

Telehealth Recommendations

Stakeholder Questions:

1. Are KanCare members able to access telehealth services, including tele-behavioral health services?
 - a. Do KanCare consumers have access to phones, internet or other technology to allow for use of telehealth services?
 - b. Are there disparities in KanCare related to access to internet and technology?
2. How does use of telehealth services differ by region and service?

Research Questions:

1. Who (beneficiary populations) is using telehealth services and who (providers, by specialty) is providing telehealth services, at what frequency, and for what services?
 1. Where possible, stratify by different populations to identify disparities (i.e. race, age, socioeconomic, geography, education)
2. What factors (e.g., internet or device access) have facilitated or impeded access to telehealth services?

Note: The task group focused on research question #2, as research question #1 is being addressed via an annual analysis as part of the KanCare evaluation.

Recommendations:

The Health Resources Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

With the onset of COVID-19, the use of telehealth broadly — and within the KanCare program — increased dramatically. Given the explosion of telehealth use, and few existing measures to understand its role in the KanCare program, the task group developed recommendations to monitor access of telehealth services. These recommendations were in response to the stakeholder and research questions described above, and some of the elements described in *Figure 1* (page 3) could be captured in a yet-to-be-developed survey of providers and/or consumers.

In addition to the recommendations, the task group discussed the importance of monitoring the rollout of remote patient monitoring (RPM) technologies, which could support other telehealth modalities and in-person services, as well as the need for education so that KanCare consumers understand what services are available via telehealth, how to use them, and when they might be most appropriate to use.

Recommendations from the task group are:

Telehealth 1: Develop measures to track the telehealth concepts outlined in *Figure 1* (page 3), to understand factors influencing consumer access and provider ability to administer telehealth services in KanCare.

Telehealth 2: In addition to measuring access of telehealth services, KanCare could adopt measures from the other three domains outlined by the National Quality Forum in its [telehealth framework](#), including:

- a) Financial Impact/Cost
- b) Experience
- c) Effectiveness

Telehealth 3: Where possible, stratify telehealth measures by geography, race/ethnicity, age, etc. to understand differences in experience by populations.

Telehealth 4: Develop a way to track whether telehealth services are provided via video or audio-only modalities, such as by adding a modifier to claims to indicate how the service was delivered.

Figure 1. Factors that Impact Consumer Access to Telehealth Services

Factor	Notes from Task Group
<i>Device Access</i>	
Device is adequate to be used for telehealth	American Community Survey (ACS) includes a question on type of device.
Household has enough devices to meet needs	
Affordability	Also impacts providers.
<i>Internet/broadband access</i>	
Internet available: <ul style="list-style-type: none"> • Public access options • Geography • Patient aware of public access options • Living situation (e.g., in a congregate living arrangement) 	Provider-level factor.
Internet affordable	
Adequate speed	ACS includes a question on speed of service. Also impacts providers.
Stability of service	Also impacts providers.
Limitations with data	
Type of service issued	
<i>Modality</i>	
Audio-only option available	
<i>Platform accessibility</i>	
Platform is accessible to those with functional impairments	
<i>Patient factors</i>	
Educated on how to use the technology	Also impacts providers.
Knowledge of/confidence in how to use technology	Also impacts providers.
Age (e.g., parent involvement needed during service)	
<i>Privacy</i>	
Living situation (e.g., in a congregate living arrangement)	
Knowledge of telehealth privacy issues	Also impacts providers.
<i>Technical support</i>	
Informal supports available (e.g., family at home who can help)	
Formal technical support is available and accessible (e.g., multiple languages)	Also impacts providers.

Note: While these factors were initially developed from the consumer perspective, specific factors that could pertain to providers have been noted in the “Notes from Task Group” column.