Telehealth and Value-Based Care

June 28, 2022

California Telehealth Policy Coalition

Welcome and Introduction to the Webinar

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Executive Director
Center for Connected Health Policy

Center for Connected Health Policy

THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

About the California Telehealth Policy Coalition

Please visit our website for more information or if you are interested in joining.
https://www.cchpca.org/about/projects/california-telehealth-policy-coalition

Thank you to today's sponsors

Purpose and key objectives of today's webinar

Discuss the intersection between value-based care (VBC) payment models and telehealth.

- **Provide an overview of how together telehealth and VBC improve patient access to care**, as well as health outcomes while reducing overall costs.

- **Discuss stakeholder perspectives and the impact on patients,** including how VBC can give providers the flexibility to integrate telehealth into their practice.

- **Panelist discussion** of various VBC payment models, as well as the role of public policy and related challenges and opportunities.

- **Answer key questions** about VBC and telehealth proposals moving forward.

Agenda and preliminary announcements

Welcome
- Mei Wa Kwong, Executive Director, Center for Connected Health Policy

VBC Overview
- Robby Franceschini, Director of Policy, BluePath Health

Panelist Session – Opening remarks followed by discussion
- Moderated by Robby Franceschini, Director of Policy, BluePath Health

Speakers
- Chris Crowley, Program Manager, Successful Aging, West Health
- Cindy Keltner, Director of Care Transformation, California Primary Care Association
- Audrey Young, MHA, Senior Manager, Virtual Care Innovation, Blue Shield of California

Q&A

Attendees will remain muted during the webinar.

Please submit any questions you have during the webinar in the Q&A box, not the chat box.

Value-Based Care (VBC) Payment Models and Telehealth Overview

VBC & Telehealth: Supporting and Reinforcing the Other

VBC Background

- ❑ Instead of reimbursing each individual service provided, these models give providers responsibility over the total cost of care (TCOC) and delivery of care
- ❑ Providers assume some or all of the financial risk associated with the costs of their patients' care
- ❑ Incentivizes the reduction of health care costs and focusing delivery on outcomes and reimbursement on quality measures
- ❑ Traditional concerns about expanded reimbursement (e.g., the risk of more reimbursements equating to more spending) are reduced or eliminated within the context of VBC and TCOC responsibility

VBC and Telehealth

- ❑ Value-based care gives providers the flexibility to fully integrate telehealth into clinical practice
- ❑ Value-based payment model can help address inequitable outcomes and complex coding rules associated with FFS telehealth, allowing providers to utilize the most appropriate, effective, and accessible means to assess and treat their patients when needed without concern for what may or may not be covered.
- ❑ Telehealth both helps lowers costs for providers participating in value-based care models and allows for visits to be more affordable and accessible to patient
- ❑ Payers often limit telehealth coverage due to concerns that increased telehealth coverage will result in increased costs, yet value-based care payment models inherently address such concerns given the alignment of cost and outcome incentives on providers

Value-based care: reimbursing providers based on quality of care delivered

- Value-based care: health care delivery in which providers, including hospitals and physicians, are paid based on patient health outcomes or quality metrics (NEJM Catalyst 2017)

- Shared savings models, or those involving two-sided risk, appear to have greatest impact on cost (CMS 2018)

- CMS expects all Medicare beneficiaries and most Medicaid beneficiaries to be in a value-based purchasing arrangement by 2030 (CMMI 2022)

GOAL STATEMENT		Medicaid	Commercial	Medicare Advantage	Traditional Medicare
Accelerate the percentage of US health care payments tied to quality and value in each market segment through the adoption of two-sided risk APMs.	2020	15%	15%	30%	30%
	2022	25%	25%	50%	50%
	2025	50%	50%	100%	100%
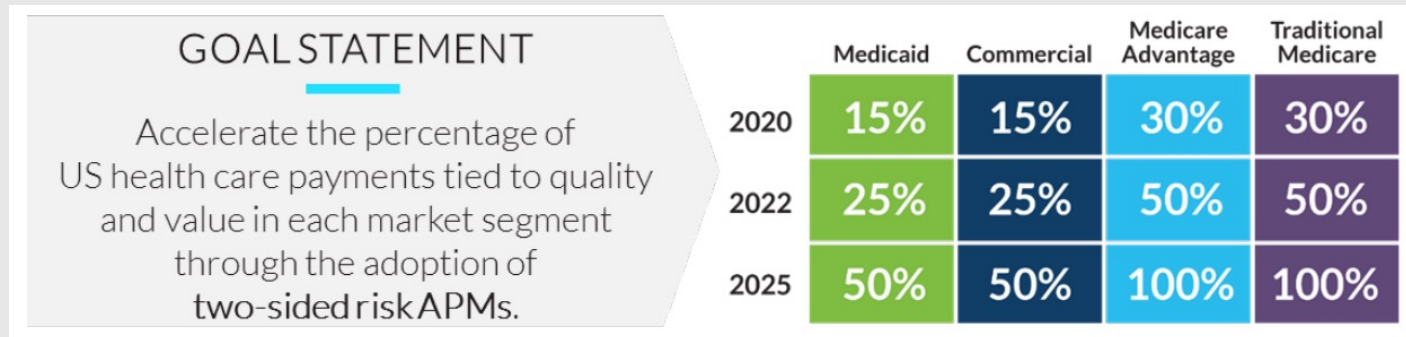
HCP LAN, 2021

Telehealth's role in value-based purchasing

- Providers in value-based payment arrangements tend to use telehealth at higher rates than those in FFS (Powers et al. 2021)

- Coupling telehealth with value-based payment can alleviate concerns about over-utilization and increasing costs (Cutter et al. 2020)

- Shifting to a value-based payment arrangement may allow for flexibility in how service is delivered and some waivers of telehealth restrictions in alternative arrangements (e.g., Next Gen ACOs)

- Both value-based payment and telehealth can advance health equity (CMMI 2021; Khoong 2022)

PANEL SESSION

Moderated by Robby Franceschini

PANELISTS

Chris Crowley, Program Manager, Successful Aging
West Health

Cindy Keltner, Director of Care Transformation
California Primary Care Association

Audrey Young, MHA, Senior Manager, Virtual Care Innovation
Blue Shield of California

PANELIST OPENING REMARKS

Chris Crowley

Program Manager, Successful Aging

West Health

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Cindy Keltner

Director of Care Transformation

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Audrey Young, MHA, Senior
Manager, Virtual Care Innovation
Blue Shield of California

PANEL DISCUSSION

Moderator:

- Robby Franceschini, Director of Policy, *BluePath Health*

Panelists:

- Chris Crowley, Program Manager, Successful Aging *West Health*
- Cindy Keltner, Director of Care Transformation, *California Primary Care Association*
- Audrey Young, MHA, Senior Manager, Virtual Care Innovation, *Blue Shield of California*

Facilitated question and answer

Please submit your questions in the Q&A box.

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Contact staff with any questions:
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