Telehealth in Kansas During COVID-19: A Status Report

United Methodist Health Ministry Fund (UMHMF)
in collaboration with the University of Kansas Medical Center (KUMC)

Phase 1 Initial Results: Statewide Telehealth Survey

Fielded: August 26 to September 23, 2020

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Introduction

With the onset of COVID-19 and associated disease transmission mitigation measures, the need for telehealth services has increased dramatically in 2020. In March, in an effort to help providers and patients maintain access to health services during the pandemic, the federal government and the state of Kansas issued emergency telehealth policy changes to improve access to telehealth services during the pandemic. Telehealth policy changes in Kansas have included:

- 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 distance sites
- Additional provider types and services available for patients
- Ability to use out-of-state providers, if certain conditions are met, to increase access services
- Decreased geographic limitations

To help understand how these changes impacted the utilization of telehealth services by Kansas providers and patients, the United Methodist Health Ministry Fund partnered with provider groups in Kansas to survey their members about their experience with the delivery of telehealth services. The research sought to understand how providers and consumers characterized their experience in light of policy changes that sought to make telehealth service more broadly available.

UMHMF then reached out to the University of Kansas School of Medicine's Department of Population Health (referred to as KUMC) with the desire to field a statewide survey to get a "snapshot" of telehealth activities and better understand providers' experiences with telehealth and related policies.

Methods

Data Collection

In collaboration with the Health Fund's President and stakeholder groups, we first reached a consensus on the domains our survey would cover: utilization and reimbursement, payment parity, patient experience, and workforce issues. In a series of follow-up meetings, we arrived at several sub-topics under these domains:

Utilization and Reimbursement

- Volume of telehealth services prior to and during 2020
- Information regarding the impact of telehealth reimbursement policy changes during 2020
- Investigation of how utilization may vary by: patient condition, type of location (ie, outpatient vs. inpatient), and geography (ie, rural vs. urban)

Payment Parity

- Experiences with reimbursement of telehealth services in the past compared to reimbursement of in-person health services
- Comparisons of reimbursement of in-person versus telehealth services
- Identification of differences in reimbursement/payment for telehealth services across payors, in comparison to differences across payors for in-person health services

Patient Experience

- Overall perceived satisfaction levels with telehealth services
- Any technical issues, positive or negative, faced by patients in telehealth
- Perceptions of patient preferences: what providers think patients like most and least about accessing telehealth services

Workforce Issues

- Types, number, and locations of healthcare professionals providing telehealth services
- Provider experiences with telehealth
- Provider perceptions of what circumstances are conducive to providing and increasing the provision of telehealth services
- Provider perceptions of barriers to providing and increasing the provisions of telehealth services

Based on these domains and sub-topics, the PI drafted a survey using both closed- and open-ended questions. She distributed the draft to UMHMF and the stakeholder groups for feedback. Groups provided written and verbal feedback during subsequent conference calls.

With that, the PI finalized the survey, loaded it into RedCap, then distributed a link to the survey to the stakeholder groups. Each group sent the survey link and customized recruitment language to its membership. Initial emails soliciting participation were sent between August 26 and 28. Reminder emails were sent at different points by the stakeholder groups between September 8 and 21. The survey was closed to further participation on Wednesday, September 23.

Data Analysis

We utilized Stata SE 15 to calculate descriptive, summary statistics for the closed-ended survey questions and NVivo Pro to facilitate analysis of qualitative responses to open-ended questions. We generated descriptive statistics for the quantitative data and used an inductive, thematic approach to analyzing the qualitative data.

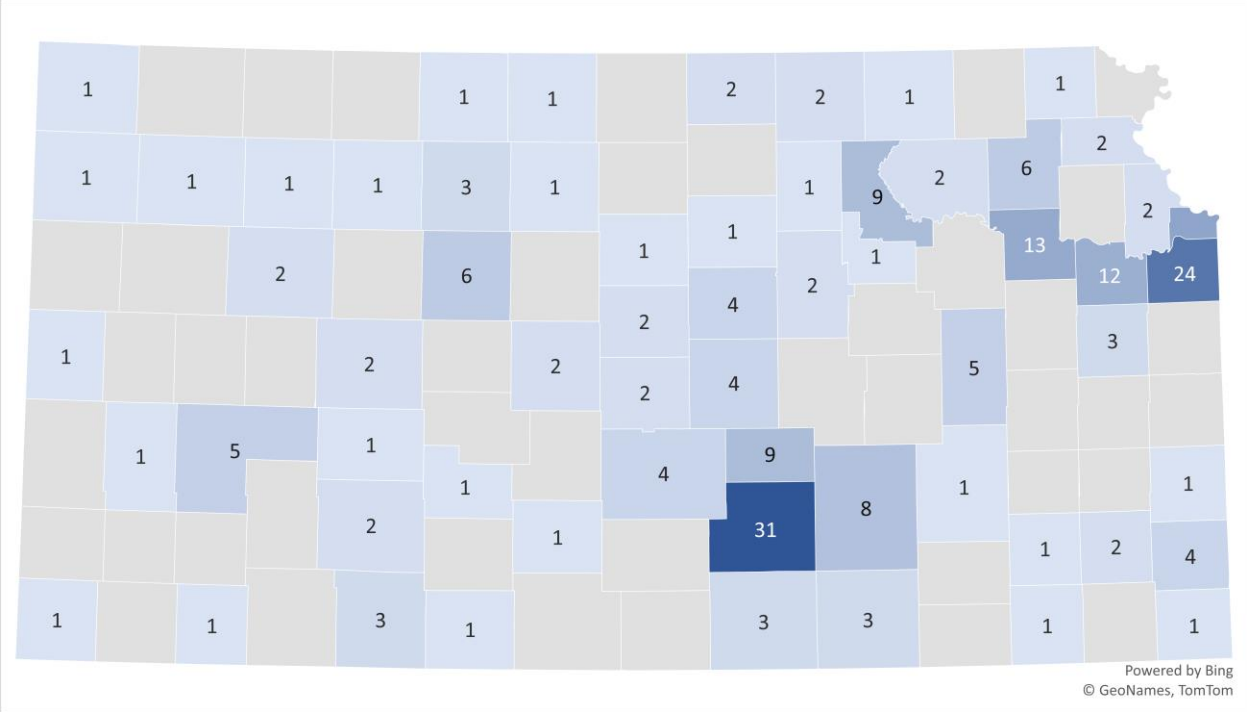
Initial Results

We received 247 responses to the online survey, and 228 (92.3%) indicated they or their organization offered telehealth services. 17 (6.9%) indicated they did not offer telehealth services, and 16 of these respondents exited the survey almost immediately. Some of these 17 answered a few additional questions. For most of our calculations, we use the remaining respondents, 231, as our "n," or number of total respondents.

Geographic Distribution of Respondents

We received responses from 62 (59.0%) of Kansas's 105 counties. As one might expect, the largest number of responses came from three of the most urban counties: Sedgwick (31), Johnson (24), and Wyandotte (14). However, respondents also came from many rural and frontier counties and from every region of the state. Figure 1 shows a map of Kansas and the number of respondents per county.

Figure 1. Respondents by County



Types of Organizations

The majority of respondents, 199 (86.1%), indicated they worked at an outpatient organization. There were 11 (4.8%) who reported working at inpatient organizations, and 16 (6.9%) who reported "other." 5 respondents did not answer. A full breakdown of organization types is located in Tables 1A and 1B.

Among the inpatient respondents, about two-thirds, 7 (63.6%), identified as non-Critical Access Hospitals (CAHs), and one-third, 3 (27.3%), identified as CAHs. 1 inpatient respondent indicated "other" for "type of inpatient organization."

Among the outpatient respondents, 7 (38.2%) were private practices, and 55 (27.6%) were practices owned by a hospital or health system. 26 (13.1%) respondents indicated they worked at community mental health centers, and 25 (12.6%) indicated federally-qualified health centers (FQHCs). 5 respondents indicated "other behavioral health clinic," and 4 indicated "safety net clinic." 7 answered "other," and 1 did not answer.

The written-in responses for "organization type" varied. One respondent answered "21-bed PPS hospital" but had not chosen the "non-CAH" hospital category previously. Of the 16 respondents who answered "other" for "type of outpatient organization," 13 indicated their organization was both inpatient and outpatient, and the other 3 indicated they were Rural Health Clinics. In hindsight, we should have added "both inpatient and outpatient" and "Rural Health Clinic" as response categories in the survey design.

Table 1A. Respondents by type of organization.

Type of Organization	Number	Percent
Inpatient organization	11	4.8%
Outpatient organization	199	86.1%
Other type of organization	16	6.9%
Did not answer	5	2.2%
Total	231	100.0%

Table 1B. Respondents by specific types of inpatient and outpatient organizations.

Types of Inpatient Organizations				Types of Outpatient Organizations		
	Number	Percent			Number	Percent
Non-CAHs	7	63.6%		Private Practice	76	38.2%
CAHs	3	27.3%		Hospital- or Health System Practice	55	27.6%
Other	1	9.1%		CMHC	26	13.1%
				FQHC	25	12.6%
				Other	7	3.5%
				Other Behavioral Health	5	2.5%
				Safety Net Clinic	4	2.0%
				Did Not Answer	1	0.5%
Total	11	100.0%		Total	199	100.0%

Types of Professionals

Nearly two-thirds of respondents, 140 (60.6%) indicated they were physicians. The next-largest category of respondents was administrators, with 66 (28.6%). There were 13 (5.6%) behavioral health professionals, 5 (2.2%) nurses, 1 nurse practitioner (NP) or physician assistant (PA), 4 who answered "other," and 2 who did not answer. A full breakdown of types of providers is located in Table 2.

Among the 140 physicians, most specialized in primary care, 121 (86.4%). 8 (5.7%) identified as another medical specialty, 5 (3.6%) specialized in psychiatry, 4 (2.9%) identified surgical specialties, and 2 answered "other."

Those who answered "other" wrote in the following professions: chief executive officer (CEO), data analyst/informatics, emergency preparedness, and information technology (IT).

Table 2. Respondents by type of professional and type of physician.

Type of Professional				**Type of Physician**		
	Number	Percent			Number	Percent
Physician	140	60.6%		Primary Care	121	86.4%
Administrator	66	28.6%		Other Medical Specialty	8	5.7%
Behavioral Health	13	5.6%		Psychiatry	5	3.6%
Nurse	5	2.2%		Surgical Specialty	4	2.9%
Other	4	1.7%		Other	2	1.4%
Did Not Answer	2	0.9%				
NP or PA	1	0.4%				
Total	231	100.0%		Total	140	100.0%

Services Offered

We asked respondents what kinds of modalities they used to deliver telehealth, and they could select as many modalities as were applicable. All 247 of the respondents who began the survey provided responses to this question, regardless of the fact that some had previously indicated they did not use telehealth. We are uncertain as to why respondents would contradict themselves, but we speculate that some may not have read – or if they did read it, perhaps they disagreed with – the definition of telehealth that we provided at the outset of the survey. Nonetheless, we are using 247 as the denominator in our calculations of prevalence of use.

Videoconferencing was the most-used modality, with 218 (88.3%) answering yes. The next most-common was phone, with 155 (62.8%). About 20 percentage points behind that was "mobile device," with 105 (42.5%). 43 respondents said they used "apps," 24 indicated "store and forward," 16 indicated "remote monitoring," and 2 indicated "other," writing in "telehealth

with Avera e-emergency" and "telesitter in house." 3 respondents provided answers about modalities and also wrote in: "DoxyMe," "EHR," and "mostly phone."

Modality use varied slightly by type of organization. Videoconferencing was the most common modality regardless of organization type. Phone was the second-most common modality for outpatient and "other" organizations, whereas for inpatient, mobile devices were the second-most common. Mobile devices were the third-most common modality for outpatient and "other" organizations, and apps were fourth. For inpatient organizations, store and forward technology ranked fourth. Full breakdowns of the modality use, including by organization type, is in Tables 3A and 3B.

Table 3A. Respondents Answering 'Yes' to Use of Each Modality

Modality	Number Using	Percent Using
Videoconferencing	218	88.3%
Phone	155	62.8%
Mobile Device	105	42.5%
Apps	43	17.4%
Store and Forward	25	10.1%
Remote Monitoring	16	6.5%
Other	2	0.8%

Table 3. Modalities ranked by frequency of use across organization types.

	Inpatient (n = 11)		**Outpatient (n = 199)**		**Other (n = 16)**	
	Rank	Percent	Rank	Percent	Rank	Percent
Videoconferencing	1	81.8%	1	96.0%	1	87.5%
Phone	3	45.5%	2	68.8%	2	68.8%
Mobile Device	2	54.5%	3	44.7%	3	43.8%
Remote Monitoring	5	27.3%	6	18.1%	6	25.0%
Apps	6	18.2%	4	8.5%	4	25.0%
Store and Forward	4	36.4%	5	5.0%	5	12.5%
Other	7	9.1%	7	0.5%	7	0.0%

Note: A ranking of "1" denotes the most frequent use. We have also included the percentage of each type of organization using each modality. 5 respondents did not answer "organization type" and are not included here. Inpatient, outpatient, and "other" total 226 in this table.

Reasons Telehealth Not Offered

For those respondents who indicated their organization did not offer telehealth (n = 17),

we asked them to write in reasons why. These responses fell into 5 categories: telehealth not applicable, financial, infrastructure, quality, and multi-factorial. The most common category was "telehealth not applicable," which reflected that the respondent felt telehealth did not apply or was not of use to them or their organization; for example, 2 people were not currently practicing medicine, 2 were working in insurance, and 1 indicated they worked at a skilled nursing facility.

The second-most common category was financial. 4 respondents indicated considerations related to insufficient reimbursement for telehealth services. For example:

> *I work at a Rural Health Center. Although CMS is allowing for us to do telehealth during the pandemic (usually we cannot utilize telehealth), we would have to carve out time on the cost report which would hurt our reimbursement rates for the coming year. This would essentially put us in the position of losing money on our Medicaid and Medicare visits.*

Another respondent mentioned how financial considerations around telehealth had shifted in relation to COVID-19:

> *We offered telehealth services for a short period of time during the on-set of COVID. We stopped at the direction of our CFO based on negative impact on Medicare reimbursement.*

The category "infrastructure" was equal in frequency of responses to "financial. Respondents indicated that their setting was not equipped for telehealth, had outdated technology, had poor internet connectivity, or that they had limited capacity from a human resources standpoint to take on telehealth.

The remaining categories of "quality" and "multi-factorial" had one response each. One respondent stated they believe telehealth is "an inferior level of care," and another stated that "space, time, and money" were all factors but went on to say their organization was "currently working on implementing" telehealth.

Changes in Telehealth Volume

Nearly all respondents, 225 (97.4%), reported an increase in their telehealth volumes from 2019 to 2020. Nearly everyone, 221 (95.7%), attributed the volume increase to COVID-19. When we paired responses about changes in volume from 2019 to 2020 with changes in volume from spring 2020 to summer 2020, the most common experience, 128 (55.4%), was an increase from 2019 to 2020 but a decrease going from the spring to the summer of 2020. The second-most common experience, 51 (22.1%), was an increase from 2019 to 2020 but no change from the spring to summer of 2020. The third-most common experience, 46 (19.9%), was an increase in volume during both periods; an increase from 2019 to 2020, then an increase again from the spring to the summer of 2020. Table 4 shows a cross-tabulation of these annual versus seasonal responses.

Table 4. Cross-tabulation of annual and season changes in telehealth volumes.

	From the spring to the summer of 2020							
	No volume at all		Decrease in volume		The same volume		An increase in volume	
From 2019 to 2020	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No volume at all	2	0.9%	0	0.0%	0	0.0%	0	0.0%
Decrease in volume	0	0.0%	1	0.4%	0	0.0%	1	0.4%
The same volume	0	0.0%	0	0.0%	2	0.9%	0	0.0%
Increase in volume	0	0.0%	128	55.4%	51	22.1%	46	19.9%

Most respondents did not answer the question about what types of visits were the ones increasing at their organizations. Those who did answer (n = 47), most indicated the increase was coming from both new and established patients, 29 (61.7%). Some, 16 (34.0%) stated their increase was from established patients only. 2 answered “other.”

Which Professionals Are Providing Telehealth?

We asked respondents to indicate what kind of professional was providing the most telehealth services at their organization. Table 5 details these results. Most responded physicians were, with 154 (66.7%). The next most-frequent providers of telehealth were NPs and PAs, 42 (18.2%). Behavioral health professionals were also commonly providing telehealth, 30 (13.0%). 4 respondents indicated "other," and 1 did not answer. Among the 154 physicians, those most commonly indicated as telehealth providers were in primary care, 125 (80.5%). Other medical specialties were the second-most common, with 18 (11.7%). There were 8 (5.2%) respondents who said psychiatrists were providing telehealth at their organizations. Only a few surgeons were indicated as telehealth providers, 3 (2.0%), and 1 respondent indicated an "other" specialty. In addition to the 1 who responded "other," a few additional respondents also wrote in responses here. Notable written responses included "dietician" and "psychiatric rehabilitation providers."

Table 5. Professionals most often providing telehealth services.

Professional	Number	Percent		Type of Physician	Number	Percent
Physicians	154	66.7%		Primary Care	125	80.5%
NPs or PAs	42	18.2%		Other Medical Specialty	18	11.7%
Behavioral health	30	13.0%		Surgical Specialty	3	2.0%
Other	4	1.7%		Psychiatry	8	5.2%
Did not answer	1	0.4%		Other	1	0.7%
Total	231	100.0%		Total	154	100.0%

What Services Are Being Provided Using Telehealth?

For a number of services (see Table 6), we asked respondents to indicate whether their organization served as the originating site (location of patient) for telehealth, the distant site (location of provider), or if they did not provide that service via telehealth. Primary care was the most-frequently offered service, with 182 (78.8%) of respondents indicating they served as either the originating or distant site. Over half of respondents indicated they offered patient education, chronic care, and counseling/therapy. Just under half offered psychiatry. 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.

Table 6. Types of services provided: total, as originating site, and as distant site.

	Total Providing		As Originating Site		As Distant Site	
Service	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Primary Care	182	78.8%	77	33.3%	105	45.5%
Patient Education	132	57.1%	58	25.1%	74	32.0%
Chronic Care	126	54.5%	49	21.2%	77	33.3%
Counseling/Therapy	121	52.4%	46	19.9%	75	32.5%
Psychiatry	107	46.3%	48	20.8%	59	25.5%
Urgent Care	88	38.1%	32	13.9%	56	24.2%
Medical Specialties	66	28.6%	26	11.3%	40	17.3%
SUD Services	57	24.7%	21	9.1%	36	15.6%
Surgical Specialties	38	16.5%	14	6.1%	24	10.4%
Other	19	8.2%	7	3.0%	12	5.2%

For those who indicated they offer "other" services, this is a sample of their write-in responses:

- Case management, crisis services (3 respondents)
- We are often both originating and distant (2 respondents)
- Peer mentoring, professional coaching (2 respondents)
- Dental (2 respondents)
- Sleep apnea
- Occupational medicine
- Home and community-based services, autism services

We should have anticipated needing an option to select "both" for originating and distant site when we built the survey.

Written Responses Regarding Volume and Overall Utilization of Telehealth

After asking general questions about telehealth volume and utilization, we asked for free-text responses to the question: "Do you have additional comments regarding the volume and overall utilization of telehealth visits at your organization?" 72 (31.2%) of our respondents

offered comments spanning a range of topics. About a quarter of the comments spoke generally about volume and demand for telehealth services. For example:

> *While I am unable to provide specific numbers, our organization has seen a drop-off in some telehealth delivery since Spring 2020, when we first implemented that mode of service.* ***Over time our clients have reported "zoom fatigue"*** *and/or have been* ***unwilling to use precious cell phone minutes****... […]* ***But it is still an incredibly important options*** *[sic] for clients to have, many of whom will only seek the service if they can do so remotely.*
>
> *We did very little telehealth in 2019.* ***We are continuing to grow these services in 2020.*** *My highest volume usage is with an APRN during psych services. My second highest usage is with a psychiatrist. Overall the split between midlevels and physicians is pretty even.*

About a quarter referenced changes in utilization directly related to COVID-19. For example:

> ***This was a must during the covid pandemic****, although it also taught us the utility of these visits for patient care for many types of clinical issues, making it more convenient for patients and more cost-effective for them.*
>
> *As a rural health clinic we were unable to provide telehealth until the pandemic. The volume of telehealth visits has decreased from the spring to the summer once our facility (and patients) became more comfortable with the safety and screening systems that we have in place for seeing patients in person. Even so, we have discovered that* ***telehealth is actually preferred by certain patients and has increased access and availability****. For example, I have a patient who is a victim of domestic violence with several small children. The telehealth services allowed her to connect with me via several visits from her home through this pandemic and* ***has empowered her to make changes for the benefit of herself and her children.***

Not all respondents viewed telehealth as positive, for example:

> *Telehealth is reasonable to use when you are in a pandemic situation, but* ***under normal circumstances it just doesn't result in the same level of care and attention*** *to the patient.*

A slightly smaller proportion commented on the benefits or value of telehealth to patients, their organization, or both. For example:

> ***Patients really love telehealth*** *visits, especially working people who need chronic management.* ***It allows them to not miss so much work***

> *For our Medication Management appointments **our No Show rate decreased as our volume of telehealth services went up**. Our hope is that resulted in an **increase in medication compliance and hence stability for our consumers**. We have noticed a **decrease in psychiatric emergencies and hospitalizations** but we are unable to attribute that solely to the use of telehealth services.*
>
> *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 remainder of written responses were scattered across many topics, including brief comments about the organization's general situation, a couple comments about patients being hesitant to use telehealth, a few comments about technology itself being a barrier to using telehealth, some reporting that telehealth has pros and cons, and others noting that telehealth is not their preferred method of delivering care. Several respondents commented about reimbursement and public policy, which we will highlight later in this report.

Costs and Reimbursement

We asked respondents to characterize telehealth costs and reimbursement in several ways. First, we asked them to characterize reimbursement prior to the onset of COVID-19. About half, 114 (49.4%), indicated that reimbursement had not been covering their costs, by a large margin. The next most-frequent response was "unknown," with 70 (30.3%) respondents, indicating a lack of knowledge on this subject. Table 7 details these responses.

Table 7. Characterization of telehealth reimbursement prior to the onset of COVID-19 in March 2020.

Characterization	Number	Percent
Does not cover costs, by a large margin	114	49.4%
Does not cover costs, by a small margin	26	11.3%
Enough to break even	11	4.8%
Covers costs, by a small margin	8	3.5%
Covers costs, by a large margin	1	0.4%
Unknown	70	30.3%
Did not answer	1	0.4%
Total	231	100.0%

A full breakdown of characterizations of reimbursement by payer is located in Tables 8A, 8B, and 8C. Respondents did indicate that in 2020, they have by in large seen insurance coverage for telehealth services increase, 172 (74.5%). About one-fifth of respondents, 43 (18.6%), however, still answered "unknown." We then asked respondents to consider how Medicare, Medicaid, and private insurance have reimbursed for telehealth services, and we asked them to compare 2019 to 2020.

About one-third of respondents indicated that in 2019, telehealth reimbursement was far worse than for in-person visits, across payers. The next most-frequent characterization, across payers, was "somewhat worse than in-person." Again, nearly half of respondents answered "unknown," although this percentage was lower when asked about private insurance.

In 2020, the distribution shifted, with about one-third of respondents reporting that telehealth was "on par with in-person" reimbursement. Very low percentages of respondents answered "somewhat better" or "far better" in either year for any payer. The proportion of respondents answering "unknown" also dropped, from a high of 48.9% regarding Medicaid in 2019 to a low of 22.5% regarding private insurance in 2020.

Table 8A. Characterizations of reimbursement by payer, 2019.

	Medicare		**Medicaid**		**Private Insurance**	
Characterization	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Far worse than in-person	80	34.6%	76	32.9%	86	37.2%
Somewhat worse	28	12.1%	19	8.2%	32	13.9%
On par	15	6.5%	17	7.4%	16	6.9%
Somewhat better	1	0.4%	3	1.3%	3	1.3%
Far better than in-person	1	0.4%	1	0.4%	1	0.4%
Unknown	103	44.6%	113	48.9%	90	39.0%
Did not answer	3	1.3%	2	0.9%	3	1.3%
Totals	231	100.0%	231	100.0%	231	100.0%

Table 8B. Characterizations of reimbursement by payer, 2020.

	Medicare		Medicaid		Private Insurance	
Characterizations	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Far worse than in-person	12	5.2%	10	4.3%	10	4.3%
Somewhat worse	47	20.3%	47	20.3%	57	24.7%
On par	90	39.0%	84	36.4%	99	42.9%
Somewhat better	6	2.6%	4	1.7%	7	3.0%
Far better than in-person	2	0.9%	3	1.3%	3	1.3%
Unknown	70	30.3%	80	34.6%	52	22.5%
Did not answer	4	1.7%	3	1.3%	3	1.3%
Totals	231	100.0%	231	100.0%	231	100.0%

Table 8C. Comparing 2019 and 2020 characterizations of telehealth reimbursement.

	Medicare		Medicaid		Private Insurance	
Characterizations	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Far worse than in-person	34.6%	5.2%	32.9%	4.3%	37.2%	4.3%
Somewhat worse	12.1%	20.3%	8.2%	20.3%	13.9%	24.7%
On par	6.5%	39.0%	7.4%	36.4%	6.9%	42.9%
Somewhat better	0.4%	2.6%	1.3%	1.7%	1.3%	3.0%
Far better than in-person	0.4%	0.9%	0.4%	1.3%	0.4%	1.3%
Unknown	44.6%	30.3%	48.9%	34.6%	39.0%	22.5%
Did not answer	1.3%	1.7%	0.9%	1.3%	1.3%	1.3%
Totals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

As noted previously, several respondents wrote in comments about reimbursement. These comments all expressed that without adequate reimbursement, it is not possible for their organizations to sustainably provide telehealth services. A number of them feared that changes made to reimbursement because of COVID-19 would go away in the near future, hampering their ability to continue offering telehealth. For example:

> *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****.*

> *We need to continue to be able to provide telehealth and phone services for our patients to keep them safe and* ***be reimbursed like in person visits*** *so that keeping our patients safe does not negatively impact our ability to* ***keep our clinic doors open.*** *The overhead cost of providing telehealth services makes this difficult otherwise.*

One respondent pointed out that reimbursement, even with recent changes, is still a primary barrier in their organization utilizing telehealth:

> *We are only using tele-behavioral health in our Intermediate Swing Bed unit.* ***We are not using telehealth in our Rural Health Clinic due to the potential impact on the cost reporting*** *(carving out provider and support staff time) and next year's per diem rates.*

Because reimbursement policies are also public policies, this discussion continues in the next section of the report.

Policy Priorities

We asked respondents what policy changes had been helpful to them regarding the provision of telehealth services. Table 9 details these results. The choices we gave were: expanded reimbursement, decreased geographic restrictions, loosening of cross-state licensure requirements, broadened reimbursement for telephone visits, or place-of-service changes. Very few respondents characterized the impact of any policy as "very" or "somewhat" negative. Responses were somewhat evenly distributed across "neutral/no impact," "somewhat positive," and "very positive," across policies. The largest proportions of "very positive" responses were for place-of-service changes, 124 (53.7%); expanded reimbursement, 110 (47.6%); and broadened reimbursement for telephone visits, 105 (45.5%).

When we combine the proportions for "somewhat positive" and "very positive" into a single "positive" rating, 3 policies were rated overwhelmingly as having positive impacts: expanded reimbursement (85.3% of respondents stating this had a positive impact); place-of-service changes (84.8%); and broadened reimbursement for telephone visits (82.3%).

Table 9. Impact of Policy Changes

Policy change	Very negative impact	Somewhat negative impact	Neutral/ no impact	Somewhat positive impact	Very positive impact	Did not answer
Expanded reimbursement	0.0%	2.2%	10.8%	37.7%	47.6%	1.7%
Decreased geographic restrictions	0.4%	0.9%	32.0%	28.1%	36.4%	2.2%
Loosening of cross-state licensure requirements	1.7%	1.7%	49.4%	20.8%	23.8%	2.6%
Broadened reimbursement for telephone visits	0.0%	1.7%	13.4%	36.8%	45.5%	2.6%
Place-of-service changes	0.0%	1.7%	10.4%	31.2%	53.7%	3.0%

Respondents were asked what their top telehealth-related public policy would be, from a pre-set list. 61.5% indicated payment parity was their top priority. 13.4% indicated a policy allowing the distant site to be the patient's how was a top priority, followed closely by 11.7% citing the importance of having a HIPAA work exclusion for non-video services. Table 10 details these results in full.

Table 10. Top Policy Priority

Policy	Number	Percentage
Payment parity	142	61.5%
Having the distant site be the patient's home	31	13.4%
Having a HIPAA work exclusion, re: non-video	27	11.7%
N/A	16	6.9%
Having the originating site be the provider's home	6	2.6%
Did not answer	5	2.2%
Other	4	1.7%
Total	231	100.0%

All types of outpatient providers were basically united in deeming payment parity as their top policy priority. Those identifying as "other behavioral health" providers were the exception, with equal proportions indicating that the distant site being the patient's home and payment

parity were their top priority. The second-most important policy priority differed by provider type. For private practices and FQHCs, having the distant site be the patient's home was the second-most frequently cited policy as "top priority." For safety net clinics, CMHCs, and other behavioral health providers, the second-most frequently cited top-priority policy was having a HIPAA work exclusion for non-video services. This cross tabulation is detailed in Table 10, where the second-largest proportions of respondents by provider category are marked in gray.

Table 10. Top Policy Priorities by Type of Outpatient Provider

	Having the distant site be the patient's home	Having the originating site be the provider's home	Payment parity	Having a HIPAA work exclusion, re: non-video	Other	N/A
Private Practice	14.50%	2.60%	65.80%	11.80%	0.00%	5.30%
Hospital or Health System Practice	9.30%	0.00%	68.50%	9.30%	0.00%	13.00%
FQHC	16.00%	4.00%	56.00%	12.00%	4.00%	8.00%
Safety Net Clinic	0.00%	0.00%	75.00%	25.00%	0.00%	0.00%
CMHC	24.00%	8.00%	36.00%	28.00%	4.00%	0.00%
Other Behavioral Health	40.00%	0.00%	40.00%	20.00%	0.00%	0.00%
Other	14.30%	0.00%	57.10%	14.30%	0.00%	14.30%

The Telehealth Experience

Next, we asked respondents about their, their organizations', and their patients' experiences with telehealth services. The vast majority of our respondents (80.5%) indicated they thought their patients were either satisfied or very satisfied with their telehealth services (see Table 11A). However, they were near-evenly split on whether they thought patients had difficulty accessing telehealth, with 123 (53.2%) answering yes, and 106 (45.9%) answering no. When asked to provide reasons why patients might be having difficult, respondents were again nearly evenly split across three reasons: difficulty using technology (88, 37.6%), insufficient access to devices (73, 31.2%), and insufficient access to broadband (70, 29.9%). 3 respondents

who did not complete most of the other survey questions answered this one, and so our denominator was 234. See Table 11B. This makes it clear that when patients do access telehealth, providers generally think they are having a good experience; however, infrastructure barriers to accessing telehealth remain.

Table 11A. Perceived Patient Experiences with Telehealth

Rating	Number	Percentage
Very unsatisfied	6	2.6%
Unsatisfied	4	1.7%
Neutral	33	14.3%
Satisfied	137	59.3%
Very satisfied	49	21.2%
Did not answer	2	0.9%
Total	231	100.0%

Table 11B. Providers' Perceptions of Patient Access to Telehealth

Do you think your patients have difficulty accessing telehealth?	**Number**	**Percentage**
Yes	123	53.2%
No	106	45.9%
Did not answer	2	0.9%
Total	231	100.0%
If you do think patients have difficulty accessing telehealth, why?	**Number**	**Percentage**
Insufficient access to devices	73	31.2%
Insufficient access to broadband	70	29.9%
Difficulty using technology	88	37.6%
Other	3	1.3%
Total	234*	100.0%

**3 respondents who did not complete most of the other survey questions answered this one, and so our denominator was 234.*

We also asked providers if they thought patients had concerns about telehealth (see Table 12). The majority, 150 (64.9%), said no, and about one-third, 78 (33.8%), said yes. We followed up by asking why patients might have concerns, and 116 respondents (more than just those who had previously said "yes, patients have concerns") answered. 53 (22.9%) of those who answered

said patients may be concerned their health needs might not be met via telehealth. 37 (16.0%), indicated patients may be concerned telehealth is too impersonal. Some, 15(6.5%) cited possible concerns about health information privacy, and 11 (4.8%) answered "other."

Table 12. Providers' Perceptions of Patient Concerns about Telehealth

Do you think your patients have concerns about using telehealth?	**Number**	**Percentage**
Yes	78	33.8%
No	150	64.9%
Did not answer	3	1.3%
Total	231	100.0%
What concerns do you think they have?	**Number**	**Percentage**
Health information privacy	15	6.5%
Concerned they will not get their health needs met	53	22.9%
Concerned it is too impersonal	37	16.0%
Other	11	4.8%
Total	116	100.0%

Several respondents wrote in comments about what they believe their patients' concerns are, though it was sometimes difficult to discern whether these were patients' concerns or the provider's concerns. For example:

> *They want to see their doctor every 3-6 months which is how we feel too - we want to see them in person with telephone visits in between.*
>
> *In person is the gold standard. Telehealth only works well for very few diagnoses.*
>
> *For some telehealth is not ideal - we are figuring this out and have a hybrid model of delivery.*

A number of comments reflected technological barriers, either a perceived lack of confidence in technology or lack of familiarity, on the part of patients. Several comments, like those above, doubted the adequacy or quality of telehealth. One other aspect of inadequacy cited was the absence of physicality: via telehealth, the provider is unable to perform a complete physical example or otherwise lay hands on the patient. Only one respondent cited a general resistance to

change among patients.

We then asked providers about their and their organization's experiences with telehealth (see Table 13). 77.5% of respondents indicated that they thought their organization had had a positive or very positive experience with telehealth, and 75.3% said they, themselves, had had positive or very positive experiences.

Table 13. Ratings of Their Organization's and Their Experiences with Telehealth

	Organization		**Yourself**	
Rating	**Number**	**Percentage**	**Number**	**Percentage**
Very negative	1	0.4%	0	0.0%
Negative	6	2.6%	16	6.9%
Neutral	42	18.2%	38	16.5%
Positive	134	58.0%	121	52.4%
Very positive	45	19.5%	53	22.9%
Did not answer	3	1.3%	3	1.3%
Totals	231	100.0%	231	100.0%

Future Plans

Finally, we asked respondents about their future telehealth plans. Respondents were nearly-evenly split when asked whether they think there is more demand for telehealth than what their organization is currently providing. 105 (45.5%) said yes, and 123 (53.2%) said no. Of those who answered yes, we asked whether they were planning to increase their telehealth services, and two-thirds, 72 (68.6%), answered yes. Of those who answered no, we asked what would need to change in order for their organization to provide more telehealth services. For this question, we used 123 (the number answering no) as the denominator, even though only 46 (37.4%) of those respondents answered this follow-up question. Note that the initial question was about patient demand. Therefore, in the follow-up, we offered "see more demand from patients" as a factor that, if it changed, might be a reason for the organization to change course. This option came in second, however, with 11 (8.9%) respondents choosing it, whereas the number one thing respondents said would need to change in order to offer more telehealth services was

"have more certainty in telehealth policies," with 16 (13.0%) respondents choosing this factor.

Table 14. What would need to change in order for your organization to do more telehealth?

Factor	Number	Percentage
Have more certainty in telehealth policies	16	13.0%
See more demand from patients	11	8.9%
Get different technology	5	4.1%
Other	5	4.1%
Recruit more providers	4	3.3%
Get more technology	3	2.4%
Nothing	2	1.6%
Get more space	0	0.0%
Did not answer	77	62.6%
Total	123	100.0%

We also broke down whether respondents planned to increase telehealth services, yes or no, by type of organization. Only 6 respondents from inpatient organizations answered, 2 were CAHs, and 4 were not; all indicated they would expand. There were 83 respondents from outpatient organizations that answered this question (see Table 15). Among other behavioral health, "other," FQHCs, and CMHCs, more than three-fourths were planning to expand. Among hospital- or health system practices, 65.0% of those who responded were planning to expand, with a slightly lower percentage among responding private practices, 58.1%.

Table 15. Plans to Increase Telehealth Services, by Outpatient Provider Type

Outpatient Provider	Yes	No	Total	Percent Yes
Other Behavioral Health	4	0	4	100.0%
Other	4	1	5	80.0%
FQHC	11	3	14	78.6%
CMHC	7	2	9	77.8%
Hospital- or Health System Practice	13	7	20	65.0%
Private Practice	18	13	31	58.1%
Totals	57	26	83	68.7%

Stakeholder Discussions of Findings

These findings were presented to the stakeholder group on Wednesday, October 14, 2020. Stakeholders were generally positive about the results and how the study was conducted. They offered insightful feedback, summarized below, which will help guide future work:

- The type of professional respondent may be relevant when it comes to who answered "unknown" in response to questions about reimbursement and cost. Stakeholders posed that some providers might not be involved directly in their organizations' billing and reimbursement operations and therefore would not know how to answer these questions.

- Stakeholders noted that it is important to understand what emergency measures (policies put in place because of COVID-19) were impactful and which ones the respondents want to see made permanent. While responses to questions about policy impacts and top policy priorities speak to this in part, stakeholders are looking for greater detail and depth from the provider interviews to be conducted in Phase 2 of this project.

- Stakeholders were interested in the different ratings of the respondents' experiences with telehealth compared to their ratings of their organizations' experiences. They are interested in understanding why perceptions of organizations' experience may be different from individuals' perceptions of their own experiences.

- Stakeholders were interested in a cross-tabulation of the policy impact rating by type of professional, wanting to see if the impacts of individual policies varied by provider type.

- Stakeholders emphasized that we need to look at not only experiences with telehealth, but what providers' willingness to change was. They were curious whether COVID-19 pushed providers into adopting telehealth, perhaps unwillingly, and wanted to know if those feelings of willingness were changing over time. A few of the written comments spoke to this, but more depth will be found in the Phase 2 provider interviews.

- Stakeholders noted that depictions of survey results on "changes in telehealth volumes" were a bit unclear. We agree; unfortunately, the volume numbers given on the survey were not given in any kind of consistent format, and it appears there are many errors. We were not able to calculate measures of central tendency, such as mean and median.

- We also agree with stakeholders about the use of the word "improvement," as it may not be accurate in some regards. For example, perceptions of changes in insurance coverage may have shifted, and more providers may perceive coverage as "better" but this is not necessarily evidence that insurance coverage itself has actually "improved."

Key Takeaways

- Nearly all respondents are offering telehealth services (228, 92.3%).
- Responses came from 62 (59.0%) of the 105 Kansas counties.
- Most respondents were from outpatient organizations (199, 86.1%).
- Most respondents were physicians (140, 60.6%), and most of those practiced primary care (121, 86.4%).
- Videoconferencing (218 respondents, 88.3%) was the most common modality used, followed by phone (155, 62.8%). Respondents used multiple modalities.
- A small proportion of respondents (17, 6.9%) indicated they did not offer telehealth, and of those, most were not offering it because they thought it was not applicable to their practice, or because they thought reimbursement for telehealth services was insufficient.
- The most common experience respondents had was an increase in volume from 2019 to 2020, but then a decrease in volume from the spring of 2020 to the summer (128, 55.4%). Nearly equal proportions of respondents had also experienced that 2019 to 2020 increase, but then plateaued from spring to summer (51, 22.1%) or continued to see an increase (46, 19.9%).
- A wide variety of providers are providing telehealth, but the most common are physicians and NPs or PAs.
- The most-commonly offered services via telehealth are primary care, patient education, chronic care, counseling/therapy, and psychiatry.
- Half of respondents indicated that prior to the onset of COVID-19, reimbursement for telehealth did not cover their costs by a large margin. This perception shifted after COVID-19-related policies were put into place, improving telehealth reimbursement. In 2020, about 36-42% of respondents indicated telehealth reimbursement was on-par with in-person reimbursement, depending on the payer (Medicare, Medicaid, or private insurance).
- Policies that increase telehealth reimbursement were most commonly rated as having a "very positive impact" on respondents.
- Payment parity emerged as the top policy priority across all respondents.
- Overall, respondents and their organizations have had a positive experience with telehealth, and they perceive their patients have as well.
- However, respondents believe barriers still exist for their patients to access telehealth, such as difficulty using technology and accessing devices and broadband.

- Respondents also perceive that patients have some concerns about telehealth, including that their health needs may not be met by using it and that it is too impersonal.
- Just under half our respondents perceive there is greater demand for telehealth than what they are currently providing. Of these, two-thirds are planning to increase their telehealth offerings.
- Respondents desire more certainty in telehealth policies; with more certainty, more could decide to expand their telehealth offerings.

Conclusions

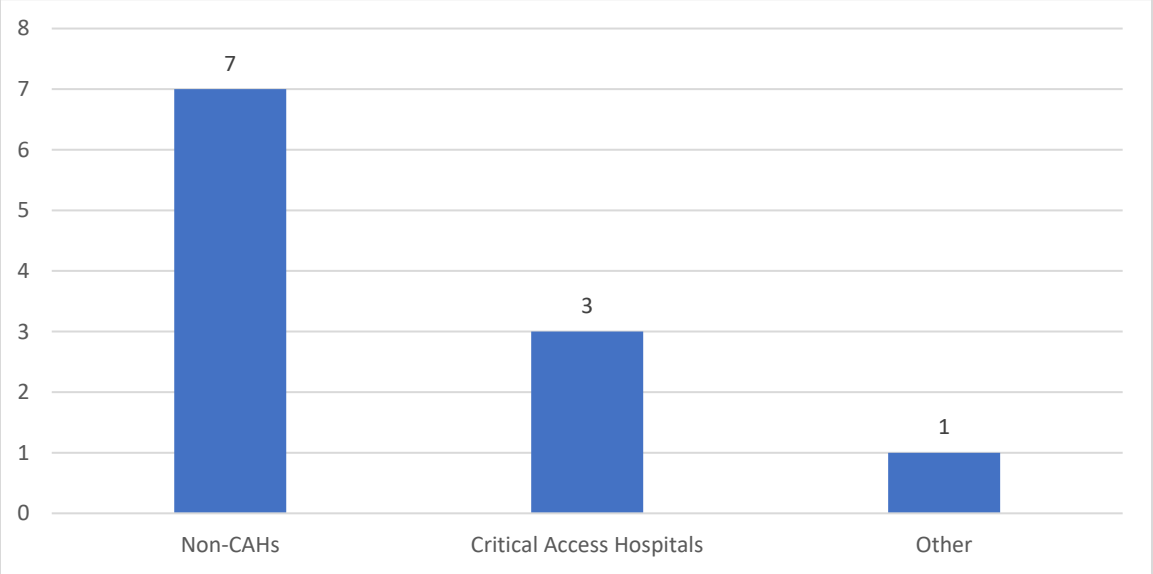
Providers' use, experience, and plans around telehealth vary in many ways, but there are common threads across all types of providers. Payment parity is an important policy because it affects their financial stability; in fact, before COVID-19, finances were a significant barrier to their using telehealth at all. Some practices would not have started using telehealth were it not for COVID-19. The nature of the disease itself (the need for less physical contact and more social distancing) certainly drove some of the increase in telehealth offering and use, but the reimbursement and other policy changes likely also played a part. It is impossible to determine how much of the telehealth increase is attributable to each factor.

Suggestions for Future Investigation

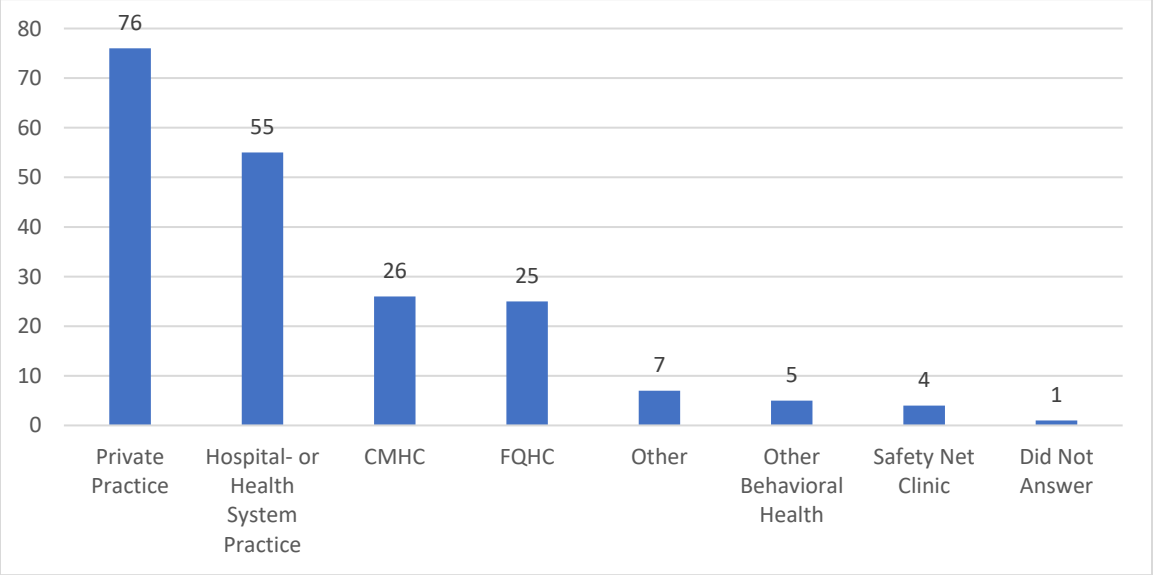
- Some respondents indicated that some patient and provider education has been necessary in order to determine which patients should be seen using which modality. Others indicated that telehealth is only appropriate for certain conditions or types of visits.
- Some respondents talked about a decrease in their no-show rate and anecdotal evidence from patients that telehealth is more convenient in several ways, such as decreasing their time away from work or other responsibilities.

Appendix A. Visual Representation of Survey Responses

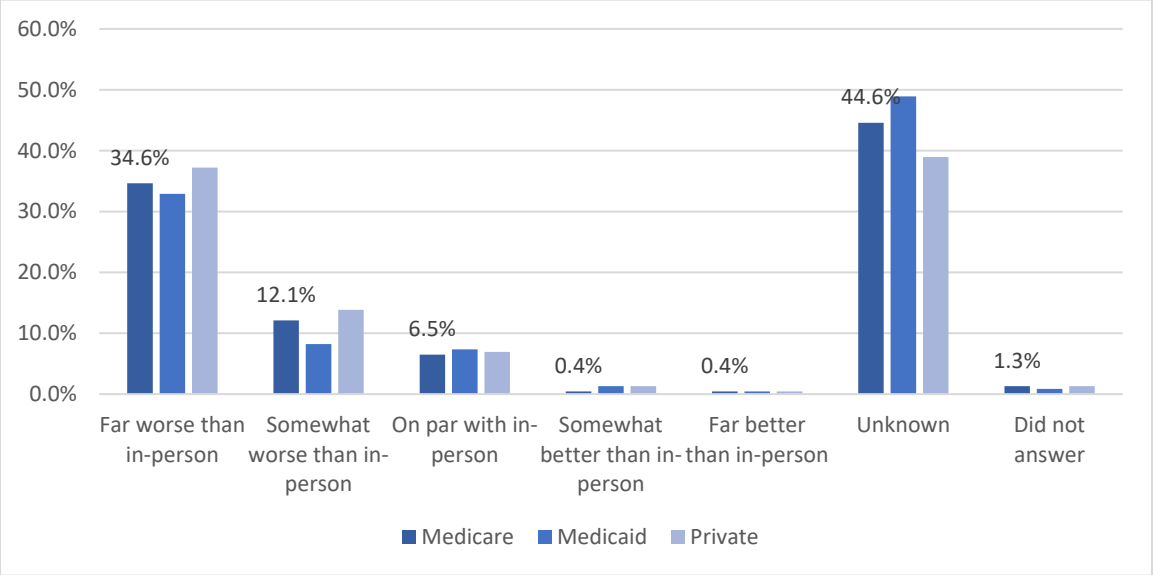
Types of Inpatient Organizations Represented



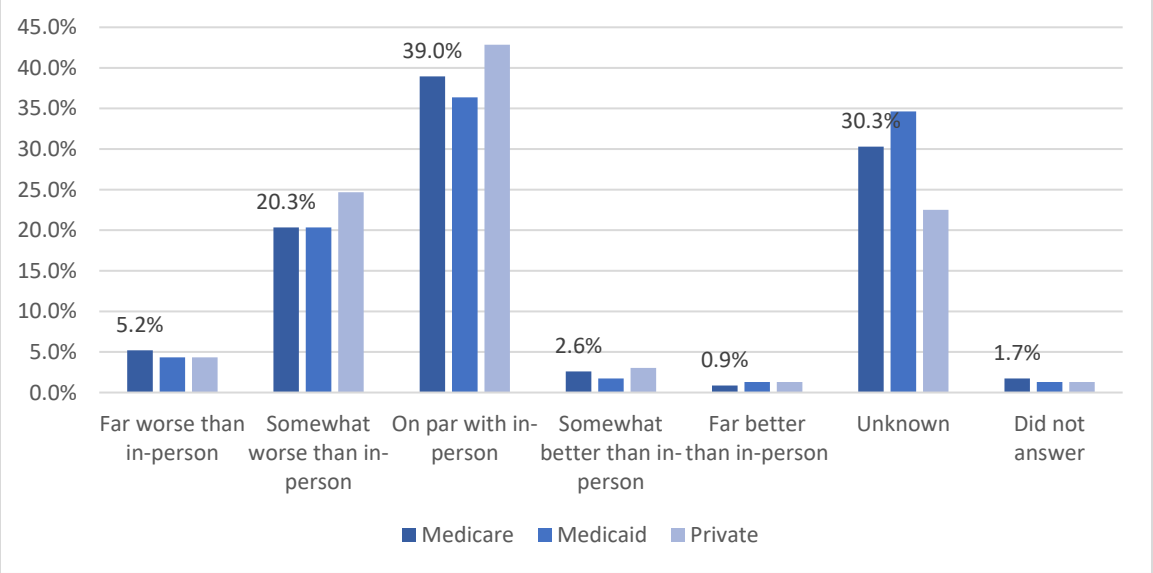
Types of Outpatient Organizations Represented



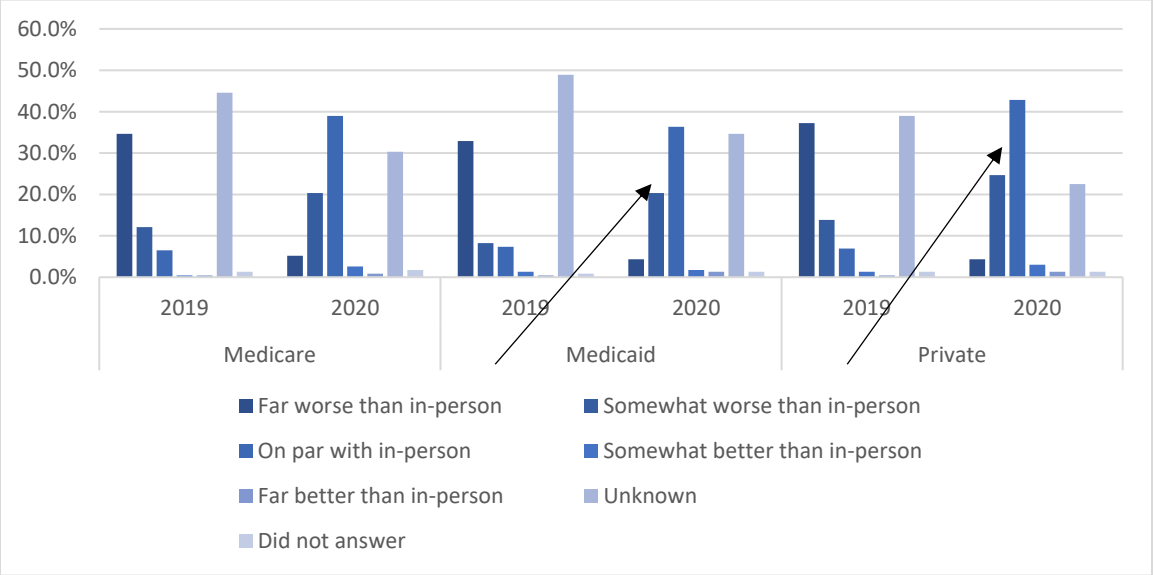
Characterizations of 2019 Telehealth Reimbursement by Payer



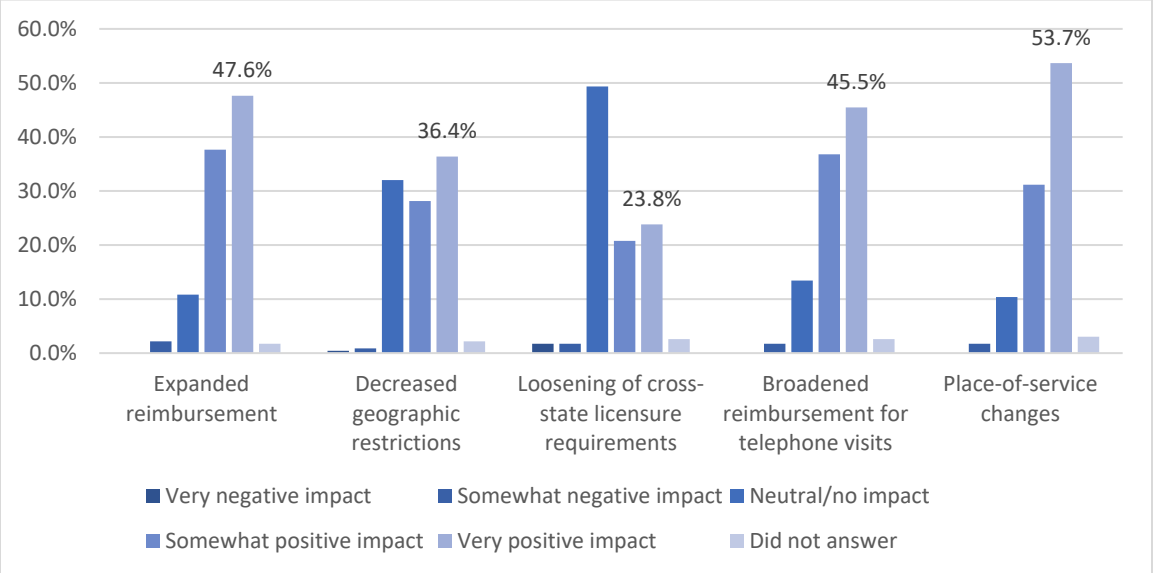
Characterizations of 2020 Telehealth Reimbursement by Payer



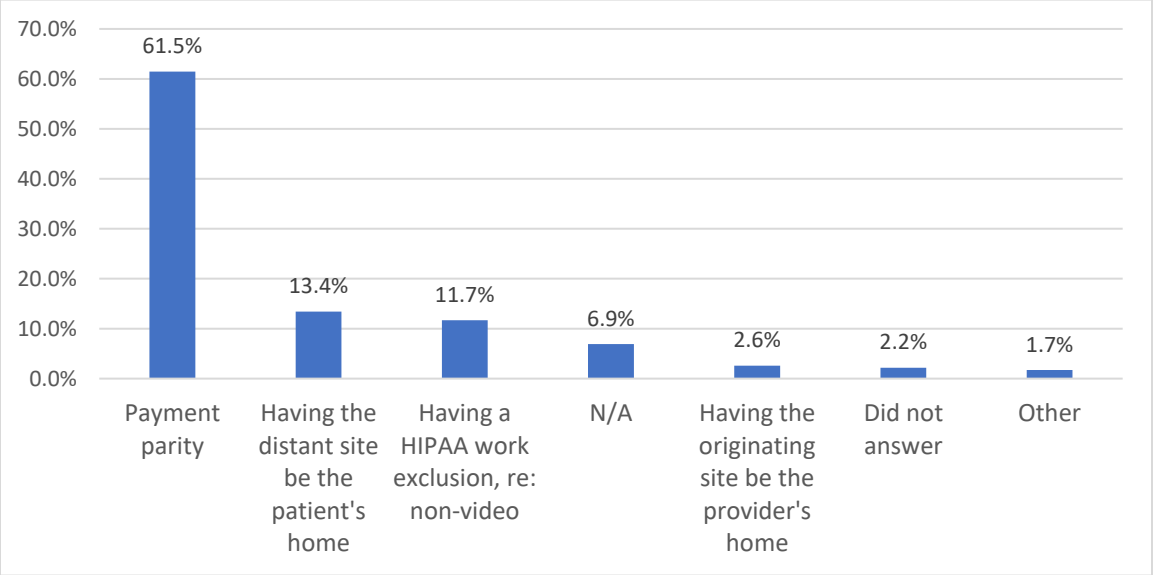
Comparison of 2019 and 2020 Telehealth Reimbursement Characterizations



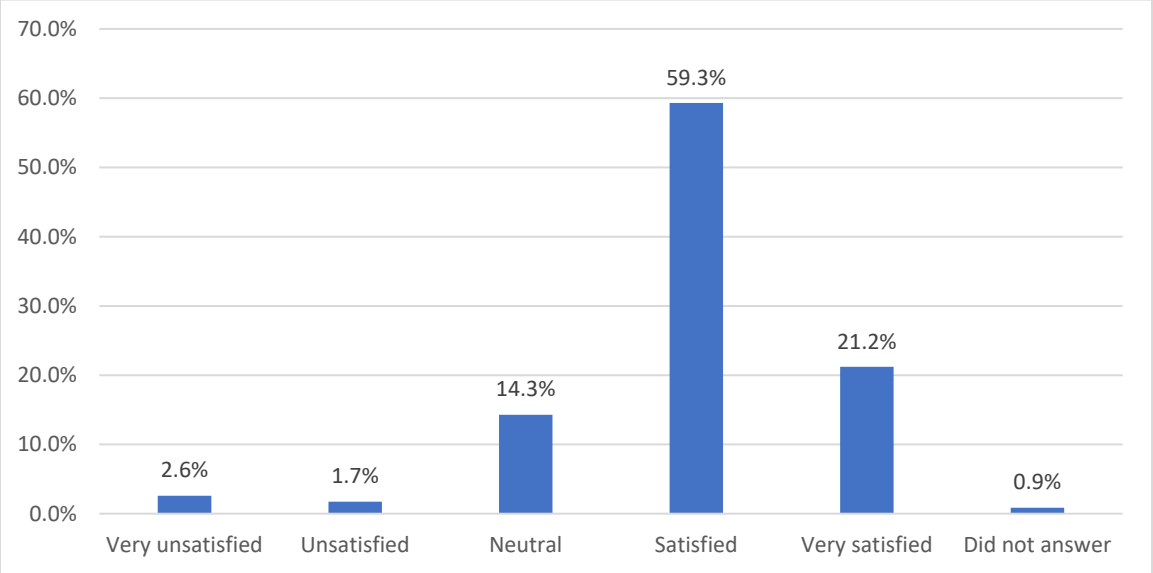
Ratings of Policy Impacts



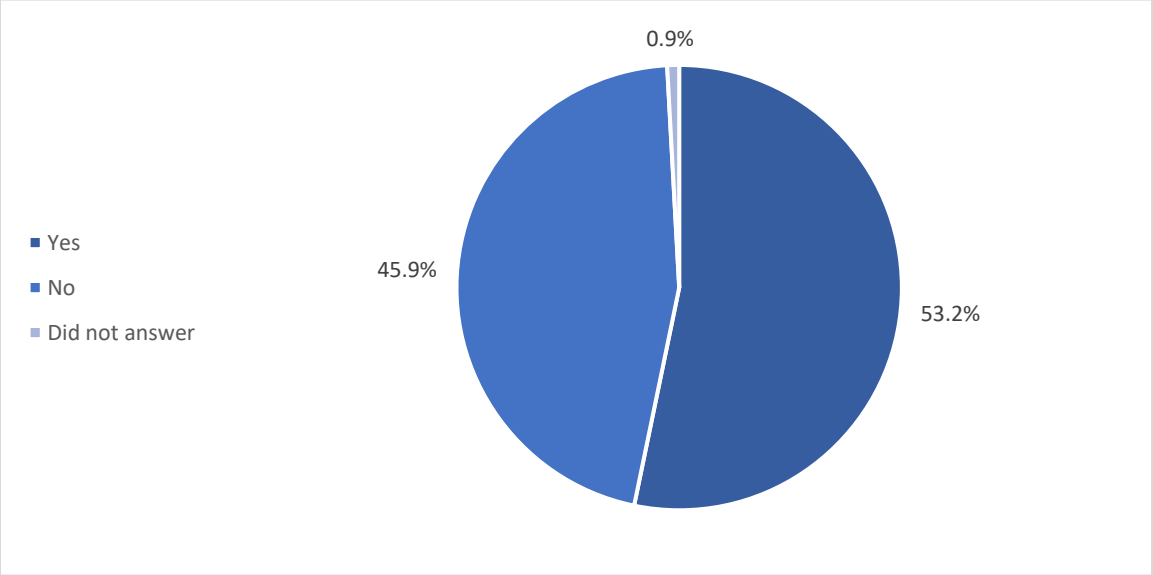
Top Policy Priorities



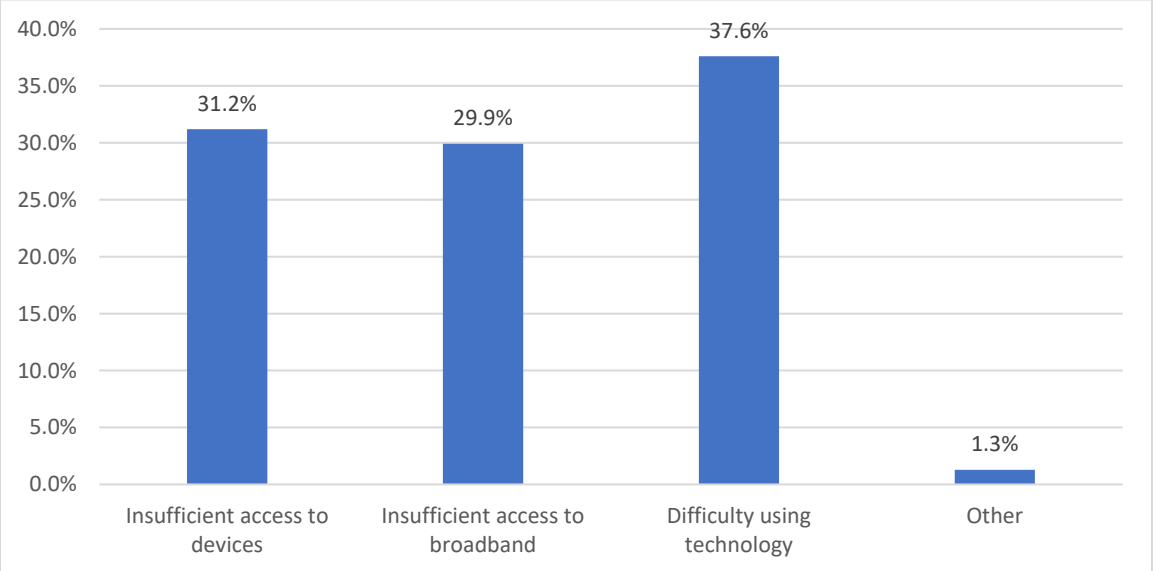
Perceived Patient Satisfaction



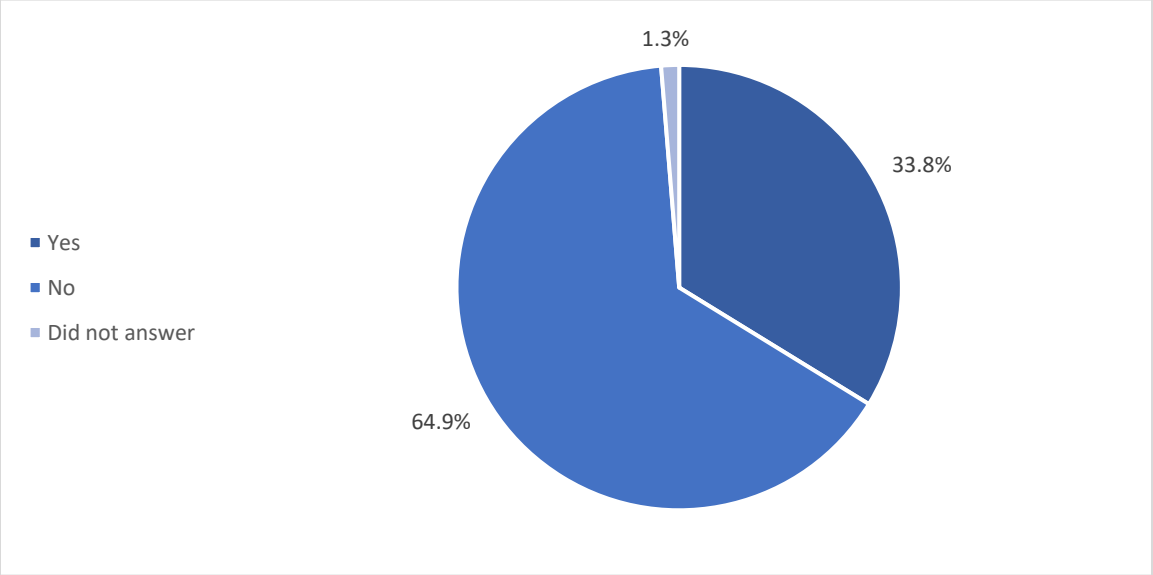
Do you think your patients have difficulty accessing telehealth?



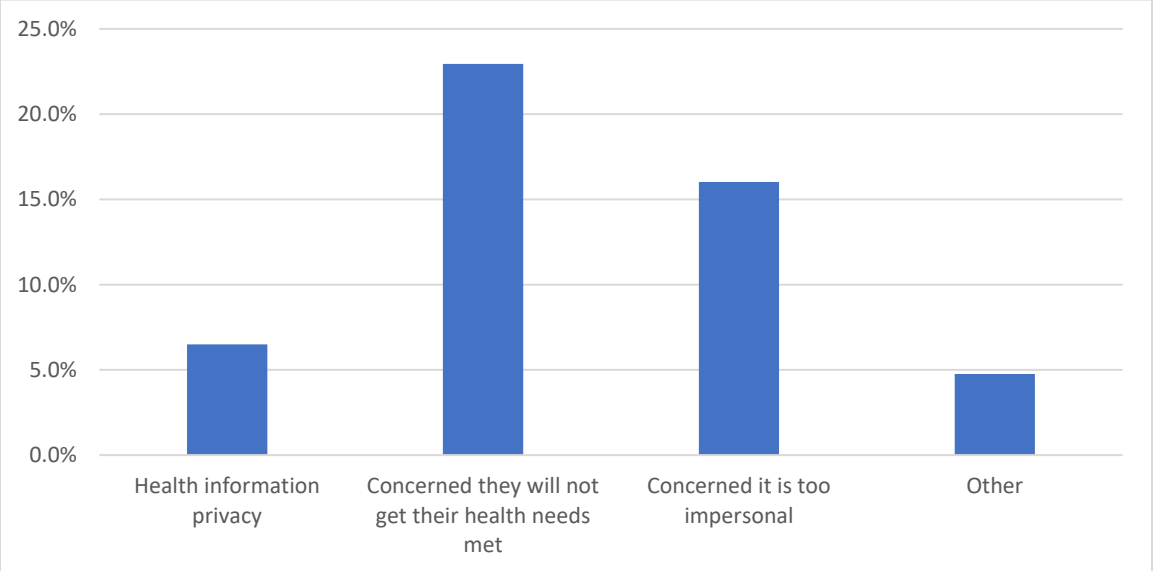
If yes, what kinds of difficulties?



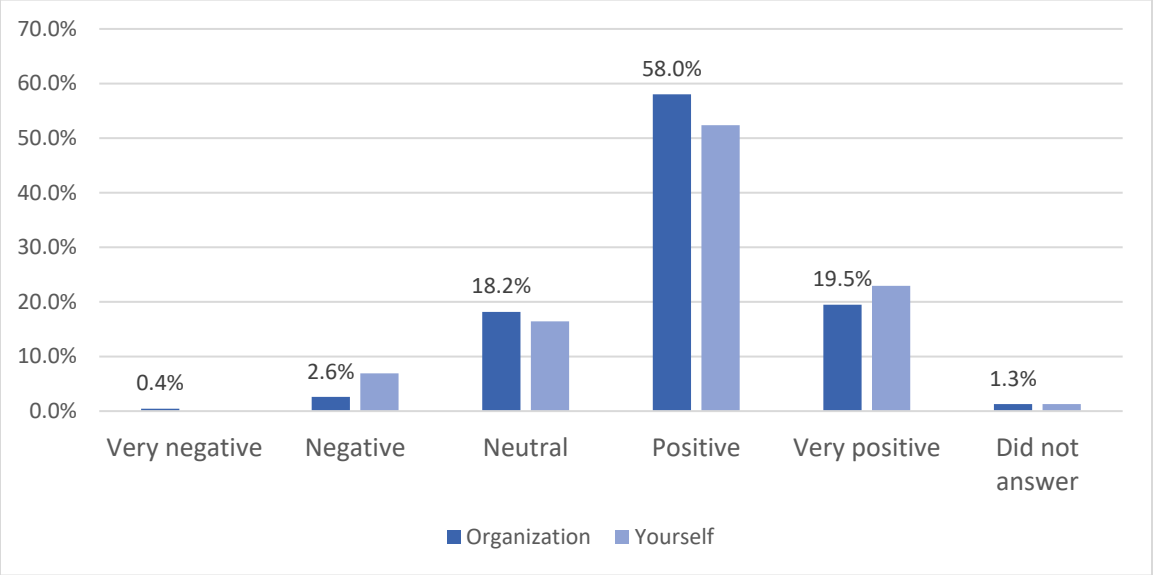
Do you think your patients have concerns about using telehealth?



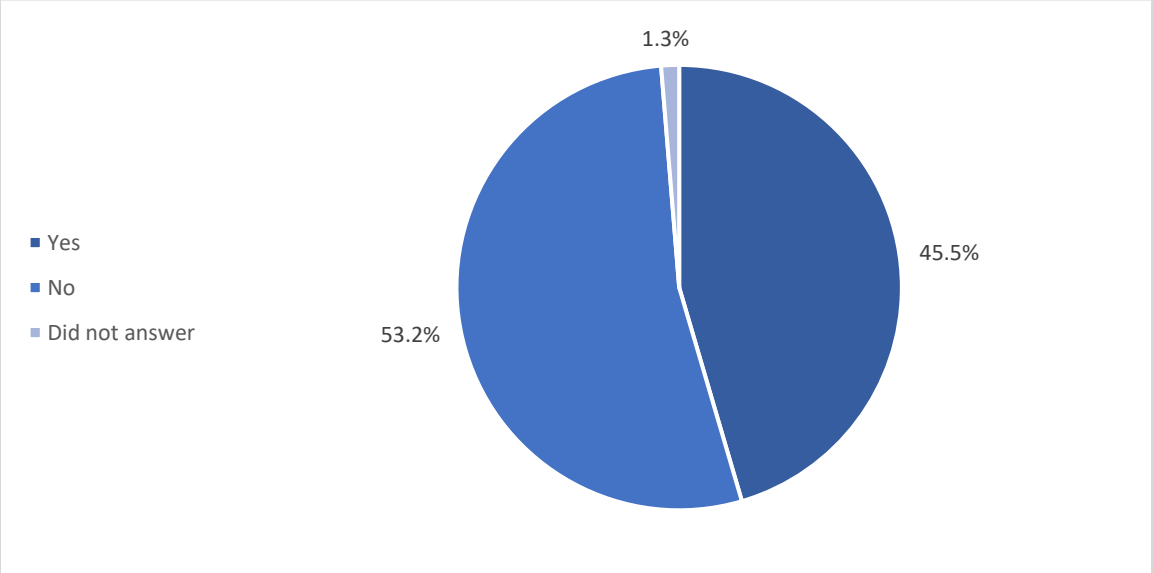
If yes, what kinds of concerns?



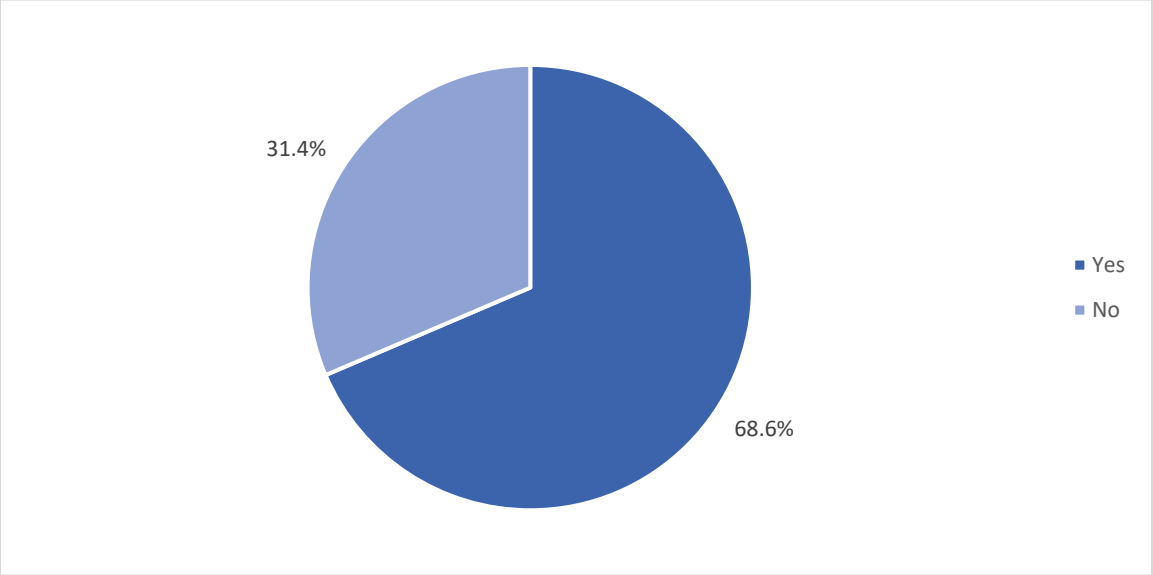
How would you characterize your organization's and your experiences with telehealth?



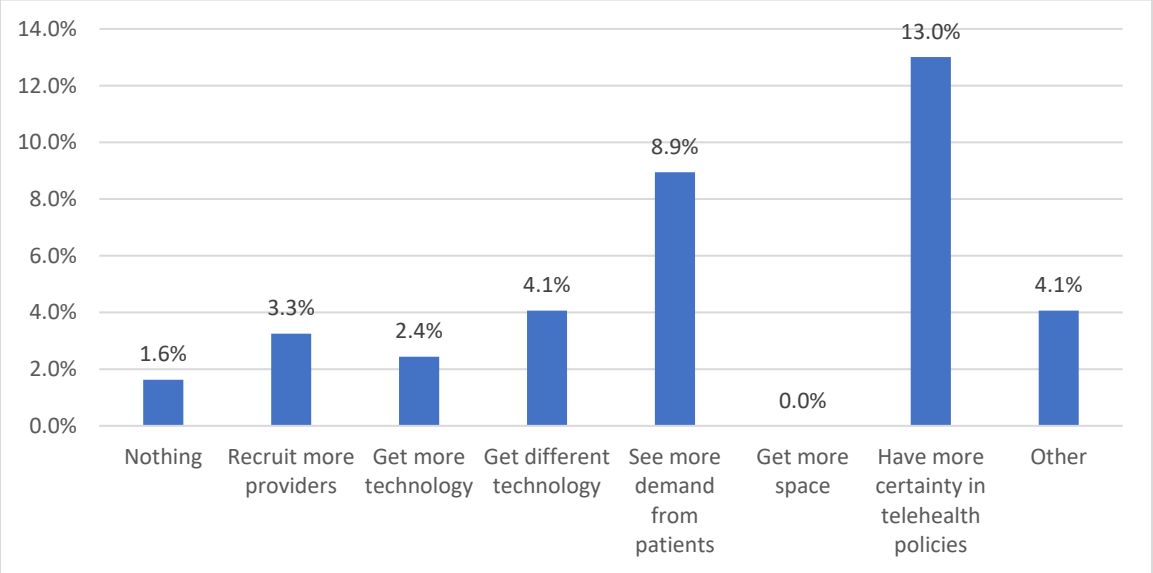
Is there more demand for telehealth than what you are currently providing?



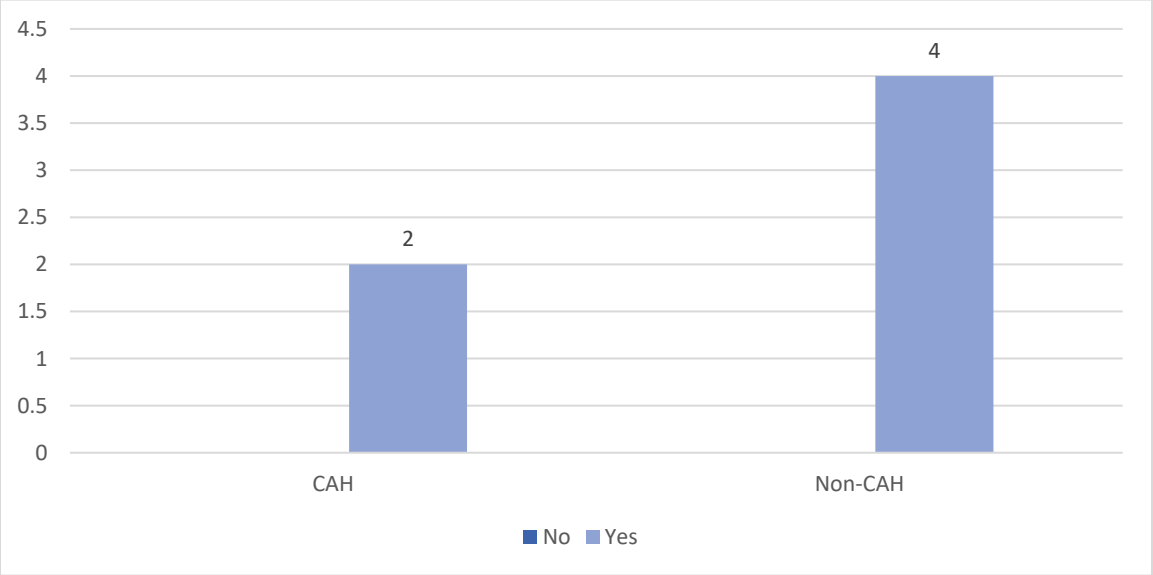
If yes (there is more demand), are you planning to expand your telehealth offerings? (n = 105)



If no, what would need to change in order for you to expand? (n = 123)



Inpatient organizations: Are you planning to expand telehealth? (n = 6 (out of 11))



Outpatient organizations: Are you planning to expand telehealth (n = 83 (out of 199))