

HCCA Managed Care Conference - 2020

702 - Telehealth – What's New? Staying on Top of Innovation

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Speakers & Panelists - Introductions



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Definitions



Telehealth?

Telemedicine?

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Definitions



Telehealth is the use of electronic information and telecommunication technologies to support long distance clinical health care, patient/member and professional health-related education, public health services, and health administration. Telehealth refers to a scope of remote healthcare services broader than telemedicine and can include non-clinical services.

Telemedicine, more specifically, seeks to improve a patient/ member's health by permitting two-way, real time, interactive communication between the patient/ member and the practitioner. Telemedicine refers specifically to remote clinical services.

Often, this definition has been further expanded by including tech-enabled provider-to-provider interactions that extend scarce provider resources

Distant Site is the location from where a provider provides professional services via telecommunication

Originating Site is the location of the patient at the time service is furnished via telecommunications

Video Visit conferencing uses two-way interactive audio-video technology to connect users when a live, face-to-face interaction is necessary

Asynchronous/"Store and forward" technology allows for electronic transmission of medical information, such as digital images, documents & pre-recorded videos through secure messaging transmission (Online Visits)

Remote Monitoring is technology that allows digital devices to collect medical/health data from individuals and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.

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Recent Expansion of Telehealth Regulation



April 2019

Starting in 2020, Medicare Advantage plans will be able to move Telehealth benefits *from* supplemental to core benefits.

- “With these new Telehealth benefits, enrollees will be able to access the latest technology and have greater access to Telehealth. By providing greater flexibility...beneficiaries can receive more benefits, at lower costs and better quality.” -CMS Administrator, Seema Verma

On **July 29, 2019** CMS published their CY 2020 final rules related to the Physicians Fee Schedule. has added three new codes for a bundled episode of care for treatment of opioid use disorder to the list of services that are eligible for telehealth reimbursement.

October 2019

The President issued an Executive Order calling for CMS to propose regulations and implement other actions to promote telehealth services. This includes adjusting network adequacy requirements to account for telehealth.

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Expansion of Telehealth Definitions – Changes in Regulations

Panel Discussion / Audience Q&A

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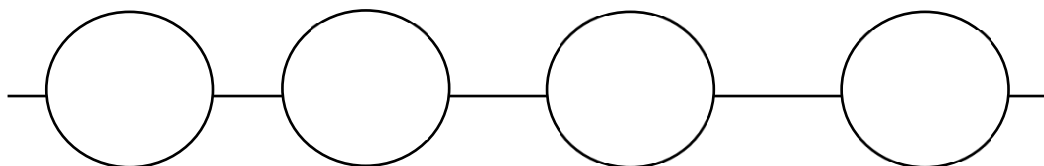


Telehealth & Telemedicine Services

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Four Pillars of Telemedicine



ONE

Provide
Clinical
Support

TWO

Overcome
Geographical
Barriers

THREE

Use Various Types
of Information
and
Communications
Technologies
(ICT's)

FOUR

Improve
Health
Outcomes
and Access

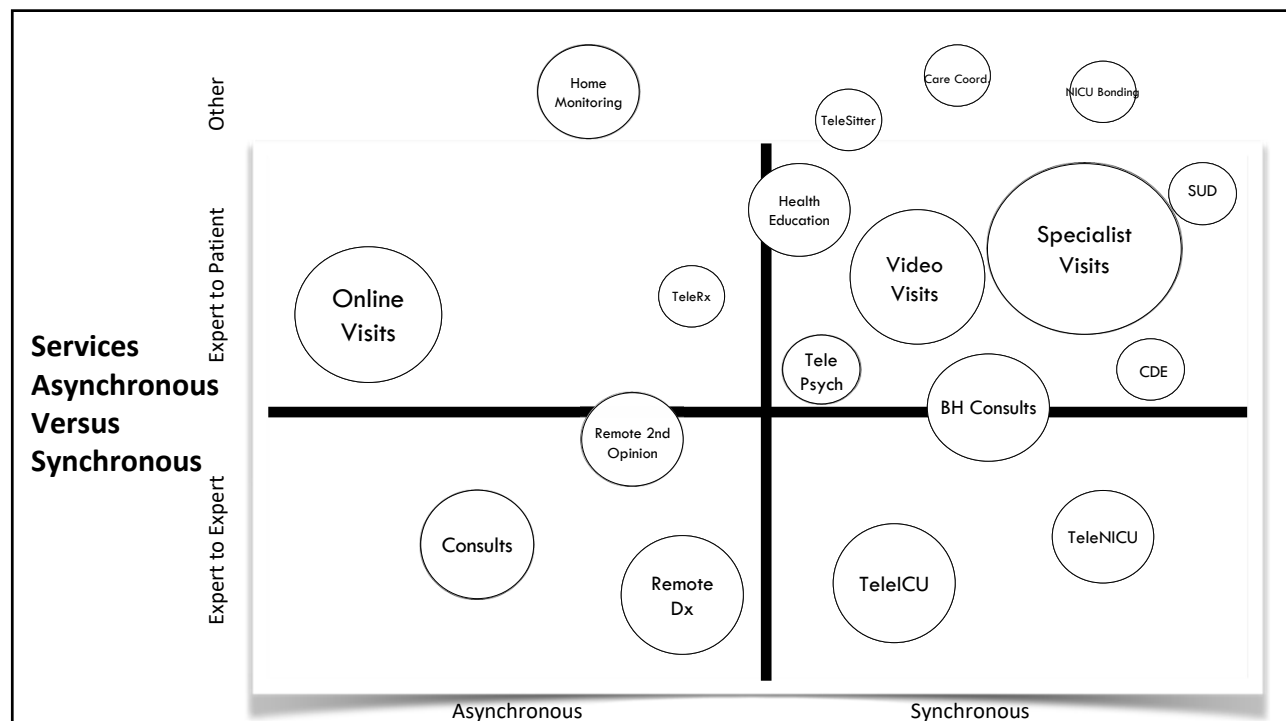
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Value Continuum of Telehealth



Alternative Service Delivery	Care Management Tool in Overall Care Plan	Hub for Primary Care and Care Coordination
Cost-saving	Enhances care management through timely interventions	Primary access point for patient care
Convenient	Usually targeted to specific populations at risk of hospitalization	Emphasis on primary care, prevention
Balanced between increased access and utilization	Integration, data sharing is key	Payer make investment in upstream interventions with positive ROI
Examples: behavioral/mental health, dermatology, chronic care	Examples: patient navigator, remote patient monitoring, offsite diagnostic tools and lab testing, post-acute home care	Examples: direct access to PCPs and care coordinators through telehealth modalities (e.g., nurse line, apps, patient portals)

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How they work – a few ways



- **Interactive Video Technology**
 - Video conferencing in real time between provider and patient
 - Digital camera with secure broadband internet
- **Store and Forward Technology**
 - Digital information forwarded electronically from patients or other providers
 - Provider uses clinical information from relevant photographic or video images, diagnostic images, results
- **Remote Patient Monitoring Technology**
 - Remote technology collects medical data and monitors health indicators while patients are in their homes to offer diagnosis or provide care
- **Mobile Technology**
 - Cell phones, mobile devices, wearable devices and apps monitor and track patient health conditions

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Where is innovation coming from?



Apple's Group FaceTime Feature Expands Virtual Care Options

Group FaceTime is here! Apple's latest release of iOS 12 includes many new features, including [multiple-party calling over FaceTime](#).

Walgreens Find Care platform: expanded as chronic care management with connected devices and digital therapeutics for patients with diabetes, asthma and chronic obstructive pulmonary disease. Partnership include Dexcom, maker of the G6 continuous glucose monitor system and Propeller Health, which offers sensors to monitor usage on a patient's inhaler.

Humana, Philips Offer Remote Monitoring for

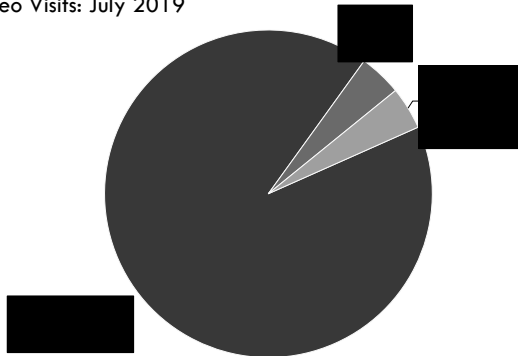
High-Risk CHF Seniors: At-risk CHF seniors will have access to **Philips' Lifeline medical alert service**, which includes fall detection technology (an industry mainstay) and predictive analytics through a kit including a tablet that syncs information from a weight scale, blood pressure monitor and pulse oximeter.

Avera Ecare's virtual ER: a telemedicine center that provides remote emergency care for 179 hospitals across 30 states

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Satisfaction with New Care Modalities

Video Visits: July 2019



Online Visits

"This is a wonderful service. Thank you for providing it. The fact that I'm getting follow up emails...is wonderful. They provide info on what to do should there be more issues. It is miles ahead of regular urgent care visits for the run of the mill typical issues without the chance of getting worse secondary infections."

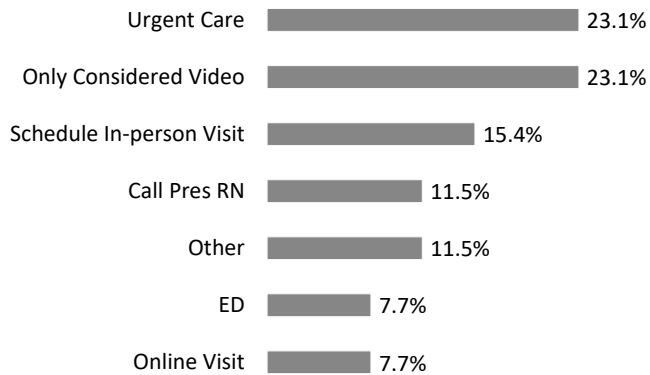
-Patient Survey, June 2018

Online Visits are so popular with our providers that shifts disappear within minutes of posting. Scheduling has now limited each provider to 3 shifts per month due to the limited shift supply and intense provider demand.

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Understanding Patient Thought Process

Other care options considered before initiating a Video Visit...



*If Video Visits didn't exist, where would all these people have gone for care?
How much would it have cost?*

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Understanding Patient Thought Process

Panel Discussion / Audience Q&A

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Opportunities and Challenges

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Patients

- Timely access to locally unavailable services
- Time, travel and expense of transportation
- Improvement in quality of care

Health Professionals

- Access to collaborative consultative services
- Spared burden and cost of time and travel
- Increased referral network
- Flexible work options

Cost Leadership

- Increased access without additional infrastructure
- Better use of clinical resources across system
- Reduction of referral costs with pre-referral consults
- Reduction of regional-to-central transfers
- Reduction of high-cost care events through earlier intervention
- Reduced outsourcing costs due to access or location

Rural Communities

- Enhanced healthcare/economic empowerment
- Support and retention of rural providers
- Patients/families stay close to home
- Capture billable services at home facilities

Health Systems

- Differentiation of brand in marketplace
- Increased accessibility and statewide brand presence
- Standardized care
- Reduce resource duplication

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Other Managed Care Plan Network Challenges



- **Network Adequacy**

- Are you allowed to include telehealth providers in network adequacy files for assessments?
- CMS does not (yet) allow telehealth providers to be included in Health Services Delivery (HSD) Tables (outside of VBID 2.0 pilot)
- Department of Insurance (DOI) and Medicaid Agency rules vary by State

- **Provider Directories**

- Practical challenges of how to display telehealth providers and services in a clear and simple way
- Regulatory complexity (requirements vary greatly)

- **Other Member Communications**

- If a contracted provider stops offering telehealth services, is the plan obligated to notify members of the change?
- What if it is not a provider contract termination or a benefit change?
- Can the plan clearly explain the impact of changes to members?

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Reaching Members and Patients - Convenience

Panel Discussion / Audience Q&A

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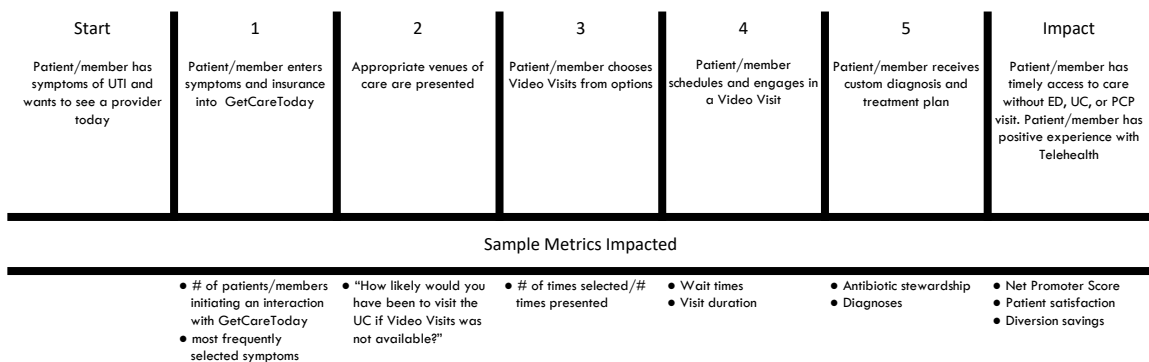
Telehealth Value Creation & Opportunities

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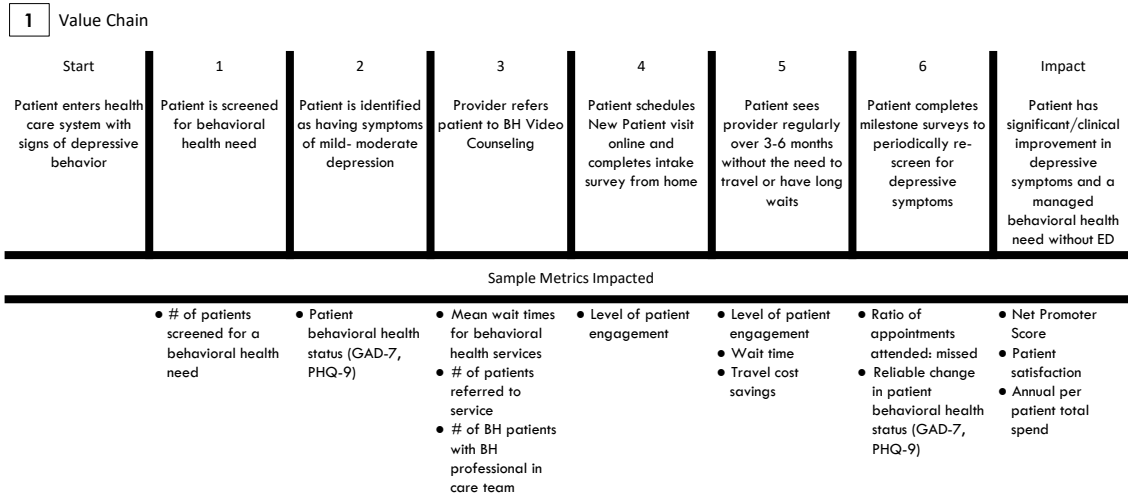
Value Chain for Video Visits

1 Value Chain



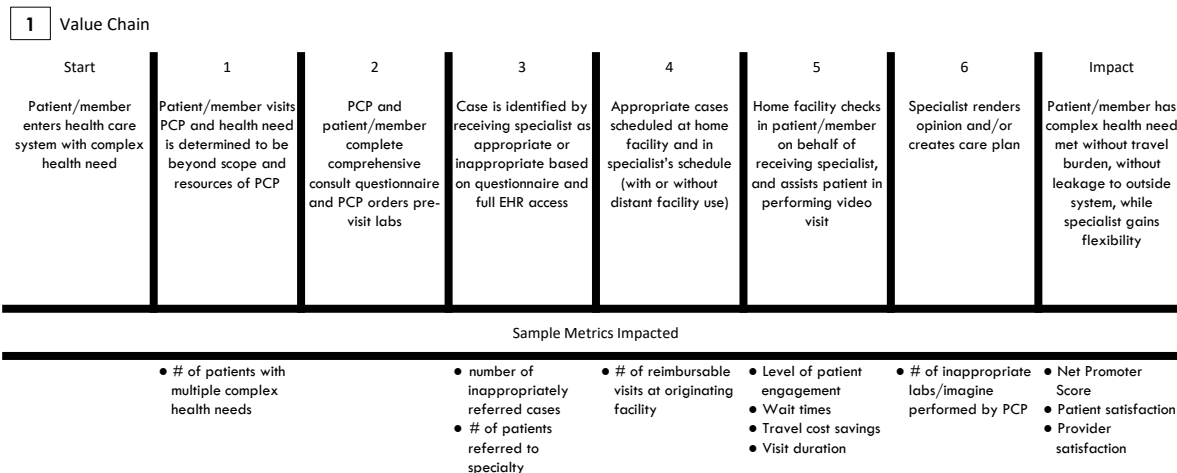
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Value Chain for BH Video Counseling



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Value Chain for Specialist Visits



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Telehealth Value Nuggets

Telehealth services bring wide range of system benefits.



Provider Conservation

- At current volume, Video Visits avoid 1 MD FTE.
- Avg Primary MD salary/benes= \$300K.
- Online visits can care for ~48 patients/hr vs. 2.5-3.0 visits/hr in Urgent & Primary Care. This is the equivalent of 16 provider FTEs.



Reduced MD Recruiting & Turnover

Avg "hard costs" to recruit a new provider: \$92,598.
Avg cost incurred to fill 6 month provider vacancy: \$798,661 (Source: [Cieika + AAPPR](#))

The Left Shift
10% shift in ED patients= \$13MM savings



Commercial Magnet

- 78% of Video Visit users are Commercial (employer or individual plan)
- Avg annual revenue per commercial member: \$2400



Leakage Avoidance

- Building out expert to expert consults avoids patients transport and daily changes at out of network.
- Average daily non-hospital charge: = ?,
- Avg transport cost to non-network hospital = ?

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Take Aways!

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Take Aways!



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Take Aways!



These recommendations may provide a framework for acceleration and maturation of Telehealth programs:

- Many Plans are uniquely positioned to gain significant value from robust Telehealth services and technologies.
- Your program should be designed to broaden patient access, decrease cost, and improve efficiency.
- Ensure you assess federal and state requirements for licensing, practice, and operation.
- Programs are often deployed by various departments via ad hoc processes, and continue to operate with varying levels of success—within silos. The programs need to address the needs of our patients, members, and providers, and must have a cohesive and scalable enterprise-wide strategy.
- Strategic alignment is necessary to fully achieve the enterprise goals of better health, exceptional experience, and cost leadership. Suggest aligning these programs under a single department to allow for more effective budgeting, staffing, and overall operations.
- Value can be added by augmenting providers' reach across service areas (and between facilities), and encouraging proactive evidence-based care. Recent commitments via government programs increase the organization's digital imperative. Telehealth associated with organization's recognized and trusted identity can effectively open new markets and create industry leadership potential.

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Resources



- American Telemedicine Association (ATA). <https://www.americantelemed.org/>
- Association of Telehealth Service Professionals (ATSP). www.atsp.org
- Center for Connected Health Policy - State Telehealth Laws & Reimbursement Policies (Fall 2019)
 - At a Glance Infographic: <https://www.cchpca.org/sites/default/files/2019-10/50%20STATE%20INFOGRAPH%20FALL%202019%20FINAL.pdf>
 - Detailed Report: <https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehealth%20Laws%20and%20Reimbursement%20Policies%20Report%20Fall%202019%20FINAL.pdf>
- Center for Telehealth & e-Health Law (CTeL). www.ctel.org
- Center for Medicare & Medicaid Services (CMS). www.cms.gov; and https://www.cms.gov/cms-search?search=telemedicine&field_date%5Bmin%5D=&field_date%5Bmax%5D=&sort_by=search_api_relevance&items_per_page=10
- Telehealth Resources Centers (TRC). www.telehealthresourcecenter.org
- Telemedicine Exchange. www.telemedicineexchange.com

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