Telehealth: Redesigning Care In the Pandemic Era

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Disclosure: Dr. Rheuban serves on the advisory board of Tytocare

UVA Health

OBJECTIVES

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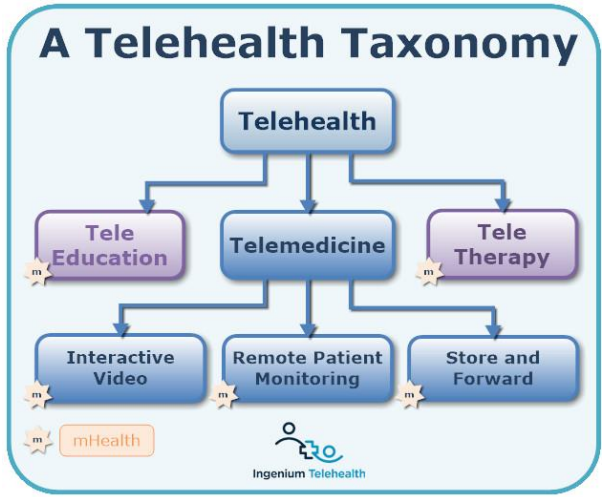
- Understand the modalities of telehealth, basic terminologies and use cases
- Review pandemic waivers implemented during the PHE
- Identify healthcare transformations implemented post PHE
- Understand state and federal policies governing the use of telehealth

TAXONOMY



- **Telehealth** is an umbrella term, which includes telemedicine and encompasses a broad spectrum of healthcare delivery tools and services.
- **Telemedicine** is direct clinical care provided at a distance using electronic communications to provide/support clinical care.
- **Originating site** refers to the location of the patient
- **Distant site** refers to the location of the provider

TELEHEALTH MODALITIES

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- Patient to Provider services:
  - Synchronous: live, interactive communications via audio/video; audio only
  - Asynchronous: “store-and-forward” transmission of medical information for later review by healthcare providers. Asynchronous services also include eVisits.
- Provider to Provider services:
  - May be synchronous video-based or asynchronous such as eConsults
- Remote Monitoring:
  - Remote patient monitoring (RPM) utilizes technology to collect physiologic data from patients and securely transmit that data to health care providers in another location.
  - Remote therapeutic monitoring (RTM) for patients to collect non-physiologic data (medication compliance, pain level etc.).

WHY TELEHEALTH?

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- Improves access to healthcare
- Reduces unnecessary patient (or provider) travel
- Mitigates healthcare provider shortages
- Enables patients to receive care locally, whether in rural or urban areas
- Reduces unnecessary provider and patient exposure to infectious pathogens
- Remote monitoring can shorten LOS, reduce readmissions and ED visits

CLINICAL APPLICATIONS

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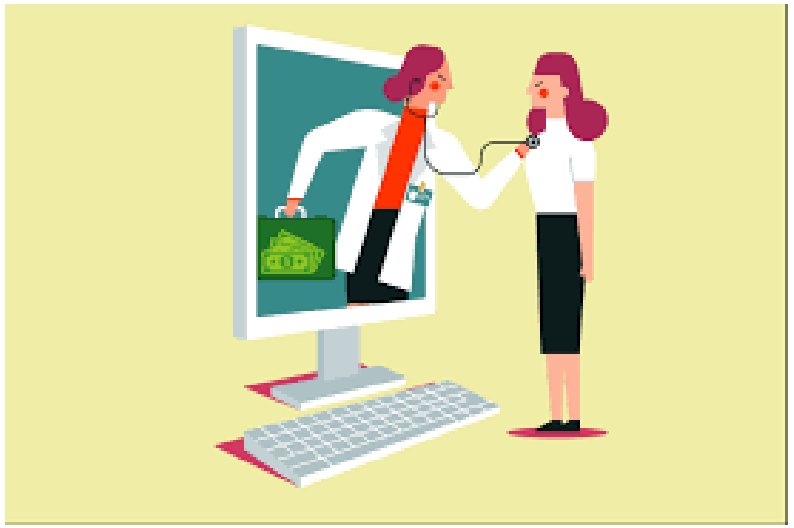
- Acute care
- Primary care
- Urgent care
- Emergency care
- Specialty care
- Behavioral health
- Chronic disease management
- Remote patient monitoring
- Virtual PPE
- Teleradiology



IMPORTANT CONSIDERATIONS/BARRIERS

Pre COVID-19 Public Health Emergency

- Reimbursement
  - FFS Medicare 1834m restrictions (originating site must be rural, healthcare facility)
  - FFS Medicaid coverage (state dependent)
  - FFS Commercial plan coverage (state and payer dependent)
  - Limited penetration of APMs
- Technology: HIPAA compliance, EMR integration, patient portal, remote exam tools
- Workflow development (including scheduling and registration)
- Provider training and support
- Patient support
- Limited bandwidth at many patient locations
- Credentialing and privileging
- Licensure
- Liability
- Stark and Anti-kickback

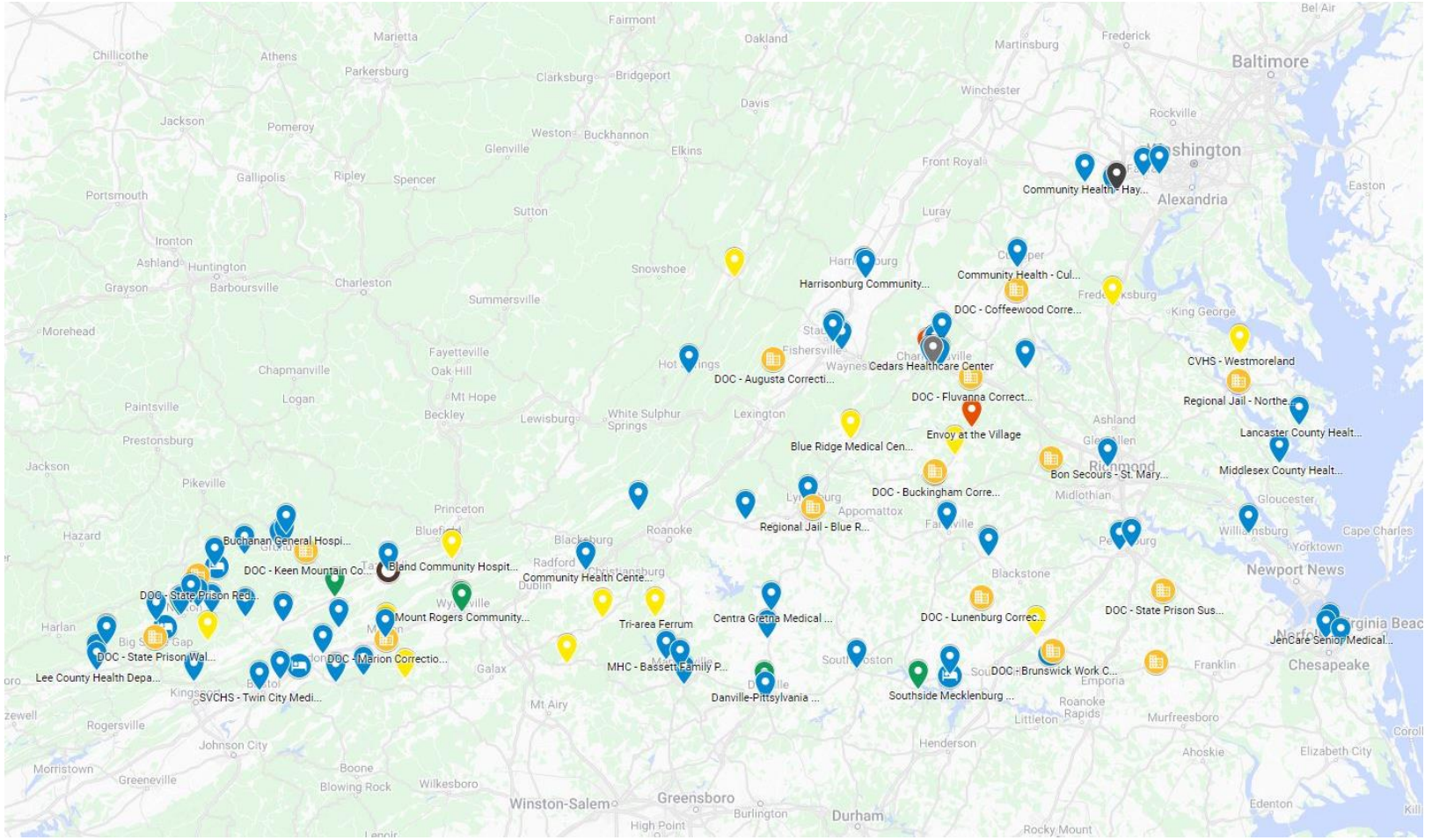
UVA TELEHEALTH PROGRAM HISTORY *PRIOR* TO COVID-19

- 25 year telemedicine program in Virginia
  - *Federally funded Mid-Atlantic Telehealth Resource Center (MATRC)*
- **Synchronous video based program** offering *specialty visits* for patients at healthcare facilities and schools
- **Asynchronous services**
  - *Screening for diabetic retinopathy*
  - *eConsults*
- **Longstanding teleradiology program**
- **Remote patient monitoring program** – adult and pediatric
- **Provider and patient educational programs** (Project ECHO, THV, Diabetes)
- **Special pathogen** telemedicine program in MICU 5 bed SPU (iSOCOMS)
- 2019 **Telehealth Strategic Plan**

UVA FACILITY TELEMEDICINE PARTNERS

UVA Health

- Community Hospitals
- FQHCs
- Free clinics
- CSBs
- Medical practice sites
- VDH sites
- Correctional facilities
- Dialysis facilities
- SNF, LTC, Rehab
- Schools



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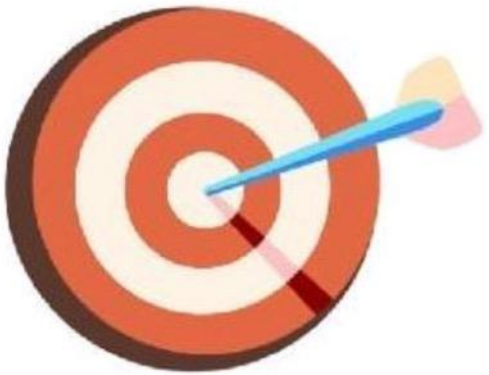
Who led the digital transformation of your company?

A) CEO

B) CTO

C) COVID-19



COVID-19 PHE
Waivers driven by necessity enabled scale

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- **Medicare waivers**:
  - Eliminated geographic and other originating site restrictions (including covering services provided to the home)
  - Expanded CPT codes
  - Expanded eligible providers
  - Added audio-only services
- **Medicaid program waivers**
  - Home as eligible originating site at parity
  - Added audio-only at parity
  - Virginia Medicaid added coverage for remote monitoring for COVID-19

COVID-19 PHE:
Other federal and state actions

- OCR waived enforcement action re **HIPAA**
- Many states **waived licensure** requirements by executive order
    - Virginia permitted out of state providers to practice in the Commonwealth under the following circumstances
        - For continuity of care for 12 months
        - For healthcare systems to contract with non-Virginia licensed providers under special circumstances
- State legislatures acted to make permanent many changes implemented during the PHE
- By law, the PHE extended in **90 day** increments **and ended May 11, 2023; HIPAA waiver transition ended August 9, 2023**

UVA RESPONSE TO COVID-19

Facilitated by federal and state waivers

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- Backfilled ambulatory visits with home-based synchronous video in both **primary and specialty care**
- Expanded **iSOCOMs** to > 180 rooms at UVA Health
- Provided testing and consultative support in **congregate care facilities** (LTC, SNF, Correctional)
- Launched a **virtual urgent care program** to reduce ED visits and exposure
- Expanded **remote patient monitoring programs**

VIRTUAL CARE TRANSFORMATIONS
REQUIRED MAJOR SYSTEM CHANGES

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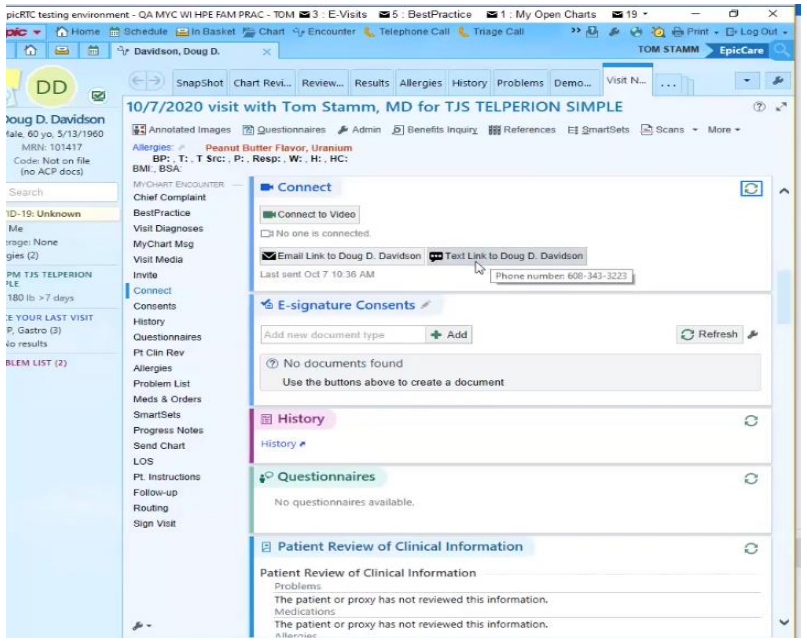
- **Platform** – EPIC integrated video
- **Devices** – Webcams, headsets for providers, peripheral devices
- **Bandwidth and devices** for selected patients
- **Workflow** development
- **Provider training** modules
- **Scheduling** staff resources
- **Rooming** resources
- **Patient support** services
- **Program evaluation**



SCALING OF VIRTUAL CARE PRE AND POST COVID-19 PHE

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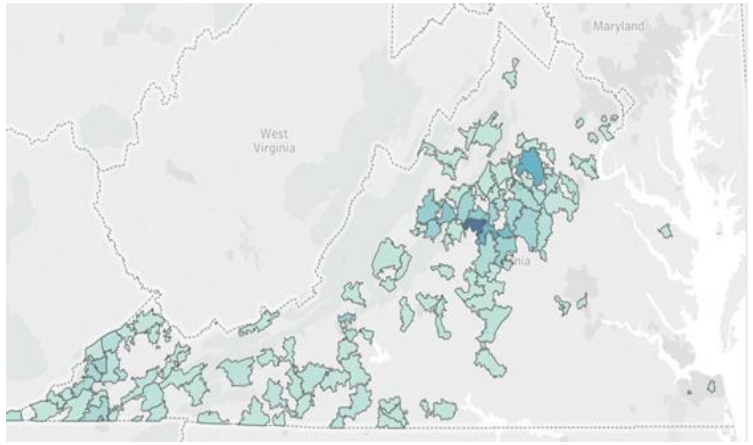
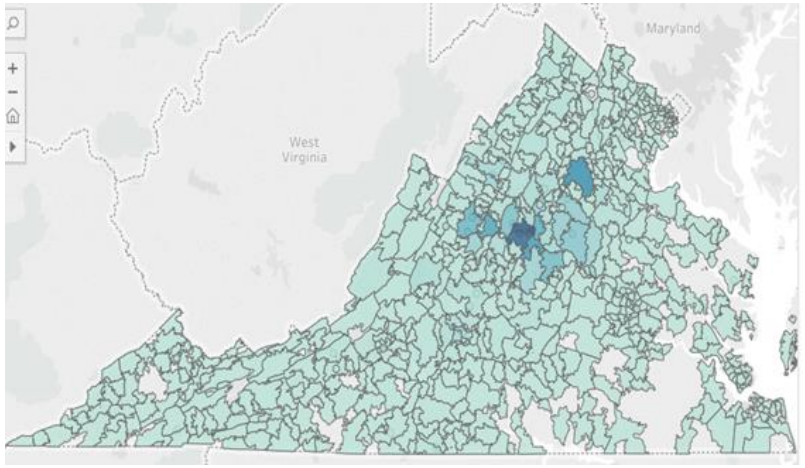
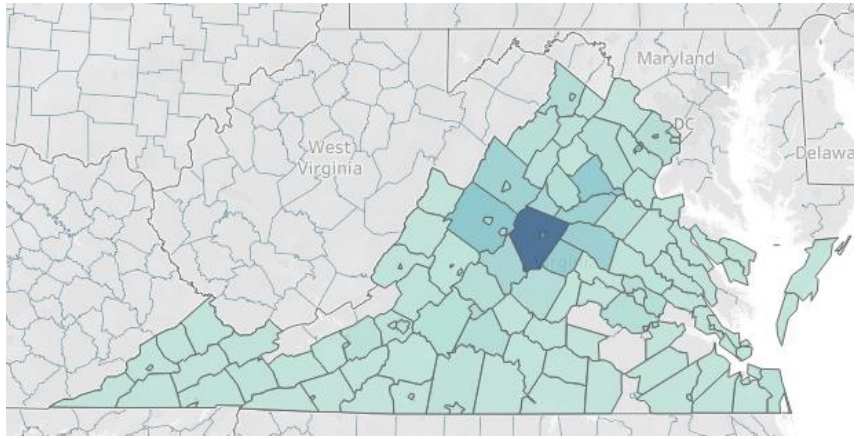
Currently, approximately 7.5% of UVA ambulatory visits are conducted via telemedicine



February, 2020



May, 2020

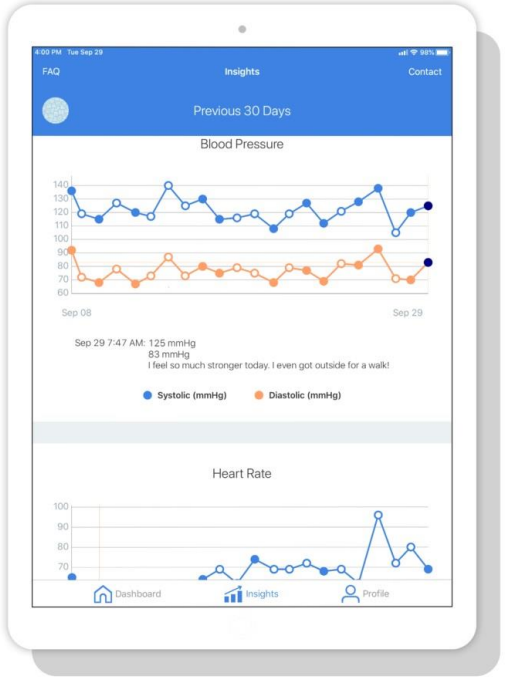


May, 2022

Gray, S et al: 47.3% reduction in no-show rates with telemedicine in our UVA adolescent medicine clinic.

POST COVID-19 PHE:
Remote patient monitoring: Population Health

- Monitor ~ 6000 patients per year
  - MyChart enrollment
  - Physiologic monitoring
  - Patient navigator support
  - Behavioral health supports
  - SDOH assessment
  - Pharmacy support



POST COVID-19 PHE: Grants

- Federal funding enabled scaling of telehealth
  - UVA Telehealth awarded >$12.6 million in COVID-19 and other telemedicine grants since 2020*
  - Additional HRSA telehealth grants to Neurology for expansion of telestroke/EMS, and to Geriatrics to scale SNF telemedicine

*Funds utilized for UVA, Community partners, Patient devices, Connectivity

RE-DESIGNED CARE DELIVERY MODELS

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UVA HEALTH/UVA COMMUNITY HEALTH

Home

- Audio and Video Visits
- eVisits
- MyChart Messages
- Remote Patient Monitoring
- Community Paramedicine

Ambulatory settings

- Audio and Video Visits
- eConsults
- Remote Cardiac Rehab
- Project ECHO
- Screening for Diabetic retinopathy
- Alternative access points
- Teleradiology

Transport

- iTreat (EMS for stroke)
- Community Paramedicine

ER/Urgent Care

- Virtual Urgent Care *for new and existing patients*
- *Telestroke*
- Teleradiology

Inpatient & Procedures

- IsoCOMS
- Hospital to hospital
- Pre-Procedure preparation
- Post discharge Remote Patient Monitoring
- eConsults
- Teleradiology

Post-acute

- Specialty Video Visits
- Remote patient monitoring
- Community paramedicine

VIRGINIA TELEHEALTH NETWORK PROVIDER SURVEY

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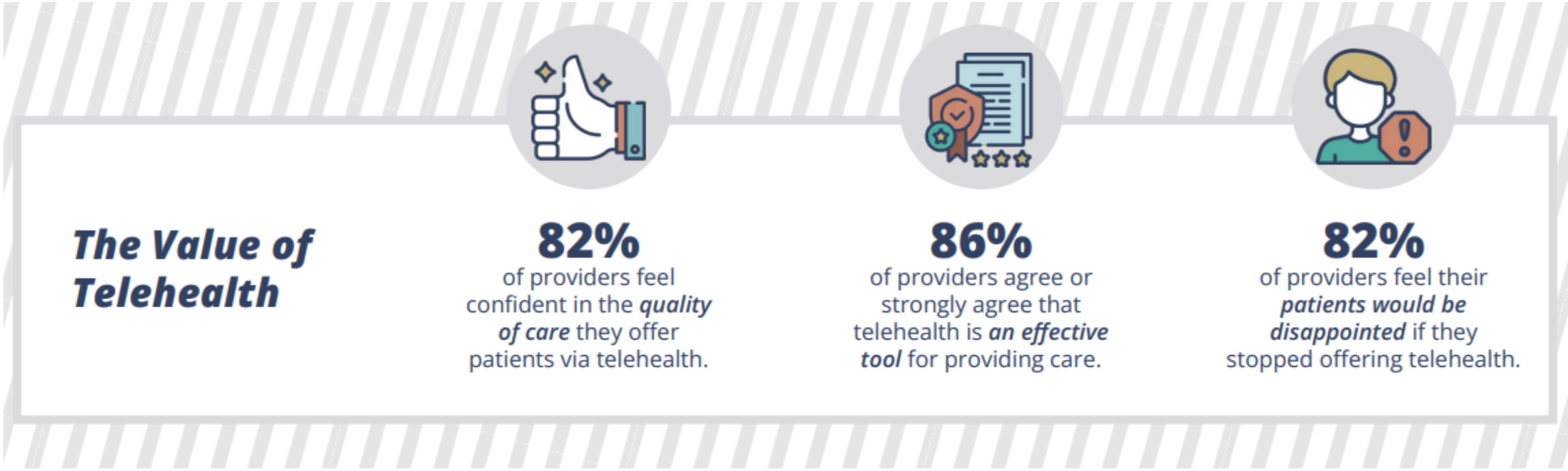

UVA Patient Satisfaction data for telehealth at 94.8%

HEALTH EQUITY CONSIDERATIONS

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- Pew Research data showed that 25% of low income adults (annual income <$30,000 year) do not own a smart phone
- 40% of low income adults do not have broadband or home computers
- In 2019, 13.4% of US households reported no home internet subscription
- Audio-only services maintained continuity of care during the pandemic

VIRGINIA MEDICAID PROGRAM DATA

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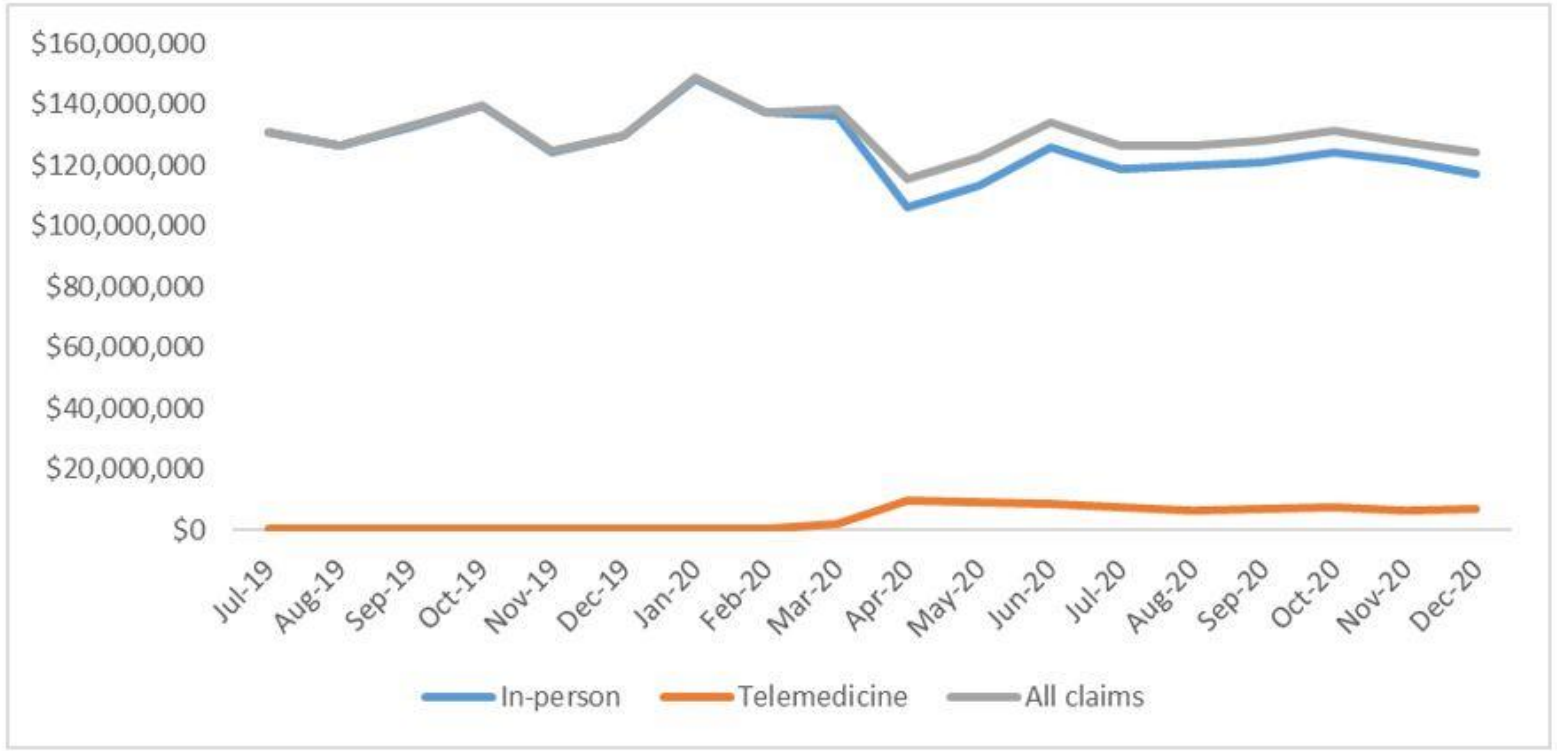
Telehealth Expenditures During COVID-19



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STATE PUBLIC POLICIES

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- **The Virginia General Assembly has taken action in legislative special and regular sessions**
  - 2010: Mandated commercial plan coverage
  - 2020: Codified home as an eligible patient originating site
  - 2021: Codified Medicaid coverage of RPM for certain conditions
  - 2021: Directed the BOM to explore reciprocity agreements
  - 2022: Codified EMS agencies as eligible originating sites
  - 2022: Codified continuity of care exemption for 12 mos
  - 2022: Expanded Medicaid coverage of RPM
  - 2022: Authorized Medicaid to cover eConsults
  - 2023: Expanded continuity of care to on call partners
  - 2023: Directed the Insurance Commission to study impact of audio-only
  - 2023: Prohibits refusal to fill prescriptions by telemedicine

POST COVID-19 PHE Federal Public Policies

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- Consolidated Appropriations Act of 2023
  - Extends most Medicare waivers through 2024
- Connect Act (Schatz) introduced in 2023
  - Permanently makes the home an eligible originating site
  - Permanently eliminates geographic restrictions
  - Gives the Secretary of HHS authority to expand coverage
  - FQHCs can be both originating and distant sites
  - Eliminates the requirement for an in-person visit for telemental health services
- 2024 Physician Fee Schedule

TELEHEALTH IS HEALTHCARE

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- Telehealth waivers **enabled a significant scaling of telehealth services**
- Shift includes primary care services, specialty care, behavioral health
- Virginia **Medicaid data showed telehealth services are largely substitutive**
- Telehealth has resulted in a reduction in missed appointments
- Telehealth must be a force for equity
- Patient and provider satisfaction is high
- **Public policies must stay abreast with innovations in healthcare**
- Collaborations encouraged between providers, payers and policymakers
- Right sizing is a work in progress!