# Disruptive Influences: Telehealth and the Future

*May 5, 2022*

*Barbra G Rabson, President and CEO*

# Summary

- The COVID-19 pandemic proved that telehealth is an important modality for expanding access and care beyond the traditional office visit.

- Patient and clinician experiences with telehealth have been mixed:
  - Patients mostly favorable overall because of the convenience
  - Clinicians often less favorable because of lack of supports and often kludgy technology (MHQP found clinicians' experience with telehealth vary by network)

- User experience is important to driving policy that works.
  - Don't want to make the same mistake we made with EHRs

- Traditional health care systems investment in telehealth have flattened while venture capital investments have sky-rocketed.

- There are barriers and considerations we need to address if we are to optimize future use of telehealth.

# Our Areas of Focus

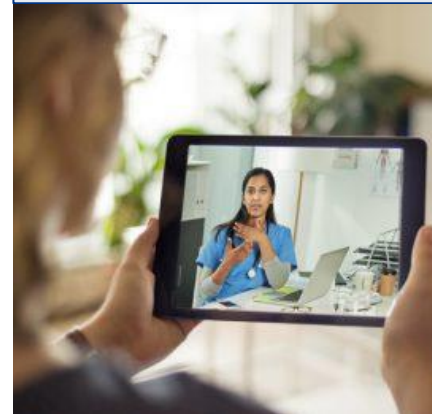**Understand and Improve Patient Care Experiences**
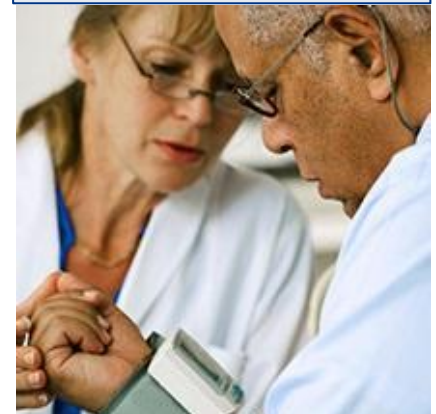
**Capture Patient Experiences**
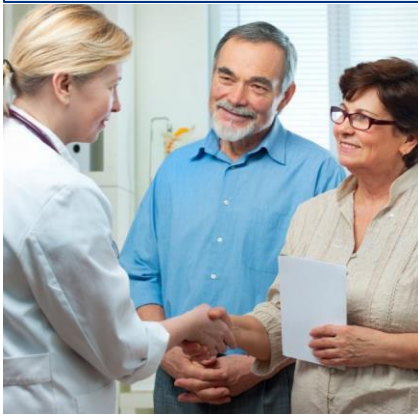
**Advance Health Equity**

**Enhance Telehealth**
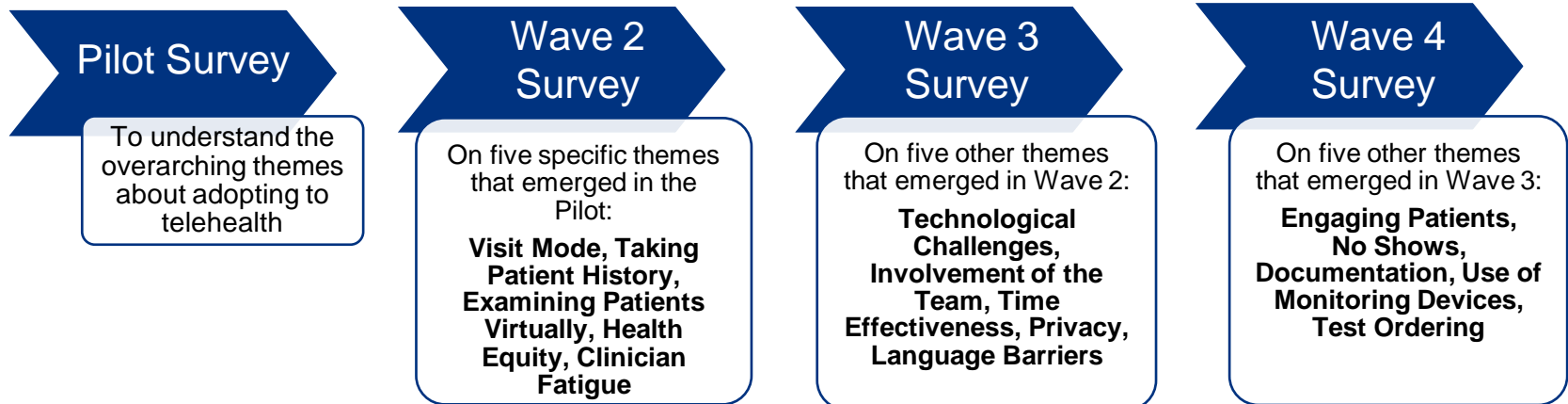
**Strengthen Primary Care**

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# Together for Better Telehealth

MHQP launched an initiative to help clinicians share what they were learning in their telehealth experiences to foster the development of emerging best practices.
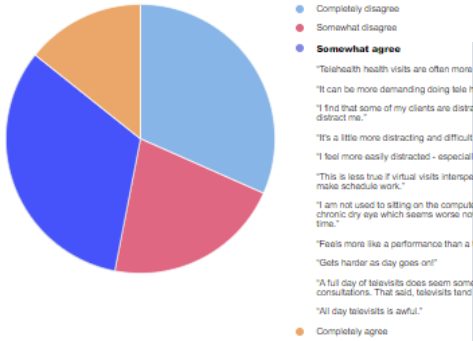
- We fielded 4 clinician surveys between July and October of 2020
- We fielded follow up surveys of clinicians and patients in July 2021

| Pilot Survey | Wave 2 Survey | Wave 3 Survey | Wave 4 Survey |
|---|---|---|---|
| To understand the overarching themes about adopting to telehealth | On five specific themes that emerged in the Pilot: **Visit Mode, Taking Patient History, Examining Patients Virtually, Health Equity, Clinician Fatigue** | On five other themes that emerged in Wave 2: **Technological Challenges, Involvement of the Team, Time Effectiveness, Privacy, Language Barriers** | On five other themes that emerged in Wave 3: **Engaging Patients, No Shows, Documentation, Use of Monitoring Devices, Test Ordering** |

Results are online at: http://bettertelehealth.mhqp.org/

Example of data displayed on website

Results are online at:
**http://bettertelehealth.mhqp.org/**

# Clinicians' Experiences with Telehealth Varied Greatly

- "*Telehealth is a blessing much needed in primary care. This way of practice is modern, fresh and needed reform in our practice. It helps to get patient care faster and more efficient.* **Based on my experience at least half of the primary care visits don't need the patient to be at the office.**"

- *I/we are an incredibly versatile lot. Our commitment to lifelong learning and constant change in* **our profession has trained us well for meeting this moment successfully**.

- "**Stress on the entire system can be lessened** *when selected patients are handled by telehealth for selected visits.*"

- "*I am* **more resistant to change** *than I expected. Especially change that takes a lot more leg work to create.*"

- "**I didn't train this way.**"

- *[I've* **lost] the joy** *of this work.*

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# What Portion of Healthcare Encounters Nationwide Are Being Delivered via Telehealth?

**In April 2020, 49.5% of healthcare claims nationwide were telehealth claims.**

Telehealth Claims as a Percent of Overall Healthcare Claims, Nationwide
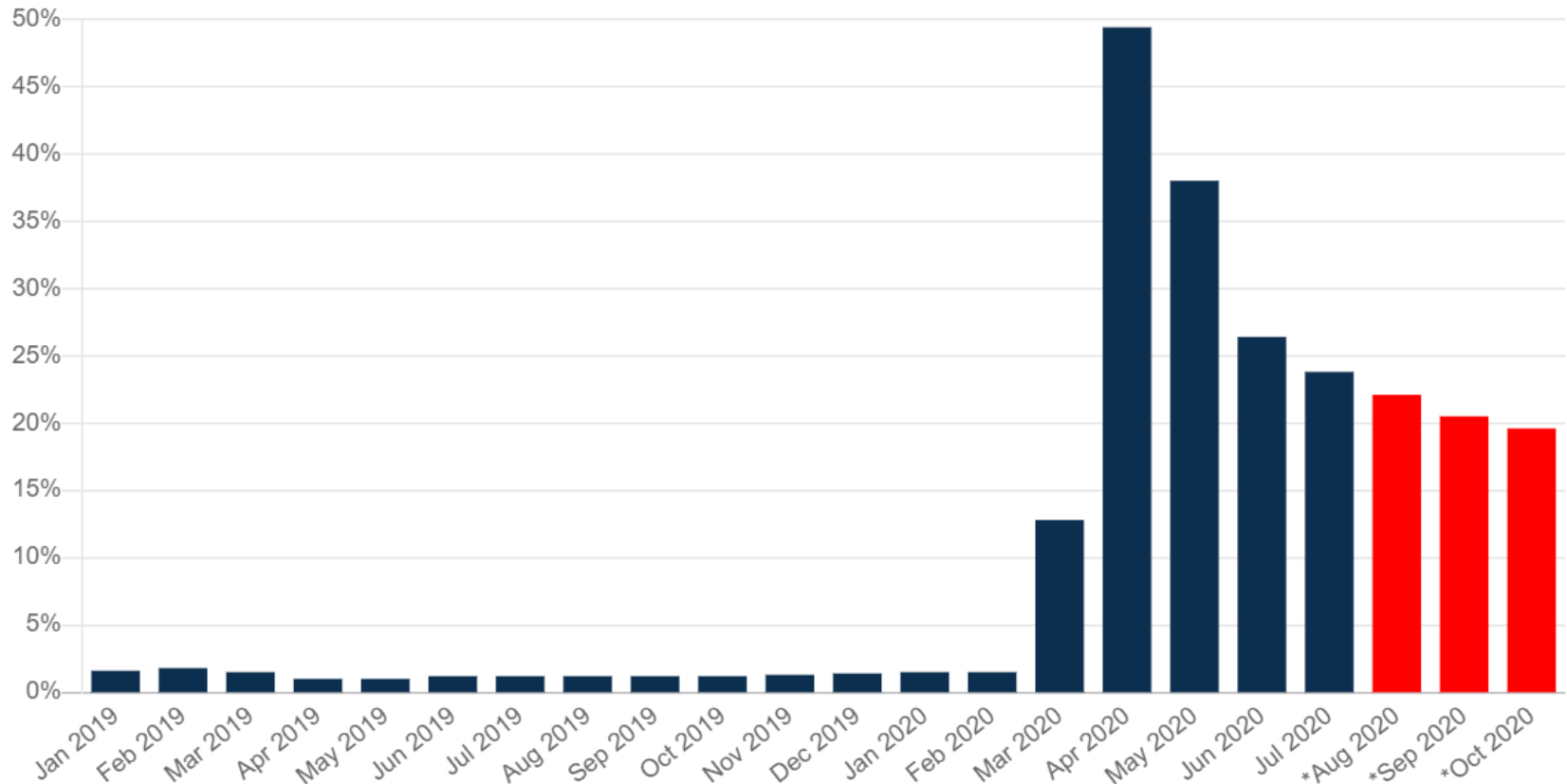


COVID-19 Healthcare Coalition. 2021. *COVID-19 Healthcare Coalition.*
[online] Available at: <https://c19hcc.org/telehealth/claims-analysis/>
[Accessed 13 January 2021].

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# What Medical Problems are Being Addressed with Telehealth?



Telehealth Claims by Clinical Classification of Primary Diagnosis, Nationwide

*Click a system name to hide it

- Behavioral and Mental Health
- Symptoms & Ill-Defined Cond.
- Circulatory System
- Musculoskeletal & Connective
- Endocrine, Metab., Immun., etc.
- Respiratory System
- Nervous System & Sense Organs
- Supp. Classif. of Factors
- Genitourinary System
- Digestive System
- Skin & Subcutaneous Tissue
- Neoplasms
- Infectious & Parasitic Diseases
- Injury & Poisoning
- Blood & Blood-Forming Organs
- Pregnancy, Childbirth, etc.
- Congenital Anomalies
- Cond. Orig. in Perinatal Period
- N/A

## Top Five Procedure Codes by Utilization
*In order from most to least common*

| CPT®/HCPCS | DESCRIPTION | PERCENT OF TELEHEALTH CLAIM LINES |
|---|---|---|
| 90837 | PSYCHOTHERAPY, 1 HOUR | 24.1% |
| 90834 | PSYCHOTHERAPY, 45 MINUTES | 18.0% |
| 99213 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 20-29 MINUTES | 14.9% |
| 99214 | ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 30-39 MINUTES | 12.6% |
| 90833 | PSYCHOTHERAPY WITH EVALUATION AND MANAGEMENT VISIT, 30 MINUTES | 3.2% |

## Percent of Medical Claim Lines

**Percent Change (Dec.-Jan.)**
13.33%

Dec. 2021: 6.0%
Jan. 2022: 6.8%

## Top Five Diagnoses

Percent of telehealth claim lines

65.9% — Mental Health Conditions
2.7% — COVID-19
1.9% — Acute Respiratory Diseases and Infections
1.8% — Substance Use Disorders
1.8% — Developmental Disorders

## Top Five Specialties

| Specialty | Percent of telehealth claim lines |
|---|---|
| Social Worker | 30.8% |
| Primary Care Physician | 14.3% |
| Psychologist | 9.1% |
| Psychiatrist | 8.3% |
| Primary Care Nonphysician | 5.6% |
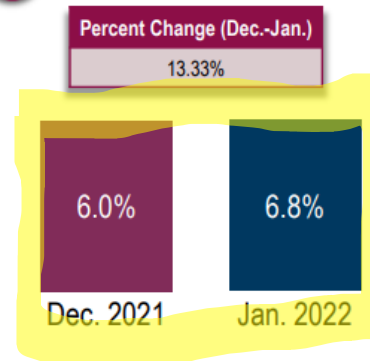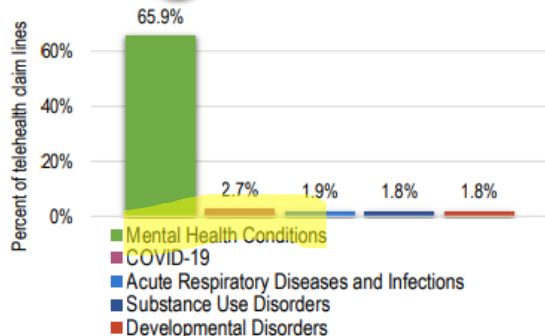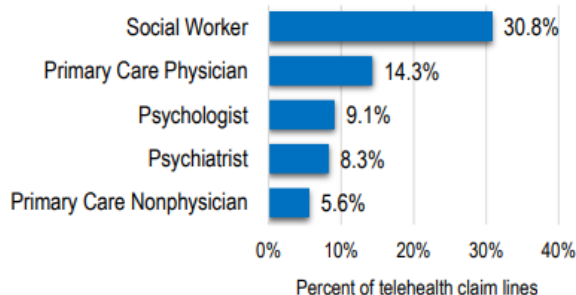
## Telehealth Cost Corner

| CPT®/HCPCS | DESCRIPTION |
|---|---|
| 92507 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR HEARING PROCESSING DISORDER |

| MEDIAN CHARGE AMOUNT | MEDIAN ALLOWED AMOUNT |
|---|---|
| $120.00 | $74.35 |

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# MHQP's One-Year-Later Survey Results

**89% of patients** say their overall satisfaction with telehealth was either "Excellent" or "Very Good." In contrast, **43% of providers** report that their experience with video was either "Excellent or "Very Good."



Patients: Overall Satisfaction with Telehealth

- Excellent 57%
- Very Good 32%
- Good 8%
- Fair 2%
- Poor 1%

Excellent ■ Very Good ■ Good ■ Fair ■ Poor
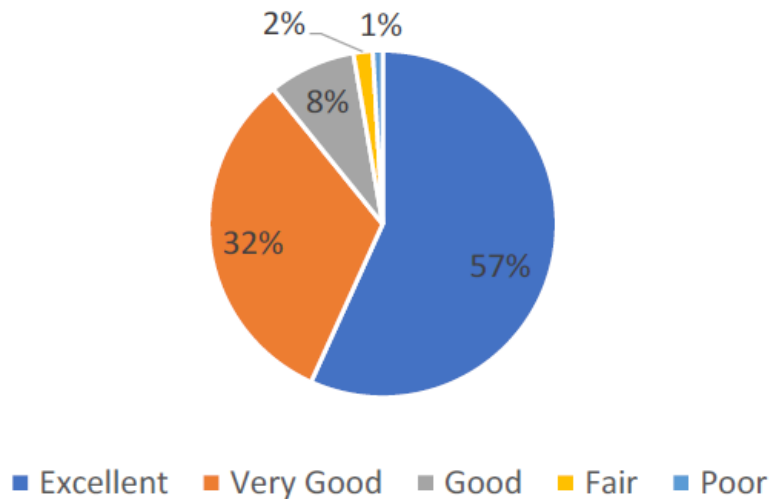


Clinicians: Overall Satisfaction with Video Visits During the Pandemic

- Excellent 16%
- Very Good 27%
- Good 27%
- Fair 18%
- Poor 12%

Excellent ■ Very Good ■ Good ■ Fair ■ Poor
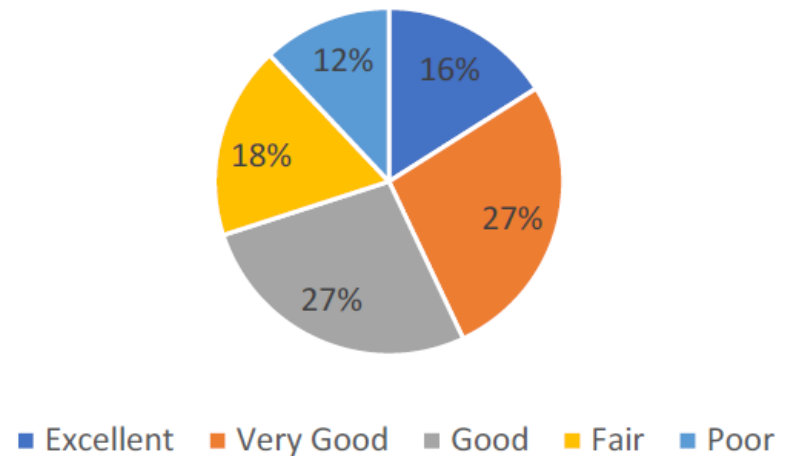
# Patients Loved the Convenience for Some Visits, Despite Challenges

- "I could take the call anywhere. I could schedule the call during off hours. **This is how healthcare should be, for at least half my 'visits'!"**

- **"Less stress**: don't have to worry about timing or parking or getting dressed up. Liked the intimacy & privacy of telehealth from home. Also liked avoiding possible COVID."

- "I probably should have gotten back into therapy years ago but couldn't picture fitting it into my schedule. **The availability of telehealth was a big factor in going back.**"

- "Both times spent 45 min trying to work out the technology. **They were simply not prepared, organized or structured to help ensure success**."

- "It's an option for being able to meet patients where they are, **though its only good for some types of visits** and I would not want it to replace all face to face care."

# Technology Failures Exasperated Clinician Experiences

- "Frequent crashes/freezes caused me chest pain and caused me to retire sooner than expected. **The actual CARE went well, but the technical difficulties wore me OUT.**"

- "**Very little preparation** from the people who were supposed to train us."

- "Generally **successful video visits occurring about 33% of time.**"

- "The time spent trying to help people connect to video **adds to my stress**."

- "**Makes our jobs harder**, buggy, slow and rarely enhances care."

- "Video visits **worked best when we have adequate staff to perform "pre visit"** ensuring that patient has video up and running at the time of the visit."

- "I have struggled with video visits as many of my **patients experience poor connections and lag times** with their devices during those visits."

- "There were sometimes issues with **patients being pre-occupied with other things,** such as driving or errands, during our visits…. Finally, working with (patients with limited English proficiency) virtually was also difficult due to the need to incorporate an interpreter into what could be a technically and feasibly difficult encounter."

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# Differences in Experience by Network

The percent of clinicians who said their experience connecting with patients by either video or telephone was "Excellent" or "Very Good" varied by network:

| % Excellent + Very Good | Video | Telephone |
|---|---|---|
| Statewide Average | 43% | 46% |
| Network A | 36% | 27% |
| Network B | 67% | 52% |
| Network C | 15% | 54% |
| Network D | 73% | 36% |
| Network E | 42% | 25% |
| Network F | 67% | 44% |

# "Traditional" Healthcare's Competition

- "We're going to become the nation's leading health solutions company for consumers.  Delivering a consumer experience should be as frictionless as banking or shopping."

  - Dr. Troyen A. Brennan, the company's chief medical officer, CVS

- Primary care was the <u>second largest sector</u> for venture dollars in healthcare in the first quarter of 2021, with companies raising a total of $8.9 billion.

  - Vator News, Startups and Newcomers Disrupting Primary Care 7/21

# Barriers To Optimizing the Use of Telehealth

| Barriers | Can Lead To… |
|---|---|
| **Lack of system support for telehealth** | • Provider frustration and burnout<br>• Care not being cohesive<br>• Confusion for patients |
| **The "Digital Divide"** | • Inequities in patient access to telehealth with certain populations unable to navigate telehealth platforms |
| **Confidentiality and privacy concerns** | • Creating barriers to engagement for patients with limited access to private spaces or confidentiality concerns |
| **Quality concerns** | • Provider hesitancy<br>• Patients who are less likely to engage<br>• Plans that are less likely to pay for telehealth |
| **Outdated reimbursement** | • A focus on visit-based care<br>• Hesitancy to invest in telehealth services<br>• Disagreement and debate around each new care modality |

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# Addressing Barriers To Optimizing the Use of Telehealth

| Action Steps | Specific Ideas |
|---|---|
| **Create guidelines to triage patients for mode-appropriate appointments** | • Work collaboratively across provider stakeholders to develop a visit type algorithm which incorporates the patient perspective<br>• Explore a hybrid model that evolves based on what the patient needs at the time and what is the appropriate mode of care |
| **Measure both patient and clinician experiences of telehealth** | • Continue to monitor patient and clinician experience of telehealth, including comparing different care modalities<br>• Assess equity concerns by measuring telehealth experiences of populations with limited access |
| **Improve patient and clinician support for conducting telehealth visits** | • Interview providers about their technical support needs to better inform workflows and resource allocation<br>• Support policies that address digital divide issues, including educational materials to help patients navigate telehealth<br>• Promote community and employer sites where patients can have confidential telehealth visits |
| **Continue to monitor and address equity issues** | • Conduct qualitative and quantitative research to better understand and address barriers to accessing and using telehealth<br>• Develop patient education materials tailored to those who do not feel confident in their ability to use telehealth technology<br>• Support policies that subsidize telehealth-enabled devices, improve broadband infrastructure, and create public spaces with computers available for telehealth access |
| **Educate around fair reimbursement for telehealth and telehealth products** | • Work with stakeholders to assess how to revise payment methods that encourage appropriate use of whichever visit type meets the patients' needs<br>• Incorporate patient perspective into telehealth-only or telehealth-dominant products |

# For more information

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https://www.mhqp.org/