Austin HIMSS Chapter October 13th Virtual Lunch & Learn – Navigating the New World

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Background
Nora Belcher

- 20+ years in public policy with an emphasis on health care technology
- Senior leadership roles in Texas Medicaid and the Governor's Office
- Involved in starting the SXSW Health and MedTech Expo
- Won computer programming contest in the 1980s and still has the trophies

Background TeHA

- What is the Texas eHealth Alliance?
- State's leading advocate, from local communities to the national level, for the use of health information technology to improve the health system for patients
- 501(c)6 nonprofit started in 2009 and serves as a trade association for HIT companies
  - As such, cannot recommend or endorse specific products or companies

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Presentation Outline

- Attendees will understand:
  - The overall evolution of telemedicine and telehealth
  - How has the coronavirus response impacted the ability of providers to leverage telemedicine and telehealth?
  - What did telemedicine utilization look like before the pandemic and what does it look like now?
  - What will the digital health landscape look like in 10 years, and how can an organization prepare for it?

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Understanding Telemedicine

Telemedicine has three major components by which it succeeds or fails in any state, country or program:

-Reimbursement

-Regulation

-Rhetoric

Telemedicine Definitions and Modalities

Every state defines it differently, Texas uses the following:

- Telemedicine medical service a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology
- Telehealth is all other services outside the definition of a telemedicine medical service.
- Remote patient monitoring is often classified as telemedicine or telehealth but is treated as a separate service by CMS
    - One-way transmission of patient data to the provider to review

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Telemedicine Major Texas Legislation

- SB 1107 in 2017 (Schwertner/Price)
  - Established a new framework at the Texas Medical Board for the establishment of a physician-patient relationship that can result in a valid prescription. Audio-visual communication or store and forward technology can both be used to establish the relationship.
  - Resulted in Medicaid allowing the home to be a site of service for telemedicine for the first time
- SB 670 in 2019 (Buckingham/Price)
  - Expanded telemedicine and telehealth coverage under the Medicaid MCOs by establishing telemedicine coverage parity
  - Made the remote patient monitoring benefit permanent
  - Repealed old sections of Medicaid telemedicine statutes

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Telemedicine-Reimbursement Environment

Payor	Pre-COVID 19	Post-COVID 19
Medicare Fee for Service	Very restrictive- rural residents only and limited services	Rural restriction removed and large array of services added
Medicare Advantage	More flexibility than Medicare FFS but still a limited benefit	Expanded similarly to Medicare FFS
State Medicaid programs	Large variation on what can be covered	Services being expanded under 1135 waivers- check with state Medicaid office
State regulated insurance	Large variation on what can be covered	May be expanded- check with state insurance department
Self-funded insurers	Large variation on what can be covered	Varies per plan

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Telemedicine-Regulatory Environment

State licensing boards have temporarily expanded allowable services in response to COVID-19. This may include:

- Using phone calls for treatment in addition to audio-visual or store and forward
- Expanding the length of time that can pass and still be considered an existing relationship
- Allowing allied health professionals who are only lacking their final exam to begin providing treatment under supervision
- Relaxing restrictions on services such as pain management

Federal privacy regulations have also been temporarily suspended

- The Office for Civil Rights has announced that providers can use certain platforms under a “good faith” protection.

Texas Medicaid Response to COVID-19

Texas Medicaid announced a number of program changes in March that have been continued through October 23rd.

- Rural health clinics to be paid as distant sites
- FQHCs to be paid as distant sites
- PT, OT and speech therapy via telehealth
- Case management
- CLASS professional and specialized therapy services
- Nursing Services for CLASS, DBMD, HCS and TxHmL
- Billing for telephone (audio-only) medical (physician delivered) evaluation and management services delivered March 20th through May 31st.
- Billing for telephone (audio-only) behavioral health services delivered by synchronous audio-visual technologies, including web-based video software, or telephone (audio-only) delivered March 20th through May 31st.
- Expedited enrollment of telemedicine/telehealth providers who are not currently Texas Medicaid providers, subject to some conditions like checking the OIG exclusion list.

Telemedicine Provider Utilization

Pre COVID

- Physicians: adoption estimates ranged from 15% to 28%
- Hospitals already higher (76% reported by the AHA in 2017) than physicians

Post COVID

- Physicians: 80% surveyed by TMA say they offer or plan to offer telemedicine as of April 2020
- Hospitals: No survey data yet but probably close to 100%

Telemedicine Patient Utilization

- Pre COVID estimates range from 8% to 23%
- Post COVID peak as high as 42% nationally
- Estimates of as high as 4.5 million Texans
- Long term probably falls to about 21% per Chilmark

Medicare Experience

- In April after the public health emergency declaration (PHE) 43.5% of Medicare primary care visits were provided through telehealth, compared to 0.1% in Feb before the PHE.
- Use of 1135 waiver lifted geographic and site of service restrictions to allow telehealth services to be delivered wherever the beneficiary is located. CMS used emergency rule making to add 135 services to the Medicare telehealth services list.
- Internal CMS analysis showed before the PHE only 14,000 beneficiaries received a telehealth service in a week. During the PHE period over 10.1 million beneficiaries have received a telehealth service.

Medicare Experience

- Medicare FFS report shows telehealth provider adoption for primary care increased by nearly 50% at the peak. This report did not analyze specialist visits, other reports however have hinted a increase in specialty services such as psychiatry, GI, and neurology.
- Survey from IQVIA with about 300 different practitioners between April 17 and 22 said, Prior to CD19 9% of telehealth interaction, increased to 51% during the peak, and is expected to remain at 21% after the pandemic ends.

National Claims

Monthly Telehealth Regional Tracker

Comparing May 2020 to May 2019, United States

- US West Region
  - Volume of telehealth claim lines went from 0.24% to 9.43% (Increase 3798.70%)
  - Urban usage: 0.26% to 9.75% of medical claim lines
  - Rural usage: 0.06% to 6.14%
- US South Region
  - Volume of claim lines went from 0.17% to 5.87% (increase 3434.64%)
  - Urban usage: 0.18% to 6.18%
  - Rural usage: 0.06% to 3.66%
- US Midwest Region
  - Volume of claim lines went from 0.16% to 6.68% (increase 4098.43%)
  - Urban usage: 0.15% to 7.09%
  - Rural usage: 0.20% to 3.86%
- US Northeast Region
  - Volume of claim lines went from 0.24% to 9.43% (increase 16436.50)
  - Urban usage: 0.08% to 13.18%
  - Rural usage: 0.04% to 6.54%
- Highest percent of telehealth claim lines were for mental health diagnoses
- Telehealth use increased for mental health diagnoses in all regions except US West

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Telemedicine- Future Considerations

The role of the patient in terms of expectations for virtual care has been permanently changed by COVID-19.

Telemedicine- Future Considerations

- What will the digital health landscape look like in 10 years, and how can an organization prepare for it?
  - Reimbursement models are changing
    - One significant limiter on the growth of telemedicine is the way fee for service methodologies count patient visits but not avoided costs
    - Value based care and/or bundled purchasing models will allow for more flexibility in integrating telemedicine
  - The broader evolution of the e-health landscape will support increased use of virtual care models
    - Electronic medical records vendors are embedding telemedicine into EHRs and patient portals
    - Artificial intelligence bots and other machine learning tools will become part of the patient interface

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Questions?

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