California Telehealth Policy Coalition
2020 Annual Meeting
Summary

Executive Summary

On November 17, 2020, the Center for Connected Health Policy (CCHP), in collaboration with BluePath Health, hosted the California Telehealth Policy Coalition's second annual meeting. Over 180 individuals attended the virtual event, and over 20 speakers presented at this year's annual meeting, making it a productive and well-represented event. With COVID-19 driving the government agencies to issue sweeping flexibilities to use telehealth during 2020, telehealth has been launched to the forefront of patient care, with new stakeholders tuning into the Coalition's meeting every month.

Key takeaways from presentations and discussions at the annual meeting include:

- The California Telehealth Policy Coalition and other stakeholders acted swiftly in 2020 to work to remove barriers to access to telehealth and provide expert guidance to providers, patients and other constituencies less familiar with telehealth.
- An increasing number of Californians are receiving services via telehealth and have high levels of satisfaction with telehealth.
- Work remains to make sure that telehealth access for patients and providers continues to expand into 2021.
- Coalition members and other stakeholders reached broad consensus on priorities for 2021.

Key Takeaways Highlighted During the Annual Meeting

- **The California Telehealth Policy Coalition and other stakeholders acted swiftly in 2020 to work to remove barriers to access to telehealth and provide expert guidance to providers, patients and other constituencies less familiar with telehealth**.

Speakers throughout the annual meeting touched on telehealth's benefit during the COVID-19 pandemic. Dr. Alice Chen, Deputy Secretary for Policy and Planning at the California Health and Human Services Agency and the Coalition's 2020 Telehealth Champion of the Year, noted during her keynote presentation how far we have come with telehealth in California since the E-Consult Workgroup was formed to promote e-consult in 2016. Dr. Chen pointed out that innovation is vital to the future of telehealth and health care in California. Assemblymember Aguiar-Curry, 2019's Telehealth Champion of the Year, noted how essential telehealth is to specific California communities, including many of her constituents in rural Yolo and Napa Counties. She noted that telehealth has been a transformative tool and provides continuity of care.

Other speakers pointed to enhanced coverage and reimbursement policies from the Centers for Medicare and Medicaid Services, Department of Managed Health Care and Department of Health Care Services in 2020 that allowed for more Californians to access telehealth. Outgoing Legislation Committee Chair Erin Kelly of the Children's Specialty Care Coalition highlighted the bills that the Coalition supported in 2021. Mei Kwong of the Center for Connected Health Policy and Robby Franceschini of BluePath Health reviewed legislation and regulations in 2020 at the state and federal level and noted that while many bills were introduced at the federal and state levels, little meaningful action was taken through legislation to make access or coverage expansions permanent.

The Coalition's outreach and education work was also on display throughout the day. Outgoing Education Committee Chair Julie Bates of AARP provided an overview during the Year in Review of the Coalition's stakeholder education accomplishments, including increasing member engagement, member communications, creating stakeholder fact sheets, and hosting webinars and a policy briefing. Nikki Paschal of Paschal Roth Public Affairs also noted for members that the Coalition is in the midst of developing strategic communications for 2021 to build momentum for sound telehealth policy in 2021.

- **An increasing number of Californians are receiving services via telehealth and have high levels of satisfaction with telehealth**.

Speakers throughout the meeting pointed to rising evidence that supports patient and provider acceptance of telehealth in California. Chris Perrone highlighted CHCF survey results from 2020 that show that more Californians were able to access telehealth and reported high satisfaction with the care they received. Rene Mollow of DHCS acknowledged that more Medi-Cal beneficiaries are utilizing telehealth to receive services than ever before. Stephanie Thornton of The Children's Partnership commented on her organization's survey conducted with parents of young children and how COVID-19 impacted their well-being, showing that 94% of parents thought having access to their child's provider via telehealth would be helpful, but that only 18% have access to do so. Peggy Broussard-Wheeler of the California Hospital Association highlighted that telehealth reduces no-show rates by as much as 50% for California hospitals and that disparities in technology access must be addressed to ensure the equitable availability of telehealth. Kiran Savage-Sangwan of the California Pan-Ethnic Health Network shared the results of their recent online survey. Of the 1700 survey participants, 50% utilized video visits, 25% used phone apps, and 20% used their phones, and all participants reported having an overall high satisfaction with the use of telehealth services.

- **Work remains to make sure that telehealth access for patients and providers continues to expand into 2021**.

As stated by Chris Perrone, "We must make the most of this moment to make sure telehealth is here to stay and ensure it advances and benefits all Californians." Attendees learned from Lisa

Arfons, Susan Kirsh and Ken Kizer of the of the Veterans Health Administration that engagement has been key to moving the needle forward on telehealth within the VHA and to reducing the digital divide. For example, educating veterans on telehealth gives them a better understanding of the technology and how to use it, and providing veterans with tablets helps them access the actual services. Other speakers, including Beth Malinowski of the California Primary Care Association, Linnea Koopmans of Local Health Plans of California, and Bill Barcellona of America's Physician Groups all spoke to their constituents' largely similar needs when it comes to making COVID-19 flexibilities permanent.

- **Coalition members and other stakeholders reached broad consensus on priorities for 2021.**

Coalition members discussed the four priorities developed by the Legislation and Education Committees for 2021. These include

- Make temporary coverage expansions permanent and expand access to new modalities
- Build the evidence base for telehealth in California
- Bridge the digital divide and address health equity
- Advance state leadership on telehealth and health IT

Members and guest speakers raised key considerations for next year. These include incorporating telehealth into value-based care, the need to address digital literacy and cultural competency, and interoperability. Differences remain on how to prioritize policy needs and the evidence base necessary for sound telehealth policy.

Thank you to our annual meeting sponsors Buchalter, AAPR, West Health, hims & hers, Health Net, the Alliance for Patient Access, and the California Health Care Foundation.

Telehealth Policy Coalition Staff

- Center for Connected Health Policy
  - Mei Wa Kwong
  - Veronica Collins
- BluePath Health
  - Timi Leslie
  - Robby Franceschini
  - Ciara Keegan

Appendix: Session Summaries from the Annual Meeting

Chris Perrone, MPP, Director, Improving Access, California Health Care Foundation

- A year where new heroes have emerged
- Gives us hope for a brighter future
- A year ago, Coalition members worked hard to explain benefits of telehealth to lawmakers to advance policies to make telehealth more acceptable
- Medi-Cal enrollees stand to gain the most from telehealth and are the one who have the worse access to it
- A year ago, the Coalition worked on a set of goals for the coming year
  - Coverage and access
  - Implementation
  - Data sharing
  - Education
  - Monitoring
- Foster and improve the understanding of telehealth
- Generate a sense of enthusiasm and urgency among CA health policy leaders and the telehealth role of meeting the needs of Californians

Goals were met

- Quick action by federal and state policy members allowed the barriers to telehealth be removed at unimaginable pace
- Survey of 2500 Californians released last month from CHCF
  - 62% received telehealth services including 65% of respondents with incomes that were 200% below FPL
  - Positive telehealth experiences
  - 75% had visits by phone
  - 66% had video visits and were equally or more satisfied as they were with in person visits
  - Level of satisfaction were highest in low-income communities and communities of color
  - 50% said they would likely choose a phone or video visit over an in-person visit whenever possible in the future
- Challenges before us are very different from a year ago
- We must make the most of this moment to make sure telehealth is here to stay and ensure it advances and benefits all Californians
- Move from phone to video
- Reach patients who have digital barriers
- Ensure translation services are readily available
- Telehealth becomes a seamless part of how we provide care while improving access to care and health outcomes
- CHCF board dedicated $6.5 million over the year to ensure all Californians benefit from telehealth

- The cornerstone is connected care accelerator
- CHCF is proud to support the CA Telehealth Coalition

Mei Wa Kwong, JD, Executive Director, Center for Connected Health Policy (CCHP)

- Meeting objectives and overview

Nikki Paschal, Principal, Paschal Roth Public Affairs

- Coalition's twitter page @ca_telehealth
- Resources developed by Coalition
    - Six new factsheets and materials available on CCHP website
        - Debunking myths
            - Misperceptions about telehealth
        - What is telehealth?
            - Now available in Spanish
- Invites organizations to communication conversations
- Upcoming meetings in December
- Identify communications contact from organizations to stay connected with Coalition

Rene Mallow, MSN, RN, Deputy Director, California Department of Health Care Services

- DHCS telehealth policy expansive with few limitations prior to PHE
- Extensive review of telehealth policy in 2019
    - Stakeholder engagement
    - Refined telehealth policies
    - Flexibility to enroll licensed clinical providers which allowed providers to make individualized and clinically appropriate decisions in relation to patient care and telehealth
    - Supported beneficiary choice
    - Applied across respective delivery systems
        - FFS and MC
        - Published in Medi-Cal Provider manuals
        - Providers not fully taking advantage of policies prior to PHE
- DHCS leveraged existing policies and flexibilities that were implemented
- Leveraged flexibilities in modalities during PHE
- Telephonic payment in the same manner as same as face-to-face visits
    - Relief for providers to have this option
- Site limitations waived- no limitations for patients or providers
- Billing codes could be used for new patients that were for typically for established patients
- Telephone only access with certain limitations
- 1915c waivers expanded service via virtual and telephonic communication

- Providers could receive payments via telephone at their full reimbursement rate or a reduced payment based on Medi-Cal rate on file

- Allowed payment parity regardless if services were provided by phone or in person if certain requirements were met and clinically appropriate
- Appreciates and recognizes value of federal governments flexibilities in terms of delivery of care for beneficiaries
- Work is currently under way at DCHS to evaluate flexibilities and what will continue post PHE
    - Assessing need for additional federal approvals
    - Federal barriers that may need to be addressed
    - Provisions telephone or audio phone services and requirements from Office of Civil Rights and protection of patient privacy
- Utilization of telehealth modalities being reviewed
    - No data available on what that utilization looks like
- In the future modalities must ensure quality services while maintain program integrity
    - Protect patient choice and access to care
    - Look for inequities in service
- Positive feedback to flexibilities deployed during PHE deployed
- Mental health services critical
    - Concern about privacy
    - How well patients can engage with providers
    - There may be other people around the patient while they receive care in the home
- Beneficiaries who have children with special needs must juggle multiple appointments
    - Easier to access specialty providers during PHE
    - Can balance out appointments via telehealth visits and face to face visits
- Concerns to limitations to availability telehealth services
    - Rural areas
    - Broadband and internet access
    - Phone calls may be only modality available
    - Secure Interfaces limited
    - Ensuring patients are fully informed and know their rights to receive telehealth services

Ultimate goal for future telehealth policy is balancing protecting the needs of beneficiaries while ensuring access to quality health care services and minimizing inequities to services

Erin Kelly, MPH, Executive Director, Children's Specialty Care Coalition

- Reflection on year
- Telehealth launched to forefront of healthcare delivery
    - Unprecedented acceleration of use
    - Data shows use increased by 2000% at the beginning of PHE
- Most notable achievements of Coalition

- Stood up "War Room"
  - All sectors of healthcare represented
  - Led to tangible outcomes in regulatory changes
  - Increased number of organizations participating in Coalition
  - Hosted educational webinar
  - Solidified Coalition's role as a go to resource and advisor on telehealth
  - Legislative briefings
  - Laid groundwork to work collaboratively on a comprehensive legislative package to codify temporary flexibilities approved during PHE

Julie Bates, PhD, Associate State Director, AARP California

- Barriers to access telehealth removed
- COVID-19 showed what can and should be done to utilize telehealth
- Member engagement
  - 133 Organizations
    - Payers
    - Consumers
    - Hospital Groups
    - Universities
  - Great work can be achieved when there are more diverse voices at the table
- 3 Quarterly newsletters
  - Kept consumers informed during PHE
- Stakeholder fact sheets
  - Instrumental in helping legislators, health clinics understand what health delivery is in PHE
  - Fact sheets now in Spanish
- Webinars and policy briefings

Assemblymember Aguiar-Curry 2019 State Champion

- Policies that are created have to be transparent, accountable, and to make sure it be implemented
- Telehealth transformative tool for health providers and patients
- Telehealth has provided access during disasters and COVID-19
- Transformed access while mitigating exposure to COVID-19
- Providers can bill and get reimbursed via telehealth
- Authored multiple bills to ensure providers can provide care to patients via telehealth during emergencies
- AB 744 and AB 1494 proudest accomplishment model bills across the US
- Patients can access care from home and stay safe
- Legislation priorities remain the same and focus on the needs of many in small and rural communities and low income
  - Broadband

    - Infrastructure development
    - Telehealth
    - Access is essential
    - Telephone services are telehealth intends to address it
- Providers can access and bill for telehealth under PHE in a way they can't w/o flexibilities
- Progress will be undone when federal flexibilities and PHE ends
- Worked on proposed legislation during last few weeks of session that will removes current emergency trigger for telehealth flexibilities and remove the Medi-Cal exemption telehealth parity statute
    - Follow-up legislation to previous bills
    - Bill will be reintroduced next year
- Telehealth provides continuity of care
- Telehealth provides safety while guaranteeing care
- Aware of Governors Veto message on 2164 –indication of telehealth in budget proposal
    - Eager to see what will be proposed in January
    - This cannot wait until January will pursue legislative vehicle in December
    - Colleagues must trust in policy that is put together
- Policy and voices make a difference
- Additional telehealth legislation needs to be pushed through this year
- Letters of support are important
- Data collection
- Working on Internet for All legislation
- Access includes pockets of areas that don't have connectivity
- Good policy means you have to take risks

Leg-Reg Update

Federal Updates
Mei Wa Kwong, JD, Executive Director, CCHP

- Most policy changes were in Medicare
    - Medicare policy outdated 2008
    - Coverage and billing most familiar because they state who and what is covered
- Other telehealth policies that impact utilization
    - Provider practice-licensing and scope of practice
    - Provider support-training, assistance to purchase technology
    - Consumer-data, privacy, education, broadband access
    - All impact utilization and need to be discussed
- Key changes during COVID-19
    - Increased services covered that can be reimbursed
    - Providers that can be reimbursed
    - Audio-only phone coverage
    - Site limitations waived

- Changes tied to PHE so if PHE abruptly ends flexibilities will end as well
- Federal rules that changed during PHE
- HHS and DEA relaxed enforcement
    - Anti-Fraud Enforcement Waivers
        - Stark law
        - Anti-Kickback
        - HIPPA Waivers
- Geographic restrictions removed
- Several bills in Congress
    - None passed
- Permanent Proposed Changes
- CMS will look at which temporary flexibilities to make permanent
    - Home Health rule on plane of care for patient finalized
    - Physician fee schedule pending
- Patient information from a government agency was not common pre-COVID
    - Telehealth.hhs.gov-Patient telehealth information Resource
    - California has similar resource but patients can type in zip code to find health plans in their area that can link them to their telehealth policies it they have one
        - Dr. Chen assisted with spearheading this

- PHE declaration extended into January 2021. Many state changes are tied to Federal PHE. Federal PHE may be renewed
- MedPac presentation advises Congress-Budget is vital in telehealth bill implementation.
- The budget can kill a telehealth bill, telehealth items may be placed in larger bills
- Telehealth is a bipartisan supported area

State Updates

Robby Franceschini , JD, MPH, Director of Policy, BluePath Health

- DCHS received CMS 1135 waivers to expand access
- Provider enrollment relaxed
- Provision of services in alternative settings allowed
- FTF requirements relaxed including audio-only services
- DHCS All Plan letters in regard to managed care -must provide and reimburse (payment parity) telehealth services at the same rate as services received in person
- DHCS published guidance on telehealth & telephonic communications (Latest update in June)
    - Guidelines for billing during PHE
    - FFS for FQHC, Managed Care, RHC/ Tribal Clinic reimbursement with modifiers to use
- Originating site facility fee Q3014 can still be billed even if the patient is not present in the clinic
- Temporary allows Virtual Check-ins G2010 & G2012 codes

- Bill summary
  - Only two bills passed in CA this year
    - AB 79-IHHS program and telehealth reassessments
    - AB 3242 -allows for 5150 involuntary commitment assessments via telehealth
  - Supported by Coalition
    - AB 2164 Vetoed- Would have removed FTF requirements for FQHC/RHC established patients
    - AB 2280 Held in Senate- Extends CMIA requirements to "personal health record information"
    - AB 2360 Vetoed- Required DMHC/DOI plans/insurers to cover consults for MCH psychiatry
    - AB 2570 Vetoed- Establishes the State Agency Direct Allocation Account in the CASF to fund low-income census blocks to enable telehealth and distance learning

All changes are temporary but work is being done to make them permanent

Member Priorities Panel in 2021: Panel Discussion

Amy Durbin, MPPA, Legislative Advocate, California Medical Association
CMA Priorities: Telehealth and Interoperability

- Maintain Emergency Telehealth Directives
- Modalities to provide care should not matter
- Maintain parity and coverage
- AB 744 goes into effect at the beginning of next year
  - Guarantees parity for commercial patients
- Focus then shifts to gaps in relation to AB 744
  - Any commercial patients
  - Bill is hinged on new or amended contracts, and does not include Medi-Cal
  - Statutory clarifications are key
- Telephone and telehealth
  - CMA believes telephone is a part of the existing telehealth definition in statute
  - Explicit exclusion was removed in 2011 caused confusion
  - Clarity on telephonic services in statutory definition
- Patients have access to their own providers via telehealth for continuity of care
- Increase Interoperability
  - Infrastructure
    - Funding smaller providers
    - Sharing patient information
  - EHR systems that are not capable of sharing data
  - Finding vendors that can provide systems that allow sharing of EHRs
  - Funding for areas that are underserved or rural

- A lot of providers don't have infrastructure to provide services other than telephone services
- Understanding what payment parity in relation to telephone actually means. Look at it from the context of AB 744. Same service is being provided as the same as it would be in person.
- How services are provided and that they are equivalent
- Outcomes data is important

Peggy Broussard-Wheeler, MPH, Vice President, Policy, California Hospital Association

- Halt to hospital revenue streams during SIP
- Telehealth helped maintain revenue stream
- Telehealth is a way to provide care
- Waivers allow telehealth to be used in the way it was intended to be used
- Unfortunate pandemic has made it possible to use telehealth fully
- Telehealth reduces no-show rates by as much as 50%
- Disparities have come to the forefront during PHE
  - Disparities in technology access must be addressed to ensure equitable availability of telehealth.
    - 22% of Californians are under-connected to the internet.
    - 63% of those living in rural communities nationally report having home broadband access.
- Telehealth has the ability to identify and provide equitable access to care during PHE
- Pandemic-related regulatory waivers should be extended to continue telehealth as an important care delivery tool.
  - Before the COVID-19 pandemic: 13,000 Medicare fee-for-service beneficiaries received telehealth services in a week.
  - During the pandemic: 1.7 million people received telehealth services in a single week.
- In a recent study, telehealth consultations offered to 911 callers resulted in 6.7% fewer Emergency Department visits and a savings of over $100 per patient.

- Does more data mean providing more stories to show the benefit of telehealth?
  - Clarifying what data is needed to advance policy
- Provider-patient relationships and establishing those relationships are important
- Survey of physician perceptions during pandemic-Chronic disease management number one issue as we move forward
- Telehealth telephone calls are perfect for chronic disease management
- Coalition needs to continue to highlight the importance of telehealth to disenfranchised communities
- Coalition needs to pay attention to disparities that existed prior to PHE
  "These things emerge along fissures of society"

- Communities have been marginalized and PHE has highlighted this
- This an opportunity to be radical and put resources where we say they are needed
- Normal did not serve those who lacked access and now is the time to serve everyone not only in the state but in this country
- We are obligated to act

Beth Malinowski, MPH, Director of Government Affairs, California Primary Care Association

Top priority

- Make permanent current FQHC/RCH telehealth flexibilities
    - Change the statutory definition of telehealth to include audio-only, audio-video and virtual communication
    - Importance of telephonic care
    - Originating sites
    - Add to state level provision that include telehealth visits as a PPS billable visit
    - Add to state law language regarding established patients, using telehealth to establish patient relationship

Additional priorities

- Digital divide
    - Health center patients identify internet access as significant barrier
    - Personal devices are out of reach for low-income patents
    - Support funding policies that address broadband access, low-cost internet access and personal technology inequities
- Outreach and enrollment in programs of coverage or get them enrolled via telehealth
- Payment parity: remove the Medi-Cal exemption

- Telephonic care is crucial behavioral health care has increased during PHE and makes it easier for patients to access providers. Audio-only care may be the patient's only option to receive care.

- Digital divide was not a topic of conversation a year ago and how it impacts communities but it has to be acknowledged
- Identifying gaps that need to be focused on
- Data that will help move policy forward
- Cost needs to be added in research
- Interplay between telehealth and the workforce
    - Telehealth viewed as a solution
    - Advance conversation through that lens

Stephanie Thornton, MPP, Policy Associate, The Children's Partnership

Priorities focused on equity and prioritized increased access to telehealth for low-income children and children in communities of color

- Ensure patients can be established at community sites
- Advocate for guidance and increased support for schools and early childhood centers to provide care via telehealth
- Digital divide
- Survey conducted of parents of young children and how COVID-19 impacted their well-being
    - 94% of parents responded that having access to child's provider via telehealth would be helpful
    - Only 18% have access to do so
- Address the language and economic barriers impacting access to telehealth for children and families
- Support the inclusion and leadership of a community health workforce
- Increase community-friendly and culturally appropriate outreach and educate and empower patients/caregivers
    - Expand funding to Community Health Workers (CHWs)
    - CHWs need to be included in policy conversations
    - Invest in outreach and communication
- Telephonic care is an equity issue
    - Families may only have access to a phone
- Ensuring factsheets are being shared within communities
- New Medi-Cal for student workgroup released interim report of recommendations on how more Medi-Cal dollars can make their way to schools in California
    - Telehealth a focus of workgroup
- Workgroup will continue to refine recommendation until it is presented to legislature in Oct 2021

Michael Kurliand, MS, BSN, RN, Director of Telehealth & Process Improvement, West Health

Telehealth Recommendations made to Master Plan on Aging based on Coalitions Priorities

- Goal 1- California should expand coverage of telehealth services
    - Statutory definition of telehealth to include telephonic services
    - Expand coverage to include BH, PRM, care planning, dental, etc.
- Goal 2- Ensure telehealth payment parity for Medi-Cal managed care and Denti-Cal
    - State plans should guarantee payment parity for telehealth services
- Goal 3- Reduce licensing board and practice restrictions
    - Ensure licensing boards do not unnecessarily make the use of telehealth burdensome
- Goal 4- Improve coverage and reimbursement
    - Ensure Medi-Cal allows use and reimbursement of all modalities of telehealth
- Goal 5- Provider education and awareness:
    - Ensure the language used by commercial and state plans clearly identifies reimbursable codes and services that are covered

- Goal 6- Bridge the digital divide by expanding telehealth
    - Expand telehealth access to low-income families by aligning funding to improve internet access to underserved and rural communities
- Goal 7- Improve Consumer education and awareness of Telehealth
    - Initiate public awareness campaign to educate seniors about telehealth and provide robust training resources
- Goal 8- Create consistency across the state
    - Create a state telehealth coordinator to ensure state agencies are aware and who will also engage with outside stakeholders on a regular basis
- Telephone use is crucial aging population
- Outcome data needs to be share with the correct people
- Increase in senior space of telehealth use but hasn't really sustained
- What are scalable and workable models that can be shared across organizations
- Adoption and sustainability of telehealth and breaking down barriers is challenge

Lunch and Learn from the Veterans Health Administration: Telehealth & COVID-19

Kenneth W. Kizer, MD, MPH, Chief Healthcare Transformation Officer and Senior EVP, Atlas Research

- COVID-19 has altered pattern of care delivery
    - Increased use of telehealth while keeping patients and providers safe
    - VA pioneer in telehealth
    - VA has used telehealth for well over 20 years
    - Accelerated virtual care to keep staff and veterans safe
- Key considerations
    - Right mix of telehealth and in person care
    - Workforce issues where telehealth could be a part of the solution
    - Delayed/deferred care due to COVID and how telehealth can help resolve delayed preventative care
    - How to maintain advances in telehealth use- View as a cultural change and virtual visits can be looked as new normal

Susan R.Kirsh, MD, MPH, Acting Assistant Deputy Under Secretary for Health for Access to Care, Veterans Health Administration (VHA)

What lessons were learned?

- Video visits increased during PHE
    - Mental health, primary care, and specialty visits increased
    - 35-36K video visits a day currently
    - 9 million VA patients receive care across the nation
    - E-consults increased
- Engagement-what it takes to move the needle forward and keep it moving forward
    - Four prongs

        - Veteran engagement, education, & what can be accomplished via virtual care
            - Veterans feedback to the change to virtual care
        - Clinician buy-in
        - Scheduler & educating them on the importance of telehealth during the PHE
        - How do they interface with technology?
- Digital divide
    - Provided thousands of tablets across the US
    - Broadband expansion
    - Services provided by providers across the country (Anywhere to anywhere legislation)
- Interaction between the Veteran and provider different than F2F

How will the changes in care delivery affect access going forward?

- Total number of appointments maintained
- Expectation to maintain services
- Telehealth grew 845% between February-October
- F2F appts are rising w/116,766 more in October 2020 than in Sept. 2020
- Telephone is the easiest to do
- Same amount of mental health appoints maintained
    - Significant amount of outreach

Lisa M. Arfons, MD, Acting Clinical Deputy, Office of Veterans Access to Care, VHA

Specialty care video to home-phased approach

- Scheduler readiness
- Educational guidebook, community practice, and trainings
- Provider communication trainings
    - 10% increase by each facility in specialty care by December
    - 20 Specialties exceeding 10% goal
    - Physician engagement and champions within each specialty
- Establish capability
    - Test call program with patients
    - Data dashboard to show percent virtual care
    - Provider increase by 10% since pre-COVID across specialties
- Communication
- Workflows

Keynote: Presentation of 2020 State Champion Award

Dr. Alice Chen

Where we've come with telehealth

- E-referral now e-consult created in 2005 at SF General

    - Initially wasn't considered telehealth
    - Significant policy shifts prompted widespread adoption
- Early adoption of telehealth was seen in PubMed articles in 1974
- 2009-2010 Hi-tech and EHRs
- ACA and value-based care
- EHRs leveraged to provide telehealth
- Urban settings saw an increase in telehealth use Pre-COVID
- California has been very proactive CMS issued orders on Mar 17 next day California issued guidance to expand telehealth services to ensure access to care
- CHCF study shows provider use of telehealth rose from 30% to 79% in September
    - Majority view it as being somewhat effective
    - Some things just can't be done virtually
    - Modality of telehealth is important as well
    - 42% of providers stated would continue to use telehealth post COVID if payments are lower
    - 89% of provider would continue if comparable payments
- Identify when a telephone or video visit is appropriate
- Experience and quality should be tracked and aligned
- Innovation vital to future use of telehealth
- How to get the right patient to the right provider
- Ensuring patients have access to devices to access telehealth services
- Must address digital divide
- Not all telehealth is the same
- Have evidence-based policies
- Enhance access
- Showing what works through data and pilots are important to share with administration
- Substitution vs addition
    - If there is an addition is there a value add?
    - Telehealth should be done in a way that helps to show the value
    - Community health workers can be a value add
- Addressing disparities is universal broadband on policy level
- Population data and someone managing that data are critical
- Health and digital literacy are important

Administration number one telehealth priority?
Focused on thinking through taking the spotlight that COVID has shown on the fractures in health care systems and disparities and how to address them. Telehealth plays a vital role in addressing that.

Coalition Policy Priorities for 2021

Mei Wa Kwong, Executive Director, CCHP

- Make temporary coverage expansions permanent and expand access to new modalities
    - Support payment parity for Medi-Cal Managed Care
    - Use of audio-only modality
    - Support remote patient monitoring
    - Support continued FQHC/RHC coverage for telehealth
- Work that Coalition needs to do to push changes forward
    - Highlighting patient stories, webinars aimed at policy makers and consumers so that patient's voices are heard
    - Stories resonate with legislators

- Build evidence base
    - Showcase research on monthly calls
    - Develop a telehealth data clearinghouse on our website and leverage members' data dashboards
        - Centralized data hub
        - Nothing currently exists
    - Release annual report for DHCS and the state legislature-align publication date with Fall briefing (CCHP report led to creation of Coalition)
    - Host Capitol Briefing in Fall 2021 (THIRD ANNUAL)
    - Host and co-host educational webinars. Key topics: Equity, telehealth &Triple Aim, RPM, broadband policy/Lifeline program, interoperability
- Digital divide
    - Promote heightened standards for broadband access and consumer subsidies for smartphones and interned access
    - Demonstrate and build evidence base on the efficacy and quality of telephone visits
    - Track and highlight distribution of internet access/telehealth across communities (i.e., geographies, communities of color, the disabled community, older adults, teens and young adults)
    - Identify resources for additional telehealth adoption including grants and technical assistance
- What telehealth can do and when it should be utilized
- Everyone who needs access to telehealth should have it and legislation should not widen that gap

- Advance state leadership on telehealth and health IT
    - Advocate for state coordination on telehealth and related IT issues
    - Track regulatory requirements and required updates
    - Conduct and continue outreach to state agencies
    - Emphasize the need to modernize telehealth and data sharing through state policy initiatives

- Vast interest and need for telehealth in 2021

Reactor Panel: Member Priorities

Anthony Magit, MD, MPH, Chief Physician Integration Officer, Rady Children's Hospital of San Diego

Yohualli B. Anaya, MD, MPH, Assistant Clinical Professor, Family Medicine, David Geffen School of Medicine, UCLA

Barriers faced by Underserved, Vulnerable Populations

- Structural barriers
  - Technology: Physical devices, portals, apps
  - Lack of devices and knowledge of how to use them
- Digital literacy
  - Access to someone who can provide support on how to navigate digital visits
  - Internet/broadband
  - English-based system
  - Insufficient supply of language-capable providers
  - Technological & digital skills
- Provider barriers
  - Insurance carrier coverage/access
  - Providers may lack technology to conduct visits
  - Personal preferences & age/generations

Fabiola Carrion, JD, Senior Attorney, National Health Law Program

- Coalitions priorities align with programs priorities
- Access
- Comfort level
- Digital literacy-patient/provider
- Culturally competent
- Access to language interpreters
- Broadband should be considered a utility
- Coalition should join forces for other broadband access across the country
- Telehealth role in managed care and advocacy without derailing it

- Telehealth should complement existing services

Recent study shows that 30% of communities of color who make less than $50,000 a year have missed at least one internet bill since the start of the PHE.

Kiran Savage-Sangwan, MPA, Executive Director, California Pan-Ethnic Health Network

- Gap in knowledge in how telehealth is received and utilized by consumers
- Online Survey in September
    - 1700 consumers participated from communities of color
    - 20% Accessed specialty care
    - 10% Accessed mental health or substance use treatment
    - Half used video for their care
    - 25% used phone apps
    - 20% used their phones
    - High satisfaction with telehealth services
    - 33% of respondents are concerned about privacy and not having a space to take appointments
    - Majority did not receive offer for language assistance in study
    - 40% of respondents did not receive assistance on how to use telehealth
    - Latino respondents reported not having enough minutes on their phones to access appointments
- Telehealth must be a consumer choice
- Consumers must have access to tools necessary to successfully complete telehealth visits
- How to shift balance of power in healthcare system to put consumers at the center and focus of care

Jana Katz-Bell, MPH, Senior Assistant Dean, Strategic Initiatives, UC Davis School of Medicine and Betty Irene Moore School of Nursing

- Scale and pace
    - Learn how to adopt and adapt training to share best practices
- Accreditation of medicals school looking for competencies in all provider education
    - Training materials needed to be quickly created for PHE
- Incumbent workforce-
    - How to integrate consumer driven focus into provider education and how to bridge gap

Frank Micciche, MPP, VP, Public Policy & External Relations, National Committee for Quality Assurance

- NCQA co-convened taskforce of telehealth policy over the summer

- Program integrity
- Quality measurement and data flow in telehealth
- Cost of care and how to measure it

- How to discern what is considered a telehealth visit
- Data may determine that a visit is not a telehealth visit
- Possibly amend HEDIS measures
- Standardization is important to determine if care is high quality to NCQA

- Program integrity
  - Telehealth is less prone to fraud due to digital fingerprints that telehealth leaves behind
- Patient Satisfaction
  - Patient experience measurement more actionable and targeted, in real time to leverage telehealth capabilities

Bill Barcellona, Executive Vice President of Government Affairs, America's Physician Groups

Value-based payment

- How to implement telehealth with capitation
- Payment parity doesn't always equate
  - Fixed budget through capitation may not allow for FFS reimbursement
- Difficult for Independent practice associations to figure out how to integrate telehealth into a value-based model
  - May be sub capping providers or by FFS
    - Payment parity comes front and center
- Pros and cons to payment parity
- A lot of factors for independent physicians to consider
  - Multiplicity of standards that have to be met
  - Administrative and regulatory issues are challenges IPAs face
- Payers want to pay less for telehealth services
- Telehealth is additive to Independent providers in a brick-and-mortar practice
- Payment parity could deter providers from keeping brick and mortar businesses
- Payment reform should transition out of FFS to outcome-based payment models
- Telehealth provides immediate input on patient satisfaction in a manner that you wouldn't get with in-patient services
- Difficult for providers to do both telehealth and in person visits

Linnea Koopmans, MSW, Government Affairs Director, Local Health Plans of California

- Support modality of telephone visits
- Option to use telephonic care has been preferred and beneficial

- Modality and benefits are supported
- What is appropriate role of telephonic care after PHE
- Should there be more specific policies for services and types of services delivered by telephone vs audio-visual
- How providers are mapping telephonic visits to appropriate level of care in relation to equivalent in person visits
- Services that are delivered via telehealth are adequately captured and reported
- Recommended department should Look to national guideline and adopt the
- Payment party for telephonic care may incentivize phone visits when audio-visual may be mor appropriate
- What will the state fund in January?

Call to Action

Lisa Matsubara, JD, General Counsel and VP of Policy, Planned Parenthood Affiliates of California

- Long term goals need to address systemic racism
- Each priority goes hand and hand
- Health disparities

Thoughts on call to action

- There is no snapping back to Pre-COVID times
- Monitor and provide input and guidance on pieces of legislation
- Show value of telehealth
- Not exacerbate disparities
    - Remain thoughtful and thinking about it from all sides
    - Patient experience and data are key

Anthony Magit, MD, MPH, Chief Physician Integration Officer, Rady's Children's Hospital

- Standardizing questionnaires
- Sharing information across state important

Thoughts on call to action

- Advancing health equity and not widening the divide as we advance telehealth is important

Mei Wa Kwong, JD, Executive Director, CCHP

- Despite progressive policies there's still a lot of work the state had to do
- Be mindful and thoughtful on how to move forward without forgetting how it will impact all the different voices

The question shouldn't be if telehealth is right. Something needs to be done right now.

Call to Action
Participate in committees and coalition. Member's voices matter.

Dec 9th Education
Dec 10th Legislation
Dec 18th Monthly meeting