



Bipartisan Policy Center

Medicare Beneficiaries' Use of Audio-Only Health Care Services

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Prior to the pandemic, federal law required health care providers to deliver telehealth services to Medicare beneficiaries via two-way video. However, given the challenges many seniors face accessing video, the administration waived the requirement during the federal COVID-19 public health emergency and Medicare began paying most providers the same for two-way video, audio-only care, and in-person visits. Now, Medicare, all major commercial payers, and Medicaid programs in 34 states plus DC reimburse at least some audio-only care permanently.

In an analysis of traditional Medicare beneficiaries, the Bipartisan Policy Center took an in-depth look at the use of audio-only telehealth services before and during the COVID-19 pandemic. We found:

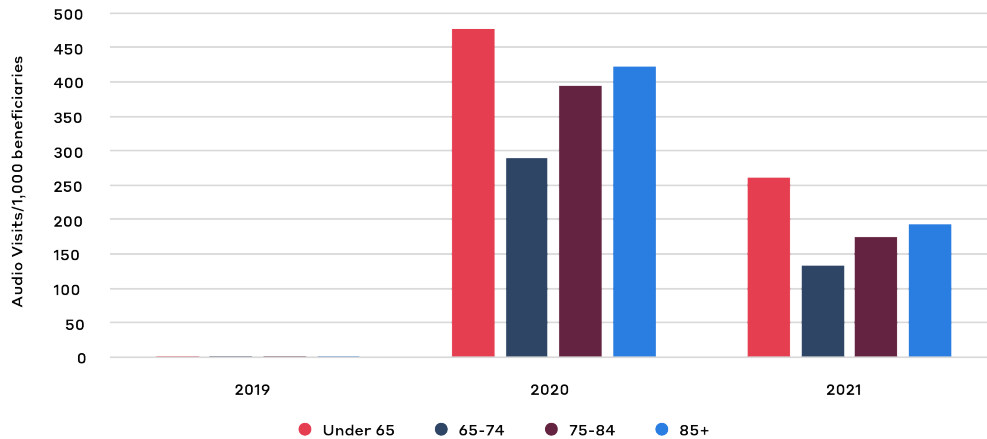
Audio-only telehealth use remained high among Medicare beneficiaries well after the peak of the pandemic. By the end of 2021, almost one out of every five telehealth visits continued to be delivered to Medicare beneficiaries by phone. Nearly 10% of beneficiaries had at least one audio-only visit the same year. A separate analysis by the Office of the Inspector General for the Department of Health and Human Services found that 93% of Medicare beneficiaries who used audio-only services in the first year of the pandemic did so exclusively instead of two-way video. Importantly, given the challenges in accurately coding audio-only services, these figures are likely an underestimate of how much audio-only care is being delivered.

Table 1: Telehealth Use by Medicare Beneficiaries, 2019-Q3 2021

	2019	2020	2021
Study Population	30,339,433	29,550,125	28,212,465
Telehealth Users	205,914	12,988,415	7,931,506
Audio-only Telehealth Users as a Percent of Telehealth Users	0.1%	19.1%	9.8%
Audio Visits as a Percent of Telehealth Visits	5.84%	23.54%	18.79%

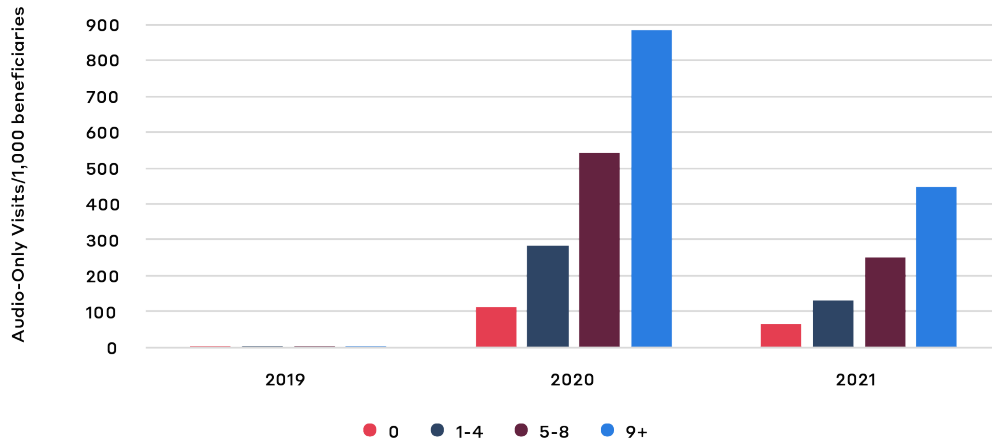
Older, disabled Medicare beneficiaries were more likely to rely on audio-only services. Beneficiaries over 75 and those under 65 (who are eligible for Medicare due to a disability) were more likely to rely on audio-only services throughout the pandemic.

Figure 1: Audio-only Telehealth Use by Age Category, 2019-Q3 2021



Beneficiaries with multiple chronic conditions were also more likely to rely on audio-only services. Those with five or more chronic conditions, when compared to those with fewer comorbidities, were disproportionately overrepresented among audio-only users.

Figure 2: Audio-only Telehealth Use by Number of Chronic Conditions, 2019-Q3 2021



Audio-only made up a larger share of primary care and behavioral health services compared to other specialties. In 2021, Medicare beneficiaries were three times as likely to rely on audio-only services for primary care and behavioral health needs than for other specialty care. By total volume, most audio-only services delivered in 2021 were for primary care.

Table 2: Telehealth use by Service Type and Modality, Q1-3 2021

	Primary Care	Behavioral Health	Other Specialty
Visits per 1,000 Beneficiaries			
All	1,415.2	180.8	2,798.0
Telehealth All	115.9	80.1	102.3
Telehealth Two-way Video	84.1	76.2	81.9
Telehealth Audio-only	31.8	3.9	20.4
Distribution of Visits by Delivery Mode			
All	100.0%	100.0%	100.0%
In-Person	91.7%	55.7%	96.3%
Telehealth Two-way Video	6.0%	42.2%	3.0%
Telehealth Audio-only	2.3%	2.1%	0.7%

American Indians and Alaska Natives used audio-only services at twice the rate of other Medicare beneficiaries. Segmenting by race and ethnicity, we found that at least 40% of the telehealth services received by Medicare beneficiaries who identify as American Indian or Alaska Native were provided by phone.

Table 3: Telehealth Use by Race/Ethnicity, Q1-3 2021

Race/Ethnicity	Telehealth Visits per 1,000 Beneficiaries	Share of Telehealth Visits Across Races	Share of Telehealth Visits Within Race	Audio-only Telehealth Visits per 1,000 Beneficiaries	Share of Audio-only Visits Across Races	Share of Audio-only (of Total Telehealth Visits) Within Race
All	895	100%	6.79%	168	100%	18.8%
American Indian/Alaska Native	974	0.5%	7.01%	390	1.19%	40.0%
Asian/Pacific Islander	1,001	3.22%	9.31%	194	3.32%	19.4%
Black/African American	994	8.49%	7.07%	198	8.98%	19.9%
Hispanic	1,092	6.86%	8.89%	206	6.88%	18.8%
Non-Hispanic White	865	77.6%	6.51%	161	76.9%	18.6%
Other	959	0.88%	7.98%	185	0.90%	19.2%
Unknown	948	2.37%	8.18%	137	1.82%	14.5%

The further a person lived from a metro center, the less likely they were to use audio-only care. Despite audio-only telehealth being seen as a greater benefit to people living in rural areas who experience barriers to high-speed internet, Medicare beneficiaries' rate of audio-only use was inversely correlated with their distance from an urban center (as was their use of two-way video). However, audio-only visits were a slightly larger share of all telehealth visits in rural areas.

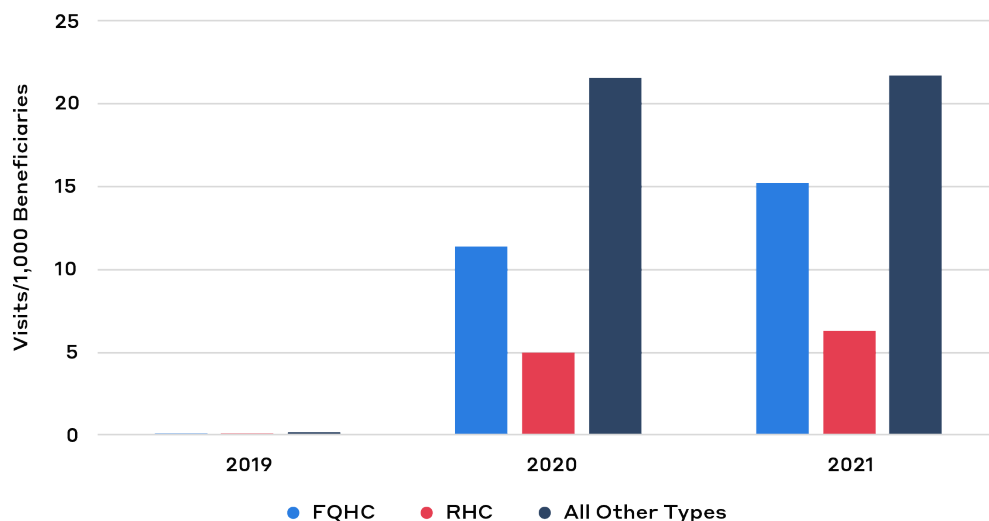
Table 4: Telehealth Use by Urbanicity, Q1-3 2021

Urbanicity	Telehealth Visits per 1,000 Beneficiaries	Share of Total Outpatient Visits That are Telehealth by Urbanicity	Audio-only Telehealth Visits per 1,000 Beneficiaries	Share of Total Telehealth Visits That are Audio-only by Urbanicity
All (Including nonassigned)	895	6.79%	168	18.8%
Large Central Metropolitan	1,248	8.50%	225	18.0%
Large Fringe Metropolitan	1,079	7.36%	184	17.1%
Medium Metropolitan	810	6.28%	156	19.3%
Small Metropolitan	677	5.53%	142	21.0%
Micropolitan*	597	5.34%	133	22.2%
Noncore*	497	4.67%	108	21.8%

*Category considered rural

Safety-net providers increasingly relied on telehealth services over the course of the pandemic. Safety-net providers (Federally Qualified Health Centers and Rural Health Clinics) delivered an increasing share of telehealth visits to Medicare beneficiaries from 2020 to 2021 compared to other outpatient providers whose reliance on telehealth remained steady over the same period. This finding is consistent with other research that found audio-only visits were the leading telehealth modality for safety-net providers throughout the pandemic.

Figure 3: Telehealth Use by Outpatient Facility Provider Type, 2019-Q3 2021



For more information see BPC's report, [The Future of Telehealth After COVID-19: New Opportunities and Challenges](#) and accompanying Medicare fee-for-service data analysis.



Bipartisan Policy Center

**1225 Eye Street NW, Suite 1000
Washington, D.C. 20005**

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