

Telehealth and Covid-19 Workshop

Yale University School of Law



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September 30, 2020

Disclosure

Dr. Rheuban serves on the advisory board of TytoCare, LLC

UVA Telemedicine – History up to COVID19

- Specialty video-based consults and follow up visits with participation by every specialty and service line
 - 350 participating providers
 - ~20,000 services per year
 - Acute care, behavioral health, chronic disease mgmt
- eConsults between primary care and specialists
- Store and forward telemedicine (tele-ophthalmology)
- Tele-ICU program
- Remote patient monitoring program for selected patient populations
- Special pathogen telemedicine program – iSOCOMS (5 beds in SPU)
- Research
- Education



UVA Telemedicine Partners

Community Hospitals

FQHCs

Free clinics

CSBs

Medical practice sites

Virginia Department of Health sites

Correctional facilities

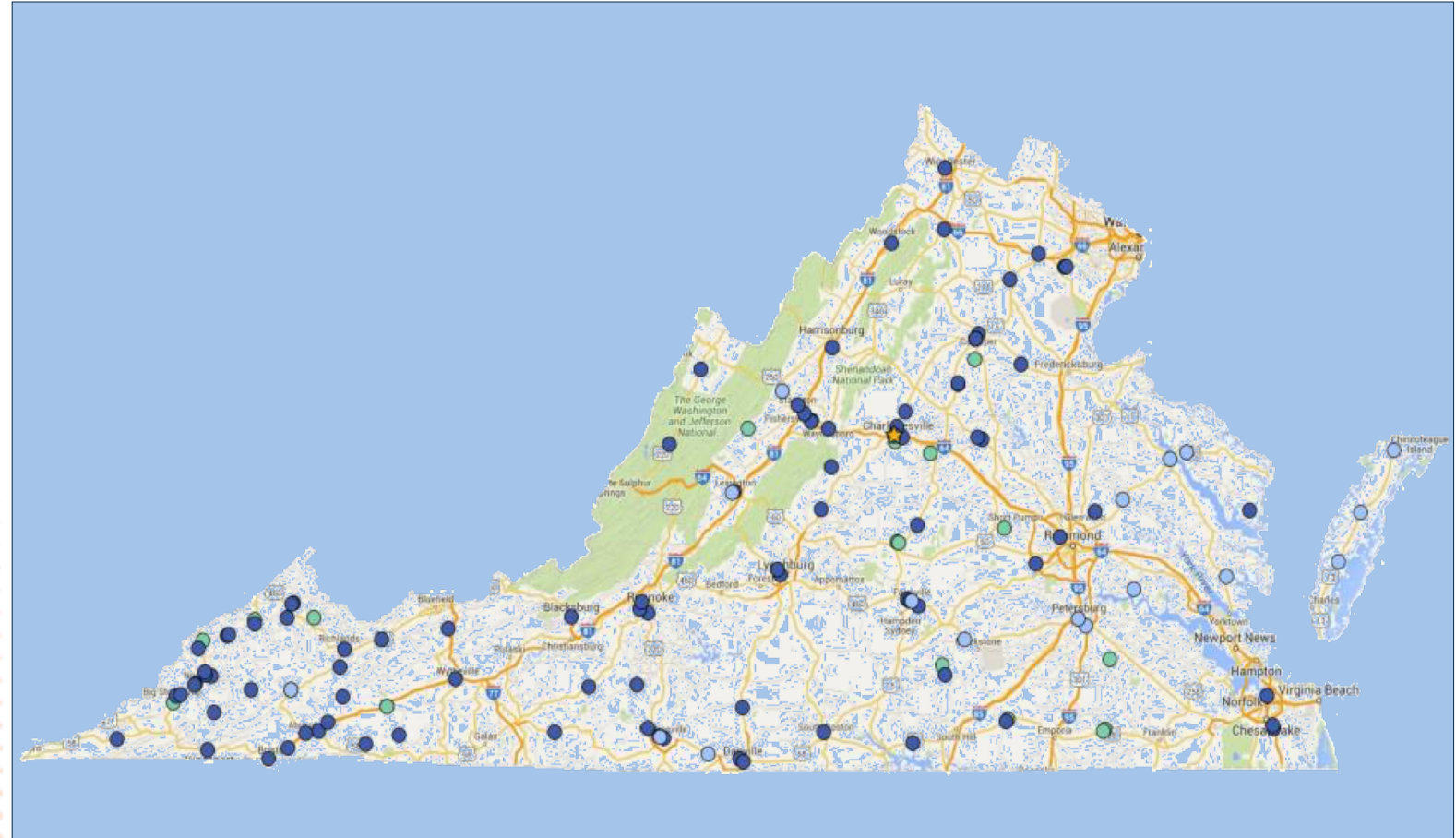
PACE programs

Dialysis facilities

Assisted living, skilled nursing

Rehabilitation facilities

Schools



Telemedicine: Issues for Consideration

- Reimbursement (FFS Medicare, Medicaid, Commercial plans, ERISA plans)
 - 1834 m restrictions in the Social Security Act (Medicare)
 - Geographic and other restrictions of eligible patient originating sites (not the home)
 - Limitations in eligible distant site providers
 - Limited CPT codes
 - Limited adoption of alternative payment models
- Platform
 - EMR integration, scalability, costs
- Technology choices, HIPAA compliance
- Which providers, what support services and what training is needed?
- Stark and/or Anti-Kickback statutes
- Contracts to conform to all federal and state regulations
 - Credentialing and privileging
- Licensure
- Liability
- Broadband availability



CSH

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Who led the digital transformation of your company?

A) CEO

B) CTO

C) COVID-19



Applications of telehealth during COVID19

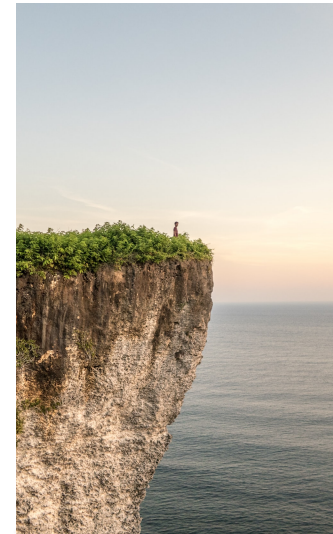
Improve access, triage and better manage patient care

- Reduce patient and provider exposure, conserve PPE
- Backfill both primary care and specialty visits virtually
- Create new models of care
 - LTC, SNF, Correctional settings
 - Virtual urgent care models
 - Expansion of remote patient monitoring models including during acute illness
- Pandemic demonstrated serious sociodemographic and geographic disparities in the delivery of telehealth services
 - Lack of broadband
 - Lack of technology/devices
 - Need for integrated translation services
 - Coverage of telephone codes has been *essential* to continued care



COVID-19 PHE federal and state policy changes

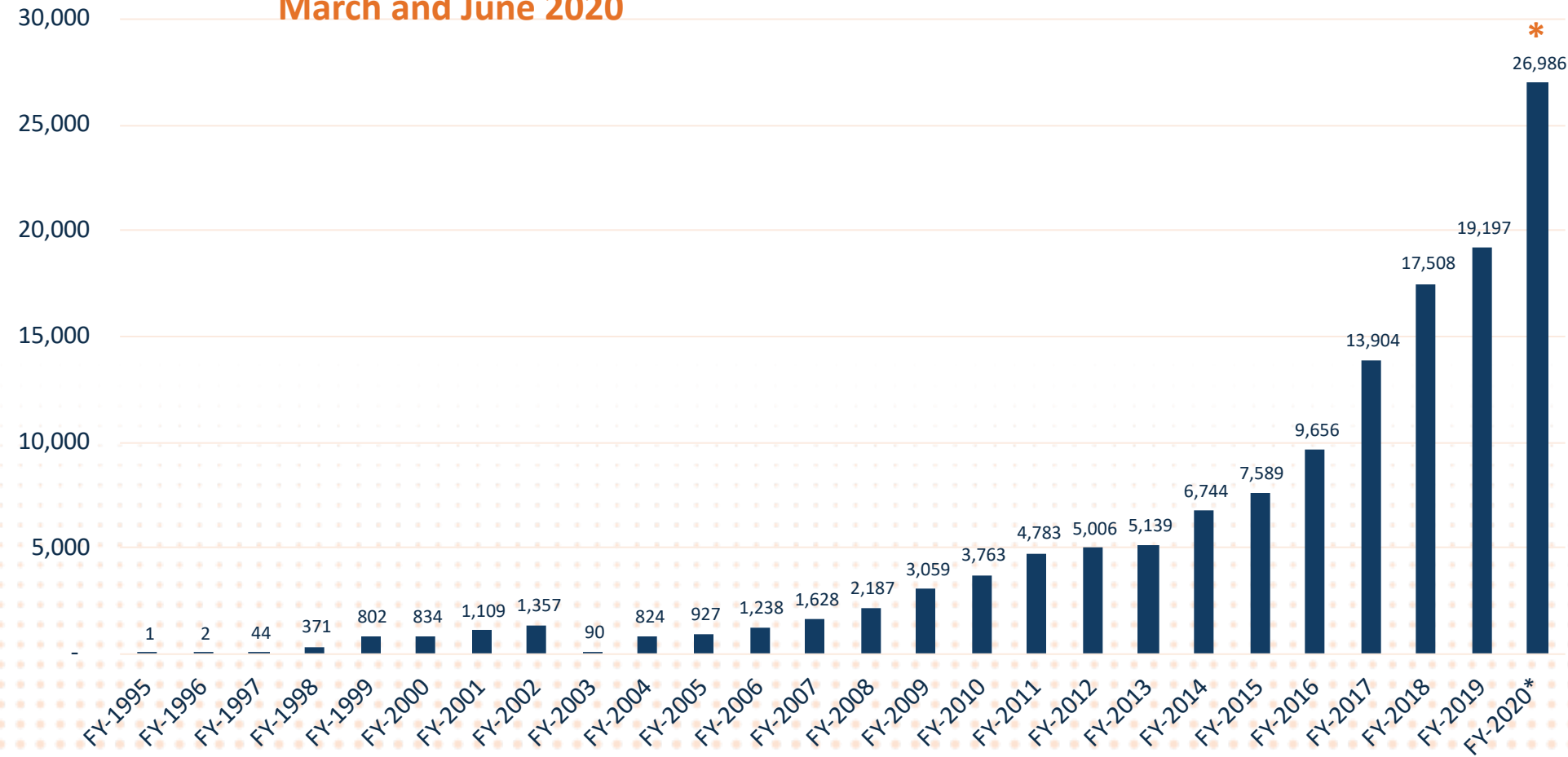
- Medicare: elimination of most restrictions
 - Home became an eligible patient originating site
 - Not just rural
 - Expanded CPT codes
 - Expanded eligible providers
 - Added telephone codes
- Many Medicaid programs mirrored Medicare
 - Added RPM for COVID-19 suspected or confirmed patients
- Relaxation of OCR enforcement of HIPAA
- Relaxation of Stark provisions
- FCC new programs:
 - COVID 19 telehealth program
 - Connected care pilot program
- Licensure: federal and state actions



October 23, 2020
PHE expires

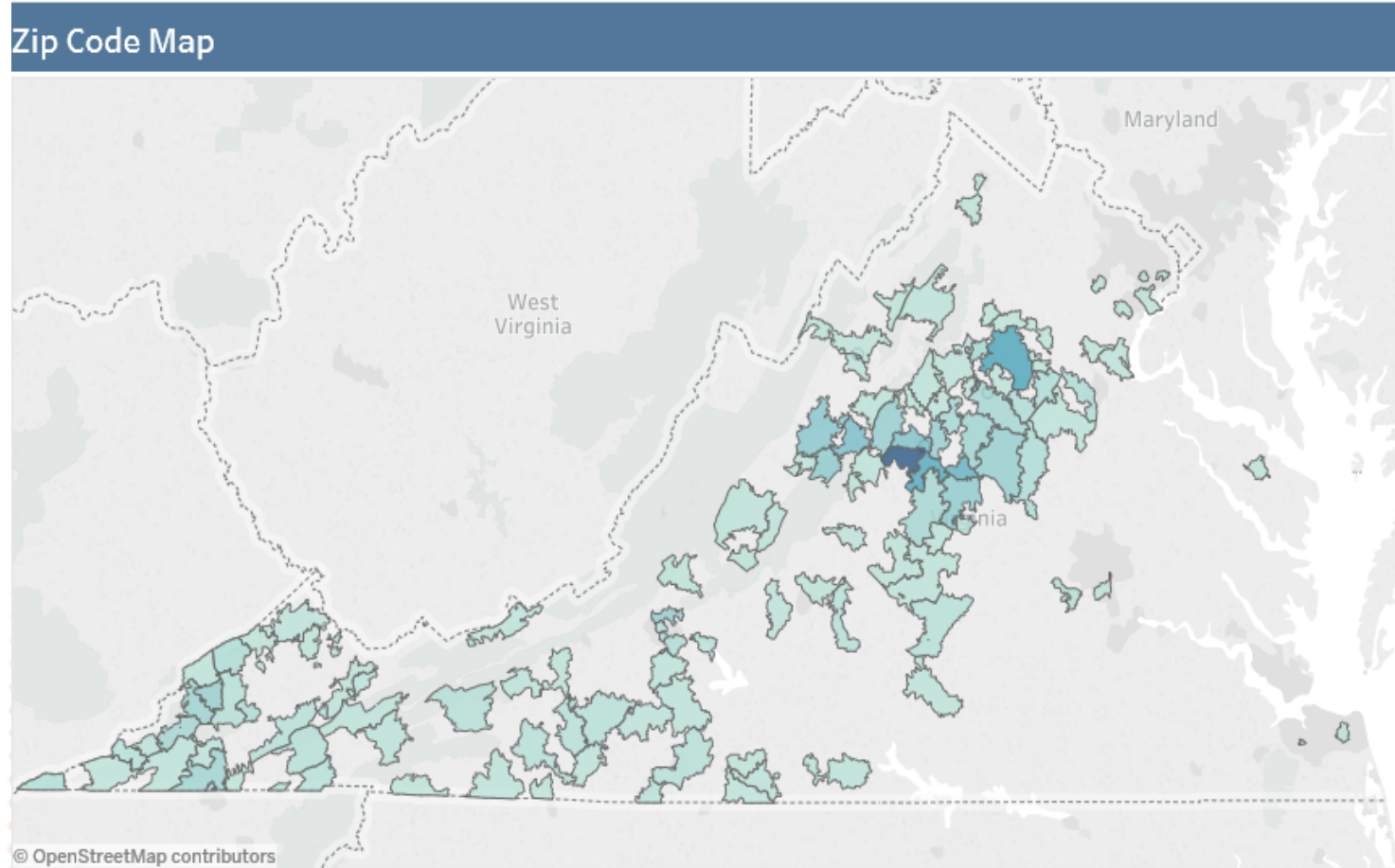
Volumes over time

***does not include 63,922 Home-Based Encounters between March and June 2020**



Impact of public policy changes

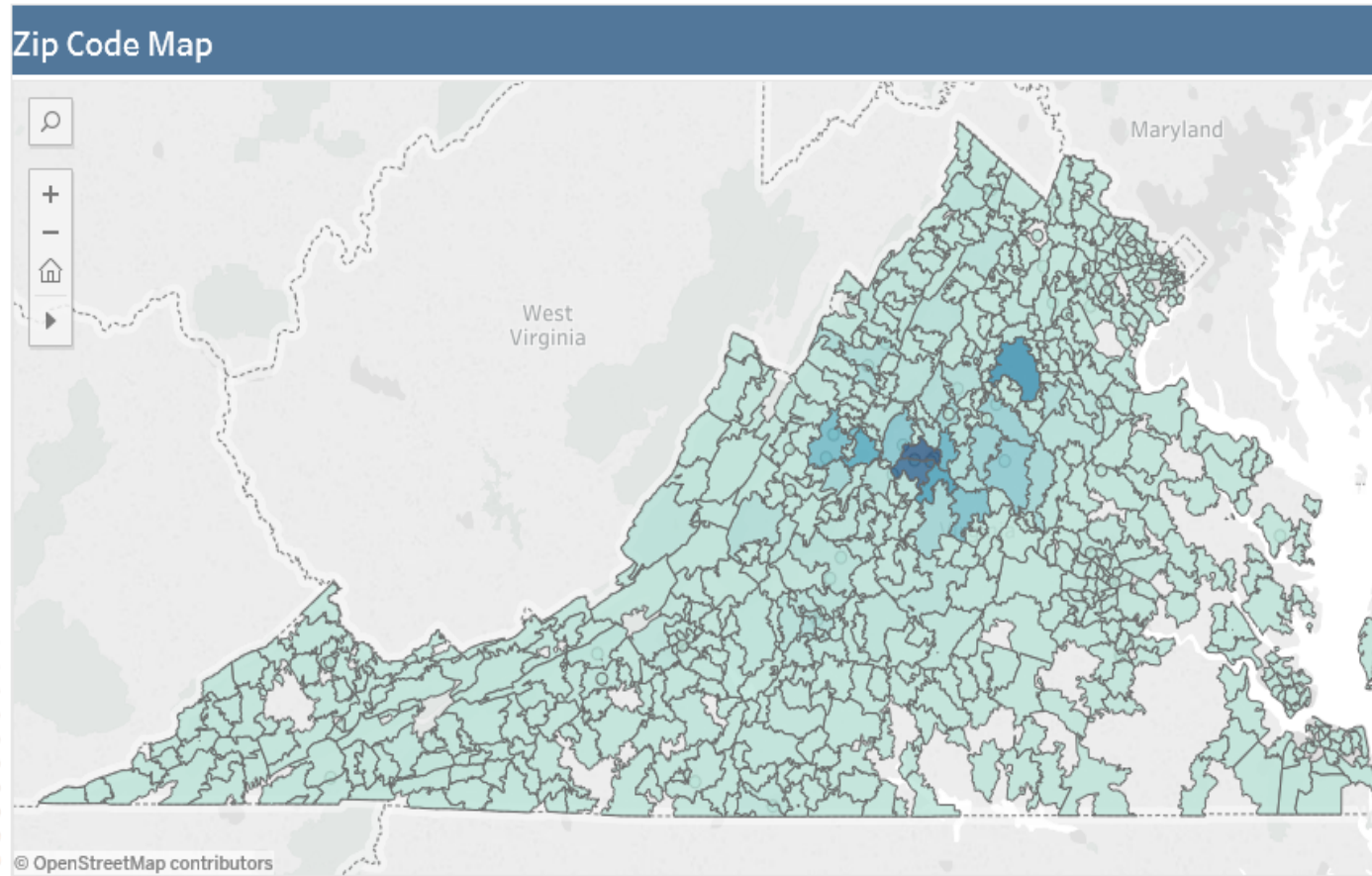
Location of our patients served



UVA telemedicine – February 2020

Impact of public policy changes

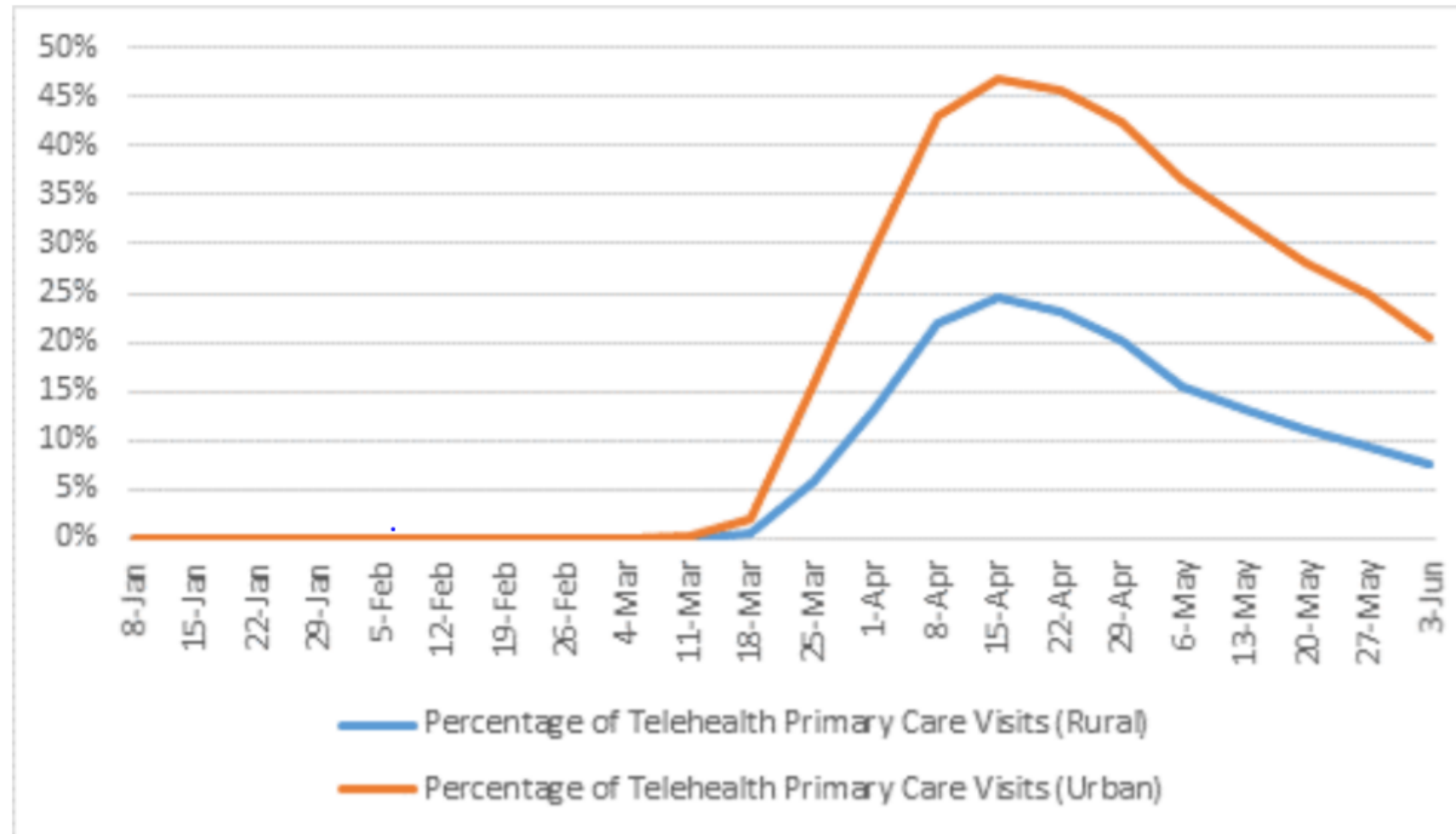
Location of our patients served



UVA telemedicine – May, 2020

ASPE Report

Figure 4. Telehealth Weekly Visits as a Percentage of Total FFS Medicare Primary Care Visits in Urban and Rural Counties



Source: Medicare claims data up to June 3rd, available as of June 16.

What have we learned?

- Press Ganey Patient Satisfaction Survey
 - **High** rates of patient satisfaction with telehealth
- NCQA Taskforce on Telehealth Policy data (September 2020)
 - Data have **not** shown the large increases in net costs that some predicted with broader access to telehealth services
 - Significant increase in utilization of behavioral health services
 - Decrease in missed appointments
 - Decrease in ED visits

Public policy goals: NCQA recommendations

- Eliminate geographic restrictions and limitations on originating sites.
- Allow telehealth for various types of clinicians and conditions.
- Enable telemedicine to meet requirements for establishing a doctor-patient relationship
 - Advance DEA proposed special registration models to enable prescribing
- Eliminate unnecessary restrictions on telehealth across state lines.
- Reinstate enforcement of HIPAA suspended during the PHE.

Public policy

- Extension of the federal PHE due to expire October 23
- 2021 Medicare Physician fee schedule notice published for comment
 - Some but not all changes implemented during the PHE
- Many changes require statutory change (1834m)
- Federal bills introduced (e.g. Telehealth Modernization Act, S4375)
- State bills introduced, some in special sessions
- Encourage alignment across federal and state programs and policies



Thank you !