Telehealth Expansion: What Does the Data Show?

ALLIANCE for CONNECTED CARE

November 17, 2022

HEALTHCARE LEADERSHIP COUNCIL

Opening Remarks

Mary Grealy

President
Healthcare Leadership Council

Panel Introduction

Moderator: Krista Drobac, Executive Director, Alliance for Connected Care

- **Ethan Booker**, Chief Medical Officer for Telehealth, MedStar Health
- **Jackie Gerhart,** Vice President of Clinical Informatics, Epic
- **Brenna O'Malley,** Lead Analyst, Ascension Data Science Institute

Medicare Telehealth Analysis

Telehealth did not add to Medicare services

Telehealth did not add to the total volume of Medicare services in any subset of the telehealth-eligible services examined with the exception of home-based E&M visits. Additionally, the researchers classified the primary diagnosis based on whether the diagnosis appeared COVID-related (including symptoms associated with COVID) or not in order to understand the effect of COVID on the utilization.
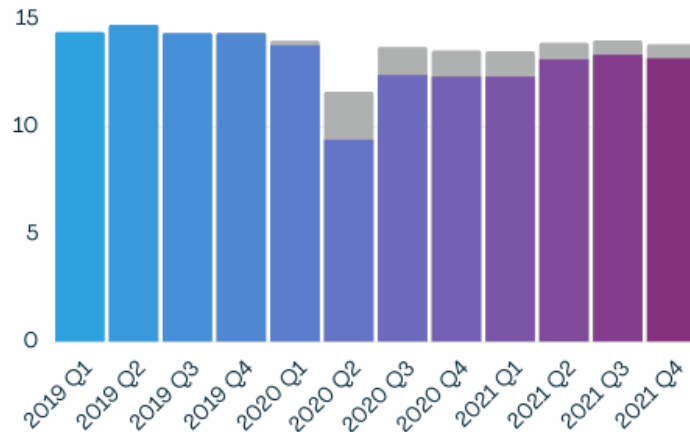
Total evaluation and management (E&M) visits in 2021 remain below 2019 levels, even with telehealth services included. In 2021, telehealth services leveled off at around 5 percent of all E&M services.

Patients who used telehealth did not have more revisits than patients with in-person care

There is no evidence that patients initiating care who used telehealth had more E&M revisits for the same medical issue than patients with in person visits. Additionally, the researchers included criteria to identify if the primary diagnosis appeared COVID-related (including symptoms associated with COVID) in order to understand the COVID-related revisit rates.
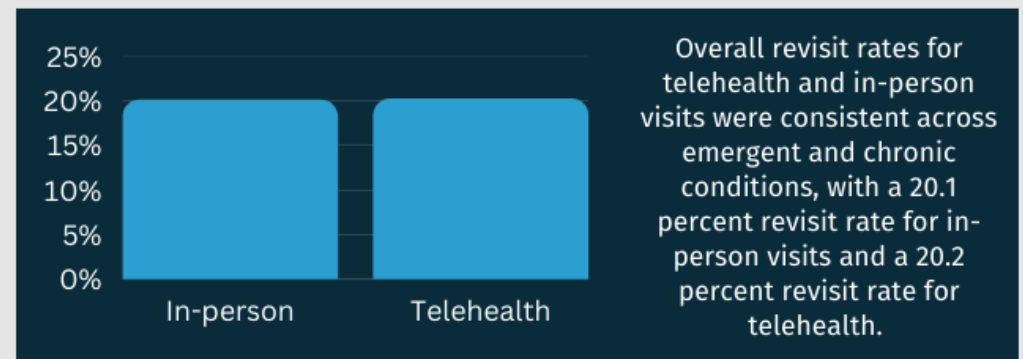
Overall revisit rates for telehealth and in-person visits were consistent across emergent and chronic conditions, with a 20.1 percent revisit rate for in-person visits and a 20.2 percent revisit rate for telehealth.

Connected CARE—
Care Access, Research, Equity—
& Safety Consortium

Partners

- A **MedStar Health**, **Stanford Medicine**, and **Intermountain Healthcare** consortium, funded by the **Agency for Healthcare Research and Quality**

Differentiators

- **Clinical multi-system dataset of more than 975,000 patients (4.1 million encounters)** who sought primary care between 2018 to 2021; Tight alignment of research and operational implementation

AHRQ Patient Safety Learning Lab

- AHRQ R-18 PSLL - 4-year grant, starting September 2022
    - Proactive opportunities to advance safety and health through telehealth
    - Process optimization in collaboration with technology to ensure at or above current safety
    - Personalization of telehealth technology to serve safety and health equity outcomes
    - Provider wellbeing as a critical component of a highest quality and safety culture

Dixit, R.A., Ratwani, R.M., Bishop, J.A. *et al.* The impact of expanded telehealth availability on primary care utilization. *npj Digit. Med.* **5**, 141 (2022).

In all patients and in data matched patients year over year – the availability of telehealth does not increase overall utilization of services
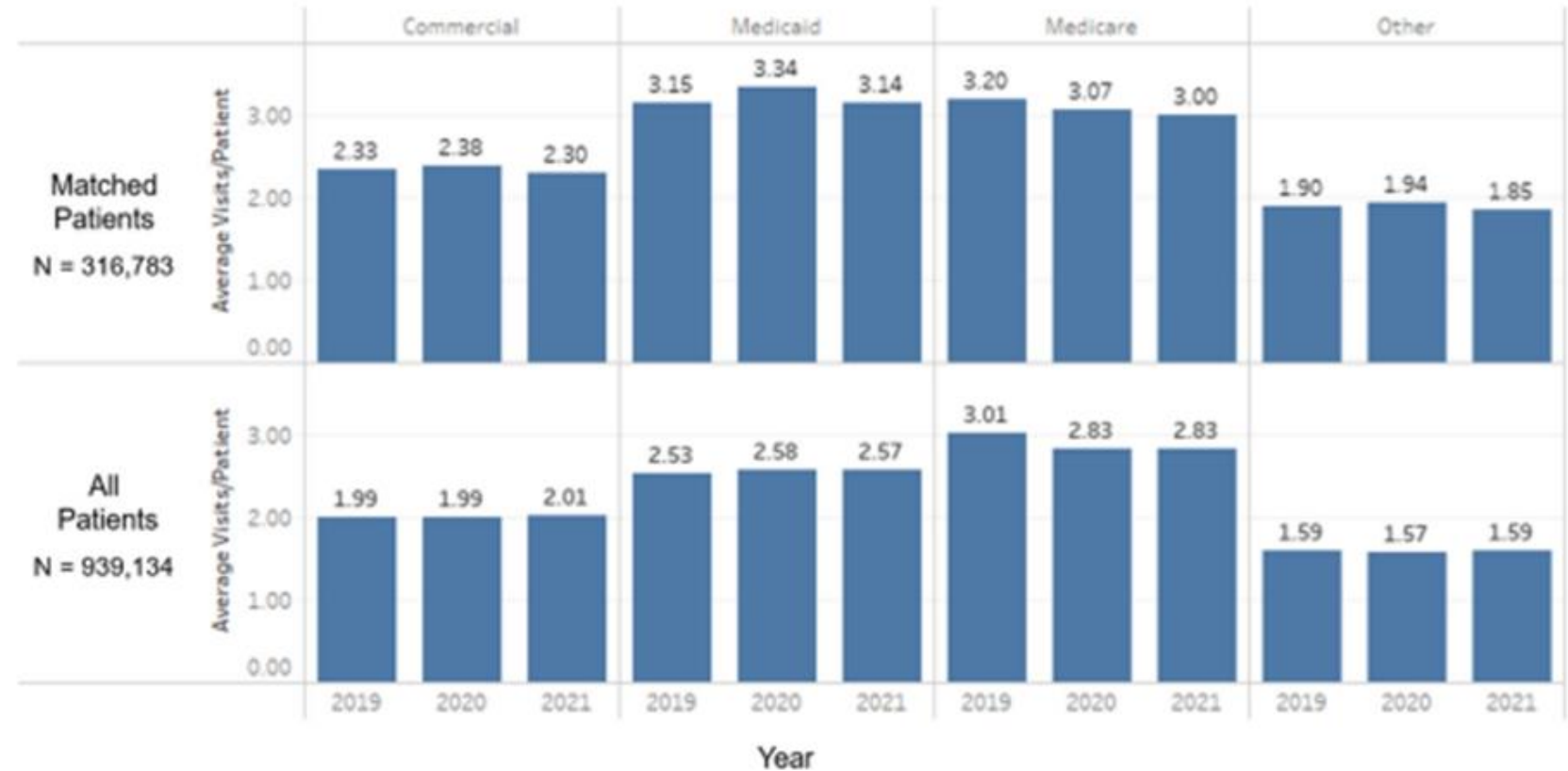

Fig. 1 Average number of primary care visits per patient remain stable from 2019 to 2021 across insurance groups. This figure shows the average number of encounters per year for all patients and matched patients by payor type. The number of patients in each insurance category are as follows: Commercial (621,490 total; 176,543 matched), Medicaid (74,853 total; 20,050 matched), Medicare (225,575 total; 128,137 matched), Other (42,306 total; 7291 matched).

Total visits do not increase, patients with an established pattern of multiple visits per year replace between 1 or 2 of their previously in-person visits with a telehealth visit
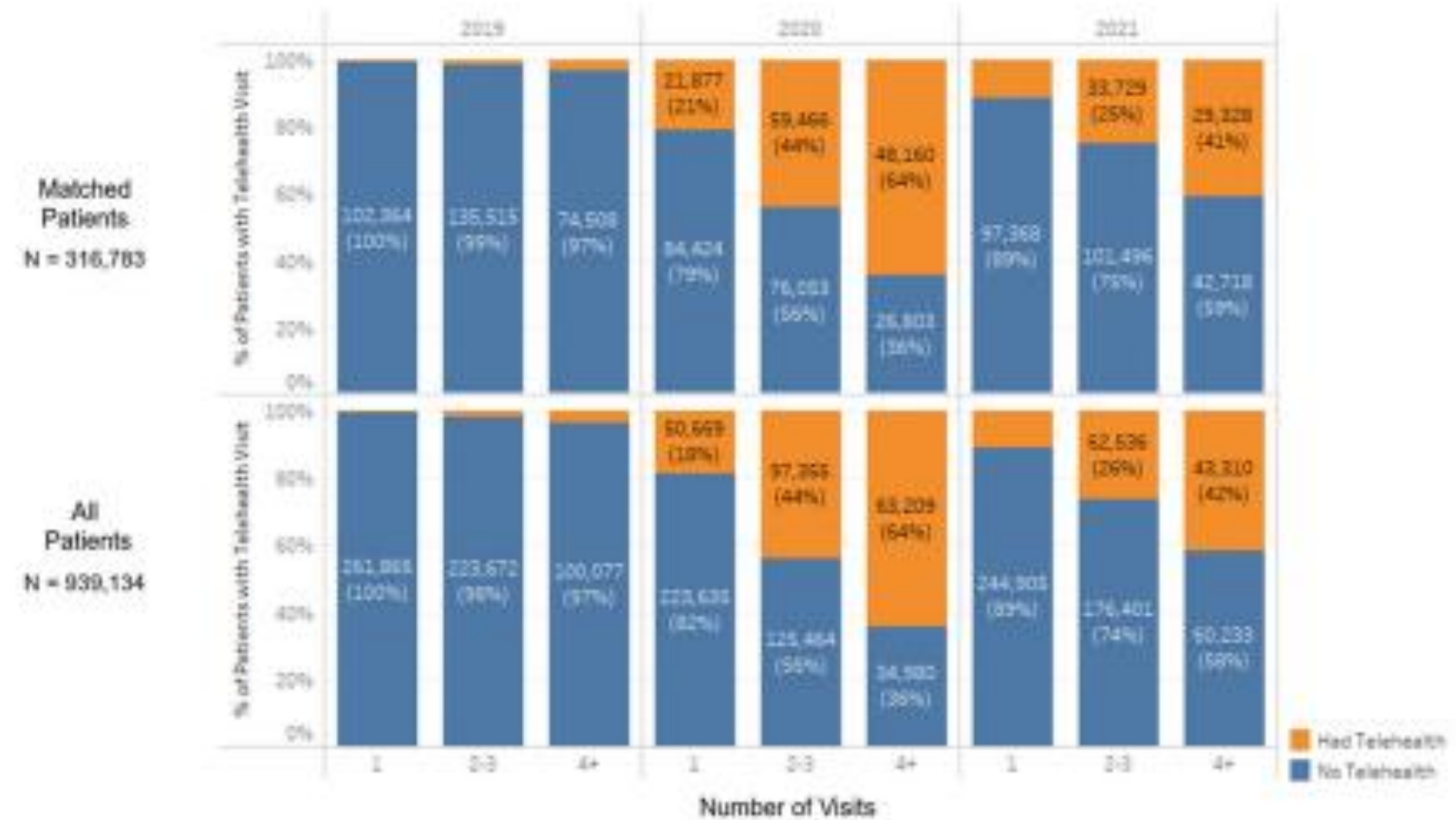

Fig. 2   Telehealth use occurs more in patients with multiple primary care visits. Number and percent of patients with no (blue) or at least one telehealth visit (orange) grouped by number of primary care appointments in that year for matched patients (top) and all patients (bottom).

Cosmos Data Set

1,000+
Hospitals

20,000+
Clinics

180
Live Healthcare Orgs

250K
Physicians

169 Million
Patients

5.7 Billion
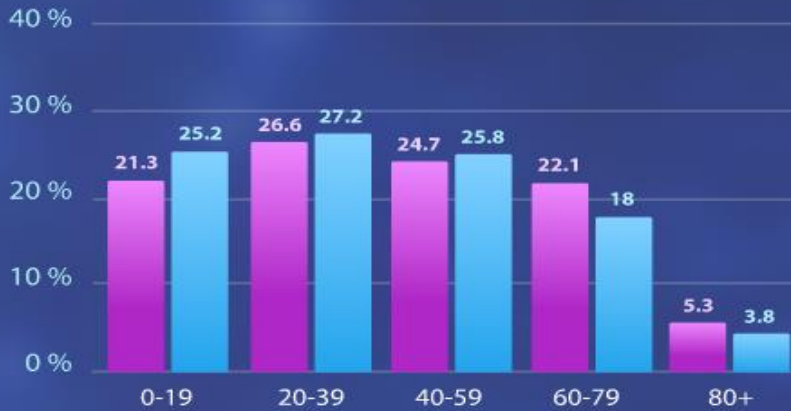Encounters

8.8 Million
Cancer Patients

Data from all
50 States

+ *Lebanon*

Including

📍 Academic Medical Centers

📍 Rural Hospitals

📍 FQHCs
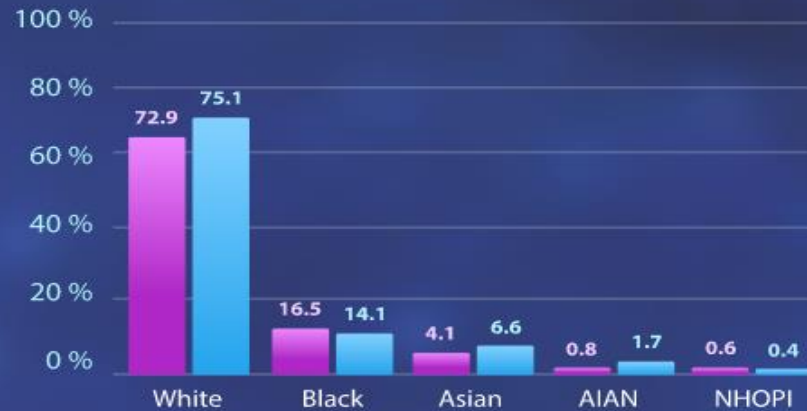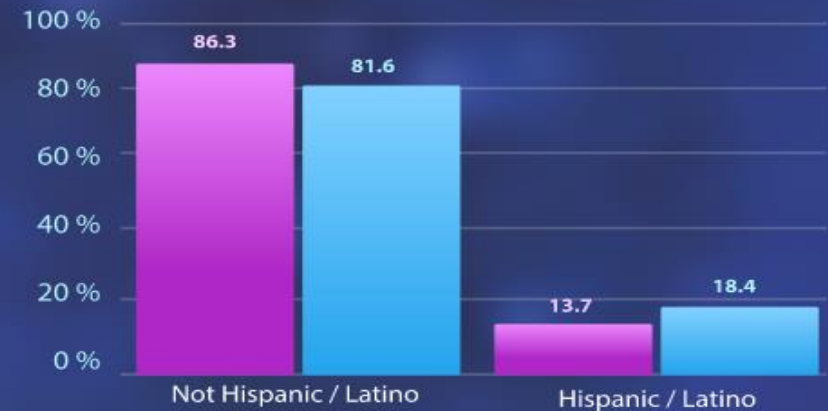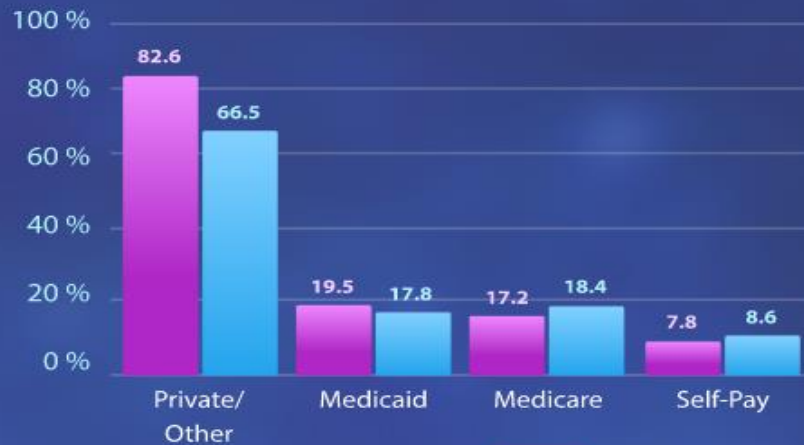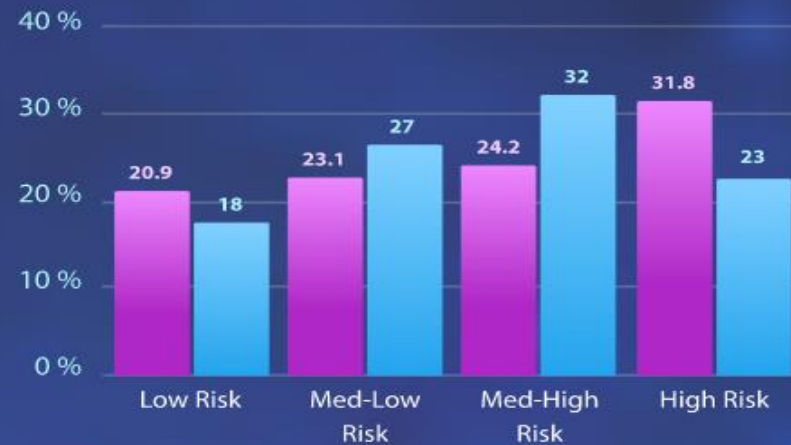
Telehealth Utilization

Study Question:

- What **types** of telehealth are being used, and how often?

- Are telehealth visits **redundant**?

Encounter Type	Encounters (March '20 - May '22)
Telemedicine	25,364,789
E-Visit	7,078,005
Telephone with billing code	1,344,483
Office Visit with virtual care billing code	1,251,279
E-Consult	205,149

Need for In-Person Follow-up
(within 3 months of telehealth visit)

Top 5 – Least Need In-person Follow-up

Specialty Group	Encounters	Non-Telemed 90-Day FolUp	Same Specialty	Medicare	Medicaid
Genetics	59,529	59%	4%	72%	58%
Nutrition	121,837	68%	10%	81%	67%
Psychiatry	1,416,721	56%	13%	66%	61%
Emergency medicine	5,719	56%	13%	70%	59%
Pharmacy	85,793	76%	13%	85%	76%

Top 5 – Most Need In-person Follow-up

Specialty Group	Encounters	Non-Telemed 90-Day FolUp	Same Specialty	Medicare	Medicaid
Podiatry	30,868	84%	52%	88%	86%
Audiology	7,680	80%	53%	84%	82%
Fertility	62,850	76%	54%	61%	65%
Home health	35,437	99%	88%	99%	100%
OB	413,099	96%	92%	96%	95%

| Specialty	No In-Person Follow-Up	In-Person Follow-Up	n
Genetics	96%	4%	n=59,529
Nutrition	90%	10%	n=121,837
Endocrinology	86%	14%	n=1,031,448
Mental Health & Psychiatry	85%	15%	n=4,318,614
Nephrology	84%	16%	n=214,695
Diabetes services	83%	17%	n=89,677
Pulmonary	82%	18%	n=620,197
Neurology	81%	19%	n=1,009,807
Med Management & Pharmacy	80%	20%	n=213,053
GI	80%	20%	n=997,093
Speech	80%	20%	n=166,108
Infectious disease	79%	21%	n=160,643
Addiction	79%	21%	n=85,122
Rheumatology	79%	21%	n=442,372
Allergy/Immunology	75%	25%	n=176,837
Hospice	75%	25%	n=118,453
Sleep	75%	25%	n=395,932
Dermatology	74%	26%	n=383,385
Urology	74%	26%	n=420,812
Rad/Onc	72%	28%	n=53,345
Transplant	70%	30%	n=109,233
PT/OT	65%	35%	n=192,789
ENT	65%	35%	n=155,953
Ophthalmology	62%	38%	n=59,444
Pain Med/Management	61%	39%	n=501,626
Gynecology	59%	41%	n=740,984
Cardiology	58%	42%	n=1,426,924
Surgery	57%	43%	n=1,392,487
Sports medicine	57%	43%	n=63,173
Hem/Onc	53%	47%	n=794,741
Geriatrics	50%	50%	n=129,056
Fertility	46%	54%	n=62,850
Obstetrics	8%	92%	n=413,099

"In-Person Follow-Up Rates by Specialty," 2022. EpicResearch.org

Key Findings

- In nearly every specialty studied, patients who had a **telehealth visit did not require an in-person follow-up** appointment in that specialty in the next 3 mo.

- Those specialties that required follow-up were intuitive and likely related to needing **additional care, not duplicative care** (e.g. obstetrics, geriatrics, etc.).

- **Mental health and psychiatry** had the largest volumes of telehealth utilization and some of the lowest rates of needing in-person follow-up. Only 15% of the time did a patient who had a psychiatry telehealth visit need an in-person follow-up in the next 3 months.

- In specialties that could be consultations (e.g. genetics, nutrition), **telehealth visits might even replace** the need for in-person visits. Only 4% of the time did a genetics telehealth visit require follow-up in-person, and only 10% of the time for nutrition.

# ADSI National Telehealth Utilization Analysis: Overview of Ascension

- Ascension is one of the largest healthcare provider systems in the U.S., serving millions of patients at its locations across 19 states and the District of Columbia.

- Prior to the COVID-19 pandemic, Ascension's national telehealth program was in its early stages of development and experienced a rapid increase in its telehealth offerings with the onset of the COVID pandemic.

    - Ultimately grew telehealth evaluation & management visits with established patients (est. E&M visits) to 1+ million billed visits annually.

- Ascension's Mission: "Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words."


Ascension
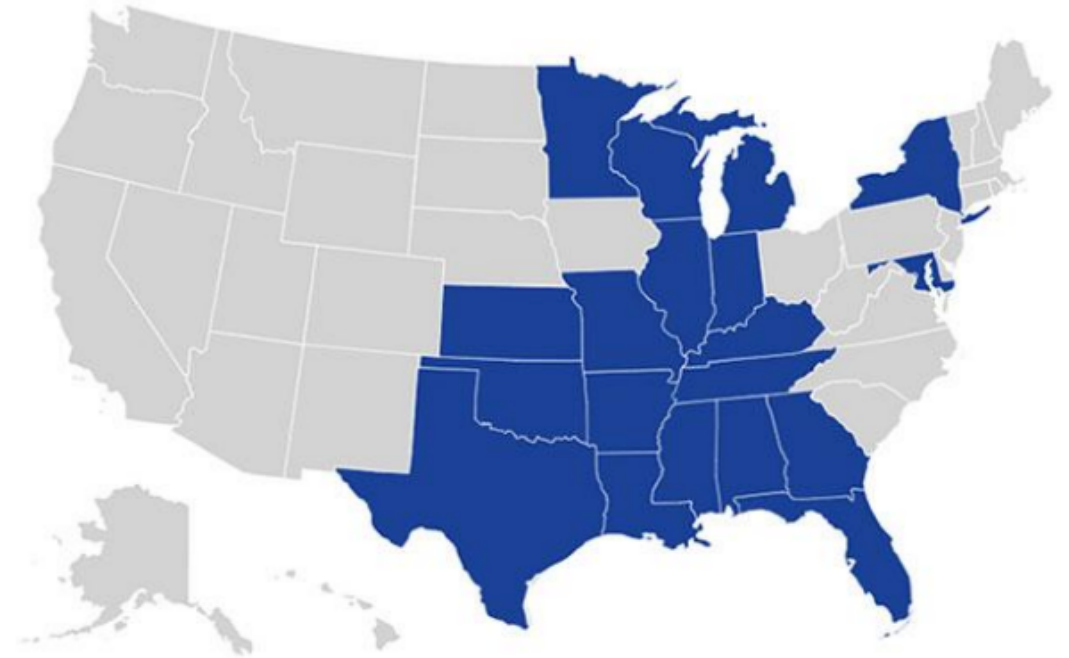
ADSI National Telehealth Utilization Analysis: Medicare Fee-for-Service (FFS) Findings

- Overall, Medicare FFS primary care and behavioral health volumes and average visits per patient decreased from CY19 to CY21 (primary care: 15% and 10% declines, respectively; behavioral health: 20% and 6% declines, respectively).

- Medicare FFS virtual volumes increased substantially from CY19 to CY20 (from 0.3% to 14% of total est. E&M visit volume) but have since decreased in CY21(7%) as patients return to non-virtual appointments amid declining pandemic-related, in-person appointment restrictions.

Medicare FFS E&M Est. Visit Volumes by Year
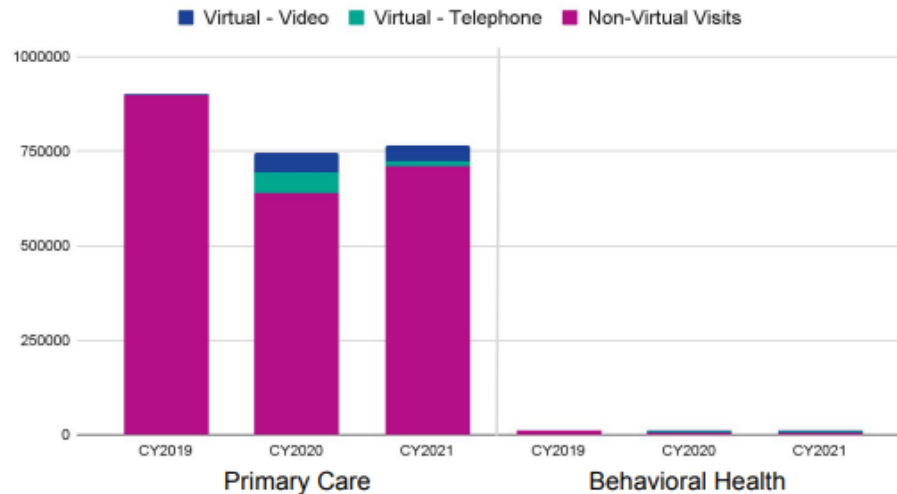
Primary Care and Behavioral Health Per Patient Visit Rates by Cohort and Calendar Year (CY)
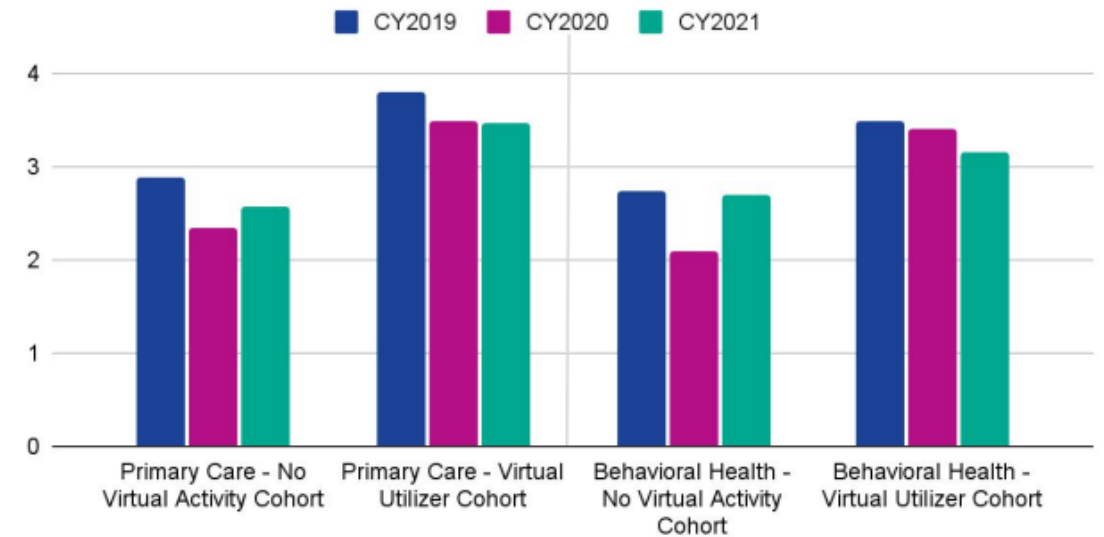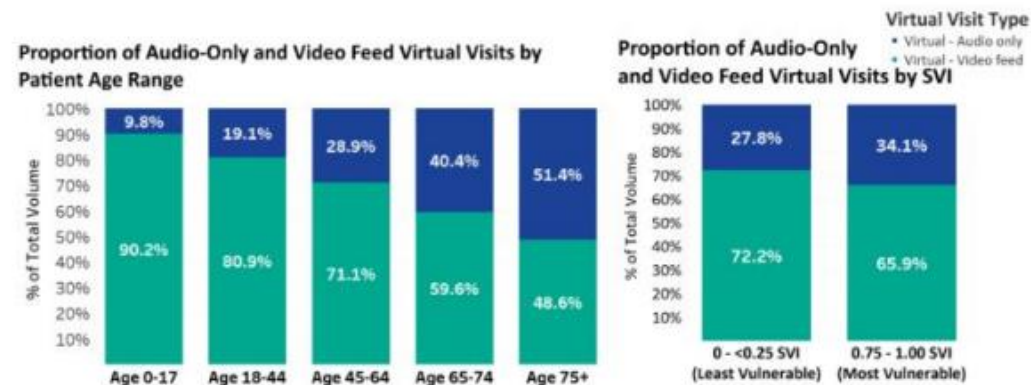

In a cohort analysis *(chart shown above)*, Medicare FFS beneficiaries utilizing telehealth were

- More likely to maintain consistent sources of primary care during the pandemic, and
- More likely to maintain consistent sources of behavioral health care during the pandemic than Medicare FFS beneficiaries who opted not to use Ascension telehealth services.

Ascension

ADSI National Telehealth Utilization Analysis: Socially Vulnerable Population Findings

- When compared to the least vulnerable, telehealth patients from socially vulnerable neighborhoods were
    - 60% less likely to live in areas with widespread broadband access,
    - 35% more likely to be from medically underserved areas and/or populations,
    - 20% more likely to use audio-only virtual visits than video, and
    - more likely to attend appointments than non-virtual visits, as evidenced by approx. 50% lower no-show rates for virtual appointments.

- Socially vulnerable telehealth patients were able to schedule approx. 2x higher rates of same-day primary care appointments and have approx. 60% shorter advance schedule days than non-virtual visits.

- Socially vulnerable telehealth patients were also more likely to maintain consistent sources of primary care than those who did not use virtual care during the pandemic, as evidenced by lower declines in per patient visit rates for appointments scheduled with a primary care provider (*chart shown bottom right, rates not risk-adjusted*).

Proportion of Audio-Only and Video Feed Virtual Visits by Patient Age Range

Proportion of Audio-Only and Video Feed Virtual Visits by SVI

Virtual Visit Type
- Virtual - Audio only
- Virtual - Video feed

Bi-Annual PCP Unadjusted Per Patient Visit Rates for Socially Vulnerable Cohorts (Medicare FFS Beneficiaries only)

- No Virtual Activity Cohort - Virtual User Cohort