

## Telehealth Statistics and Your Practice



### ASK YOURSELF THESE QUESTIONS:

1. Do you see telehealth as an important tool for future care of your patient population?
2. What telehealth services does your practice need/want to offer and to which patient population? What are your telehealth goals in one year? Five years?
3. What steps do you need to take to adopt telehealth viability/sustainability in your practice?
4. If you do not add or continue telehealth as an option for patients, what positive or negative effect might that have on your practice?

### BENEFITS OF TELEHEALTH DURING THE COVID-19 PANDEMIC:

- Continued patient care while preventing further transmission to other patients and staff
- Treatment and monitoring of COVID-infected patients at home
- Audio only connection with those most marginalized and likely to be adversely affected/isolated by pandemic
- Ability for practices to remain open and financially solvent
- Ability to decrease use of personal protective equipment (PPE) when it was in short supply
- Maximization of workforce allowing those recovering or at increased risk to work from home
- Ability to use primary care clinics as originating sites to interact with specialty care providers at distant sites

### UTILIZATION OF TELEHEALTH DURING THE PANDEMIC AND BEYOND:

Testimony from the United States Government Accountability Office (GAO) released May 19, 2021: (required under federal pandemic response oversight provision included in the Coronavirus Aid, Relief and economic Security (CARES) Act.) <https://www.gao.gov/assets/gao-21-575t.pdf>

**SUMMARY OF FINDINGS:** From Center for Connected Health Policy (CCHP)

- Utilization of Medicare telehealth services increased from 325,000 in mid-March 2020 to 1.9 million in late April 2020 then decreased to 1.3 million by June 2020 as it continued to steadily drop
- Nearly 40% of beneficiaries received office visits through telehealth; nearly 60% received mental health services via telehealth.
- Internists and family practitioners were the primary provider specialties using telehealth, through which they delivered 25% of their services.

- 89 of the 146 newly available types of telehealth services could be furnished via landline phones
- More beneficiaries under age 65 received services via telehealth than those over 65
- More beneficiaries in urban areas received services via telehealth than those in rural areas
- Similar proportions of beneficiaries across all racial and ethnic groups received services via telehealth
- Access to services via LIVE VIDEO telehealth continues to be limited by lack of broadband and digital literacy among those with low socioeconomic status, those over 85 and those in communities of color

**NOTE: over 50% of Medicare patients are still utilizing Telehealth in 2021.**

**REPORT from HHS Office of the Assistant Secretary for Planning and evaluation (ASPE) utilizing Fee-For-Service data in 2019, 2020, and 2021:**

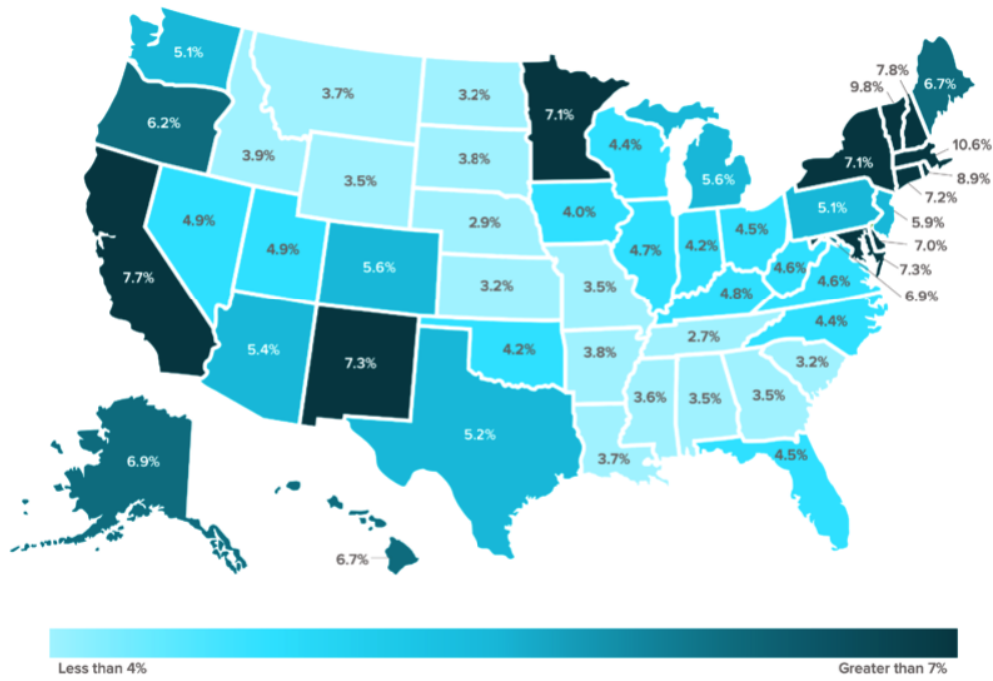
[https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic,](https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic)

<https://aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf>

- Utilization of telehealth increased 63-fold among Medicare beneficiaries from 840,000 in 2019 to 52.7 million in 2020.
- Utilization was higher in urban vs rural and less among Black Medicare beneficiaries than white beneficiaries.
- Behavioral health saw the highest telehealth use increasing 32-fold from 2019 to 2020 and made up a third of all telehealth visits in 2020 compared with 8% of primary care providers and 3% of other specialists.
- In 2021, there was a drop-off of telehealth use compared to the same months in 2020. Analysis produced by Trilliant Health found a decrease of average of 40.3% in Medicare and Medicaid Telehealth Managed Care claims in 2021 compared to 2020.

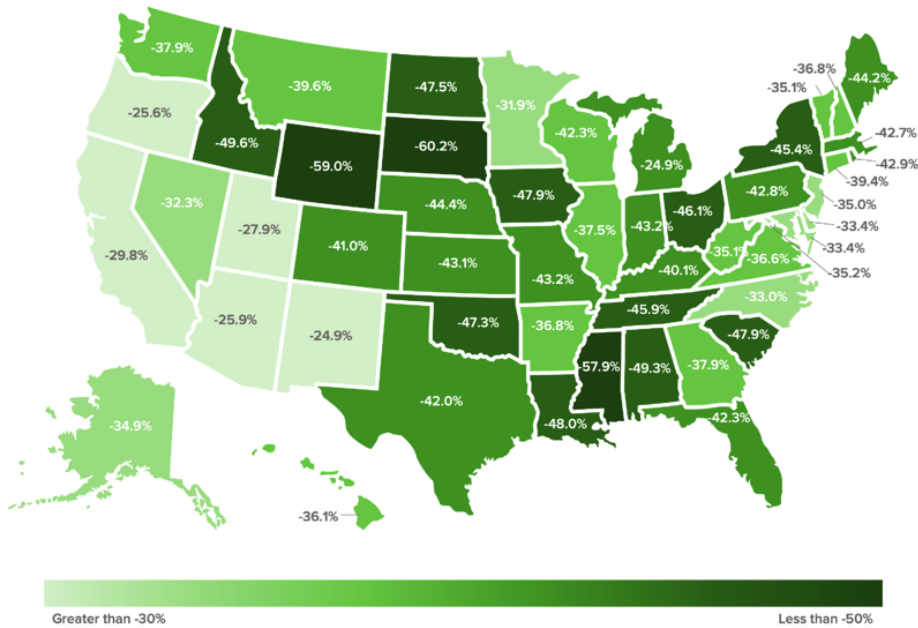
<https://www.trillianthealth.com/insights/the-compass/rate-of-telehealth-decline-from-2020-to-2021-inconsistent-across-states>

**FIGURE 1. TRADITIONAL MEDICARE TELEHEALTH UTILIZATION BY STATE, 2020, % OF TOTAL TRADITIONAL MEDICARE PART B VISITS**



Source: HHS Office of the Assistant Secretary for Planning and Evaluation. *Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location*. December 3, 2021.

**FIGURE 2. PERCENT CHANGE IN TELEHEALTH UTILIZATION FROM PEAK PANDEMIC TO POST-PEAK PANDEMIC BY STATE, 2020, COMMERCIAL, MEDICARE ADVANTAGE, MANAGED MEDICAID**



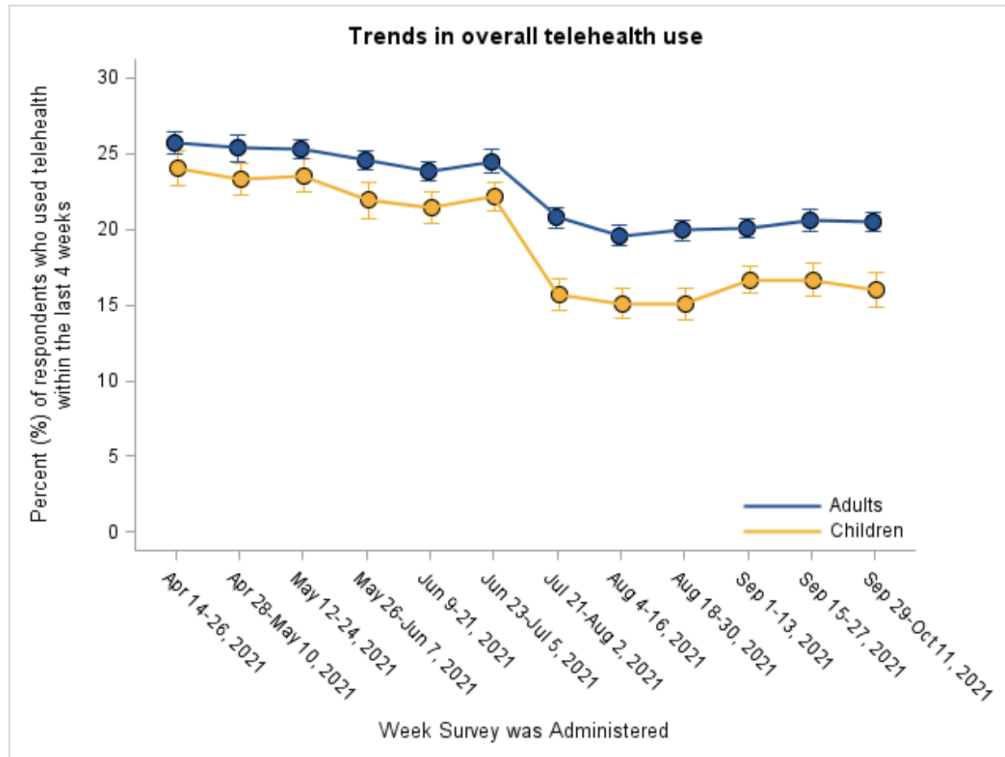
Note: Telehealth visit volumes reflect video-only encounters for all payers excluding traditional Medicare. Peak Pandemic and Post-Peak Pandemic date ranges are March 2020-December 2020 and January 2021-Q4 2021, respectively.  
Source: Trilliant Health national all-payer claims database.

**ASPE REPORT February 2022: [Office of the Assistant Secretary for Planning and Evaluation \(ASPE\) Office of Health Policy](#) recently released a new Issue Brief titled [National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services](#)**

Details:

- Utilized Census Bureau’s Household Pulse Survey to focus on differences between audio only and audio-visual telehealth use and relationship to demographics
- 23.1% reported using telehealth within the prior 4 weeks.

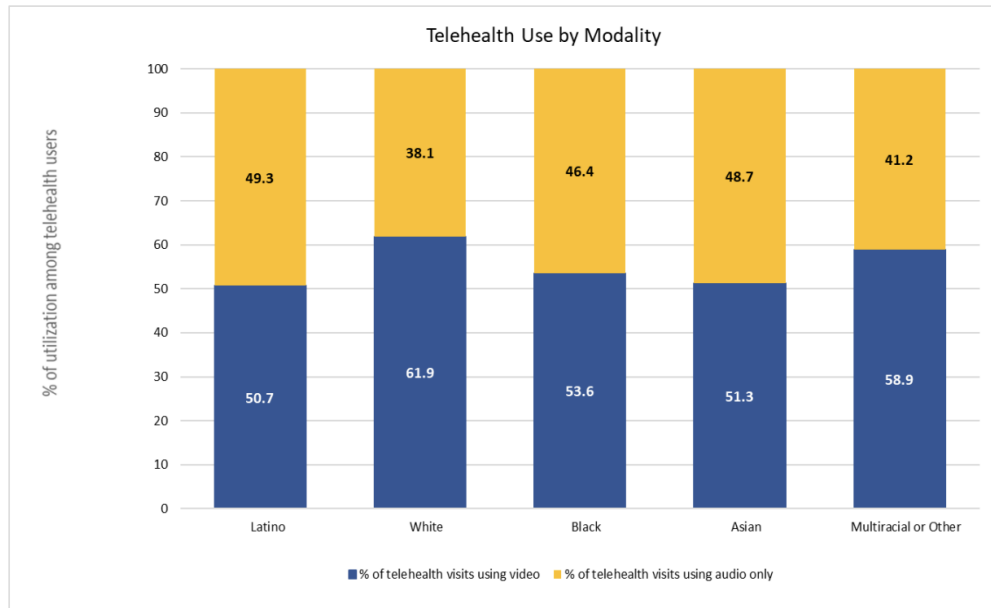
**Figure 1. Percentage of Adults and Children\* Who Used Telehealth Services, April 14 - October 11, 2021**



**Note:** \* Reflects telehealth use reported by adult respondents for any child in the household over the previous 4 weeks.

- Access to telehealth is not equitable across different population subgroups
- Rates of access were much lower among uninsured (9.4%) and young adults 16-24 (17.6%)
- Rates of use were highest among Medicaid (29.3%), Medicare (27.4%), Black race (26.8%, those earning less than \$25,000 per year
- Use of video modality less likely among those without a high school diploma, Age over 65, Latino, Asian or Black race/ethnicity

Figure 2. Telehealth Modality (Video vs. Audio) Among Telehealth Users, By Race/Ethnicity



## WHAT DO YOUR PEERS THINK ABOUT TELEHEALTH?

### Summary:

Most are using telehealth in their practices and would like to continue but have some reservations about feasibility, cost and reimbursement.

From the *AMA Physician Practice Benchmark Survey* in September 2020:

<https://www.ama-assn.org/about/research/physician-practice-benchmark-survey>

(post-residency who work at least 20 hours a week and do not work for the federal government)

Findings:

- 70.3% of all physicians worked in practices which utilized videoconferencing for patient care in September 2020 up from just 14.3% in September 2018. 59.1% had personally utilized videoconferencing and 66.6% had utilized audio only telehealth with a patient in the prior week.
- 80.9% of family and general practice physicians reported use of videoconferencing telehealth.
- Use of telehealth overall: 10.6% of total visits were telehealth via videoconferencing and 8.1% via telephone. Psychiatrists were most likely to use telehealth with 36.9% of all visits done via telehealth videoconferencing and 29% of visits done via telephone.

## Satisfaction with the use of telehealth during COVID-19: An integrative review

Andrews, a, Berghofer, K, Long, J, Prescott, A, Caboral-Stevens, M, Published Oct 16, 2020

Findings:

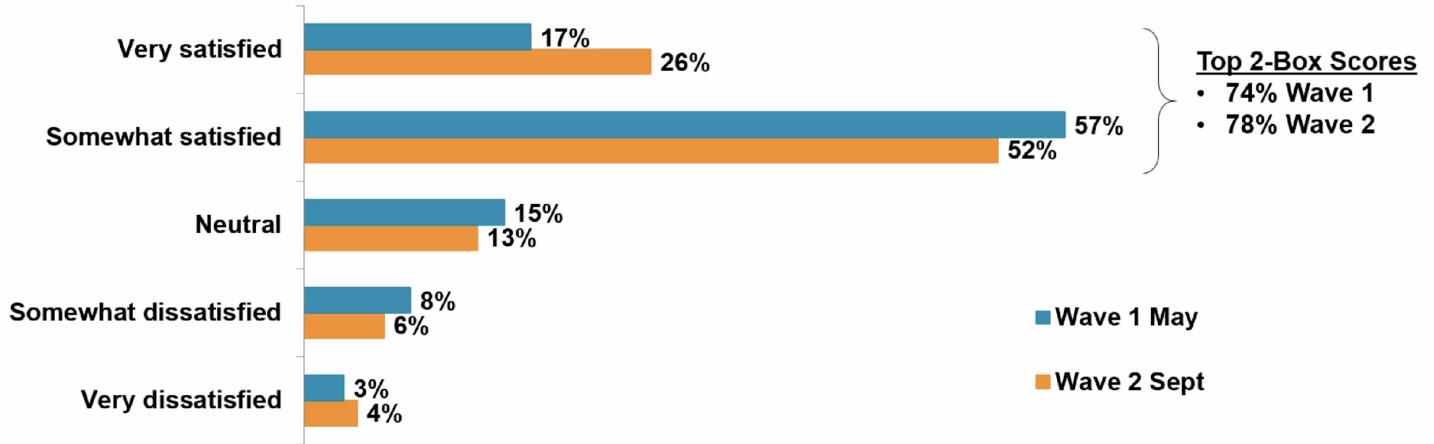
- The majority (14/16) of the studies showed high level of patient satisfaction with the use of telehealth during the COVID-19 pandemic.
- Of the five studies that evaluated clinician satisfaction with the use of telehealth, four studies reported high level of satisfaction based on scores of 80% and above whereas one study reported healthcare provider's satisfaction score of 78 out of 100. Several studies noted that patients and healthcare providers were willing to continue to use telehealth as part of their follow-up visits even after the COVID-19 pandemic

From AAFP Webinar Nov 2021:

# Satisfaction with Virtual Visits: Family Physicians



- When looking at the top-two box scores combined (very satisfied and somewhat satisfied), most the respondents indicated they were satisfied with the level of care they provide during virtual visits.
- As indicated in the graph below, results were similar for both May and Sept.



Q. How satisfied are you with the care you are providing in virtual visits?

AMERICAN ACADEMY OF FAMILY PHYSICIANS

AMA 2021 Telehealth Survey Report: <https://www.ama-assn.org/system/files/telehealth-survey-report.pdf>

Details:

- Anonymous online survey of physicians conducted for eight week period November 1, 2021 to Dec 31, 2021. 2,232 participated.
- Summary slide depicts findings below and compares trends to 2020 AMA Trend Report.

## Telehealth Use Trends



### CLINICAL OUTCOMES

85% of physician respondents indicate they currently use telehealth. For those that report a decrease in use indicate now doing a mix of in-person and virtual care.

- 60% of clinicians agree or strongly agree telehealth enabled them to provide high quality care.
- Of those using telehealth, 93% (↑ 13%) are conducting live, interactive video visits with patients and 69% are doing audio-only visits.
- 56% of respondents are motivated (agree and strongly agree) to increase telehealth use in their practices.
- 8% (↓ 4%) of respondents said they were using remote patient monitoring technologies with patients in their homes; the commonly used tools include smartphones (camera), blood pressure cuffs, pulse oximeters, and body weight scales. 76% (↑ 7.6%) report data is usually shared manually (e.g. verbally over the phone or via email).



### PATIENT EXPERIENCE

- More than 80% of respondents (↑ 12%) indicate patients have better access to care since using telehealth.
- 62% of respondents feel patients have higher satisfaction since offering telehealth.
- 63% (↑ 12.2%) of respondents report 75% or more of virtual visits are conducted with patients they have an existing relationship with.



### PROFESSIONAL SATISFACTION

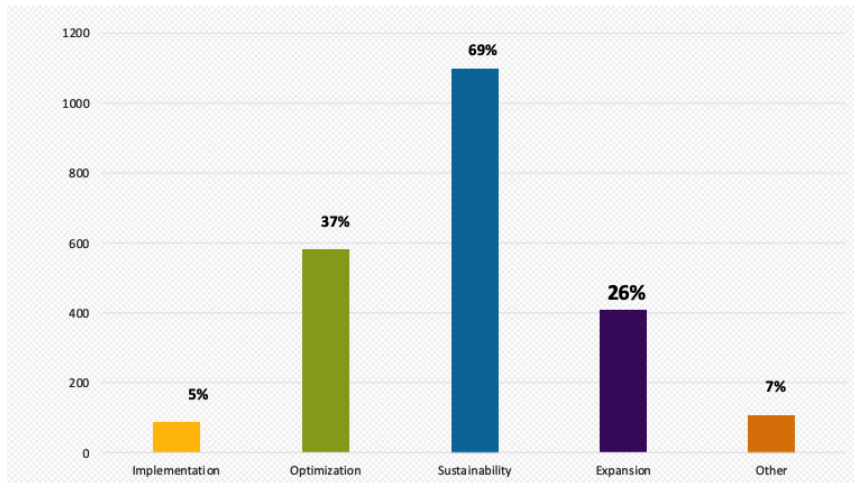
- A majority of respondents indicated that telehealth has improved the satisfaction of their work 54.2%.



### COST

- 44% of respondents indicated that telehealth decreased the costs of care (strongly agree or agree)

# Most are focused on *sustaining* telehealth at their practice or organizations



**Implementation** = just getting started in implementing telehealth

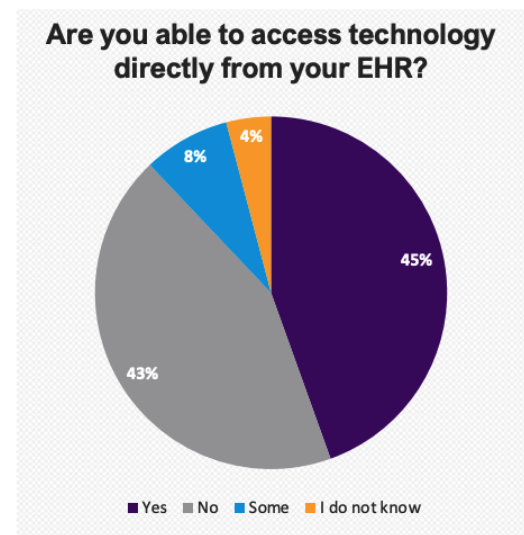
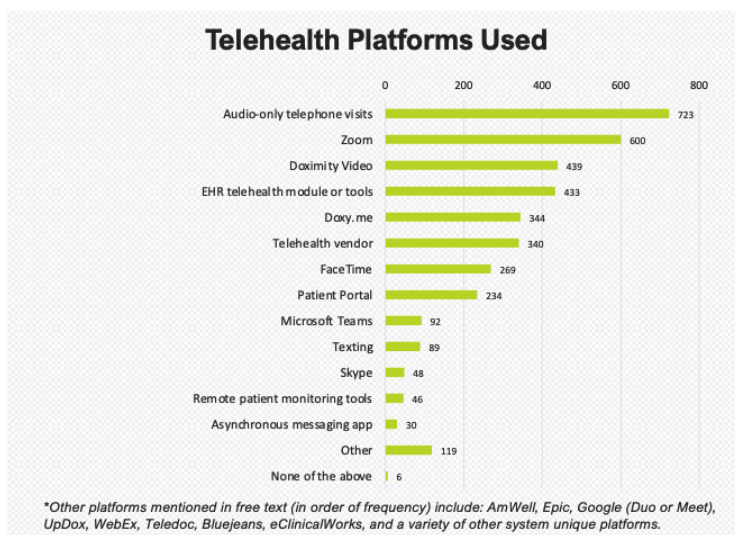
**Optimization** = looking to improve existing telehealth operations

**Sustainability** = interested in continuing to offer telehealth services that seamlessly integrate with in-person care

**Expansion** = looking to expand telehealth offerings for other services, additional locations, or more comprehensive virtual care

At what stage is your organization's telehealth program? (select all that apply) N=1,585

# Telephone and Zoom remain the primary platforms used to deliver virtual care; most access some or all via the EHR



Which platform(s) do you use to deliver telehealth services? (select all that apply) N=1,657  
 Are you able to access your telehealth technology directly from your Electronic Health Record (EHR)? N=1,656

## WHAT DO PATIENTS THINK ABOUT TELEHEALTH?

**Summary: Patients are Generally Happy with Telehealth**

**FROM THE CMS Data Study from Summer to Fall 2020: (summary from CCHP June 15, 2021)**  
 Beneficiaries said:

- 64% stated their provider offers telehealth in summer to fall 2020
- 18% stated their provider offered telehealth pre-pandemic
- 25% said they did not know if their provider offered telehealth (higher in rural areas)
- 1 in 4 had a telehealth visit in summer to fall 2020
  - 56% telephone only
    - 65% of these were in those 75 and older
    - 61% of all Hispanic beneficiaries used audio only
    - 65% of those in rural areas used audio only
    - 67% of those enrolled in both Medicare and Medicaid used audio only
  - 28% video only
  - 16% utilized both types of visits
- Race:
  - Hispanic beneficiaries were more likely to use telehealth than White or Black beneficiaries
  - Black beneficiaries were more likely to report that their provider did not offer telehealth
  - Overall telehealth use nationwide was no different between Black and White beneficiaries
- Authors of report found greater usage among those with disabilities, low income and in communities of color. They suggest that telehealth may be increasing access to healthcare in these settings particularly through audio only option.

### **Patient Satisfaction Survey Data 2021**

*From the Deloitte Center for Technology, Media and Telecommunications Second Edition of their Connective and Mobile Trends 2021 Survey.*

<https://connectwithcare.org/deloitte-2021-connectivity-and-mobile-trends-survey/>

- 2000 consumers surveyed in March 2021
- >50% had a virtual visit
- 80% were satisfied with experience
- 62% were likely to schedule future telehealth visits post pandemic
- 30% reported assisting another household member with a telehealth visit
- Top reasons for positive experience: ease in attending, reduced chance of getting COVID-19, scheduling and shared medical information easier.
- 30% reported no challenges, others did report they found the lack of human connection challenging as well as inability to have vitals checked (indicated more by older patients).
- Re Wearables and RPM: 39% said cost was primary reason for not participating. 60% claimed to not be concerned about the privacy of their wearable-generated data.

North, S. From Opinion: These Four Telehealth Changes Should Stay, Even After the Pandemic.

*Fam Pract Manag.* 2021 May-June;28(3):9-11.

- From the Harris Poll April 2020, 2,081 US adults age 18 and older
- 15% all US adults used telehealth for the first time during the pandemic and nearly 1/3 of all US adults have used telehealth at some point.
- 76% of patients polled were very or somewhat likely to continue using telehealth after the pandemic.

### **WHAT ARE PATIENT TELEHEALTH PREFERENCE?**

**Summary: Patients want the option of telehealth. Make it easy to schedule, with the provider they know, at same or lower cost than in-person visits.**

#### ***Assessment of Patient Preferences for Telehealth:***

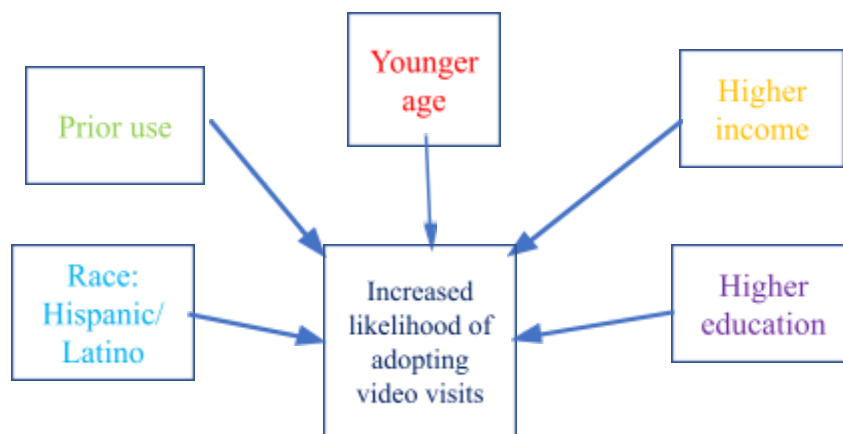
Predmore ZS, Roth E, Breslau J, Fischer SH, Uscher-Pines L. Assessment of Patient Preferences for Telehealth in Post-COVID-19 Pandemic Health Care. *JAMA Netw Open.* 2021;4(12):e2136405.

doi:10.1001/jamanetworkopen.2021.36405

**Details:**



- Nationally representative sample of 2080 adults age 20 and older surveyed between March 8 and 19, 2021, mean age 51 years, 51% female
- **OVERALL:** 66% stated they preferred at least some video visits in the future but when faced with a choice between an in-person or video visit with their personal health care provider for a non-emergency health care encounter 53% preferred an in-person visit, 20.9% preferred a video visit and 26.2% did not have a preference. Previous use of video visit was associated with preference for video visits in the future.
- **Age:** younger patients were more likely to prefer video visits: age 20-39 42.3 % preferred in-person visit and 25.9% preferred video visits vs 64.5% in-person and 12.6% video visit for those 60 and older.
- **Income:** those with higher income were also more likely to prefer video visits. Those with income over \$35,000 per year: 55.1% preferred in-person visits and 16.0 % preferred video visits while those making more than \$100,000 per year, 44% preferred in-person visits and 26.5% preferred video visits.
- **Ethnicity/Race:** Black/African American respondents were more likely than other respondents of other races and ethnicities to prefer in-person care (64.1% vs 51.5%, P=0.2), and Hispanic/Latino respondents were more likely to prefer video visits compared with individuals from other racial and ethnic groups(22.9%vs 20.4%; P=0.02).
- **Educational Level:** 64.4% of respondents who did not complete high school preferred in-person care vs 55.6% of high school graduates and 46.7% of college graduates.
- **Previous experience with video visits:** Of those who had previous experience with a video visit, only 2.3% stated they were unwilling to do so again suggesting that their first experience was beneficial enough to encourage ongoing use.
- **Relative value of Video Visits vs In-person visits:** 47% were willing to pay more for in-person visit and 26.3% valued that preference at \$20 more than the cost of a video visit. 22.9% valued both visit modalities equally. 9.9% did not know their preference. 23.5% switched to preference for video visit if the out-of-pocket expense was less than in-person visit. In contrast, among those who initially preferred a video visit, only 18.9% still preferred a video visit and 61.7% switched to in-person visit when confronted with higher relative costs for video visits.



### **MOST RECENT Patient Preference SURVEY: December 2021**

#### **The Long Term Care Poll: 1000 Adults age 50 and older (Nov 12-15, 2021 University of Chicago)**

The AP-NORC Center for Public Affairs Research. (December, 2021). “Telehealth and Equity”

[<https://www.longtermcarepoll.org/project/telehealth-and-equity>]

#### **Top Findings:**

##### **Top Reasons for booking telehealth over In-Person visit:**

1. Ease of scheduling appointment (69%)
2. Meeting with a specific doctor (68%)
3. Getting an immediate response (68%)
4. Age 50 -64 cited decrease in cost as a reason to prefer telehealth.

##### **What would improve telehealth uptake?:**

1. Having prior relationship with doctor (69%)

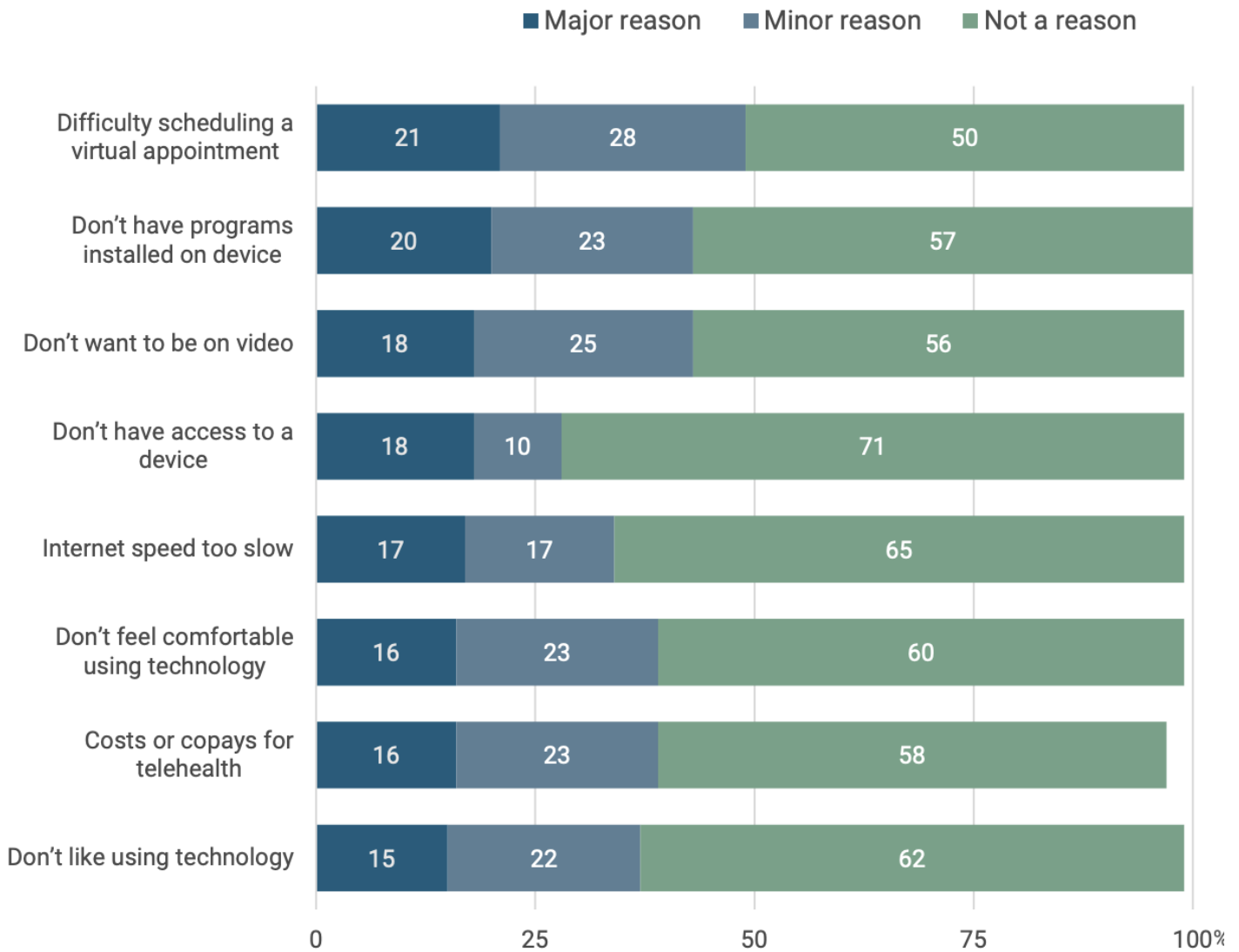
- 2. Option for email or direct messages with provider and staff (55%)
- 3. Information about insurance coverage for telehealth (50%)

**What are telehealth concerns of non-white respondents?**

- 1. Avoiding exposure to COVID 19: Would like to continue using telehealth (65%)
- 2. Possible lower quality care with telehealth (63%)
- 3. Security of health information
- 4. Security of health information

**Difficulty scheduling a virtual appointment is the top reason for seeking in-person care.**

Percent of adults age 50 and older



**Question:** Would you say each of the following is a major reason, a minor reason, or not a reason you would seek out care in-person instead of through telehealth?

**Source:** The AP-NORC Long-Term Care Poll conducted November 12-15, 2021, with 1,000 adults age 50 and older nationwide.

## Is Care Via Telehealth Effective?

There are limited studies evaluating this issue. CMS, Congress, and the healthcare sector are interested in studies evaluating effectiveness.

**Findings from the Telehealth Impact Study:** Collaboration between the AMA and COVID-19 Healthcare Coalition (over 1000 health care organizations, tech firms and non-profits)

<https://www.ama-assn.org/practice-management/digital/telehealth-resource-center-research-findings>

### What Patients Said:

- Overall, patients were pleased with telehealth and expected to continue to have access to this format of healthcare going forward
- 79% were very satisfied with the care received during their last telehealth visit.
- 81% said the provider was thorough.
- 84% were confident their personal information was secure and private during the visit.
- 83% believed the quality of the patient-physician communication was good.
- 73% will continue to use telehealth services in the future.
- 41% would have chosen telehealth over an in-person appointment for their last visit, even if both required a copay.

### What Physicians Said:

- 68% of physicians told researchers they were personally motivated to increase the use of telehealth in their practice
- 71% said their organization's leadership was motivated to increase use of telehealth

Albritton J, Ortiz A, Wines R, Booth G, DiBello M, Brown S, Gartlehner G, Crotty K

**Video Teleconferencing for Disease Prevention, Diagnosis, and Treatment: A Rapid Review.** *Annals of Internal Medicine.* Dec 7, 2021; <https://doi.org/10.7326/M21-3511>

Details:

- Review of 38 randomized controlled trials meeting criteria (use of videoconferencing for the treatment or management of specific diseases). NOTE: no studies evaluated for diagnosis or prevention of disease and studies focusing on mental health, substance use disorder, maternal care and weight management were excluded.

Findings:

- There was similar clinical effectiveness, health care use, patient satisfaction and quality of life as usual care for the areas studied.
- No studies showed increase in harm between the control and intervention groups BUT many studies did not report harms.
- No studies evaluated the effect of video teleconferencing on health equity or disparities.

**Association of Telemedicine with Primary Care Appointment Access After Hospital Discharge.** Bressman E, Werner RM, Childs C, Albrecht A, Myers JS, Adusumalli S. Association of Telemedicine with Primary Care Appointment Access After Hospital Discharge [published online ahead of print, 2022 Jan 11]. *J Gen Intern Med.* 2022;1-3. doi:10.1007/s11606-021-07321-3

Details:

- All adult discharges from inpatient medicine services of five University of Pennsylvania Health System's EHR between Jan 1, 2019 and April 30, 2021 who had outpatient follow-up scheduled with a primary care provider in the same health system within 30 days of discharge. Demographics were obtained and data on each scheduled encounter including whether the appointment was completed, the modality of visit (telemedicine or in-person), and the timing of the appointment relative to discharge.
- Results were evaluated by population and race. Comparison of modalities was done only after June 1, 2020.

Results:

- Telemedicine visits resulted in decreased time to follow-up, increased completion rate with diminishing disparities between black and white patients in completion rates
- Total completion rates improved with incorporation of telemedicine use, showing telemedicine may improve access to care if there is equitable access to technology

**Impact of transition from face-to-face to telehealth on behavioral obesity treatment during the COVID-19 pandemic** Obesity. Jan 2022 Kathryn M. Ross<sup>1</sup> | Chelsea A. Carpenter<sup>1</sup> | Kelsey M. Arroyo<sup>1</sup> | Meena N. Shankar<sup>1</sup> | Fan Yi<sup>2</sup> | Peihua Qiu<sup>2</sup> | Lisa Anthony<sup>3</sup> | Jaime Ruiz<sup>3</sup> | Michael G. Perri

Details:

- 160 patients in 2 cohorts, Cohort 1 at week 11 of 16 week program and Cohort 2 started with audio-visual program from the start.
- Evaluated for effectiveness by weight loss against gold standard of 8% in usual face to face programs

Findings:

- No significant difference in weight loss between face to face and audio-visual. Both were effective.

CMS REPORT: [CARES Act Telehealth Expansion: Trends in Post-Discharge Follow-Up and Association with 30-Day Readmissions for Hospital Readmissions Reduction Program Health Conditions](#)

Summary from CCHP Feb 22, 2022 Newsletter

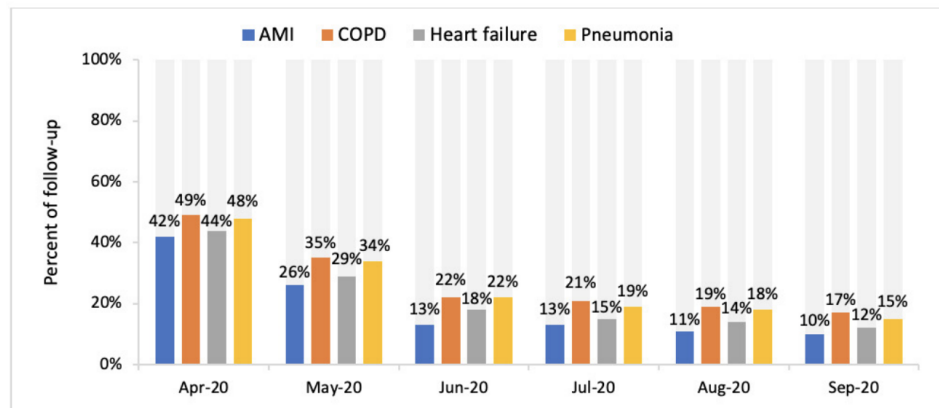
Details:

- Looked at hospital readmission rates as key indicator of quality of care
- Evaluated discharges from **April 1, 2019 to September 30, 2020** for readmission, modality of telehealth used, as well as demographics to evaluate disparity

Significant Findings:

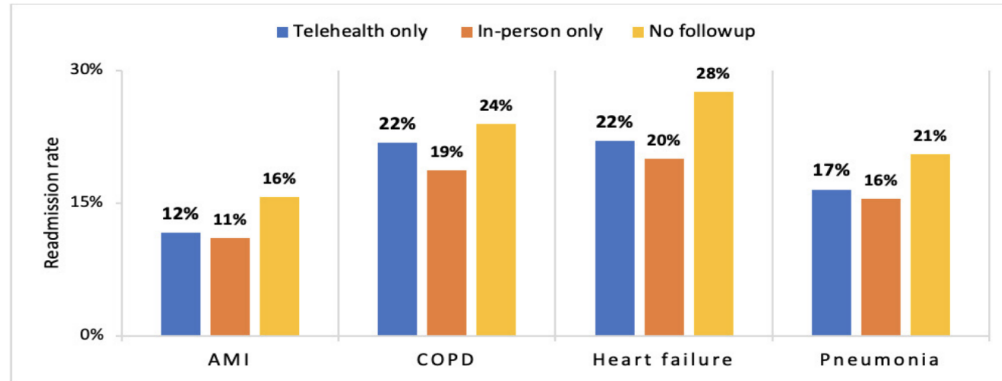
- Initial increase in telehealth visits from before CARES ACT (pre April 2020) for post admission follow-up with leveling off at about 13% overall.

**Figure 3. Percent of Follow-Up Visits that Were Telehealth After Hospitalizations for HRRP Health Conditions, April-September 2020**



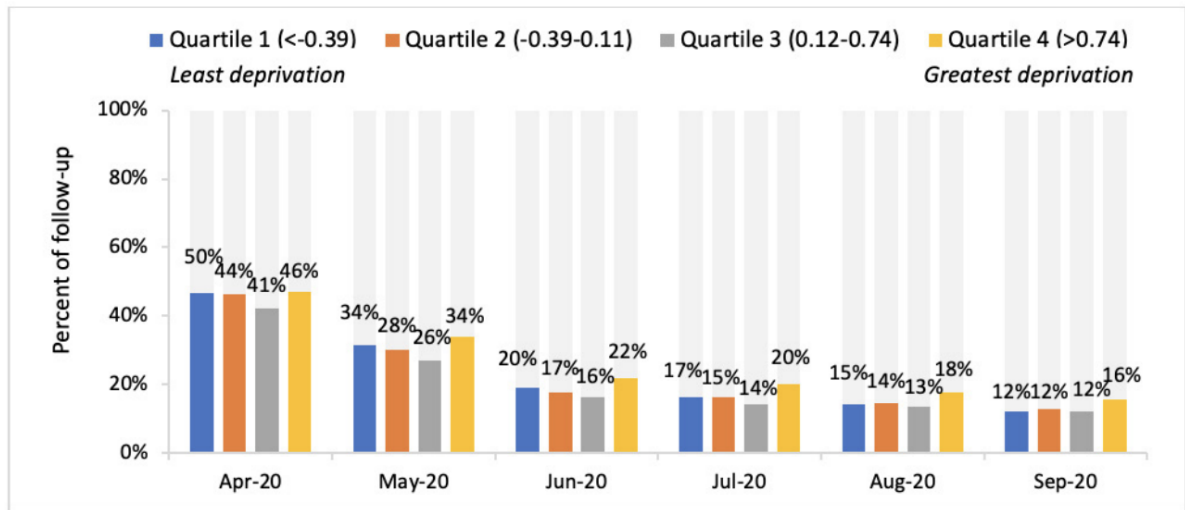
- Readmission rates were lower among patients who had in-person OR telehealth follow-up post admission compared to no visit. Telehealth visits fared slightly worse than in-person visits.

**Figure 10. Thirty-Day Readmission Rate by Method of Follow-Up and HRRP Condition Among Medicare FFS Beneficiaries, April-September 2020**

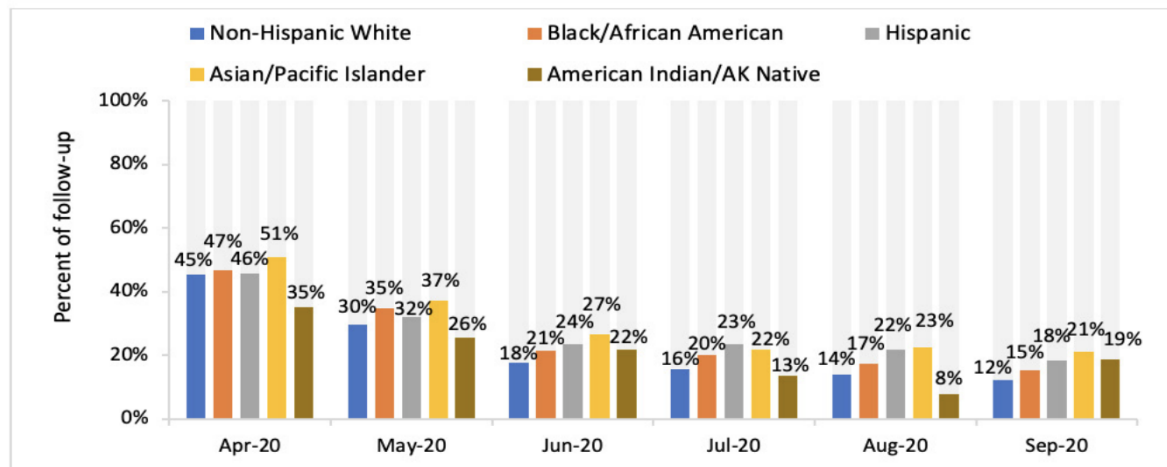


- No exacerbation of pre-COVID disparities compared to pre COVID, in fact, findings suggest that continued telehealth policy expansions **may help increase follow-up and reduce readmissions among underserved populations** especially
  - With COPD or pneumonia.
  - Under the age of 65 and age 85 and older.
  - Who identified as Black/African American, Hispanic, or Asian/Pacific Islander.
  - Who were dually eligible for Medicare and Medicaid.
  - Who lived in metropolitan areas.
  - Who lived in areas with the highest level of social deprivation

**Figure 8. Percent of Follow-Up Visits that Were Telehealth, by Quartile of Area Deprivation, April-September 2020**



**Figure 5. Percent of Follow-Up Visits that Were Telehealth, by Race and Ethnicity, April-September 2020**



- Warning: audio only was more heavily used with more rural patients and those in lower socioeconomic groups likely due to broadband access. This suggests that audio only modality option must be continued for now to maintain positive outcomes.

CMS REPORT: [Changes in Access to Medication Treatment during COVID-19 Telehealth Expansion and Disparities in Telehealth Use for Medicare Beneficiaries with Opioid Use Disorder](#),

Summary from CCHP Feb 22, 2022 Newsletter

Details:

- Assessed telehealth as a possible improvement to access to medications for Opioid Use Disorder (OUD) in Medicare beneficiaries

Significant Findings:

- Use of telehealth associated with improved access and lower use of inpatient and /or emergency department visits
- Few disparities were found based on race, ethnicity, or social deprivation levels.
- Disparities found on basis of Medicare eligibility, dual eligibility, and rurality. Those were more likely to have less access and worsened outcomes.

- Highest rates of access were patients with OUD and other more complex health needs

Government Accountability Office REPORT: In early February, the GAO provided a report to Congress, [Defense Health Care: DOD Expanded Telehealth for Mental Health Care during the COVID-19 Pandemic](#)

Summary from CCHP Feb 22, 2022 Newsletter

Details:

- Evaluated Department of Defense DOD Health Policy March 2020 to November 2021 and Defense Health Agency utilization data for mental health March 2020 to April 2021 and conducted interviews of patients and staff

Significant Findings:

- Pre COVID: 15% of mental health visits were telehealth modality
- During COVID: markedly telehealth mental health visits increased by 275% initially then leveled out at about 33% of all mental health visits
- DOD Health Policies were adopted to increase education of staff and members on the use of telehealth for mental health visits. Online training was provided. All involved felt there was value in mental health telehealth
- Officials felt that accessing telehealth for mental health visits decreased the stigma and encouraged access

### **WHAT DOES CMS and CONGRESS WANT TO KNOW ABOUT TELEHEALTH to MAKE PERMANENT CHANGES?**

**Summary:** They want to confirm telehealth increases **access with equity**, improves **outcomes** and decreases overall **cost**. They want to confirm there is no significant issue with **fraud**.

**Medicare Payment Advisory Commission (MedPAC) March 2022 Report to Congress: Medicare Payment Policy**

[https://www.medpac.gov/wp-content/uploads/2022/03/Mar22\\_MedPAC\\_ReportToCongress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2022/03/Mar22_MedPAC_ReportToCongress_SEC.pdf)

- MedPAC feels that waivers should be extended to give Medicare time to assess benefit and possible harms of Telehealth Services
- MedPAC feels they need better information by adding modifiers to indicate when Audio Only is used by certain providers for tracking.
- Findings in report state that 47% of Medicare Beneficiaries accessed care through telehealth in the past year. A majority of that 47% was Audio only. 23% used Audio Visual modality for the visit
- 86% of Medicare beneficiaries were satisfied with their telehealth visit and around half would like to continue using telehealth post pandemic

**FIVE DOMAINS OF INTEREST per National Quality Forum (NQF): Rural Telehealth and Healthcare System Readiness Measurement Framework (Final Report) Nov 23, 2021.** *This was a NQF report generated by a stakeholder group formed with funding from the Department of Health and Human Services Jan through Oct 2021.*

1. Does it increase ACCESS TO CARE and TECHNOLOGY both during emergencies and otherwise?
2. What are the COSTS, BUSINESS MODELS and LOGISTICS of telehealth?
3. What is the EXPERIENCE OF PATIENTS AND THEIR PROVIDERS when interacting via telehealth?
4. Is telehealth EFFECTIVE with desired outcomes, safety, and timely?
5. How does telehealth support EQUITY in healthcare?

**NQF will use current measures and develop new quality measures to assess effectiveness, cost, and equity of rural telehealth going forward. Plan to see these as part of your MIPS and APM programs going forward.**

## **What about Telehealth Fraud?**

**As of Feb 2022:** It appears that the bigger issue has been telemarketing fraud or “telefraud” involving Durable Medical Equipment (DME) rather than “telehealth fraud”.

**Principal Deputy Inspector Grimm on Telehealth Feb 26, 2021:**

<https://www.fraudfighters.net/wp-content/uploads/2021/09/HHS-OIG-Principal-Deputy-Inspector-General-Grimm-on-Telehealth.pdf>

It is important that new policies and technologies with potential to improve care and enhance convenience achieve these goals and are not compromised by fraud, abuse, or misuse. OIG is conducting significant oversight work assessing telehealth services during the public health emergency. Once complete, these reviews will provide objective findings and recommendations that can further inform policymakers and other stakeholders considering what telehealth flexibilities should be permanent. This work can help ensure the potential benefits of telehealth are realized for patients, providers, and HHS programs. We anticipate the first work products to be published later this year.

We are aware of concerns raised regarding enforcement actions related to "telefraud" schemes, and it is important to distinguish those schemes from telehealth fraud. In the last few years, OIG has conducted several large investigations of fraud schemes that inappropriately leveraged the reach of telemarketing schemes in combination with unscrupulous doctors conducting sham remote visits to increase the size and scale of the perpetrator's criminal operations. In many cases, the criminals did not bill for the sham telehealth visit. Instead, the perpetrators billed fraudulently for other items or services, like durable medical equipment or genetic tests. We will continue to vigilantly pursue these "telefraud" schemes and monitor the evolution of scams that may relate to telehealth.

As our work and the national conversation continues, OIG believes there is a shared goal: ensuring that telehealth delivers quality, convenient care for patients and is not compromised by fraud. As we continue our COVID-19 oversight and enforcement work, we look forward to providing objective, independent information to stakeholders and policymakers.

**Christi A. Grimm**, HHS-OIG Principal Deputy Inspector General