

MINNESOTA PHYSICIANS RESPOND TO COVID-19

August 22, 2020



MINNESOTA
MEDICAL
ASSOCIATION

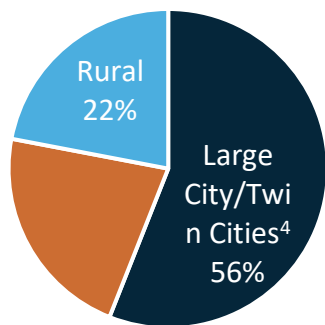
SURVEY RESPONDENTS

Data collected represent physicians from 40+ self-reported specialties and physician organizations of all sizes across

Minnesota.¹



PHYSICIAN RESPONDENT LOCATION



RESPONSE

641 physicians (5.4% of recipients) +/-4% margin of error at 95% confidence interval²

92 organization administrators³ (30.9% of recipients)

ORGANIZATION TYPES



Primary Care Practices



Multispecialty Practices



Non-Primary Care Single Specialty Practices



Health Systems



AVERAGE ORGANIZATION SIZE



32 Physicians



5 Locations

SPECIALTIES (top 5 in bold)

- Addiction Medicine
- Allergy
- Anesthesiology
- Brain Rehabilitation
- Cardiology
- Critical Care
- Dermatology
- Emergency Medicine**
- Endocrinology
- Family Medicine**
- Gastroenterology
- Genetics
- Geriatrics
- Hematology
- Hospital Medicine
- Infectious Disease
- Internal Medicine**
- Maternal Fetal Medicine
- Medical Physicist
- Neonatology
- Nephrology
- Neurology
- Obstetrics & Gynecology**
- Occupational Medicine
- Oncology
- Ophthalmology/Optometry
- Orthopedic Surgery
- Osteopathic Manipulative Medicine
- Otolaryngology
- Pain Management
- Palliative Medicine
- Pathology
- Pediatrics**
- Physical Medicine and Rehabilitation
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Sports Medicine
- Surgery
- Urgent Care
- Urology
- Vascular Surgery
- Wound Care

¹ See appendix page A-3 for more detail.

² Margin of error calculated based on total population of 17,761 physicians, which is the number of physicians with active Minnesota licenses and whose primary business address is in Minnesota as published by the Minnesota Department of Health (Nov. 2019).

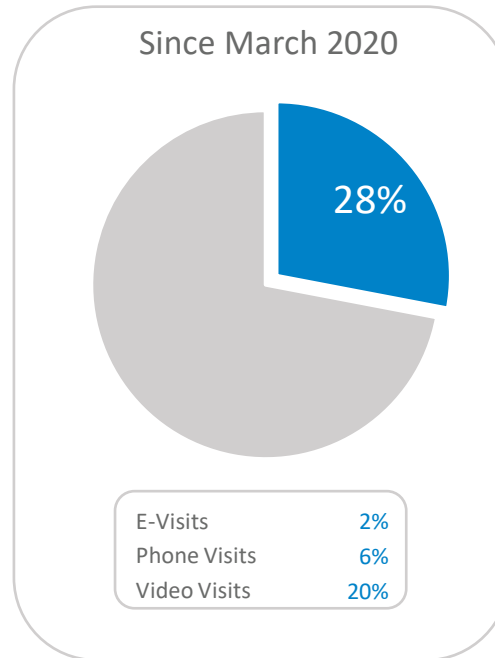
³ Unable to obtain confidence interval for data gathered in organization survey due to the lack of a verified data source of the number of physician organizations in Minnesota. However, the 30.9% response rate indicates strong confidence in the applicability of findings to most Minnesota physician organizations.

⁴ Minneapolis, St. Paul, Duluth, Rochester, St. Cloud, Mankato.



TELEHEALTH UTILIZATION GREW IN RESPONSE TO COVID-19

PROPORTION OF PATIENT ENCOUNTERS CONDUCTED VIA TELEHEALTH



Growth represents an

833%
INCREASE

DEFINITIONS

E-Visit: Patient initiated encounter via patient portal

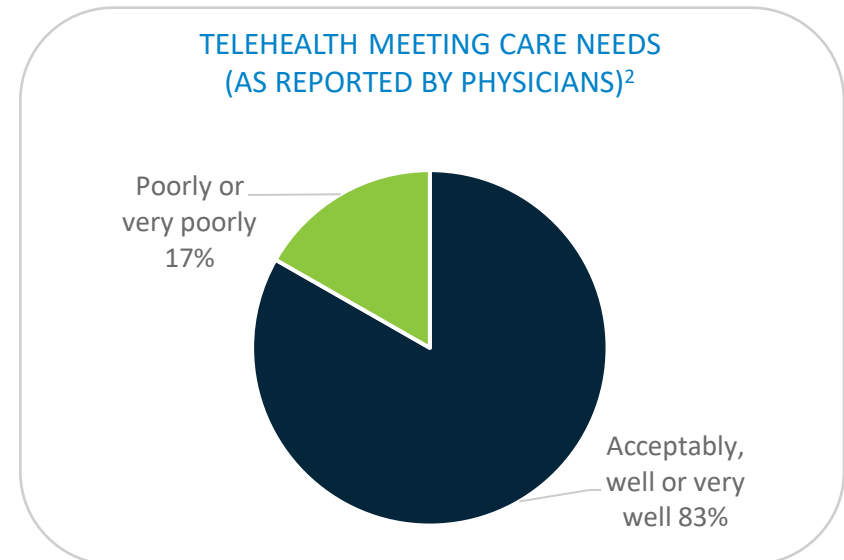
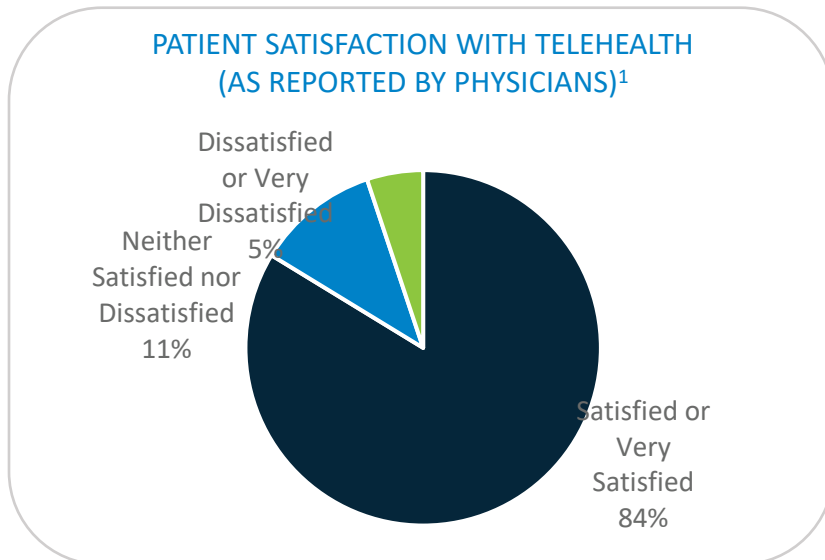
Phone Visit: Encounter conducted via telephone

Video Visit: Encounter conducted via real-time two-way interactive video

Data from organization survey. See appendix page A-9 for more detail.

PHYSICIANS REPORT THAT TELEHEALTH MEETS THEIR PATIENTS' NEEDS

The majority of physicians indicate that their patients are satisfied with telehealth and that it meets their care needs.



In addition, more than 74% of physicians think it is important to retain telehealth visits (e-visits, video, and phone) as essential care delivery options.³

¹Data was also obtained from administrators and was very similar to physician responses. More detail is available on appendix page A-10.

²Physicians were asked to report how well telehealth meets their patients' care needs on a 5-point scale from very poorly to very well. For ease of interpretation, poorly and very poorly have been combined, and acceptably, well, and very well have been combined.

³More detail is available on appendix page A-10.

SELECTED INSIGHTS REGARDING TELEHEALTH

“**Most of what we do is talk to people. Telehealth is a lot like doing house calls.** I am a guest in their home, and the patient is much more comfortable. **I hear the sounds of their life.** Many of my elderly patients have difficulty leaving their homes. It is odd for us all not to be face to face, but it is fine. I think that many people are also learning that much of what they consider ‘urgent’ is not.”

“Telehealth has been very helpful for follow-up patients that otherwise do not feel comfortable coming into the clinic, due to concerns about COVID-19. With telehealth, more revenue has been generated compared to not having patients. **From both health and business standpoints, telehealth has been very helpful.**”

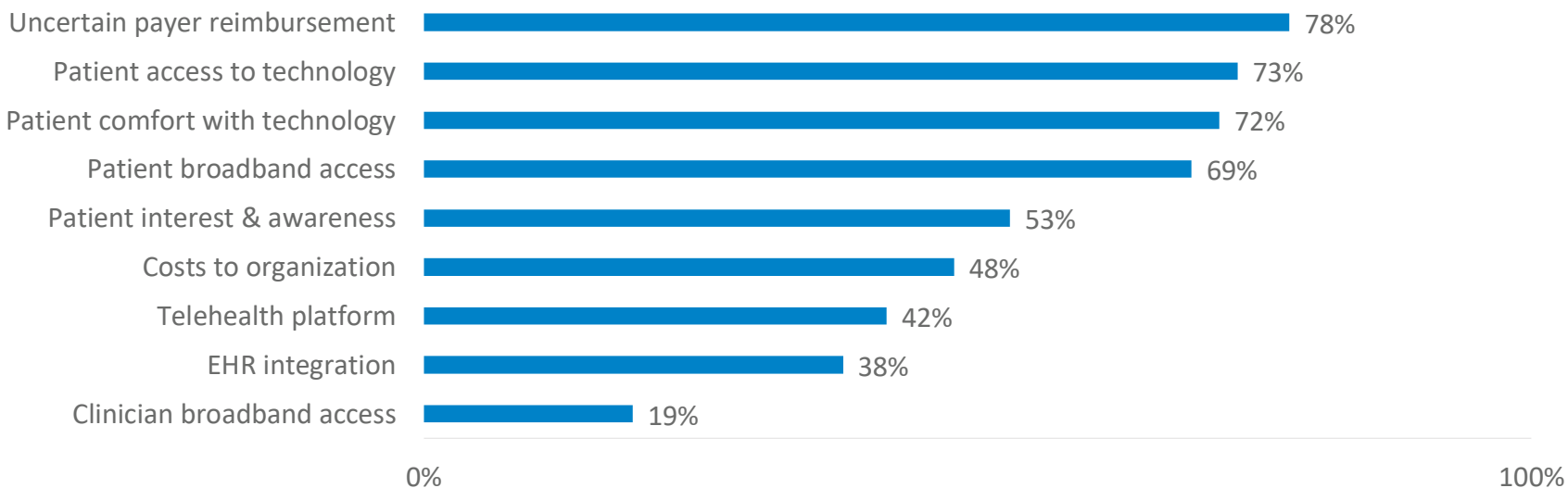
“I have found I am able to help with complex symptom management and decisional support very well via telemedicine with patients and families. **I am able to now meet the needs of more patients and families in a given day** as I don't have drive time and these visit can also be more spontaneous and real time given the ease of telemedicine.”

“**Not all patients have access to computers. It does not allow for an appropriate examination.** Patients still need lab work, and as long as they are coming in for that, they might as well also be seen so you get the benefit of the exam. Some patients will decide that since they are allowed to skip visits now, they do not need to come in even when clinic visits are allowed again.”

BARRIERS TO BROADER VIDEO TELEHEALTH ADOPTION

Physicians identified uncertain payer reimbursement as the most significant barrier to broader video telehealth utilization. They also saw patient interest in video telehealth visits and access to necessary connectivity and technology resources as major challenges. More than 76% of administrators reported that reimbursement for telehealth from all payers is one of the keys to ensuring that telehealth services continue.¹

BARRIERS TO VIDEO TELEHEALTH ADOPTION AS REPORTED BY PHYSICIANS²



¹ More detail is available on appendix page A-12.

² Data show percent of physician respondents who reported each category as a moderate to very significant barrier to broader video telehealth adoption. More detail is available on appendix page A-13.