

# Illinois Telehealth Impact: Prioritizing Healthcare Equity, Access & Quality

Healthcare professionals, advocates support continued access  
to quality, affordable virtual care

**Support House Bill 3498 (Rep. Deb Conroy, Sen. Mattie Hunter) to ensure state-regulated private health plans and Illinois Medicaid maintain access to medical and behavioral telehealth services mobilized during the COVID-19 pandemic.**

- According to the [World Health Organization](#), people with severe behavioral health conditions die on average 10 to 25 years earlier than the general population.
- The vast majority of these deaths are due to chronic physical conditions and, as the pandemic [has demonstrated](#), a disproportionately high percentage of these deaths are among Black, Latinx and people of color.
- The majority of these deaths are preventable with more attentive checks for physical illness, many of which can be safely provided through telehealth.

**Telehealth coverage must not be limited to a segment of services or available only to the select few who can afford to pay for the full cost of these services.**

## Healthcare Equity & Access

Telehealth creates greater access to healthcare professionals who share a patient's racial, ethnic, or linguistic background or who specialize in delivering care that is sensitive and empathetic to particular cultural and lived experiences. By increasing the number of providers who patients have access to, telehealth can help patients find a healthcare professional who best fits their needs.

In a survey of Illinois family physicians, approximately 69% of respondents identified telehealth services as helpful specifically for their patients who are residents of underserved areas. In order to actually expand access to care for patients from underserved areas, more than half (51%) of a broader survey of Illinois physicians similarly identified telehealth as an important tool, putting in place flexible care delivery methods as a critical element for patient access.

Providers have used telehealth to expand existing services to new patients in regions across Illinois during the COVID-19 pandemic, who may not have had timely access to these services otherwise. Representing hospitals from every part of the state, more than 94% of respondents to a recent survey (137 hospitals) have already expanded access to new patients

**“I see Cardiology, Psychiatry, Neurology, Pain Management, along with Physical and Occupational Therapy. I like that it’s really easy and accessible because when I have to go to the hospital sometimes it’s really exhausting for my physical needs.”**

— Patient, 16, Chicago

or plan to in the immediate future. Similarly, over 74% of hospital respondents have expanded to new regions outside the provider's primary service area or plan to in the immediate future.

Telehealth also reduces barriers that exacerbate healthcare disparities, such as lost income due to missed work, transportation, and the stigma of seeking help, while decreasing missed appointments and patient wait times. In recent surveys, more than 71% of Illinois hospital respondents and 78% of community-based behavioral healthcare respondents reported that telehealth has helped drive a reduction in the rates at which patients missed appointments. Surveys of Illinois physicians, community health centers, and specialized mental health and substance use disorder treatment providers have also revealed similar dramatic reductions in missed appointments. By implementing telehealth appointments for its patients, Howard Brown Health (HBH) in Chicago has seen a [notable rise](#) in hormone therapy initiation and reduced the burden for established pre-exposure prophylaxis (PrEP) patients who need regular laboratory visits. "It was my first time ever drawing my own blood with a finger prick needle," noted a 29-year-old patient of the agency. "I felt very powerful in that moment, like 'Oh, I can do this myself!'"

In the final quarter of calendar year 2020, missed appointments for Southern Illinois University School of Medicine (SIU SOM) visits were reduced by more than half due to telehealth, from 16% for all SIU SOM visits to 7% for telehealth visits. Approximately 59% of Illinois hospital respondents and 48% of community behavioral healthcare professionals observed moderately or substantially shorter wait times for telehealth when compared to in-person visits.

Due to the patient population of Heartland Alliance Health having limited access to technology or data plans and limited digital literacy, 95% of telehealth encounters have been via telephone during the pandemic. The addition of telephone coverage at payment parity with in-person services was cited by over 70% of Illinois psychologist respondents in a survey to improve access to mental health services during the pandemic. The Governor's [Connect Illinois](#) initiative, which his administration prioritized and invested in well before the pandemic, is also directing \$420 million toward strengthening and expanding high-speed broadband in underserved areas, recognizing that access to broadband is also a critical infrastructure component to improve the health and lives of Illinoisans.

**“So comfortable doing this in your own home or apartment... Just think you can avoid the cold in winter. Being 79 I don't have to risk falling in the snow or ice [and] breaking my hip due to my arthritis.”**

— Patient, Illinois

Pre-pandemic, telehealth represented 5% of care delivered by Illinois community health centers, and grew as high as 60% of care delivered between March 9 and June 26, 2020. From late June through late September 2020, telehealth continued to play an important role in these health centers, with telephone and video visits representing 39% of overall visits. More than 95% of Illinois hospital respondents expanded telehealth video visits to additional outpatient service lines during the Governor's stay-at-home order. Approximately 72% of respondents expanded telehealth video visits to 10 or more additional service lines, while 59% expanded telehealth use to 15 or more service lines. Under current Illinois coverage and payment requirements (during the pandemic), healthcare professionals are able to work together so rural or underserved patients without telehealth access may use a local health center for primary and more complex specialty visits all at the same

time. The local health center can help facilitate patient visits with specialty healthcare professionals so patients can avoid traveling long distances, creating instant access to personalized, high quality care.

## Healthcare Quality

In 2020, the federal Agency for Healthcare Research and Quality (AHRQ) released an [issue brief](#) providing a systematic review of studies on telehealth and patient safety. The agency confirmed that **telehealth improves health outcomes, utilization and cost of care** for a host of chronic diseases. Additional findings include:

- **The evidence base for telehealth is strong**, especially for the remote management of chronic health conditions;
- Specialty telehealth consultations likely reduce patient time in the emergency department;
- Remote consultations for outpatient care are likely to improve access and clinical outcomes; and,
- For non-urgent complaints in primary care settings, diagnostic accuracy and the likelihood of diagnostic error are comparable in tele-diagnosis vs. face-to-face encounters.

The Taskforce on Telehealth Policy, convened by the National Committee for Quality Assurance, Alliance for Connected Care, and American Telemedicine Association, found that total healthcare utilization **remained steady** during telehealth's expansion in 2020, and did not substantiate concerns about supply-induced demand. Most notably, the taskforce found preliminarily that broadened access to telehealth services did not lead to duplicative care. Their analysis showed that net utilization remained the same.

The vast majority (91%) of seniors enrolled in Medicare Advantage plans in 2020 [reported a favorable experience](#) with telehealth, according to a study funded by the health plans themselves, offering critical insight to the rapid acceptance of technology by a vulnerable and increasing segment of the population. According to a survey of Illinois physician assistants, 89% of healthcare professionals agreed or strongly agreed that patients are satisfied with the level of care provided via telehealth. In telephone interviews with 2,295 SIU SOM telehealth patients, more than 70% shared that they would like to continue seeing their healthcare professional via telehealth after the pandemic.

## Quantifying the Importance of Payment Parity

Without legislative action from the Illinois General Assembly, providers will not have the certainty they need to continue to invest in and utilize new care delivery tools, and Illinois residents will abruptly lose access to the telehealth services they have relied on during the pandemic.

Payment parity is the linchpin to removing existing barriers to patient access and provider adoption, and it will pave the way for the widespread implementation of telehealth. After all, healthcare professionals are delivering

**“Children are often more comfortable in their own homes, enabling a more accurate and often expeditious assessment of their developmental and neurologic status... the ability to conduct some of these visits without the need to miss school - allowing the parent to join without missing work - will be incredibly valuable.”**

— Dana Schinasi, MD

the same service they would deliver in-person. Due to high patient demand for flexible service delivery, continuous hardware, software and human resources costs also contribute to the need for telehealth payment parity with in-person services.

These investments in telehealth and current payment parity allow providers to continually innovate, as demonstrated by the overall improvement in patient outcomes, utilization and cost of care highlighted by AHRQ. Emphasizing telehealth's innovative impact on emergency and acute care, the federal agency focused on 21 studies which evaluated remote intensive care units (ICU) and **consistently reported lower, statistically significant inpatient and ICU mortality rates** and small, non-significant reductions in length of stay. One study specifically addressed adverse events, reporting lower rates of complications with remote ICUs than in-person care. However, these innovations will only be possible with continued access and payment parity.

Five out of nine respondents in a survey of Illinois assisted living providers, which give seniors and persons with physical disabilities an affordable, quality alternative to nursing home care, identified the cost of human resources as a barrier, while reimbursement challenges were also identified as a barrier. Eighty percent of Illinois physician respondents in a recent survey prioritized service reimbursement at the same rate as in-person services as important in order to offer telehealth services in the future.

To ensure that accessible, safe and reliable telehealth that improves patient outcomes continues to be provided after the pandemic, we need the General Assembly to pass House Bill 3498 for both coverage and payment parity with in-person medical and behavioral health services.

**For more information about House Bill 3498, go to the Coalition to Protect Telehealth's website: <https://protectillinoisitelehealth.org>**