

Extending Connected Care Policies: Applying Lessons from COVID-19

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South Carolina Health IT Advocacy Day
September 16, 2020

Agenda

- Overview
- US Federal Level Policy Changes
- US State Level Policy Changes
- International Policy Changes
- Key Takeaways and How to Get Involved



HIMSS is a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology.

As a mission-driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research and analytics to advise global leaders, stakeholders and influencers on best practices in health information and technology.

With more than 350 employees, HIMSS has operations in:

North America | Asia Pacific | Europe | Latin America | Middle East | United Kingdom



Vision

To realize the full health potential of every human, everywhere.

Mission

Reform the global health ecosystem through the power of information and technology.

Who is HIMSS working with to bring about change?

Engaging the Ecosystem



The Role of HIMSS Government Relations



Policy Priorities

1

Interoperability

Secure, appropriate, and ubiquitous data access and electronic exchange of health information

2

Connected Care

Access to secure telehealth, remote patient monitoring, and broadband

3

Cybersecurity and data privacy

Ensuring the privacy and security of patient health information

HIMSS's Connected Care Policy Principles

- Focus on quality, safety, and outcomes of care, and a strong evidence base
- Not adopted or used exactly as in person care would be delivered (unless evidence supports otherwise), since connected care offers different value than in person
- Access to care regardless of social or economic status and a focus on improving for at risk communities
- Enable coverage of data-driven and evidence-based connected care
- Technology agnostic
- Forward-looking and adaptable
- Delivers care in ways and means that patients and providers prefer

Evidence Base

- Improves access, leading to greater health equity
- Modalities, such as audio only flexibilities, allow for serving communities with low broadband access
- Improves patient engagement and retention; patient demand
- Frees up providers limited time and bandwidth; reduces clinician burden for non-emergency situations
- Cost-efficient
- Reduces spread of COVID-19; allows for social distancing and quarantine of infected patients
- Especially beneficial in response to COVID, future emerging infectious disease, and natural disasters, such as recent hurricanes, leading to displaced communities

Experiences from the field

13X

- Oregon Health and Science University (OHSU)
- Completed nearly 13,000 digital health visits in March, after conducting just over 1,000 digital health visits in February 2020.
- <https://news.ohsu.edu/2020/04/13/ohsu-telehealth-rockets-into-new-era-of-medicine>

23X

- **Nationally** Telemedicine visits comprised 1% of all visits pre-COVID-19... and,
- 23% of all visits, in the week ending April 3rd
- IQVIA Institute for Human Data Science, *Shifts in Healthcare Demand, Delivery and Care During the COVID-19 Era, April 20, 2020*

130X

- **In Medicare**, approximately 13,000 FFS beneficiaries received telehealth services in a week before the PHE
- Almost 1.7 million FFS beneficiaries received telehealth services in the last week of April
- <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>

US Federal Policy on Connected Care

Medicare FFS Telehealth Reimbursement Before COVID19

Background

SECTION 1834(m) of the Social Security Act (42 U.S.C. 1395m(m))

- Established telehealth as a Medicare benefit, starting with the 2002 Physician Fee Schedule (PFS)
- “Telehealth” (synchronous) vs. “Store-and-forward” (asynchronous)
 - Telehealth must use an interactive audio and video telecommunications system permitting real-time communication; store-and-forward only permitted for federal demonstration programs in Alaska or Hawaii

Medicare FFS Telehealth Reimbursement Before COVID19

Background (continued)

1834(m) Restrictions and limitations

- Geographic location
- Originating sites (where patient is located)
- Distant sites (where provider is located)
- Eligible physicians and practitioners
- Eligible Services

Evolving Role of Digital Health in Medicare

Other Medicare FFS Virtual Care Tools: Starting with CY2019 Physician Fee Schedule Changes

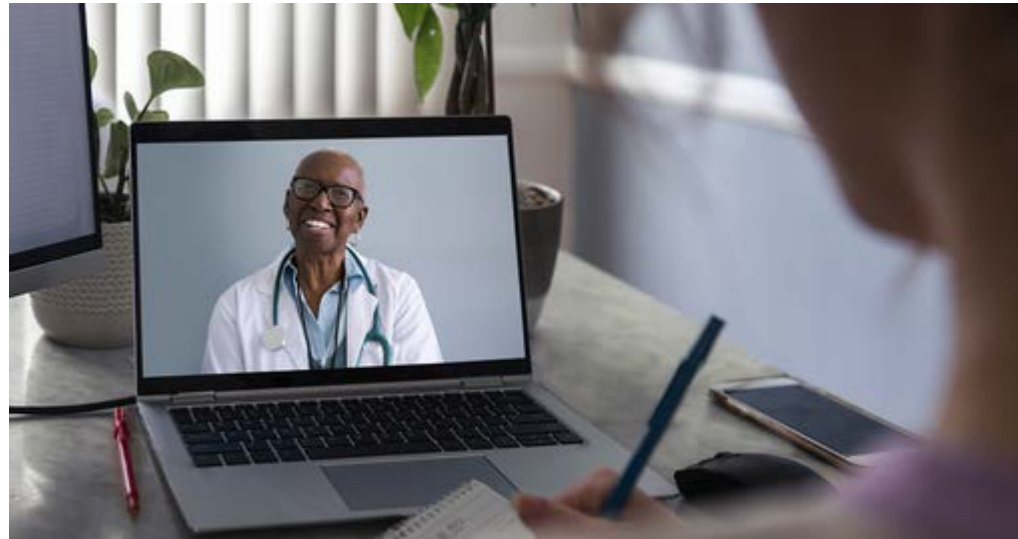
Communication Technology-Based Services (CTBS) aka Non-Telehealth Digital Health Tools

- Brief communication technology-based service (e.g. virtual check-in) - HCPCS code G2012**
 - Should be synchronous and between 5-10 minutes of communication
- E-visits – HCPCS codes G2061-2063/CPT Codes 99421-99423 – non face-to-face, not synchronous
 - patient-initiated communications with practitioners and qualified NPP's using online patient portal
 - 5-10 minutes of time spent up to 21 or more minutes over the course of 7 days
- Remote evaluation of pre-recorded patient information - HCPCS code G2010**
 - Patient information should be submitted asynchronously
 - Follow-up can be synchronous or asynchronous

Other Medicare FFS Virtual Care Tools: Starting with CY2019 Physician Fee Schedule Changes

- **Remote Patient Monitoring**
 - RPM is the collection and interpretation of physiological data digitally stored and transmitted by a patient to a health care profession
 - Examples of vital signs include weight, pulse oximetry, blood pressure, heart rate, respiration rate, blood glucose levels, etc.
 - RPM benefit nonexistent before 2018, limited usage (CPT code 99091) starting in CY2018, and expanded (CPT codes 99453, 99454, 99457, 99458) in CY2019 and CY2020
 - RPM was reimbursable *only* for treating chronic conditions before COVID-19

Where we are: A Virtual Care Lifeline during a Pandemic



Timeline of Key Actions at US Federal Level to Address COVID-19

- ✓ January 31, 2020– HHS Secretary Signs Public Health Emergency Declaration
- ✓ March 6, 2020 - COVID #1- Coronavirus Preparedness and Response Supplemental Appropriations Act
- ✓ March 13, 2020– President Signs National Emergency Declaration (retroactive to March 1, 2020)
- ✓ March 18, 2020- COVID #2- Families First Coronavirus Response Act
- ✓ March 27, 2020- COVID #3- Coronavirus Aid, Relief and Economic Security (CARES) Act
- ✓ March 30, 2020– CMS Releases CMS3744-IFC (Interim Final Rule (IFC) #1)
- ✓ April 24, 2020 - COVID #3.5- Paycheck Protection Program and Health Care Enhancement Act
- ✓ April 30, 2020 - CMS Releases CMS531-IFC (IFC #2)
- ✓ August 25, 2020 - CMS Releases CMS401-IFC (IFC #3)
- ✓ COVID #4???

CMS Relaxes Requirements in Response to COVID 19

HHS Secretary Granted Waiver Authority over all 1834(m) restrictions

- Starting on March 1, 2020 and lasting *for the duration of the public health emergency*:
 - Geographic limitations are waived – all urban and rural areas now eligible
 - Originating site restrictions are waived – a patients home, or anywhere they are sheltering in place, is now eligible originating site
 - Provider location – can be in their home to provide services
 - Providers can furnish services to both new and established patients
 - Expanded list of Eligible providers
 - FQHCs and RHCS can serve as distant sites
 - PT, OT, SPLs can now furnish and bill for Medicare Telehealth services

CMS Relaxes Requirements in Response to COVID-19 (cont'd)

- **Changes in modality restrictions**
 - Interactive audio-video requirements for *certain* telehealth services, allowing audio-only telephones to access telehealth services
 - Audio-only telephone E/M services (new temporary benefit) -
 - CPT Codes 99441-99443, and 98966-98968
 - Payment parity for CPT Codes 99441-99443
 - Eligible for new and established patients
- **Currently over 240 unique codes for eligible “telehealth services”**
 - Streamlined Process for Medicare Telehealth codes to the Medicare Telehealth Services List
- **New billing guidelines and instructions**
 - Pay telehealth services at same rate as in-person
 - POS code allows for appropriate facility or non-facility rate
 - Hospital-based practitioners can provide telehealth to patients registered as hospital outpatients,
 - Hospitals can also bill originating site facility fee for these telehealth services

CMS Relaxes Requirements in Response to COVID 19 (continued)

- **CTBS – Virtual Check-ins and E-visits**
 - Eligible for new and established patients
 - Broadens eligible providers and practitioners to include LSW, OT, PT, SLP
 - Must still be patient initiated, but provider may educate patient and consent can be obtained annually
- **Remote Patient Monitoring Services**
 - Available for treating all chronic *AND* acute conditions, including treating COVID-19 – *change is permanent (not just limited to PHE)*

Additional Federal Actions on COVID-19

- **HHS Office of Inspector General (OIG)**
 - Notified physicians that they will not be subject to administrative sanctions for reducing or waiving any cost sharing obligations federal health care program beneficiaries may owe for telehealth services furnished (Federal anti-kickback statutes)
 - Covers various modalities, including telehealth visits, virtual check-in services, e-visits, monthly remote care management, and monthly remote patient monitoring
- **HHS Office of Civil Rights and HIPAA Requirements**
 - OCR will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that use platforms such as Skype and FaceTime for telehealth for the duration of the public health emergency (Must serve patients in good faith)
- **Federal Communications Commission**
 - COVID-19 Telehealth Program
 - \$200 million (from CARES Act) to help health care providers provide connected care services to patients at their homes or mobile locations in response to COVID-19.
 - Funded 56 health care providers in 23 states for a total of \$24.9 million.

Where are we heading?



CMS's Physician Fee Schedule Proposed Rule CY2021: Connected Care proposed changes

- Proposing to add select services to Medicare Telehealth Services list on a Category 1 basis (permanent) and a newly created Category 3 (temporary) to allow healthcare providers to collect evidence to support adding these services on a permanent basis
- Allowing visits for inpatient and nursing facility settings and critical care consultations to be delivered via telehealth
- Technical amendment to remove references to specific technology in definition of interactive telecommunications systems
- Update billing codes for Communications Technology Based Services
- Development of coding and payment for telephone only (no video) services in certain circumstances



Physician Fee Schedule CY 2021: What is our Response?

- When the country's PHE declaration subsides, the waivers and temporary health care standards and policies that have been adopted for Medicare, Medicaid, private payers, and professional licensure will require a transition, rather than a sudden termination, to ensure stability, embed resilience, and develop a modern, value based, health delivery system.
- A framework focused on advancing value-based patient centered health care should guide the phasing down of some waivers and the transition to permanence of others.



Federal Waivers that Should Become Permanent Policy

- Lift Originating Site Restrictions in Medicare
- "Site of residence" for a patient should be an originating site, to account for alternative living situations and better meet patients where they're located
- Eliminate Geographic Restrictions for provision of telehealth services
- Allow clinicians to reduce or waive any potential cost-sharing obligations when cost sharing is minimal for telehealth and communication technology-based services – currently Office of the Inspector General (OIG) policy is non-enforcement of cost sharing. This policy should be made permanent.
- Remote Patient Monitoring in Medicare may begin without an in person, face to face visit
- Use of audio only in the following cases:
 - when accompanied by Remote Patient Monitoring, sharing of patient generated health data (e.g. home blood pressure readings or glucose meter readings), OR
 - when patients do not have broadband access, OR
 - for services with evidence base showing equal efficacy (counseling or medication adjustment to treat mental health conditions)
- Allow delivery and billing of telehealth services by allied health professionals, e.g. respiratory therapy telehealth services by respiratory therapists and nurses, physical therapy telehealth services by physical therapists.

Principles for Federal-State Coordination and Alignment

- Put in place federal policy and incentives to encourage states to adopt Interstate Medical Licensure Compact and to permit delivery of telehealth by out of state providers
- Encourage and/or incent states to eliminate in person consent for delivery of telehealth or remote patient monitoring
- Require state review of licensure and connected care coverage policies and laws for health care resilience
- Medicaid incentives to include broad incorporation of connected care on a permanent basis, because the capacity needs to be part of the system or it won't be there next time
- Establish state requirements that state regulated insurance plans must cover connected care, reimbursing at 80% or more of similar in person care

Congressional Action – Take Action!

- Protecting Access to Post-COVID-19 Telehealth Act of 2020 (H.R. 7663) - Participate in HIMSS's Virtual March to ask your Representatives to cosponsor HR 7663 here: <https://himss.quorum.us/campaign/ProtectTelehealth/>
- The bill authorizes CMS to generally waive coverage restrictions during national emergencies, (2) allows rural health clinics and federally qualified health centers to serve as the distant site (i.e., the location of the health care practitioner), (3) removes restrictions that require the originating site (i.e., the location of the beneficiary) to be in a rural area, and (3) allows the home of a beneficiary to serve as the originating site for all services (rather than for only certain services), and (4) requires that CMS report on the utilization of telehealth services specifically during the public health emergency relating to COVID-19 (i.e., coronavirus disease 2019).

This legislation is the best chance we have to make telehealth changes in Medicare permanent.

US State Policy

State policy changes

- Licensure requirements
- Medicaid coverage
- Private payer coverage

Licensure Requirements

- **Before emergency declaration...**
 - ...[49 states and D.C.](#) required that providers delivering telehealth must be licensed in the state where the patient is located
- **During declaration...** (As of May 2020)
 - ...49 states and D.C. (All except Arkansas) were temporarily waiving licensing requirements for telehealth, including one or more of the following:
 - Providers can practice across state lines
 - Process expedited to provide temporary licenses to qualified medical professionals
- **As of Sept. 11, 2020...**
 - 47 States have telehealth licensure waivers - (allowing out-of-state physicians and licensure renewal)
 - 3 states (Michigan, New York (scheduled to expire on 9/11), Rhode Island) do not have waivers
 - Most state waivers scheduled to end at the end of PHE this Fall

<https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>



Medicaid Telehealth Changes (Before COVID– May 2020)

- Before the emergency declaration...
 - ...[all 50 states and D.C.](#) provided reimbursement for some form of telehealth (i.e. live video) in Medicaid fee-for-service.

During the declaration... (As of May 2020)

- ... All 50 states and D.C. have temporarily expanded access to telehealth for Medicaid recipients. Includes one or more of the following changes:
 - Patient can be at home (originating site)
 - Payment parity between in-person and virtual
 - Adding additional covered services
 - Allowing for telephone without video
 - Removing requirement of in-person initial appointment

Summary of state actions: <https://www.cchpca.org/resources/covid-19-related-state-actions>

Private Payer Changes (Before COVID– May 2020)

- **Before declared emergency...**
 - ...[40 states and D.C.](#) govern commercial insurers. Other states can create guidances for telehealth services. Only six states allowed telehealth reimbursement to be equal to that of an in-person visit.
- **During declared emergency... (as of May 2020)**
 - commercial insurers in 32 states were increasing access to telehealth, on their own or through a government mandate

Summary of state actions: <https://www.cchpca.org/resources/covid-19-related-state-actions>

Examples of Permanent State policy changes

- Colorado: On July 6, Colorado Governor Jared Polis signed [SB 20-212](#), expanding access to telehealth for Colorado residents by prohibiting insurers from requiring an established in-person practitioner/patient relationship or imposing location or additional licensure requirements as a condition for telehealth coverage. Appropriates over \$5 million.
- [Tennessee](#): BCBS of TN expanded telehealth coverage permanently, announced in May

We encourage other states to make their telehealth policies permanent based on our guiding policy principles

South Carolina Policy changes

- **Medicaid** [COVID-19 Telehealth Policy Update](#) (April 16 2020; new policies around telehealth to new patients; covered services by physical, occupational, and speech therapists, etc.)
Active, until end of PHE
 - **Medicaid** [Healthy Connections Medicaid Member Update](#) (April 3, 2020; nurse phone line available 24/7; expanded covered services)
Active, until end of PHE
 - **Medicaid** [Frequently Asked Questions](#)
Active, until end of PHE
 - **Medicaid** [Telehealth and COVID-19 Clarification for IDEA, Part C Program](#)
Active, until end of PHE
 - **Medicaid - 1135 Waiver** [Appendix K](#)
Active, until Jan. 26, 2021
 - **Medicaid** [Telehealth Clarification for Act 301 Local Alcohol and Drug Abuse Authorities](#)
Active, until end of PHE
 - **Medicaid** [Telehealth Coverage for Services by Developmental Evaluation Centers](#)
Active, until end of PHE
 - **Medicaid** [Telehealth COVID-19 Codes](#)
Active
 - **Medicaid** [Telehealth Policy Updates for Physicians, NPs, PAs and LIPs](#)
Active, until end of PHE
 - **Department of Insurance** [Health Issuers Response to COVID-19](#)
Varies
 - **Medical Board** [Emergency Order on Prescribing via Telemedicine](#)
Active, until end of PHE in South Carolina or DEA's withdrawal of guidance
 - **Medical Board** [Emergency Order on Medication-Assisted Treatment via telemedicine](#)
Active, until end of PHE in South Carolina or DEA's withdrawal of guidance
-
- **Private insurer** – BCBS of South Carolina expanded telehealth coverage
options: <https://www.southcarolinablues.com/web/public/brands/sc/members/find-care/telehealth-options-covid-19/>

What is happening abroad?

Telehealth ramp up worldwide

- Telehealth ramp up was common and also a significant challenge worldwide.

“A challenge was the transition to deliver telehealth capabilities in a limited amount of time, as these capabilities were seeing low or at best piecemeal adoption rates prior to the pandemic. We needed to **quickly ramp up policies, consent and charging models** for video consultations. We needed to clear **internal governance** and choose the appropriate video consultation **platforms** considering their **security** and Personal Data Protection Act (PDPA) liabilities. Our staff also had to be **trained** to deploy telemedicine.”

- Adj A/Prof Gamaliel Tan, Deputy Group Chief Medical Informatics Officer, National University Health System (NUHS), Singapore

Source: <https://www.healthcareitnews.com/news/asia-pacific/hitn-apac-ebook-dealing-covid-19-outbreak-through-digital-health-apac>



Telehealth ramp up worldwide

- **Australia** - new models of Medicare reimbursement for telehealth services, increasing the availability of remote access to services so that, in some instances, this is now the most frequent mode of care delivery
- **China** - Taikang Healthcare is a subsidiary under Taikang Life Insurance, the fourth largest life insurer by premium income in China, is also the largest senior care service provider in the country. Using telehealth, with the Taikang medical app, clients and patients can register themselves using the app and it connects them with Taikang's healthcare providers online for telehealth services
- "I was speaking to an old friend from **Scandinavia** this week. He has been involved in digital transformation for the whole of his professional life, promoting digital modalities of communication between patients and physicians and talking about the importance of governance and interoperability in this connected health and care system. He reported that he had made *more progress over the past 8 weeks as against the previous 20 years* at getting physicians to support the digital modalities of communication like telehealth and these were now accepted as the mainstream mode. The same could be said for the majority of countries globally."

<https://www.healthcareitnews.com/news/asia-pacific/hitn-apac-ebook-dealing-covid-19-outbreak-through-digital-health-apac>

Key Takeaways & Lessons Learned from Local to Global

- Policy changes in several months occurred that we expected were years away
- Lack of reliable and affordable broadband has continued to prevent many patients and providers from utilizing telehealth, as has lack of access to technologies that can support live voice-video communications or provide real-time or regular tracking of a patient's physiological data. In the US, work by HHS and the FCC will be essential to address these barriers.
- Workflow and planning is important and there are many lessons on building capability for each and every provider of health care – connected care cannot and should not be consolidated into a few national providers, rather it must be integrated into provider workflow throughout the delivery system. Resources exist to provide roadmaps and assistance to clinical practices and hospitals.
- Address COVID-19 and at the same time, prepare for the next pandemic through strengthening digital infrastructure and awareness/buy-in
- Public health and healthcare systems need to be synced and coordinated to ensure coordination and data sharing

How you can get involved

- **South Carolina Campaign:** South Carolina Health IT Advocacy Days: A Call to Action! <https://himss.quorum.us/campaign/southcarolina/>
- **Federal Campaign:** Help Protect Telehealth Access for Our Seniors - Urge your Representatives to Cosponsor H.R 7663!
<https://himss.quorum.us/campaign/ProtectTelehealth/>
- **Use the HIMSS Legislative Action Center to participate in campaigns, track legislation and contact your elected officials:** <https://himss.quorum.us/>
- Get involved throughout the year with SCHIMSS and SCHIMA



South Carolina Call to action!


[My Officials](#)[State Legislation](#)[Log Your Interactions](#)[Issues](#)[Policy Center](#)[Sign Up](#)

South Carolina Health IT Advocacy Days: A Call to Action!

SCHIMSS and SCHIMA are collaborating this year to advocate for a greater focus on harnessing the power of health IT to transform the delivery of healthcare in South Carolina and address disparities in access to care. We ask that you help us raise awareness for three issues critical to advancing this change:

1. Improve healthcare outcomes and decrease care disparities by addressing policies and funding to accelerate bidirectional data sharing at the local and state levels. Bidirectional data sharing will vastly improve integrated care delivery and coordination across primary care, behavioral health, population health, and preventive care.
2. Continue to support South Carolina's groundbreaking work in telehealth by making all homes permanently reimbursable sites for telehealth visits. The generous support of the SC State Legislature has propelled the state to become a national leader in telehealth development and research. Improved payment for virtual care into the home will ensure ongoing sustainability of these innovative services into the future.
3. Support and expand the efforts of Palmetto Care Connections and the South Carolina Telecommunication and Broadband Association (SCTBA) to ensure that broadband access and necessary technologies are available to all South Carolina residents, particularly those in areas of need.

Act now!

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Or Register Below

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Congressional Call to Action!

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Help Protect Telehealth Access for Our Seniors - Urge your Representatives to Cosponsor H.R 7663!

Ask your Member of Congress to support and cosponsor commonsense legislation that would ensure Medicare beneficiaries may continue to access care through telehealth after the current health crisis. The Protecting Access to Post-COVID-19 Telehealth Act of 2020 (H.R. 7663) would do just that.


For too long, outdated and overly burdensome restrictions in Medicare have severely limited access to telehealth services for our seniors and vulnerable populations. When the COVID-19 pandemic hit and in-person care was not an option for many patients, particularly the most vulnerable populations, Congress permitted providers to deliver care via telehealth on a temporary basis-- providing a lifeline to patients and providers. Throughout the pandemic, health care systems, providers, and the federal government have invested time and resources in telehealth to ensure their patients can continue to receive necessary care in a safe and effective manner.

There is no longer doubt that clinicians and patients benefit from telehealth – for many it has been the only safe means to access vital care. However, our seniors will again lose access to this important service unless Congress takes decisive action and makes these changes permanent.

Back in June, AdvaMed, the Alliance for Connected Care, American Telemedicine Association, eHealth Initiative, Health Innovation Alliance, HIMSS, and PCHAlliance led 340 healthcare organizations in a letter urging Congressional leaders to make telehealth flexibilities created during the COVID-19 pandemic permanent. This legislation is our best chance to achieve these goals.

Now we need your help to protect the critical gains. We must continue to move forward to ensure access to quality care. Tell Congress we can't go back and ask your Member of Congress to cosponsor commonsense legislation that makes these important changes permanent.

Make Your Voice Heard!

 Sign up with Facebook

Or Register Below


First Name

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Address

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Submit



Resources

- [HIMSS COVID-19 Think Tank](#)
- [Immediate State and Local Strategies for a Public Health Emergency](#)
- [Telehealth in the COVID-19 Spotlight](#)
- [Remote Patient Monitoring: COVID-19 Applications and Policy Challenges](#)
- [States Tackling COVID-19 Using Information and Technology](#)
- [HIMSS and PCHAlliance Submit Letter in Support of FCC Actions to Address COVID-19](#)
- [Blockchain Capabilities and Virtual Care](#)

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