

# Kaiser Permanente Research Roundup: Research Summaries for Policy Leaders

## Telehealth Use and Follow-Up Care

[Primary Care Video and Telephone Telemedicine During the COVID-19 Pandemic: Treatment and Follow-Up Health Care Utilization](#) / *American Journal of Managed Care* / Huang, et al. / January 19, 2023

Telehealth use expanded rapidly during the pandemic, as policymakers increased the types of covered services, removed geographic restrictions on telehealth visits, and allowed more providers to offer telehealth services. Federal policymakers recently extended many Medicare telehealth flexibilities for 2 years, but then they must determine whether to extend them further. State-level decision makers also are considering whether to extend or change telehealth flexibilities.

Kaiser Permanente has been investing in and expanding our use of telehealth for many years, and our members can choose an in-person or a telehealth visit when scheduling an appointment. Kaiser Permanente researchers recently published a study that explores questions of interest to policy audiences:

- **How efficient and safe is telehealth?**
- **How do treatment and follow-up care differ between video- and phone-based visits?**



### 2023 Article in the *American Journal of Managed Care*

Adding to existing research on this topic, Kaiser Permanente researchers recently leveraged our health system's extensive electronic health record of secure, anonymized data to analyze potential differences across video and phone-based visits. They analyzed 734,442 visits in northern California from March to October 2020. Key findings:

### The Kaiser Permanente Institute for Health Policy

The Kaiser Permanente Institute for Health Policy works to shape policy and practice with evidence and experience from Kaiser Permanente, the nation's largest private integrated health care delivery and financing organization.

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### Health Research at Kaiser Permanente

Kaiser Permanente conducts research that contributes to understanding risk, improving patient outcomes, and informing policies and practices. Kaiser Permanente investigators and staff work out of 8 regional research centers and the Bernard J. Tyson School of Medicine.

To learn more, go to <https://about.kaiserpermanente.org/health-and-wellness/health-research>.

- Despite increasing use and availability of video technology, **members participated in more phone-based visits than video visits** (58.4% vs. 41.6%) during this early pandemic period.
- **Return visits after video and phone visits were not common, and emergency events were rare.**
  - Video visits were slightly less likely than phone visits to lead to additional follow-up office visits (11.8% vs. 12.5%), emergency department visits (1.2% vs. 1.5%), or hospitalizations (0.15% vs. 0.19%) within a week after the appointment.
  - Video visits were a little more likely to result in medication being prescribed (37.4% vs. 33.9%) and laboratory/imaging orders being placed (31.3% vs. 27.4%).

This study suggests that video- and phone-based virtual care options can help patients access primary care clinicians. Both types of visits offer a simple and convenient option to address patient primary care needs without raising safety concerns. The authors recommend that future studies examine potential variation across visits addressing different clinical concerns.

## Policy Opportunities

No single study can suggest the full range of policy needs and opportunities. Based on existing research and internal discussions among Kaiser Permanente telehealth leaders, we recommend several avenues for improving telehealth access and care:

**Promote digital inclusion:** Ensure that all individuals and communities can access and use telehealth offerings.

- **Improve access to video-based visits:** Everyone should be able to choose the type of visit that works best for their specific needs. Policies could advance this goal by bolstering basic internet infrastructure and making broadband and internet-connected devices more affordable.

- **Support access to phone visits:** Video visits require a strong internet connection, a video-enabled device, and digital literacy to set up the video call. Some patients would be unable to access a video visit or face significant challenges. Even with access to video technology, some patients may prefer a phone visit.
- **Support outreach and education:** Everyone should have the knowledge and support needed to navigate digital platforms that link patients to telehealth services. Digital navigators and skill development programs in a variety of languages could help address this need.

**Incorporate telehealth into measures of health care quality and access:** As telehealth shifts health care delivery, ensure that measures address these changes.

- **Incorporate telehealth quality standards into overall care quality measurement:** Quality and outcome measures for in-person and telehealth services should be aligned, so that digital health is held to the same high standards for quality, safety, patient satisfaction, clinical outcomes, and health equity as in-person care. Digital health research can inform telehealth guidelines, reimbursement policies, and approaches for monitoring and incentivizing excellent care.
- **Consider impacts on access:** When telehealth broadens access to high-quality, equitable care, consider approaches to better incorporate telehealth into network adequacy evaluation frameworks.



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