702 - Telehealth – What’s New?  
Staying on Top of Innovation  
January 28, 2020

Speakers & Panelists - Introductions

Ann Greenberg  
Compliance Officer  
Presbyterian Health Plan & Fluent Health

Deborah Schreiber  
Deborah Schreiber, CHC / Network Compliance Officer, UnitedHealthcare

Tricia Beckmann  
Director, Faegre Baker Daniels Consulting
Disclaimer

The presenters are not speaking on behalf of UnitedHealth Group, Presbyterian Healthcare Services or any of the companies affiliates. The views, thoughts, and opinions expressed in this presentation belong solely to the presenters, and do not represent the views, thoughts or opinions of UnitedHealth Group or Presbyterian Healthcare Services or any of the companies affiliates.

Defining Telehealth
Telehealth?

Telemedicine?

Definitions

Telehealth is the use of electronic information and telecommunication technologies to support long distance clinical health care, patient/member and professional health-related education, public health services, and health administration. Telehealth refers to a scope of remote healthcare services broader than telemedicine and can include non-clinical services.

Telemedicine, more specifically, seeks to improve a patient/member’s health by permitting two-way, real time, interactive communication between the patient/member and the practitioner. Telemedicine refers specifically to remote clinical services.

Often, this definition has been further expanded by including tech-enabled provider-to-provider interactions that extend scarce provider resources.

Distant Site is the location from where a provider provides professional services via telecommunication.

Originating Site is the location of the patient at the time service is furnished via telecommunications.

Video Visit conferencing uses two-way interactive audio-video technology to connect users when a live, face-to-face interaction is necessary.

Asynchronous/“Store and forward” technology allows for electronic transmission of medical information, such as digital images, documents & pre-recorded videos through secure messaging transmission (Online Visits).

Remote Monitoring is technology that allows digital devices to collect medical/health data from individuals and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.
April 2019
Starting in 2020, Medicare Advantage plans will be able to move Telehealth benefits from supplemental to core benefits.

• “With these new Telehealth benefits, enrollees will be able to access the latest technology and have greater access to Telehealth. By providing greater flexibility...beneficiaries can receive more benefits, at lower costs and better quality.” -CMS Administrator, Seema Verma

On July 29, 2019 CMS published their CY 2020 final rules related to the Physicians Fee Schedule, has added three new codes for a bundled episode of care for treatment of opioid use disorder to the list of services that are eligible for telehealth reimbursement.

October 2019
The President issued an Executive Order calling for CMS to propose regulations and implement other actions to promote telehealth services. This includes adjusting network adequacy requirements to account for telehealth.

Expansion of Telehealth Definitions – Changes in Regulations

Panel Discussion / Audience Q&A
Telehealth & Telemedicine Services

Four Pillars of Telemedicine

**ONE**
Provide Clinical Support

**TWO**
Overcome Geographical Barriers

**THREE**
Use Various Types of Information and Communications Technologies (ICT's)

**FOUR**
Improve Health Outcomes and Access
## Value Continuum of Telehealth

<table>
<thead>
<tr>
<th>Alternative Service Delivery</th>
<th>Care Management Tool in Overall Care Plan</th>
<th>Hub for Primary Care and Care Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost-saving</td>
<td>Enhances care management through timely interventions</td>
<td>Primary access point for patient care</td>
</tr>
<tr>
<td>Convenient</td>
<td>Usually targeted to specific populations at risk of hospitalization</td>
<td>Emphasis on primary care, prevention</td>
</tr>
<tr>
<td>Balanced between increased access and utilization</td>
<td>Integration, data sharing is key</td>
<td>Payer make investment in upstream interventions with positive ROI</td>
</tr>
<tr>
<td>Examples: behavioral/mental health, dermatology, chronic care</td>
<td>Examples: patient navigator, remote patient monitoring, offsite diagnostic tools and lab testing, post-acute home care</td>
<td>Examples: direct access to PCPs and care coordinators through telehealth modalities (e.g., nurse line, apps, patient portals)</td>
</tr>
</tbody>
</table>

### Services Asynchronous Versus Synchronous

- **Asynchronous**
  - Online Visits
  - Health Education
  - Consults
  - Remote Dx
  - Remote 2nd Opinion
  - Home Monitoring
  - Teledx
  - TeleSitter
  - TeleNICU
  - TeleICU
  - TelePsych
  - Specialist Visits
  - CDE
  - SUD
  - BH Consults

- **Synchronous**
  - Video Visits
  - Care Coord.
  - NCU Tending
  - SUD
How they work – a few ways

- **Interactive Video Technology**
  - Video conferencing in real time between provider and patient
  - Digital camera with secure broadband internet

- **Store and Forward Technology**
  - Digital information forwarded electronically from patients or other providers
  - Provider uses clinical information from relevant photographic or video images, diagnostic images, results

- **Remote Patient Monitoring Technology**
  - Remote technology collects medical data and monitors health indicators while patients are in their homes to offer diagnosis or provide care

- **Mobile Technology**
  - Cell phones, mobile devices, wearable devices and apps monitor and track patient health conditions

Where is innovation coming from?

**Apple’s Group FaceTime Feature Expands Virtual Care Options**

Group FaceTime is here! Apple’s latest release of iOS 12 includes many new features, including multiple-party calling over FaceTime.

**Walgreens Find Care platform**: expanded as chronic care management with connected devices and digital therapeutics for patients with diabetes, asthma and chronic obstructive pulmonary disease. Partnership include Dexcom, maker of the G6 continuous glucose monitor system and Propeller Health, which offers sensors to monitor usage on a patient’s inhaler.

**Humana, Philips Offer Remote Monitoring for High-Risk CHF Seniors**: At-risk CHF seniors will have access to Philips’ Lifeline medical alert service, which includes fall detection technology (an industry mainstay) and predictive analytics through a kit including a tablet that syncs information from a weight scale, blood pressure monitor and pulse oximeter.

**Avera Ecare’s virtual ER**: a telemedicine center that provides remote emergency care for 179 hospitals across 30 states.
Satisfaction with New Care Modalities

**Online Visits**

“This is a wonderful service. Thank you for providing it. The fact that I’m getting follow up emails...is wonderful. They provide info on what to do should there be more issues. It is miles ahead of regular urgent care visits for the run of the mill typical issues without the chance of getting worse secondary infections.”

-Patient Survey, June 2018

Online Visits are so popular with our providers that shifts disappear within minutes of posting. Scheduling has now limited each provider to 3 shifts per month due to the limited shift supply and intense provider demand.

---

**Understanding Patient Thought Process**

Other care options considered before initiating a Video Visit...

- Urgent Care: 23.1%
- Only Considered Video: 23.1%
- Schedule In-person Visit: 15.4%
- Call Pres RN: 11.5%
- Other: 11.5%
- ED: 7.7%
- Online Visit: 7.7%

*If Video Visits didn’t exist, where would all these people have gone for care? How much would it have cost?*
Understanding Patient Thought Process

Panel Discussion / Audience Q&A

Opportunities and Challenges
Opportunities

**Patients**
- Timely access to locally unavailable services
- Time, travel and expense of transportation
- Improvement in quality of care

**Health Professionals**
- Access to collaborative consultative services
- Spared burden and cost of time and travel
- Increased referral network
- Flexible work options

**Cost Leadership**
- Increased access without additional infrastructure
- Better use of clinical resources across system
- Reduction of referral costs with pre-referral consults
- Reduction of regional-to-central transfers
- Reduction of high-cost care events through earlier intervention
- Reduced outsourcing costs due to access or location

**Rural Communities**
- Enhanced healthcare/economic empowerment
- Support and retention of rural providers
- Patients/families stay close to home
- Capture billable services at home facilities

**Health Systems**
- Differentiation of brand in marketplace
- Increased accessibility and statewide brand presence
- Standardized care
- Reduce resource duplication
Challenges

Challenges – What you should be asking....

• Physician Licensure
  • Wide network of licensed providers to ensure compliance with “practicing medicine”
  • Ensuring the provider is licensed in the state where the patient is located at the time of the visit
  • Medical and nursing interstate compacts allow providers to seamlessly practice across state lines, but are not universal
• Provider Relationship - State requirements for the establishment of a physician-patient relationship (how do you monitor)
• Standard of Care - Does the prevailing standard of care for this issue require an in-person visit?
  • Choosing what is “available” for video visits or on-line visits is critical
• Medical Record keeping
  • Producing in case of record being audited? SIU investigations?
  • Continuity of care
• Quality - Does telemedicine quality for coverage under the patient’s health care benefit plan?
• Medicare - Does Medicare allow it?
• HIPAA - Is it HIPAA compliant?
• Overprescribing - as found in Pediatrics published study.
Other Managed Care Plan Network Challenges

• **Network Adequacy**
  - Are you allowed to include telehealth providers in network adequacy files for assessments?
  - CMS does not (yet) allow telehealth providers to be included in Health Services Delivery (HSD) Tables (outside of VBID 2.0 pilot)
  - Department of Insurance (DOI) and Medicaid Agency rules vary by State

• **Provider Directories**
  - Practical challenges of how to display telehealth providers and services in a clear and simple way
  - Regulatory complexity (requirements vary greatly)

• **Other Member Communications**
  - If a contracted provider stops offering telehealth services, is the plan obligated to notify members of the change?
  - What if it is not a provider contract termination or a benefit change?
  - Can the plan clearly explain the impact of changes to members?

---

Reaching Members and Patients - Convenience

**Panel Discussion / Audience Q&A**
Telehealth Value Creation & Opportunities

Value Chain for Video Visits

1 Value Chain

Start
Patient/member has symptoms of UTI and wants to see a provider today

1 Patient/member enters symptoms and insurance into GetCareToday

2 Appropriate venues of care are presented

3 Patient/member chooses Video Visits from options

4 Patient/member schedules and engages in a Video Visit

5 Patient/member receives custom diagnosis and treatment plan

Impact
Patient/member has timely access to care without ED, UC, or PCP visit. Patient/member has positive experience with Telehealth

Sample Metrics Impacted
- % of patients/members initiating an interaction with GetCareToday
- Most frequently selected symptoms
- "How likely would you have been to visit the UC if Video Visits was not available?"
- % of times selected/IF times presented
- Wait times
- Visit duration
- Antibiotic stewardship
- Diagnoses
- Net Promoter Score
- Patient satisfaction
- Diversion savings
### Value Chain for BH Video Counseling

<table>
<thead>
<tr>
<th>1</th>
<th>Value Chain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start</td>
<td>Patient enters health care system with signs of depressive behavior</td>
</tr>
<tr>
<td>1</td>
<td>Patient is screened for behavioral health need</td>
</tr>
<tr>
<td>2</td>
<td>Patient is identified as having symptoms of mild-moderate depression</td>
</tr>
<tr>
<td>3</td>
<td>Provider refers patient to BH Video Counseling</td>
</tr>
<tr>
<td>4</td>
<td>Patient schedules New Patient visit online and completes intake survey from home</td>
</tr>
<tr>
<td>5</td>
<td>Patient sees provider regularly over 3-6 months without the need to travel or have long waits</td>
</tr>
<tr>
<td>6</td>
<td>Patient completes milestone surveys to periodically re-screen for depressive symptoms</td>
</tr>
<tr>
<td>Impact</td>
<td>Patient has significant/clinical improvement in depressive symptoms and a managed behavioral health need without ED</td>
</tr>
</tbody>
</table>

**Sample Metrics Impacted**

- # of patients screened for a behavioral health need
- Patient behavioral health status (GAD-7, PHQ-9)
- Mean wait times for behavioral health services
- # of patients referred to service
- # of BH patients with BH professional in care team
- Level of patient engagement
- # of appropriate lab/imaging per visit
- # of reimbursable visits at originator facility
- Level of patient engagement
- Travel cost savings
- # of inappropriate labs/imaging performed by PCP
- Ratio of appointments attended: missed
- Reliable change in patient behavioral health status (GAD-7, PHQ-9)
- Net Promoter Score
- Patient satisfaction
- Annual per patient total spend

### Value Chain for Specialist Visits

<table>
<thead>
<tr>
<th>1</th>
<th>Value Chain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start</td>
<td>Patient/member enters health care system with complex health need</td>
</tr>
<tr>
<td>1</td>
<td>Patient/member visits PCP and health need is determined to be beyond scope and resources of PCP</td>
</tr>
<tr>
<td>2</td>
<td>PCP and patient/member complete comprehensive consult questionnaire and PCP orders pre-visit labs</td>
</tr>
<tr>
<td>3</td>
<td>Case is identified by receiving specialist as appropriate or inappropriate based on questionnaire and full EHR access</td>
</tr>
<tr>
<td>4</td>
<td>Appropriate cases scheduled at home facility and in specialist's schedule (with or without distant facility use)</td>
</tr>
<tr>
<td>5</td>
<td>Home facility checks in patient/member on behalf of receiving specialist and assists patient in performing video visit</td>
</tr>
<tr>
<td>6</td>
<td>Specialist renders opinion and/or creates care plan</td>
</tr>
<tr>
<td>Impact</td>
<td>Patient/member has complex health need met without travel burdens, without leakage to outside system, while specialist gains flexibility</td>
</tr>
</tbody>
</table>

**Sample Metrics Impacted**

- # of patients with multiple complex health needs
- Number of inappropriate referrals cases
- # of patients referred to specialty
- # of reimbursable visits at originator facility
- Level of patient engagement
- Travel cost savings
- Visit duration
- # of inappropriate labs/imaging performed by PCP
- Net Promoter Score
- Patient satisfaction
- Provider satisfaction
Telehealth Value Nuggets

Telehealth services bring wide range of system benefits.

Provider Conservation
- At current volume, Video Visits avoid 1 MD FTE.
- Avg Primary MD salary/benefits = $300K.
- Online visits can care for ~48 patients/hr vs. 2.5-3.0 visits/hr in Urgent & Primary Care. This is the equivalent of 16 provider FTEs.

Reduced MD Recruiting & Turnover
- Avg "hard costs" to recruit a new provider: $92,598.
- Avg cost incurred to fill 6 month provider vacancy: $798,661 (Source: Cinko + AAPPR)

The Left Shift
- 10% shift in ED patients= $13MM savings

Commercial Magnet
- 78% of Video Visit users are Commercial (employer or individual plan)
- Avg annual revenue per commercial member: $2400

Leakage Avoidance
- Building out expert to expert consults avoids patients transport and daily changes at out of network.
- Average daily non-hospital charges = ?, Avg transport cost to non-network hospital = ?

Take Aways!
Take Aways!

These recommendations may provide a framework for acceleration and maturation of Telehealth programs:

• Many Plans are uniquely positioned to gain significant value from robust Telehealth services and technologies.

• Your program should be designed to broaden patient access, decrease cost, and improve efficiency.

• Ensure you assess federal and state requirements for licensing, practice, and operation.

• Programs are often deployed by various departments via ad hoc processes, and continue to operate with varying levels of success—within silos. The programs need to address the needs of our patients, members, and providers, and must have a cohesive and scalable enterprise-wide strategy.

• Strategic alignment is necessary to fully achieve the enterprise goals of better health, exceptional experience, and cost leadership. Suggest aligning these programs under a single department to allow for more effective budgeting, staffing, and overall operations.

• Value can be added by augmenting providers’ reach across service areas (and between facilities), and encouraging proactive evidence-based care. Recent commitments via government programs increase the organization’s digital imperative. Telehealth associated with organization’s recognized and trusted identity can effectively open new markets and create industry leadership potential.
Resources

- Association of Telehealth Service Professionals (ATSP). www.atsp.org
- Center for Connected Health Policy - State Telehealth Laws & Reimbursement Policies (Fall 2019)
  - At a Glance Infographic: https://www.cchpca.org/sites/default/files/2019-10/50%20STATE%20INFOGRAPH%20FALL%202019%20FINAL.pdf
- Center for Medicare & Medicaid Services (CMS). www.cms.gov; and https://www.cms.gov/cms-search?search=telemedicine&field_date%5Bmin%5D=&field_date%5Bmax%5D=&sort_by=search_api_relevance&items_per_page=10
- Telehealth Resources Centers (TRC). www.telehealthresourcercenter.org
- Telemedicine Exchange. www.telemedicineexchange.com