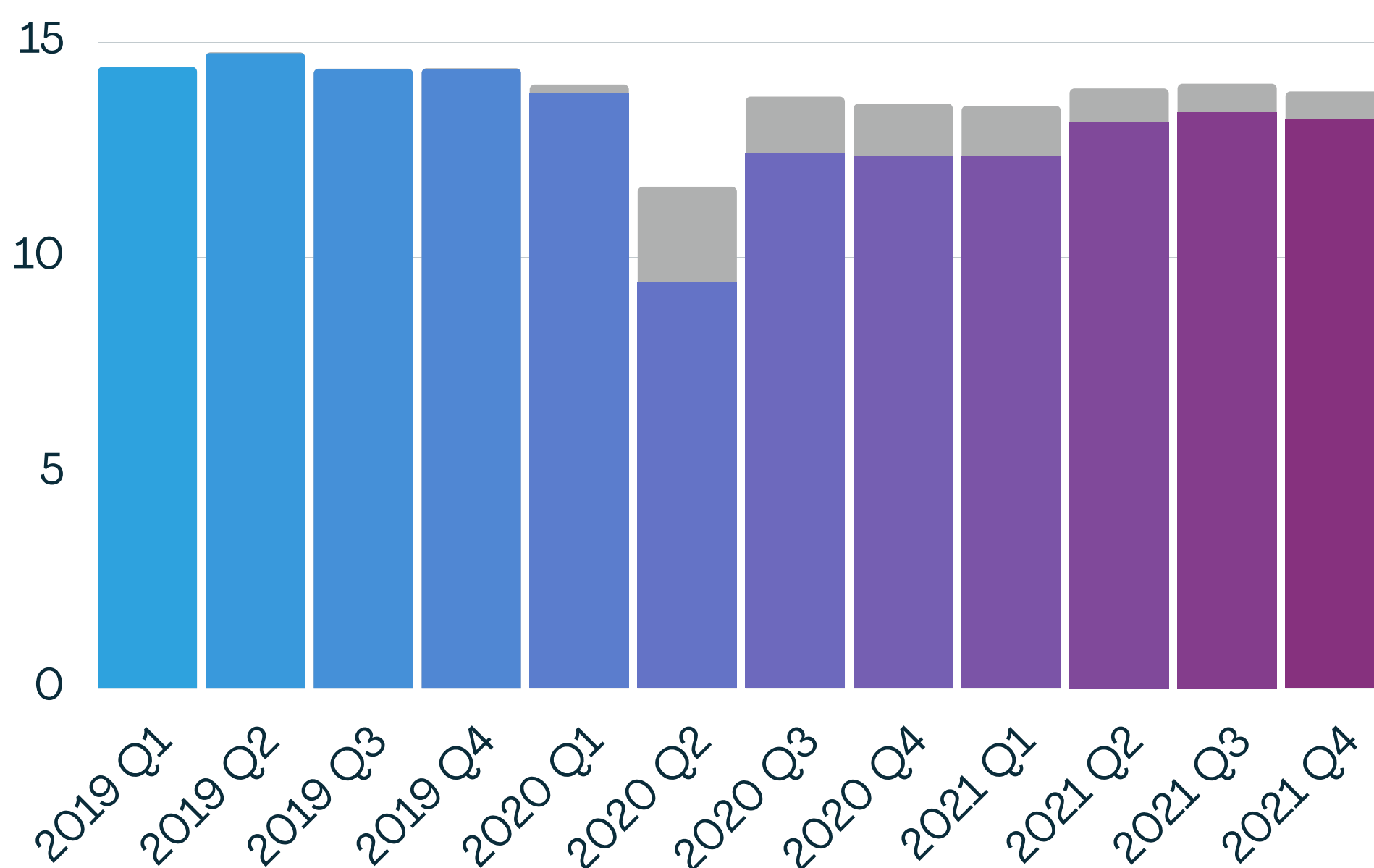


Medicare Telehealth Analysis

The Alliance for Connected Care commissioned an independent Medicare fee-for-service claims data analysis to better understand telehealth utilization and the potential financial impact of long-term telehealth expansion on the Medicare program.

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.

Of significant note with respect to Medicare spending – the average per service cost of an E&M telehealth visit to the Medicare program is less than in-person services by approximately 20%. The reason for this difference was that telehealth clinicians generally billed shorter visit codes than in-person providers.

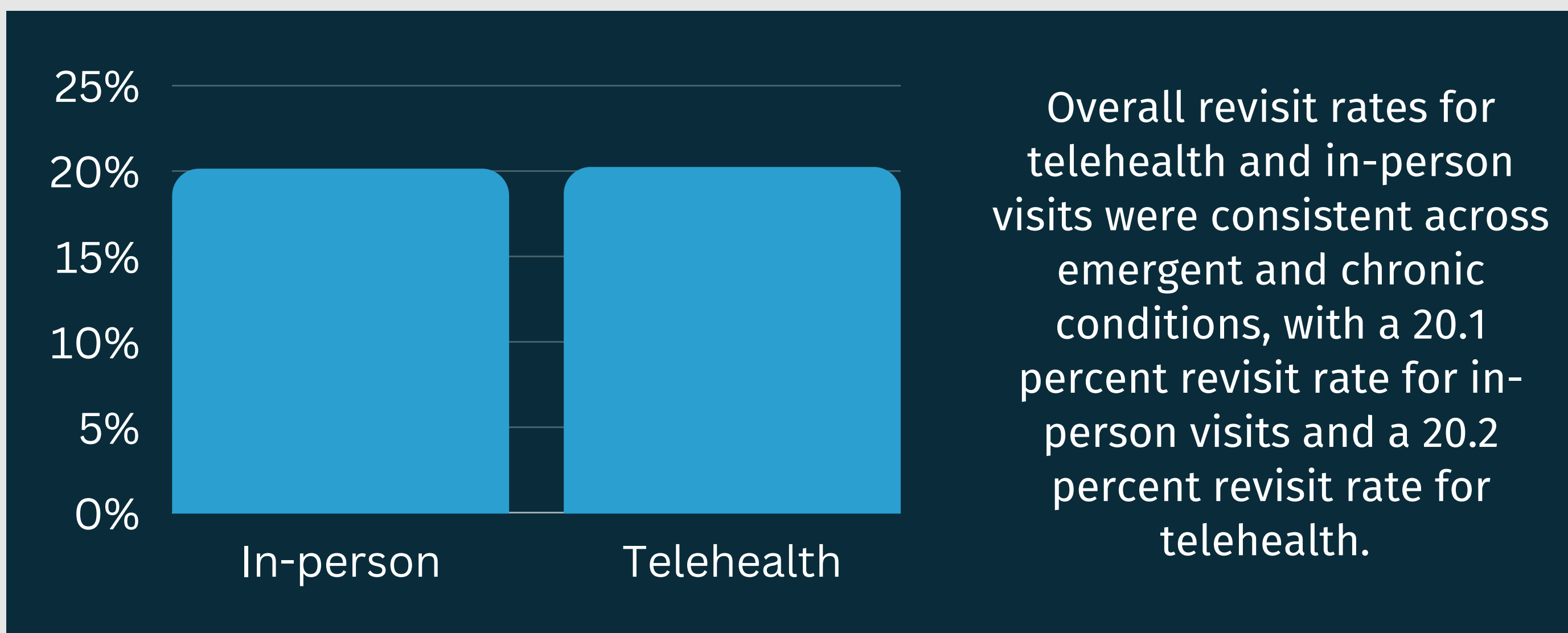
This finding demonstrates that telehealth is being used as another modality physicians can utilize to bring care to the Medicare population. Medicare services followed previous quarters' trends, even with expanded telehealth flexibilities.



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.



Telehealth patients with COVID-related diagnoses were somewhat more likely to have higher revisit rates – but this was to be expected, as during the pandemic telehealth was used to screen patients with COVID-related symptoms who might otherwise have directly sought in-person care.

While our overall finding is that telehealth does not lead to more revisits, there is potentially significant variation between diagnoses categories within this data. We recommend additional research and direct clinician interviews to understand this variation.

- For example, E&M visits for mental health and digestive diagnoses offered through telehealth were less likely to result in a revisit, while diseases of the eye often resulted in more revisits. There are many clinical situations that could explain these variations, and we draw no immediate conclusions from them.

The Alliance for Connected Care commissioned Teus Health to analyze a 5 percent Medicare fee-for-service sample of outpatient and carrier files between 2019 and 2021. The data was accessed under CMS DUA 58059.