

To: Representative Brenda Landwehr, Chair of the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

From: David Jordan, President and CEO, United Methodist Health Ministry Fund

Date: December 9, 2020

RE: Telehealth Research

Chairwoman Landwehr and honorable members of the KanCare Oversight Committee:

Thank you for the opportunity to provide the Committee with findings from research the United Methodist Health Ministry Fund (Health Fund) recently supported that explores the impact of COVID-19 telehealth policy changes on the utilization of telehealth services in Kansas.

Earlier this year, in an effort to help providers and patients maintain access to health services during the COVID-19 pandemic, the federal government and the State of Kansas issued emergency telehealth policy changes to improve access to telehealth services and preserve access to care during the pandemic.

To understand how the changes impacted Kansans, the Health Fund partnered with provider groups in Kansas to survey their members about their experience with the delivery of telehealth services. The research aimed to understand how providers and consumers characterized their experience. The research conducted by the University of Kansas School of Medicine shows providers and patients benefited from expanded use of telehealth services during COVID-19, especially during the early months of the virus outbreak as in-person visits declined.

Previous research and this survey highlight that telehealth offers many benefits to Kansans, such as:

- Improving access to care for patients in both urban and rural settings
- Increasing continuity of care
- Decreasing time away from work or families to see medical providers
- Allowing providers to better contain and manage health care costs

Overall, telehealth provides both patients and health care providers with options that can contribute to positive patient outcomes, including, for example, chronic disease management and monitoring in elderly or vulnerable patients who are at risk for falls and in-home monitoring presents a safer option.

Telehealth is not intended to replace in-person care. However, as the Committee and the Legislature explore how to maintain expanded access to telehealth services when appropriate, setting the appropriate reimbursement rate for services will be central to sustaining telehealth services. This research highlighted that the move towards parity in payment for certain services made a significant difference in the ability of providers to cover their costs for telehealth services. Expanded reimbursement was rated as somewhat or very positive by 85.3% of respondents. Additionally, 61.5% of

provider respondents indicated that payment parity was their top telehealth policy priority. This provider quote captures the importance of the payment issue to the ability to maintain services:

“I was totally against telehealth before COVID. I did not see a use for it in my practice. Now that I have tried it ... my patients and I love it. I’m very afraid that reimbursement will be taken away and I will have to give it up.”

Recognizing this research represents just one study, we are planning additional research on how patients who have utilized telehealth services view the experience as well as more in-depth provider research. We welcome your questions and partnership as we explore this important topic.

Thank you for your time and consideration. Please, be in touch if we can be of assistance.