

Engaging the Medicaid Population in Telehealth

Insights from a Texas Children's Health Plan
Membership Survey



Contents

WHAT DRIVES TELEHEALTH ADOPTION AMONG MEDICAID MEMBERS?	2
ENROLLMENT AND UTILIZATION	4
MARKETING AND ENGAGEMENT	6
INSIGHTS AND TAKEAWAYS	8

What Drives Telehealth Adoption Among Medicaid Members?

More than 74 million people receive their health coverage from Medicaid, making the state-led program the single largest health insurer in the United States. Due to the program's eligibility requirements, which are primarily income-based but also cover certain disabilities and medical conditions, the population served by Medicaid is characterized by a distinctive patchwork of health, social, and economic need. Not only are Medicaid beneficiaries disproportionately impacted by chronic medical and mental health conditions, but their ability to prioritize their health and access care is often also hindered by day-to-day challenges including housing instability, lack of reliable transportation, and the inability to arrange for childcare or take time away from hourly jobs.¹

Telehealth has been held up as a promising solution for many of these access challenges.² And yet, despite the apparent potential, healthcare providers serving the Medicaid population have generally been slow to adopt telehealth due to a range of policy and logistical constraints, including limited or uncertain reimbursement, technology and implementation costs, and the practical difficulties of engaging medically and socially complex patients in virtual care.³ A perception that Medicaid beneficiaries are less tech-savvy than other consumers

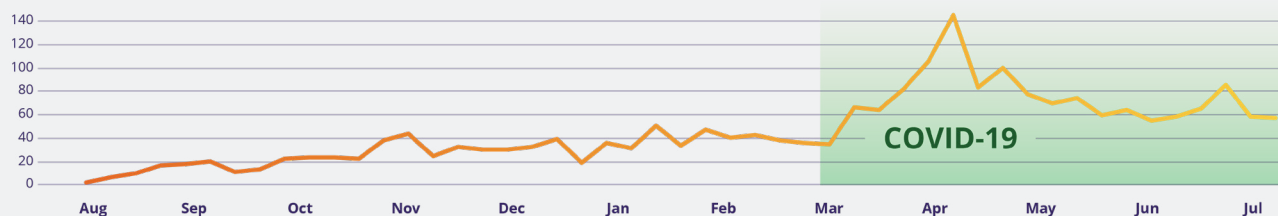
and less likely to have adequate access to broadband or mobile devices has only added to these barriers.⁴

A Medicaid plan's telehealth journey

Texas Children's Health Plan (TCHP), a Houston-based Medicaid plan affiliated with Texas Children's Hospital, first turned to telehealth in an effort to improve access for its membership, which comprises some 500,000 children and pregnant women across Southeast Texas. After discovering that less than 50% of its members had ever seen a provider from Texas Children's Hospital, TCHP partnered with Amwell to launch a 24/7 telehealth service to make it easier for members to access no-cost in-network urgent care.

The app-based service, known as Anywhere Care, launched in August 2019 but was slower to catch on than TCHP had hoped, averaging about 30 enrollments per week over its first seven months. Even during the first wave of COVID-19, when telehealth awareness and adoption hit an all-time high, weekly enrollments spiked above 140 but soon dropped by about 50% — higher than before the pandemic but still “a blip on the radar screen” given the size of the plan's membership, says Laura Laux Higgins, director of strategic projects at Texas Children's Hospital.

Weekly Telehealth Enrollments at Texas Children's Health Plan
(Aug 2019 – Jul 2020)



The enrollment numbers raised some important questions for TCHP. Were members not using telehealth because they didn't see the value in it? Were some members more likely than others to seek out telehealth? Were the barriers traditionally associated with telehealth and Medicaid, like inadequate broadband, driving the lack of engagement?

The Texas Children's Health Plan survey

To answer these questions and gain a better understanding of the barriers to telehealth adoption among their members, TCHP conducted a survey of Anywhere Care enrollees in December 2020. In addition to exploring the reasons for the lower-than-expected enrollment, the survey aimed to uncover insights on the motivations for using telehealth, the member experience with virtual visits, and the relative effectiveness of various marketing and engagement tactics in driving awareness and enrollments. Among the key findings:



Utilization and repeat visits

Members who enrolled in Anywhere Care tended to have at least one visit — and typically more



Positive member experience

Members who had a virtual visit were very satisfied with the experience and likely to recommend it to others



Few technology barriers

Technology barriers (such as internet access) were not a major factor in telehealth use



Online and off-line outreach

Digital marketing and face-to-face interactions were both important enrollment drivers



Telehealth details lost in translation

Spanish speakers were less likely than their English-speaking counterparts to understand the benefits of telehealth

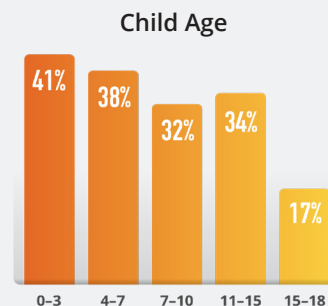
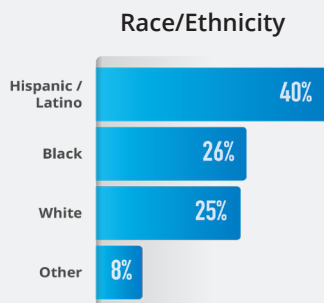
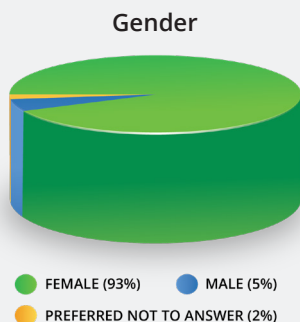
These findings call into question some long-standing assumptions about telehealth and the Medicaid population, underscore the complexity of engaging this population in telehealth, and suggest several best practices relevant to any provider or payer interested in realizing the potential of telehealth among Medicaid beneficiaries.

Sources

- 1 *Medicaid and CHIP Data Book*, Medicaid and CHIP Payment and Access Commission (December 2020).
- 2 "Realizing the potential of telehealth," Deloitte Center for Health Solutions, (2016).
- 3 *Experiences of Medicaid Programs and Health Centers in Implementing Telehealth*, RAND Corporation (2019).
- 4 "How States Are Using Medicaid Managed Care to Advance Telehealth," The Commonwealth Fund (2021)

The Survey Population at a Glance

The survey was sent out to all TCHP health plan members enrolled in Anywhere Care. TCHP worked with Amwell to field the survey, which was conducted by Dynata. The survey received responses from 495 Anywhere Care enrollees, who received a \$10 gift card for their participation. The vast majority of the respondents were women with a child enrolled with TCHP, reflecting the health plan's core membership of mothers and children.



How Are Medicaid Members Using Virtual Care?

After a 24/7 virtual urgent care service was slow to catch on, Texas Children's Health Plan surveyed its members to get to the root of some core questions: Which members are using telehealth, and why? What's preventing others from using the service? Do Medicaid members understand and value telehealth?

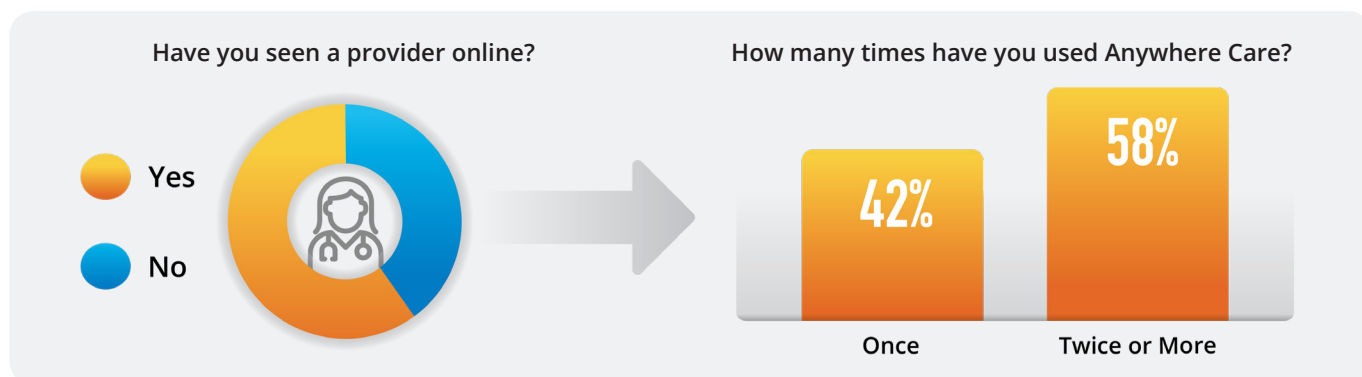
FINDING: *Most members who enrolled in telehealth had at least one visit — and typically more*

TCHP members' motivations for enrolling in Anywhere Care were consistent with other surveys on telehealth adoption. Time savings and convenience, the ability to see a doctor quickly, the ability to see a doctor from the comfort of home, safety concerns during COVID-19, and cost savings associated with travel were all among the top reasons for enrolling.

Once Medicaid members registered for the telehealth service, they were highly likely to use it at least once. Once enrolled, 6 in 10 survey respondents had a virtual visit. Younger members drove a disproportionate

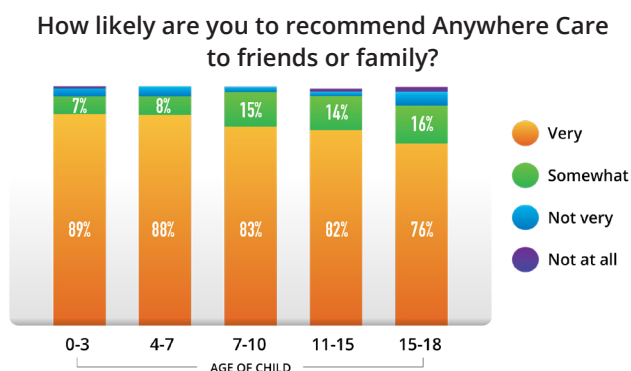
share of this utilization, with more than 70% of registered members ages 18 to 25 having had a video visit.

The survey results also suggest the survey respondents will begin to consider telehealth a first line of defense for urgent care. The majority of Medicaid members who reported using Anywhere Care (58%) had used the service multiple times, and the vast majority of one-time users said that the reason they did not have another visit was simply because they did not have to see a doctor again (73%).



FINDING: *Members who had a virtual visit were very satisfied with the experience*

As the number of repeat visitors would suggest, the vast majority of TCHP members who did have an Anywhere Care visit rated the experience very highly. Overall, 95% said the experience was positive. As expected, the main driver of satisfaction was convenience, noted by 90% of the respondents who'd had a visit. Half of the respondents also mentioned the simplicity of the experience. "Saw doctor within minutes" and "I didn't have to go into a medical facility" were among the most



frequently cited reasons for having a positive experience.

Members who have tried Anywhere Care are overwhelmingly willing to use the service again, and they would also recommend it to others. Overall, 84% of the TCHP members who used Anywhere Care would recommend it to friends and family, showing the po-

tential impact of word of mouth in fueling telehealth adoption. People with younger children were especially likely to steer others to the service. Virtually all of the respondents with children under age 8 (96%) indicated they were “very” or “somewhat” likely to recommend Anywhere Care.

FINDING: *Technology barriers were not a major factor in telehealth usage*

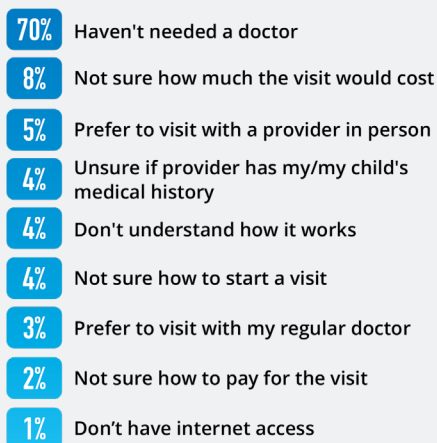
For the Anywhere Care enrollees who had not yet had a visit, their decision not to use the service was not due to a lack of interest or to skepticism or concerns about virtual care. Though a small share of the respondents expressed uncertainty about the cost of a visit (8%) and said they preferred to see a provider in person (5%), the most common reason by far that enrolled members had not used Anywhere Care is simply that they had not yet needed to see a doctor (70%).

Of the 40% of enrolled members who had not yet had a visit, fully 98% indicated they were still willing to use telehealth. Echoing the most commonly cited reasons for enrollment, the situations they said would motivate them to try Anywhere Care include needing to see a provider quickly (72%), needing a weekend or evening appointment (58%), and not being able to leave home

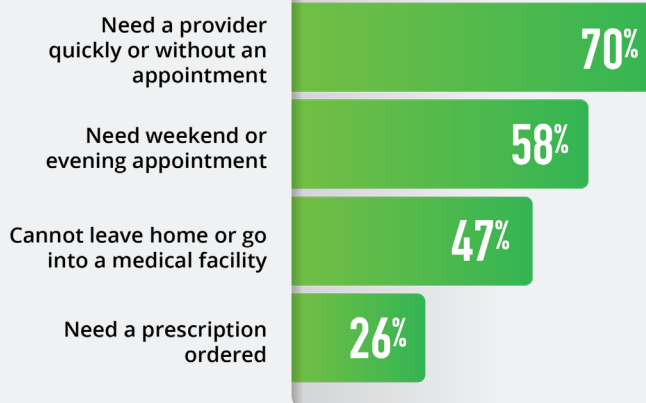
or go into a medical facility (47%).

Notably, the technology barriers that are traditionally associated with the Medicaid population were a non-factor for most respondents. A small fraction said they did not understand how telehealth works (4%), weren't sure how to start a visit (4%), or did not have Internet access (1%). It's important to note that the survey respondents — who signed up for Anywhere Care, received the survey via email, and completed it online — are likely to be more tech-savvy than the TCHP membership overall. Still, the very small number who cited technology gaps or reservations about telehealth suggests that the readiness for telehealth among the Medicaid population may be greater than is commonly believed.

Why haven't you had an online visit?



Which of the following situations might make you try an online visit?



Engaging Medicaid Members in Telehealth: What Works?

Once members enrolled in telehealth, they were likely to use it — and to continue using it. Persuading members to enroll and have their first visit is the hard part. What are the best ways to educate Medicaid members about the availability and benefits of telehealth? What obstacles stand in the way of that first visit?

FINDING: *Digital marketing and face-to-face interactions were both key enrollment drivers*

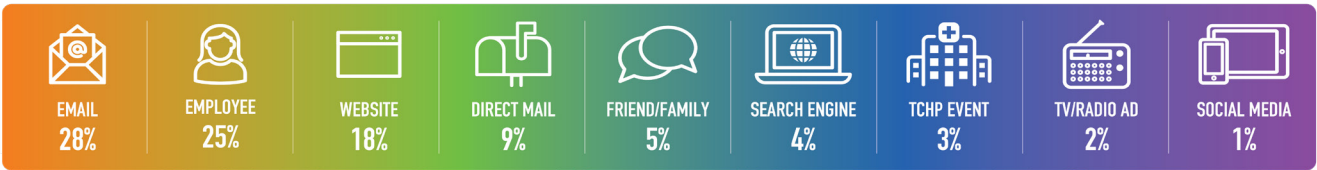
Just over half of all Anywhere Care enrollees first learned about the service from digital sources including email (28%), the TCHP website (18%), and search engines such as Google (4%). The effectiveness of email — the top enrollment driver overall — is especially notable. Since Texas residents are not required to provide an email address when applying for Medicaid coverage, TCHP has email addresses for only about 25% of its membership. The fact that email campaigns targeting 1 in 4 members drove more enrollments than the TCHP website, which features Anywhere Care prominently and is accessible to anyone, suggests the importance of proactive outreach and the importance of email communication overall in driving telehealth adoption among Medicaid members.

Digital channels also proved essential for ongoing engagement following enrollment. Survey respondents expressed a strong preference for receiving updates and reminders via email (83%), text message (25%), and

app notifications (18%). And these tactics seemed to be getting through, as 77% of survey respondents reported receiving a message about Anywhere Care through their phone or email after signing up.

Off-line interactions played a critical role, too. Face-to-face conversations with TCHP employees (25%) were nearly as effective as email in driving enrollments. TCHP took a systematic approach to these in-person referrals, embedding Anywhere Care communications in the member journey and instructing its staff to educate members about telehealth and encourage them to enroll whenever they received in-person care at a clinic or TCHP’s Center for Children and Women. By contrast, referrals from friends and family (5%) drove surprisingly few enrollments in light of the high proportion of Anywhere Care users who would recommend the service, suggesting the untapped potential of word of mouth and referral campaigns.

How did you first learn about Anywhere Care?



FINDING: *Language was a significant barrier to awareness, enrollment, and adoption*

With more than 50% of its members identifying as Hispanic, TCHP knew it was essential that the Anywhere Care outreach and user experience be accessible to both English and Spanish speakers. Every step of the Anywhere Care enrollment process is available in either language, as is every piece of communication, including

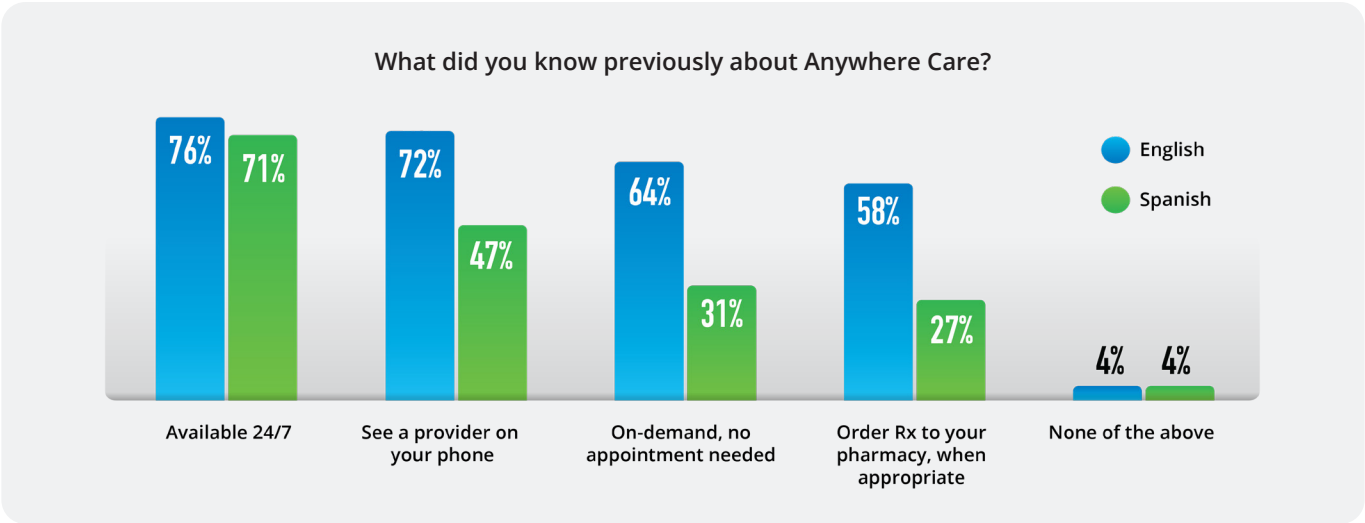
email marketing and app notifications. The survey was also available in both English and Spanish. However, just 9% of the respondents — and just 22% of the respondents who identified as Hispanic/Latino — opted to take the survey in Spanish.

Despite TCHP’s efforts to ensure that the enrollment

process is fully bilingual, the survey respondents' enrollment experience differed by language. Just 64% of Spanish speakers said the Anywhere Care enrollment process was "very easy," compared to 76% of English-speaking respondents.

Just as important, the survey revealed discrepancies in the awareness and understanding of Anywhere Care among English speakers and Spanish speakers. While nearly as many Spanish speakers (71%) as English

speakers (75%) understood that Anywhere Care was available 24/7, the survey revealed a gap of 25 to 30 percentage points between English and Spanish speakers in their awareness of other benefits, including the ability to have a visit via smartphone, the availability of on-demand visits (i.e., no appointment needed), and the ability to have a prescription sent to a local pharmacy when appropriate.





Insights and Takeaways

The survey findings on enrollment, utilization, marketing, and engagement provided Texas Children's Health Plan with a fuller picture of their membership's perception and experience of Anywhere Care. Taken together, the findings also point to several key insights and takeaways for engaging the Medicaid population in telehealth in general:

Medicaid members see value in telehealth

The survey results suggest that low-income families see value in the convenience and accessibility of telehealth and are just as willing and able as other consumers to embrace digital technology.

Getting to the first visit is critical

Most people who had a visit not only had a positive experience but were also primed for repeat visits and to recommend it to others, underscoring the importance of the first visit in shaping perception and adoption.

Broad, multichannel outreach is essential

Marketing telehealth services for Medicaid can't rely on a single channel or medium. Telehealth outreach should be embedded in digital marketing as well as in-person care and other off-line interactions.

Telehealth engagement is not one-size-fits-all

Successful telehealth engagement must speak to the specific needs and challenges of the target population — whether that be language barriers (as in TCHP's case) or other local barriers to access and adoption.

Turning insights into best practices

For their part, the TCHP team is already using the insights from the survey to refine its Anywhere Care service and outreach. Armed with a better understanding of what their members want from telehealth, TCHP plans to expand on what's working well, such as email campaigns and referrals during in-person visits. At the same time, the plan is refining its messaging to ensure that it is communicating the benefits of telehealth that are most aligned with their members' priorities and preferences, including the availability of on-demand urgent care visits.

"This is a population that is under so much time and financial stress. To give them the opportunity to seek care on their terms and make it convenient to them and their families — that's way too precious to walk away from, and that's what this survey reinforced to us."

Dr. Robert Ball
TEXAS CHILDREN'S HOSPITAL

The apparent gaps in the awareness and understanding of telehealth among English and Spanish speakers is an area of focus for TCHP. Bilingual enrollment will continue, but TCHP is also planning to optimize its approach by providing Spanish-first outreach for some members (e.g., sending emails in Spanish with an option to switch to English, rather than vice versa) and by ensuring that value

propositions aren't lost in translation. "We know '24/7' means the same thing in English and Spanish, but that isn't the same for 'See a provider online,'" says Higgins, the director of strategic projects at Texas Children's Hospital. "That's something we need to go back and revisit."

While the survey provided TCHP with valuable tactical insights, perhaps the biggest takeaway is that virtual care

is a benefit that its Medicaid members need, want, and will take to quickly once they experience it. "This is a population that is under so much time and financial stress," says Dr. Robert Ball, medical director of eHealth at Texas Children's Hospital. "To give them the opportunity to seek care on their terms and make it convenient for them and their families — that's way too precious to walk away from, and that's what this survey reinforced to us."

