

TELEHEALTH DURING COVID-19

During the COVID-19 public health emergency, the West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) allowed the use of **phone or video for telehealth services**.

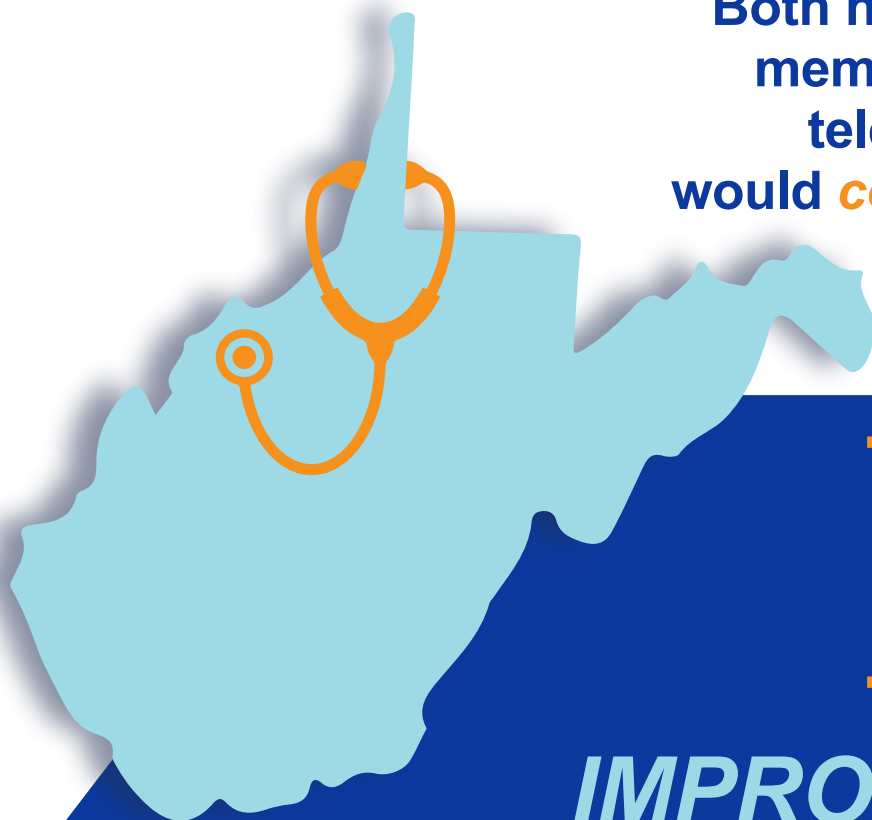
Additional guidance also was given for some specific services, such as **occupational therapy, speech therapy, and other non-emergency services**.

Medicaid claims data from January 2017 to June 2021 were studied to see how telehealth use, costs, and related health outcomes changed during the pandemic.

Surveys with providers and members were also conducted between January and March of 2022 to understand their perspectives on using telehealth. Telehealth use increased and continued to be used.

Overall, telehealth helped improve Medicaid members' lives.

Both healthcare providers and members were satisfied with telehealth and shared they would *continue using telehealth in the future* if allowed.



**TELEHEALTH
WORKED.**

**TELEHEALTH
IMPROVED ACCESS
TO CARE.**



MAJOR TELEHEALTH FINDINGS

↑ 1,000%
TELEHEALTH INCREASE

Providers and members took advantage of telehealth.

Telehealth was used for over 7% of Medicaid services throughout the pandemic, a 1,000% increase in use.



**PRIMARY CARE
TELEHEALTH INCREASE**

Telehealth was useful in the primary care setting.

Primary care visits that took advantage of telehealth increased and remained up over 1,000%.



**FOLLOW UP
INCREASES**

Telehealth was useful for follow-up visits.

There were large, sustained increases for follow-up telehealth visits in both new and established members with diagnoses of anxiety and opioid use disorder.



**LIMITED BARRIERS
USING TELEHEALTH**

Technology and costs were not barriers to use or confidence.

71% of surveyed healthcare providers did not report technology challenges. Only 3% felt that telehealth costs were a barrier to delivering care to patients. A large majority (80%) expressed confidence in their ability to assess patients using telehealth.



**PATIENT COMFORT
USING TELEHEALTH**

Medicaid providers and members were satisfied with telehealth.

More than eight in 10 surveyed members felt comfortable communicating with their healthcare provider using telehealth (85%), agreed telehealth was an acceptable way to see a healthcare provider (83%), and indicated they would use telehealth again in the future (82%).



**POST-PANDEMIC
TELEHEALTH USE**

Providers and members want to continue to use telehealth.

About 40% of healthcare providers said they would continue using telehealth after the pandemic if allowed, and 82% of members said they would use telehealth again in the future.

The information summarized here comes from a larger evaluation on changes to the WV Medicaid system during COVID-19. For additional information, please contact WV Medicaid at DHHR.BMSSupport@WV.gov.

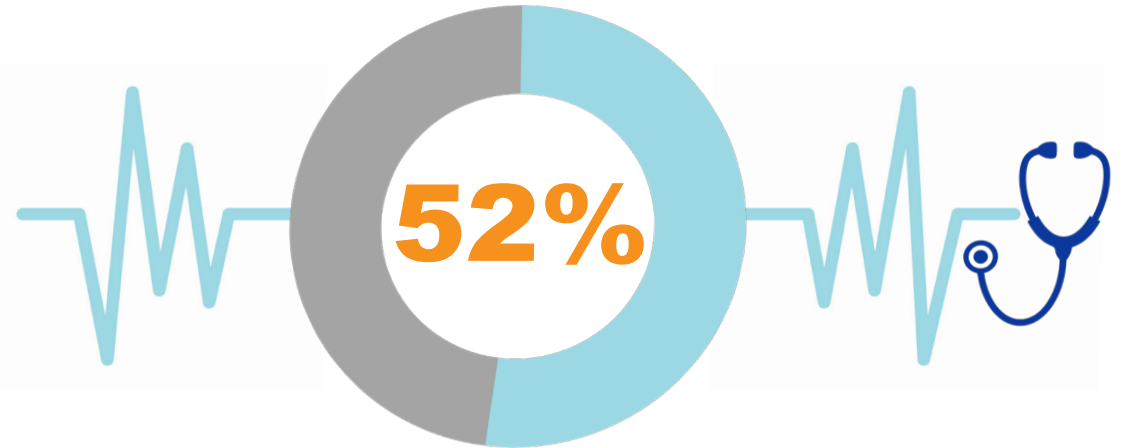
MAJOR FINDINGS | TELEHEALTH DURING COVID-19

Telehealth was useful in the primary care setting.



+1,000%
primary care visits

Primary care visits involving telehealth **increased and remained higher at more than 1,000% compared to pre-pandemic levels.**



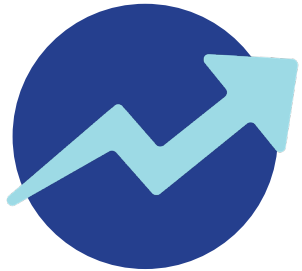
52% of healthcare providers reported a **change in the frequency of screenings and check-ups.**

MAJOR FINDINGS | TELEHEALTH DURING COVID-19

Providers and members took advantage of telehealth.



+3,000% use of telehealth following policy change
17% of all Medicaid providers **consistently used telehealth** after policy implementation, a 3,000% increase.



>7% use of services
+1,000% increase

More than 7% of Medicaid paid services were for telehealth after policy implementation, a close to 1,000% sustained increase.



+1,000% use for psychiatric visits

Telehealth visits for **psychiatric and substance use disorders** went up over 1,000%.

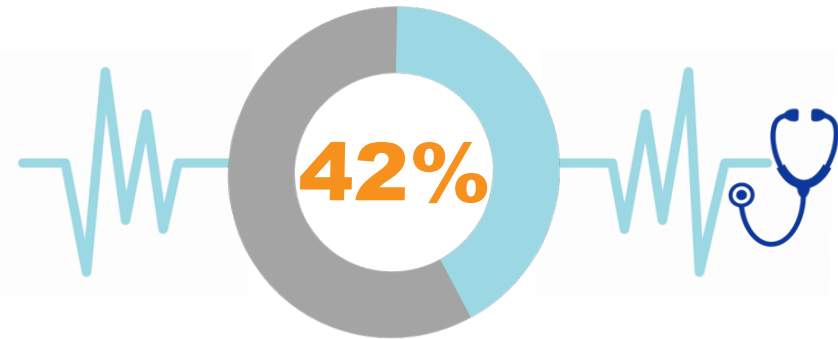
Telehealth was useful for follow-up visits.

Results from analyzing claims data and Medicaid provider surveys showed:



SUSTAINED INCREASES FOR FOLLOW-UP TELEHEALTH VISITS

There were large, **sustained increases for follow-up telehealth visits** in both new and established members with diagnoses of anxiety and opioid use disorder, as well as those requiring long-term drug therapy.



42% of healthcare providers indicated a **change in frequency of follow-up visits**, with 26% reporting an increase and 16% reporting a decrease.

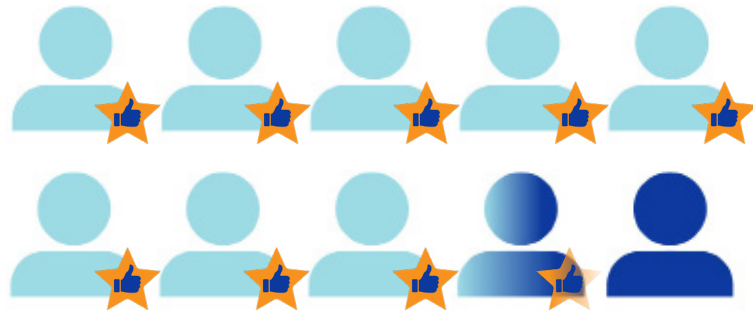
Technology and costs were not major barriers.

According to the surveyed Medicaid providers:



MAJOR FINDINGS | TELEHEALTH DURING COVID-19

Providers and members were satisfied with telehealth.



MORE THAN 8 IN 10 surveyed members reported that they **felt comfortable communicating with their healthcare provider using telehealth** (85%) and agreed that telehealth was an acceptable way to see a healthcare provider (83%).



73%



69%

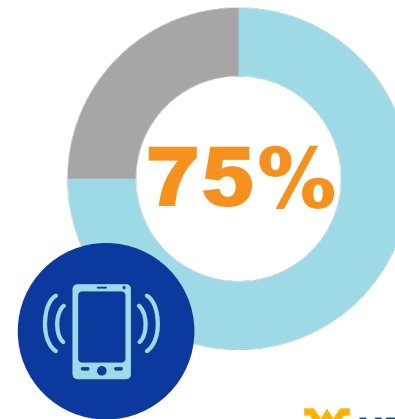
Most surveyed healthcare providers were satisfied with the health (73%), safety (69%), timeliness of care (74%), and costs of care (65%) for their patients.



74%



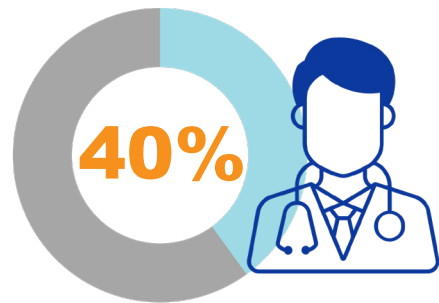
65%



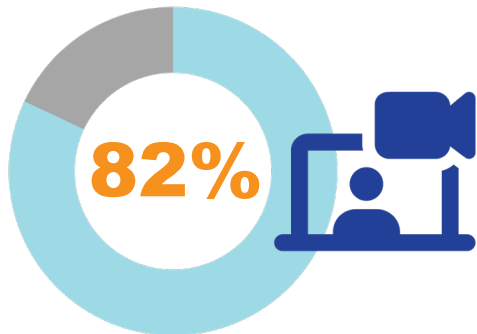
75% of providers said phone calls were a good alternative to video for members without internet access.

MAJOR FINDINGS | TELEHEALTH DURING COVID-19

Providers and members want to continue to use telehealth.



About 40% of surveyed healthcare providers said they would **continue to use telehealth** after the pandemic if allowed.



82% of surveyed members indicated that they would **use telehealth again**.