



# CARES Act Telehealth Expansion: Trends in Timely Follow-up Visits After HRRP Hospitalization and Association with 30-Day Readmissions

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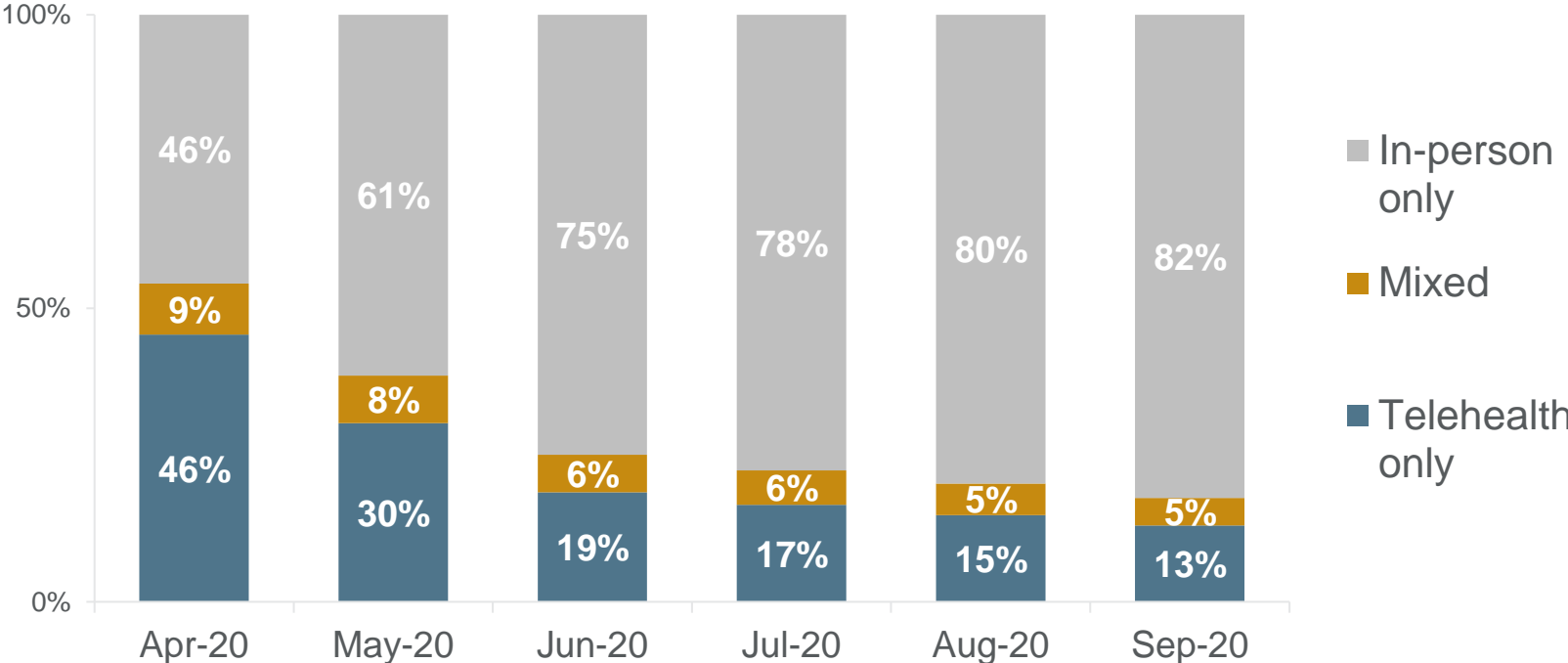
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# Over half of timely follow-up visits after hospital discharge for HRRP health conditions utilized telehealth in April 2020

*CARES Act (Coronavirus Aid, Relief, and Economic Security Act) telehealth expansion authorized in March 2020*

Modality Of Timely Follow-Up Visit After Hospitalization for Hospital Readmissions Reduction Program (HRRP) Conditions\* Among Medicare Fee-For-Service Hospitalizations, Apr—Sep 2020



- In 2019, <1% of follow-up visits utilized telehealth
- Use of telehealth follow-up decreased over the summer
- Study period ended in Sep 2020... next steps: did use of telehealth increase during the winter?

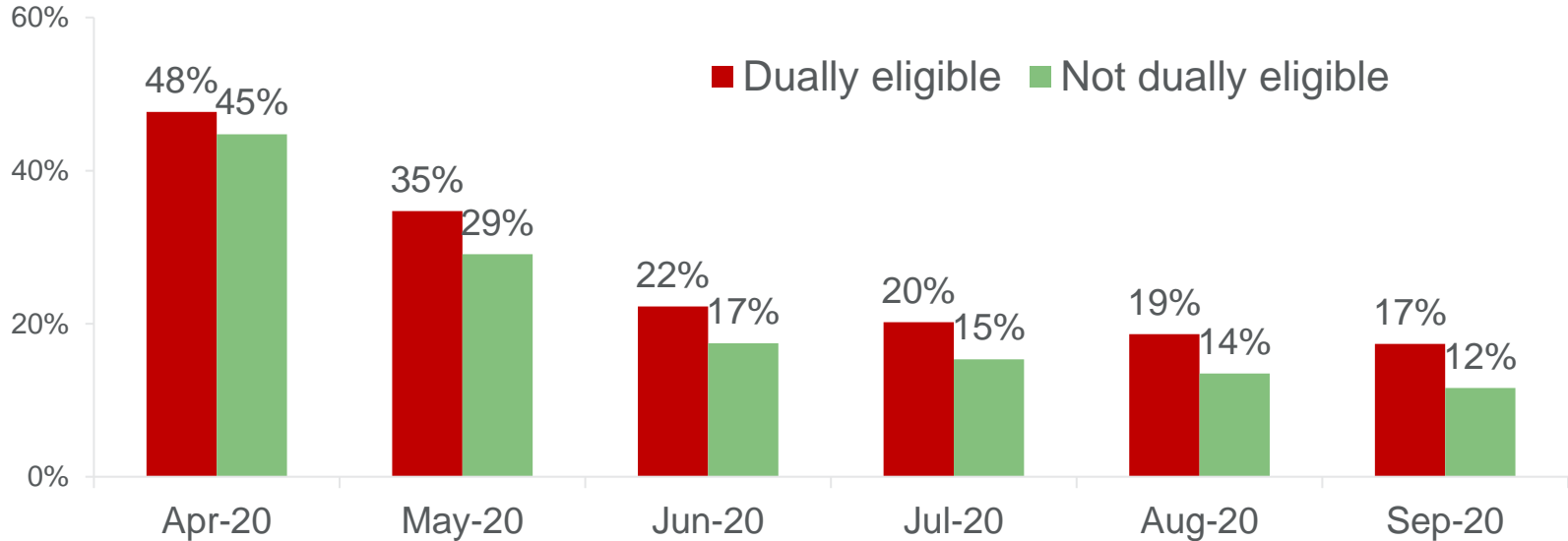
\*HRRP conditions include heart failure, pneumonia, acute myocardial infarction, and COPD

# Historically underserved groups used telehealth more than others

Telehealth more common among beneficiaries:

- <65 or age 85+
- Black, Hispanic, or Asian/Pacific Islander
- Dually eligible for Medicare and Medicaid
- Metropolitan
- Highest level of social deprivation

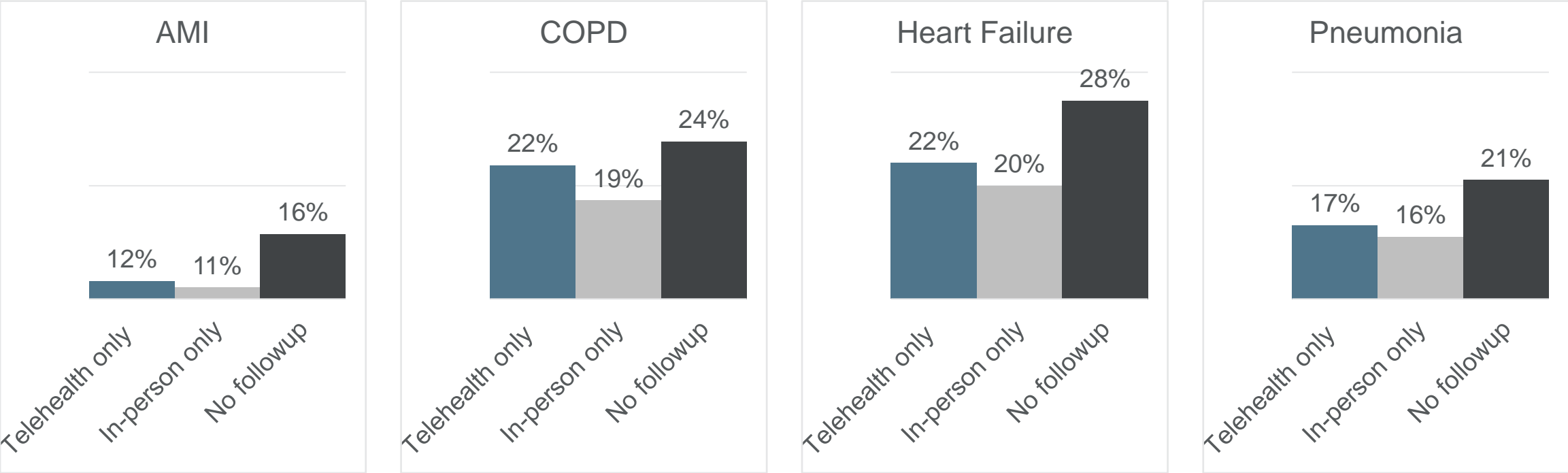
Percent of Follow-Up Visits that Were Telehealth-Only After Hospitalization for HRRP Condition, by Dual Eligibility Status, Apr—Sep 2020



- E.g., In Sep 2020, 17% of follow-up visits among dually eligible were telehealth vs. 12% among non-dually eligible
- Uptake may suggest an opportunity for targeted interventions that promote telehealth-based follow-up among underserved populations

# Telehealth associated with higher readmissions than in-person follow-up, but lower than no-follow-up

Unadjusted 30-Day Readmission Rate by Follow-Up Among Medicare FFS Hospitalizations, Apr—Sep 2020



- Telehealth follow-up may be an important strategy for reducing barriers to care among HRRP patients who would otherwise not pursue timely follow-up