DEPARTMENT OF HEALTH

Fact Sheet: Minnesota Study of Telehealth Expansion and Payment Parity

What is the MDH role in the Minnesota Telehealth Study?

The 2021 Minnesota Legislature passed the Minnesota Telehealth Act,¹ which expands telehealth in Minnesota and extends payment parity to include telephone-only visits through June 30, 2023. The legislation also directs the Minnesota Department of Health (MDH) to conduct a study of the impact of these policies under private sector health insurance.² A parallel study, led by the Minnesota Department of Human Services (DHS), focuses on the impact of these policies for Minnesota Health Care Programs, including Medical Assistance and MinnesotaCare.

MDH and DHS are consulting with each other and with the Department of Commerce as the study progresses. This Fact Sheet is focused on the MDH component of the study.

What are the main questions that the study will address?

In broad terms, MDH has been directed to evaluate the impact of telehealth expansion and payment parity under private sector health insurance, on:

- Access to health care services, quality of care, health outcomes, patient satisfaction, and value-based payments and innovation in health care delivery;
- Health care disparities and equitable access for underserved communities;
- Health care costs and premiums; and
- Access to, and availability of, in-person care, including specialty care, particularly in rural areas.

The study will also seek to address:

- The extent to which services provided through telehealth substitute for or are in addition to in-person services, including whether they are duplicative of in-person services;
- The services and populations for which increased access to telehealth improves or negatively impacts health outcomes;
- Whether audio-only communication as a permitted option for delivering services supports equitable access to health care services, including behavioral health services,

¹ Minnesota Session Laws - 2021, 1st Special Session. Chapter 7. Article 6 [Available at https://www.revisor.mn.gov/laws/2021/1/Session+Law/Chapter/7/]

² Minnesota Session Laws - 2021, 1st Special Session. Chapter 7. Article 6, Sec. 27 [Available at https://www.revisor.mn.gov/laws/2021/1/Session+Law/Chapter/7/]

and whether it eliminates barriers to care for vulnerable and underserved populations without reducing the quality of care, worsening health outcomes, or decreasing patient satisfaction; and

• How payers ensure that telehealth services are appropriate to the patient needs and that patients may choose whether or not to seek or receive care via telehealth.

How is MDH approaching the aims of the legislation?

MDH is engaging contractors to provide study coordination support and to conduct environmental scans and literature reviews, and primary qualitative research (e.g., interviews with patients, providers, and payers). As part of the qualitative component of the study, MDH contractors may contact Minnesota residents, providers, and payer organizations to invite them to participate in an interview.

There is also a quantitative component to the study, including but not limited to analyses using the Minnesota All Payer Claims Database. To assist with the study, MDH will engage a technical advisory group.

When will we know the results of the study?

MDH will produce two main reports:

- A preliminary report, due by January 15, 2023, will summarize qualitative findings and early quantitative results, and deliver recommendations on whether audio-only communication should be allowed as a telehealth option (that is, reimbursed at parity to in-person care) beyond June 30, 2023.
- The final report, due by January 15, 2024, will present all findings and recommendations, including literature search/environmental scan, qualitative research findings, and quantitative research findings

There will be interim updates and briefings on study progress and findings to different audiences the study progresses.

How is MDH connecting with stakeholders and other experts?

In our process of developing a conceptual approach to the study, MDH staff have scanned the literature and other resources, and held informal conversations with colleagues in Minnesota, including our counterparts of DHS. Our formal engagement with stakeholders will begin as we conduct the qualitative component of the study and with the formation of the Technical Advisory Group. MDH appreciates hearing from interested parties as the study progresses.

MDH contact:

For more information about this study, please contact Stefan Gildemeister [Stefan.Gildemeister@state.mn.us] or Pam Mink [Pam.Mink@state.mn.us], Health Economics Program, Health Policy Division.

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