

Background

- ✓ The Minnesota Telehealth Act, enacted in 2021:
 - Codified expansion of telehealth (TH) that began during the COVID-19 pandemic
 - Extended payment parity to audio-only visits

Objectives

- ✓ Determine the impact of TH on access to care, quality of care, and health outcomes
- ✓ Investigate whether audio-only TH supports equitable access
- ✓ Assess whether TH services are substitutes for or additive to in-person visits

Data and Methods

- ✓ Data Sources: Minnesota All Payer Claims Database and the American Community Survey
- ✓ Only commercial insurance and Medicare Advantage (MA) members with at least 1 claim were considered.
- ✓ Difference-in-differences regressions were used to compare 2021 TH users and non-users between 2019 and 2021.
- ✓ Cross-sectional analysis was used to compare 2021 TH users and non-users in 2022.

Telehealth in Minnesota likely promoted greater access to care in 2021

Figure 1. Percentage of members who used telehealth in 2021, by type

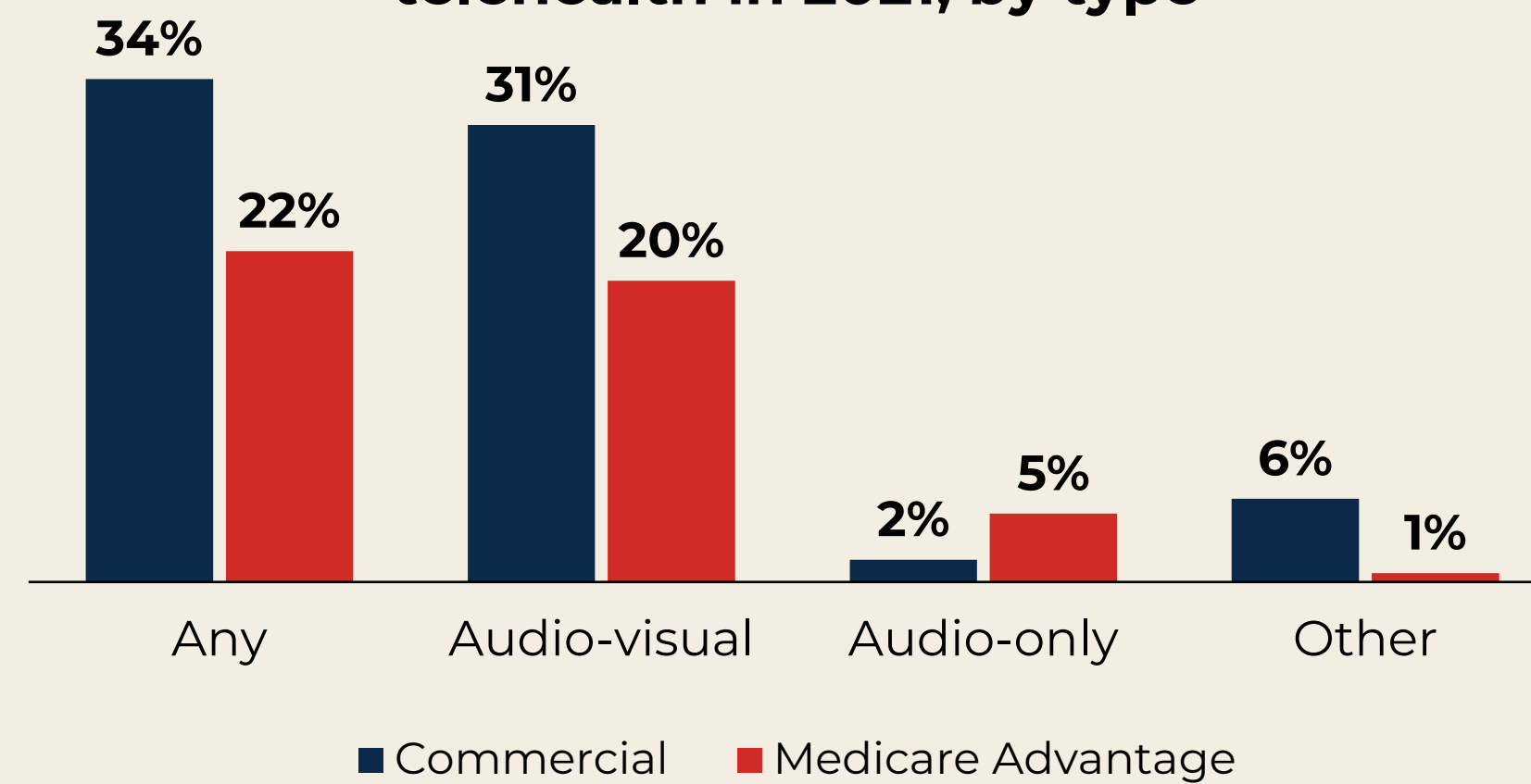
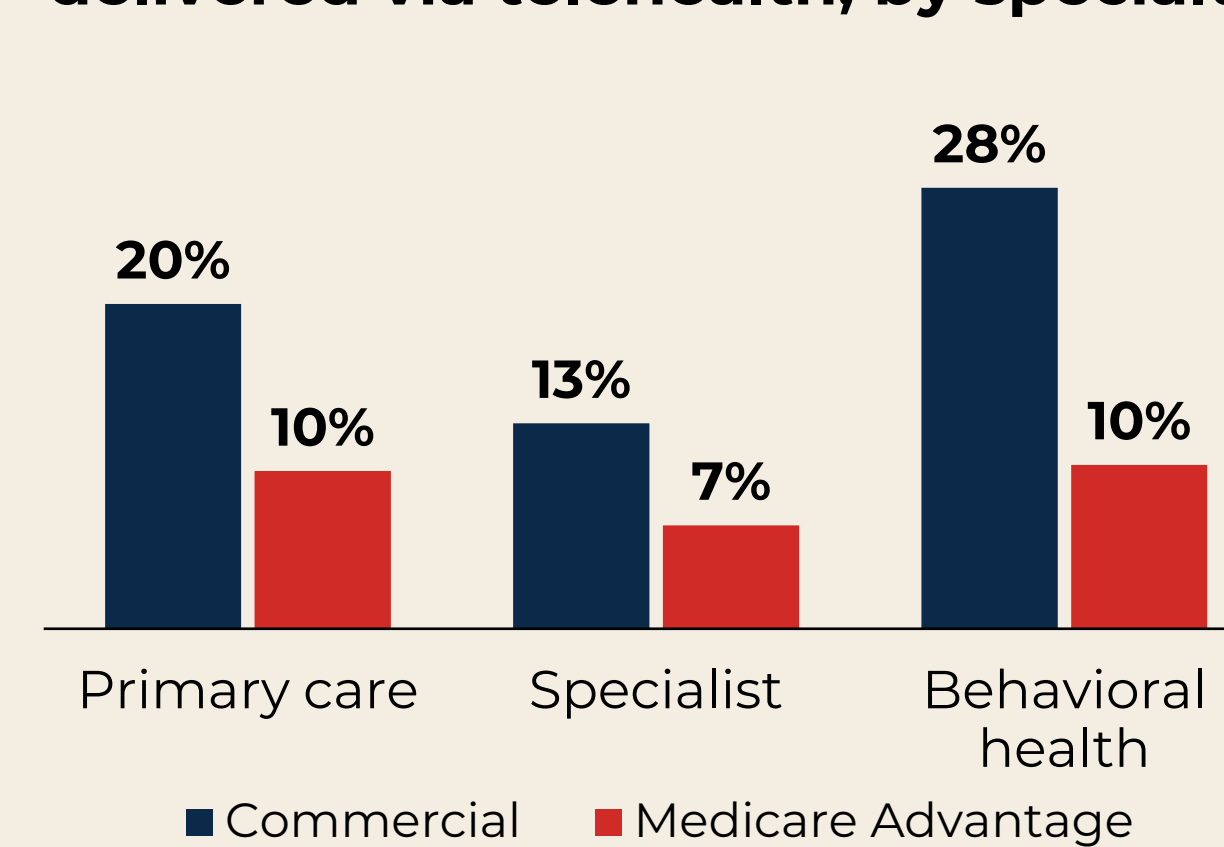
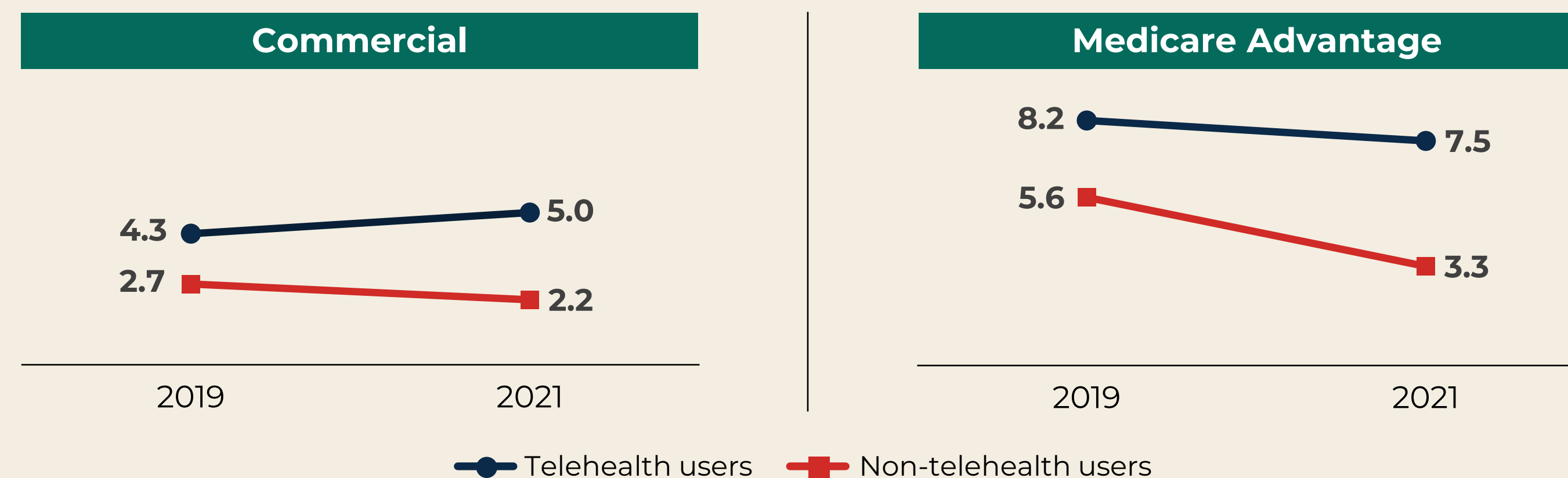


Figure 2. Percentage of 2021 visits delivered via telehealth, by specialty



- ✓ 34% of commercial members and 22% of MA members used telehealth in 2021.
- ✓ Over 25% of behavioral health visits by commercial members were via telehealth.

Figure 3. Change in the average number of PCP & specialist visits per year



- ✓ Telehealth users had a greater relative increase in PCP and specialist visits compared to non-users between 2019 and 2021.

Findings

- ✓ TH use was more common among women, high-risk members, members with depression, and members living in metropolitan areas.
- ✓ MA members were 3x more likely to use audio-only TH than commercial members (4.6% vs 1.5%).
- ✓ Commercial patients who used TH in 2021 averaged 1.7 more primary care physician (PCP) & specialist and 4.4 more behavioral health (BH) visits in 2022, compared with commercial non-users.
- ✓ Compared with MA non-users, MA TH users in 2021 averaged 2.4 more PCP & specialist visits and 2.9 more BH visits in 2022.
- ✓ We found no substantive difference in the continuity of care among commercial or MA members.
- ✓ TH use was associated with more preventable emergency department (ED) visits and hospitalizations, especially among both commercial and MA members who were older, high-risk, or had diabetes.

Conclusions

- ✓ TH use appeared to promote greater access to care among patients with comorbidities, including high risk patients.
- ✓ While use of audio-only TH services was low, audio-only TH may be an important resource for potentially vulnerable populations.
- ✓ TH use was associated with greater use of physician visits.
- ✓ Increase in avoidable ED and hospitalizations among TH users warrants additional research.

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