

**Submission Id:** 4307

**Title**

*The Association of State Telehealth Payment Parity Policy with Telehealth Use, Attitudes, and Practice Health*

**Priority 1 (Research Category)**

Survey research or cross-sectional study

**Presenters**

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**Abstract**

Context: Although telehealth visits surged in the aftermath of the COVID-19 pandemic, challenges remain with its implementation and utilization. One such difficulty is the lack of uniformity regarding physician telehealth visit reimbursement, as some states require parity with in-person visits while others do not. Additionally, prior research on telehealth payment parity policy is limited, and definitions for payment parity are often vague. Objective: To investigate the correlation between state-level telehealth payment parity policy (specifically regarding primary care physicians) and telehealth use, attitudes, and overall practice health. Study design and Analysis: Quantitative analysis via linear probability models on data from two selected national cross-sectional surveys fielded using a mixed methods exploratory sequential design, first weekly, then monthly, during the pandemic. Setting: US primary care clinicians practicing in primary care settings. Dataset: 2,300 surveys collected in January 2021 and August 2021. Population studied: clinicians practicing in US primary care settings. Instrument: a brief survey, taking 3-5 minutes to complete, completed anonymously using a web-based platform. Results: No statistically significant association was found between telehealth payment parity status by state and physician telehealth use. However, physicians practicing in states with telehealth payment parity policies implemented before the pandemic were less likely to report that the impact on their practice from COVID-19 was severe. Additionally, physicians practicing in states that implemented telehealth payment parity policy after March 2020 were more likely to respond that they don't worry about the overuse of telehealth weakening primary care compared to physicians in states without telehealth payment parity. Conclusions: Overall, coefficients relating telehealth use metrics and overall practice health with payment parity status by state were weak, although a small handful showed statistically significant results. Even though there is evidence payment parity policy is beneficial, more research is needed to understand the full effect of the legislation.