Telehealth Policy Workgroup

November 12, 2020 | 3:00pm-5:00pm EST

Register for Zoom Meeting:

us02web.zoom.us/meeting/register/tZYrf-mhrTosGdUj3O3bFteS6zD6EEZbOsHA

Agenda

I. INTRODUCTIONS

II. OPENING REMARKS

III. POLICY DISCUSSION AND THEMES

IV. NEXT STEPS

- Next meeting
- Meeting summary
- Other

Telehealth Policy Workgroup

DISCUSSION ITEMS

1: Removing telehealth restrictions on originating sites

BENEFITS

Providers

- Expands ability to offer telehealth
- Avoiding unnecessary utilization (e.g., hospital/emergency room, SNF admissions, etc.)
- Reduced no-show rates
- Increased opportunity to use remote patient monitoring for high risk patients
- Supports transitions between care settings with more immediate follow-up
- Improves access to interprofessional team care (e.g., social worker)
- 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

Consumers

- Expands access to care
- Mostly comfortable with technology
- Consumer choice/preference to receive services where they want
- Increases patient engagement and satisfaction in their health care
- Increases the potential for health equity
- Reduces barriers to care (e.g., financial, transportation, childcare, debilitating conditions, etc.)

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

Payers

- Overutilization of health services

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

PERMANENCY CONCERNS

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

Consumers

- Infrastructure and technology challenges could impede access

OTHER

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 on originating site and payer alignment
- Monitor and analyze quality and cost data to inform policy

Consumers

- Need for parallel in-person and telehealth pathways

COMMON THEMES •
PARKING LOT

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)
- 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 patients with limitations (e.g., technology, broadband internet, digital literacy) 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 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

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 patient liability for associated services
- Potential to create inequities for patients only able to access audio-visual care
- May impede advancement to improve access to video visits
- Potential risks to privacy/confidentiality of visit in certain situations (e.g., domestic violence cases)
- May decrease engagement during the visit

PERMANENCY CONCERNS

Providers

- Defining reimbursement levels for audio only services (e.g., provider prep and visit time, partial visits, etc.)
- 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

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
- Long-term effect on care quality, cost, and outcomes unknown

Consumers

- Educating consumers on appropriate uses
- How to address language and physical barriers (e.g., hearing and eyesight)

OTHER

Payers

- Considering a two-year phase out approach to allow adequate adoption and use of telehealth by providers and greater consumer acceptance
- Need time to conduct an impact evaluation of audio only services during the PHE on utilization, access, quality, safety, and efficacy
- Viewing audio only as an interim solution until all have access to video visits

Providers

- Need for parity in payment with services provided by telehealth

Consumers

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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 for mental health medication adherence, and rapid interventions when needed
- Relies on providers' clinical judgment
- Holds telehealth visits to same outcome measures as in-person
- Promotes more coordinated care

Payers

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

Consumers

- Allows for more immediate and expanded access to care
- Convenience (e.g., reduces travel and scheduling challenges)
- Greater coordination of services, particularly if comorbidities are present

UNINTENDED CONSEQUENCES

Providers

- May reduce care efficacy for certain services
- Risks to patient safety (e.g., certain symptoms may be missed without in-person physical exam)
- Lack of data to determine what conditions can be effectively treated using telehealth
- Need updated provider training (education and professional)

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 of telehealth
- Support needed to conduct certain services within the home

Payers

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

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)

Payers

- Compliance oversight

Consumers

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4: Removing telehealth restrictions on provider types

BENEFITS

Providers

- Supports interprofessional team care, especially if providers are in different locations
- Helps address workforce shortages, especially for specialists
- Increased timeliness of care
- Provides flexibility in staffing models (e.g., use of non-licensed or certified staff for supportive services)

Consumers

- Increased access to a broader range of provider types
- Reduces challenges associated with scheduling and travel
- Promotes care consistency with a specific provider
- Greater potential to address social determinants of health
- Supports consumer choice

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 (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

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)

Payers

- Need more data to determine if compelling evidence exists 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 rating scores available to the public to determine provider effectiveness in virtual visits

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

Payers

- Need method to address quality concerns/complaints

Consumers

COMMON THEMES

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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

Payers

- Increased timeliness of care may reduce the risk of deferred/delayed care and increased 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
- Raises awareness of telehealth and its benefits

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 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

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

Consumers

- Risk that quality of care will be 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

- Applying copayments in the same manner as in-person visits after PHE ends
- The need to address co-payments for those without credit cards

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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 **Providers** • Lessens privacy and security concerns • Improves quality of patient visit • 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	**UNINTENDED CONSEQUENCES** **Providers:** • Adopting telehealth will require an 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 **Providers** • Costs to invest in a HIPAA-compliant telehealth solution, particularly for small practices • Solution integration challenges with EHRs • Assessing barriers to implementation, particularly for those serving underserved communities **Payers** • OCR enforcement relaxation risks to privacy and security • Alignment across payers for changes in coverage of services **Consumers** • Can limit use if applications are oversized • Burnout by "yet another application" to download • Challenges in becoming familiar with multiple telehealth solutions	**OTHER** **Providers** • Consider relaxation of certain requirements (e.g., use for documented emergency situations) • Lack of interoperability for technology that is not HIPAA-compliant • Need for support in navigating technology/vendor market based on practice and patient needs • Consider audio only reimbursement options when HIPAA-compliant technology is not feasible/accessible • Consider reimbursement for services delivered via patient portals, secure messaging, etc. **Payers** • Use caution in updating laws that may hinder evolution of technology/telehealth • Monitor OCR guidance **Consumers**
COMMON THEMES •	
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Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

November 10, 2020

Dear Colleague:

Maryland is currently experiencing an alarming increase in COVID-19 activity. More than 1,000 new PCR-confirmed cases have been reported to MDH each day over the last three days. Case rates and COVID test percent positivity are increasing as well, as are COVID-19 hospital and ICU admissions, outbreaks in skilled nursing facilities and COVID-19 deaths. Increases in activity are occurring throughout the state.

In response, the Maryland Department of Health (MDH) is providing you the following cautionary guidance regarding elective hospital admissions:

Elective admissions that are likely to require prolonged artificial ventilation, ICU admission or may have a high probability of requiring post hospital care in a skilled nursing facility should be avoided.

MDH recognizes that Maryland hospitals vary in capacity, staffing support and the types and needs of patients served, and therefore, currently, the decision about when to invoke a strict moratorium on elective admissions is being made by the leadership at each hospital; however, MDH urges all Maryland clinicians to monitor the local and state situation and follow this guidance to the extent possible. It is our hope and intention that taking early and measured precautions now will delay or obviate the need for more stringent and universal interventions later.

In addition to these measures MDH would like to remind clincians to adhere to best infection control practices for safe worflows in hospitals and ambulatory facilities, use telehealth technology to the extent pratical for caring for all patients, especially those who are high risk, continue to test patients within the guidelines for Covid-19 and be well prepared for your upcoming roles in Covid-19 immunization.

Thank you for your continued extraordinary efforts caring for patients in our community.

Sincerely,

Jinlene Chan, MD, MPH, FAAP
Acting Deputy Director
Public Health Services

Howard Haft, MD, MMM, CPE, FACPE
Executive Director
Maryland Primary Care Model