RESEARCH BRIEF

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United Methodist Health Ministry Fund

Telehealth in Kansas During COVID-19 Provider Interviews: January to May 2021

PROVIDER INTERVIEWS ILLUSTRATE TELEHEALTH ADVANTAGES AND IMPLEMENTATION BARRIERS

A crisis demonstrated the value of telehealth, and that it is here to stay. Provider interviews illustrate increased access to care, advantages to accessing care from home and barriers to implementation.

The United Methodist Health Ministry Fund commissioned research on telehealth use in Kansas. In late 2020, a statewide survey of providers determined telehealth use increased during the COVID-19 pandemic. In February, a statewide poll of voters found 86% of Kansans support expanding or maintaining telehealth services post-pandemic.

The University of Kansas Medical Center (KUMC) conducted interviews with Kansas providers to understand their perspectives on telehealth and its continued use, expansion and barriers.

INTERVIEW PARTICIPANTS

KUMC interviewed each participant for approximately 45 minutes via Zoom. The final sample of 14 participants was evenly divided by gender and by professional role (administrator or provider). They represented a variety of geographies—6 (42.9%) were urban, 5 (35.7%) were rural, and 3 (21.4%) were multi-site (across both urban and rural areas).

INTERVIEW RESULTS

Generally, participants stated telehealth increased access to care. They acknowledged barriers to implementation on the provider and patient side. They offered examples of health services that are well-suited to telehealth as well as many that are not.

Increased Access to Care

All but one participant discussed how helpful telehealth had been in providing patients with access to care during the pandemic.

Access from Home: Policy change now allows patients to dial in from home. Ten of the 14 participants said home access saved patients' travel time and alleviated other issues, such as child care responsibilities or being on oxygen.

"[O]ne mom who had a question about her infant, and she was thrilled because she didn't have to wake him up from his nap…He slept through the whole thing. You know, and then her whole day isn't messed up with her infant not getting the nap when he was supposed to."
-Urban/rural primary care physician

Access for Specific Populations: Ten of the 14 participants shared how telehealth increases access to care for specific populations, such as those without transportation, those who are homebound, or those with social anxiety.

"A real plus with the telehealth stuff is it allows us to engage people who can't get here. I mean, you can imagine in a rural seven-county area, a lot of people we serve don't have driver's licenses or cars. A lot of times no income, so it's hard for them to get here. But almost all of them have a smartphone."
-Rural SUD administrator

"Before telehealth, if somebody wanted to see our physician that prescribed psychiatric medicine, we had people that were driving an hour to do that. So, if that's an adult, typically in those little tiny towns, you don't work there. So, they already were driving somewhere else…Now they can go to our office that's in that area and televideo to a prescriber."
-Rural CMHC administrator

Barriers to Implementation

Barriers to implementing telehealth services varied. Some obstacles were universal, such as technology. Half of participants cited patients' tech savviness as a barrier. 92.9% of participants identified difficulties

with platforms, internet connectivity or device availability.

"But the biggest thing for us on the technical difficulties has just been internet connection problems. People's houses. Even in our building every once in a while, it's just bad."
-Urban outpatient pediatrician

Telehealth's Role Post-COVID

Most participants had not offered telehealth services pre-pandemic. Low patient demand and a lack of reimbursement were commonly cited reasons. Participants were largely in support of policies to continue telehealth; 12 of 14 discussed wanting to continue reimbursement for telehealth services or other public policies. Participants largely believed that telehealth is here to stay if they can provide services at a reasonable cost to them and payors.

"That telehealth component is always going to be there...It's been a big service to a lot of people."
-Rural SUD administrator

"Medicaid is like 75 percent of our fee revenue…any little wiggle up or down, we feast or famine. So...the degree of our electronic interventions and treatment will be dependent upon public policy."
-Urban CMHC administrator

Participants' overall experience with telehealth reimbursement seemed to be that at the beginning of the pandemic there was confusion, but eventually policies became clearer, and now there is payment parity. Most participants recognized payment parity could be temporary depending on policy choices made when the pandemic is declared over. Providers have invested in equipment and technology. To remain viable, future financial support is needed for system upkeep and visit reimbursement.

"It would be pretty tragic if we set up this entire infrastructure and then people change the way that they reimburse or said that this was no longer allowed."
-Urban CHC administrator

Best Services for Telehealth Utilization

Telehealth cannot replace all in-person visits. Most participants shared how services are suited for telehealth.

POTENTIAL TELEHEALTH SERVICES

Well-Suited

- Initial, brief assessments
- Chronic care management
- Basic triage, including emergency dental and optometry services
- Transitions of care, post-hospitalization
- Quick follow-ups
- Review of laboratory or radiology results
- Patient education
- Medication follow-ups
- 1-on-1 counseling by mental health and substance use disorder (SUD) providers
- Mental health follow-ups by primary care physicians
- Reviewing care with family members who could not be present with the patient
- ADD check-ups

Not Well-Suited

- Anything that needs to be a physical exam
- Procedures
- Detox services
- Residential services
- Injectable medications
- Wrap-around services like an employment support program
- Group therapy (usually not as productive)
- Hospital-based specialties
- New complaints that have the potential to imminently become emergencies

NEXT STEPS

This interview series indicates that providers see the potential in continuing to offer telehealth services following the pandemic if their practices are fairly reimbursed compared to in-person services.

More input is needed from Kansas patients of all backgrounds to understand their telehealth experiences.

READ FULL REPORT HERE

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