Multivariate Approaches (Obj. 3.1, 3.3, 3.4, 3.5, and 3.6)

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Introduction

The study used a variety of approaches to analyze why Medicaid recipients in rural areas are less likely to use telehealth services (Talbot et al.,2020). The study analyzed the link between the use of telehealth services and the policies related to it among Medicaid recipients in rural regions. Several data sources were utilized to gather and produce the necessary results. The study sought to understand the link between the use of TBH among Medicaid recipients in rural regions and the behavioral health needs of this population. It also investigated the relationship between these characteristics and the use of TBH. This study's objective was to analyze the factors that affect the validity and reliability of the research tools used. It also looked into the disadvantages and advantages of using diverse types of models. The study found that the allocation of TBH among rural Medicaid recipients was reasonable. It also noted that those with the most need was the most likely to avail of the service. Individuals with significant mental issues were more likely to get the treatment. The evaluation of the various factors will focus on the study's strengths and weaknesses. It will also look into the reliability of the research tool and its potential threats to internal validity. This assignment aims to analyze the article about the use of telehealth by rural Medicaid beneficiaries. It will look into its key variables, limitations, strengths, and validity.

Key Variables

The main variables examined in this article are the policies and telehealth use. The main objective of the research is to determine the link between the two factors. Telehealth policies are regarded as the dependent variable, while the use of TBH is the independent variable (Talbot et al.,2020). The study also used the participation of rural Medicaid recipients. Although the study found no evidence of a link between the use of telehealth policies and TBH use, it noted that those who had policies were more likely to use the services. The researchers only looked into

reimbursement policies. The four-tier classification system was developed to classify the beneficiaries depending on the policies and their conditions. These include those who are in programs that do not have an explicit consent requirement and those who have a facility fee policy but require prior informed consent (Talbot et al.,2020). This article's variables are regarded as discrete elements due to their attributes. The main factors analyzed are the fees, policies, and utilization of TBH.

Validity and Reliability

A contrast analysis was carried out to determine the interaction between the variables after they were modified for covariates.The data collected for this study should be analyzed to determine if they are valid. The policy implications of telehealth-specific fee schedules and informed consent rules should also be studied (Lin et al.,2018). This study utilized statistical control and random assignment to determine the variables' odds after adjustment for covariates (Talbot et al.,2020). The results of the study were analyzed using a generalized estimating procedure. The study's results are reliable and valid, showing the method's dependability. In a prediction model, where data modifications have been carried out, continuous variables are needed for each covariate. The random sampling might be affected by matching the participants based on their characteristics. The study also found a positive correlation between the prevalence of TBH usage and the policies that were more comprehensive.

The study revealed that states that supported telehealth had higher TBH usage among their Medicaid recipients.

Threats to internal validity

The validity of experimental results is threatened by several factors such as random assignment, experimentation bias, and statistical control (Talbot et al.,2020). Confounding

variables, information bias, and selection bias are examples of common internal validity threats. Statistical control and random assignment are internal validity threats. Internal validity refers to the degree to which a study's results are regarded as unbiased and accurate. Internal validity can be jeopardized by a range of factors, and it is crucial to thoroughly assess these before starting a research project. There are distinct types of biases that can occur. The selection bias phenomenon can affect the results of a study if the participants are not from the general population. The phenomenon known as observer bias occurs when researchers unintentionally influence the study results. In experimentation bias, the researchers may favor a certain outcome. The Hawthorne effect occurs when participants tend to behave differently due to the presence of observers. The phenomenon known as mortality bias occurs when the characteristics of the study's participants differ from those of the individuals who did not survive. It is important to recognize the various threats that can affect the validity of a study.

Strengths and Limitations

The relationship between facility fees, informed consent, and TBH use was examined using a generalized estimating model. The advantages and disadvantages of this approach were analyzed. The advantages of generalized models are that they are very efficient and can be fitted quickly with limited data. They are also easy to understand and are ideal for practical applications. Extending a generalized model to include explanatory variables can improve its predictive capabilities. This is referred to as regression splines. The study's observations highlight the dual use of informed consent and facility fees, which indicates that the preference for telehealth is distinct among Medicaid programs. This is a favorable feature of multivariate models. Multivariate models can have limitations. First, the Medicaid programs are placed within the FFS and MCO environments. The states continue to implement various policy levers

identified in this study (Center for Connected Health Policy,2020). These include parity, informed consent, and facility fees. There are various policies that aim to increase the number of distant-site providers, which can be useful in reducing the use of TBH in rural Medicaid (Andrilla et al.,2018).

Conclusion

In conclusion, the results indicate that the decisions made regarding telehealth may have a significant effect on the access to care for rural Medicaid patients.The main variables analyzed in this study include the fees, policies, and the interactions between TBH usage and informed consent.The findings of this study provide important information that will be highly valuable to policymakers in the states that participate in the Medicaid program.Also that the lack of a facility fee policy may prevent rural patients from using telehealth (Butler et al.,2018).The variables presented in this study are categorical and discrete. A contrast analysis was carried out to explore the interactions between the various factors. The study is vulnerable to internal validity issues, such as random assignment and statistical control. It also has limitations and strengths in the multivariate model. The study is vulnerable to various internal validity issues, such as random assignment and statistical control.

References

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