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Telehealth during and beyond the COVID-19 pandemic

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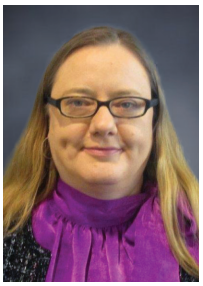
Over the past year, COVID-19 has been a catalyst for an explosion in telehealth utilization as Medicaid, Medicare, and commercial payers introduced new authorities and flexibilities in response to the pandemic. The role telehealth will play in a post-COVID-19 world, after the eventual end of the Public Health Emergency (PHE), is yet to be determined. The opportunities ahead are truly exciting.



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Bryan recently joined Mercer with over 15 years of healthcare payer experience, with eight years in various clinical and policy leadership positions including as Chief Strategy and Innovation Officer and Deputy Medicaid Director at the South Carolina Department of Health and Human Services.

Before joining Mercer, Kathy worked at the North Carolina Department of Health and Human Services for 10 years in a number of leadership roles , where she served as the behavioral health manager at the North Carolina Division of Medical Assistance and the Assistant Director of Services and Supports at the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. She has worked on several state projects since joining Mercer, including extensive stakeholdering and research on telehealth for the Commonwealth of Pennsylvania.

The Age of Technology and Telehealth: Then

As the digital age has progressed, advances in technology have fundamentally changed how we communicate with one another, purchase goods, and seek out entertainment. A few short decades ago, the idea of having a phone powered by a miniature computer wrapped around your wrist would have been a work of science fiction — something out of James Bond. While technological advancements have improved diagnostic and treatment options, healthcare has lagged in the full embrace of these new telecommunications capabilities. In one survey, only 8% of patients reported using telehealth in 2019[1].

Telehealth and telemedicine generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.[2] For Medicaid, telemedicine has generally required two-way, real-time interactive communication. This communication was between a patient in one clinic location and a provider located at a distant site, with the interaction supported by a sophisticated, secure telecommunications platform that included both audio and video components.[3] A 2017 Medicaid review found that across states a wide variety of providers (including physicians, nurses, behavioral health providers, and therapists) were allowed to render services via telehealth. Most states required that providers be enrolled in the state Medicaid system, and did not permit services via telehealth from providers located outside of the state. Some states did allow an out-of-state provider to be either an originating or distant-site without having to enroll in the payer state's Medicaid system.[4] The most common type of telehealth delivery has been a live audio-video modality, mimicking the traditional in-person visit.

1 American Well. Telehealth Index: 2019 Consumer Survey. https://static.americanwell.com/app/uploads/2019/07/American-Well-Telehealth-Index-2019-Consumer-Survey-eBook2.pdf.
2 Centers for Medicare & Medicaid Services. Medicare Telemedicine Health Care Provider Fact Sheet. https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
3 Telemedicine. Medicaid.gov. Retrieved from https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html.
4 MACPAC. March 2018 Report to Congress on Medicaid and CHIP. MACPAC. https://www.macpac.gov/publication/march-2018-report-to-congress-on-medicaid-and-chip

The Age of Technology and Telehealth: Now

The Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and other payers introduced unprecedented expansions of telehealth coverage throughout 2020 to help ensure continued access to healthcare during the COVID-19 pandemic. Generally, these expansions were aimed at:

- Allowing for continued access to care while conforming to the principles of social distancing
- Providing rapid triage and care for individuals with suspected COVID-19 infections
- Redirecting face-to-face healthcare capacity to those with the highest levels of need, including confirmed COVID-19 cases

While the specific coverage expansions vary considerably from state-to-state and across various types of payers, they generally involve expanding the location from which a patient can access telehealth, the types of providers who can deliver care, the services that can be provided, and the technology required to deliver care .

Location:

Allowing patients to access care from home rather than a clinical originating setting

Services:

Expanding the range of services that can be delivered via telehealth, including some portion of the 240 billable codes that have been added to the Medicare physician fee schedule[5]

Providers:

Broadening the types of providers who can be reimbursed for providing telehealth, especially in the areas of dental health, long-term services and supports, maternity care, and physical, speech, and occupational therapy

Technology:

Expanding the technologies that can be used to deliver telehealth, including exercising enforcement discretion and waiving penalties for Health Insurance Portability and Accountability Act of 1996 (HIPAA) violations in certain cases[6]

One area that has proven most useful in the use of telehealth is the provision of behavioral healthcare. Telehealth provides increased anonymity as individuals do not have to be seen going into a mental health or substance use facility or clinic. Telehealth services can offer greater access to providers with cultural and linguistic diversity, allowing access to a provider who "looks like me" or who can deliver services in a different language without the need for an interpreter.

The Center for Connected Health Policy maintains a state-by-state inventory of COVID-related telehealth policy changes at https://www.cchpca.org/covid-19-related-state-actions

In recent stakeholder work done in Pennsylvania, there was universal feedback that flexibility in telehealth modalities was of paramount importance, allowing for a combination of virtual and in-person services to fully meet the needs of individuals. Even before the COVID-19 pandemic, the Substance Abuse and Mental Health Services Administration advocated for the use of telehealth as a means to increase access to mental health and substance use disorder services, especially in underserved areas where the provider network can be more fragmented. Services range from assessment to treatment, to administration of medication for addiction treatment (medication-assisted treatment) for opioids and include psychiatric diagnostic evaluation and management, psychotherapy, crisis intervention, community recovery support, and psychosocial rehabilitation.

5 https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes
6 https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

What does the future hold?

Over the coming months, state Medicaid agencies will need to make important decisions about telehealth coverage in a post-COVID world. As we once again become comfortable engaging with the healthcare system on a face-to-face basis, states will want to know which services and which provider types have "worked" and proven effective through telehealth. For example, in-person office visits will continue to be required where hands-on physical examination, specific screenings (for example, mammography, colonoscopy), or the delivery of immunizations is indicated. However, there are likely many opportunities to continue telehealth delivery for particular assessments and routine care needs, resulting in enhanced access to care and patient experience.

An important consideration post-PHE pertains to the flexibility to use non-HIPAA compliant platforms and/or deliver care through purely telephonic modalities. The anticipated reintroduction of more rigorous technology and security requirements will affect some providers who will either need to completely transition back to in-person care or invest in the necessary technologies to comply.

Finally, as the increased use of telehealth becomes a more permanent fixture of the US healthcare delivery system, inequity concerns must be addressed. Many minority populations are more likely to have a lower socioeconomic status, leading to a lack of access to technology resources necessary to participate in telehealth. This access inequity is likely to exacerbate the underlying distrust of a healthcare system for individuals who already experience a bias against people of color. Telehealth algorithms may also be skewed when determining areas of need for equipment assistance and in measuring outcomes, failing to account for differences in diagnosis and treatment of disease for individuals of color and from lower socioeconomic backgrounds or with lower levels of education.[7]

Providers and payers have exciting opportunities as telehealth continues to advance. As former CMS Administrator Seema Verma said, "the genie's out of the bottle."[8] While both President Biden and the 116th Congress have signaled support for telehealth reform, the details of what policy reform will look like have yet to be fully defined. It is, nonetheless, likely that telehealth policy will be part of the national health policy agenda over the next couple of years.[9]

Mercer is prepared to partner with states as they seek to harness the power of the genie through designing telehealth coverage of high quality which produces meaningful outcomes. Our goal is to utilize our expertise and experience to help states harmonize telehealth coverage with that offered by other payers, to thoughtfully transition coverage back to in-person care when permanent telehealth coverage is not appropriate, and to monitor the quality of care, patient experience, and program integrity implications of care provided via telehealth.

7 Clair, M., Clair, B., & Clair, W. (2020). Unless it's done carefully, the rise of telehealth could widen health disparities. STAT. https://www.statnews.com/2020/06/26/unless-its-done-carefully-the-rise-of-telehealth-could-widen-health-disparities/

8 https://thehill.com/blogs/congress-blog/healthcare/507874-the-telemedicine-genie-is-out-of-the-bottle

9 https://knowledgewebcasts.com/telehealth-under-the-biden-administration-what-you-need-to-know/

Key Takeaways

State Medicaid agencies have exciting opportunities to significantly and permanently increase access to healthcare as telehealth continues to advance. Furthermore, telehealth can facilitate increased patient engagement, a better patient experience, and increased access to a more diverse workforce

For More Information

Mercer is available to assist with stakeholdering, strategic planning, regulatory and policy design, best-practice evaluation, and permanent adoption or unwinding particular COVID-related telehealth flexibilities.

Email us at mercer.government@mercer.com if you have additional questions or to speak to a client leader. You may also be added to our distribution list to ensure you receive our white papers, flash updates and webinar invites.

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