

Telehealth in Kansas During COVID-19

Survey of health providers: August – September 2020

A CRISIS SHOWS TELEHEALTH WORKS; NOW WE NEED TO EXPLORE HOW TO SUSTAIN SERVICES

Providers and patients relied on telehealth during COVID-19 outbreak and it worked; now it needs to be sustained, and providers report that payment parity is critical to maintaining access and utilization.

BACKGROUND

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. **A summary of telehealth policy changes in Kansas includes:**

- 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 to 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.

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. The use of telehealth by providers such as primary care physicians, nurse practitioners, and psychiatrists increased from 2019 to 2020, according to survey respondents.

Providers say telehealth will remain an important part of ensuring patients can access care. In fact, many outpatient providers are planning to expand telehealth services. Respondents reported that policy changes negatively impacting telehealth reimbursement would be a barrier to greater use of telehealth and thus access to needed services and specialists.

The following illustrative quotations demonstrate providers' sentiments overall about the use of telehealth:

"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."

85 percent of providers responding to the survey said expanded reimbursement was the #1 priority for making sure telehealth continues to have a positive impact in Kansas.

BREAKING DOWN THE SURVEY DATA

Who is providing telehealth services?

- Physicians (mostly primary care) – 66.7 percent
- Nurse practitioners or physician assistants – 18.2 percent
- Behavioral health – 13 percent
- Other – 1.7 percent
- Did not answer – 0.4 percent

A total of 247 people responded to this online survey, and 92 percent indicated they or their organization were offering telehealth services. Responses came from 62 of the state's 105 counties. Most respondents (86 percent) described themselves as working at an "outpatient organization." Nearly two-thirds (61 percent) identified themselves as physicians.

Videoconferencing, telephones, "mobile devices," and apps were among the most-frequently used modalities for providing telehealth services, according to the survey. One provider stated:

"This was a must during the Covid-19 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."

What services are being provided via telehealth?

- 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.

WHY IS TELEHEALTH IMPORTANT?

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

Providing 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.

The following quotes demonstrate the kinds of benefits that survey respondents found in offering telehealth services:

"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."

WHY IS PAYMENT PARITY AN ISSUE?

Reimbursement prior to COVID-19 did not cover costs according to 60.6% of providers surveyed, but 30.3% said they did not know whether it covered their costs. About one-third of respondents said 2019 telehealth reimbursement from Medicare, Medicaid, and private insurance alike were far worse than in-person visits. Two respondents made the following remarks about reimbursement:

“All payers must be required to reimburse on par as in-person visits.” and “Telehealth should continue to be available and reimbursed equally to in person service.”

When the state allowed the same reimbursement for telehealth as in-person during COVID-19, these numbers changed dramatically. Among respondents knowledgeable about reimbursement (those who answered these questions and did not select “do not know”), 84.6% said telehealth reimbursement was worse than that for in-person visits, and only 15.4% said the two were at least on-par. Describing 2020 reimbursement, only 38.0% of knowledgeable respondents reported telehealth reimbursement was worse than in-person, and 61.9% said it was at least on-par.

Expanded reimbursement was rated as somewhat or very positive by 85.3% of respondents, and broadened reimbursement for phone visits was rated as somewhat or very positive by 82.3%. Respondents indicated the positive impact these changes have made on their patients access to needed care, such as:

“Policy changes have had a very positive impact on our ability to continue necessary services in our rural area.”

“We would like to see these [changes] become permanent. Going back would be devastating to both patient care and the health system.”

NEXT STEPS

Data in this report are based on feedback directly from providers, and many respondents lacked the awareness or knowledge of specific reimbursement rates. Further research regarding actual reimbursement rates and costs are needed, as well as a better understanding directly from patients about their experience with telehealth. There is also a need for additional research to augment the available literature that demonstrates the positive impact of telehealth on patient outcomes, especially in individuals with chronic disease.

This initial survey is strong evidence that telehealth can play a significant role in improving health care access for Kansans. More information can be found in the full report here: healthfund.org/a/telehealth-report-20.

RESEARCH AND REPORT COMPLETED BY

UNIVERSITY OF KANSAS MEDICAL CENTER
3901 Rainbow Blvd. | Kansas City, KS 66160
Phone: 913-588-5000 | kumc.edu