FLEX Telehealth 101

Northwest Regional Telehealth Resource Center

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The National Consortium of Telehealth Resource Centers

Objectives

- Describe basic telehealth concepts to include definitions, modalities, payment, workflows and technology

- Understand current telehealth regulatory changes and waivers during COVID and Post-COVID

- Identify ways that Flex Programs can support the needs of critical access hospitals (CAH)

- Understand how increased telehealth use could impact finances (revenue cycle), quality improvement (MBQIP) measures, and movement to value-based care and population health as a basic component in CAHs and RHCs.

Telehealth Defined

"Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."

- Health Resources & Services Administration (HRSA)

What is Telehealth?

Modalities:

- Remote communication based technologies

- Live Video (synchronous)

- Audio only

- Store and Forward (asynchronous)

- Mobile Health

- Remote Patient Monitoring

Pros & Cons of Telehealth

- Improved access to health care
- Decreases transmission of COVID-19
- Reduces unnecessary provider & patient travel and costs
- Addresses health care provider shortage
- Patients living in rural underserved areas have increased access to specialty care

- Licensing and credentialing by state
- Uncertainty of HIPAA compliance in technology
- Lack of provider/staff training
- Lack of broadband connectivity & patient ability to connect
- Lack of patient education around telehealth
- Concerns around reimbursement

NRTRC NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

TRC NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

Workflows

- Customized around "your" practice
- Connection test prior to visit
- "Webside" manner
- Patient etiquette
- Follow-up appointments
- Pt readiness/20 things to know about telehealth visit

Technology

- Platforms

- Broadband/High speed internet access
  - Creative connectivity solutions
  - HIPAA waiver-Business Associate Agreement (BAA)

- Video embedded in Electronic Health Records (EHR)
  - EHR integration/pt scheduling

- Remote Patient Monitoring (RPM) devices

- Peripherals

TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

PERMANENT STATE TELEHEALTH CHANGES

➤ July –August 2020 - 31 states made permanent changes
  ➤ Most done through administrative channels, not legislation
  ➤ Not clear that all were done in response to COVID or had they been planned to be done before the pandemic

PERMANENT STATE TELEHEALTH CHANGES (Continued)

➤ Several states adopted policy of telephone reimbursement in Medicaid but for narrow set of services (SC, TX, TN)

➤ Clarified that home is an eligible originating site in Medicaid (SD, CO, UT)

➤ Clarified policies around FQHCs/RHCs in Medicaid

   ➤ HI – FQHCs/RHCs eligible providers

   ➤ WV – Allowed psychiatrists and psychologists in FQHCs/RHCs to be eligible distant site providers

   ➤ WI – Allow full PPS rate reimbursement

Telehealth Resources

- Telehealth Training
  - www.nrtrc.org Professional Development

- National Consortium of Telehealth Resource Centers (NCTRC)
  - www.telehealthresourcecenter.org

- Center for Connected Health Policy (CCHP)
  - www.cchp.org

- National Telehealth Technology Assessment Center (TTAC)
  - www.telehealthtechnology.org

WHERE TO FIND FUNDING OPPORTUNITIES

1. NRTRC - https://nrtrc.org/covid/funding.shtml

2. RHI Hub - https://www.ruralhealthinfo.org/funding
   - Funding by Type, Sponsor, Topic, State

3. Grants.gov - https://www.grants.gov/web/grants
   - Search: Telehealth

4. FORHP Newsletter – https://www.hrsa.gov/grants/find-funding?
   - Distributed weekly on Thursdays: What's New, COVID-19 Resources, Funding Opportunities, etc.

5. USDA - https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants
   - Distance Learning & Telemedicine Grants

6. FCC https://www.fcc.gov/covid-19-telehealth-program
   - Covid-19 Telehealth Program Funding (Round 2-additional $250 million)

What drives the adoption...or lack there of... of Telehealth?

- Reimbursement

- Policy and Regulations

- Good technology
  - Broadband
  - Platform

- Provider engagement

- Patient engagement

How Flex programs can support CAHs and RHCs in their state?

- Find out how much telehealth they are doing?

- What platform they are using, if any? Is it HIPAA compliant?

- What services are they offering via telehealth?

- How would they like to expand? RPM? And what do they need? Devices? Support them with funding opportunities.

- Any out of state providers or needs with cross-state licensing?

- Fund a workshop/webinar on billing for telehealth

- Understand provider engagement. Why are providers hesitant?

- Understand patient engagement/satisfaction

- How are they building telehealth into their workflow

How Telehealth Can Impact CAH and RHC Finances.

- 15%-75% of all care is being done virtually depending on the type of clinic (specialty, primary care, mental health)
- If payment parity is not in your state then this will likely impact finances post COVID- 19 PHE. Full payment now but likely lower at the end of the PHE.
- RHCs now allowed to bill as distant site. Are they getting that revenue?
- Are any clinics loosing revenue that they used to get as an originating site?
- Post COVID implications

Quality Improvement (MBQIP)

- Telehealth can improve quality in a number of ways
  - RHI Hub Rural Telehealth Toolkit
  - Strategies to increase access to care in non-healthcare settings
    - Care transitions and post-acute care
    - Chronic disease management
    - Direct-to-consumer telehealth
    - Caregiver support
    - EMS (pre and during transport)
    - Medication adherence
    - Home-based care for older adults
  - Consider specific MBQIP quality measures and which might be impacted most by a more virtual environment (Ex. Decreased readmission rate using telehealth as the primary follow up tool)

Quality Improvement (MBQIP) [Continued]

- Patient Engagement can improve with more telehealth if properly built into the workflow:
  - Communication with Doctors
  - Communication with Nurses
  - Communication about Medicines
  - Transition of Care
- Care Transitions
  - Medication management
  - Reducing Readmissions, complications, hospital return days

Value-Based Care/Population Health

- Increasing access to care

- Managing chronic diseases

- Patient Education
  - Hypertension
  - Diabetes/DSME

- Provider Education / ECHO

- Telehealth should be held to the same standards of care

- Appropriateness

NRTRC Annual Conference: Telehealth's Big Bang: From Challenge to Opportunity

For more information and registration visit www.nrtrc.org