## Telehealth Research Recap: Medicare

### **Expansion of Telehealth Services**

services transformed health Telehealth care accessibility for Medicare beneficiaries, particularly during the COVID-19 pandemic, by enabling patients to receive care from their homes.<sup>1</sup> Figure 1 shows the increase in the number of telehealth visits by Medicare fee-for-service beneficiaries, including by modality, from 2019-2021.<sup>2</sup> Legislative and regulatory changes temporarily expanded Medicare coverage for telehealth. improving service availability amidst the public health crisis.<sup>3</sup> Some of the Medicare telehealth flexibilities have been made permanent, including many of those related to delivering tele-behavioral health services.<sup>4</sup>

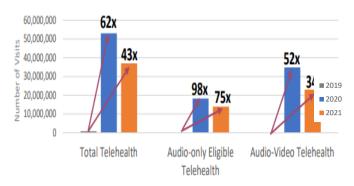


Figure 1. Telehealth Visits by Medicare Fee-For-Service Beneficiaries, 2019-2021<sup>5</sup>

#### **Telehealth Use by Medicare Beneficiaries**

The use of telehealth among Medicare beneficiaries has increased, including both audio-video visits and audio-only visits.<sup>6,7</sup> One study shows that audio-only eligible telehealth visits accounted for approximately 25% of Medicare telehealth visits. Telehealth has played a pivotal role in access to care, particularly for behavioral health services.<sup>8</sup> In 2021, telehealth made up 35% of visits to behavioral health specialists.<sup>9</sup> Figure 2 shows the share of telehealth visits by behavioral health specialists in 2020 and 2021. Remote patient monitoring (RPM) is also a growing area, with research finding RPM use for hypertensive

patients associated with substantial reductions in mortality and risk of adverse hospitalization outcomes.<sup>10</sup> Factors such as broadband availability play a crucial role in accessing services.<sup>11</sup> One study showed that counties with higher broadband access had a 47% higher telehealth utilization rate compared to areas with lower access.<sup>12</sup>

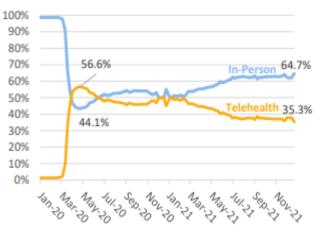


Figure 2. Telehealth Use by Behavioral Health Specialists, 2020-2021<sup>13</sup>

#### Variation in Telehealth Use

Studies have looked at the disparities in access and use of telehealth considering geography, race and ethnicity, and age. Figure 3 shows the variation in telehealth use among the Medicare population by state during the first year of the COVID-19 pandemic.<sup>14</sup> Figure 4 shows the racial and ethnic by Medicare breakdown of telehealth use beneficiaries during the same time period.<sup>15</sup> Telehealth use among Black and Hispanic Medicare beneficiaries exceeded that of beneficiaries that are White or Asian/Pacific Islander.<sup>16</sup> One study found rural beneficiaries were less likely to use telehealth compared with urban beneficiaries.<sup>17</sup> Another study noted that people with multiple disabilities were more likely to use telehealth, demonstrating the value of telehealth in increasing access to care.<sup>18</sup> Research on Medicare beneficiaries found that, when given the choice, many patients choose audio-only

visits.<sup>19</sup> This demonstrates the importance in offering audio-only telehealth, particularly for patients with low digital literacy.<sup>20</sup>

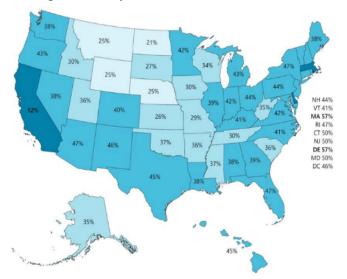


Figure 3. The Percentage of Medicare Beneficiaries Who Used Telehealth During the First Year of the Pandemic by State<sup>21</sup>

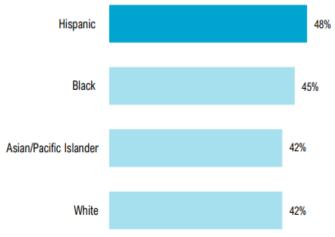


Figure 4. Racial/Ethnic Breakdown of Telehealth Use by Medicare Beneficiaries During the First Year of the Pandemic<sup>22</sup>

# Challenges and Considerations for Telehealth Use

Multiple barriers affect the use of telehealth among Medicare beneficiaries and their providers. Providers must navigate varying regulations and policies. While telehealth expansion has increased access to care, there is still the need for careful consideration in creating policies that ensure equal access for all populations.<sup>23</sup> Furthermore, the patient's telehealth experience depends heavily on their broadband access and ability to use digital tools effectively, which vary widely across different demographic groups.<sup>24</sup> Given the diversity within the Medicare population, there is a need for increased technological adaptation and digital literacy to realize telehealth's potential fully.<sup>25</sup> Ensuring that telehealth services are accessible and user-friendly is crucial to prevent disparities in care.<sup>26</sup> Additionally, data security and the privacy of patient health information are important considerations, as increased data flow needs to be managed appropriately. The ability to overcome challenges in telehealth use will determine the long-term viability of telehealth in enhancing health care access for Medicare beneficiaries.

#### **Quality of Care**

The impact of telehealth on care quality and patient safety for Medicare beneficiaries remains pivotal, particularly as health care systems strive to integrate digital solutions into standard practice. Telehealth has demonstrated significant potential in enhancing access to specialist care and managing chronic diseases, which can lead to improved patient outcomes.<sup>27</sup> In specific cases, telehealth was shown to deliver quality care, such as with medications for opioid use disorder, in which the facilitation of its use to Medicare beneficiaries by emergency providers showed higher retention in treatment and decreased risk of overdoses.<sup>28</sup> Additionally, the use of telehealth to facilitate the Medicare Diabetes Prevention Program for Medicare beneficiaries demonstrated clinical effectiveness.<sup>29</sup> Finally, Medicare patients with severe mental illness who were receiving care from practices that had a higher level of telemedicine use had more mental health visits per year, demonstrating the role of telehealth in access to care.30

#### **Future of Telehealth**

Telehealth is increasingly recognized as a pivotal component of health care aimed at improving access to quality health care. There is a growing emphasis on seamlessly integrating telehealth with current patient care processes, making remote health care a core component of care delivery.<sup>31</sup> As telehealth evolves, ongoing collaboration between technology developers, health care providers, and policymakers will be essential to address challenges and harness the full potential of digital health innovations for Medicare beneficiaries.

#### Resources

<sup>1</sup>Samson, L.W., Couture, S.J., Jacobus-Kantor, L., Creedon, T.B, Sheingold, S., Updated Medicare FFS Telehealth Trends by Beneficiary Characteristics, Visit Specialty and State, 2019-2021, (Issue Brief No. HP-2023-18). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July, 2023

- <sup>4</sup> Jacobus-Kantor, L., Dey, J., Nye, E., Self, J., Natzke, B., Sanchez, M., Rudacille, M., & Baller, J. Tele-Behavioral Health Use Among Medicare Beneficiaries During COVID-19 (Issue Brief). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. May 13, 2024
- <sup>5</sup>Samson, L.W., Couture, S.J., Jacobus-Kantor, L., Creedon, T.B, Sheingold, S., Updated Medicare FFS Telehealth Trends by Beneficiary Characteristics, Visit Specialty and State, 2019-2021, (Issue Brief No. HP-2023-18). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July, 2023

<sup>6</sup> Ibid.

- <sup>7</sup>Office of the Inspector General. Data Brief: Certain Medicare Beneficiaries, Such as Urban and Hispanic Beneficiaries, Were More Likely Than Others To Use Telehealth During the First Year of the COVID-19 Pandemic OEI-02-20-00522
- 8 Samson, L.W., Couture, S.J., Jacobus-Kantor, L., Creedon, T.B, Sheingold, S., Updated Medicare FFS Telehealth Trends by Beneficiary Characteristics, Visit Specialty and State, 2019-2021, (Issue Brief No. HP-2023-18). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July, 2023.

9 Ibid.

- <sup>10</sup> Acharya, M., et. al. Association of Remote Patient Monitoring with Mortality and Healthcare Utilization in Hypertensive Patients: a Medicare Claims-Based Study Journal of General Internal Medicine vol. 39,5 (2024): 762-773. doi:10.1007/s11606-023-08511-x
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- <sup>13</sup> Samson, L.W., Couture, S.J., Jacobus-Kantor, L., Creedon, T.B, Sheingold, S., Updated Medicare FFS Telehealth Trends by Beneficiary Characteristics, Visit Specialty and State, 2019-2021, (Issue Brief No. HP-2023-18). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July, 2023.
- 14 Office of Inspector General, Certain Medicare Beneficiaries, Such as Urban and Hispanic Beneficiaries, Were More Likely than Others to Use Telehealth During the First Year of the COVID-19 Pandemic. (OEI-02-20-005522) Office of Inspector General, Department of Health and Human Services, Feb 2024.

15 Ibid. <sup>16</sup> Ibid.

- <sup>17</sup> Samson, L.W., Couture, S.J., Jacobus-Kantor, L., Creedon, T.B, Sheingold, S., Updated Medicare FFS Telehealth Trends by Beneficiary Characteristics, Visit Specialty and State, 2019-2021, (Issue Brief No. HP-2023-18). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. July, 2023.
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- <sup>19</sup> Ganguli, Orav,, et. al. Patient Characteristics Associated with Being Offered or Choosing Telephone vs Video Virtual Visits Among Medicare Beneficiaries. JAMA Network Open vol. 6,3 e235242. 1 Mar. 2023, doi:10.1001/jamanetworkopen.2023.5242
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<sup>21</sup> Office of Inspector General, Certain Medicare Beneficiaries, Such as Urban and Hispanic Beneficiaries, Were More Likely than Others to Use Telehealth During the First Year of the COVID-19 Pandemic. (OEI-02-20-005522) Office of Inspector General, Department of Health and Human Services, Feb 2024.

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<sup>&</sup>lt;sup>2</sup> Ibid. <sup>3</sup> Ibid.

<sup>&</sup>lt;sup>27</sup> Acharya, M., Ali, M.M., Bogulski, C.A.,, et. al. Association of Remote Patient Monitoring with Mortality and Healthcare Utilization in Hypertensive Patients: a Medicare Claims-Based Study. Journal of General Internal Medicine. 2024;39(5): 762-773. doi:10.1007/s11606-023-08511-x