



**NC Department of Health and Human Services**

# **Achieving Digital Equity Telehealth Modernization**

**Shannon Dowler, MD  
Chief Medical Officer NC Medicaid**

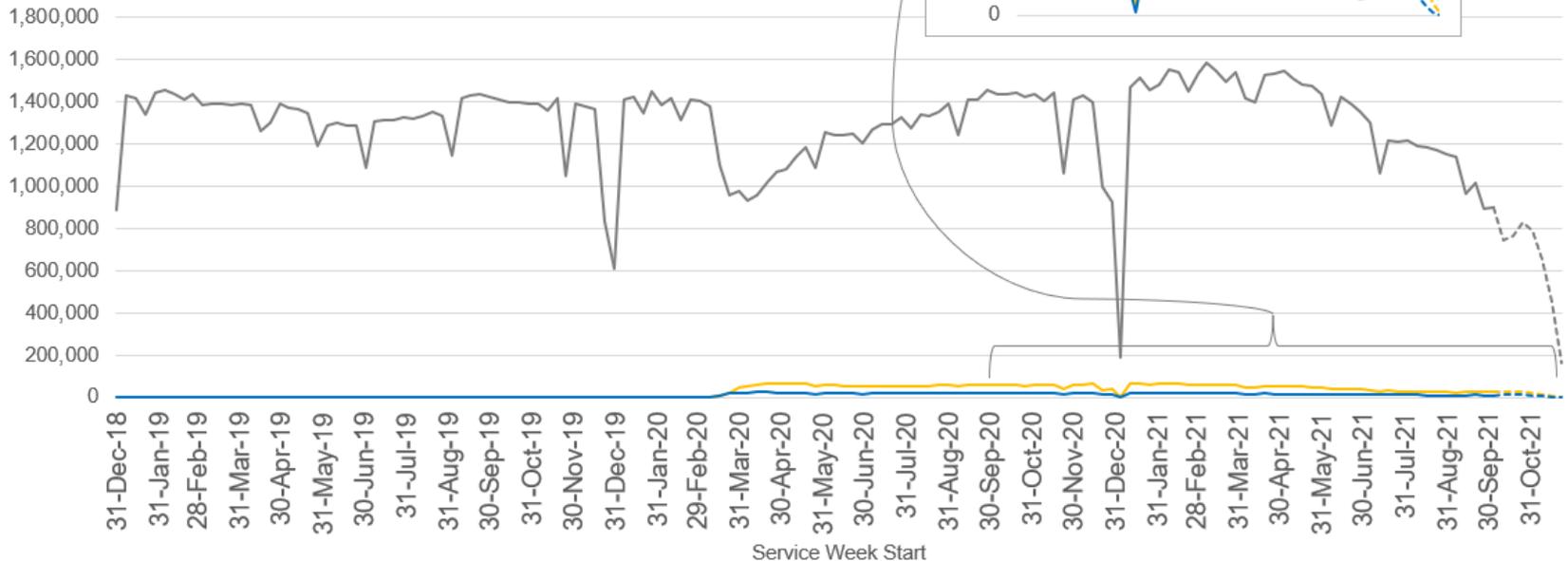
**January 2022**

# Bottom Line

- There was an immense drop in the total volume of care delivered during the first few months of the Public Health Emergency.
- **NC Medicaid had almost no telehealth provisions in place in March of 2019.**
- **Over the course of 6 weeks NC Medicaid mobilized close to 400 policies, payments and modifications.**
- A significant increase in telehealth and telephonic services (telemedicine) made up some of the gap created by the drop in in-person services.

## Telehealth, Telephonic, and In-person Claims Volume | 12/31/18 – 11/22/2021

- Dramatic decrease in in-person visits at the outset of the Public Health Emergency
- Steep increases in telemedicine during the same period
- All visit types decrease with claims adjudication



----- General Visits Claims Adjudication Period

----- Telehealth Claims Adjudication Period

----- Telephonic Claims Adjudication Period

COVID-19 High Risk Pop.: 7.39%  
Minority Pop.: 10.11%  
Access to Care: Adequate  
High Speed Internet: Yes  
AMH: Yes

**JOSEPH D BARKER**  
2139 LINVILLE FALLS  
HWY LINVILLE, 28646  
828-733-0270

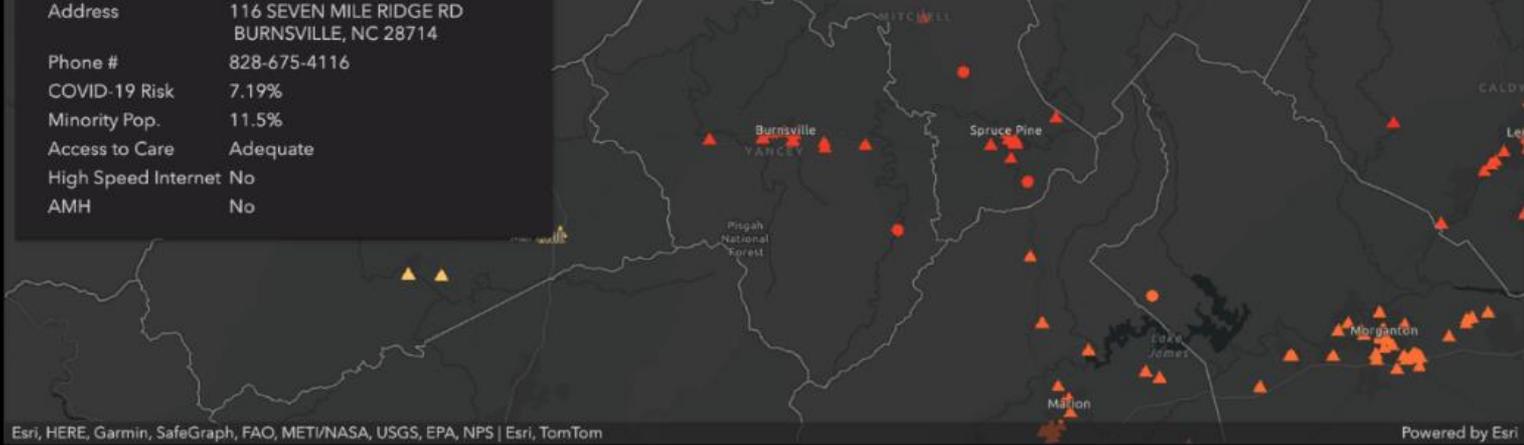
COVID-19 High Risk Pop.: 7.39%  
Minority Pop.: 10.63%  
Access to Care: Adequate  
High Speed Internet: Yes  
AMH: No

**LEVERNE SMITH FOX JR**  
2139 LINVILLE FALLS  
HWY LINVILLE, 28646  
877-287-3643

COVID-19 High Risk Pop.: 7.39%  
Minority Pop.: 10.63%  
Access to Care: Adequate  
High Speed Internet: Yes  
AMH: No

**LEESA ANNE SAMPSON**  
360 BEECH ST NEWLAND, 28655  
828-733-5000

Address 116 SEVEN MILE RIDGE RD  
BURNSVILLE, NC 28714  
Phone # 828-675-4116  
COVID-19 Risk 7.19%  
Minority Pop. 11.5%  
Access to Care Adequate  
High Speed Internet No  
AMH No



Poor Access to Care (<3 providers)

**JESSICA LINIECE STORER**  
436 HOSPITAL DR NEWLAND, 28657  
828-737-7711  
COVID-19 High Risk Pop.: 7.39%  
Minority Pop.: 10.44%  
Access to Care: Underserved  
High Speed Internet: Yes  
AMH: No

High Speed Internet Access

**ROBERT DALE CLARK**  
137 NOTALEE ST NEWLAND, 28657  
828-528-3009  
COVID-19 High Risk Pop.: 7.39%  
Minority Pop.: 10.11%  
Access to Care: Adequate  
High Speed Internet: Yes  
AMH: Yes

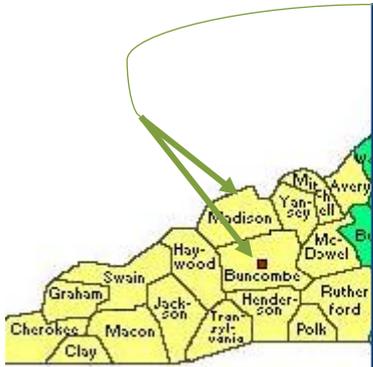
No High Speed Internet Access

**KIRSTIN JAMES RULE**  
116 SEVEN MILE RIDGE RD BURNSVILLE, 28714  
828-675-4116  
COVID-19 High Risk Pop.: 7.19%  
Minority Pop.: 11.5%  
Access to Care: Adequate  
High Speed Internet: No  
AMH: No

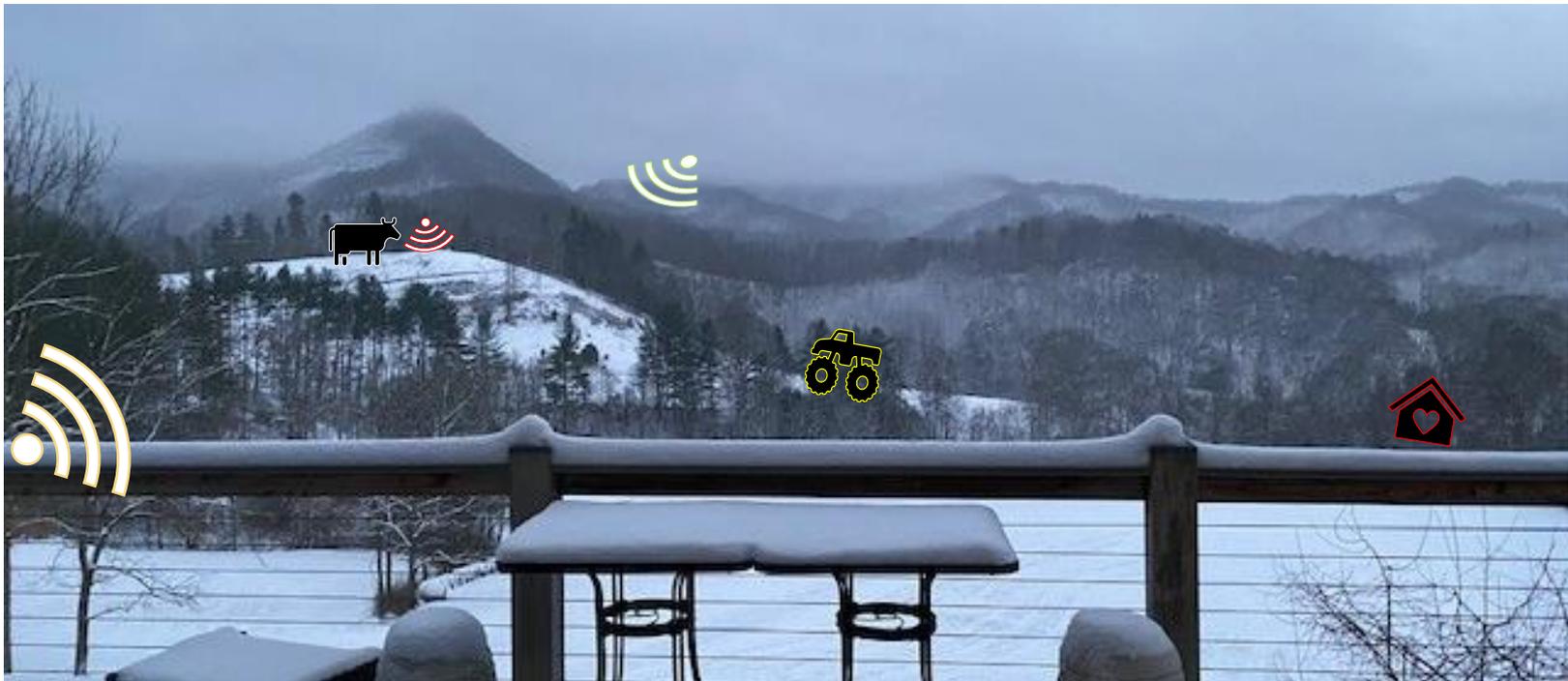
## Partnering to Overcome Barriers to Access to Telehealth Services Early in the Pandemic

- AHEC Practice Supports deployed to Low Telehealth Utilizers in high-risk areas
- DHHS Telehealth Workstream
- Collaboration with DMH on Telehealth Expansion
- Office Rural Health broadband and other initiatives
- Payers Council to align coverage transparently across plans
- NCMS offered free telehealth platform for practices to use

# The Digital Divide: Living Proof

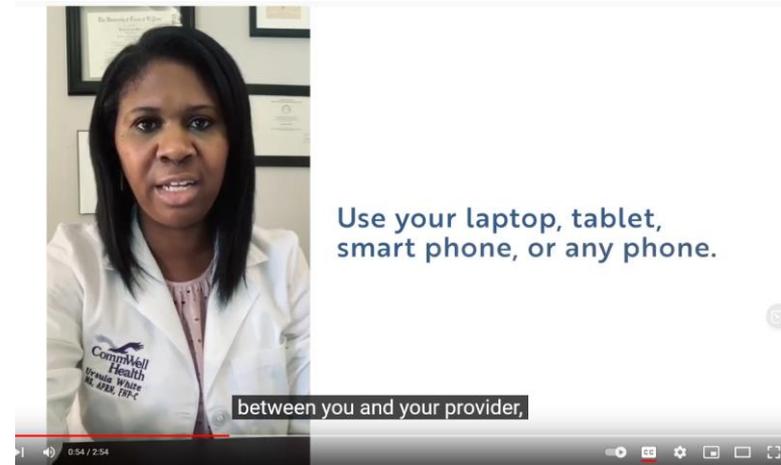


	<u>Buncombe</u>	<u>Madison</u>
Variety	Many Vendors	One Vendor
Speed	High Speed	Low Speed
Down	200 mB	20 mB
Up	20 mB	5 mB
Line Dedication	Dedicated Line	Shared Line
Connection	Reliable	Intermittent
Cost	\$70/month	\$140/mo & Tree removal, Tower Upgrade \$1600



# Overcoming Barriers to Access

- Overcoming hesitancy to a new approach to healthcare
- Overcoming technology challenges
  - Family or friends would loan use of devices or networks
  - Practices would open their network access and extend it
  - Public places like libraries and schools had open access wifi
  - Ipad Model of visit

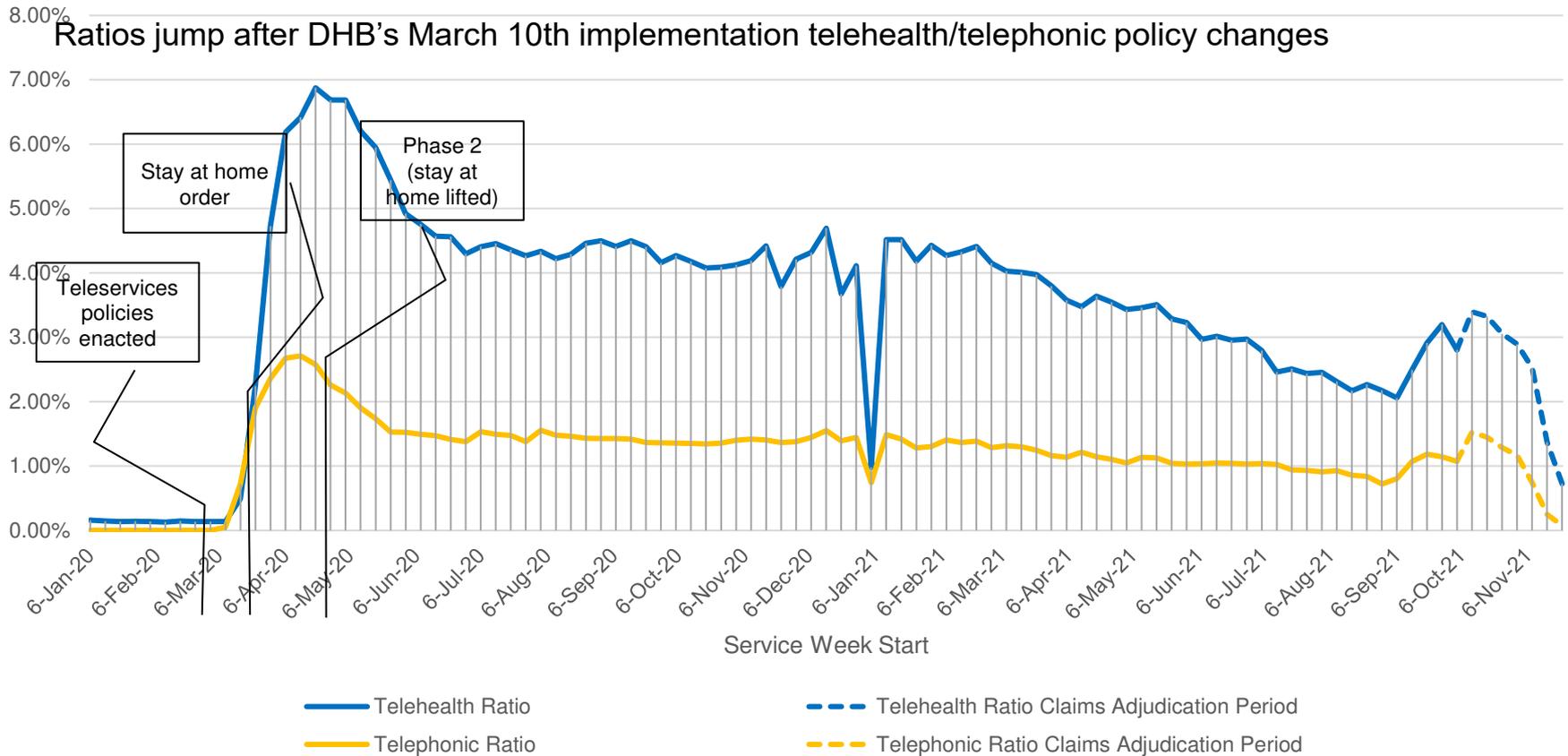


[https://youtu.be/\\_0c4kLeBXgY](https://youtu.be/_0c4kLeBXgY)

- Crowd sourced video to encourage patients to engage in telehealth

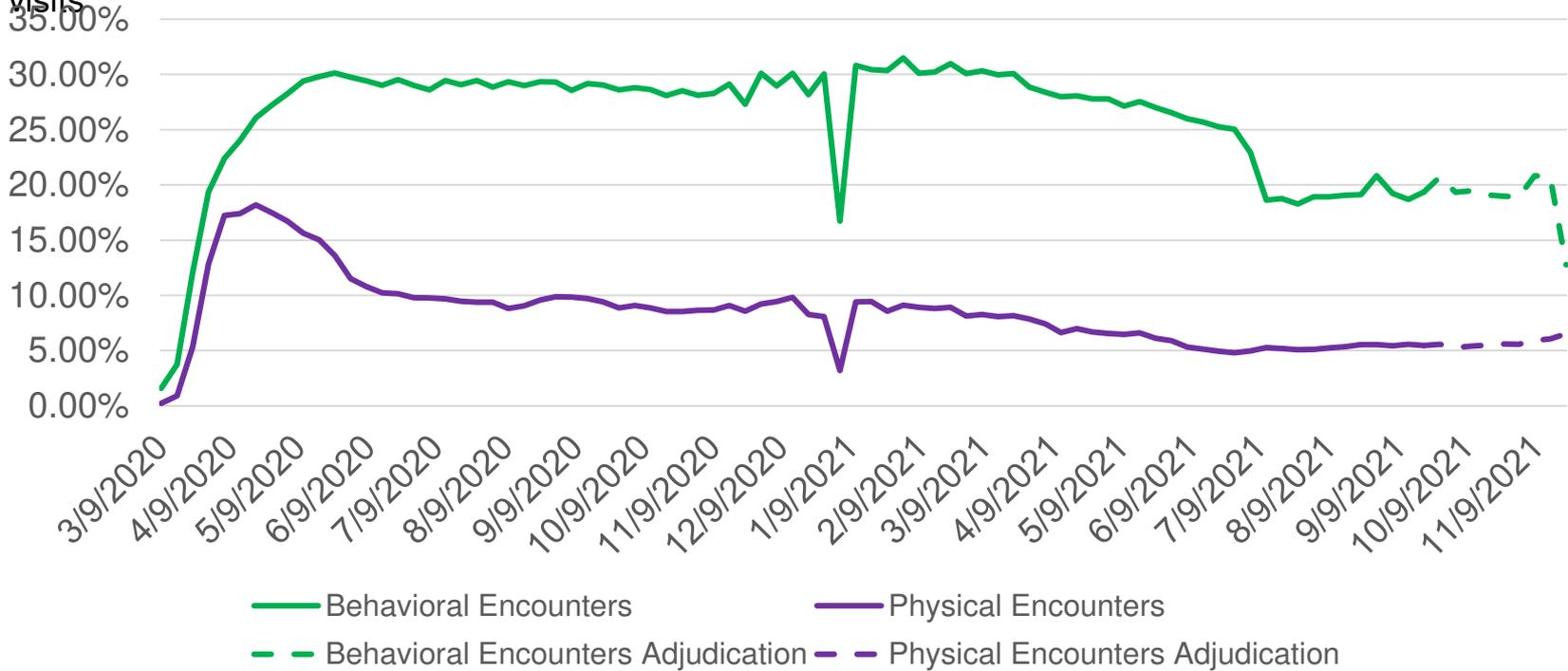
# Great Pandemic Debate: Telephonic Care

Ratio of Telehealth and Telephonic Claims to General Claims | 12/31/18 – 11/22/2021



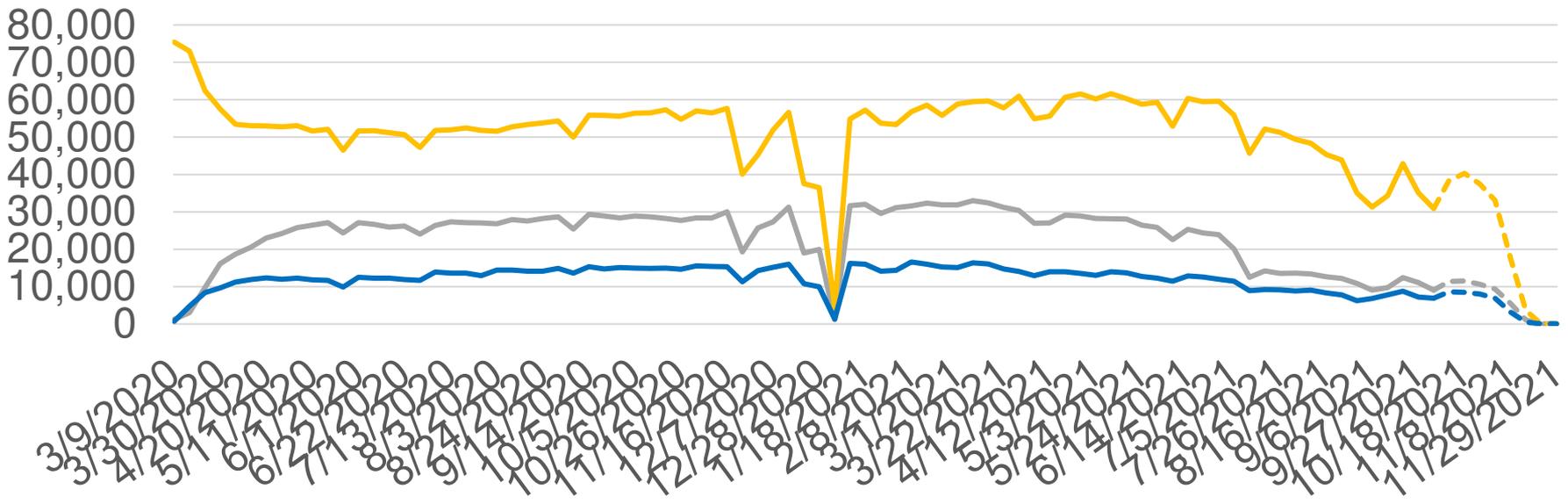
## % Telehealth<sup>1</sup> for Physical vs. Behavioral Health | 3/09/2020 – 11/22/2021

Compared to other types of care telemedicine made up a much larger proportion of behavioral health visits



1. Remote encounters that include both audio and video

# Telehealth, Telephonic, and In-person Behavioral Health Encounters Volume 03/09/2020 - 11/29/2021



--- Telehealth claims adjudication    --- In-person claims adjudication  
 --- Telephonic claims adjudication

# Do People Like Telephonic Therapy?

## Beneficiary Survey Findings

- Of respondents whose most recent visit was virtual individual therapy (n=145) 59% said that they would like to continue virtual therapy if given the option to return in person.<sup>1</sup>
  - Black or African American respondents were less likely to want to continue virtual individual therapy (44%, **24 of 54**,  $p < .00001$ ) compared to White respondents (73%, **48 of 66**).<sup>1</sup>
- 84% of respondents (n=186) reported no technical difficulties at their last virtual appointment.<sup>1</sup>
- When comparing self reported outcomes from February 2020 (before transition to telehealth) to April 2020 (transition to primary telehealth model), self reported outcomes remain similar.<sup>2</sup>

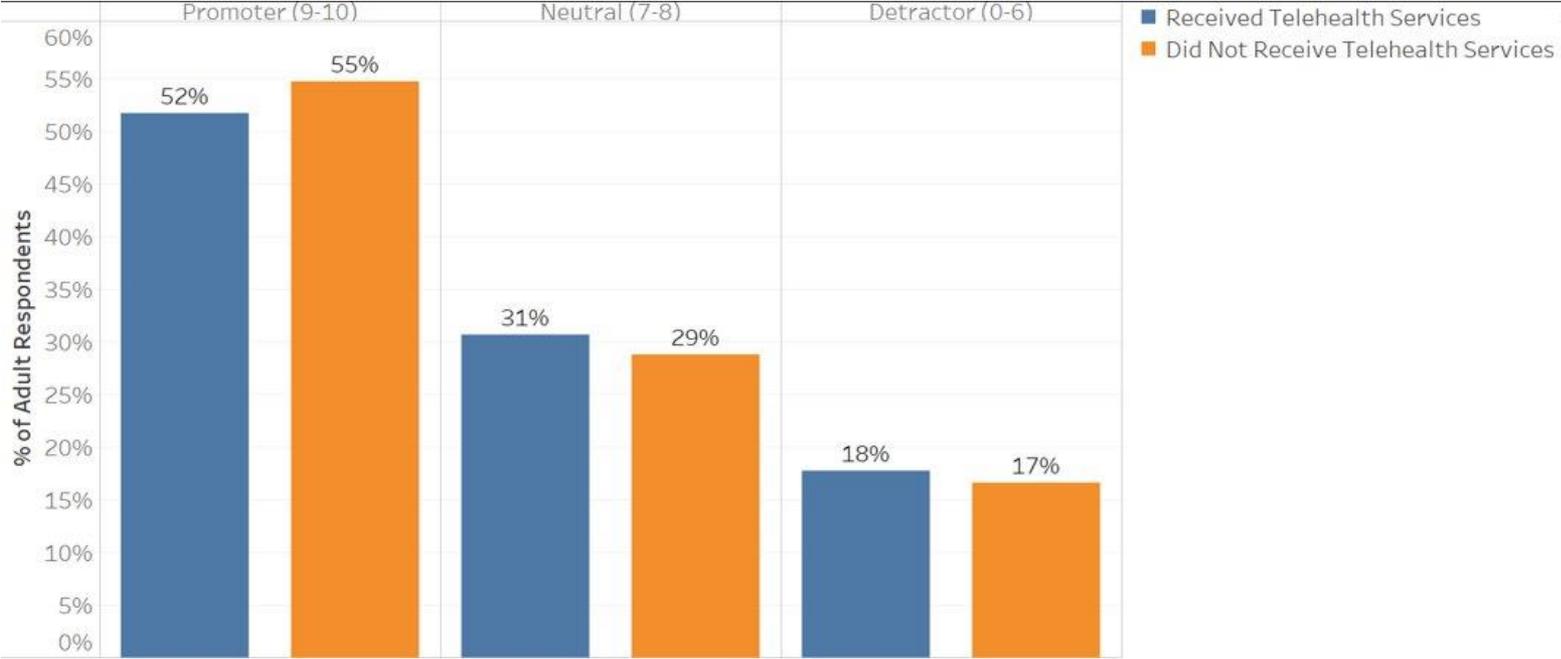
1. Intercept survey implemented by Carolina Outreach, a statewide behavioral health provider

2. Patient-reported outcomes survey implemented by Access Family Services, statewide behavioral health agency

# Do People Like Telehealth?

## Adult Patient Experience with Overall Healthcare Received

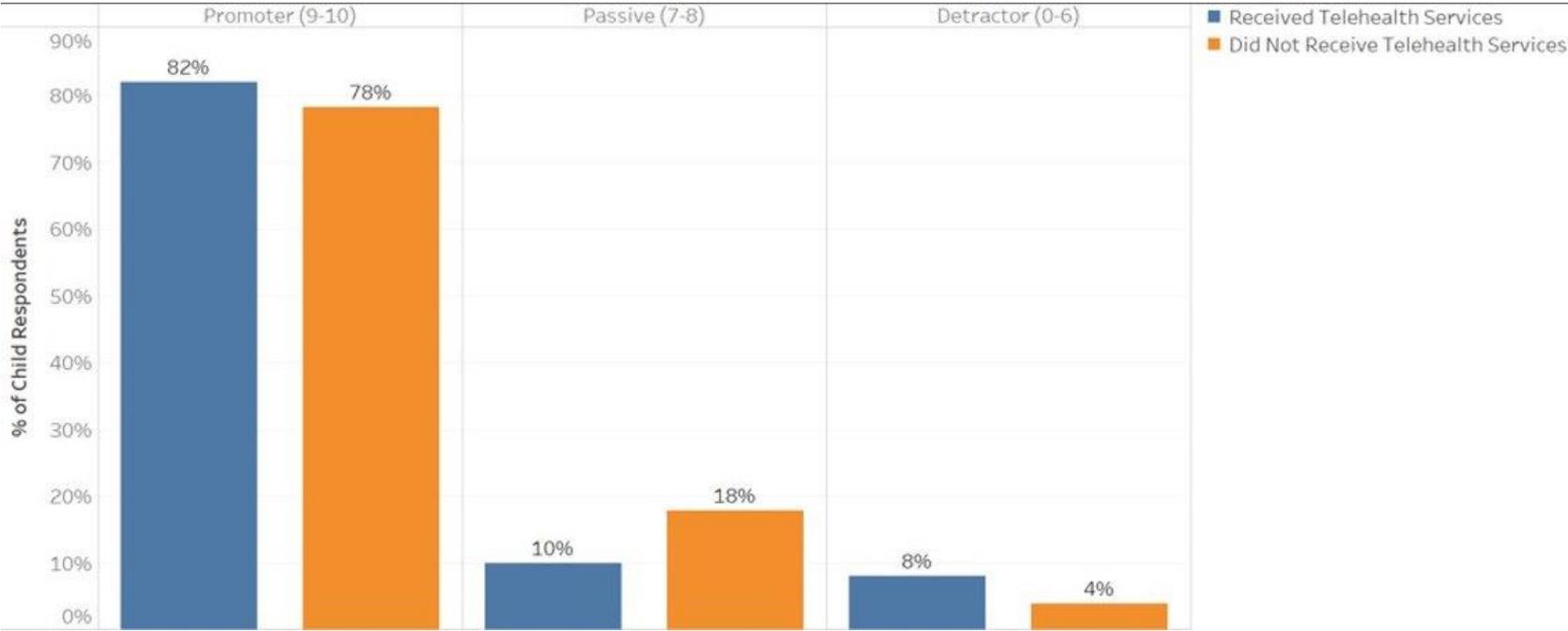
Over 80% of adult beneficiaries report being a very or somewhat positive experience with overall healthcare received, regardless of whether they received telehealth services or not.



Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

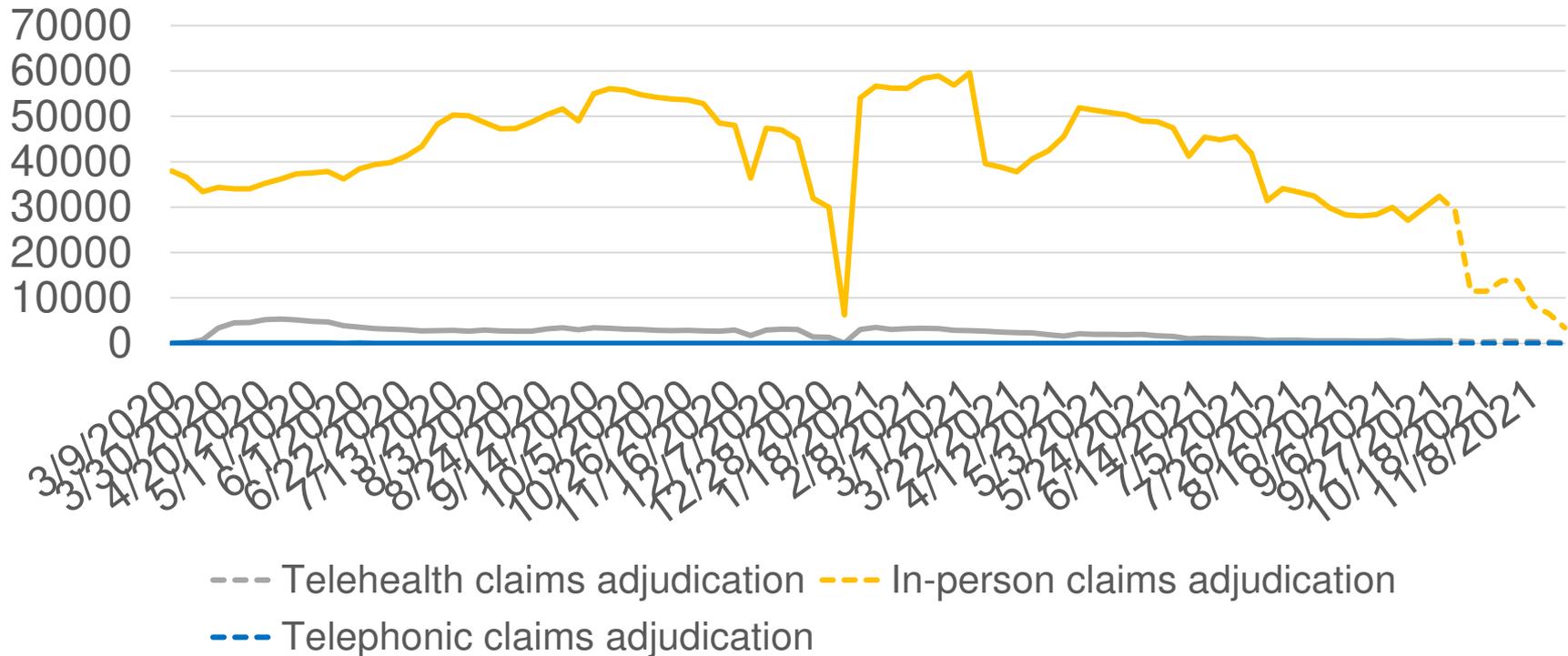
# Do People Like Telehealth? Child Patient Experience with Overall Healthcare Received

**Over 90% of parents or guardians of child beneficiaries report a very or somewhat positive experience with overall healthcare received, regardless of whether their received telehealth services or not.**

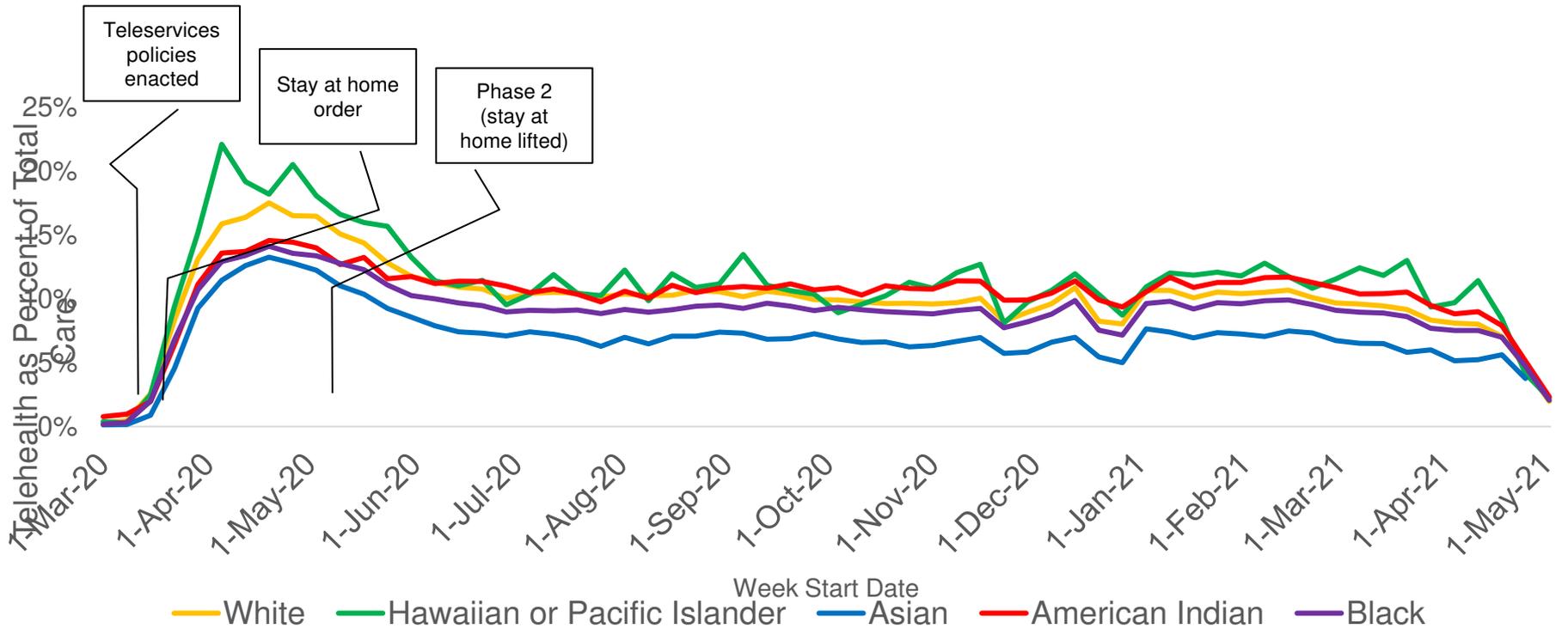


# Sorting the Wheat from the Chaff: Which “atypical” services added value?

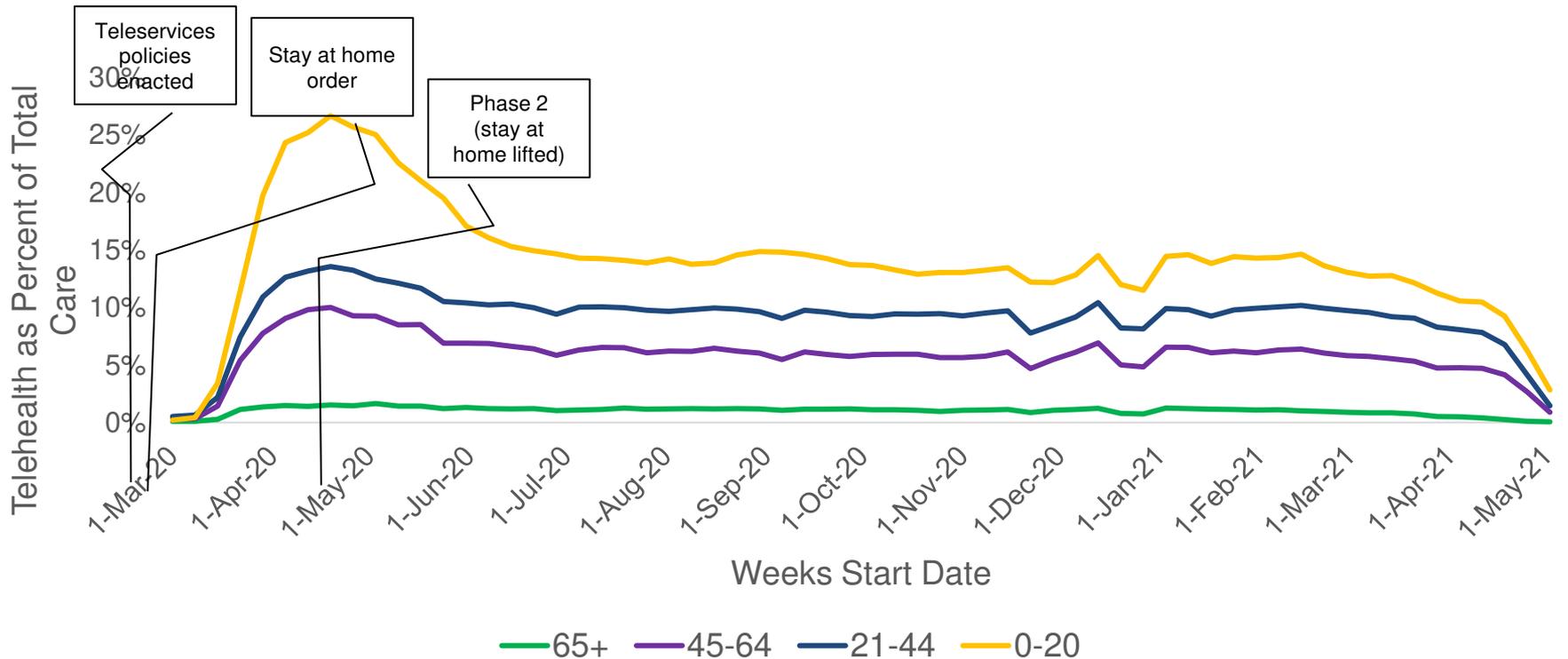
## Telehealth, Telephonic, and In-person Claims Volume for OT & PT Evaluation and Therapy 03/09/2020 – 11/22/2021



# Telehealth as a Proportion of Total Care by Race 03/01/2020 – 05/02/2021

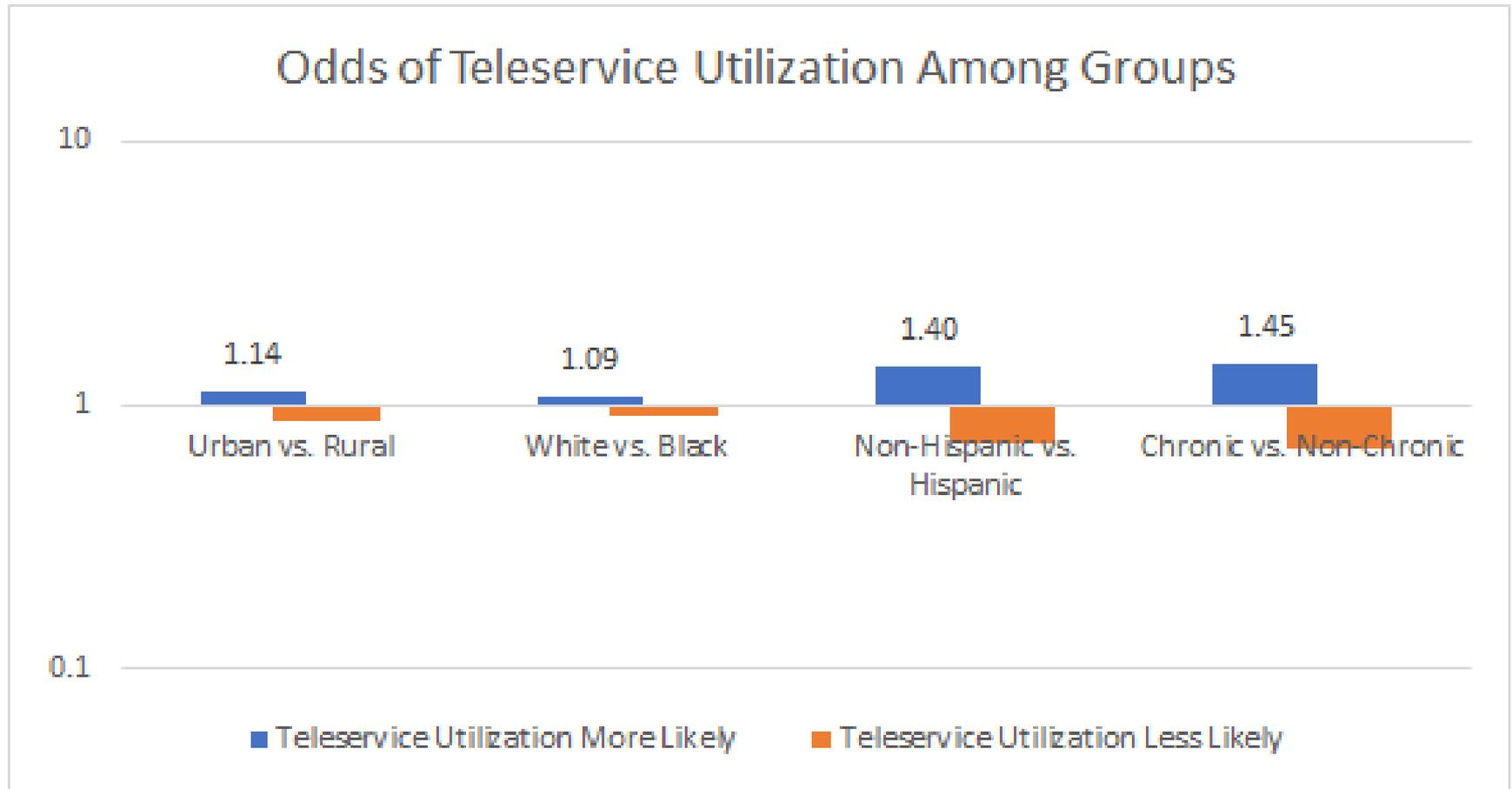


# Telehealth as a Proportion of Total Care by Age 03/01/2020 – 05/02/2021



## Teleservice Utilization Odds by Geography, Race and Disease Type

Over time we saw a levelling of the odds ratios across groups.



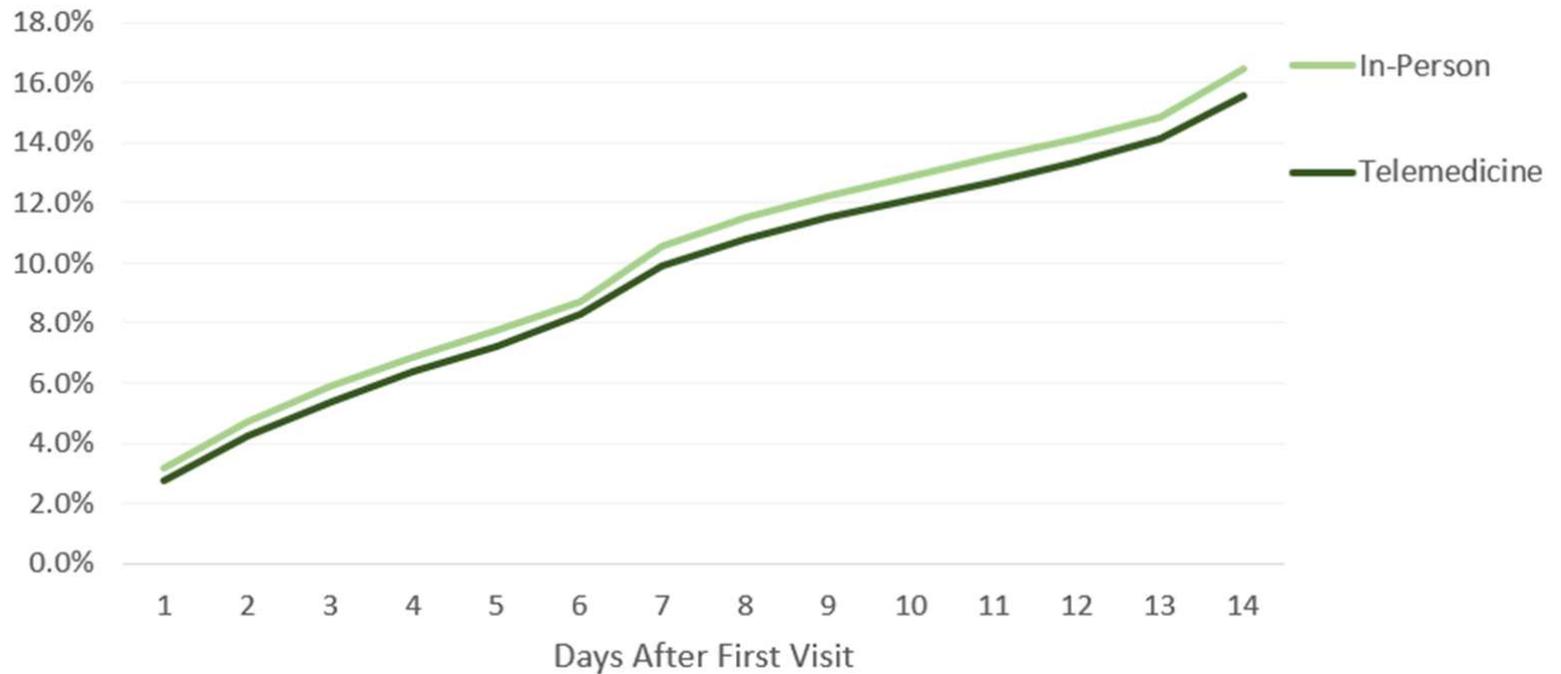
# Did Teleservices Close Care Gaps?

Primary care practices that adopted telemedicine at higher rates saw a much larger proportion of their patients during the first five months of the Public Health Emergency.

Level of Uptake (number of teleservice claims during the pandemic so far)	No. of Practices	No. of Patients Receiving Primary Care During Pandemic	Est. % of Panel Accessing Practice During Pandemic
HIGH (300+)	308	853,392	121%
MED (50-299)	567	431,825	97%
LOW (1-49)	875	315,133	77%
NONE	488	109,272	80%
<b>Grand Total</b>	<b>2,238</b>	<b>1,709,622</b>	<b>101%</b>

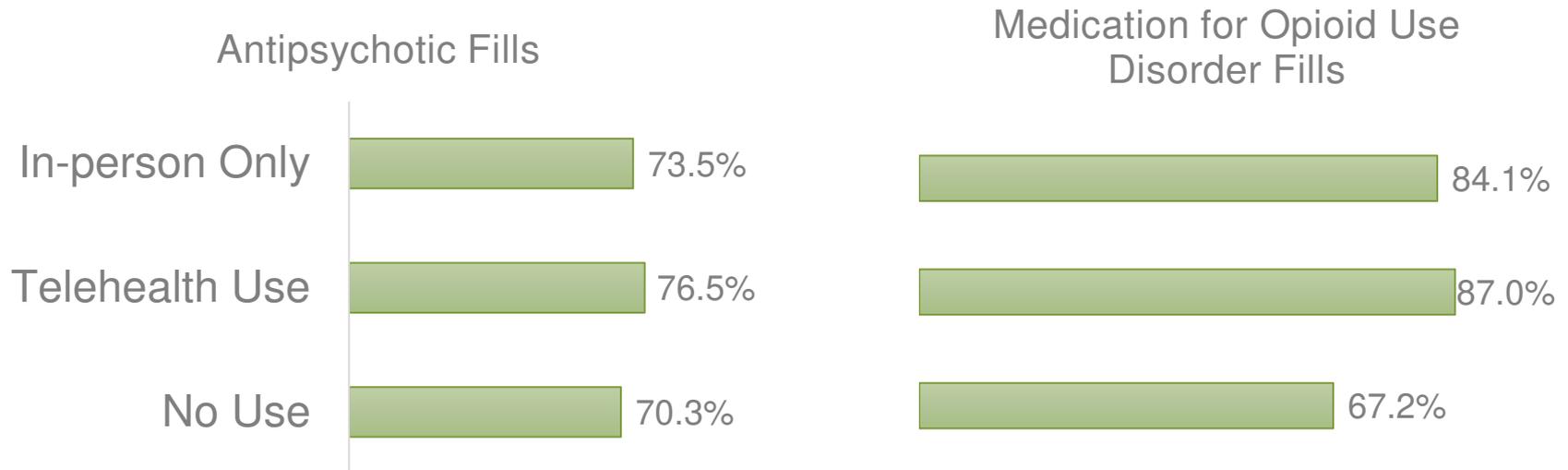
patients that visit that practice. The denominator is the CA-II enrollment. Beneficiaries in the numerator and may not be the same as those denominator.

# Is Telehealth ADDITIVE or REPLACEMENT? A Second Visit Was Less Likely After Teleservices



# Does Telehealth improve health outcomes?

Probability of medication use between June 2020-January 2021 was higher for beneficiaries that received some services during March 2020 – May 2020



In doubly-robust IPTW models (first stage=3 categories of use during Mar-May), we find:

Higher rates of antipsychotic adherence for those who were on antipsychotics prior to the PHE:

**Telehealth only beneficiaries had 6.8% point higher probability of an antipsychotic fill, compared to beneficiaries that did not receive services**

In-person only beneficiaries had a 3.9% point higher probability of an antipsychotic fill, compared to beneficiaries that did not receive services

Higher rates of MOUD for those who were on MOUD prior to March:

**Telehealth only beneficiaries had 17.3% point higher probability of an MOUD fill, compared to beneficiaries that did not receive services**

In-person BH users had a 15.3% point higher probability of an MOUD fill, compared to beneficiaries that did not receive services