

To: Representative Brenda Landwehr, Chair of House Health and Human Services Committee

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

Date: February 8, 2021

RE: Telehealth Research

Chairwoman Landwehr and honorable members of House Health and Human Services Committee:

Thank you for the opportunity to provide the Committee testimony on the future of telehealth in Kansas. Today, I wanted share 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.

Last 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. Telehealth policy changes in Kansas include:

- Expanded reimbursement and parity in payment for select services
- Broadened reimbursement for telephone visits and relaxed requirements for communications platforms
- Relaxed rules for originating and distant sites
- Additional provider types and services available for patients
- Ability to use out-of-state providers, if certain conditions are met, to increase access to services
- Decreased geographic limitations

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. This 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

In addition to answering survey questions, providers elaborated on their perspectives on telehealth. One provider shared that, "The addition of telehealth and/or telephonic services has been a tremendous asset to both the client and agency during this time. It has prevented a disruption to services where

clients may otherwise have been unable to access or maintain services critical to their mental health needs.”

The report also highlighted the types of services being provided to patients:

- Primary care was the most commonly offered service, with 182 (78.8%) respondents indicating they served as either the originating or distant site.
- More than half of respondents indicated they offered patient education, chronic care, and counseling or therapy.
- Just under half of respondents said their organization offered psychiatry services.
- Just over one-third, 88 (38.1%), offered urgent care services, and one-quarter, 57 (24.7%), offered substance use disorder (SUD) services.
- Less than one-fifth, 38 (16.5%), offered appointments with surgical specialists, and about half that many, 19 (8.2%), indicated they offered other kinds of services via telehealth.

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, with in-home monitoring presenting a safer option.

Beyond offering the ability to improve health, respondents shared that telehealth increases access to care by decreasing barriers to services, such as by negating the need for patients to take as much time off from work or find transportation. One respondent noted:

“Telehealth services allow patients to access services they may not otherwise access. It decreases the amount of time a client has to leave work to transport themselves or child to an appointment, it removes transportation barriers in rural areas where public transportation is not available [...]. While there are circumstances where telehealth may not be best for a client; it is certainly a preferred alternative than no treatment at all.”

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 group of respondents, we are planning additional research on how patients who have utilized telehealth services view the experience as well as more in-depth provider interviews. 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.