Elevance Health | Public Policy Institute

Telemedicine in Rural Communities: Patterns of Use and User Characteristics

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Contents

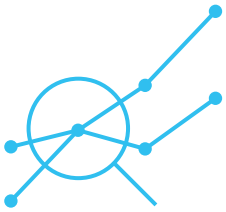
Key Takeaways

- Individuals residing in rural areas in the U.S. experience higher levels of chronic health conditions than the overall population.
- Telemedicine is well suited to improving access to care for residents of rural areas as it reduces structural barriers to accessing care, such as long travel distances or shortages of certain healthcare providers.
- Telemedicine is being used in rural areas, though there is variation in use by demographics suggesting opportunities to encourage greater access and adoption.

Overview

More than 60 million (1 in 5) Americans live in rural areas[1] and experience barriers to accessing quality care, including hospital closures, healthcare workforce shortages, and long driving distances to healthcare facilities.

Higher rates of chronic conditions among individuals in rural areas can create additional challenges, as coordinating care across multiple providers and specialists may be harder in these settings.[2,3] Telemedicine allows individuals to engage in virtual, technology-enabled consultations with healthcare providers. It facilitates access to care for individuals residing in rural communities by removing commonly experienced barriers to care.



This analysis compares the demographic characteristics and health status of rural telemedicine users vs. non-users.

Telemedicine use in the U.S. grew during the COVID-19 pandemic from virtually nonexistent for outpatient visits in 2019[4] to an estimated peak of 37 percent of the population in 2020-2021.[5] While telemedicine use has declined since the end of the COVID-19 public health emergency, virtual care remains a viable and sometimes preferred option for many Americans. However, there is limited evidence demonstrating how telemedicine is being used in rural areas.

This paper presents the findings of an analysis comparing the demographic characteristics and health status of rural residents with some history of healthcare service utilization who use telemedicine with those who do not. It also provides recommendations to promote greater use of telemedicine to help improve health outcomes in rural communities.

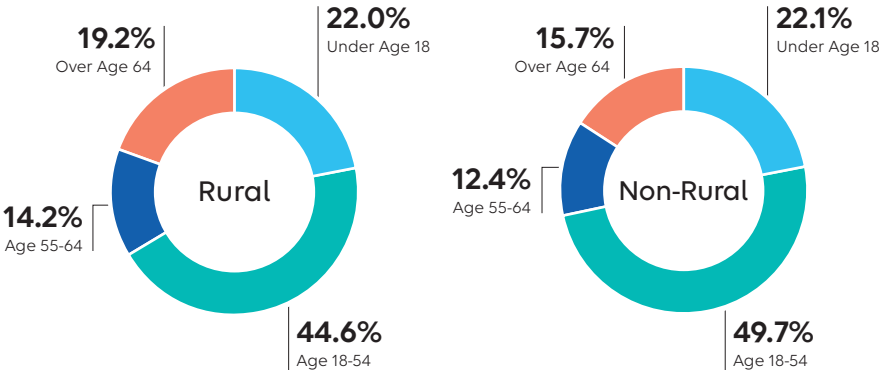
Background

The U.S. rural population is relatively older, with a higher proportion of males and non-Hispanic White individuals, than those living in non-rural areas.

In 2022, about 20 percent of rural residents were aged 65 or older, compared to 16 percent in non-rural areas.[6] (Figure 1) In 2023, rural areas had 101 males for every 100 females—whereas metropolitan areas had 98 males per 100 females.[7] In 2020, non-Hispanic Whites made up roughly 75 percent of the rural population, compared to 58 percent of the overall U.S. population.[8] However, there was considerable regional variation in these rural demographics. For example, in some Southern states Black individuals comprised 30 to 40 percent of rural residents, and in some West and Southwest states Hispanic individuals made up 30 to 42 percent of the rural population.[9]

Figure 1

U.S. Rural and Non-Rural Populations by Age, 2022



Source. Federal Housing Finance Authority. 2018–2022 American Community Survey data based on 2023 Duty to Serve rural designations. Percentages may not sum to 100 due to rounding.

While the population of individuals 65 and older continues to grow in rural areas, some demographic characteristics have begun to shift. The 2020 Census shows that the U.S. rural population is growing and becoming more racially and ethnically diverse.[10] The Hispanic population living in rural areas has grown significantly, increasing by more than 900,000 people between 2010-2020. At the same time, the White population living in rural areas has declined—decreasing by more than two million people during the same decade—which has been attributed to population aging and mortality.[11]

These population characteristics influence the health and healthcare needs of people living in rural areas. For example, in part because of their older average age, rural Americans have a higher prevalence of chronic conditions relative to individuals residing in non-rural areas. Individuals living in rural areas experience disproportionately high rates of heart disease, cancer, lung disease, stroke, diabetes, and depression,[12] and this is especially true for non-White individuals, who exhibit higher rates of chronic conditions and premature mortality than their White counterparts.[13] Rural Americans are also 50 percent more likely to die from unintentional injuries relative to individuals residing in urban areas.[14]

Structural and systemic barriers, such as long driving distances to healthcare and provider shortages, significantly affect access to care for those residing in rural communities.[15] On average, rural residents have to drive twice as far to the nearest hospital as compared to their non-rural counterparts,[16] and nearly two-thirds of primary care health professional shortage areas in the U.S. are in rural areas.[17,18]

Telemedicine and Health Outcomes

Telemedicine has been used to encourage the adoption of positive health practices and support condition management, yielding favorable outcomes such as improved patient engagement and satisfaction, as well as decreased chronic illness rates.[19] Studies have shown promising results in various fields, including cardiology, mental health, and primary care. For instance, telemedicine has been associated with improved management of chronic conditions such as diabetes and hypertension through regular remote monitoring and virtual consultations. In mental health care, telemedicine has expanded access to mental health services, offering timely support and reducing any perceived stigma individuals may experiences by attending in-person visits. Moreover, integrating telemedicine into emergency care has demonstrated the potential to reduce hospital admissions and improve triage efficiency.[20]

Telemedicine can increase access to necessary medical care in rural areas by mitigating barriers related to longer travel times, wait times for appointments due to growing rural provider shortages, childcare issues, and job-related logistical concerns.

Methods

This analysis examined patterns of telemedicine utilization among adults residing in rural areas, with a focus on identifying demographic and health status differences between telemedicine users and non-users.

The study used administrative claims data from the Healthcare Integrated Research Database® (HIRD®), a comprehensive repository comprising medical and pharmacy claims for over 88 million individuals enrolled in commercial and Medicare Advantage health plans across the U.S.

To determine rurality, individuals were geographically linked to Rural-Urban Commuting Area (RUCA) codes based on the census tract of their primary residential address. The study population included adults aged 18 and older who were continuously enrolled for at least 180 days in an Elevance Health-affiliated commercial or Medicare Advantage plan and had at least one claim for healthcare services—such as an outpatient visit, inpatient admission, emergency department (ED) visit, or telehealth visit—between January 2019 and December 2023. After applying these criteria, the final study sample comprised approximately 3.9 million rural residents across the U.S.

Demographic and Health Characteristics

The following individual-level characteristics were assessed as of the date of first healthcare utilization during the study period:

- Age, sex, and race/ethnicity
- Geographic region of residence (North, South, East, West)
- State of residence
- Socioeconomic status (measured using AHRQ socioeconomic status quartiles)
- Comorbidity burden (as measured by the Elixhauser Comorbidity Index)
- Presence of chronic conditions
- Health outcomes

Statistical Analysis

The analysis focused on several healthcare utilization outcomes:

- Inpatient hospitalizations
- Emergency department visits
- Evaluation and Management (E&M) office visits (identified using CPT codes 99201–99204)
- Antibiotic prescription fills

Descriptive statistics, including frequencies and means, were calculated to characterize rural populations by telemedicine use status. Comparisons between telemedicine users and non-users were performed using chi-square tests for categorical variables and two-sample t-tests for continuous variables.

To assess associations between telemedicine use and healthcare utilization, multivariate regression models were developed. These models adjusted for individual-level covariates, including age, sex, race/ethnicity, state of residence, area-level socioeconomic status, Elixhauser Comorbidity Index, and presence of chronic conditions. The regression analysis estimated incidence rate ratios (IRRs) to evaluate the relative rates of healthcare service use among telemedicine users compared to non-users.

To explore potential differences across subgroups, regression analyses were stratified by sex, race/ethnicity, geographic region, and specific chronic conditions commonly observed in rural populations (anxiety, depression, heart failure, hypertension, obesity, and type 2 diabetes). Stratified analyses allowed for the examination of heterogeneity in the relationship between telemedicine use and other forms of healthcare utilization.

IRRs were interpreted in the context of their 95 percent confidence intervals. An IRR greater than 1 indicated a higher rate of service utilization among telemedicine users, while an IRR less than 1 indicated a lower rate, with statistical significance inferred when the confidence interval did not include 1. For example, an IRR of 1.37 suggests that telemedicine users had 37 percent higher utilization of a particular service compared to non-users.

Limitations

A potential limitation of the analysis is the identification of chronic conditions based on the presence of at least one claim with a relevant ICD-10 code during the study period. This approach may overestimate the prevalence of chronic conditions because a single claim may indicate a test or concern for a chronic condition, but the individual may not end up being diagnosed with the condition; however, the methodology was applied uniformly across both user groups, thereby minimizing differential bias in comparisons.

Furthermore, the requirement of healthcare utilization for inclusion in the analysis may exclude individuals with chronic conditions that are either undiagnosed or not being managed clinically. These individuals may fundamentally differ from non-telemedicine users with at least a single claim. As this is an exploratory descriptive analysis, we do not establish causality of the relationship between telemedicine use and therefore cannot say whether telemedicine use led to other healthcare utilization. Furthermore, we did not consider the timing of healthcare use (i.e., whether the telemedicine use occurs before or after other healthcare utilization).

Results

Telemedicine users and non-telemedicine users in rural areas differed from each other on several demographic and clinical characteristics.

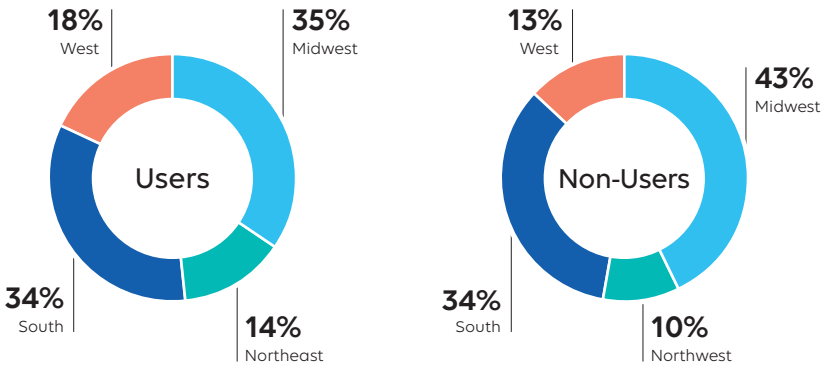
Demographic Characteristics

On average, telemedicine users were older than non-users, with a mean age at first healthcare utilization during the study period of 47 compared to 45. Compared with non-telemedicine users, a higher proportion of telemedicine users were female (59% vs. 48%), and a larger share of telemedicine users were enrolled in Medicare (11% vs. 8%).

A higher proportion of telemedicine users reported living in the West (18% vs. 13%) or the Northeast (14% vs. 10%). A smaller proportion of telemedicine users lived in the Midwest (35% vs. 43%). (Figure 2)

Figure 2

Rural Telemedicine Users vs. Non-Users, by Region

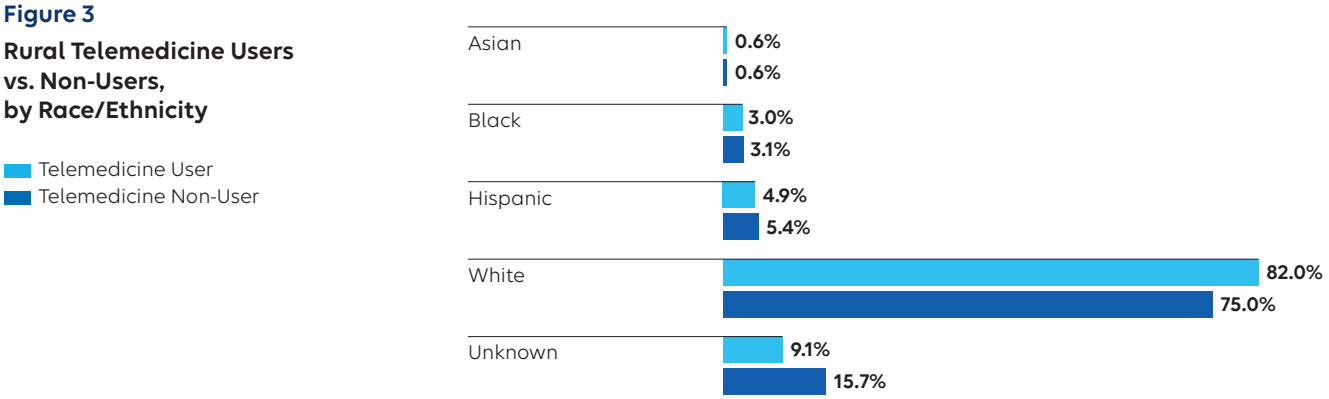


Source. Elevance Health analysis of administrative and claims data from the HIRD.

A higher proportion of rural telemedicine users were White (82.0% vs. 75.0%) and a lower proportion were Hispanic/Latino (4.9% vs. 5.4%). (Figure 3) There wasn't significant variation in telehealth use versus non-use in rural areas across all four socioeconomic status (SES) quartiles.

Figure 3

Rural Telemedicine Users vs. Non-Users, by Race/Ethnicity



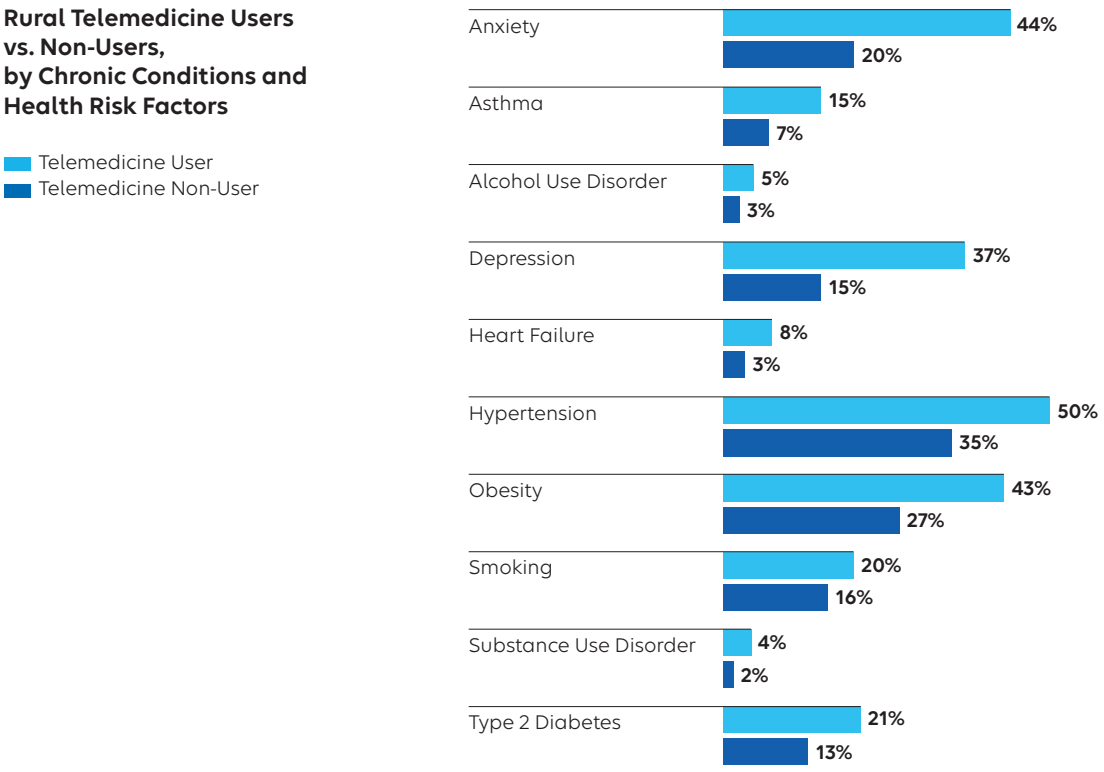
Source. Elevance Health analysis of administrative and claims data from the HIRD.

Health Characteristics and Utilization

Compared with rural non-telemedicine users, a higher proportion of rural telemedicine users had chronic conditions, including type 2 diabetes, heart failure, obesity, hypertension, anxiety, depression, asthma, and substance use disorders. (Figure 4)

Figure 4

Rural Telemedicine Users vs. Non-Users, by Chronic Conditions and Health Risk Factors



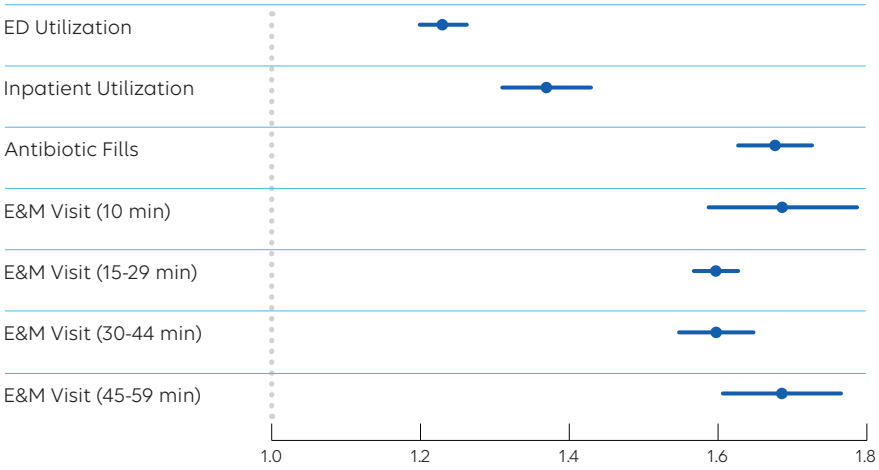
Source. Elevance Health analysis of administrative and claims data from the HIRD.

Results of analyses evaluating the relationship between telemedicine use and other healthcare utilization show that rural telemedicine users had 23 percent more ED visits, 37 percent more inpatient admissions, and 69 percent more evaluation & management (E&M) 10-minute visits (e.g., office visits). Telemedicine users in rural areas also had 68 percent more antibiotic fills relative to non-telemedicine users. (Figure 5)

Figure 5

Healthcare Utilization among Rural Telemedicine Users vs. Non-Users

Incidence Rate Ratio
(95% Confidence Interval)



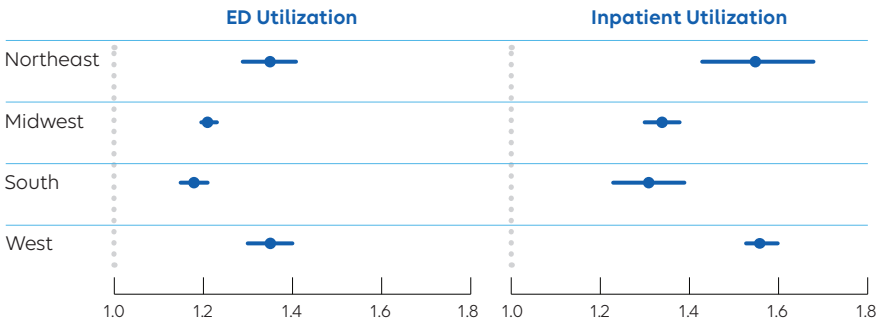
Source. Elevance Health analysis of administrative and claims data from the HIRD. Results significant at p<0.05.

However, the relationship between telemedicine and other healthcare utilization varies by demographic characteristics, including U.S. region of residence and race/ethnicity. For example, telemedicine was associated with 35 percent more ED visits and approximately 55 percent more inpatient admissions in the Northeast and the West. In contrast, telemedicine utilization in the South showed a more modest link with other health care utilization, with 18 percent more ED visits and 31 percent more inpatient admissions. (Figure 6)

Figure 6

Healthcare Utilization among Rural Telemedicine Users vs. Non-Users, by Region

Incidence Rate Ratio
(95% Confidence Interval)



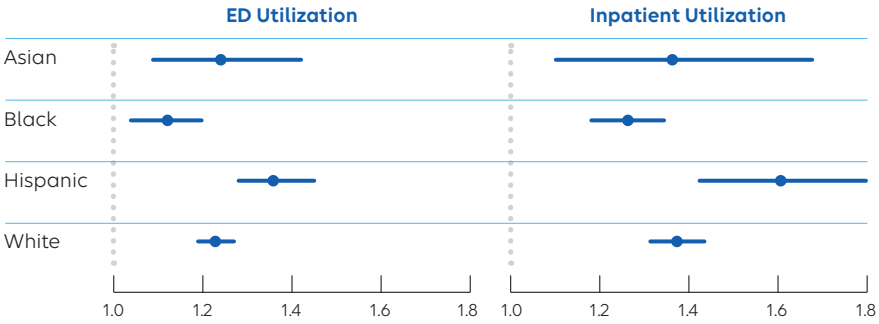
Source. Elevance Health analysis of administrative and claims data from the HIRD. Results significant at p<0.05.

The association between telemedicine and other healthcare utilization also varied by race/ethnicity, although the relationship was particularly pronounced for Hispanic/Latino individuals. Telemedicine was linked to 36 percent more ED visits and 60 percent more inpatient admissions among Hispanic/Latino individuals who live in rural areas. (Figure 7)

Figure 7

Healthcare Utilization of Rural Telemedicine Users vs. Non-Users, by Race

Incidence Rate Ratio
(95% Confidence Interval)



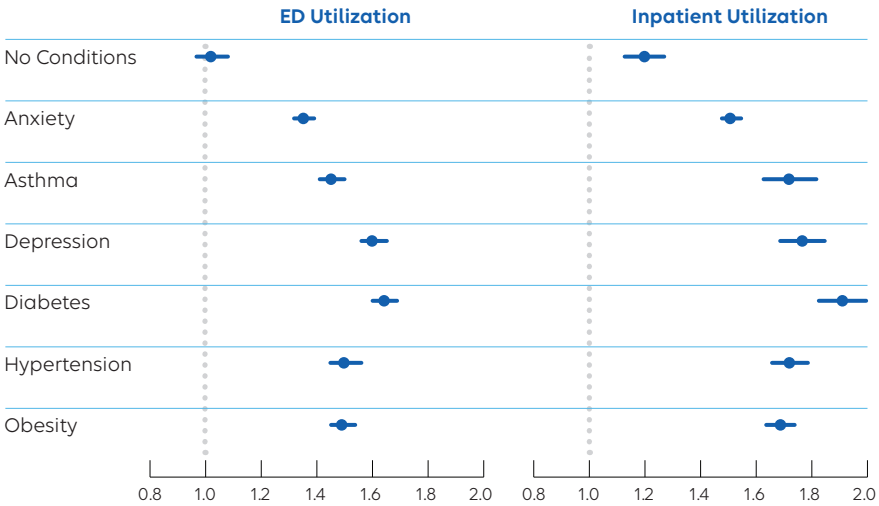
Source. Elevance Health analysis of administrative and claims data from the HIRD. Results significant at p<0.05.

The most notable differences between rural telemedicine users and non-users were among people with chronic conditions. Results showed that telemedicine use among individuals with chronic conditions was consistently associated with other types of healthcare utilization. Individuals with diabetes and individuals with depression showed the largest association between telemedicine and additional healthcare use. Among individuals with diabetes, telemedicine use was associated with 64 percent more ED visits and 91 percent more inpatient admissions than for non-telemedicine users in rural areas. For individuals with depression, telemedicine use was associated with 60 percent more ED visits and 77 percent more inpatient admissions. In contrast, telemedicine use was not significantly associated with additional ED utilization among people with no chronic conditions. (Figure 8)

Figure 8

Healthcare Utilization of Rural Telemedicine Users vs. Non-Users, by Chronic Conditions and Health Risk Factors

Incidence Rate Ratio
(95% Confidence Interval)



Source. Elevance Health analysis of administrative and claims data from the HIRD. Results significant at p<0.05, except for ED utilization among those with no conditions.

Discussion and Policy Considerations

In this analysis, patterns of telemedicine use in rural areas were similar to that in non-rural areas as described by the literature, with relatively higher usage observed among women, older individuals, White individuals, and those with chronic conditions.[21–23] This analysis also found that telemedicine use in rural areas was higher among residents of the Northeast and the West, aligning with previously published findings on telemedicine use overall.[24]

Some of these findings are likely interrelated. For instance, older individuals are more likely to have multiple chronic conditions, which increases their overall need for ongoing medical care and management, making telemedicine an appealing option. Individuals with chronic conditions often need more frequent provider consultations, prescription management, and health condition monitoring, all of which may be addressed through virtual care, especially in areas with limited access to in-person services.

This study's findings suggests there are opportunities to increase the adoption of telemedicine in rural areas.

In this study, only 30 percent of adults in commercial and Medicare Advantage plans used telemedicine between 2019–2023—lower than the 40 percent reported nationwide during a similar period.[25] This finding suggests there are opportunities to identify and address barriers to accessing telemedicine in rural areas. To increase the adoption of telemedicine, focused strategies may be needed to further encourage its use, particularly by people living in rural areas who are, on average, older and more likely to be male than non-rural populations. Moreover, evolving demographics, including the growth of Hispanic/Latino communities in rural areas, underscore the need for culturally and contextually responsive implementation strategies.

Opportunities to expand telemedicine in rural areas include:

Improving access to reliable and affordable broadband

Broadband connectivity and technological devices (e.g., phone, tablet) are necessary for uptake of telemedicine and use of digital health tools. While rural communities stand to benefit from telemedicine as a way to improve access to care, many rural areas lack the broadband connection necessary for virtual healthcare delivery.[26] Of the 24 million Americans living in households that do not have access to a non-mobile or satellite broadband provider, 80 percent of them live in rural areas.[27] Residents may also have limited digital literacy, exacerbating the digital divide in rural areas.[28] Telehealth policies should continue to consider access to reliable and affordable broadband and the types of devices needed to support audio and visual visits, as well as varied language and digital education needs. Policy development should encourage coordination with federal, state, and community initiatives, including existing programs, so that investments can be made in the communities that most need them.

More research is needed to understand for whom telehealth works best and when.

Facilitating cross-state provider licensure

Licensure waivers implemented at the onset of the COVID-19 pandemic allowed individuals to receive telemedicine services from clinicians who were licensed in a different state, which led to an increase in out-of-state telemedicine.[29] Following the expiration of these waivers, many individuals did not switch from telemedicine to in-person care and instead stopped seeking care from the provider.[30] The Interstate Medical Licensure Compact and other professional compacts make it easier for practitioners to obtain licenses in multiple states. This can be particularly beneficial for rural areas where provider workforce shortages exist and access to specialized care may be limited. In addition, where someone lives near a state border and their closest in-person sources of care are in another state, this helps promote follow-up and condition management with their regular providers virtually.

Studying the effectiveness of telemedicine

More research is needed to better understand when and for whom telemedicine is most effective. This analysis examined the characteristics of telemedicine users vs. non-users, but it did not explore questions such as whether telemedicine use led to better outcomes or shorter wait times to access care. Additional research is needed to explore these dynamics and inform policy options to enhance the effectiveness of telemedicine use among individuals residing in rural areas.

Conclusion

Telemedicine offers an alternative pathway to improving healthcare access for individuals residing in rural areas, particularly for those with chronic conditions requiring ongoing consultation with and management by a healthcare provider.

However, there is notable variation in use of telemedicine by people living in rural areas, with differences by demographic and clinical characteristics. These findings highlight opportunities to improve uptake of telemedicine through policy changes such as expanded broadband access, cross-state provider licensure, and investments in understanding telemedicine's impact on health outcomes.

Endnotes

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