



Telemedicine Utilization Report Summary

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Telehealth and Telemedicine Waivers During Covid-19

- Centers for Medicare and Medicaid Services (CMS) allowed states to submit waivers to respond to the Covid-19 peacetime emergency
- The Department of Human Services took several temporary steps to ensure Medicaid and MinnesotaCare enrollees could continue to receive necessary care, accommodating stay at home orders and social distancing requirements
 - waivers and amendments to Minnesota's state plan and Basic Health Program Blueprint to temporarily expand telehealth services
 - waivers responded to **the immediate needs**, such as emergency health care, primary health care, specialty health care, and treatment services for SUD, OUD, and mental illness

Telehealth and Telemedicine Definitions

Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

- Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Telemedicine refers specifically to remote clinical services, including treatment services

- Telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.
- Telephone only services are not telemedicine

DHS Telehealth and Telemedicine Study

Examined the **preliminary** impacts of federal and state telehealth and telemedicine waivers on health care providers and patients as of June 2021.

Study focus is physical and behavioral health treatment services

- Long term services and supports (LTSS) and case management services were outside the scope

Study Aims

- understand which types of providers and services are being delivered via telemedicine during the pandemic
- how those service delivery patterns are evolving throughout the pandemic

Methods:

- 1.) Contextual Analysis: Review of Literature
- 2.) Telemedicine Waiver Feedback Survey
- 3.) Claims Analysis Report
- 4.) Provider Focus Groups

Method 1 Results

Waivers in response to COVID-19 have been a catalyst for telehealth and telemedicine

- ensures increased and timely access to hard-to-reach patients
- shift to a more efficient health care services delivery system

Additional clinical programming and policy standards for telehealth and telemedicine are needed to better support certain populations:

- Seniors
- Individuals with lower income
- Individuals in rural areas
- Individuals with pre-existing health conditions
- Individuals with limited internet access

Research needed to evaluate the efficacy and long-term outcomes of telehealth and telemedicine on patients' health

All health care providers will benefit from equal opportunity to offer their health care services

Feedback generally consistent with results from method 1

Support for the continued use of telehealth as an option for the provision of some health care services **depending on**

- The type of health care service
- The frequency and the amount of telehealth services delivered in combination with in-person care
- Patient preference
- If longer-term outcome data indicates positive patient outcomes

Health Insurance Portability and Accountability Act (HIPAA) enforcement must be considered

- current expansion has relied heavily on the relaxation in the enforcement of the privacy and security requirements under the federal law

Method 2. Telemedicine Waiver Feedback Survey

- List of community participants

- AspireMN (residential/non-residential mental health and foster care)
- Essentia Health (physical care)
- Gillette Childrens Hospital (physical care)
- HealthPartners (primary, mental/substance use disorder)
- Hennepin Health (physical, psychiatric, addiction medicine)
- Itasca Medical Care (mental/substance use disorder and primary care)
- Lower Sioux Human Services (targeted case management and child protection services)¹
- Minnesota Association of Resources for Recovery and Chemical Health (provider organization)
- Minnesota Association of Community Mental Health Providers (provider organization)
- Minnesota Department of Education (special education health-related services)
- Minnesota Hospital Association (all services)
- Minnesota Psychological Association (mental health)
- Minnesota Chapter of the American Academy of Pediatrics (physical and mental health care)
- North Homes Organization (children's mental health)
- NuWay (adult co-occurring mental/substance use disorder services)
- Nystrom and Associates (adult co-occurring mental/substance use disorder services)

Method 3 Results

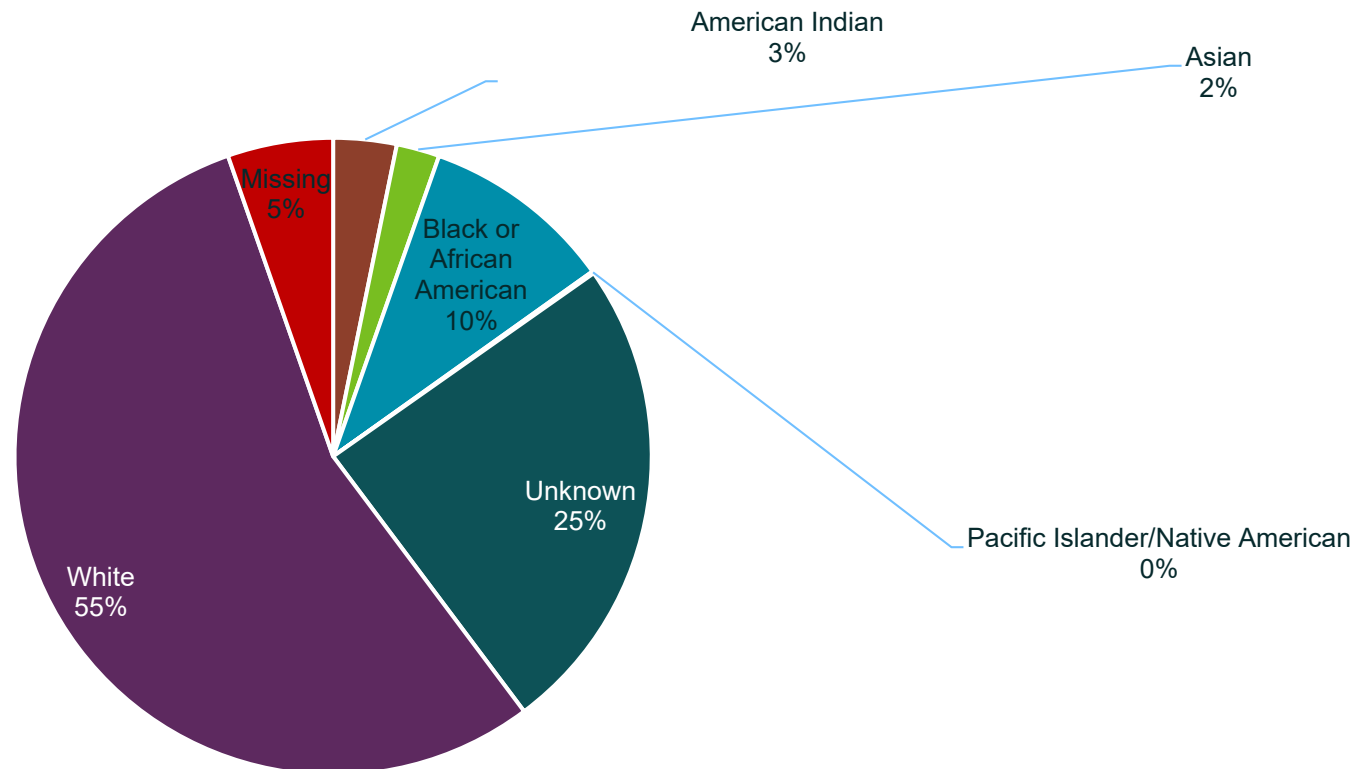
Recipients of Telemedicine	Non-Behavioral Health	Behavioral Health
Prior to the public health emergency:	Percentage	Percentage
Percentage who utilized telemedicine	< 2%*	6%
After the public health emergency:	Percentage	Percentage
Percentage who utilized telemedicine**	19%	30%

* Includes those using only telemedicine as well as hybrid (both in person and telemedicine).

** Percentages reflect services provided during time period between mid-March and late fall, 2020 that had been submitted and paid

Method 3 Results (cont.)

Percentage of Individuals (De-Duplicated) Supported by Behavioral Health Telemedicine Services by since 3/20/2020 - 12/31/2020



Method 4 Results

Provider Themes (33 providers representing MH, SUD, physical health and greater MN)

Infrastructure and Capacity: Whether providers did or did not use the telemedicine prior to the COVID-19 public health emergency, all providers significantly scaled up their telemedicine operations or converted entirely to telemedicine during the reporting period.

Utilization differences by Age, Mobility and Geography segments: Telemedicine appears to be ideal for young to middle aged adults with some fluency in and accessibility to technology.

- Seniors and children faced greater barriers in using technology and/or engaging in this format. Providers expressed frequently that it was difficult to engage children in calls for extended periods of time which limited the level of service they could provide.
- Providers felt that telemedicine has significantly improved access for their patients, especially for those who would otherwise have to travel long distances, have mobility issues or need to travel during inclement weather.

Effectiveness: All participants agreed that moving forward they will need to be intentional deciding the types of visits and fields of practice that can or should be done via telemedicine.

Method 4 Results (cont.)

Provider Recommendations (33 providers participated)

- **Clear guidelines from DHS** on billing and payment, patient notes and any other aspects of care or charting which may be audited or should be standardized across practitioners.
- State assistance (grants, legislation, etc.) to ensure **access to high speed Internet statewide**, both for providers and facilities and for patients, especially in rural areas.
- Guidance from the State about **easier methods for obtaining electronic signatures** while remaining within the legalities of informed consent, patient bill of rights.
- Move to a **single or greatly reduced number of HIPAA compliant, easy to use, affordable platforms** as the vast number of different programs used currently can create difficulties in coordination of care among facilities, providers and other agencies as well as difficulties for patients who see multiple providers utilizing different systems.
 - One idea is to create a public-private partnership between DHS and a telemedicine platform company which allow for a low-cost private partnership between DHS and a telemedicine platform company which would allow for a low-cost, HIPAA compliant system used by most Minnesota providers.
- Additional considerations arise when **interpreter services** are required

Limitations of the Study

- The study cannot speak to the efficacy of Telemedicine.
- Does not incorporate experience from the perspective of Medicaid enrollees
- Limited to Claims Data
- Difficult to disentangle what impacts were related to telemedicine and what were related to other variables related to the impacts of the public health emergency
- Limited Resources: budget constraints and COVID response limited the resources to work exclusively on this study

Recommendations and Next Steps

- Support legislative changes for making certain waiver provisions permanent
- Conduct additional provider-based focus groups.
- Gather input directly from Medicaid and MinnesotaCare enrollees
- Continue to gather and monitor data over time.
- Advocate and prioritize funding for telehealth infrastructure development.

Thank you!

The Telemedicine Utilization Report can be found at:

https://mn.gov/dhs/assets/telemedicine-utilization-report-2020_tcm1053-458660.pdf