Telehealth Expansion and Payment Parity Study

Technical Advisory Group Meeting 2 Notes

Date: 11/29/2022 1:30 p.m. – 3:00 p.m.

Welcome and Introductions

Welcome from Minnesota Department of Health (MDH)

- Stefan Gildemeister, Pam Mink, Kristen Ackert, Kelsey Schaenzer
- TAG members in attendance:
  - Jean Abraham (UMN)
  - Barb Andreason (Allina Health)
  - Alicia Bauman (Lakewood Health)
  - Carrie Suplick Benton (SEGIP)
  - Jonathan Neufeld (gpTRAC)
  - Leo Bay (Essentia Health)
  - Karen Amezcua (Blue Cross Blue Shield)
- TAG members not in attendance:
  - Sue Abderholden (NAMI)
  - Jeremy Hanson Willis (Rainbow Health)
  - Bentley Graves (MN Chamber of Commerce)
  - Ryan Jelinek (Hennepin Healthcare)
- Introduction of SDK as TAG Facilitator:
  - Stephanie Devitt

Wilder Research Overview

Research Findings presented by Sera Kinoglu

- Wilder Research slides presented 11/29 (PDF)
  https://www.health.state.mn.us/data/economics/telehealth/docs/wildertagstudy.pdf

TAG Question:

- What are telehealth's impacts on downstream system costs, as increased access to seek care may induce demand and increase costs through the entire system?

MDH Quantitative Findings

Quantitative Findings presented by Pam Mink

- MDH quantitative findings slides presented 11/29 (PDF) https://www.health.state.mn.us/data/economics/telehealth/docs/datasummary.pdf
- All data presented are preliminary

TAG Questions and Comments:

- What is the response rate for the HIT Ambulatory Survey?
  - The HIT Ambulatory response rate is 84%.
- How confident are you in the coding of visit types (audio-only vs. video) in the MN APCD?
  - This data aligns with national results.
  - MDH team does not feel confident in the ability to distinguish audio-only visits from video visits in these data.
  - MDH will look to use Electronic Health Record Data to better understand in 2023.
- If the concentration of telehealth visits has moved more into metro areas after 2020, is there any indication this was caused by reimbursement becoming a possibility?
  - This is potentially because of telehealth services being offered by brick-and-mortar providers after 2020.
- Data aligns with CVS Health—also finding that people are getting mental health care services earlier. By compiling survey data, claims data, population data, and indicators of self-harm, CVS was able to provide service earlier and reduce suicide attempts by 18% in one year.
- High MNHA Survey satisfaction scores for both video and audio-only telehealth
- There is interest in comparing mental health visits in counties that have (historically) had less access to mental health care providers. Could compare mental health visits in rural counties to see if they now align more with mental health numbers statewide.
- Other claims data has shown very high utilization of telehealth services for behavioral health. It's important to also account for the significant increase in the utilization of behavioral health care overall in recent years. These need to be decoupled in future research.
- Blue Cross Blue Shield has seen that health plan members are struggling to find telehealth providers from their health plan websites aside from telehealth-only provider options.

Key Themes of Interim Report

- Presented by Stephanie Devitt 11/29 (PDF) https://www.health.state.mn.us/data/economics/telehealth/docs/telehealthtagsummary.pdf
- The report is due to the legislature on January 15th.

The TAG was asked the following:

- Any comments and reactions to where we're moving?
- Are themes as you would expect, and do they line up with what you're seeing in your work?
- Are there additional themes or nuances?

TAG Questions and Comments:

- There is a recognized distinction between virtual-only telehealth providers and brick-and-mortar providers now providing telehealth. These are fundamentally different and driven by different financial incentives. This distinction is essential for legislators, as our system for health care is financially driven.
  - The system for specialty care has also fundamentally changed as it can now be managed differently following the pandemic, particularly in rural areas.
  - Rural patients who can have a specialist consultation in their home save a lot of time, and no longer must give up a full day of travel for a consultation and can still access necessary care services.
  - This different perspective of telehealth should lead to benefit design, but this begs questions of network adequacy and other implications.
  - With this paradigm shift, it's important to have tools to create a framework to support top-of-scope work to be most efficient.
- It is important to state in interim report and in general that cost implications of telehealth are unknown. We currently don't know if it induces demand or if care is substitutive. Telehealth may also increase health care use by meeting previously unmet needs.
- While providers have conveyed the need for payment parity, there are other consumer perspectives on the long-term impact to out-of-pocket expenses for potentially different care experiences that should be taken into consideration.
  - Should point out that many of these questions can't be addressed through payment policy. While legislature must decide on payment parity or not, it may not be possible to foster innovation and improve quality without addressing copayment or creating coverage that is in excess.

Next Steps

- This discussion will lead into research in 2023 for the Final Report.
- Key themes of the Interim Report will continue to be refined, but recommendations will be specifically regarding the sunset on audio-only parity in June 2023.
- Meetings moving forward will be every other month on Friday mornings.
  - Next meeting is February 3, 2023, 8:30 a.m. – 10 a.m.
  - TAG members should have received invitations from Kristen Ackert.

- Slides from this meeting are available on MDH telehealth website after this meeting.
- Please provide any additional comments or thoughts for the interim report.

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