Annual Meeting

November 17, 2020
Welcome Address

Chris Perrone, MPP
Director, Improving Access
California Health Care Foundation
Objectives for Today

• Review the Coalition’s work in 2020

• Provide an update on legislative and regulatory developments in California telehealth in 2019

• Allow members to share their priorities for telehealth policy, advocacy, and action in 2021

• Finalize the Coalition’s priorities for 2021
<table>
<thead>
<tr>
<th>Title</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Address</td>
<td>9:00-9:15</td>
</tr>
<tr>
<td>Communications Update and Announcement</td>
<td>9:15-9:20</td>
</tr>
<tr>
<td>DHCS Outlook on Telehealth in 2021</td>
<td>9:20-9:35</td>
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<tr>
<td>Year in Review and Thank You to Our Chairs</td>
<td>9:35-9:50</td>
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<tr>
<td>Keynote: A Word from Our 2019 State Champion</td>
<td>9:50-10:10</td>
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<tr>
<td>Break</td>
<td>10:10-10:20</td>
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<tr>
<td>Legislation and Regulation Round-Up</td>
<td>10:20-10:40</td>
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<tr>
<td>Member Voices: What are Members’ Priorities for 2021?</td>
<td>10:40-11:40</td>
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<tr>
<td>Lunch and Learn from the VHA: Telehealth and COVID-19</td>
<td>11:40-12:10</td>
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<tr>
<td>Keynote: Presentation of 2020 State Champion Award</td>
<td>12:10-12:40</td>
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<tr>
<td>Introduction to Coalition’s 2021 Priorities</td>
<td>12:40-12:55</td>
</tr>
<tr>
<td>Reactor Panel: Member Priorities</td>
<td>12:55-1:45</td>
</tr>
<tr>
<td>Call to Action</td>
<td>1:45-2:00</td>
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</tbody>
</table>

Please find a more detailed agenda in today’s materials, posted to our website.
Thank you to our sponsors!
Communications Update and Announcement

Nikki Paschal
Principal
Paschal Roth Public Affairs
Communications Update

Join the Conversation on Twitter:
• Follow @ca_telehealth (& tag us!)
• Use #AccessTelehealth
• Share your key takeaways throughout the day

2020 Accomplishments:
• 8 Fact Sheets + Debunking Myths about Telehealth available on coalition website (https://www.cchpca.org/about/projects/california-telehealth-policy-coalition)
• What is Telehealth? – Translated to Spanish
• Coalition Twitter Account

Join us in December!
• Convening communications staff from each coalition member organization on December 1st at 1:30pm
• Identify key messages and opportunities for 2021
• Look out for an invitation from Robby
• If your organization hasn’t yet filled out our Google form, please do! (Link in Zoom chat + follow up email)
DHCS Outlook on Telehealth in 2021

René Mollow, MSN, RN
Deputy Director
California Department of Health Care Services
2019 in Review: Coalition Accomplishments

Julie Bates, PhD  
Chair, Coalition Legislation Committee  
Associate State Director  
AARP California

Erin M. Kelly, MPH  
Chair, Coalition Education Committee  
Executive Director  
Children’s Specialty Care Coalition
2020 Accomplishments

Administration

- Hosted monthly membership meetings with an average of 75 participants at each meeting. Guest speakers included:
  - Megan Thompson: Data Mapping to Save Moms’ Lives Act (February 2020)
  - Yohualli Balderas-Medina Anaya: Policy Considerations in Telehealth (June)
  - Teresa Ann Keenan: Results from AARP Telehealth Consumer Survey (August 2020)
  - Avni Gupta and Ann Nguyen: Strategies to Facilitate Telehealth Integration (October 2020)

- Launched the Broadband Subcommittee to create principles and policy priorities for the Coalition

- Hosted monthly Legislation and Education & Regulation Committee meetings to discuss strategy, review legislation, and develop effective stakeholder educational materials

- Exceeded fundraising goals, raising $31,000 to support staff hours

- Facilitated a weekly “war room” during the early months of the pandemic to share resources and provide policy suggestions to legislative and administrative agency leaders
Advocacy

- Submitted recommendations to the Governor’s Office, legislative budget leaders, and members of Congress to support the expansion of telehealth in state and federal policy
  - CalAIM Comments (December 2019)
  - Recommendations to Promote the Use of Telehealth During COVID-19 (March 2020)
  - Additional Recommendations to Promote the Use of Telehealth In California During COVID-19 (April 2020)
  - Budget Request to Promote the Use of Telehealth During COVID-19 (May 2020)
  - Federal Statutory Changes to Support Telehealth Beyond COVID-19 (June 2020)
  - Letters of Support for AB 570, AB 2164, and AB 2280, AB 2360 (June 2020)
  - CMS Physician Fee Schedule Comments (September 2020)
  - DHCS Medi-Cal Managed Care Procurement Comments (October 2020)
2020 Accomplishments, cont’d

Member Engagement and Outreach

✓ **Membership expansion** to 133 organizations, representing payers, consumer groups, clinics, hospitals, academic institutions, children, seniors, and provider constituencies.

✓ **Publication of quarterly newsletters**
  - January 2020
  - May 2020
  - August 2020
2020 Accomplishments, cont’d

**Stakeholder Fact Sheets**

- **Disseminated six new fact sheets**
  - Telehealth + Children (developed with The Children’s Partnership)
  - Telehealth & COVID-19: Telehealth’s Role During COVID-19
  - Telehealth & COVID-19 FAQ for California Patients
  - Telemedicina y COVID-19: Preguntas frecuentes para pacientes de California (developed with The Children’s Partnership)
  - Telehealth & COVID-19: How to Choose a Telehealth Solution
  - Telehealth & COVID-19: How to Protect and Expand Telehealth Coverage in California
  - Telehealth & Covid-19: Debunking Myths About Telehealth

- **Updated one existing fact sheet**
  - Who Is the California Telehealth Policy Coalition?
2020 Accomplishments, cont’d

**Webinars**

- **Hosted five webinars**, and co-hosted a series of four webinars, educating an average of over 150 attendees at each event about telehealth
  - COVID-19: The Use of Telehealth in Long-Term Care During the Pandemic (March 2020)
  - Telehealth Triage: How to Use Telehealth During COVID-19 (April 2020)
  - Coding for COVID-19: How to Bill for Telehealth During the COVID-19 Pandemic (May 2020)
  - School Telehealth Webinar Series, Hosted by the California School Based Health Alliance (May 2020)
  - Using Telehealth for Mental Health During COVID-19 (July 2020)
  - Telehealth in Drug Medi-Cal ODS: How Counties, Plans, and Providers can Meet Patient Needs During COVID-19 (September 2020)

**Policy Briefing**

- **Hosted a policy briefing** entitled “Telehealth in California: What’s Next After COVID-19?” in October, garnering 230 participants, including representatives from state government agencies and the Legislature
Address from Our 2019 State Champion

Cecilia Aguiar-Curry
Assemblymember, District 4
California State Assembly
Please complete the poll and return for our next session at 10:20
Legislation and Regulation Update

Robby Franceschini, JD, MPH
Director of Policy
BluePath Health

Mei Wa Kwong, JD
Executive Director
Center for Connected Health Policy (CCHP)
Telehealth policy covers many aspects of health care policy, from coverage and billing to consumer protections

<table>
<thead>
<tr>
<th>COVERAGE &amp; BILLING</th>
<th>PROVIDER PRACTICE</th>
<th>PROVIDER SUPPORT</th>
<th>CONSUMER PROTECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements for telehealth coverage</td>
<td>Plan credentialing and administrative requirements</td>
<td>Grant funding for technical assistance and implementation</td>
<td>Data privacy and security</td>
</tr>
<tr>
<td>Originating site requirements</td>
<td>Medi-Cal enrollment</td>
<td>Telehealth training in medical education</td>
<td>Consumer education</td>
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<tr>
<td>Federally Qualified Health Center and Rural Health Center policies</td>
<td>Licensing</td>
<td>Transparency and uniformity in plan policies</td>
<td>Health plan member materials</td>
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<tr>
<td>State Medicaid billing system</td>
<td>Scope of practice</td>
<td>Sharing of best practices</td>
<td>Broadband access</td>
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<td>Network adequacy considerations</td>
<td>Malpractice insurance</td>
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<td>Mobile device access</td>
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<td>Triage protocol</td>
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<td>Tele-prescribing</td>
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Medicare has expanded the list of telehealth services eligible for reimbursement

Key temporary Medicare changes during COVID-19:

- **Wide range of services** now covered on a temporary basis

- **Wide range of providers**—including occupational therapists and speech therapists—can bill for telehealth. FQHCs/RHCs were also temporarily added

- Restrictive site limitations were waived; services can be provided to the patient at home

- Allowed use of **audio-only phone** for limited set of services
Important changes made by CMS to the Medicare program in 2020 on a temporary basis

- **Audio-only allowed for certain services**
  - CPT (Audio-Only) Codes 99441-99443
  - Behavioral health and education services can be billed as audio-only
  - Speech Therapist & Audiologist (Audio-only 92507-92508)
  - Opioid Treatment Programs (Audio-only G2086-G2088)

- **More providers can now bill for telehealth**
  - Speech language pathologist
  - Physical therapist
  - Audiologist
  - Occupational therapist
  - FQHC/RHC

- **Geographic and originating site restrictions have been lifted**
  - During the COVID-19 Public Health Emergency (PHE), the geographic requirement in Medicare doesn’t apply, including for FQHCs and RHCs, who can provide telehealth services
  - Patients can receive telehealth services in their home

For more information, see
- CMS, Coverage Year 2021 Physician Fee Schedule, https://www.cms.gov/Medicare/Medicare-Fee-for-Service-...
HHS and DEA also relaxed enforcement of laws touching telehealth

**Anti-Fraud Enforcement Waivers**

- **Stark Law Self-Referral Blanket Waivers**
  - HHS waiving sanctions for referrals and claims during COVID-19 to ensure needs are met for Medicare, Medicaid, and CHIP program enrollees. Examples include:
    - Entity provides free telehealth equipment to a physician practice to facilitate telehealth visits for patients who are observing social distancing or in isolation or quarantine
    - Hospital pays physicians above their previously contracted amount for furnishing professional services for COVID-19

- **Anti-Kickback Statute: OIG Policy Statement**
  - OIG is exercising enforcement discretion and not imposing sanctions under Federal Anti-kickback statute for certain remuneration related to COVID-19
  - National Rapid Response Strike Force of the Health Care Fraud Unit of the Criminal Division’s Fraud section to investigate and prosecute fraud cases, including telemedicine fraud and those seeking to capitalize on COVID-19 pandemic

**Privacy Law Enforcement Waivers**

- **HIPAA waivers**
  - Enforcement discretion and waiving penalties for HIPAA violations for using everyday technologies, such as FaceTime or Skype
  - It should be noted that many states do have laws and regulations regarding health information and what is required to protect and secure it. This will likely not impact those state laws and regulations. A separate state action will be necessary.

**DEA actions**

- **COVID-19 Prescribing Guidance**
  - PHE exception for Ryan Haight kicked in
  - For OUD treatment, if certain conditions are met, allowed to prescribe buprenorphine over audio-only phone
Several bills were introduced in Congress in 2020 but none were passed

### Bills Introduced since June

<table>
<thead>
<tr>
<th>Bill No./Name</th>
<th>Description</th>
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<tr>
<td><strong>H.R. 7992 Telehealth Act</strong> (Wagner, MO-2)</td>
<td>Combines nine telehealth bills in to one piece of legislation. Provides expansions of Medicare reimbursement including tele-mental health without geographic restrictions and would allow rural health clinics to be distant site providers for telehealth.</td>
</tr>
<tr>
<td><strong>H.R. 8156 Ensuring Telehealth Expansion Act of 2020</strong> (Roger, TX-25)</td>
<td>Amending all parts of the Social Security Act relating to telehealth during the public health emergency to extend to 2025 rather than the end of the emergency.</td>
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<tr>
<td><strong>H.R.7338 Advancing Telehealth Beyond COVID-19 Act of 2020</strong> (Cheney, WY)</td>
<td>Allows many of the telehealth regulations implemented through the CARES Act to remain permanent, such as waiving the geographical limitations for Medicare beneficiaries using telehealth or RPM and establishing permanent telehealth coverage at Rural Health Clinics.</td>
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<tr>
<td><strong>S. 3999 Mental and Behavioral Health Connectivity Act</strong> (King, ME)</td>
<td>Extends tele-mental health services to Medicare beneficiaries, allowing them to continue to receive care from their home and expand the list of non-physician providers as well as cover audio-only care.</td>
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</tbody>
</table>
CMS Proposed Physician Fee Schedule  
(Proposed Rule released **August 17, 2020**; final rule pending)

- Proposed addition of certain telehealth codes as Category 1 (permanent), Category 3 (end 1 year after PHE)
- Sought comments on whether other codes should be added to Category 1 or 3
- Sought comments on whether payment should be made for telephone E/M services beyond virtual check-in

<table>
<thead>
<tr>
<th>Category 1 (added permanently)</th>
<th>Category 3 (remain a year after PHE)</th>
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<tbody>
<tr>
<td>Visit complexity associated with certain office/ outpatient E/Ms</td>
<td>Domiciliary, rest home, or custodial care services, established patients 99336-7</td>
</tr>
<tr>
<td>Prolonged services</td>
<td>Home visits, established patient 99349-50</td>
</tr>
<tr>
<td>Group psychotherapy</td>
<td>ED visits 99281-3</td>
</tr>
<tr>
<td>Neurobehavioral status exam</td>
<td>Nursing facilities discharge day management 99315-6</td>
</tr>
<tr>
<td>Care planning for patients with cognitive impairment</td>
<td>Psych and neuro testing 96130-33</td>
</tr>
<tr>
<td>Domiciliary, rest home, or custodial care</td>
<td></td>
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<tr>
<td>Home visits</td>
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<td></td>
<td>99334-5</td>
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<td>99347-8</td>
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Home Health Rule  
(Final Rule released **October 29, 2020**)

- Allows home health agencies (HHA) to use remote patient monitoring (RPM) or other services furnished via telecommunications systems or audio-only when included in a plan of care
- Use of telehealth must be tied to a patient-specific need identified during assessment
- Technology may be considered an allowable administrative cost
Both US HHS and CHHS developed consumer telehealth resource pages

Understanding telehealth
Find out what it is, what to expect during a visit, and what kind of care may be available.

Telehealth during the COVID-19 emergency
Whether you’re looking for healthcare related to COVID-19 or something else, find out more about how to prepare for the visit.

Finding telehealth options
Many doctors are now providing telehealth services. Contact your doctor or health insurance for options. There are also health centers and on-demand telehealth services available to everyone, including people who don’t have health insurance.

Preparing for a video visit
This information will help you set up a good space for a telehealth visit over video.

How to get telehealth

How you get telehealth depends on your health insurance.

If you have regular Medicare, but are not enrolled in a Medicare Advantage plan, please see the health care page.

If you have Medi-Cal (but are not enrolled in a Medi-Cal managed care health plan), or you don’t have insurance:

- Call “Medi-Nurse,” a 24/7 nurse advice line available at 1-877-409-9052. You can speak directly with a health professional about your symptoms, and get advice for further treatment in your area.

If you have private insurance, a Medi-Cal health plan, or a Medicare Advantage health plan:

- The simplest way to get treated over the phone is to call your doctor or regular provider.

- If you don’t have a regular doctor or your doctor isn’t available, you can use the search below to find telehealth options offered by your plan through its member website. If telehealth isn’t available from your doctor or your health plan, please use the health plan’s nurse advice line included in the search results.

- You should not have to pay more for telehealth than you would for an in-person visit. Some health plans or providers may waive the copay.

https://telehealth.hhs.gov/patients/

https://covid19.ca.gov/telehealth/
DHCS received CMS waivers to expand access, including in Medi-Cal Managed Care, with changes tied to the PHE

**DHCS 1135 Waiver and State Plan Amendment**

CMS approved several DHCS waiver requests for:
- Provider enrollment requirements and revalidation
- Provision of services in alternative settings
- Clinic facility requirement
- FTF requirements for telehealth, including audio-only services, including for FQHCs, RHCs, Tribal 638 clinics and in Drug Medi-Cal

See [DHCS 1135 Waiver Requests & Approvals](#), in particular the 1135 waivers and SPA 20-0024 (May 13, 2020)

**DHCS APL 19-009 and Supplement**

Effectively immediately, requires all Managed Care Plans to do the following:
- Reimburse providers at the same rate for telehealth services with a FTF equivalent
- Reimburse providers at the same rate for telephone visits as they would for video

See [APL 19-009](#) (Oct. 16, 2019); [Supplement to APL 19-009](#) (March 18, 2020)
DHCS has laid out guidelines for billing during the PHE across programs and payer types

**DHCS Guidance** on Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19) (June 23)
- Outlines current Medi-Cal FFS, Managed Care, and FQHC/RHC/Tribal Clinic reimbursement during COVID-19

### Fee For Service and Managed Care

<table>
<thead>
<tr>
<th>Synchronous, Video or Telephone</th>
<th>Facility Fee</th>
<th>Transmission Fee</th>
<th>Virtual Check-In</th>
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</thead>
<tbody>
<tr>
<td>Modifier 95, POS 02</td>
<td>• Q3014</td>
<td>• T1014</td>
<td>• G2010, G2012</td>
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<tr>
<td>Exception for Specialty Mental Health: use modifier GT</td>
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### FQHC/RHC/Tribal Clinic

<table>
<thead>
<tr>
<th>Synchronous Video or Telephone</th>
<th>Does not Satisfy Guidance/Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable Revenue Code*</td>
<td>PPS/AIR Rate</td>
</tr>
<tr>
<td>HCPCS code T1015* (FFS)</td>
<td>+</td>
</tr>
<tr>
<td>T1015 SE (Managed Care)**</td>
<td>CPT code 99201-99205 (new patient)</td>
</tr>
<tr>
<td>Transmission Fee</td>
<td>CPT code 99211-99215 (established patient)</td>
</tr>
<tr>
<td>Virtual Check-In</td>
<td>HCPCS code G0071*** ($24.76)</td>
</tr>
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</table>

*Corresponding to the type of service being provided, e.g., medical, mental health, alcohol and drug, etc., and whether by an FQHC/RHC or Tribal 638 Clinic.
**T1015 Clinic visit/encounter, for PPS and AIR.
***T1015 SE for PPS Wrap for FQHCs and RHCs only.
****Payment for communication technology-based services for 5 minutes or more between an FQHC/RHC/Tribal 638 Clinic practitioner and new or established patient, irrespective of date of last visit, that does not meet the criteria of a face-to-face visit and results in a determination that a face-to-face visit is unnecessary, will be reimbursed with HCPCS code G0071 at the Medicare reimbursement rate.

### Asynchronous Store-and-Forward
- Still restricted to established patients
- Limited to dermatology, ophthalmology, dentistry
- No PPS/AIR reimbursement

### E-Consult
- Covered by PPS/AIR rate

### Facility/ Transmission Fees
- Covered by PPS/AIR rate

### Virtual Check-In
- No PPS/AIR reimbursement
DMHC and CDI also expanded telehealth coverage requirements for commercial plans, tied to the state emergency

**DMHC APL 20-009**

Effectively immediately, requires health care service plans to do the following:

- Reimburse providers at same rate for telehealth services w/ FTF equivalent
- May not subject enrollees to higher cost-sharing for telehealth than if service was provided in-person
- Reimburse providers at same rate for telephone visits as video visits

See [DMHC APL 20-009](#) (March 19, 2020)

**DMHC APL 20-013**

Effective immediately,

- Outlined coding procedures for synchronous and asynchronous telehealth
- Instructed plans that they cannot require enrollees only use third party vendors during COVID in lieu of in-network providers using telehealth

See [DMHC APL 20-013](#) (April 7, 2020)

**CDI Notice**

Provides that insurers should:

- Allow all network providers to use all available and appropriate modes of telehealth delivery
- Implement reimbursement rates for telehealth services that mirror payment rates for an equivalent office visit
- Eliminate barriers to providing medically and clinically appropriate care using appropriate telehealth delivery models
- Use telehealth service delivery methods to enable consumers to have access to behavioral health

See [CDI Notice](#) (March 30, 2020)
Several telehealth and broadband bills were proposed in the state legislature, with limited success

<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Coalition Support?</th>
<th>Outcome</th>
<th>Brief Description</th>
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<tbody>
<tr>
<td>AB 79 (Omnibus)</td>
<td></td>
<td>Signed by Governor Newsom</td>
<td>Allows for IHSS reassessments and program integrity assessments to be conducted using telehealth</td>
</tr>
<tr>
<td>AB 570 (Aguiar-Curry)</td>
<td>✅</td>
<td>Inactive file (8/28)</td>
<td>Establishes the State Agency Direct Allocation Account in the CASF to fund low-income census blocks to enable telehealth and distance learning</td>
</tr>
<tr>
<td>AB 875 (Wicks)</td>
<td></td>
<td>Held in Assembly Education Committee</td>
<td>Creates the COVID-19 Support Services and Resiliency for Children Program, providing grants to schools to pay for programming, including telehealth</td>
</tr>
<tr>
<td>AB 1998 (Low)</td>
<td></td>
<td>Held in Senate Business, Professions and Economic Development Committee</td>
<td>Revises professional standard of conduct for orthodontists to require an examination prior to the use of orthodontic appliances</td>
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<tr>
<td>AB 2164 (Rivas)</td>
<td>✅</td>
<td>Vetoed by Governor Newsom</td>
<td>Removes FTF requirement for FQHC/RHC to establish patients</td>
</tr>
<tr>
<td>AB 2280 (Chau)</td>
<td>✅</td>
<td>Held in Senate Judiciary Committee (7/14)</td>
<td>Extends CMIA requirements to “personal health record information” captured by FDA-approved products</td>
</tr>
<tr>
<td>AB 2360 (Maienschein)</td>
<td>✅</td>
<td>Vetoed by Governor Newsom</td>
<td>Requires DMHC/DOI plans/insurers to cover consults for MCH psychiatry</td>
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<tr>
<td>AB 3242 (Irwin)</td>
<td></td>
<td>Signed by Governor Newsom</td>
<td>Allows for 5150 involuntary commitment assessments to be done using telehealth</td>
</tr>
<tr>
<td>SB 1130 (L. Gonzalez)</td>
<td></td>
<td>Ordered to inactive file (8/30)</td>
<td>Requires fiber broadband standards for CASF service metrics</td>
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Key takeaways

- State and federal governments have issued many temporary policies that allow for more access to and reimbursement for telehealth services.

- Access and reimbursement have expanded across programs and lines of business, including Medicare, Medi-Cal, and commercial plans.

- Most changes are temporary, and work remains to ensure the most promising ones remain permanent.
Member Policy Priorities in 2021: Panel Discussion

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

Amy Durbin, MPPA  
Legislative Advocate  
California Medical Association

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

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

Stephanie Thornton, MPP  
Policy Associate  
The Children’s Partnership

Mei Wa Kwong, JD  
Executive Director, CCHP  
(Moderator)
CMA Priorities: Telehealth and Interoperability

Maintain Emergency Telehealth Directives

• Consistent with AB 744 (Aguiar-Curry, 2019) and DMHC/DHCS/CDI emergency directives - ensure telehealth access for all patients through all modalities remains
  • Commercial and Medi-Cal; Telephonic
  • Continuity of care protections against third-party vendors

Increase Interoperability

• Increase provider ability to securely and efficiently share health information to assure quality of care
  • State oversight
  • Funding for smaller providers
Telehealth Increases Access to Care, Reduces Health Care Costs
Peggy Wheeler, VP Policy, CHA

• 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.
• Patient “no-show” rates at outpatient facilities are a significant obstacle to care delivery.
  • Telehealth reduces no-show rates by as much as 50%.
• Disparities in technology access must be addressed to ensure equitable availability of telehealth.
  • Nearly 22% of Californians are under-connected to the internet.
  • Nationally, just 63% of those living in rural communities report having home broadband access.
• Increased use of telehealth = fewer ER visits.
  • 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.
Community Health Center 2021 Telehealth Priorities

TOP PRIORITY
• Make permanent current FQHC/RHC telehealth flexibilities
  – Change the statutory definition of telehealth to include audio-video, audio only, and virtual communication
  – Add to state law provision that includes telehealth visit as a PPS billable visit
  – Add to state law language regarding established patients, specifically allowing FQHC to use telehealth to establish a patient relationship

ADDITIONAL PRIORITIES
• Digital Divide: Support funding and policies that address broadband, low-cost internet access, and personal technology inequities
• Outreach and Enrollment: Authority to enroll and recertify patients using telehealth for all Medi-Cal programs
• Payment Parity: Remove the Medi-Cal exemption
TCP 2021 Telehealth Priorities

- 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
- 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 education to empower parents/caregivers
### Master Plan on Aging: Telehealth Recommendations

Recommendations made to MPA based on the California Telehealth Policy Coalition’s 2020 priorities

<table>
<thead>
<tr>
<th>Goal 1: California should expand coverage of telehealth services:</th>
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<tbody>
<tr>
<td>• Statutory definition of telehealth should be inclusive of telephonic services</td>
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<tr>
<td>• Expand coverage to include BH, RPM, care planning, dental, etc.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Goal 2: Ensure Telehealth payment parity for Medi-Cal managed care and Denti-Cal:</th>
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</thead>
<tbody>
<tr>
<td>• State plans should also guarantee payment parity for telehealth services.</td>
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<thead>
<tr>
<th>Goal 3: Reduce Licensing Board and practice restrictions:</th>
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<tbody>
<tr>
<td>• Ensure that Licensing Boards do not unnecessarily make the use of telehealth onerous or burdensome.</td>
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<thead>
<tr>
<th>Goal 4: Improve coverage and reimbursement:</th>
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<tbody>
<tr>
<td>• Ensure Medi-Cal allows use and reimbursement of all modalities of telehealth.</td>
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<tr>
<th>Goal 5: Provider education and awareness:</th>
</tr>
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<tbody>
<tr>
<td>• Ensure the language used by commercial and state plans clearly identifies reimbursable codes and services that are covered</td>
</tr>
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<thead>
<tr>
<th>Goal 6: Bridge the digital divide by expanding telehealth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expand telehealth access to low-income families by aligning funding to improve internet access to underserved and rural communities</td>
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<thead>
<tr>
<th>Goal 7: Improve Consumer education and awareness of Telehealth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Initiate public awareness campaign to educate seniors about telehealth and provide robust training resources</td>
</tr>
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<tr>
<th>Goal 8: Create consistency across the state:</th>
</tr>
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<tbody>
<tr>
<td>• Create a state telehealth coordinator to ensure state agencies are aware and who will also engage with outside stakeholders on a regular basis</td>
</tr>
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</table>

[https://www.chhs.ca.gov/home/master-plan-for-aging/](https://www.chhs.ca.gov/home/master-plan-for-aging/)
Please complete the poll on your screen
Lunch and Learn from the Veterans Health Administration: Telehealth & COVID-19

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

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

Kenneth W. Kizer, MD, MPH
Chief Healthcare Transformation Officer and Senior Executive Vice President, Atlas Research
VHA: Telehealth and COVID-19

Susan R. Kirsh, MD, MPH
Acting Assistant Deputy Under Secretary for Health for Access
Veterans Health Administration

Kenneth W. Kizer, MD, MPH
Chief Healthcare Transformation Officer, Atlas Research
• How did VHA respond?
• What lessons were learned?
• How will the changes in care delivery affect access going forward?
• What’s the new normal?
Maximizing Access by Optimizing Telehealth

Pre-COVID, goal for optimizing telehealth was December 2021. COVID expedited VHA’s rollout.

First health system to hire a chief telehealth officer
Lessons Learned

• Engagement
  – Veteran, clinician, and scheduler
• Availability of technology and broadband
  – Providing equipment to Veterans
  – Anywhere to anywhere – providing care across state lines
• Interaction between Veteran and provider different than face to face
• Reimbursement and workload credit
 Extending Reach to “Anywhere”

Anywhere to Anywhere Regulation:

DEPARTMENT OF VETERANS AFFAIRS
38 CFR Part 17
RIN 2900–A006

Authority of Health Care Providers To Practice Telehealth

AGENCY: Department of Veterans Affairs.
ACTION: Final rule.

(b) Health care provider’s practice via telehealth. (1) Health care providers may provide telehealth services, within their scope of practice, functional statement, and/or in accordance with privileges granted to them by VA, irrespective of the State or location within a State where the health care provider or the beneficiary is physically located. Health care providers’ practice...
How will the changes in care delivery affect access going forward?
- Telehealth grew nearly 845% between February and October
- F2F appointments are rising, with 116,766 more in October 2020 than in September 2020
- Telephone easiest to do
- Over 87% of care delivered virtually
- Veterans continue to receive Mental Health care during the pandemic

Data source: VSSC Cancellations and Completions Cubes, telehealth and encounters
Data pulled on 11/05/2020
**Total Patient Care: Includes** face to face data for appointment only; and telehealth and telephone data captured via encounters.
• Scheduler readiness
  – Educational guidebook, community of practice, and trainings

• Provider communication trainings

• 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
### Specialties Included in VVC Expansion Initiatives for Specialty Care

<table>
<thead>
<tr>
<th>Clínica de Farmacia</th>
<th>Otolarigología/ENT</th>
</tr>
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<tbody>
<tr>
<td>Medicina Física y Rehabilitación</td>
<td>Ginecología</td>
</tr>
<tr>
<td>Inmunología</td>
<td>Cirugía de la Mano</td>
</tr>
<tr>
<td>Cardiología</td>
<td>Cirugía de Neurocirugía</td>
</tr>
<tr>
<td>Endocrinología/Metabolismo</td>
<td>Cirugía de Ortopedia</td>
</tr>
<tr>
<td>Gastroenterología</td>
<td>Cirugía Plástica</td>
</tr>
<tr>
<td>Hematología</td>
<td>Podología</td>
</tr>
<tr>
<td>Enfermedades Infecciosas</td>
<td>Cirugía Thoracica</td>
</tr>
<tr>
<td>Pulmonar/Pecho/Medicina del Sueño</td>
<td>Consulta de Anestesia/Peluca de Dolor</td>
</tr>
<tr>
<td>Nefrología (excepto Dialisis)</td>
<td>Cirugía Vascular</td>
</tr>
<tr>
<td>Rreumatología/Artrosis</td>
<td>Consulta de Anestesia/Consultas de Vascular</td>
</tr>
<tr>
<td>Neurología</td>
<td>Consulta de Neumología/Artrosis</td>
</tr>
<tr>
<td>Geriatría</td>
<td>Consulta de Neumología/Artrosis</td>
</tr>
<tr>
<td>Cirugía General</td>
<td>Consulta de Neumología/Artrosis</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td>Specialty VVC Encounter % Growth (Top 20)</td>
<td>SepFY20-DecFY21</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>SPINAL SURGERY</td>
<td>369.70%</td>
</tr>
<tr>
<td>ALLERGY IMMUNOLOGY</td>
<td>145.66%</td>
</tr>
<tr>
<td>INTERMEDIATE LOW VISION CARE</td>
<td>144.44%</td>
</tr>
<tr>
<td>SLEEP MEDICINE</td>
<td>119.76%</td>
</tr>
<tr>
<td>ANESTHESIA CONSULT</td>
<td>118.45%</td>
</tr>
<tr>
<td>CLINICAL PHARMACY</td>
<td>112.60%</td>
</tr>
<tr>
<td>GASTROENTEROLOGY</td>
<td>82.34%</td>
</tr>
<tr>
<td>PULMONARY/ CHEST</td>
<td>80.57%</td>
</tr>
<tr>
<td>UROLOGY</td>
<td>77.05%</td>
</tr>
<tr>
<td>NEUROLOGY</td>
<td>76.53%</td>
</tr>
<tr>
<td>RENAL/NPHEROL(EXCEPT DIALYSIS)</td>
<td>75.51%</td>
</tr>
<tr>
<td>HEMATOLOGY</td>
<td>69.85%</td>
</tr>
<tr>
<td>HEPATOLOGY</td>
<td>60.99%</td>
</tr>
<tr>
<td>CARDIOLOGY</td>
<td>59.39%</td>
</tr>
<tr>
<td>PM&amp;RS PHYSICIAN</td>
<td>44.85%</td>
</tr>
<tr>
<td>RHEUMATOLOGY/ARTHRITIS</td>
<td>34.85%</td>
</tr>
<tr>
<td>GYNECOLOGY</td>
<td>34.57%</td>
</tr>
<tr>
<td>ONCOLOGY/TUMOR</td>
<td>34.28%</td>
</tr>
<tr>
<td>INFECTIOUS DISEASE</td>
<td>33.53%</td>
</tr>
<tr>
<td>GERIATRICS</td>
<td>32.96%</td>
</tr>
</tbody>
</table>
Impacts of COVID-19

• The accelerated virtual care to keep veterans and staff safe
• Virtual care should remain the primary modality of care when clinically appropriate
  • In national guidance for Primary Care and Mental Health
  • Make it easy to do this and harder to not
• There is more of a culture change for specialty care; however, there is slow and steady increase in adoption
  – Consideration for new vs. follow up in video fashion
  – Consideration for face to face and video intermingled to best care for a patient
• Recent Article in NEJM Catalyst:
Virtual Care – Here to Stay?

- Payor landscape
- Legislature opportunities
- Use to address deferred care
- Consider additionally e-consults
- Expansion of Clinical contact centers
Evolving Virtual Care Opportunities

- Cardiology – digital stethoscope, EKG
- Oncology – infusion clinics
- Pulmonary – home sleep studies
- Podiatry – Podimetrics©
- Surgery – wound checks
Key Considerations Going Forward

• **Changing the mindset** to optimizing virtual care as the foundation for the evaluation and treatment of conditions, not just as a way of providing isolated episodes of care

• **Building the infrastructure to integrate services** to meet all of a Veteran’s needs (e.g., labs, appointment with social worker, pharmacy refill), not just focusing on a specific appointment with the provider

• **Strategically using virtual care** to assess and access underserved populations and to address disparities and social determinants of health

• **Use of e-consults** – could identify unnecessary care in GI and oncology

• **Expanding the concept and capabilities of Clinical Contact Centers** through software systems (e.g., telephony, CRM, chat)
Clinical Contact Center Modernization

CCCM Vision

- Implement Integrated Clinical Contact Centers
- Create a Virtual Front Door - one single toll-free number per VISN
- Maximize first contact problem resolution for Veterans
- Provide 24/7 access to dedicated clinical triage; virtual clinical visits with providers for urgent and episodic care; clinical pharmacy and pharmacy support; and administrative staff for scheduling support and general inquiries
2020 State Champion Award Presentation

Alice Hm Chen, MD, MPH
Deputy Secretary for Policy and Planning and Chief of Clinical Affairs
California Health and Human Services Agency
California Telehealth Policy Coalition
Annual Meeting

Alice Hm Chen, MD, MPH
Deputy Secretary for Policy and Planning, Chief of Clinical Affairs
California Health and Human Services Agency
Health care reform has generated new pressures for the U.S. health care system to take better care of more patients at lower cost. Whereas these challenges are relatively new in the fee-for-service private sector, safety-net systems have perennially had to "do more with less"; innovations in this arena have generally been prompted by clinical exigencies rather than the need to gain market share or maximize revenues. We believe that one such innovation — eReferral — can serve as a new model for integrating primary and specialty care.

In 2005, San Francisco General Hospital (SFGH) was grappling with a challenge familiar to safety-net organizations: providing access to specialty care. Because of a tremendous mismatch between supply and demand for specialty services, patients were waiting 11 months for a routine clinic appointment for gastroenterology, 10 months for nephrology, and 7 months for endocrinology. If a patient needed to be seen sooner, the referring clinician had to plead with a specialist to overbook into already overflowing clinics. Patients would sometimes wait for months only to discover that they were in the wrong subspecialty clinic or needed further diagnostic testing, which added to delays in care.

The dual imperatives of timely access and rational triage drove the creation, implementation, and spread of our homegrown, Web-based, integrated specialty referral and consultation system, called eReferral. It uses health information technology to link primary care providers (PCPs) and specialists, with the goals of increasing access to care, improving dialogue, optimizing the efficient use of specialty resources, and enhancing primary care capacity.

Originally piloted for gastroenterology services, eReferral is now used for more than 40 services at SFGH. PCPs initiate new specialty referral requests through eReferral. The electronic form is automatically populated with relevant information about the patient and the PCP, and the reason for referral is validated by a clinician. The patient obtains a referral notice through eReferral, which details the appointment, location, and reason for the visit. PCPs can easily respond to eReferral requests, including accepting or declining appointments and providing feedback on eReferral efficiency.
Growth of Telehealth
Use of telehealth in hospitals has grown rapidly.

Percent of hospitals fully or partially implementing computerized telehealth system, 2010-2017

- 2010: 35%
- 2011: 41%
- 2012: 43%
- 2013: 52%
- 2014: 55%
- 2015: 61%
- 2016: 65%
- 2017: 76%

Source: 2011 to 2018 AHA Annual Survey IT Supplement

Figure 1: Claim Lines With Telehealth Usage as a Percentage of All Medical Claim Lines by Rural, Urban and National Settings, 2012-2017
COVID-19 in California

Cases of COVID-19 by Estimated Date of Illness Onset, as of November 16, 2020, California (n=1,037,978)
California Response

How California is using telehealth despite limited availability across the US

Jackie Dees - Wednesday, March 25th, 2020 Print | Email

While California has recently rolled out initiatives to expand telehealth services during the coronavirus pandemic, many other areas of the country still have not made virtual care widely available, HBC Bay Area reports.

On March 18, California's health department mandated that all Medicaid plans must allow members to use telehealth at the same cost of in-person visits. Earlier this week, California's Emergency Medical Services Authority also moved to expedite the approval process for out-of-state physicians looking to practice telehealth in California, according to the report.

Despite California's efforts, electronic consultations with healthcare professionals are still not widely available to patients throughout the U.S., the network reports. Only 18 percent of physicians have access to video conferencing, and of those physicians, just 19 percent schedule video visits with patients each week, according to an American College of Physicians 2019 survey.

One potential reason for the delayed telehealth adoption is due to health plans not covering virtual appointments, said Ranjani Chandramoul, MD, medical director for Gardner Health Services, according to the report. Dr. Chandramoul oversees seven clinics in the California Bay Area that provide care to...

Getting health care from home through telehealth

Telehealth is the first step in getting medical care from home, including:

- If you have symptoms of COVID-19, call your doctor or health professional.
- If you need treatment for a mental health or substance use disorder or an emergency physical health care condition.
- If you need treatment for a mental health or substance use disorder or an emergency physical health care condition.
- If you need treatment for a mental health or substance use disorder or an emergency physical health care condition.
- If you need treatment for a mental health or substance use disorder or an emergency physical health care condition.

How to get telehealth

How to get telehealth

- If you have regular Medicare, but are not enrolled in a Medicare Advantage plan, please see the Health Care page.
- If you have Medi-Cal (but are not enrolled in a Medi-Cal managed care health plan), or you don’t have insurance:
  - Call Medi-Care’s 24/7 nurse advice line at 1-800-411-3287. You can speak directly with a health professional about your symptoms, and get advice for the best treatment for your care.
- If you have private insurance, a Medi-Cal health plan, or a Medicare Advantage health plan:
  - The simplest way to get started is to contact your doctor or regular provider.
  - If you don’t have a regular doctor or provider, visit the Healthline website (https://www.healthline.com/health/healthcare) to find a doctor.
  - You should not use telehealth if the problem you would normally see a doctor or nurse for.

What to do if you have trouble getting telehealth

If you have trouble with telehealth through your regular provider and health plan, and still have difficulty accessing services, you can call the following:

E-Mail: info@healthline.com Phone: 1-855-629-9909
Percentage of providers reporting use of telehealth rose from 30% pre-COVID to 79% in September.
28% consider telehealth very effective, 56% somewhat effective
Many Medi-Cal and uninsured patients do not have access to technology to enable telehealth

42% of providers report they would continue to use telehealth post-COVID even if payments are lower
Telehealth Agenda

- Digital divide
- Appropriateness, cost
- Enhancing access
- Outcomes focused
- Population health
- Implementation, workflow challenges
- Next level innovation
  - Subspecialty access
  - Home based monitoring
  - Hospital at Home
Incredible Progress, So Far to Go

Principles:
The Coalition supports policies, legislation and activities that

- Promote access and coverage of telehealth services
- Enhance care coordination by reinforcing the patient-centered medical home
- Promote provider and patient engagement in health care
- Reinforce the clinical quality of telehealth services
- Ensure data privacy and security
We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next ten.

Bill Gates
Coalition Policy Priorities for 2021

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

Mei Wa Kwong, JD
Executive Director, CCHP
(Moderator)
Priority 1: Make temporary coverage expansions permanent and expand access to new modalities

Example work:

- Support payment parity for Medi-Cal Managed Care
- Support remote patient monitoring coverage for Medi-Cal and commercial plans
- Support continued FQHC/RHC coverage for telehealth
- Work with members to highlight patient stories on webinars, other materials aimed at policymakers and consumers
Priority 2: Build the evidence base for telehealth in California

Example work:

- Showcase research on monthly calls
- Develop a telehealth data clearinghouse on our website and leverage members’ data dashboards
- Release annual report for DHCS and the state legislature - align publication date with Fall Briefing
- 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
Priority 3: Bridge the digital divide and addressing health equity

Example work:

- Promote heightened standards for broadband access and consumer subsidies for smartphones and internet access
- Demonstrate and build evidence base on the efficacy and quality of telephonic 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
Priority 4: Advance state leadership on telehealth and health IT

Example work:

- Advocate for state coordination on telehealth and related IT issues (i.e., telehealth integrations, public health reporting, health information exchange)
- Track regulatory requirements and required updates
- Conduct outreach to state agencies on telehealth policy in 2021
- Emphasize the need for modernization of telehealth and data sharing through state policy initiatives (i.e., CalAIM, Managed Care procurement)
Structural Barriers Faced by Underserved, Vulnerable Populations

Telehealth Technology: Who Our Current Design Fails

Access Issues

- Technology: Physical devices
- Technology: Portals, Apps
- Internet/Broadband
- English-based systems
- Insufficient supply of language-capable providers
- Technological & digital skills
- Insurance carrier coverage/access
- Personal preferences & age/generational-related exposure to technology
- Health system and provider level issues
Please complete the poll on your screen
Call to Action

Mei Wa Kwong, JD
Executive Director, CCHP

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

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