



NC Department of Health and Human Services

Achieving Digital Equity Telehealth Modernization

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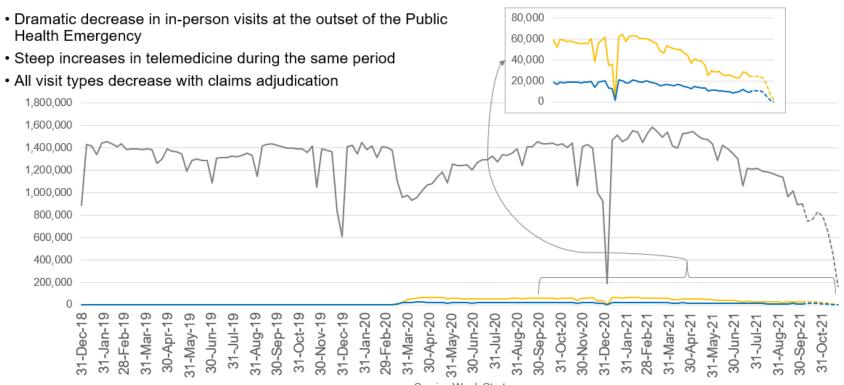
January 2022

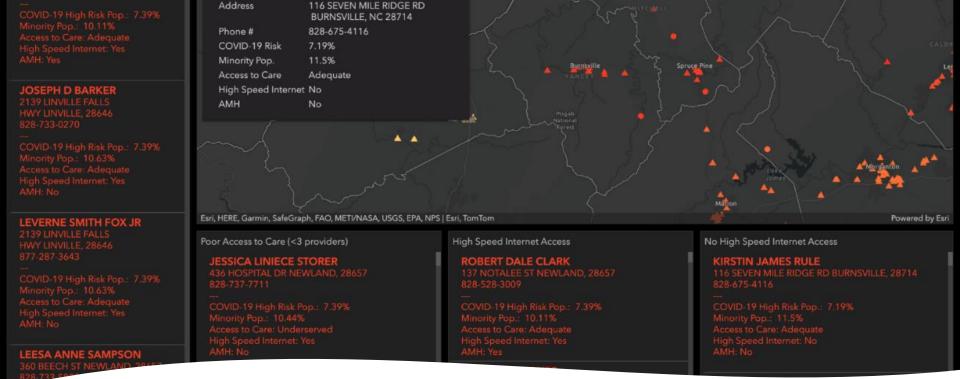
There was an immense drop in the total volume of care delivered during the first few months of the Public Health Emergency.

- 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.

Bottom Line

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





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

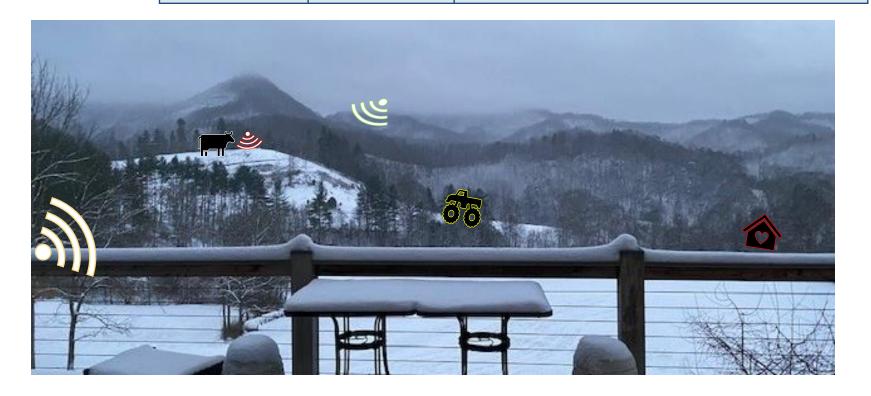
The Digital Divide: Living Proof



Variety
Speed
Down
Up
Line Dedication
Connection
Cost

Buncombe
Many Vendors
High Speed
200 mB
20 mB
Dedicated Line
Reliable
\$70/month

Madison
One Vendor
Low Speed
20 mB
5 mB
Shared Line
Intermittent
\$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



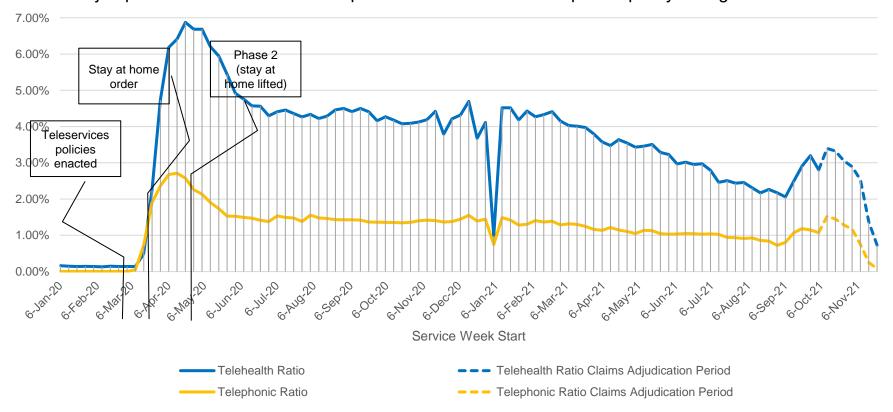
https://youtu.be/_0c4kLeBXgY

 Crowd sourced video to encourage patients to engage in telehealth

Great Pandemic Debate: Telephonic Care

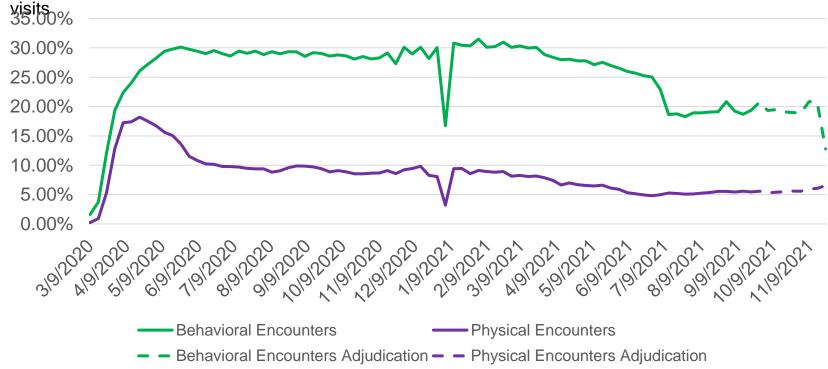
Ratio of Telehealth and Telephonic Claims to General Claims | 12/31/18 – 11/22/2021

Ratios jump after DHB's March 10th implementation telehealth/telephonic policy changes



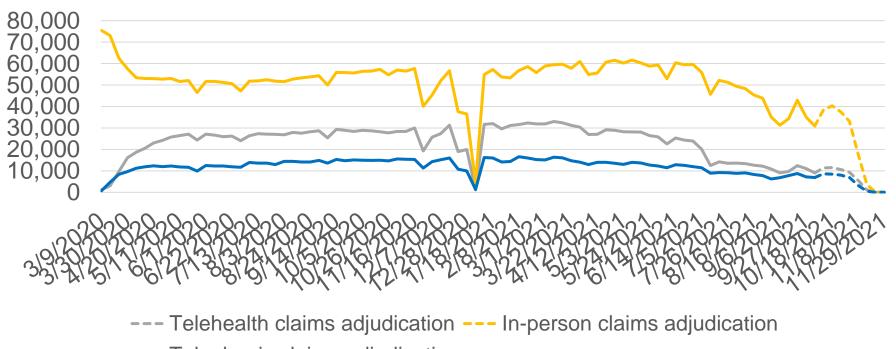
% Telehealth¹ for Physical vs. Behavioral Health | 3/09/2020 – 11/22/2021

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



Remote encounters that include both audio and video

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



--- Telephonic claims adjudication

Do People Like Telephonic Therapy? Beneficiary Survey Findings

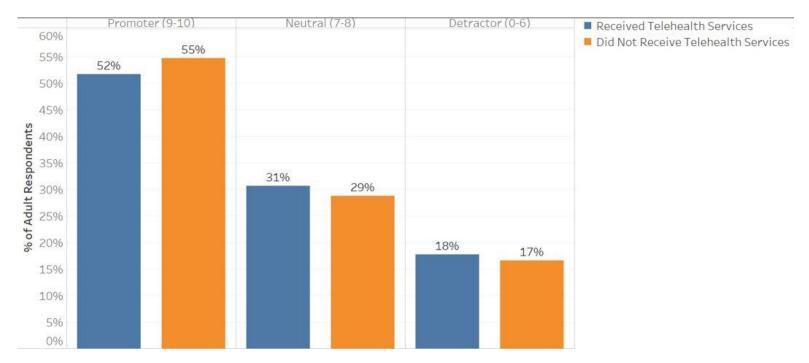
- Of respondents whose most recent visit was virtual individual therapy (n=145) 59% said that they would like to continue virtual therapy if given the option to return in person.¹
 - Black or African American respondents were less likely to want to continue virtual individual therapy (44%, 24 of 54, p<.00001) compared to White respondents (73%, 48 of 66).¹
- 84% of respondents (n=186) reported no technical difficulties at their last virtual appointment.¹
- 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.²

^{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

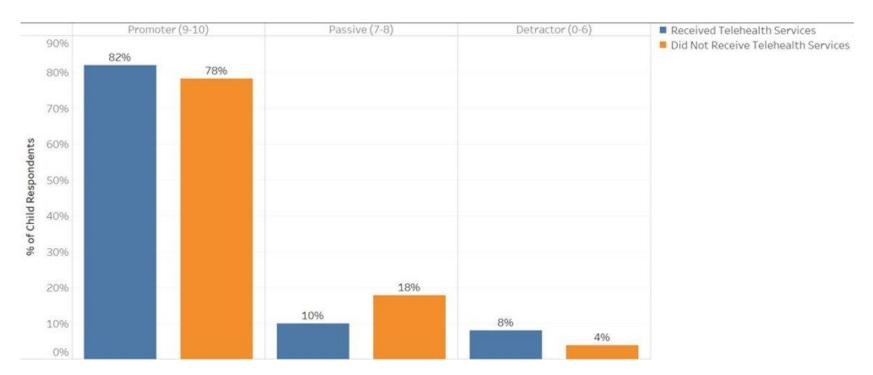
Over 80% of adult beneficiaries report being a very or somewhat positive experience with overall healthcare received, regardless of whether they received telehealth services or not.



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?

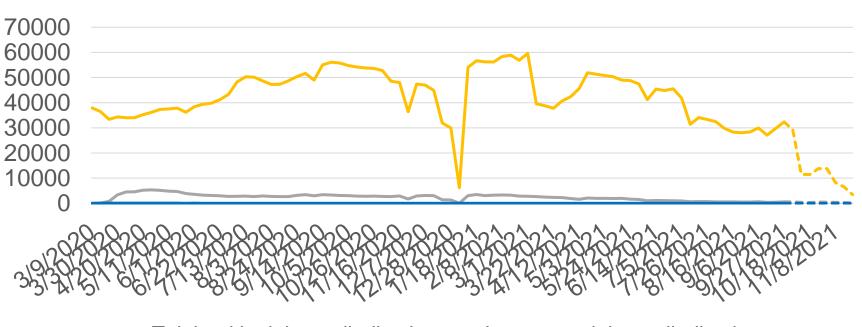
Do People Like Telehealth? Child Patient Experience with Overall Healthcare Received

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?

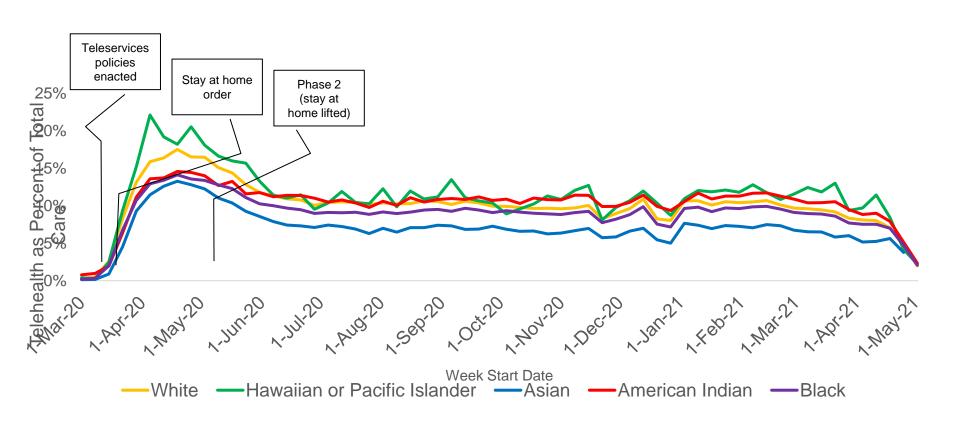
Telehealth, Telephonic, and In-person Claims Volume for OT & PT Evaluation and Therapy 03/09/2020 – 11/22/2021



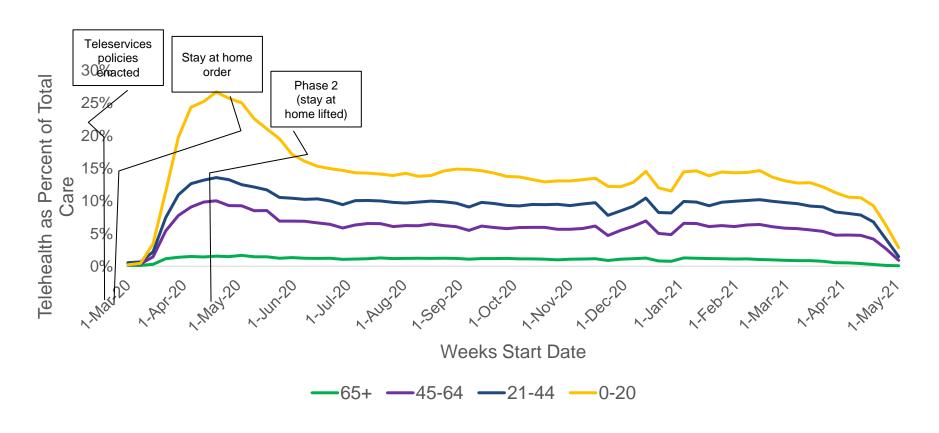
--- Telehealth claims adjudication --- In-person claims adjudication

--- Telephonic claims adjudication

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

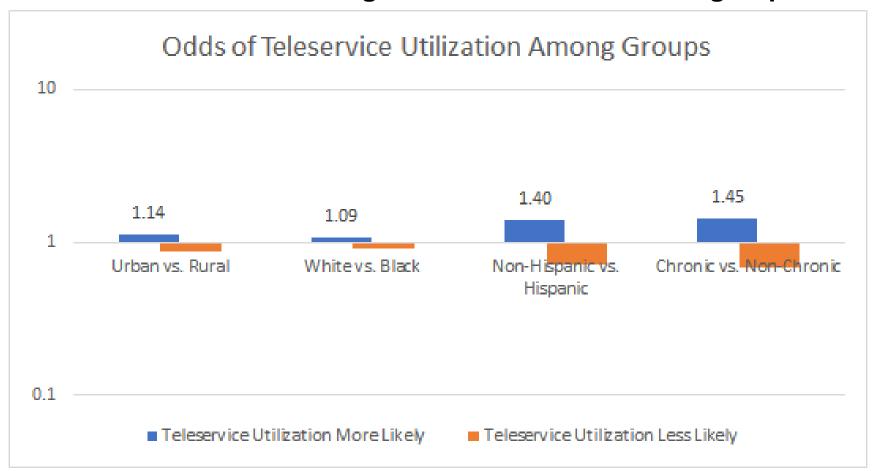


Telehealth as a Proportion of Total Care by Age 03/01/2020 - 05/02/2021



Teleservice Utilization Odds by Geography, Race and Disease Type

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



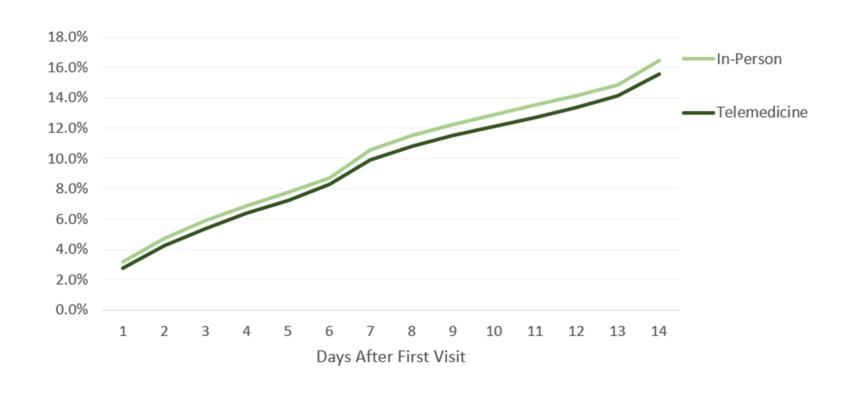
Did Teleservices Close Care Gaps?

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	
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%
Grand Total	2,238	1,709,622	101%

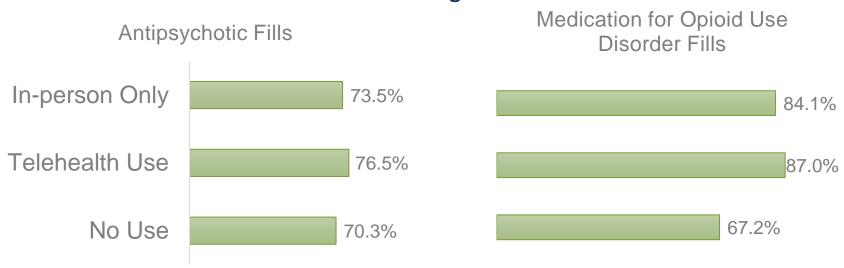
patients that visit that practice. The denominator is the CA-II enrollment. Beneficiaries in the numerator and may not be the same as those denominator.

Is Telehealth ADDITIVE or REPLACMENT? 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:

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

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:

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

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