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Virtual Healthcare Use Among Medicare Advantage Members During the COVID-19 Pandemic

A new [report](#) by Anthem's Public Policy Institute highlights the use of virtual healthcare by individuals enrolled in Anthem's affiliated Medicare Advantage (MA) plans during the early months of the COVID-19 pandemic. The report examines the volume of virtual care used, the types of services provided, and the demographics of the members who used them.

The [analysis](#) found that the number of virtual services used in March through May 2020 was 136 times greater than the number used in the same months of 2019, increasing from approximately 4,400 to 600,000. In part, the uptick is likely attributable to stay-at-home orders, temporary regulatory flexibilities that expanded access to virtual care, and steps taken by health plans to encourage use of virtual care, such as covering both video and telephone-only visits.

Mental health conditions and substance use disorders was the largest group of primary diagnoses treated virtually, with year-over-year growth in services of more than 5,000 percent. Among physical health conditions, cardiovascular diagnoses were the most commonly addressed via virtual visits during this period, followed by musculoskeletal ailments, and endocrine and metabolic conditions.

The [findings](#) also show that older members, while using more virtual services than the year before, used a smaller share of the virtual services in March-May 2020 than would be expected based on their in-person utilization during the same months of 2019. Further, care rendered within existing patient-provider relationships accounted for 98 percent of the virtual services used in March-May 2020. Nevertheless, the number of services for new patient encounters in March-May 2020 accounted for more than the sum of all virtual services for the same timeframe in 2019.

Even as consumers resume in-person care, virtual visits persist at higher levels than prior to the pandemic. The Medicare program has also begun to consider policy changes to support more robust adoption of virtual care beyond the period of the Public Health Emergency. As gains in virtual care use continue, more work is needed to understand consumers' and providers' willingness and ability to adopt virtual care and the ways in which obstacles could be overcome.