

ADVANCING TELEHEALTH IN AMBULATORY PRACTICES

TELEHEALTH GRANT PROGRAM

DRAFT – APRIL 15, 2021



MARYLAND
HEALTH CARE
COMMISSION

GRANT PROGRAM

- Use State-Designated Management Service Organizations (MSOs) to diffuse telehealth in small ambulatory practices (practices) to expand access to care and reduce exposure to COVID-19
- MSOs provide telehealth technical guidance to practices with emphasis on technology selection and implementation, learning how to use the technology to conduct patient consults virtually, and remapping workflows
- Grant amount – up to \$500,000 (13-month program)
 - MSO could receive up to \$2,700 per practice
 - Estimated total spend: \$350,000

PROGRAM SNAPSHOT

- MSOs collaborated with MHCC to identify practices for participation in the program, with a focus on underserved and rural areas
- Program assessment – target achieved, expand telehealth adoption in approximately 112 small primary care and specialty practices
 - 93 practices attested to using telehealth in care delivery and received a \$500 rebate to offset implementation costs
 - Do not have definitive reasons why the remaining 19 did not attest or if they conducted any visits telehealth

Note: Program data is preliminary; program concludes April 30, 2021

MSO – Grant Participants

| Name | Number of Practices Assisted | County | Minority Business Enterprise | Economically Disadvantaged Woman Owned Small Business | Veteran Owned |
|-------------|-------------------------------------|-----------------|-------------------------------------|--|----------------------|
| MedTEC | 84 | Prince George's | ✓ | | |
| Syndicus | 0 | Anne Arundel | | | ✓ |
| ZaneNet | 28 | Prince George's | ✓ | ✓ | |

PARTICIPATING PRACTICES

- Practice were located throughout the State
- Practices were evenly split between primary care and specialists
- Average practice size was about 1.5 providers
 - Practice sized ranged from 1-7 providers; majority of practices were single provider
- Telehealth adoption improved consumer access to their provider for potentially 300,000 individuals during the PHE peak*

**Staff estimate based on provider reported practice size and average patient panel*

| Jurisdiction | Practices | Share (%) |
|-----------------|------------|------------|
| Prince George's | 29 | 26 |
| Montgomery | 27 | 24 |
| Baltimore | 19 | 17 |
| Howard | 8 | 7 |
| Frederick | 6 | 5 |
| Baltimore City | 5 | 4 |
| Anne Arundel | 4 | 4 |
| Harford | 3 | 3 |
| Washington | 3 | 3 |
| Calvert | 2 | 2 |
| Charles | 2 | 2 |
| Allegany | 1 | <1 |
| Carroll | 1 | <1 |
| Talbot | 1 | <1 |
| Queen Anne's | 1 | <1 |
| Total | 112 | 100 |

PROGRAM MILESTONES



Practice Readiness

MHCC's Telehealth Readiness Assessment to determine practice needs and inform implementation planning



Technology

Educate on different telehealth solutions that range in cost and include non-public facing applications and HIPAA-compliant platforms



Workflow Redesign

Map telehealth workflows and identify practice staff responsibilities to incorporate new protocols

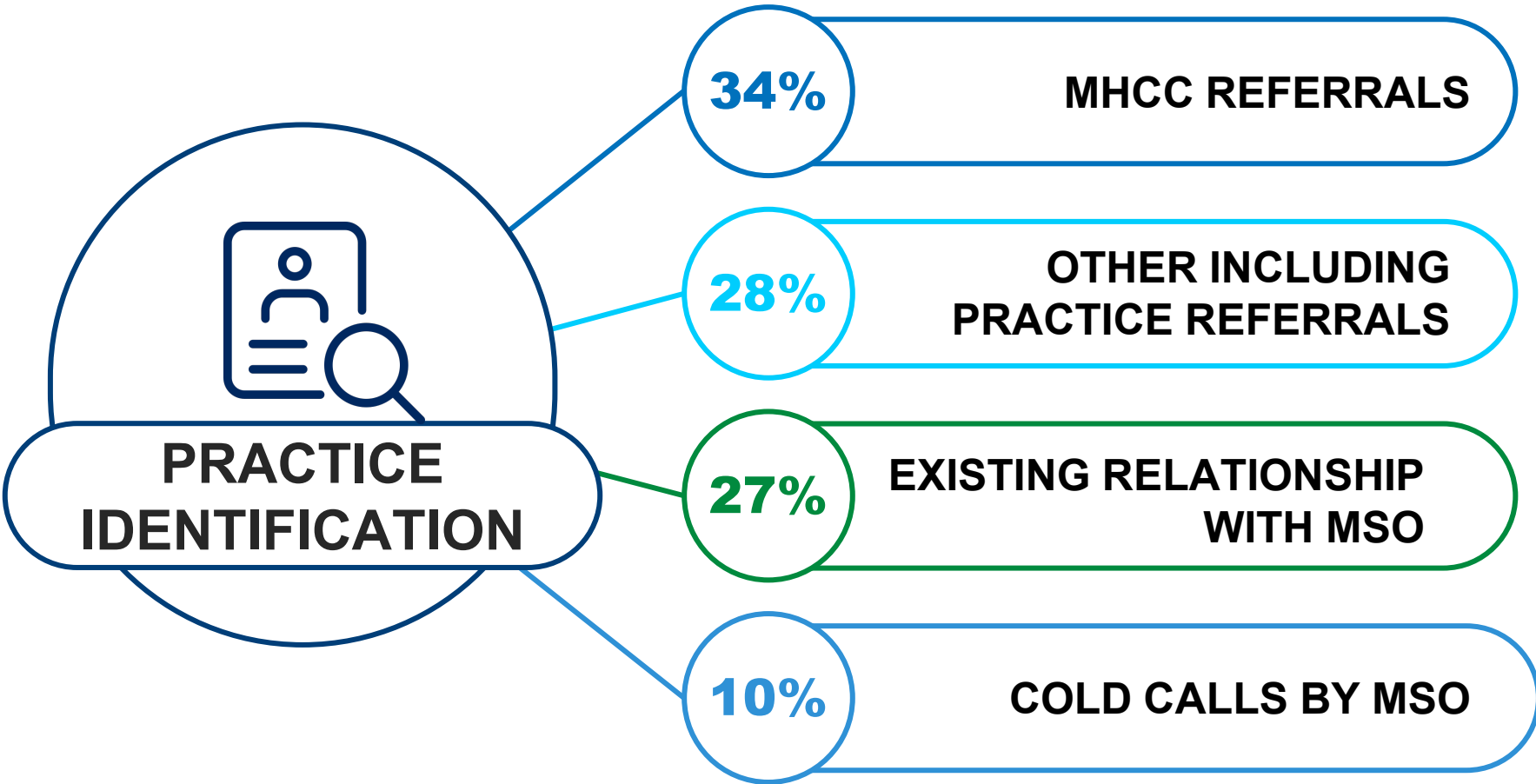


Training

Train practice staff on selected technology, supporting policies, and payor reimbursement processes

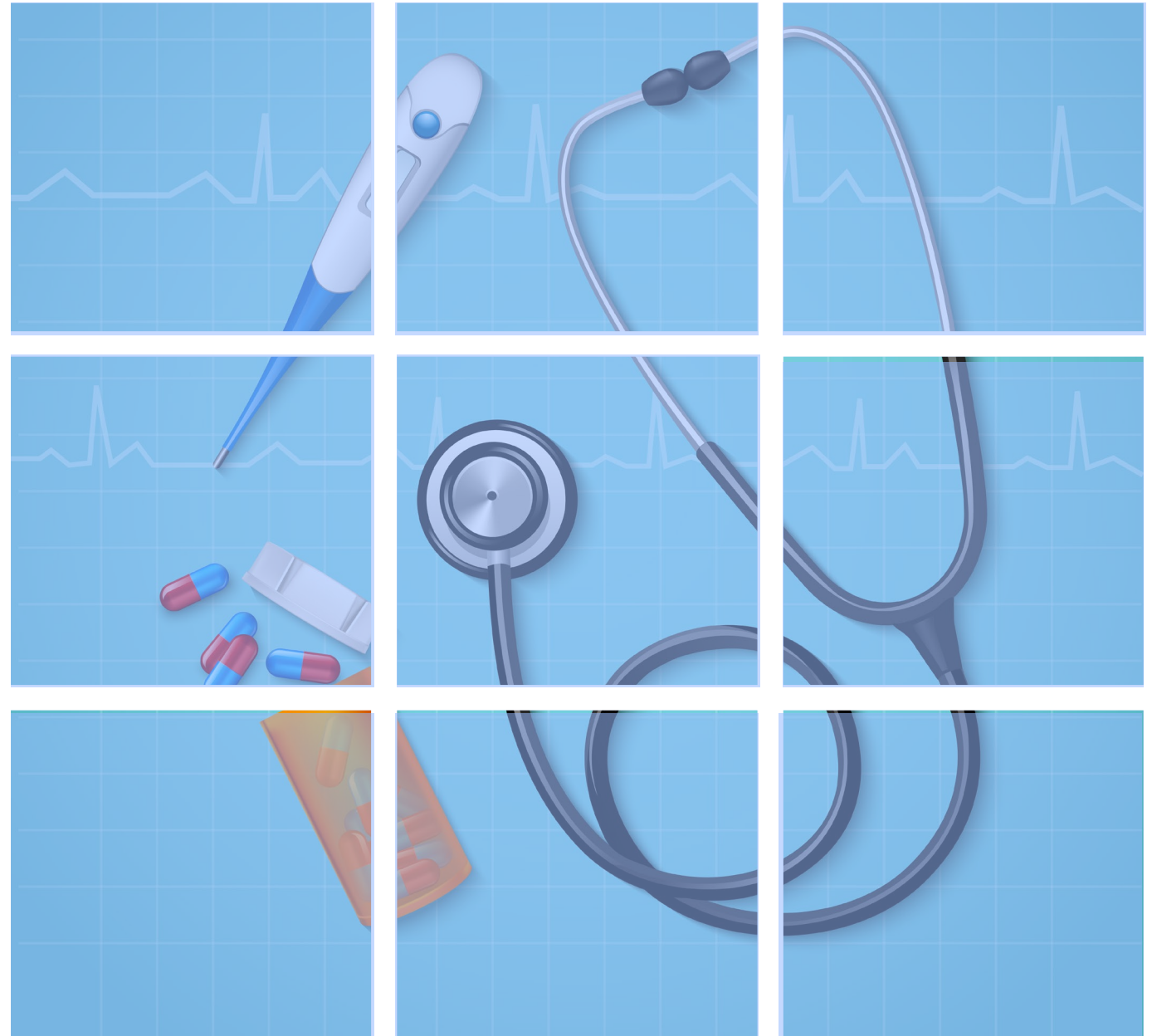
PRACTICE IDENTIFICATION

(n = 112)





PRACTICE SCAN *PROGRAM FEEDBACK*



MSO SATISFACTION

(n = 93)

94%



PRACTICE SATISFACTION
WITH MSO SERVICES

96%



EXPECTATIONS
MET

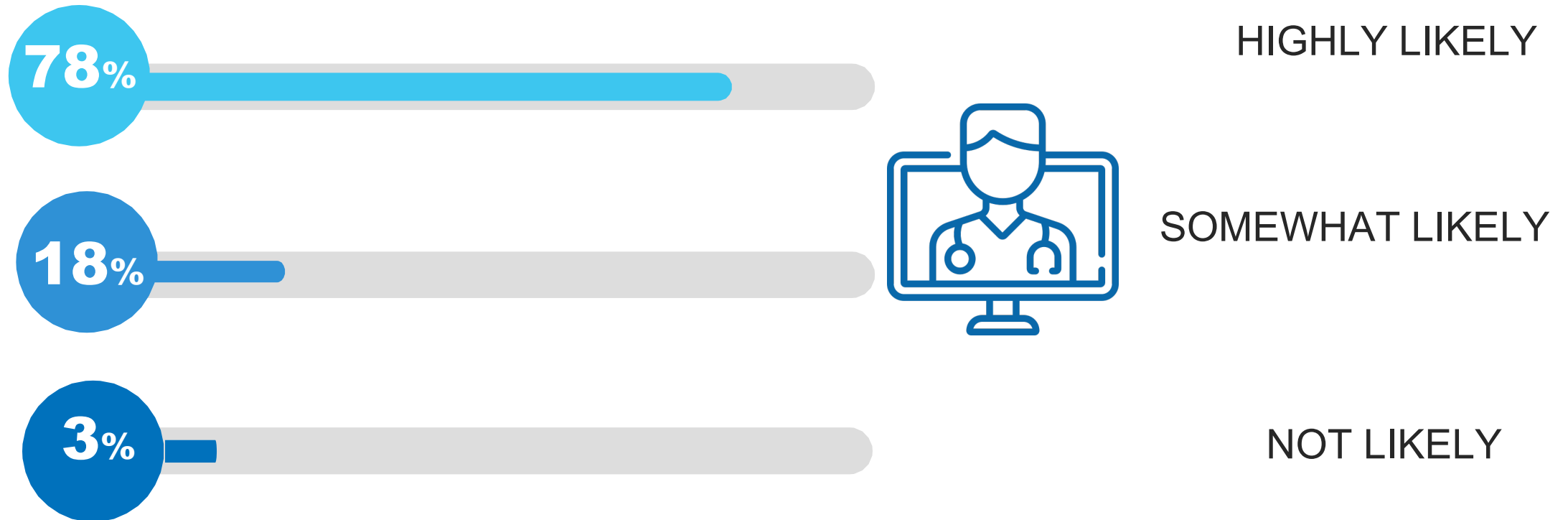
99%



WOULD RECOMMEND
MSO TO A COLLEAGUE

PLAN TO CONTINUE OFFERING TELEHEALTH

(n = 93)

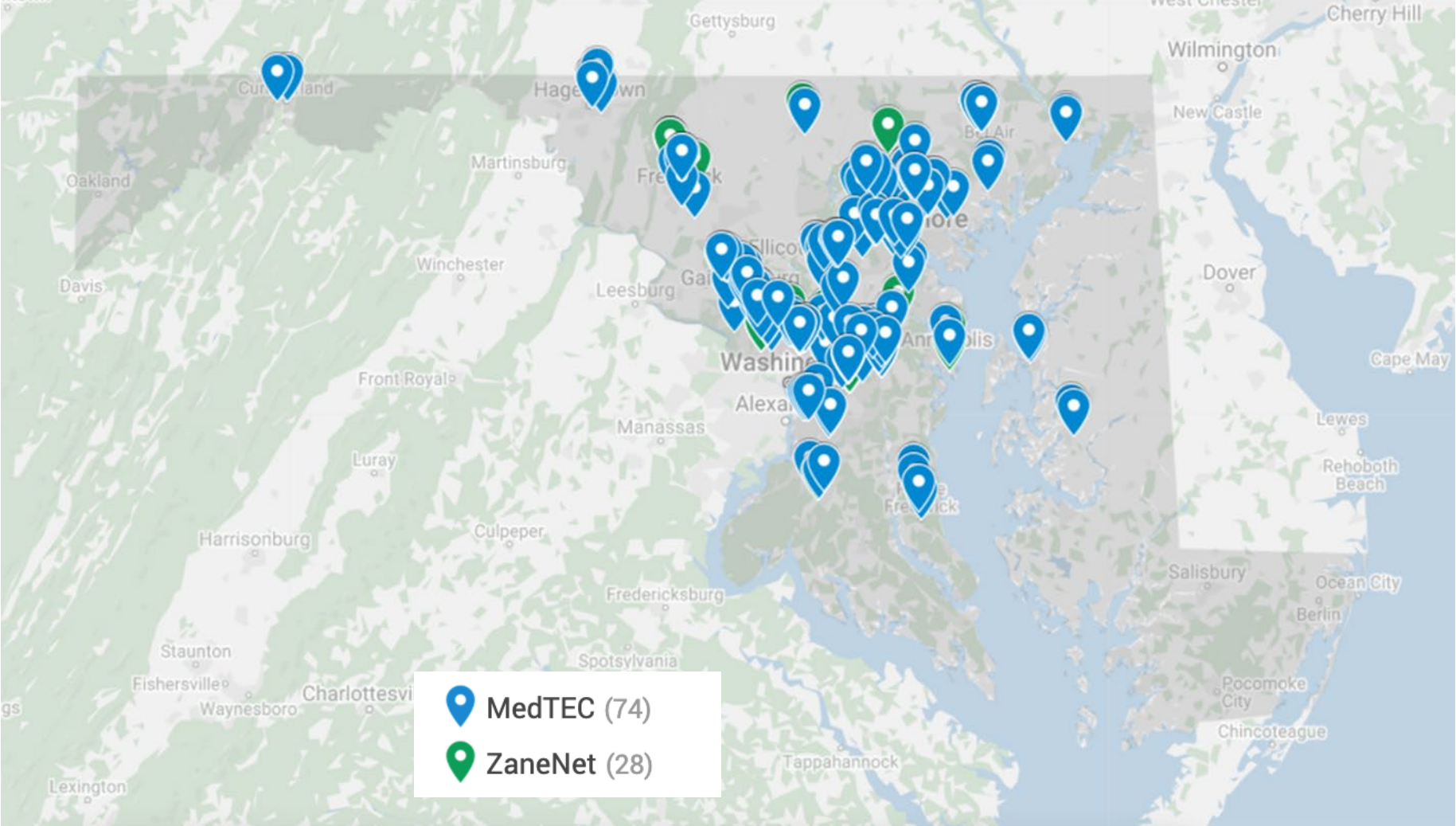




THANK YOU

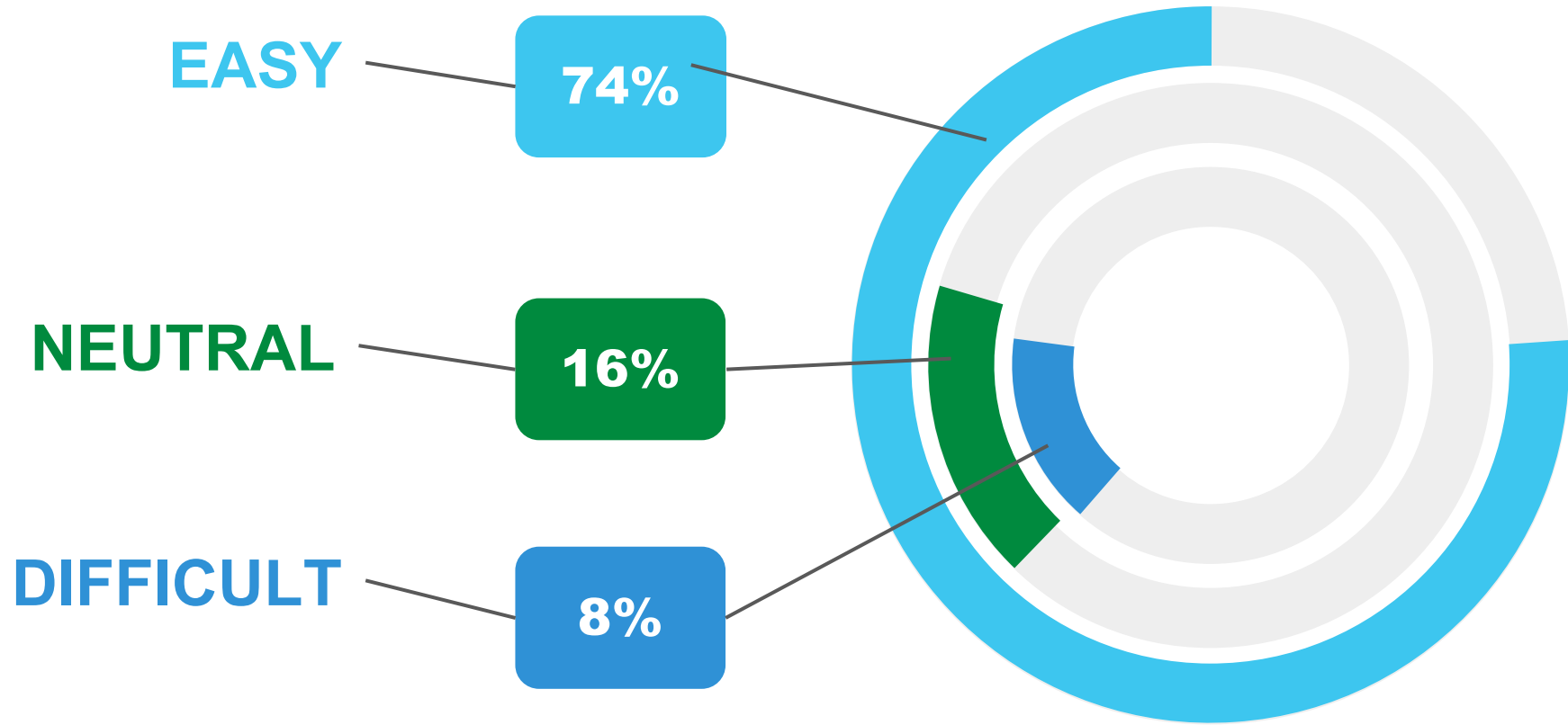
APPENDIX

PARTICIPATING PRACTICES



PRACTICE REPORTED – TELEHEALTH IMPLEMENTATION WITH MSO SUPPORT

(n = 93)



PRACTICE ADOPTION

(n = 93)

