ASAHP

ASSOCIATION OF SCHOOLS ADVANCING HEALTH PROFESSIONS

Understanding Telehealth: Its Implications for Student Learning

Webinar Series by the Clinical Education Task Force

June 26, 2020

Panelists

Telehealth Policy Issues

Christine Calouro
Policy Associate
Center for Connected Health Policy

Demonstration & Use of Doxy.me, HIPAA compliant platform

Brandon Welch, PhD
Assistant Professor, Medical University of South Carolina
Founder & Designer, Doxy.me

The Patients' and Client's Perspective on Telehealth Ethics and Engagement

Clotilde Dudley Smith, EdD, MPA, RDH
Clinical Assistant Professor
Health Sciences
Sacred Heart University

Telehealth Policy During COVID-19

Association of Schools Advancing Health Professions

June 26, 2020

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The National Telehealth Policy Resource Center

Christine Calouro
Policy Associate, CCHP

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.

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

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ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012
- Work with a variety of funders and partners
    - National Institute of Health Care Management NIHCM
    - Association of State and Territorial Health Offices

AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
1825 K Street NW, Suite 250, Washington, DC 20006-1202

AARP
Real Possibilities

California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

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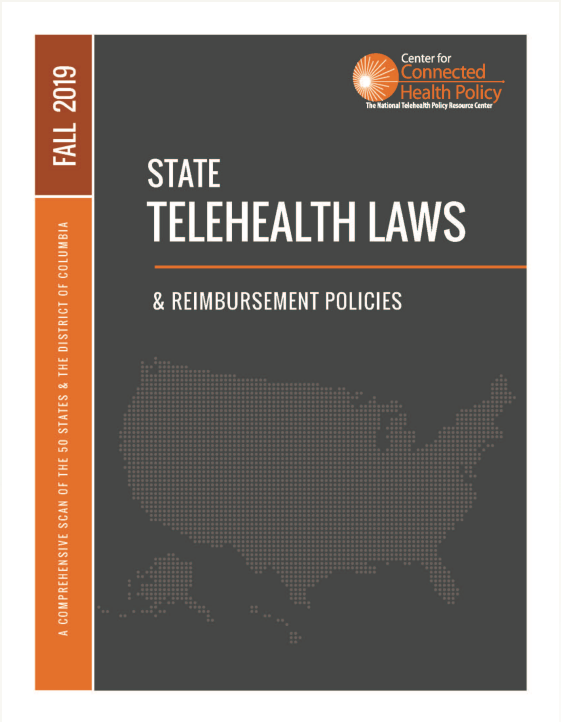
CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



California Telehealth Policy Coalition

TRC
TELEHEALTH RESOURCE CENTERS

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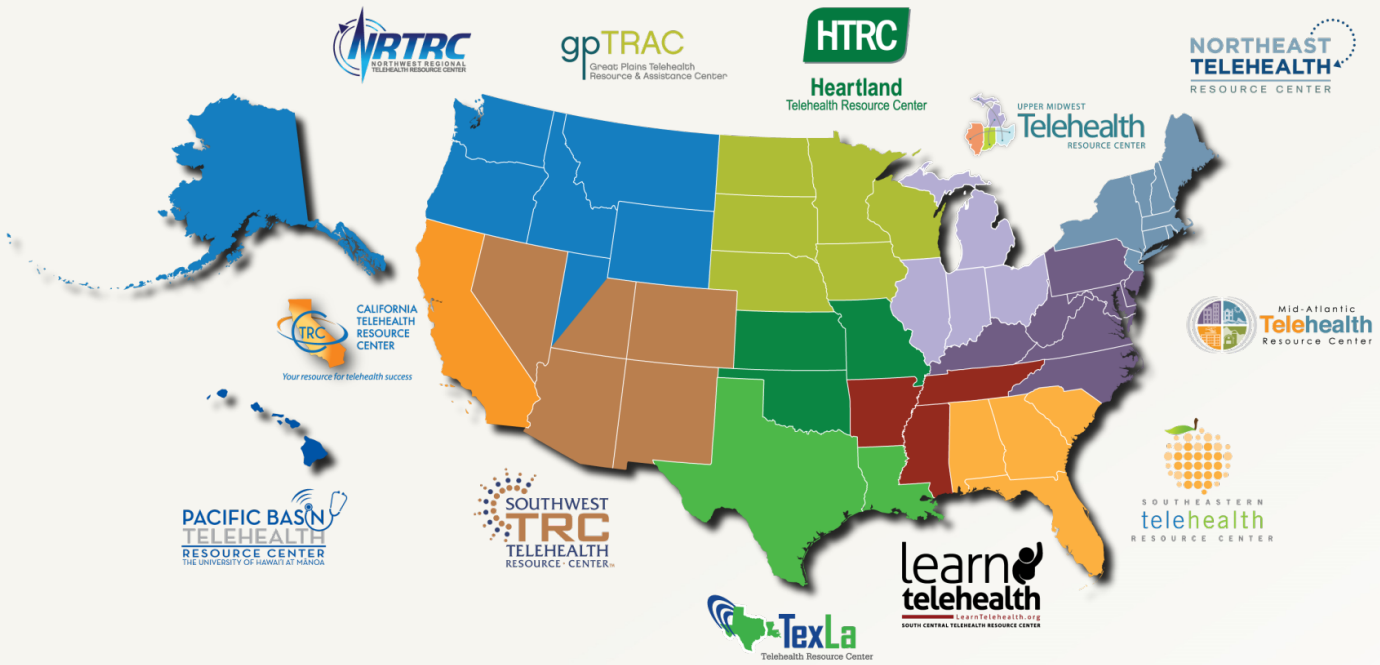
NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



TTAC TelehealthTechnology.org

Center for Connected Health Policy

2 National Resource Centers

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

12 Regional Resource Centers

TRC

TELEHEALTH RESOURCE CENTERS

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WHAT IS TELEHEALTH?

Live Video

Real-time interaction via video

Store & Forward

Capture & sending of information; not in real-time. Ex: photos

Remote Patient Monitoring

Continuous monitoring of patient's condition from a distance; real-time or not in real-time

TELEHEALTH

Technology to provide health services from a distance. "Telemedicine" is generally considered a subset of telehealth, referring to the direct provision of medical services whereas "Telehealth" encompasses more activities including education, care coordination, public health, etc. Definitions vary for both terms as many states, programs and agencies may define the term their own way.

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TELEHEALTH REIMBURSEMENT POLICY

FEDERAL

- MEDICARE
- FEDERAL LEGISLATION

STATE

- CURRENT STATE POLICY
  - Medicaid
  - Private Payers

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MEDICARE TELEHEALTH POLICY

PRE-COVID-19	WITH WAIVER INSTITUTED
Modality – Live Video with Hawaii & Alaska allowed to use Store & Forward	CARES Act gave CMS flexibility to expand telehealth modalities. Currently allowing audio-only telephone E/M services (99441-99443) and behavioral health counseling and education services. Note: Other services that utilize technology, including virtual check-in, asynchronous remote evaluation, online digital evaluation, remote physiologic monitoring & chronic care management, are reimbursed as technology-based communication services, but they don't fall under the telehealth umbrella.
Geographic Limitation (must take place rural area/non-MSA)	Temporarily waived. All geographic locations now qualify.
Specific type of health site (specific list of eligible facilities and narrow exceptions for the home)	Temporarily waived. Other locations can now act as the originating site such as the home.
Eligible Providers (specific list of providers)	During emergency situation, all health care professionals eligible to independently bill Medicare for services are eligible. FQHCs and RHCs added as distant site providers.

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Eligible Services

Pre-COVID - approx. 100 codes reimbursable.
COVID PHE – 240 codes reimbursable.

Telehealth eligible services expanded due to COVID-19. Examples of new codes:

- Emergency Department Visits
- Home visits
- Inpatient hospital care
- Inpatient nursing facility visits
- Physical and occupational therapy services

Link: https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-code

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TECHNOLOGY-BASED REMOTE COMMUNICATION SERVICES

Service	Modality	Availability to FQHCs/RHCs
Virtual Check-In Codes G2010, G2012	Live Video, Store-and-Forward or Phone	Yes (use G0071)
Interprofessional Telephone/Internet/EHR Consultations (eConsult) 99446, 99447, 99448, 99449, 99451, 99452	Can be over phone, live video or store-and-forward	No
Remote monitoring services: Chronic Care Management (CCM); Complex Chronic Care Management (Complex CCM); Transitional Care Management (TCM); Remote Physiologic Monitoring (Remote PM); Principle Care Management (PCM)	RPM	CCM, TCM
Online Digital Evaluation (E-*Visit) – G2061-2063 Online medical Evaluations – 99421-99423	Online portal	Yes (use G0071)

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MEDICAID REIMBURSEMENT BY SERVICE MODALITY (Fee-for-Service)

Live Video

50 states and DC

Store and Forward

Only in 16 states

Remote Patient Monitoring

23 states

As of February 2020

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COMPARISON

OREGON MEDICAID

All medically appropriate covered services within patient's benefit package.

Also reimburses for telephone, store-and-forward in limited circumstances and remote patient monitoring for dental care providers.

MASSACHUSSETTS MEDICAID

Fee-for-service will only reimburse for live video delivering telemental or telebehavioral health services.

As of Feb. 2020

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COVID-19 WORLD STATES

- States updating Medicaid policies to utilize telehealth, allowing for more services and eligible providers – Common eligible providers expanded to Occupational, Physical & Speech Therapists
- Licensure waivers – many centering around certain rules in Medicaid but also around meeting certain deadlines and renewals
- Expanded policies to include provision of services via phone
- Waiving of co-pays, deductibles, etc.

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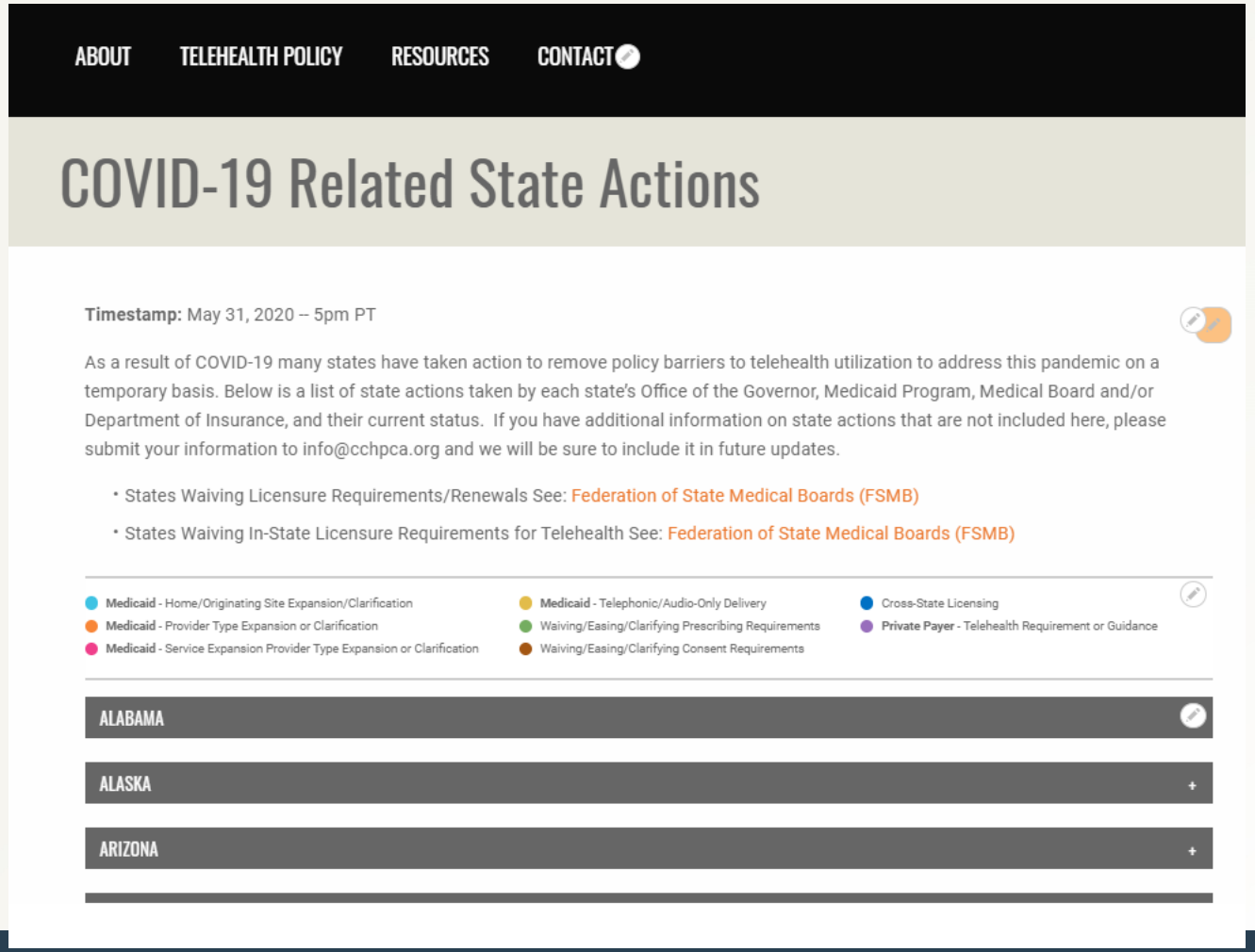
COVID-19 STATE EMERGENCY ACTION TRACKING



https://www.cchpca.org/covid-19-related-state-actions

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COVID-19 MEDICAID CHANGES

- Virginia – Medicaid Memo
  - Expands eligible providers, use of telephone, eligible services.
- Pennsylvania – Guidance for Medicaid
  - Expresses preference for use of telehealth, allows for use of phone, guarantees telemedicine to be paid at the same rate as in-person.
- Utah – Telehealth included as part of distance education Q&A for COVID-19. – Provides guidance on the services (i.e. audiology) & technology. - https://medicaid.utah.gov/Documents/pdfs/covid/COVID-19_DistanceEducationGuidance3.20.pdf

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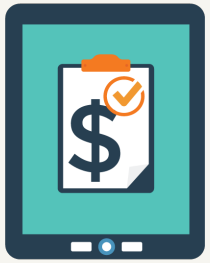
REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS



42 states and DC

have telehealth **private payer** laws

Some go into effect at a later date.

Parity is difficult to determine:

Parity in services covered vs. parity in payment

Many states make their telehealth private payer laws *"subject to the terms and conditions of the contract"*

As of October 2019

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COVID-19 PRIVATE PAYER REQUIREMENTS

- Massachusetts – Executive Order
  - Requires plans to reimburse in-network providers for telemedicine.
- Several big insurance companies have announced expanded telehealth policies.

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OTHER POLICY ISSUES ADDRESSED BY STATES

- Consent
- Privacy/HIPAA
- Licensing - Compacts
- Establishment of patient/provider relationship
- Prescribing of non-controlled substances
- Board regulatory guidance
- Malpractice

As of Jan 2020

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OTHER POLICY ISSUES ADDRESSED BY STATES

Privacy/Protection of Patient Health Information

- HIPAA – Nothing in HIPAA that addresses telemedicine explicitly
- Often the only direction/guidance is that federal and state privacy laws will be followed
- States may have stricter privacy protection laws

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OTHER POLICY ISSUES ADDRESSED BY STATES

HIPAA Allowances during COVID-19

Enforcement discretion and waiving penalties for HIPAA violations for using everyday technologies, such as FaceTime or Skype.
It should be noted that many states do have laws and regulations regarding health information and what is required to protect and secure it. This will likely not impact those state laws and regulations. A separate state action will be necessary.

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

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OTHER POLICY ISSUES ADDRESSED BY STATES

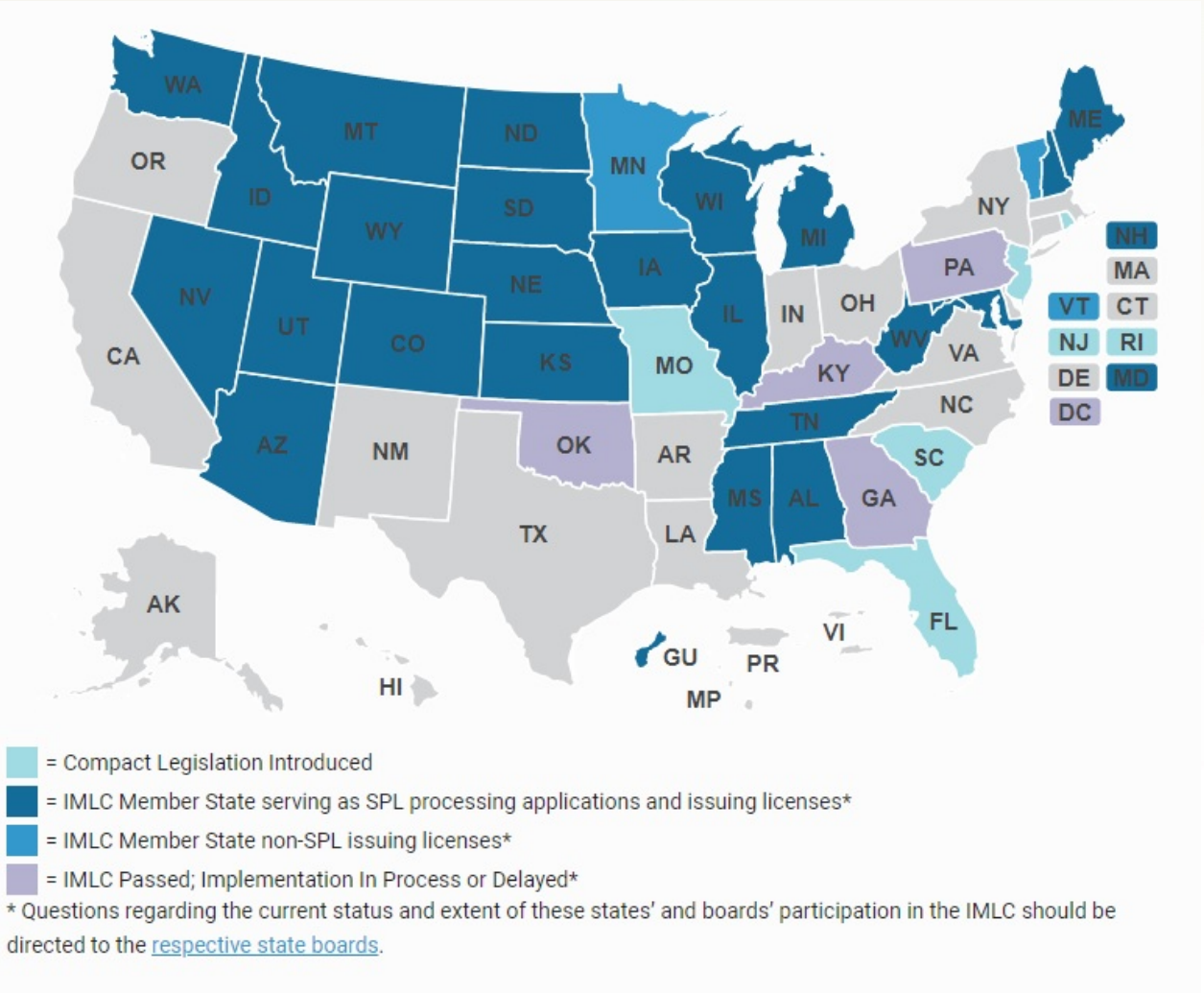
Compacts

- Physicians
- Nurses
- Psychologists
- Physical Therapists

COVID-19 Exceptions

- FSMB Chart: http://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensure-requirement-covid-19.pdf
- Most states have an exception.

Map from Interstate Medical Licensure Compact imlcc.org



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OTHER POLICY ISSUES ADDRESSED BY STATES

Regulatory Boards

- Regulatory/Licensing Boards may have more detailed policies and requirements on their licensees than what is in statute
- Areas where they may provide more details is around consent and privacy.
- Often a lot of policies involve provider properly providing information to patients and identifying himself/herself
- Maybe in the form of a guidance

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OTHER POLICY ISSUES ADDRESSED BY STATES

Patient/Provider Relationship & Prescribing

- California Occupational Therapy Board
  - An OT or OTA must:
    - Exercise the same standard of care;
    - Provide services consistent with OT/OTAs scope of practice;
    - Comply with all provisions of Therapy Practice Act

CA Code of Regulation Sec. 4172

- Iowa PT & OT Board
  - Prior to first telehealth visit, a licensee must:
    - Obtain informed consent with specific requirements
  - Indicate in the patient record that it was a telehealth visit
  - Utilize HIPAA compliant software
  - Comply with the same standard of care
  - Licensed in Iowa
  - Operate within their scope of practice

IA Admin Code Sec. 645-201.3(147).

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FEDERAL POLICY - PRESCRIBING

Ryan Haight Act

- Passed in 2008
- Created limited scenarios on when “telemedicine” could be used to prescribe controlled substances without the prescribing provider having first seen the patient in-person.
  - Patient is being treated by and physically located in a DEA-registered hospital or clinic
  - Patient is being treated by and in the physical presence of a DEA-registered practitioner
  - Employee or Contractor of Veterans Affairs or Indian Health Service
  - Medical Emergency Situation
  - Public Health Emergency
  - **Special Registry**

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OTHER FEDERAL TELEHEALTH POLICY

DEA

The declaration of the national emergency enacted one of the exceptions to the Ryan Haight Act for telehealth (telemedicine as it is referred to in the Act).

For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- *The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice*
- *The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*
- *The practitioner is acting in accordance with applicable Federal and State law.*

https://www.deadiversion.usdoj.gov/coronavirus.html

Buprenorphine can also be prescribed for opioid use disorder over the telephone during public health emergency.
https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf

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RESOURCES

- TRC Policy Resources
  - CCHP's webpage on COVID-19 Policy: https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies
  - CCHP COVID-19 State Action webpage: https://www.cchpca.org/resources/covid-19-related-state-actions
  - CCHP Videos on Policy Topics: https://www.cchpca.org/resources/search?type%5b186%5d=186
  - NCTRC COVID-19 Resource Page: https://www.telehealthresourcecenter.org/covid-19-resources/
- Other Resources
  - CMS FAQs: https://www.cms.gov/files/document/030920 20-covid-19-faqs-508.pdf
  - Medicare Coverage Video: https://www.youtube.com/watch?v=Bsp5tIFnYHk
  - Federation of State Medical Board's Charts on Licensure: https://www.fsmb.org/advocacy/covid-19/

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Thank You!

www.cchpca.org

info@cchpca.org

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doxy.me

Brandon Welch, PhD

Assistant Professor, Medical University of South Carolina

Founder & Designer, Doxy.me

Sacred Heart
UNIVERSITY

Clotilde Dudley Smith, EdD, MPA, RDH
Clinical Assistant Professor
Health Sciences
Sacred Heart University

The Patient's Perspective on Telehealth Ethics and Engagement

Dr. Clotilde Dudley Smith

Assistant Professor Health Sciences

Sacred Heart University

Fairfield, CT

Telehealth

- Telehealth: Refers broadly to electronic and telecommunication technologies and services used to provide care and services at a distance (AAFP, 2020)

- Video link to Telehealth Visit

Patients Concerns of Telehealth

- Will providers continue to have strong relationships with patients?
- Is there a plan with Telehealth to protect patient privacy?
- Does Telehealth ensure competent care?
- Does Telehealth need patient consent for treatment?
- Can a Telehealth visit be recorded?

Patients Concerns of Telehealth

- What do I need to participate in Telehealth?
- What if I lose connection during my visit?
- Can I have family members or friends present during my visit?
- Is Telehealth covered under insurance? Medicare? Medicaid?
- Are phone calls considered Telehealth?

Positive Aspects of Telehealth

- Access to care addressed-2/3 of rural counties in U.S are below the National Poverty Level (Bishop 2010) Not feasible for the majority of families to access ongoing care-Delays in Care or None at All
- Better communication for language barriers
- Patients less inclined to google their healthcare questions
- Privacy component by not seeing someone you may know at an office
- Elimination of Barriers like parking and gas fees
- Ability to have family members attend a Telehealth visit who lives far away

Ethical Concerns of Telehealth

*Privacy and Confidentiality

*Limitations of Electronically Mediated Interactions for Exams

- Beneficence and Malfeasance
- Access to Care
- “One Size Fits All”

Check List for Patients

- Before the Visit:
  - Test Webcam and Mic. Be Sure Volume Is On.
  - Have Device Plugged In- you do not want to lose power during a visit
  - Have a Wired Internet Connection
  - Close Opened Programs- this can reduce quality
  - Chrome or Firefox Browser is Best Browser
  - Note Anything You Would Like to Ask the Provider
  - Have caregiver or family members ready if desired
  - Have Provider's Number Near By- in case tech issue

Check List for Patients

- During the Visit:
  - Have screen at eye level
  - Establish a quiet location without disturbances
  - Give a thorough explanation of all medical symptoms
  - Listen
  - Ask questions
  - Take notes

Q&A

Contact Us

Clinical Education Task Force

- Visit website: asahp.org/webinars
- Become a working member of CETF: cetf@asahp.org
- Suggestions or questions to CETF: cetf@asahp.org

ASAHP Education Committee

- Teri Stumbo, PhD, PT, FASAHP, Chair
- Inquiries and membership: teri.stumbo@dmu.edu