Center for Connected Health Policy

THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

TELEHEALTH POLICY WEBINAR SERIES

Federal Policy & Telehealth: What to be Aware of Going Forward

FREE WEBINAR

FALL 2022

OCTOBER 28 | 11:00am - 12:00pm PT

CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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- Today's webinar will be recorded and slides presented here will be made publicly available as resources at cchpca.org.
- Closed captioning is available.
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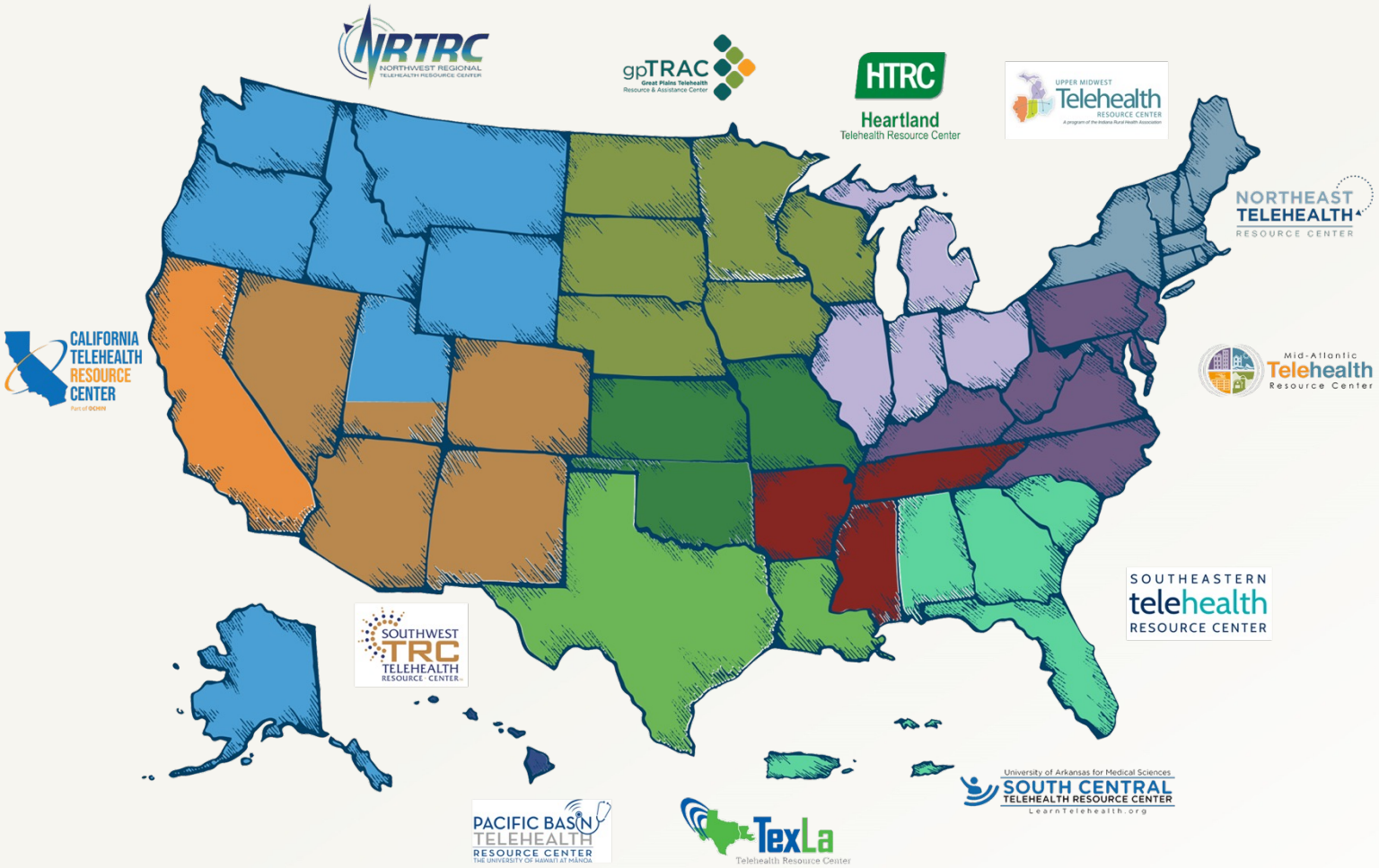
ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition

NATIONAL CONSORTIUM OF TRCS



TRC

TELEHEALTH
RESOURCE CENTERS

Overview of Today's Webinar

- Federal Public Health Emergency (PHE) was just renewed but it is anticipated to be the last renewal and the PHE will be declared officially over in early 2023.
- What happens immediately after the PHE is over to telehealth on the federal level?
- What are some of the questions that federal policymakers are asking and facing as they decide how accessible telehealth will be post-PHE?
- What are some information/data that is being provided to policymakers?
- What are some possible next steps?

Today's Speakers

John Gordon
Office of Evaluation and Inspections
Office of the Inspector General
U.S. Department of Health and Human Services

Mei Wa Kwong, JD
Executive Director
Center for Connected Health Policy

Carly L. Paterson, PhD, MPH, RN (*tentative*)
Associate Director, Healthcare Delivery and Disparities Research Program
Patient-Centered Outcomes Research Institute (PCORI)

Post-Federal PHE: CMS/Medicare & Controlled Substance Prescribing

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THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

Mei Wa Kwong, JD,
Executive Director, CCHP

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TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

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

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

ACTIONS TAKEN ON PERMANENT POLICY

- Consolidated Appropriations Act of 2020
  - Expanded permanent telehealth policy to allow for mental and behavioral health services to be provided in the home without geographic requirement applying **IF** certain conditions met (in-person visit w/telehealth provider 6 months prior to telehealth services taking place)
- Budget Act of 2022
  - Delayed implementation of certain policies and expiration dates on some temporary waivers until 151 days after the PHE is declared over
- CMS Physician Fee Schedule/Regulations
  - Allow audio-only to be used to deliver mental/behavioral health services (certain conditions must be met).
  - Redefined what a "mental health visit" means for FQHC/RHC to include live video and audio-only
  - Will continue to reimburse some services on the temporary telehealth list until the end of 2023

IMMEDIATELY FOLLOWING END OF THE PHE

PHE WAIVER	151 DAY GRACE PERIOD	POST-PHE GRACE PERIOD
Allow all Medicare eligible providers to provide eligible services via telehealth & be reimbursed by Medicare.	FQHCs, RHCs, PTs, OTs, SLP, Audiologists	Reverts back to pre-COVID requirements. Rural Emergency Hospitals (REHs) added as another eligible originating site.
Allow the use of audio-only to provide some services.	Use of audio-only may continue through grace period.	Only for delivery of mental/behavioral health services if certain conditions met.
Patient may be located in any type of site and geographic location is waived.	Will continue for the 151-day grace period.	Services that can take place in the home and/or without the geographic limitation will be very limited and in some cases certain conditions will need to be met.
A list of approximately 250 available CPT/HCPCS codes that can be provided via telehealth and reimbursed by Medicare.	This list will still be available during the 151-day grace period.	Only some of the codes from this list will be available through the end of 2023.
OCR will exercise "discretion" on HIPAA	Ends when federal PHE no longer exists. (OCR FAQ)	Reverts back to pre-COVID requirements.
Allowed to prescribe controlled substances with telehealth w/o having to have a prior in-person exam or fit into one of the other exemptions.	Ends as no policy exists at this point to extend.	Reverts back to narrow exceptions.

WHAT'S NEXT?

- Potential Administrative Actions
  - DEA Telehealth Registry
  - OCR could decide to extend HIPAA discretion through 151 Day Grace Period
  - CMS limited in what they can do
- Congressional Action is needed
  - Numerous telehealth bills introduced
  - Policy in a larger bill?

Center for Connected Health Policy

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Thank You!

www.cchpca.org

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Federal Policy & Telehealth from the OIG Perspective

John Gordon, Research Analyst, Office of Evaluation and Inspections

HHS OIG & Telehealth

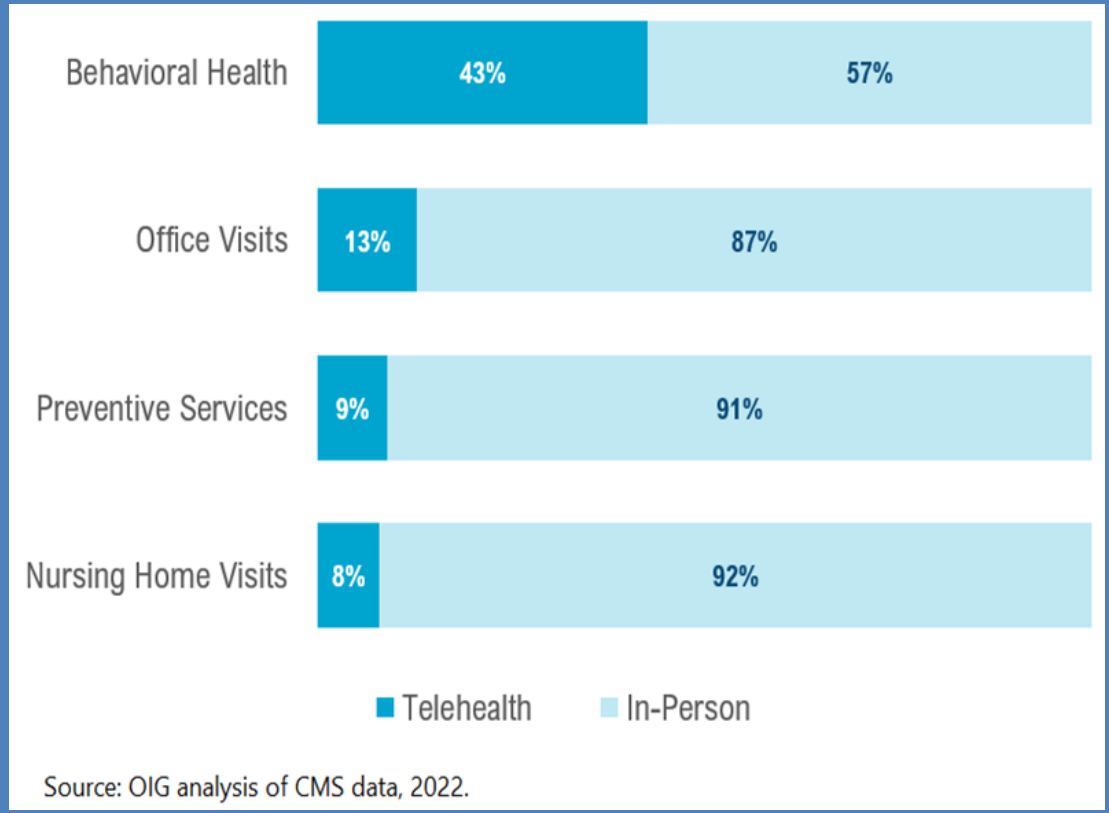
Medicare telehealth during the pandemic

- Recent series of 4 reports about telehealth in Medicare during the first year of the pandemic.
- Across these reports, looking at beneficiaries and providers using telehealth in both Medicare fee-for-service and Medicare Advantage.
- Designed our series of reports to answer 4 main questions:
  - How was telehealth used during the pandemic?
  - Who provided telehealth services?
  - Who used telehealth?
  - What additional safeguards are needed to protect the program and beneficiaries against fraud, waste, and abuse related to telehealth?

Telehealth Was Critical for Providing Services to Medicare Beneficiaries During the First Year of the COVID-19 Pandemic

- More than 28 million Medicare beneficiaries—about 2 in 5—used telehealth services during the first year of the pandemic.
- In total, beneficiaries used 88 times more telehealth services during the first year of the pandemic than they did in the prior year.
- Use of telehealth peaked at the beginning of the pandemic and remained high through early 2021.

- Beneficiaries most commonly used telehealth for office visits with a primary care provider or specialist.
- However, their use of behavioral health services stands out.
- Beneficiaries used telehealth for a larger share of their behavioral health services compared to their use of telehealth for other services.

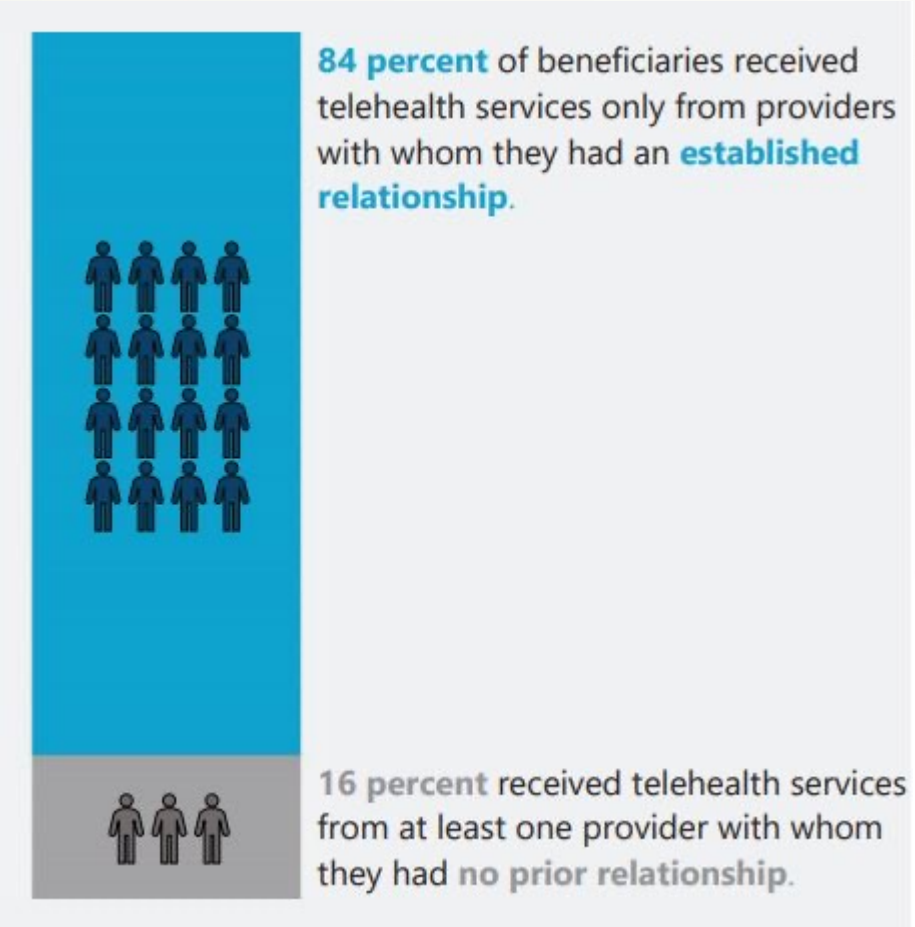


Source: OIG analysis of CMS data, 2022.

Most Medicare Beneficiaries Received Telehealth Services Only from Providers With Whom They Had an Established Relationship

- 84% of all beneficiaries who received telehealth services did so from providers with whom they had an established relationship.

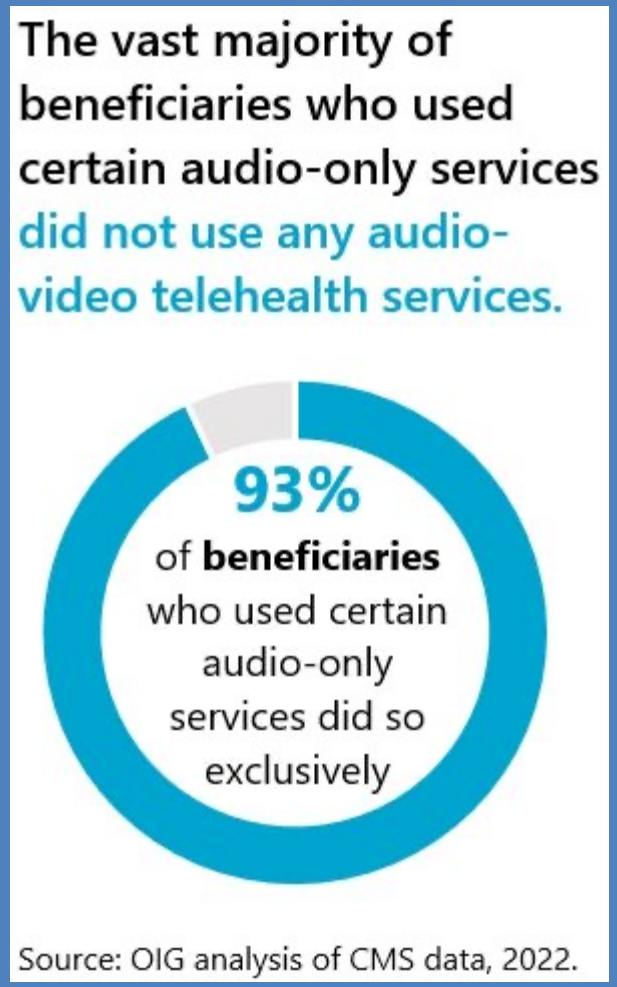
- Among these beneficiaries, they had an in-person visit with their provider an average of 4 months prior to their first telehealth service.



Certain Medicare Beneficiaries, Such as Urban and Hispanic Beneficiaries, Were More Likely Than Others To Use Telehealth During the First Year of the COVID-19 Pandemic

- Beneficiaries in urban areas were more likely than those in rural areas.
- Beneficiaries almost always used telehealth from home, regardless of whether they lived in urban or rural areas.
- Dually eligible beneficiaries, Hispanic beneficiaries, younger beneficiaries, and female beneficiaries were more likely than others.
- Particularly notable for Hispanic beneficiaries—a medically underserved population—as they were less likely to use any service (either telehealth or in-person).

- Almost 1 in 5 beneficiaries used certain audio-only telehealth services, with the vast majority of these beneficiaries using them exclusively.
- Older beneficiaries were more likely to use these audio-only services than younger beneficiaries.
  - Notable because older beneficiaries were less likely to use all telehealth services than younger beneficiaries.



Recommendations to CMS

- Take appropriate steps to enable a successful transition from current pandemic-related flexibilities to well-considered long-term policies for the use of telehealth for beneficiaries in urban areas and from the beneficiary's home.
- Temporarily extend the use of audio-only telehealth services and evaluate their impact.
- Require a modifier to identify all audio-only telehealth services provided in Medicare.
- Use telehealth to advance health care equity.

Medicare Telehealth Services During the First Year of the Pandemic: Program Integrity Risks

- Changes to Medicare telehealth policies, along with the dramatic increases in use of telehealth, underscored importance of determining whether telehealth services were billed appropriately.
- Using input from OIG investigators, developed seven measures that may indicate fraud, waste, and abuse.
- For each measure, set very high thresholds to identify providers whose billing poses a high risk to Medicare.
  - Therefore, does not capture all concerning billing related to telehealth services that may be occurring in Medicare.

- **1,714 providers** had concerning billing on at least 1 of 7 measures that may indicate fraud, waste, or abuse.
- These providers billed for telehealth services for about **half a million beneficiaries** and received a total of **$127.7 million** in Medicare fee-for-service payments.
- More than half (58%) of these providers are a **part of a medical practice** with at least one other high-risk provider.
- 41 high-risk providers appear to be **associated with telehealth companies**.
- Although these high-risk providers represent a small proportion of all providers who billed for a telehealth service, these findings demonstrate the **importance of strong, targeted oversight** of telehealth services.

Program Integrity Measures

To identify providers whose billing for telehealth services poses a high risk to Medicare, we developed seven measures based on analyses of the Medicare data and input from OIG investigators. These measures focus on different types of billing that providers may use to inappropriately bill for telehealth services and include:

- billing both a **telehealth service** and a **facility fee** for most visits;
- billing telehealth services at the **highest, most expensive level** every time;
- billing telehealth services for a **high number of days** in a year;
- billing both **Medicare fee-for-service and a Medicare Advantage plan for the same service** for a high proportion of services;
- billing a **high average number of hours** of telehealth services per visit;
- billing telehealth services for a **high number of beneficiaries**; and
- billing for a telehealth service and **ordering medical equipment** for a high proportion of beneficiaries.

Recommendations to CMS

- Strengthen monitoring and targeted oversight of telehealth services.
- Provide additional education to providers on appropriate billing for telehealth services.
- Improve the transparency of “incident to” services when clinical staff primarily delivered the telehealth service.
- Identify telehealth companies that bill Medicare.
- Follow up on the providers identified in this report.

On the horizon for HHS OIG

- PRAC report evaluating use of telehealth and associated program integrity risks across selected federal health care programs.
- Forthcoming audits of telehealth services, including home health services provided via telehealth, among others.

- https://oig.hhs.gov/reports-and-publications/featured-topics/telehealth/

Questions?

The Patient-Centered Outcomes Research Institute (PCORI): Highlights of the Telehealth Portfolio and Findings

Carly Paterson PhD, MPH, RN
Associate Director, Healthcare Delivery and Disparities Research Program

pcori
PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

About PCORI

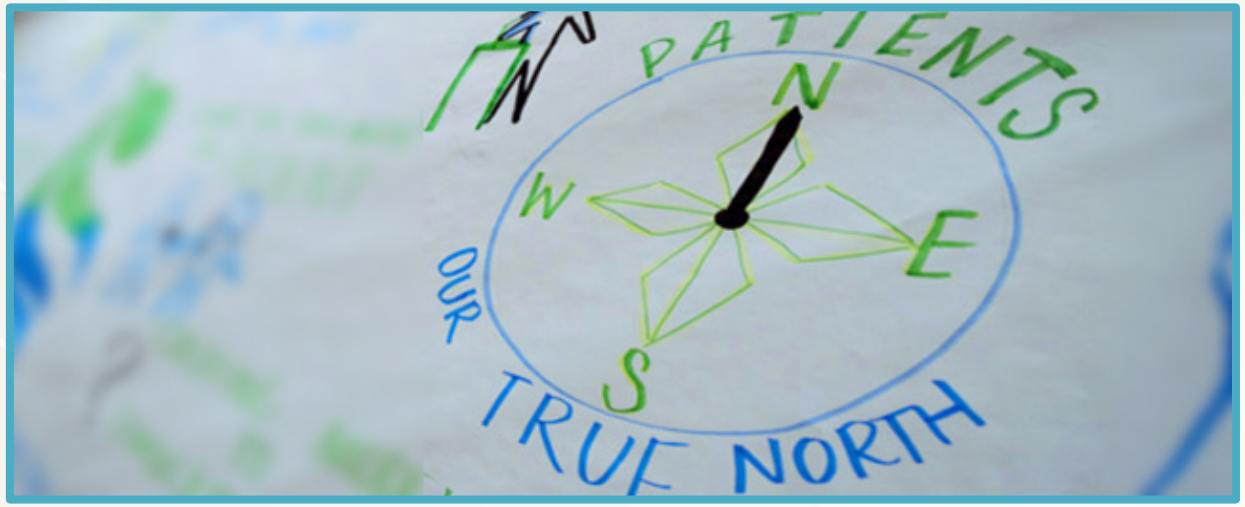
PCORI Authorizing Law

(c) Purpose

The purpose of the Institute is to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis that considers variations in patient subpopulations, and the dissemination of research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of the medical treatments, services, and items described in subsection (a)(2)(B).

PCORI-Authorizing-Law

About PCORI

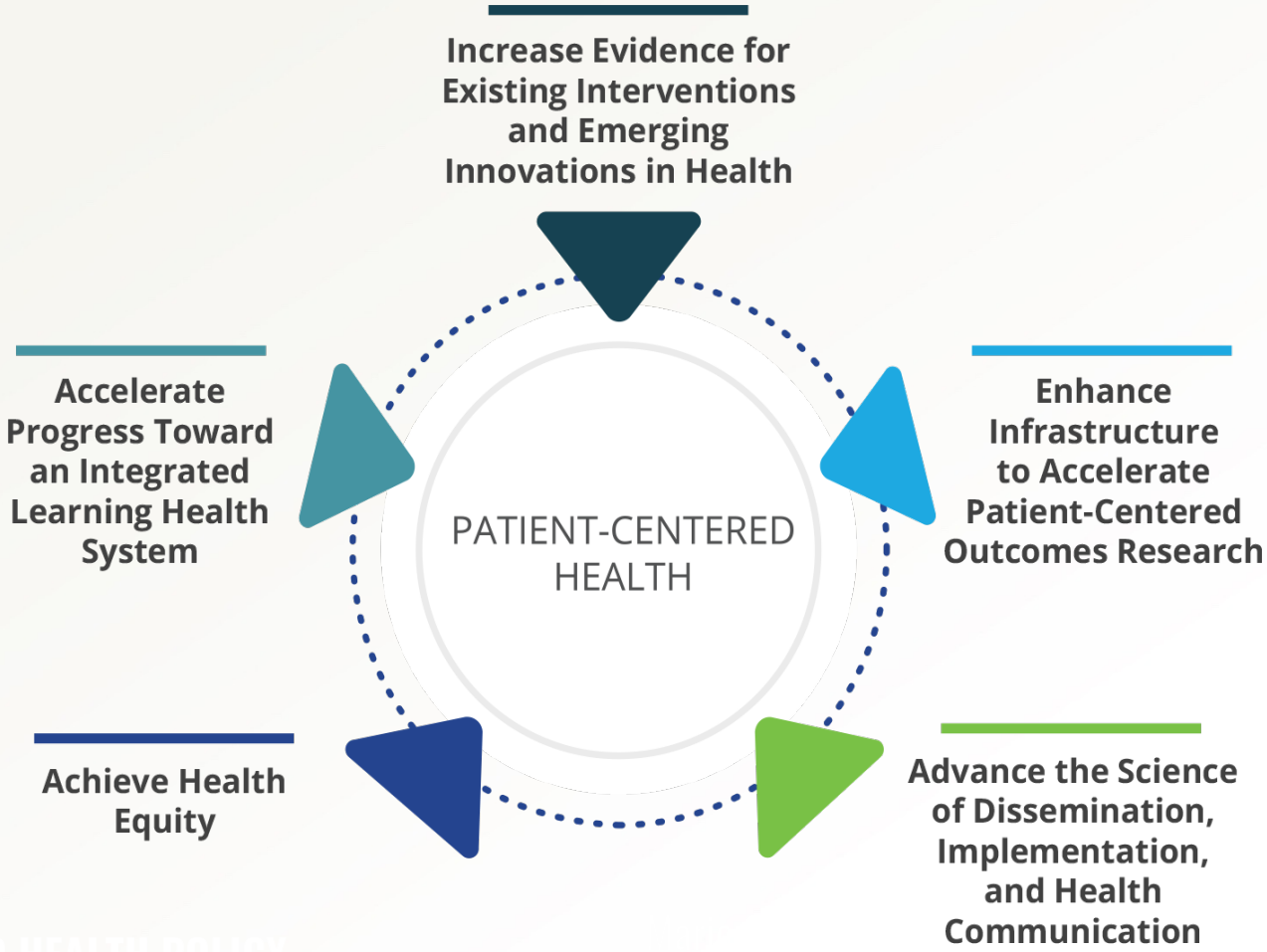


- An independent research institute authorized by Congress in 2010 and governed by a 21-member Board of Governors representing the entire healthcare community
- Funds comparative clinical effectiveness research (CER) that engages patients and other stakeholders throughout the research process
- Seeks answers to real-world questions about what works best for patients based on their circumstances and concerns
- Reauthorized in 2019 for 10 years

PCORI Strategic Plan

National Priorities for Health

- Five ambitious long-term goals
- Interconnected and mutually reinforcing
- Focus:
  - Anchor PCORI's research funding and other initiatives
  - Make a positive and significant impact on health and healthcare outcomes



Visit: *https://www.pcori.org/pcori-strategic-plan*

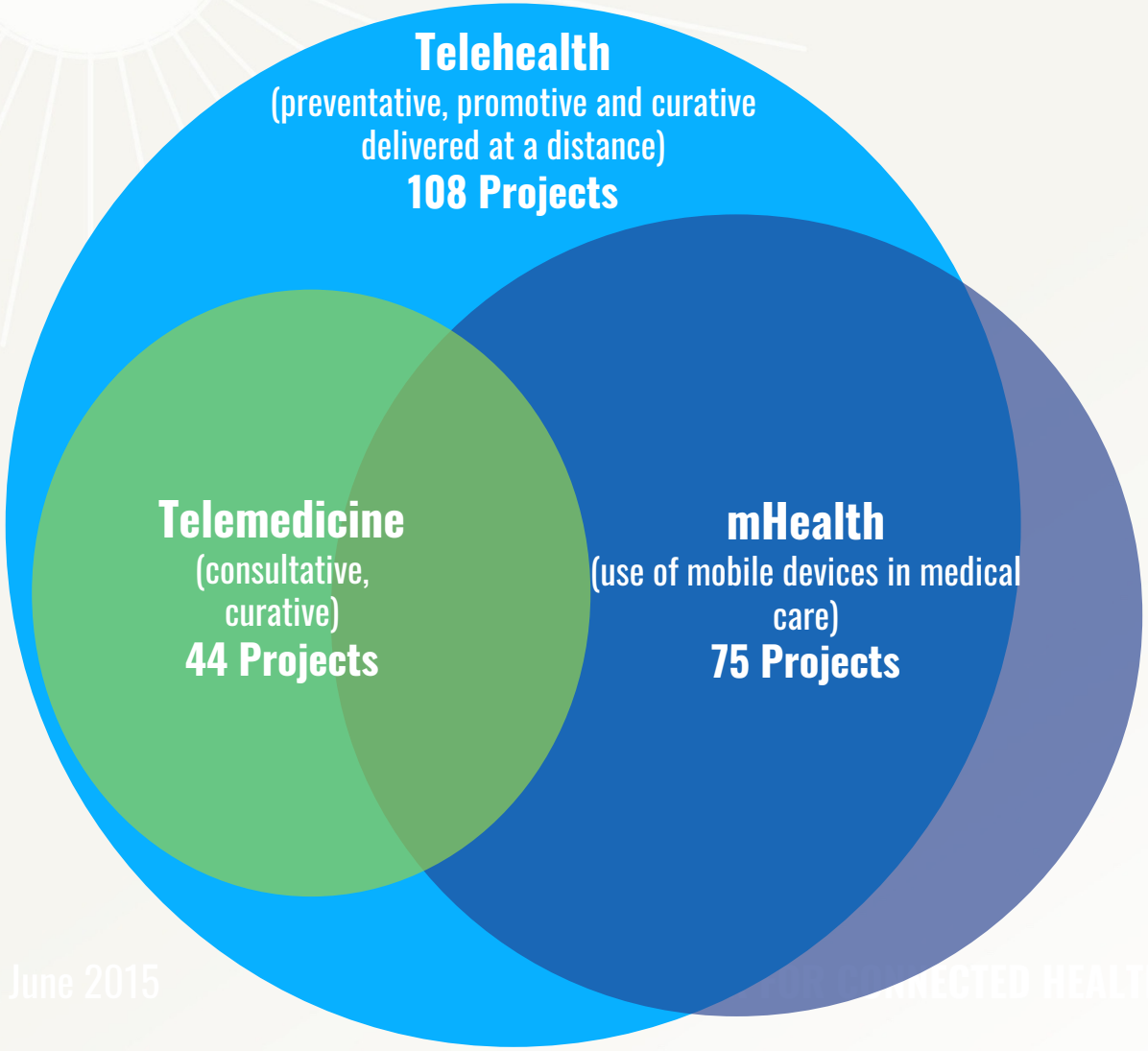
PCORI Strategic Plan

Holistic Approach

- Reflects a holistic approach to generating and promoting the use of evidence designed to enable a more patient-centered system of health
  - CER Funding
  - Engagement
  - Dissemination & Implementation
  - Infrastructure
- Working in concert with one another, these components drive and facilitate our mission and enable us to be responsive

PCORI Telehealth Portfolio

PCORI's Telehealth, Telemedicine, and mHealth Portfolio



$600 MILLION SUPPORTING 123

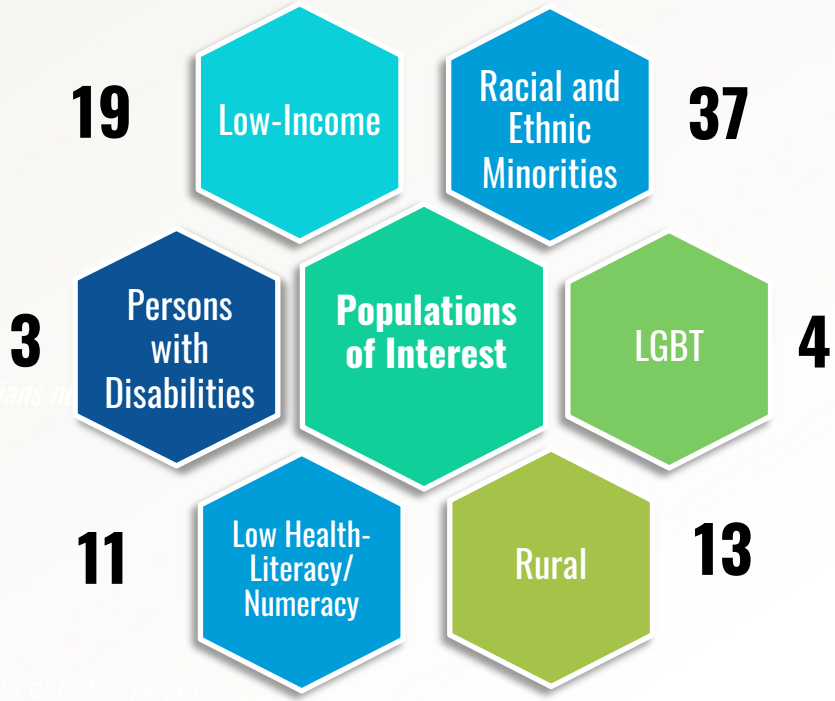
COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH STUDIES IN TELEHEALTH

Projects may be classified as more than one type
As of August 2022

Our Telehealth Studies Targeting Vulnerable Populations

61
STUDIES
Use telehealth to address disparities

$327
MILLION



Categories are not mutually exclusive
As of August 2022

Highlights: PCORI Results

STUDY PROFILE

Addressing Childhood Hearing Loss Disparities in an Alaska Native Population: A Community Randomized Trial (Kleindienst/Emmett)

- **Objective:** *C*ompare the effectiveness of two school-based screening and referral processes in rural Alaska
- **Methods:** Community-based cluster RCT (n=15 villages) /1,481 children
- **Telehealth Component:** mHealth school screening, telemedicine consultation with an audiologist
- **Outcomes:** time to ear/hearing-related diagnosis (primary), prevalence of hearing loss, hearing-related quality of life, school performance, and the sensitivity and specificity of screening protocols (secondary)
- **Engagement**: Village communities, parents, patient partners, educators, audiologists, and surgeons
- **Impact**: Demonstrated that telemedicine can reduce a key rural health disparity in access to care. After nine months, students using the new process were more likely to get a diagnosis—and to get it faster—than students using the standard process of referral.

STUDY PROFILE

Comparing Online Care with In-Person Care for Patients with Psoriasis

What This Study Does

- Evaluates the effectiveness of an online specialty-care delivery model compared to in-person care

Design

- Pragmatic RCT Equivalency Trial (300 patients, 12-month follow up)

Key Outcomes

- Severity of chronic skin disease, depression, quality of life, access to care

Sites

- Three primary sites: Southern California, Norther California, Colorado

Why It Matters…

Provides a scalable model that could improve patient access to dermatology care while delivering similar clinical outcomes.

April Armstrong, MD MPH
University of Southern California
Los Angeles, CA

Armstrong et al. Effectiveness of online versus In-person care for adults with psoriasis. JAMA Open Network 2018; 1(6). e183062. doi:10.1001

PCORI Study Page

Evaluating the Comparative Effectiveness of Telemedicine in Primary Care: Learning from the COVID-19 Pandemic

What This Study Does

- Deeply characterizes features of new or expanded telemedicine programs in primary care implemented during the COVID-19 pandemic;
- Compares the effectiveness of three primary care practice delivery models under COVID-19: primarily synchronous telemedicine, telemedicine supplemented with in-person visits, primarily in-person visits.

Design

- Observational cohort with strong qualitative component
  - Sample Size: 205,000
  - Clusters: 110 primary care practices

Key Outcomes

- **Primary**: avoidable ED visits, unplanned hospitalizations, continuity of care, days at home
- **Secondary**: patient satisfaction, communication quality, accessibility/convenience of care

Population & Setting

- Adult patients with one or more of 5 chronic conditions (asthma, COPD, CHF, diabetes, hypertension) receiving care at primary care practices

Why It Matters

Could provide much needed information on how to effectively implement telemedicine in primary care, particularly for patients with chronic disease, and for other vulnerable populations.

Jessica Ancker, PhD FACMI
Joan & Sanford I. Weill Medical College of Cornell University
COVID–19 Targeted PFA

[PCORI Study Page]

Additional PCORI Evidence Products Focused on Telehealth

Landscape Review

- Changes to Telehealth Policy, Delivery, and Outcomes in Response to COVID-19

PCORI Rapid Reviews

Complete:

- A Rapid Review of Video-Teleconferencing for Disease Prevention, Diagnosis, and Treatment | PCORI
- A Rapid Review of Telehealth Strategies for the Delivery of Maternal Healthcare | PCORI

In Progress:

- A Rapid Review of Audio-Only Care for the Management of Chronic Conditions and Mental Health | PCORI

Evidence Map

- PCORI Evidence Map: The Impact of mHealth for Self-Management of Chronic Disease on Patient-Centered Outcomes

Joint Publications by PCORI-funded Telehealth Investigators

- Early Patient-Centered Outcomes Research Experience with the Use of Telehealth to Address Disparities: Scoping Review
- A Blueprint for the Conduct of Large, Multisite Trials in Telemedicine

Contact Information

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Panel Q&A

Please submit questions using the Q&A function.

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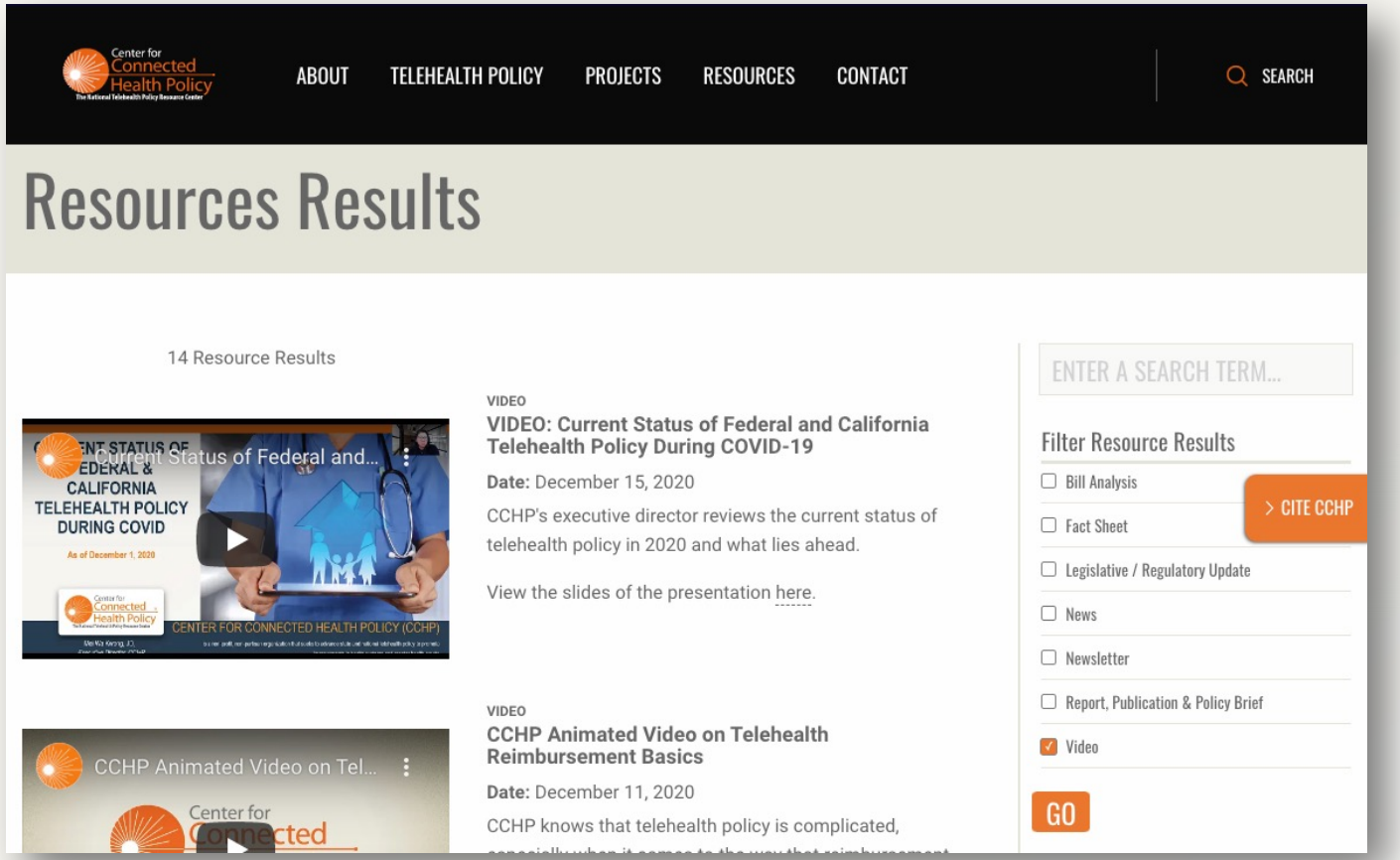
Webinar Recordings and Resources



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Thank you and have a great day!