

Telehealth in a Post- Pandemic World

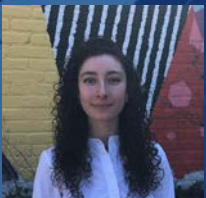
Authors



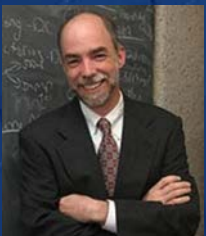
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Presentation road map

1. Policy landscape
2. Interviews with leadership
3. Recommendations



Policy landscape

Federal policy landscape

National Emergency Declaration

- Medicare parity with in-person
- Licensing across state lines

Office of Civil Rights

- Expanded list of HIPAA compliant technologies



State policy landscape

MassHealth bulletin 289

- Parity with in-person for all telehealth tech
- Suspension of originating site requirements

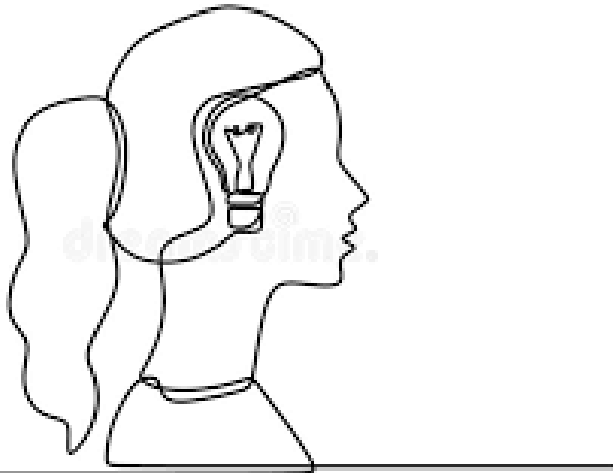
Gov. Charlie Baker's Executive order

- Extended MassHealth bulletin 289 to all payers



Research Objective

Evaluate the change policy landscape to inform recommendations for telehealth policy in a post-pandemic world.



Interviews

Method

- Semi structured interviews
- Convenience sample
- Leadership in health care organizations in MA
- 22 informants, 18 organizations



Method

- 22 informants, 18 organizations



Baystate
Health



MAHP
MASSACHUSETTS
ASSOCIATION of
HEALTH PLANS



MASSACHUSETTS
Health & Hospital
ASSOCIATION



Findings

Telehealth use

- 30-50/month to 45,000/month



Baystate
Health

- 140 providers moved to telehealth



CHA Cambridge
Health Alliance



Telehealth use

“to see the provider world pivot so quickly... I just found it remarkable.”

- Manager at MassHealth

“It was the biggest change in all-service health care provision in American history.”

- Manager at Baystate Health

Telehealth use after the pandemic

- Depends on policy landscape moving forward
 - Efficiency
 - Effectiveness
 - Reimbursement
- **Some services performed better than others**

Video Visits

- 👍 Expanded list of HIPAA compliant technologies
- 👍 Increased access and timeliness of care
- 👎 Redundant for some procedures
- 👎 Lack of access to internet and technology



Audio-only visits

- 👍 Access for patients without stable internet
- 👍 80% of Mass. League telehealth visits
- 👍 Private and comfortable for patients
- 👎 Unsuitable for some procedures



Text-based Messaging

- 👍 Increased convenience
- 👍 Amplified provider reach
- 👎 Decreased clarity



Remote patient monitoring

- 👍 “People get it conceptually” (C3)
- 👎 Challenging to operationalize



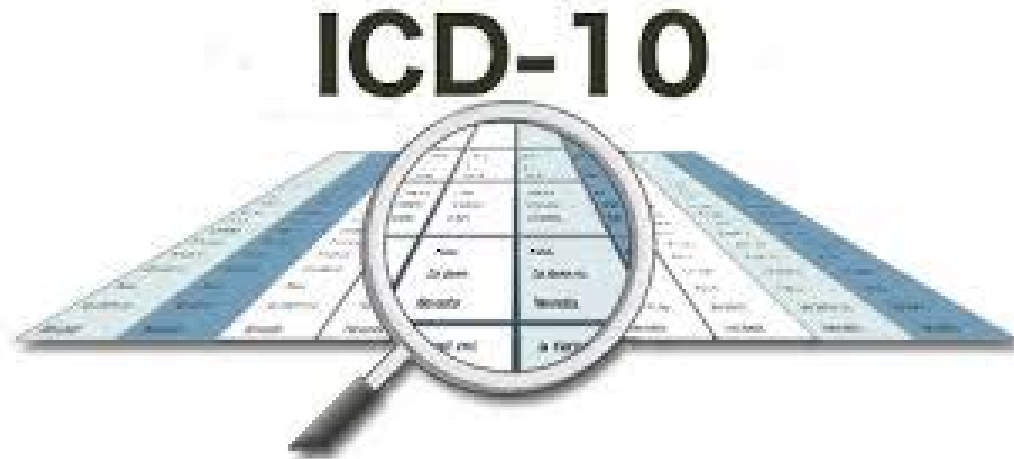
Disparities in access

- 👎 Lack of access to internet/technology
- 👎 Increase disparities in health care
- 👍 Provided patients with data and technology



Billing

- 👍 Check-in codes
- 👎 Nurses and pharmacists had difficulty
- 👎 “Hidden work” (workflow, communications)



Originating site requirements

- 👍 Temporarily lifted
- 👍 Extended care to patients who would otherwise find travel challenging

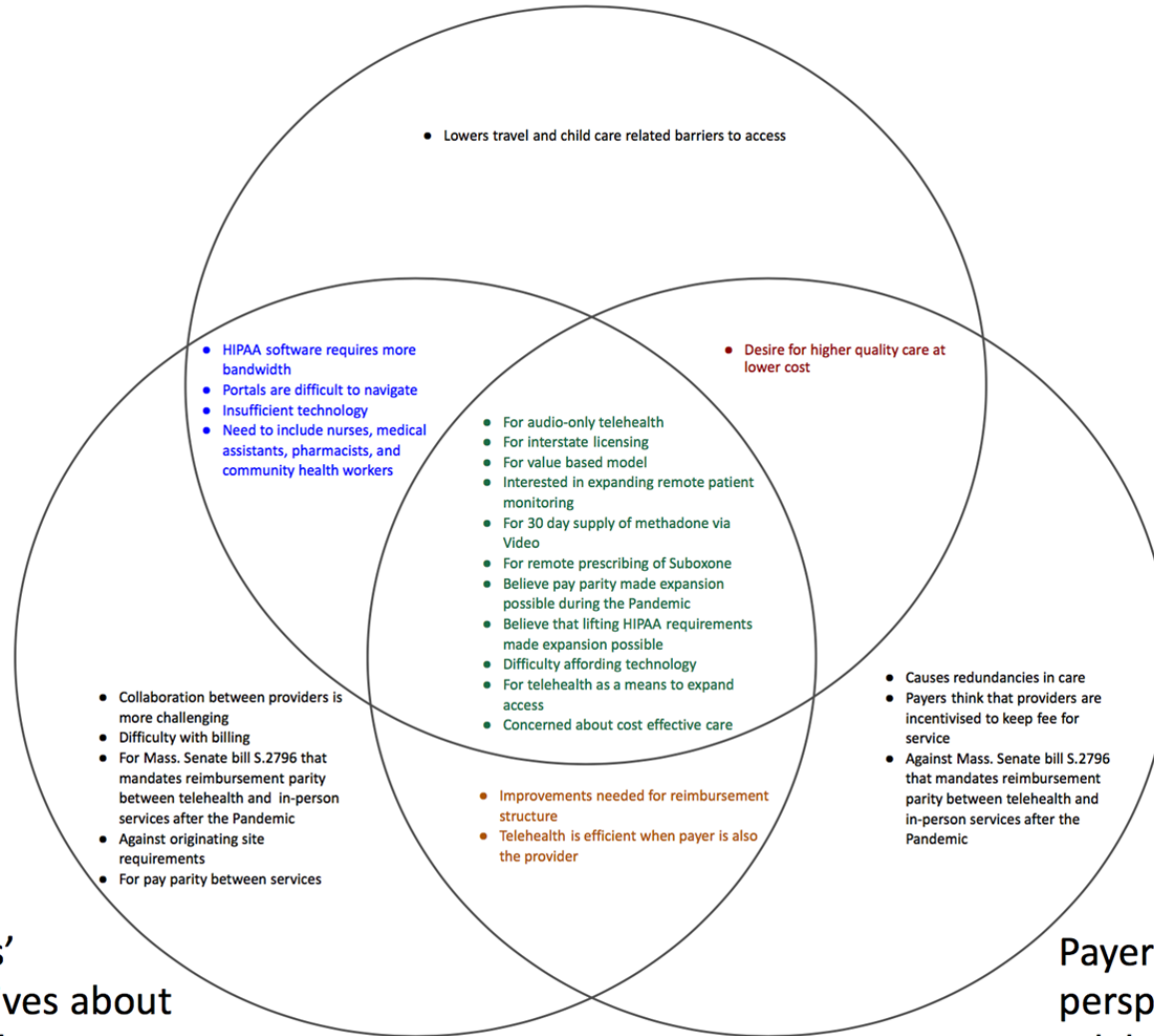


Interstate licensing

- 👎 Frustration from providers
- 👍 Payors, providers, policy wonks want to enter interstate licensing compact



Patients' perspective about telehealth



Providers' perspectives about telehealth

Payers' perspectives about telehealth

Recommendations

1. Commission and review evidence-based studies on the efficacy of telehealth.
2. Foster and continue efforts to move towards value-based payment models.
3. Make reimbursement for audio-only telehealth visits a permanent option in addition to video visits when appropriate.
4. Allocate resources to overcome disparities in access to telehealth technologies.
5. Enter the interstate licensing compact.

Recommendations

6. End originating site requirements.
7. Educate providers about payable codes for covered telehealth services.
8. Educate providers about reimbursement codes for pharmacists and nurses.
9. Develop HIPAA compliant software services that are compatible with widely used technologies.
10. Develop software that facilitates group engagement in care.

Thank you!

