Telehealth Policy Workgroup

December 15, 2020 | 3:00pm-5:00pm EST

Register for Zoom Meeting:

us02web.zoom.us/meeting/register/tZ0lceqhrTkjGdR1wF8LII3KD1wMEOstqOUj

Agenda

I. **INTRODUCTIONS**

II. **OPENING REMARKS**

III. **POTENTIAL RECOMMENDATIONS POLICY DISCUSSION**

IV. **NEXT STEPS**

- Next meeting
- Meeting summary
- Other

Telehealth Policy Workgroup

POLICY DISCUSSION ITEMS

1: Removing telehealth restrictions on originating sites

BENEFITS

Providers

- Expands ability to offer telehealth
- Avoids unnecessary utilization (e.g., hospital/emergency room, SNF admissions)
- Reduced no-show rates
- Increased opportunity to use remote patient monitoring for high-risk patients and chronic care management
- Supports care coordination and transitions between care settings with more immediate follow-up
- Improves access to interprofessional team care (e.g., social worker, pharmacist) and communication
- Potential decreased costs associated with "brick and mortar" facilities
- Increases ability to quickly respond to acute non-emergent situations
- Allows timely treatment/therapy adjustments when viewing patient in their natural environment
- Preservation of protective personal equipment
- Ability to assess patients' home environment

Payers

- Greater access and engagement for members
- Supports care delivery at the lowest cost setting and potential for reduced health care costs (e.g., Medicaid transport costs)

Consumers

- Expands access to care and flexibility in seeking services
- Mostly comfortable with technology
- Consumer choice/preference and comfort to receive services where they want (e.g., minimize stigma for seeking certain services)
- Increases patient engagement, self-management, and satisfaction in their health care
- Increases the potential for health equity
- Reduces barriers to care (e.g., financial, transportation, childcare, debilitating conditions, time off work, etc.)
- Promotes infection control and public safety

UNINTENDED CONSEQUENCES

Providers

- Potential risks to privacy and security of PHI in some circumstances
- The ability to accurately diagnose
- The impact on patients due to reduced regulatory oversight of providers
- Potential loss of local providers/services
- Concerns over increases of fraud allegations
- Potential lack of comfort with technology and communicating virtually with patients

Payers

- Overutilization of health services
- Potential for delivery of partial care

Consumers

- Access and communication barriers for certain populations due to age, socioeconomic status, technology literacy, vision/hearing impairments, etc.
- Duplication of services, virtually and in-person
- Possibility of pressure to have a telehealth visit against one's preference

PERMANENCY CONCERNS	OTHER
Providers • Uneven opportunity across providers due to technology access and infrastructure challenges (e.g., broadband internet, data) • Addressing challenges of patient engagement in care; no clear pathway to address health literacy and digital divide issues • Ability to adapt to rapidly changing guidelines **Payers** • Alignment across payers in defining originating site (e.g., home is anywhere) and reimbursement policies • Impact on Total Cost of Care Model is unknown • Need to assess metrics pertaining to quality, cost, utilization, and patient outcomes to understand impact • Facility fee concerns **Consumers** • Infrastructure and technology challenges could impede access, particularly for underserved communities • Ensuring comfort and appropriate use of the technology • Need to assess patient satisfaction data to inform policy and training programs	**Providers** • Consider removing originating site restriction requiring staff to be on site to bill facility fee • Monitor federal efforts to permit expansion of originating sites **Payers** • Consider CMS guidance and Medicare policies on originating site and payer alignment • Monitor and analyze quality and cost data to inform policy and advance positive health outcomes **Consumers** • Need for parallel in-person and telehealth pathways • Continued need for financial support and opportunities (e.g., grants) without geographic restrictions to improve technology infrastructure **Non-Specific** • Inclusion of telehealth training in provider education, accreditations and certifications • Determination of what constitutes an originating site

PRIMARY THEMES

- The need to rely on providers' clinical judgment and consumers' preferences to determine appropriateness
- Removing geographic and originating site restrictions promotes greater access to care, particularly for underserved populations
- Broader use of telehealth can assist in reducing the total cost of care
- Consistent coverage and reimbursement policies are required to reduce provider and consumer confusion
- A concern that policy changes may be implemented prematurely and will require modification when sufficient data is collected and appropriately analyzed
- Gaps remain (e.g., lack of technology, digital literacy, and access to high-speed internet) that need to be addressed to close health disparities for rural, underserved, and vulnerable communities

DRAFT POTENTIAL RECOMMENDATIONS

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2: Permitting audio only when the treating provider determines it to be safe, effective, and appropriate

BENEFITS

Providers

- Supports care management and continuity (e.g., chronic care management, follow ups, behavioral health, medication therapy management)
- Supports care delivery during public health emergencies (e.g., COVID-19, natural disaster, etc.)
- Increases ability to quickly respond to acute non-emergent situations
- Expands opportunities to provide patient education
- Provides an option to deliver care when audio-video connection is not accessible or feasible

Consumers

- Allows flexibility to receive services that aligns to their preferences
- Greater likelihood for equitable access to care, particularly for vulnerable populations or patients with limitations (e.g., technology, broadband internet, digital literacy, unstable housing) or when other options (e.g., video visits, in-person) are not available
- Ease of access, particularly for older populations and individuals with limited access to technology

UNINTENDED CONSEQUENCES

Providers

- Increased risk for siloed care/lack of documentation within the EHR if not integrated into care delivery workflows (e.g., video visits and in-person)
- Potential for duplication of services
- Increased risk for missed diagnoses and miscommunication
- May impede provider adoption of video visits

Payers

- Understanding implications of services provided outside a regulated space
- Potential confusion on appropriate use requirements and uneven reimbursement policy across payers, insured and self-insured business
- Potential for billing of new, additional, or duplicate services
- Potential increase of fraud and abuse

Consumers

- Unaware of financial liability for associated services
- Potential to create inequities for patients only able to access audio-visual care
- Potential risks to privacy/confidentiality of visit in certain situations (e.g., domestic violence cases)
- May limit provider/consumer engagement during the visit

PERMANENCY CONCERNS

Providers

- Defining reimbursement levels for audio only services (e.g., payment parity based on provider time or technology used – audio-only; audio and video; audio, video, and RPM)
- Determining services appropriate and effective for audio only
- Lack of guidelines on appropriate uses and processes (e.g., verifying patient identity) resulting in greater risk of liability
- Potential standard of care issues and practice workflow challenges (e.g., standardizing documentation of audio-only visit within EHRs)
- Impact of prior authorization on access

Payers

- Challenging to formulate reimbursement policies (e.g., length of call, visit type, duplicity/coordination of services, who initiates call) and alignment across payers
- Establishing guidelines for determining appropriate services once data from PHE is collected and analyzed
- Long-term effect on care quality, cost, and outcomes unknown

OTHER

Providers

- Need for parity in payment with services provided by telehealth

Payers

- Consider a time-limited phase out approach to allow adequate adoption and use of telehealth by providers and consumers
- Need time to conduct an impact evaluation of audio only services during the PHE on utilization, access, quality, safety, and efficacy

Consumers

- Need for policies to remain patient-centric

Non-Specific

- Use should be based on patient and provider preferences and clinical judgement
- Permit audio only services due to necessity (e.g., rural facilities with lack of broadband)
- Consider MTM comprehensive and targeted review services as reimbursement model

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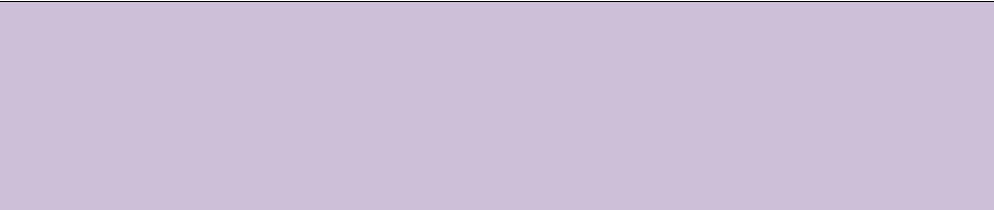
<tr><td>

- Demand beyond PHE is unknown
- Determination of quality metrics

Consumers

- Educating consumers on appropriate uses
- How to address language and physical barriers (e.g., hearing and eyesight)
- Need for clarification on copayments/coverage

</td><td></td></tr>
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PRIMARY THEMES

- Provides an alternate and easily accessible modality to render care and seek treatment based on provider judgment and consumer preference
- Helps address health care inequities, especially for underserved and underrepresented populations
- Addresses challenges associated with adopting health information technology for resource-limited providers
- Variation exist in determining a method and rationale for payment parity with in-person visits
- Consider audio only as a time-limited transition service to live-visual encounters when statewide access to broadband and other needed technology is achieved
- A concern that policy changes may be implemented prematurely requiring modification when sufficient data is collected and appropriately analyzed
- Balancing expanded access to care and the potential for health, safety, and security concerns

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3: Removing telehealth restrictions on conditions that can be treated

BENEFITS

Providers

- Reduces avoidable hospital admissions and emergency department utilization
- Enables remote patient monitoring (e.g., for mental health and other targeted medication adherence, chronic care management) and rapid interventions when needed
- Relies on providers' clinical judgment
- Holds telehealth visits to same outcome measures as in-person visits
- Promotes more coordinated and interprofessional care
- Allows consistency across payers

Payers

- Potentially reduces costs associated with avoidable hospital admission and emergency department utilization

Consumers

- Allows for more immediate and expanded access to care
- Creates a consumer-centered system of care that accommodates patient needs and preferences (e.g., reduces travel and scheduling challenges, convenience)
- Greater coordination of services, particularly if comorbidities are present
- Promotes access to specialty care, especially for high-risk patients

UNINTENDED CONSEQUENCES

Providers

- May reduce care efficacy of certain services
- Potential risks to patient safety (e.g., certain symptoms may be missed without in-person physical exam)
- Lack of data to determine which conditions can be effectively treated using telehealth

Payers

- Risk of overuse, potential for duplicate services resulting in an increase in health care costs
- Potential negative impact on health care quality
- Possibility of additive rather than substantive services

Consumers

- Confusion could occur when treatment plan is verbal
- Patient dissatisfaction with care services resulting in complaints/dissatisfaction
- Confusion around benefit coverage and out-of-pocket costs

PERMANENCY CONCERNS

Providers

- Malpractice concerns due to increased liability
- Lack of condition-specific telehealth processes
- Re-engineering practice workflows to support the effective use for new conditions
- Support needed to conduct certain services within the home

Payers

- Lack of standards around appropriateness of care
- Lack of data to determine the impact on access, cost, and quality

Consumers

- Increased demand on primary care providers could hinder access/availability

OTHER

Providers

- Prior authorization for behavioral health services may limit access
- Barriers significantly differ depending on geographical location of patients
- Need alignment for conditions appropriate via telehealth and payer reimbursement
- Some conditions and treatments may be limited by federal laws (e.g., medication assisted treatment)
- Need updated provider training (education and professional

Payers

- Compliance oversight

Consumers

Non-specific

- Need for ongoing data collection and analysis to assess policies and ensure they support positive health outcomes
- Compliance with federal anti-discrimination laws (e.g., Mental Health Parity and Addiction Equity Act, American with Disabilities Act)
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PRIMARY THEMES

- Fosters timely and coordinated care and may lead to improved patient outcomes, decreased avoidable hospital admissions, and emergency department utilization
- Requires consumer education to promote understanding and awareness of the role of telehealth and how to navigate the technology
- Lessening prior authorization requirements for virtual prescribing to expand access, promote patient safety, and avoid adverse outcomes
- A concern that policy changes may be implemented prematurely requiring modification when sufficient data is collected and appropriately analyzed
- Consistent coverage and reimbursement policies are required to reduce provider and consumer confusion

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<table>
<tr><th colspan="2">4: Removing telehealth restrictions on provider types</th></tr>
<tr><td>BENEFITS
Providers
• Supports interprofessional team care, especially if providers are in different locations
• Helps address workforce shortages and funding limitations, especially for specialists (e.g., behavioral health providers)
• Increased timeliness and continuity of care
• Provides flexibility in staffing models (e.g., use of non-licensed or certified staff)
• Allows consistency across payers
Consumers
• Increases access to a broader range of provider types
• Reduces challenges associated with scheduling and travel
• Promotes care consistency
• Greater potential to address social determinants of health
• Supports consumer choice</td><td>UNINTENDED CONSEQUENCES
Providers
• Potential impact on patient safety (e.g., certain symptoms may be missed without in-person physical exam)
• Provider avoidance of telehealth due to lack of comfort
• Ensuring adequate provider training
• Potential decline of established patient-provider relationship and continuity of care (e.g., patients see different provider for each visit)
Payers
• Over or underutilization due to the lack of treatment guidelines
Consumers
• Potential confusion on what is covered</td></tr>
<tr><td>PERMANENCY CONCERNS
Providers
• Lack of existing reimbursement for certain provider types (e.g., pharmacists, home health, etc.)
• Potential for wide-range variation in provider determination as to the appropriate service delivery method
• Level of accountability
• Equity in decision making (e.g., discretion)
• Need for coordination among care team
Payers
• Need more data on value, cost, access, and quality
• Lack of standards to determine medically appropriate provider types
• Payment constraints in setting service rates for Medicaid (e.g., lack of flexibility in lowering rate to FQHCs for telehealth services)
Consumers
• Lack of quality measure ratings available to assess provider effectiveness in virtual visits</td><td>OTHER
Providers
• Restrictions should align with scope of the license
• Consider federal and State policies related to use of compacts and implications for practicing across borders
• Trust in providers' clinical judgement
Payers
• Need a method to address quality concerns/complaints
Consumers
• Need for education on seeking care from appropriate providers</td></tr>
<tr><td colspan="2">PRIMARY THEMES
• Helps address geographic barriers and workforce shortages
• Concern among payers on the potential financial impact of expanded services and a limited Medicaid budget
• A concern that policy changes may be implemented prematurely requiring modification when sufficient data is collected and appropriately analyzed
• Increases potential for health equity, consumer choice, and access to health professionals
• The need for provider training on virtual care delivery and consistency in guidelines</td></tr>
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5: Reducing or waiving cost sharing for telehealth services through the end of the public health emergency or until December 31, 2021, whichever occurs last

BENEFITS

Providers

- Incentivizes flexibility in providing care
- Reduces risks associated with COVID-19 positive or presumed positive patients from presenting in-person for care

Increases stability and continuity of care

Payers

- Increased timeliness of care may reduce the risk of deferred/delayed care and reduce costs to the health care system

Consumers

- Addresses access to care issues
- Supports financial equity in care, especially for those whose employment has been disrupted
- Greater likelihood that consumers will seek care rather than deferring
- Decreases exposure to COVID-19 and other infectious diseases
- Promotes care continuity and management

UNINTENDED CONSEQUENCES

Providers

- Potential confusion on reimbursement and covered services resulting from variation in coverage across payers (e.g., COVID-19 related services vs. unrelated services, audio only vs. video visits)

Payers

- Potential for inappropriate utilization of telehealth
- May promote and incentivize use of telehealth over in-person visits
- Lack of clarity on which plans must comply

Consumers

- Nuances in payer policies could create confusion on final billed amount (e.g., out-of-network providers, self-insured plans)
- A risk that higher cost-sharing for in-person visits (compared to telehealth) could create inequities in care delivery

PERMANENCY CONCERNS

Providers

- Differing reimbursement structure than in-person visits
- Financial impact on providers due to lost revenue
- Abrupt discontinuation of telehealth when financial benefit stops

Payers

- Potential for overutilization of services and duplicative services
- Funding – Medicaid

Consumers

- Risk that quality of care will be negatively impacted as the volume of virtual care increases system wide

OTHER

Providers

- Consider comparable or commensurate compensation to in-person visits

Payers

- Defer on making a policy recommendation until more data is gathered and analyzed
- The need for flexibility to be nimble and innovative in addressing PHE

Consumers

- Apply copayments in the same manner as in-person visits after PHE ends
- The need to address co-payments collection for those without credit cards
- Coverage options when in-network providers are not adequate or available

PRIMARY THEMES

- May increase access to care and reduce health implications associated with deferred care
- Educate consumers on appropriate conditions for a telehealth visit
- Supports equitable access to care for underserved populations
- A concern that policy changes may be implemented prematurely requiring modification when sufficient data is collected and appropriately analyzed

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6: Reinstating technology standards that require providers to use HIPAA-compliant technology, which were relaxed by OCR during the federal public health emergency

BENEFITS	UNINTENDED CONSEQUENCES
Providers • Lessens privacy and security concerns • Improves the quality of telehealth encounters • Increased likelihood technology integration exists with electronic health records • Fewer workflow challenges **Payers** • Reduces risk of unauthorized access to a patient's protected health information **Consumers** • Ensures adequate protection around privacy and security • Builds consumer confidence in the use of telehealth	**Providers:** • Telehealth adoption will require a financial investment in the technology **Consumers** • Potential barrier to access (e.g., patients not allowed to manually send symptoms/vitals to providers, or broadband internet limitations) • Applications are not always user friendly and may require downloading multiple technology solutions • Limitation on patient choice
PERMANENCY CONCERNS	**OTHER**
Providers • Costs to invest in a HIPAA-compliant telehealth solution, particularly for small practices • Solution integration challenges with EHRs • Addressing barriers to implementation, particularly for those serving underserved communities **Payers** • The risk that payers could be held accountable for technology adoption choices of providers by OCR **Consumers** • Can limit use if applications are oversized • Burnout by "yet another application" to download • Challenges in becoming familiar with multiple telehealth solutions	**Providers** • Consider relaxation of HIPAA-compliant technology under certain circumstances (e.g., documented emergency situations) • Lack of interoperability for technology that is not HIPAA-compliant • Need for support in navigating telehealth technology vendor market • Consider audio only reimbursement or alternative technology options when HIPAA-compliant technology is not feasible/accessible • Consider reimbursement for services delivered via patient portals, secure messaging, etc. **Payers** • Use caution in adoption legislation that may hinder the evolution of telehealth technology • Monitor OCR guidance **Consumers** • Need for easy-to-use technology

PRIMARY THEMES

- The utility of non-public facing applications during the public health emergency does not offset the risks to privacy and security
- Allowable communication options include practice patient portals and secure messaging
- Costs to invest in HIPAA-compliant telehealth infrastructure may stunt provider adoption
- Addressing implications on consumer access and satisfaction

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