

Telehealth Study Findings: Policy Summary

Between 2021 and 2022, the Minnesota Department of Human Services (DHS) and Wilder Research (Wilder) conducted a legislatively-mandated study of telehealth utilization and perceptions among enrollees in Minnesota Health Care Programs (MHCP), with a focus on the Medical Assistance (MA) program. The study included a survey of MA enrollees and focus groups and interviews with MHCP enrollees and health care providers. This summary includes key findings relevant to policymaking and supplements the [larger main report](#) that includes the full study findings and methodology.

Telehealth utilization is common among MA enrollees

About **half of survey respondents reported receiving telehealth services in the past year** (51%), and most respondents reported that **they were given a choice** between telehealth and in person (69%).

Care quality is comparable between telehealth and in-person services

- Most survey respondents shared **they would be interested in telehealth services** (72%) in the future.
- Respondents who received telehealth services were asked whether they felt several aspects related to **care quality** would have been better via telehealth or in person, or if there would be no difference. **They most often reported that there would have been no difference**, followed by **in person** (Figure 1).
- Among survey respondents who preferred **in person** over telehealth, the most commonly endorsed reason for this preference was that they would be **able to hear and see their provider better** (67%). Enrollees and providers also reported other communication and emotional safety-related concerns in the survey and qualitative data.
- Qualitative findings indicate there are situations in which **telehealth may be preferable**, such as serving enrollees who feel more **comfortable and/or safer** receiving services at home.
- Providers emphasized the importance of ensuring they have **flexibility to determine whether telehealth is a good fit**.

Quality concerns may be greater when serving enrollees with certain characteristics via telehealth, such as:

- Enrollees with certain racial/ethnic identities (e.g., Black immigrant enrollees)
- Enrollees with disabilities or blindness
- Enrollees with certain health concerns (e.g., abuse, suicidal ideation, severe mental health concerns, concerns that are complex or require physical examinations or lab work)
- Older enrollees (age 50-64)
- Enrollees who need access to an interpreter

Note that **there are many factors** that impact the telehealth experience, **these patterns vary** by each survey item, and providers emphasized the importance of **ensuring authentic choice** and **assessing individual telehealth fit**.

Figure 1. Perceptions of care quality among survey respondents who received telehealth services in the past year (N=1,415-1,436)

	Via telehealth	In person	No difference
I would have received better care if we had met...	5%	35%	61%
My provider would have listened more carefully to me if we had met...	6%	32%	62%
I would have been more comfortable sharing my thoughts and feelings with my health care provider if we had met...	10%	34%	56%
I would have had more say over decisions that affect my health if we had met...	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...	7%	35%	58%

Telehealth services increase access to care

- Most survey respondents who received telehealth services in the past year agreed that **telehealth has made it possible for them to get the health care they otherwise wouldn't have received** (65%). Additionally, interviewed providers and enrollees shared that **telehealth may help enrollees access services and communicate with their providers more consistently**.
- Similar to the care quality items, **enrollees most often agreed that there would have been no difference** between telehealth and in person (48-56%) across several survey items related to access to care. Regarding the overall ease of accessing care, enrollees then preferred in person (28%) over telehealth (19%). However, enrollees preferred telehealth over in person regarding the ease of transportation (36%) and the wait time to get an appointment (26%).
- Among enrollees who **preferred telehealth** over in person, the most frequently endorsed reason for this preference was **no travel time** (78%), followed by **no travel costs** (71%), and that telehealth **appointments are easier to schedule** (67%). About half endorsed the reason that **wait times** for appointments are shorter (56%), there's no need to take **time off from work** (47%), and there's **no need to find child care or elder care** (34%).

- **While relatively uncommon among all enrollees (18%), discomfort with using telehealth technology may pose a barrier to accessing telehealth services** for some populations, including enrollees with disabilities and older enrollees.

Access-related benefits of telehealth may be greater for enrollees with certain characteristics, such as:

- Enrollees who identify with certain racial/ethnic groups (e.g., Asian/Pacific Islander enrollees, Hispanic enrollees)
- Enrollees with treatment plans
- Enrollees in rural areas
- Enrollees who received behavioral health services
- Younger enrollees

Note that **there are many factors** that impact the telehealth experience, **these patterns vary** by each survey item, and providers emphasized the importance of **ensuring authentic choice** and **assessing individual telehealth fit**.

Delivery format and care type

The survey specifically looked at four categories of health services: audio-only behavioral health services, video-based behavioral health services, audio-only physical health services, and video-based physical health services.

This section outlines key differences between audio-only and video based services and key differences between behavioral and physical health services. Note that **utilization rates were similar between delivery formats and types of care** (i.e., behavioral health, physical health, audio-only, and video-based services; 18-24%).

Audio-only versus video-based services

- For both delivery formats, survey respondents **most often reported there would have been no difference between telehealth and in-person care regarding care quality** (50-75%), followed by a preference for in-person care (22-40%), with telehealth last (3-15%).
- However, survey results indicate that **enrollees who received audio-only care may perceive more quality-related challenges with certain aspects** of telehealth, including the extent to which their provider listens carefully, feeling more comfortable managing their health and treatment, and being able to hear and see their provider. They also more commonly reported they would have received better care in person.
- Among enrollees who indicated a preference for receiving telehealth services in the future rather than in-person care, **preferences generally aligned with the delivery format they previously used (i.e., audio-only versus video-based)**.
- Most respondents who received services in either delivery format reported **telehealth made it possible for them to receive health care** they otherwise wouldn't have received.
- Respondents most often agreed there would have been **no difference between in-person care and telehealth regarding accessing care across several items**, results indicate that the benefits regarding the **overall ease of accessing care, the ease of transportation, travel costs, and wait times** may be **greater for enrollees who received video-based services** compared to audio-only services.
- **Audio-only** utilization was greater among **individuals with disabilities or blindness** compared to other MA eligibility types.

Behavioral health versus physical health services

- For both types of care, **survey respondents generally reported that there would have been no difference between telehealth and in-person care regarding care quality** (50-75%), followed by a preference for in-person care (22-40%), with telehealth last (3-15%).
- Survey results indicate that enrollees who received **behavioral health care may perceive more quality-related challenges with communication aspects** of telehealth compared to those who received physical health care, including hearing and seeing their provider, feeling comfortable talking openly with their provider, the extent to which their provider can explain things better, and experiencing distractions during the visit.
- Survey results indicate that enrollees who received **physical health services may perceive a greater need for assessing health concerns in person**. Additionally, the proportion of enrollees who preferred to receive the same type of care in person in the future was higher among those who received physical health services compared to behavioral health services.

- While respondents who received either type of care often reported that telehealth made it possible for them to receive care they otherwise wouldn't have received, study results indicate that **access-related benefits may be greater for behavioral health services**, including the overall ease of access, ease of transportation, and travel time.

Recommendations

Study respondents and DHS staff, based on study results, identified a number of recommendations for improving or enhancing telehealth in the future, including:

- Continue current 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.
- Tailor future telehealth policies to behavioral health and physical health separately.
- Provide training and support to providers, including technical assistance, education, and quality assurance.
- Continue efforts to better understand how culture, identity, and demographics impact telehealth experiences, including:
 - 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.

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