# Take a guess…

What percentage of Minnesota Medicaid enrollees have ever received health care through a phone call or video call?

# Welcome!

What percentage of Minnesota Medicaid enrollees have ever received health care through a phone call or video call?

**62%**

Wilder Research

# Assessing Telehealth Utilization and Experiences Among Adult Medical Assistance (MA) Enrollees in Minnesota

## Findings from a Mixed Methods Study of Enrollees and Providers

Bunchung Ly and Melissa Serafin

May 2024

# Background

- Partnership between DHS and Wilder Research
- Partially driven by legislative mandate
- Mixed methods study conducted 2021-2022
- Focus:
  - Adult (18-64) MA enrollees
  - Behavioral health
  - Access to care
  - Quality of care

- Components
  - Representative survey of MA enrollees
  - Interviews and focus groups with MA enrollees and providers

**Today's focus**

  - Literature review of telehealth services
  - Creation of the DHS MA Participant Expert Panel (PEP)
  - Data-informed decision-making sessions with PEP and DHS leadership
  - Creation of a Telehealth Advisory Group to inform the development of telehealth guidance document for providers

# Methods: Qualitative data

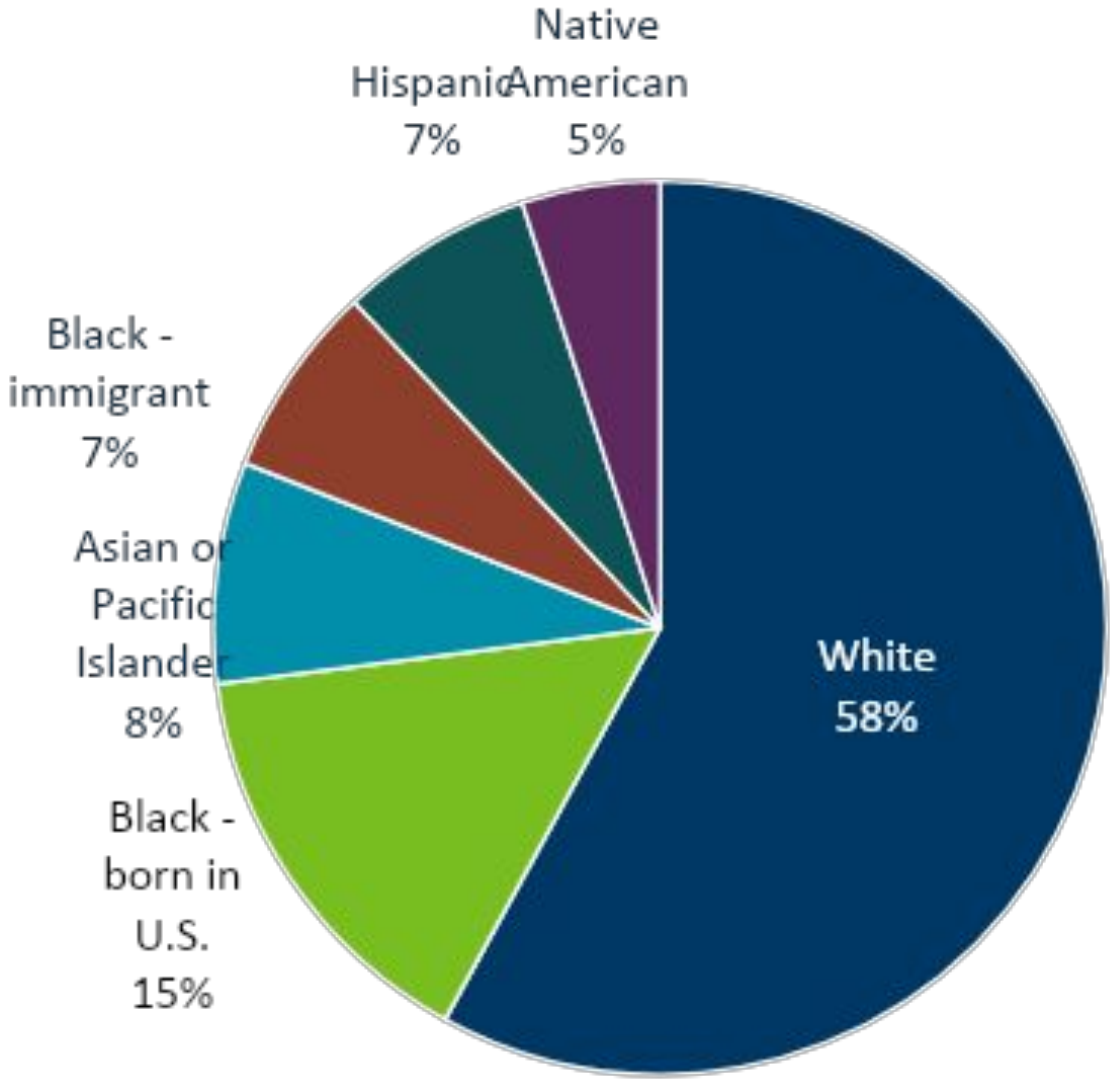
- MA enrollees
  - 2 focus groups: Rural (N=5) and urban (N=7) areas
  - 23 interviews: Older adults (N=6) and enrollees who received audio-only services (N=17)
- Interviews with behavioral health providers in rural and urban areas (N=26), including providers who work with:
  - Individuals with chronic conditions
  - Individuals transitioning out of care
  - Specific racial, ethnic, and/or cultural communities (e.g., African American, American Indian, Hmong, Karen, Hispanic, Somali)
  - Individuals with disabilities
  - Partial hospitalization programs
  - Adult day treatment

# Methods: Survey

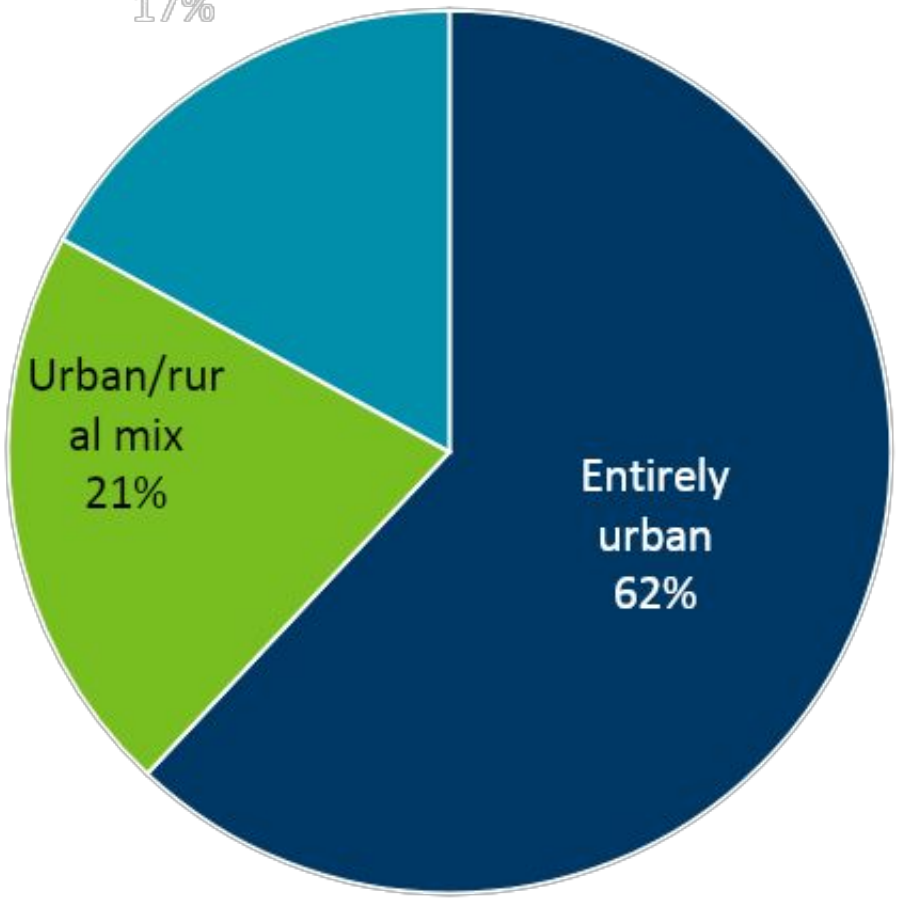
- 17,817 MA enrollees were invited
- Mailed and emailed invites
- Web survey was translated into Spanish, Somali, and Hmong
- Topics included: telehealth, enrollment process, access to care, health care quality, discrimination, and financial well-being
- 2,985 enrollees completed the survey

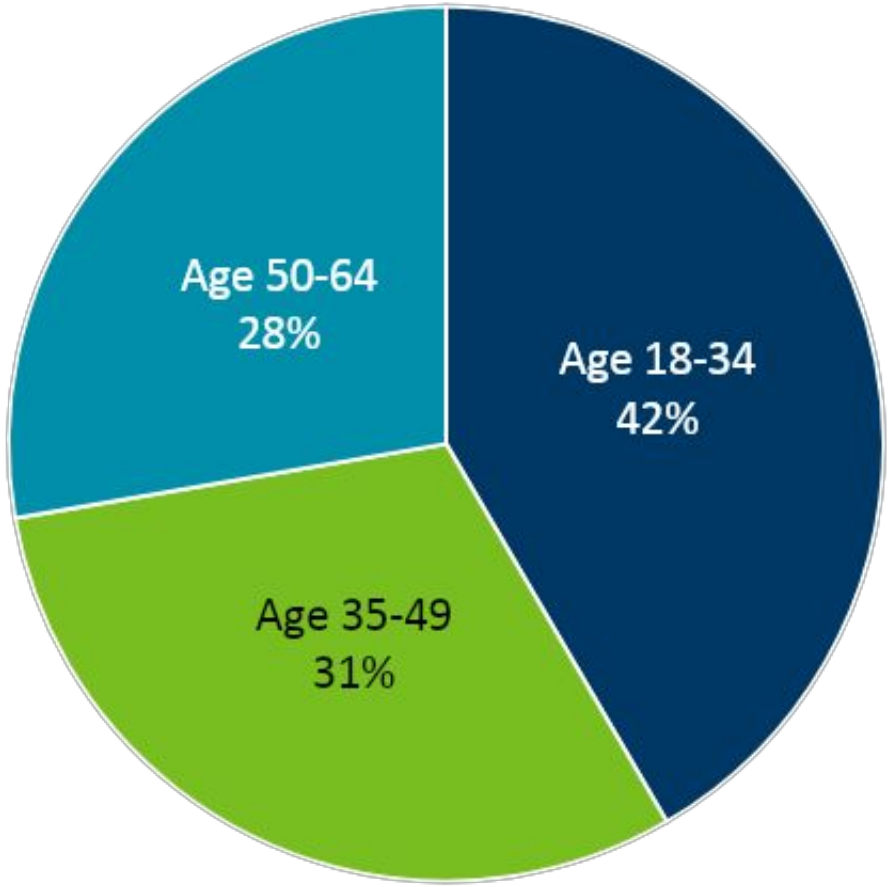
# Survey respondent demographics

(weighted to represent overall MA enrollee population; one identity assigned; N=2,985)



# Survey respondent demographics
(weighted to represent overall MA enrollee population; N=2,985)



# Care quality

Enrollees and providers see comparable care quality between telehealth and in-person services

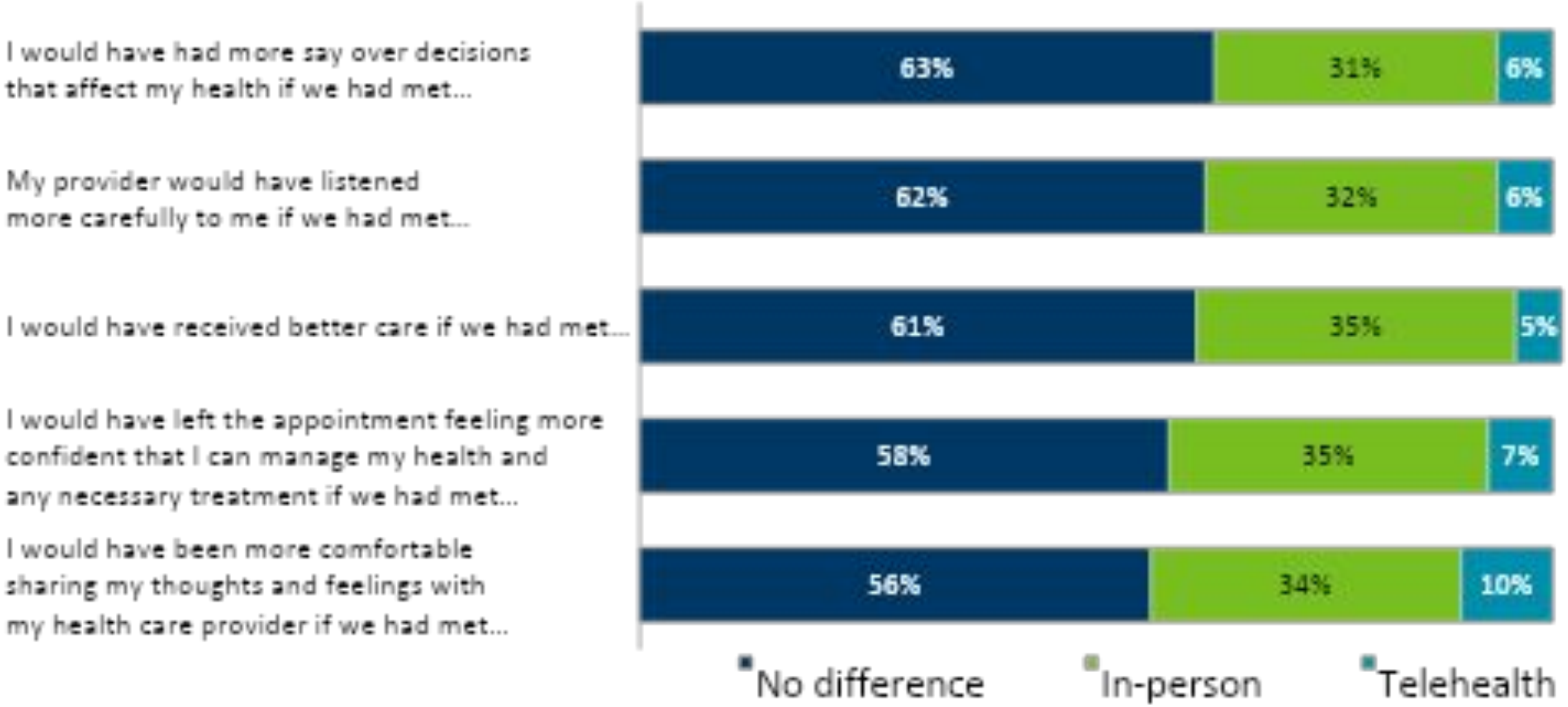
# Care quality: Qualitative findings

- Enrollees and providers reported that they are still able to build relationships, and that telehealth can:
  - **Enhance rapport and communication** through more consistent and frequent interactions and engagement from clients/patients
  - Provide a **greater sense of comfort and safety** for clients/patients
- However, some providers reported challenges **engaging and building relationships** with some clients/patients via telehealth (e.g., new clients/patients)

"I really haven't seen any differences in quality... I really have top notch providers, and they do a good job whether it is telehealth or in person." – Enrollee

"Clients show up more… [Which means] better outcomes for patients. They respond favorably. You are able to develop therapeutic relationships and identify goals with the clients, just as in person." – Provider

# Care quality: Survey findings (N=1,415-1,436)



# Care quality: Survey findings (N=663)

Respondents who reported they would **prefer in-person** care for future services reported the following reasons for their preference:

- They and their provider would be able to hear and see each other better (67%)
- They would feel more comfortable talking openly with their provider (54%)
- Their provider can explain things better in person (51%)
- There would be fewer distractions during the appointment (51%)
- Their provider needs to assess their health concern in person (45%)

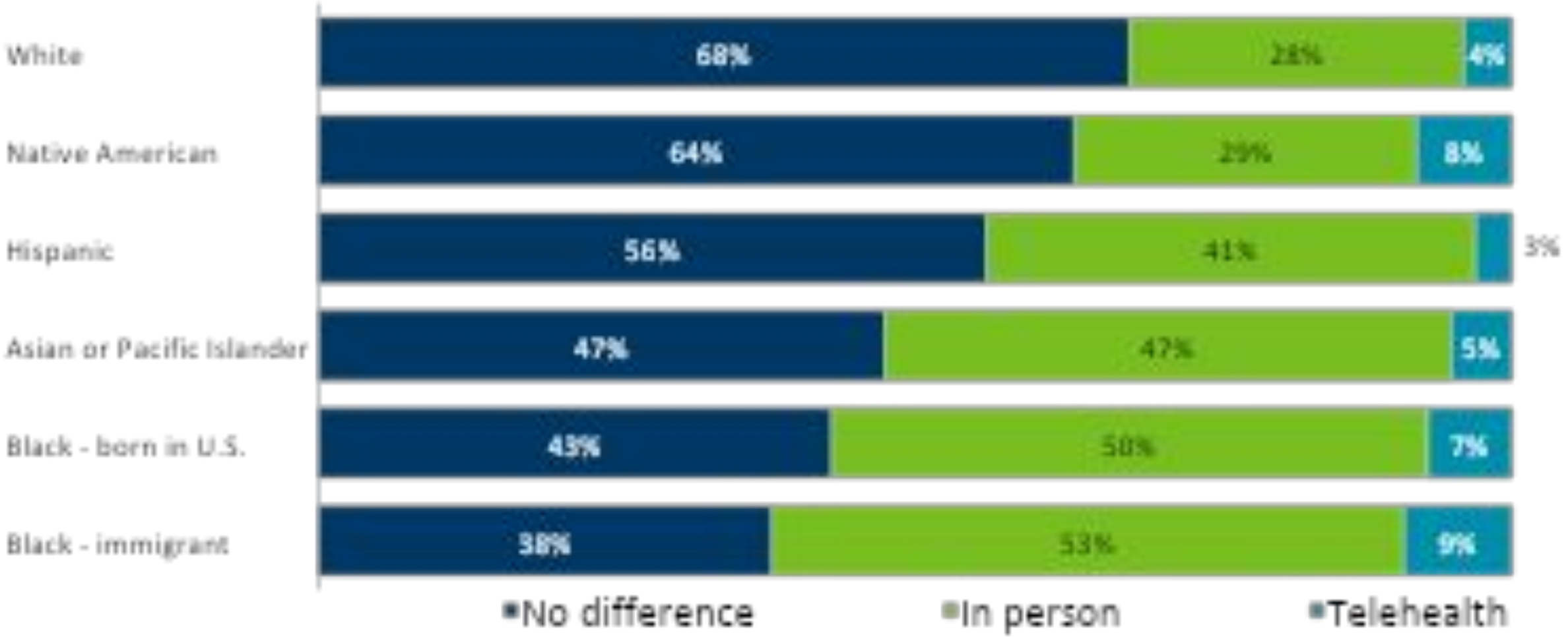
# Subgroups analyzed in survey data

- **Race/ethnicity**
- **Delivery format (audio-only; videoconferencing)**
- **Type of care (behavioral health; physical health)**
- **Geography (urban; rural; mix)**
- **Age (18-34; 35-49; 50-64)**
- MA eligibility type (enrollees with a disability or blindness; single adults; parents with children)
- Treatment plan
- Needs interpreter access for health appointments

All subgroup findings are available in the survey databook

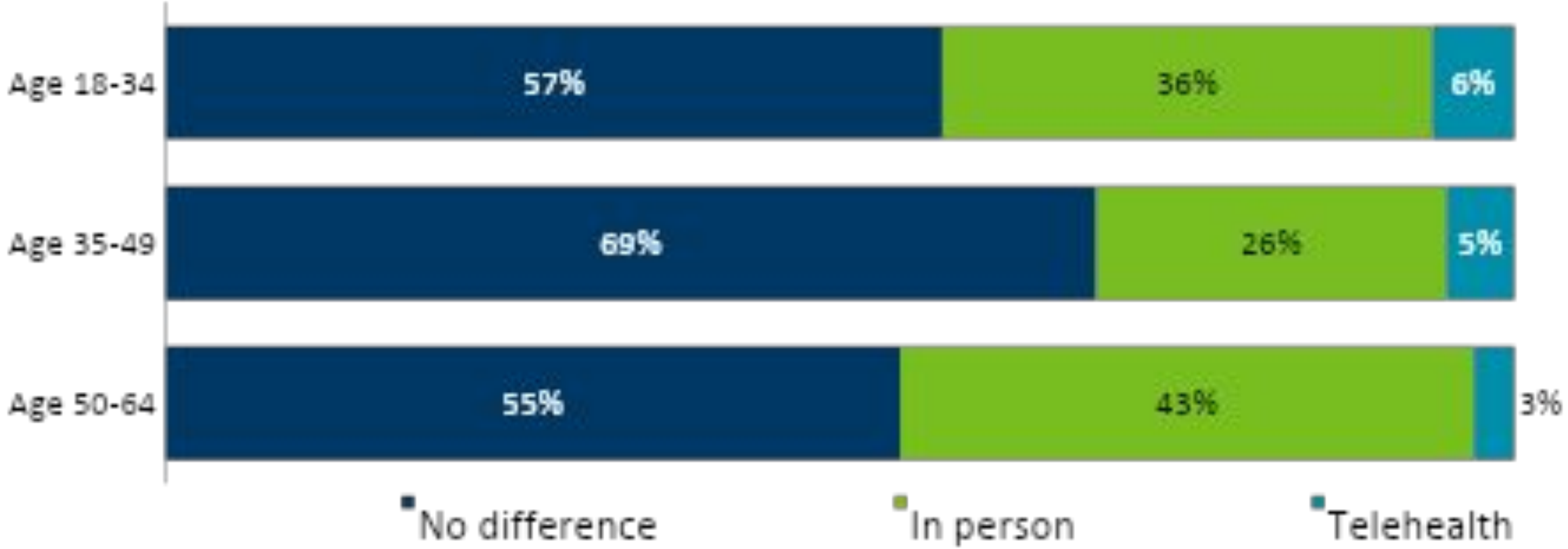
# Care quality: Race/ethnicity

I would have received better care if we had met…



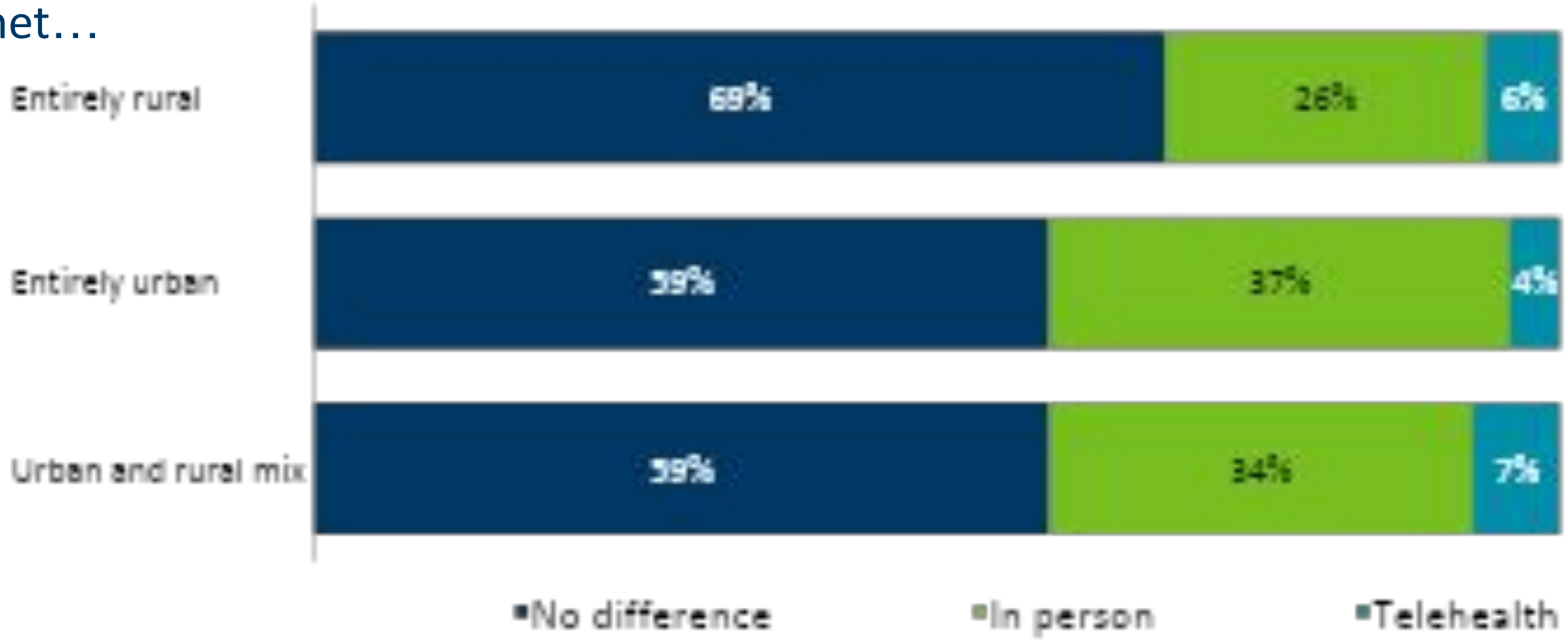
# Care quality: Age

I would have received better care if we had met…



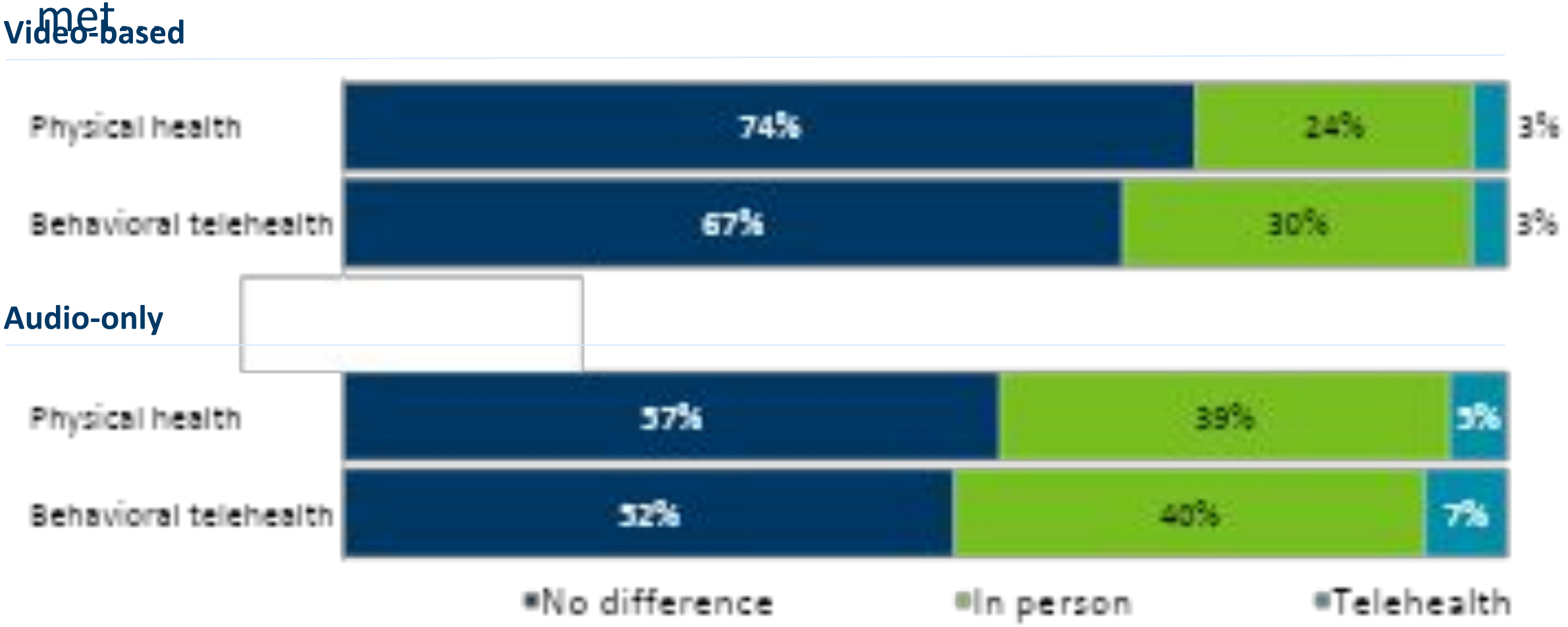
# Care quality: Geography

I would have received better care if we had met…



# Care quality: Delivery format and type of care

I would have received better care if we had met



# Access to care

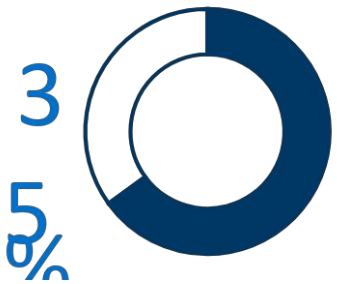
Enrollees and providers believe telehealth increases access to care

# Access to care: Qualitative findings

- Providers and enrollees reported that telehealth:
  - **Reduces barriers** to care
  - **Reduces stressors** related to accessing care
  - **Increases service utilization**
- Providers and enrollees highlighted the importance of ensuring service recipients have **access to the technological resources** required to access telehealth services (e.g., internet, device)

"[Telehealth] guarantees that I can actually attend the meetings/sessions. Prior to not having telehealth services, I would have to drive to the clinics. Most of the services are during the day and will require me taking time off work. With telehealth, it increases my access to the services that I need." – Enrollee

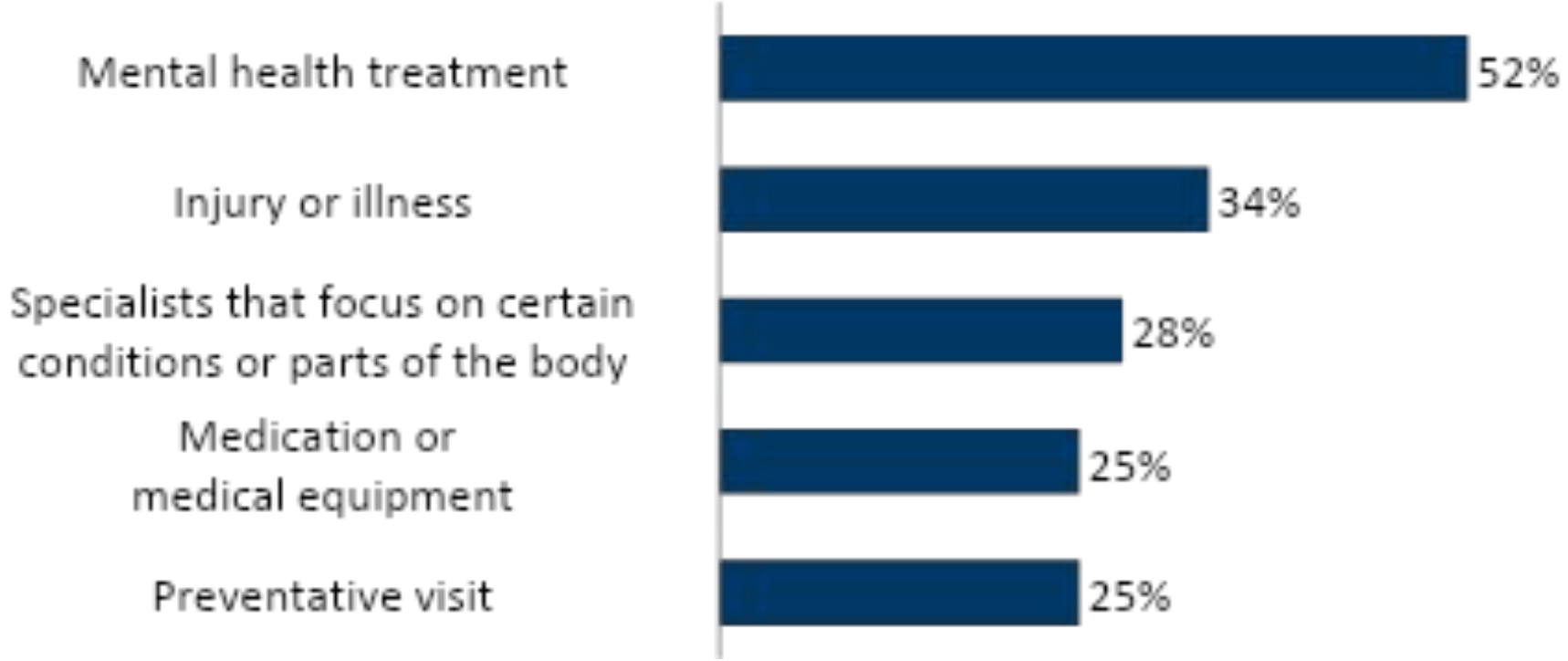
# Access to care: Survey findings



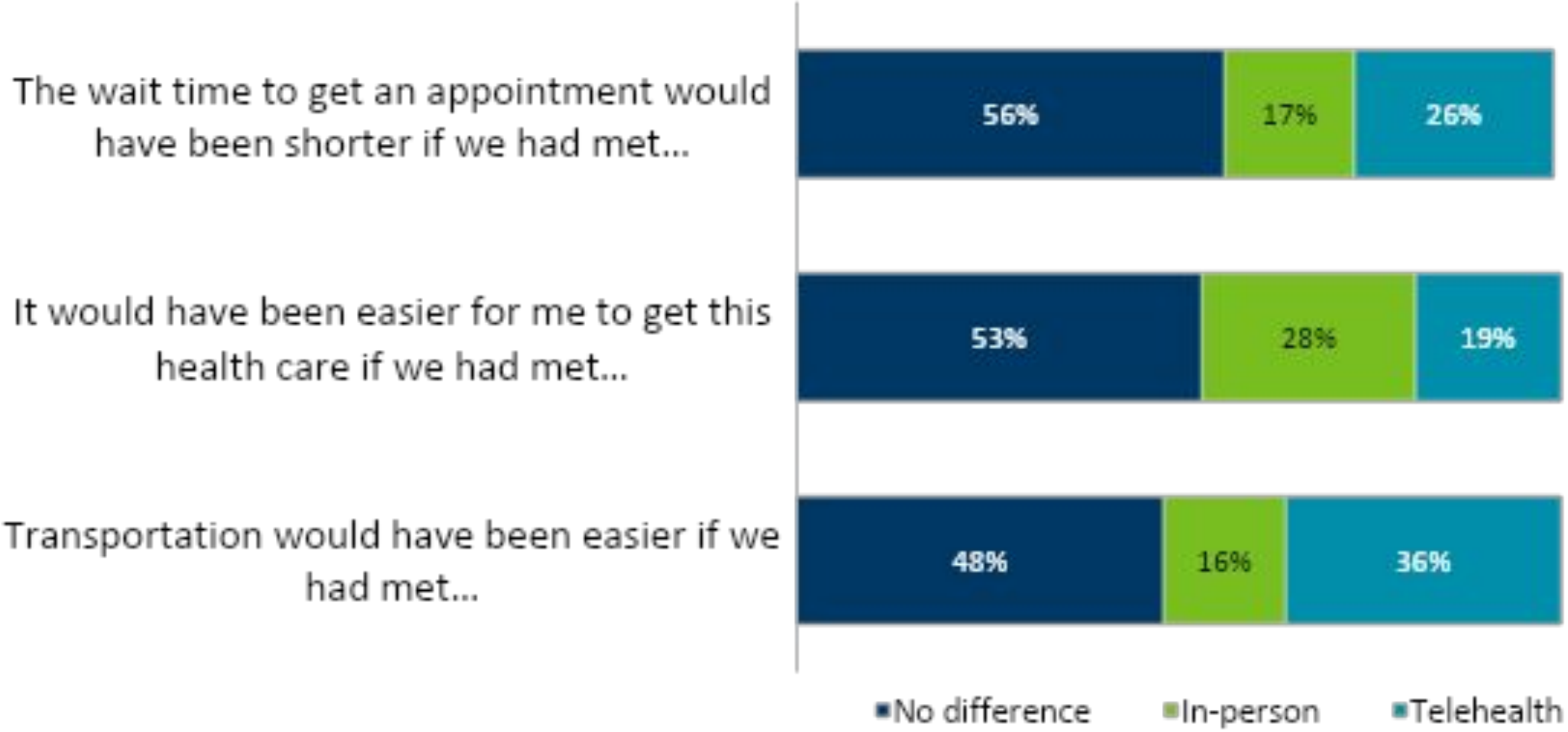

of survey respondents who received telehealth services in the past year reported **telehealth made it possible for them to access care** they otherwise wouldn't have received (N=1,102).

# Access to care: Survey findings

Among these respondents, the care they most frequently reported receiving because of telehealth included (N=684):



# Access to care: Survey findings (N=1,408-1,416)



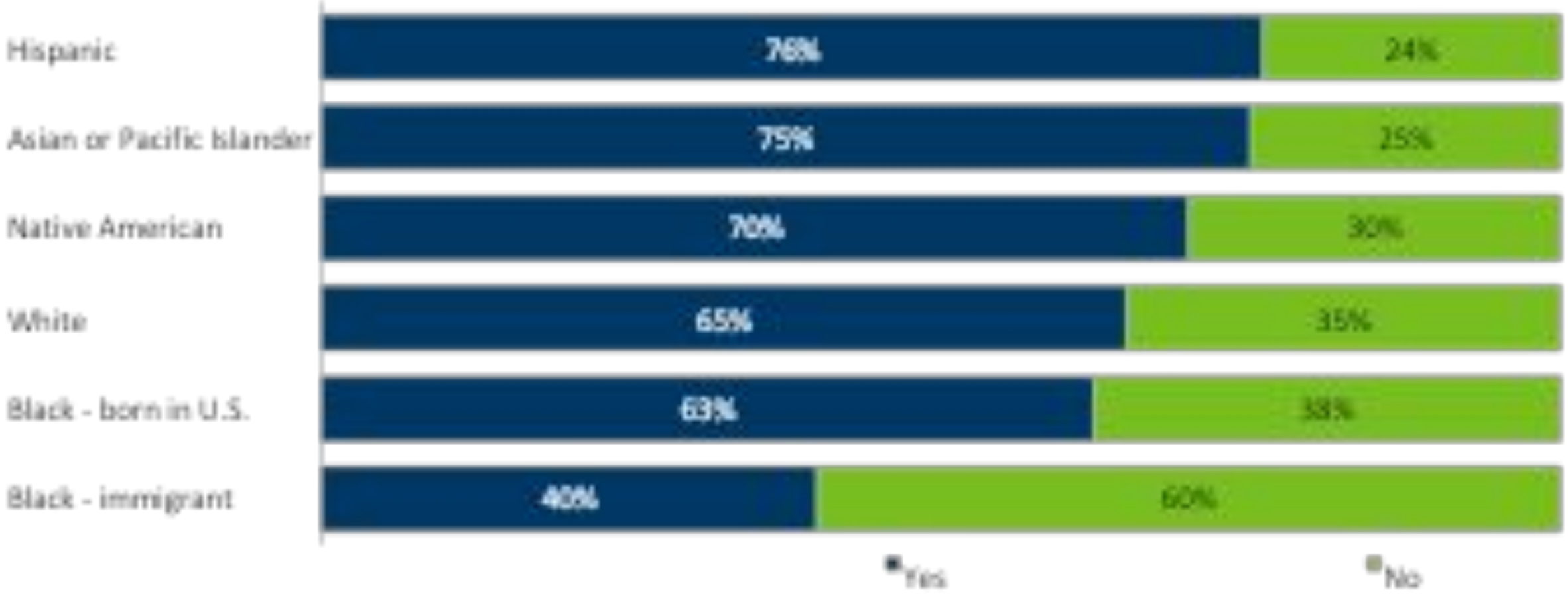
# Access to care: Survey findings (N=663)

When asked about future health care, respondents who said they would **prefer telehealth** most often said it was because of:

- No travel time (78%)
- No need to pay for gas, parking fees, and other travel costs (71%)
- Easier to schedule (67%)
- Shorter wait times for appointments (56%)
- No need to take time off from work (47%)
- No need to find child care or elder care (34%)

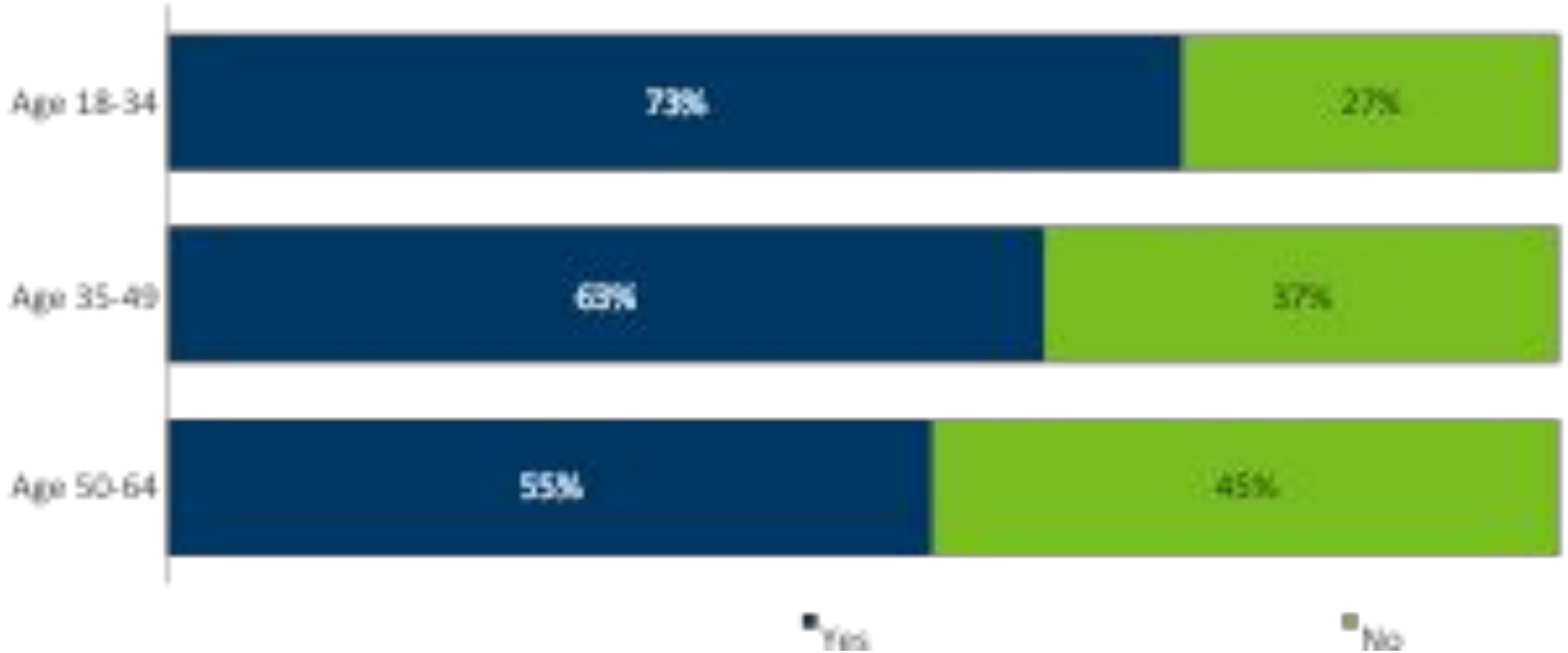
# Access to care: Race/ethnicity

Has telehealth made it possible for you to get health care that otherwise you would not have received?



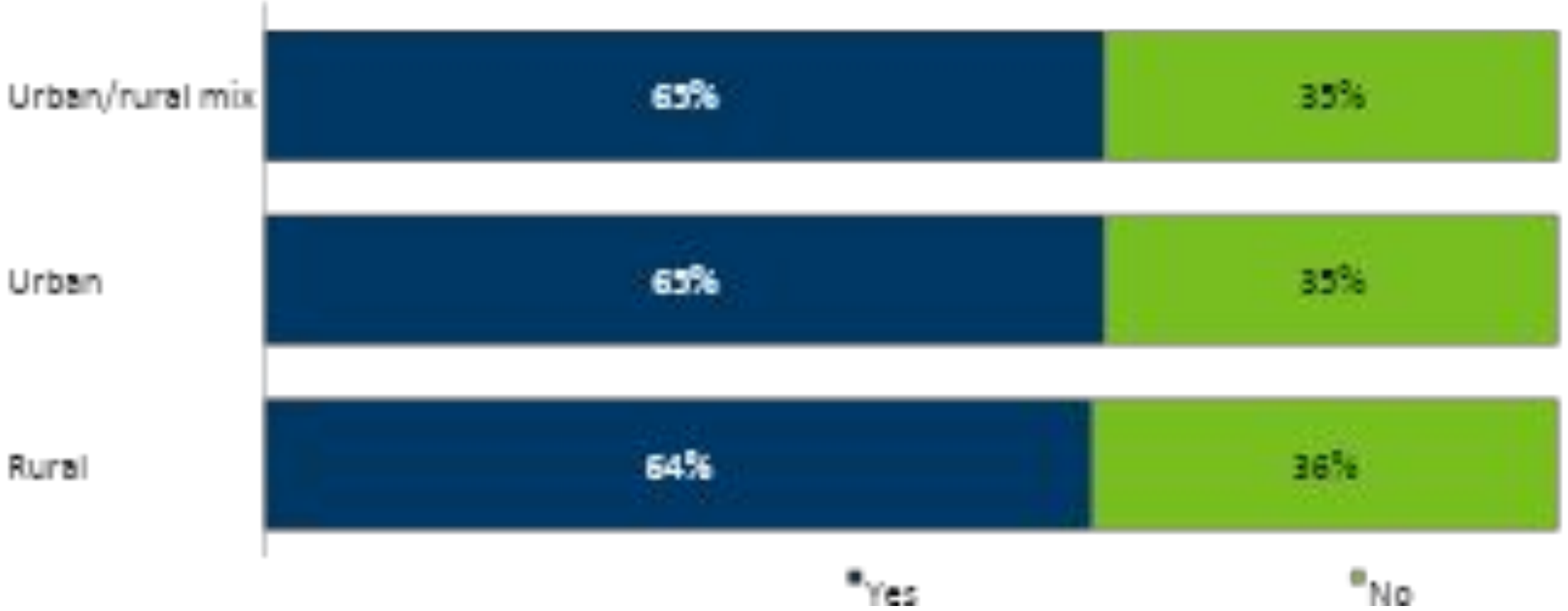
# Access to care: Age

Has telehealth made it possible for you to get health care that otherwise you would not have received?



# Access to care: Geography

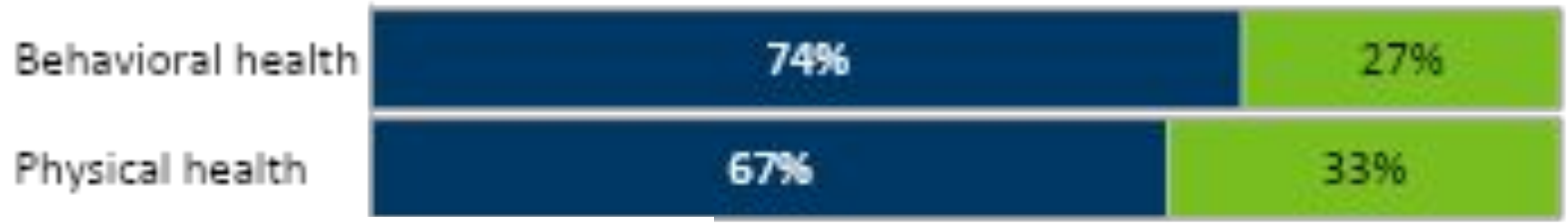
Has telehealth made it possible for you to get health care that otherwise you would not have received?



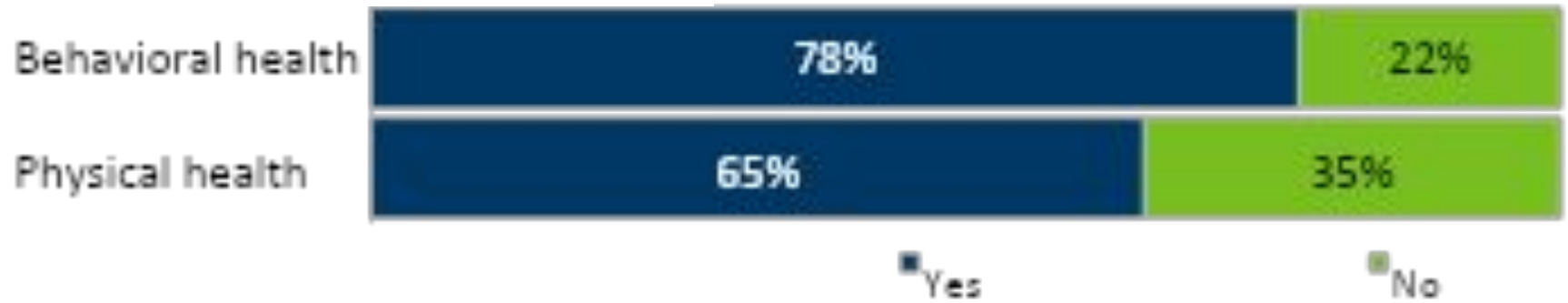
# Access to care: Delivery format and care type

Has telehealth made it possible for you to get health care that otherwise you would not have received?

**Video-based**




**Audio-only**



# Future interest in telehealth services

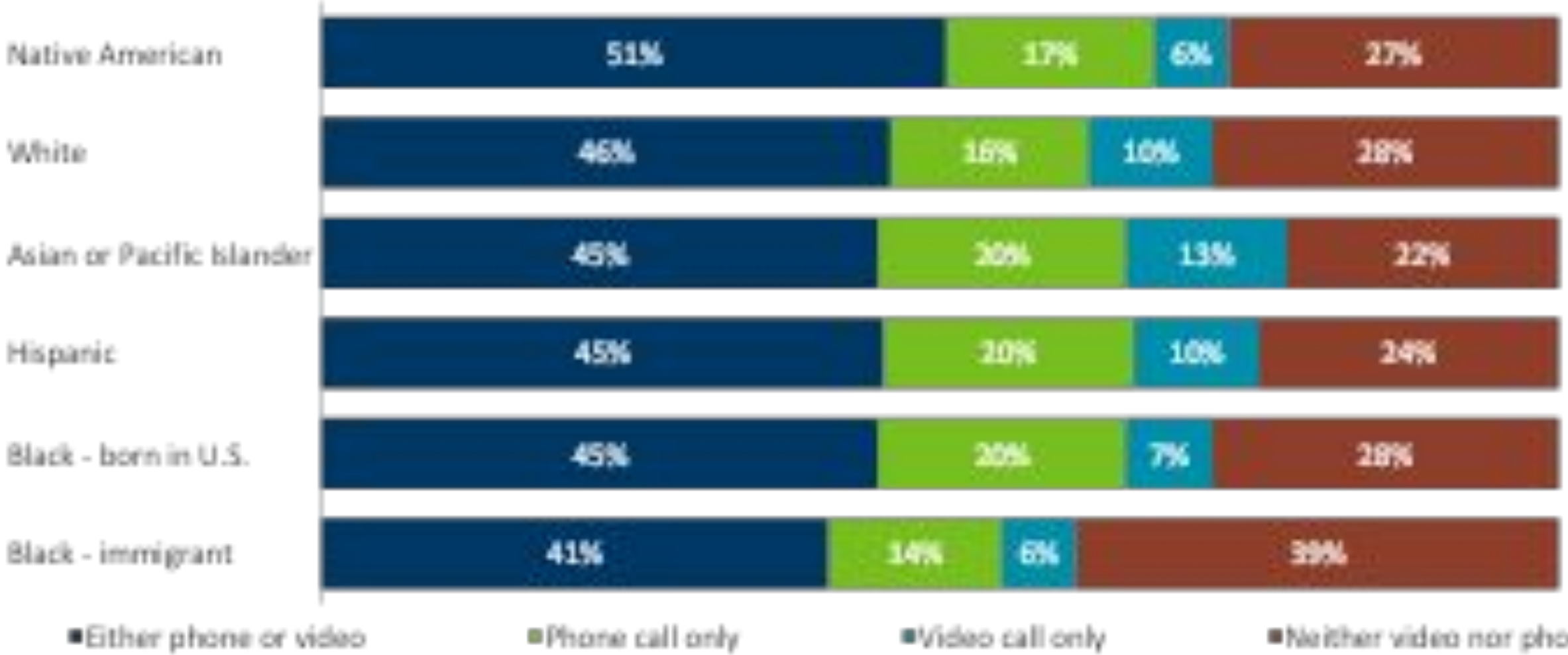
# Future interest in telehealth services (N=2,921)

## Are you interested in using health care by phone or video in the future?



# Future interest: Race/ethnicity

## Are you interested in using health care by phone or video in the future?



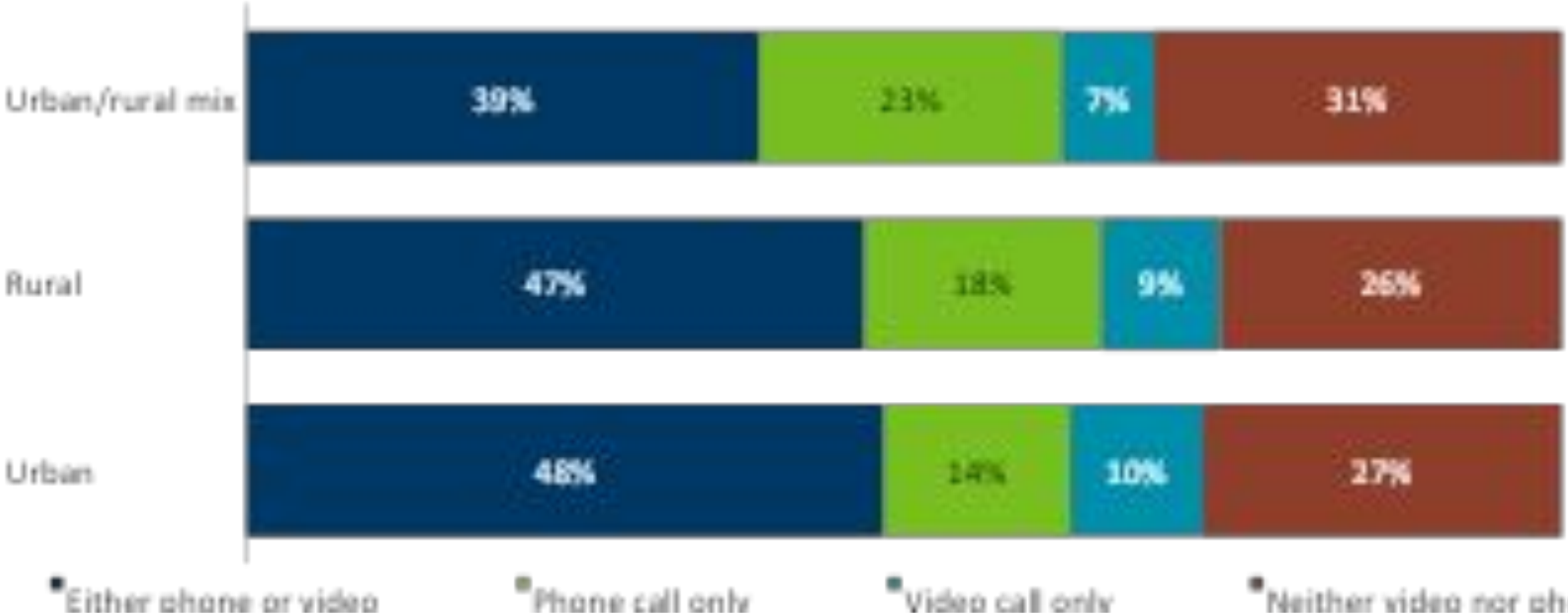
# Future interest: Age

## Are you interested in using health care by phone or video in the future?



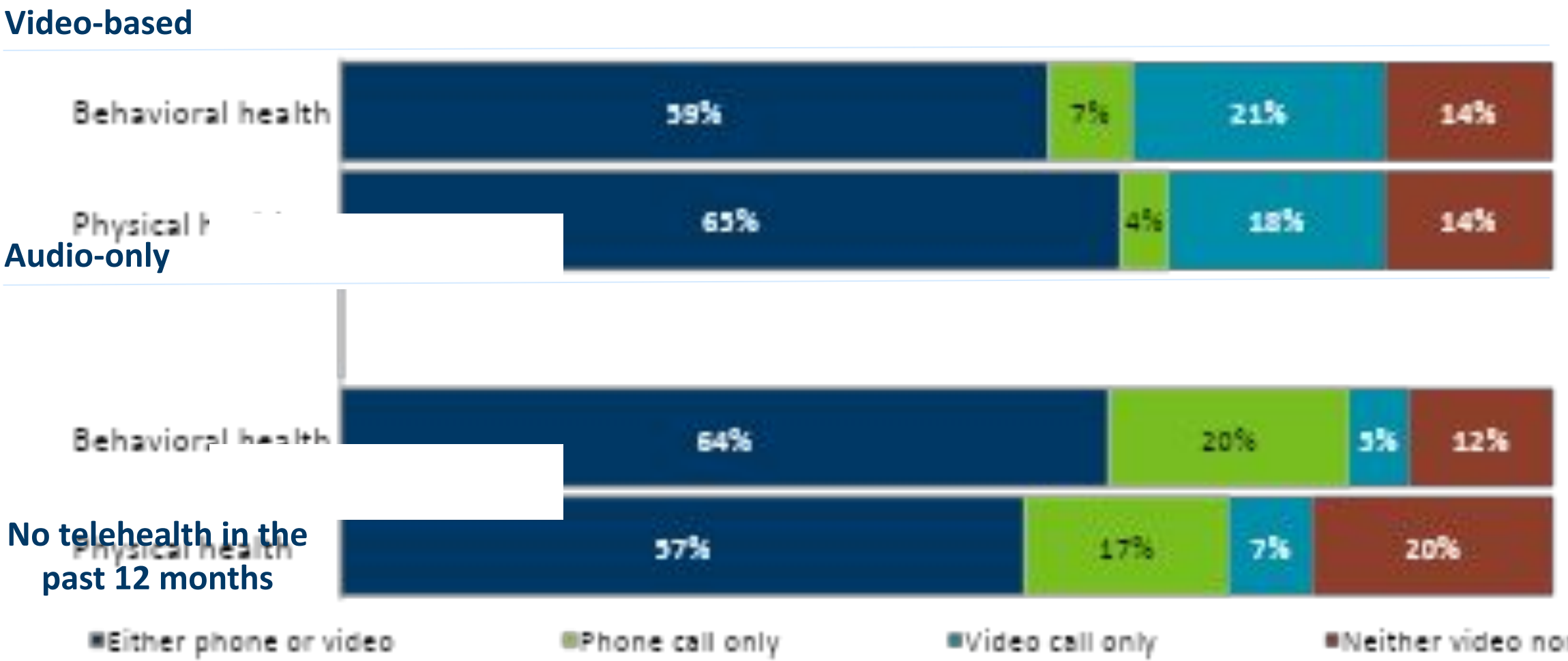
# Future interest: Geography

## Are you interested in using health care by phone or video in the future?



# Future interest: Delivery format and care type

## Are you interested in using health care by phone or video in the future?



# Selected recommendations

# Selected recommendations

- Ensure **authentic and equitable choice** for providers and MA enrollees to access care via telehealth or in-person.
- Provide **training and support to providers,** including technical assistance, education, and quality assurance.
- Continue efforts to better **understand how culture, identity, and demographics, and the social and structural factors associated with these identities** (e.g., oppression and marginalization), **impact telehealth experiences.**
- Continue to **advocate and prioritize funding for telehealth infrastructure** to ensure enrollees are able to access telehealth services, including reliable internet and devices.
- Continue **support for legislation to allow payment parity in reimbursement** for all telehealth formats until further data can inform a final policy recommendation, particularly with regard to audio-only services.

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# Questions?

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# Thank you!