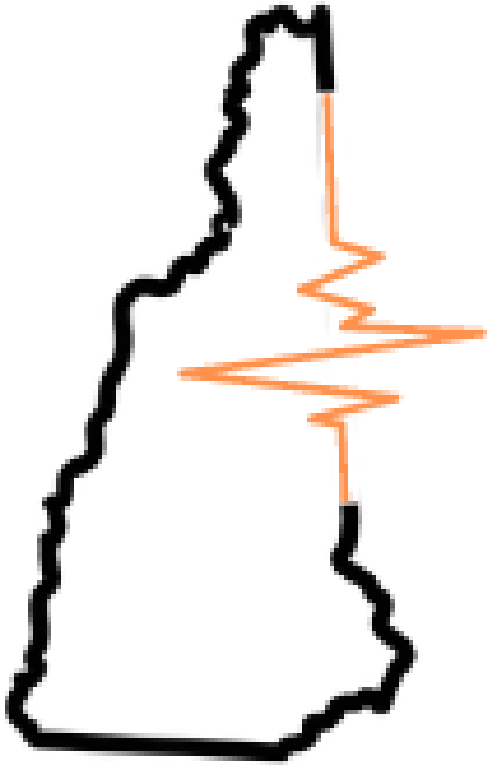




*presents*

# **“Telehealth in NH: The Now & The Future”**

*Powered by White Birch Communications, a Dupont Group business*



# “Telehealth in NH: The Now & The Future”

**Segment 1:** The Future of Telehealth in NH

**Segment 2:** Federal Government Response & Opportunity

**Segment 3:** NH Response & Opportunity

# How to Participate:



Questions will be addressed at the end of each of the three segments.



Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.



Only questions submitted via Q&A will be read by our host for the panelists to address.

# Segment 1: The Future of Telehealth in NH

*with*

**Jon Michael Vore, DO**

Chief Medical Information Officer, Southern New Hampshire Health

*&*

**Dr. Keith Nelson**

Director of Healthcare Strategy, Connection



# Caring for Patients During a Pandemic:

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Development of a Telemedicine program at SolutionHealth during the COVID-19 Pandemic

Jon Michael Vore, DO, CMIO, FAAFP, MSHI

# SolutionHealth

# SolutionHealth

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- Relatively new health system- Established in 2018
  - Member groups:
    - Elliot Health System- Manchester
    - Southern New Hampshire Health- Nashua
- Service area- 500,000+
- Providers- 1070
- Staff- 6500
- In-patient beds 537

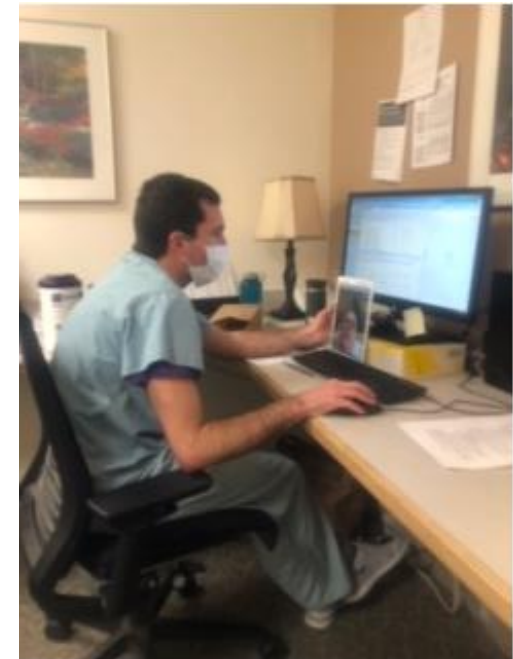
# COVID-19



# Our Experience

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- COVID-19 provided a unique set of circumstances
- Patients still require care for chronic medical issues, new acute non-COVID issues and potential COVID related issues.
- How do we manage patients if we can't bring them into the office?
- How do we keep staff and providers safe?
- How do we keep patients safe and healthy?
- How do we assess what care patients need?
- How do we do this both in inpatient and outpatient?
- How do we flatten the curve?
- Both organizations had previously attempted pilot telemedicine practices with limited success and poor adoption from providers.



# Technology

# Technology

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- Disparate systems between Manchester and Nashua
  - Manchester- Epic
  - Nashua- GE Centricity ambulatory, Soarian Clinicals inpatient, Logicare in ED
- Needed a solution that allowed workflows that could integrate with all our systems.
- Evaluated three possible solutions and based our decision on a solution that was:
  - Simple to use for clinical team and patients
  - Relatively low cost
  - HIPAA compliant and encrypted- allows for future use even when HIPAA requirements are no longer relaxed
  - Did not require any software to be download to user's device
  - No PHI is saved
  - Ability to set-up and rollout quickly

# Areas of Focus

# Areas of Focus

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- Rollout broken into two phases:
- Phase 1 focus:
  - Primary Care, Specialty & Immediate care Practices
- Phase 2 focus:
  - Hospital, ED, Urgent Care Centers, Hospital-Outpatient Departments (HOD)

# Areas of Focus

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- Phase 1:
  - **Primary Care, Specialty & Immediate care Practices**
    - Provider connects with patients using webcams, tablets or personal devices to a patient's own device
    - Allows for transition of many in-office appointments to telemedicine without having to cancel appointments
    - Patient satisfaction as their medical issues are still being addressed and appreciative of not having to come to a place where they could be exposed to disease
    - Allows for revenue generation
    - Reimbursable at in-office rates

# Areas of Focus

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- Phase 2:
  - **Hospital, ED, Urgent Care, HOD**
    - Care team connects with patient using an iPad and either the patient's own device or a facility supplied iPad
    - Helps decrease need for Personal Protective Equipment (PPE) which is in short supply
    - Decreases exposure of staff and providers to COVID positive patients and patients under investigation for COVID
    - More complicated workflows that needed to be worked through before rolling out which took more time
    - Inpatient workflows:
      - Care team contacting the patient
      - Patient contacting the care team
      - Patient connecting with family

# Outcomes



# SolutionHealth Outcomes

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- Started project week of 3/9/20
- Go-live 3/20/20
- Over 350 users on-boarded in the ambulatory setting
- Over 100 users built for inpatient use
- 3/23/20-7/17/20
  - Audio: 34,764
  - Video: 41,578
  - Total: 76,342

# Provider's Experience

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“Works great. I may never go into the office again 😊”

Primary Care provider

“Dermatology has found a suspected melanoma and few skin cancers through the application that they were able to prioritize to bring into the office for biopsy.”

Dermatology provider

“I have had no difficulty or complications with using telemedicine. My patient's feedback is very positive and all are stating how easy this is to use.”

BH provider

# Patient and Staff Response

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“My patients have expressed appreciation that they have this option and can still have their needs met”

“Staff like it as it decreases the feeling of being isolated”

Allowed a mother and father on our labor and delivery unit to see their 33 wk 3 lb preterm infant in the NICU. They had not been able to see the child since delivery given the COVID crisis. While it was only video, it meant a lot to them to see their son.

“I haven’t had any problems with the platform. My patients have expressed appreciation that they have this option and can still have their BH needs met”

# The Future

# Future

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- Areas of growth:
  - Continued expansion of BH services both ambulatory and in-patient
  - Continue use by Rheumatology, Endocrine, Cardiology and other specialties where physical exam not critical for follow-up issues especially for visits that are data driven.
    - Also significant adoption due to immunocompromised and fragile population- Need to keep healthy
  - Continued development of smart devices integrating with EMRs helping to provide needed patient data (ie BP, EKG, blood sugar monitors, digital stethoscopes)
  - Will allow ability to care for much larger populations (won't be confined to primary service area)
- Risks:
  - More education to providers on how to perform telemedicine visits.
    - Have already seen providers revert back to in-person exams due to comfort and “what they are used to”.
    - Telemedicine is a skill that providers need to develop (ie walk patient through self exam)
  - Payment alignment at CMS level to continue parity

# Telemedicine Moving Forward



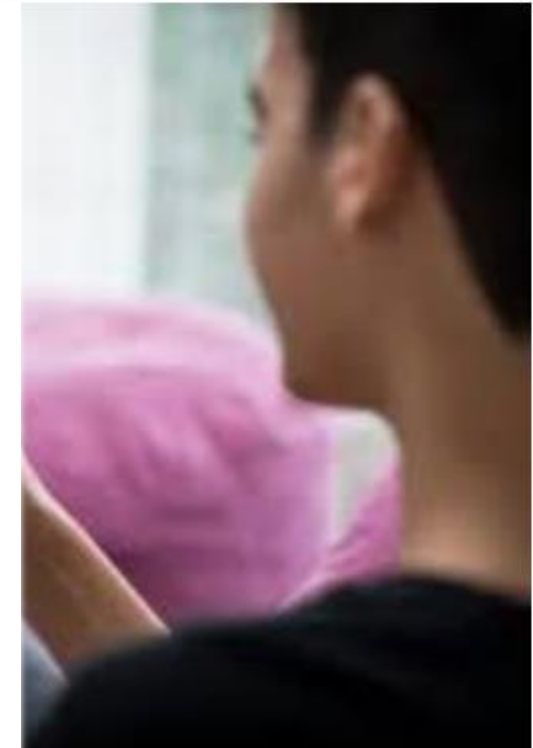
**Keith Nelson, DPM, MBA, DABPM**  
**Director of Healthcare Strategy**  
**Connection**

# Telemedicine Has Been Around for Over 20 Years

## Primary Impediments to Wholesale Adoption:

- Limited Reimbursement → Payment Parity
- State Licensing and Practice Restrictions (i.e. Rx) → Mostly Suspended
- Cross-State Coverage Obstacle → Suspended
- Malpractice Insurance Coverage → Non-Issue
- Non-Tech-Savvy Public → Wide Adoption

## COVID Relaxation



# Telemedicine Opportunities



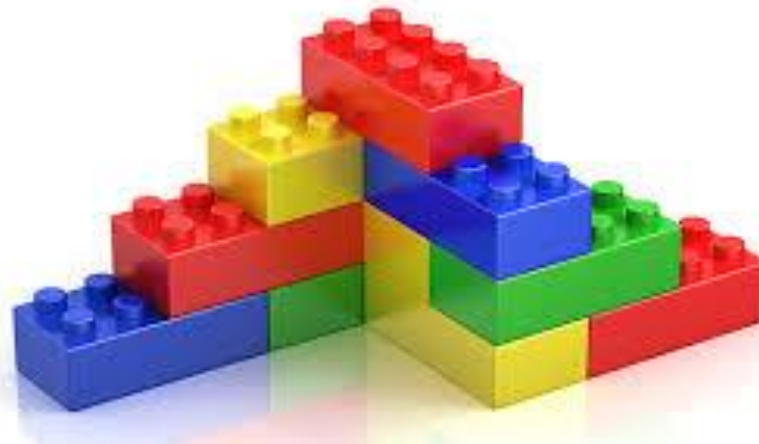


- **Pop-Up Locations (COVID)**
- **Corporate Campuses**
- **Nursing Homes**
- **Rural Health Clinics**
- **Remote Military Bases**
- **Schools**
- **Prisons**
- **Pharmacies**
- **Cruise Ships/Airlines**
- **Remote Resort Locations (Islands)**



# Expanded Applications

- **2<sup>nd</sup> Opinions for Cancer**
- **Surgery Follow-up**
- **Worldwide Provider Collaboration**
- **Clinical Trial Enrollment**
- **Population Health Management**



# Future Opportunities



**Noninvasive Blood Tests**



**12-Lead ECG Shirt/Wearables**



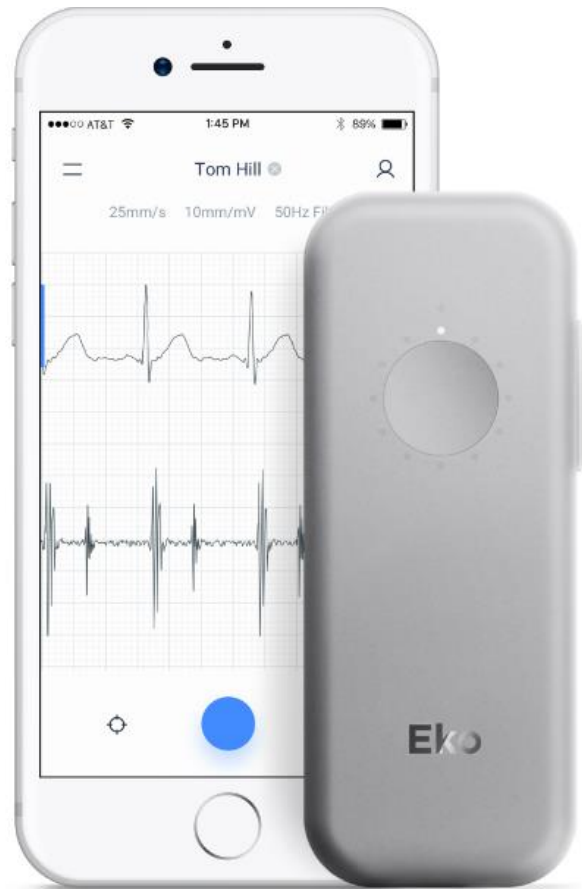
**Accessible Remote Robotic Surgery**



**Remote Ultrasound/Vascular Analyzer**

# Clinical Diagnosis (CDS)

## Artificial Intelligence



Stethoscope



EKG



# Segment 1: The Future of Telehealth in NH

**Q & A**

# Segment 2: Federal Government Response & Opportunity

*with*

**Peter Clark**

Special Assistant for Projects & Policy, Office of U.S. Senator Jeanne Shaheen

# Segment 3: NH Response & Opportunity

*with*

**Senator Jay Kahn**

NH Senate District 10

&

**Lucy Hodder**

Director of Health Law and Policy, University of New Hampshire



# HB 1623

Creating Comprehensive Telemedicine Legislation

Jay Kahn, Ph.D.  
State Senator  
Keene, Cheshire County, NH

# Evolution of HB 1623

- Telemedicine Act rewritten in 2019, allowing services to patients/members at an originating site by practitioners at a distant site, in-home care, and store and forward
- HB 1623 Rep. Marsh and SB 647 Sen. Kahn – allowing a provider without a prior in-office relationship to begin MAT without being required to establish care via face-to-face in-person service when patient is within:
  - Doorways, correction facilities, clinics (VA), state designated community mental health center -- subsequent in-person exam within a year.
- Rate payer parity bill was SB 555, same reimbursement for in-office and teleconference diagnosis and treatment (EPSDT); covers Medicaid and private insurers
- Governor's Executive Order 8 – includes above, voice only services, and reinforces use for both health and mental health care
- Use prior to and during state of emergency
- Effective upon passage for most of act, parity effective 60 days after passage of this act or upon the expiration of the Governor's Emergency Order #8

# Telemedicine Parity

- Parity is not more nor less than in-office visit.
- Reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.
- Compensation/reimbursement to the distant site and the originating site shall be the same as the total amount allowed for health care services provided in person
- Medically necessary services – within scope of practice
- Dispute resolutions through Dept. of Insurance

# Applies to 21 health professions practice acts

- "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.
  - (a) Use the same standard of care as used in an in-person encounter;
  - (b) Maintain a medical record; and
  - (c) Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.
- Learned from Medicaid to Schools Act to add to scope of practice statutes.

# Commission to Study Telehealth Services

- 14 members, 10 named by healthcare groups
- Review available data compiled by the department of insurance and health providers. This data may include, but not limited to, utilization and cost of services through telehealth in New Hampshire
- Commission shall make an interim report by December 1, 2022
- Final report with findings and any recommendations for proposed legislation on or before December 1, 2024
- Evidence based recommendations – best practices, technology investments, cost savings, new DRG codes
- [http://gencourt.state.nh.us/bill\\_status/Results.aspx?q=1&txtbillnumber=hb1623&txtsessionyear=2020](http://gencourt.state.nh.us/bill_status/Results.aspx?q=1&txtbillnumber=hb1623&txtsessionyear=2020)

# Next Steps

## Best Practices

- Rural care, continuing care
- Monitoring acute illnesses, nursing homes, in-home care, mental health consultations
- Save time & cost, avoiding potential health risk exposure
- Voice alternatives to video – avoiding Internet limitations
- Medicaid to Schools education remote learning

## Unknowns

- Cultural shift for healthcare
- What's good for healthcare may not be for mental healthcare
- Employer self-funded health plans (ARISA), plan managers could provide information
- Medicare expansion of telehealth

# Telehealth NH Future Consideration

Lucy C. Hodder, JD  
Director of Health Law and Policy  
August 3, 2020  
9:00 – 10:30 PM

# IHPP Focal Areas

## Our Mission

IHPP's mission is to achieve a health ecosystem driven by person-centered approaches, sound data, well-developed policy, and science.



**Institute for Health  
Policy and Practice**

## Our Vision

IHPP's vision is to be a driving force in affecting change at the state and national levels to improve health.



# The Virtual COVID-19 Paradigm

## Sustainability post-COVID 19?



## Regulatory Pathways for Telehealth

Our health care delivery system from patient to payment is highly regulated

Our payment systems vary based on payor source, health plan and payment model

Our incentives to continue telehealth depend on type of provider and system, service, patient, and provider capacity

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# Disruption in Health Insurance Coverage Due to COVID-19 Pandemic

56+% of NH residents had employer sponsored insurance in 2019



Unemployment is now the highest it's been in decades and in NH the COVID19 affected unemployment rate is impacting hospitals and health care workers.



*Unemployment leads to higher rates of uninsured*

*Increased Medicaid enrollment*

*Impact on out of pocket spending  
(11% NHE) overall household*

*Burden on Medicare trust fund  
due to reduced payroll taxes*

*Uncompensated care*

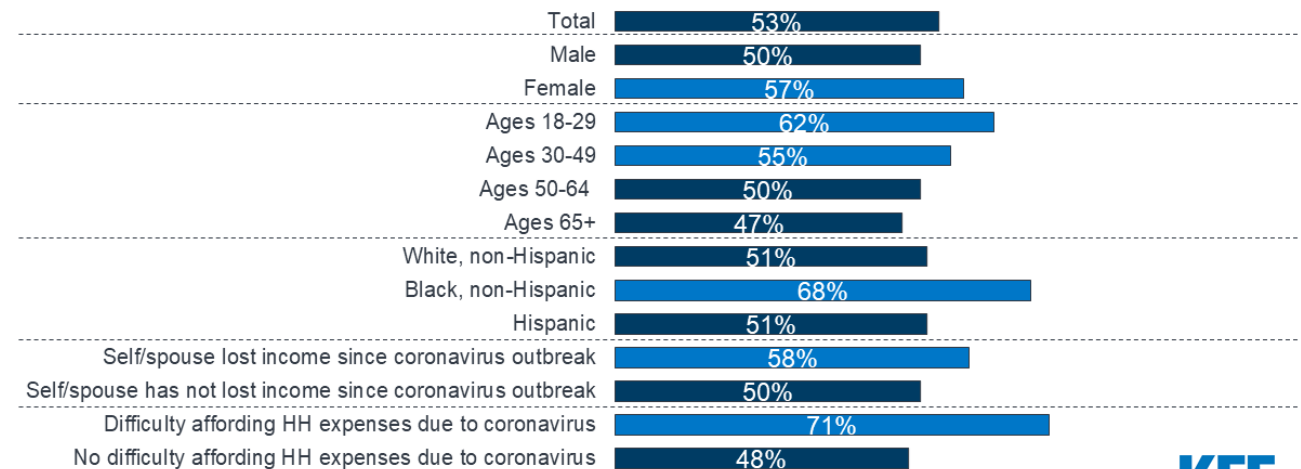
# Stress and Worry

- A majority of adults (53%) now say that stress and worry related to the pandemic has had a negative impact on their mental health.

Figure 10

## Women, Younger Adults, Black Adults, And Those Who Have Had Financial Impact More Likely To Report Mental Health Impact

Percent who say they feel that worry or stress related to coronavirus has had a **negative impact** on their mental health:



SOURCE: KFF Health Tracking Poll (conducted July 14-19, 2020). See topline for full question wording.

## Monthly Telehealth Regional Tracker, Apr. 2020

Northeast: CT, ME, MA, NH, NJ, NY, PA, RI, VT



### Top Five Procedure Codes by Utilization, 2019 vs. 2020

In order from most to least common

Apr. 2019

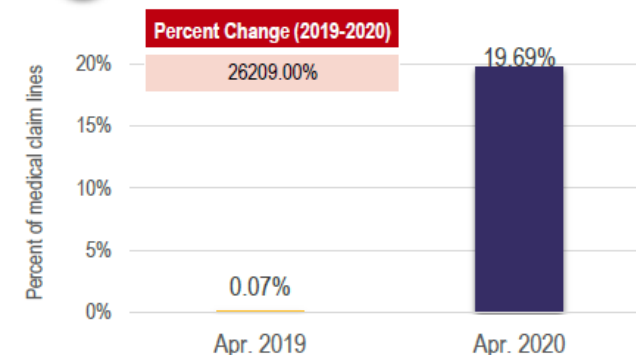
CPT®/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99444*	PHYSICIAN OR HEALTHCARE PROFESSIONAL EVALUATION AND MANAGEMENT OF PATIENT CARE BY INTERNET (EMAIL) RELATED TO VISIT WITHIN PREVIOUS 7 DAYS
90834	PSYCHOTHERAPY, 45 MINUTES
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION

Apr. 2020

CPT®/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 25 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
90837	PSYCHOTHERAPY, 60 MINUTES
99442	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION

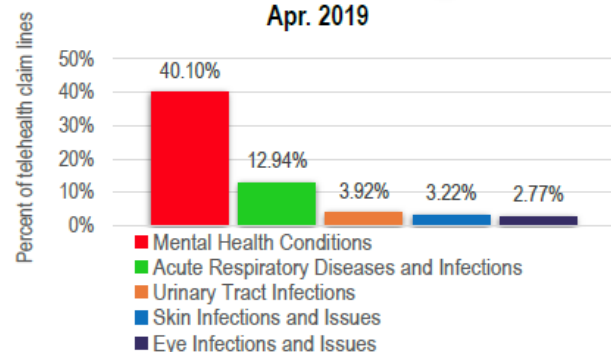


### Volume of Claim Lines, 2019 vs. 2020

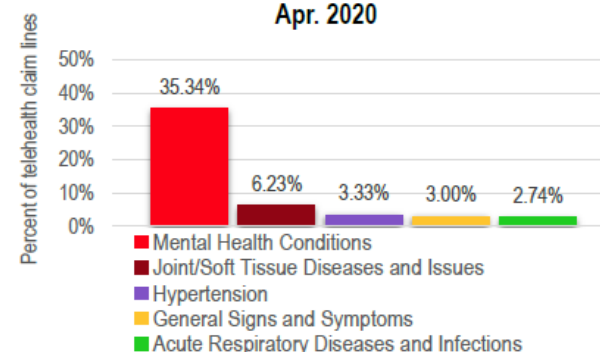


### Top Five Diagnoses, 2019 vs. 2020

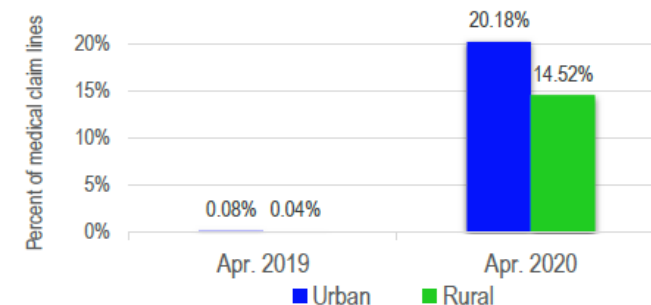
Apr. 2019



Apr. 2020



### Urban vs. Rural Usage, 2019 vs. 2020

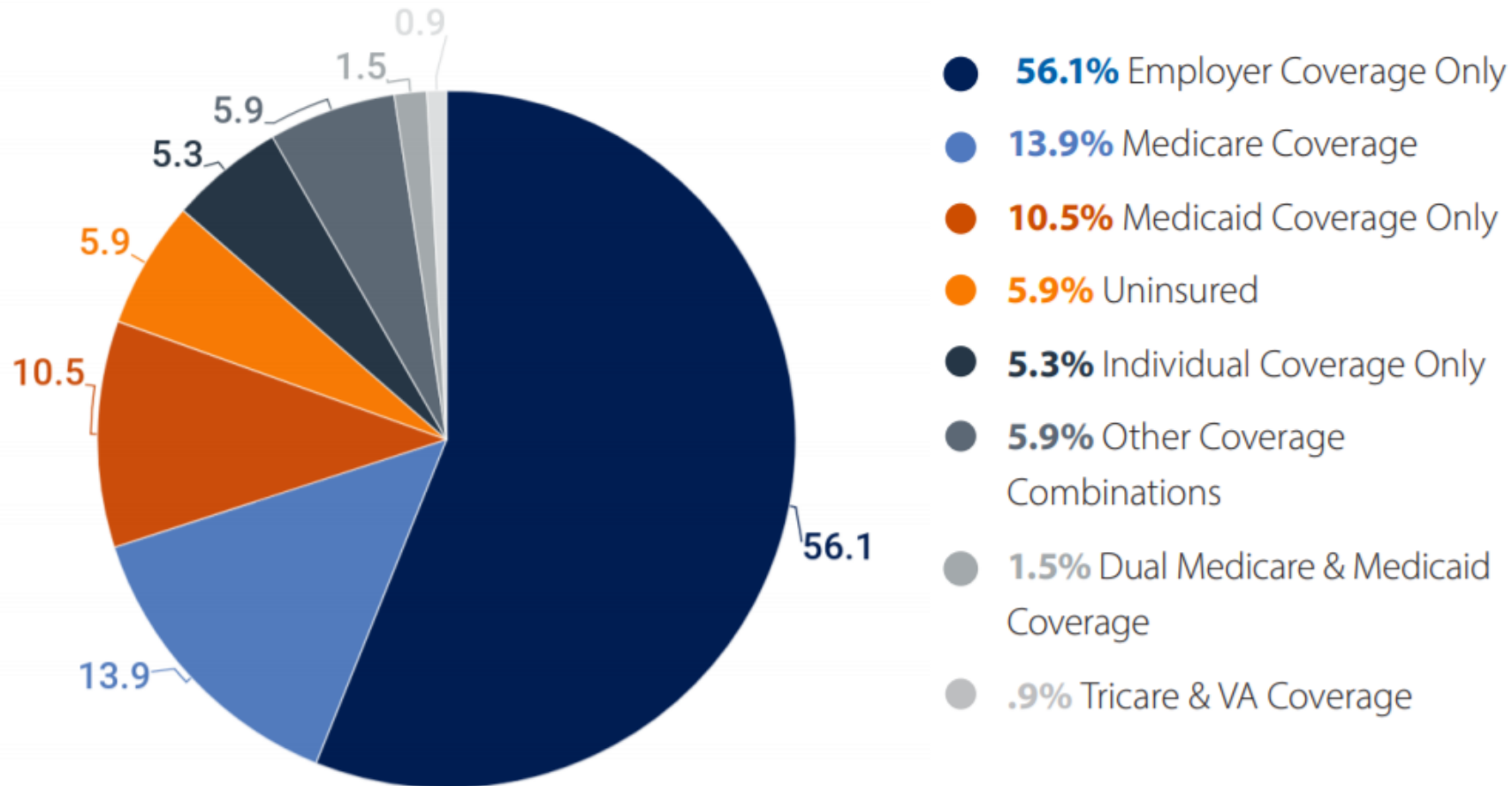


\* Code deleted at the end of 2019.

Source: FH NPIC® database of more than 31 billion privately billed medical and dental claim records from more than 60 contributors nationwide. Copyright 2020, FAIR Health, Inc. All rights reserved. CPT © 2019 American Medical Association (AMA). All rights reserved.

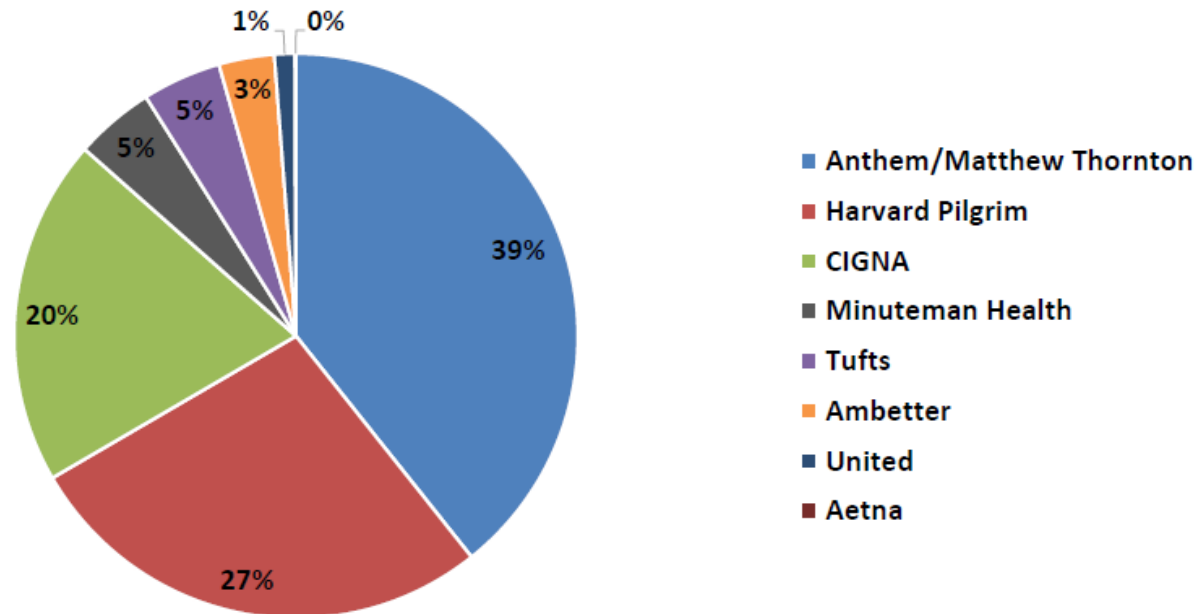
# How do we access health insurance in NH?

## NEW HAMPSHIRE INSURANCE COVERAGE, 2018



APPENDIX

Membership Distribution by Insurer of New Hampshire Situs Only,  
Fully-Insured and Self-Insured 2017



Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes FEHBP population.

<https://www.nh.gov/insurance/reports/index.htm>

# How Do New Hampshire Residents Access Insurance Coverage?

There are 1,325,000 residents in New Hampshire

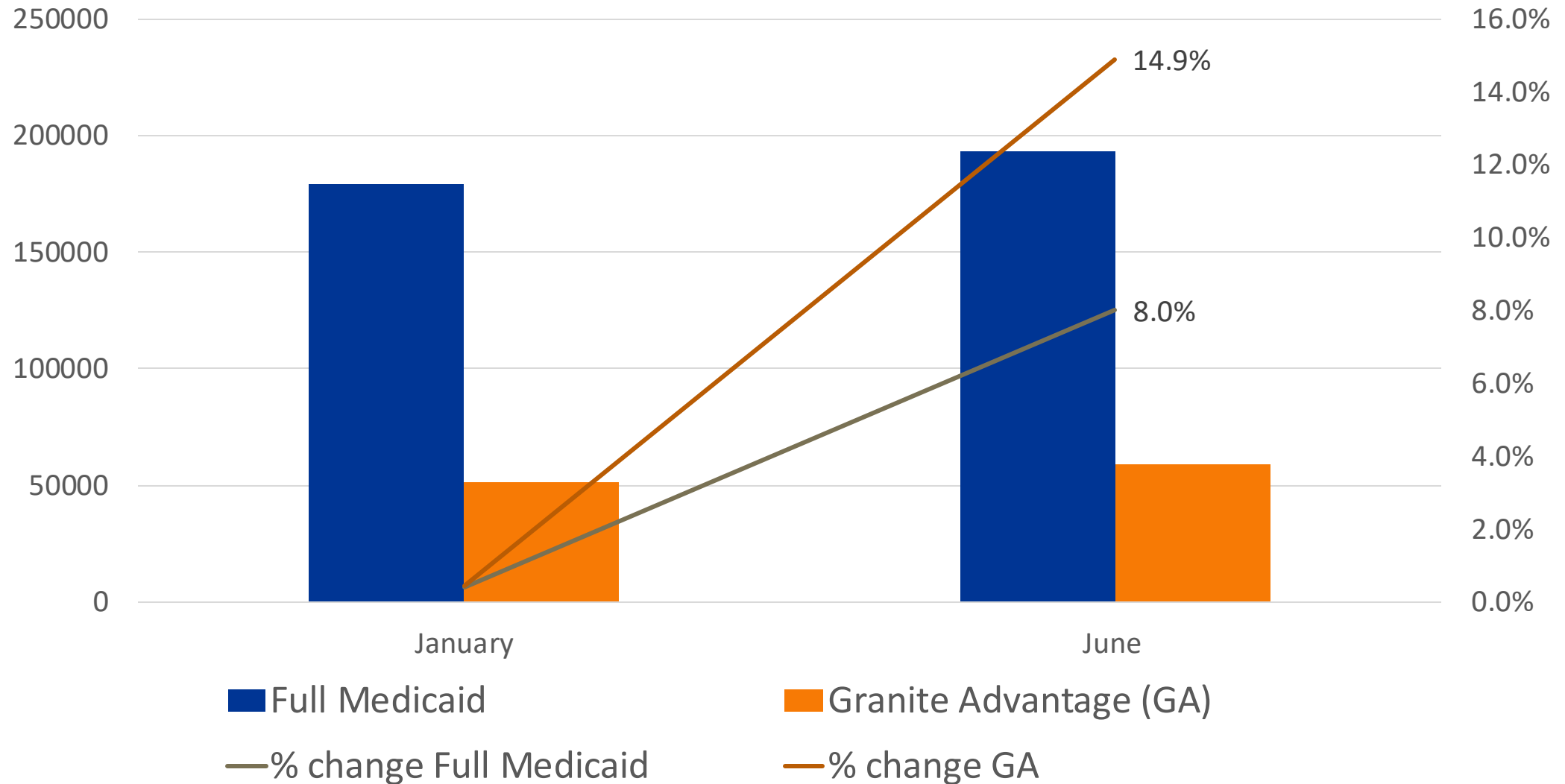
## ***Group Employer Sponsored Insurance Coverage in NH***

- 68,500 in the **small** group market (fewer than 350 self-insured)
- 373,800 in the **large** group market. Of those in the large group market,
  - (29%) 107,700 fully insured plans
  - (71%) 266,100 self-funded plans

## ***Marketplace Exchange: Individual Qualified Health Plans***

- 2019: In February 43,011 enrolled in QHPs (down from 94,000 2018)

## 2020 NH Medicaid Point in Time Enrollment





# Shifting Landscape Pre-COVID

- Telehealth was previously provided as a special health plan benefit available after hours, with a separate provider network at significantly reduced cost.
- Health plans promoted telehealth for ‘colds, flu, fever, rashes, allergies and more’
- Reimbursement was very low due to site of service

# An example of Pre-COVID Health Plan Telehealth *January 2020*

- “Cigna is launching a telehealth service to give its 12 million members in employee-sponsored health plans access to primary care services.”
- The insurer is partnering with Florida-based telehealth provider MDLive to roll out the latter’s new Virtual Primary Care platform later this year. T
- “The announcement this past weekend that Teladoc Health is acquiring InTouch Health. With Teladoc Health and American Well positioned at the top of a crowded market, companies like MDLive, Doctor On Demand, Zipnosis and Plushcare – to name a few – are pushing to enhance their platforms and give potential healthcare partners and consumers more connected health tools”
- MDLIVE, which also has partnerships with Humana and some Blue Cross Blue Shield groups as well as Walgreens, first partnered with Cigna in 2014 to offer urgent care services through telehealth
- Amazon and Walmart are jumping into the sandbox with their own telehealth and mHealth services, and some larger health systems are taking their platforms in-house to take full advantage of branding and their own provider networks

# Current Health Plan Telehealth Promotion: June 20, 2020 Anthem Blog

## Why choose telehealth?

Telehealth is a good choice when your regular doctor isn't available. It is also a good alternative to the emergency room and can help you avoid long waits at an urgent care center....

## How do I use telehealth?

- If you are interested in trying telehealth but aren't sure where to begin, below are a few recommendations:
- Contact your health plan. Telehealth services may be offered as part of your health benefits.
- If you don't have health coverage, you can still use a service like LiveHealth Online. You will just pay a set fee for the visit.
- Use the Sydney Care mobile app. With this app, you can receive answers to your questions using the Symptom Checker.
- If you need medical care, the app will connect you to a doctor through a Virtual Care text session or a [LiveHealth Online](#) video session.
- You can use this whether you have health coverage or not. Download the app from the [App Store<sup>SM</sup>](#) or [Google Play<sup>TM</sup>](#).
- Call your doctor or local hospital to see if they are offering telehealth.

## What is the future of telehealth?

Because more people are working from home, telehealth is becoming more popular. Using telehealth can help you save the time and cost it takes to go to a doctor's office.....

## How Did US and NH Manage Access to Care During COVID- 19?



### Reimbursement

- Changed Reimbursement rules
- Facilitated codes and site of service options
- Covered telephone visits



### Medicaid

- Changed rules to allow coverage of telehealth
- 1335 Waiver approval for NH
- COVID coverage for uninsured
- Increased FMAP



### Relaxed Compliance

- Offered Guidance relaxing Anti-Kickback and Stark prohibitions against various financial arrangements including supports for telehealth



### Privacy

- HHS relaxed HIPAA privacy rules regarding private health information
- SAMHSA offered guidance about COVID meeting emergency exception under Part 2 SUD treatment records confidentiality rules



### Health Insurance

- Allow for health insurance coverage during COVID19 emergency (but still gaps in ERISA plans)
- Options for no cost-sharing



### Helped Providers

- Made Funds available through CARES Act
- Protected professionals – immunity
- Allowed for telehealth

# Complicated COVID Pathway to New and Consistent Telehealth Options

## Multiple Payors

- Commercial Plans
  - Employer Sponsored Coverage
    - Self-insured
    - Fully-insured
  - Marketplace Plans
- Medicare
  - Medicare Advantage
- Medicaid
  - Medicaid Managed Care
- Veterans Benefits
- Non-federal self-funded government plans

## Multiple Regulations

- Reimbursement
- Alternative Payment Models
- Coding/billing
- Plan administration – co-pays and co-insurance
- Privacy: HIPAA, Part 2,
- Licensure – professional scope of practice
- Technology
- Stark/Anti-kickback

<https://files.constantcontact.com/ce920c6e201/3fdea67c-0b3c-422e-b1c6-ce3dd8a5dbcd.pdf>

# NH's Effort to Keep Telehealth Option

## **New Hampshire – Executive Order 8**

- All health plans regulated by NHID (fully-insured), RSA 5-B and New Hampshire Medicaid coverage, including all Medicaid Managed Care Organizations
- Allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth.
- All modes of telemedicine, including: video and audio, audio-only, and other media provided by medical providers.
- Payment parity between telehealth and in-person

## **NH Legislation - 1623**

- Medicaid and “any insurer offering a health plan in this state”
- “reasonable compensation” not less than in person
- Can pay practice/facility and professional
- Allows all forms of telehealth
- Changes various rules and regulations to support providers and enhance communication.

# *In Practice Lessons from Project ECHO:* Telehealth is an Integrated Health Care Visit

Billing

Documentation

Payment

Best Practices

Patient choice

Training and Skills

# Key Considerations with Modified Telehealth Patient Flow

*(IHPP Project ECHO Team)*

- Modify workflows, policy and procedure to match the changing demands and preferences of persons seeking healthcare and providers and staff offering care
- Patient needs and demographics may vary
- Provider comfort level with telehealth is a factor
- Patient outcomes are an important consideration
- Data regarding practice base line and change must be incorporated in process
- Change takes time and resources



# Will the Fed's Keep the Medicare Changes?

- Expanding telehealth services generally has bipartisan support as well as support from healthcare providers and patients. There has been significant activity around telehealth in Congress.
  - July 20: House Ways and Means Republicans release a discussion draft and summary of provisions on telehealth.
  - July 20: The Telehealth Expansion Act of 2020 introduced by Senate Finance Committee Ranking Member Ron Wyden (D-OR).
  - July 16: The Protecting Access to Post-COVID-19 Telehealth Act of 2020 a bipartisan bill introduced by Congressional Telehealth Caucus Co-chairs and others.
- These bills propose sweeping changes to the telehealth landscape, including removing geographic requirements and originating site restrictions, expanding telehealth for mental services, or permitting rural health clinics and federally qualified health centers to serve as distant sites.

# What's the status of federal rule changes when national emergency declaration ends?

- Senators recently asked HHS, CMS to give clearer guidance around the future of telehealth
- It is anticipated that the agency will address permanently expanding some aspects of telehealth in the forthcoming calendar year 2021 Medicare Physician Fee Schedule.
- In a recent blog, CMS Administrator Seema Verma provided some insight into the agency's approach to this issue. The administrator indicated that the agency would consider the clinical appropriateness of providing the service via telehealth, assess payment rates, and program integrity implications of expanding telehealth.
- Advocates ask for changes and for support for training and technology!

# Key Considerations Going Forward

- Future of the pandemic
- Determining best practices for what “value” means today
- Disruptions to insurance coverage – *how many different ways can we do it?*
- Provider investment in time and training
- *Will health systems shift resources to telehealth care?*
- Patient pathways – *what do patients want and need?*
- *Will regulators, payors and health systems agree?*
- *How will payment reform/alternative payment models respond?*



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We have  
work to do  
together

# Segment 3: NH Response & Opportunity

**Q & A**



**Thank you for joining us!**

*A recording of this webinar will be made available.*