Telehealth Expansion and Payment Parity Study

TECHNICAL ADVISORY GROUP (TAG) MEETING 7 NOTES

Date: 9/8/2023 8:30 a.m. – 10:00 a.m.

Welcome and Agenda Overview

TAG members in attendance:

- Jonathan Neufeld (gpTRAC)
- Jean Abraham (UMN)
- Sue Abderholden (NAMI)
- Ryan Jelinek (Hennepin Healthcare)
- Leo Bay (Essentia Health)
- Barb Andreasen (Allina Health)
- Karen Amezcua (Blue Cross Blue Shield)
- Carrie Suplick Benton (SEGIP)

TAG members not in attendance:

- Alicia Bauman (Lakewood Health)
- Jeremy Hanson Willis (Rainbow Health)
- Cara McNulty (CVS Health/Aetna)
- Bentley Graves (MN Chamber of Commerce)

Presentation by Department of Human Services

Megan Loew, the telehealth lead for the Department of Human Services (DHS), presented results from DHS' preliminary legislative report on telehealth.

Purpose and Methods: Better understand telehealth utilization and experiences and perceptions among Medical Assistance (MA) enrollees. MA is Minnesota's Medicaid program. DHS explored three primary focus areas—quality of care, access to care, equity and demographic group differences.
- Mixed-methods approach of surveys, interviews, and focus groups to gather information was used to assess differences between behavioral health and physical health services, as well as between video-based and audio-only services.

- Claims data timeframe reviewed: Jan. 2020 to May 2022

- Types of claims: physical health (PH), mental health (MH), and substance use disorders (SUD)

Results: After an initial jump at the onset of the pandemic, MA telehealth claims (as a percentage of total MA claims) declined significantly for both PH and SUD services. PH went from a high of 9% down to 2%. SUD went from a high of 21% down to 4%.

- MH declines were to a lesser degree—-from 61% to 32%.

- Audio-only use was greater among people who had disabilities or blindness compared to other MA eligibility types.

Recommendations: Continue current expansions of telehealth; ensure authentic and equitable choice for providers and access to care via telehealth or in-person; support legislation to allow payment parity in reimbursement; and telehealth policies should be tailored by service type.

Full study is available online at: https://www.lrl.mn.gov/docs/2023/mandated/231387.pdf

Discussion: DHS presentation

Discussion focused on a range of study components, including:

Q: Was DHS able to measure digital literacy among survey respondents?
    A: Survey did not explicitly measure digital literacy; it was a DHS-wide program survey encompassing financial wellbeing and other measures, too. Some questions may serve as near proxies for digital literacy, such as education level.

Q: Did the survey asked about access to technology?
    A: Yes, the survey asked about video and audio-only modes of technology.

Q: How well did survey respondents represent the broader MA population?
    A: DHS oversampled based on the MA population in Minnesota.

Q: How was the survey distributed?
    A: Survey invitation was emailed and mailed; the web survey was available in English, Spanish, Somali, and Hmong. DHS held two focus groups, 23 interviews and 26 interviews with BH providers. Of the 17,817 enrollees who were invited to take the survey, 2,985 completed.

Q: What other data was evaluated, beyond what was presented?
    A: The report will include a data book that will stratify the data from different viewpoints.

Presentation by the Minnesota Department of Health

Pam Mink and Kristen Ackert from the Minnesota Department of Health (MDH) presented an update on the MDH telehealth study.

- *Minnesota Health Care Workforce Survey*: Between 2019 and 2023, there was an increase in clinicians using telehealth to treat patients among mental health providers, alcohol and drug counselors, physicians, and physician assistants.

    o The increase was observed in all geographies—including urban, micropolitan, small towns, and isolated rural areas.

- *HIT survey*: Nearly all clinics providing primary care and/or mental health care services from all geographies reported using at least one form of telehealth (video visits, audio visits, e-consults between providers, and asynchronous telehealth) in their practice.

    o Patient interest or demand topped the list of determinants of how much telehealth is offered by the clinic.

- *Minnesota All Payer Claims Database (MN APCD)*: Actuarial analysis by Oliver Wyman focused on telehealth's portion of covered healthcare expenses for overall professional claims, and for mental health and SUD claims.
    o Allowed professional claim costs post-COVID are not higher than predictions based on pre-COVID trends, despite the growth in telehealth use.
    o MH and SUD claim costs post-COVID for are on par with predictions based on pre-COVID trends, despite the growth in telehealth use.

- *Other study components underway*:
    o Surveys and interviews with health plans
    o Other updates to MDH surveys (e.g., MN Health Access Survey)
    o Literature review of audio-only telehealth
    o Spotlights of important uses of telehealth that may not be reflected in the data collected
    o Further analyses of MN APCD and EHR data

- Final report will be released in early 2024.

Discussion: MDH presentation

Q: Will the survey of health plans include self-insured employers?
- o A: Self-insured employers are not part of the payer surveys and interviews.
- o Comment: Society for HR Management (SHRM) may be a good resource for obtaining information related to health plans and private employers.

Discussion: Domains of policy recommendation

The TAG was asked, "What areas of recommendation, or domains of recommendations, are important to include in the final report?"

Some examples were listed—audio-only, quality, access and equity, cost—and the TAG offered several other ideas, including:

- The role that telehealth plays in serving the mental health community
- The quality of telehealth services delivered
- The density of telehealth services being delivered by conventional clinics (brick and mortars) versus telehealth platforms, which could be out of state.
- The breadth of provider availability by health plan, including provider choice
- The performance of providers; the providers' experience
- Patient access to technology and digital resources
- Security around technology

Next Steps

- ▪ MDH will schedule an additional December meeting – watch for invitation.
- ▪ Next meeting is Friday, November 3, 8:30 a.m. – 10 a.m.
- ▪ Slides from this meeting are available on MDH telehealth website after this meeting.

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