Telehealth in a Post-Pandemic World
Authors

Ben Kragen, PhD and MBA student

Annie Averill, MPP candidate

Lily Scheindlin, MPP candidate

Michael Doonan, PhD
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
Findings
Telehealth use

- 30-50/month to 45,000/month
- 140 providers moved to telehealth
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

- Lowers travel and child care related barriers to access

Providers’ perspectives about telehealth

- Improvements needed for reimbursement structure
- Telehealth is efficient when payer is also the provider
- Collaboration between providers is more challenging
- Difficulty with billing
- For Mass. Senate Bill 5.2796 that mandates reimbursement parity between telehealth and in-person services after the Pandemic
- Against original site requirements
- For pay parity between services

Payers’ perspectives about telehealth

- Desire for higher quality at lower cost
- For audio-only telehealth
- For interstates licensing
- For value based model
- Interested in expanding remote patient monitoring
- For 30 day supply of methadone via Video
- For remote prescribing of Suboxone
- Believe pay parity made expansion possible during the Pandemic
- Believe that lifting HWA requirements made expansion possible
- Difficulty affording technology
- For telehealth as a means to expand access
- Concerned about cost effective care

- Causes redundancies in care
- Payers think that providers are incentivized to keep fee for service
- Against Mass. Senate Bill 5.2796 that mandates reimbursement parity between telehealth and in-person services after the Pandemic
Recommendations

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!