MHC | MARYLAND HEALTH CARE COMMISSION

Expanding Telehealth Adoption in Ambulatory Practices

A Grant Funded Program - Accomplishments

September 2021

Andrew N. Pollak, MD

CHAIR

Ben Steffen

EXECUTIVE DIRECTOR

Table of Contents

Background

Telehealth adoption is increasingly viewed as one way to improve access to care and reduce health care costs.[1] In 2020, telehealth became critical to mitigate spread of the Coronavirus Disease 2019 (COVID-19) and ensure continuity of care.[2] Following the State of Emergency declaration by Governor Larry Hogan on March 5, 2020,[3] telehealth adoption and use expanded rapidly across all health care settings. Actions taken through State Executive Orders[4] and federal waivers[5] made telehealth adoption and use easier for health care providers (providers). Telehealth adoption expanded access to care, reduced exposure to COVID-19, and helped preserve a scarce supply of personal protective equipment.[6] Providers across the nation reported seeing 50-175 times the number of patients via telehealth as compared to pre-COVID-19.[7]

The Maryland Health Care Commission (MHCC) issued a telehealth grant on April 3, 2020, of up to $500,000 for State-Designated Management Service Organizations (MSOs)[8] to advance diffusion in ambulatory practices (practices). Grant funding enabled MSOs (MedTech Enginuity Corp., Syndicus, Inc., and Zane Networks, LLC.) to provide telehealth technical support and guidance to practices that otherwise would not have been able to adopt the technology. The MSOs helped 118 practices evaluate and implement telehealth systems and aided them in integrating the technology into workflows (i.e., tasks that occur before, during, and after a patient encounter). The grant concluded on April 30, 2021.

Participating Practices

The MSOs collaborated with MHCC and other stakeholders to identify practices that met the grant program (program) eligibility requirements (Figure 1).[9, 10] Small independent practices were targeted, as they generally lack the resources to implement health information technology

---

[1] American Hospital Association, Telehealth: helping hospitals deliver cost-effective care. April 2016. Available at: aha.org/system/files/content/16/16telehealthissuebrief.pdf.

[2] American Medical Association (AMA), Telehealth keeps care continuity during COVID-19 — that must continue. July 2020. Available at: ama-assn.org/practice-management/digital/telehealth-keeps-care-continuity-during-covid-19-must-continue.

[3] The Office of Governor Larry Hogan, COVID-19 pandemic: orders and guidance. Available at: governor.maryland.gov/covid-19- pandemic-orders-and-guidance/.

[4] *Ibid.*

[5] Department of Health & Human Services, Notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency. March 2020. Available at: hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html.

[6] Koonin L. M., Hoots B., Tsang C. A., et al. Trends in the use of telehealth during the emergence of the COVID-19 pandemic — United States, January–March 2020. Morbidity and Mortality Weekly Report 2020. Available at: cdc.gov/mmwr/volumes/69/wr/mm6943a3.htm.

[7] McKinsey, Telehealth: A quarter-trillion-dollar post-COVID-19 reality? May 2020. Available at: mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality#.

[8] MSOs provide resources, services, and support to help practices achieve care delivery objectives. Currently three organizations are recognized as State-Designated MSOs. More information is available at: mhcc.maryland.gov/mhcc/pages/hit/hit_mso/hit_mso.aspx.

[9] Eligible practices were defined as practices who had not billed any payer for a telehealth encounter.

[10] MSOs reached out to practices they had no prior relationship with to provide information about the program.

(health IT) and reengineer workflows. Roughly 118 practices completed the program with assistance from an MSO. About 63 primary care and 55 specialty practices, collectively serving an estimated 350,000 Marylanders, participated in the program.[11] Practice size ranged from 1-9 providers (Figure 6).

About 97 practices (Table 1) completed a post telehealth adoption questionnaire about the program, which qualified them to receive a $500 incentive payment to offset administrative telehealth adoption costs.[12] The questions centered around the practice's experience with telehealth implementation, satisfaction with MSO services, and plans to continue using telehealth post COVID-19 public health emergency (PHE). Over 90 percent of respondents expressed satisfaction with the program (Figure 2).[13] Nearly 98 percent plan to continue offering telehealth beyond the PHE (Figure 3); several practices cited improved patient access and care delivery follow-up as reasons for continuation.

Figure 1: Outreach

(n = 118)

34%   EXISTING RELATIONSHIP WITH MSO

30%   MHCC REFERRALS

PRACTICE IDENTIFICATION   24%   PRACTICE REFERRALS AND OTHER OUTREACH
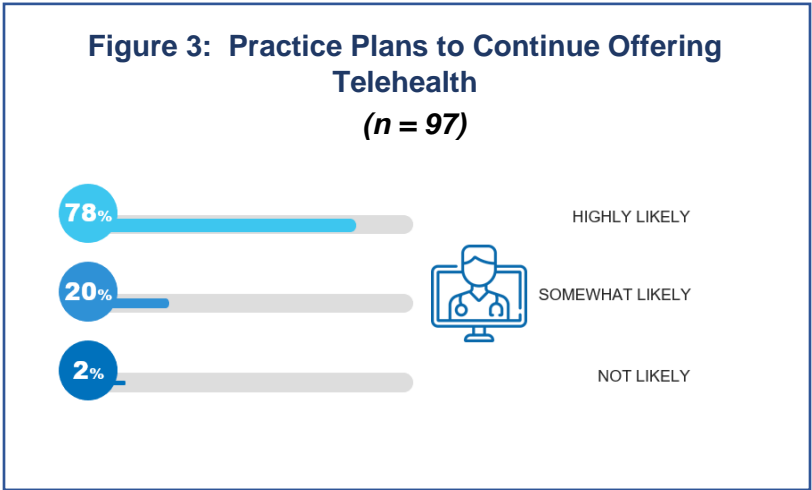
12%   PHONE CALLS BY MSO

---
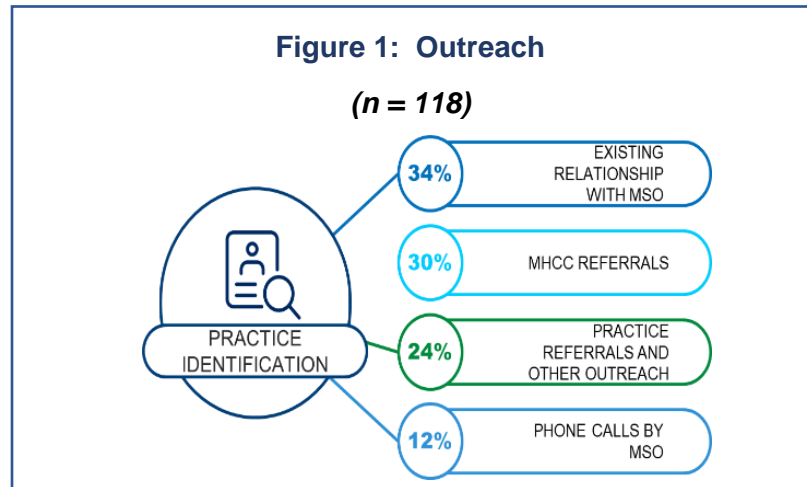
[11] Based on 140 providers with an average patient panel of 2,500.
[12] Payment was contingent on practices completing an MSO satisfaction questionnaire and attesting to billing for at least three telehealth encounters.
[13] Responses were on a Likert scale. See Appendix for more information on reported ease of implementation.

Table 1: Participating Practices by Jurisdiction		
Jurisdiction	**Practices** (#)	**Share** (%)
Prince George's	33	28
Montgomery	28	24
Baltimore	20	17
Howard	8	7
Frederick	6	5
Baltimore City	5	4
Anne Arundel	4	3
Harford	3	3
Washington	3	3
Calvert	2	2
Charles	2	2
Allegany	1	<1
Carroll	1	<1
Queen Anne's	1	<1
Talbot	1	<1
Total	118	100

Figure 2: Satisfied with MSO Services

(n = 97)

94%	96%	99%
PRACTICE SATISFACTION WITH MSO SERVICES	EXPECTATIONS MET	WOULD RECOMMEND MSO TO A COLLEAGUE

Figure 3: Practice Plans to Continue Offering Telehealth

(n = 97)

78% — HIGHLY LIKELY
20% — SOMEWHAT LIKELY
2% — NOT LIKELY
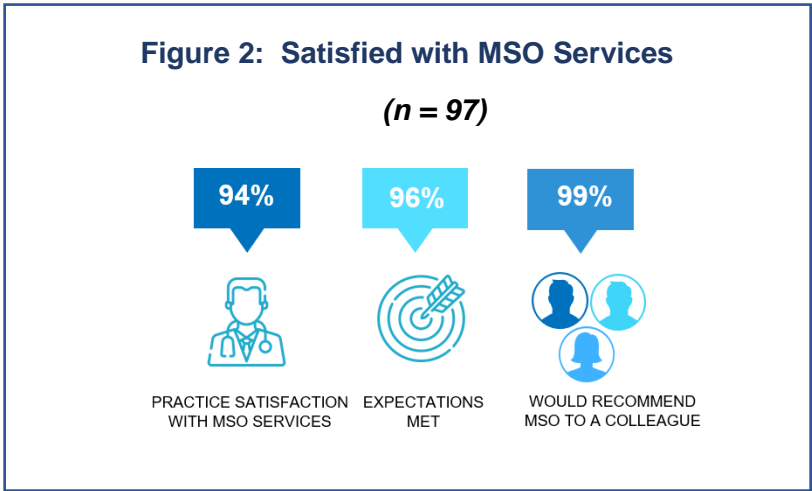
Program Milestones

The program included four milestones where MSOs could receive reimbursement for select activities of up to $2,700 per practice. Milestones were achieved in most cases with the assistance of a virtual coach to guide telehealth implementation. Approximately 98 percent of practices completed Milestones 1-4. All practices completed the MHCC Telehealth Readiness Assessment (TRA)[14] in Milestone 1.

Milestone 1 ($1,000/per practice)

- Completion of the TRA in collaboration with practice staff;

- Development of a plan to address areas of improvement, including prioritization of those areas identified in the assessment; and

- Consultation on the selection and implementation of a telehealth solution.[15]

Milestone 2 ($500/per practice)

- Practice staff education on telehealth guidance issued by the Office for Civil Rights, the Centers for Medicare & Medicaid Services, Maryland Medicaid, and commercial payers regarding new and existing requirements and temporary waivers during the PHE.

Milestone 3 ($500/per practice)

- Development of a matrix diagram in consultation with practice staff consisting of reengineered workflows to support telehealth.

Milestone 4 ($700/per practice)

- Training practice staff on using telehealth technology and implementing the practice approved telehealth workflow matrix diagram.

A Word About MSOs

MSOs have varying business models;[16, 17, 18] however, to qualify for State designation MSOs must minimally offer health IT services to practices related to electronic health records, electronic health information exchange, and telehealth, and meet select standards around privacy and security.[19] Key service elements include technology evaluation and selection support, implementation, training, and assistance in reengineering workflows, and developing policy and procedures. Health IT adoption provides the groundwork for practices to participate in value-

---

[14] The MHCC TRA tool is available at: mhcctelehealthtool.herokuapp.com.

[15] MSOs were prohibited from promoting a single solution to practices. A range of options from affordable, non-public facing applications to higher-end, HIPAA-compliant platforms were presented to practices.

[16] More information about MedTEC is available at: medtecheng.com.

[17] More information about Syndicus is available at: syndicusinc.com.

[18] More information about ZaneNet is available at: zanenetworks.com.

[19] The standards are informed by national guidelines and requirements for ensuring data privacy and confidentiality and transforming clinical practice. More information about State-Designated MSOs is available at: mhcc.maryland.gov/mhcc/pages/hit/hit_mso/hit_mso.aspx.

based care (VBC).[20] VBC allows practices to spend time and resources on maximizing health care quality and outcomes without impacting financial stability.[21]

Table 2: State-Designated MSOs						
Name	Practices Assisted (#)	County	Minority Business Enterprise (✓)	Woman Owned Small Business (✓)	Economically Disadvantaged Woman Owned Small Business (✓)	Veteran Owned (✓)
MedTEC	90	Prince George's	✓	✓		
Syndicus	0	Anne Arundel				✓
ZaneNet	28	Montgomery	✓	✓	✓	

Key Program Takeaways

The grant exceeded the program goal of diffusing telehealth in 100 primary care and specialty practices. Approximately 76 percent of practices served by an MSO are in underserved and rural areas of the State. The MSOs supported telehealth adoption during a crucial time; absent their work, thousands of Marylanders may not have been able to receive care from their provider (Figure 4). The MSOs also provided billing guidance to help practices optimize telehealth revenue.
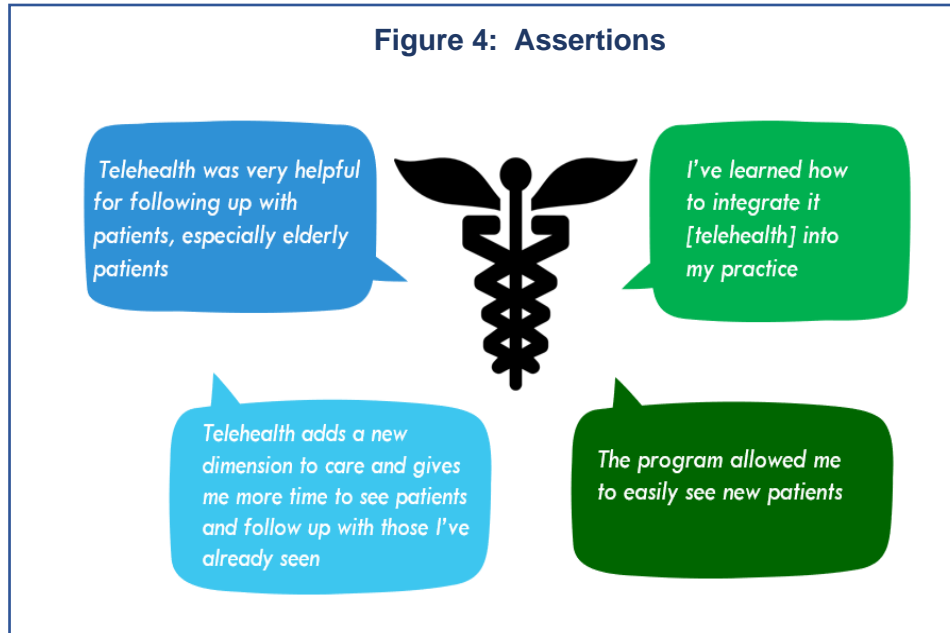
Many practices adopted a telehealth solution that does not comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).[22] The federal PHE is set to expire at the end of 2021. The need for MSOs to support select practices in their transition to HIPAA compliant telehealth solutions will be considered later this year. Overall, the program was a success, and the work was completed about 27 percent under budget.

---

[20] NEJM Catalyst, Healthcare big data and the promise of value-based care. January 2018. Available at: catalyst.nejm.org/doi/full/10.1056/CAT.18.0290.

[21] Deloitte Insights, Equipping physicians for value-based care: what needs to change in care models, compensation, and decision-making tools? October 2020. Available at: deloitte.com/us/en/insights/industry/health-care/physicians-guide-value-based-care-trends.html.

[22] The U.S. Department of Health & Human Services, Office for Civil Rights (OCR) is responsible for enforcing certain privacy and security regulations. During the federal PHE, OCR relaxed enforcement in using telehealth technology that not fully comply with HIPAA.

Practice Snippets

Figure 4: Assertions

Telehealth was very helpful for following up with patients, especially elderly patients

I've learned how to integrate it [telehealth] into my practice

Telehealth adds a new dimension to care and gives me more time to see patients and follow up with those I've already seen

The program allowed me to easily see new patients

*Testimonials provided by a participating practice located in Prince George's County during a webinar hosted by Prince George's County in October 2020.

Acknowledgements

The MHCC appreciates the work of the MSOs that advanced telehealth diffusion statewide. The MHCC commends participating practices for implementing telehealth during the PHE. The support provided by MSOs throughout the telehealth implementation process was laudable.

Appendix

MSO and Practice Attestation Responses
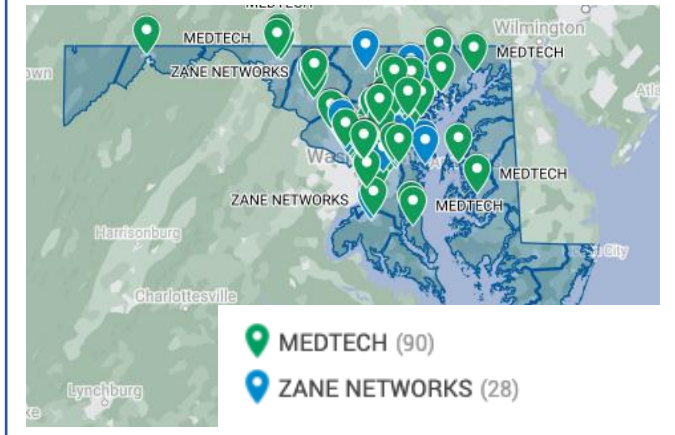

Figure 5: Practice Locations

MEDTECH (90)

ZANE NETWORKS (28)

Figure 6: Number of Practice Physicians/NPs

(n = 97)
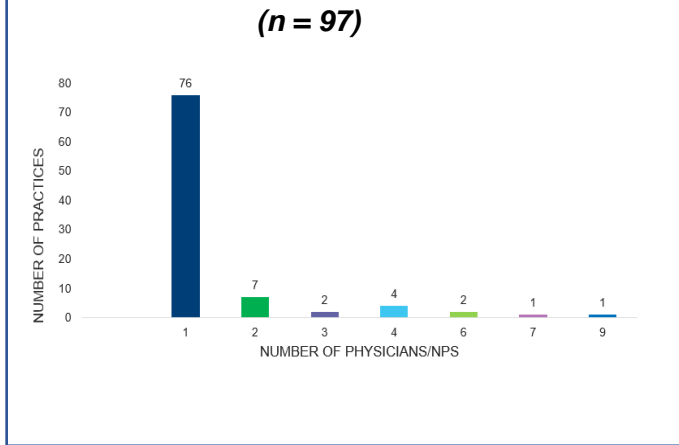
Figure 7: Ease of Telehealth Implementation

(n = 97)

EASY — 76%

NEUTRAL — 16%

DIFFICULT — 8%
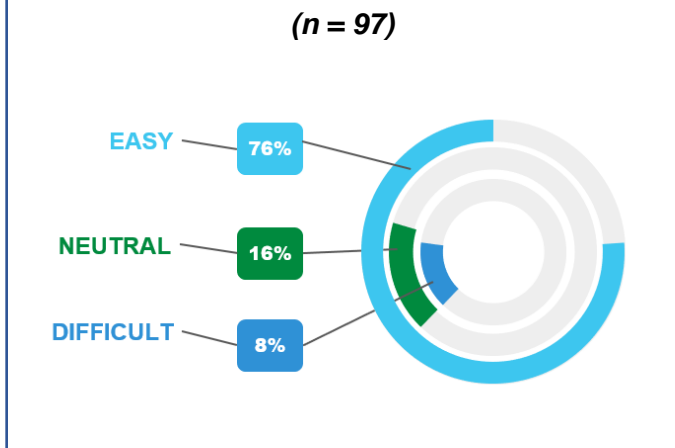
Figure 8: Leading Reason for Adopting Telehealth Implementation

(n = 97)

PATIENT DEMAND FOR VIRTUAL CARE DURING COVID-19 — 44%

MITIGATE REVENUE LOSS — 29%

PLANNED AS A LONG-TERM SOLUTION — 24%

OTHER — 3%
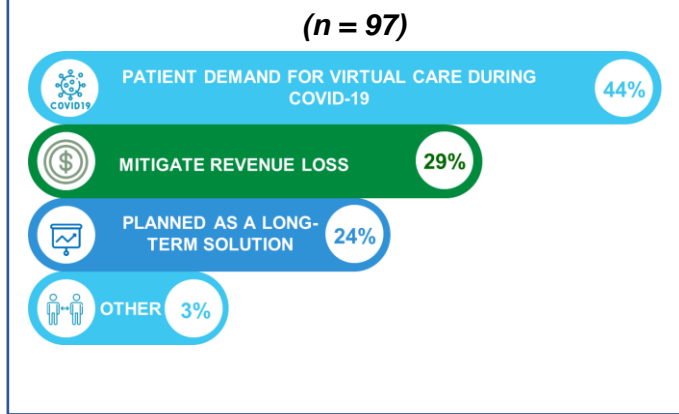
Center for Health Information Technology and Innovative Care Delivery

4160 Patterson Avenue

Baltimore, MD 21215

410-764-3460

mhcc.maryland.gov