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**WEBINAR: TELEHEALTH IN MICHIGAN**

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# Speakers



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# Telehealth in Michigan

**INSIGHTS AND DATA FOR EFFECTIVE POLICYMAKING**

Chad Ellimoottil, MD, MS

# Introduction and Purpose of the Report

- Chad Ellimoottil, MD, MS (University of Michigan)
  - Assistant Professor of Urology
  - Telehealth policy researcher
  - Medical Director of Virtual Care, University of Michigan Medical Group
- Support from Michigan Health Endowment Fund and Ethel and James Flinn Foundation
- Purpose: To assess the landscape of telehealth use in the state of Michigan in the context of important state and national policies under consideration.











The Health Fund and the Ethel & James Flinn Foundation engaged the Institute for Healthcare Policy and Innovation at the University of Michigan to conduct a wide-ranging study on trends and developments in the use of telehealth technology in our state. The resulting report — *Telehealth in Michigan* — is a comprehensive collection of data that aims to offer policymakers and other interested parties insights regarding the impact of telehealth on healthcare access for Michigan residents.

The report looks at the telehealth usage in relation to demographic information, insurance coverage, geography, broadband access, and more. It offers a deep dive into the impact of telehealth on behavioral health care, as well as specific policy recommendations for using telehealth to increase access to care. The report is available here in full and in sections tied to specific areas of focus.



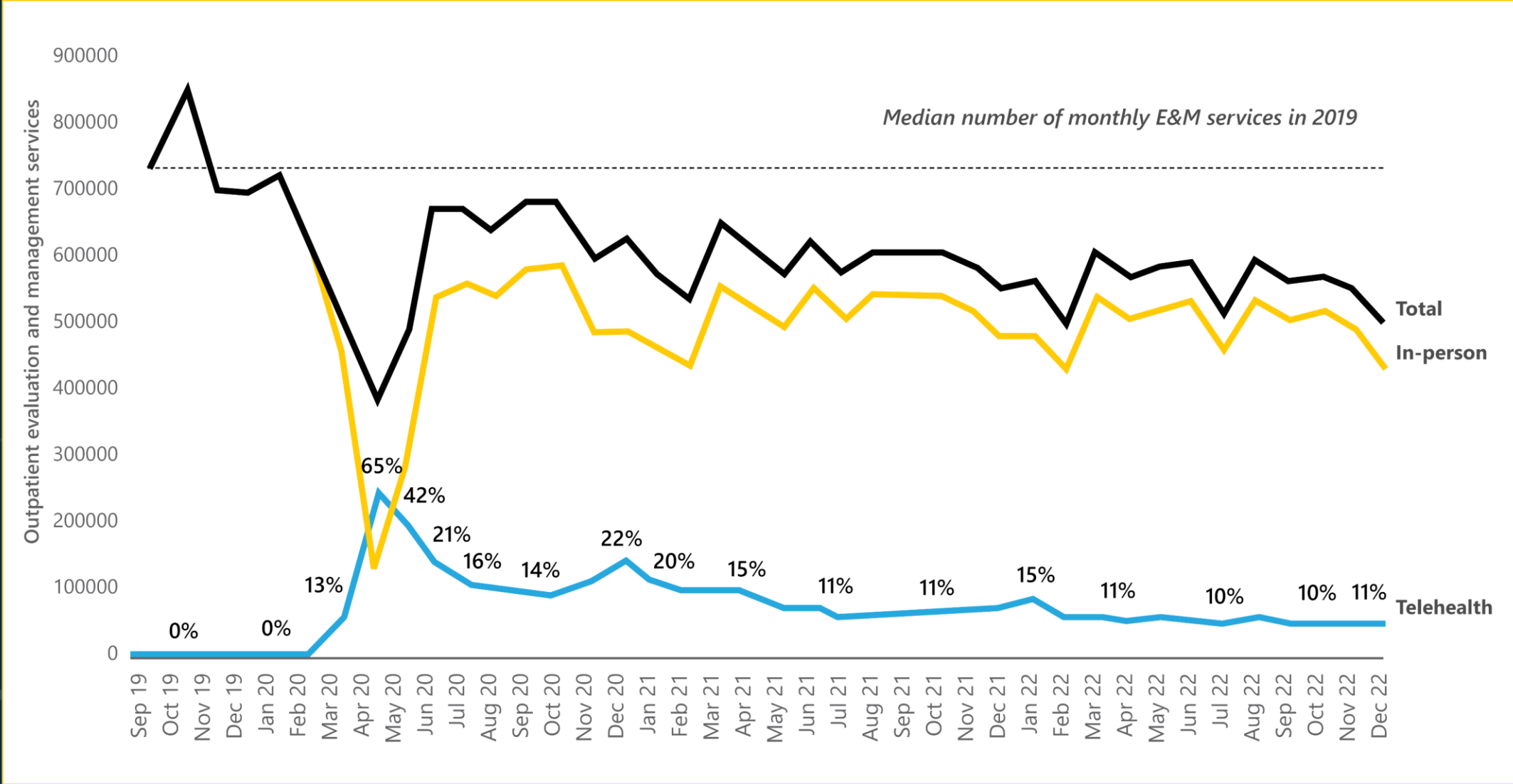
[CLICK TO DOWNLOAD THE FULL REPORT](#)

## REPORT SECTIONS

-  KEY TAKEAWAYS AND POLICY CONSIDERATIONS
-  TELEHEALTH USE TRENDS AMONG MEDICARE, MEDICAID, AND COMMERCIALLY-INSURED INDIVIDUALS
-  THE EFFECT OF TELEHEALTH EXPANSION ON USAGE IN RURAL AND NON-RURAL MICHIGAN COUNTIES
-  THE RELATIONSHIP BETWEEN TELEHEALTH UTILIZATION AND BROADBAND ACCESS IN MICHIGAN
-  THE IMPACT OF TELEHEALTH EXPANSION ON ACCESS TO BEHAVIORAL HEALTH SERVICES
-  DEMOGRAPHIC CHARACTERISTICS OF TELEHEALTH USERS AND NON-USERS
-  THE INFLUENCE OF LICENSURE WAIVERS ON TELEHEALTH SERVICES PROVIDED ACROSS STATE LINES
-  TELEHEALTH USAGE BY FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS

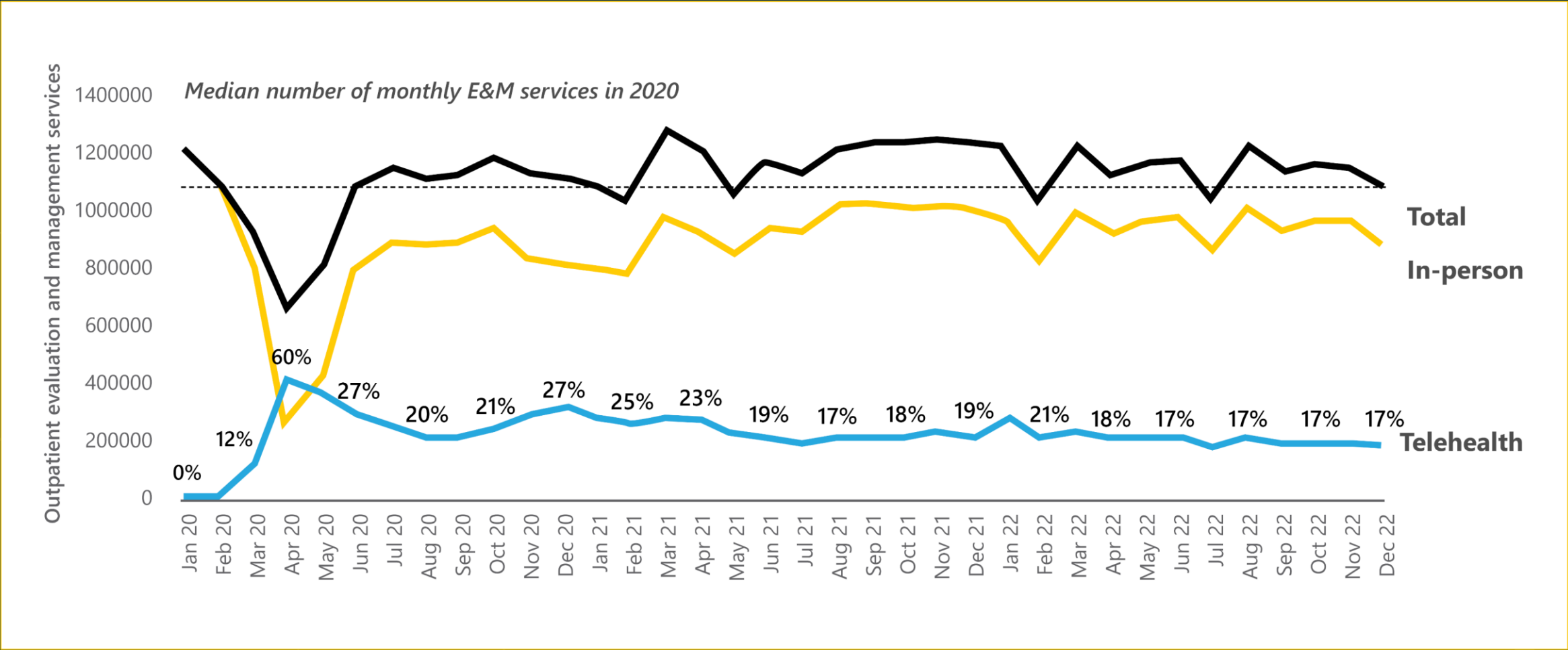
# **Telehealth Use Trends Among Medicare, Medicaid, and Commercially-Insured Individuals**

# Trends in In-Person and Telehealth Evaluation and Management Visits Among Michigan Medicare Fee-for-Service Beneficiaries, 2019-2022

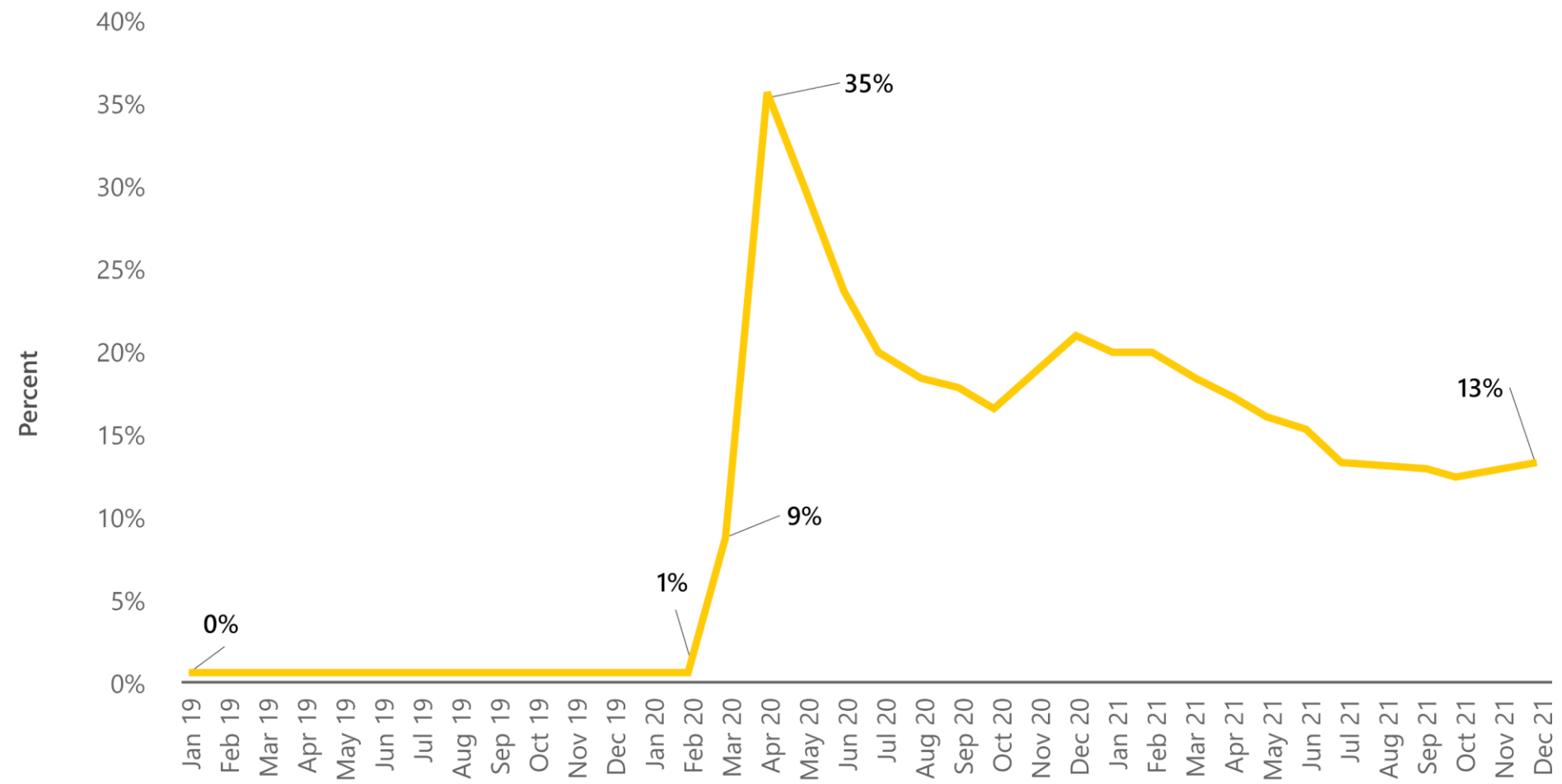




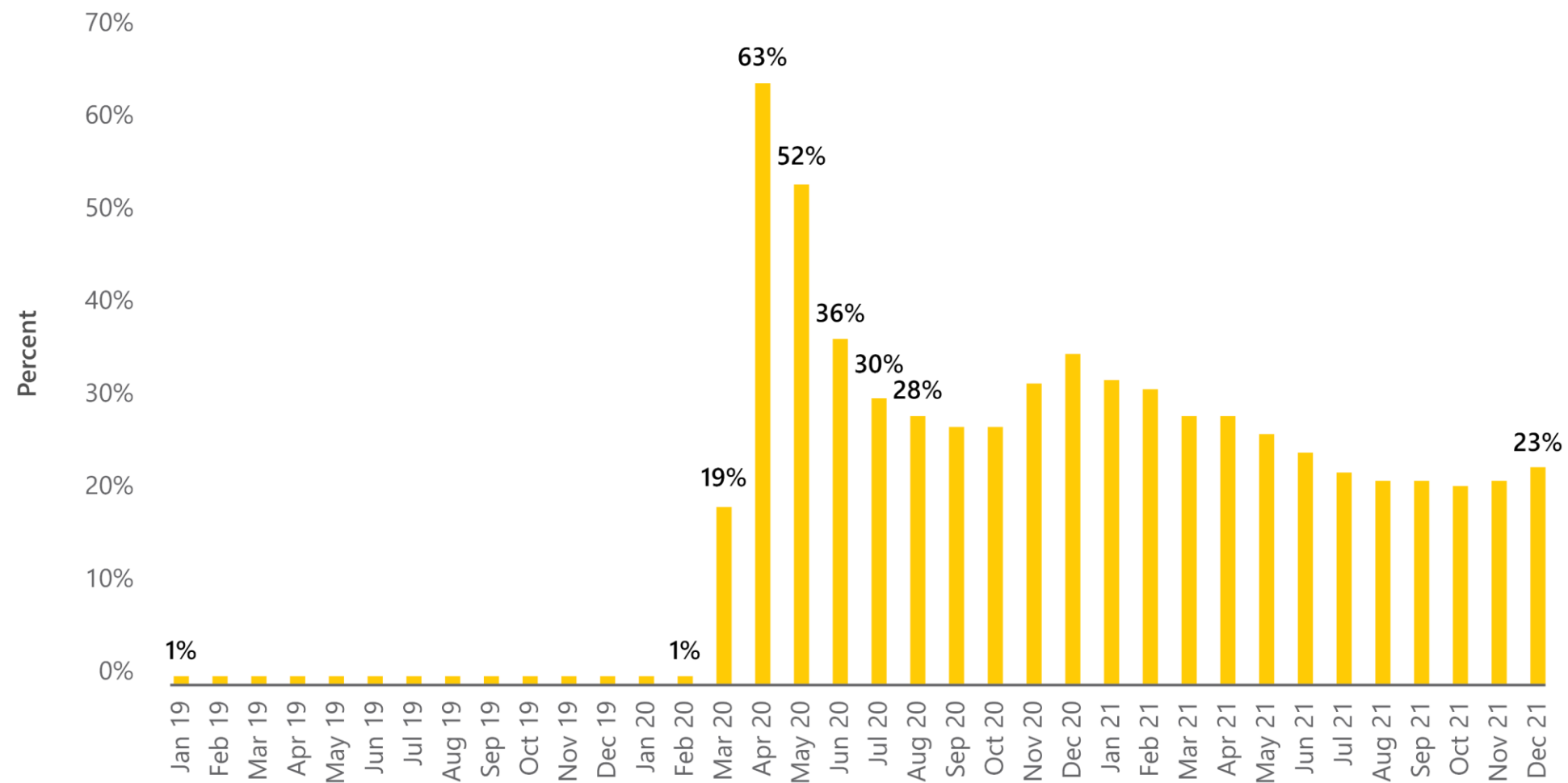
# Trends in In-Person and Telehealth Evaluation and Management Visits Among Commercially-Insured Beneficiaries, 2020-2023



# Trends in the Percentage of Telehealth Evaluation and Management Visits Among Michigan's Medicaid Beneficiaries, 2019-2021



# Trends in the Percentage of Medicaid Beneficiaries Who Had a Telehealth Visit, 2019-2021



# Telehealth Use Trends Among Medicare, Medicaid, and Commercially-Insured Individuals

## Key Takeaways

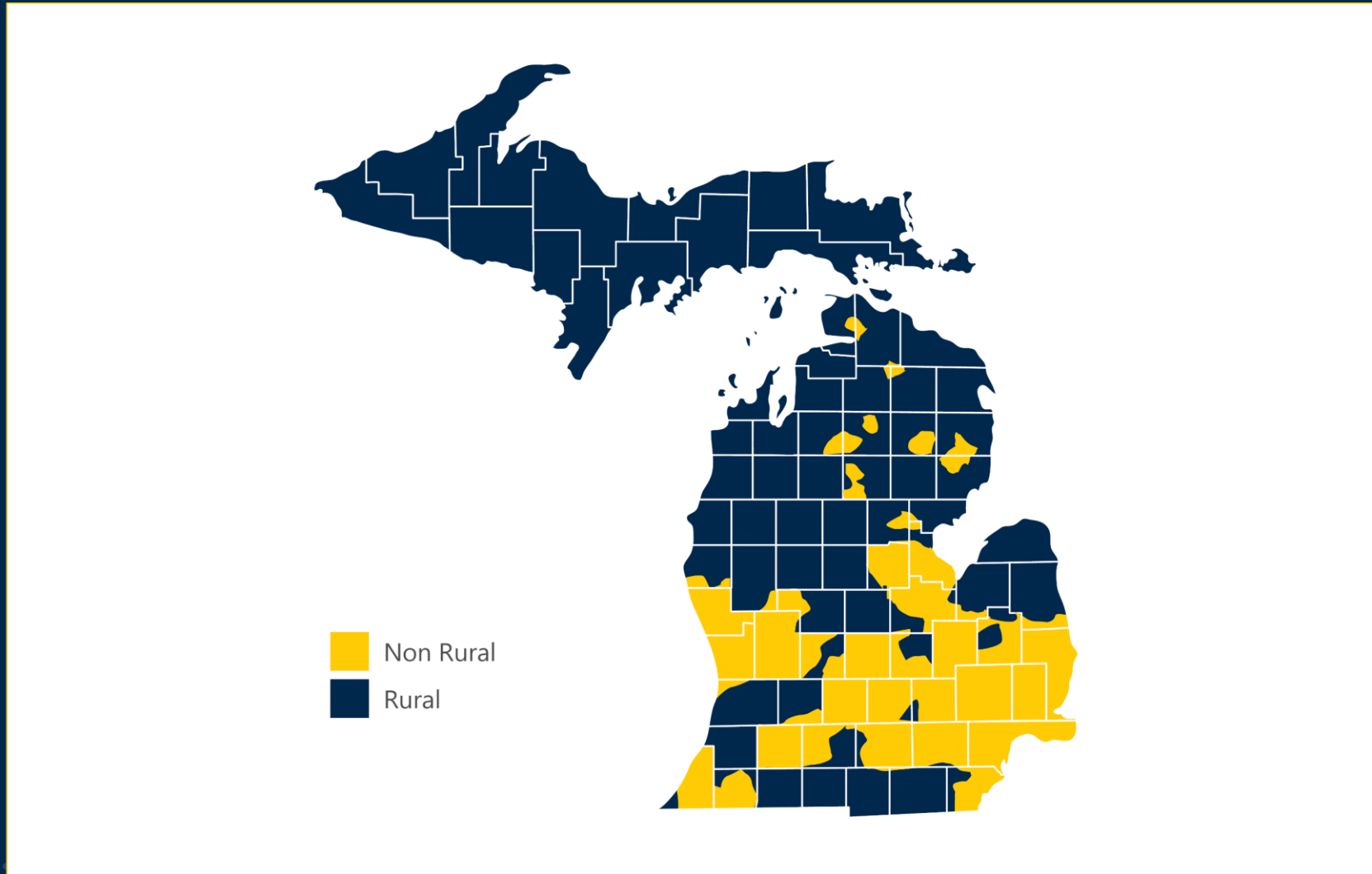
- During the early stages of the COVID-19 pandemic, there was a significant surge in telehealth usage among Medicare, Medicaid, and commercially-insured patients. However, since then, the proportion of telehealth visits has gradually declined and currently stands at approximately 11%, 13%, and 17% of all outpatient evaluation and management visits for Medicare, Medicaid, and commercially-insured patients, respectively.
- Notably, the overall volume of outpatient visits remained steady, comparable to pre-pandemic levels, indicating that telehealth predominantly substituted for in-person care.

## Policy Considerations

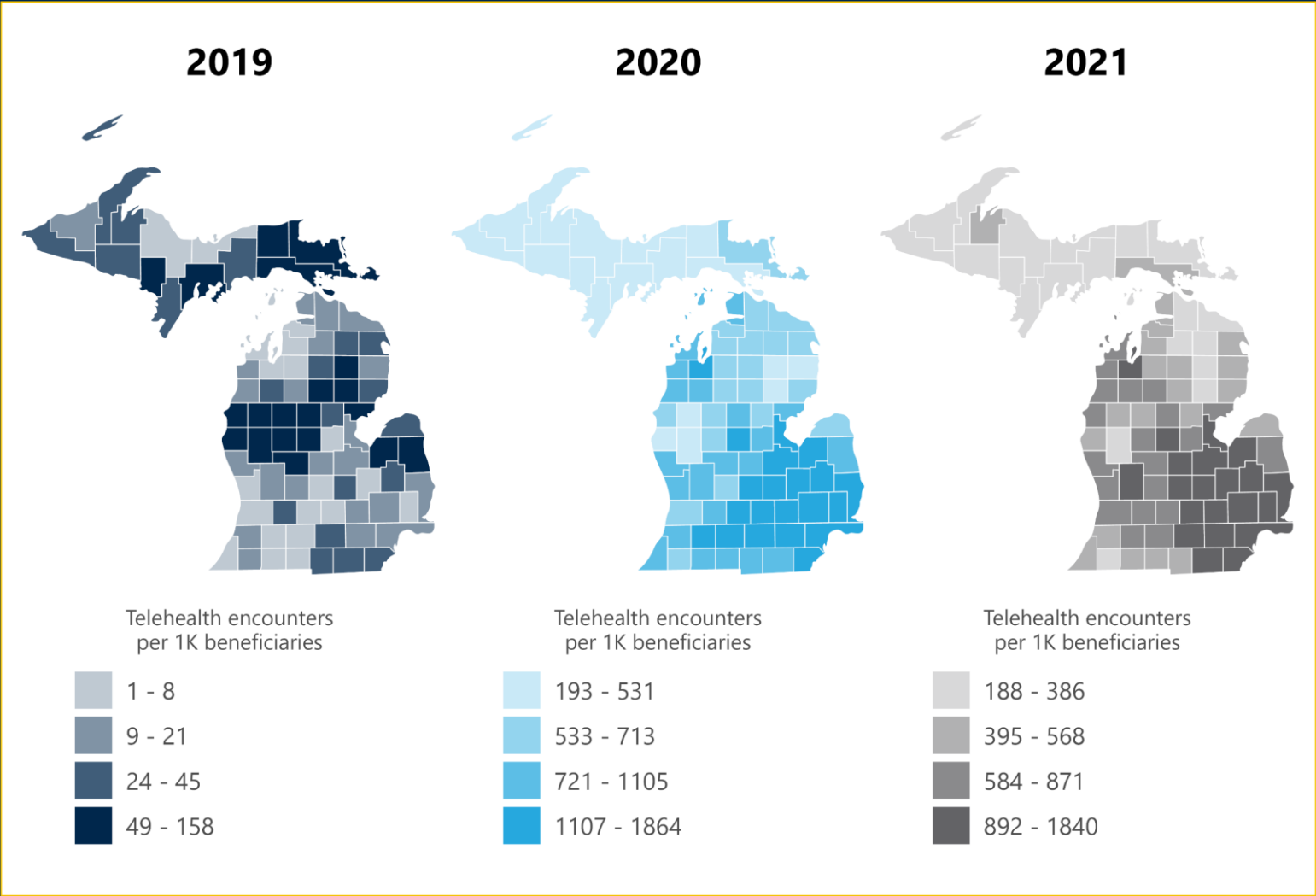
- Telehealth continues to play a crucial role in providing healthcare services to patients in Michigan.
- The concern about telehealth being overused can be alleviated by evidence that the overall volume of outpatient visits has remained stable.

# **The Effect of Telehealth Expansion on Usage in Rural and Non-Rural Michigan Counties**

# Michigan's Rural Counties, as Defined by the Federal Office of Rural Health Policy, 2020



# County-Level Geographic Distribution of Telehealth Services among Medicare Beneficiaries, 2019-2021



# Top Michigan Counties for Telehealth Utilization (Adjusted for Population) in 2019-2020

Counties with highest number of telehealth visits/1,000 beneficiaries (2019)	Telehealth visits/1,000 beneficiaries	Counties with highest number of telehealth visits/1,000 beneficiaries (2020)	Telehealth visits/1,000 beneficiaries
Chippewa County	158	Macomb County	1,864
Isabella County	130	Washtenaw County	1,840
Ogemaw County	88	Wayne County	1,816
Osceola County	85	Oakland County	1,702
Montcalm County	85	Genesee County	1,632



# The Effect of Telehealth Expansion on Usage in Rural and Non-Rural Michigan Counties

## Key Takeaways

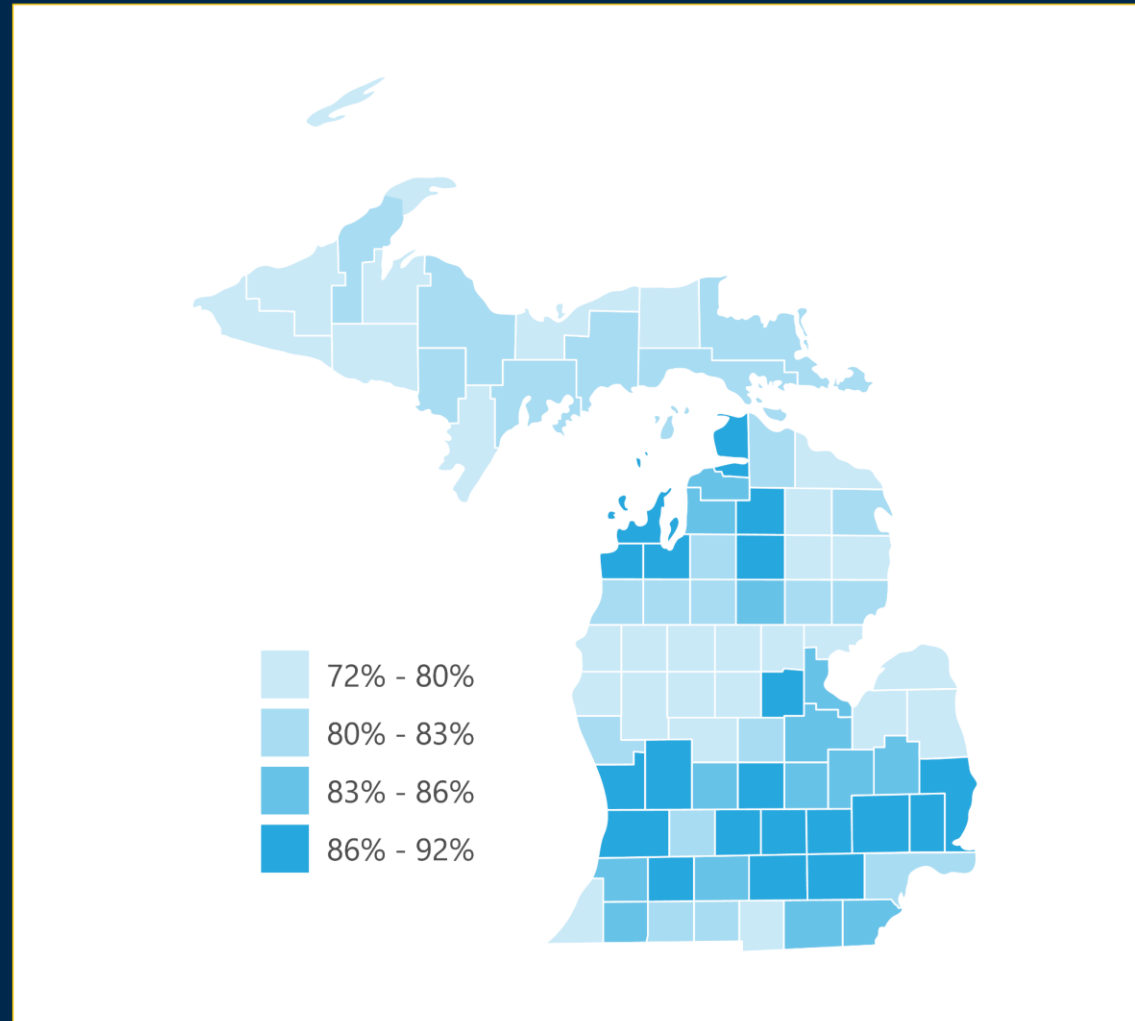
- Although telehealth policies like the originating site requirement were initially established to promote telehealth adoption in rural areas, the relaxation of this geography-specific policy (which allowed patients to access telehealth services from their homes) resulted in increased telehealth utilization in both urban and rural areas.

## Policy Consideration

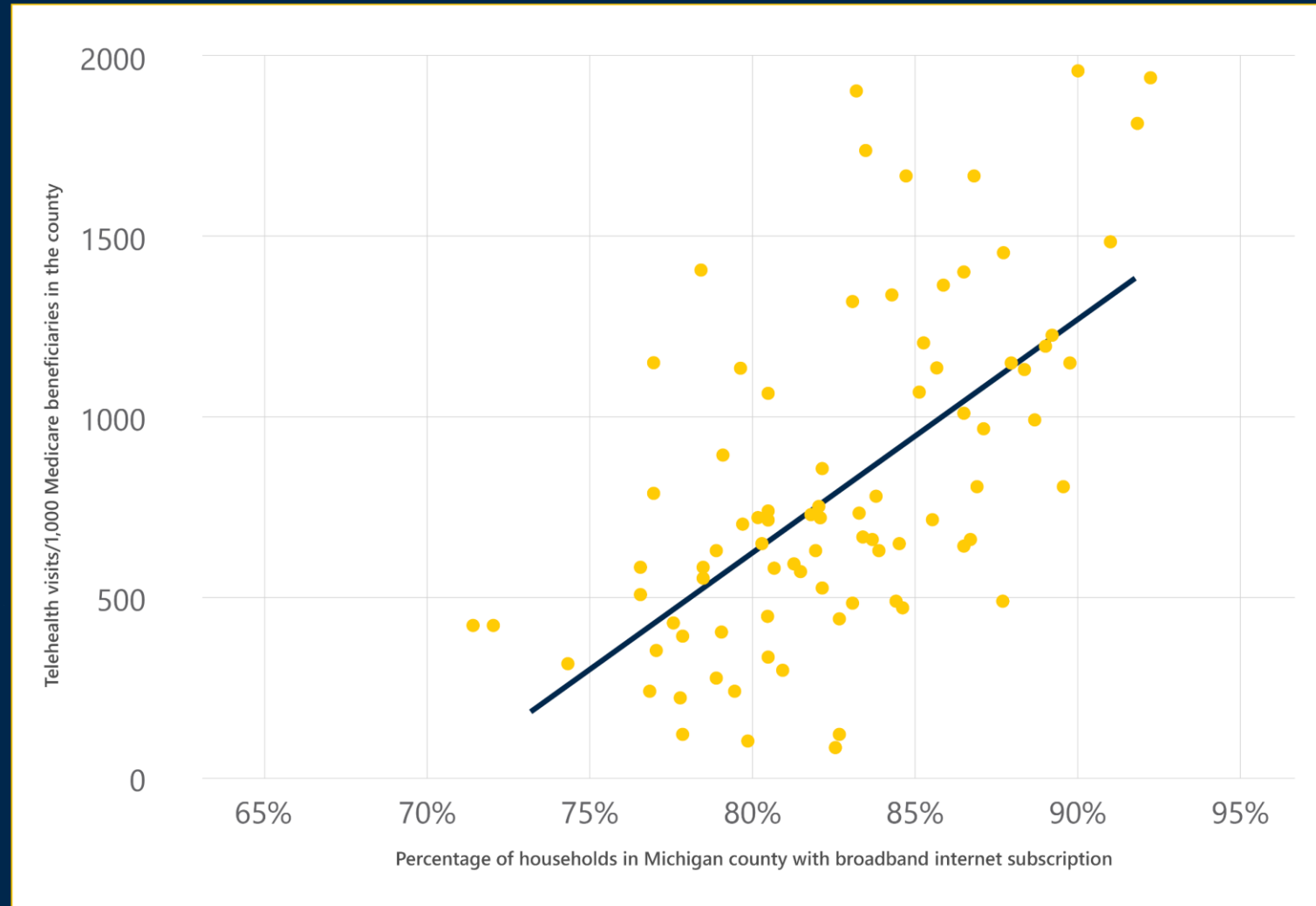
- Permanently expanding the list of originating sites to include the patient's home can increase telehealth adoption in rural areas.
- Limiting telehealth services to rural regions would significantly impede its usage outside of these areas.

# **The Relationship between Telehealth Utilization and Broadband Access in Michigan**

# Percentage of Households in Michigan Counties that Had Internet Access through Broadband, 2021



# Correlation at the County Level between Broadband Access and Telehealth Visits



# Michigan Counties with Below-Median Broadband Access and Telehealth Utilization

NAME	Telehealth visits per 1,000 Medicare FFS beneficiaries	Percentage of households with broadband internet subscription	NAME	Telehealth visits per 1,000 Medicare FFS beneficiaries	Percentage of households with broadband internet subscription
<b>State (median)</b>	<b>721</b>	<b>82.7%</b>			
Lake County	477	72%	Menominee County	356	79%
Oscoda County	487	72%	Alger County	333	80%
Iron County	388	74%	Ontonagon County	202	80%
Montmorency County	559	77%	Hillsdale County	721	80%
Huron County	611	77%	Mason County	665	80%
Gogebic County	332	77%	Gladwin County	718	80%
Baraga County	422	77%	Ogemaw County	503	81%
Oceana County	507	77%	Mackinac County	409	81%
Alcona County	486	78%	Alpena County	618	81%
Luce County	310	78%	Delta County	376	81%
Keweenaw County	218	78%	Kalkaska County	622	81%
Mecosta County	624	79%	Cheboygan County	603	82%
Osceola County	610	79%	Iosco County	553	82%
Newaygo County	473	79%	Missaukee County	659	82%
Presque Isle County	655	79%			

# The Relationship between Telehealth Utilization and Broadband Access in Michigan

## Key Takeaways

- The percentage of households with broadband internet subscriptions in Michigan counties ranged from 72% to 92%.
- There was a positive correlation between broadband access and higher utilization of telehealth services.

## Policy Considerations

- Targeted policies designed to increase broadband internet access in counties with a low percentage of households subscribing to broadband, such as Lake County, Oscoda County, and Iron County, could potentially improve telehealth utilization in those areas.

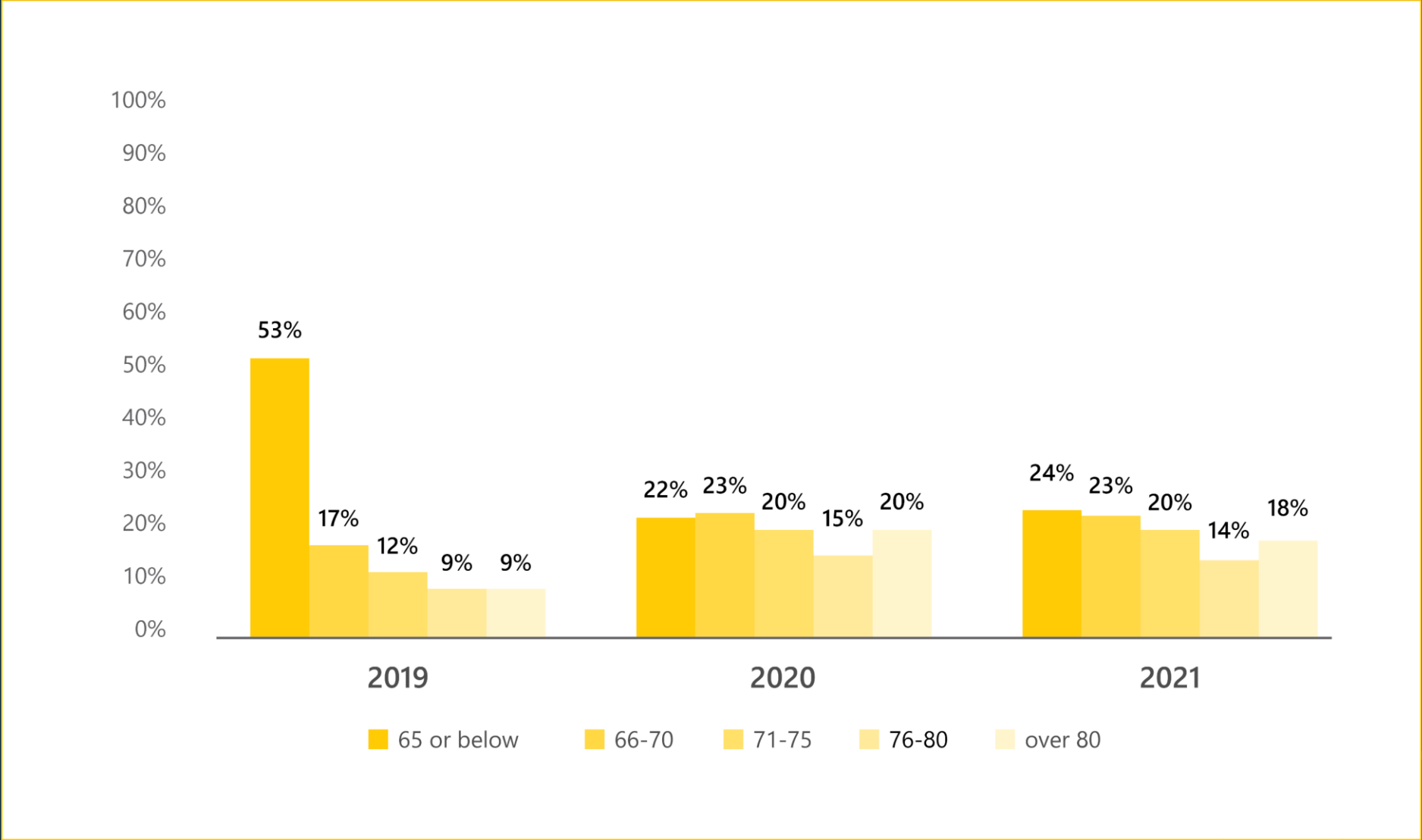
# **Demographic Characteristics of Telehealth Users and Non-Users**

# Characteristics of Telehealth Users and Non-Users, 2020

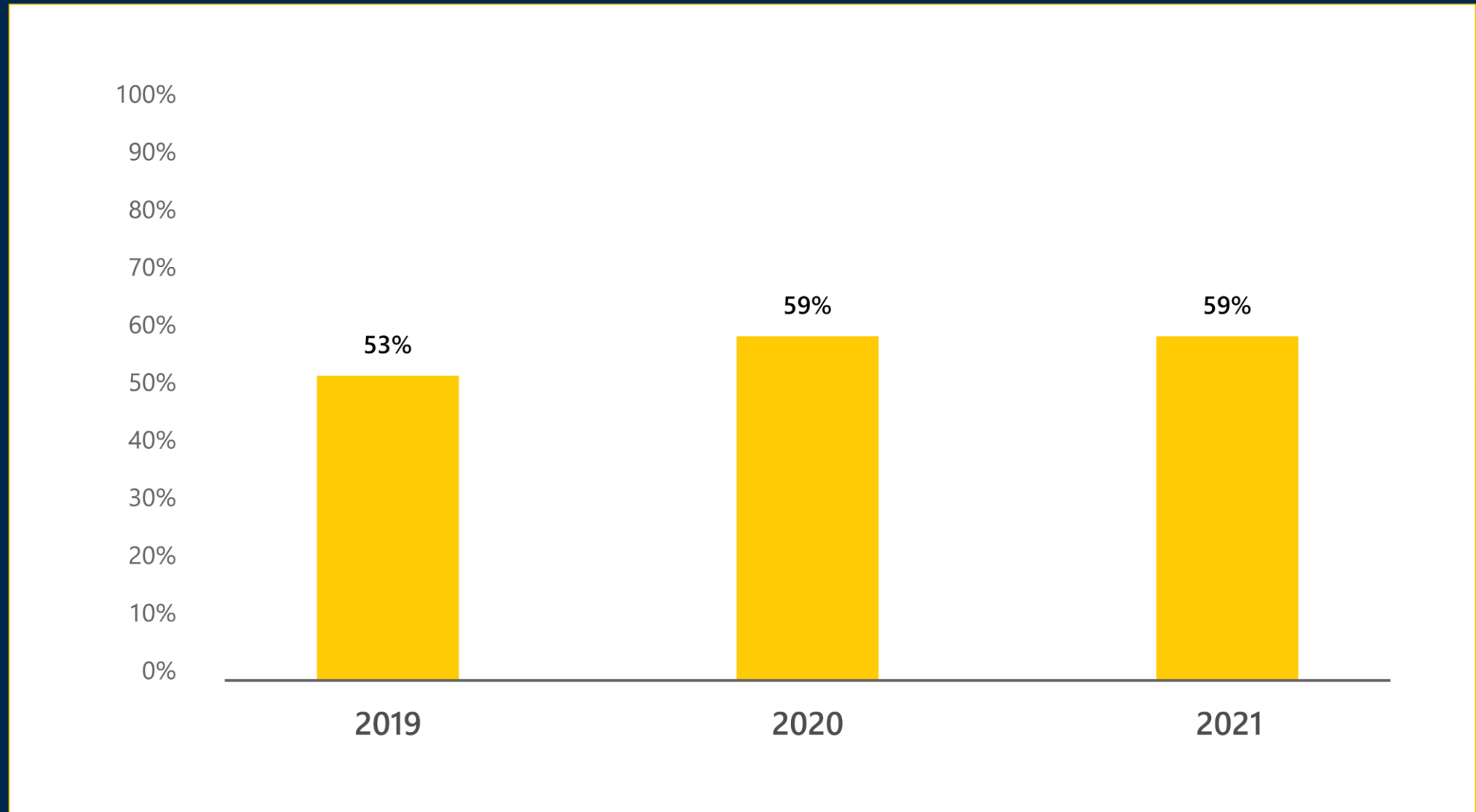
		No.(%)	
Characteristics		Telehealth user <sup>c</sup> (n=386,515)	Telehealth non-user <sup>d</sup> (n=541,086)
Age (%)	<=65	84,715 (21.9%)	91,419 (16.9%)
	66-70	89,570 (23.2%)	145,038 (26.8%)
	71-75	77,359 (20.0%)	112,864 (20.9%)
	76-80	57,424 (14.9%)	76,079 (14.1%)
	>80	77,447 (20.0%)	115,686 (21.4%)
Sex	Male	160,554 (41.5%)	257,347 (47.6%)
	Female	225,961 (58.5%)	283,739 (52.4%)
Race	Non-hispanic white	322,818 (83.5%)	461,417 (85.3%)
	Black (or African-American)	44,107 (11.4%)	50,301 (9.3%)
	Asian/Pacific islander	3,543 (0.9%)	5,249 (1.0%)
	Hispanic	1,690 (0.4%)	3,372 (0.6%)
	American Indian/Alaska Native	1,277 (0.3%)	2,661 (0.5%)
	Other/Unknown	13,080 (3.4%)	18,086 (3.3%)
Zip code	Rural	80,562 (20.8%)	180,998 (33.5%)
	Non-rural	305,953 (79.2%)	360,088 (66.5%)
Dual eligibility	Yes	90,223 (23.3%)	101,726 (18.8%)
	No	296,292 (76.7%)	439,360 (81.2%)



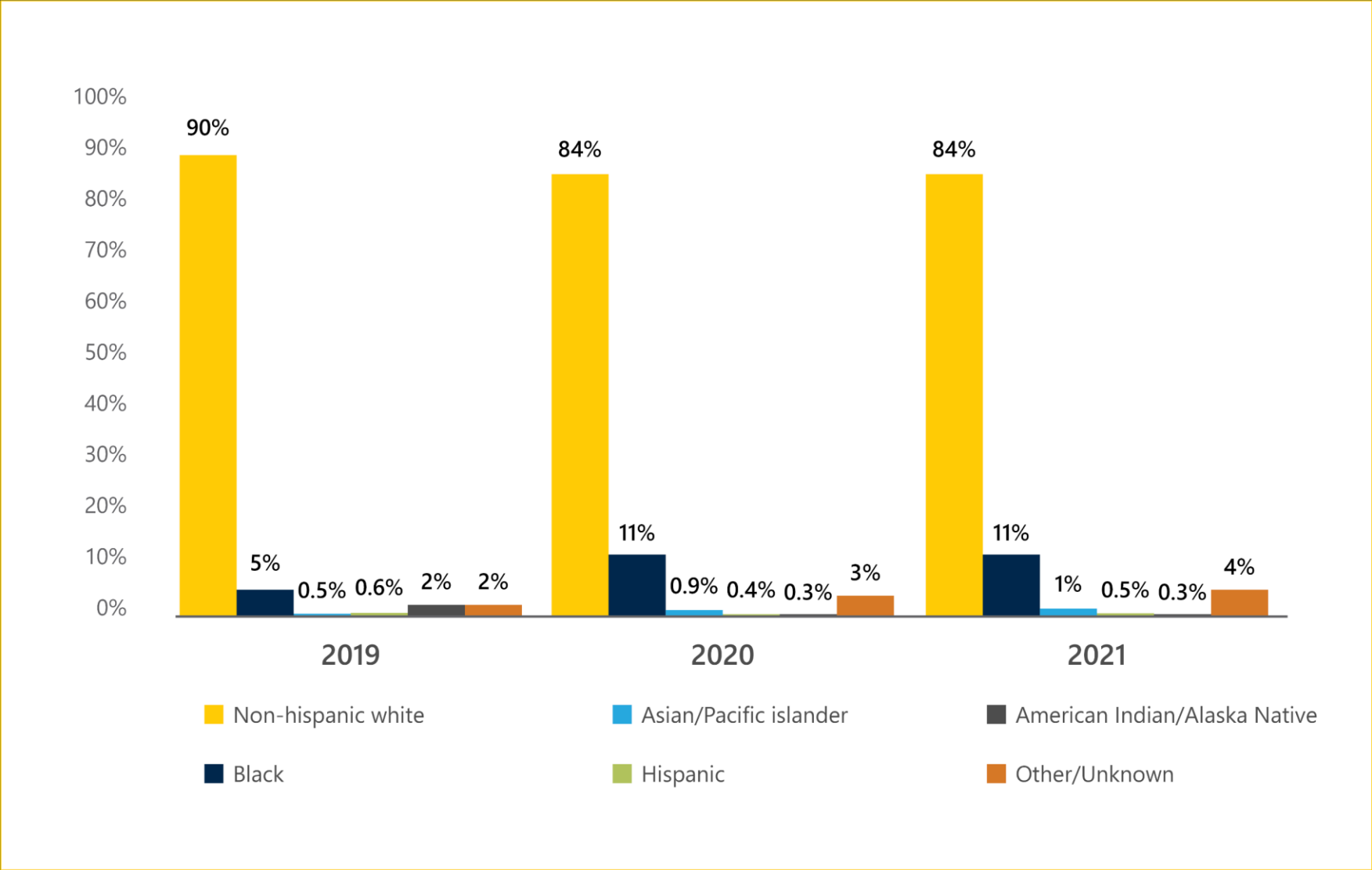
# Telehealth User Proportions by Age, 2019-2021



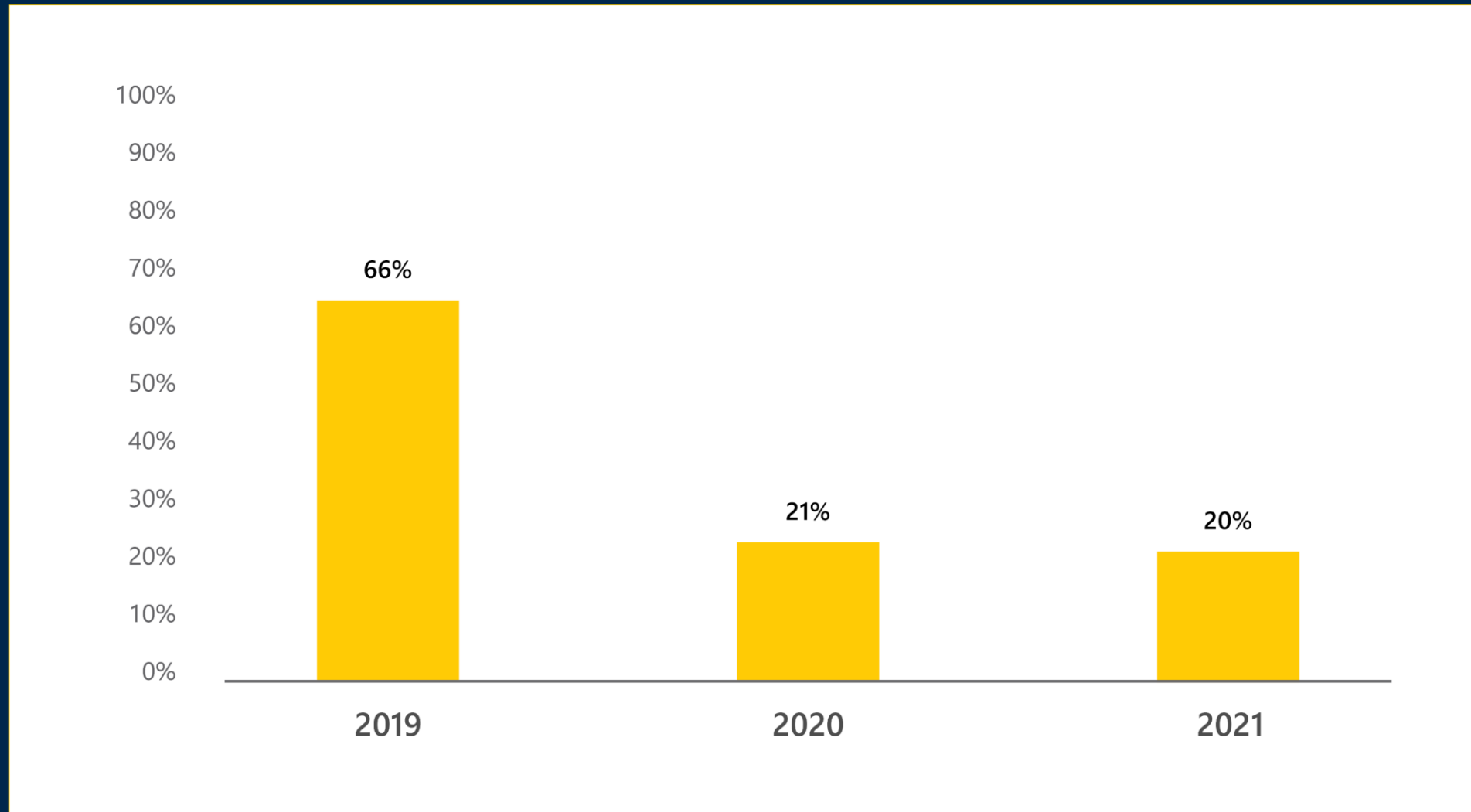
# Percentage of Telehealth Users that Were Female, 2019-2021



# Telehealth User Proportions by Race/Ethnicity, 2019-2021



# Percentage of Telehealth Users that Lived in Rural Zip Codes, 2019-2021



# Demographic Characteristics of Telehealth Users and Non-Users

## Key Takeaways

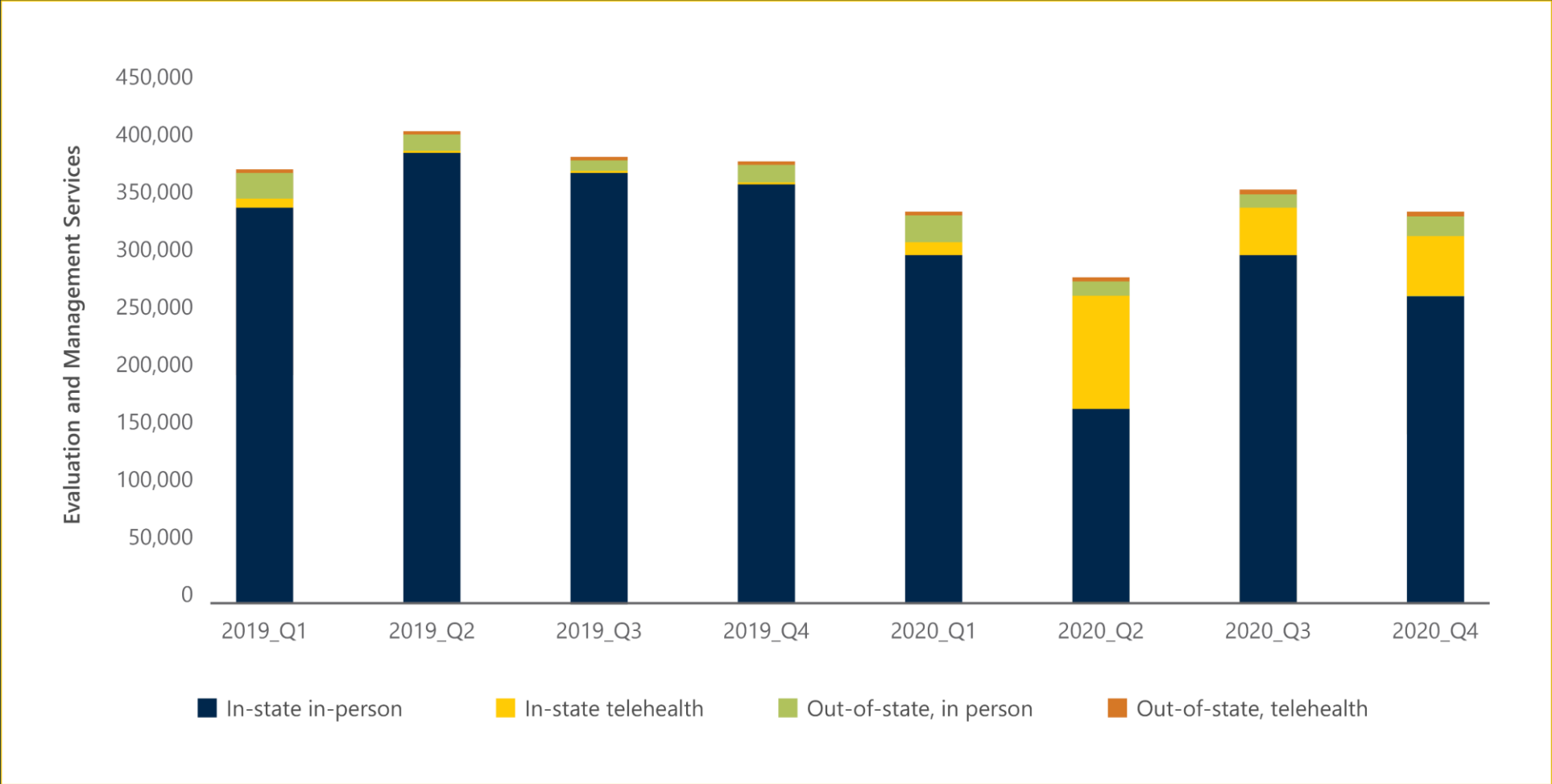
- Telehealth usage was more prevalent among beneficiaries who were under 65 years old, female, dual-eligible for Medicaid, and resided in non-rural areas.

## Policy Considerations

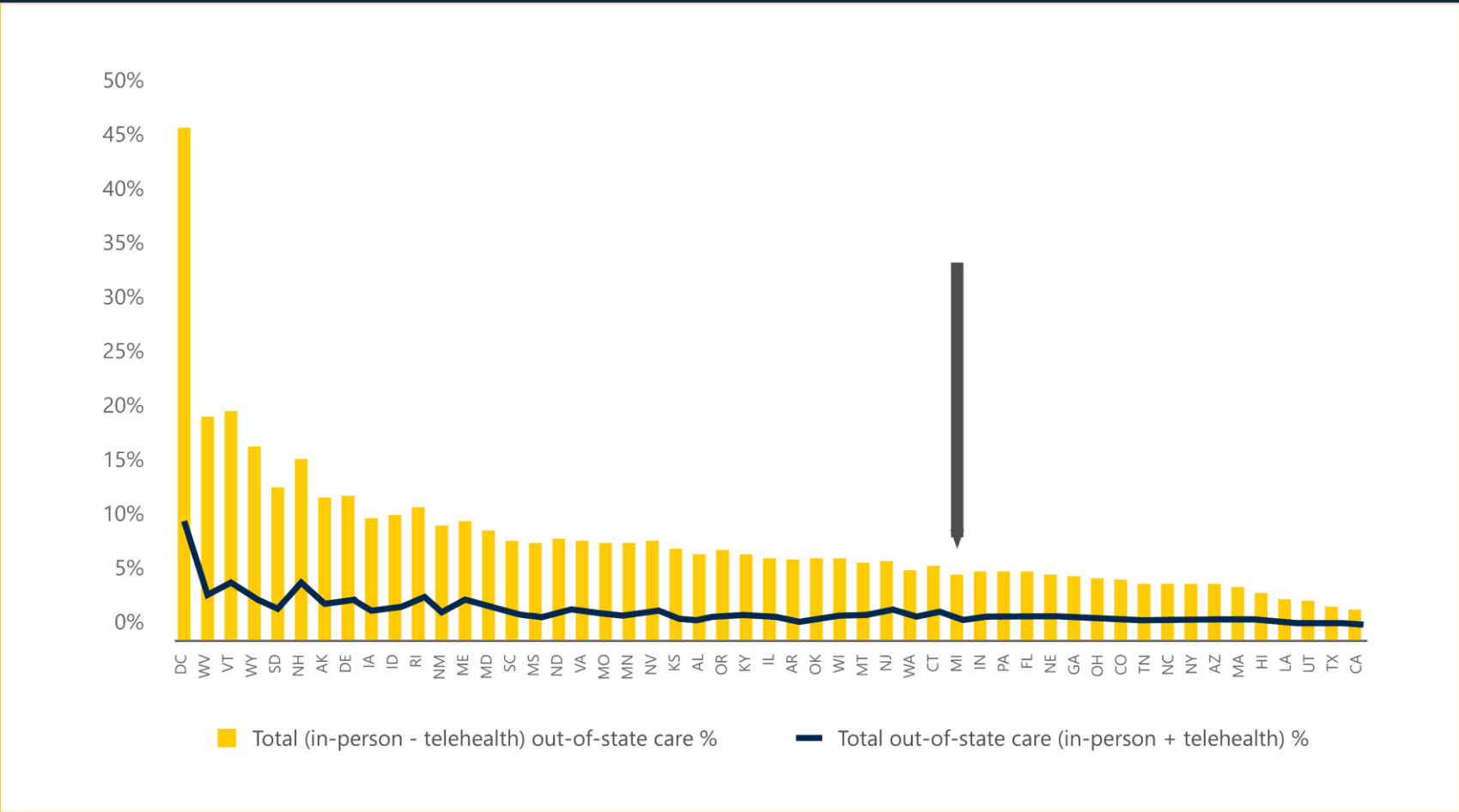
- Although there are slight variations in telehealth usage rates among different demographics, it is crucial to acknowledge that telehealth is widely used across all age groups, genders, races/ethnicities, rural/urban locations, and income levels.
- While we did not examine the breakdown of telehealth modality usage (e.g., video vs phone visits) in this study, our previous research suggests that discontinuation of insurance coverage for phone visits may reduce telehealth access for patients who are older, African-American, need an interpreter, rely on Medicaid, and reside in regions with limited broadband access. [1]

# **The Influence of Licensure Waivers on Telehealth Services Provided Across State Lines**

# Quarterly Number of Outpatient Evaluation and Management Services for Medicare Beneficiaries by Four Visit Types, 2019-2020



# State-by-State Comparison of Out-of-State Telehealth Visits (Yellow Line) and Total Out-of-State Visits (Blue Bar) as a Percentage of Total Evaluation and Management Visits, 2020





# Top Ten States Where Michigan Residents Received Care from Out-of-State Clinicians in 2020

Patient residence	Provider state	Percentage of total out-of-state care that occurred in this state
Michigan	Florida	28%
Michigan	Indiana	17%
Michigan	Ohio	16%
Michigan	Wisconsin	8%
Michigan	Arizona	6%
Michigan	Illinois	4%
Michigan	California	3%
Michigan	Minnesota	2%
Michigan	Texas	2%
Michigan	New York	1%

# The Influence of Licensure Waivers on Telehealth Services Provided Across State Lines

## Key Takeaways

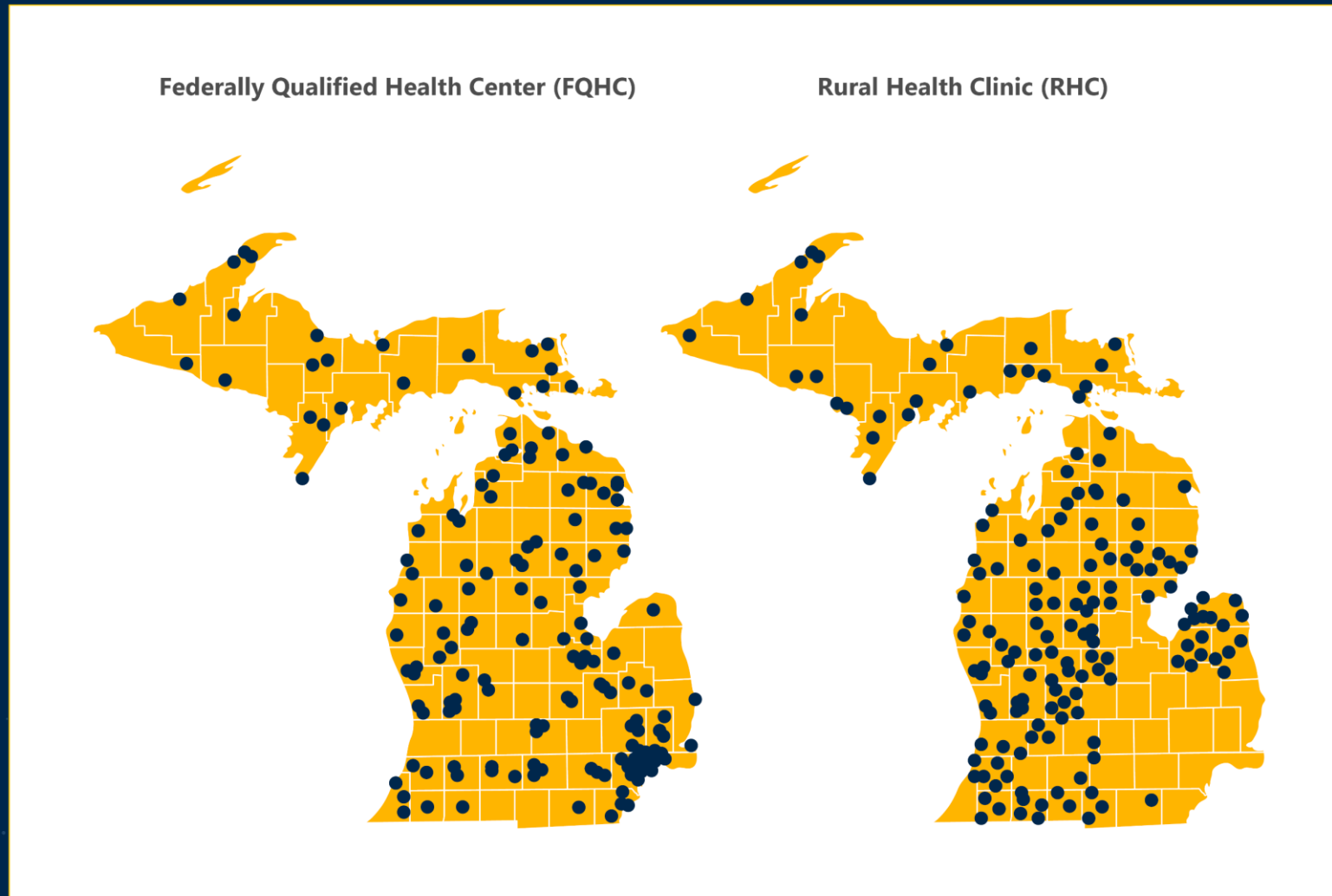
- In 2020, when medical licensing rules were eased to permit out-of-state clinicians to conduct telehealth visits with Michigan residents, interstate telehealth constituted only 0.47% of all evaluation and management visits and 3% of telehealth visits in Michigan.
- 49% of out-of-state visits involved Michigan residents receiving care from clinicians practicing in neighboring states such as Illinois, Indiana, Minnesota, Ohio, and Wisconsin.
- 28% of out-of-state visits took place between Michigan residents and clinicians practicing in Florida.

## Policy Considerations

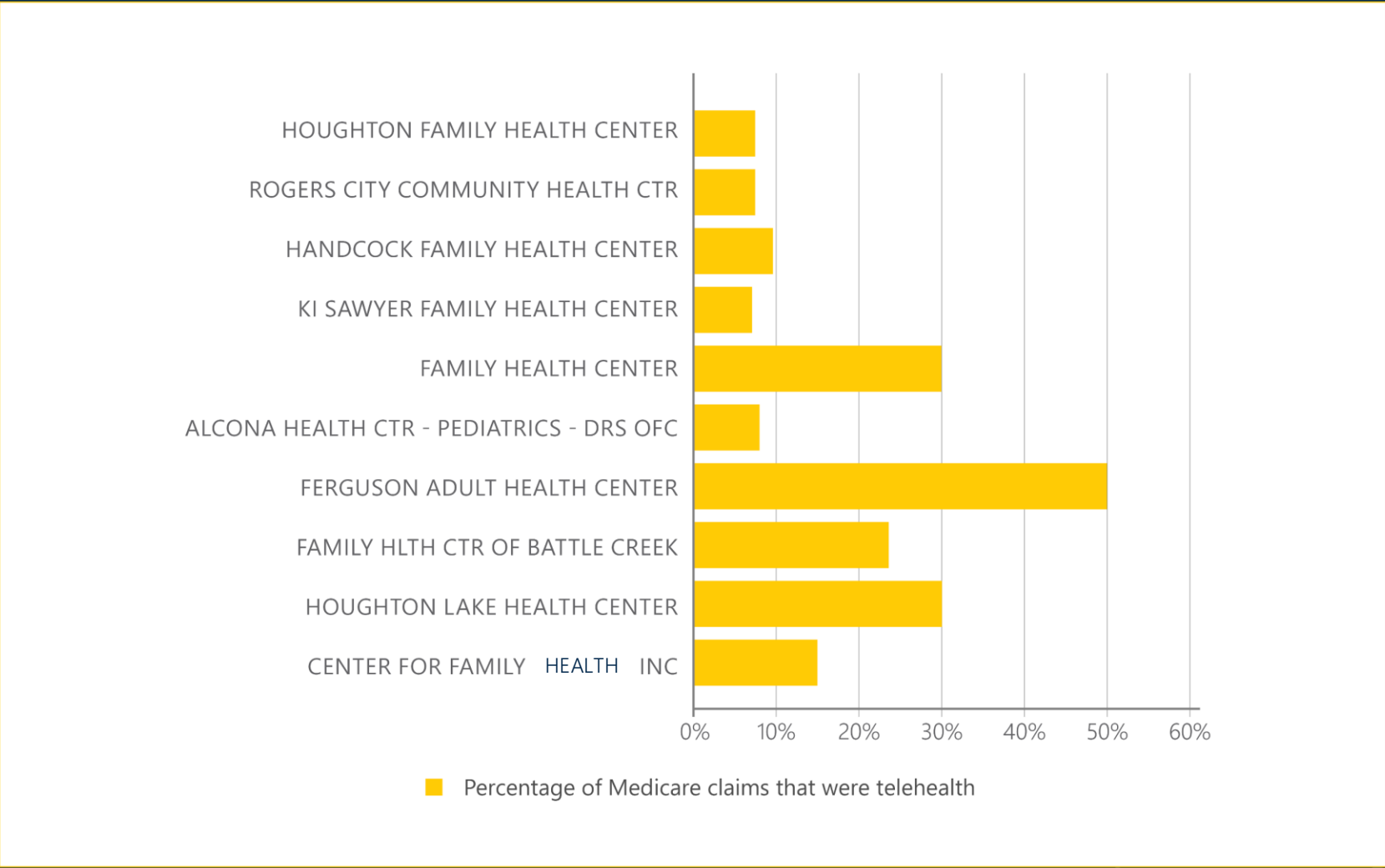
- While the overall utilization of interstate telehealth remains low for Michigan residents, the most effective approach to facilitating their access to out-of-state clinicians is to prioritize medical licensing reciprocity agreements with neighboring states and Florida, where Michigan snowbirds may have established healthcare providers.

# **Telehealth Usage by Federally Qualified Health Centers and Rural Health Clinics**

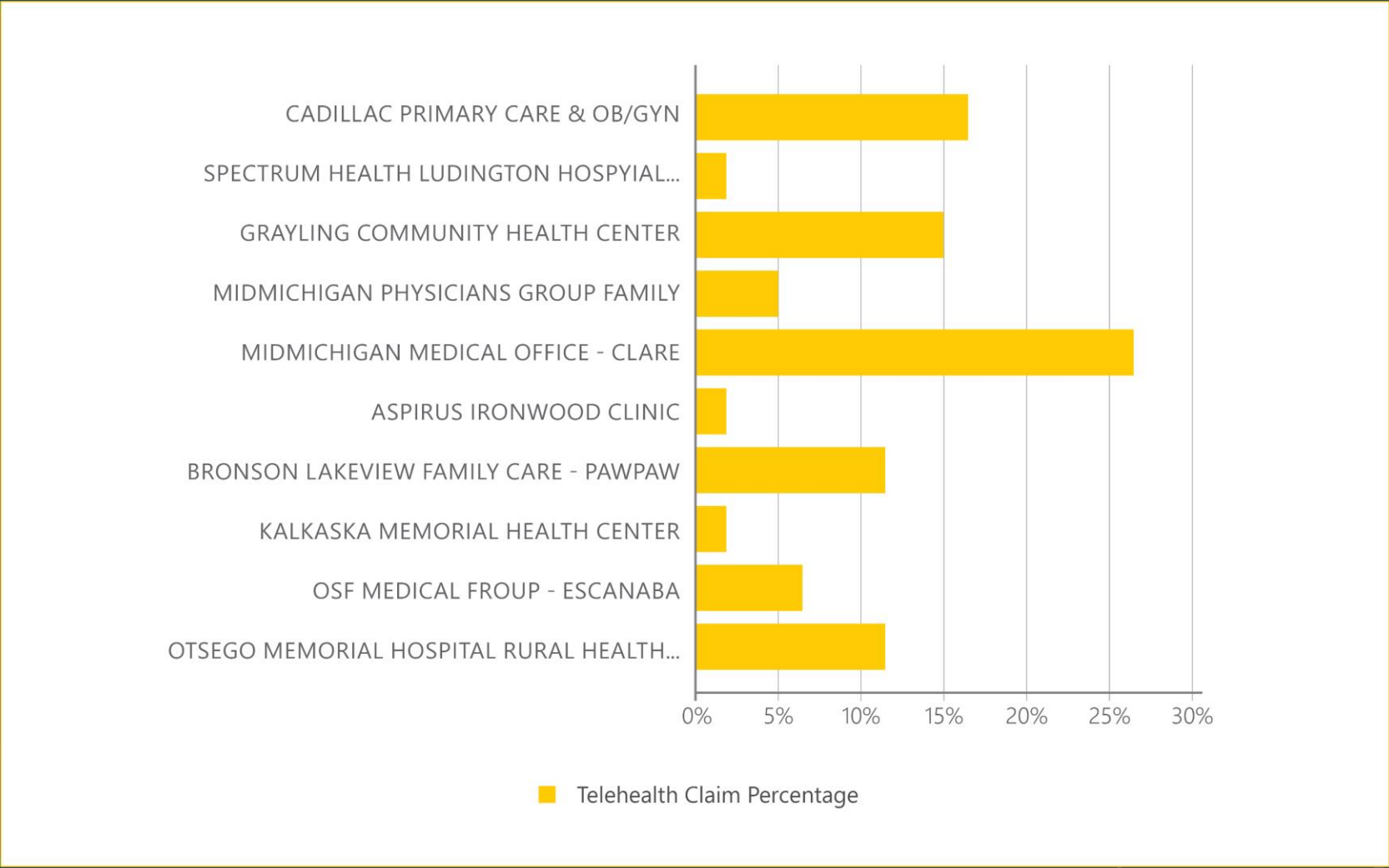
# Geographic Distribution of Federally Qualified Health Centers and Rural Health Clinics in Michigan, 2021



# Top Ten Federally Qualified Health Centers by Volume of Medicare Claims and Their Telehealth Claims Percentage, 2020



# Top Ten Rural Health Clinics by Volume of Medicare Claims and Their Telehealth Claims Percentage, 2020



# Telehealth Usage by Federally Qualified Health Centers and Rural Health Clinics

## Key Takeaways

- The top ten Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), identified as having the highest volume of Medicare claims, provided a median of 13% and 9% of their visits via telehealth in 2020, respectively.

## Policy Considerations

- Telehealth is an important part of care delivery for FQHCs and RHCs in Michigan

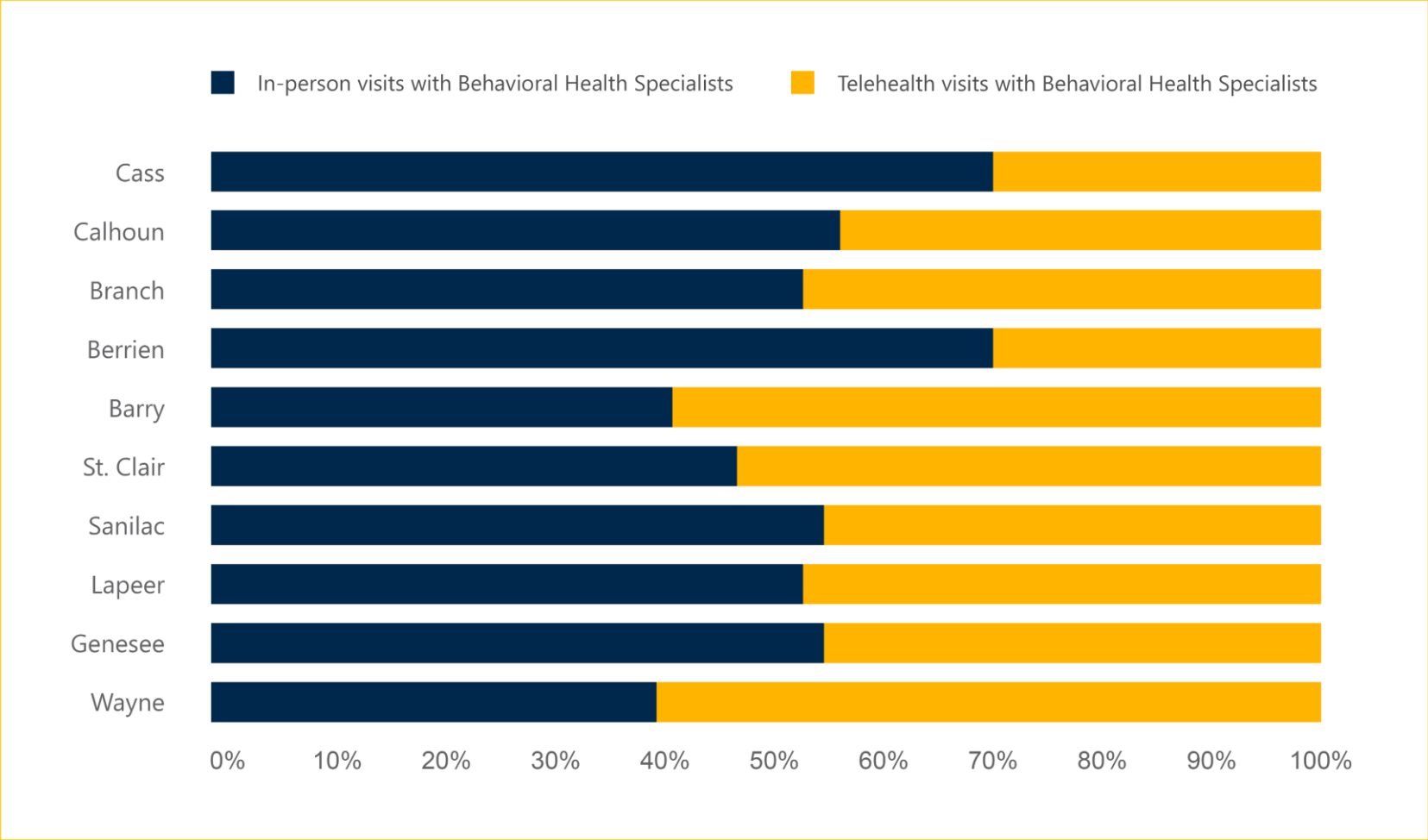
# **The Impact of Telehealth Expansion on Access to Behavioral Health Services**



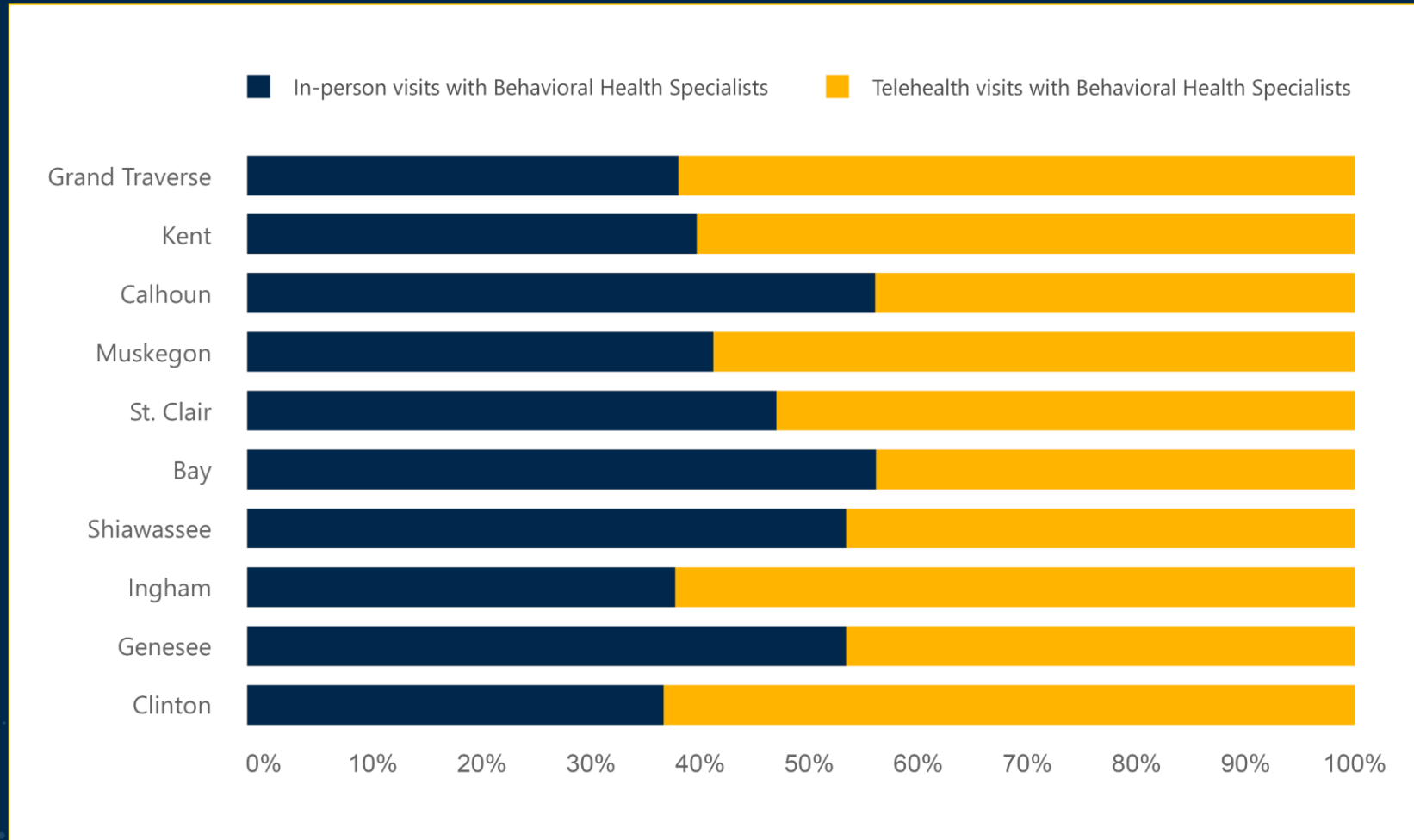
# Analysis #1: Behavioral Health Demand Analysis

- To what extent has the expansion of telehealth changed access to care from behavioral health specialists in counties with a high demand for behavioral health services?
- To conduct this analysis, we initially computed the demand for behavioral health services at the county level. Next, we determined the extent to which telehealth, provided by behavioral health specialists, had penetrated these high-demand counties for behavioral health services.
- Definition of “demand for behavioral health services”
  - Survey based: Prevalence of any mental illness using 2018-2020 National Survey on Drug Use and Health (NSDUH). This is analogous to the approach used by Altarum in their report, Access to Behavioral Health Care in Michigan
  - Claims-based: Percentage of individuals who have an insurance claim with a behavioral health diagnosis listed using Medicare fee-for-service data from 2019-2021.
- Behavioral health specialist (Psychiatry, Geriatric psychiatry, Neuropsychiatry, Psychologist, Clinical psychologist, Licensed clinical social worker, Addiction medicine)

# Percentage of Behavioral Health Specialist Visits Conducted via Telehealth in the 10 Counties with the Highest Survey-Based Demand for Telehealth, 2021



# Percentage of Behavioral Health Specialist Visits Conducted via Telehealth in the 10 Counties with the Highest Claims-Based Demand for Telehealth, 2021



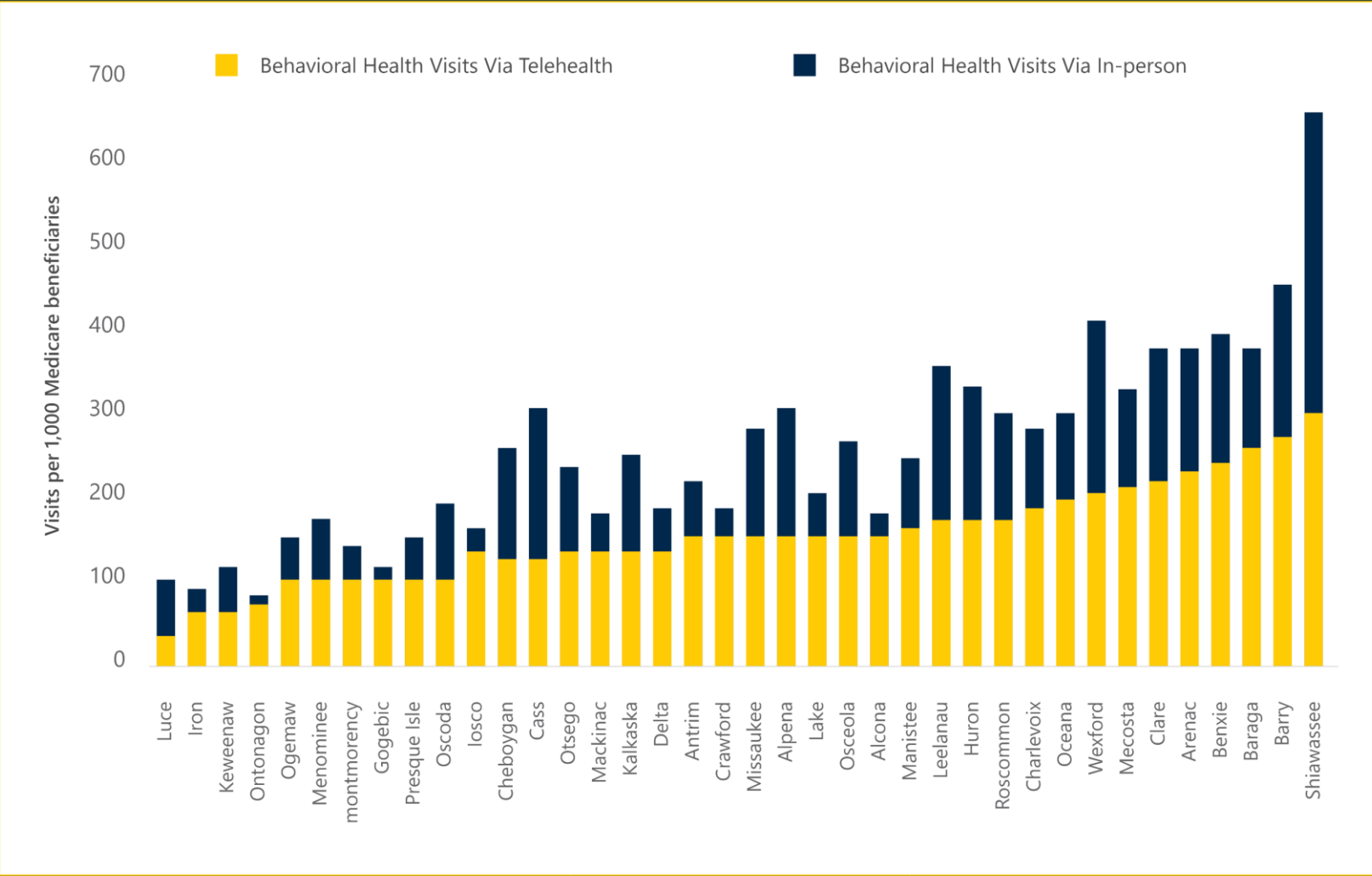
# Number of Outpatient Visits for Mental Health or Substance Use Disorder by Medicaid Beneficiaries Residing in High-Demand Counties, In-Person vs. Telehealth, 2019 & 2021

	# In-person visits	# telehealth visits	% telehealth
<b>2019</b>	5,903,065	11,888	0.2%
<b>2021</b>	5,143,080	1,094,524	17.5%

## Analysis #2: Behavioral Health Shortage Analysis

- To what extent has the expansion of telehealth improved access to behavioral health specialists in counties facing shortages of such specialists?
- For this analysis, we first identified counties with a low supply of behavioral health specialists (i.e., behavioral health shortage areas) as defined as having 10 or fewer behavioral health specialists that practice in the county.
- Next, we determined the extent to which telehealth, provided by behavioral health specialists outside of these counties, had penetrated these areas
- See report for additional details on Methods and list of counties that were determined

# Utilization of Telehealth and In-Person Care by Patients Residing in Behavioral Health Shortage Areas, 2021



# County A is a Behavioral Health Shortage Area

In-County A  
In-Person

In-County A  
Telehealth

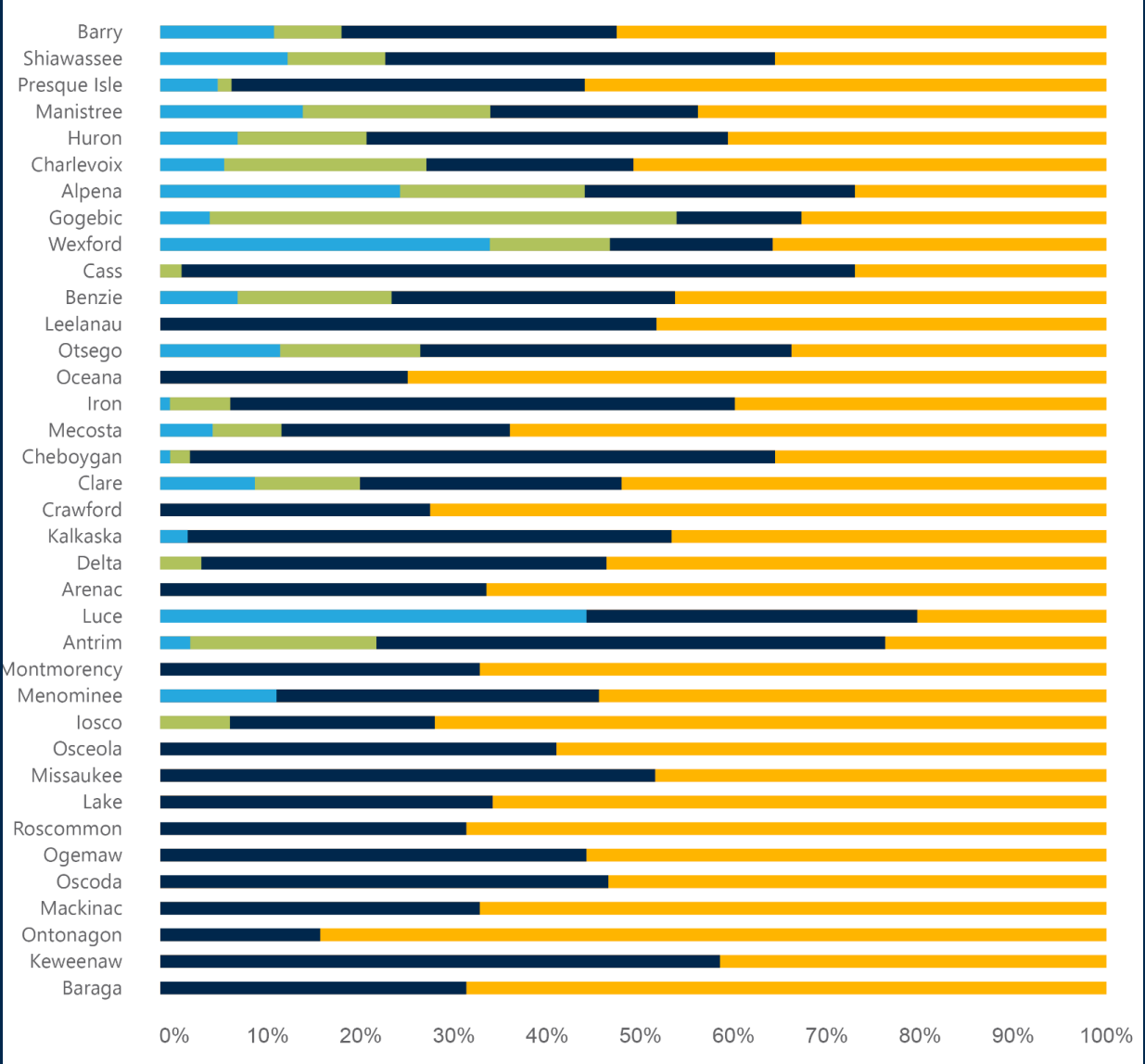
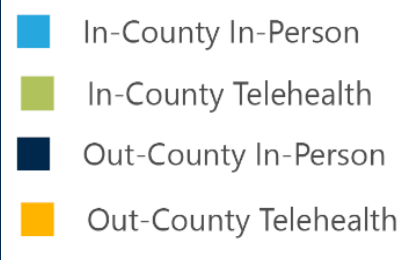
*"Convenient Care"*

In-County B  
In-Person

In-County B  
Telehealth

*"Improved access"*

# Percentage of Behavioral Health Specialist Visits Provided by Out-of-County Specialists via Telehealth (Yellow Bar) in Michigan Counties with Shortages of Behavioral Health Specialists, 2021





# The Impact of Telehealth Expansion on Access to Behavioral Health Services

## Key Takeaways

- Using two methods to assess prevalence, we found that approximately 1 in 5 individuals in Michigan have a behavioral health/mental health condition.
- Behavioral health specialist shortages are prevalent in many Michigan counties. In fact, 50% of counties have 10 or fewer specialists, and 20% have either one or none at all.
- In 2021, telehealth services accounted for 46% of all behavioral healthcare provided to Medicare beneficiaries residing in Michigan counties with high demand for these services.
- Among Medicaid beneficiaries residing in Michigan counties with high demand for behavioral healthcare, 52% received their treatment via telehealth in 2021.
- In 2021, 82% of behavioral healthcare delivered to Medicare patients living in areas with shortages of behavioral health specialists came from professionals located in a different county. Furthermore, 47% of visits to these specialists were conducted via telehealth.

# The Impact of Telehealth Expansion on Access to Behavioral Health Services

## Policy considerations

- Telehealth expansion has undeniably enhanced access to behavioral health services in two significant ways. First, it has provided a means of delivering care to areas in Michigan with a high demand for behavioral health services. Second, it has extended access to counties where there are shortages of behavioral health providers, bringing these much-needed services to underserved communities.

# Acknowledgements

- Statistical team: Ziwei Zhu, Xinwei Hi, Monica Van Til
- Sponsorship: Michigan Health Endowment Fund, the Ethel & James Flinn Foundation, and the University of Michigan Department of Urology Faculty Catalyst Award to help create this report.
- Medicaid analytic support: Sarah Clark from the Susan B. Meister Child Health Evaluation and Research (CHEAR) Center at the University of Michigan
- Data access: Michigan Value Collaborative (MVC) (<https://michiganvalue.org>)

# Q&A

- Chad Ellimoottil, MD ([cellimoo@med.umich.edu](mailto:cellimoo@med.umich.edu))

# Appendix

# Number of Medicaid-Enrolled Beneficiaries Residing in Behavioral Health Provider Shortage Counties with Outpatient Visits for Mental Health or Substance Use Disorder: In-Person Visit(s) Only vs. Telehealth Visit(s)

	# Patients with In-Person Visits Only	# Patients with Telehealth Visits	% Telehealth
<b>2019</b>	26,171	2,836	9.1%
<b>2021</b>	17,252	13,813	41.7%

## Number of Outpatient Visits for Mental Health or Substance Use Disorder by Medicaid Beneficiaries Residing in Behavioral Health Provider Shortage Counties: In-Person Visit(s) vs. Telehealth Visit(s)

	# Visits that were In-person	# Visits that were Telehealth	% Telehealth
<b>2019</b>	514,808	8,593	1.6%
<b>2021</b>	437,605	97,168	18.1%