
- Future telehealth policies should be tailored to different types of care (e.g., behavioral health and physical health).
- Provide training and support to providers, including technical assistance, education, and quality assurance.
- Continue efforts to better understand how culture, identity, and demographics, and the social and structural factors associated with these identities (e.g., oppression and marginalization), impact telehealth experiences, including for:
 - Enrollees who access care in a language other than English.
 - Enrollees with disabilities and/or blindness and deaf or hard of hearing enrollees.
 - Black, Indigenous, and People of Color (BIPOC) enrollees and enrollees who identify with specific cultural communities, particularly in greater Minnesota.
 - Young children and older adults.
 - Continue to advocate and prioritize funding for telehealth infrastructure to ensure enrollees are able to access telehealth services, including reliable internet and devices.

Authors and acknowledgements

Lead Researchers:

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