Telehealth Update 2020

Jonathan Neufeld, PhD

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OVERVIEW

- Intro to TRCs
- National telehealth experience to date
- Elements of a successful telehealth program
- An example workflow analysis
We live in interesting times

Telehealth, defined here as the remote consultation between the clinician and the patient regardless of technology, is no longer an attractive niche option but now a necessity for delivering timely and safe healthcare. The ability to conduct a remote evaluation protects both patients and providers at a time when physical distancing is a priority, and both parties appreciate its availability, safety, and convenience.

AHRQ Issue Brief No. 20-0040-2-EF, August 2020
Headline from Advisory Board

How Covid-19 will impact telehealth

The sudden pivot from “nice-to-have” to baseline expectation

June 4, 2020
Medicare Primary Care Visits

- Primary care visits plummeted in mid-March
- In-person visits bottomed out and telehealth visits peaked in April, then regressed
- Same pattern for dual enrolled and high utilizers

Figure 1. Primary Care Visits for FFS Medicare Beneficiaries (visits in millions per week)

Source: Medicare claims data up to June 3rd, available as of June 16.
Urban - Rural Comparison - Medicare PC Visits

- Percentage of visits via TH followed the same time pattern
- Urban TH was twice as common as rural (by percentage)

Figure 4. Telehealth Weekly Visits as a Percentage of Total FFS Medicare Primary Care Visits in Urban and Rural Counties

Source: Medicare claims data up to June 3rd, available as of June 16.
Payer Differences - Biggest Bounce in Medicare

- Medicare decreased furthest, and recovered fastest
- Medicaid decrease was slower and shallower, and recovery has been slower
- Commercial payers in-between
Age Differences - Parents Are Keeping Kids Away

- Adult encounters have rebounded considerably
- Infant, child, and adolescent encounters are still significantly below normal

Data are presented as a percentage change in the number of visits of any type (in-person and telemedicine) in a given week from the baseline week (March 1–7).

Specialty Differences - Peds and Behavioral Health Lag

- Dermatology bounced hard
- Adult Primary Care is back to pre-COVID
- Behavioral Health adjusted rapidly, but is still significantly below normal
- Pediatrics remains low

Data for only four specialty areas shown to illustrate the range of trajectories. The decline shown is reflective of all visit types (in-person and telemedicine). Visits from nurse practitioners and physician assistants are not included. Behavioral health includes psychiatrists, psychologists, and social workers. Urgent care center visits are not included in adult primary care or pediatrics.

FQHCs vs Others - Less Rebound

- FQHCs have recovered more slowly than other providers
FQHCs vs Others - More Telemedicine

- FQHCs are doing more telehealth (by percentage) than other providers
  8% vs 20%

For FQHCs (more than others), telehealth is part of the “new normal”
The Realities of Telehealth Billing

1. **Telehealth Reimbursement** Varies by Payer
   - a. Medicare, Medicaid (each state), Commercial (each plan)

2. **Telehealth Billing Policies** Vary by Payer
   - a. There is no “right way” to bill for telehealth
   - b. There are many ways, **one for each payer**
   - c. Some payers mimic Medicare; others don’t
   - d. CHCs/RHCs almost always have a completely different method (by state)
   - e. Every payer is changing/adapting to current situation
Technology Enabled Services (FQHC/RHC)

**Telephone - G2025 + 95**
- “Telephone E/M services”
- Audio only, providing Rx
- 5+ minutes
- *New or established pts
- *Consent may be obtained at the time of service

**Portal - G0071**
- “Online digital E/M Services” or “eVisits”
- Reviewing images and text messages, providing Rx
- 5+ minutes cumulative over 7 days
- *New or established pts
- *Consent may be obtained at the time of service

**Video - G2025 + 95**
- “Telehealth” (Medicare)
- Must be live video; *any video platform
- Any valid TH service
- *80+ CPT codes
- *From anywhere to anywhere (homes)
- *May waive co-pays

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G2010/12 - “Virtual Check-in”

New Medicare MLN Guidance - April 30, 2020 (Link)
Elements of a Successful Program

1. A multidisciplinary team is engaged
2. An iterative and structured learning process is used (Lean, PDSA, etc.)
3. The focus is on the long-term and sustainability
4. There is a coherent overall virtual strategy, including a “digital front door”
5. All staff are engaged and play important roles in workflows
6. Patient technical support needs are anticipated, evaluated, and addressed
Workflow Analysis

1. Include everyone meaningfully involved (scheduling, rooming, support, etc.)
2. Include each person, and be sure each person is connected to the process
3. Pay attention to decision points (forks, branches) and handoffs
   a. Include all significant forks/branches
4. Call out separately any tasks done “daily” or “at the start of each clinic”
5. Include closing/ending/recycling instructions
At the beginning of each clinic day: ensure that the telehealth cart is set up (computer is on, connected to the internet, logged in to Zoom)
Summary

1. COVID-19 and the pandemic has caused unprecedented changes to the healthcare system, and more are likely coming

2. Telehealth will be part of healthcare from now on (especially primary care and behavioral health)

3. A workflow analysis is a great way to better understand, evaluate, and communicate patient flow

4. TRCs are a great (free) resource!
Contact

Jonathan Neufeld, PhD

jneufeld@umn.edu
(574) 606-5038
http://gptrac.org
http://telehealthresourcecenters.org