



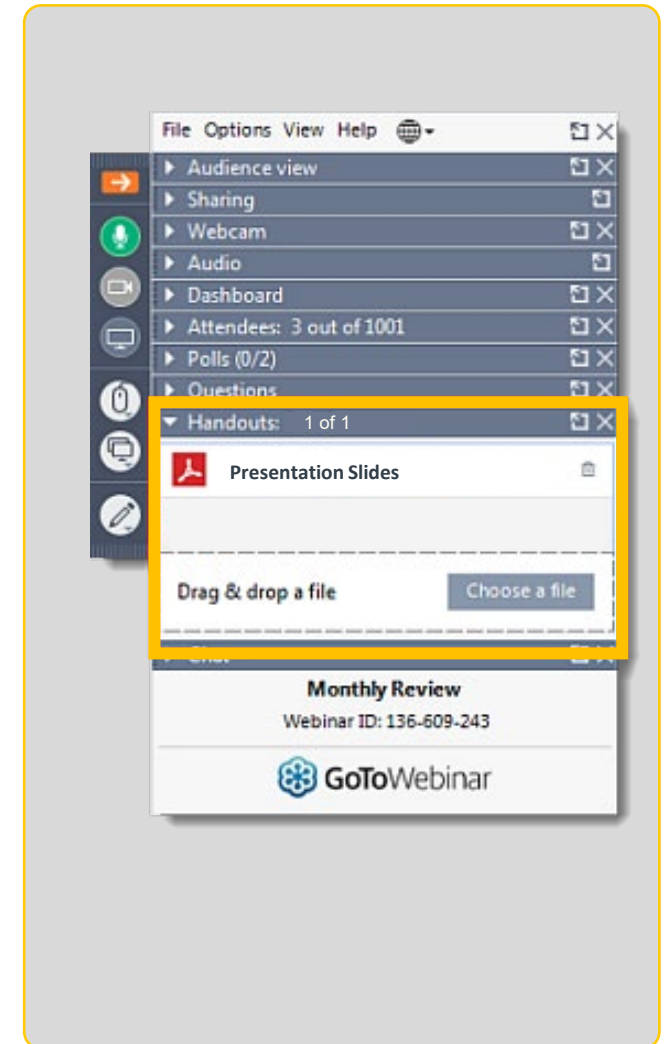
## Evolution of Telehealth in a Changing Healthcare Landscape



# Logistics

## *Presentation Slides and How to Participate in Today's Session*

- You can download the presentation slides at [www.caggh.org/core/events](http://www.caggh.org/core/events) or at [www.wedi.org](http://www.wedi.org) after the webinar.
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# 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

**Reid Plimpton**

Project Manager, Northeast  
Telehealth Resource Center,  
Medical Care Development, Inc.

**Nancy Spector**

Coding & HIT Advocacy Director  
American Medical Association

## 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.

## 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 3<sup>rd</sup> Wednesday of each month from 4-5ET.

If you would like to join the workgroup, please contact [sholvey@wedi.org](mailto:sholvey@wedi.org).

CAQH  
CORE

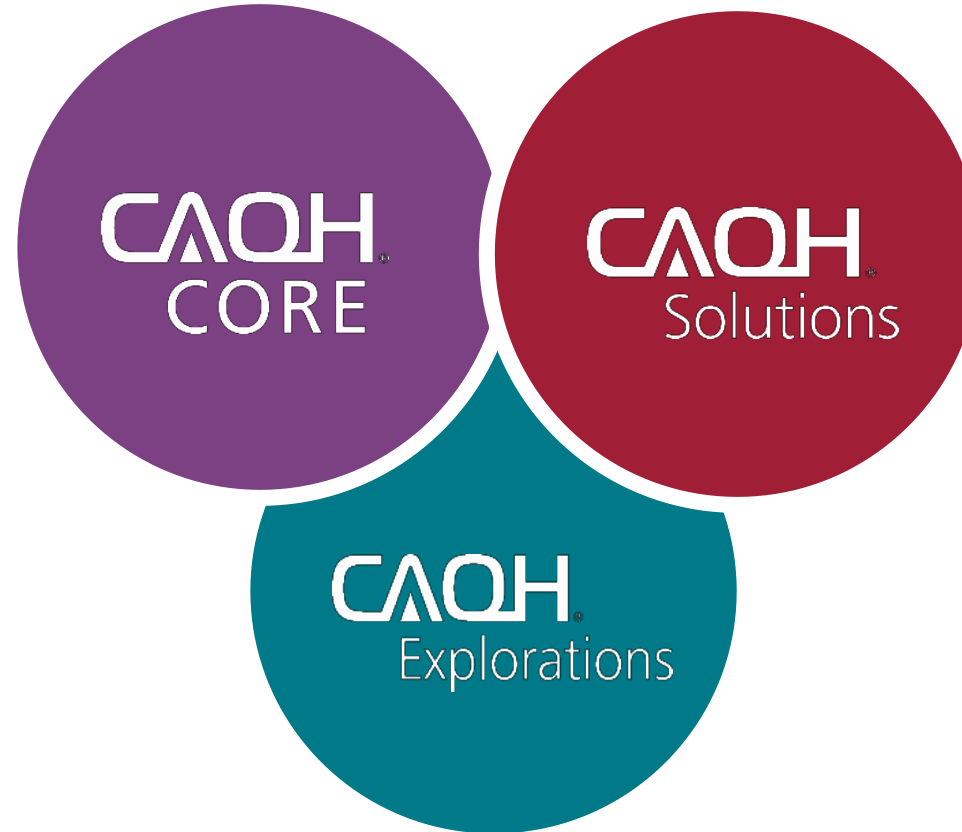
# CAQH & CAQH CORE Telehealth Initiatives

**Robert Bowman**  
Director, CAQH CORE



# CAQH Initiatives Transform Healthcare Business Processes

**National operating rules**  
for electronic business  
transactions.



**Shared utilities** to collect  
and manage provider and  
member data.

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

# 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**.

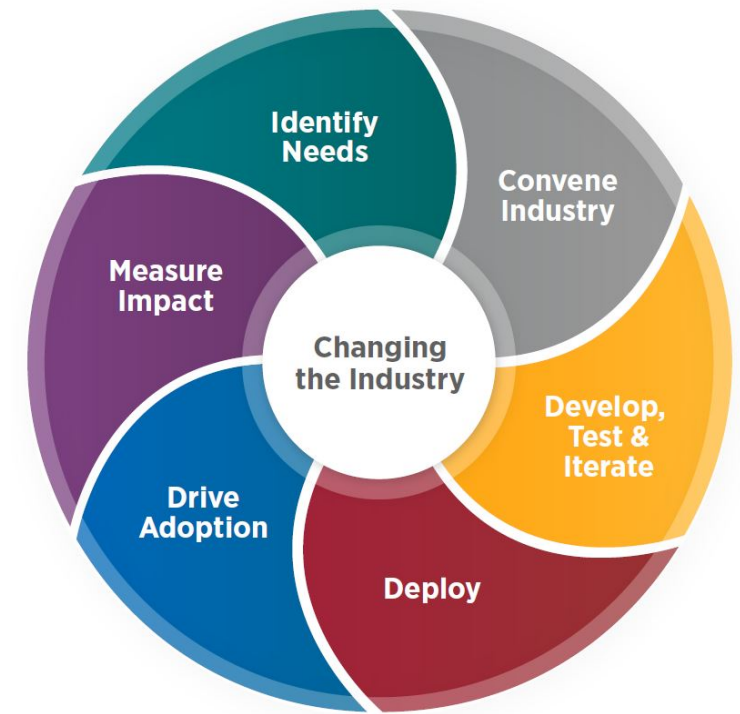
**MISSION** Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability and align administrative and clinical activities** among providers, payers and consumers.

**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.



# CAQH Telemedicine Activities Overview

CAQH	CAQH CORE		
<p align="center"><b>Supporting Virtual Care Offerings in Provider Directories</b></p> <p>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.</p>	<p align="center"><b>Eligibility &amp; Benefits</b></p> <p>CAQH CORE Eligibility &amp; 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.</p>	<p align="center"><b>Denial and Adjustment Codes</b></p> <p>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.</p>	<p align="center"><b>Education &amp; Outreach</b></p> <p>CAQH CORE and WEDI have partnered to conduct a series of educational webinars on the future of telemedicine starting Summer 2021.</p>
<p align="center"><b>Virtual Care Directory Data Framework</b></p> <p>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.</p>			

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CAQH  
CORE | **wedi**<sup>TM</sup>

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

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

July 9<sup>th</sup>, 2021



# Evolution of Telehealth in a Changing Healthcare Landscape

# 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

# MCD



**MEDICAL CARE DEVELOPMENT, INC.**

THE **University of Vermont** MEDICAL CENTER  
THE **University of Vermont** HEALTH NETWORK



NATIONAL CONSORTIUM OF  
**TELEHEALTH**  
RESOURCE CENTERS

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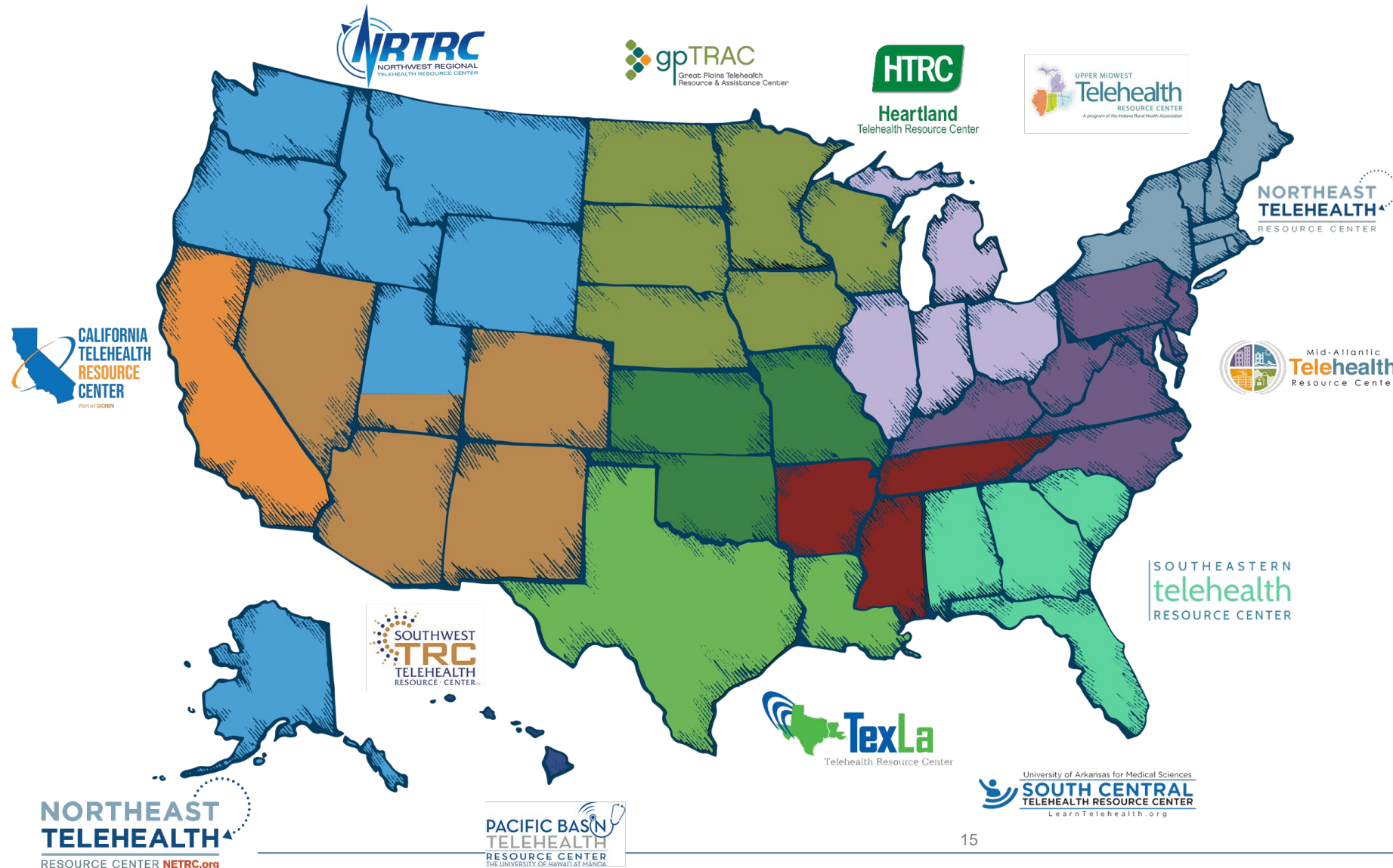
*NETRC is made possible by grants G22RH30352 and GA5RH37459 from the Federal Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.*

## 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](http://www.telehealthresourcecenter.org)



NRTRC	gpTRAC	NETRC
CTRRC	HTRC	UMTRC
SWTRC	SCTRRC	MATRC
PBTRC	TexLa	SETRC

**12 REGIONAL RESOURCE CENTERS**



**TTAC**  
TelehealthTechnology.org



Center for  
Connected  
Health Policy  
The National Telehealth Policy Resource Center

**2 NATIONAL RESOURCE CENTERS**



Telehealth  
Protocols &  
Workflows

Policy, Legal  
and  
Regulatory  
Factors

Technology  
Assessment

Business and  
Strategic  
Planning

# Our Federally Funded Services

## 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.




# A Few Relevant Headlines...

**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?



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## 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 [f](#) [t](#) [in](#)

## 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

## 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.



## Telehealth: From crisis response to cornerstone of healthcare

By Nadia de la Houssaye · October 1, 2020

[f](#) [t](#) [in](#) [e](#) [p](#)



THE NATIONAL LAW REVIEW

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6 NEW ARTICLES

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

### 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  
Alan H. Einhorn  
Nathaniel M. Lactman  
Foley & Lardner LLP  
Health Care Law Today

**FOLEY & LARDNER LLP**

Health Law & Managed Care Communications, Media & Internet  
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APRIL 13, 2021

## Federal Support for Broadband; Supreme Court Rules on Telehealth;

### Plus, Studies look at Telehealth Trends



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

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# Innovative TH Use Cases/Success Stories

## TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GASHN37459)  
MONTHLY REPORT: APRIL, 2020  
QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MDC.ORG)

### SCHOOL-BASED TELEPHYSICIAN PROGRAM PIVOTS TO HOME-BASED COUNSELING UNDER COVID-19

The Northeast Telehealth Resource Center (NETRC) has worked with the team at Abbot (NETRC) since the inception of their school-based telephysician program, initially assisting with development of a program Roadmap in 2015. Since that time, the Abbot team has leveraged program successes and lessons learned to secure additional support and funding, and have expanded from one local school to four, including both high school and middle school aged students. The NETRC team continues to assist with program development as the reach and scope have increased over time, most recently through a HECA Telehealth grant.

This program relies on strong collaboration between Abbot Hospital, a rural hospital in the North Quabbin Region of Massachusetts, the local school system, and a regional behavioral health provider, to ensure access to timely and effective behavioral health services for students within the school setting. (See February 24 article in the [Boston Globe](#)) when COVID-19 arrived in March, 2020 the team quickly pivoted to ensure continued access to services with students at home, and they haven't stopped a beat since, successfully transitioning every student to home-based counseling within a matter of days. Across the entire country, a common challenge for delivering telehealth services to the home has been lack of adequate bandwidth and/or technology. For delivering telehealth services to the home has been lack of adequate bandwidth and/or technology, particularly in rural areas like Abbot, however the team was quickly able to assess student needs, provide necessary technology and/or counsel students via telephone as needed.

They readily shared their experience and outcomes with other schools in the region. "We've been able to share their experience and outcomes with other schools in the region. We've been able to share their experience and outcomes with other schools in the region."

NETRC/MATRC Virtual Telehealth

## TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GASHN37459)  
MONTHLY REPORT: JULY, 2020  
QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MDC.ORG)

### USING TELEHEALTH TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN THE FQHC ENVIRONMENT

Islands Community Medical Services (ICMS), a Federally Qualified Health Center (FQHC) located in Vinalhaven, Maine, has been a telehealth innovator for more than a decade. As their Director of Operations, Christina Quilley tells you, when you serve one of the most remote populations in the country with limited space and resources, telehealth is an absolute necessity for meeting community health needs. While FQHCs have historically been very limited in their ability to use telehealth for Medicare patients, ICMS has leveraged Maine's favorable Medicaid and commercial payer telehealth policies to address key gaps in access to a variety of medical and behavioral health services, and to help with limited transportation, access to social and judicial services that are located on the mainland, such as WIC, Medicaid enrollment, parole consults, family reunification, and more.

With the arrival of COVID-19 and the federal Public Health Emergency, the door was opened wide for FQHCs to provide access to vital healthcare services for their Medicare patients via telehealth, and ICMS wasted no time in jumping on that opportunity. The team quickly adjusted workflows and began providing additional types of services via telehealth, across their entire payer mix. While some patients were initially hesitant to try telehealth at all, or had inadequate connectivity for live video consults at home, they were eventually able to address the needs of their patients. While some patients were initially hesitant to try telehealth at all, or had inadequate connectivity for live video consults at home, they were eventually able to address the needs of their patients.

Telehealth is the "Best Tool" in the Healthcare Toolbox for FQHCs

For an FQHC serving a rural population, telehealth is a game-changer. It's not just a tool, it's a lifeline. It's not just a tool, it's a lifeline. It's not just a tool, it's a lifeline.

## TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GASHN37459)  
MONTHLY REPORT: NOVEMBER, 2020  
QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MDC.ORG)

### ADAPTATION OF MATERNAL FETAL MEDICINE CARE VIA TELEHEALTH: THE COVID-19 CHALLENGE

Wormont has long been an innovator in telehealth, as the state's policy, demographics, broadband, and quality of care combined to allow for favorable opportunities for telehealth since the 1990s. The Northeast Telehealth Resource Center (NETRC) team is proud to partner with both the University of Vermont Medical Center (UVMHC) and the telehealth programs for many years. UVMHC was like many health systems when COVID-19 first started to spread, in a place of needing to pivot towards connecting to patients in their home and other non-healthcare facility settings.

For over 30 years Dr. Marjorie Meyer, a Burlington, Vermont-based Maternal Fetal Medicine specialist has provided a quality care to high risk, expectant mothers. With a team of few doctors and an observant, open minded staff, Dr. Meyer noticed key obstacles to care for some of her patients. The time and costs associated with traveling great distances were major barriers for patients. The University of Vermont Health Network is a vast health system that has actual length of appointment time.

In partnership with Dr. Daniel Lamy of Alice Hyde Medical Center (AHMC) located in Madeline, New York, Dr. Meyer developed a Maternal Fetal Medicine Telehealth program that provided a convenient alternative to in-person visits at the University of Vermont Medical Center. Video visits have saved on travel costs, with planning of attending medical appointments. Dr. Meyer has seen a dramatic increase in patient access.

On average, a Franklin County (VT) patient traveled close to five hours and 186 miles round trip to attend an appointment that lasted just over 30 minutes. 30% of patients either cancelled or "no showed" to an appointment due to the difficulties of long travel distances. Lack of child support, limited transportation and work commitments are all difficulties that patient must navigate when planning their medical care. Some patients even needed to book hotels due to distances traveled and often inclement weather that the winter months in the Northeast brings.

By offering video visits as an option for patients it has increased patient appointment attendance rates and both patient and provider satisfaction, while improving patient continuity of care. In March as the COVID-19 pandemic population out of busy waiting rooms.

This resource was made possible by grant number GASHN37459 from the Office for the Health Resources and Services Administration, DHHS.

## TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GASHN37459)  
MONTHLY REPORT: JUNE, 2020  
QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MDC.ORG)

### LONG ISLAND SELECT HEALTHCARE: NY-BASED FQHC "SURVIVES" IN A "NEW NORMAL"

Long Island Select Healthcare (LISH) is a Federally Qualified Health Center which serves over 6,000 patients at eight locations throughout Suffolk County, New York. LISH participated in the 2020 [NETRC Virtual Telehealth Conference](#). LISH and their collaborators described their program to NETRC as follows:

A 2014, \$6 million grant from the NY Department of Health made it possible to build a comprehensive, after-hours telehealth urgent care program for individuals with neurodevelopmental and intellectual disabilities. Its outcomes were favorable - 98% patient satisfaction rate, more activated patients, an 86% Emergency Department avoidance rate, cost savings for the agencies, and was provided to those with hypertension and diabetes. When the inadequate to sustain a program. "Staying determined, the initial grant was targeted into new programs and new virtual clinics now go beyond urgent care to include preventative care, chronic care, home care, and post and medically complex children. They provide primary, specialty care, behavioral care, and telepsychiatry.

More recently, LISH was awarded FCC COVID-19 funding, which, among other things, will support the development of "COVID kits" that include a tablet, pulse oximeter, and stethoscope. LISH plans to make these available to patients who report symptoms, particularly to help monitor patients in group homes. To support this work, LISH has developed a protocol for COVID testing and telehealth.

"They also learned that going digital means investing in education. Many of their patients full-on lessons in how to use their technology."

## Pequot Nation Shows Promising Diabetes Results with Telehealth

After partnering with a telehealth program and receiving virtual treatments, the Pequot Tribal Nation members have shown compelling results in diabetes care management.

Source: Getty Images

By Victoria Bailey

## New Study Shows mHealth Games Help Children With Autism - And Their Parents

The program coordinated by Magellan Health and Mightier, a spinoff from Boston Children's and Harvard medical School, finds that mHealth games boost behavioral health outcomes in kids and reduce stress in their parents.

Source: ThinkStock

By Eric Wicklund

## Using Telemedicine Services to Improve Sleep

Apr 28, 2021 - Published by Dr. Maheu

Close-up of A Man Sleeping With Smart Watch in His Hand Showing Heartbeat Rate

Royal Philips, an international health technology company, released a recent report [Seeking Solutions: How COVID-19 Changed Sleep Around the World](#), which highlighted a survey querying 13,000 adults in 13 countries about their attitudes, perceptions, and behaviors around sleep. Only 55% of the respondents said they were satisfied with their sleep. Japanese respondents reported the lowest level of satisfaction, and those from India reported the highest partial satisfaction. 40% of respondents from the United States reported that they were somewhat satisfied with their sleep.

## TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GASHN37459)  
MONTHLY REPORT: JANUARY, 2021  
QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MDC.ORG)

### CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND AND NETRC REACH PHASE 3 ON A STATE-WIDE TELEHEALTH PROJECT

Care Transformation Collaborative of Rhode Island (CTC-RI) is a non-profit primary care improvement organization originally convened by the Rhode Island Office of the Health Insurance Commissioner and the Executive Office of Health and Human Services. The CTC-RI network includes 128 primary care practice sites and over 800 providers, and reaches over 690,000 Rhode Island residents. CTC-RI's projects include collaborations including all FQHCs in RI, and reaches over 690,000 Rhode Island residents. CTC-RI's projects include collaborations including all FQHCs in RI, and reaches over 690,000 Rhode Island residents.

In July 2020, CTC-RI launched [through-phase project funded through Rhode Island Care and Care Act Funding](#). This included a statewide telehealth needs assessment webinar series, and funding for 21 practices including adult, pediatric, and family practices to participate in an 12-month learning collaborative (launched in December 2020) and provide infrastructure payments (\$15,000) and incentive payment (\$5,000 - \$7,000) for each participating practice.

Having worked with NETRC since their initial interaction in 2019 when CTC-RI reached out through our website's contact form, CTC-RI contacted NETRC and asked that the team join the project as core members of the project. The Steering Committee (full list of committee members can be accessed [HERE](#)) to support all phases of the project. The NETRC team participates in weekly planning meetings and provides direct and indirect technical assistance to all participating primary care sites. We have supported CTC-RI in the development, dissemination, and analysis of the statewide needs assessment, guided and hosted statewide webinars, and are active subject matter experts in the ongoing learning collaborative. Of note, the NETRC team facilitated and moderated CTC-RI's first webinar on ["Telehealth Implementation Strategies - A Living Guide"](#) co-developed a follow-up [FAQ document](#) and recently presented ["Telehealth Technology Options"](#). NETRC has also drafted a [Blended Care Telehealth Toolkit](#) to serve the specific needs of this project and CTC-RI is promoting NETRC as a key resource.

CTC-RI Telehealth Project Goals

1. Provide primary care practices with best practice sharing opportunities to support effective, safe and efficient telehealth services looking at practice staff/patient experiences, clinical outcomes, access to care and utilization;
2. Help inform RI health care policy on primary care practice/patient telehealth needs.

"Read Andrew from the NETRC have been tremendous resources in helping primary care practices in Rhode Island effectively use telehealth to improve access to care. They have helped us with planning webinars and a learning collaborative aimed to help primary care practices use technology to improve care for patients with chronic conditions."

Debra Hurwitz, Executive Director, CTC-RI

The first phase of CTC-RI's project was a statewide Practice Assessment Survey designed to be completed using a team approach across each practice. 47 practices completed the assessment in 2020, including 35 adult medicine and 12 pediatric practices. The survey data also included responses from over 800 patients at the participating health sites, of which roughly 500 patients had a telehealth visit and roughly 400 had not.

# 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 addtl 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

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

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

- 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**

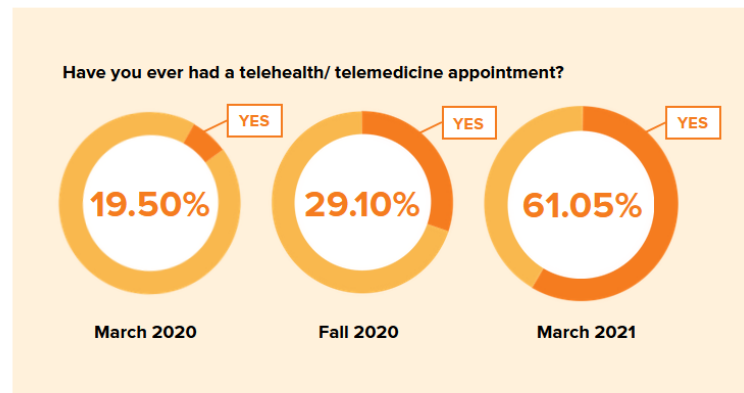
21 states\*  
Reimburse **RPM**

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

# Telehealth Adoption

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

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



# Post PHE Predictions

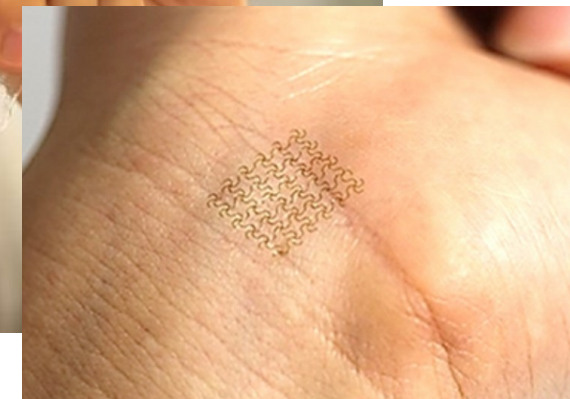
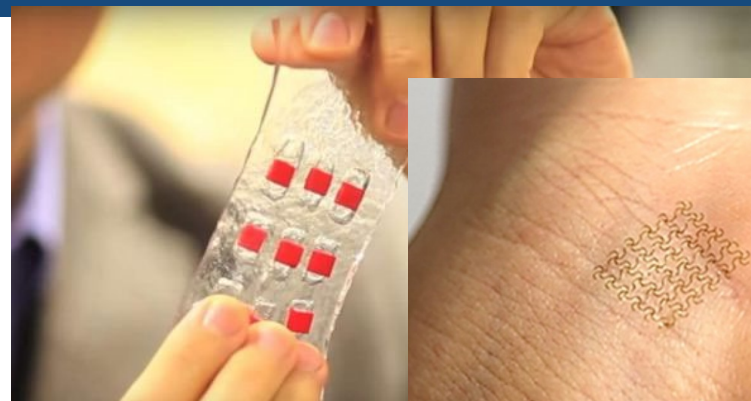
## *Reminder: moving target:*

- 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!



[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?



*The heart and science of medicine.*

UVMHealth.org

# Digital Health at UVMHN

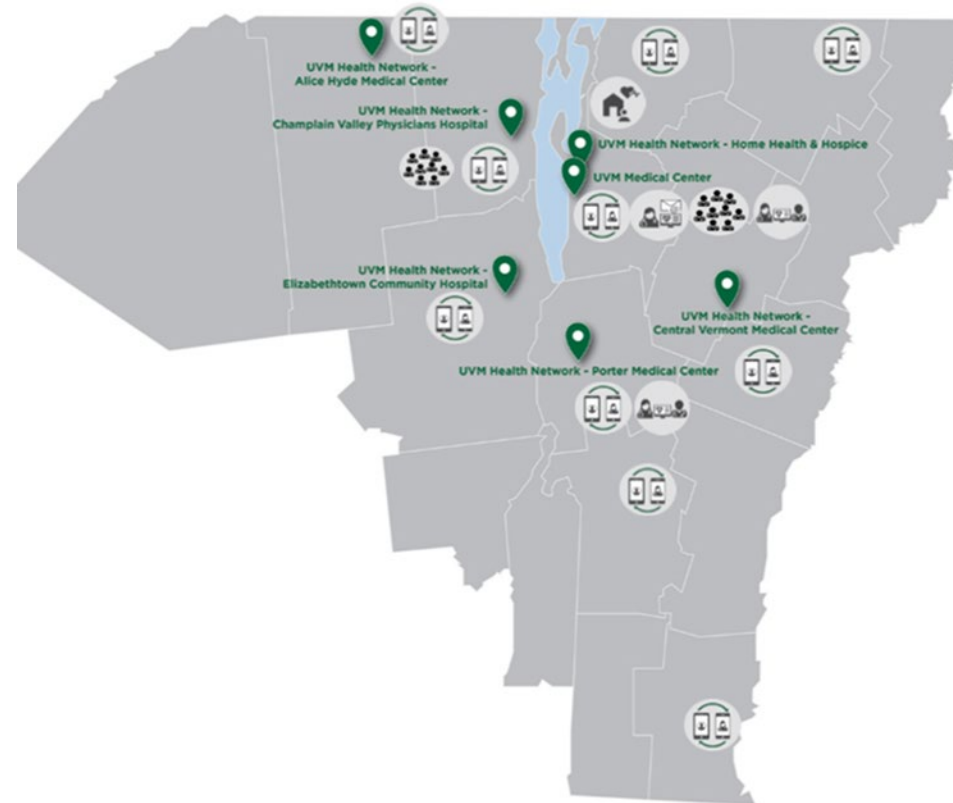
July, 2021

Sarah R. Kessler, Sr. Telehealth Program Strategist

# 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

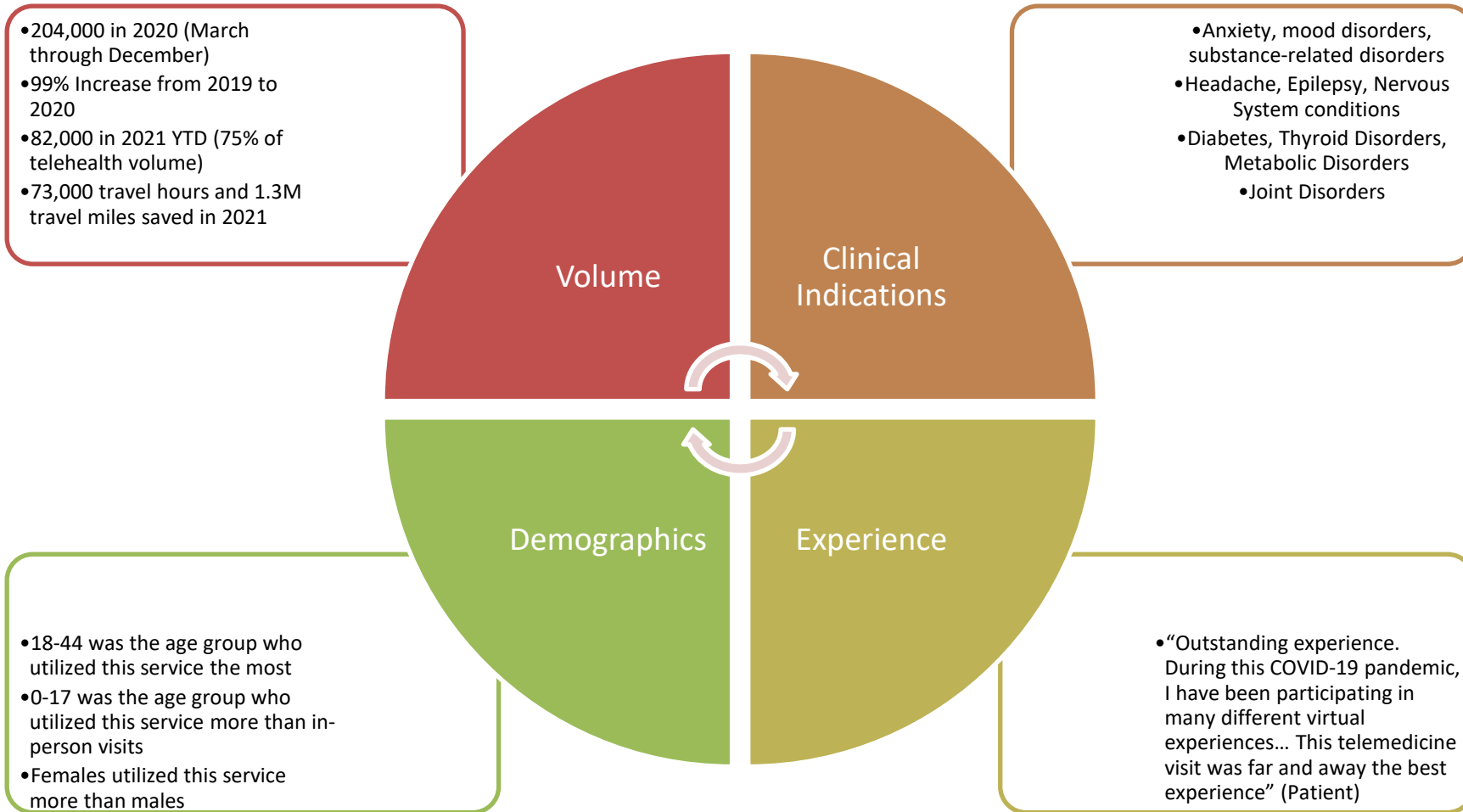
## 2019

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

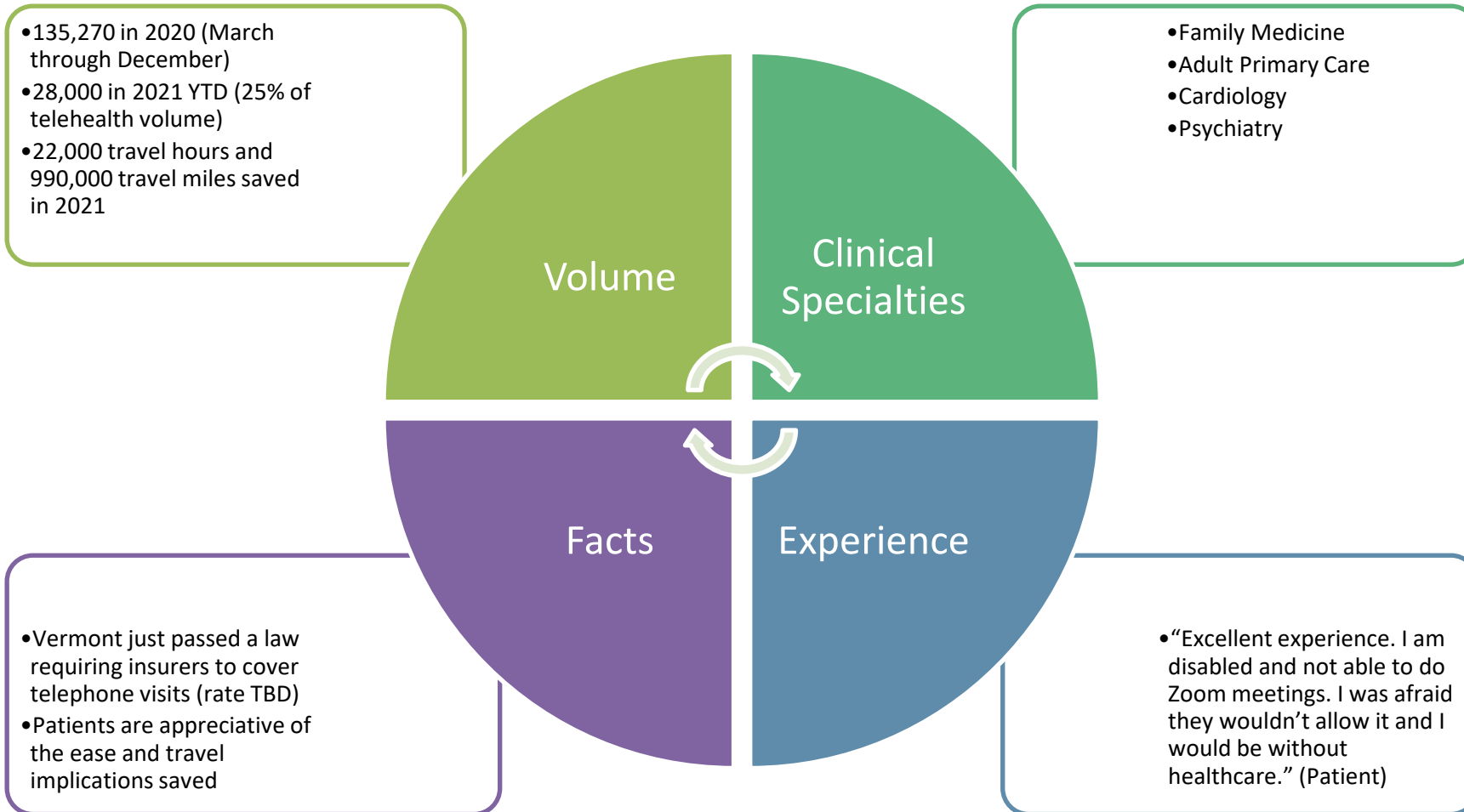
## Now

- 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

# Video Visits Statistics



# Telephone Visits Statistics



# 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)



# 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



# 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



# 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  
Health Network

**Reid Plimpton**

Project Manager, Northeast  
Telehealth Resource Center,  
Medical Care Development, Inc.

**Nancy Spector**

Coding & HIT Advocacy Director  
American Medical Association

**Moderator:**

**Jessica Porras**

Senior Manager, CAQH CORE

# Audience Q & A

# Thank you for joining us!



Website: [www.CAQH.org/CORE](http://www.CAQH.org/CORE)

Email: [CORE@CAQH.org](mailto:CORE@CAQH.org)



Website: [www.wedi.org](http://www.wedi.org)

Email: [wedi@wedi.org](mailto:wedi@wedi.org)



# Appendix/Slides for Questions

# Action Phrases for Knocking Down Telehealth Barriers

**HYBRID  
HEALTH EQUITY  
ACCESS  
INTEROPERABILITY**

# 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

# 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 - COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers**

Medicare Telemedicine Health Care Provider Fact Sheet

Medicare Learning Network (MLN) Booklet – 2020

Medicare - Covered Telehealth Services CY2019 and CY 2020

## **Office of Civil Rights**

FAQs on Telehealth and HIPAA during COVID-19 public health emergency

## **DEA COVID-19 Information Page**

## **SAMHSA COVID-19 Page**

## **Center for Connected Health Policy**

Telehealth Coverage Policies in the Time of COVID-19

COVID-19 Related State Actions

Billing For Telehealth Encounters – CCHP 2020 Guide on Fee-for-Service

## **Federation of State Medical Boards – Board by Board Review**

States Waiving Licensure Requirements During COVID-19

# 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.

The collage contains several resource documents:

- National Consortium of Telehealth Resource Centers COVID-19 Telehealth Toolkit** (March 18, 2020): Includes sections on 'What is COVID-19?' and 'What is Telehealth?'. It defines COVID-19 as a novel coronavirus and telehealth as the remote delivery of health care services.
- What is Telehealth? Context for Framing Your Perspective** (Aug. 2018): Discusses how state and federal policymakers have expanded telehealth opportunities.
- COMMON TELEHEALTH DEFINITIONS**: Provides definitions for American Telemedicine Association (ATA), Health Resources and Services Administration (HRSA), and National Consortium of Telehealth Resource Centers (NCTRC).
- 15 Key Steps for Creating a Business Proposal to Implement Telemedicine**: A detailed guide with sections like Executive Summary, Introduction & Background, Need & Demand Assessment, Internal & External Assessment, Service Plan Assessment, and Marketing.
- Types of Telehealth Technology**: Lists categories like Real Time 'Synchronous' and Store and Forward 'Asynchronous'.

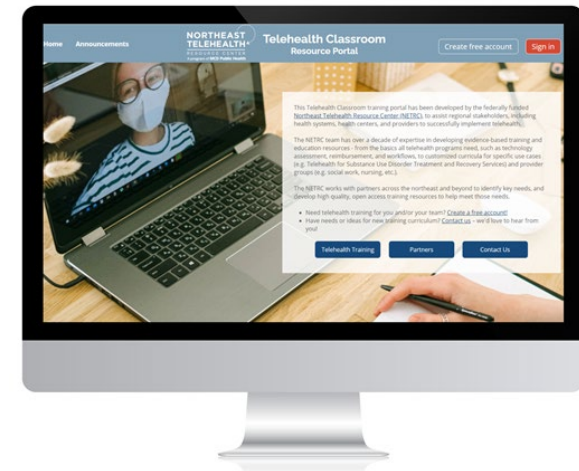


# Additional Trainings and Resources

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

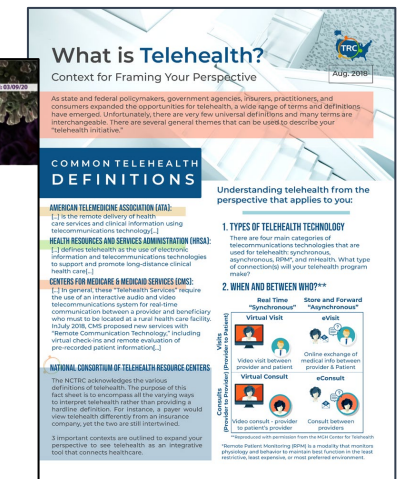
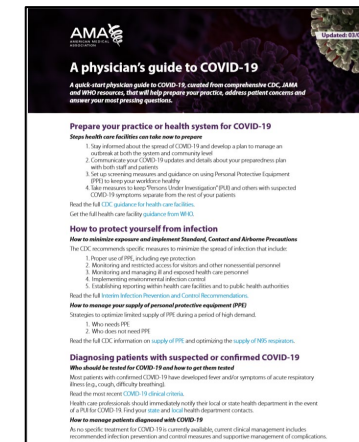
*And many great regional programs willing to share!*

[www.TelehealthClassroom.org](http://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



**Danielle Louder**

Program Director, NETRC  
Co-Director, MCD Public Health  
Email: [DLouder@mcdph.org](mailto:DLouder@mcdph.org)



**Andrew Solomon, MPH**

Senior Program Manager, NETRC  
Email: [Asolomon@mcd.org](mailto:Asolomon@mcd.org)



**Reid Plimpton, MPH**

Project Manager, NETRC  
Email: [Rplimpton@mcdph.org](mailto:Rplimpton@mcdph.org)



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