

# **Telehealth Expansion and Payment Parity Study**

## **TECHNICAL ADVISORY GROUP (TAG) MEETING 4 NOTES**

Date: 3/31/2023 8:30 a.m. – 10:00 a.m.

# **Welcome and Agenda Overview**

Welcome from Stephanie Devitt (SDK Communications)

- TAG members in attendance:
  - Jonathan Neufeld (gpTRAC)
  - Leo Bay (Essentia Health)
  - Carrie Suplick Benton (SEGIP)
  - Barb Andreason (Allina Health)
  - Karen Amezcua (Blue Cross Blue Shield)
  - Sue Abderholden (NAMI)
- TAG members not in attendance:
  - Jeremy Hanson Willis (Rainbow Health)
  - Bentley Graves (MN Chamber of Commerce)
  - Cara McNulty (CVS Health)
  - Alicia Bauman (Lakewood Health)
  - Ryan Jelinek (Hennepin Healthcare)
  - Jean Abraham (UMN)

## **Emerging Themes: Telehealth Policy Workshop**

Presented by Kristen Ackert, MDH.

## TAG Comments:

 Workshop panelists had interesting and helpful ideas on data analysis. Recognized the excitement and challenges of doing this work for the first time.

# **Update on Preliminary Report to Legislature**

Update presented by MDH.

 The MDH Study of Telehealth Expansion and Payment Parity Preliminary Report is in the approval process.

# **Translating Policy Themes to Minnesota's Study**

Presented by Pam Mink, MDH.

#### Question to TAG:

Should the research focus in the Telehealth Study be narrow and deeper, or broader and more inclusive?

#### Discussion:

Mental health care via telehealth is very important and could be considered a "new way" to provide/deliver care.

- Understanding audio-only for mental health.
- Improved access:
  - o Reduction in "no shows."
  - Eased barriers including transportation, and mental health symptoms.

Better understanding the medical domains and specialties that took advantage of telehealth would be useful.

- Examples include pain management and cardiologists. What are the others?
- Also an examination of telehealth usage by geography—i.e., urban and rural areas.

## Some questions to consider when examining telehealth.

- How is telehealth being leveraged?
- Are we trying to figure out how to support its current state, or making policy to grow telehealth overall?
- Are we growing it to add points of access for some?
- Would there be value in the previous BCBS study in 2020 to analyze usage of Telehealth?

Drilling down on available data could reveal interesting insights, but the data itself could get less robust the finer it gets

- There are many variables in the different data we have. Do we know the impact each has?
- Hospitals are another non-volume avenue for data.



# **Inviting Diverse Voices to Shape Understanding**

Presented by Stephanie Devitt.

Question to TAG: What perspectives do you think are missing from the telehealth policy discussion that you would like to see prioritized?

#### TAG Discussion:

## It's important to understand consumer preferences

- Telehealth is different care. We don't need to prove that it is better; we just need to prove it is that just as good.
- Hearing consumer perspectives is key to understanding preferences for care and what worked well during the pandemic.
- When we talked to people asking about their experiences, it was very positive. Many said they would like to keep doing [visits via telehealth], but still see their provider.

## Some non-typical telehealth stakeholders can offer valuable insight

- Provider associations and licensing boards
- Consumers in urban settings
- Unique considerations for parents and children

# The perspectives of providers who specialize in underserved patients will differ from those providers serving more advantaged patients

Telehealth looks very different to those providers who focus on access.

Question to TAG: When you look to a post-pandemic future of telehealth, what do you want to know about how payers and providers will choose offerings?

### TAG Discussion:

## We need to understand why some patients choose telehealth over in-person care

- Are consumers using it as convenience care or thinking of as primary care but just in a different way?
- If getting healthcare via telehealth is a choice, then that's good. But if people use telehealth because of a poor work-life balance, it's merely a band-aid for struggling patients.
- I don't think it's a band-aid, I see telehealth as people's preferences. It's eliminated a lot of distance and time barriers.



# Telehealth has expanded access to care, but there needs to be clarity in how it will be regulated in the future

 Some providers may feel reluctance to market telehealth services if the policies and regulations governing this field are unsettled or change too frequently.

## Telehealth broadens the supply of providers

 During the pandemic, some therapists, particularly therapists who are parents, stayed in the workforce because telehealth made offering their services professionally easier.

## Continuity of care is a concern with telehealth

- One-time care is great for low-level services, but there's something to be said for the continuity of care for patients with mental health or other complexities.
- We need to make a distinction between telehealth-only companies and brick-and-mortar incumbent providers that do telehealth as a comprehensive approach to care.
- Are audio-only telehealth providers offering continuity of care?

# **Next Steps**

- 2023 TAG meetings will continue every other month on Friday mornings.
  - Next meeting is Friday, May 19, 8:30 a.m. 10 a.m.
  - Slides from this meeting are available on MDH telehealth website after this meeting.

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