2021 VIRGINIA TELEHEALTH UPDATE

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Albemarle County Medical Society
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UVA Health

DISCLOSURES

Dr. Rheuban serves on the advisory board of TytoCare LLC

Dr. Rheuban owns stock in American Well

OBJECTIVES

1. Understand the impact of COVID-19 on telehealth adoption
2. Identify policy waivers implemented during the PHE
3. Understand current public policy barriers to scaling of telehealth

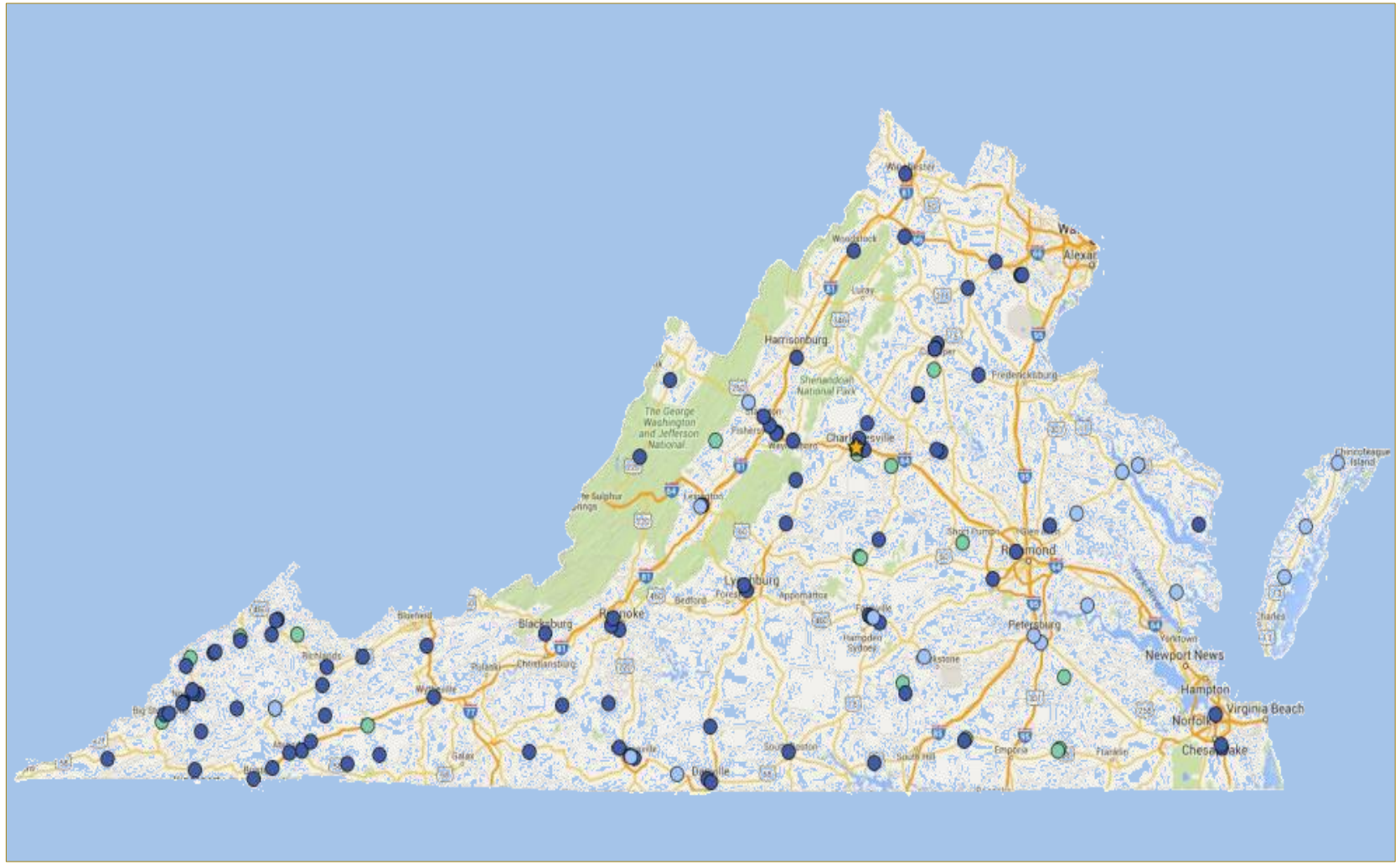
UVA TELEHEALTH PROGRAM HISTORY PRIOR TO COVID-19

- 25 year telemedicine program in Virginia
  - *Federally funded Mid-Atlantic Telehealth Resource Center*
- **Synchronous video based telehealth program** offering specialty services primarily for patients *at healthcare facilities* (including DOC) and schools
- **Asynchronous services** (store forward)
- **Special pathogen** telemedicine program in 5 bed unit (iSOCOMS)
- **Remote patient monitoring program** – adult and pediatric RPM across broad range of chronic conditions
- **Provider to provider** (e.g. eConsults)
- **Provider and patient educational programs** (Project ECHO, THV, Diabetes education)

UVA TELEMEDICINE PARTNERS

UVA Health

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



BARRIERS TO ADOPTION OF TELEHEALTH

Pre COVID-19 Public Health Emergency

UVA Health

- Reimbursement
  - Medicare 1834m restrictions (originating site must be rural, healthcare facility)
  - Virginia Medicaid coverage (no geographic restrictions, facility requirement)
  - Commercial plan patchwork of coverage
  - Limited penetration of APMs
- Technology deployment – platform, EMR integration, remote exam tools
- Workflow development
- Patient support
- Provider support
- Bandwidth at patient locations
- Licensure
- Credentialing and Privileging
- Stark and Anti-Kickback statutes
- Liability

CSH

The Cyber Security Hub™

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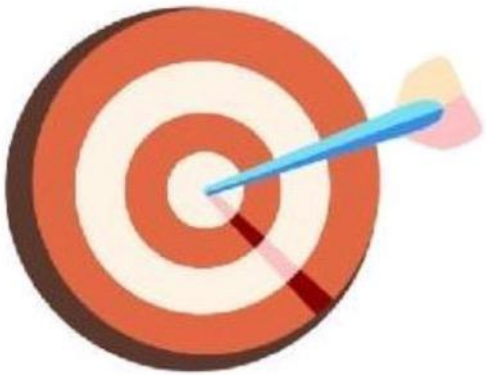
Who led the digital transformation of your company?

A) CEO

B) CTO

C) COVID-19



Post COVID-19 Public Health Emergency:
Waivers driven by necessity enabled scale

UVA Health

- **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
    - DMAS added coverage for remote monitoring for COVID-19
    - New provider memo forthcoming

Post COVID-19 Public Health Emergency:
Waivers driven by necessity enabled scale

UVA Health

- Many states **waived licensure** requirements by executive order
    - Virginia waivers by EO in limited situations
        - Established provider-patient relationship
        - Contracts with health systems, notification of BOM
- OCR waived enforcement action re **HIPAA**
- Many state legislatures acted to make permanent many changes implemented during the PHE

PHE extended in 90 day increments (January 27, 2022)

Virginia Executive orders ended June 30, 2021

UVA RESPONSE TO COVID-19

Facilitated by Medicare and Medicaid waivers, new state mandates

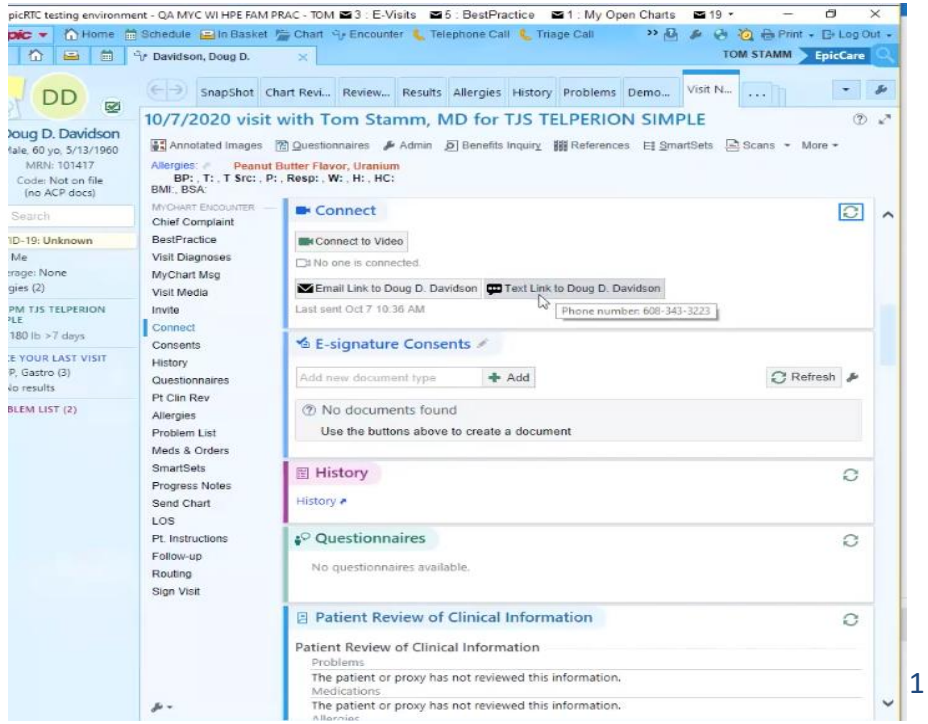
- Backfilled ambulatory visits with home based synchronous video services:
  11-fold increase in telemedicine services in the first four months post PHE
- Increased telemedicine services in both **primary and specialty care**
- **Expanded iSOCOMs** program to more than 180 rooms at UVA Health
- Rapidly scaled to provide **COVID-19 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 program** to include COVID-19 patients with video check-ins by NPs
- Expanded **eConsults**
- **Increased provider educational programs** (e.g. Project ECHO, Telehealth Village)

VIRTUAL CARE TRANSFORMATIONS REQUIRE SIGNIFICANT HEALTH SYSTEM AND/OR PROVIDER INVESTMENTS

UVA Health

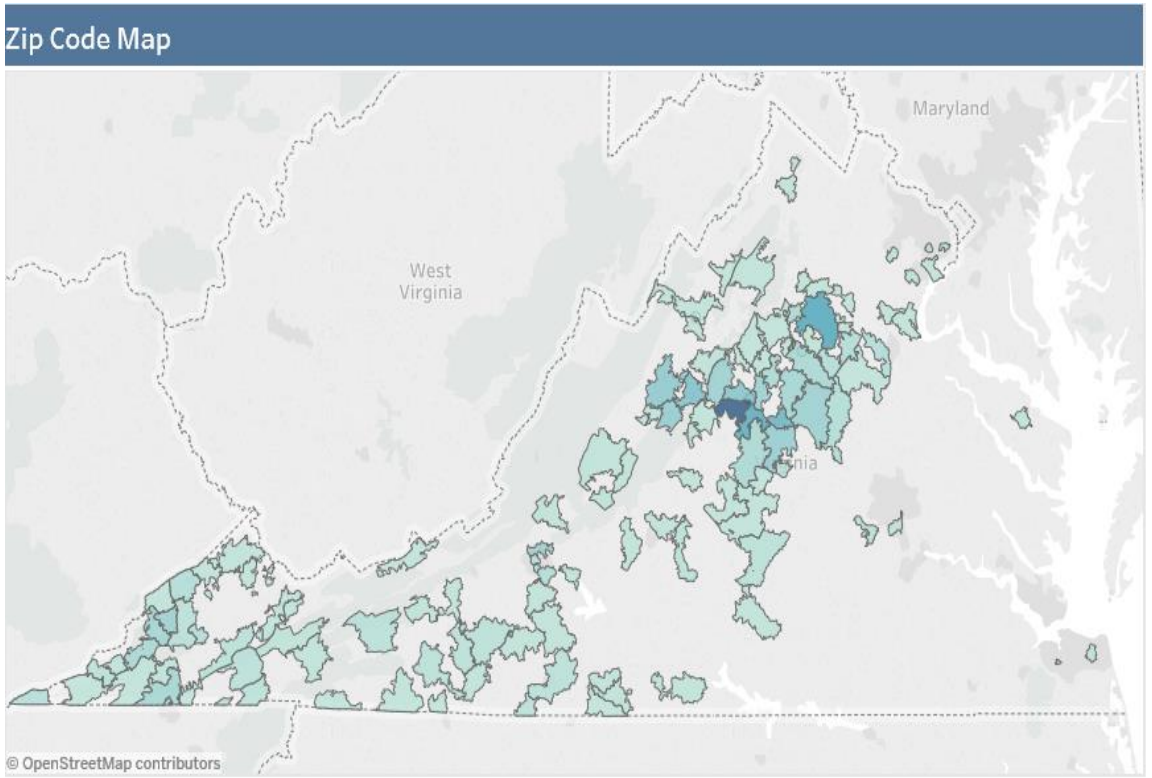
Payment parity for telemedicine encounters is important for program sustainability

- **Platform** – 10/21 transitioned to EPIC integrated Zoom for Healthcare - HIPAA compliant, with multiparty video to support resident supervision, other participants including translation services
- **Devices** – Webcams, headsets for providers, peripheral devices for patients
- **Bandwidth and devices** for selected patients
- **Workflow** development
- **Provider training** modules
- **Scheduling** staff resources
- **Rooming** resources
- **Patient support** services (outsourced)
- **Program evaluation**

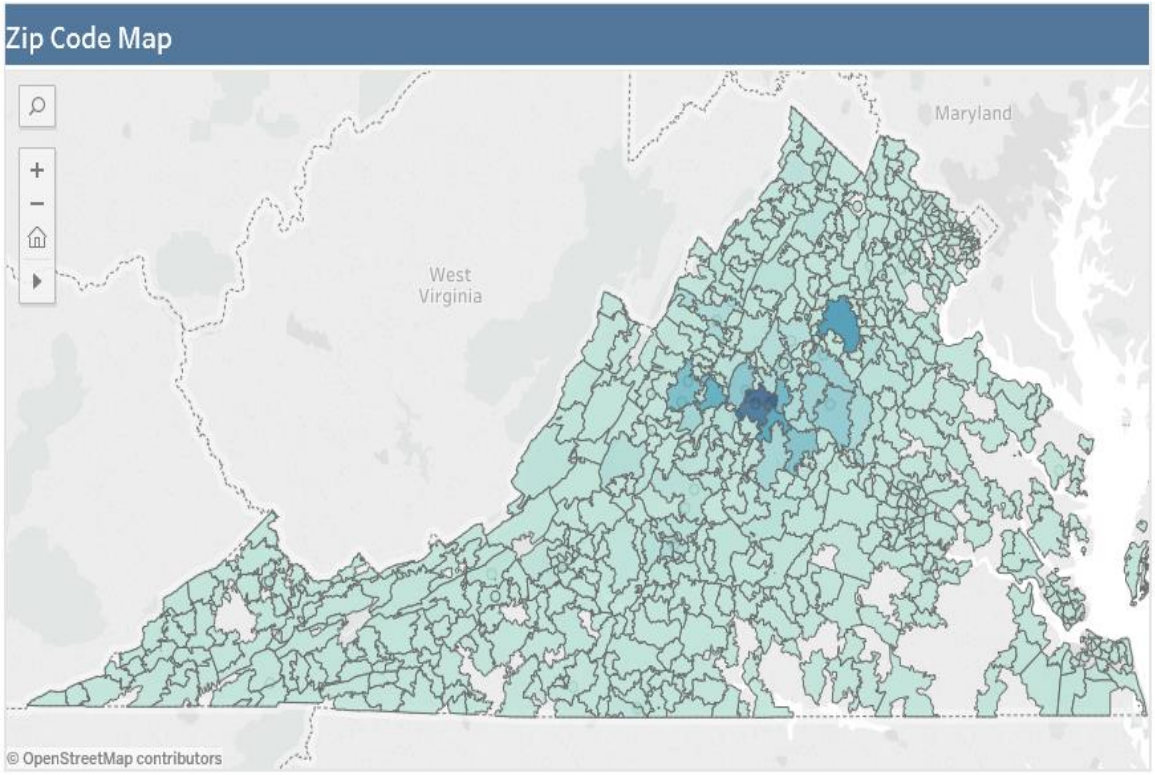


SCALING OF VIRTUAL CARE PRE AND POST COVID-19 PHE

UVA telemedicine has saved Virginians more than 37 million miles of driving



February, 2020



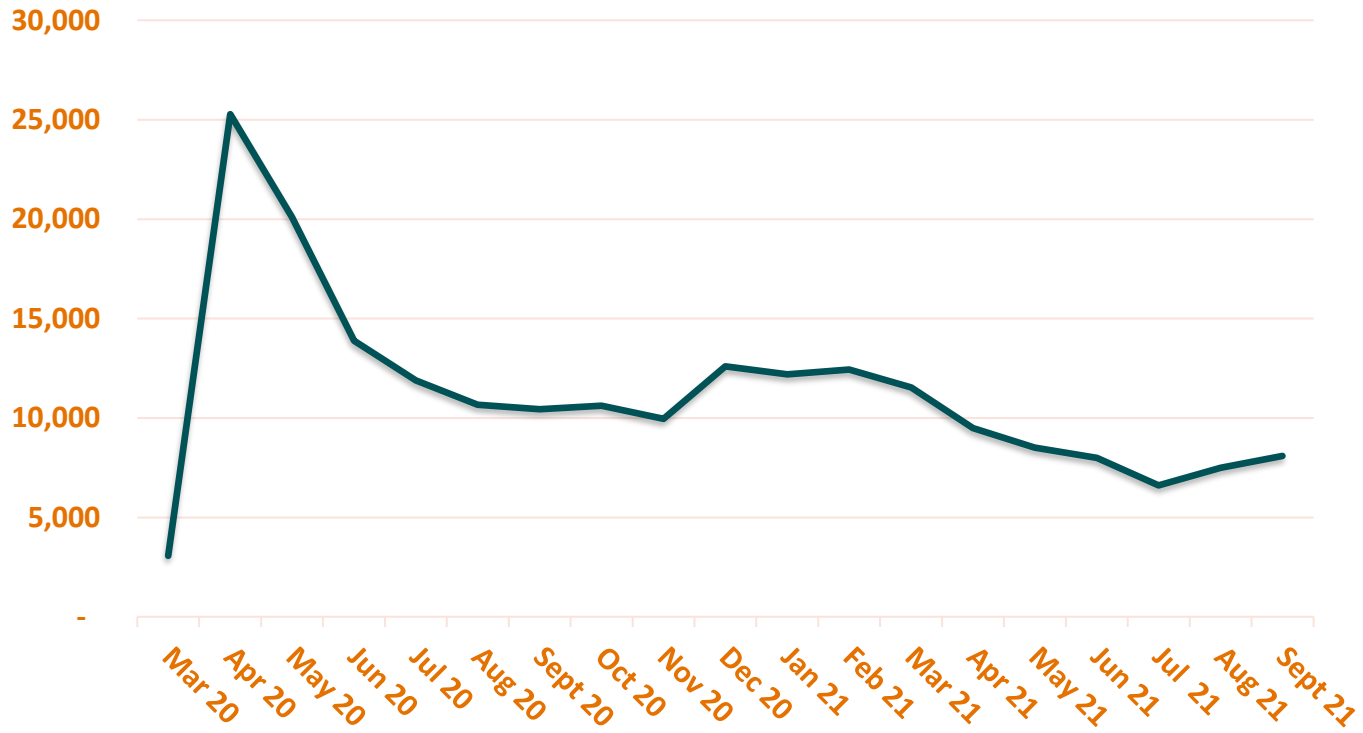
May, 2020

Post COVID-19 Public Health Emergency: Utilization

Utilization increased **exponentially** early in pandemic, decreased as in person services resumed with bumps at surges

TELEMEDICINE VISITS

Completed Visits by Month



COVID19 OUTBREAK INITIAL IMPACT

20,000+ telemedicine visits completed in each of **April** and **May 2020**

Total Completed Visits
Mar 2020 – Sept 2021

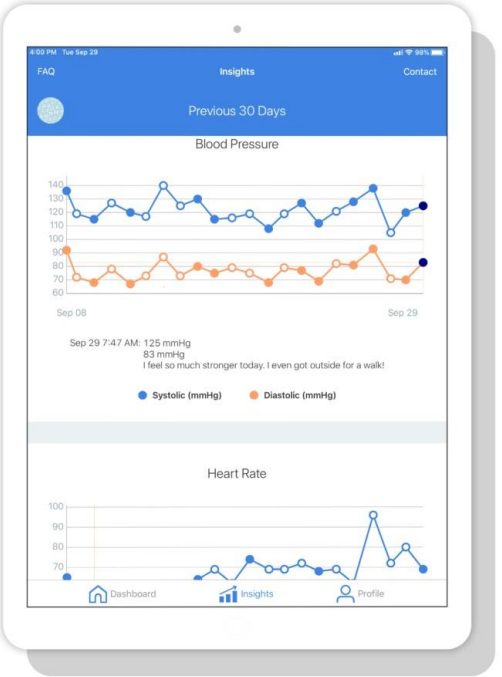
213,000

Post COVID-19 Public Health Emergency: Utilization

UVA Health

Remote Patient Monitoring:

- Total 10,774 patients enrolled across all RPM programs
- 1207 adult and pediatric patients monitored with COVID19 diagnosis
- Enrollment includes:
  - MyChart
  - Physiologic monitoring
  - Behavioral health supports
    - 3727 PHQs completed
  - SDOH assessment
  - Pharmacy support



PATIENT* AND PROVIDER SATISFACTION

UVAHealth

Press Ganey Telemedicine Data

Patients

Willingness to recommend UVA

In-person care: **94.2%**

vs.

Telemedicine care: **92.5%**

Providers

Willingness to maintain or increase telehealth visits over the next year: 79%

*** Published data have shown patient no-show rates have been significantly reduced across many disciplines**

Post COVID-19 Public Health Emergency: Opportunities

UVA Health

- Federal funding enabled scaling (CARES Act, Consolidated Appropriations Act)

UVA awarded >$7 million in COVID-19 and other telemedicine grants in 2020/2021*

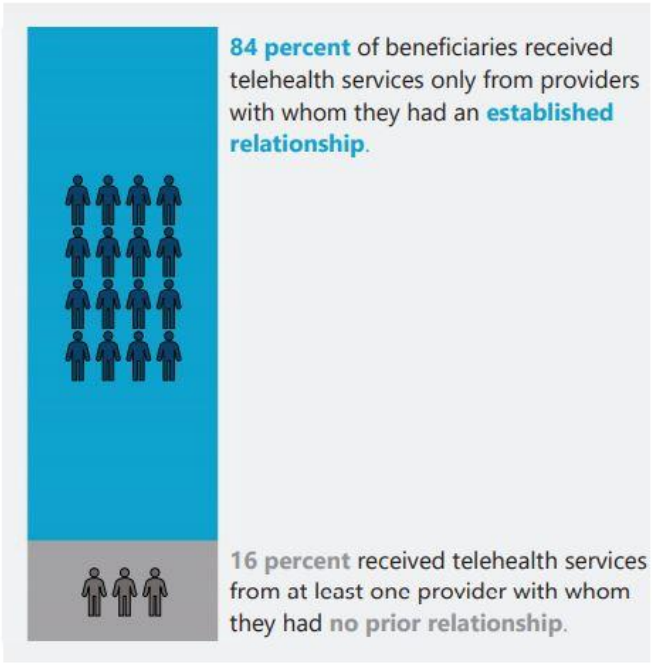
- FCC COVID-19 telemedicine grant program Rounds 1&2
- USDA grant funding
- HRSA MATRC grant renewal and COVID supplement
- FCC Connected Care Pilot Program

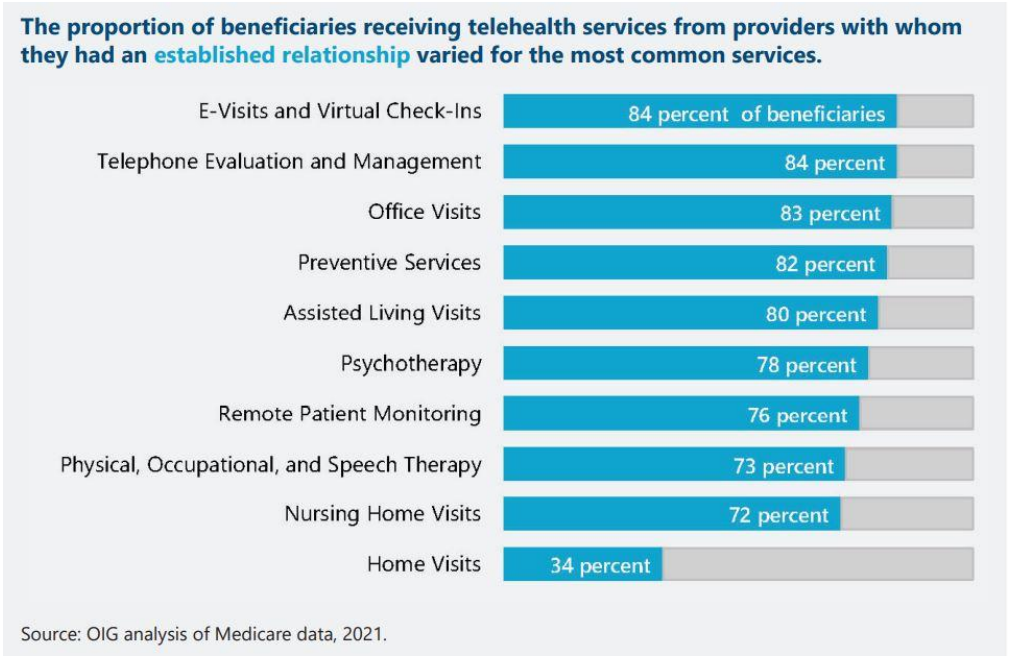
*Funds utilized for UVA, Community partners, Patient devices, Connectivity

Post COVID-19 Public Health Emergency:

- HHS published analyses (Fall, 2021)

- 39% of Medicare beneficiaries received at least one telehealth service March-December 2020
- MedPAC: 90% of respondents reported being “somewhat” or “very satisfied” with their video or audio visit, and nearly 2/3 reported being “very satisfied”.





Post COVID-19 Public Health Emergency: Health equity considerations

UVA Health

- Pew Research data showed that 25% of low income adults (annual income <$30,000 year) do not own a smart phone and,
- 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, covered by Medicare, with 26 state Medicaid programs reimbursing for audio-only

Post COVID-19 Public Health Emergency: Where do we go from here?

UVA Health

- Advocacy from the AMA and virtually every specialty society across the disciplines, toolkits developed
- AAMC has developed telehealth competencies for UME, GME and CME
- CMS 2022 Physician Fee Schedule published November 2, 2021
- States have taken action in legislative special and regular sessions*
    - Virginia codified home as an eligible patient originating site
    - Virginia codified Medicaid coverage of remote patient monitoring
- VTN provider survey ongoing
- Hospital systems have incorporated telehealth in strategic planning

* **Special thanks to Delegate Dawn Adams and Senator George Barker**

Medicare Physician Fee Schedule 2022

Published November 2, 2021 (Still analyzing)

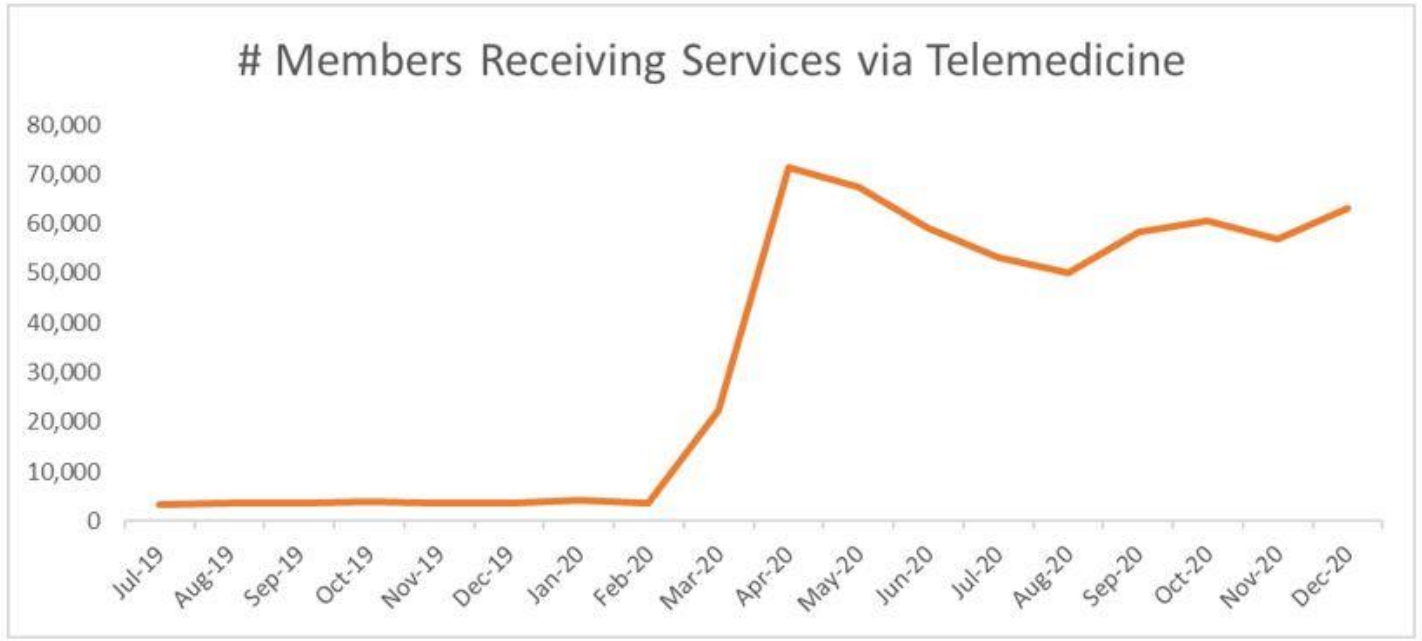
- CMS will extend the Category 3 waivers through 2023
- Once the PHE sunsets, the 1834m limitations return unless
  - For mental health services if an in-person visit conducted within 6 months and annually
  - Treatment of SUD with co-occurring mental health conditions
  - Treatment of acute stroke
  - Providing ESRD services in the home
- Inclusion of Remote Therapeutic Monitoring (RTM) codes
  - RTM codes are intended to gauge the effectiveness of a prescribed therapy and monitor medication adherence and may be patient reported
- Audio only
  - Communication Technology-Based Services include audio only
  - CPT codes 99441, 99442, and 99443 audio-only codes may be used for certain services (Opioid treatment, mental health and certain (?) primary care services) with a modifier for tracking

VIRGINIA MEDICAID UTILIZATION DATA

UVAHealth

Telehealth Has Increased 15 Times During COVID-19

Providers have conducted almost 1,000,000 telehealth visits for Virginia Medicaid members.



DMAS

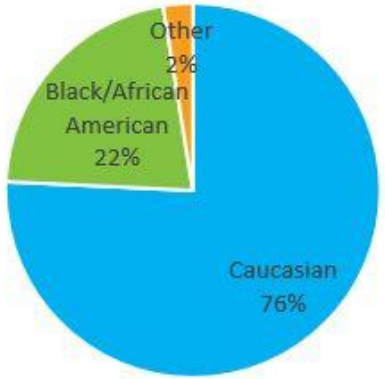
VIRGINIA MEDICAID PATIENT DEMOGRAPHIC DATA

UVAHealth

Telehealth Has Been a Force for Equity

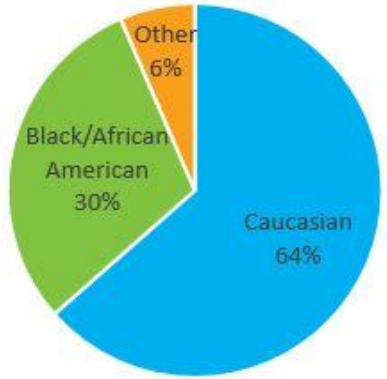
Compared to other groups, African-American members have experienced particularly rapid uptake of telehealth.

Telehealth claims: July, 2019 - Feb, 2020



22% of all telehealth

Telehealth claims: April, 2020 - Oct, 2020

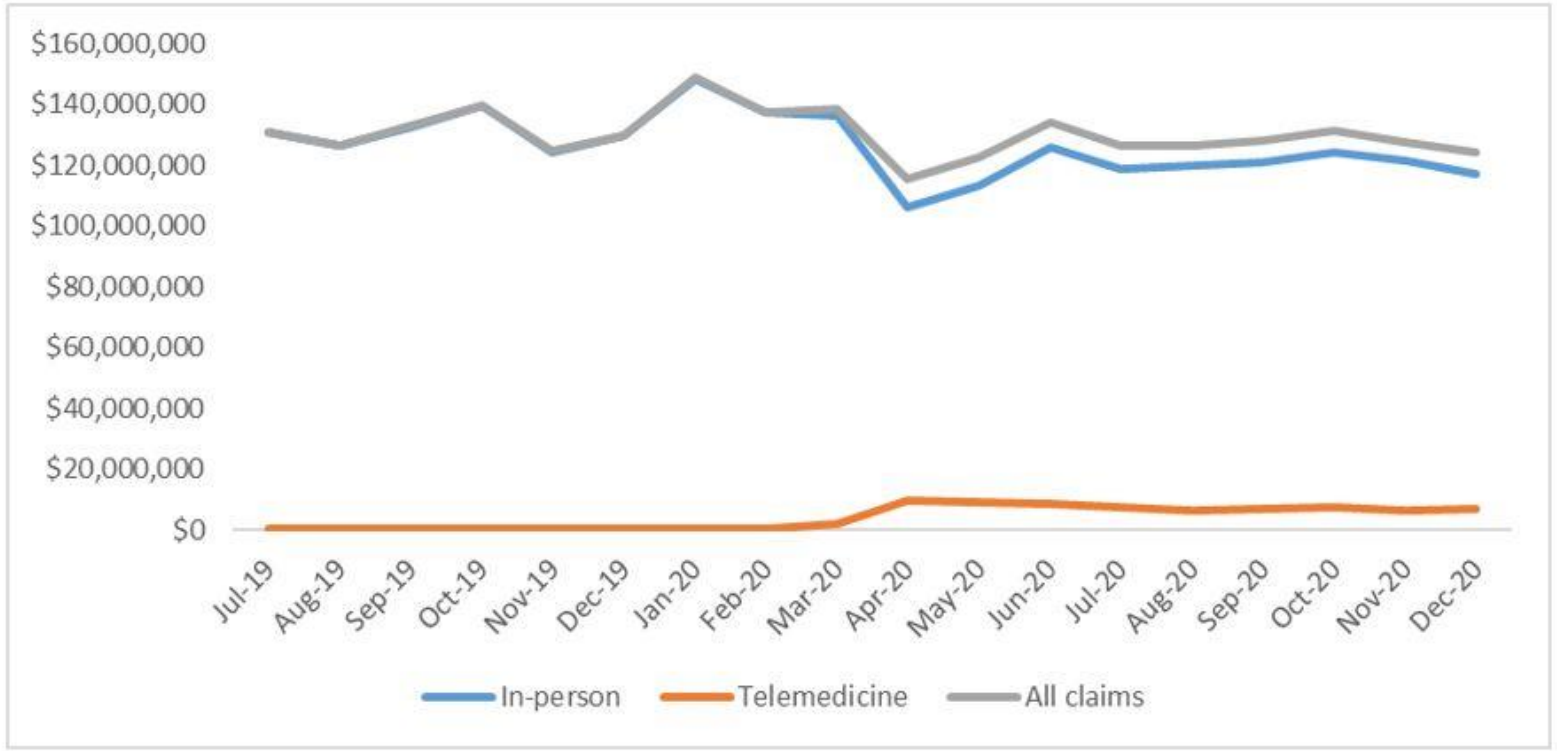


30% of all telehealth

11

DMAS

Telehealth Expenditures During COVID-19



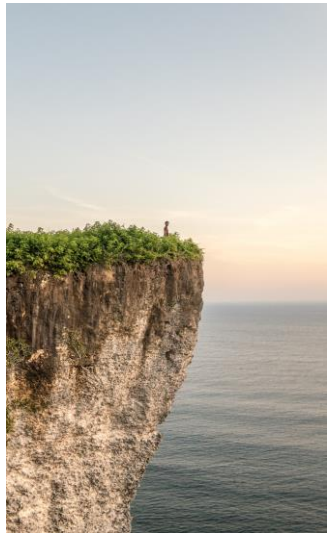
SUMMARY

- Telehealth waivers **enabled a significant scaling of telehealth services** including for adult and pediatric patients
- Shift includes primary care services, specialty care, behavioral health
- Virginia **Medicaid data showed telehealth services largely substitutive** (not additive)
- Telehealth has resulted in a reduction in missed appointments
- Telehealth can be a force for equity
- Audio only services important particularly in the context of an existing provider patient relationship
- Health system and provider investments significant
- Provider work effort not dissimilar to in-person
- Patient satisfaction high

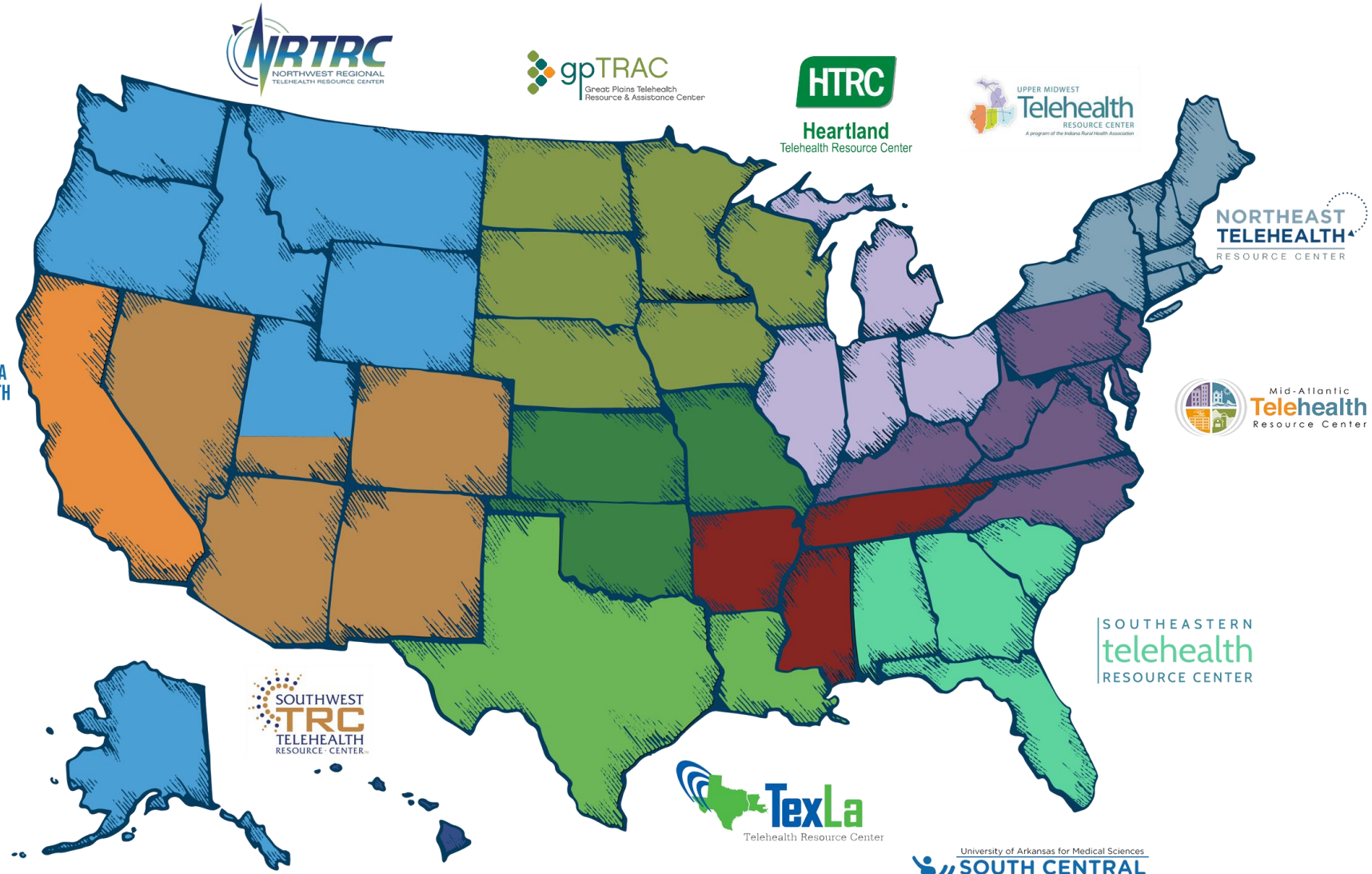
TELEHEALTH IS HEALTHCARE

- Patients have come to appreciate and expect convenient care
- Telehealth supports and is best supported by team-based models of care
- Training to appropriate workflows is imperative
- Right sizing of virtual is still a work in progress

For assistance: www.matrc.org



www.telehealthresourcecenter.org



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 REGIONAL RESOURCE CENTERS

TTAC TelehealthTechnology.org

CCHP

2 NATIONAL RESOURCE CENTERS

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS