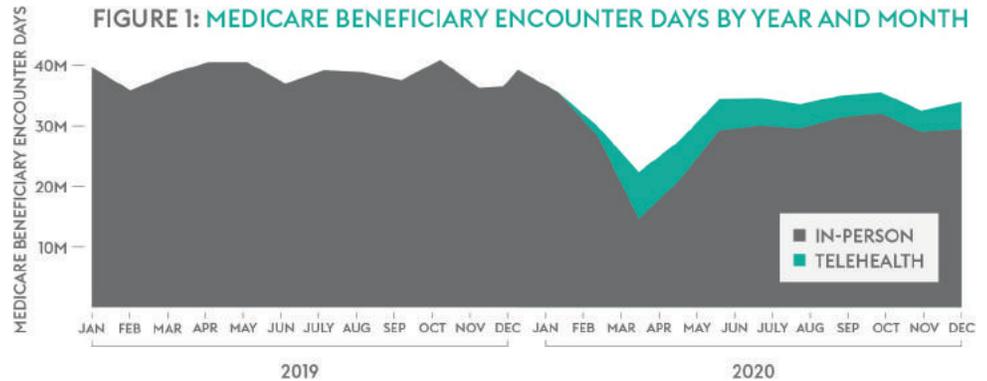


SNAPSHOT OF EXPANDED ACCESS TO VIRTUAL CARE DURING THE PANDEMIC

TELEHEALTH PLAYS A CRITICAL ROLE IN MAINTAINING ACCESS TO CARE

At the start of the pandemic, in-person care dropped dramatically for Medicare fee-for-service (FFS) beneficiaries. Telehealth use offset this drop and has remained a steady source of care (Figure 1).

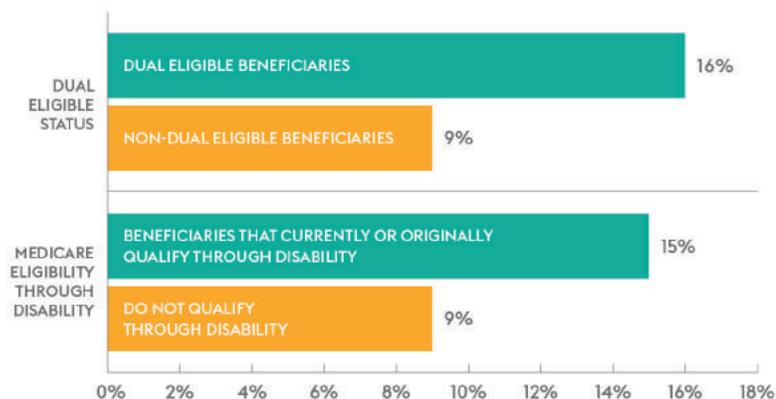
The important role played by telehealth was in large part due to flexibilities implemented by Congress and the Administration.



- Prior to the pandemic, telehealth usage was low and largely limited to rural Medicare beneficiaries.
- Relaxing originating site and geographic restrictions helped over 14 million Medicare FFS beneficiaries receive care via telehealth from March through December 2020, in both urban and rural areas.

TELEHEALTH PLAYS AN IMPORTANT ROLE IN PRESERVING ACCESS FOR DUAL ELIGIBLE AND DISABLED BENEFICIARY GROUPS

FIGURE 2: PERCENT OF MEDICARE FEE-FOR-SERVICE BENEFICIARIES WITH 1+ TELEHEALTH VISITS IN DECEMBER 2020



- Although many beneficiaries began pursuing in-person care by July 2020, telehealth use continued to remain strong by December 2020 among dual eligibles and beneficiaries that currently or originally qualify through disability.
- The strong demand for telehealth throughout 2020 for these patients suggests that these beneficiary groups may continue to benefit from waiving geographic site restrictions post public health emergency.

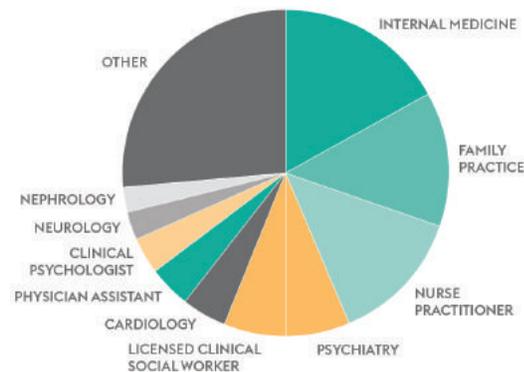
OVER 14 MILLION MEDICARE FEE-FOR-SERVICE BENEFICIARIES BENEFITED FROM TELEHEALTH IN 2020

TELEHEALTH PLAYS A PIVOTAL ROLE IN PROVIDING ACCESS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES

Primary care related specialties and behavioral health providers were responsible for most telehealth services provided in 2020 (Figure 3).

- Licensed clinical social workers, psychologists, and psychiatrists were especially able to substantially offset the drop in in-person visits in 2020 using telehealth.
- For example, in 2020, approximately 3 million of the 5.9 million (51%) Medicare patient encounter days with licensed clinical social workers were performed via telehealth.
- Psychiatrists, licensed clinical social workers, and clinical psychologists were responsible for 16% of all telehealth encounter days in 2020.

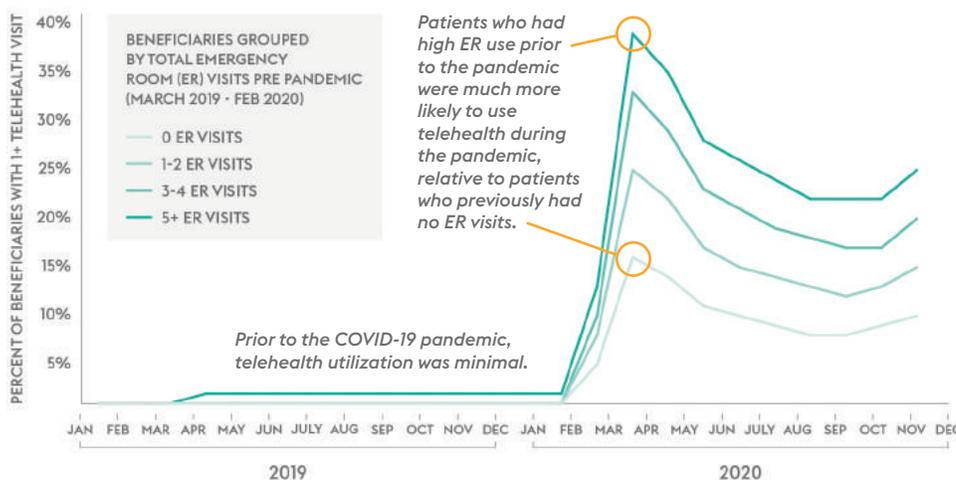
FIGURE 3: PROPORTION OF TELEHEALTH ENCOUNTERS FOR MEDICARE BENEFICIARIES IN 2020 BY PROVIDER SPECIALTY



Internal medicine, family practice, nurse practitioner, and physician assistants were responsible for 48% of telehealth encounter days.

TELEHEALTH PROVIDED ACCESS TO PATIENTS WITH A HISTORY OF HIGH EMERGENCY ROOM USE

FIGURE 4: PERCENT OF BENEFICIARIES WITH 1+ TELEHEALTH VISIT BY PRE-PANDEMIC ER USE



- Throughout the pandemic, telehealth delivered vital care for patients, particularly those who previously had high emergency room (ER) use.
- Among beneficiaries with the highest pre-pandemic ER use (5+ ER visits from March 2019 to February 2020), 38% of beneficiaries used telehealth services during the pandemic. Among beneficiaries with no ER use prior to the pandemic, only 15% of beneficiaries used telehealth services during the pandemic.
- As more beneficiaries resumed in-person care in July 2020, beneficiaries who previously had high emergency room use prior to the pandemic continued to significantly rely on telehealth. Telehealth played an important role in providing access to these patients with higher health care needs throughout the 2020 calendar year.

SOURCE: M+ analysis of Medicare 5% carrier and 100% outpatient Medicare fee-for-service claims data. Claims were defined as being provided via telehealth if they contained a place of service code for telehealth or included a modifier for telehealth (95, G0, GT, GQ), all other claims were defined as representing in-person care. Results are extrapolated for the full Medicare fee-for-service population.