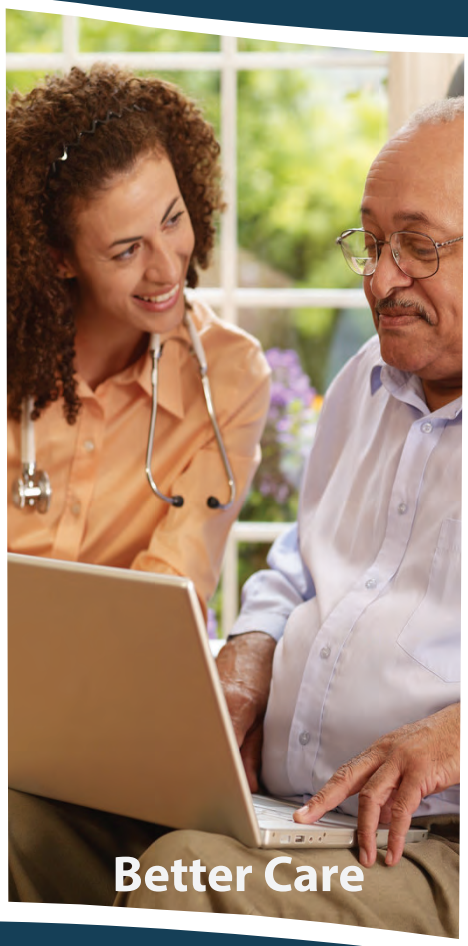
Center for Connected Health Policy

The National Telehealth Policy Resource Center



Recommendations from the CCHP Telehealth and the Triple Aim Project:

Advancing Telehealth Knowledge and Practice

September 2014

Introduction

Health care in the United States is undergoing rapid change that aims to improve care coordination, provide new service models, and expand access to care. With the passage of the Affordable Care Act (ACA), health reform will change the way delivery systems contract and pay for services. As a result, many organizations are forming Accountable Care Organizations (ACOs), implementing bundled payments, and experimenting with other innovative financing approaches. In addition, new models of primary care, such as patient-centered medical homes, are being put in place. Telehealth has received increased attention as it may serve to improve access to care for the increasing number of newly insured individuals.

Telehealth spans multiple disciplines of primary and specialty care, and includes modalities of live videoconferencing (synchronous visits), store and forward (asynchronous visits), and remote patient monitoring (RPM). These modes of care are consistently increasing in acceptance among providers, payers and patients across states, and are promising solutions to reducing costs for all.

At the center of many new reform-based programs and initiatives is the "Triple Aim", defined in 2007 by the Institute of Health Improvement. The Triple Aim focuses simultaneously on three goals for optimizing health system performance: improve the health of the defined population; enhance the patient care experience (including quality, access and reliability); and reduce, or at least control, the per capita cost of care.

Recommendations from the CCHP Telehealth and the Triple Aim Project: Advancing Telehealth Knowledge and Practice

Project Overview

In October 2013, CCHP began its "Telehealth and the Triple Aim" project that would critically assess telehealth's current and potential future role in strengthening health care delivery within the dimensions of the Triple Aim objectives. Since 2008, CCHP has been monitoring the nation's rapidly transforming health care policy landscape. Several key events highlighted the need for a project to examine why telehealth adoption continued to lag and where it could be best applied in achieving the goals of the Triple Aim. Two of the events included:

- In August 2012, the Institute of Medicine (IOM) conducted a Health Resources and Services Administration (HRSA)-sponsored workshop that examined how the use of telehealth technology could fit into the US health care system, meeting the IOM criteria of care quality: safe, effective, patient-centered, timely, efficient and equitable; and
- The publication of the February 2014 "Connected Health" issue of *Health Affairs* in which several of the best thinkers in telehealth called for a partnership to be created among government agencies, researchers, patient advocacy groups and private sector organizations to move forward the concept of a "connected health model of care". This model promises to improve access and quality while decreasing costs, optimizing the skills of providers, and increasing access to care for the patients who need it most.

CCHP engaged in a multi-faceted data collection process leading to actionable recommendations as to how telehealth can best advance health care delivery and financing, especially when value-based. Additionally, CCHP engaged senior advisors across health care, policy, research and technology in a six-month effort to develop recommendations that would move forward the adoption of telehealth and the achievement of Triple Aim goals.

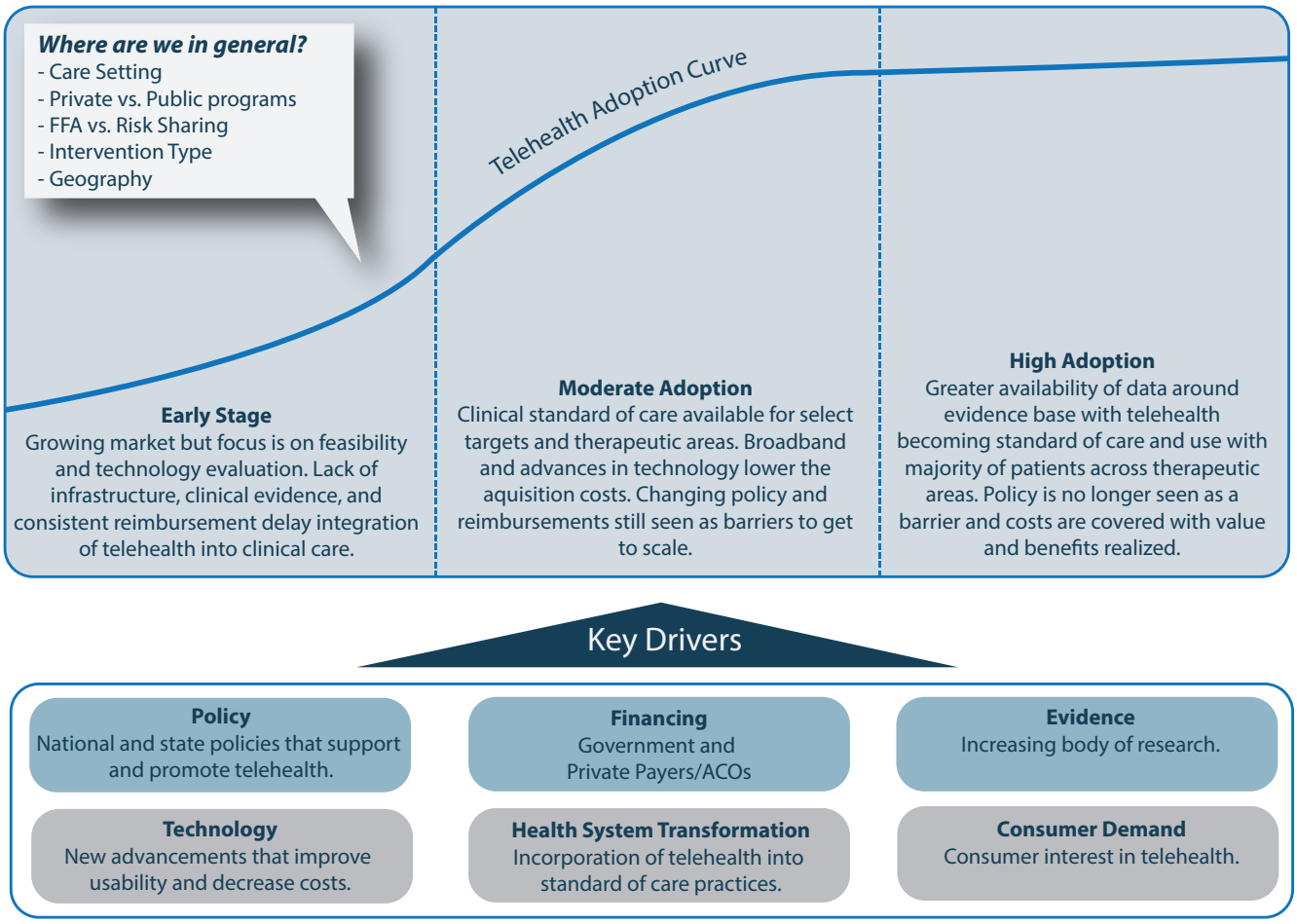
As the project progressed, CCHP saw the opportunity to gather a multifaceted stakeholder group in an unprecedented discussion of the obstacles of telehealth adoption with a focus on the Triple Aim goals of better care, better health and lower cost. Building upon recent momentum across the field of telehealth, the CCHP project culminated in a one-day event, "Telehealth and the Triple Aim: A Forum for Advancing Knowledge and Practice," held in Sacramento on April 23, 2014. This forum sparked dialogue across provider, payer, research, consumer group, policy and technology leaders and identified strategies to coordinate telehealth efforts that promote its optimal adoption and appropriate use.

As part of the project, CCHP and participating telehealth stakeholders created a framework to guide the forum discussion and to develop strategies to optimize the use of telehealth. This framework represents common themes conveyed by leaders in telehealth research, delivery and policy.

About CCHP

The Center for Connected Health Policy (CCHP) is a nonpartisan public interest organization working to maximize telehealth's ability to improve health outcomes, care delivery, and cost effectiveness. CCHP was established in 2008 with funding from the California HealthCare Foundation (CHCF), and is a program of the Public Health Institute, an independent, non-profit organization dedicated to promoting health, well-being, and improving the quality of life for people throughout California, across the nation, and around the world. CCHP is a resource for California and other state and national health care decision makers providing technical support that can lead to a more receptive policy environment for provision of telehealth services. CCHP conducts objective policy analysis and research, makes non-partisan policy recommendations, and manages innovative telehealth demonstration projects. In 2012, CCHP became the federally-designated National Telehealth Policy Resource Center, supporting 12 regional telehealth resource centers across the country.

Key Drivers of Telehealth Adoption



Discussion Framework

At the outset of the program, CCHP engaged a group of advisors representing providers, payers, academic researchers, and policy and technology leaders to determine the key drivers of telehealth adoption. Simultaneously, the program charted the progress of successful telehealth projects over the past several years. Researchers and advisors agreed that the two most mature telehealth disciplines include teledermatology and telemental health due to their comparatively simple implementation and high level of patient acceptance. By looking closely at the success factors of these telehealth disciplines and incorporating advisor insight, it was made clear that six key drivers were necessary to increase adoption: evidence, policy, financing, health system transformation, consumer demand, and technology. Project advisors agree that the interrelationship of these drivers – and the need to acknowledge each – is integral to system change. By using the six key drivers as the April Forum discussion framework, the project team created an unforeseen opportunity to determine how to optimize telehealth with the goal of the Triple Aim.

The April 23rd Forum in Sacramento gathered together representatives and leaders from all six key driver areas for a one day discussion of telehealth and its application in the evolving health system. Discussion focused on what was needed and currently lacking in each driver that would help spur wider adoption of telehealth and still meet the goals of the Triple Aim. Attendees also offered a series of recommendations that would help further this effort.

> "At the VA, telehealth is not seen as a unique sub-specialty – it's just another way to practice medicine."

Forum Discussion Summary

Evidence – Growing body of research and field studies that demonstrate improved outcomes. Telehealth is a fairly young field with meta-analysis and systematic reviews just recently becoming a more substantial input into the evidence base. Recent investments for broad-based studies supported by the Center for Medicare and Medicaid Innovation (CMMI), the Veterans Administration and Kaiser Permanente are viewed as important contributors to dissemination efforts.

Policy and Financing – Telehealth value must be fully realized and reflected in reimbursement and payment policies. Telemental health is one of the few specialties that directly involves the patient and is reimbursed by most state Medicaid programs covering telehealth services. Live video is the most widely reimbursed modality while only a handful of states reimburse for store and forward, and even fewer for services delivered via remote patient monitoring. For the two latter modalities, policy often restricts what and how reimbursement is made. Outdated geographic restrictions should also be eliminated as telehealth benefits all, regardless of where they may reside.

Health System Transformation – Incorporation of telehealth into standard of care. Specialties such as telemental health and teledermatology are prime candidates for successful delivery via telehealth due to their welcomed adoption by providers and demand by consumers. These specialties have developed telehealth practice guidelines, engaging the American Telemedicine Association (ATA) in association with relevant professional societies. These guidelines address applications for the practice of the tele-specialty, standard operating procedures, clinical and technical specifications, and administrative issues. The adoption of specialty driven telehealth guidelines is an important step, however changing the provider culture and workflow to fully incorporate telehealth into traditional care will require more expertise, time, and dedicated leadership – particularly among physician and nurse champions. Telemental health and teledermatology are now incorporated into provider curriculum and training.

Consumer Demand – Meeting patient needs and fostering confidence in telehealth. Teledermatology and telemental health both exhibit a unique level of consumer interest and demand, considering that persons with certain diagnoses or areas of sensitivity may prefer televisits or store-and-forward options to face-to-face encounters. Importantly, research in telemental health and teledermatology was framed rather early as a direct benefit to the patient. Patient satisfaction, convenience, and improved access and travel savings have been reviewed with significant positive outcomes identified.

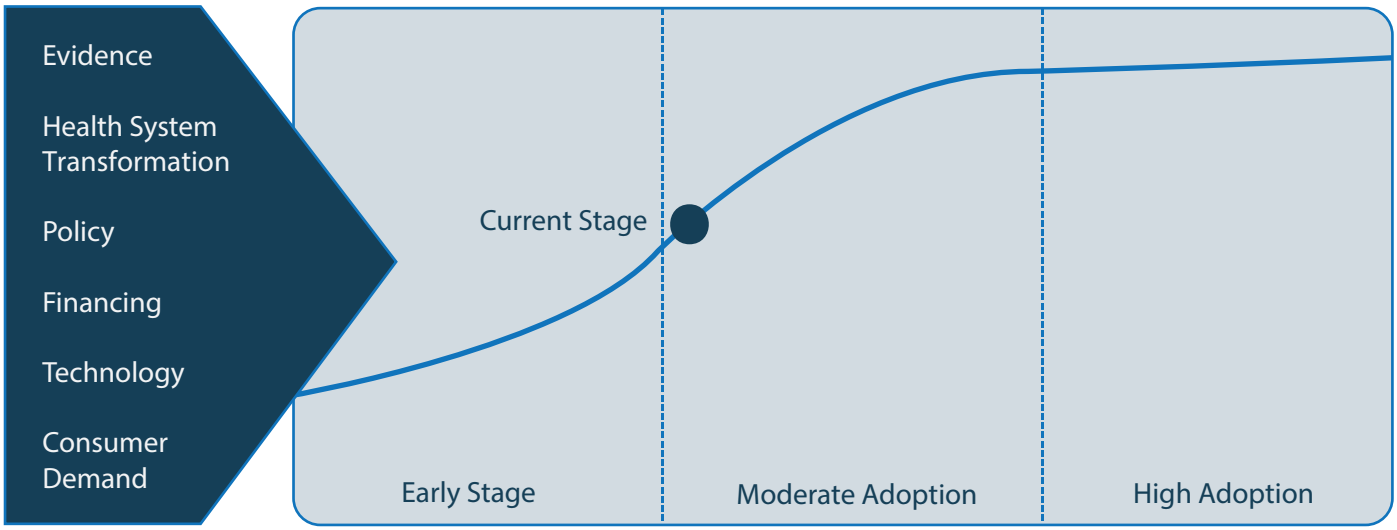
> "Telehealth research must allow payers, providers and policy makers to have a better understanding of what value we can deliver and at what cost. Once we provide standard guidelines for research, we can determine what the adequate level of evidence is in these areas. This is what federal decision makers in policy and finance will need in order to move telehealth forward."

Technology – Advancements that improve usability and decrease costs. Over the past 15 years, telehealth technology accessibility, acquisition and maintenance costs have lowered and quality has improved, internet speeds have increased, and high definition resolution for image transmission and video connections has become less expensive. Disciplines such as teledermatology may have experienced greater adoption levels due to execution via "store and forward" transmission of images – free from more complicated technical implementations that are required to support acute based care such as tele-ICU and telestroke. Telehealth technologies have become more easily integrated into the provider workflow, for example, visits that were captured via stationary video camera can now be recorded on an e-tablet. It is anticipated that data storage through cloud computing will continue to lower costs.

Recommendations

At the April 23, 2014 CCHP forum, participants agreed that overall, telehealth remains in early to moderate stages of adoption, however, it is gaining momentum during a time of great opportunity. Participants expressed the need for telehealth in new and innovative settings including the home, school and workplace, and the need for remote delivery of primary care.

Current State of Telehealth Adoption: 2014



The forum sparked a call to action for CCHP and its project stakeholders to move telehealth forward in its level of adoption. Participants agreed on which recommendations in each of these areas were most feasible, assessing their level of impact, effort and cost. Recommendations highlighted below represent consensus across the group of project advisors and forum participants.

Evidence

Experts in telehealth research and practice agreed that systematic evidence is needed to convince providers, payers, as well as policymakers to pursue telehealth investment. Reviewing the current evidence base, there is agreement for:

- **Larger, longer, more rigorously designed controlled studies that involve practice-based evaluation.** Controlled studies, including standardized metrics and methodologies are needed to produce evidence for the effectiveness of telemedicine. Longer term studies, lasting years, not months, must look at clinical outcomes to evaluate the impact of telehealth, especially for chronic disease care.
- **Rapid testing, evaluation and deployment of new models of care.** Public and private delivery systems can collaborate to spread the knowledge gained from telehealth implementations, strategizing to approach potential funding organizations with a unified voice.
- **Regular surveys on telehealth adoption and use.** It will be necessary to monitor the expansion of telehealth service delivery in order to justify reimbursement for a more comprehensive scope of telehealth services. Currently, there is no comprehensive summary of adoption levels across all 50 states. It is important to understand adoption levels to be more insightful about which factors influence investment and to gauge the success (or unintended consequences) of policy, regulatory and other interventions.

Health System Transformation

To demonstrate the value of telehealth, providers will need to devote more dedicated leadership, expertise and time to its implementation. Transforming how health care is delivered is difficult. In order to position telehealth as part of traditional care, it must be incorporated into providers' workflow and culture. Program participants agreed that the following recommendations may accelerate change:

- **Reframe telehealth as virtual care, creating a comprehensive strategy.** Health care leaders agree that telehealth and connected health are merely different ways to describe the larger picture of virtual care delivery. These are not new practices, but the same practices using new media, and should not be reimbursed or regulated differently than other means of delivering primary or specialty care.
- **Advocate for association-endorsed guidelines for high-demand telehealth disciplines.** The American Telemedicine Association (ATA) has created provider-accepted delivery guidelines in the specialty care disciplines that have reached the greatest levels of telehealth maturity. By contributing to and endorsing telehealth guidelines in emerging specialty care areas, clinician associations can demonstrate their acceptance of telehealth as a standard of care at the national level.

Other recommendations include creating more effective partnerships between health systems and primary care providers to better distribute workflow, creating opportunities for technical assistance and provider training, especially for those who care for the underserved, and exploring new avenues for improving population health outcomes.

Federal and State Policy

Medicare and Medicaid telehealth policies are viewed as antiquated and represent multiple barriers to adoption. In addition, regulations are inconsistent across federal and state agencies creating a lack of clarity and direction for early adopters. Participants agreed on policy-related recommendations, including:

- **Educate state and federal leaders on how telehealth may support access requirements.** Telehealth may provide a much needed response to state-mandated timely access requirements. States with successful programs can work to develop a model regulation based on increased access to specialty care through telehealth. Importantly, policy leaders can look to create a regulatory framework that addresses obstacles such as cross-state licensing.
- **Advocate for telehealth as a requirement of meaningful use and other federal health IT incentive programs.** Government plays a significant role in setting priorities and funding basic research. Incentive programs for health IT adoption, such as the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, have successfully spurred electronic health record (EHR) adoption. Policy leaders can work with the Office of the National Coordinator for Health IT (ONC) to ensure telehealth integration is considered part of the ongoing meaningful use program and other federal and state innovation and research programs.

Financing

New payment models such as shared savings, accountable care organizations, and bundled payments create incentives that encourage a shift across the health care system from visit- to value-based reimbursement. To expand the delivery of telehealth services, payers must:

- **Appropriately reimburse telehealth as an alternative to traditional care delivery.** All telehealth visits are not alike, and must be reimbursed accordingly. The time, space and staff required to support a store and forward visit differ greatly from the resources demanded of a live video visit. Payers and providers must continue to work together to find agreeable solutions to their patients' care needs.
- **Provide additional incentives for providers to incorporate telehealth into their workflow.** Incorporating telehealth into clinical practice will require re-tooling and re-organizing. Payers, providers and patients will need to work together to ensure the necessary incentives are made available to support their ongoing use of telehealth.
- **Promote consistent value-based reimbursement policies that protect against over-utilization.** Leaders in payment reform must advocate for consistent plan reimbursement policies for virtual care, based on patient needs, not visits or codes. Steps should be taken to mitigate fears of over-utilization, moving projects out of pilot phase to expand them into broad-reaching programs.

Technology

The increased use of mobile technologies allows for simpler and more accessible telehealth applications beyond the traditional "four walls" of health care delivery. Program participants agreed that to advance telehealth technology:

- **Specialty care and industry associations must accelerate the development of guidelines for extending mobile into telehealth solutions.** The merging of telehealth and mobile emphasizes the need for patient- and provider-centered solutions, increasing access and usability.

In contrast, providers who need telehealth most are struggling to maintain the basic IT infrastructure to support it. Access to reliable, ubiquitous, and high quality bandwidth is needed in order to improve use of online telehealth systems. In addition, industry standards are needed to move toward interoperability between telehealth systems and electronic health records.

Consumer Demand

With ACA, there will be an increase in the number of insured patients, putting more strain on primary and specialty care services. Program participants agreed that in response to consumer demand, payers, providers and policy makers can:

- **Take steps to amplify the voice of the underserved, with the goal of full access to care.** Access, equity and disparities must be addressed as part of the overall telehealth agenda. Many for-profit health care delivery systems have already begun to respond to these challenges by expanding their existing telehealth systems, while safety-net providers struggle to implement basic health IT infrastructure. This dichotomy has raised concerns among policymakers that vulnerable populations who rely on safety-net providers and public programs for their care will be disadvantaged by their lack of access to technology.

"Equity needs to move to the top of the agenda. We need to reach patients who are not getting traditional care in the settings where they need it – at their home, place of work or school."

- **Continue federal subsidy programs to ensure the expansion of telehealth to the underserved in both rural and urban settings.** Safety-net providers need additional funds for both upfront capital and ongoing telehealth expenses in order to address the growing "digital divide" with commercial providers.

Telehealth serves to benefit not only the underserved, but consumers who are becoming more vocal in their need for efficient access to care. Policy leaders can harness the power of the consumer to incent healthcare transformation, incorporating telehealth as a standard available to all.

Next Steps

In addition to continuing CCHP's mission to support reimbursement and policy reform at both the state and federal levels, CCHP is taking the actionable recommendations resulting from the Telehealth and the Triple Aim program and putting them into practice through ongoing collaboration with program advisors and partners.

The following activities are viewed as the initial steps in CCHP's efforts to respond to the valuable recommendations of our project advisors and to further the expansion of telehealth to meet Triple Aim goals. Key activities over the next 12-18 months include:

- Beginning with California, organize state-focused "Connected Health and the Triple Aim" working conferences to advance research and project momentum.
- Work with partners to provide regular telehealth surveys that assess levels of adoption and use.
- Convene academic institutions along with AHRQ, HRSA, PCORI and other health research funders to develop a robust research agenda that incorporates telehealth and the Triple Aim.
- Collaborate with state policy leaders, employer coalitions and trade associations to showcase comprehensive payer and provider telehealth strategies and create opportunities to rapidly deploy learnings.
- Work with state Medicaid agencies to provide increased technical assistance for telehealth adoption across the safety net.

- Launch a 50-state assessment of telehealth regulations, assessing telehealth's ability to address needs for access to care.
- Work with ATA and specialty associations to accelerate the development of guidelines for the extension of mobile into telehealth.
- Educate consumer advocacy groups about the benefits of telehealth and coordinate standard messaging with policy makers and regulators.
- Encourage the development and dissemination of multilingual consumer-based education materials that explain the benefits of telehealth.

Program Advisors

- Wendy Everett (Advisory Board Chair) – President, Network for Excellence in Health Innovation
- Dale Alverson – Director, Center for Telehealth, University of New Mexico
- Jamie Ferguson – Vice President Health IT Strategy & Policy, Kaiser Permanente
- Elizabeth Krupinski –Research Professor in Radiology, Psychology at the University of Arizona
- Margaret Laws – Director, Innovations for the Underserved Program, California HealthCare Foundation
- Clint MacKinney – Deputy Director and Assistant Professor, RUPRI Center for Rural Health Policy Analysis, University of Iowa College of Public Health
- Deven McGraw – Partner, Healthcare Industry, Manatt, Phelps & Phillips, LLP
- Tom Nesbitt – Associate Vice Chancellor, Strategic Technologies & Alliances and Director, Center of Health & Technology, UC Davis Health System
- Doug Trauner – Entrepreneur in Residence, Veterans Administration; FCC Consumer Advisory Committee and Co-Chair of Healthcare Working Group

Expert Interviewees

- April Armstrong, MD, MPH, Vice Chair of Clinical Research; Associate Professor of Dermatology, University of Colorado, Denver
- Gary Capistrant, Senior Director of Public Policy, American Telemedicine Association
- Thomas Lee, MD, CEO, One Medical Group
- Dean Germano, CEO, Shasta Community Health Center
- Carl Garrett, Manager, Government Relations at Centene Corporation
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- Natasa Sokolovich, Executive Director, Telemedicine Services, University of Pittsburg Medical Center
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