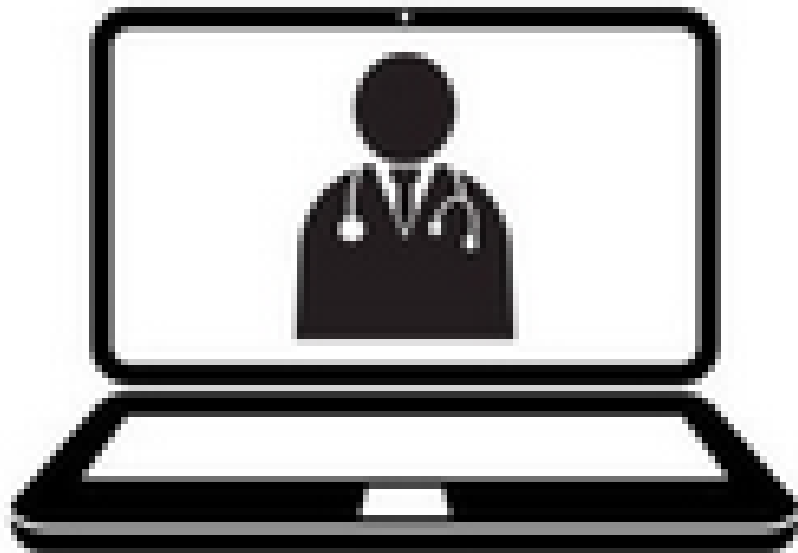


Telehealth: Supplement or Supplant?



Presentation to the Veterans Rural Health Resource
Center

Iowa City

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Questions From Previous Discussion of Value-based Care and Payment

- What are the incentives?
- What are the outcomes?
- Discussion



Telehealth's Long and Winding Road

- Start more than 15 years ago – reflections on Nebraska experience
- Effort to support access to technology through surcharges on phone bills
- States could add
- Creation of Office for the Advancement of Telehealth
- Early experience was predominantly telehealth, behavioral health

Long and Winding Road Continues

- Somewhat fallow after initial flurry
- Aside: OAT struggled with rural and frontier definitions
- Critical issue of broadband got attention but insufficient investment
- The telephone surcharge brought a focus on monthly charges that continues
- Landscape changed ...



Resurgence of Necessity



REGIONAL SYSTEMS
CARING FOR
“ENROLLED LIVES” IN
RURAL LOCATIONS,
INTEGRATED INTO
SYSTEM FOR CARE BY
CENTRALLY LOCATED
PERSONNEL



COVID-19 AND PUBLIC
HEALTH EMERGENCY

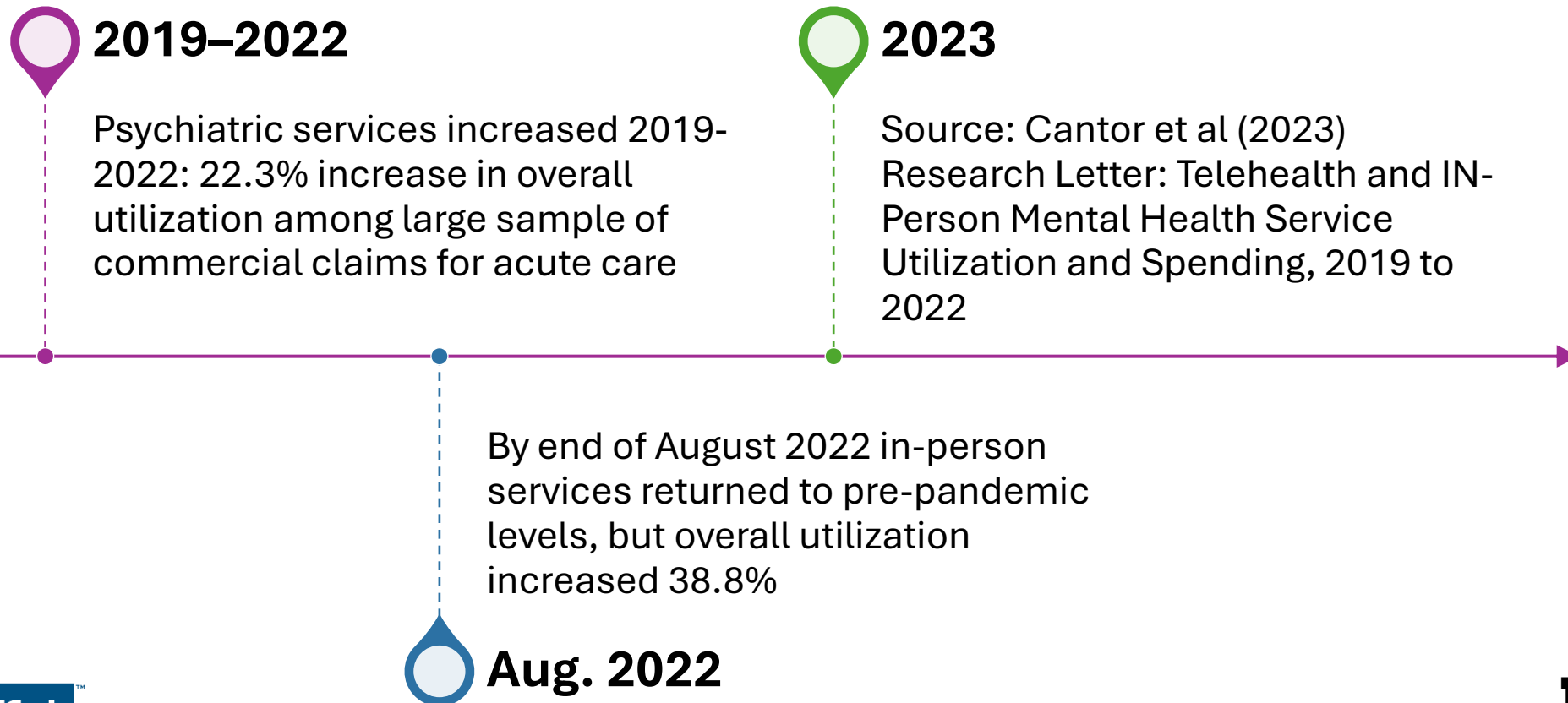


ATTENTION TO PAYMENT
STRUCTURES, WHICH AS
A RESULT ARE EVOLVING



ONCE AGAIN,
INCENTIVES (AND
DISINCENTIVES) MATTER

Use During the Public Health Emergency



Use During the Public Health Emergency



- Medicare fee-for-service beneficiary telehealth visits increased from 840,000 in 2019 to nearly 52.7 million in 2020
- 92% received telehealth visits from their homes
- Increased to 8% of primary care visits

Source: Samson et al (I2021) Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location. *Research Report* Assistant Secretary for Program Evaluation, US Department of Health and Human Services. December

Lessons Learned

- Importance of audio-only, especially in rural settings
- Increase was dramatic, but not to high level except for behavioral health services
- Role of consumer acceptance was important
- Important role of expanding delivery sites



Use Since PHE

- Percent of total visits in Medicare FFS declined from a peak of approximately 18% to less than 8% by Quarter 3 of 2021; had been close to zero
- For Primary Care: Nearly 30% to approximately 5%; had been close to zero
- For Behavioral Health: peak of nearly 60% to approximately 40% -- pre 2020 was below 5%

Source: Bipartisan Policy Center (2022) Medicare Telehealth Utilization and Spending Impacts 2019-2021

Use Since PHE



- From National Health Interview Survey
- Percent of adults using telemedicine decreased from 37% in 2021 to 31% in 2022
- Adults aged 65 and older on Medicare only were less likely to use telemedicine

Source: Lucas JW and Wang X (2024) Declines in Telemedicine Use Among Adults: United States, 2021 and 2022. *National Health Statistics Reports 205* (June) US. Department of Health and Human Services

Preconditions for Optimal Use



Infrastructure: Broadband, equipment at both ends



Authorized Sites – origin and delivery



Willingness to use: patients and providers



Financing: Medicare and commercial insurance reimbursement, or build into managed care contracts

Telehealth Uses Summarized



Primary care



Behavioral Health



Tele-ED



Stroke and
Emergency
Responses

Continued



- Tele-pharmacy
- Tele-ICU
- Rehabilitation
- Specialist consultation



Disruptors

- Hospital-at-home
- Meeting Access Standards
- Remote patient monitoring
- Post-hospitalization care

Be Careful What You Wish For



- Rural patients lost to urban providers
- Insurance plans and MA plans using as way to not contract with local rural providers
- Perpetuating shortage areas



But on the Bright Side ...

- Bringing more assets to local providers
- Extending capacity of local providers
- Care at home for rural residents
- Integrated care involving local clinics and distant patients, distant providers

Policy Landscape



- Audio-only now permanently accepted by CMS
- Congressional actions in November-December likely to include at least a 12-24-month extension of all current waivers in Medicare payment policies

Further Resources

- **The RUPRI Center for Rural Health Policy Analysis** <http://cph.uiowa.edu/rupri>
- **The RUPRI Health Panel** <http://www.rupri.org>
- **The National Rural Health Resource Center** <https://www.ruralcenter.org/>
- **The Rural Health Information Hub** <https://www.ruralhealthinfo.org/>
- **The National Rural Health Association** <https://www.ruralhealthweb.org/>
- **The American Hospital Association** <https://www.aha.org/front>

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For more than 30 years, the Rural Health Research Centers have been conducting policy-relevant research on healthcare in rural areas and *providing a voice for rural communities in the policy process.*



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