Telehealth: In Response to COVID-19 and Beyond

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Learning Objectives

- Discuss COVID-19 related telehealth policy updates and identify useful telehealth policy resources.
- Review basic tenants of organizational/provider-level telehealth policy development
- Outline core elements of conducting a technology needs assessment and develop a plan for selecting appropriate telehealth technology.

Pre-COVID	During COVID
14% of physicians had done telehealth and 18% intended to try it in the next couple of years	TUKHS: Less than 5 televisits per week to over 1,800 per day by April 21st. Surpassed 50,000 telehealth encounters for 2.5 month period on May 29th
23% of patients had done video visits and another 57% said they were willing to try it.	Across all private insurers, telehealth claim lines increased 4,347% to 7.5% of all medical claim lines; 15,503% in the Northeast
1/3 of hospitals and 45% of outpatient providers offered telehealth	Direct to consumer telehealth providers reported an increase ranging from 70% to 158% depending on the company
CMS did not provide reimbursement for patients in metropolitan areas	CMS waives rural requirement and licensure requirements
No telephone visits were allowed except Medicare CheckIns	Telephone and consumer level video apps allowed by HHS and many state plans
Licensure laws prevented most providers from serving patients in other states via telehealth	Many states waived licensure laws for physicians, nurses and other health professionals
FQHCs and RHCs were not allowed to serve as distant sites	FQHCs and RHCs can be distant sites
Prior to PHE, approximately 13,000 Medicare beneficiaries used telehealth per week	Last week of April, 1.7 million beneficiaries received telehealth; 22% in rural and 30% in urban areas
Many providers inexperienced and unprepared for rapid telehealth implementation	Experience gained, many challenges, provider telehealth fatigue

Looking Ahead

- Most federal and state waivers continue at this time
- Anecdotally there are indications that telehealth activity is dropping as clinics and hospitals slowly return to normal operations
- Telehealth will likely fall somewhere between pre-COVID and during-COVID levels
- Survey of 300 practitioners, oncologists, specialists, and primary care providers April 17 and 22, 2020. Only 9% of their patient interaction was via telehealth prior to the pandemic; 51% during the pandemic period, expected to be around 21% after the pandemic ends.
- New physician and patient champions will likely drive some increased telehealth activity post-COVID
- Health systems and clinics that rapidly implemented will likely reassess goals and plan accordingly
- CMS will continue to assess 1) safety, 2) payment rates and 3) fraud during COVID before making any long-term changes

FierceHealthCare, April 2020; Bashur et al, *Beyond the COVID Pandemic, Telemedicine, and Health Care*. Telemedicine and eHealth Journal, August, 2020

2021 Physician Fee Schedule

- Indicates CMS will cut 74 of 83 telehealth codes created during COVID
- Will add 13 new codes to new Category 3 (through end of year that PHE ends)
- Category 1 codes will remain and Category 2 codes are the 74 that will be eliminated
- “CMS found no likelihood of clinical benefit after the PHE ends”
- Home visits, new patients, all levels
- Was open for public comment until **October 5, 2020** and public opinion could change these updates

https://www.federalregister.gov/documents/2020/08/17/2020-17127/medicare-program-cy-2021-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part

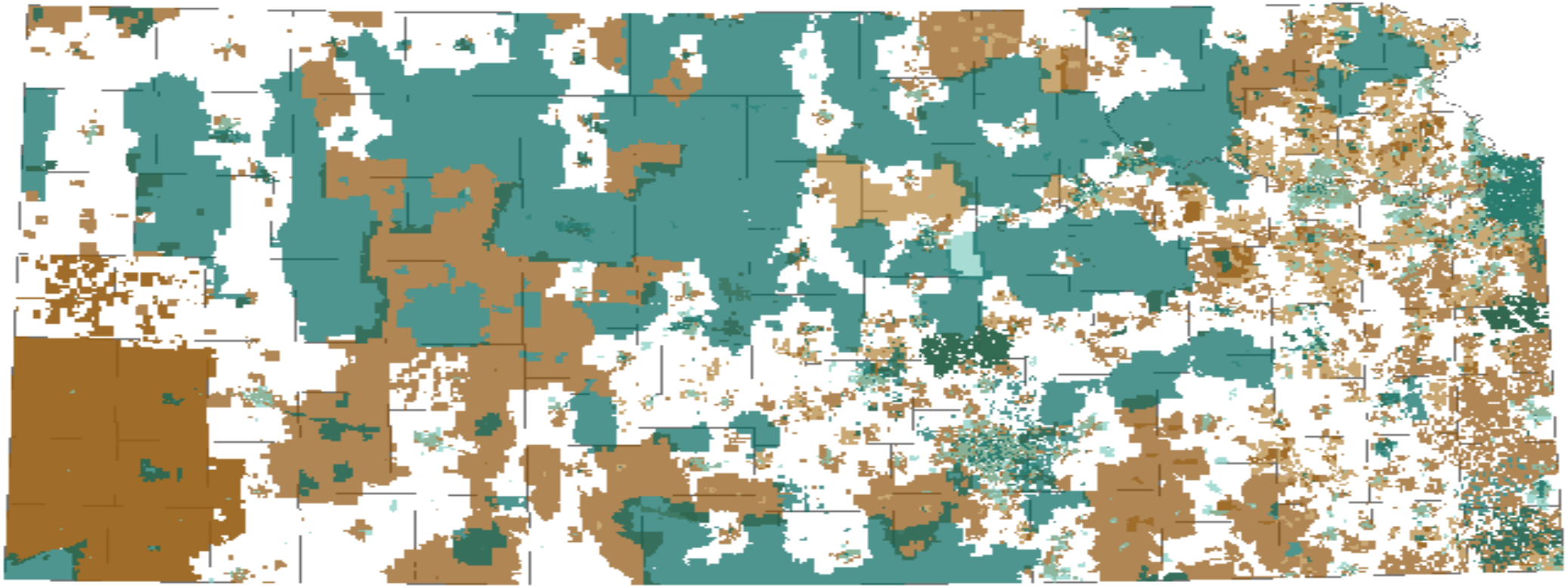
9 Codes that will continue (Cat 1)	
Service Type	**HCPCS/CPT Codes**
Group Psychotherapy	90853
Domiciliary, Rest Home, or Custodial Care services, Established patients	99334-99335
Home Visits, Established Patient	99347- 99348
Cognitive Assessment and Care Planning Services	99483
Visit Complexity Inherent to Certain Office/Outpatient E/Ms	GPC1X
Prolonged Services	99XXX
Psychological and Neuropsychological Testing	96121
13 New Codes (Cat 3)	
Domiciliary, Rest Home, or Custodial Care services, Established patients	99336-99337
Home Visits, Established Patient	99349-99350
Emergency Department Visits, Levels 1-3	99281-99283
Nursing facilities discharge day management	99315-99316
Psychological and Neuropsychological Testing	96130- 96133

Digital Divide

- 6.5% of Americans do not have access to broadband (21.3 million people)
- 26% in rural and 32% on tribal lands do not have access to broadband
- 1.7% in urban areas do not have access
- Connecticut (99.1%) highest and Arkansas (77.4%) lowest
- 26% of households with income of less than $30,000 annually are smartphone dependent (do not have broadband)

Broadband Internet Access and the Digital Divide: Federal Assistance Programs, Congressional Research Service, October 2019

Broadband Availability in Kansas, 2019

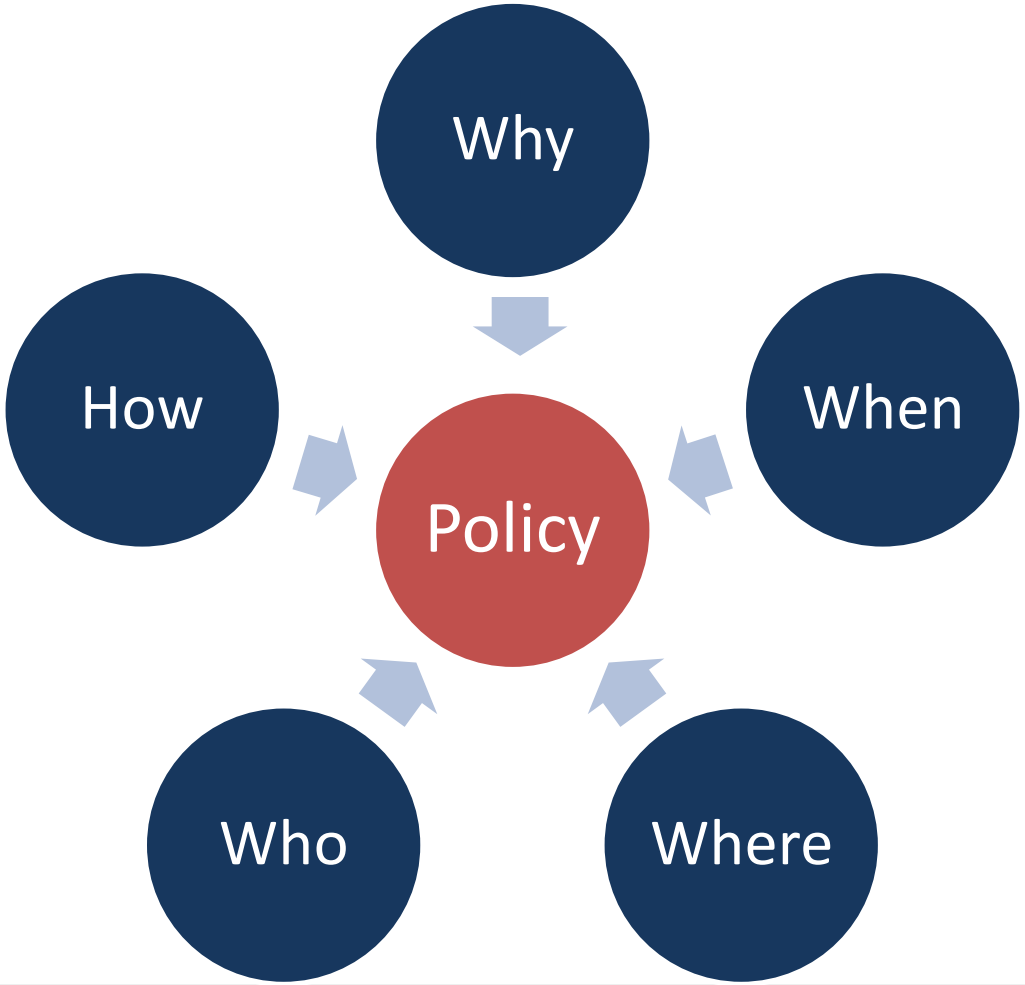


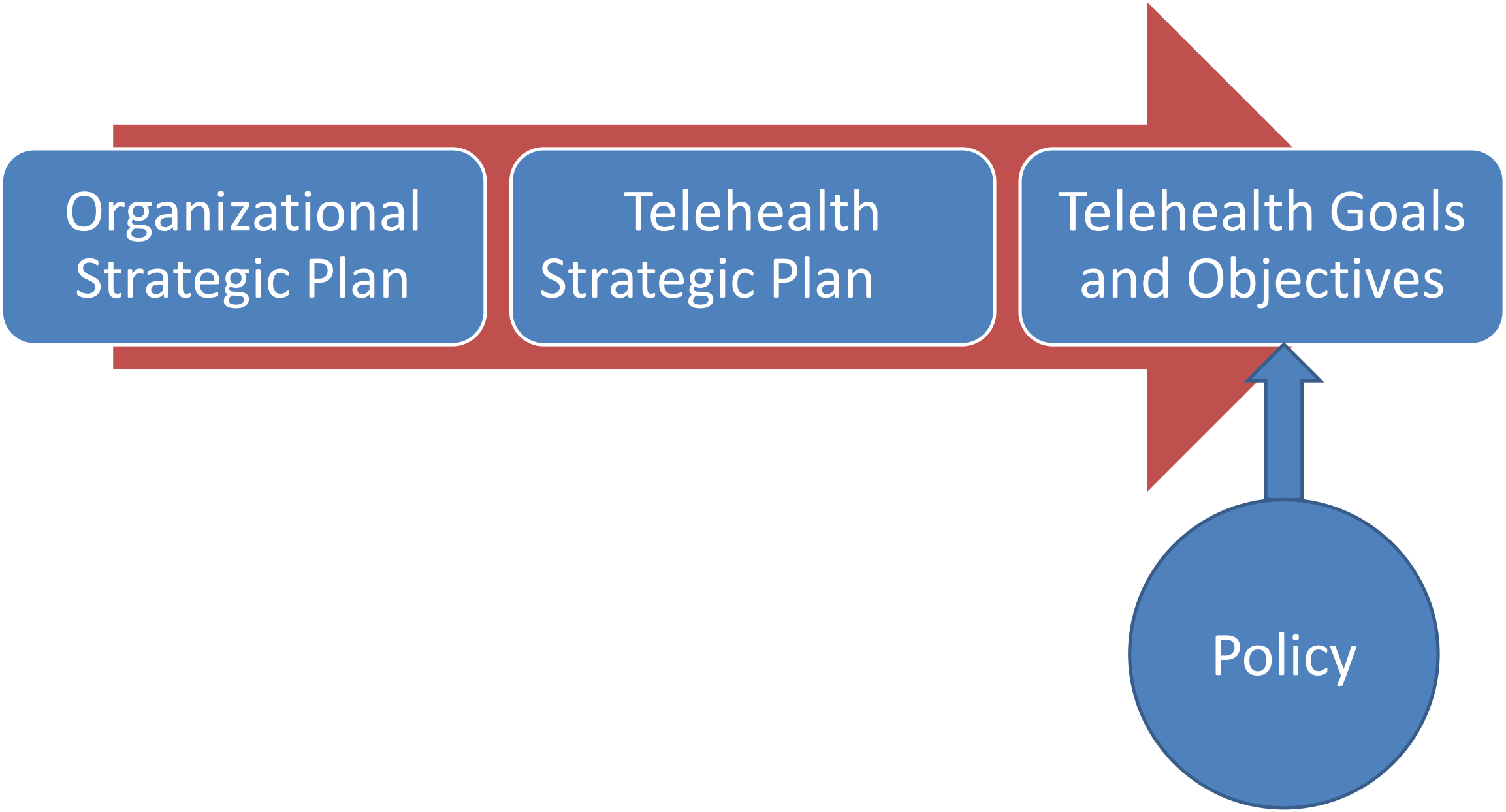
Source: Institute for Policy & Social Research, The University of Kansas; data from Federal Communications Commission (March 31, 2020).

Technology Type

- Optical Carrier/Fiber
- Cable Modem
- Asymmetric xDSL, ADSL2, ADSL2+
- VDSL
- Symmetric xDSL
- Other Copper Wire

Tenants of Organizational/Provider-level Telehealth Policy




Organizational Strategic Plan
Telehealth Strategic Plan
Telehealth Goals and Objectives
Policy

Typical Telehealth Policies

- Why – describes purpose of the policy
- Where – telehealth locations for both distant and originating sites; providers
- Who – technical assistance, scheduling, required credentials
- How - documentation, required forms, appointment processes
- When – scheduled or PRN, after hours

aetna
Aetna Better Health®

sunflower health plan

UnitedHealthcare®
Community Plan

Kansas
Department of Health and Environment
Division of Health Care Finance

MARCH 2020

KMAP GENERAL BULLETIN 20045

KanCare Telemedicine Reimbursement Update

From Adam Proffitt, State Medicaid Director

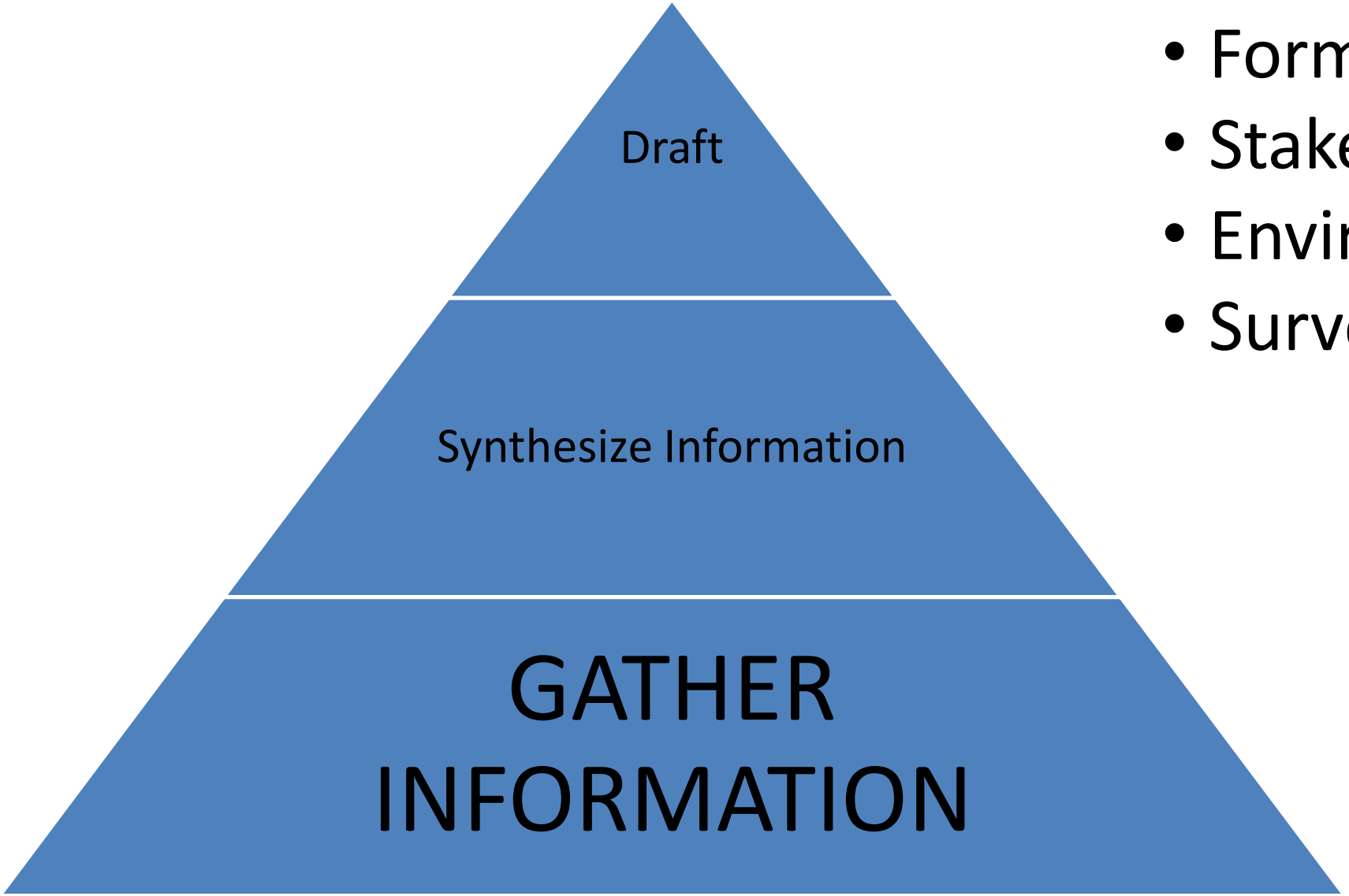
The Division of Health Care Finance (DHCF) is working quickly to make necessary program changes to increase the scope of telemed services available to our KanCare members. Our goal is to encourage members to seek their care through virtual options when appropriate. As such, DHCF is writing a number of policies to add a more robust set of services to the list of approved telemed services. As new codes/services are approved, DHCF will post Kansas Medical Assistance Program (KMAP) bulletins for public consumption.

The reimbursement rates for distant sites for services delivered through telemed will be equivalent to identical services provided in person. The Medicaid fee-for-service fee schedule that is posted on the KMAP website will serve as the source of truth for reimbursement by code. There will be no change in reimbursement level for existing originating sites. In the instances that "home" is the originating site, then there will be no originating site fee paid for that claim.

Policy Development Process

1. Identify need
2. Assign responsible individual
3. Gather information
4. Draft policy
5. Review, Input, Edit
6. Implement
7. Evaluate
8. Revise as needed

Start with what you already know from in-person clinics

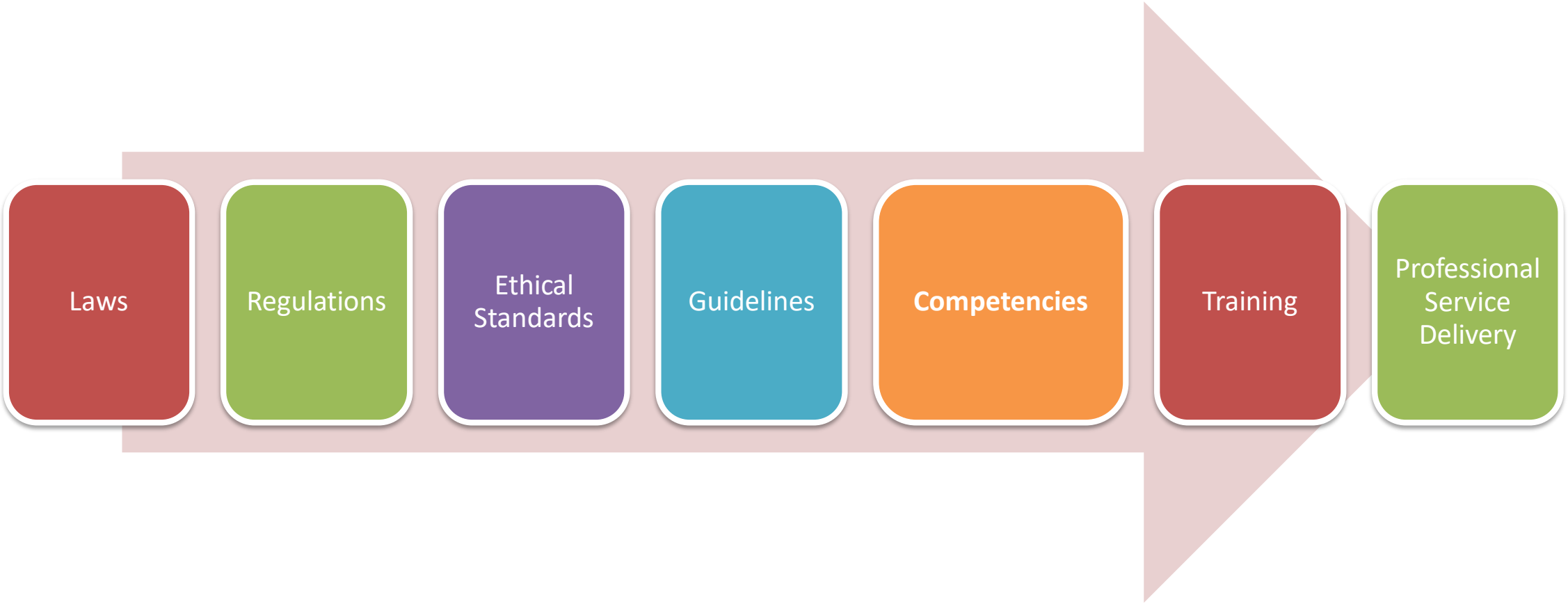


- Form a committee
- Stakeholder interviews
- Environmental scan
- Surveys

Example

What forms are needed for a telehealth consultation and what is the process?

- What forms used in-person and are different ones needed for telehealth?
- Adapted consent to treat form to add telehealth language; different forms for different clinical departments
- Telehealth coordinator sends entire packet to originating site
- Patient completes, originating site sends back via secure email (if available)
- Telehealth coordinator forwards packet to clinical department
- Clinical department enters into electronic health record and completes the billing after the appointment
- Originating site also completes a “Record of Consult” form which telehealth department requires to complete the appointment



From Law to Practice

Kansas Telehealth Law

https://www.cchpca.org/

Kansas

Medicaid Program: Kansas Medicaid

Program Administrator: Kansas Dept. of Health and Environment

Regional Telehealth Resource Center: Heartland Telehealth Resource Center www.heartlandtrc.org

Kansas Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, EMS, NLC	✓

Missouri Telehealth Law

https://www.cchpca.org/

Missouri

Medicaid Program: HealthNet

Program Administrator: Missouri Dept. of Social Services

Regional Telehealth Resource Center: Heartland Telehealth Resource Center www.heartlandtrc.org

Missouri Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	NLC, PTC, PSYPACT, EMS	✓

Sample Policy and Procedure Template

Sample Policy and Procedure Template

Title: Records Management		**Policy:**
Manual Developed By:	[Organization Name]	**Effective Date:** **Next Review Date**

TITLE: ***Telemedicine Program***

I. Purpose/Expected Outcome:

1. To provide telemedicine clinical diagnostics and treatments services to patients

II. Policy

2.1 **Billing**: Billing for services must be in compliance with State and federal laws as well as in accordance with any third party payer's requirements. These laws and requirements vary by state.

2.2 **Confidentiality/Privacy**: Transmitting Protected Health Information (PHI) including, but not limited to, patient records, diagnostic results, and videotapes must be secure on both the transmitting and receiving ends.

2.3 **Patient Consents**: Patient Consents are required documentation prior to the encounter. The provider requesting the telemedicine services at the originating site must advise the patient about the proposed use of telemedicine, any potential risks, consequences, and benefits and obtain the patient's or the patient's legal representative's consent.

2.4 **Medical Record Documentation**: Providers must document all telemedicine services, provide that documentation to the originating site when applicable, Working... ntain a copy in the facility's medical record. The physical location of the patient as well as the physical location of the provider must be documented as well as everyone involved in the clinical encounter, including those who may be off camera. Additional documentation needs are dictated by the service or procedure performed.

For Healthcare Organizations

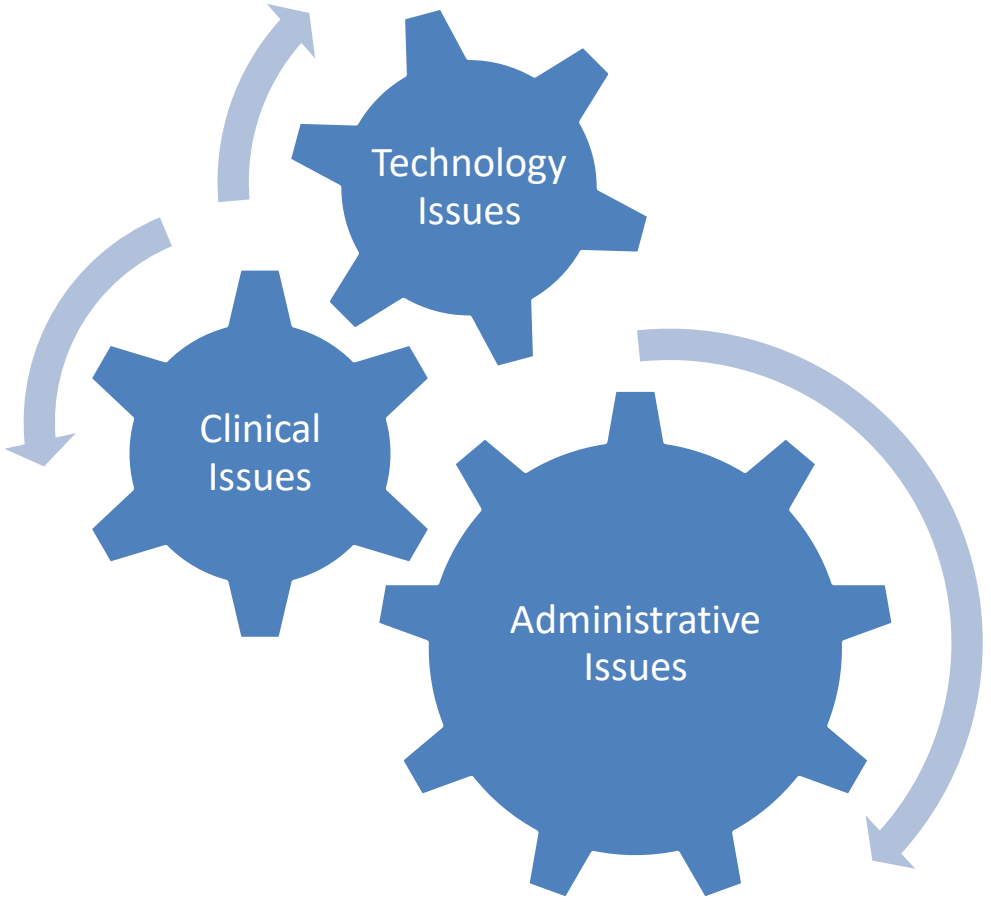
Introduction to telemedicine
References or additional resources about telemedicine
Scope of telemedicine program
Orientation/training of staff
Using the equipment
Confidentiality/privacy
Video recording of telemedicine services
Clinical record keeping
Prescriptions
Appropriate telemedicine services
Reporting telemedicine statistics
Technical quality of telemedicine
Prioritization of clinical telemedicine

For Telemedicine Providers

- Application or telemedicine platform
- Overview of telemedicine program and scope
- Reimbursement
- Telemedicine services offered
- Modifiers, codes, and explanation
- Telephone calls
- Internet services
- Definitions
- Q & A
- Attachments
- References

KU MEDICAL CENTER
The University of Kansas

Three Core Components of Telehealth Policy



Common Administrative Policy Issues

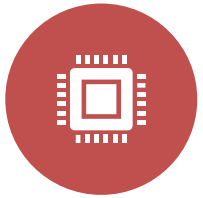
Privacy and confidentiality

Federal, state, local, and other regulatory agency and ethical requirements

Fiscal management

Documentation, including use of electronic health records

Patient and clinician rights and responsibilities



Use of equipment, devices and technology including peripheral devices, network

Quality management/improvement

Common Clinical Policy Issues

Discipline guidelines/standard of care

Orienting clients/patients to telehealth and understanding local resources

Familiarity with telehealth software and devices used

Client/patient consent

Telehealth documentation

Cultural sensitivity

Common Technical Policy Issues

- Devices and Equipment
- Connectivity
- Privacy
- IT Support

Where can I find guidance about developing organizational/provider level telehealth policy?

American Telemedicine Association

www.americantelemed.org

National Consortium of Telehealth Resource Centers

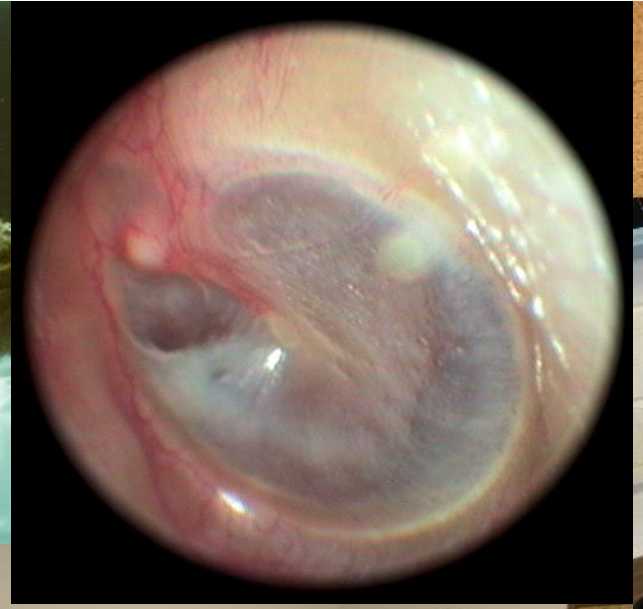
www.telehealthresourcecenter.org

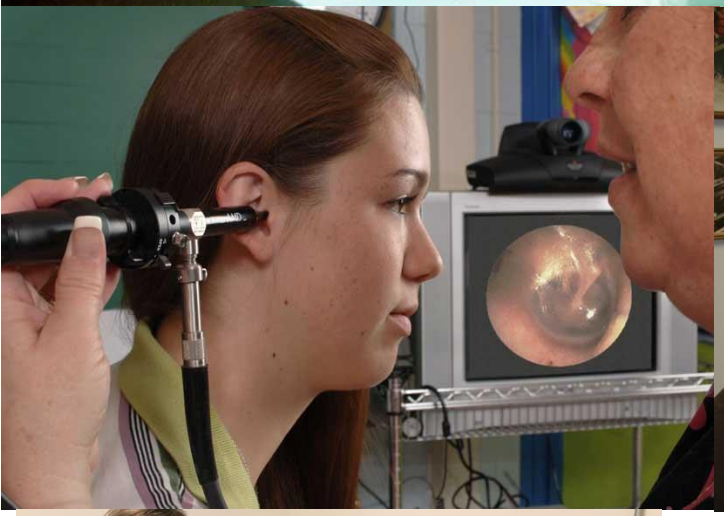
Center for Connected Health Policy

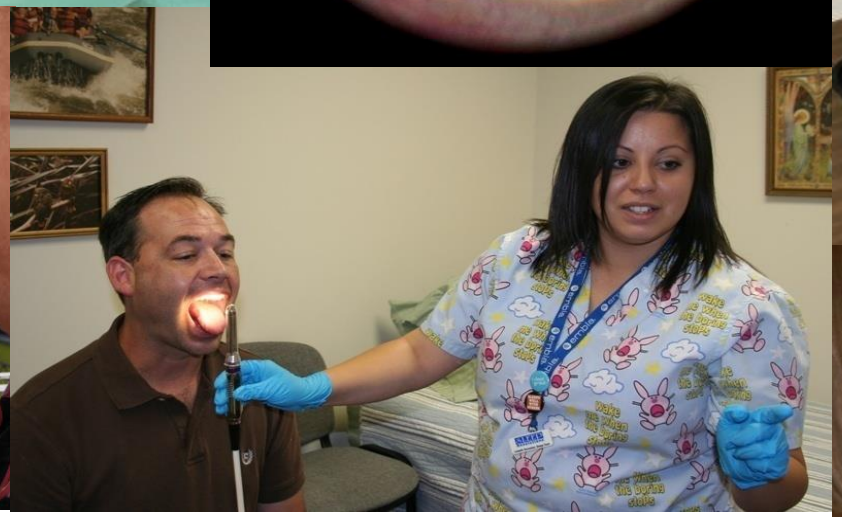
www.cchpca.org

Professional Trade Organizations

Regulatory boards







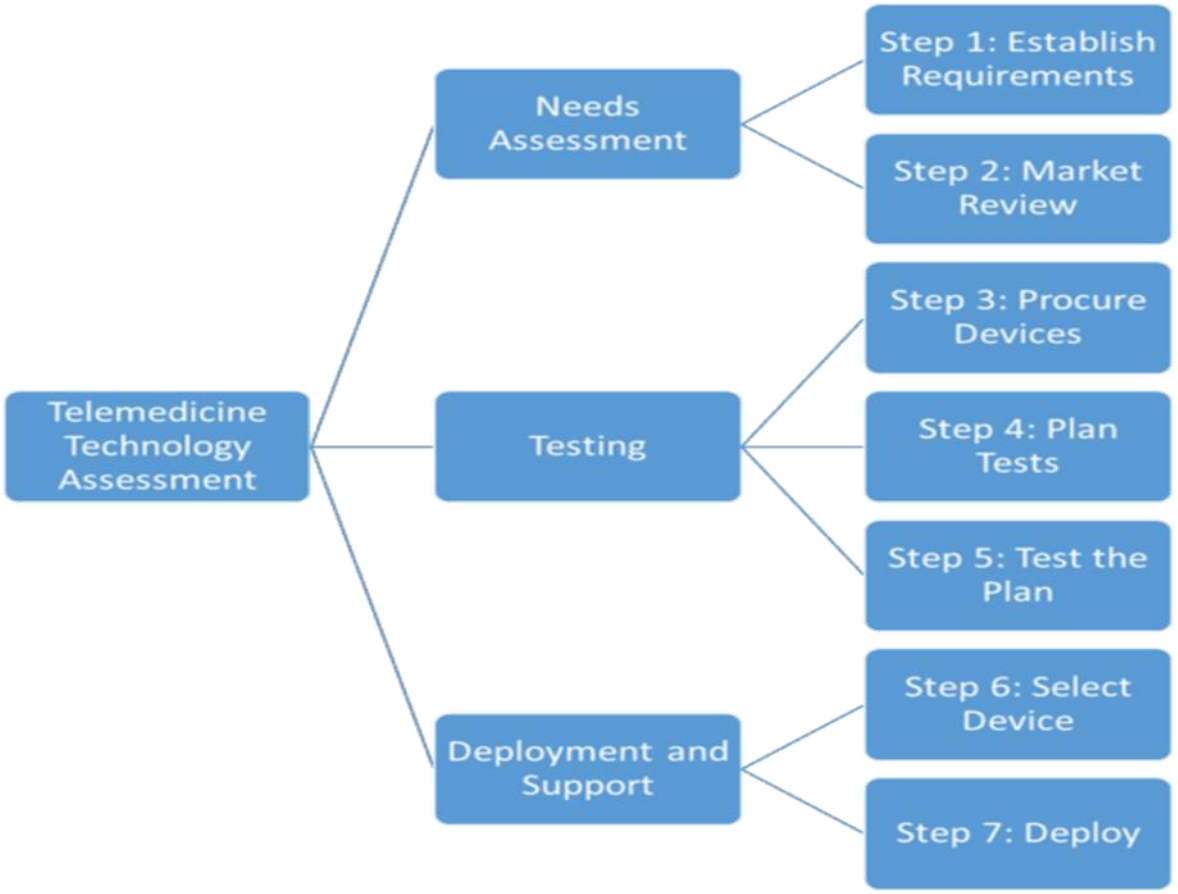
“Develop your program, then choose your equipment”

Steve North, MD, MPH, FAAFP, Health e Schools, North Carolina

Technology Assessment

- Technology Assessment – identifying the purpose of the technology, user needs, user preferences, requirements, and other details
  - ➢ Organizational Readiness Assessment
- Technology Selection – process of identifying available technologies that fulfill the technology assessment
- National Telehealth Technology Assessment Resource Center (TTAC)
- https://telehealthtechnology.org/toolkits/

Technology Selection



Graphic Courtesy of the National Telehealth Technology Assessment Resource Center (TTAC)

Organizational Readiness

- Administrative and clinician support; champions
- Technical infrastructure – IT network, WiFi, bandwidth, current technologies, EHR?
- Environment – space available, good lighting, private, or current clinic space
- Centralized or decentralized model?
- Human resources – tech support, presenters
- Budget range
- Change management
- eSTART Tool

eSTART Assessment

HEARTLAND TELEHEALTH RESOURCE CENTER

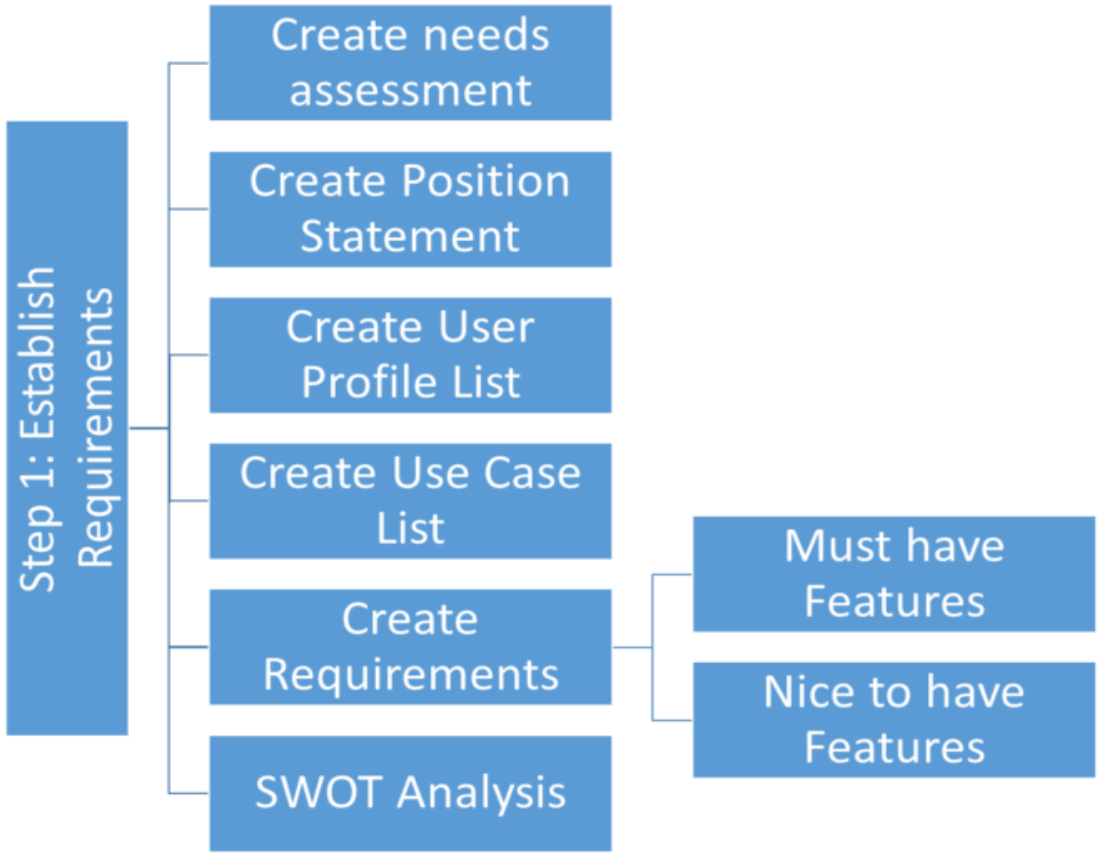
Organization:	
Type of Facility:	
Address:	
Primary Contact	
Title:	
Phone:	
Date:	

Complete Sections A, B and C before scoring.
Using a 5-point scale, rate the responses to the following statements using the following scale:
5 Strongly Agree, 4 Agree, 3 Neither Agree or Disagree, 4 Disagree, 1 Strongly Disagree

C. ORGANIZATIONAL ASSESSMENT

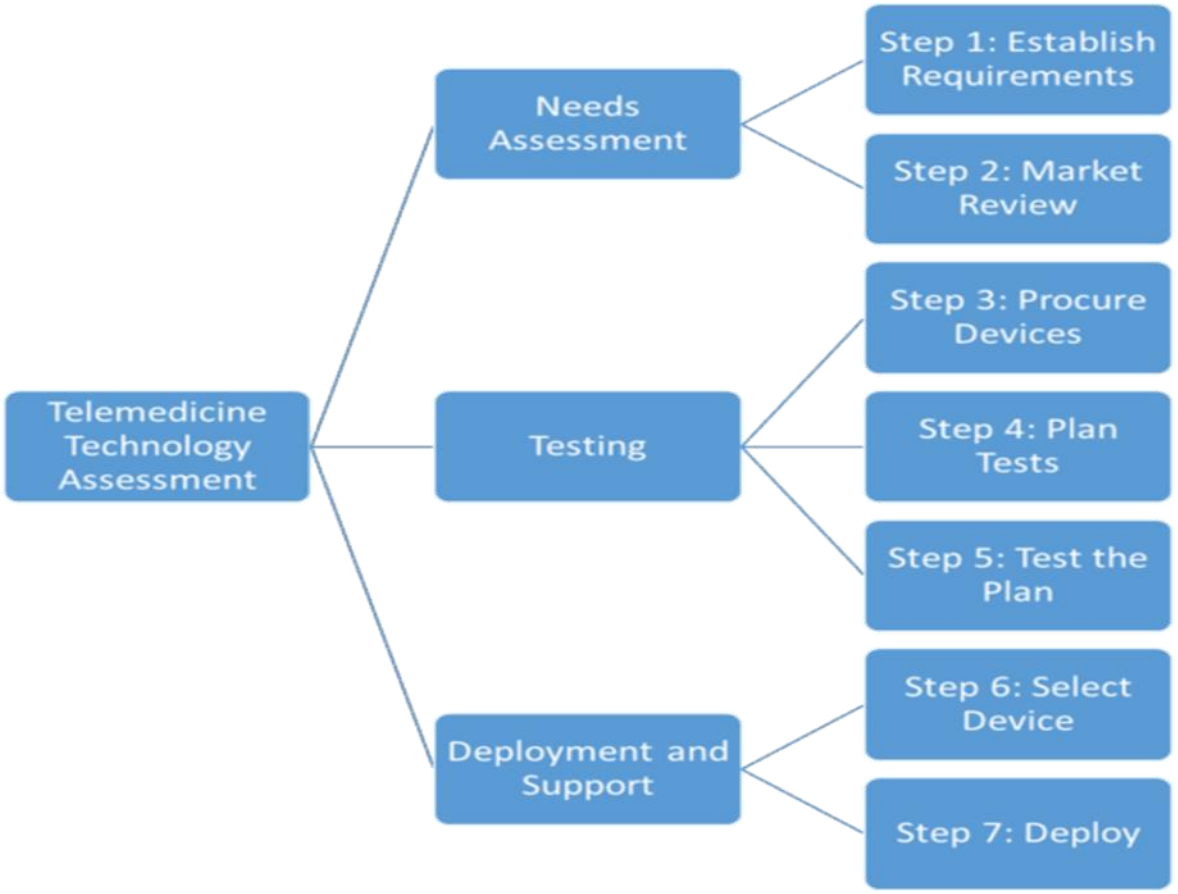
Your organization:	SCORE
Has discussed organization readiness concerning telemedicine.	
Organization accepts change (vs. wants to stay with the status quo).	
Is mostly aware of any short-comings and able to discuss them openly.	
Has formed collaborative partnerships in the past and they've worked okay.	
Has interactive video conferencing capabilities already, and is actively using them.	
Is aware of examples and evidence of telehealth being used in similar organizations/communities.	
Has individuals working here who are champions for telehealth (clinical/provider, senior administration, or community champions).	

Technology Assessment



Graphic Courtesy of the National Telehealth Technology Assessment Resource Center (TTAC)

Technology Selection



Graphic Courtesy of the National Telehealth Technology Assessment Resource Center (TTAC)

System	One-time Cost Implementation	Year 1	Year 2	Year 3	Year 4	Year 5	Total 5 Year Cost
Implementation Costs	11,000						11,000
External License Cost (up to 5,000 users/25,000 TDM), included 5% uplift charge		13,131	13,788	14,477	15,201	15,961	72,557
Additional Customization Costs							
Storage Costs 500GB free, $12,000 per year for 1 TB. Do we need more than 500GB							0
Reporting Module (per TLT, includes reporting functionality)							0
Touchnet Implementation Cost BB/TDM (est. 20/hrs)	5,000						5,000
Touchnet Implementation Cost KU-L	1,349						1,349
Touchnet Annual Cost KU-L		1,500	1,500	1,500	1,500	1,500	7,500
Content Creation Costs							
Articulate (not required) $600 per license							0
	17,349	**14,631**	**15,288**	**15,977**	**16,701**	**17,461**	**97,406**
Support Personnel							
After Implementation:							
System Admin/App Admin/Customer Support 1 FTE ($45K plus fringe)		60,750	60,750	60,750	60,750	60,750	303,750
Financial Support (credit card revenue, invoicing) 0.125 FTE of current employee ($50K plus fringe)		8,438	8,438	8,438	8,438	8,438	42,188
	17,349	**83,819**	**84,475**	**85,164**	**85,888**	**86,648**	**443,344**
Implementation Costs (SABA micro site)	59,985						59,985
Implementation Costs (Publisher) Depends on if we use it.							0
External License Cost, included 3% uplift increase each year							
$5,095 - 200 users, $12,127.50 - 630 users, $15,000 - 1,000 users, $25,000 - 2,000 users		15,000	15,450	25,000	25,750	26,523	107,723
Additional Customization Costs (unknown until we know what customizations)							0
Storage Costs (550 GB free, $500/yr 550-600GB , $1,500/yr for each 100 GB over 600).		2,000	2,000	2,000	2,000	2,000	10,000
Reporting Module (included, no separate module to purchase)							0
Touchnet Implementation Cost?							0
Touchnet Implementation Cost KU-L	1,349						1,349
Touchnet Annual Cost KU-L		1,500	1,500	1,500	1,500	1,500	7,500
Content Creation Costs (One of the below options will be necessary, Articulate added as the low cost option)							
Publisher $1,700 per license							0
Articulate $600 per license		600	600	600	600	600	3,000
	61,334	**19,100**	**19,550**	**29,100**	**29,850**	**30,623**	**189,557**
Support Personnel							
After Implementation:							
Instructional Designer 1 FTE ($55K plus fringe)		74,250	74,250	74,250	74,250	74,250	371,250
System Admin/App Admin/Customer Support 1 FTE ($45K plus fringe)		60,750	60,750	60,750	60,750	60,750	303,750
Financial Support (credit card revenue, invoicing) 0.125 FTE of current employee ($50K plus fringe)		8,438	8,438	8,438	8,438	8,438	42,188
	61,334	**162,538**	**162,988**	**172,538**	**173,288**	**174,060**	**906,744**

Example

- Needs Assessment – Reduce unnecessary follow-up appointments in-person and transition to telehealth
- Position Statement – To transition 25% of outpatient appointments to telehealth
- User profile list – outpatient providers and patients ages 18-90
- Use case list
  - see patients via telehealth in their homes
  - quick follow-ups
  - visual required
  - no peripheral devices needed
- Requirements – WiFi capable, simple to use, provides video capability, HIPAA compliant, works on computer or mobile device

Example (con't)

- Market Review/Environmental Scan – Search for companies or devices that meet your requirements; narrow down list if possible
- Have demonstrations – vendors cover features and walk through your use case scenarios
- Trial - Obtain a trial license or "sandbox" from vendor for your providers to try it on their own
- 5 year total cost of ownership analysis – covers all costs of owning the product including personnel costs
- References – ask vendor for other customers who have purchased the product and conduct reference calls or visits
- Select and Deploy

References

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https://www.fsmb.org/advocacy/covid-19/

https://www.kmap-state-ks.us/Documents/Content/Provider/COVID%2019%20.pdf

Questions?

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