# *Leaving No One Behind:* Assessing the State of Access to Virtual Care for California's Older Adult Population

October 6, 2022

California Telehealth Policy Coalition

**Today's webinar supported by**

California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Center for Connected Health Policy
The National Telehealth Policy Resource Center

AARP

# Welcome and Introduction to the Webinar

Amy Durbin

Policy Advisor

Center for Connected Health Policy

**Center for Connected Health Policy** | THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

# About the California Telehealth Policy Coalition

## Our origin story

In 2011, when AB 415, the Telehealth Advancement Act was winding its way through the legislative process, an ad hoc group of statewide organizations supporting the bill formed. This group, including the California Primary Care Association, the California Hospital Association and the California Rural Health Association, came together in meetings convened by CCHP in order to be apprised of any developments around AB 415 and share information with each other.

With the successful passage of AB 415, the group continued to meet and eventually evolved into the California Telehealth Policy Coalition. CCHP leads the Coalition and hosts monthly conference calls.

In recent years, the Coalition has decided to move beyond a mere information sharing group to become a more active collective participant in telehealth policy. The Coalition has developed a slate of telehealth policy goals and issues that it is working on in a continued effort to modernize California telehealth policy.

**SEE ALL COALITION MEMBERS >**

Next meeting | Friday, October 21, 2022

## Monthly Coalition Meeting

We host monthly conference calls to discuss the latest California telehealth policy developments. Want to join us?



California **Telehealth** Policy Coalition

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

# Thank you to today's sponsors

# Purpose and key objectives of today's webinar

Discuss the unique opportunities and challenges to accessing care through telehealth that are currently facing the state's aging population.

- **Provide an overview of relevant policy developments**, including federal Medicare reimbursement policies.

- **Provide an overview of digital divide and broadband access issues,** as well as policies related to the state's Master Plan on Aging.

- **Discuss stakeholder perspectives and the impact on patients,** including how changes enable or impede seniors' ability to access needed health services.

- **Panelist discussion** of remaining issues and next steps.

- **Answer key questions** about telehealth proposals related to the aging population moving forward.

# Agenda and preliminary announcements

**Welcome**
- Amy Durbin, Policy Advisor, Center for Connected Health Policy

**Panelist Session –** Opening remarks followed by discussion
- Moderated by Zia Agha, MD, Chief Medical Officer and Executive Vice President, West Health

**Speakers**
- Brian Carter, Digital Divide Project Manager, Home & Community Living Division, California Department of Aging
- Amy Durbin, Policy Advisor, Center for Connected Health Policy
- Joe Garbanzos, MPH/EMBA, State President (volunteer), AARP-California
- David Lindeman, PhD, Executive Director, CITRIS Health, CITRIS and the Banatao Institute, University of California, Berkeley

**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.

© California Telehealth Policy Coalition

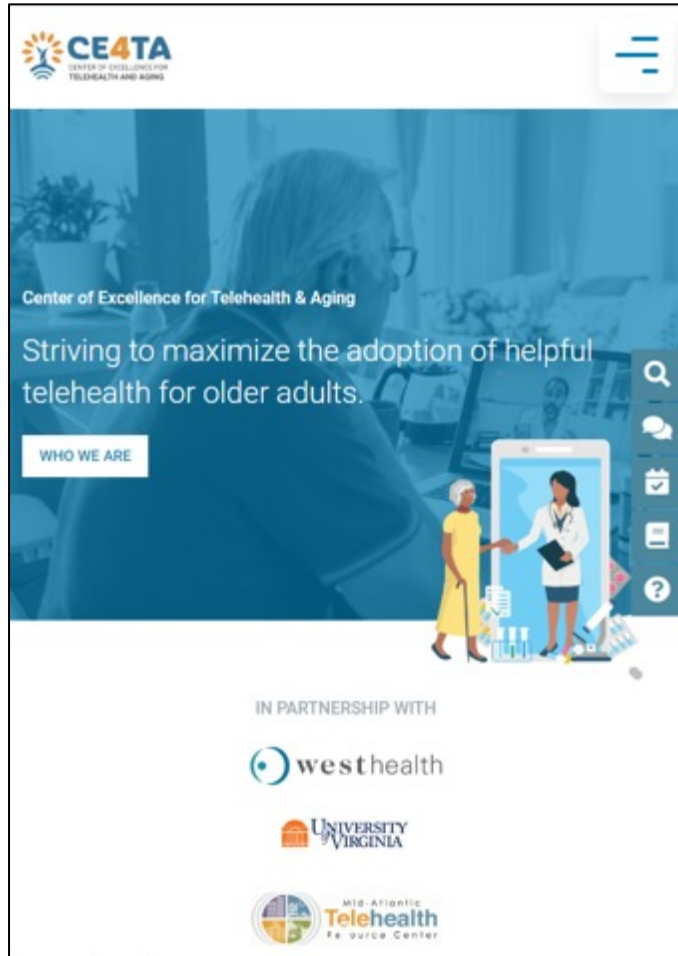# Telehealth Principles & Guidelines for Older Adults

**Principles & Guidelines**



### PRINCIPLE 1

**Person-Centered Care**

The older adult being served is at the center of all decision-making. The older adult's care preferences, goals, wishes, abilities, support system, and conditions are accounted for.

**Person-Centered Care Guidelines:**

1. Person-centered telehealth...
2. Accounts for older adults' healthcare goals, care preferences, and 'what matters'
3. Promotes high-value use cases that drive older-adult-focused goals, incorporating payer and provider perspectives
4. Supports coordination and continuity of care
5. Ensures that older adults and their caregivers are prepared and understand what to expect from a telehealth encounter
6. Promotes opportunities to use telehealth to increase access to care while reducing avoidable costs
7. Reduces time to access providers across healthcare settings
8. Incorporates older adults' family and caregivers when appropriate and consistent with the older adults' wishes

### PRINCIPLE 2

**Equitable and Accessible Care**

Regardless of age, ability, socio-economic status, health literacy, technology literacy, and access, everyone has equal access, and rural, suburban or urban location, to the same level of high-quality care.

**Equitable and Accessible Care Guidelines:**

Equitable and accessible telehealth...

1. Accounts for older adults' physical and cognitive differences
2. Accounts for cultural and linguistic differences of older adults' and their caregivers
3. Accounts for technology literacy and readiness older adults' and their caregivers
4. Uses telehealth to address needs across all settings, including the home, as promptly as possible
5. Ensures that staff and providers engage in on-going education on best practices for using telehealth with older adults
6. Accounts for differences in access to technology and connectivity

### PRINCIPLE 3

**Integrated and Coordinated Care**

Integrated and coordinated care should include active participation from patients, caregivers, and providers across the care continuum. Systems should be set up to facilitate access to the information and support necessary to provide quality care to older adults.

**Integrated and Coordinated Care Guidelines:**

Integrated and coordinated telehealth...

1. Facilitates telehealth providers have access to older adults' health history
2. Facilitates safe, coordinated transitions of care
3. Integrates into the care continuum / provider practice
4. Connects crucial stakeholders throughout the entire process
5. Supports staff working at the top of their licenses to drive efficiency

# PANELISTS

**Brian Carter**, Digital Divide Project Manager, Home & Community Living Division, *California Department of Aging*

**Amy Durbin**, Policy Advisor, *Center for Connected Health Policy*

**Joe Garbanzos**, MPH/EMBA, State President (volunteer), *AARP-California*

**David Lindeman**, PhD, Executive Director, CITRIS Health, CITRIS and the Banatao Institute, *University of California, Berkeley*

# Federal and State Policy Overview

# FEDERAL TELEHEALTH POLICY CHANGES IN COVID-19

| MEDICARE ISSUE | CHANGE |
|---|---|
| Geographic Limit | Waived |
| Site limitation | Waived |
| Provider List | Expanded |
| Services Eligible | Added additional 80 codes |
| Visit limits | Waived certain limits |
| Modality | Live Video, Phone, some srvs |
| Supervision requirements | Relaxed some |
| Licensing | Relaxed requirements |
| Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology) | More codes eligible for phone & allowed PTs/OTs/SLPs & other use |

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

# FEDERAL TELEHEALTH POLICY OVERVIEW

➢ **Medicare Activity**
  - 2021 Budget Bill - Added rural emergency to originating site; expansion of mental health services to be without geographic restriction and allows the home - BUT - one in-person visit with telehealth provider within 6-month period prior to telehealth encounter
  - 2022 Budget Bill - Extended federal telehealth flexibilities for 151 days post-PHE - includes location, provider, and audio-only expansions - delays new in-person telemental health visit
  - CMS Physician Fee Schedule Post-PHE Changes
    - Some temporary eligible telehealth services extended until end of CY 2023; expansions for audio-only and FQHC/RHCs but many caveats and limited to mental health, adding some RTM codes

➢ **HHS/OCR**
  - **Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons**
    - Explains how ADA laws apply to telehealth to ensure equal access
      - Providers must make reasonable modifications including providing additional support before, during, after virtual visits, providing communication aids and services when necessary at no additional cost, allowing support person attendance

# RECENT MEDI-CAL UPDATES

➢ **SB 184 (2022) – Adopted Permanent Changes Effective Jan. 1, 2023**
- Continues coverage of and payment parity for synchronous and asynchronous telehealth, including audio-only, for all providers, including FQHCs/RHCs.
- Coverage include for other permissible virtual communication modalities
- Patients can only be established via live video (limited exceptions for asynchronous for FQHCs/RHCS) (no limits for commercial patients)
  - Additional exceptions may be allowed according to forthcoming DHCS guidance
  - **AB 32 (Aguiar-Curry, 2022)** – Audio-only exception for sensitive services or if patient requests/attests to lack of access to live video
- New requirements related to consent – Now Medi-Cal patients require specific consent criteria separate from general law that already required consent

- Also different than commercial patients, no earlier than 2024, Medi-Cal providers also have to offer live video if offering audio-only (AB 32 included provision that Dept. shall consider broadband limitation exceptions to this requirement), as well as arrange for in-person care

- On or before January 1, 2023 – The department will develop a research and evaluation plan that:
  - Proposes strategies to analyze the relationship between telehealth and the following: access to care, access to in-person care, quality of care, and Medi-Cal program costs, utilization, and program integrity
  - Examines issues using an equity framework that includes stratification by available geographic and demographic factors, including, but not limited to, race, ethnicity, primary language, age, and gender, to understand inequities and disparities in care
  - Prioritizes research and evaluation questions that directly inform Medi-Cal policy

# Digital Divide Programs and Initiatives

Presented by Brian T. Carter
Digital Divide Project Manager

# Impacts to Older Adults

**The Digital Divide contributes to the following issues impacting Older Adults:**

- Nearly 1 in 4 adults aged 65 and over are considered socially isolated, and nearly 1 out of 3 adults over 45 feel lonely.

- Social isolation increases the chance of premature death and rivals the risks of smoking, obesity and inactivity.

- Older adults now are living longer than 20 years ago but are more likely to live alone and to be far less socially engaged than the previous generation.

- A 2019 Pew study found that only 73 percent of people over 65 use the Internet.

- Older adults in California have limited Internet access in their own homes: only 69 percent of those 65 and over have broadband access, and for those 75 or older, the number declines to 58 percent.

- The Center for Disease Control describes loneliness and social isolation as "serious public health risks."

*Source: Stanford Center on Longevity*

# Benefits of Closing the Digital Divide

# How to Close the Digital Divide

Connectivity **+** Device **+** Digital Literacy **=** Digital Engagement Capability
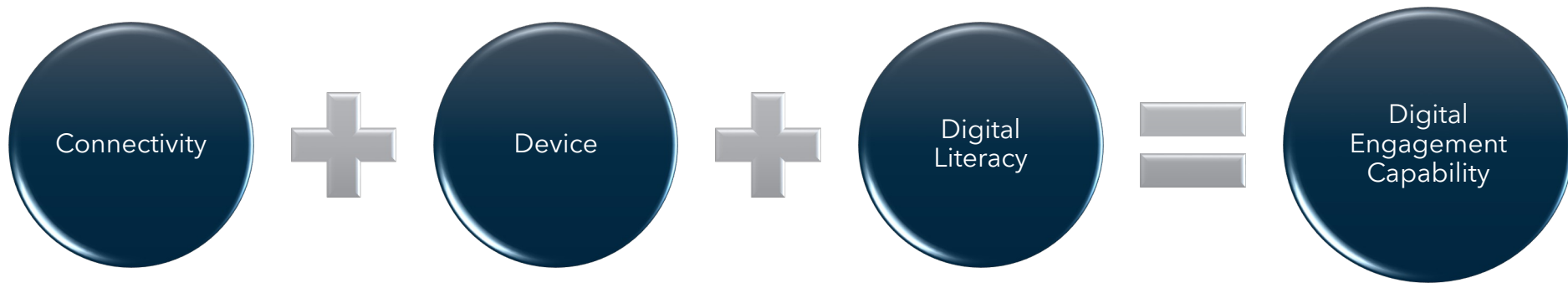
# Master Plan for Aging



## Goal 3 - Inclusion & Equity, Not Isolation

Strategy B – Closing the Digital Divide

- Initiative 81 – Execute Broadband Council Strategic Plan

- Initiative 82 – Distribute personal technology devices to older adults

- Initiative 83 – Digital Literacy support

*mpa.aging.ca.gov*

# CDA Digital Divide Programs and Initiatives

- Google Home Smart Speakers (GHSS) Project
- Connections, Health Aging and Technology (CHAT) Program
- Access to Technology (ATT) Program
- Digital Connections (DC) Program
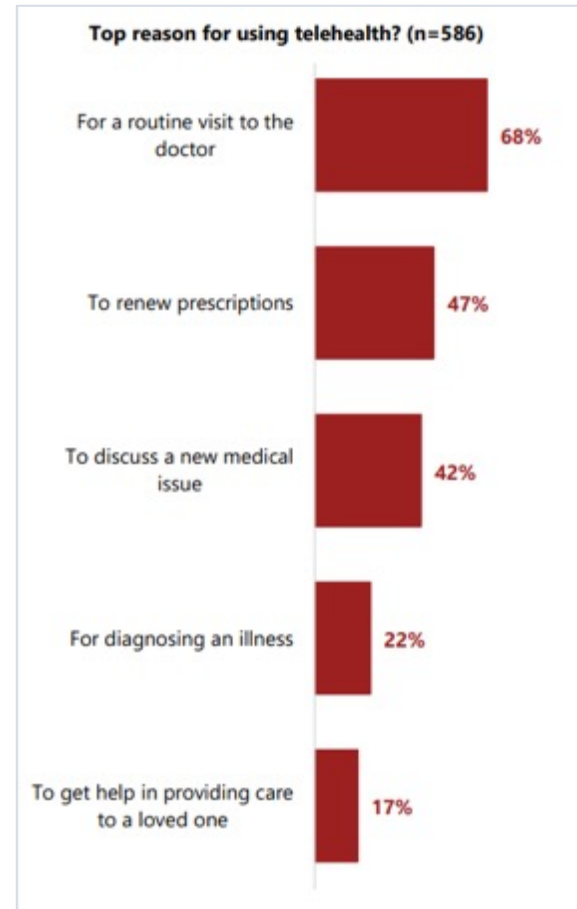
# CDA's Commitment

The COVID-19 pandemic has revealed the great extent to which the modern world depends on technology and digital tools.

CDA is committed to supporting older adults being able to use these tools and access the technology in order better address loneliness and social isolation.

Telehealth use is common, albeit with differences by age. Half (51%) of adults age 50-plus say they or a family member have used telehealth in the past two years, with those ages 50-64 more likely than those ages 65 and older to have done so (56% vs. 46%).
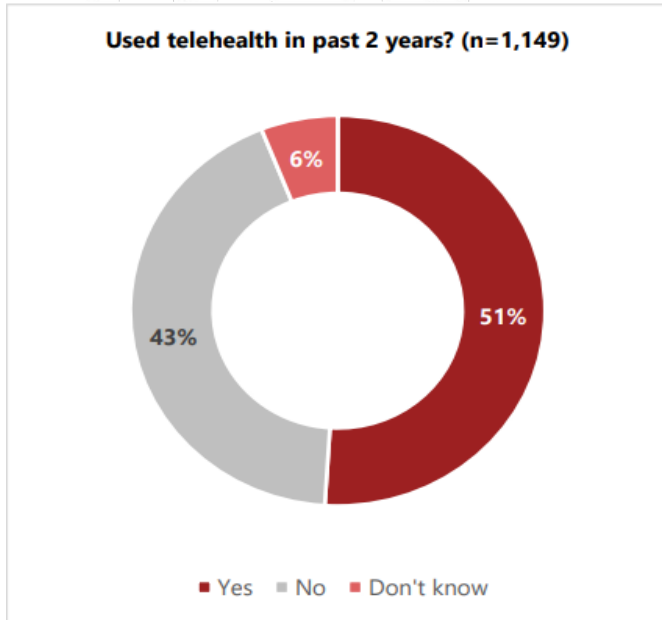
Routine doctor's visits top reason for using telehealth services

**Used telehealth in past 2 years? (n=1,149)**

6%

43%

51%

■ Yes  ■ No  ■ Don't know

**Top reason for using telehealth? (n=586)**

For a routine visit to the doctor — 68%

To renew prescriptions — 47%

To discuss a new medical issue — 42%

For diagnosing an illness — 22%

To get help in providing care to a loved one — 17%

# CITRIS Health

Improving health care and population health through digital health and data analytics, including AI/ML, sensors, robotics, mobile and remote tech



- **Healthy Aging in a Digital World:** Advancing the wellbeing of older adults, family caregivers and improving the work force through technology-enabled solutions

- **Digital Health Technology:** Developing disruptive technology-enabled solutions for health and well-being

- **Telehealth:** Creating innovative solutions for telehealth and remote technologies (ACTIVATE, Lighthouse)

- **Health Informatics and Machine Intelligence:** Applying data analytic discovery, phenotyping and analyses; applications of AI/ML

CITRIS AND THE BANATAO INSTITUTE

# Digital Health Emerging Technologies

# COVID-19: Changes in Senior Care Technology

**Top 5 Trends
in Senior Care Technology Use due to COVID-19**

SMART APT    TELEHEALTH    WEARABLES    VR    ROBOTS

**Artificial Intelligence / Machine Learning**

# Lighthouse for Older Adults: A Unique Innovation Approach



**Improving Access to Technology Enabled Health & Wellbeing Support for Older Adults in Affordable Housing Communities**

- Install **internet**, provide **user friendly technology** to residents, and **establish a multi-lingual digital literacy peer training and support program.**

- Conduct rigorous **evaluation** to measure program outcomes and identify successful processes and implementation strategies.

- Design a replicable, sustainable program that can **scale across CA and the United States.**

# Digital Inclusion of Older Adults

**The Elderly are Disproportionately Unconnected.** *Older adults aged 65+ in the U.S. are the **second largest** demographic group of Americans left behind in terms of internet access.*

**Older adult demographic by the numbers:**

**22 MILLION**
Without broadband access

**10x MORE LIKELY**
To be offline with low-income

**40%**
Who died from COVID-19 lacked tech resources

*AGINGconnected: Exposing the Hidden Connectivity Crisis for Older Adults. https://agingconnected.org/report/*

# Digital Inclusion of Older Adults

## Affordable Housing Providers on Broadband for Residents.

*Results from the most recent LeadingAge quarterly survey of affordable housing members sheds light on how providers are faring and key issues they see on the horizon.*

**Top reasons providers think internet access is important:**

**84.7%**
Resident well-being

**61.3%**
Telehealth access

**41.1%**
Digital equity

*Housing Survey Results: Vaccinations, Internet, and Resident Mental Health. LeadingAge. https://leadingage.org/legislation/housing-survey-results-vaccinations-internet-and-resident-mental-health*

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# PANEL DISCUSSION

**Moderator:**

- Zia Agha, MD, Chief Medical Officer and Executive Vice President, *West Health*

**Panelists:**

- Brian Carter, Digital Divide Project Manager, Home & Community Living Division, *California Department of Aging*
- Amy Durbin, Policy Advisor, *Center for Connected Health Policy*
- Joe Garbanzos, MPH/EMBA, State President (volunteer), *AARP-California*
- David Lindeman, PhD, Executive Director, CITRIS Health, CITRIS and the Banatao Institute, *University of California, Berkeley*

# Facilitated question and answer



**Please submit your questions in the Q&A box.**

# Thank you to today's sponsors



**Contact staff with any questions:**
Mei Kwong
meik@cchpca.org

Amy Durbin
amyd@cchpca.org

**Please visit the California Telehealth Policy Coalition website for more information:**
https://www.cchpca.org/about/projects/california-telehealth-policy-coalition

# Closing Announcements

**Upcoming Meetings**

**Education Committee**
October 12, 2-3pm

**Legislative Briefing**
October 13, 12-1:30pm

**Monthly Meeting**
October 21, 1pm-2pm

**Annual Meeting**
November 10, 9am-2pm

**Please reach out to staff if you have any questions**

Mei Kwong: meik@cchpca.org

Amy Durbin: amyd@cchpca.org

Robby Franceschini:
robby.franceschini@bluepathhealth.com



**2022 Annual Meeting**

On November 10th, the Coalition will host its annual meeting, with the theme "Connection to Care in Changing Times." This hybrid event will take place at The California Endowment from 9am to 2pm, featuring panels with Coalition participants and keynotes from state health leaders.

**CONNECTION TO CARE IN CHANGING TIMES**

NOVEMBER 9-10

- Thursday, November 10, 2022
- 9am-2pm
- The California Endowment (Hybrid event, virtual participation also available)
- Registration link: https://whova.com/portal/registration/ewam_202211/