

OneFAB

Information Delivered on One Page, Front And Back

Telehealth in Michigan: A Primer

Alexander R. Krabill, Legislative Analyst

The COVID-19 pandemic created a significant and lasting shift in the way Michigan residents interacted with the healthcare system. From February 2020 to April 2020, the percentage of Medicaid, Medicare, and commercially insured beneficiaries who had a telehealth visit increased from less than 1% for everybody to 35%, 65%, and 60%, respectively.¹ Telehealth is still in use post-pandemic, as 11% of visits for Medicare patients, 13% of visits for Medicaid patients, and 17% of visits for commercially insured patients were done via telemedicine as of June 2023.¹ Michigan lawmakers have taken action related to telehealth recently, passing laws such as Public Acts 51 through 54 of 2024, which require insurance parity between telemedicine and in-person services and generally expand access to telehealth under Medicare and Medicaid. Structural challenges to telehealth access still exist for Michigan residents. From pre-pandemic to post-pandemic, telehealth use has changed, and solutions are being implemented to help solve structural barriers to gain access to telehealth services.²

Michigan's Telehealth Usage

Broadly speaking, different populations of Michigan residents interact with the healthcare system consistently between telemedicine and in-person care; however, there are slight statistical differences across different demographics that continue after the pandemic. Individuals under the age of 65, females, those who reside in non-rural areas, or those who are Medicaid dual eligible (a common proxy for individuals with low-income) were more likely to access the healthcare system through telemedicine after the pandemic.³ In addition, if the two different types of telemedicine—video/audio or audio-only—are separated, the data show that usage varies between different groups of people. Individuals who are older, Black, need an interpreter, rely on Medicaid, or reside in regions with limited broadband access are more likely to use audio-only telemedicine.⁴

Before the COVID-19 pandemic, telehealth services were largely used by Michigan's most rural counties. [Figure 1](#) below indicates which counties the Federal Office of Rural Health Policy considers rural. In 2019, Chippewa, Isabella, and Ogemaw Counties had the highest rates of telehealth visits per capita. These three counties had 158, 130, and 88 telehealth visits per 1,000 beneficiaries, respectively. Just one year later, in 2020, Macomb, Washtenaw, and Wayne Counties (all urban counties) had the highest rates per capita. The overall number of telehealth visits increased, with the top three counties having 1,864, 1,840, and 1,816 telehealth visits per 1,000 beneficiaries, respectively.⁵ This suggests that pre-pandemic and post-pandemic telehealth service use has changed. That is, before the pandemic, telehealth services were largely used by individuals who could not visit a medical professional nearby; today, these services appear to be used at near consistent rates across Michigan.

¹ Ellimoottil, Chad, *et al.*, University of Michigan Institute for Healthcare Policy and Innovation, "Telehealth in Michigan – Insights and Data for Effective Policymaking", June 2023.

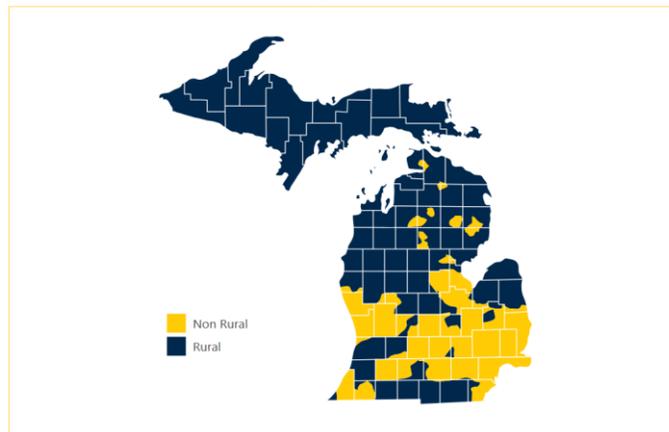
² Under MCL 500.3476, telemedicine is the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under the Insurance Code, the health care professional must be able to examine the patient via a secure interactive audio or video, or both, telecommunications system, or through store and forward online messaging.

³ Note 1.

⁴ Note 1.

⁵ Note 1.

Figure 1

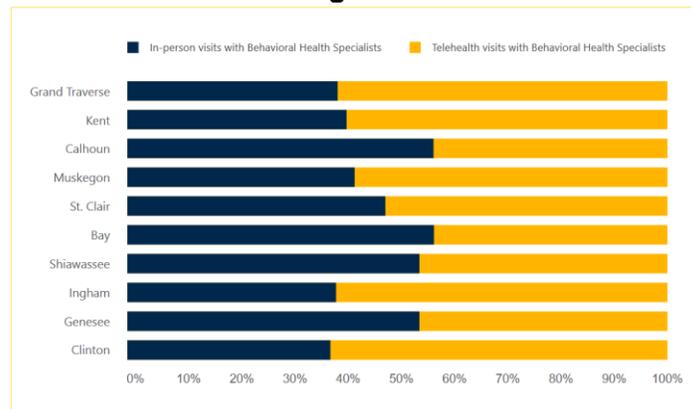


Source: The University of Michigan Institute for Healthcare Policy and Innovation

Access to Behavioral Health Specialists

Post-pandemic, telemedicine is used more frequently in behavioral healthcare fields than in other fields. Fifty percent of Michigan counties have 10 or fewer behavioral specialists, while 20% have either one or zero.⁶ This disparity has resulted in individuals with behavioral health needs in underserved counties using a quicker way to access these services. Figure 2 shows the percentage of behavioral health specialist visits conducted via telehealth in the 10 counties with the highest claims-based demand for telehealth in 2021.

Figure 2



Source: The University of Michigan Institute for Healthcare Policy and Innovation

As Figure 2 demonstrates, when residents do not have access to behavioral health specialists, they prefer to connect with their specialists via telehealth. In June 2021, the Michigan High Speed Internet Office was established to ensure that high-speed internet is available universally, and to ensure that 95% of Michigan households adopt a permanent home internet connection. The Office is expected to improve many broadband issues currently faced by Michigan's rural counties.

Conclusion

Telemedicine has evolved from its pre-pandemic form to become an important way that many Americans interact with the healthcare system. While most Michigan residents interact via telehealth at the same rate, disparities still exist, especially by insurance type. For behavioral health services in particular, telehealth has become a key part of the infrastructure responsible for bringing healthcare to Michigan residents. The Legislature and the Governor have been active at addressing barriers to telehealth, including enacting numerous statutory changes and establishing the Michigan High Speed Internet Office. These changes are attempts to make telehealth coverage more reliable in Michigan.

⁶ Note 1.