The rapid expansion of telehealth in response to the COVID-19 pandemic created an opportunity to understand whether telehealth could increase access to health care services across different patient populations insured by North Carolina Medicaid.

Telehealth involves a patient having a visit with a doctor or other health care provider over a computer, phone, or another device.

Musculoskeletal (MSK) health conditions like back pain and fractures are common among children and adults. People often have trouble accessing MSK health care services due to a lack of providers, lack of transportation, or limited insurance coverage.

Telehealth could help remove some of these barriers by connecting people with health care providers without an in-person visit.

### Access to Health Care and Telehealth Use among North Carolina’s Medicaid Beneficiaries with Musculoskeletal Conditions (2020-2021)

**Prevalence of MSK Conditions in the US**

- About 10% of children experience an MSK condition
- About 50% of adults experience an MSK condition

**Research Study**

- The goal of this research was to provide policymakers and health care providers with insights that can be used to improve future telehealth coverage, payment and clinical policies, particularly for those with Medicaid insurance in North Carolina (NC).
- Researchers used NC Medicaid claims data (information from the bills health care providers submit for reimbursement) from 2020-2021 to examine how telehealth affected access to care for people with MSK conditions.
- No causal relationships can be inferred from these data.
- The study population included 136,000 children (< 21 years old) and 123,000 adults (21-64 years old) who had a MSK diagnosis and accessed at least one visit for a MSK condition during COVID-19 (April 2020 - March 2021).
- Health care providers were surveyed and interviewed to learn about their experiences delivering services via telehealth. The research team also engaged community members. These findings are forthcoming.

**Who Uses Telehealth?**

- Overall, 6% of children and 10% of adult Medicaid beneficiaries used telehealth for MSK services. Telehealth helped adult beneficiaries access specialty MSK providers, like orthopedists, and telehealth helped youth access physical and occupational therapists.
- Importantly, roughly 10% of all children MSK telehealth visits and 30% of all adult MSK telehealth visits were delivered using audio-only telehealth.
- For adults, audio-only telehealth was more common among beneficiaries identifying as Black.

**Differences between People Who Used Telehealth Compared to Those Who Did Not**

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Children who used telehealth were younger on average</td>
<td>Adults who used telehealth were older on average</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>Lower proportion of Black children used telehealth relative to in-person visits</td>
<td>No differences in telehealth use by race</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td>Slightly higher proportion of Hispanic/Latinx children used telehealth relative to in-person visits</td>
<td>Smaller proportion of Hispanic/Latinx beneficiaries used telehealth relative to in-person visits</td>
</tr>
<tr>
<td><strong>Medicaid Eligibility &amp; Patient Complexity</strong></td>
<td>Relative to children who accessed care in person, a higher proportion of children who used telehealth were eligible for an integrated health plan for individuals with significant behavioral health needs</td>
<td>Relative to adults who accessed care in person, a greater proportion of adults who used telehealth qualified for Medicaid due to disability and had more chronic conditions</td>
</tr>
<tr>
<td><strong>Rural/Urban Residence</strong></td>
<td>Higher proportion of urban county residents accessed MSK services via telehealth relative to in-person visits</td>
<td></td>
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</tbody>
</table>

**Fact sheet developed by Karina Vasudeva, Cynthia Dong & Yolande Pokam Tchuisseu**

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Provider Perspectives

- Musculoskeletal health (MSK) providers reported that the advantages of providing care via telehealth for patients with MSK conditions outweighed the disadvantages. For that reason, MSK providers also expressed a hope that Medicaid will reinstate coverage for MSK services delivered via telehealth for all beneficiaries.
- While providers recommended that telehealth remain an option, they acknowledged that the decision to use telehealth should be shared among patients, caregivers and providers.

Barriers to Accessing Care

- **HISTORICAL BARRIERS TO ACCESSING CARE**
  - Insurance Coverage
  - Lack of Providers
  - Transportation

- **BARRIERS TO ACCESSING CARE USING TELEHEALTH**
  - Access to Broadband
  - Digital Literacy
  - Lack of Devices

Benefits of Using Telehealth

- Telehealth improved access to care for children and adults with MSK conditions. Providers reported that telehealth was most beneficial for people who experienced issues with transportation and mobility limitations such as those who had difficulty walking from parking lots to providers’ offices.
- Telehealth allowed providers to tailor clinical interventions and recommendations based on patients’ home and environment. Providers reported that being able to see patients in their home environment allowed them to provide practical recommendations that patients can adopt.
- Telehealth also helped providers by reducing travel time and enabling them to see more patients; this was particularly helpful for MSK providers offering evaluation services.

A Path Forward

- Telehealth can be used as an approach to maintain and even increase access to MSK services, especially specialty and ancillary services, in the NC Medicaid program.
- However, telehealth has not yet closed the gap in getting care to groups that have been historically marginalized, especially those identifying as Black, Hispanic, or Latinx.

Policy Considerations

- Using patient and provider feedback, continue to evaluate the impact of providing MSK services via telehealth on health care cost, quality, outcomes, and the experience of care.
- Develop policies to promote telehealth as part of a care model that supports long-term needs for people with MSK conditions, especially for those with complex conditions.
- Identify how telehealth benefit design could be structured differently to align with overall access to MSK services for adults.
- Explore policy options that can facilitate broadband/internet access, improve access to technology, and foster digital literacy among patients and families.
- Consider the role audio-only telehealth plays in facilitating care for historically marginalized groups, and how it may function optimally in MSK encounters.

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