

HCSDB Issue Brief

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Telehealth Use Among Military Health System Beneficiaries

Like many aspects of daily life, the COVID-19 pandemic changed health care delivery practically overnight. Health care providers and consumers found themselves switching from in-office appointments to remote visits to reduce the risk of virus exposure. The *Emergency Medicine Journal* describes how, in March 2020, Thomas Jefferson University Hospital in Philadelphia increased its capacity for remote care from 37 to 187 providers in 72 hours across emergency, internal, and family medicine (Joshi and Lewiss 2020).

Remote care can describe a diverse array of applications and delivery systems. In much of the literature, telemedicine specifically refers to appointments with a medical professional where the patient and medical professional are not in the same location. However, telehealth is a broader term. It includes technology that enables health care professionals and patients to interact through remote medical appointments and other remote health monitoring.

Before the COVID-19 pandemic, use of telehealth was limited; a study published by the Government Accountability Office (GAO 2017) notes that among claims for Department of Defense (DoD) beneficiaries in 2015, only 0.3 percent were for care received by telehealth through live video-conferencing, and 80 percent of those claims were for behavioral health or psychiatry services. But despite its infrequent use within the DoD, telehealth did prove valuable before the pandemic in the civilian sector, as it enabled patients and providers to quickly communicate with each other. According to a 2018 study in *Health Affairs*, the most common use of telemedicine by physicians was to interact with patients (15.4 percent), but 11.2 percent also used it to quickly consult with other providers (Kane and Gillis 2018).

This issue brief examines telehealth use among MHS beneficiaries.

- Forty-four percent of MHS beneficiaries who accessed health care used telehealth for at least one appointment between October 2019 and October 2020.
- Most beneficiaries reported positive experiences, with 93 percent reporting they were comfortable with the telehealth process. Additionally, 70 percent of beneficiaries rated their last telehealth appointment highly, and 66 percent of them would recommend telehealth to a family member or friend.
- More beneficiaries accessed telehealth through phone (85 percent) than by video (57 percent). In particular, 95 percent of beneficiaries enrolled in Prime with a military PCM who accessed telehealth used phone, whereas 28 percent participated in a video call.
- Overall, 46 percent of beneficiaries would prefer a telehealth appointment over traveling to see their provider in the future, with 50 percent of beneficiaries who accessed telehealth by video and 45 percent of beneficiaries who accessed telehealth by phone preferring telehealth in the future.

For patients who adopted telehealth tools, having providers monitor their health remotely could be lifesaving. For example, the *Chicago Tribune* published an account of a 92-year-old man with congestive heart failure living at home and having his vital signs monitored via telehealth devices; providers identified a symptom of heart failure early as a result of this monitoring (Associated Press 2018).

Despite the many benefits of such technological innovation in health care, especially in a time of crisis, there are also potential drawbacks. For example, many older people are uncomfortable with learning new technologies, and non-English speakers might also have a hard time navigating technology if the instructions are not in their primary language. Penn Medicine found that people over age 75 were 33 percent less likely than the average patient to successfully participate in a telemedicine visit, and non-English speakers were 16 percent less likely (Penn Medicine 2020). Other concerns are more difficult to measure; for example, some people might not feel comfortable telling their doctor about a health issue if they are worried about someone in their home overhearing (North 2020). Finally, some challenges are difficult to address, such as the lack of adequate Internet infrastructure and the fact that some specialties simply do not translate well into online care.

This issue brief discusses data collected between October 2020 and December 2020 by the Health Care Survey of Department of Defense Beneficiaries (HCSDB). To construct a profile of who uses telehealth and why, we specifically examined Military Health System (MHS) beneficiaries who said that they had used telehealth in the past year (October 2019 to October 2020). We also examined how beneficiaries felt about the quality of the care provided.

Who Accessed Telehealth?

Among beneficiaries who accessed care within the past year, 44 percent had at least one telehealth appointment by phone or video conference with a provider at another location. Among those who used telehealth, beneficiaries ages 18 to 24 were significantly less likely to access telehealth services (28 percent) compared with beneficiaries ages 35 or older (40 percent of 35- to 44-year-olds, 44 percent of both 45- to 54-year-olds and 55- to 64-year-olds, and 42 percent of those 65 years or older) (Table 1). Non-Hispanic Black beneficiaries were statistically more likely than non-Hispanic White or Asian beneficiaries to use telehealth (49 percent versus 38 and 32 percent, respectively).

Moreover, beneficiaries enrolled in Select were less likely than beneficiaries in other plans to use telehealth. Only 29 percent of Select enrollees used telehealth, compared with 41 percent of both Prime enrollees with a military primary care manager (PCM) and Medicare enrollees and 37 percent of Prime enrollees with a civilian PCM (Table 1).

Beneficiaries who described their physical health as fair or poor were significantly more likely to access telehealth than those who described their physical health as good, very good, or excellent (56 versus 37 percent). Similarly, beneficiaries who described their mental health as fair or poor were significantly more likely to access telehealth than those who described their mental health as good, very good, or excellent (48 versus 38 percent). Finally, beneficiaries who had been told they had a pre-existing condition¹ were significantly more likely than those without a pre-existing condition to access telehealth (47 versus 28 percent).

Table 1. Telehealth use by age, race/ethnicity, plan type, physical and mental health, and pre-existing condition status

Demographic grouping		Percentage of beneficiaries
Age	Age 18–24 [^]	28 [^]
	Age 25–34	37
	Age 35–44	40
	Age 45–54	44
	Age 55–64	44
	Age 65 and over	42
Race and ethnicity	Hispanic	42
	Non-Hispanic White*	38*
	Non-Hispanic Black	49
	Non-Hispanic Asian*	32*
	Non-Hispanic multiracial	41
	Other/unknown	43
Plan type	Prime with military PCM	41
	Prime with civilian PCM	37
	Select ⁺	29 ⁺
	Medicare, ages 65 and over	41
Physical health	Excellent/very good/good [#]	37 [#]
	Fair/poor	56
Mental health	Excellent/very good/good [#]	38 [#]
	Fair/poor	48
Pre-existing condition	No pre-existing condition ^{^^}	28 ^{^^}
	One or more pre-existing conditions	47

PCM = primary care manager.

[^] Statistically significant difference from all other age groups, $p < 0.05$.

* Statistically significant difference from non-Hispanic Black beneficiaries, $p < 0.05$.

⁺ Statistically significant difference from all other plan types, $p < 0.05$.

[#] Statistically significant difference from fair/poor health, $p < 0.05$.

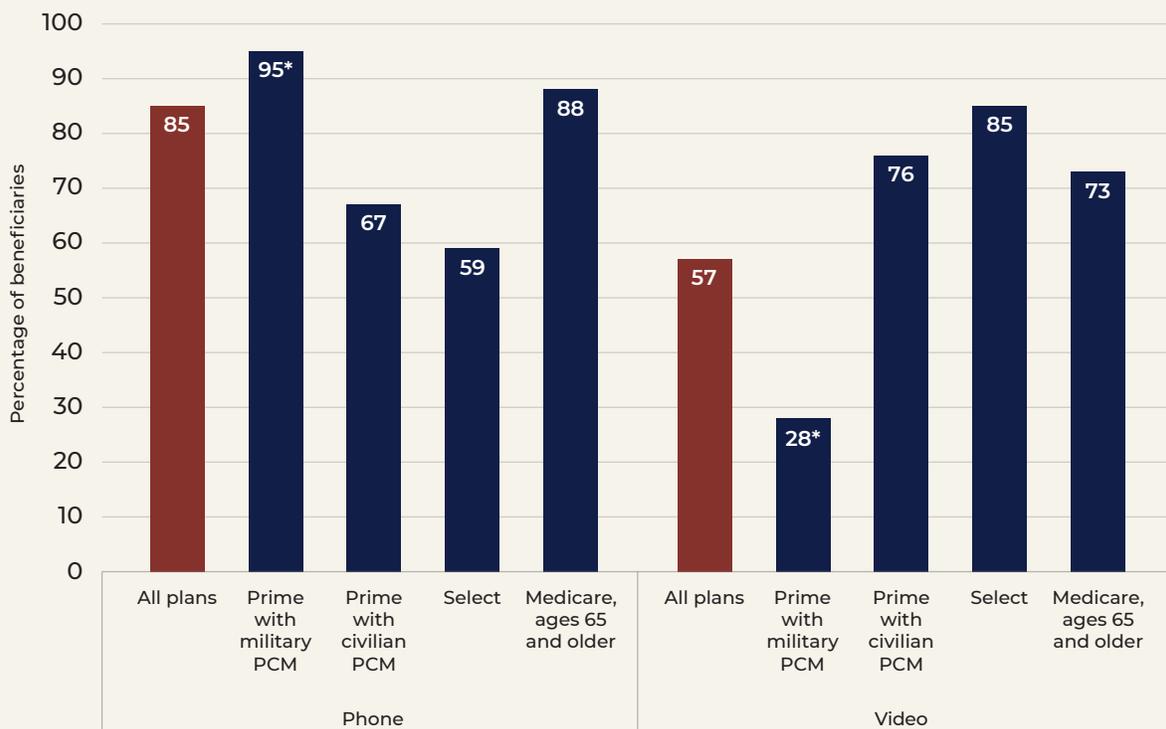
^{^^} Statistically significant difference from one or more pre-existing conditions, $p < 0.05$.

How Did They Access Telehealth, and For Which Types of Appointments?

Overall, more people accessed telehealth by phone (85 percent) than by video conference (57 percent),

but access method differed by health plan. Prime enrollees with a military PCM were more likely to access telehealth by phone (95 percent) and less likely to access telehealth by video (28 percent) compared with beneficiaries in all other plans (Figure 1).

Figure 1. Telehealth delivery method, by health plan

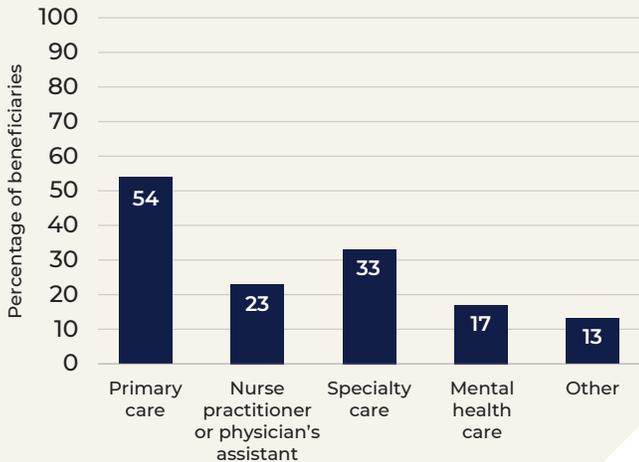


* Statistically significant difference from all other plans, $p < 0.05$.

Over half of beneficiaries used telehealth to meet with their primary care doctor (54 percent). A third of beneficiaries used telehealth to access specialty

care, and less than a quarter saw a nurse practitioner or physician’s assistant, mental health care provider, or other type of provider (Figure 2).

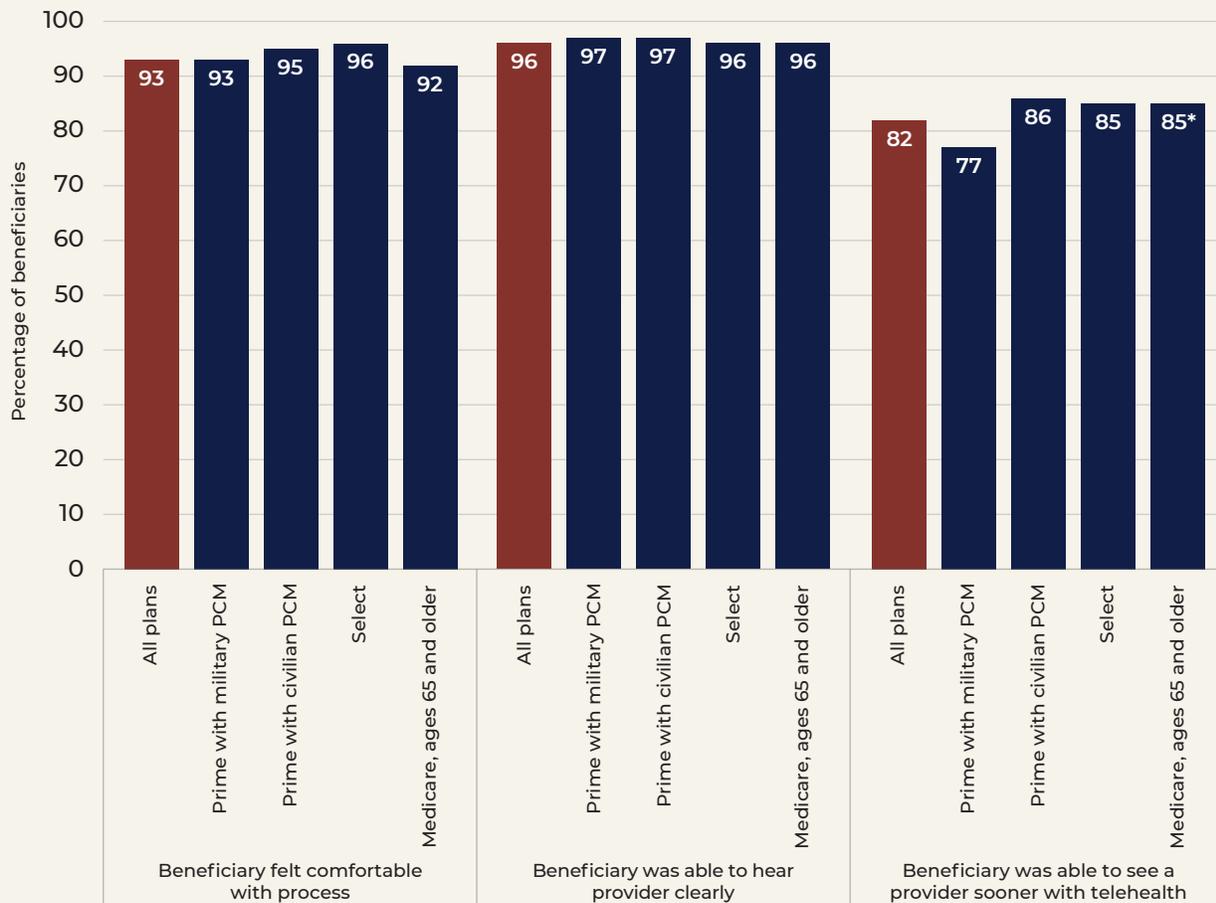
Figure 2. Type of provider beneficiary met with during a telehealth appointment within the last year



How Did Beneficiaries Like Telehealth?

When asked about the delivery of telehealth, most beneficiaries reported positive experiences. Ninety-two percent agreed or strongly agreed that they were comfortable with the telehealth process. Ninety-six percent agreed or strongly agreed that they could hear their provider clearly, and 82 percent agreed or strongly agreed that telehealth enabled them to see a provider sooner (Figure 3). Though we saw little difference by plan type for each of these measures, beneficiaries enrolled in Prime with a military PCM (77 percent) were significantly less likely than those enrolled in Medicare (85 percent) to report that they could see a provider sooner with telehealth than with an in-person visit.

Figure 3. Percentage of beneficiaries who agreed or strongly agreed with statements about experience with the telehealth platform, by health plan

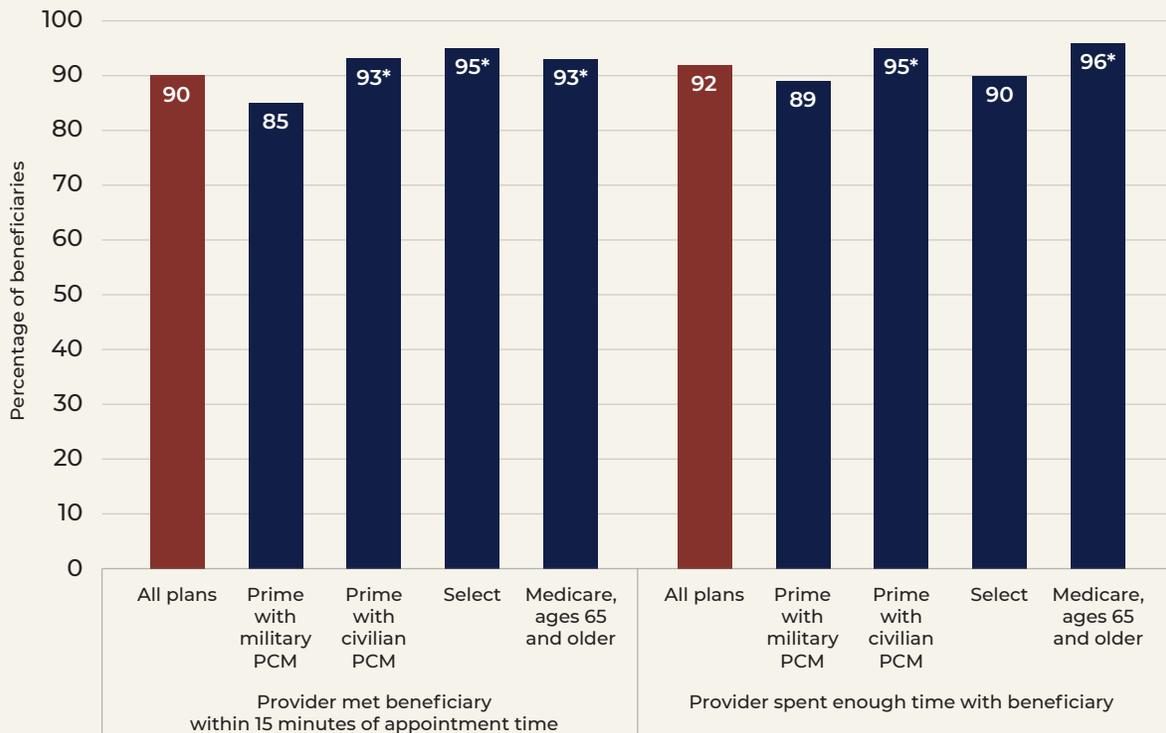


* Significantly different from Prime with a military PCM, $p < 0.05$.

When asked specific questions about their experience during their most recent telehealth appointment, almost all beneficiaries described a positive experience. Telehealth providers were often timely: 90 percent of beneficiaries agreed or strongly agreed that their provider met them within 15 minutes of their appointment time, and 92 percent agreed that their provider spent enough time with them.

However, beneficiaries enrolled in Prime with a military PCM (85 percent) were significantly less likely than other beneficiaries to report that their provider arrived within 15 minutes of the appointment time. Likewise, beneficiaries enrolled in Prime with a military PCM (89 percent) were significantly less likely than beneficiaries enrolled in Medicare (96 percent) and in Prime with a civilian PCM (95 percent) to say that their provider spent enough time with them (Figure 4).

Figure 4. Percentage of beneficiaries who agreed or strongly agreed with statements about timeliness of telehealth provider, by health plan

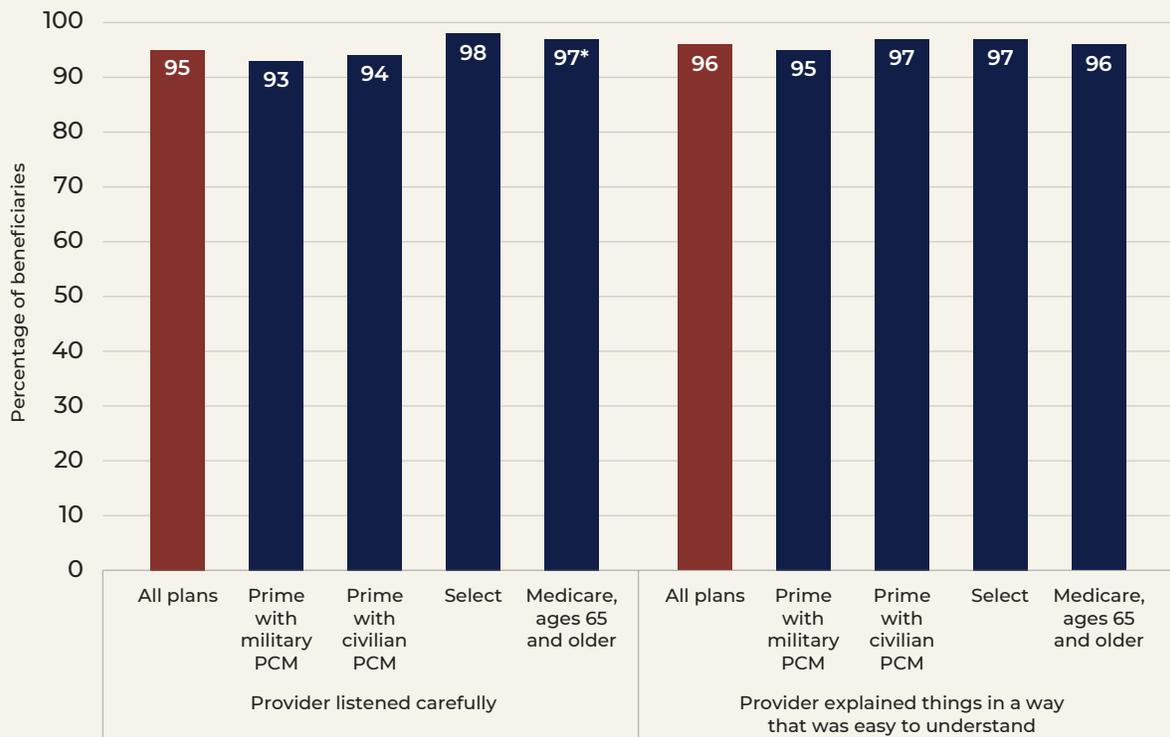


* Significantly different from Prime with a military PCM, $p < 0.05$.

Providers also communicated well; 95 percent of beneficiaries agreed or strongly agreed that their provider listened carefully to them, and 96 percent of beneficiaries agreed or strongly agreed that their provider explained things in a way that was easy to

understand. But beneficiaries enrolled in Prime with a military PCM (93 percent) were significantly less likely than beneficiaries enrolled in Medicare (97 percent) to say that their provider listened carefully (Figure 5).

Figure 5. Percentage of beneficiaries who agreed or strongly agreed with statements about the quality of telehealth provider’s communication, by health plan

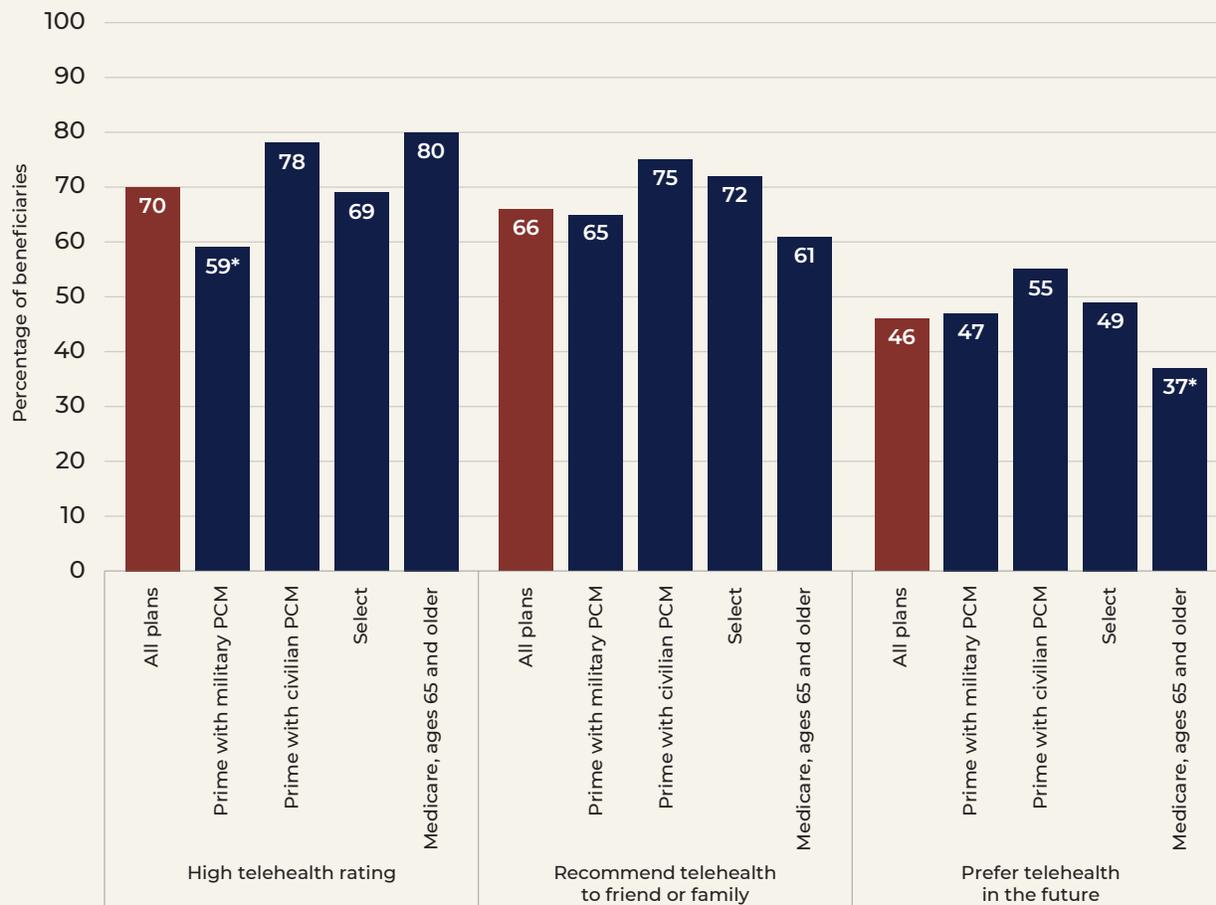


* Significantly different from Prime with a military PCM, $p < 0.05$.

When asked to rate their most recent appointment from 0 to 10, 70 percent of beneficiaries rated it an 8 or above. This is similar to their ratings of their overall health care, which 72 percent rated highly (not shown). When looking at beneficiaries by health plan, those enrolled in Prime with a military PCM (59 percent) were significantly less likely than all other beneficiaries to rate their care highly. On another satisfaction measure, 66 percent of beneficiaries agreed or strongly agreed that they would recommend a telehealth appointment to a friend or family member (Figure 6).

Despite generally positive experiences, less than half of beneficiaries said that in the future, they would rather use telehealth than travel to see their provider (46 percent). For example, 69 percent of Select beneficiaries rated their care highly, but only 49 percent would prefer telehealth over an in-person visit in the future. Beneficiaries with Medicare (37 percent) were significantly less likely than other beneficiaries to prefer telehealth in the future (Figure 6).

Figure 6. Percentage of beneficiaries who rated their care highly, would recommend telehealth, and would prefer telehealth in the future, by health plan

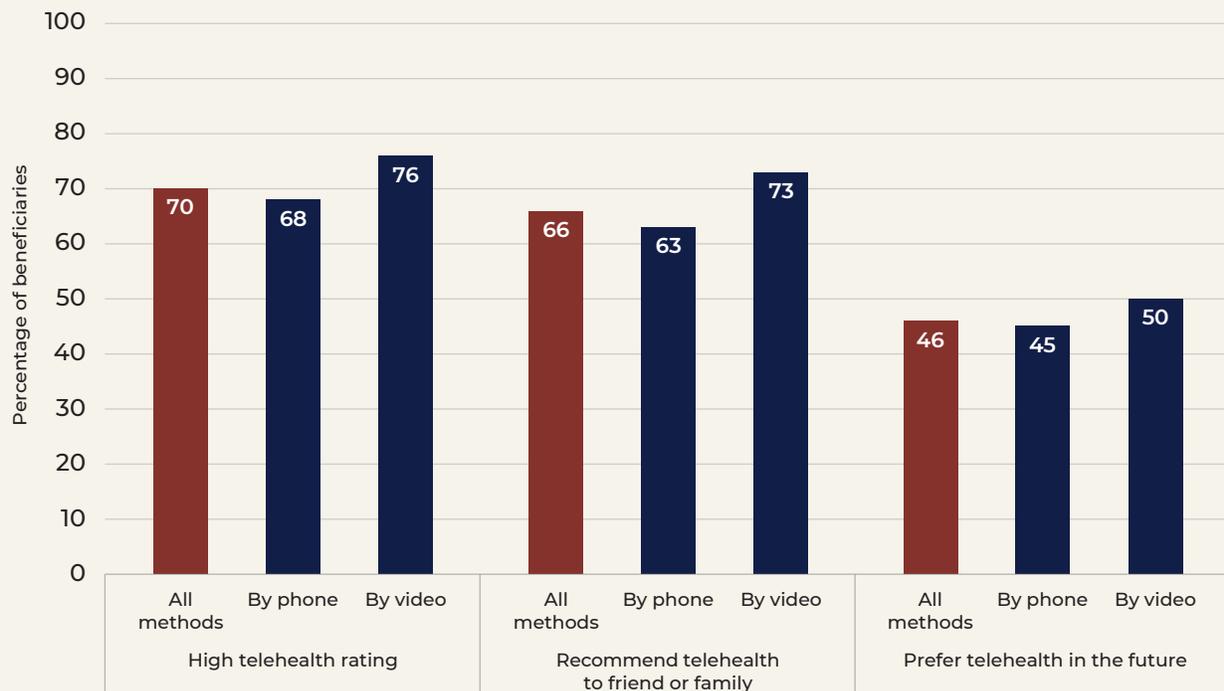


* Statistically significant difference from all other plans, $p < 0.05$.

Some differences in ratings, recommendations, and preferences related to telehealth emerged, depending on the method of telehealth delivery. Although beneficiaries could report both phone and video when describing the delivery of their telehealth visits (so the samples are not mutually exclusive),

a larger percentage of beneficiaries who used video during their telehealth appointment rated their last telehealth appointment highly, would recommend telehealth to a friend or family member, and would prefer telehealth in the future (Figure 7).

Figure 7. Telehealth rating, recommendation, and future preference, by delivery method



Discussion

The need for telehealth has grown dramatically in the last year. MHS beneficiaries primarily used telehealth appointments for their physical health care needs; less than one quarter of beneficiaries used telehealth for mental health appointments. Those who used telehealth for primary, specialty, mental, or other health care in the past year generally had positive experiences; almost all beneficiaries were satisfied with their interactions with their provider during their telehealth appointment, and 70 percent rated their last telehealth appointment highly. Although most beneficiaries would still

prefer in-person visits over telehealth, almost half (46 percent) would prefer to use telehealth for future visits. In particular, over half of Prime enrollees with a civilian PCM would prefer telehealth. Beneficiaries enrolled in Medicare and ages 65 and older were the least likely to prefer telehealth in the future. Furthermore, the delivery method seems to play a role in whether beneficiaries prefer telehealth, with beneficiaries who used video reporting a better experience.

Although telehealth might not be the preferred mode of health care delivery for many beneficiaries, particularly those who are older, it can still provide a convenient appointment option as a helpful

supplement for the many beneficiaries who do prefer telehealth. MHS providers are largely performing well with telehealth delivery; however, improvements could be made. For example, 95 percent of beneficiaries with military PCMs who used telehealth received it by phone, despite our finding that those who used video had a better experience. DHA might therefore want to continue incorporating video capabilities to better serve their beneficiaries.

References

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Source

Q1FY2021 Health Care Survey of Department of Defense Beneficiaries. N = 8,688. The response rate was 8.6 percent. The Q1 survey was fielded from October 9, 2020, to December 8, 2020.

Endnotes

¹ We categorized beneficiaries as having a pre-existing condition if they had ever been told by a doctor that they have or had a heart attack; angina or coronary heart disease; stroke; any kind of diabetes or high blood sugar; high cholesterol; asthma, chronic obstructive pulmonary disease, or emphysema; cancer; osteoporosis; depression or anxiety; or an autoimmune disease (such as lupus, celiac disease, or rheumatoid arthritis).

