



Telehealth in the Post-COVID World

Thomas M. Leary, MA, CAE, FHIMSS

Senior VP and Head of Government Relations

Vision

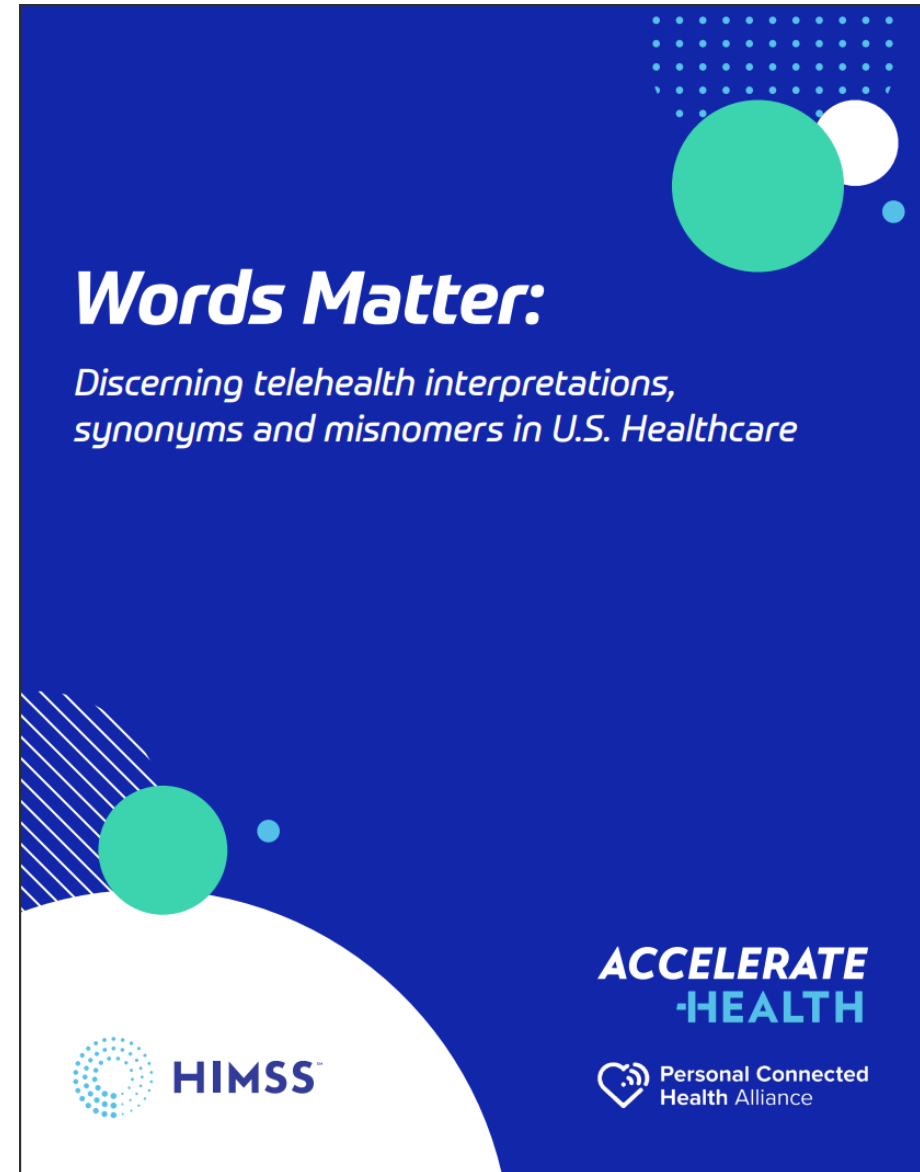
To realize the full health potential of every human, everywhere.

Mission

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



Level-setting: Terms



The US Has Specific Definitions

- Vary based on:
 - Agency/program
 - Synchronicity
 - Use of video
 - Sites involved (i.e., patient home)
 - Who provides the service

U.S. Policy/Regs	
Telehealth	<ul style="list-style-type: none">✓ Varies by program✓ Medicare limits to synchronous audio-visual patient-clinician visit✓ HRSA defines broadly to include wellness public health, clinical care, and wellness
Telemedicine	<ul style="list-style-type: none">✓ Varies by program✓ Usually clinical care by ICT
Remote Monitoring	<ul style="list-style-type: none">✓ Asynchronous monitoring of patient biophysical status
eVisits/eCare	<ul style="list-style-type: none">✓ Clinical communication between patient and provider conducted through Electronic Health Record Technology
mHealth	<ul style="list-style-type: none">✓ Medical, public health or wellness services supported by mobile devices
Video Visits	<ul style="list-style-type: none">✓ One form of telehealth, refers to synchronous meetings of a provider and patient using video and audio, often through an app
Virtual Care	<ul style="list-style-type: none">✓ Varies by program (not policy, but a model of care)✓ Medicare defines as brief ICT enabled consultation with provider✓ AARP defines broadly as all ICT enabled health care

Medicare Restrictions

- The infamous § 1834(m) (of the Social Security Act)

(m) PAYMENT FOR TELEHEALTH SERVICES.—

(1) IN GENERAL.—The Secretary shall pay for telehealth services that are furnished via a telecommunications system by a physician (as defined in section 1861(r)) or a practitioner (described in section 1842(b)(18)(C)) to an eligible telehealth individual enrolled under this part notwithstanding that the individual physician or practitioner providing the telehealth service is not at the same location as the beneficiary. For purposes of the preceding sentence, in the case of any Federal telemedicine demonstration program conducted in Alaska or Hawaii, the term “telecommunications system” includes store-and-forward technologies that provide for the asynchronous transmission of health care information in single or multimedia formats.

(2) PAYMENT AMOUNT.—

(A) DISTANT SITE.—The Secretary shall pay to a physician or practitioner located at a distant site that furnishes a telehealth service to an eligible telehealth individual an amount equal to the amount that such physician or practitioner would have been paid under this title had such service been furnished without the use of a telecommunications system.

(B) 172 FACILITY FEE FOR ORIGINATING SITE.—

(i) IN GENERAL.— Subject to clause (ii) and paragraph (6)(C), with respect to a telehealth service, subject to section 1833(a)(1)(U), there shall be paid to the originating site a facility fee equal to—

(I) for the period beginning on October 1, 2001, and ending on December 31, 2001, and for 2002, \$20; and

(II) for a subsequent year, the facility fee specified in subclause (I) or this subclause for the preceding year increased by the percentage increase in the MEI (as defined in section 1842(i)(3)) for such subsequent year.

(ii) NO FACILITY FEE IF ORIGINATING SITE IS THE HOME.— No facility fee shall be paid under this subparagraph to an originating site described in paragraph (4)(C)(ii)(X).

***But It's All
Different Now***

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET | CMS

KEY TAKEAWAYS:

- *Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.*
- *These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.*
- *Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.*
- *While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.*
- *The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.*
- *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.*

And... Hospital @ Home is Also a Thing!

- Multiple reimbursement paths
 - Inpatient track if replicating all facets of care
 - Combined RPM and CCM benefits + home care



Payment Parity?

- Primarily hinges on facility fees
- Varies by state
- Highly polarized issue
 - Outcomes/delivery vs. location/overhead

Will Telehealth Payment Parity Be Permanent or a Passing Fancy?

A recent study by Foley & Lardner indicates telehealth reimbursement will be on top of the agenda during the coming year, but will states, private payers and the federal government find an acceptable path to true payment parity?



How Do I Make It Work?

Do-it-Yourself vs. Integrated Solutions

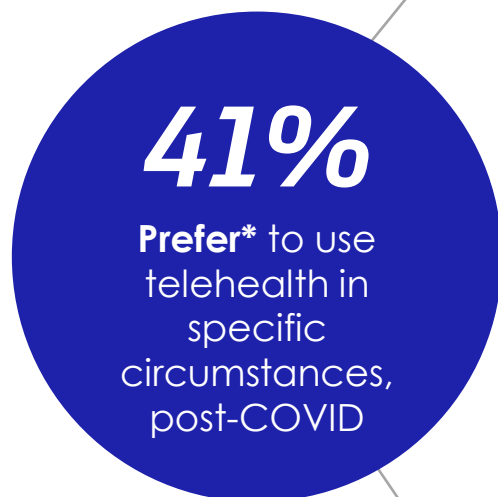


Who Does This Work For?



Generational Insights

Future Telehealth Preference



VS.

19% of Boomers
35% of Gen X
44% of Millennials
42% of Gen Z

**Prefer* to use
VIDEO**

18% of Boomers
24% of Gen X
34% of Millennials
42% of Gen Z

**Prefer* to use
PHONE CALL**

71% of Boomers
55% of Gen X
47% of Millennials
42% of Gen Z

**Prefer* to go
to the OFFICE
for all circumstances**

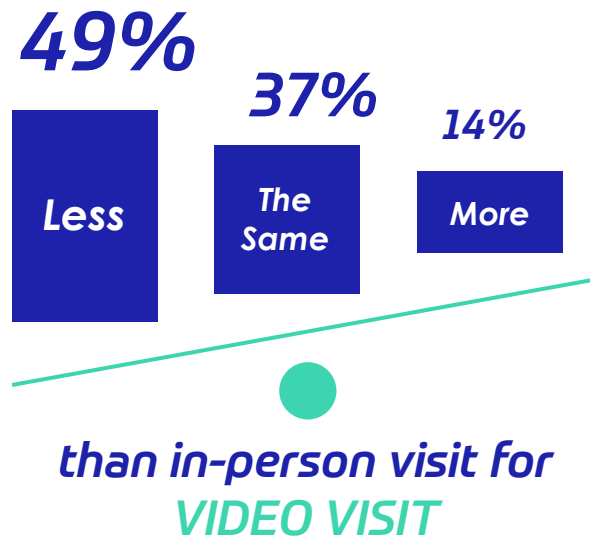
7% of Boomers
13% of Gen X
24% of Millennials
33% of Gen Z

**Prefer* to use
MESSAGES**

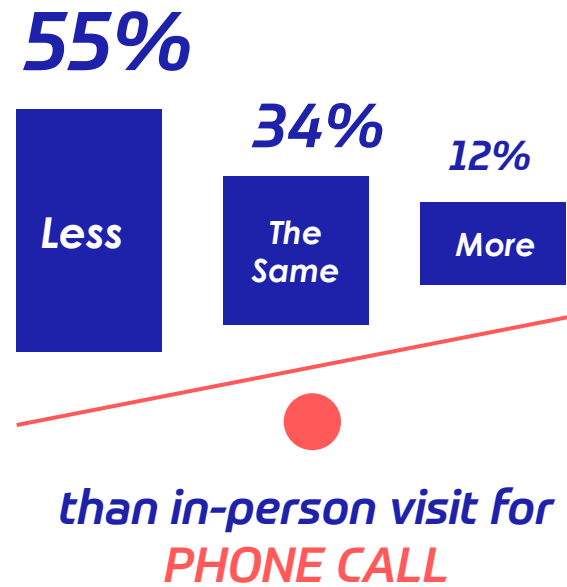
Telehealth Cost Comparison

Expected Out of Pocket Expenses for Trusted Healthcare Provider,
Compared to In-Person Visit

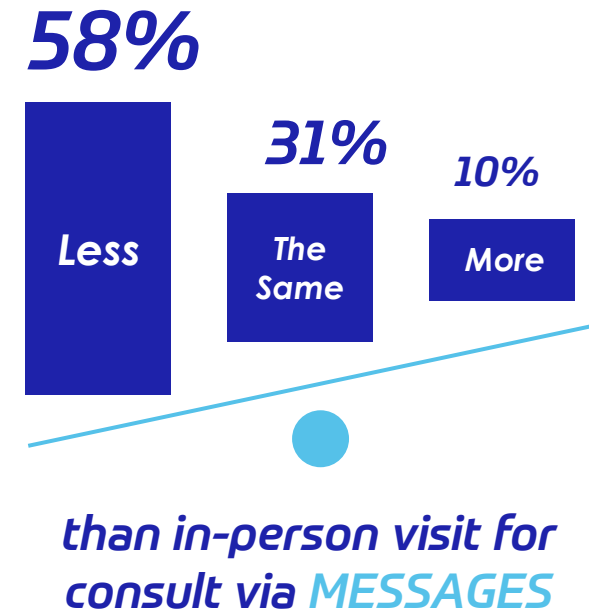
Telehealth should cost...



Telehealth should cost...



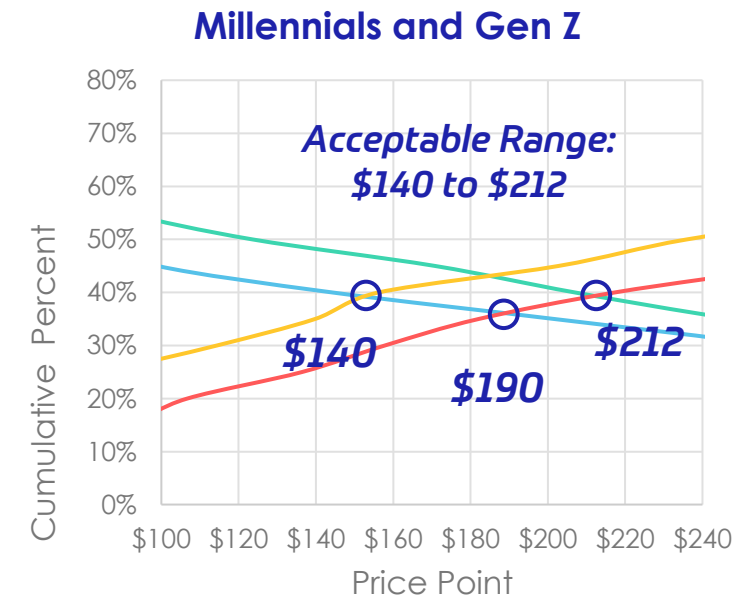
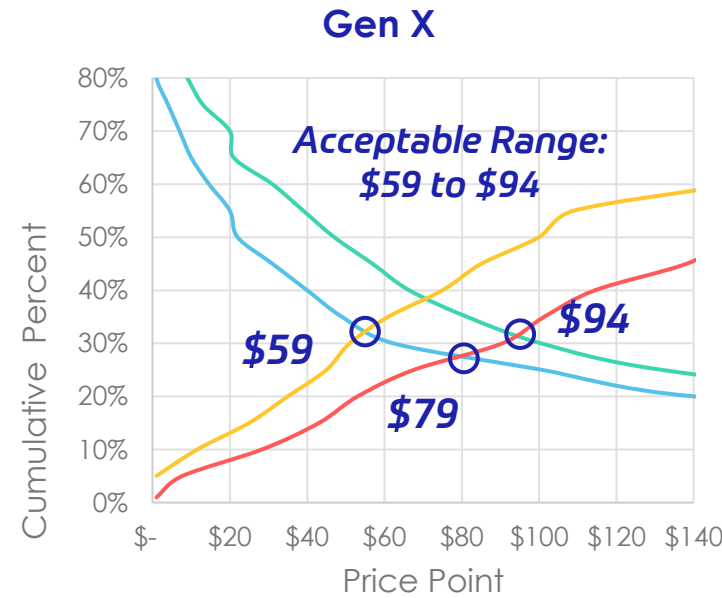
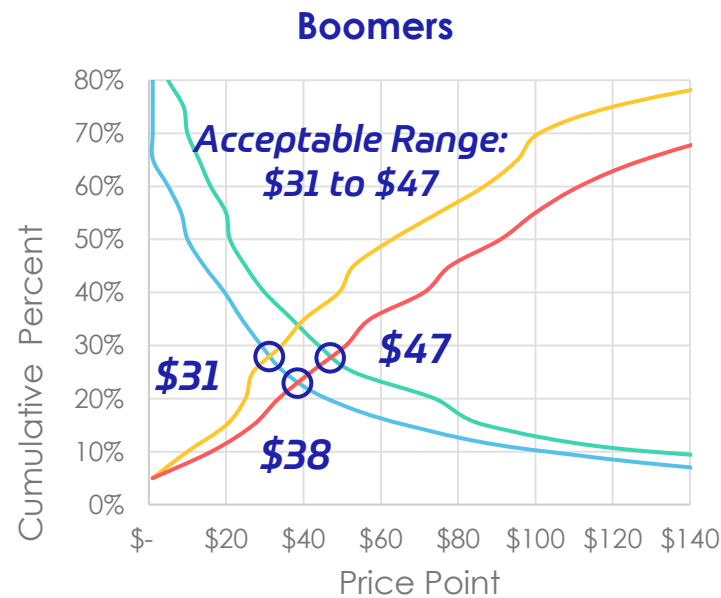
Telehealth should cost...





What should telehealth cost?

Trusted Provider for Primary Care, among those who are willing to use telehealth in some circumstances



So Where Are We Now?

Uncertainty Reigns

- Will the Medicare waivers continue after the PHE ends?
- Do I build/buy a platform?
- Will I lose patients to DTC companies? Or get unwarranted referrals?
- Will this work for my patients?
- Will I get paid the same?
- Which version of Hospital at Home is appropriate?





Thank You!