

Telehealth Expansion: What Does the Data Show?

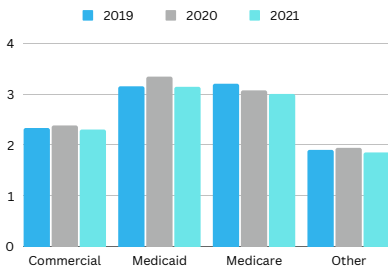
Nearly three years into expanded telehealth usage, the data comes alongside a new wave of substantial government and academic research on telehealth expansion showing several emerging themes across the health care system.

The data is coming in. Policymakers finally have the data to make permanent telehealth policy.

Telehealth does not lead to unnecessary care

- An AHRQ-funded study published in [NPJ Digital Medicine](#) analyzed more than four million primary care encounters from MedStar Health, Stanford Health Care, and Intermountain Healthcare through the end of 2021 and found little change in health care utilization as telehealth became widely accessed. Results indicate that telehealth availability does not result in additional primary care visits.

Average Number of Primary Care Visits Per Patient Remain Stable From 2019 to 2021 Across Insurance Groups



- An [AHRQ-funded study preprint](#) by researchers at the University of Michigan found that the total volume of outpatient E&M services was lower in 2020 and 2021, suggesting that the COVID-19 telehealth flexibilities have not increased the overall volume of outpatient E&M services received by Medicare beneficiaries.
- A study using pre-pandemic data recently published in the [Journal of Medical Internet Research](#) found that patients that used telehealth, compared to nonusers, had fewer visits to primary care, emergency departments, and retail and urgent care. The findings suggest that telehealth visits may substitute rather than add to in-person care.
- The Department of Health and Human Services (HHS) Office of Inspector General (OIG) found that, despite a large increase in the use of telehealth, beneficiaries used 20% [fewer services](#) and generally [received](#) telehealth services from providers with whom they had an established relationship.

Telehealth delivers high quality care to patients

- A recent [JAMA Network Open study](#) of 526,874 patients found that telemedicine exposure was associated with significantly better or no difference in performance for 13 of 16 quality measures. Authors indicate that primary care telemedicine poses a low risk for negatively affecting quality.
- A [randomized controlled](#) trial of Postoperative Telemedicine vs Face-to-Face Visits in Urology found equal patient satisfaction with their post-operative visit and 44.1% of patients had cost savings over an in-person appointment.
- Patients who received [inpatient cancer surgery](#) and had a post-operative appointment via telehealth had lower readmission rates than those who had an in-person appointment.

Telehealth is increasing patient access to care

- [HHS OIG](#) published a report finding that dually-eligible Medicare beneficiaries, and some minority populations, were more likely than others to use telehealth and audio-only telehealth to access care.
- A study in [Health Affairs](#) analyzing Medicare claims showed that telehealth waivers increased access to care for all Medicare populations, including people residing in the most disadvantaged neighborhoods.

A 2019-2021 [Medicare claims data analysis](#) commissioned by Alliance for Connected Care and compiled by an independent researcher showed two major findings – first, that there is no evidence of telehealth adding to the total volume of Medicare services, and two, that there is no evidence that patients initiating care through telehealth had a higher need for follow-up visits than patients seeking in-person care – meaning that the care was equally effective.