

Minnesota Study of Telehealth Expansion and Payment Parity

Key considerations for telehealth amidst rapidly changing systems

From how we deliver and pay for health care, to the technology everyone relies on in daily life, the systems that telehealth bridges are changing at an unprecedented pace. Policies and initiatives expand far beyond the scope of the Minnesota Department of Health’s (MDH) Study of Telehealth Expansion and Payment Parity.

Yet these changes must lead to the health care systems Minnesotans want: A system that supports access, affordability, quality, and equity while ensuring that Minnesotans have the choice of whether to receive health care services in person or via telehealth. The questions below illustrate some of the trade-offs and considerations that telehealth presents and can serve as a helpful tool when considering the impacts of any policy with telehealth implications.





Health care: How does telehealth make keeping up on appointments or accessing specialty care easier – and where is in-person care necessary to ensure high-quality care?



Data privacy regulations: How will changes to data privacy make it harder for telehealth to be accessible equitably – and where are data privacy protections necessary to ensure the integrity of the system?



Digital equity: How will increasing access to broadband infrastructure impact people’s ability to access telehealth – and where would barriers to access remain?



Commercial health-tech (apps, niche services, etc.): Where could niche apps and services provide quality care in ways patients prefer – and where are these services potentially weakening the traditional health care system’s ability to provide comprehensive “whole person” care?



Affordability and payment models: Where is telehealth creating new opportunities to deliver health care conveniently at high quality and lower costs – and where does telehealth invite excessive or duplicative appointments that increase costs without improving outcomes?

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