

Audio-only Telehealth

What are the impacts of expanding access to audio-only telehealth services?

Missouri does not require coverage of audio-only telehealth services.

In MO, telehealth is defined as health care services that use information and communication technologies but does not include audio-only technology ([RsMO 191.1145](#)).

Forty-three states, including MO, and D.C. have Medicaid programs that reimburse audio-only telehealth with limitations ([Public Health Institute 2023](#)). Twenty-one states, not including MO, require private insurance to cover audio-only telehealth ([The Commonwealth Fund 2021](#); Figure 1).

- Medicare has temporarily waived the federal video requirement to be reimbursed for certain telehealth services ([Centers for Medicare & Medicaid Services 2023](#)). This is in effect until December 31, 2024.

Different demographics rely on audio-only telehealth.

Audio-only telehealth is more likely to be used by ([U.S. Department of Health and Human Services \(DHHS\) 2022](#)):

- People without a high school diploma



Research Highlights

MO is one of 29 states that do not require private insurance to cover audio-only telehealth.

People of color and individuals with low incomes are the most reliant on audio-only telehealth.

There is little research on the clinical and monetary effects of audio-only telehealth.

- Adults ages 65+
- Latino, Asian, and Black individuals

Video telehealth is more likely to be used by ([U.S. DHHS 2022](#)):

- Young adults
- Individuals earning over \$100,000
- People with private insurance
- White individuals

Twenty percent of Missourians and 61% of rural Missourians do not have high speed internet ([Missouri Foundation for Health 2020](#)).

One national study shows that removing access to audio-only telehealth would lead to the largest reduction of access to healthcare for Hispanic individuals, followed by non-Hispanic Black individuals ([Kleinman & Sanches 2022](#)). Removing access to audio-only telehealth would disproportionately affect individuals age 80+, people with incomes less than \$25,000, the uninsured, and people with health care through the Veterans Affairs, Indian Health Service, Medicare, and Medicaid.

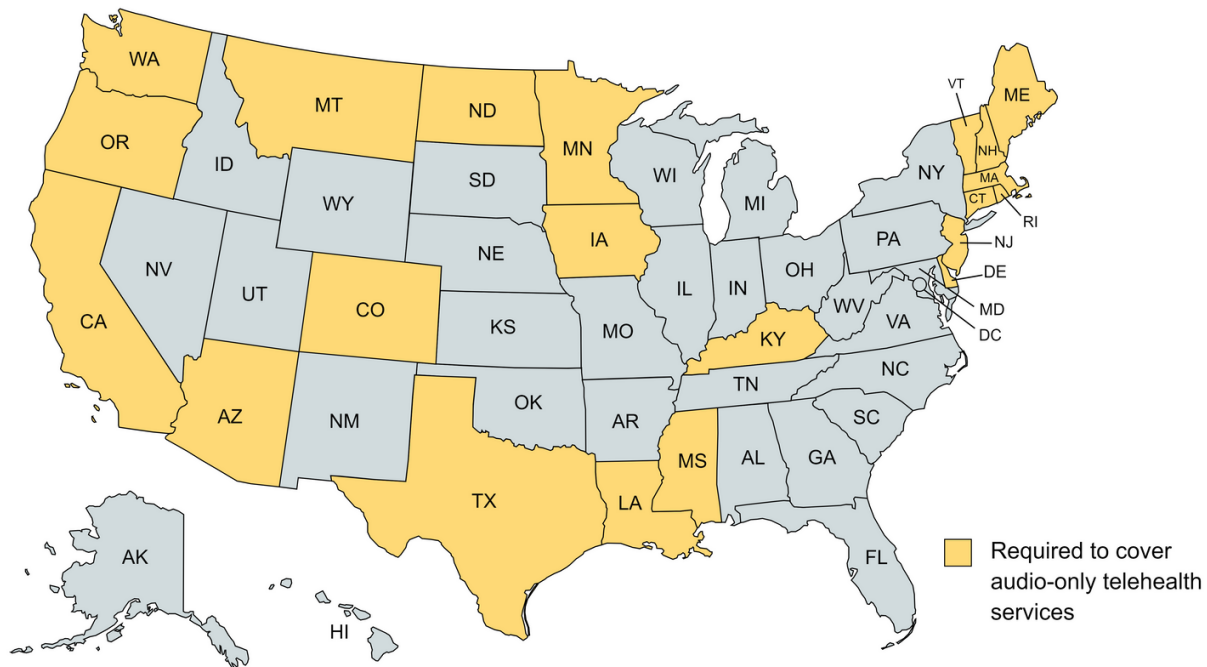


Figure 1. States that require private insurance to cover audio-only telehealth services. Map adapted from The Commonwealth Fund.

There is very little research on the cost effectiveness of audio-only telehealth.

A review of the United Kingdom, Australia, Canada, and the U.S. found that for the management of an established diagnosis, there is no difference in clinical effectiveness, patient satisfaction, and cost-effectiveness between audio-only and video telehealth ([Byambasuren et al. 2023](#)). For the care of chronic conditions such as renal disease or diabetes, there was no difference between audio-only, in-person, and hybrid care ([Moran et al. 2022](#))

When adding audio-only telehealth to the usual care for depression, patients reported improved anxiety, access to support and advice, satisfaction, and self-management ([Salisbury et al. 2016](#)).

When using audio-only telehealth for prenatal visits, patients had positive opinions about using audio-only telehealth and reported less time away from work, resulting in less lost wages ([Holcomb et al. 2020](#)). Audio-only visits were more likely than in-person visits to be completed as scheduled. However, wait times were longer for audio-only visits compared to in-person visits.