primary care coalition

THE FUTURE OF TELEHEALTH

MARCH 2021

IMPLEMENTING TELEHEALTH IN 2021 AND BEYOND

by the Primary Care Coalition

Telehealth has the potential to increase access to professional health care for members of our community who face barriers in accessing care.

Studies show that virtual services are safe, effective, and comparable in outcomes to in-person services. (Commonwealth Fund, 2020)

This white paper explores how to harness the power of technology to implement an equitable telehealth system serving patients of the safety-net. The benefits and key considerations for each aspect of telehealth is discussed in the following pages.

THE ROLE OF PCC

The PCC works with clinics, hospitals, health care providers, and other community partners to coordinate health care and related services for people experiencing vulnerability.

We aim to provide a continuum of care for people who are uninsured or underinsured, have limited financial resources, experience health inequities due to structural racism and other social determinants, or face other barriers to achieving healthy lives.

The COVID-19 pandemic showed us how critical it is to maintain a high level of health care for those who need it most.

Montgomery Cares

Montgomery Cares is a public-private partnership that provides primary, specialty and behavioral health care to adults who live in Montgomery County, Maryland and have incomes below 250% of the Federal Poverty Level.

The PCC coordinates services among the partners: 10 independent safety-net primary care clinics, six hospitals, the Montgomery County Department of Health and Human Services [DHHS], and volunteer health practitioners as well as other community-based organizations.

Cares For Kids [CFK]

CFK serves children who do not qualify for the Maryland Children's Health Program (MCHIP) or Medical Assistance and whose families have incomes under 250% of the Federal Poverty Level.

CFK is a public-private partnership composed of community health centers, Kaiser Permanente, School Based Health, and the Montgomery County DHHS. The PCC administers the partnership and provides core program staffing.

MODES OF TELEHEALTH

Audio & Visual Visits

Doctor visits that can be done over the phone or via video conferencing software. Providers can also create tutorials for at-home procedures.

Tracking & Monitoring

With appropriate home monitoring equipment, patients and their medical team can stay abreast of the patient's health. This might include tracking blood pressure or medication adherence.

Virtual Check-Ins

Quick consultations that don't require full-length, in-person interactions.

Key Finding

Montgomery Cares clinics have not reported any major limitations in clinical decision-making or the diagnosis of new chronic conditions for patients.

BENEFITS OF TELEHEALTH

Increases flexibility in personalized care and the potential to expand services and monitoring.

Reduces frequency of patients missing appointments due to transportation and/or scheduling barriers.

Montgomery Cares saw a 6% reduction in missed appointments after Telehealth availability was expanded in April 2020.

Improves access to interprofessional team care and enables remote monitoring & tracking.

Telehealth reduces barriers to care caused by transportation difficulties and means patients don't have to take extended leave from work or home life to seek health care.

TELEHEALTH IN THE SAFETY-NET: PATIENT EXPERIENCE

The PCC conducted a survey to determine the levels of satisfaction with telemedicine.

SURVEY RESULTS

- 86% of respondents were Satisfied or Very Satisfied with their ability to communicate with their doctor via telehealth visits

- 82% of patients said it was easier to get health care than in-person care

- 97% of respondents felt that their privacy and confidentiality were respected

- 79% of patients would recommend telehealth to friends & family

- 10% of respondents needed translation assistance

- 13% experienced technical difficulties when signing in

- 95% connected to appointments via their Smartphone.

- The availability of telehealth reduced no-show rates for Montgomery Cares visits from 10.3% to 6.4% between April and December from 2019 to 2020

TELEHEALTH IN THE SAFETY-NET: BEHAVIORAL HEALTH

Patient Perspective

Clinics can run **virtual support groups** as the time commitment and commuting challenges have decreased, providing an additional service.

"I am very grateful to you both for offering us this type of support during this time of isolation and loneliness."
-- Patient at Proyecto Salud - Wheaton

Provider Perspective

"Every patient learned something new and was able to walk away with a new technique/strategy they could incorporate into their lives to manage stress, insomnia, nutrition, and parenting during the pandemic."
-- Daniela M. Acero, LMSW
Behavioral Health Care Manager

Our health care providers note that some patients feel safer disclosing depression or other behavioral health issues,

"A lot of the patients had their kids with them so I think that is a huge benefit; that they are able to join a group and care for their children as well.
The platform was easy to use, accessible."
-- Gabriela Rosales, LCSW-C
Supervisory Behavioral Health Care Manager

TELEHEALTH IN THE SAFETY-NET: CHRONIC DISEASES

Telehealth has proven effective in tracking & monitoring the following diseases via video and/or audio technologies (**Source: Bashur, 2014**):

Hypertension

Blood pressure (BP) monitoring via low-cost BP cuffs & phone apps

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Diabetes

Medication adherence & glucose monitoring
Device tutorials (ex: insulin injections) & dietary guidance

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Congestive Heart Failure (CHF)

Monitor exacerbation by showing signs of edema/fluid retention
Weight monitoring to catch fluid retention
Lower admission rates compared to non-telehealth methods

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Chronic Obstructive Pulmonary Disease (COPD)

Pulse O2 monitoring tracks exacerbation and
detects labored breathing

-

HIV

Medication adherence counseling & peer navigation services
Medical decision making largely based on
labs and medication management

"Patients & physicians love it...you can just call them up on the phone and monitor their blood pressure by phone.

And if they say they haven't checked it, you can just say:
'OK, I'll sit here and [you] go check it.'

There's no excuses anymore."

-- Dr. Laruen Cosgrove, Mercy Health Clinic Medical Director

Clinic Sustainability

Nationally, reimbursement rates for telehealth visits are comparable to in-person visits.

Novitas Solutions database for the 2020 Medicare fee schedule.

Reimbursement Rates

Codes that are currently accepted for telehealth visits and their associated 2020 Medicare reimbursements during COVID-19 include:

Code 99441 for 10-minute telehealth visits are reimbursed at same rate as **Code 99212** for 10-minute Level 2 in person visits.

Code 99442 for 11-to-20-minute telehealth visits are reimbursed at the same rate as **Code 99213** for 15-minute Level 3 in person visits

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Code 99443 for 21+-minute telehealth visits are reimbursed at the same rate as **Code 99214** for 25-minute Level 4 in person visits

Realistic Reimbursement

Preparation, appointment, and documentation time should remain constant when providing telemedicine vs in-person visits.

The length of appointments should remain equal as well as the quality of care. Therefore Providers, Payers, and Consumers should not see adverse changes to the current financial situation.

In fact, telehealth allows for additional services to be administered such as specialty consults, support groups, and real-time tracking & monitoring.

Shrinking the digital divide

It's important to note that not every patient has access to the required technologies needed for telehealth appointments.

Further, patients might have **data or WiFi** limitations. Some **might not feel comfortable** showing their living conditions.

Health care providers might face a **language barrier**, especially if third-party translators aren't able to join telehealth appointments.
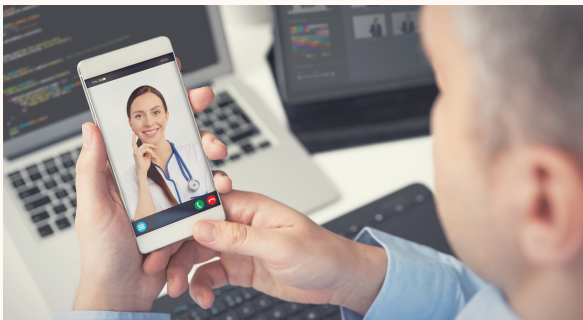
CONSIDERATIONS

Reinstate technology standards that require HIPAA-compliant technology to improve security of sensitive information.

During COVID-19, higher standards were suspended to rapidly implement telehealth technologies.

Implementation should focus on alleviating the strains posed by technological deficits by supplying patients with:

- Hardware needed to attain telehealth services such as smartphones and home monitoring equipment

- Real-time translation tools

- Trained staff who can troubleshoot problems

CONCLUSION

We recommend that any telehealth program ensures equitable access to telehealth care that solves for the disparities of the current digital divide patients face so that telehealth services become a viable alternative to in-person care.

"There are some major advantages [to telemedicine]. You get to see the actual background of where someone is living or working so it's almost like doing a home visit for a family doctor like myself."
-- Dr. Lauren Cosgrove, Mercy Health Clinic Medical Director

Moving Forward...

A proven telehealth infrastructure means that no one missies out on essential health care.

Currently, patients and providers in safety-net settings face barriers to fully participating in telehealth due to cultural linguistic and technological barriers.

Going forward, policy and system design must respond accordingly to leverage the opportunities and alleviate the costs associated with the sustainable, long-term provision of telehealth.

The document has not been reviewed or approved by Montgomery County Department of Health and Human Services (DHHS)