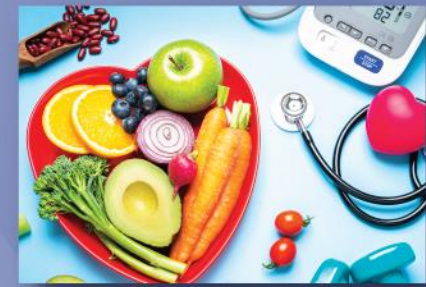


Provider Experience Survey on Telehealth and the Collection of Social Determinants of Health Data

LCDR Réna McClain, PharmD



Introduction to CMS Office of Burden Reduction and Health Informatics (OBRHI)

OBRHI was established in 2020 to identify and create efficiencies across the healthcare enterprise by integrating technology, policy, regulation, and stakeholder engagement to improve healthcare quality and population health.

OBRHI's work is guided by a strategic plan, which establishes four key goals and objectives governing the planning and implementation of operational activities.



Infuse Customer Perspectives



Apply Innovative Solutions



Advance Standards and Interoperability



Advance Health Equity





AGENDA

- 2022 Provider Experiences Survey
 - Access to Video-Enabled Telehealth
 - Provider Screening and Perceptions of Patient Social Needs
 - Scope of Practice Flexibilities
- Insights to Support CMS' Advancement of Health Equity



Background

- With large shifts in healthcare due to COVID-19 and prioritizing equity, OBRHI wanted to assess the downstream impacts – particularly on providers serving underserved communities.
- OBRHI asked questions of healthcare providers to understand their experiences with COVID flexibilities/waivers (telehealth and expanded scope of practice) as well as screening for social needs and risks.



Overview of Fall 2022 Data Collection

- OBRHI developed survey questions to better understand provider experiences with telehealth and collecting data related to SDOH
- Survey was fielded using DocStyles, a web-based, non-probability survey conducted by Porter Novelli Public Services
- Administered to panelists of SERMO's Global Medical panel including:
 - Primary care physicians
 - OB/GYNs
 - Pediatricians
 - Nurse practitioners/ Physician assistants
- Survey administered August 19 – September 30, 2022
- OBRHI's questions limited to Medicare and Medicaid providers



Respondent Demographics

Total Sample Size	1,187
Gender	
Male	55%
Female	44%
Prefer to Self-Identify	1%
Region	
Northeast	24%
Midwest	22%
South	31%
West	23%

Age	
< 40	29%
40-54	40%
55+	30%
Specialty	
Family Practitioner	33%
Internist	25%
Pediatrician	11%
Obstetrician/Gynecologist	17%
Nurse Practitioner	7%
Physician Assistant	6%



Sub-Group Analysis

- A primary focus was to examine the experience and perceptions of providers serving underserved communities
- Underserved communities defined based on:
 - Area poverty level
 - Racial and ethnic composition of practice patient population
 - Rural location



Area Poverty Level

- Created four categories (defined by ZIP Code) based on the percentage of the population living at or below the Federal Poverty Level (FPL):
 - Lowest poverty area: less than 5% at or below FPL
 - Low poverty area: 5 up to 10% at or below FPL
 - High poverty area: 10 up to 20% at or below FPL
 - Highest poverty area: 20% or more at or below FPL

Area Poverty Groups	n	Percent
Lowest poverty (less than 5% below poverty level)	170	14%
Low poverty (5 up to 10% below poverty level)	387	33%
High poverty (10 up to 20% below poverty level)	413	35%
Highest poverty (20% or more below poverty level)	182	15%
Area poverty data unavailable	35	3%
Total	1,187	100%



Racial and Ethnic Composition of Practice Patient Population

- Created a variable totaling the percent of the practice population that were patients from racial and ethnic communities.
 - Low: 0-25% of practice patients are from racial and ethnic communities
 - Medium: 26-64% of practice patients are from racial and ethnic communities
 - High: 65+% of practice patients are from racial and ethnic communities

Racial and Ethnic Composition Group	n	Percent
Provider unsure	79	7%
Low (0-25%)	180	15%
Medium (26-64%)	580	49%
High (65%+)	348	29%
Total	1,187	100%



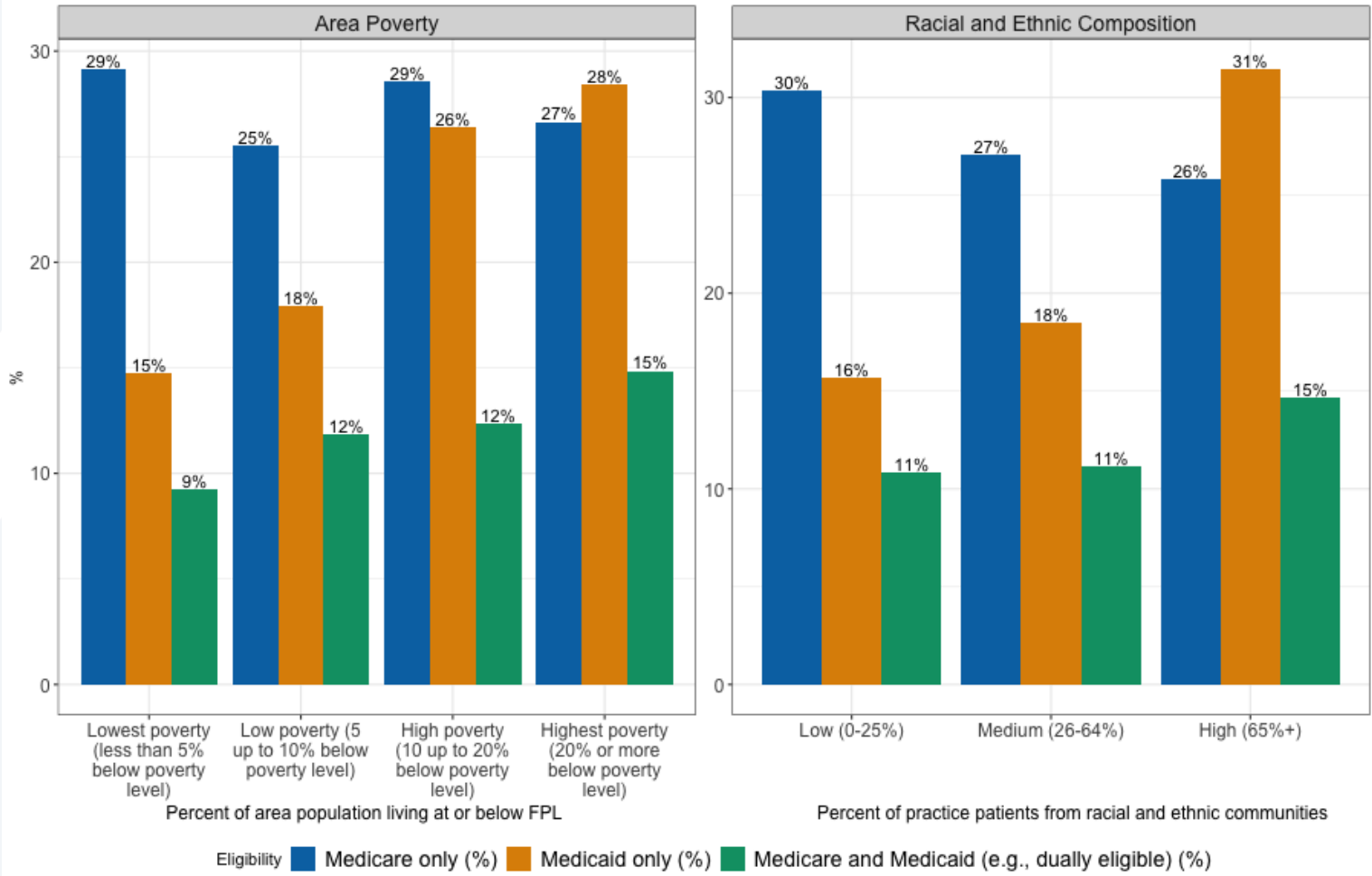
Rural Locations

- Participants were asked to self-identify as to whether their practice is in an urban, suburban, or rural area.
- Produced cross-tabs between practice racial and ethnic composition and area poverty level by rural location.

Community Group	n	Percent
Urban	392	33%
Suburban	641	54%
Rural	154	13%
Total	1,187	100%



Provider, practice, and patient characteristics differed across sub-groups



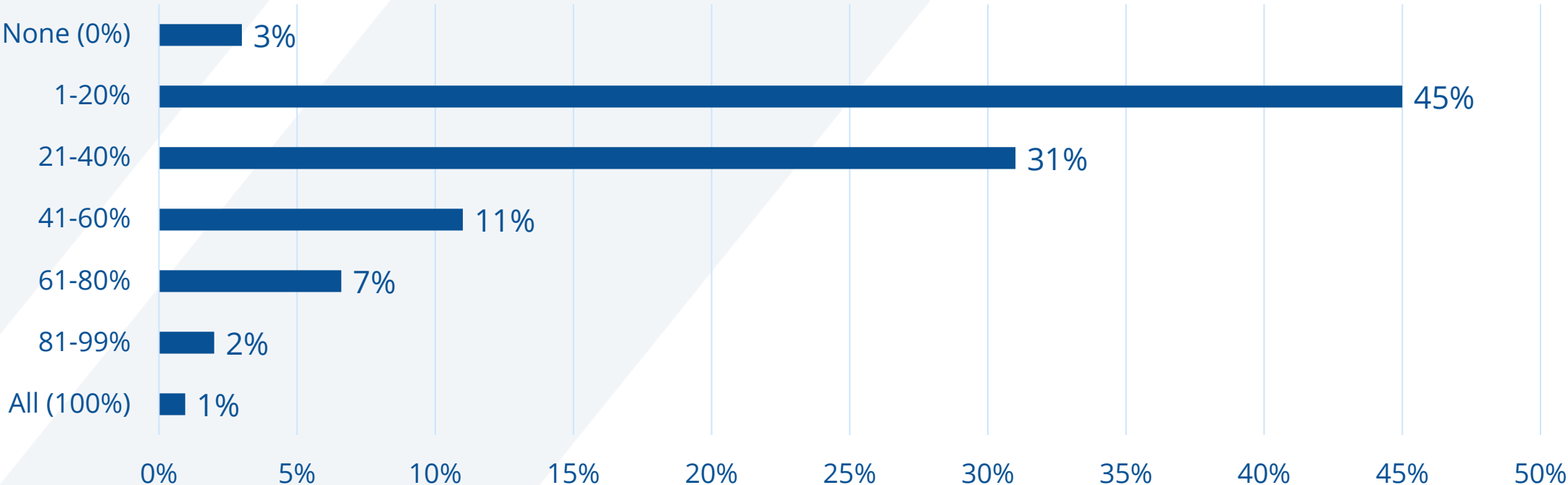
ANOVA tests indicate that the means are significantly different at the p<0.05 level.

Access to Video-Enabled Telehealth



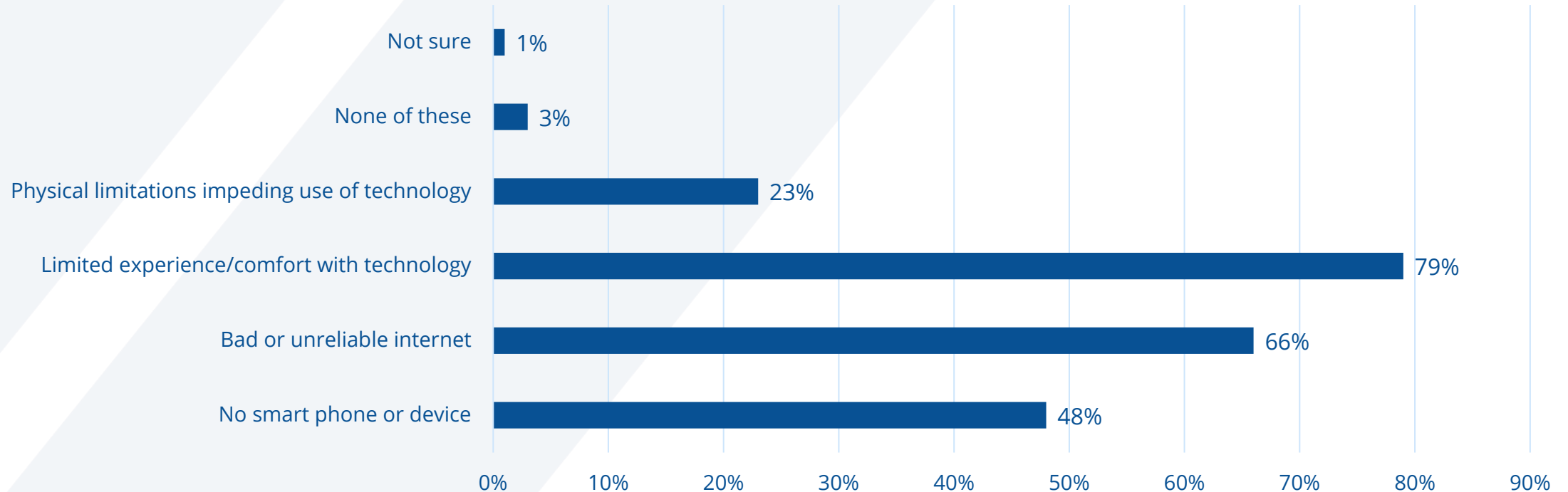
Most providers report the majority of their patients did not face difficulties using video-enabled telehealth

Of your practice's patients, approximately what percentage faced difficulties participating in video-enabled telehealth during the COVID-19 Public Health Emergency?



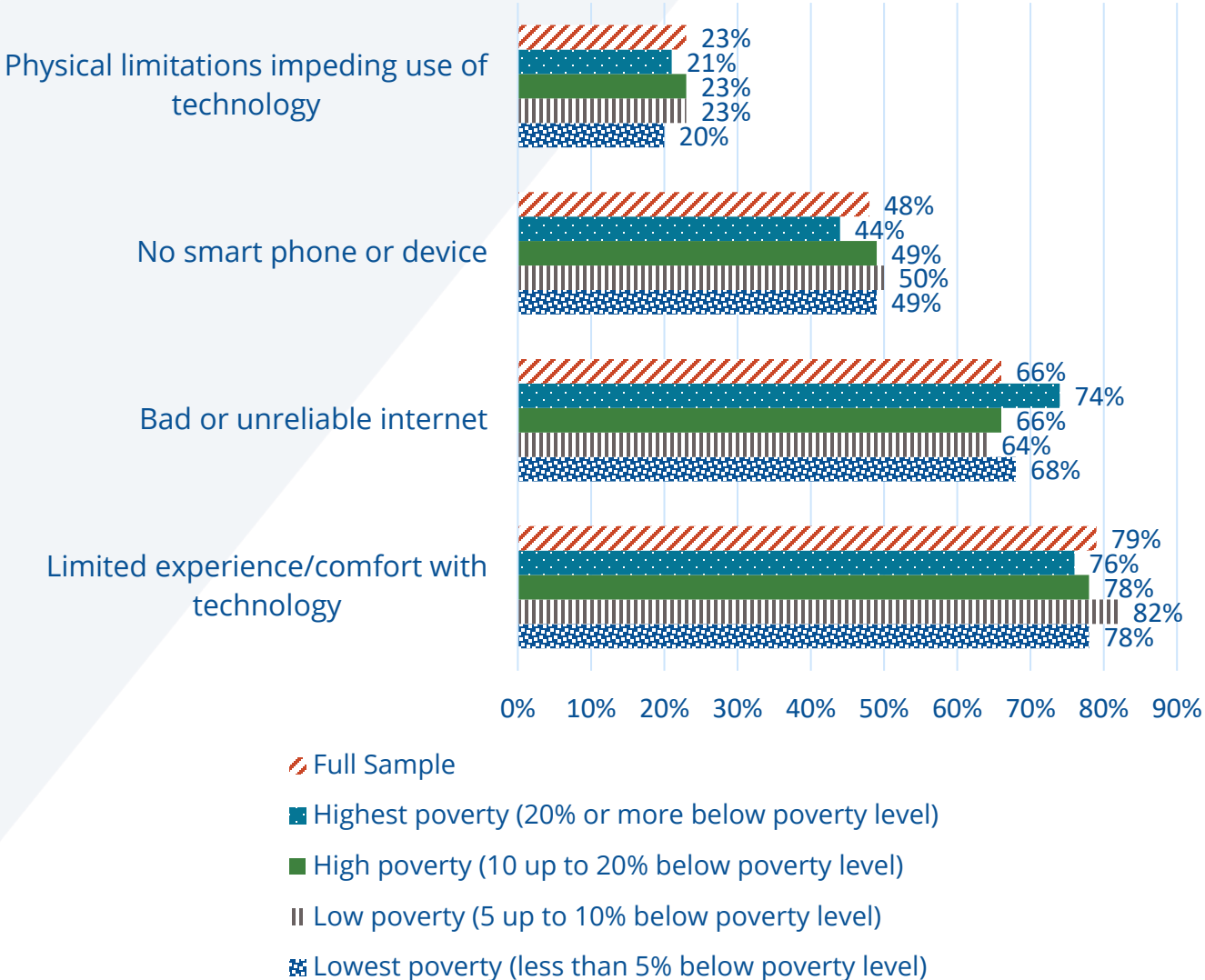
Barriers to telehealth

What are the main reasons your practice's patients faced difficulties participating in video-enabled telehealth during the COVID-19 Public Health Emergency?



Patients faced multiple barriers to accessing telehealth

- Limited experience or comfort with technology was the top barrier
- Few differences by area poverty level
- Providers serving the highest poverty areas were more likely to say that “bad or unreliable internet” is an issue

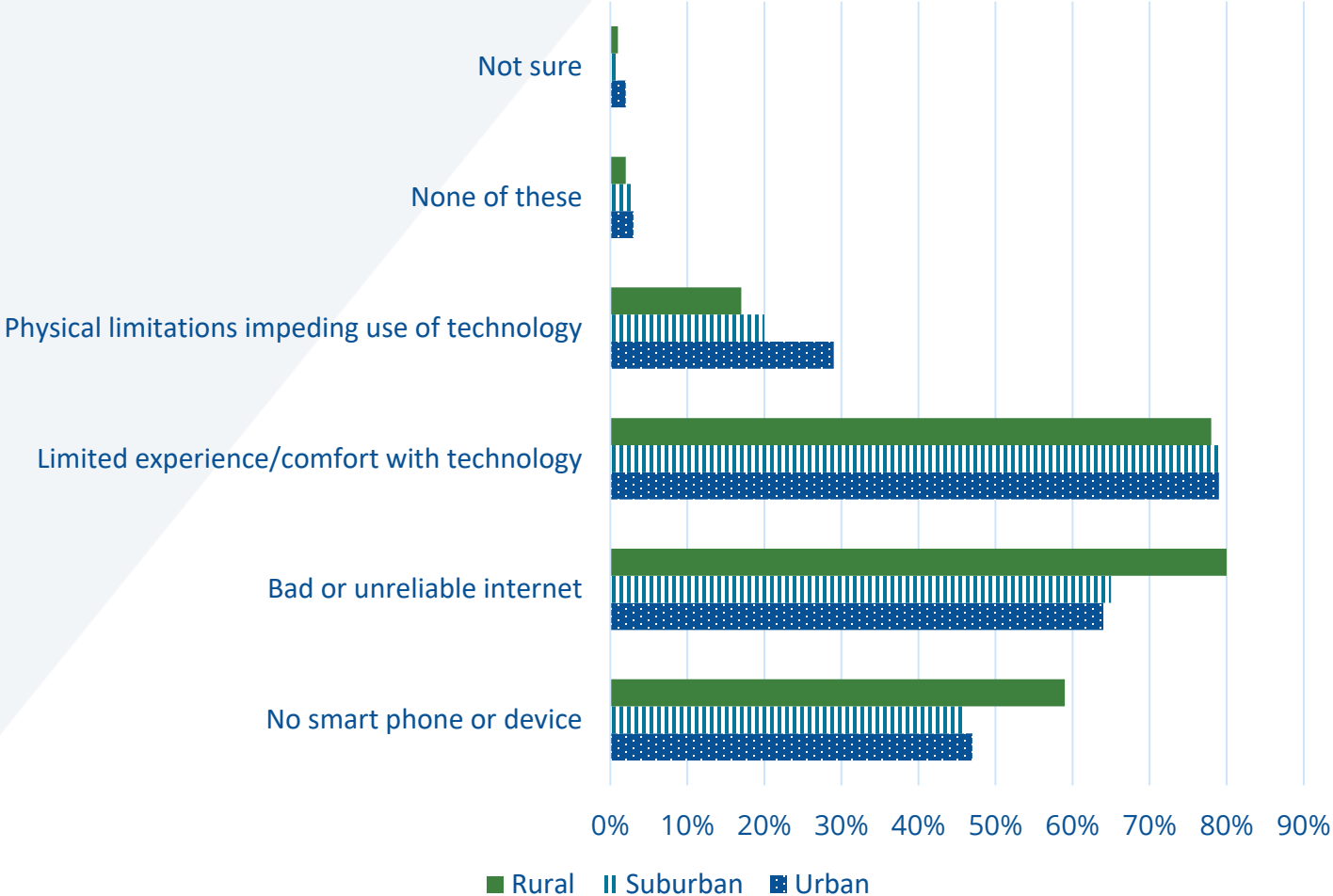


Rural patients faced challenges accessing telehealth

Rural providers indicated that their patients were significantly more likely to face challenges accessing video-enabled telehealth

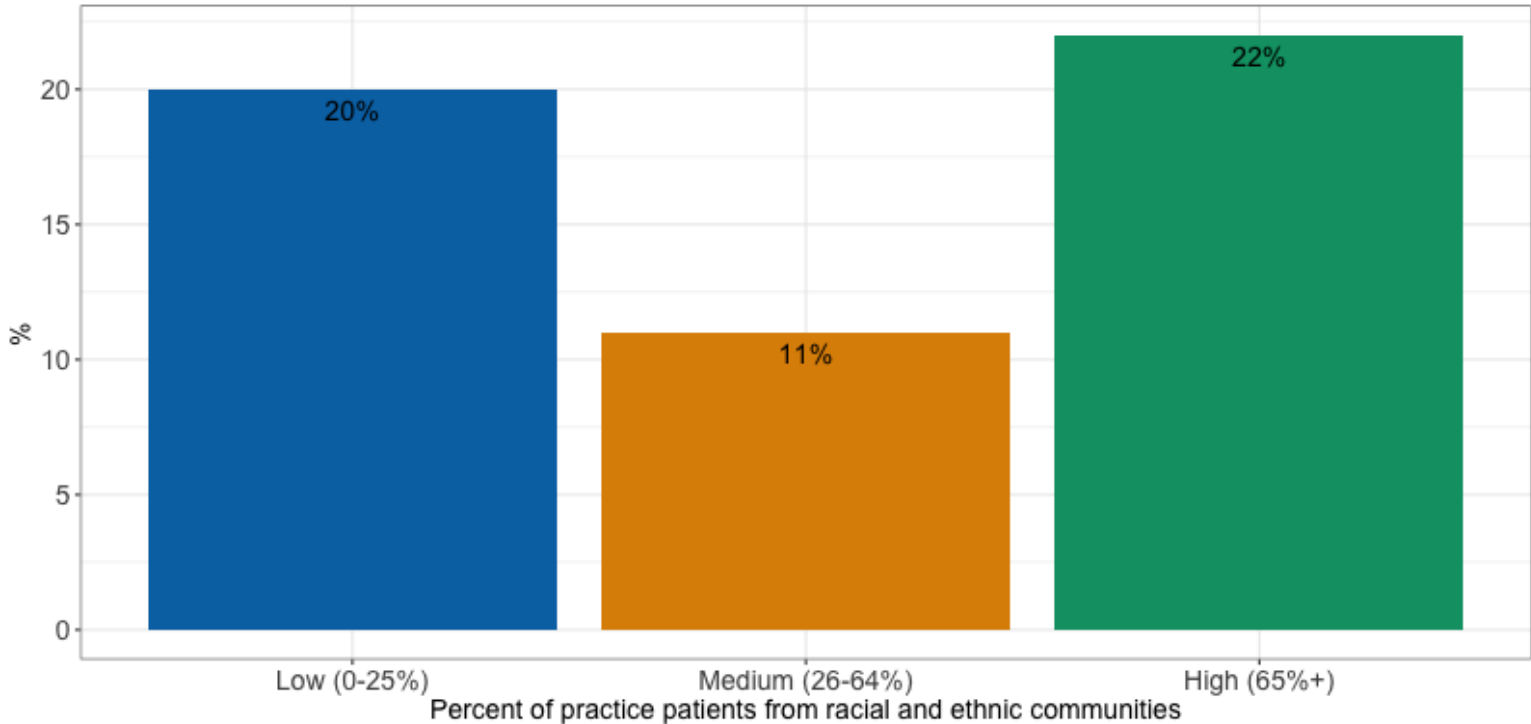
- Poor internet connection
- Not having a smartphone or other internet connected device

What are the main reasons your practice’s patients faced difficulties participating in video-enabled telehealth during the COVID-19 Public Health Emergency? Select all that apply.



Use of audio-only telehealth varied across sub-groups

Percent of providers reporting that more than 60% of patients used audio-only telehealth



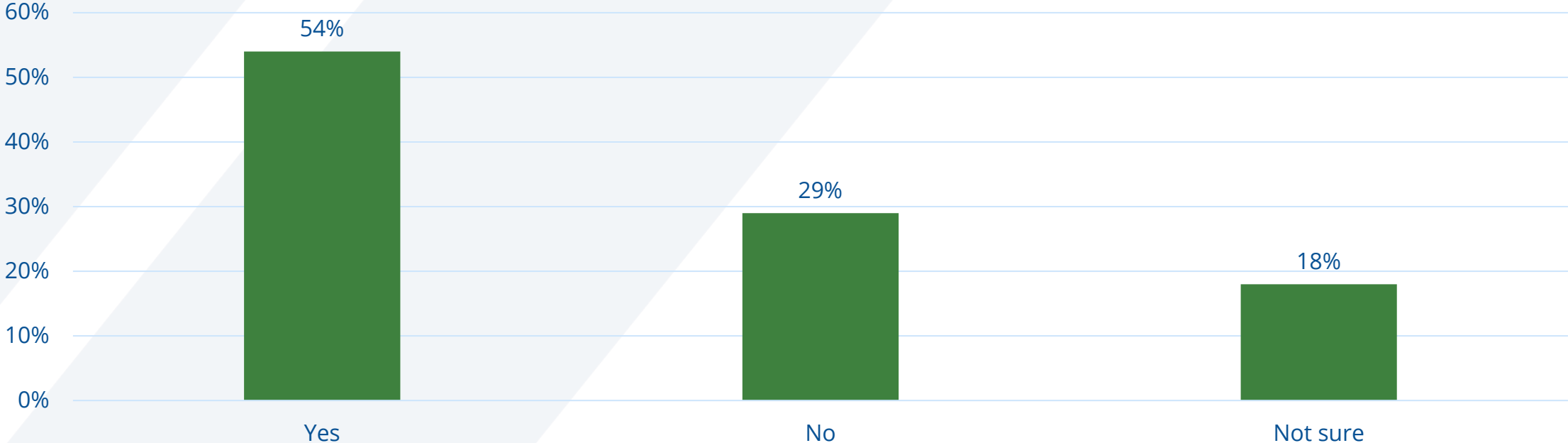
Chi-squared test was significant at the $p < 0.05$ level.

Provider Screening and Perceptions of Patient Social Needs



More than half of providers screen for social needs and risks

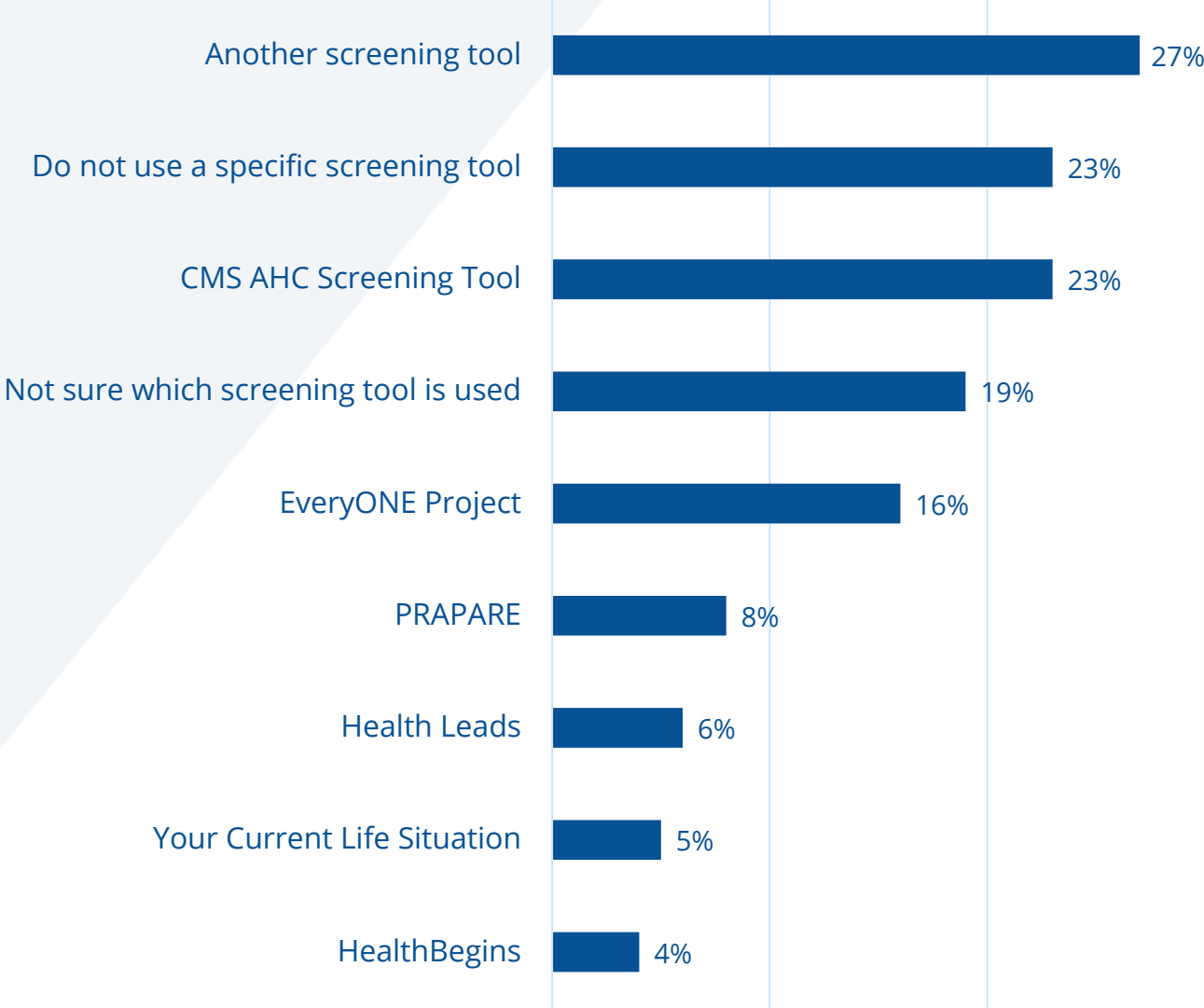
Does your practice have a process in place to screen patients for social needs and risks related to the social determinants of health?



Limited utilization of standardized screening instruments

Of the 54% of respondents who said they conduct screening, half said they use another screening tool not listed or do not use a specific screening tool.

Of the specific tools we included, CMS' Accountable Health Communities tool is most utilized

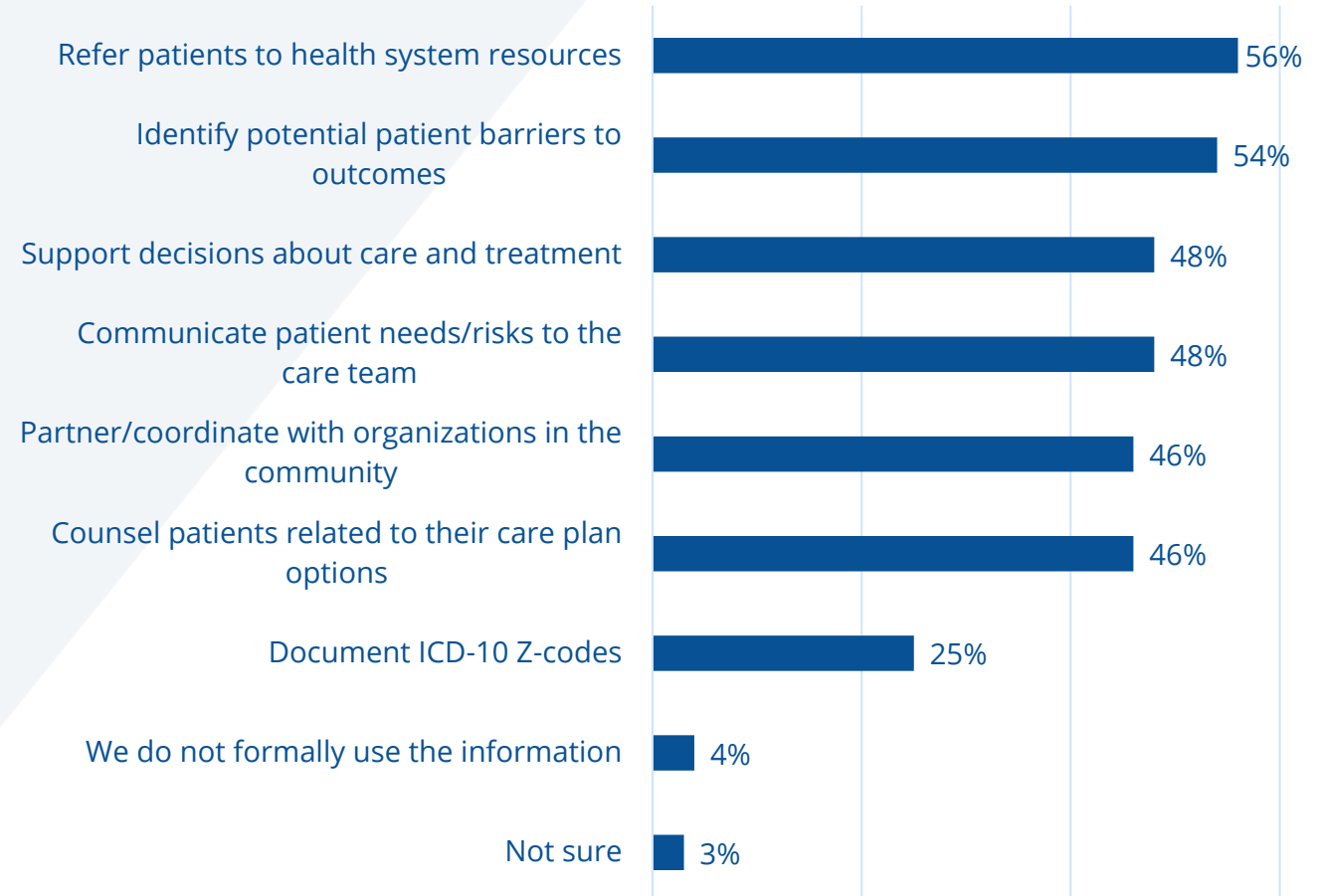


How the data was used generally aligned across sub-groups

Majority of respondents indicated that they use data on social needs and risks to connect patients with supports within their health system or in the community.

25% of respondents say they use the data to document ICD 10 Z-codes; however, this seems high given analysis by CMS OMH showing low uptake of Z-codes for documenting social needs and risks in Medicare claims.¹

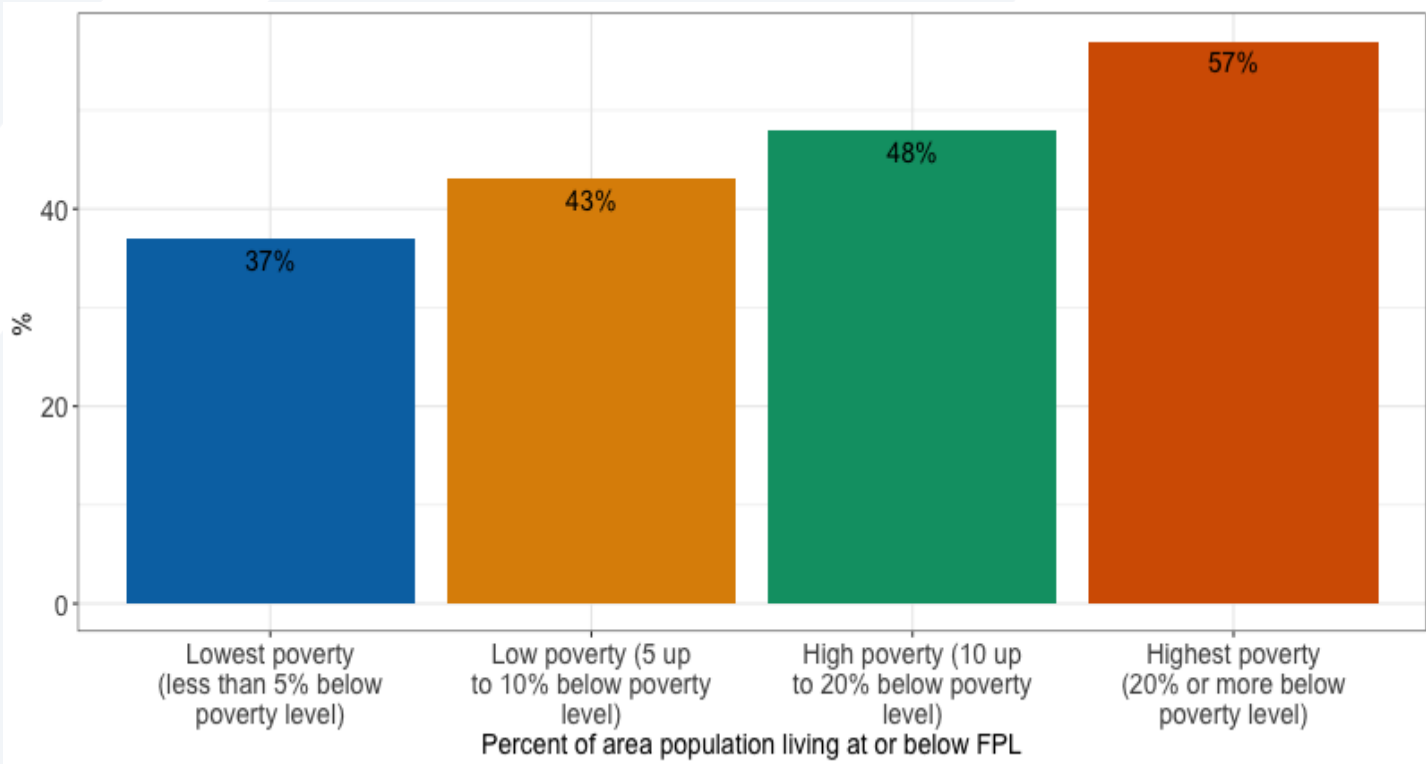
What does your practice do with the information collected about social needs and risks?



¹ Maksut JL, Hodge C, Van CD, Razmi, A, & Khau MT. Utilization of Z Codes for Social Determinants of Health among Medicare Fee-For-Service Beneficiaries, 2019. Office of Minority Health (OMH) Data Highlight No. 24. Centers for Medicare and Medicaid Services (CMS), Baltimore, MD, 2021. Retrieved from <https://www.cms.gov/files/document/z-codes-data-highlight.pdf>

Practices in highest poverty areas were more likely to use the data for external coordination

Percent of providers reporting the practice uses the data to partner or coordinate with organizations in the community



Chi-squared test was significant at the p<0.05 level.

Mental health and financial strain were consistently the top unmet social needs

Top 3 Unmet Social Needs by Rural Location

Full Sample	Urban	Suburban	Rural
<ul style="list-style-type: none"> • Mental Health • Financial Strain • Transportation 	<ul style="list-style-type: none"> • Mental Health • Financial Strain • Limited education and/or literacy 	<ul style="list-style-type: none"> • Financial Strain • Mental Health • Lack of family and community support 	<ul style="list-style-type: none"> • Mental Health • Financial strain • Transportation

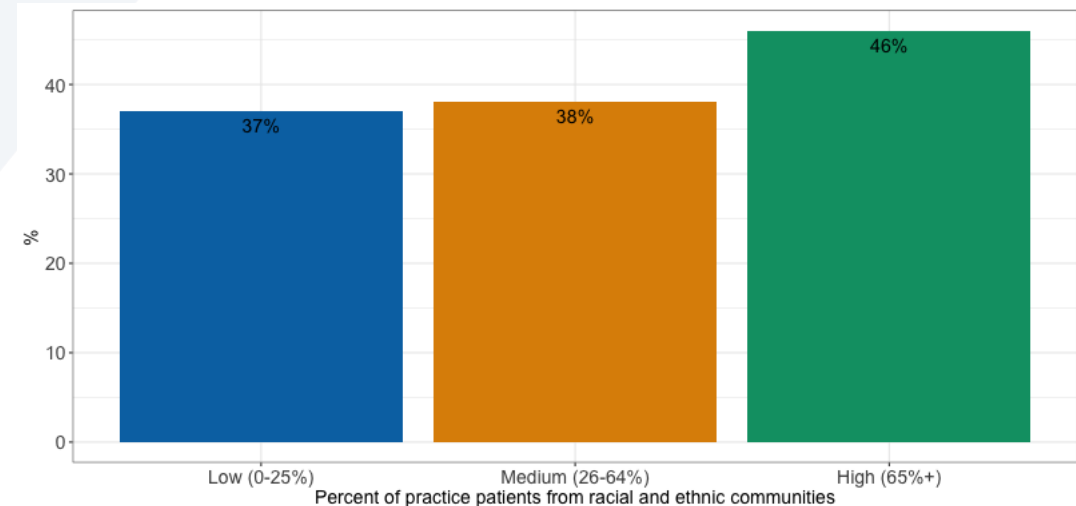
- While the top two needs were consistent across rural location sub-groups, the third most common unmet social needs varied by sub-group



Providers serving underserved communities were more likely to report transportation as an unmet social need

- Providers in practices with a High percentage of patients from racial and ethnic communities and those located in the Highest poverty area were more likely to select transportation as an unmet need
- Providers in Low areas were more likely to note substance abuse as a top unmet need

Percent of providers selecting transportation as a top unmet social need



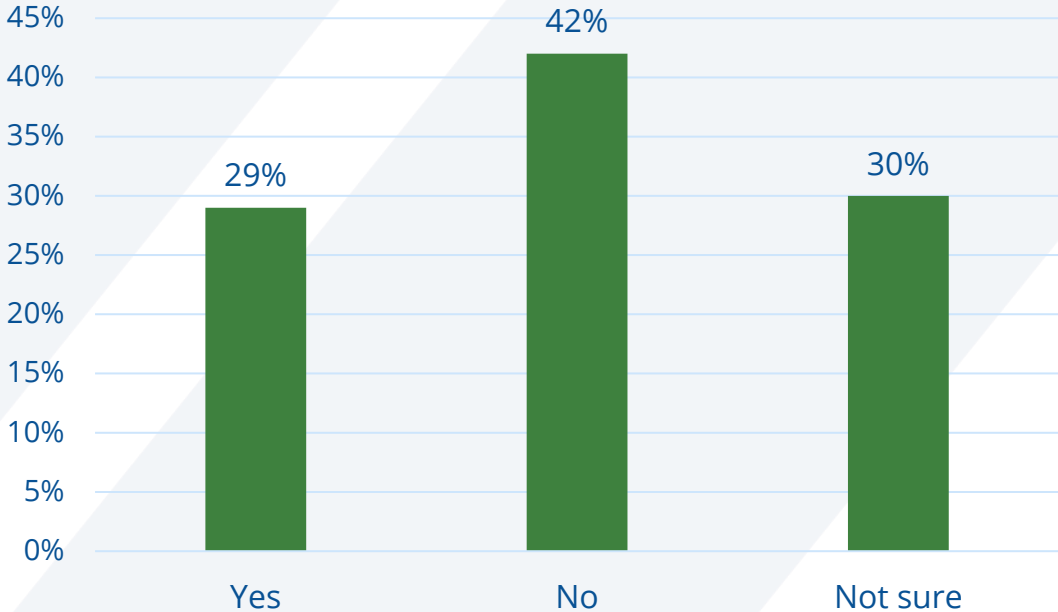
Chi-squared test was significant at the $p < 0.05$ level.

Expanded Scope of Practice Flexibilities



Nearly one-third of providers used expanded scope of practice flexibilities

During the COVID-19 Public Health Emergency, were any members of your practice able to use expanded scope of practice flexibilities?

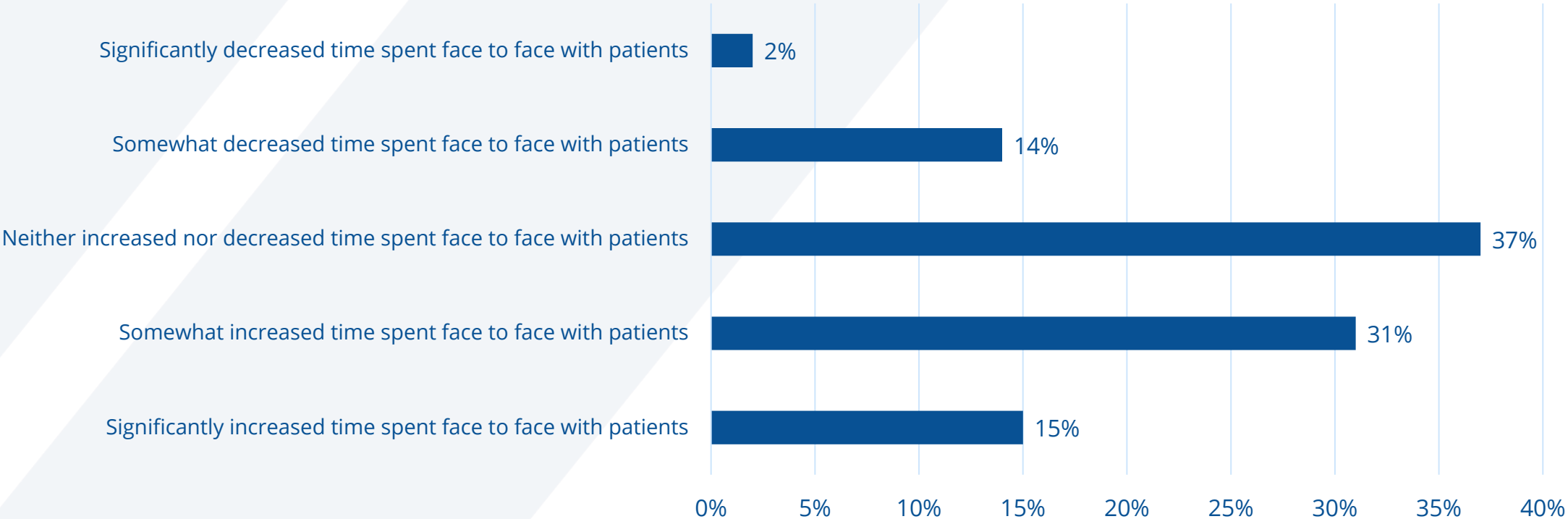


- Use of the flexibilities aligned across sub-groups
- A notable portion of providers were unsure as to whether their practice used the flexibilities
- Practices with more than 10 doctors were more likely to use flexibilities



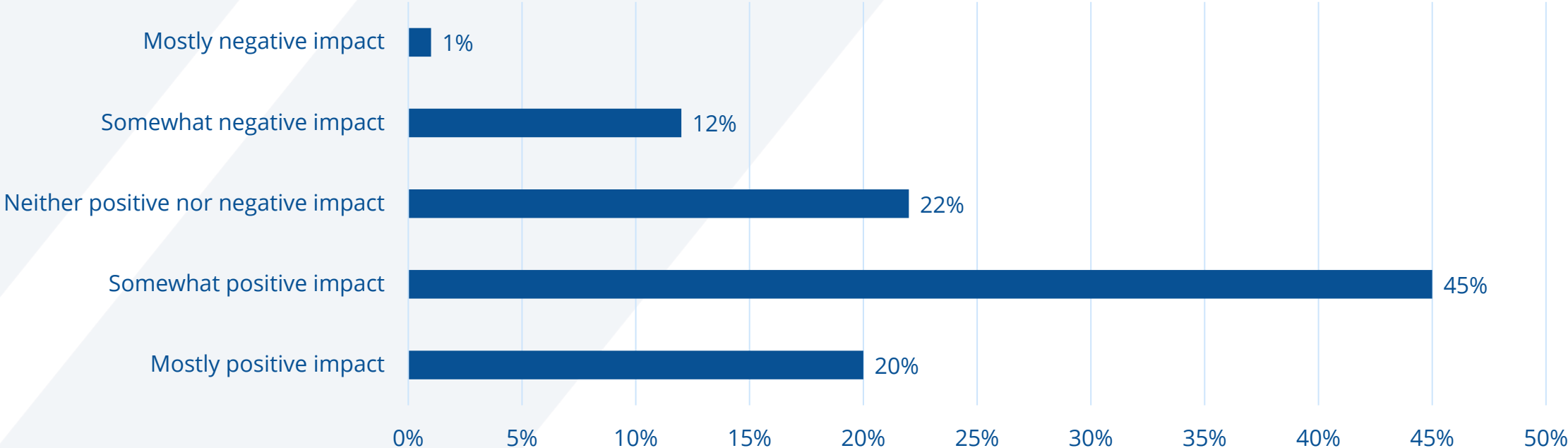
Majority of respondents felt that expanded scope of practice flexibilities had no impact or increased time with patients

What impact do you believe using expanded scope of practice flexibilities has had on the face to face time you spend with patients (e.g., in person or telehealth), on average?



Majority of respondents believe expanded scope of practice flexibilities had positive impact

What impact do you believe using expanded scope of practice flexibilities has had on quality of care for patients?



Insights to Support CMS' Advancement of Health Equity



Key Takeaways

- Understanding the unique perspectives of providers serving underserved communities
 - Identifying challenges, supporting solutions
- Enabling telehealth and audio-only telehealth
 - Expanding digital health literacy
- Increasing equity-related data collection
- Continuing to evaluate impact of increased scope of practice waiver



CMS Opportunities for Improvement



Findings highlight the importance of audio-only telehealth visits for underserved and rural communities for patients and providers



Opportunities to educate providers and encourage use of existing social needs screening processes and tools



Continued need to develop and disseminate data collection standards for demographic and social needs data



Continue to support expanded digital health literacy to reduce barriers accessing telehealth

Thank you

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