Annual Meeting

November 17, 2020

California Telehealth Policy Coalition

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

Agenda

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

Please find a more detailed agenda in today's materials, posted to our website.

Thank you to our sponsors!

California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Buchalter

AARP California

hims & hers

AfPA Alliance for Patient Access

westhealth

Health Net

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

2020 Accomplishments, cont'd

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

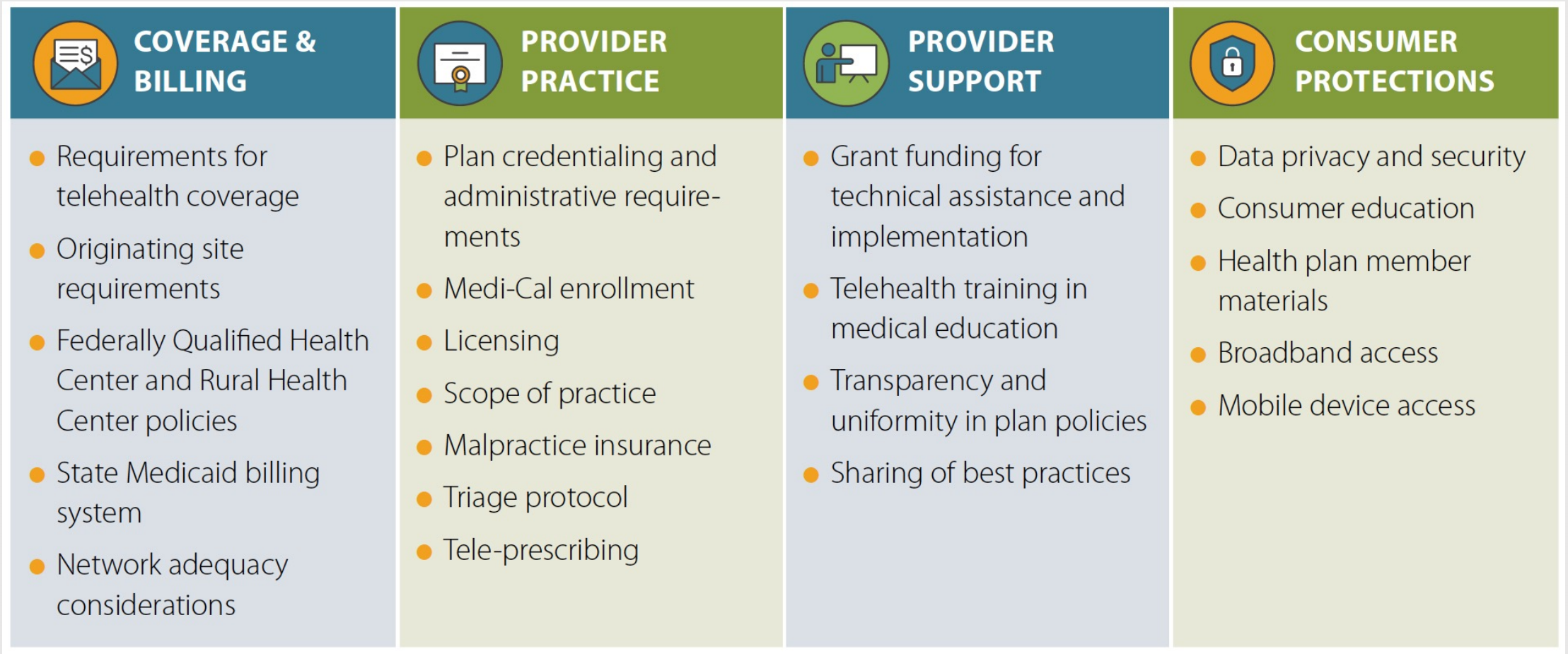
Please complete the poll and return for our next session at 10:20

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



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

ISSUE	MEDICARE
Geographic Limitation	Waived
Site Limitation	Waived
Provider Limitation	Opened to all eligible Medicare Providers
Services Eligible	Increased list of codes from approx. 100 eligible codes to 240
Payment Parity	N/A – Medicare already paid for telehealth services at the same rate as in-person equivalents
Billing Frequency Limitations	Waived certain limitations
Modality	Live video & allowed some services to be delivered via audio-only phone
Licensing	Relaxed Medicare requirements

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, List of Telehealth Services, https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.
- CMS, Interim Final Rule, https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf.
- 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

Bill No./Name	Description
H.R. 7992 Telehealth Act (Wagner, MO-2)	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.
H.R. 8156 Ensuring Telehealth Expansion Act of 2020 (Roger, TX-25)	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.
H.R.7338 Advancing Telehealth Beyond COVID-19 Act of 2020 (Cheney, WY)	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.
S. 3999 Mental and Behavioral Health Connectivity Act (King, ME)	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.

CMS made limited coverage expansions on a permanent basis

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

Category 1 (added permanently)	
Visit complexity associated with certain office/ outpatient E/Ms	GPPC1X
Prolonged services	99XXX
Group psychotherapy	90853
Neurobehavioral status exam	96121
Care planning for patients with cognitive impairment	99483
Domiciliary, rest home, or custodial care	99334-5
Home visits	99347-8

Category 3 (remain a year after PHE)	
Domiciliary, rest home, or custodial care services, established patients	99336-7
Home visits, established patient	99349-50
ED visits	99281-3
Nursing facilities discharge day management	99315-6
Psych and neuro testing	96130-33

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

TELEHEALTH.HHS.GOV

For patients

Wondering how to get started with telehealth? Check out the information below to better understand your options.

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 health care 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.

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

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://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

Synchronous, Video or Telephone
- Modifier 95, POS 02
- Exception for Specialty Mental Health: use modifier GT

Asynchronous, Store-and-Forward
- Modifier GQ, POS 02

E-Consult
- 99451 for specialist consultant

Facility Fee
- Q3014

Transmission Fee
- T1014

Virtual Check-In
- G2010, G2012

FQHC/RHC/Tribal Clinic

Synchronous Video or Telephone

Satisfies Guidance/Criteria					Does not Satisfy Guidance/Criteria
PPS/AIR Rate					FFS Rate
Applicable Revenue Code*	+	HCPCS code T1015* (FFS)/ T1015 SE (Managed Care)***	+	CPT code 99201-99205 (new patient) CPT code 99211-99215 (established patient)	HCPCS code G0071**** ($24.76)

**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

E-Consult
- No PPS/AIR reimbursement

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

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

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

The Children's Partnership

Master Plan on Aging: Telehealth Recommendations

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

Goal 1: California should expand coverage of telehealth services: • Statutory definition of telehealth should be inclusive of telephonic services • Expand coverage to include BH, RPM, care planning, dental, etc.	**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 2: Ensure Telehealth payment parity for Medi-Cal managed care and Denti-Cal: • State plans should also guarantee payment parity for telehealth services.	**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 3: Reduce Licensing Board and practice restrictions: • Ensure that Licensing Boards do not unnecessarily make the use of telehealth onerous or burdensome.	**Goal 7: Improve Consumer education and awareness of Telehealth:** • Initiate public awareness campaign to educate seniors about telehealth and provide robust training resources
Goal 4: Improve coverage and reimbursement: • Ensure Medi-Cal allows use and reimbursement of all modalities of telehealth.	**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

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

VA | U.S. Department of Veterans Affairs

VHA: Telehealth and COVID-19

Susan R. Kirsh, MD, MPH

Acting Assistant Deputy Under Secretary for Health for Access

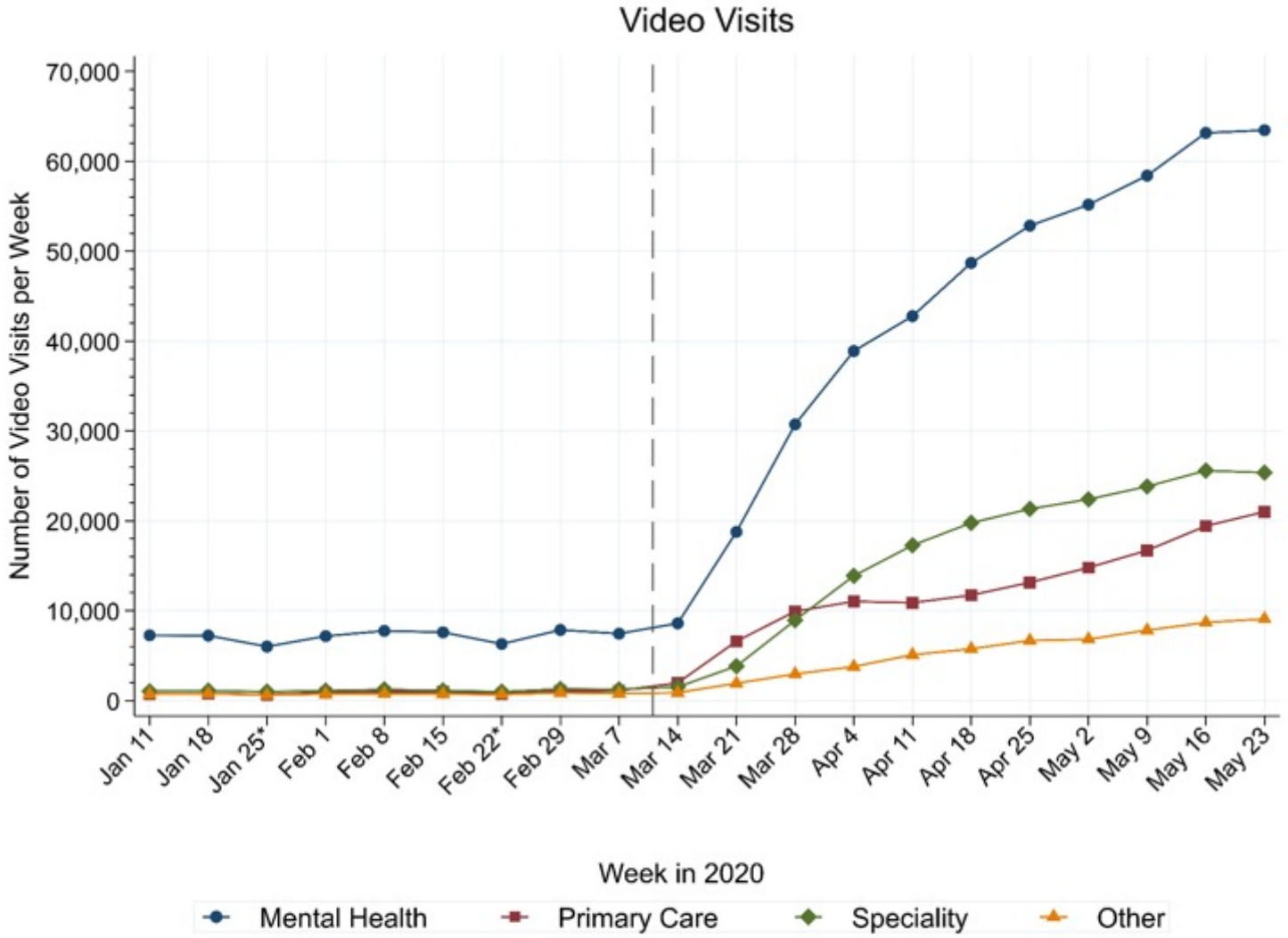
Veterans Health Administration

Kenneth W. Kizer, MD, MPH

Chief Healthcare Transformation Officer, Atlas Research

COVID-19

- How did VHA respond?
- What lessons were learned?
- How will the changes in care delivery affect access going forward?
- What's the new normal?



Heyworth, L., Kirsh, S., Zulman, D., Ferguson, J. M., & Kizer, K. W. (2020, July 01). Expanding Access through Virtual Care: The VA's Early Experience with Covid-19. Retrieved from https://catalyst.nejm.org/doi/full/10.1056/cat.20.0327

VA Video Connect

1

Schedule

VA Video Connect visit

2

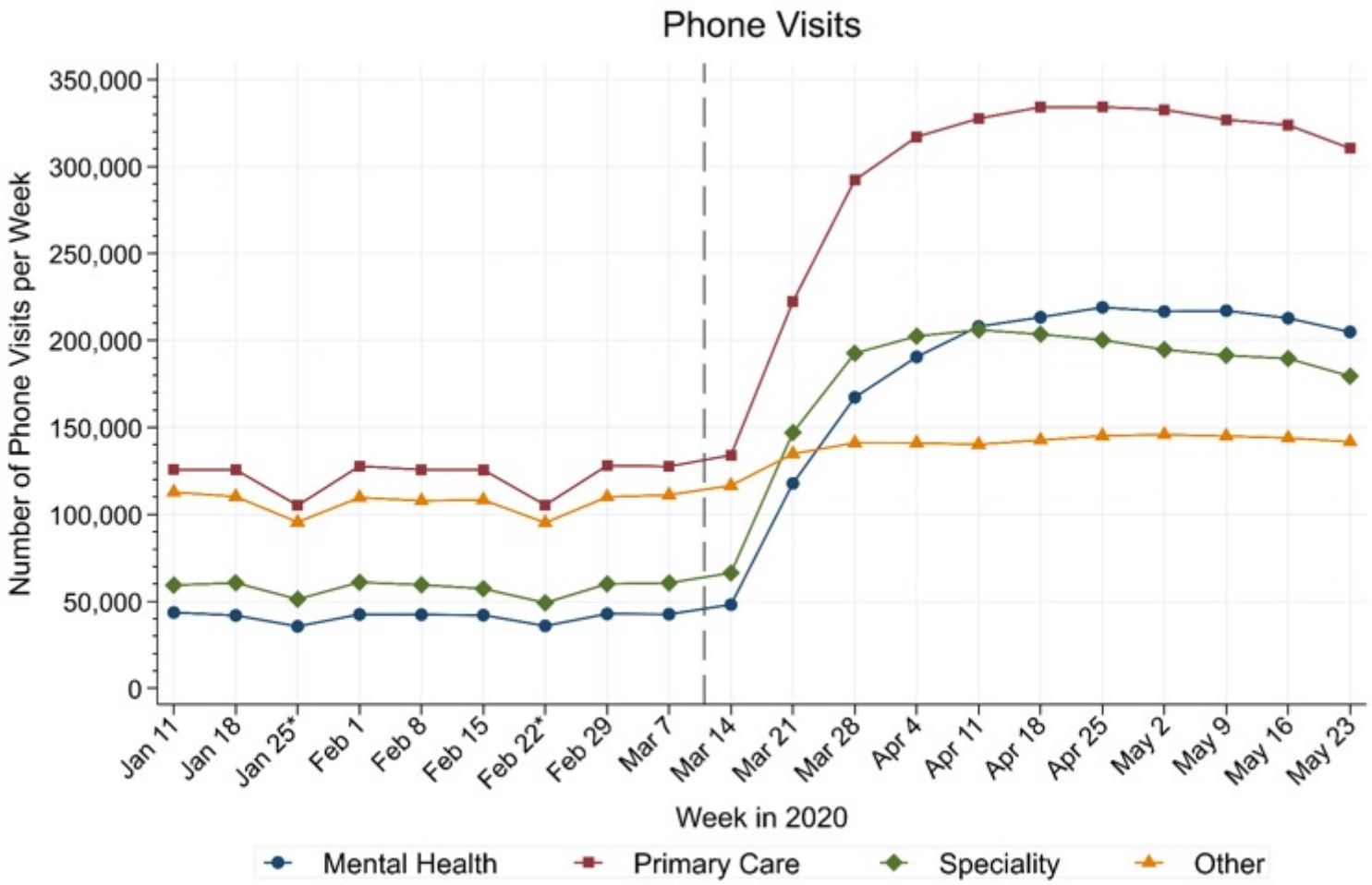
Open

Portal/email and click on link

3

Join

Virtual medical room



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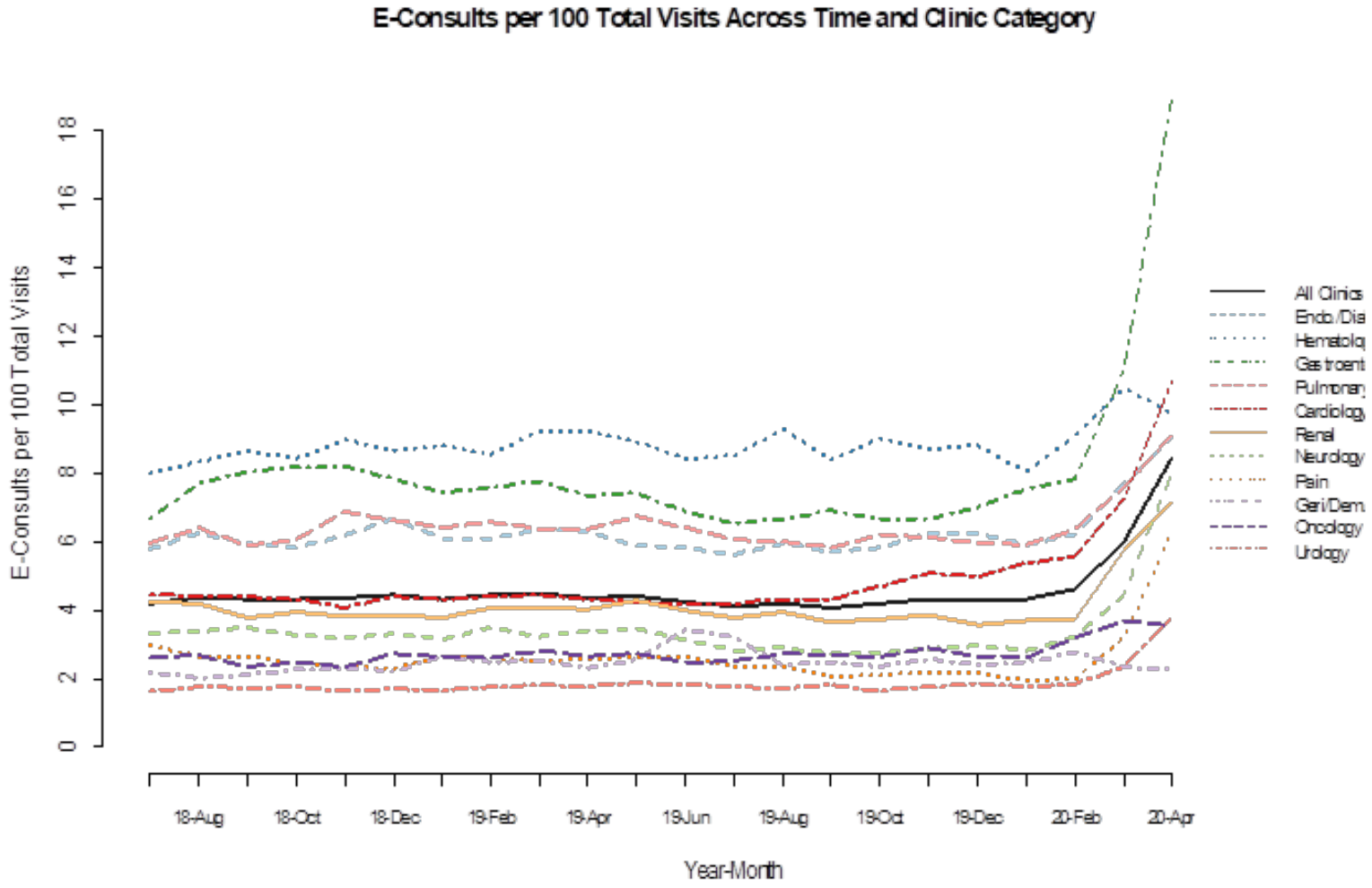

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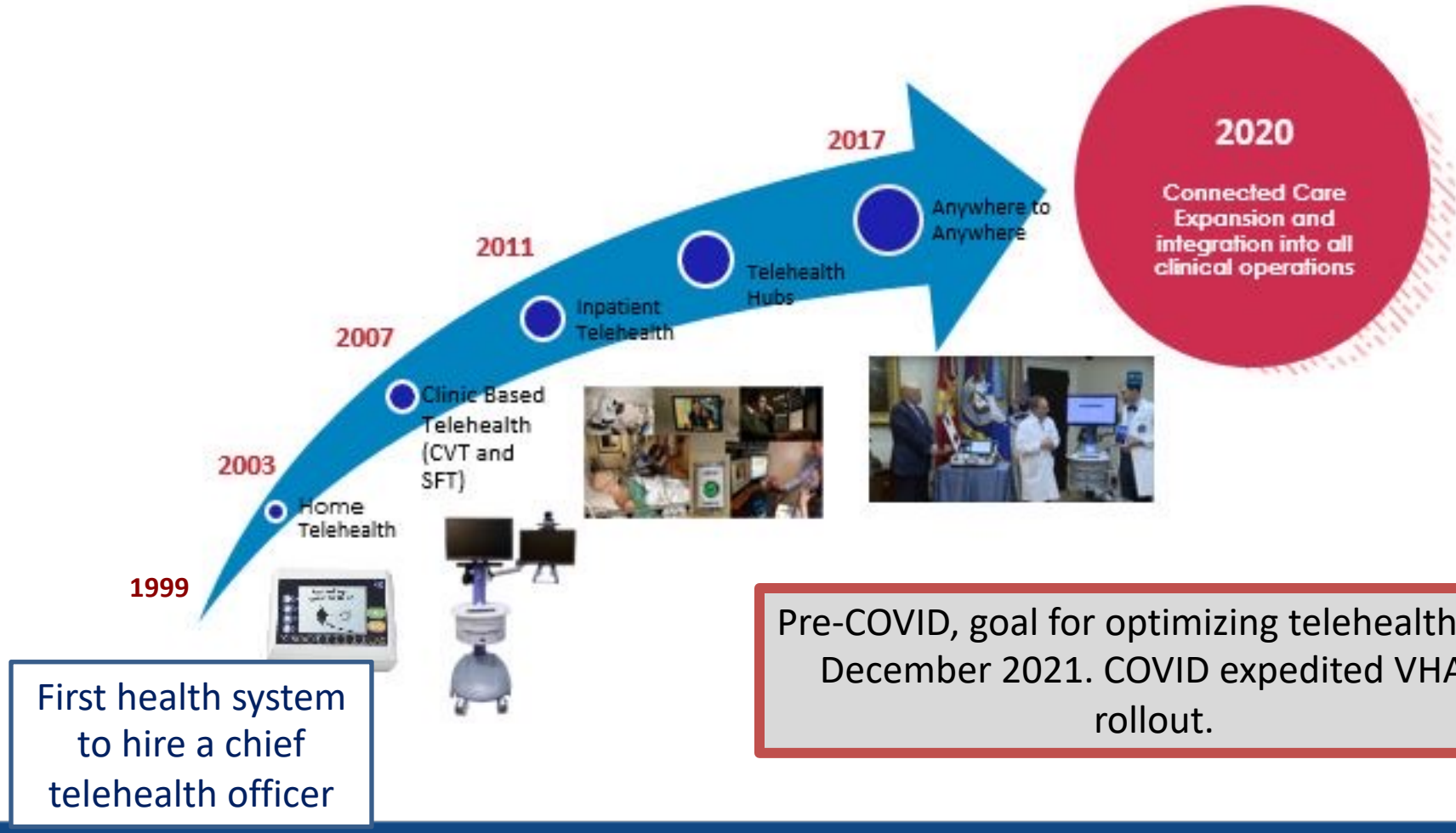
Maximizing Access by Optimizing Telehealth



First health system to hire a chief telehealth officer

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

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–AQ06

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

Anywhere to Anywhere Legislation:

One Hundred Fifteenth Congress
of the
United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Wednesday, the third day of January, two thousand and eighteen

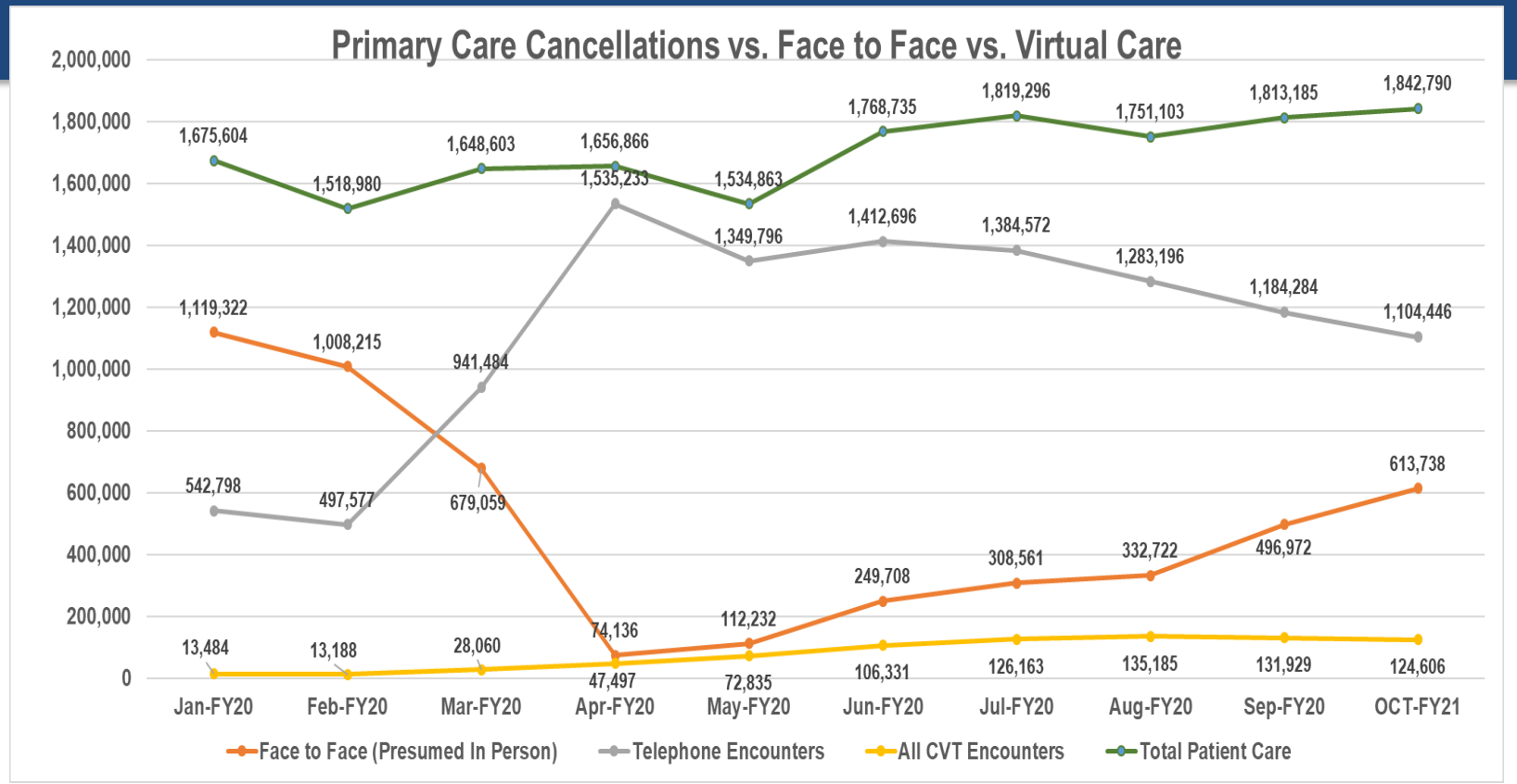
An Act

SEC. 151. LICENSURE OF HEALTH CARE PROFESSIONALS OF THE DEPARTMENT OF VETERANS AFFAIRS PROVIDING TREATMENT VIA TELEMEDICINE.

(a) IN GENERAL.—Chapter 17 is amended by inserting after section 1730B, as added by section 134, the following new section:

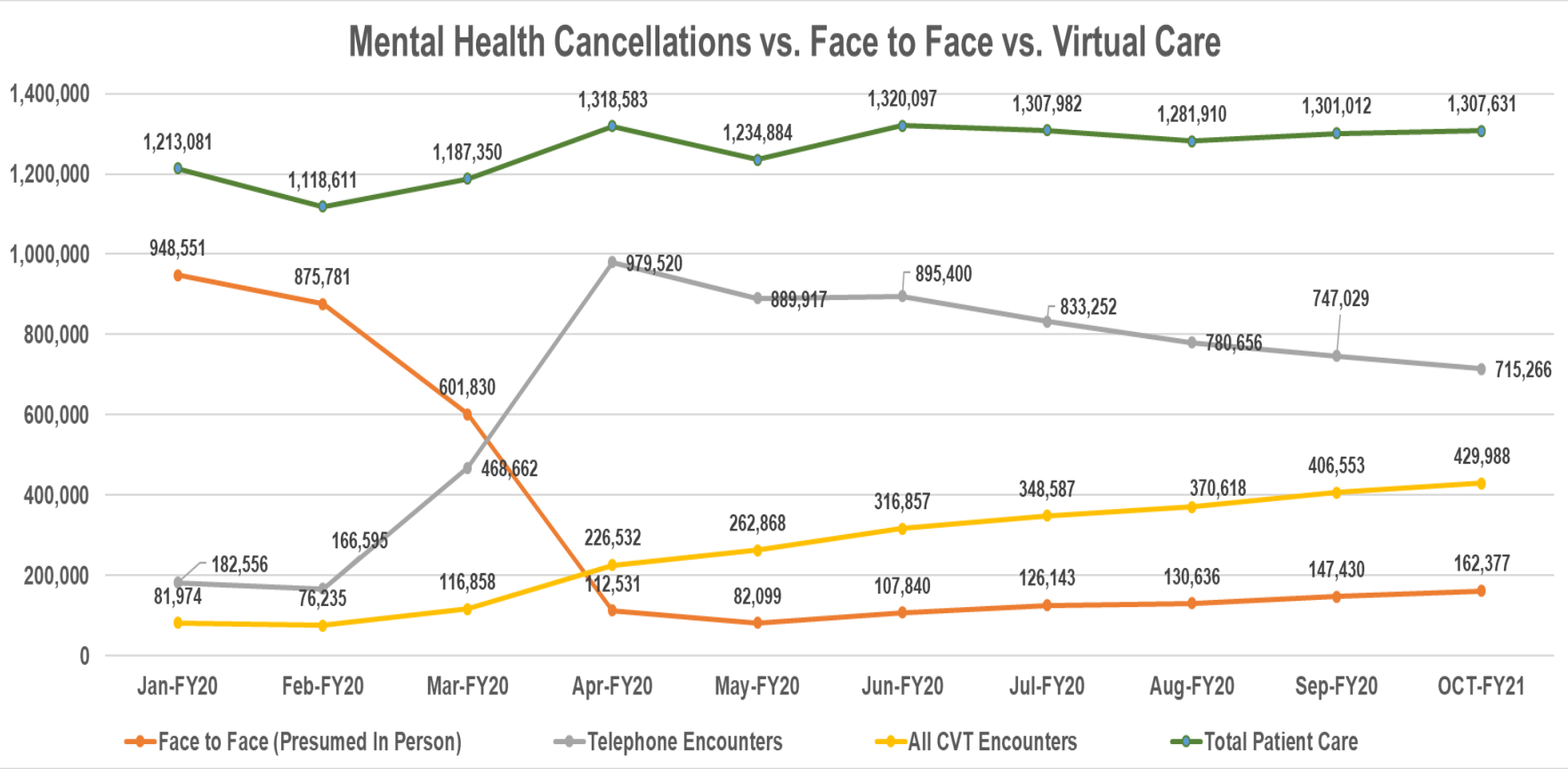
"§ 1730C. **Licensure of health care professionals providing treatment via telemedicine**

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

Data source : VSSC Cancellations and Completions Cubes , telehealth and encounters ***Data pulled on 11/05/20***
****Total Patient Care: Includes*** face to face data for appointment only; and telehealth and telephone data captured via encounters.



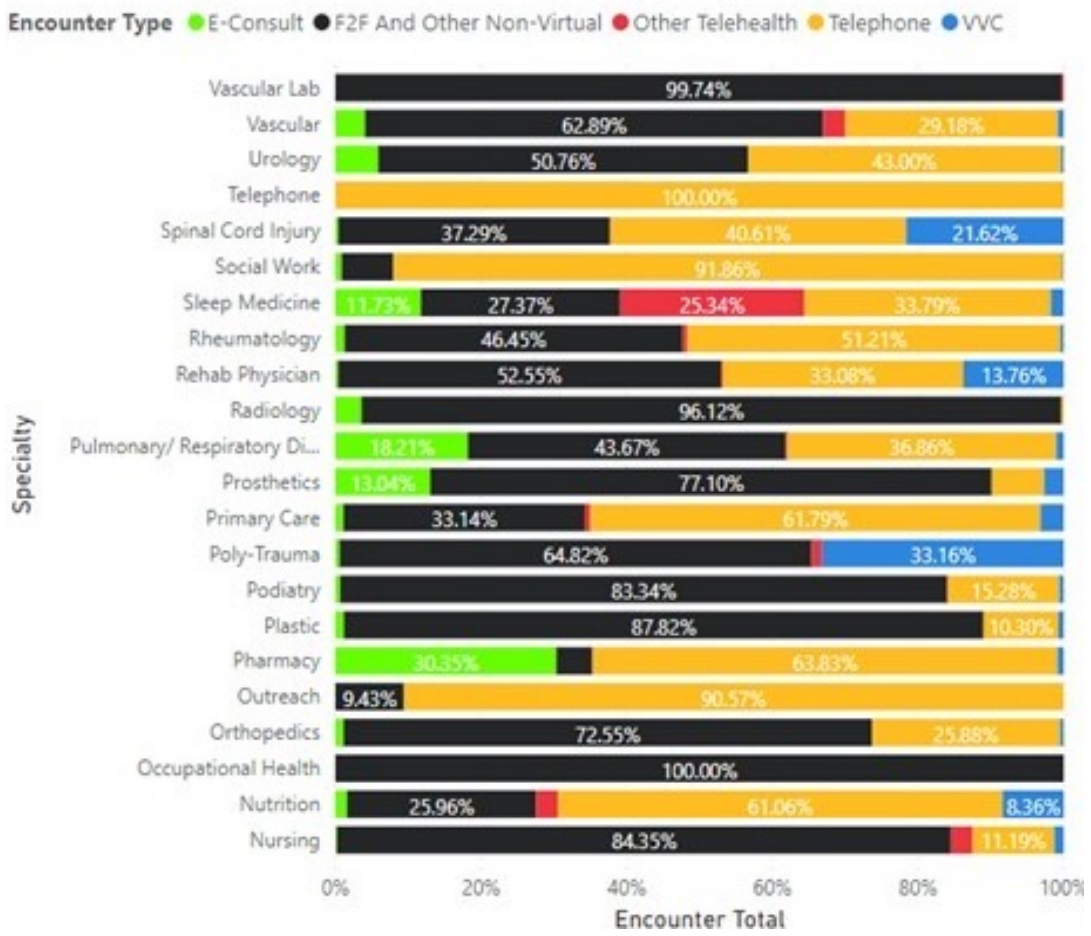
- Over 87% of care delivered virtually
- Veterans continue to receive Mental Health care during the pandemic

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.

Specialty Care Video to Home - Phased Approach

- 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

CLINICAL PHARMACY
PHYSICAL MED & REHAB SVC INC AUDIOLOGY
ALLERGY IMMUNOLOGY
CARDIOLOGY
ENDOCRINOLOGY/METABOLISM
GASTROENTEROLOGY
HEMATOLOGY
INFECTIOUS DISEASE
PULMONARY/CHEST/SLEEP MEDICINE
RENAL/NEPHROL(EXCEPT DIALYSIS)
RHEUMATOLOGY/ARTHRITIS
NEUROLOGY
GERIATRICS
GENERAL SURGERY

OTOLARYNGOLOGY/ENT
GYNECOLOGY
HAND SURGERY
NEUROSURGERY
ORTHOPEDICS
PLASTIC SURGERY
PODIATRY
THORACIC SURGERY
UROLOGY CLINIC
VASCULAR SURGERY
ANESTHESIA CONSULT/PAIN CLINIC
SPINAL SURGERY
ADVANCED & INTERMED LOW VISION

Video to Home Top 20 Specialties Exceeding 10% Goal

Specialty VVC Encounter % Growth (Top 20)	SepFY20-DecFY21	SepFY20-DecFY21	MarFY20-AugFY20
SPINAL SURGERY	369.70%	26	6
ALLERGY IMMUNOLOGY	145.66%	589	240
INTERMEDIATE LOW VISION CARE	144.44%	18	8
SLEEP MEDICINE	119.76%	3676	1673
ANESTHESIA CONSULT	118.45%	499	229
CLINICAL PHARMACY	112.60%	12261	5767
GASTROENTEROLOGY	82.34%	3325	1824
PULMONARY/CHEST	80.57%	1848	1023
UROLOGY	77.05%	1622	916
NEUROLOGY	76.53%	4131	2340
RENAL/NEPHROL(EXCEPT DIALYSIS)	75.51%	1364	777
HEMATOLOGY	69.85%	970	571
HEPATOLOGY	60.99%	599	372
CARDIOLOGY	59.39%	3735	2344
PM&RS PHYSICIAN	44.85%	2859	1974
RHEUMATOLOGY/ARTHRITIS	34.85%	1246	924
GYNECOLOGY	34.57%	832	618
ONCOLOGY/TUMOR	34.28%	485	362
INFECTIOUS DISEASE	33.53%	877	657
GERIATRICS	32.96%	1424	1071

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:

Heyworth, L., Kirsh, S., Zulman, D., Ferguson, J. M., & Kizer, K. W. (2020, July 01).
Expanding Access through Virtual Care: The VA's Early Experience with Covid-19. July 2020.

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

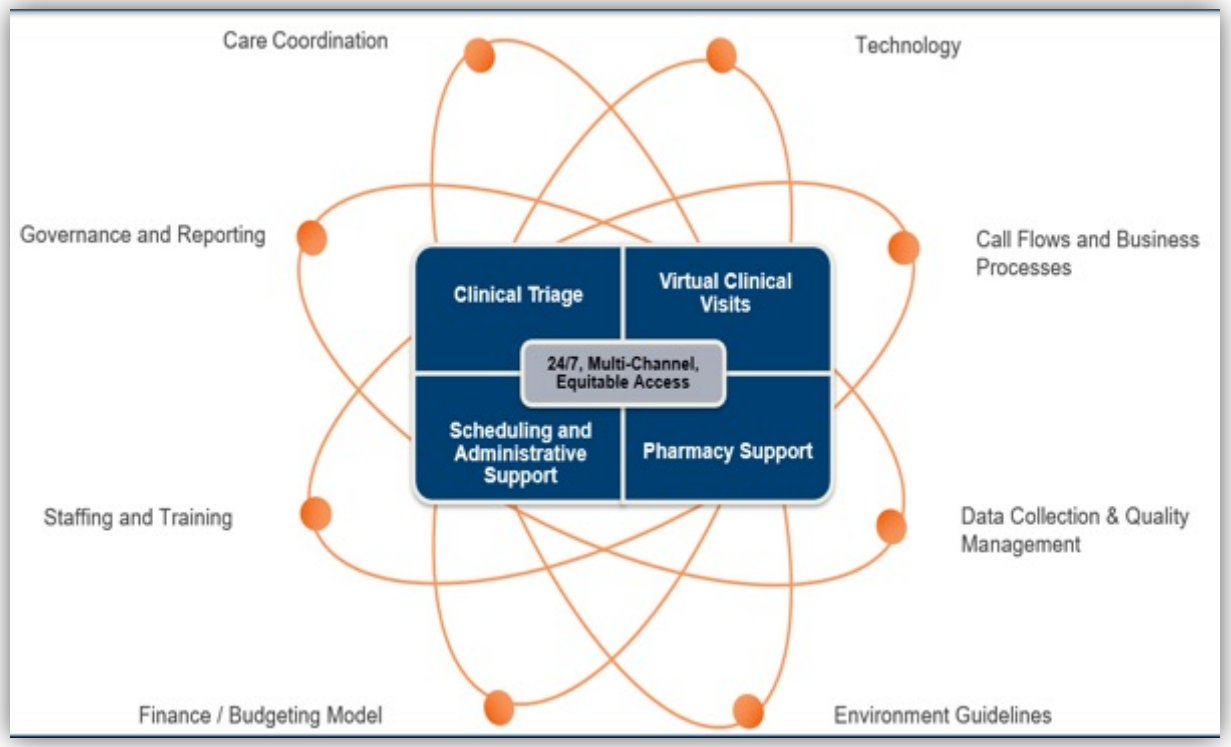
Key Considerations Going Forward

- **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)

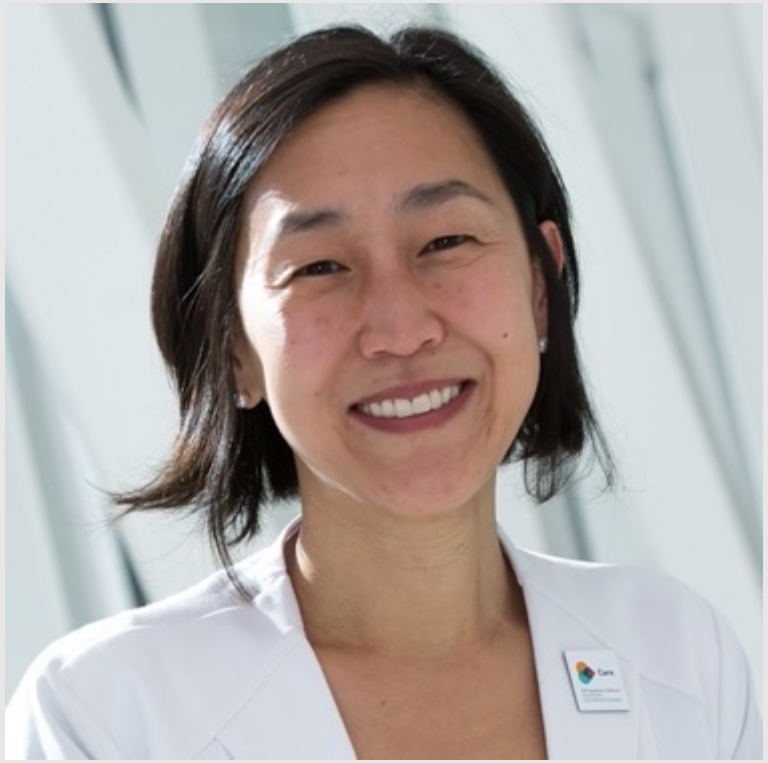
Clinical Contact Center Modernization

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

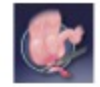
Alice Hm Chen, MD, MPH
Deputy Secretary for Policy and Planning, Chief of Clinical Affairs
California Health and Human Services Agency

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE
An mRNA Vaccine against SARS-CoV-2 — Preliminary Report

PERSPECTIVE
Bridging the Gap at Warp Speed — Delivering Options for Preventing and Treating ...

ORIGINAL ARTICLE
A Randomized Trial Comparing Antibiotics with Appendectomy for Appendicitis



Perspective

eReferral — A New Model for Integrated Care

Alice Hm Chen, M.D., M.P.H., Elizabeth J. Murphy, M.D., D.Phil., and Hal F. Yee, Jr., M.D., Ph.D.

Article Figures/Media Metrics

5 References 93 Citing Articles

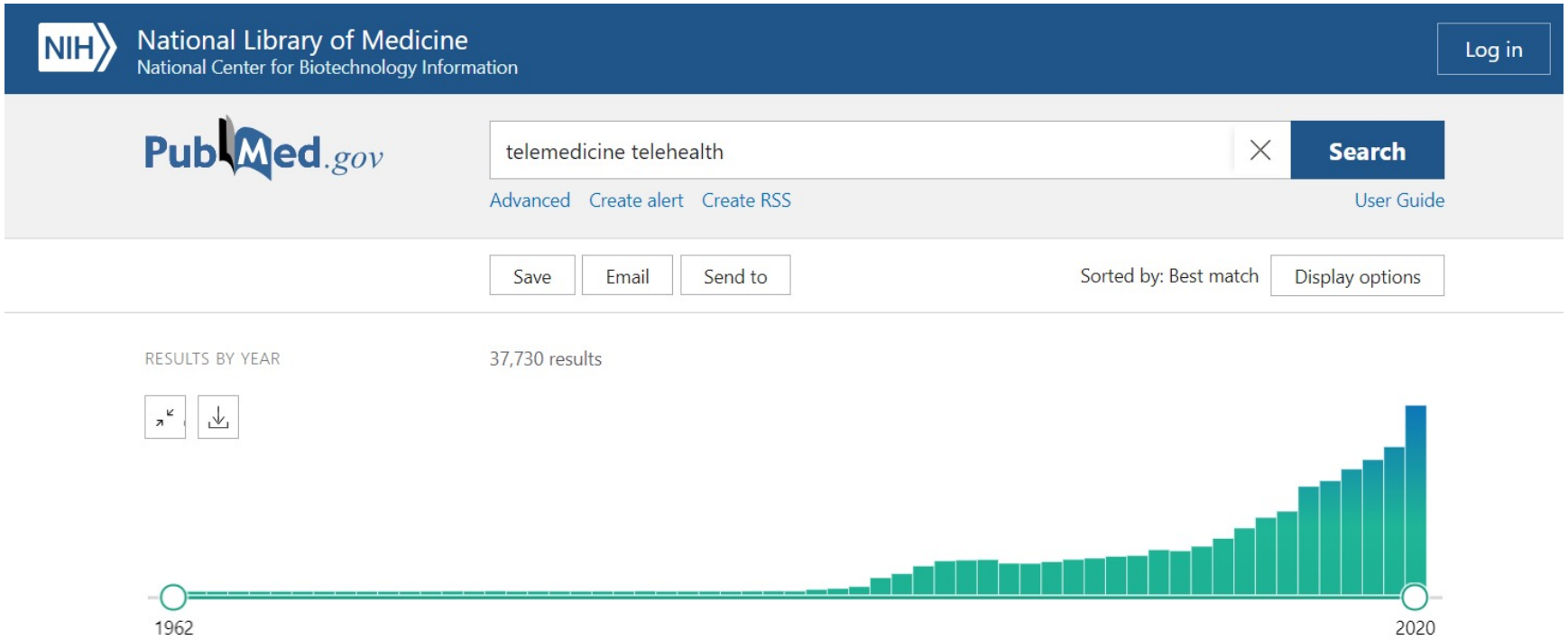
HEALTH CARE REFORM HAS GENERATED NEW PRESSURES FOR THE U.S. HEALTH care system to take better care of more patients at lower cost. Whereas these challenges are relatively new in the fee-for-service private sector, safety-net systems have perennially had to "do more with less"; innovations in this arena have generally been prompted by clinical exigencies rather than the need to gain market share or maximize revenues.[1] 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.[2] 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 overschedule 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 consultation is entered as free text, along with relevant history and exam findings.

Growth of Telehealth



Growth of Telehealth

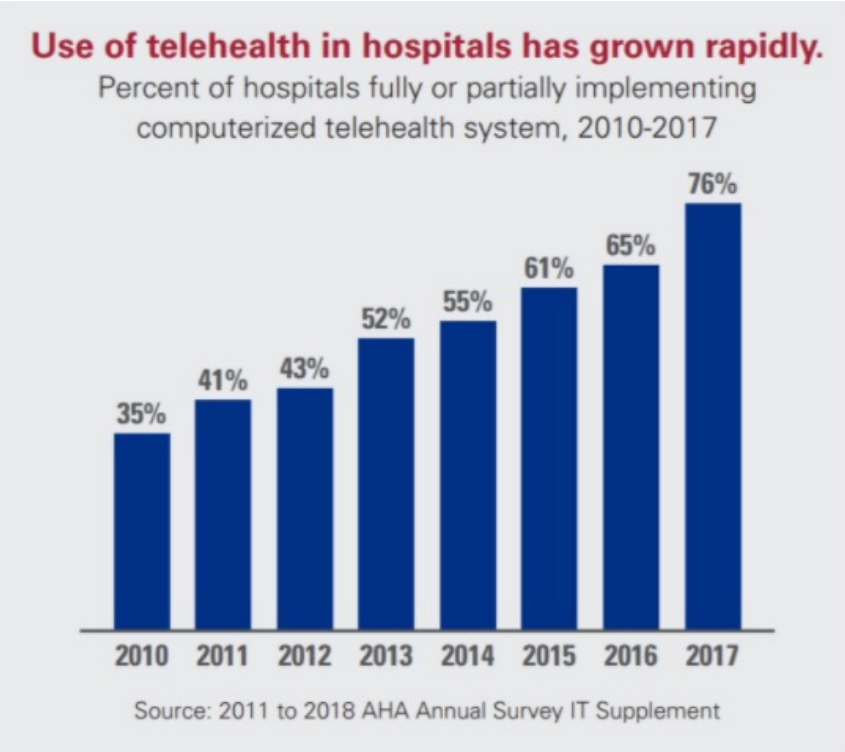
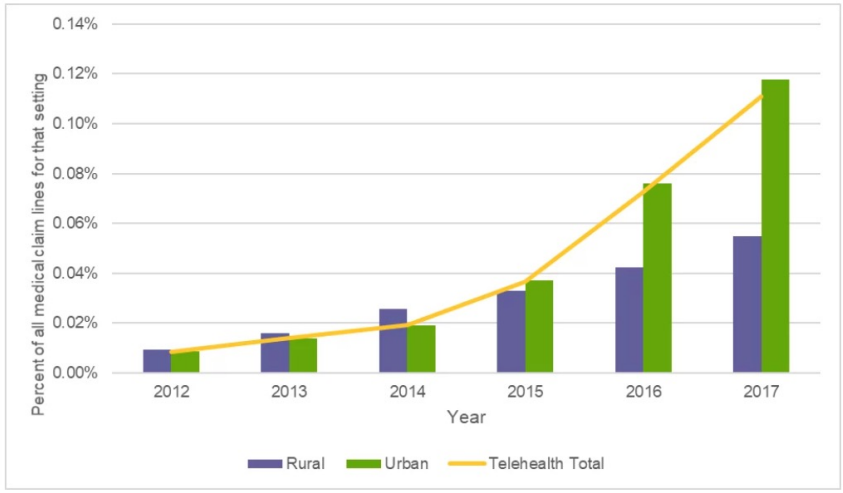
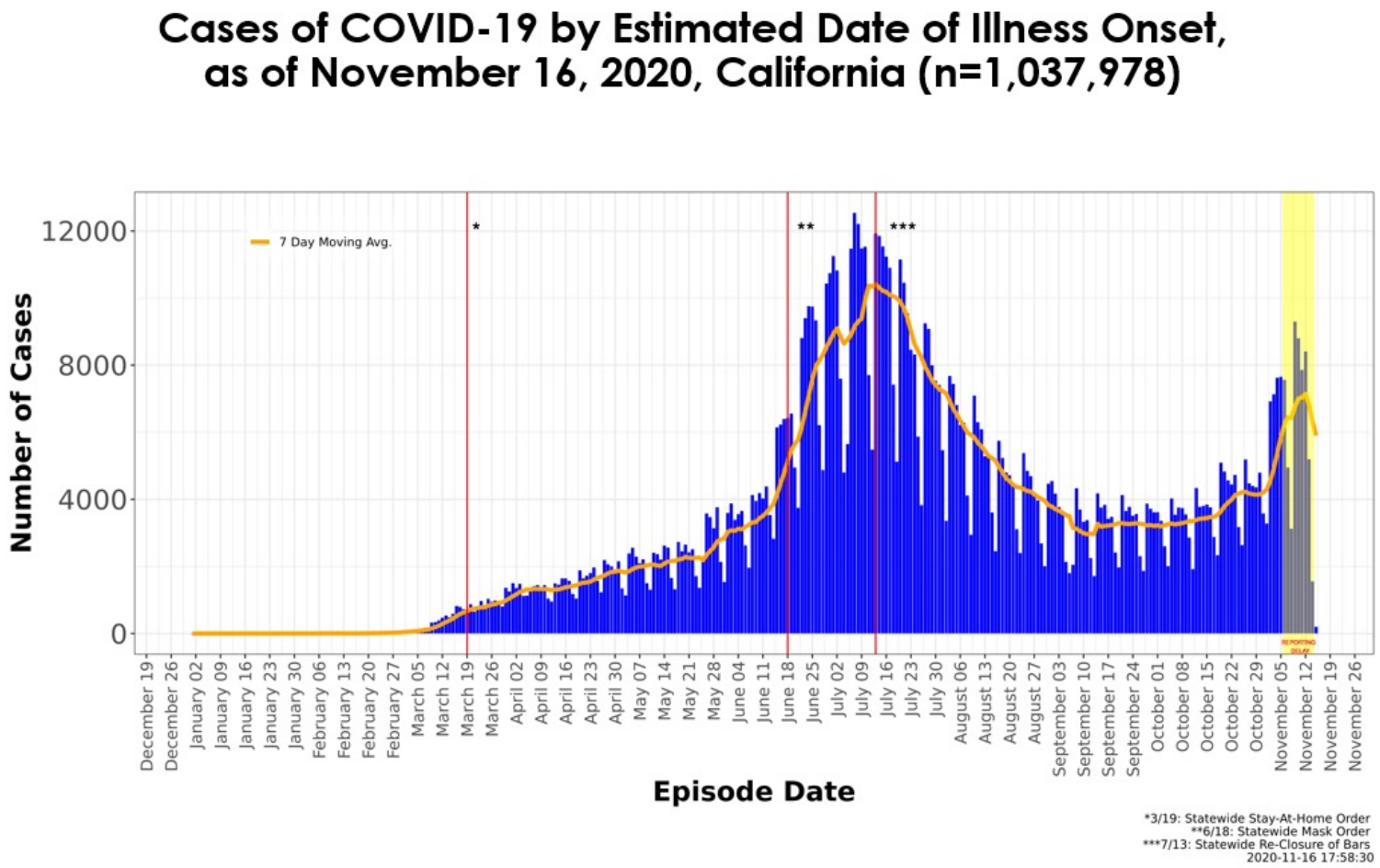


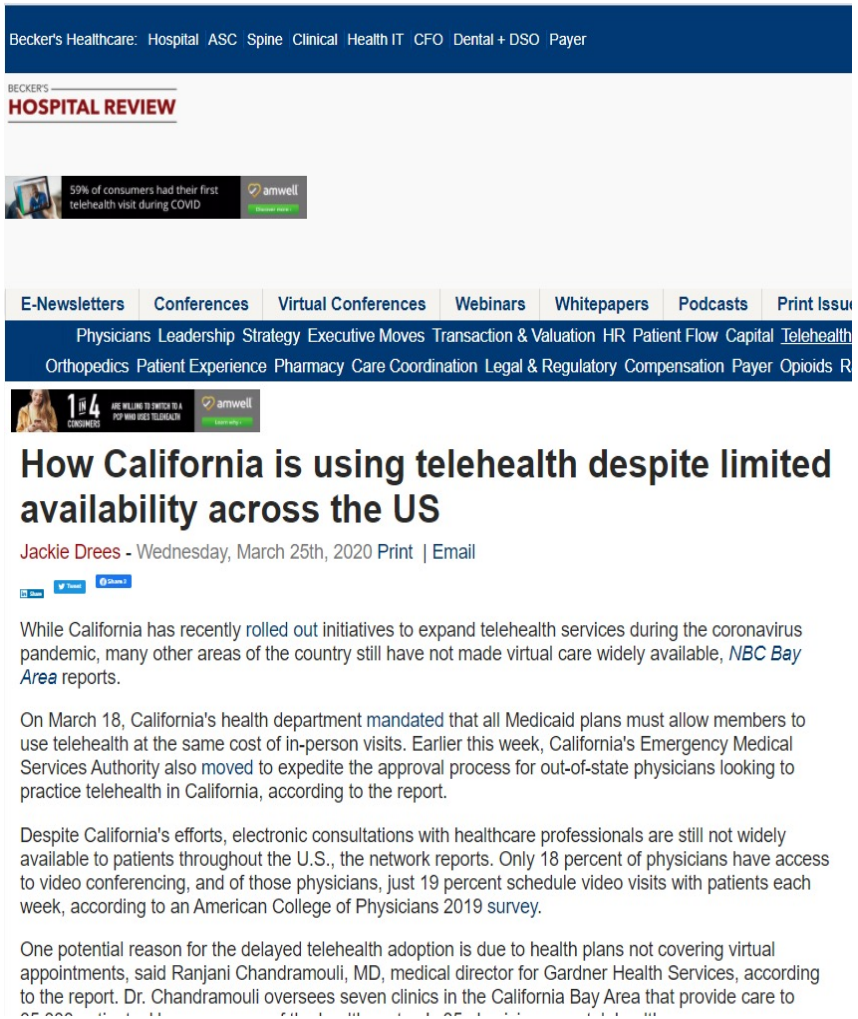
Figure 1: Claim Lines With Telehealth Usage as a Percentage of All Medical Claim Lines by Rural, Urban and National Settings, 2012-2017



COVID-19 in California



California Response



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How California is using telehealth despite limited availability across the US

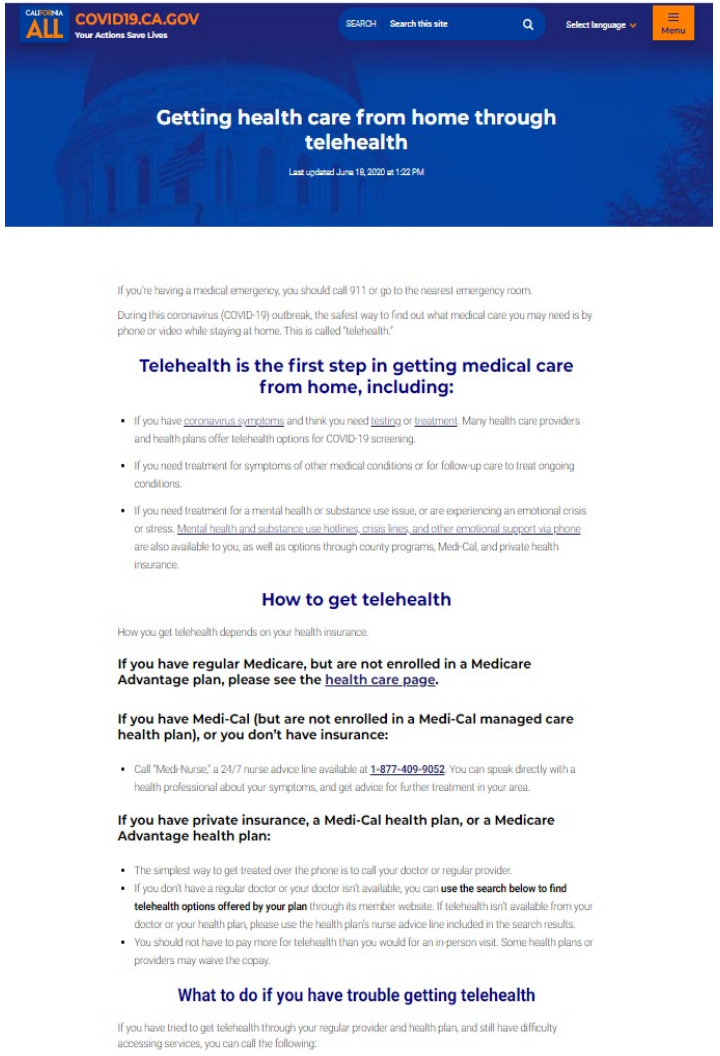
Jackie Drees - Wednesday, March 25th, 2020 Print | Email

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, *NBC 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 Chandramouli, MD, medical director for Gardner Health Services, according to the report. Dr. Chandramouli oversees seven clinics in the California Bay Area that provide care to



CALIFORNIA ALL COVID19.CA.GOV Your Actions Save Lives

SEARCH Search this site Select language Menu

Getting health care from home through telehealth

Last updated June 19, 2020 at 1:22 PM

If you're having a medical emergency, you should call 911 or go to the nearest emergency room.

During this coronavirus (COVID-19) outbreak, the safest way to find out what medical care you may need is by phone or video while staying at home. This is called "telehealth."

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

- If you have coronavirus symptoms and think you need testing or treatment. Many health care providers and health plans offer telehealth options for COVID-19 screening.
- If you need treatment for symptoms of other medical conditions or for follow-up care to treat ongoing conditions.
- If you need treatment for a mental health or substance use issue, or are experiencing an emotional crisis or stress. Mental health and substance use hotlines, crisis lines, and other emotional support via phone are also available to you, as well as options through county programs, Medi-Cal, and private health insurance.

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:

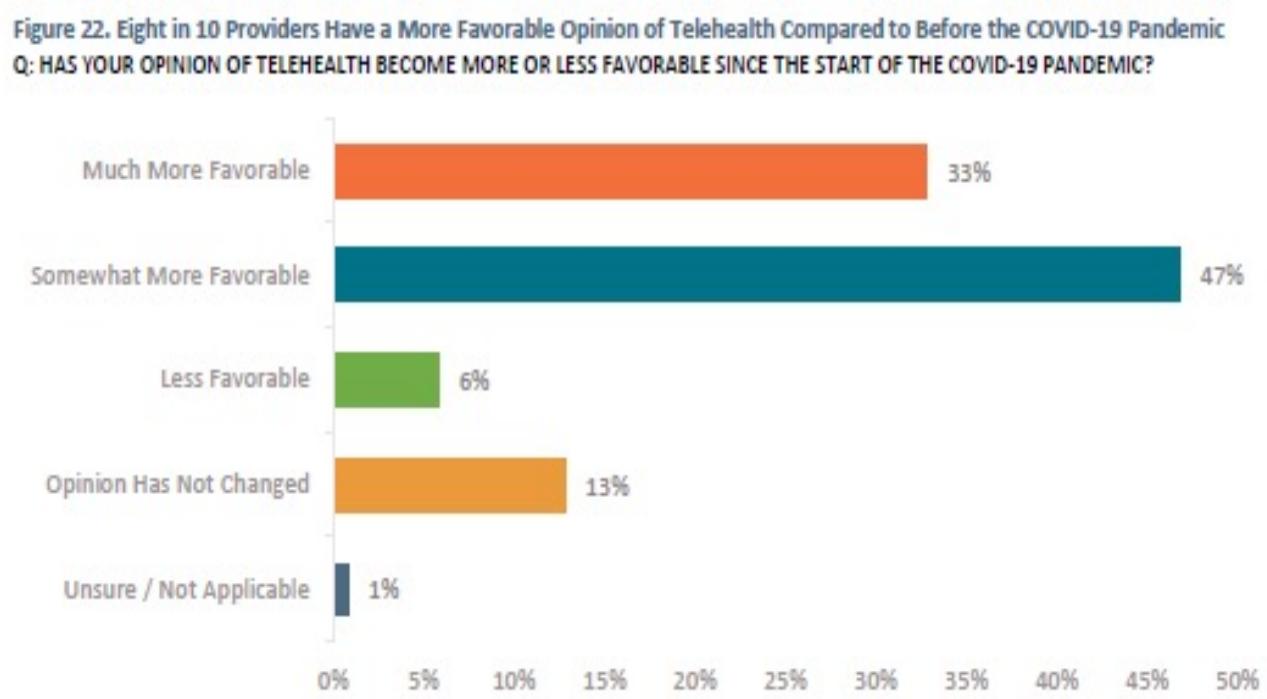
- The simplest way to get treated over the phone is to call your doctor or regular provider.
- If you don't have a regular doctor or your doctor isn't available, you can **use the search below to find telehealth options offered by your plan** through its member website. If telehealth isn't available 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.

What to do if you have trouble getting telehealth

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

California Experience

Percentage of providers reporting use of telehealth rose from 30% pre-COVID to 79% in September.



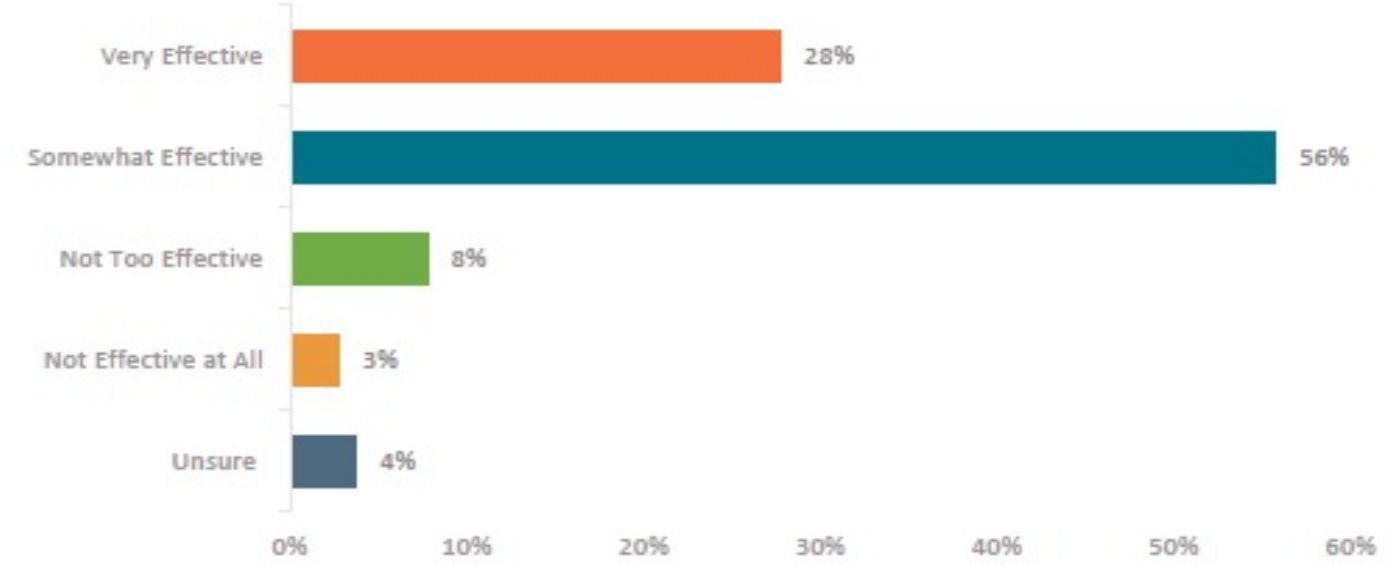
CHCF COVID-19 Tracking Poll: Views from California Health Care Providers on the Front Lines, November 2020

California Experience

28% consider telehealth very effective, 56% somewhat effective

Figure 20. More Than 8 in 10 Providers Consider Telehealth Effective for Providing Care to Their Patients

Q: GENERALLY SPEAKING, HOW EFFECTIVE DO YOU BELIEVE TELEHEALTH IS FOR PROVIDING CARE TO YOUR PATIENTS?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers who said the use of telehealth is applicable to them. Totals may not add to 100% due to rounding.

CHCF COVID-19 Tracking Poll: Views from California Health Care Providers on the Front Lines, November 2020

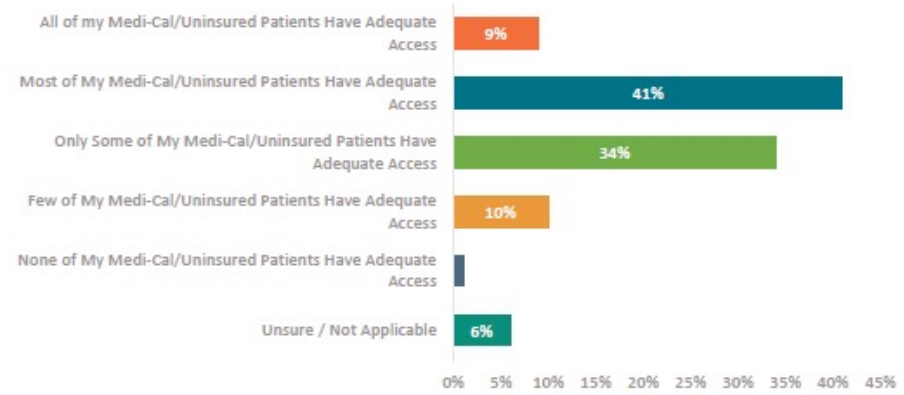
California Experience

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

Figure 23. Many Medi-Cal/Uninsured Patients Do Not Have Adequate Access to the Technology Needed for Telehealth

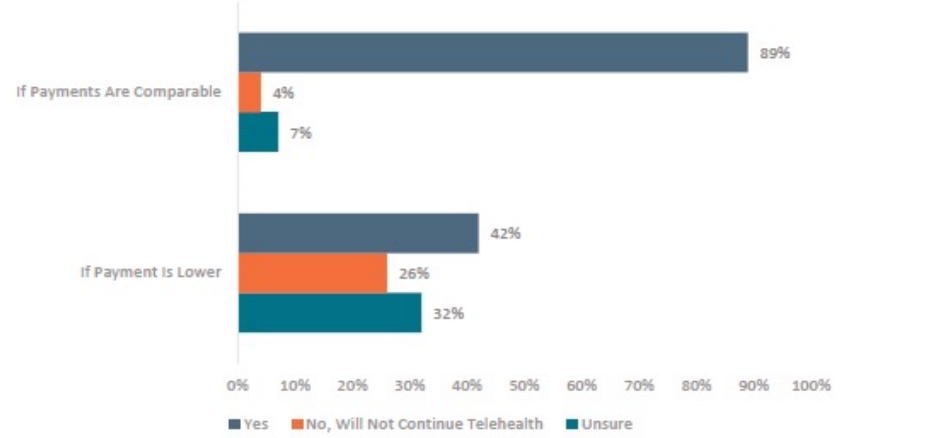
Q: WHEN THINKING SPECIFICALLY ABOUT YOUR PATIENTS ON MEDICAID/MEDI-CAL OR PATIENTS WHO ARE UNINSURED, HOW WOULD YOU EVALUATE THEIR ACCESS TO THE TECHNOLOGY NECESSARY FOR YOU TO ADEQUATELY PROVIDE CARE VIA TELEHEALTH?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers currently using telehealth who have Medi-Cal/uninsured patients. Totals may not add to 100% due to rounding.

Figure 19. Most Providers Will Continue Using Telehealth After the COVID-19 Pandemic — Unless Payment Is Lower Than In-Person Visits

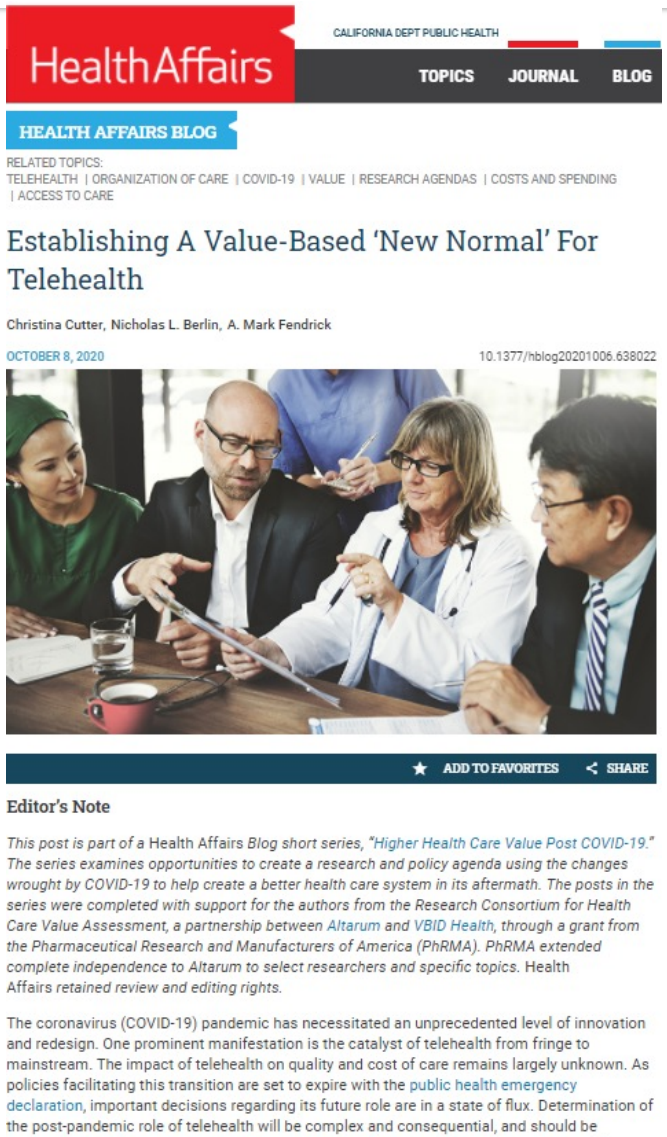
Q: LOOKING AHEAD TO AFTER THE COVID-19 PANDEMIC ENDS, DO YOU THINK YOU WILL CONTINUE TO USE TELEHEALTH TO PROVIDE PATIENT CARE IF PAYMENTS FOR TELEHEALTH AND IN-PERSON VISITS ARE COMPARABLE / IS LOWER THAN PAYMENT FOR IN-PERSON VISITS?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers who currently using telehealth. Totals may not add to 100% due to rounding.

CHCF COVID-19 Tracking Poll: Views from California Health Care Providers on the Front Lines, November 2020

Telehealth Agenda



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Establishing A Value-Based 'New Normal' For Telehealth

Christina Cutter, Nicholas L. Berlin, A. Mark Fendrick

OCTOBER 8, 2020 10.1377/hblog20201006.638022

ADD TO FAVORITES SHARE

Editor's Note

This post is part of a Health Affairs *Blog short series, "Higher Health Care Value Post COVID-19." The series examines opportunities to create a research and policy agenda using the changes wrought by COVID-19 to help create a better health care system in its aftermath. The posts in the series were completed with support for the authors from the Research Consortium for Health Care Value Assessment, a partnership between Altarum and VBID Health, through a grant from the Pharmaceutical Research and Manufacturers of America (PhRMA). PhRMA extended complete independence to Altarum to select researchers and specific topics.* Health Affairs *retained review and editing rights.*

The coronavirus (COVID-19) pandemic has necessitated an unprecedented level of innovation and redesign. One prominent manifestation is the catalyst of telehealth from fringe to mainstream. The impact of telehealth on quality and cost of care remains largely unknown. As policies facilitating this transition are set to expire with the public health emergency declaration, important decisions regarding its future role are in a state of flux. Determination of the post-pandemic role of telehealth will be complex and consequential, and should be

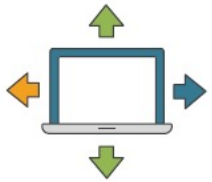
- Digital divide
- Appropriateness, cost
- Enhancing access
- Outcomes focused
- Population health
- Implementation, workflow challenges
- Next level innovation
  - Subspecialty access
  - Home based monitoring
  - Hospital at Home

Incredible Progress, So Far to Go

California Telehealth Policy Coalition

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)

Reactor Panel: Member Priorities

Yohualli B. Anaya, MD, MPH
Assistant Clinical Professor,
Family Medicine, UCLA

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

Fabiola Carrión, JD
Senior Attorney
National Health Law Program

Jana Katz-Bell, MPH
Senior Assistant Dean, Strategic
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Linnea Koopmans, MSW
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Local Health Plans of California

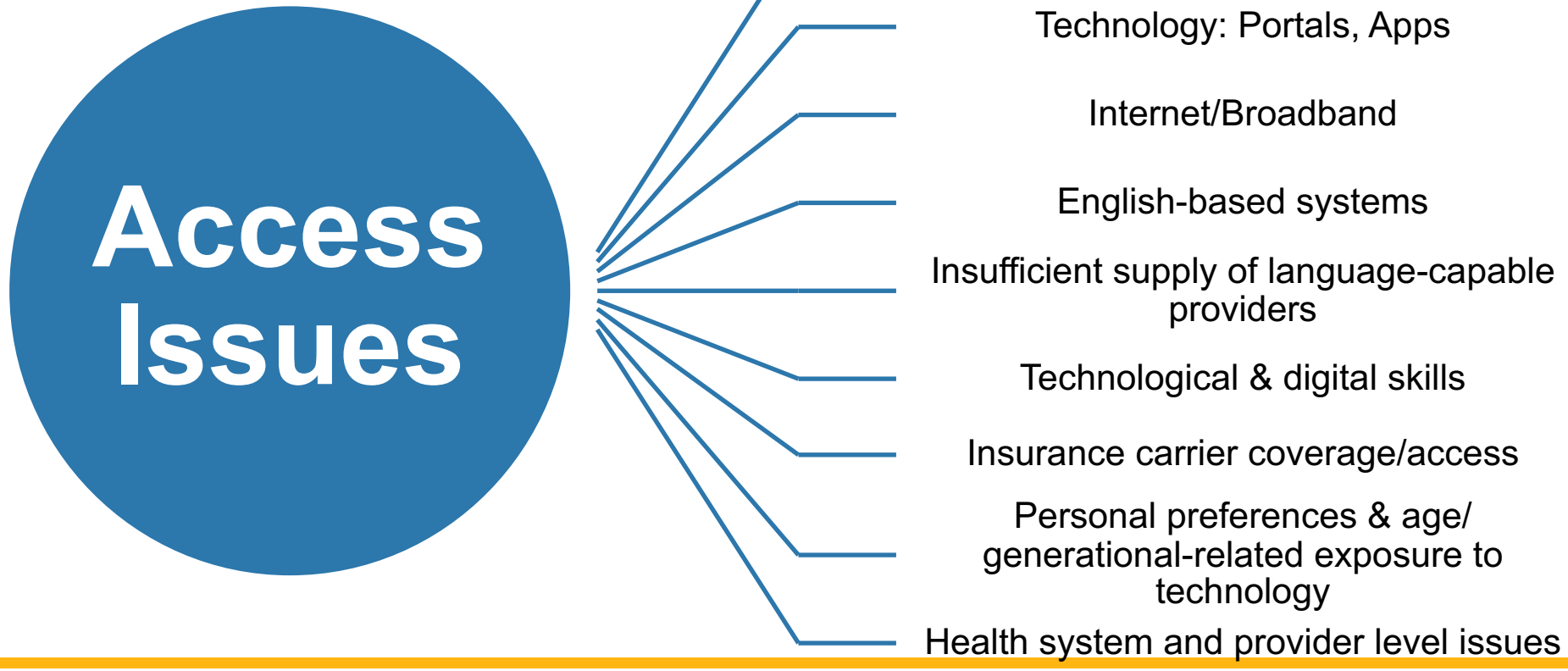
Frank Micciche, MPP
VP, Public Policy & External Relations
National Committee for Quality Assurance

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

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

Structural Barriers Faced by Underserved, Vulnerable Populations

Telehealth Technology: Who Our Current Design Fails



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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hims & hers

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