

## Telehealth Study Findings: Summary for Providers

Between 2021 and 2022, the Minnesota Department of Human Services (DHS) and Wilder Research (Wilder) conducted a legislatively-mandated study of telehealth utilization and perceptions among enrollees in Minnesota's Medical Assistance (MA) program. The study involved surveys, interviews, and focus groups with MA enrollees and interviews with providers. This summary includes key findings relevant to providers and supplements a [larger main report](#) that includes the full study findings and methodology.

### Telehealth utilization is common among MA enrollees

About **half of survey respondents reported receiving telehealth services in the past year** (51%). Among those, **utilization rates were similar between delivery formats and types of care** (i.e., behavioral health, physical health, audio-only, and video-based services; 18-24%).

### Quality of care is comparable between telehealth and in-person services

- Respondents who received telehealth services were asked whether they felt several aspects **related to care quality** would have been better via telehealth or in person, or if there would be no difference. **They most often reported that there would have been no difference**, followed by **in person** (Figure 1).
- **Most respondents reported that they were given a choice** between telehealth and in person (69%). During the consent process, enrollees generally have the option to choose between telehealth and in-person services.
- **All providers shared that they are able to obtain consents electronically or verbally prior to providing services.**
- Providers emphasized the **importance of ensuring they have flexibility to determine whether telehealth is a good fit for their patients.**

**Quality concerns may be greater** when serving enrollees with certain characteristics via telehealth, such as:

- Enrollees with certain racial/ethnic identities (e.g., Black immigrant enrollees)
- Enrollees with disabilities or blindness
- Enrollees with certain health concerns (e.g., abuse, suicidal ideation, severe mental health concerns, concerns that are complex or require physical examinations or lab work)
- Older enrollees (age 50-64)
- Enrollees who need access to an interpreter

Note that **there are many factors** that impact the telehealth experience, **these patterns vary** by each survey item, and providers emphasized the importance of **ensuring authentic choice** and **assessing individual telehealth fit**.

**Figure 1. Perceptions of care quality among survey respondents who received telehealth services in the past year (N=1,415-1,436)**

	Via telehealth	In person	No difference
I would have received <b>better care</b> if we had met...	5%	35%	61%
My provider would have <b>listened more carefully</b> to me if we had met...	6%	32%	62%
I would have been <b>more comfortable sharing my thoughts and feelings</b> with my health care provider if we had met...	10%	34%	56%
I would have had <b>more say over decisions</b> that affect my health if we had met...	6%	31%	63%
I would have left the appointment <b>feeling more confident</b> that I can manage my health and any necessary treatment if we had met...	7%	35%	58%

### Quality-related benefits of telehealth

- Enrollees shared that **telehealth is better for some simple health care issues** but not complex ones that might require lab work or examinations. Enrollees thought telehealth would not be a good fit when meeting a doctor for the first time or when they need their providers to physically examine their symptoms.
- Providers and enrollees shared that **telehealth helps build relationships and enhances rapport and trust** through consistent interactions and participation. However, a few providers mentioned that **telehealth could also limit interaction with their patients**.
- Many providers noticed that their **patients feel more comfortable and safer receiving services from their own home**. The majority of the enrollees agreed, especially those who have anxiety when seeing their providers in person. Telehealth has allowed them to be more relaxed and to participate in their session more freely.
- The majority of the enrollees shared that it is important for them that they **feel listened to and validated by their providers**. They do not want their providers to make any decisions before seeing them at all or without their input. They believed that this would help create a therapeutic relationship, regardless of the mode of care delivery.
- Providers highlighted an **increase in patient and caregiver’s engagement and interaction** as a benefit of telehealth.

### Quality-related challenges of telehealth

- Several providers expressed their **concerns of providing telehealth services when working with patients who have history of domestic abuse, suicidal thoughts or attempts, and/or severe mental health disorders**. These providers expressed their preference to see these patients in person rather than via telehealth.
- Half of the providers also felt that their **patients are less engaged and have some difficulties with staying focused during telehealth appointments**. This is particularly true for **younger clients and clients who have attention-related disorders**. In addition, about half of enrollees who prefer in person agreed there would be fewer distractions in person, with agreement varying by race and ethnicity.

## Telehealth services increase access to care

- The majority of survey respondents who have received telehealth services in the past year agreed that **telehealth has made it possible for them to get the health care they otherwise would not have received** (65%).
- Providers and enrollees shared that telehealth may help enrollees access services and **communicate with their providers more consistently**.
- Telehealth allows **patients to receive services more consistently and reliably**. It makes it easier for patients to **keep their appointments**. Telehealth is particularly **helpful for divorced/separated parents** who are not physically living in the same location or state to attend their children's appointments.

**Access-related benefits of telehealth may be greater** for enrollees with certain characteristics, such as:

- Enrollees who identify with certain racial/ethnic groups (e.g., Asian/Pacific Islander enrollees, Hispanic enrollees)
- Enrollees with treatment plans
- Enrollees in rural areas
- Enrollees who received behavioral health services
- Younger enrollees

Note that **there are many factors** that impact the telehealth experience, **these patterns vary** by each survey item, and providers emphasized the importance of **ensuring authentic choice** and **assessing individual telehealth fit**.

- Among enrollees who **preferred telehealth** over in-person care, the most frequently endorsed reason for this preference was **no travel time** (78%), followed by **no travel costs** (71%), and that telehealth appointments are **easier to schedule** (67%). About half endorsed the reason that **wait times** for appointments are shorter (56%), there's no need to take **time off from work** (47%), and there's no need to find **child care or elder care** (34%).
- Similar to the care quality items, enrollees most often agreed that there would have been **no difference between telehealth and in person** (48-56%) across several survey items related to access to care. Regarding the overall ease of accessing care, enrollees then preferred in person (28%) over telehealth (19%). However, enrollees preferred telehealth over in person regarding the ease of transportation (36%) and the wait time to get an appointment (26%).
- While **relatively uncommon** among all enrollees, **discomfort with using telehealth technology** may pose a barrier to accessing telehealth services for some populations, including enrollees with disabilities and older enrollees.

## Delivery format and care type

The survey specifically looked at four categories of health services: audio-only behavioral health services, video-based behavioral health services, audio-only physical health services, and video-based physical health services. This section outlines key findings specific to delivery format and care type regarding quality of care and access to care.

### Care quality

- When asked which delivery format they would prefer in the future, **enrollees' preferences often aligned with the format enrollees have used in the past.** Specifically, the proportion of enrollees who would prefer a telephone call was higher among enrollees who received audio-only services (24-25% vs. 7-11% among enrollees who received video-based services), and the proportion who would prefer video was higher among enrollees who received video-based services (36-46% vs. 13-31% among enrollees who received audio-only services).
- A greater proportion of enrollees who received **physical health services said they would prefer in-person** visits in the future compared to enrollees who received behavioral health services (54-61% vs. 45-48%).

### Access to care

- Across all four categories, most enrollees agreed that **telehealth has made it possible for them to receive care** they otherwise wouldn't have received (54-78%). This was **most commonly reported by enrollees who received behavioral health services in either delivery format** (64-78%) compared to enrollees who received physical health services in either format (54-56%).
- Enrollees most often agreed that there would have been no difference between telehealth and in person regarding the ease of getting care (45-69%). However, the proportion of enrollees who reported **telehealth would have been easier** was higher among those who received **behavioral health** services in either format (23-38%) compared to physical health services in either format (9-14%). Additionally, the proportion of enrollees who reported **in person would have been easier** was higher among those who received either physical or behavioral health **audio-only services** (32-35%) compared to those who received video-based services (17-22%).

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