

TELEHEALTH Impact Study: Claims Data Analysis



The COVID-19 Healthcare Coalition is conducting research on the use of telehealth services since the pandemic hit the United States in early 2020. This work includes the Telehealth Impact Claims Data Study, which is accessible on the [C19HCC.org](https://c19hcc.org) website. The website includes many dynamic reporting features allowing users to view detailed data values and trends.

The Coalition's Telehealth Impact Study Work Group is conducting a three-part inquiry in telehealth, which includes the claims data analysis, as well as surveys of physicians and patients to learn about their experiences and attitudes regarding using telehealth during the pandemic. New reports are added to the site as the team explores new research questions.

The study uses a large healthcare claims data set from Change Healthcare for 2019 and 2020. Data includes information from more than 50% of all private health insurance claims across the United States, including Medicare Advantage claims managed through private health insurance carriers. The study is based on reports as of October 2020 and will be updated monthly through the 2020 claims reporting period.

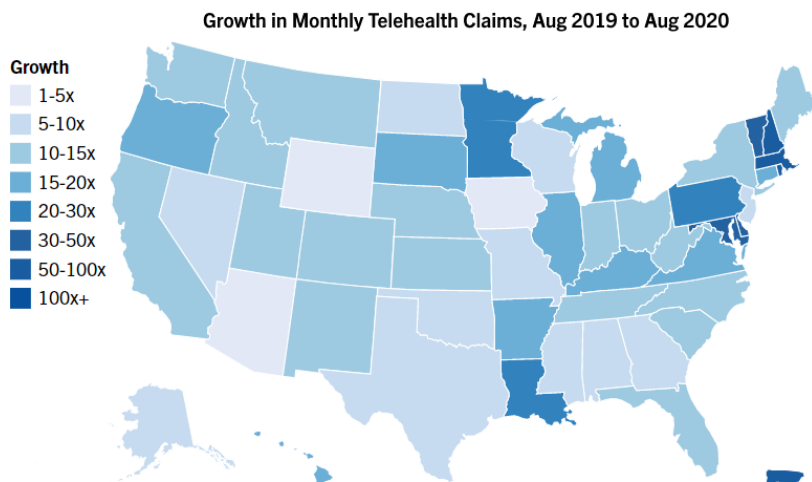
An important limitation of the data is the absence of Medicare indemnity and Medicaid claims. Although we analyzed a large data set, this is considered a "convenience sample" and may have additional built-in bias due to data supplier coverage.

EXPLORING THE CLAIMS DATA

Examples of what you can discover in the Claims Data Analysis follows.

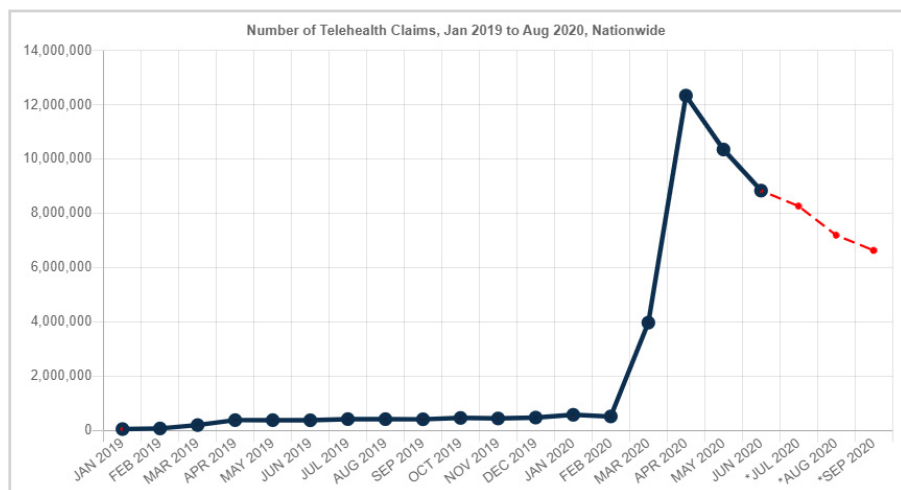
Growth in Monthly Telehealth Claims.

All 50 states showed significant growth, from 3x growth in Iowa to 14x growth in California to 97% growth in Rhode Island, which saw the highest growth in the month of August 2020.



Total Telehealth Claims by Service Month. During 2019, telehealth use across the country was relatively low but growing slightly month to month. When the COVID-19 pandemic hit in February 2020, there was an immediate and dramatic rise in monthly claims. In January 2020, our claims data set recorded just 573,356 claims—but the number skyrocketed to a high of 12,345,540 in April 2020.

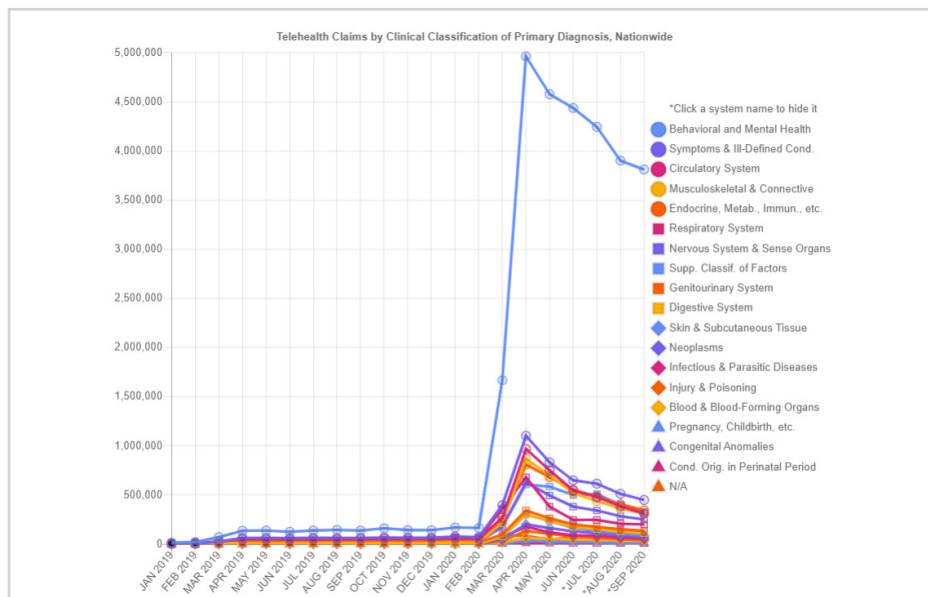
This coincided with the temporary closing of many medical practices across the country and the need to move patients out of the hospital to free up inpatient bed capacity for the anticipated influx of acutely ill COVID-19 patients. Telehealth claims peaked in April and began tapering downward in May and June when many medical practices began re-opening.



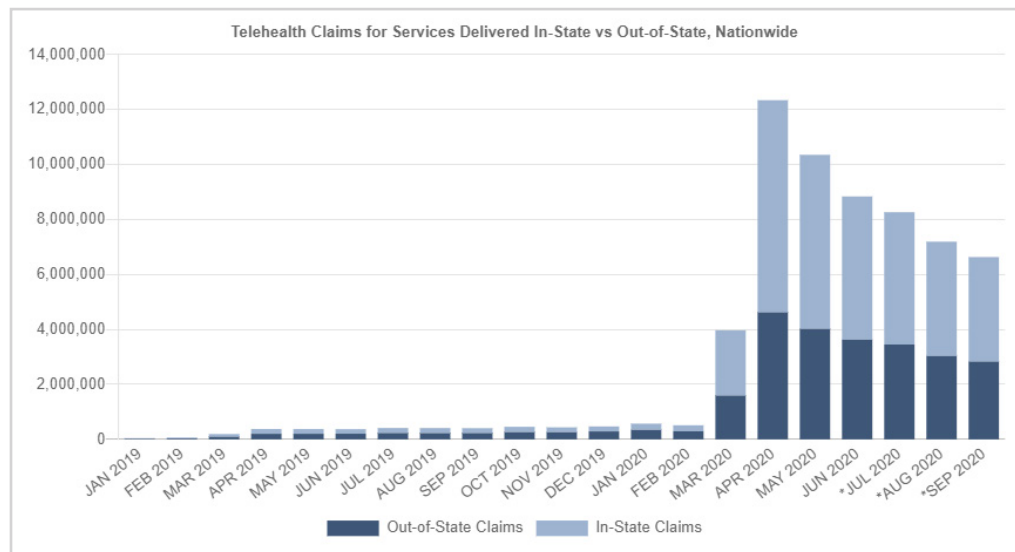
Telehealth Claims by Clinical Classification of Primary Diagnosis. The study looks at numerous clinical diagnosis categories and shows impressive numbers for mental disorders relative to all other categories. At the peak of use in April, we recorded:

- **4,962,466** telehealth claims for behavioral and mental health conditions,
- **969,837** telehealth encounters for circulatory system conditions, and
- **812,031** telehealth encounters for endocrine and metabolism disorders.

Even in 2019 before the pandemic, behavioral and mental health conditions were the leading clinical group for telehealth claims. All categories began experiencing a drop off in telehealth encounter frequency in the spring and summer after the peak in April.



Telehealth Claims for Services Delivered In-State vs Out-of-State. Prior to the pandemic, physicians and other licensed health professionals were generally required to hold a license in each state in which they cared for patients using telehealth. During 2019, 56% of claims were from “out-of-state” and 44% from “in-state” providers. After license restrictions were lifted in March 2020, both out-of-state and in-state encounters grew sharply. During the May - July 2020 period, the trend flipped so that 40% of encounters were with out-of-state providers and 60% were between providers and patients in the same state.



SUMMARY

The rapid uptake of telehealth services during the COVID-19 pandemic is a testament to the innovation of providers and adaptability of patients in the face of this unprecedented threat to the American population. We have seen widespread adoption across states and across medical conditions.

Claims data reports will be updated on a monthly basis through the 2020 claims reporting period. Please return to the site to learn what impact telehealth is having on the health of the nation. We also plan to add additional detailed reports on special topics as researchers continue their analysis.

Please visit the Coalition website to see the full, interactive report at <https://c19hcc.org/telehealth>. If you have questions, please contact telehealthimpact@mitre.org.

The COVID-19 Healthcare Coalition includes more than 1,000 private organizations, including healthcare systems, universities, technology companies, medical suppliers, professional associations, and research organizations. All members are committed to quickly responding to the pandemic, preserving the healthcare delivery system, and protecting people across the country.

The COVID-19 Healthcare Coalition Telehealth Workgroup includes: American Medical Association (AMA), American Telemedicine Association (ATA), Digital Medical Society (DiMe), Massachusetts Health Quality Partners, MassChallenge Health Tech, Mayo Clinic, and MITRE Corporation. The AMA, while a part of the Coalition Telehealth Work Group, is not a formal member of the COVID-19 Healthcare Coalition.