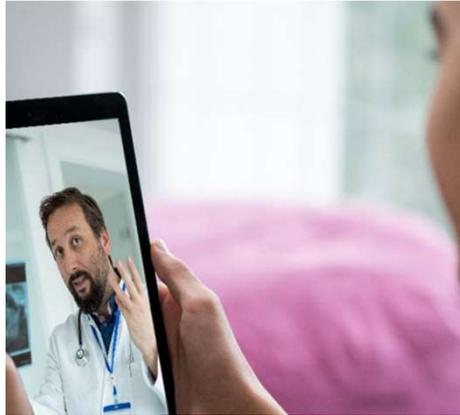


Telehealth:

Where do we go from here? Insights from a panel of strategy, operations and compliance leaders.



April 22, 2021



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Introductions



Megan Tucker-Hall
PwC
Manager, Health Industries
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Megan is a manager with PwC's Health Industries Advisory, Risk and Controls, practice in Denver. Megan regularly assists clients in designing, developing, implementing and assessing compliance and ethics programs and solutions including compliance operating models and governance, policies and procedures, corporate compliance risk assessments, training and education, investigation protocols, and communication programs and reporting best practices all in alignment with Department of Justice (DOJ) and Federal Sentencing Guidelines (FSG). Megan's work spans corporate compliance, regulatory compliance, and research compliance. She has also completed compliance program effectiveness reviews using the seven elements of an effective compliance program as outlined by the OIG.



Dr. Neema Navai
MD Anderson
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Dr. Navai is a native of Michigan who completed his undergraduate degree in cellular and molecular biology at the University of Michigan Ann Arbor. He then attended the Northwestern University Feinberg School of Medicine in Chicago, IL where he completed his medical doctorate. Dr. Navai remained at Northwestern University for his general surgery internship and urology residency after which he began his time here at MD Anderson as a fellow in the Urologic Oncology program. Upon completing his fellowship Dr. Navai joined as faculty in the Urology Department where he has been awarded grants from the bladder cancer SPiORE to study novel tools aimed at improving current staging shortfalls in muscle invasive bladder cancer through enhanced imaging and molecular profiling. In his role as surgeon scientist Dr. Navai will focus on minimally invasive surgery for bladder cancer and urinary reconstruction.



Graeme Ossey
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Graeme is the Program Director for Digital Health at University of Chicago Medicine with a focus on Virtual Care, Digital Patient Experiences, and Innovation. His interests include using technology to drive clinical outcomes and building digital care models that reduce unnecessary utilization of the health care system. Previously, he spent time building the telehealth program and NewYork-Presbyterian and developing innovation partnerships through Health 2.0. Graeme received a MBA from Duke University's Fuqua School of Business and his Bachelor's Degree from Emory University.



Chuck Mazer
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Chuck is the Director of Corporate Compliance for the NewYork-Presbyterian enterprise, one of the nation's most comprehensive, integrated academic health care delivery systems, dedicated to providing the highest quality, most compassionate care and service to patients in the New York metropolitan area, nationally, and throughout the globe. He has oversight of compliance functions that cross the ten hospital system and other affiliated entities such as two renowned medical schools, Weill Cornell Medicine and Columbia University College of Physicians and Surgeons. He has been with NYP for over seven years. Prior to joining NYP, he was a litigator with Latham & Watkins LLP in New York.



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Telehealth is here to stay

While telehealth is not a new service, COVID-19, demanded an unprecedented acceleration of virtual health services. The continuing pandemic has proven the necessity, long term viability, and scalability of telehealth requiring providers and patients alike to rapidly overcome the learning curve. This has included leveraging digital communication technologies to enable health care professionals and patients to collaborate remotely for care delivery, patient monitoring, second opinions, and health education for patients and providers. .

Healthcare organizations can sustain and expand on the recent upscaling of telehealth and virtual care adoption by improving access to care, staffing efficiencies and training, and exploring usage of quality technology while safely meeting the care delivery needs for members

Key virtual health modalities



Direct to patient virtual visits

Examples

- Primary Care
- Behavioral Health
- Urgent Care
- Therapy (e.g., Occupational, Physical)
- Oncology



Provider to provider consults

Examples

- Telestroke
- Teleneurology
- ED Specialty Consults



Remote monitoring

Examples

- Diabetes Monitoring
- Cardiac Care
- Early COVID Discharge Monitoring
- Pulse Oximetry

Illustrative roadmap of rapid telehealth growth post-pandemic



March 2020*

Federal Legislation

- March 12th: Department of Health and Human Services (HHS) waives federal licensing regulations
- March 27th: Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law

HIPAA Enforcement Discretion

- *Notification of Enforcement Discretion for Telehealth*, released March 2020, stated that the Office for Civil Rights will exercise discretion and will not impose Health Insurance Portability and Accountability Act (HIPAA) penalties for good faith use of telehealth during the pandemic

Rapid Roll-out*

January 2021*

Federal Support of Permanent Telehealth Waivers

- The House of Representatives reintroduces Protecting Access to Post-COVID-19 Telehealth Act of 2020 to make recent telehealth regulations permanent beyond the pandemic and to protect telehealth expansion in Medicare (January 25)

CMS Updates

- April 30th: Centers for Medicare and Medicaid Services (CMS) expands telehealth access for Medicare beneficiaries by allowing clinical practitioners, including physical and occupational therapists and speech language pathologists, to provide telehealth services

Growth of Telehealth Services

- Centers for Disease Control and Prevention (CDC) reported a 154% increase in telehealth visits in the last week of March 2020 compared to the same period in 2019

E/M Coding Changes

- January 1st: New guidelines allow physicians to select an evaluation and management (E/M) code based on total time spent on the data of the encounter or medical decision-making

State Legislation

- A New York state bill currently under consideration would expand licensing reciprocity with states through the Northeast for specialist services

State Legislation

- An Arizona state bill currently under consideration would permanently allow for health care providers licensed in another jurisdiction to practice telemedicine with Arizona patients

Future*



Common pain points of telehealth programs

Quality of Care

- Inherent clinical risk exists with virtual patient care, such as missed diagnosis
- Impacts to care continuity (e.g., loss of patients to follow-up)
- Hightened inequalities across varying patient demographics and socioeconomic factors such as age, sex, race, insurance, and access to technology

Compliance and Legal

- Ability to gather and document virtual treatment consent prior to service delivery
- Monitoring and tracking the evolving status of federal and state waivers
- Providing clear, readable guidance on allowed virtual services to administration and providers
- Provider credentialing concerns due to variability in patient location and cross-state licensing reciprocity

Technology Issues

- Technology platform stability and costs of downtime
- Virtual patient "rooming" wait times and administrative burden
- Varying levels of patient technology access and capabilities leading to additional staff burden
- Lack of a telehealth specific IT troubleshooting or resolution pathway
- New attack vectors and more access to endpoints

Revenue Cycle

- Ensuring adequate insurance and demographic information collection to avoid downstream denials
- Reworking and resubmitting claims is time-intensive and costly
- Developing distinct telehealth documentation and coding workflows
- Navigation of differing reimbursement rates

Monitoring and Reporting

- Difficulty identifying key performance indicators (KPIs) and metrics that provide meaningful insight
- Obstacles in access and determination of the correct underlying data source(s) for KPI reporting
- Lack of telehealth specific data visualization (e.g., reports or dashboards)
- KPI monitoring occurring at senior management level with little insight from or to departments and providers

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Preliminary questions to think about in regards to telehealth

Mitigation of telehealth risk and support of ongoing regulatory compliance must be the responsibility of every part of the business.

Do we understand what the emerging and expanding telehealth landscape means for us?



CEO

How can we be sure that new or updated regulations or waivers are interpreted and implemented correctly?



What are the legal implications of implementing and sustaining a telehealth program, such as cross-state licensing?

Legal

What controls are in place to detect potential fraudulent services and claims due to limited restrictions and waivers?



Compliance



Strategy

How can we effectively articulate our short and long term telehealth strategy across the organization?



CMO

How do we gain an understanding of the long term financial implications and viability of telehealth while maintaining quality patient care?



CIO / CSO

Does the organization understand the privacy and security risks associated with the large work from home population and additional access points?

CFO

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Fireside chat

As an organization that rapidly deployed telehealth systems and processes...

How did your organization **keep pace with regulatory guidance** intake, interpretation, and operationalization accounting for both the Federal and State level?

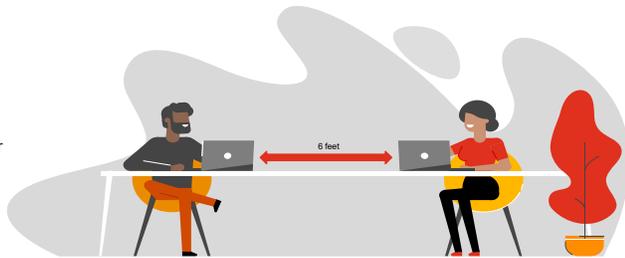
How did you update or **develop clinical workflows** to support telehealth operations, especially when care involves interdisciplinary teams?

How do you foresee telehealth impacting healthcare both **short and long term** and how is that driving your organization's strategic decisions?

How was Compliance involved in the **initial stand-up of telehealth program** and what plans are in place to leverage the existing momentum going forward?

As a provider, how do you navigate the **inherent risk** when providing telehealth services? Is this a consideration when your organization is determining potential other telehealth service lines or offerings?

Which factors related to the potential future state of **telehealth financial viability** are being considered by your organization?



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Telehealth leading practices to manage risk and compliance

A cohesive and strategic organization-wide approach is needed to manage the risk and compliance needs associated with the impacts of virtual health. Examples of leading practices to help mitigate current and emerging telehealth risks are outlined below:

1 Finance / Revenue Cycle	2 Platform Modality	3 Compliance / Privacy	4 Clinical Operations
<ul style="list-style-type: none"> Develop stop gap / flag in billing systems if medical policies of payers have led to denials or pending contractual arrangements 	<ul style="list-style-type: none"> Integrate video platform through the EHR to provide a seamless experience to patients and providers 	<ul style="list-style-type: none"> Develop KPIs to help monitor for outliers and trends that indicate potentially fraudulent telehealth activity 	<ul style="list-style-type: none"> Designate and train Digital Champions to serve as a front line point of contact for technology troubleshooting
<ul style="list-style-type: none"> For CARES Act grants, develop internal controls for proactively tracking non-reimbursable expenditures' compliance 	<ul style="list-style-type: none"> Develop and deploy smart text phrasing for providers to standardize documentation 	<ul style="list-style-type: none"> Develop auditing and monitoring plans to help comply with billing and coding regulations 	<ul style="list-style-type: none"> Standardize the virtual patient "rooming" process across departments
<ul style="list-style-type: none"> Develop "payor" grids outlining approved telehealth services by payor 	<ul style="list-style-type: none"> Design "hard stop" processes that support compliant operations (e.g., chart note, consent) 	<ul style="list-style-type: none"> Establish designated governance committee to oversee telehealth initiatives 	<ul style="list-style-type: none"> Encourage the use of standard EHR reports for departmental metrics
		<ul style="list-style-type: none"> Develop IP address monitoring controls to monitor patient location for credential compliance 	
		<ul style="list-style-type: none"> Build out telehealth regulation grids for easy reference to state licensure requirements and waivers 	

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Questions and key takeaways



Understand your telehealth strategy

Periodically assess your telehealth program strategy with the continued expansion and regulatory evolutions. As part of a strategy evaluation consider:

- Understand member needs and any significant care gaps to determine untapped value from those service lines
- Provider network landscape to understand what new services or interventions could be delivered with the existing provider network
- Financial analysis to determine the cost / benefit of current and ongoing telehealth investments

Define your telehealth structure and governance

Define the structure and establish governance for your telehealth program to help ensure:

- Delineated roles and responsibilities within your telehealth program
- Transparency into virtual technology initiatives
- Forum to prioritize virtual care initiatives
- Routine cadence and interaction with key telehealth program stakeholders across the organization
- Centralized forum for virtual care modalities and vendor due diligence and recommendations

Establish a process to manage regulatory changes

Implement a strong regulatory change management process that is used to monitor both federal and state regulations which should:

- Encompass the entire regulatory change management lifecycle from intake, interpretation, operationalization and monitoring
- Develop communication tools that support regulatory compliance such as licensure and allowed services matrices

Develop telehealth program reporting

Determine appropriate KPIs and metrics to help identify successes and opportunities for improvement within the telehealth program. Meaningful data metrics should be visualized within easily accessible, standardized dashboards. Some metrics for consideration include:

- Video to phone conversation rate
- Level of provider engagement in telehealth
- Budget forecasting and denial rates

Thank you