

Assessing the Effect of Payment Parity on Telehealth Usage at Community Health Centers during COVID-19

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The COVID-19 pandemic presented health care providers the incentive to aggressively adopt telehealth usage to supplement their visit levels while minimizing in-person contact. States quickly altered telehealth coverage and payment policies in response to the pandemic to as a strategy to ensure ongoing access to care and help prevent spread of the virus. For privately insured individuals, 35 states already had requirements to cover telemedicine prior to the start of the pandemic, and five states adopted such policies in response to the pandemic. However, only 15 states had requirements for parity in reimbursement for services pre-pandemic and 10 states adopted reimbursement parity requirements in response to the pandemic. Prior analysis has shown that broad state-level telehealth coverage requirements have no significant effect on telehealth adoption, but the variation in reimbursement parity could be more strongly associated with telehealth usage during a pandemic where in-person visits are less available. This study examines the effect payment parity had on the likelihood community health centers (CHCs) offering telehealth services in the initial year of the pandemic.

METHODS

The main data source was FairHealth claims data on monthly CHC site level visit counts (in-person and telehealth) for privately insured patients from January 2019 - February 2021. We conducted descriptive analysis of medical and mental health visit volume over time as well as separate logistic regression models on site level use of medical and mental health telehealth during two timepoints: 1) the first three months of the immediate pandemic response (March - May 2020) and 2) the remainder of the initial year (June 2020-February 2021). The models controlled for broadband access, rurality of the practice site, and CHC visit volume.

FINDINGS

Prior to the pandemic, telehealth usage at community health centers represented less than 1 percent of overall CHC visit volume at the study sites. However, telehealth use surged during the pandemic. For medical sites, 72.73% used telehealth in the immediate three-month period of the pandemic while only 63.74% utilized telehealth in the following nine months. For mental health sites, 73.23% utilized telehealth in the immediate three-month period and only 61% utilized telehealth in the following nine months. Parity of payment was associated with greater likelihood of using telehealth at both medical and mental health sites beyond the initial three months of the pandemic (OR:1.236, $p<0.01$ and OR:1.349, $p<0.01$ respectively). Additionally, CHC site characteristics of greater broadband access and higher visit volume were positively associated telehealth usage while rurality of the CHC site locations was negatively associated.

DISCUSSION

Paying the same amount for telehealth visits as in-person visits appears to make telehealth a more sustainable option in community health centers. Given telehealth's potential role in increasing access to care for vulnerable populations such as those who receive care at CHCs, states that do not have permanent payment parity laws may want to consider adopting payment parity policies beyond the pandemic. Investments in broadband infrastructure could also help increase use of telehealth, particularly in rural areas.

Key Words: telehealth, payment parity, community health centers, COVID-19