

FEB 2022

Much can be learned from physicians' experiences with telehealth expansion in Michigan

Executive Summary

The COVID-19 pandemic led to an unprecedented expansion of telehealth in Michiganⁱ and across the United Statesⁱⁱ.

Telehealth expansion was due, in large part, to a number of pandemic-related policy changes, such as the expansion of coverage for telehealth services, and the loosening of telehealth delivery restrictions.ⁱⁱⁱ

These new policies allowed patients greater access to remote care to reduce exposure to the COVID-19 virus and had far reaching impacts on physicians, hospitals, health systems, and consumers. However, many of these new policies are temporary and set to expire once the COVID-19 public health emergency period ends.

With the federal public health emergency drawing to a close, policymakers and decision leaders in Michigan and at the federal level are discussing which policies to continue and which to abandon or alter.^{iv}

The perspective of physicians, who have firsthand experience with and knowledge of telehealth delivery, must be factored into this decision-making process.

In this brief, the Center for Health and Research Transformation (CHRT) at the University of Michigan shares Michigan physician views on how telehealth has impacted patient care. The quantitative and qualitative data are from a survey of licensed Michigan physicians conducted from April 7, 2021 to May 11, 2021.¹

At the conclusion of this brief, CHRT discusses the implications of these findings for state and federal policy, especially as it relates to the accessibility, quality, and equity of care.

Key Findings

- 75 percent of Michigan physicians report that they have used telehealth. Of these physicians, one-third began using telehealth within the last year.
- Regional differences in telehealth use are dramatic, with the lowest use among physicians in Michigan's Upper Peninsula (54 percent) and the highest among physicians in Southeast Michigan (85 percent).



Center for
Health and Research
Transformation


CHRT.ORG

2929 Plymouth Rd, Ste 245
Ann Arbor MI 48105-3206

734-998-7555

CHRT-info@umich.edu

¹ The 2021 Michigan Physician Survey was fielded online to licensed physicians in Michigan from April 7, 2021 to May 11, 2021. 2,188 physicians responded to the survey (8% response rate). To adjust for non-response, the final sample was weighted by the region in which the physician practices, as well as years in practice.

- 
- Telehealth use varies significantly by practice type. Michigan physicians employed by a Federally Qualified Health Center (FQHC) are most likely to report use of telehealth (92 percent), while those employed by Urgent Care Clinics are least likely to report use (48 percent).
 - Only one in every three Michigan physicians (32 percent) reports that telehealth improves the quality of health care, but the majority of Michigan Physicians report that it improves *access* to care (60 percent). These findings suggest that, although telehealth may not be a replacement for in-person care, it can be a valuable tool for reducing health disparities resulting from barriers to accessing care.
 - Technology challenges for patients (61 percent) and reimbursement for telehealth (51 percent) were the two most commonly reported barriers to continuing the use of telehealth.

Findings

Telehealth Use among Michigan Physicians

Telehealth use has increased dramatically during the pandemic.

In spring 2021, one year into the COVID-19 pandemic, three out of four Michigan physicians reported that they used telehealth. Of the physicians who used telehealth, one-third had started using telehealth within the last year.

However, telehealth use is much lower in some regions of the state.

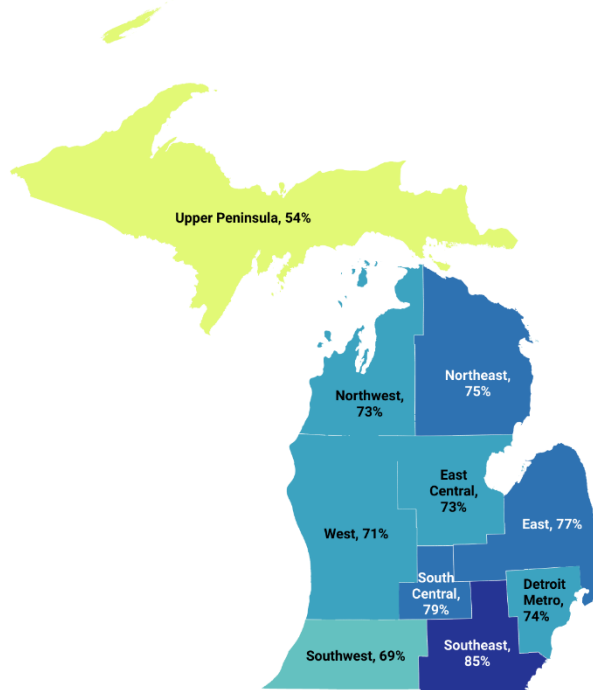
Telehealth use was highest among physicians in the Southeastern Michigan region (85 percent). It was lowest among physicians in Michigan's Upper Peninsula (54 percent). Regional differences in access to broadband internet likely contribute to this gap.^v

Figure 1

Telehealth use in the Upper Peninsula lags behind telehealth use in other regions of Michigan.

Percentage of Physicians who had Used Telehealth

■ < 55% ■ 55%-60% ■ 60%-65% ■ 65%-70% ■ 70%-75% ■ 75%-80% ■ ≥ 80%



Source: CHRT 2021 Physicians Survey • Created with Datawrapper

On average, telehealth use is more common among primary care physicians than specialists.

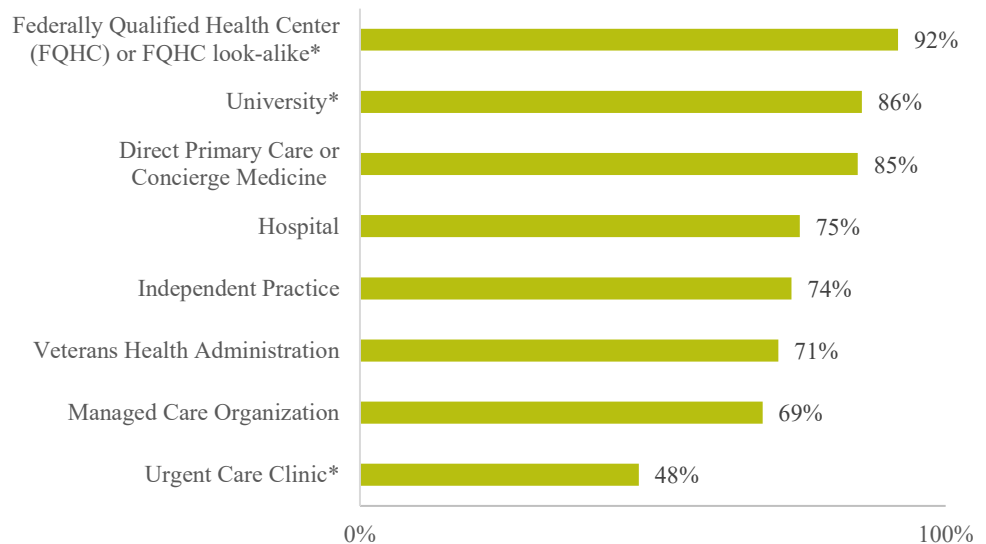
Eighty-three percent of primary care physicians reported that they had used telehealth, compared to 69 percent of specialists.

However, there was considerable variability among specialists. Over 90 percent of endocrinologists, gastroenterologists, neurologists, oncologists, and psychiatrists reported that they had used telehealth. In contrast, emergency medicine physicians (21 percent), anesthesiologists (18 percent), and orthopedic surgeons (58 percent) were significantly less likely to have used telehealth.

Telehealth use varies by practice arrangement.

Figure 2

Percentage of physicians who have used telehealth by practice arrangement.



Data Source: 2021 Physicians Survey

* Significantly different from other physicians ($p < 0.05$)

Telehealth use was highest among Michigan physicians employed by a Federally Qualified Health Center (FQHC) or an FQHC look-alike, with 92 percent of these physicians reporting that they had used telehealth. This high rate of telehealth usage is consistent with national estimates of telehealth use at Federally Qualified Health Centers.^{vi} In Michigan, this high rate of telehealth use among FQHC-employed physicians likely reflects policies aimed at temporarily expanding telehealth coverage for Medicaid patients, including those receiving services from FQHCs.^{vii}

Physicians employed by a university were also significantly more likely than other physicians to report telehealth use; 86 percent of physicians employed by a university reported that they had used telehealth, compared to 75 percent of physicians overall. This may reflect additional

resources that these health systems have at their disposal as a result of their university affiliation.

Impacts of Telehealth

While only a third of Michigan physicians reported that telehealth improved quality of care, the majority agreed that telehealth improved access to care.

Sixty percent of physicians agreed that their patients have better access to care since their practice began using telehealth (See Figure 2).

Some physicians described how telehealth helped reduce barriers to care for patients, such as geographic distance:

*“Telehealth has been great for my patients because they can receive speech therapy virtually. Because many patients come from several hours away, **this has allowed them to get the care they need when before they just wouldn't be able to.**”*

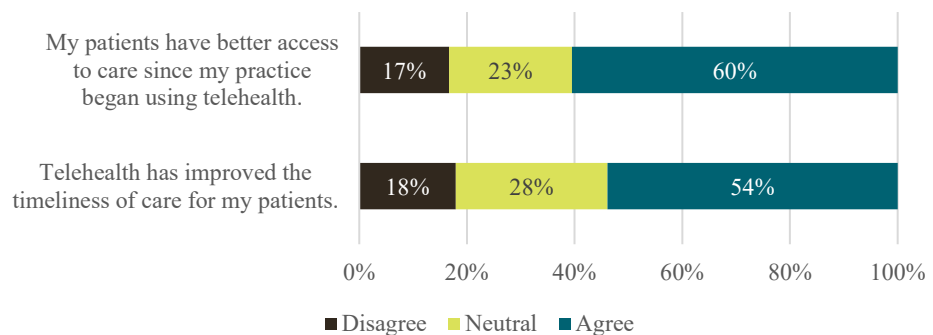
54 percent of physicians strongly or somewhat agreed that telehealth has improved the timeliness of care for their patients (See Figure 2).

One way in which telehealth helped to improve the timeliness of care was by reducing wait times to talk with a physician:

*“Telehealth has been the one real positive in patient care [during the pandemic]. **Patients like it as there is very little wait time to see me and it runs very efficiently.** For patients that live at a distance from our clinics, telehealth has really been very effective and reduces travel hassle and time. I would encourage continuation of this format in patient care even after full recovery from the pandemic.”*

Figure 2

Most Michigan physicians agreed that telehealth has improved access and timeliness of patient care.

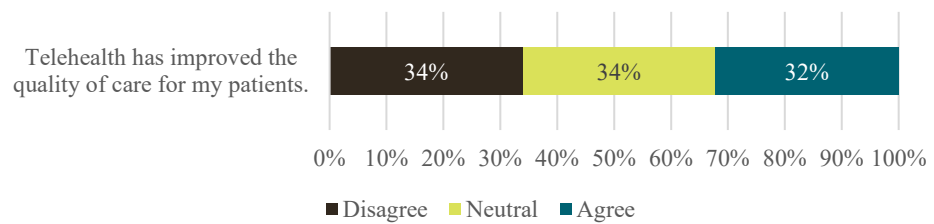


Data Source: 2021 Physicians Survey

However, physicians were less likely to agree that telehealth has improved the quality of care for their patients. In fact, they were nearly evenly split: Thirty-two percent agreed and 34 percent disagreed that telehealth improved quality of care, while the remaining 34 percent reported neutral attitudes towards the impact of telehealth on quality of care.

Figure 3

Physicians had conflicting views about whether telehealth has improved quality of care for patients.



Data Source: 2021 Physicians Survey

This split may reflect the fact that the impact of telehealth on care quality varies depending on the patient population and the type of care being provided. This theme came up frequently in physicians' reflections on telehealth. For example, as one physician described:

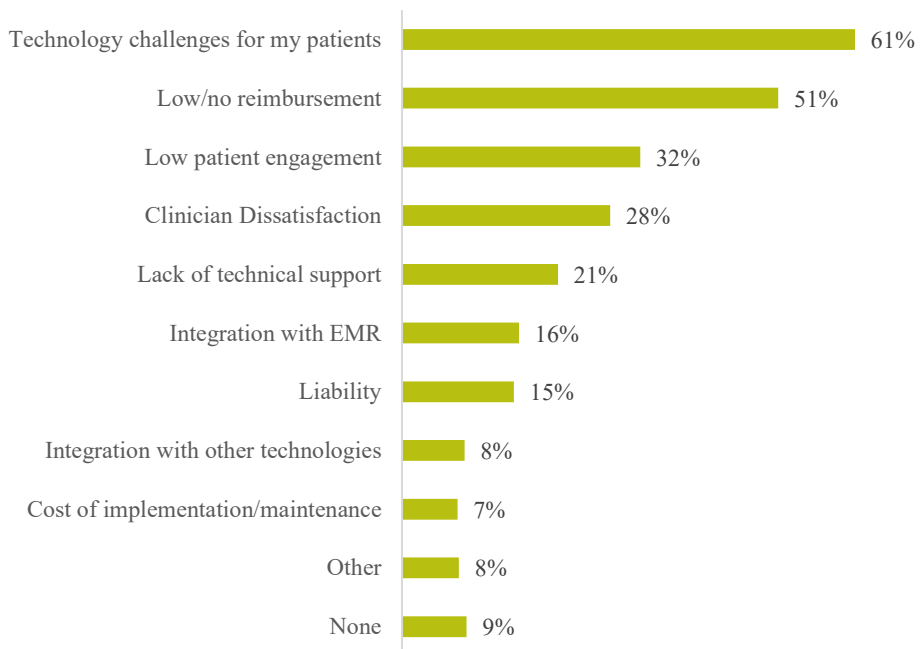
“The pitfall of evaluating the utility of telehealth is the use of broad generalizations. For example, for some of my patients, care is improved, others no change and some less optimal with telehealth versus in person. It can't be all or nothing.”

Barriers to Maintaining Telehealth Post-Pandemic

Physicians who used telehealth were asked what, if any, barriers and challenges exist to their organization related to maintaining telehealth use after COVID-19.

Figure 4

What do physicians perceive to be barriers to their organization maintaining telehealth use after COVID-19?



Data Source: 2021 Physicians Survey


Technology challenges for patients was the most commonly reported barrier by physicians.

61 percent of the physicians who had used telehealth perceived this as a barrier to maintaining telehealth use after COVID-19:

“[My patient population] has a VERY hard time with video visits. They don’t have internet or don’t know how to use MyChart. The televisits are great for those who are high risk, but if the patient can’t do them or does not understand their benefit, the service fails.”

Physicians with a larger share of Medicare patients were more likely² to report technology challenges for patients as a barrier to maintaining telehealth. Among physicians who reported that over 30 percent of their patients have Medicare as their primary form of insurance, 64 percent reported technology challenges for patients as a barrier.

² Significant difference ($p < 0.05$)



A number of physicians maintained that some modes of telecommunication were more challenging than others for their patients. In particular, some physicians described video visits as more challenging than audio visits:

“I’m in [a] rural area. Many [patients] lack [a] PC or smart phone... they have low tech flip phones [and] in many cases they are elderly and not tech savvy. I use audio or FaceTime only, and many don’t have or understand FaceTime.”

About half of the physicians (51 percent) anticipated that low or no reimbursement for telehealth would be a barrier to continuing telehealth use beyond the pandemic.

Some physicians described uncertainty regarding the future of telehealth reimbursement:

“CMS and insurance regulations reverting to pre-pandemic rules” and “payment might go away.”

Although some physicians felt that audio-only telehealth was a better fit for their patient population, these physicians expressed concerns regarding low reimbursement for this mode of telehealth:

“At one point in 2020 [payor] was only reimbursing \$16 per audio Telemed visit even if it was a 40-60 min visit. My patients can’t do video platforms - [it] takes as long as appointment to struggle to set up the video connection and reception [is] poor in some rural areas and connection drops. Audio and Facebook [Messenger video chat] are the only ways Telemed is feasible in my experience.”


Discussion

As the end of the current COVID-19 public health emergency approaches, policymakers at both the federal and state level are considering the future of the temporary changes to telehealth policy made in response to the pandemic. Findings from CHRT's survey of Michigan physicians highlight important policy considerations from the provider perspective, particularly related to the impact of changes in reimbursement on the on-going use of telehealth, the need to monitor equity in telehealth use, and the need for measuring and evaluating telehealth's impact on quality of care and patient experience.

Considerations for Reimbursement. Many physicians felt that the future of telehealth depended on federal and state decisions regarding reimbursement rates. In particular, half of physicians anticipated that no or low reimbursement for telehealth services would be a barrier to their organization maintaining telehealth after the pandemic. This is notable given that, at the time of this publication, the future of reimbursement for telehealth coverage in Michigan remains uncertain. During the pandemic, Michigan expanded coverage of services provided to Medicaid patients by audio-only and simultaneous audio and video technology but specified that this was a time-limited policy.^{viii} Although a number of commercial health plans have also expanded coverage of telehealth services, Michigan is one of a minority of states that does not explicitly require private payers to cover telehealth services.^{ix} In addition, unlike a number of other states, Michigan does not require payment parity for telehealth services.^{x,xi} Unless these gaps in telehealth reimbursement are closed, maintaining telehealth after the public health emergency may not be feasible or a priority for many organizations.

Monitoring Equity. Physician perspectives highlight issues of equity in telehealth use. A majority of physicians surveyed perceived that telehealth has made care more accessible, reducing barriers to patient care such as geographic distance and wait time. In some instances, physicians' reports of telehealth use suggest that telehealth services are reaching patients who have traditionally faced barriers to accessing care. In particular, telehealth use is highest among physicians at Federally Qualified Health Centers (FQHCs) and FQHC look-alikes, which provide primary care services to patients in underserved areas. However, for other populations, the expansion of coverage for telehealth services has not necessarily translated into increased accessibility of care. Notably, telehealth use in the Upper Peninsula lags behind telehealth use in other areas of the state, despite the fact that individuals in the Upper Peninsula tend to face greater geographic barriers to accessing care and could benefit from access to telehealth services.

Physicians noted that some modes of telehealth care were more accessible than others. For example, some physicians felt that audio-only telehealth was more accessible than audio-visual telehealth for those with poor internet connection and low technological literacy. This finding suggests that telehealth legislation that prioritizes video-based telehealth services may have the unintended consequence of perpetuating existing health inequities. Notably, the Upper Peninsula of Michigan is an area of the state with below average internet connectivity,^{xii} which likely contributes to the lower rates of telehealth use in this region. Although both federal and state legislation has been passed to expand access to broadband connection, disparities in broadband access will likely remain for years to come.^{xiii,xiv} Policies that limit or exclude reimbursement for audio-only care may make telehealth services inaccessible to many patients in the Upper Peninsula, as well as other areas of the state with poor broadband connectivity.



Measuring Quality of Care and Patient Experience. Although the majority of physicians agreed that telehealth improved the accessibility and timeliness of care for patients, physicians were more divided about whether telehealth improved quality of care. Many described that telehealth may not be a great fit for every patient or for every type of care. This points to the need to: measure and evaluate telehealth's short and long-term impact on quality of care, consider additional education and training in the appropriate use of telehealth based on patient health need, and consider adjustments for how quality measures are historically collected and documented.

Findings from a survey of patients conducted by NPR, the Robert Wood Johnson Foundation, and Harvard's T.H. Chan School of Public Health showed that, although most patients reported satisfaction with their telehealth visit (82 percent), a majority (64 percent) would still have preferred to see their physician in person.^{xvixvi} Together, these findings underscore that telehealth may be viewed as a valuable tool for promoting access to needed care, but not necessarily seen by patients as a replacement for in-person care.^{xvii} This points to the potential need for additional support to patients as they navigate their early experiences with telehealth, the need to continue to measure and monitor patient experience, and to identify ways in which patients may have a more positive patient experience with telehealth.

References

- ⁱ Institute for Healthcare Policy and Innovation at the University of Michigan. (2021). Telehealth Research Incubator Research Snapshots. Retrieved from https://ihpi.umich.edu/sites/default/files/2021-08/Telehealth_Research_Snapshots_Databook_2021.pdf
- ⁱⁱ Samson, L. W., Tarazi, W., Turrini, G., & Sheingold, S. (2021). Medicare beneficiaries' use of telehealth in 2020: Trends by beneficiary characteristics and location. <https://aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf>
- ⁱⁱⁱ Teske, K. (2020). Telehealth services have expanded to address COVID-19 emergency. Let's preserve the most effective innovations. Retrieved from https://chrt.org/wp-content/uploads/2020/04/TelehealthInnovations_final-.pdf
- ^{iv} Centers for Medicare and Medicaid Services. (Nov 2021). Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule. Retrieved from <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule>
- ^v BroadbandNow. Michigan Internet Coverage and Availability. Retrieved January 7, 2022 from <https://broadbandnow.com/Michigan>
- ^{vi} Cole, M. (2021). Disparities in Telehealth Use during COVID-19 across Federally Qualified Health Centers: Findings from National Survey Data. *Health Services Research*, 56(S2), 29-30.
- ^{vii} Michigan Department of Health and Human Services Medical Services Administration. (2020). COVID-19 Response: Telemedicine Reimbursement for Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Centers. https://www.michigan.gov/documents/mdhhs/MSA_20-34-Clinic_691242_7.pdf
- ^{viii} Center for Connected Health Policy. Michigan Current State Laws and Policy. Accessed December 22, 2021 from <https://www.cchpca.org/michigan/?category=private-payer&topic=definitions-private-payer>
- ^{ix} JoAnn Volk et al., States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations (Commonwealth Fund, June 2021), <https://www.commonwealthfund.org/publications/issue-briefs/2021/jun/states-actions-expand-telemedicine-access-covid-19>.
- ^x Ibid.
- ^{xi} National Academy for State Health Policy. States Provide Payment Parity for Telehealth and In-Person Care. Accessed December 22, 2021 from <https://www.nashp.org/states-provide-payment-parity-for-telehealth-and-in-person-care/>
- ^{xii} Austin, J. C. (2020). In Michigan, closing the digital divide can unite the 'red' and the 'blue.' Retrieved from <https://www.brookings.edu/blog/the-avenue/2020/07/23/in-michigan-closing-the-digital-divide-can-unite-the-red-and-the-blue/>

^{xiii} Infrastructure Investment and Jobs Act. H.R.3684, 117th Congress (2021). Retrieved from <https://www.congress.gov/bill/117th-congress/house-bill/3684/text>

^{xiv} Oosting, J. (2021). COVID reveals Michigan's internet broadband gap. Will take years to close. Retrieved from <https://www.bridgemi.com/michigan-government/covid-reveals-michigans-internet-broadband-gap-will-take-years-close>

^{xv} Noguchi, Y. (2021). Patients say telehealth is OK, but most prefer to see their doctor in person. Retrieved from <https://www.npr.org/sections/health-shots/2021/10/18/1044358309/patients-say-telehealth-ok-but-doctor-visits-in-person-better?>

^{xvi} NPR, Robert Wood Johnson Foundation, & Harvard T.H. Chan School of Public Health. (2021). Household experiences in America during the Delta Variant outbreak. Retrieved from <https://media.npr.org/assets/img/2021/10/08/national-report-101221-final.pdf>

^{xvii} Rosenthal, E. (2021). Telemedicine is a tool – Not a replacement for your doctor's touch. Retrieved from <https://khn.org/news/article/telemedicine-is-a-tool-not-a-replacement-for-your-doctors-touch/>