

Telemedicine use increases among rural Medicare beneficiaries

May 10 2016

The use of telemedicine is increasing rapidly.

By examining Medicare claims data, Harvard Medical School researchers found that the number of [telemedicine](#) visits provided to Medicare beneficiaries increased by 28 percent per year from 2004 to 2013 with 107,000 visits provided in 2013. This is in one of the first studies to measure how often telemedicine is being used. The results are published in *JAMA*.

Telemedicine has the potential to increase access and improve [health care quality](#), especially for patients with limited access to care. To encourage greater use of telemedicine, more than half of U.S. states have passed parity laws mandating that telemedicine visits be reimbursed at the same rate as an in-person visit.

However, Medicare has taken a more conservative approach and currently limits payment for telemedicine care to patients living in rural areas who receive a live-video visit at a clinic or other facility. Despite these restrictions, telemedicine use within the Medicare program is growing.

Over 40,000 rural Medicare beneficiaries received one telemedicine visit in 2013, and those patients had a mean of 2.6 visits each.

Disabled beneficiaries with mental illness, who were relatively sicker and poorer than the average Medicare user, were the most likely to have

received telemedicine services; the vast majority of those visits were for [mental health conditions](#).

"Within the Medicare program, telemedicine is being provided to a particularly disadvantaged population," said Ateev Mehrotra, HMS associate professor of health care policy and lead author of the study.

Even with the sharp increase in visits, less than 1 percent of total rural Medicare beneficiaries received a telemedicine visit in 2013.

There are many potential barriers to telemedicine, including state licensing laws, the authors said. Thus, the study results can help inform proposed federal legislation that seeks to expand which Medicare beneficiaries are eligible for telemedicine or make it easier for physicians in one state to take care of a patient in another state.

More information: *JAMA*, doi:10.1001/jama.2016.2186

Provided by Harvard Medical School

Citation: Telemedicine use increases among rural Medicare beneficiaries (2016, May 10) retrieved 5 May 2024 from

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