

Examining the Relationship Between Telehealth Usage and Access to Care Before and During the COVID-19 Pandemic

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ISSUE

Telehealth usage rose rapidly in the years prior to the COVID-19 pandemic, but Medicaid beneficiaries, low-income, and rural populations were the least likely to use telehealth. While several studies have documented the rapid growth in telehealth visits during the pandemic, none have examined the impact of telehealth on access to care for vulnerable populations. We use a longstanding consumer survey that tracks measures of access to care and use of telehealth to examine whether use of telehealth is associated with greater access to care before and during the pandemic. We also examine whether disparities in telehealth usage that existed prior to the pandemic persist for underserved populations.

METHODS

We used the repeated cross-sectional data from 8 waves of the AAMC Consumer Survey of Health Care Access from June 2017 (Wave 14) to December 2020 (Wave 21). A total of 20,029 survey responses were analyzed in this study. Our main analysis used weighted linear probability models to examine access to care before (waves 14-19) and during the pandemic (waves 20-21). Key independent variables included use of telehealth, self-report of a usual source of care, as well as respondent characteristics (age, race/ethnicity, insurance type, income, rural/urban, limited activities due to physical problem or mental problems.) We also modeled use of telehealth before and during the pandemic. All models controlled for respondent state and survey wave.

FINDINGS

On average, 87.81 percent of respondents reported they were always able to get care before COVID-19, while the rate decreased slightly to 85.19 percent during the pandemic. In contrast, use of telehealth rose dramatically in 2020 compared to the years prior to the pandemic (12.44 percent versus 39.60 percent). Factors positively associated with always having access to care prior to the pandemic include using telehealth and having a usual source of care (4.15 and 13.47 percentage points higher respectively compared to those who did not). However, following the pandemic use of telehealth was not associated with greater access to care. Disparities in use of telehealth for Medicaid beneficiaries and rural respondents disappeared during the pandemic, but remained for low-income populations.

DISCUSSION

Before the pandemic, use of telehealth appears to have helped to supplement access to care. However, during the pandemic it became a substitute for in-person visits versus increasing overall access. Medicaid telehealth policy changes adopted during the pandemic could potentially have led to greater use of telehealth among Medicaid beneficiaries, though not enough to prevent disparities in access. After the pandemic, telehealth could once again be an opportunity to supplement access to care, including for vulnerable populations – particularly if telehealth policies enacted during the pandemic are made permanent.

Key Words: Telehealth, access to care, COVID-19, underserved U81HP26493