

CMS telehealth policies are expiring—a big problem for some Medicare patients

Article

The news: Pandemic-era Medicare telehealth policies helped boost telehealth adoption among socioeconomically disadvantaged patients in the US, [according to](#) new Health Affairs

data.

- In 2019, **less than 1% (0.42%) of patients** had at least one outpatient telehealth visit.
- But during the pandemic, new telehealth regulations made it easier for doctors to treat patients via telehealth and less costly for patients to access virtual care.
- **As a result, about 10% of patients had at least one outpatient telehealth visit in 2021.** Health Affairs noted **high telehealth use in “disadvantaged neighborhoods.”**
- For context, researchers analyzed 30 million Medicare fee-for-service claims from 2019 to 2021.

How we got here: When the pandemic hit, the CMS relaxed telehealth policies to help expand access to healthcare for Medicare patients in rural areas.

These policies were always touted as temporary, and are set to expire on July 15, 2022.

- Temporary telehealth waivers include the ability for rural patients to conduct their telehealth visit from their homes, rather than the nearest healthcare facility.
- The CMS is also temporarily allowing physicians to conduct telehealth visits across state lines.

But the public health emergency period is almost up: That could eliminate telehealth access for some Medicare patients altogether.

The federal gov't introduced some telehealth bills requesting permanent telehealth regulations, but no major bills have passed in Congress.

- If the US gov't decides to end its public health emergency period come July, a ton of Medicare patients won't be able to access care as regularly as they have over the past two years.
- That's bad news for health outcomes. **About 60% of physicians agree telehealth has enabled them to provide higher quality care, per the 2021 American Medical Association survey.**

The problem: Most telehealth consumers are still younger individuals with high incomes. Less telehealth coverage could widen socioeconomic barriers to virtual care.

In 2021, the **groups least likely to use telehealth** were **adults 55+**, those with **incomes less than \$35,000** annually, **rural respondents**, and the **uninsured**, according to Rock Health's 2021 Consumer Adoption Report.

- On the other hand, consumers making \$75,000 to \$150,000 annually used telehealth at the same rate (80%) as those making 150,000+ annually, per Rock Health.
- Similarly, **77% of adults aged 18 to 55 used telehealth**, while only 64% of users aged 55+ used telehealth.

The socioeconomic gap between telehealth users could become narrower if the CMS decides to maintain its relaxed telehealth policies. That would give Medicare beneficiaries more time to become adjusted to regular telehealth use.

Barriers to Offering Telehealth Services According to US Physicians, Dec 2021

% of respondents

Roll back of COVID-19 waivers, coverage, and payment policies	77%
Lack of insurer coverage of telehealth services	76%
Low/no reimbursement	64%
Technology challenges for patient population	54%
Licensure in additional states	40%
Liability	29%
Integration with the electronic health record	22%
Lack of technical support	21%
Telehealth-specific workflows	18%
Integration of additional technologies	18%
Lack of guidelines for clinical appropriateness in telehealth	15%
Low patient engagement	13%
Clinician dissatisfaction/lack of buy-in	12%
Cost of implementing/maintaining telehealth platform	12%
Little/no buy-in from administrators or leadership	8%
Lack of marketing for telehealth services	7%
Do not anticipate any barriers/challenges	6%
Other	4%

Note: n=1,545

Source: American Medical Association (AMA), "2021 Telehealth Survey Report," March 23, 2022

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