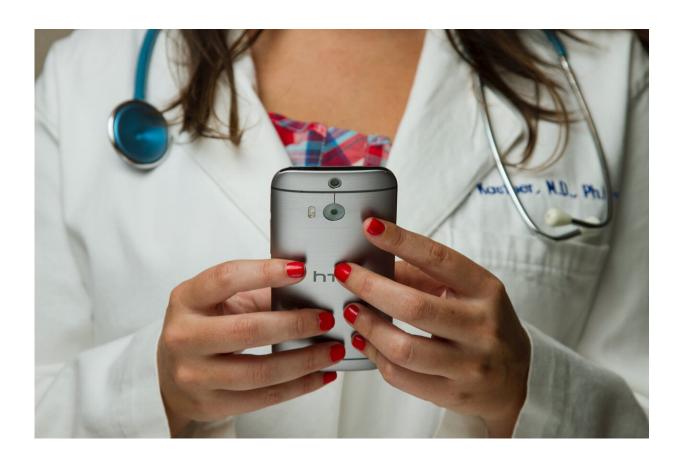


Cost of telehealth for patients may be key key to maintaining pandemic boost in use

December 1 2021



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Most Americans prefer to receive their medical care in-person, but are generally willing to continue using telehealth services that have grown more common during the COVID-19 pandemic, according to a new



RAND Corporation study.

Most consumers are less interested in using telehealth if the out-ofpocket cost is higher than for in-person care, suggesting the continued expansion of telehealth will be sensitive to financial issues.

The study, the first to report on the willingness of the general U.S. population to pay for telehealth in a post-<u>pandemic</u> world, is published by the journal *JAMA Network Open*.

"Patients may like telehealth in certain circumstances such as when as when they need care for minor health issues," said Zachary S. Predmore, the study's lead author and an associate policy researcher at RAND, a nonprofit research organization. "But their willingness to use telehealth is very sensitive to costs. Patients may not perceive video visits to have the same value as in-person health care."

The study found that people who preferred video visits were more sensitive to out-of-pocket costs than those who preferred in-person visits, as a \$20 increase in cost was associated with more people switching from video visits to in-person care.

Use of telehealth has increased rapidly during the COVID-19 pandemic as <u>health care providers</u> offer telephone or video visits to reduce the potential for virus spread. A previous RAND survey found that 40% of Americans with a chronic health condition had used telehealth by the spring of 2020.

It is unclear how telehealth may be used within the U.S. health system after the pandemic, with early evidence suggesting that telehealth is decreasing as providers and patients resume in-person care. Federal programs such as Medicare and private insurers are weighing whether and how to pay for routine telehealth in the future.



RAND researchers used the RAND American Life Panel, an internet-based panel, to survey a representative sample of 2,080 Americans to ask about their experiences with telehealth and their preferences for inperson care or video telehealth visits in the future under different scenarios.

When faced with a choice between an in-person visit or a video visit for a nonemergency health issue, survey participants generally preferred in-person care. Those who were younger, had <u>higher incomes</u> and had more education were more likely to opt for video visits.

Experience with telehealth was associated with a preference for future video visits. Just 2% of those who previously had a video visit were unwilling to do so again.

"The results show that although many participants used telehealth for the first time during the pandemic out of necessity, their experiences were positive enough for them to use such services again," Predmore said.

About 34% of participants did not see any role for <u>video</u> visits in their <u>medical care</u>. These people were generally older, had lower incomes, lived in more rural areas and had lower education levels.

Although telehealth can be used to expand care for underserved populations, the RAND study suggests that these populations may be the least likely to demand telehealth and that ongoing efforts to promote equity of access to telehealth need to consider these preferences.

"It is not clear whether these patients do not value telehealth as much as in-person care or do not view telehealth as feasible or practical given personal circumstances, such as not having access to a broadband internet connection," Predmore said.



Researchers say that some patients may perceive that there are benefits to in-person care that even high-quality telehealth cannot replicate, such as in-person rapport developed with health providers or easier access to diagnostic tests. That may outweigh the additional time and travel involved with in-person care.

"Improving the delivery of telehealth is important, but that is only part of the story," Predmore said. "Being aware of patient preferences will help to identify the best role for <u>telehealth</u> in post-pandemic health care delivery."

Other authors of the study are Elizabeth Roth, Joshua Breslau, Shira H. Fischer and Lori Uscher-Pines.

More information: Zachary S. Predmore et al, Assessment of Patient Preferences for Telehealth in Post–COVID-19 Pandemic Health Care, *JAMA Network Open* (2021). <u>DOI:</u> 10.1001/jamanetworkopen.2021.36405

Provided by RAND Corporation

Citation: Cost of telehealth for patients may be key key to maintaining pandemic boost in use (2021, December 1) retrieved 19 November 2023 from https://medicalxpress.com/news/2021-12-telehealth-patients-key-pandemic-boost.html

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