



Research Question

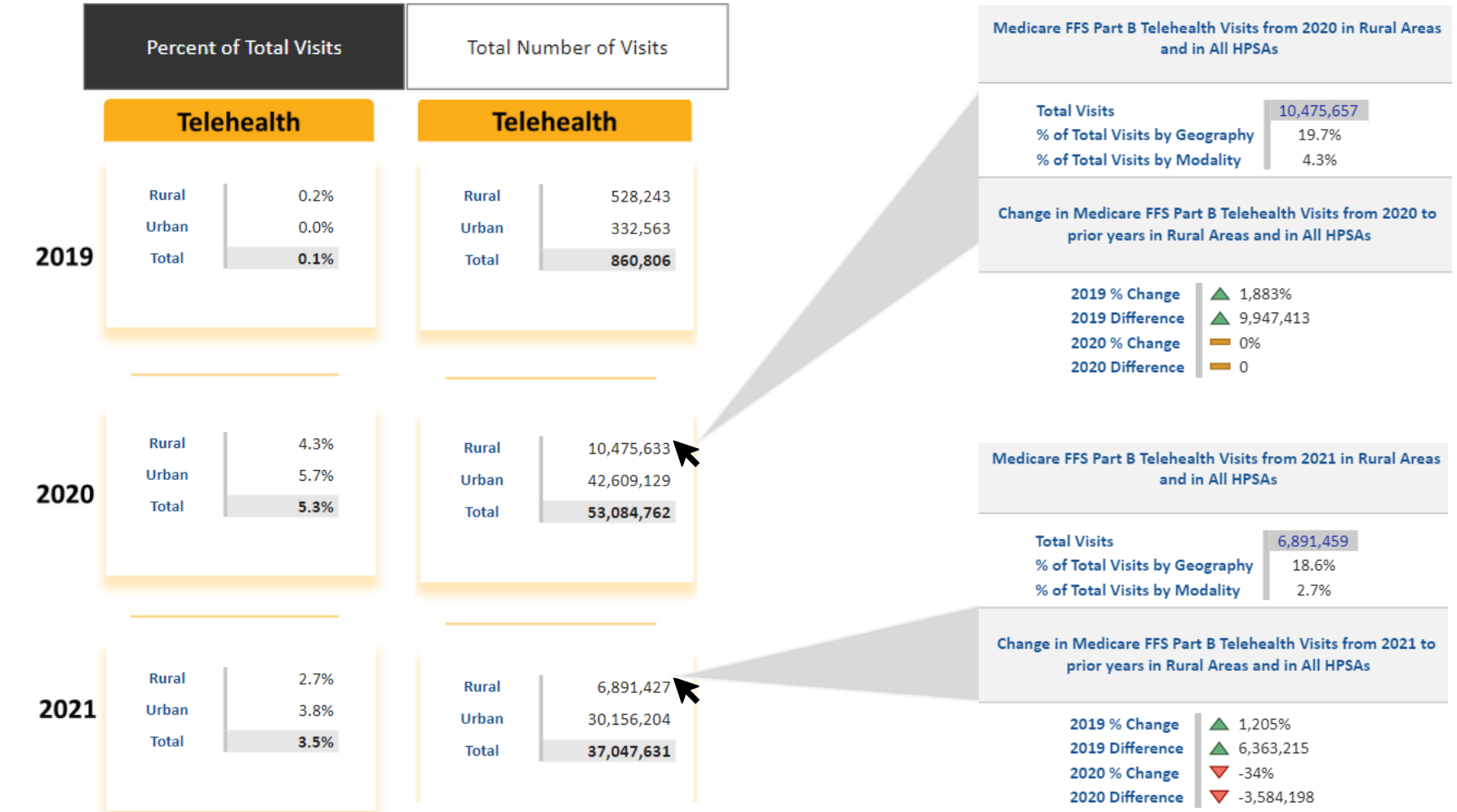
(1) Beneficiary Location: What is the trend in Medicare FFS telehealth use in rural versus urban areas between 2019 and 2021?

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Navigation Process


1) Navigate to the Beneficiary Characteristics section. In the upper right corner, select either the total number of visits by year or the percent of total visits by year. The Telehealth column displays the total number of visits by year and stratified by rural vs. urban.


2) Hover over the numbers to see the percent change from previous years in the report tool tips. The tool tips work for all visuals in the dashboard.




Key Findings

 In rural areas, telehealth visits increased from 0.2% of all visits in 2019 to 4.3% of total visits in 2020 (18-fold increase).

 In urban areas, telehealth visits increased from less than 0.1% of all visits in 2019 to 5.7% of total visits in 2020 (120-fold increase).

 Between 2020 and 2021 in rural areas, telehealth visits decreased from 4.3% of all visits in 2020 to 2.7% of total visits in 2021 (a 30% decrease) but was still 12-fold higher than the number of telehealth visits in 2019

 Between 2020 and 2021 in urban areas, telehealth visits decreased from 5.7% of all visits in 2020 to 3.8% of total visits in 2021 (29% decrease) but was still almost 90-fold higher than the number of telehealth visits in 2019.

Important Caveats

The numbers for telehealth use in rural areas should be interpreted with caution, as the rural definition does not fully align with Medicare’s definition. Geography in this dataset is based on where the beneficiary resides to determine rural/urban location, not the provider’s location and uses a different definition of rural than CMS. In this dataset, rural location is defined as non-Metropolitan Statistical Area (non-MSA) and urban as Metropolitan Statistical Area (MSA) as defined by the Office of the Management and Budget (OMB). This groups micropolitan statistical areas as rural.



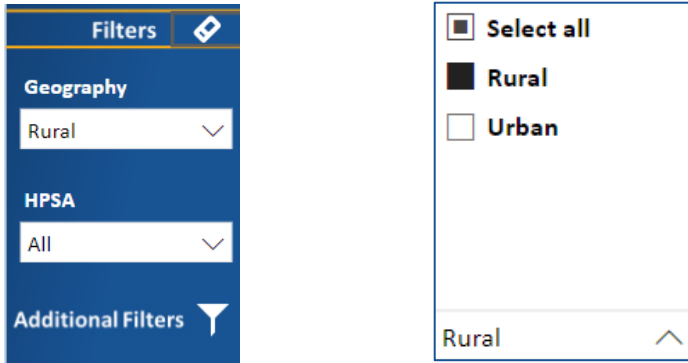
Research Question

(2) Beneficiary Characteristics: What is the rate of audio-only eligible telehealth use among American Indian and Alaskan Natives (AIAN) in rural areas by disability status (original reason for Medicare) between 2019 and 2021?

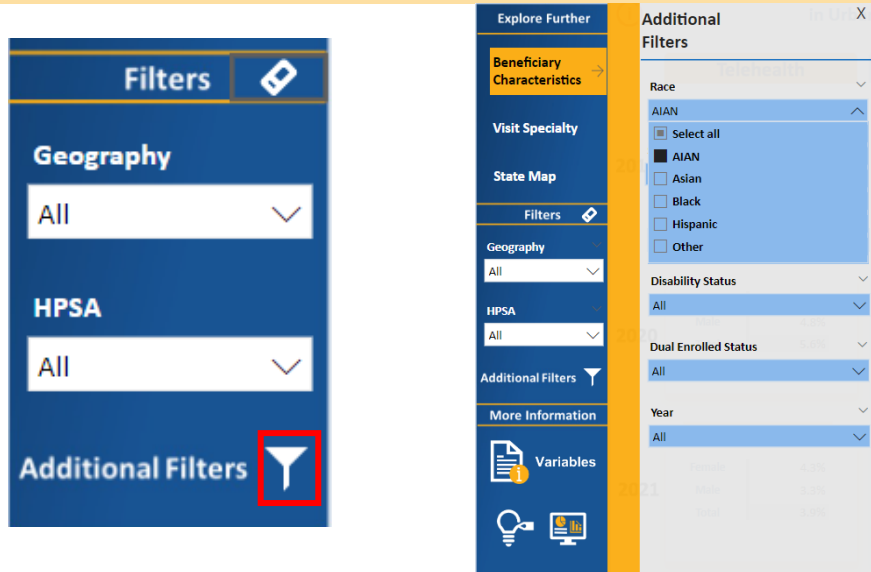
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Navigation Process

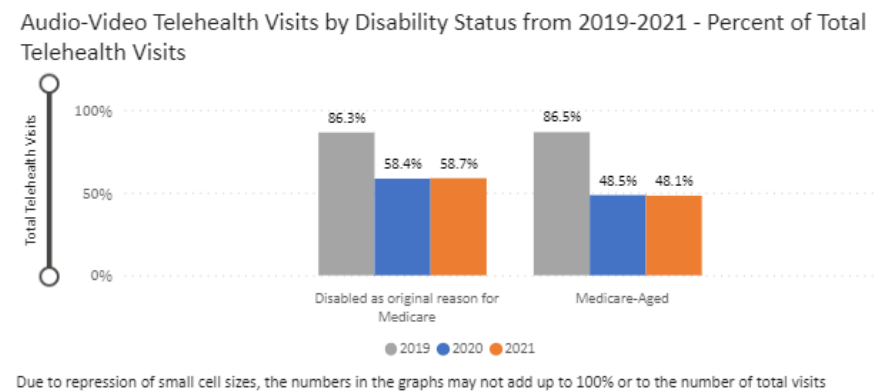
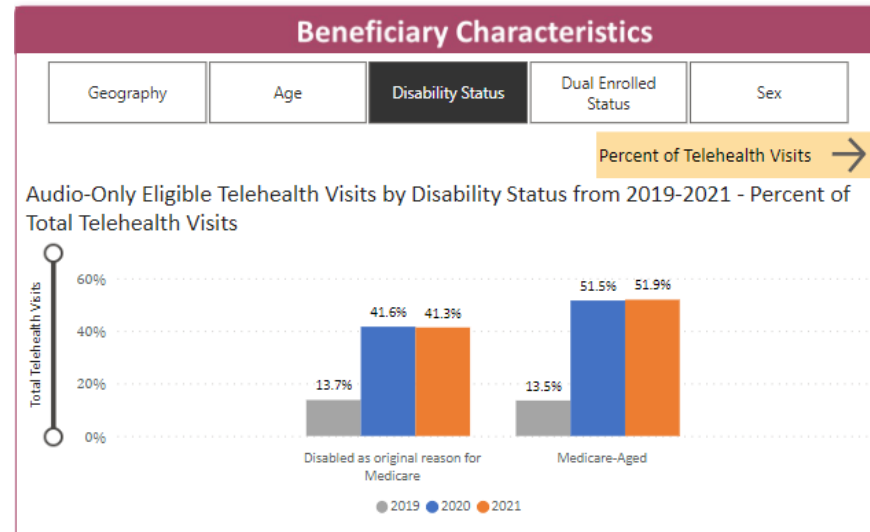
1) Navigate to the Beneficiary Characteristics telehealth drill down. In the "Filter" section of the toolbar use the "Geography" filter and select "Rural."



2) Open the Advanced Filters Panel and select "AIAN" in the "Race" filter.



3) In the right graphic, select demographics of interest (e.g., Disability Status or Dual Enrolled Status).



Key Findings



In rural areas, the total number of audio-only eligible telehealth visits for AIAN beneficiaries increased over 47-fold between 2019 (1,734 visits) and 2020 (83,996 visits) but decreased by ~37% between 2020 and 2021 (52,658 visits).



In rural areas, the rate of audio-only eligible telehealth use in 2020 for AIAN beneficiaries in rural areas whose original reason for Medicare entitlement was a disability was 41.6% of total telehealth visits and remained consistent in 2021 (41.3% of total telehealth visits).



In rural areas, the rate of audio-only eligible telehealth use in 2020 for AIAN Medicare beneficiaries in rural areas was 51.5% of total telehealth visits and remained consistent in 2021 (51.9% of total telehealth visits).

Important Caveats

Audio-only eligible telehealth visits: this is a subset of Medicare telehealth codes that are reimbursable by Medicare if delivered as an audio-only interaction. This designation only captures whether the visit **may have been** via audio-only technology and **not actual use**.

Rural: The numbers for telehealth use in rural areas should be interpreted with caution, as the rural definition does not fully align with Medicare’s definition used for telehealth policies. Geography in this dataset is based on where the beneficiary resides to determine rural/urban location, not the provider’s location and defines rural as non-MSA.

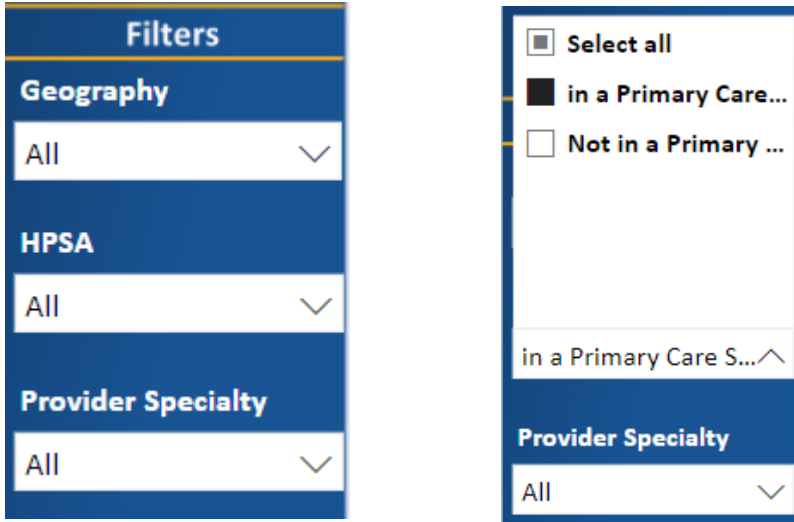
Research Question

(3) What was the rate of telehealth utilization by primary care providers versus behavioral health specialist providers for behavioral health visits in Primary Care Health Professional Shortage Areas (HPSAs) between 2019 and 2021?



Navigation Process

1) Navigate to the Visit Specialty section. In the "Filter" section of the toolbar use the "HSPA" filter and select "in a Primary Care Provider Shortage Areas."



2) In the upper right corner, select either the total number of visits by year or the percent of total visits by year. In the right graphic, select visit type of interest (e.g., Behavioral Health vs. Non-Behavioral Health). Note the bar charts show telehealth use for primary care providers and specialists separately.



Key Findings



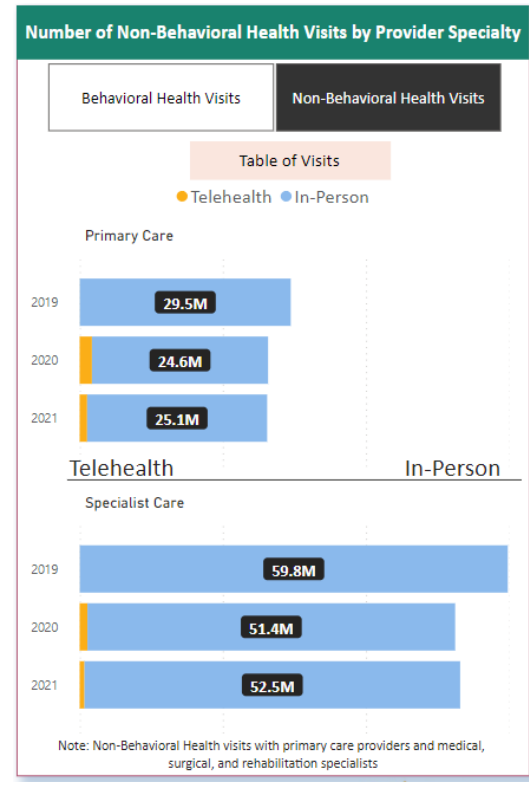
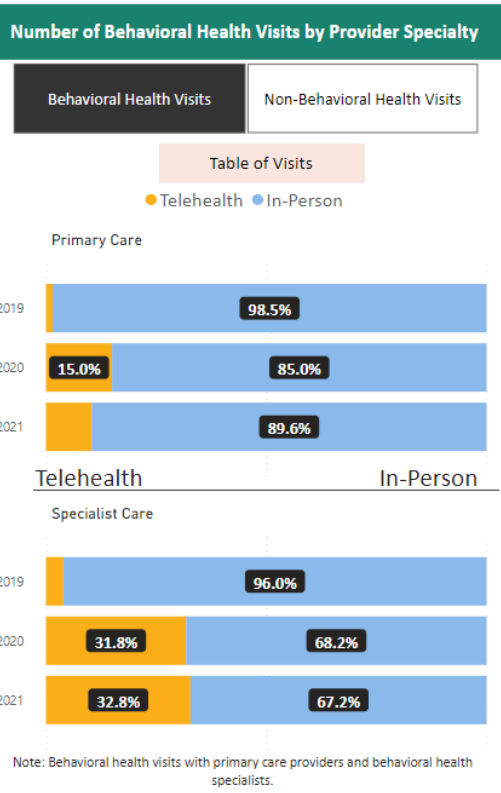
In primary care HPSAs, the total number of behavioral health visits performed via telehealth increased almost 7-fold between 2019 (118,558 visits, 2.3% of total visits) and 2020 (934,494 visits, 19.9% of total visits) but decreased by ~21% between 2020 and 2021 (744,818 visits, 16.8% of total visits).



Among all primary care HPSAs, the total number of behavioral health telehealth visits performed by a primary care provider increased from 1.5% of total visits in 2019 (53,290 visits) to 15% of total visits in 2020 (501,232 visits), an 8-fold increase but decreased to 10.4% of total visits in 2021 (329,693 visits), a 34% decrease from 2020-21.



In primary care HPSAs, the total number of behavioral health telehealth visits performed by a behavioral health specialist increased from 4% of total visits in 2019 (65,268 visits) to 31.8% of total visits in 2020 (442,262 visits), a 6-fold increase and remained consistently high at 32.8% of total visits in 2021 (415,125 visits).



Important Caveats

Visits are first categorized based on the specialty code of the clinician as either primary care or specialist/behavioral health specialist. For primary care visits, we further categorized visits by the reason for the visit based on the primary diagnosis code for behavioral health conditions or non-behavioral health conditions. Behavioral health visits include mental health and substance use disorder but excludes dementia. Note, visits with primary care providers includes visits with physician assistants who may be affiliated with a specialist or a primary care practice.

Research Question

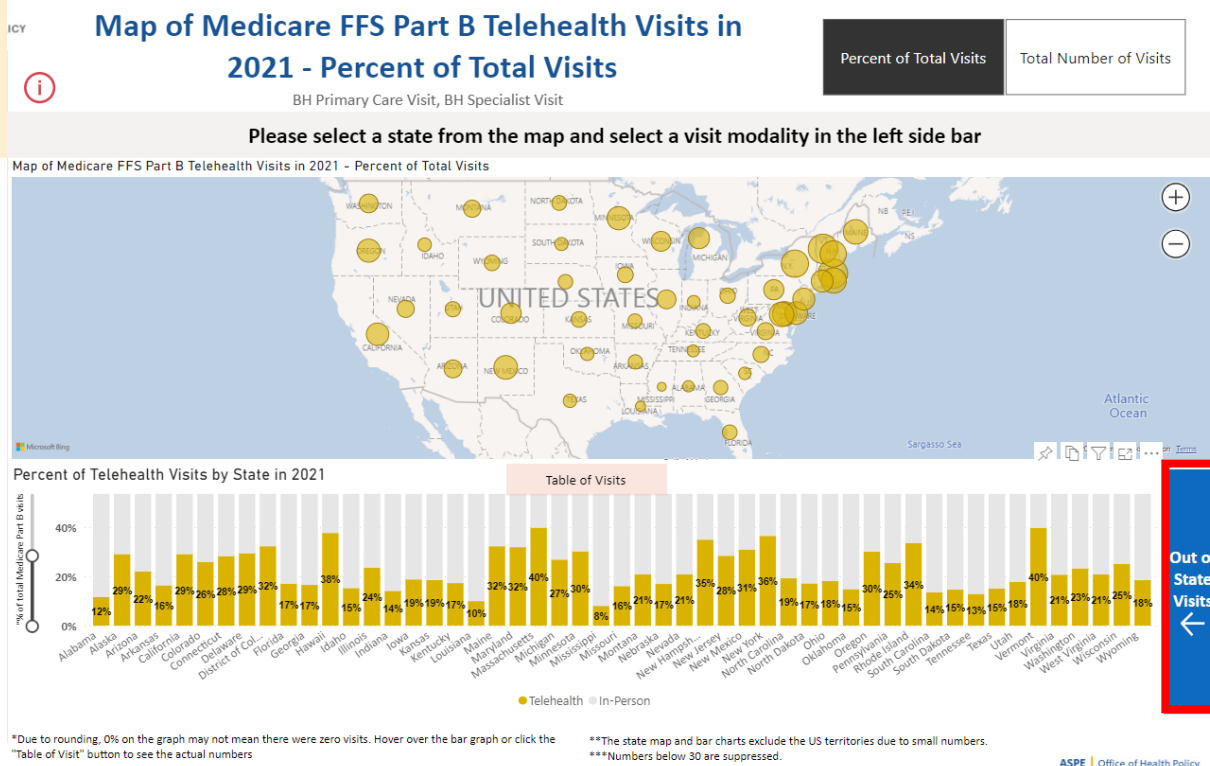
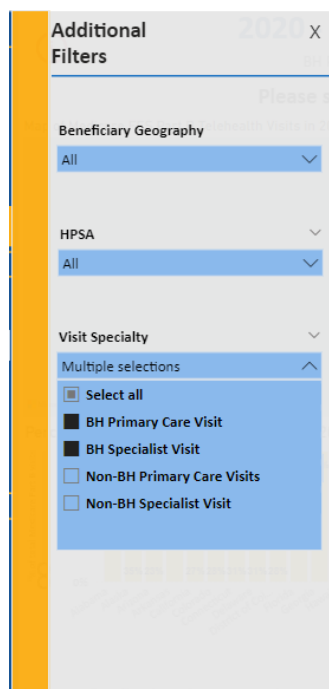
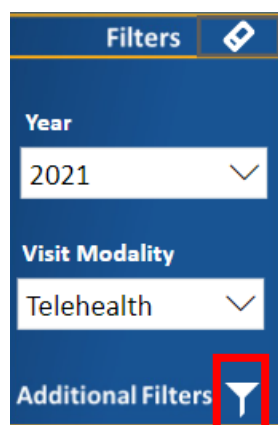
(4) State Comparison: Which states had the highest percent of total behavioral health telehealth visits performed by an out of state provider in 2021?



Navigation Process

1) Navigate to the State Map section. In the "Filter" section of the toolbar select the year and modality of interest (e.g., telehealth visits in 2021). In the "Additional filters" panel, multiple options can be selected by **ctrl + clicking** multiple check boxes (e.g., BH Primary Care Visits and BH Specialist Care Visits).

2) The map and bar chart will update based on your filter selection. To see the percent of total telehealth visits that took place with an out of state provider click the blue button - "Out of State Visits" to the right of the bar chart. You can see all visits by states by drilling down on the "Out of State Visits" chart.



Key Findings



In Washington DC, 32% (38,232 visits) of all behavioral health visits (118,501 visits) in 2021 were via telehealth and 68% were in-person. Of all 38,232 telehealth behavioral health visits, 35% (13,376 visits) of telehealth visits and 40% (32,095 visits) of the 80,279 in-person visits were performed by an out of state provider.



In North Dakota, 17% (27,408 visits) of all behavioral health visits (159,669 visits) in 2021 were via telehealth and 83% were in-person. Of all 27,408 visits telehealth behavioral health visits, 13% (3,686 visits) of telehealth visits and 11% (11,480 visits) of the 132,261 in-person visits were performed by an out of state provider.



In New Hampshire, 35% (180,817 visits) of all behavioral health visits (517,562 visits) in 2021 were via telehealth and 65% were in-person. Of all 180,817 telehealth behavioral health visits, 12% (20,801 visits) of telehealth visits and 13% (43,755 visits) of the 336,745 in-person visits were performed by an out of state provider.



In Wyoming, 18% (24,168 visits) of all behavioral health visits (130,874 visits) in 2021 were via telehealth and 82% were in-person. Of all 24,168 visits telehealth behavioral health visits, 13% (3,182 visits) of telehealth visits and 12% (12,875 visits) of the 106,706 in-person visits were performed by an out of state provider.

Important Caveats

For context, compare the percent of telehealth and percent of in-person visits performed by an out of state provider by selecting visit modality. In some areas, such as Washington D.C., providers may be licensed in several neighboring states. Location is based on a beneficiaries' state of home residence and may not reflect the patient's actual location during the visit, such as out of state travel.



Research Question

(5) State Profile: What were changes in telehealth utilization in the state of New York from 2019 to 2021 for urban and rural areas?

Navigation Process

1) Navigate to the State Map section. In the "Filter" section of the toolbar select the year and modality of interest (e.g., telehealth visits in 2021). Then click on the state of interest in the map (e.g., New York) and click the yellow bar above the map to view the state profile.

Click here to see a break down of Telehealth visits in New York



2) Select the yellow button at the bottom of each graph, or the tabs above the boxes to display either Number of visits, or Percent of Visits.

Key Findings



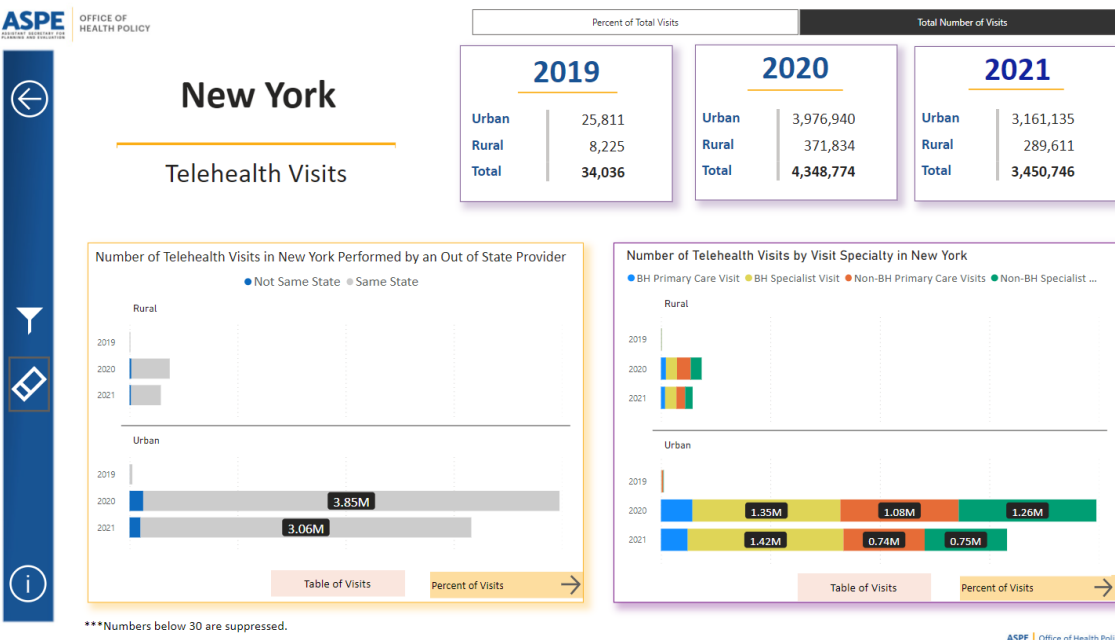
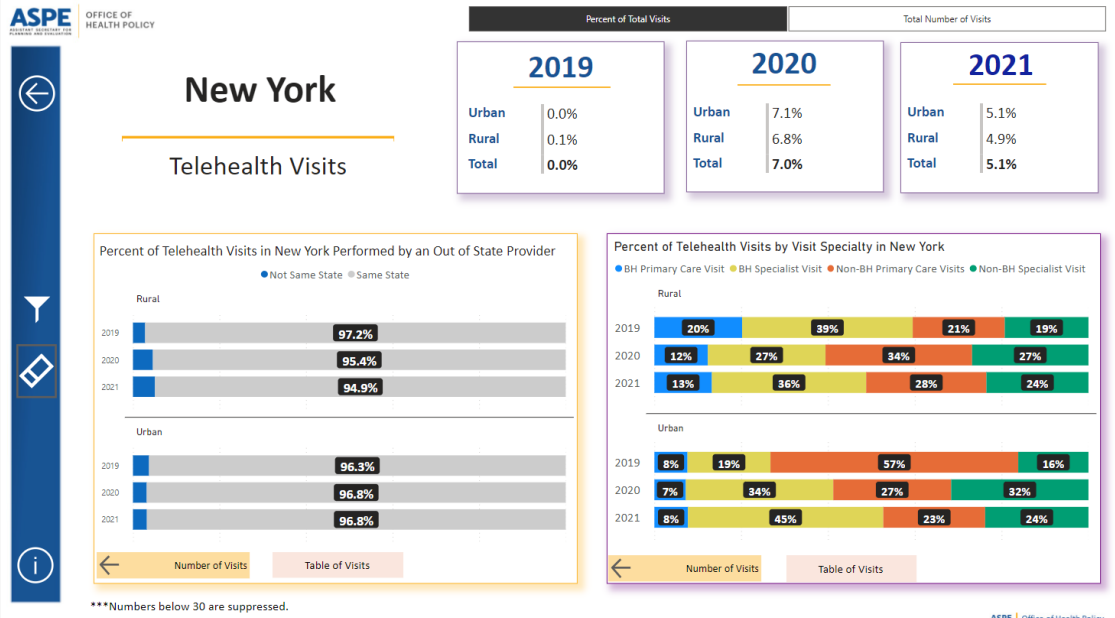
The total number of telehealth visits in New York increased over 120-fold between 2019 (43,036 visits, <0.1% of total visits) and 2020 (4,348,774 visits, 7% of total visits), but decreased by 31% between 2020 and 2021 (3,450,746 visits, 5.1% of total visits).



In urban areas in New York, the total number of telehealth visits increased over 150-fold between 2019 (25,811 visits, <0.1% of total telehealth visits) and 2020 (3,976,940 visits, 7.1% of total telehealth visits), but decreased by 31% between 2020 and 2021 (3,161,315 visits, 5.1% of total telehealth visits).



In rural areas in New York, the total number of telehealth visits increased over 40-fold between 2019 (8,225 visits, 0.1% of total visits) and 2020 (371,834 visits, 6.8% of total telehealth visits), but decreased by 31% between 2020 and 2021 (289,611 visits, 4.9% total telehealth visits).



Important Caveats

The numbers for telehealth use in rural areas should be interpreted with caution, as the rural definition does not fully align with Medicare's definition. Geography in this dataset is based on where the beneficiary resides to determine rural/urban location, not the provider's location and uses a different definition of rural than CMS. In this dataset, rural location is defined as non-Metropolitan Statistical Area (non-MSA) and urban as Metropolitan Statistical Area (MSA) as defined by the Office of the Management and Budget (OMB). This definition groups micropolitan statistical areas as rural.