# Evolution of Telehealth in a Changing Healthcare Landscape

Logistics
Presentation Slides and How to Participate in Today's Session

- **You can download the presentation slides at www.caqh.org/core/events or at www.wedi.org after the webinar.**

- A copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

- Questions were submitted during the registration process

- If you have any technical issues, use the **Questions panel on the GoToWebinar Dashboard**
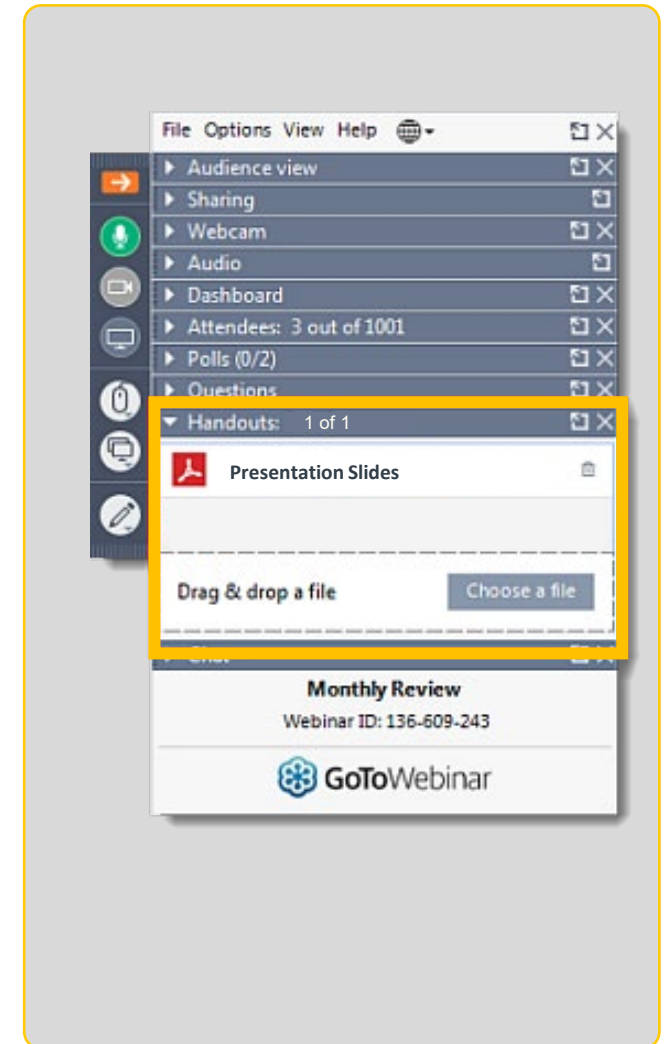
Session Outline

- WEDI Telehealth Initiatives
- CAQH & CAQH CORE Telehealth Initiatives
- Featured Presentation: Impact of Telehealth– Policy Advances
- Featured Presentation: Impact of Telehealth— Care Coordination
- Conversation
- Q&A
- Closing Comments

Thank You to Our Speakers

Alison Armstrong
Health Policy Director
Anthem, Inc.

Robert Bowman
Director
CAQH CORE

Sarah Kessler
Senior Telehealth Program
Strategist, University of Vermont
Health Network

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Nancy Spector
Coding & HIT Advocacy Director
American Medical Association

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Co-Chairs

Nancy Spector, American Medical Association
Alison Armstrong, Anthem, Inc.

With the expanding use of telehealth in delivering health care services, the Telehealth Workgroup focuses on the changing regulatory landscape and associated impacts of those policies, information and resources to promote the implementation of telehealth services and identifying the business case for telehealth.

- The Telehealth Workgroup has been extremely busy with the quick influx of telehealth regulatory updates and services due to the pandemic. The co-chairs have worked diligently to share updates with WEDI membership through emails and the COVID-19 Resources page. They have also put together several Fact Sheets located in the WEDI Knowledge Center.

Telehealth

Free Resources

- Fact Sheet: Privacy and Security in Telehealth, Security Risk Assessments
- Fact Sheet: Privacy & Security in Telehealth, Business Associates Agreements
- Podcast Episode 38: Telemedicine, the Essence of Healthcare with Ann Mond Johnson CEO, American Telemedicine Association
- Podcast Episode 30: Shooting for the Stars with Telehealth Rockstar Dr. James Stallcup, CMIO Cherokee Nation
- Telehealth and COVID-19 Fact Sheet
- Updated Telehealth Resource Guide
- Podcast Episode 18: Traversing the Waves of Telehealth with Amwell's Big Kahuna, Roy Schoenberg
- A Framework for Implementing Telehealth
- Podcast Episode 8: The Ultimate Telehealth Policy Primer with WEDI Telehealth Workgroup Co-Chairs Nancy Spector (AMA) and Alison Armstrong (Anthem)

Want to get involved?

The Telehealth Workgroup meets on the 3rd Wednesday of each month from 4-5ET.

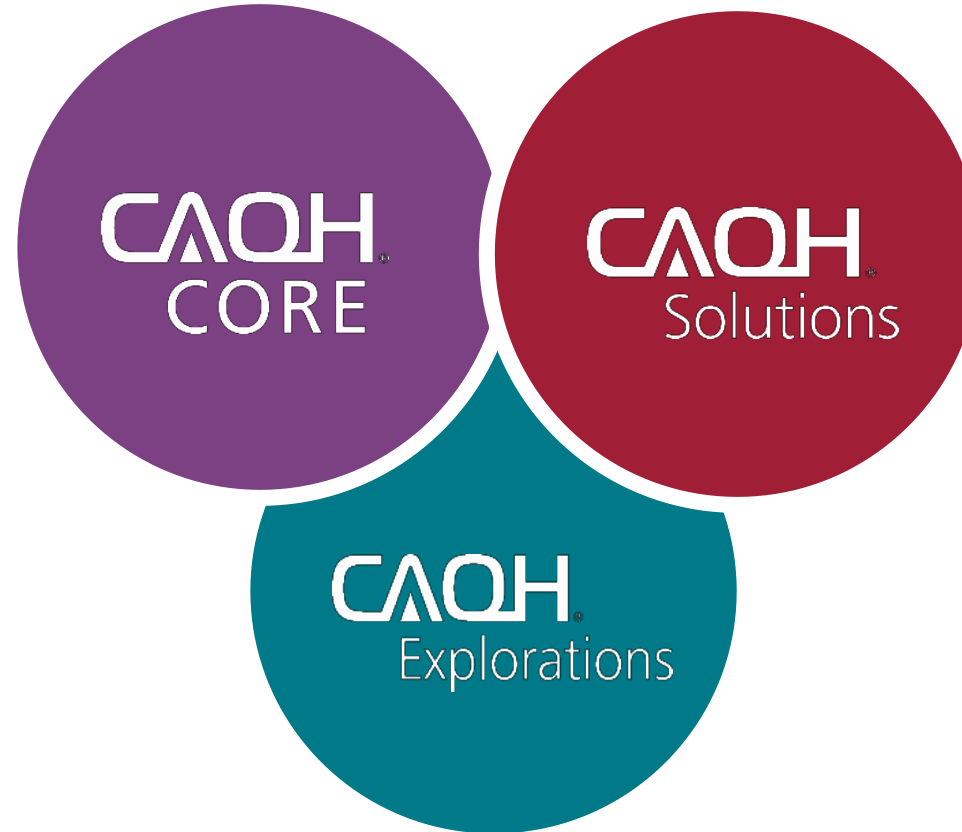If you would like to join the workgroup, please contact sholvey@wedi.org.

CAQH & CAQH CORE
Telehealth Initiatives

Robert Bowman
Director, CAQH CORE

CAQH Initiatives Transform Healthcare Business Processes

National operating rules for electronic business transactions.

CAQH CORE

CAQH Solutions

Shared utilities to collect and manage provider and member data.

CAQH Explorations

Research and collaborative endeavors for industry progress, including the CAQH Index®.

CAQH CORE

CAQH CORE Mission/Vision & Industry Role

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent **75 percent of the insured US population.**

MISSION
Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

VISION
An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

DESIGNATION
CAQH CORE is the **national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions.** The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

INDUSTRY ROLE
Develop business rules to help industry effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

CAQH CORE BOARD
Multi-stakeholder. Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.

Changing the Industry:
- Identify Needs
- Convene Industry
- Develop, Test & Iterate
- Deploy
- Drive Adoption
- Measure Impact
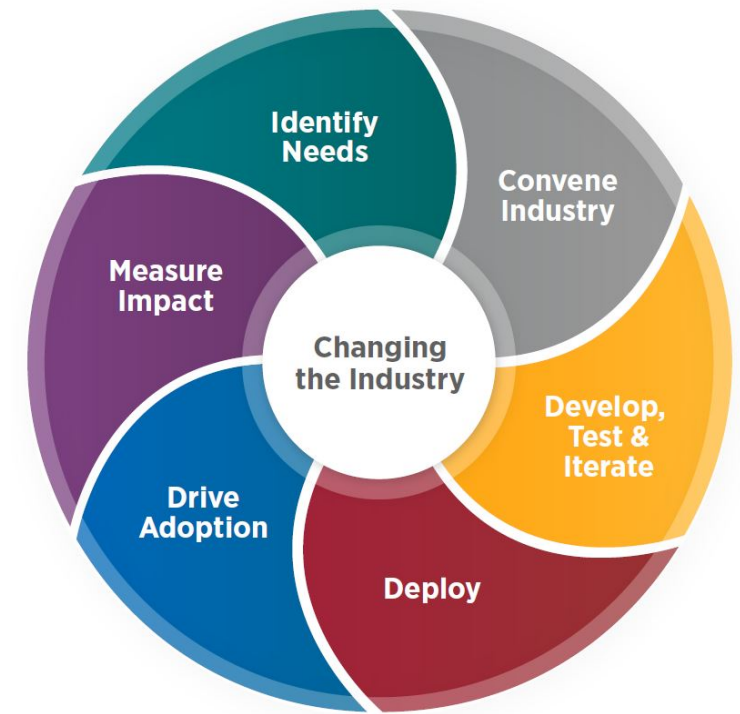
CAQH CORE

CAQH Telemedicine Activities Overview

CAQH	CAQH CORE		
Supporting Virtual Care Offerings in Provider Directories CAQH partnered with states and the American Medical Association to use CAQH ProView, the trusted source and industry standard for self-reported provider data, to enable providers to indicate whether they were able to see patients virtually so plans could include this information in their online provider directories.	**Eligibility & Benefits** CAQH CORE Eligibility & Benefits Task Group is drafting operating rule requirements to support the emergent need to codify and communicate telemedicine specific eligibility and benefit information via the v5010 X12 270/271 transaction.	**Denial and Adjustment Codes** CAQH CORE Code Combinations Task Group will evaluate the need for additional information on the remittance advice for adjustments pertaining to telemedicine during the 2021 Market-based Review Cycle.	**Education & Outreach** CAQH CORE and WEDI have partnered to conduct a series of educational webinars on the future of telemedicine starting Summer 2021.
Virtual Care Directory Data Framework In late 2020, CAQH convened a Virtual Care Directory Task Force to define what data is needed in a health plan provider directory for virtual care. The goal is to develop a framework document that can be used by a health plan to implement changes to their own provider directory to include virtual care information.			

CAQH CORE

Evolution of Telehealth in a Changing Healthcare Landscape

Sarah R. Kessler, Sr. Telehealth Program Strategist, University of Vermont Health Network

Reid Plimpton, MPH, Project Manager, Northeast Telehealth Resource Center

July 9th, 2021

Disclaimer

- Any information provided is for educational purposes only and should not be regarded as legal advice.

- NETRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this webinar.

Northeast Telehealth Resource Center

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NETRC is made possible by grants G22RH30352 and GA5RH37459 from the Federal Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

About Us:

NETRC aims to increase access to quality health care services for rural and medically underserved populations through telehealth. We serve New England and New York, and are a proud member of the National Consortium of Telehealth Resource Centers.

HRSA Funded Telehealth Resource Centers
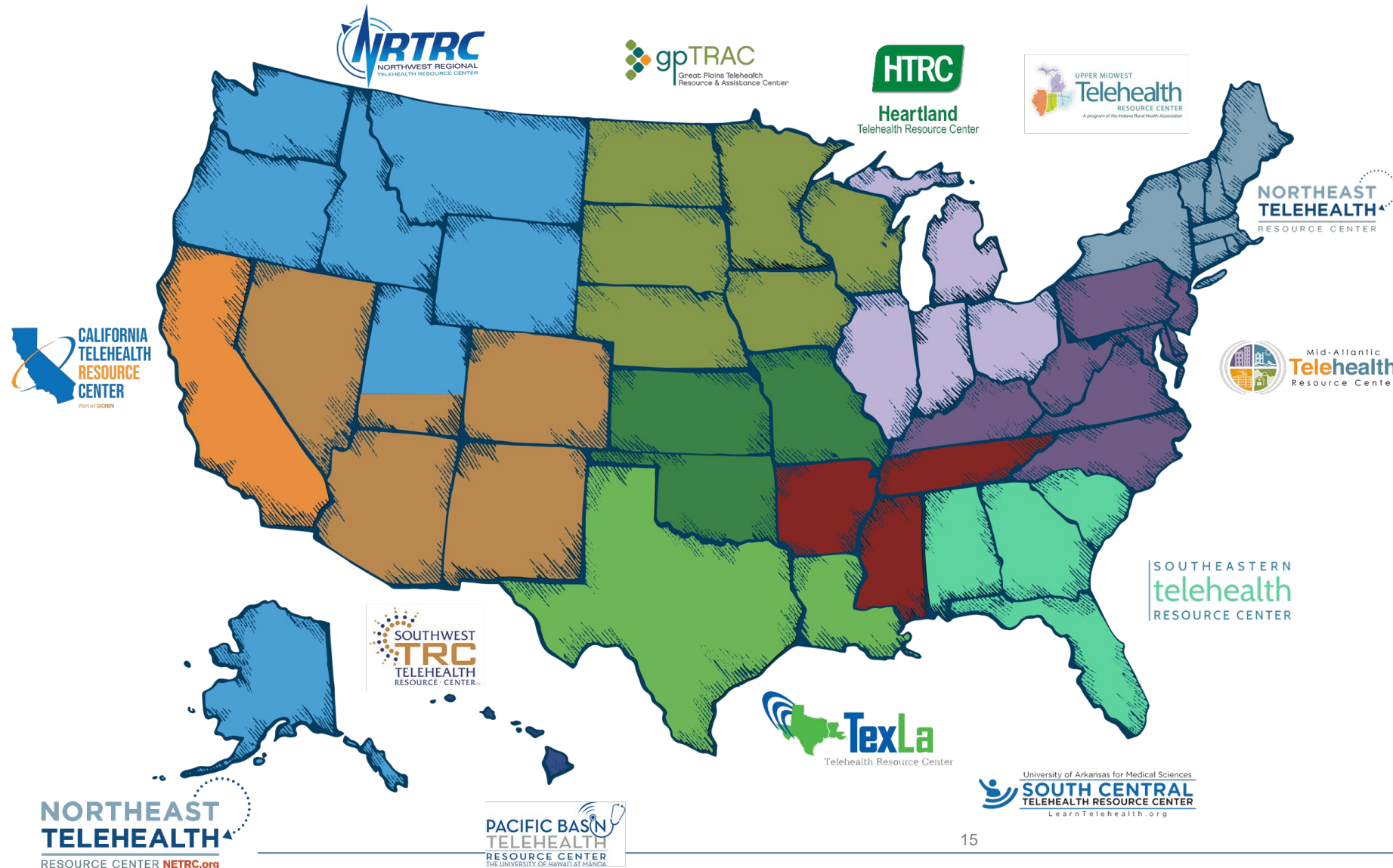
www.telehealthresourcecenter.org

Our Federally Funded Services

Telehealth Protocols & Workflows

Policy, Legal and Regulatory Factors

Technology Assessment

Business and Strategic Planning

Technical Assistance

We provide expert technical assistance to help build and enhance telehealth programs across the nation. Key focus areas include but are not limited to: telehealth policy, technology, business planning, workflow, etc.

Education

We develop educational materials and resources for health systems, providers and patients. Includes: designing/executing needs assessments, identifying funding sources, and assisting with telehealth technology selection are also among our specialties.

Business Strategy

We connect telehealth leaders at local, state, and federal levels to raise awareness and collaboratively produce specialized tools and templates for telehealth programs and providers.

NORTHEAST TELEHEALTH RESOURCE CENTER NETRC.org

www.TelehealthResourceCenter.org

A Few Relevant Headlines…

Patient Satisfaction with Telehealth High Following COVID-19

A new J.D. Power survey showed that patient satisfaction scores for telehealth reached 860 on a 1,000-point scale.

SYKES

How Americans Feel About Telehealth: One Year Later

In March 2020 and 2021 we polled 2,000 adults to discover their perspectives on and experience with telehealth — how have opinions changed one year into the COVID-19 pandemic?

SHARE THIS ARTICLE

AMA Lobbies CMS to Extend Medicare Coverage for Audio-Only Telehealth

The American Medical Association has sent a letter urging CMS to permanently extend Medicare coverage for audio-only telehealth services. Separately, CMS is being urged to include virtual care in the Medicare Diabetes Prevention Program.

Source: ThinkStock

By Eric Wicklund

US's digital divide 'is going to kill people' as Covid-19 exposes inequalities

Exclusive research shows drop in connectivity is impacting rural and urban areas with populations already underserved by the medical system or racked with poverty

▲ The internet is key to accessing information about the coronavirus. Human Rights Watch says closing the digital divide was necessary to preserve human rights during the outbreak. Illustration: Guardian Design/The Guardian

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Telehealth: From crisis response to cornerstone of healthcare

By Nadia de la Houssaye · October 1, 2020

THE NATIONAL LAW REVIEW

April 26, 2021
Volume XI, Number 116

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6 NEW ARTICLES ▼

St. Jude patie...

Your support creates special moments for patients and their families. Learn how you can help. **Get Involved** St. Jude Children's Research Hospital

Credentialing by Proxy: Joint Commission's Improved Telemedicine Accreditation Rules

Monday, March 15, 2021

The Joint Commission recently announced it has changed its accreditation rules to enable more hospitals and telemedicine companies to use the streamlined "credentialing by proxy" process. Under the change, the distant site telemedicine entity must be accredited with The Joint Commission *or* enrolled in the Medicare program. Previously, the rules required *both* the originating site hospital and the distant site entity to be accredited with The Joint Commission. That requirement of dual-accreditation was exclusively created by The Joint Commission, and was not mandated by the CMS Medicare regulations.

This is a welcome change that will enable more hospitals and more distant site telemedicine entities to avail themselves of the more efficient and less expensive proxy credentialing process in their hospital B2B telemedicine service agreements. Both rural and originating site hospitals, as well as telemedicine companies offering professional services to those hospitals, will benefit from this change.

The rule change is found in Standard MS.13.01.01, EP 1. It is effective immediately and will be included in the spring 2021 update to The Joint Commission's *Comprehensive Accreditation Manual for Critical Access Hospitals* (CAMCAH) and *Comprehensive Accreditation Manual for Hospitals* (CAMH).

ARTICLE BY
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Nathaniel M. Lacktman

*Foley & Lardner LLP
Health Care Law Today*

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FOLEY & LARDNER LLP

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APRIL 13, 2021

Federal Support for Broadband; Supreme Court Rules on Telehealth;

Plus, Studies look at Telehealth Trends

Health Law & Managed Care
Communications, Media & Internet
All Federal

APRIL NEWSLETTER

Can Telehealth Help Healthcare Providers Tackle Rural Health Disparities?

Federal officials are awarding almost $13 million to dozens of organizations across 35 states to create rural health partnerships that use telehealth and other strategies to take on rural health disparities.

Here's how smaller practices can prepare for continuing telehealth demands

Providers without the resources of larger health systems can still make virtual care available to patients.

By Kat Jercich · June 29, 2020 | 11:28 AM

Innovative TH Use Cases/Success Stories

See more **Regional Telehealth Success Stories** on the NETRC website!

Telehealth Policy Landscape

Telehealth Landscape – Pre-COVID

Drivers

- COVID-19 safety
- Consumer demand
- Expanding reimbursement
- Provider shortages
- Payment reform
- Connectivity
- Readmission penalties
- Competitive forces
- Funding

Barriers

- Access to technology/ broadband
- Cost
- Licensure
- Limited reimbursement
- Privacy, security concerns
- Resistance to change
- Legal/regulatory questions
- Operational integration
- Incentive alignment

Landmark Telehealth Legislation

HISTORY OF FEDERAL TELEHEALTH POLICY IN MEDICARE

Balanced Budget Act of 1997
- Medicare beneficiaries in rural HPSAs may receive care via telehealth
- Practitioner required to be w/patient during consult
- Consulting & Referring physicians share fee (75/25)

Benefits Improvement & Protection Act 2000
- Included non-MSA sites
- Eliminated fee sharing
- Expanded eligible services for reimbursement

Medicare Improve. for Patients & Providers Act, 2008
- Expanded list of facilities that can act as an originating (patient location) site

Various Changes Made Administratively
- Credentialing & Privileging Regulations
- Increase in number of codes reimbursed
- Redefinition of "rural"
- Inclusion of Chronic Care Management Codes

Medicare telehealth statutory policy was limited and hadn't changed much in recent years…

until COVID

COVID and Telehealth: Explosion

- Overnight, COVID ripped off band-aid for telehealth
  - Accelerated 10+ years of slow adoption → adoption over night
- Systems were set up with one goal: **CONNECT**
- For many, telehealth has meant phone connection only
- Now – we must expand access, optimize, and right-size care (what/where/when/how)
- Digitally-enabled care that leverages technology and data to strengthen the trusted, caring relationship is central to health and care of our nation (S. Nundy)

Landmark Telehealth Legislation

- **Public Health Emergency (PHE) accelerated telehealth adoption by decreasing barriers to access:**
    - Connect by any modality
    - Loosened state licensure requirements, HIPAA provisions
    - Patient Location
    - Provider Type Expansions (PT, OT, Certain Mental Health Provider Certifications, Etc.)
    - Reimbursement
    - Significant federal funding to expand broadband, hardware, access

- **PHE projected to continue thru 12/31/21 - _but will it???_**
    - Federal PHE has been extended every 90 days since first issuance in Spring 2020; Next extension date is Late July, 2021
    - PHE end will impact policy and reimbursement significantly
        - States are ending their Executive Orders or PHE Proclamations in different ways; I.e. Maine and New Hampshire
    - Copious policy and advocacy work ongoing to make many measures permanent to expand telehealth access and reimbursement
    - Federal and state-level policy
    - Significant advocacy from ATA and other agencies

Key Policy Changes During PHE

Medicare	During PHE
Geographic Limit	Waived
Site Limitation	Waived
Eligible Provider List	Expanded
Eligible Services	Expanded (80 addlt codes)
Visit Limits	Waived certain limits
Modality	Live video, Phone for some services
Supervision	Relaxed – allowing via video
Licensing	Relaxed requirements
Tech-enabled/Comm based	More codes eligible for phone & addtl. providers allowed

State Medicaid	During PHE
Modality	Phone allowed
Location	Home allowed
Consent	Consent requirements relaxed
Eligible Services	Additional types of services eligible
Eligible Providers	Additional provider types allowed (OT, PT, SLP, etc)
Licensing	Some requirements waived

- DEA: Prescribing exception - allowing phone for suboxone for Opioid Use Disorder
- HIPAA: Office of Civil Rights will not fine during PHE

- State Exec. Orders for private payers range from explicit mandates to encouragement to expand telehealth coverage
- Relaxed some health information protections

Telehealth Landscape Opens with PHE

We all have a role in maintaining and sustaining the landscape:

- **Patients:** Access, try and ask for help, advocate
- **Providers:** Try, seek benefits personally and for patients, advocate
- **Payers:** See value, align reimbursement, make it easy for providers, advocate
- **Policy makers:** Listen, maintain policies, make it easy to connect, reimburse, close health equity gaps
- **Technology companies:** Design solutions that are easy to use and access, integrate care and coordinate

Telehealth Policy Landscape

- Reimbursement and policy (temp and perm) can impact a telehealth solution and how it is implemented

- Reimbursement varies
  - By state
  - By payer
  - By patient location (originating site)
  - By modality (synchronous, store-and-forward, phone, RPM)
  - PHE has tried to equal the playing field ***for now***

- Evaluate provider incentive structure – evolve?

- Dynamic – watch state and federal policy

State Telehealth Programs: No Two Are Alike

50 states
have a definition
for **telemedicine**

50 states
(and DC) reimburse for
live video

14 states*
Reimburse **service
to the home**

21 states*
Reimburse **RPM**

* = Not inclusive of 2021 Active State Legislation; Policy
Counts Accurate as of 2/1/2020

Telehealth Adoption

- Historical goal: democratize medicine, but adoption <u>low</u>
- Innovations in health care → slow adoption
- New technology in health care → slow adoption
- Innovation + new technology → VERY slow adoption

But: ***<u>necessity has been a great accelerator of adoption</u>*** – COVID-19 (silver lining of global pandemic)

Have you ever had a telehealth/ telemedicine appointment?

YES **19.50%** March 2020   YES **29.10%** Fall 2020   YES **61.05%** March 2021
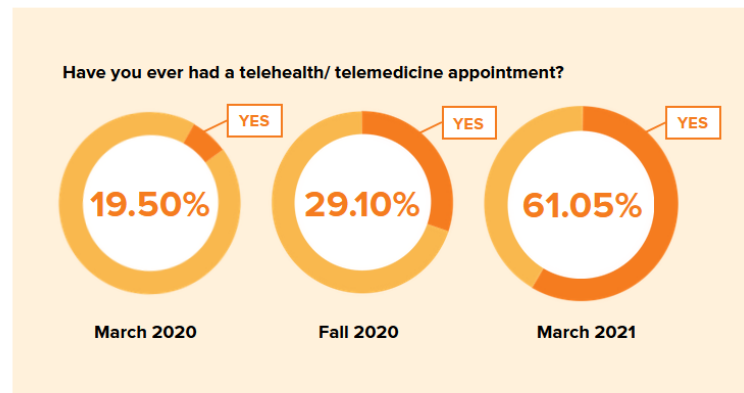
Post PHE Predictions

Reminder: moving target:

- Don't expect "business as usual" once pandemic is "over"
- HIPAA provisions will likely claw back
- Payment parity/equity will unleash
- Optimization of telehealth implementation and design (started messy out of necessity)
- Hybrid models of care
- Connectivity/broadband expanded
- Community access points will expand (i.e. library)
- Audio-only as a critical means for communication
- Interoperability is critical
- Telehealth cliff?

What do we do about…

- Patient access to technology

- Digital literacy support

- Broadband availability

- Non-integrated workflows for scheduling and documentation

- Non-integrated patient communication/engagement tools

- Reliability of patient contact information

- Provider Training

- Staff Training

- Interpreting services

- Licensure barriers

- Evolving/TBD policy

- Privacy/Security concerns (perceived or actual)

- Others?

Innovative Tech & New Avenues Are Already Popping up!
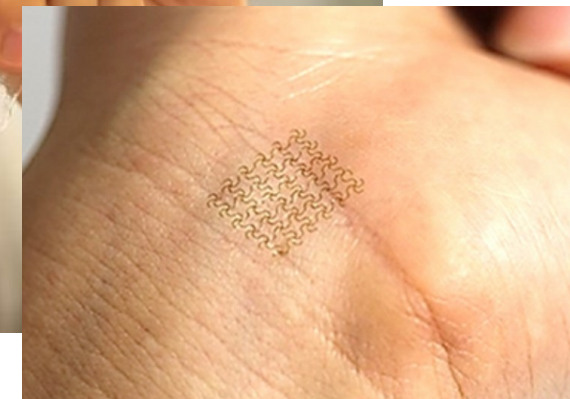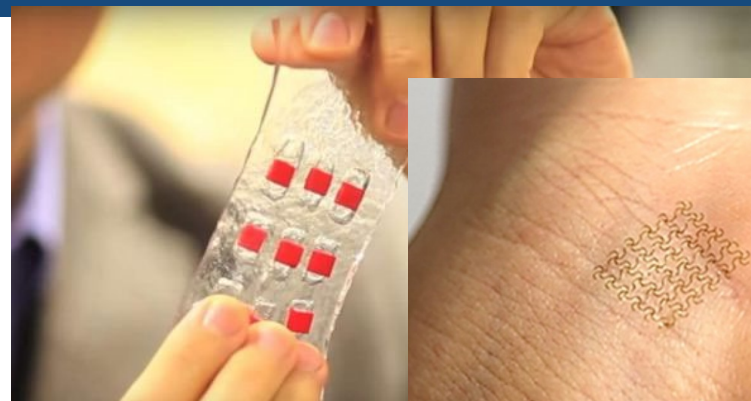
BE KIND RI   ABOUT US   FIND HELP   VOLUNTEER   FAQS

YOU CAN VOLUNTEER BY –

✓ COMPLETE OUR SIMPLE SIGN-UP FORM

✓ REVIEWING/AFFIRMING THE VOLUNTEER SERVICES AGREEMENT

✓ UNDERGOING A BACKGROUND CHECK (WE HANDLE THIS PART)

✓ RECEIVING TEXTS, FROM TIME TO TIME, TO HELP A NEIGHBOR IN NEED

VOLUNTEER SIGN-UP

YOU CAN GET HELP BY –

✓ COMPLETING A REQUEST FOR ASSISTANCE

✓ PROVIDING ANY ADDITIONAL INFORMATION NEEDED TO OUR SOCIAL WORKER

✓ RECEIVING A CONFIRMATION THAT A VOLUNTEER HAS BEEN ASSIGNED (USUALLY 1-3 DAYS)

✓ BEING AS KIND TO YOUR VOLUNTEER AS THEY ARE TO YOU.

GET HELP

Considerations for Telehealth from Home

Patients

- Digital literacy
- Technology support
- Interpreting services
- Supports for disabilities

Both

- Ease of use
- Access to technology
- Access to internet
- Continuity of care
- Privacy/security concerns

Providers

- Provider & staff training
- Legal and regulatory
- Licensure barriers
- Evolving policy
- Others?

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Digital Health at UVMHN

July, 2021

Sarah R. Kessler, Sr. Telehealth Program Strategist

THE
University *of* **Vermont**
HEALTH NETWORK

Who We Are

Our Team

- 6 hospitals
- 1 Home Health & Hospice system
- Vermont and New York
- Serves 1,000,000 patients
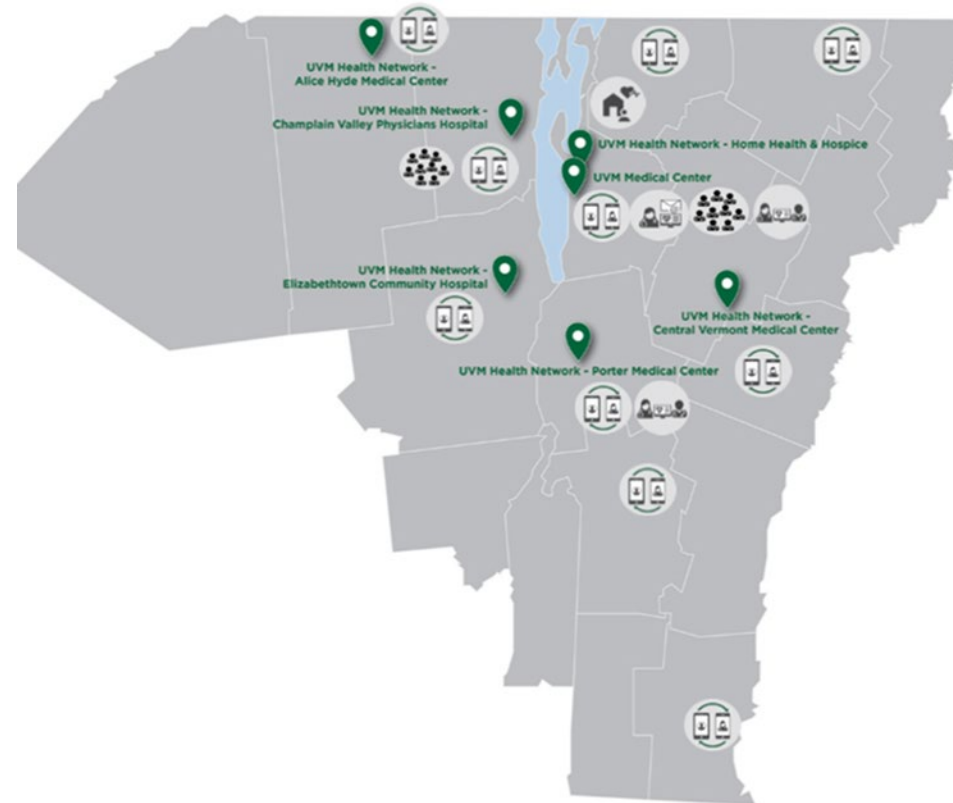
Our Year in Telehealth

2019

- 150 users
- 25 programs
- 100 meetings monthly (average)
- <1,000 visits
- Restrictions by payers and Regulatory

Now

- 3,900 users
- 164 programs, including those requested
- 100 meetings hourly (average)
- 204,000 visits (in 2020)
- 157,000 distinct patients
- MyChart
- Progressive changes to accept telehealth by payers and Regulatory

University *of* Vermont
HEALTH NETWORK

Video Visits Statistics

Volume
- 204,000 in 2020 (March through December)
- 99% Increase from 2019 to 2020
- 82,000 in 2021 YTD (75% of telehealth volume)
- 73,000 travel hours and 1.3M travel miles saved in 2021

Clinical Indications
- Anxiety, mood disorders, substance-related disorders
- Headache, Epilepsy, Nervous System conditions
- Diabetes, Thyroid Disorders, Metabolic Disorders
- Joint Disorders

Demographics
- 18-44 was the age group who utilized this service the most
- 0-17 was the age group who utilized this service more than in-person visits
- Females utilized this service more than males

Experience
- "Outstanding experience. During this COVID-19 pandemic, I have been participating in many different virtual experiences… This telemedicine visit was far and away the best experience" (Patient)

Telephone Visits Statistics

Volume
- 135,270 in 2020 (March through December)
- 28,000 in 2021 YTD (25% of telehealth volume)
- 22,000 travel hours and 990,000 travel miles saved in 2021

Clinical Specialties
- Family Medicine
- Adult Primary Care
- Cardiology
- Psychiatry

Facts
- Vermont just passed a law requiring insurers to cover telephone visits (rate TBD)
- Patients are appreciative of the ease and travel implications saved

Experience
- "Excellent experience. I am disabled and not able to do Zoom meetings. I was afraid they wouldn't allow it and I would be without healthcare." (Patient)

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HEALTH NETWORK

What We Accomplished

Leadership Buy-In

- Workflow changes
- Zoom accounts for each user
- SSO login
- iPad distribution per provider/site
- System-level smartphrase creation (as priority)

Partnerships

- DSS
- Medical Group Operations
- Medical Group Education & Training
- Marketing
- Patient Experience
- Patient Access & Service Center

What We Heard: Patient Attitudes

Insights from our post roll-out assessment

- Patients appreciate that telehealth makes seeking care faster, more convenient and more comfortable

- Telehealth reduces the burden on patients transporting children or having to travel long distances or do not feel well

- Telehealth is easier to fit into patients' workdays

- Home is a more comfortable place for patients to wait, receive difficult news and to have a visit (when they dread going into the office)

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What We Heard: Video Visit Quality

Insights from our post roll-out assessment

- A video visit typically feels comparable to an in person visit for patients, especially when they already have a relationship with their provider
- Being able to see one another over video enabled patients and providers to engage in empathetic interactions
- Some patients felt that their provider was more focused during their video visit than in person
- There are benefits to seeing patients in their home environment
- Some reasons for visits require reliable and good image quality

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What We Heard: Video Visit Appropriateness

Insights from our post roll-out assessment

- The process of determining what is appropriate for a video visit is complex and generally requires communication between providers and schedulers
  - Clear guidelines should be identified
- Provider comfort with certain indications varies among providers
- Patient comfort with obtaining and reporting vital signs, etc., can impact whether an indication is more appropriate for an in person visit
- Some indications seen via video, with success:
  - Nutrition consultations
  - Test result review
  - Emergency Room encounter follow up
  - Patient education
  - Acute issues
  - Medication checks
  - Depression and mental health
  - Hypertension
  - Chronic pain

What We Heard: Challenges

Insights from our post roll-out assessment

- Some home environments are distracting
- Patients moving their cameras to show anatomy can be difficult
- Patients with low technical literacy tend to struggle more with connecting
- The lack of reliable high-speed internet in parts of Vermont and New York creates a barrier
- More technical support is needed
- Unclear guidelines for clinical teams

Connections in Progress

What We Heard: Provider and Staff Satisfaction

Insights from our post roll-out assessment

- Providers have seen telehealth increase access, decrease the burden on patients and maintain high quality care
- Providers need and want a balance of both video visits and in person visits
- Unreliable connections are sources of frustration
- Some providers appreciate the flexibility video visits provide

What We Heard: Telehealth Expansion

Insights from our post roll-out assessment

- "Telehealth has a role to play in the future both as an additional component of everyday clinical practice and in the way we innovate care delivery to prioritize quality, safety and patient needs."

- Providers have been surprised at how much they can do via telehealth

- Telehealth can greatly improve patient safety

- Telehealth can provide care in new ways:
    - As a triage tool prior to patients coming in to be seen
    - To address highly contagious infections without exposing others
    - To maximize health maintenance
    - To increase access
    - In community health team functions
    - For better care coordination with specialists and family members

UVMHN Digital Health's Future

Our realized potential:

- Outpatient video visits
    - More external partnerships, more interest in specialty services
- Changing workflow to MyChart Televideo
- eConsults
- Partnerships with external clinics/FQHCs
- Tele-Emergency Medicine and EMS
- Partnerships from last year. Examples are MGET and DSS; eHealth services taken into account with on-boarding and device installations/support

Conversation on the Evolution of Telehealth

Alison Armstrong
Health Policy Director
Anthem, Inc.

Robert Bowman
Director
CAQH CORE

Sarah Kessler
Senior Telehealth Program
Strategist, University of Vermont
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Nancy Spector
Coding & HIT Advocacy Director
American Medical Association

Moderator:
Jessica Porras
Senior Manager, CAQH CORE

Audience Q & A

Thank you for joining us!

 @CAQH

 @WEDIonline

Website: www.CAQH.org/CORE

Website: www.wedi.org

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Email: wedi@wedi.org

Appendix/Slides for Questions

HYBRID
HEALTH EQUITY
ACCESS
INTEROPERABILITY

www.NETRC.org

Considerations RE: Digital Equity & Digital Divide

- **No one should suffer because they cannot access the care they need to be healthy**
  - Reality for 100+M and expanding
  - Devastating for people with complex/chronic diseases (i.e. DM, Htn)
  - Simultaneously: shortage of PCPs, worsening
  - Barriers to access care are different for everyone, but magnified by existing and worsening health inequities with COVID
  - Outcome is the same: people get sicker, suffer, lose lives

- **Telehealth can help:**
  - **Availability, access, answers**
  - **Connection, continuity, collaboration, personalization, responsive**

- **Telehealth creates mechanisms for connection**
  - Improve health of communities and provider workforce
  - Decrease stress, burden, avoid cost
  - Doesn't require fancy equipment (i.e. phone)
  - Can be private, convenient

- Can help ensure patients get **appropriate, thorough care** (not reactive) while effectively and efficiently deploying **limited health care resources**

- Can **increase knowledge capacity** at the local, trusted provider level

- **Significant federal grants** 2020-2021 for closing the digital divide: equipment, broadband, staffing, training

www.NETRC.org

Workflow Integration & Training

- **Critical!**
- Plan for success and failures
- Understand the problem you are solving
- Communicate early, often, transparently, varying medium
- Clearly define success and how it will be measured
- Align incentives to drive adoption
- Plan ahead for training – and everything breaking
- Don't give up

Telehealth Sustainability

- **Here to stay**
- Significant federal funding available
- **"Hybrid"** - portfolio of telehealth in a clinical practice will vary
  - Access
  - Geography, patient location, payer
  - Clinical discipline
  - Legal/regulatory/reimbursement
  - Efficiency, effectiveness
- Need to ensure access, equity, payment parity
- Highly dependent on policy

Policy and Reimbursement Resources

CMS/Medicare - <u>COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers</u>
<u>Medicare Telemedicine Health Care Provider Fact Sheet</u>
<u>Medicare Learning Network (MLN) Booklet – 2020</u>
<u>Medicare - Covered Telehealth Services CY2019 and CY 2020</u>

Office of Civil Rights
<u>FAQs on Telehealth and HIPAA during COVID-19 public health emergency</u>

<u>DEA COVID-19 Information Page</u>

<u>SAMHSA COVID-19 Page</u>

Center for Connected Health Policy
<u>Telehealth Coverage Policies in the Time of COVID-19</u>
<u>COVID-19 Related State Actions</u>
<u>Billing For Telehealth Encounters</u> – CCHP 2020 Guide on Fee-for-Service

<u>Federation of State Medical Boards – Board by Board Review</u>
<u>States Waiving Licensure Requirements During COVID-19</u>

Policy and Reimbursement Resources Continued

- [American Dental Association](#) (ADA) Teledentistry Guidance

- [American Tele Dentistry Association](#) (ATDA)

- [ASTDD Guidance](#)

- [Mobile-Portable Dental Manual](#) (ASTDD)
  - Online manual provides basic information on developing and operating various mobile, portable and hybrid systems

- [National Network for Oral Health Access](#) (NNOHA) Telehealth Resources

- [Case Studies of 6 Teledentistry Programs: Strategies to Increase Access to General and Specialty Dental Services](#), Oral Health Workforce Resource Center, University at Albany, State University of NY

Select Resources for COVID-19

- **NETRC Site & Telehealth Resource Library**
  – Northeast Telehealth Resource Center COVID-19 Toolkit
- **MATRC Telehealth Resources for COVID-19**
- **National Telehealth Resource Center website**
  – Telehealth and COVID-19 Toolkit
  – NCTRC Telehealth and COVID-19
- **NRTRC Quick Start Guide to Telehealth**
- **CMS General Provider Telehealth & Telemedicine Toolkit**
- **AMA: A Physician's Guide to COVID-19**
- **Telehealth.HHS.gov**

Customized Toolkits, Guides, Trainings, etc.

Additional Trainings and Resources

- **American Telemedicine Association**
www.americantelemed.org
- **Center for Telehealth & e-Health Law**
www.ctel.org
- **National Telehealth Resource Centers**
www.telehealthresourcecenters.org
- **Northeast Telehealth Resource Center**
www.netrc.org
- **Center for Connected Health Policy**
www.cchpca.org
- **Telehealth Technology Assessment Center**
www.telehealthtechnology.org

And many great regional programs willing to share!

www.TelehealthClassroom.org
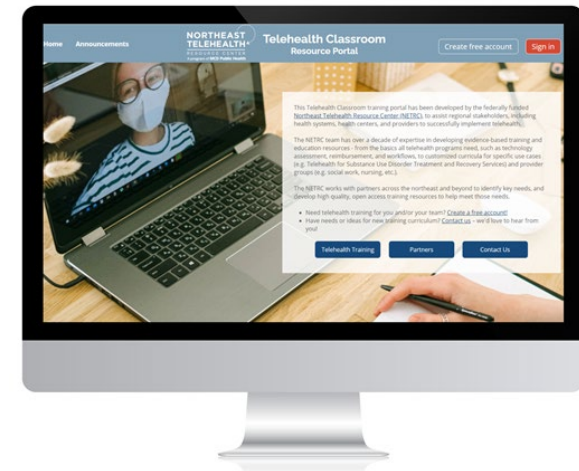
Resources for TH Implementation Considerations

- **ASPE Issue Brief: Medicare Telehealth**

- **IHI Blog – Keys to Effective Telemed for Older Adults**

- **Kaiser Family Foundation: Possibilities and Limits of TH for Adults During COVID-19**

- **American Psychological Association: How to Provide Telehealth to Older Adults**

- **NETRC Site & Telehealth Resource Library**

- **MATRC Telehealth Resources for COVID-19**

- **NRTRC Quick Start Guide to Telehealth**

- **CMS General Provider Telehealth & Telemedicine Toolkit**

- **AMA: A Physician's Guide to COVID-19**

- **CMS proposed rule for the Home Health Prospective Payment System CY2022**
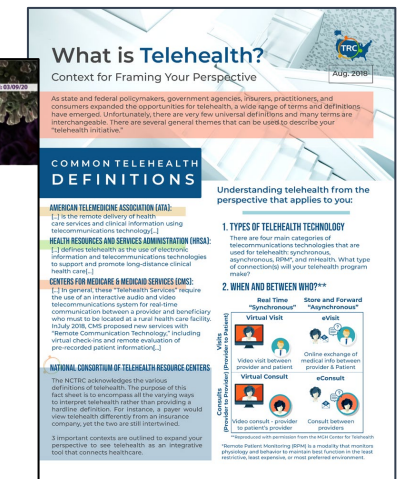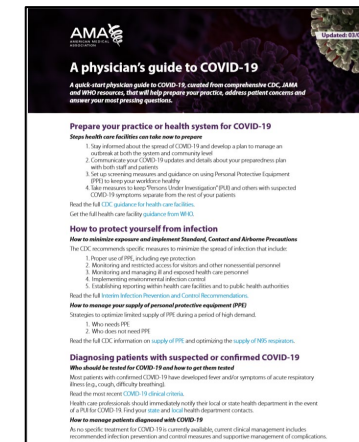
Patient/Client Resources

Telehealth Access for Seniors: https://www.telehealthforseniors.org/

HHS Telehealth Webpage for Patients: https://telehealth.hhs.gov/patients/

MaineCare Telehealth Page for Members: https://www.maine.gov/dhhs/oms/member-resources/telehealth

Devices/Connectivity:

National Digital Equity Center (Susan's Team ☺), has a device loaner program – any Maine resident over 70 years of age can borrow devices for 90 days at no charge, and pay $25/month after that 90 days if they wish to keep it longer.

FCC LifeLine Program - provides devices and subsidies on monthly voice and data fees for low income consumers. There are eligibility requirements (see webpage) and an application process.

Contact Us

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