FACT SHEET

UCLA Center for Health Policy Research

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# Telehealth and the Future of Health Care Access in California

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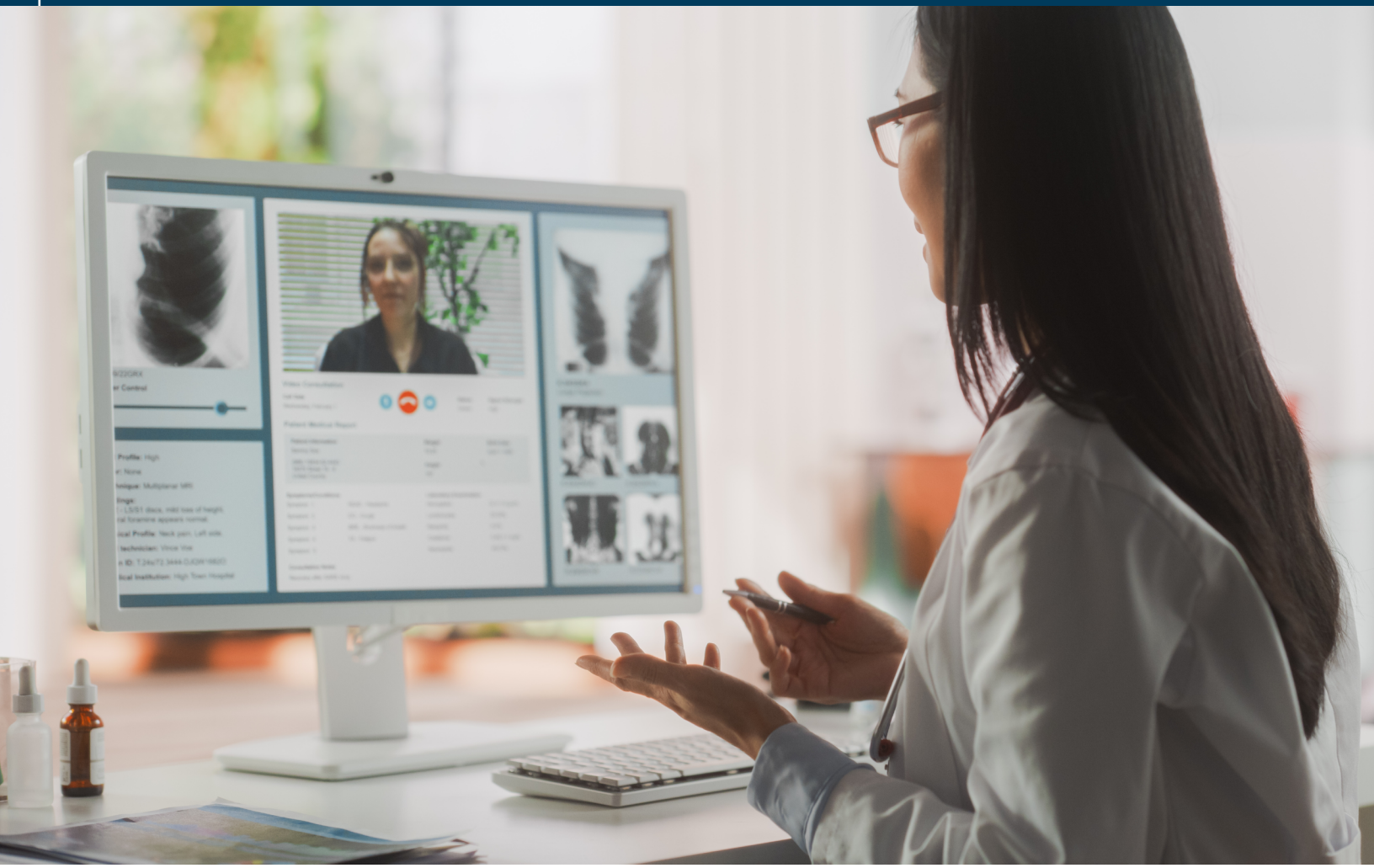


CHIS california health interview survey


## SUMMARY

### KEY TAKEAWAYS

- The use of telehealth increased greatly during the COVID-19 pandemic and remains a popular way to access care in California. In 2022, 46.7% of adults had used telehealth in the past year — less than the 49.0% in 2021, but nearly quadruple the 12.4% of adults who used telehealth in 2018.
- In 2022, the proportion of adults who had health insurance and used telehealth was twice that of adults without health insurance (48.4% vs. 21.0%, respectively). Latinx and Asian adults were less likely to use telehealth compared to white adults in California (41.5% and 44.2% vs. 51.3%, respectively); the proportion of adults who spoke a language other than English or had limited English proficiency and used telehealth was smaller than that of adults who only spoke English; and adults in rural areas were less likely to use telehealth than those living in urban areas (41.2% vs. 47.3%).
- About half (49%) of California adults who used telehealth services reported using them for follow-ups and to access test results. Most adults with a telehealth visit had done so via both telephone and video during their last appointment (73.3%).

"In 2022, 46.7% of adults had used telehealth in the past year — less than the 49.0% in 2021, but nearly quadruple the 12.4% of adults who used telehealth in 2018."

## INTRODUCTION

Telehealth, also referred to as telemedicine, has rapidly emerged as a vital component of the health care landscape, offering improved access to care, especially during the COVID-19 pandemic. It has also been viewed as a way to lessen disparities in health care and access to health care. Data from the 2022 California Health Interview Survey (CHIS) show that telehealth remains a popular way to get care, even as pandemic guidelines and restrictions loosened or ended. California's forward-looking policies, which were years in the making — such as enabling all licensed health care professionals in 2011 to provide telehealth, and ensuring permanent Medi-Cal coverage and payment parity for in-person and video or audio care in 2022 — have made telehealth a strong alternative mode for accessing care during the pandemic, and may have made it easier for Californians to access telehealth services and, ultimately, to access care.[1]

As the telehealth landscape changes from a pandemic-induced alternative method for accessing care to being a component of hybrid health care delivery models (i.e., a combination of in-person and telehealth visits), 2022 CHIS data reveal wide disparities in telehealth use among subpopulation groups in California.[2] Disparities in telehealth must be addressed to leverage the potential of telehealth to mitigate health inequities. This fact sheet outlines the current status of telehealth adoption among California adults, identifies disparities, and presents recommendations to maximize telehealth's benefits in reducing health disparity outcomes.

### Telehealth Use Decreased Slightly in 2022, but It Remained a Popular Way to Access Care

CHIS data show that the percentages of adults who used telehealth were similar in 2017 and 2018, hovering around 12% (data not shown).

However, the use of telehealth grew rapidly during the COVID-19 pandemic. In 2021, about half (49%) of California adults reported using telehealth to seek care (data not shown). Although telehealth use decreased to 46.7% in 2022, it remained a popular way to access care (Exhibit 1).

In 2022, the use of telehealth in the past year varied widely. Below is a look at patterns of use by demographic and other characteristics.

- **Health Care Coverage.** Twice as large a proportion of adults who had health insurance used telehealth compared to adults without health insurance.
- **Type of Health Care Coverage.** Compared to adults with employer-sponsored insurance, smaller proportions of adults with Medicaid or private insurance and larger proportions of adults with either Medicare and Medicaid or Medicaid and other public insurance used telehealth.
- **Age.** Adults above the age of 26 were more likely to use telehealth than young adults between the ages of 18 and 26.
- **Income.** Smaller proportions of adults with incomes below 300% of the federal poverty level (FPL) used telehealth compared to adults with incomes at or above 300% FPL.
- **Race and Ethnicity.** Latinx and Asian adults were less likely to use telehealth compared with white adults. White, Black, and AIAN adults were more likely to use telehealth compared with the general California adult population.

More than

**2 in 5 (42.5%)**

California adults who used telehealth services reported using them for follow-ups and to access test results.

- **Language Spoken at Home.** Smaller proportions of adults who spoke a language other than English (such as monolingual Spanish, Chinese, and Vietnamese) and of adults who spoke English and another language used telehealth compared to adults who only spoke English.
- **Geography.** Adults in the Greater Bay Area and Sacramento regions were more likely to use telehealth compared with all adults in California, while smaller proportions of adults in the Northern/Sierra counties, San Joaquin County, and Los Angeles County reported using telehealth compared with all adults in California.
- **Urban or Rural.** A smaller proportion of adults living in rural areas used telehealth compared to adults living in urban areas.

## Exhibit 1 / Percentage of Adults Who Reported Using Telehealth in the Past Year by Demographic Characteristics, California, 2022

| Demographic Characteristics | Categories | Percentage Using Telehealth |
|---|---|---|
| All California Adults | | 46.7% |
| Health Care Coverage | Has Health Insurance | 48.4%* |
| | No Health Insurance | 21.0%† |
| Type of Health Care Coverage | Medicaid | 41.2%* |
| | Medicare | 46.2% |
| | Medicare and Medicaid | 53.9%* |
| | Medicare and Other Public Insurance | 55.7%* |
| | Private Insurance | 42.3%* |
| | Employer-Sponsored Insurance | 48.5%† |
| Age | 27 to 49 | 44.8%* |
| | 50 to 64 | 49.6%* |
| | 65 and Over | 54.5%* |
| | 18 to 26 | 35.8%† |
| Income (% of Federal Poverty Level) | 0%–99% FPL | 43.3%* |
| | 100%–199% FPL | 41.6%* |
| | 200%–299% FPL | 44.4%* |
| | 300% FPL and Above | 49.4%† |
| Race and Ethnicity | American Indian or Alaska Native (NL) | 61.6% |
| | Asian (NL) | 44.2%* |
| | Black or African American (NL) | 51.1% |
| | Latinx | 41.5%* |
| | Native Hawaiian and/or Pacific Islander (NL) | 46.9% |
| | Two or More Races (NL) | 49.6% |
| | White (NL) | 51.3%† |
| Language Spoken at Home | Chinese | 38.5%* |
| | Spanish | 38.3%* |
| | Vietnamese | 33.0%* |
| | Other Monolingual Language | 44.4% |
| | English and Chinese | 42.9%* |
| | English and Spanish | 39.9%* |
| | English and Other Language | 45.8* |
| | Two Languages Not Including English | 45.4% |
| | English | 51.2%† |

Source: 2022 California Health Interview Survey

NL = Non-Latinx

* = Statistically significant at $p \leq 0.05$ using Rao-Scott chi-square test.
† To test for significance, the reference group used for comparison is the last row of each category.

## Exhibit 1 / Percentage of Adults Who Reported Using Telehealth in the Past Year by Demographic Characteristics, California, 2022 (continued)

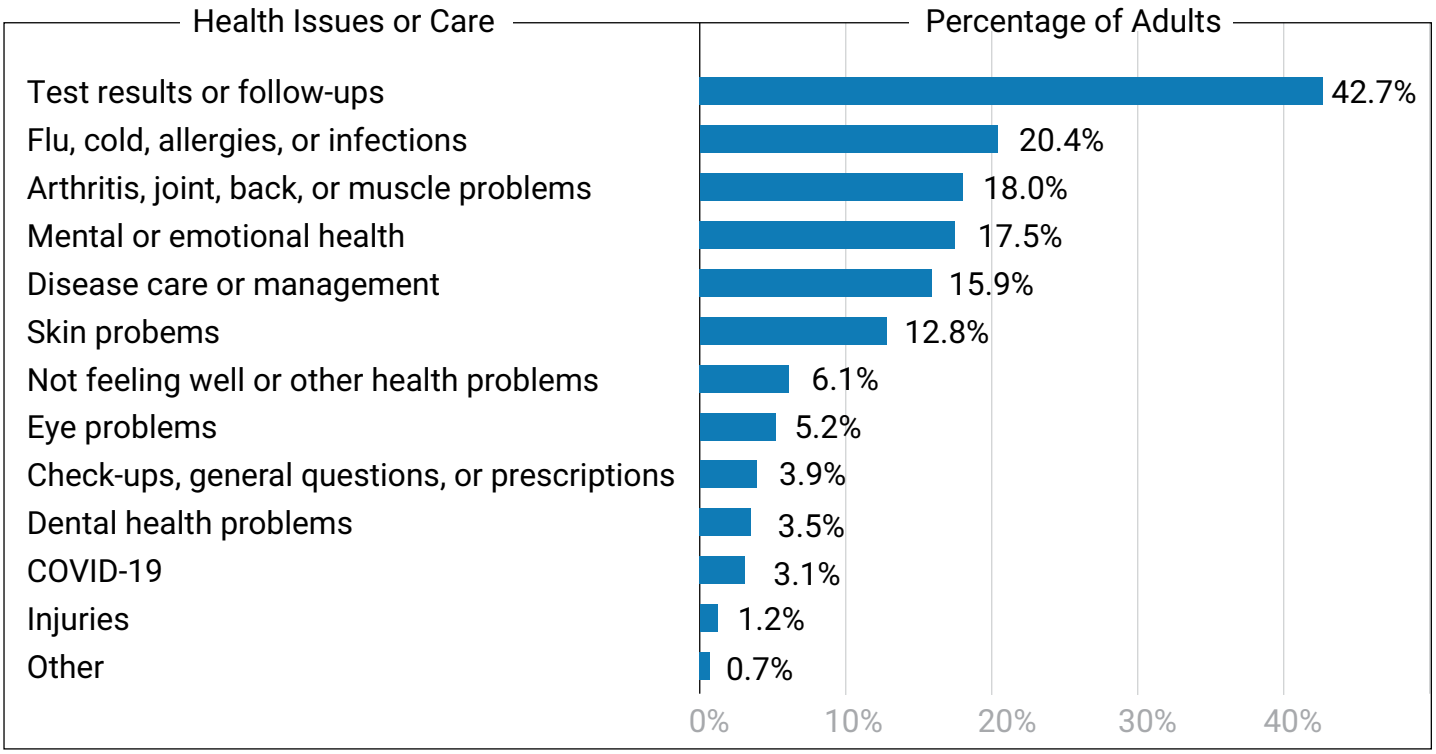
| | | |
|---|---|---|
| Region | Central Coast | 45.1% |
| | Greater Bay Area | 54.1%* |
| | Los Angeles County | 43.6%* |
| | Northern/Sierra Counties | 37.3%* |
| | Other Southern California Counties | 45.8% |
| | Sacramento Area | 52.3%* |
| | San Joaquin Valley | 43.2%* |
| | California (Overall) | 46.7%† |
| Urban/Rural | Rural | 41.2%* |
| | Urban | 47.3%† |

Source: 2022 California Health Interview Survey

NL = Non-Latinx

* = Statistically significant at $p \leq 0.05$ using Rao-Scott chi-square test.
† To test for significance, the reference group used for comparison is the last row of each category.

## Exhibit 2 / Types of Health Issues or Care Sought by Adults Using Telehealth, California, 2022




Source: 2022 California Health Interview Survey

### Reasons for Using Telehealth

In 2022, California adults who used telehealth sought care for a variety of health issues and treatments. Telehealth was primarily used for follow-ups and for accessing test or procedure results (42.7%) (Exhibit 2). In comparison, fewer adults used telehealth for check-ups, general questions, or obtaining prescription medications (3.9%). Given precautions taken by health care providers to prevent the spread of COVID-19, telehealth was also used to address flu, colds, allergies, and infections (20.4%). In comparison, only 3.1% of adults used telehealth for COVID-19. Adults also used telehealth for managing chronic conditions such as arthritis and joint, back, or muscle problems (18.0%); for general disease care or management (15.9%); and for mental or emotional health problems (17.5%). These findings suggest that telehealth is transforming the health care delivery landscape and creating opportunities for hybrid models of health care.

Among adults who accessed telehealth via either phone or video, more than

**1 in 2 (52%)**

reported that their overall telehealth care experience was about the same compared with an in-person visit.

### A Majority of Californians Used Both Phone and Video When Using Telehealth

Most of the adults (73.3%) who had a telehealth visit in the past year conducted the visit through both phone and video; 13.9% reported having only a phone visit; and 12.8% reported having only a video visit (data not shown). Among adults who accessed telehealth via either phone or video, a majority in both cases (52% of each group) reported that their overall telehealth care experience was about the same compared with an in-person visit. Research on telehealth in 2021 indicated that U.S. patients still prefer in-person visits over telehealth visits due to a number of factors, including concerns over quality of care, language incongruence, and out-of-pocket costs associated with telehealth.[3-4]

However, a recent California study among patients who have low incomes revealed that telehealth eliminates such barriers to care as transportation costs and difficulty with getting a timely appointment, and it also provides intrinsic benefits such as trust in and stronger relationships with their doctors and nurses.[5] These findings demonstrate that there are potentially large gains to be made in access and quality of care as long as policymakers continue to address issues surrounding telehealth.

## IMPLICATIONS AND POLICY RECOMMENDATIONS

Although the federal Public Health Emergency declaration ended in May 2023, telehealth flexibilities such as Medicare and Medicaid payment parity policies have been extended, and in California, certain pandemic-related telehealth policies have been enacted into law.[6] However, 2022 CHIS data show that telehealth services are disproportionately utilized. As the health care delivery landscape evolves with the expansion and availability of telehealth services, future policies in California should consider ways to promote equitable access to telehealth services, especially for those who have low incomes, have no health insurance, live in rural areas, and/or speak a language other than English or have limited English proficiency.


### Funder Information and Disclosures

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CHIS california health interview survey

The California Health Interview Survey covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households. CHIS interviews are offered in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS is designed with complex survey methods requiring analysts to use complex survey weights in order to provide accurate variance estimates and statistical testing. CHIS is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the California Department of Health Care Services, and the Public Health Institute. For other information about CHIS, visit chis.ucla.edu.

## Endnotes


1 Public Health Institute/Center for Connected Health Policy. 2022. Telehealth in California: Legislative History. https://www.cchpca.org/2022/11/TelehealthInCA_LegislativeHistory_FINAL.pdf.

2 Martinez H. 2023. Telehealth Use Outlasting Pandemic That Launched It. California Health Care Foundation. https://www.chcf.org/blog/telehealth-use-outlasting-pandemic-that-launched-it/.

3 SteelFisher GK, McMurty CL, Caporello H, et. al. 2023. Video Telemedicine Experiences in COVID-19 Were Positive, but Physicians and Patients Prefer In-Person Care for the Future. *Health Affairs* 42(4). doi.org/10.1377/hlthaff.2022.01027.

4 Predmore ZS, Roth E, Breslau J, et. al. 2021. Assessment of Patient Preferences for Telehealth in Post–COVID-19 Pandemic Health Care. *JAMA Network Open* 4(12): e2136505. doi.org/10.1001/jamanetworkopen.2021.36405.

5 Joynt J. 2023. Telehealth Experiences and Preferences Among Californians With Low Incomes. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2023/05/THExperiencesPreferencesCaliforniansLowIncomes.pdf.

6 California Department of Health Care Services. 2023. Medi-Cal and Telehealth. https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx.

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