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ADVANCING INTEGRATED HEALTHCARE

# Status and Future of RI Telehealth

## Care Transformation Collaborative of R.I.

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CLINICAL STRATEGY COMMITTEE  
JUNE 18, 2021

# Agenda

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Topic <i>Presenter(s)</i>	Duration
<b>Welcome &amp; Introductions</b> <i>Pano Yeracaris, MD MPH CTC-RI Chief Clinical Strategist</i>	5 minutes
<b>The Current Status and Future of Telehealth in RI: Panel Discussion</b> <i>Moderator: Andrew Solomon, Senior Program Manager, Northeast Telehealth Resource Center</i>  <b>Panelists:</b> <ul style="list-style-type: none"><li><i>Daniela Fairchild, Director, RI Office of Innovation</i></li><li><i>Mary Jo Condon, Senior Consultant, Freedman HealthCare</i></li><li><i>Marea Tumber, Principal Policy Associate, Office of the Health Insurance Commissioner</i></li><li><i>Payer comments/experiences with telehealth over the last 15 months with stand-alone and primary care based</i></li></ul>	80 minutes
<b>Wrap Up &amp; Next Steps</b>	5 minutes



Care Transformation Collaborative of RI  
Clinical Strategy Committee Meeting  
June 18, 2021

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[www.NETRC.org](http://www.NETRC.org)

# Telehealth Today and Tomorrow



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# Northeast Telehealth Resource Center

# MCD



**MEDICAL CARE DEVELOPMENT, INC.**

THE **University of Vermont** MEDICAL CENTER  
THE **University of Vermont** HEALTH NETWORK



## Disclosures and Acknowledgements:

- Any information provided by NETRC is for educational purposes only and should not be regarded as legal advice.
- Neither NETRC, Danielle, or Andrew have any financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this webinar.
- Acknowledgement: Christina Quinlan, NETRC Consultant and Telehealth Billing Unicorn.

*NETRC is made possible by grants G22RH30352 and GA5RH37459 from the [Federal Office for the Advancement of Telehealth](#), Health Resources and Services Administration, DHHS.*

## About Us:

NETRC aims to increase access to quality health care services for rural and medically underserved populations through telehealth. We serve New England and New York, and are a proud member of the National Consortium of Telehealth Resource Centers.

# How does “Telehealth” fit in to your plan?

**Broadly: the provision of health care, public health, and health education at a distance using telecommunications technologies.**

## Also Known As:

- *Telemedicine*
- *Telepractice*
- *Tele-X (i.e. telepsychiatry)*
- *Virtual or Digital Health*
- *eVisits*
- *And more!*

## In general:

Telehealth is not a service or medical specialty, but a tool used to deliver care.

## Telehealth Modalities:

- Live Video (synchronous)
- Store-and-Forward (asynchronous)
- Remote Patient Monitoring

## Other:

- Mobile Health
- Provider-to-Provider

## Telehealth vs. Telemedicine

While “telemedicine” has been more commonly used in the past, “telehealth” is a more universal term for the current broad array of applications in the field.

## In your organization:

- What types of telehealth do you leverage?
- How “owns” telehealth program development/management?
- How does telehealth align with population health, patient engagement, and value-based care strategies?

# The Telehealth Landscape

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## Drivers

### ACCESS

Consumer Demand

Provider Shortages

Competitive Forces

Payment Reform

Readmission Penalties

Reimbursement

## Barriers

- Access/Cost for Technology/Broadband
- Licensure
- Limited Privacy and Security Concerns
- Resistance to Change
- Digital Literacy/Training
- Legal/Regulatory Questions

# Considerations for Telehealth from Home

## Patients

## Both

## Providers

Digital literacy

Technology support

Interpreting services

Supports for disabilities

- Ease of use
- Access to technology
- Access to internet
- Continuity of care
- Privacy/security concerns

Provider & staff training

Legal and regulatory

Licensure barriers

Evolving policy

Others?

# Innovative TH Use Cases/Success Stories

**TELEHEALTH IN THE NORTHEAST**  
FIELD REPORT: SAMPLE STANDARDS CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (NETRC) GREAT GRASSHOPPER  
MONTHLY REPORT: JANUARY 2020  
QUESTIONNAIRE PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (LOUDER@NETRC.ORG)

**LONG ISLAND SELECT HEALTHCARE HAS KICKED COVID-19 IN THE NER!**

The Northeast Telehealth Resource Center (NETRC) was proud to have the honor of being selected as the recipient of these awards. We are excited to share this recognition with you. We are proud to have been selected as the recipient of these awards. We are proud to have been selected as the recipient of these awards.



**TELEHEALTH IN THE NORTHEAST**  
FIELD REPORT: SAMPLE STANDARDS CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (NETRC) GREAT GRASSHOPPER  
MONTHLY REPORT: JULY 2020  
QUESTIONNAIRE PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (LOUDER@NETRC.ORG)

**USING TELEHEALTH TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN THE FOUR CORNERS**

Healthcare is the best tool in the toolbox for COVID-19.

For over 30 years, Magellan Health, a Burlington, Vermont-based behavioral health medicine specialist has provided health care to high-risk, underserved patients, with a focus on the elderly and an underserved, rural population. In partnership with the University of Vermont Health Network, a rural health network that serves over 100,000 patients, we have been able to provide care to our patients in a way that is both effective and efficient.



**TELEHEALTH IN THE NORTHEAST**  
FIELD REPORT: SAMPLE STANDARDS CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (NETRC) GREAT GRASSHOPPER  
MONTHLY REPORT: NOVEMBER 2020  
QUESTIONNAIRE PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (LOUDER@NETRC.ORG)

**REIMBURSEMENT OF TELEHEALTH SERVICES: CHALLENGES, SOLUTIONS, & LESSONS LEARNED**

Verizon has long been an innovator in network, its core policy, demographics, broadband, and quality of service. It has been a leader in providing services to its customers, and it has been a leader in providing services to its customers. It has been a leader in providing services to its customers, and it has been a leader in providing services to its customers.



**TELEHEALTH IN THE NORTHEAST**  
FIELD REPORT: SAMPLE STANDARDS CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (NETRC) GREAT GRASSHOPPER  
MONTHLY REPORT: JUNE 2020  
QUESTIONNAIRE PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (LOUDER@NETRC.ORG)

**LONG ISLAND SELECT HEALTHCARE HAS KICKED COVID-19 IN THE NER!**

Health Center which serves over 6,000 patients at eight locations throughout Suffolk County, New York. It is a leader in providing services to its customers, and it has been a leader in providing services to its customers.



**Pequot Nation Shows Promising Diabetes Results with Telehealth**

After partnering with a telehealth program and receiving virtual treatments, the Pequot Tribal Nation members have shown compelling results in diabetes care management.



By Victoria Bailey  
By Eric Wicklund

**New Study Shows mHealth Games Help Children With Autism - And Their Parents**

The program coordinated by Magellan Health and Mightier, a spinoff from Boston Children's and Harvard Medical School, finds that mHealth games boost behavioral health outcomes in kids and reduce stress in their parents.



By Eric Wicklund

**Using Telemedicine Services to Improve Sleep**

Apr 28, 2021 - Published by Dr. Mahru

Royal Philips, an international health technology company, released a recent report **Sleep Solutions: How COVID-19 Changes Sleep Around the World**, which highlighted a survey querying 13,000 adults in 13 countries about their attitudes, perceptions, and behaviors around sleep.



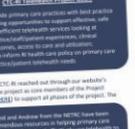
Close-up of A Man Sleeping With Smart Watch in His Hand Showing Heartbeat Rate

**TELEHEALTH IN THE NORTHEAST**  
FIELD REPORT: SAMPLE STANDARDS CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (NETRC) GREAT GRASSHOPPER  
MONTHLY REPORT: MARCH 2021  
QUESTIONNAIRE PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (LOUDER@NETRC.ORG)

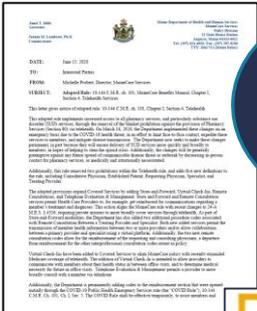
**CALL TRANSFORMATION COLLABORATIVE WIDE PHONE AND NETRC REACH PLAN ON A STATE WIDE TELEHEALTH PROJECT**

Call Transformation Collaborative (CTC) is a non-profit group that empowers organizations to transform their call centers into a more efficient and effective environment. CTC is a non-profit group that empowers organizations to transform their call centers into a more efficient and effective environment.



See more [Regional Telehealth Success Stories](#) on the NETRC website!

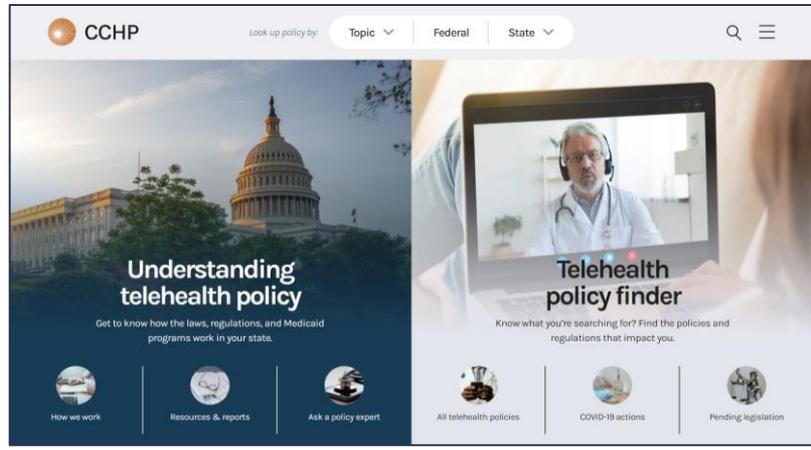
# Moving Forward – Permanent Policy Change



**Permanent Expansion of State TH Rules/Laws**



## Center for Connected Health Policy – New Website!



**Proposed Expansion of State TH Rules/Laws**

**UPDATE** In January 2021, at the Commission's recommendation, the Governor announced a comprehensive telehealth policy proposal for consideration by the New York State Legislature. The bill included many of the critical reforms referenced in this document.

**SPOTLIGHT ON NEW YORKERS**

"If insurance pays less for a telehealth visit, it would not make sense for my office to offer telehealth on an equal footing with in-person visits in the office. Talking is sometimes the most important part of the visit, so telehealth is the most efficient way to serve the patient. I would trust the provider to recognize when an in-person visit was necessary."

**Dr. Jamie Loehr**  
 Ithaca, NY

**CONNECT Act** (re-introduced) – removes long-standing barriers to telehealth and promotes program integrity. See CCHP Fact Sheet.

**HR 2168** Expanded Telehealth Access Act - seeks to permanently expand the list of providers eligible for reimbursement for telehealth services under Medicare.

**KEEP Telehealth Options Act** (re-introduced) - bill would require several federal entities to study all of the telehealth actions taken during the PHE.



# “Hacks” For Accessible Telemedicine

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As you invest in permanent changes to include telemedicine in your practice, consider using a telemedicine platform that has capacity to add a third party, for example an interpreter for someone who is deaf, or a remote care provider for a patient with an intellectual disability.

Consider reasonably modifying your pre-telemedicine appointment practices to allow for additional time to provide a patient with a visual or intellectual disability extra assistance with using the video platform technology.

Disability Rights Section, Civil Rights Division, U.S. Department of Justice, October 26, 2020

Source:

<https://www.telehealthresourcecenter.org/download/3/webinars/4008/10-26-2020-telehealth-hack-slides-final-v4.pptx>

# Additional Resources

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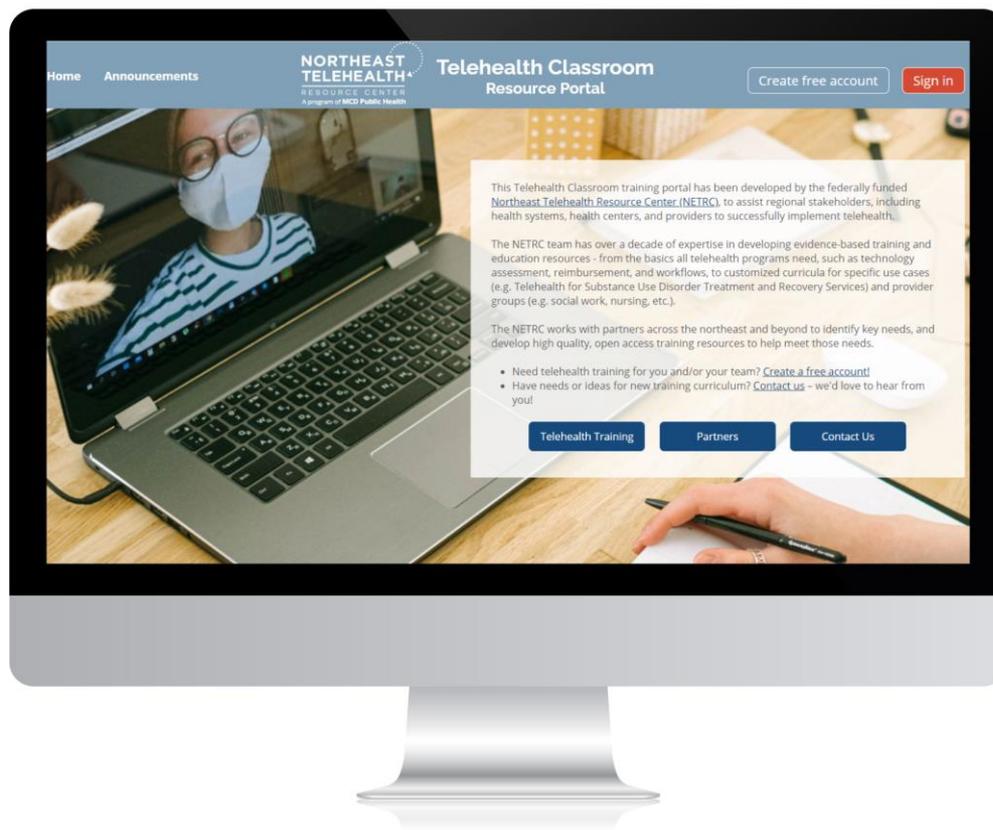
## For patients/consumers:

- What to Expect from a Telehealth Visit: [https://www.youtube.com/watch?v=XEcdpvhl\\_n0](https://www.youtube.com/watch?v=XEcdpvhl_n0)
- Tips for Telehealth: <http://bit.ly/tipsfortelehealth>
- Telehealth Access for Seniors: <https://www.telehealthforseniors.org/>

## For Providers:

- Telehealth best practices: [https://www.youtube.com/watch?v=kdTc2Wbi\\_Ag&feature=youtu.be](https://www.youtube.com/watch?v=kdTc2Wbi_Ag&feature=youtu.be)
- Sample Provider Tips sheet: <https://bit.ly/provideretiquette>
- Empathy in Virtual Visits: <https://bit.ly/teleempathy>
- [www.NETRC.org](http://www.NETRC.org)

# [www.TelehealthClassroom.org](http://www.TelehealthClassroom.org)



# Telehealth for Primary Care Toolkit

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## Topics include:

Strategic Planning: Integrating Telehealth Into Primary Care

Telehealth Readiness Overview

Telehealth Coding and Billing

## Workflow Analysis

Addressing SDoH

Chronic Care Management (CCM)

Remote Patient Monitoring (RPM)

Virtual Communication Services

*Special thanks to CTC-RI  
and the Telehealth  
Committee!*

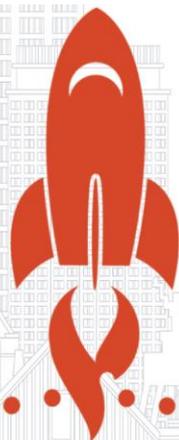
[www.TelehealthClassroom.org](http://www.TelehealthClassroom.org)

JOIN US IN OUR RETURN TO OUR  
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7TH ANNUAL REGIONAL  
TELEHEALTH CONFERENCE

Save the Date!

September 23-24, 2021  
Manchester, NH



NETRC 2021

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**Thank  
You!**

# Broadband in RI: Foundation for Telehealth Access

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DANIELA FAIRCHILD, DIRECTOR

RI OFFICE OF INNOVATION



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# Broadband in Rhode Island: Foundation for Telehealth Access

- Robust middle mile & general device access
  - 99% of Rhode Island backbone connected
  - 77% households have desktop/laptop & 84% have smartphone
- Lack of access in last mile
  - 50% of urban core does not have in-home internet
  - 20% of RI under-connected



# Ongoing RI Efforts

- Awareness Raising

- Emergency Broadband Benefit
- Cox Connect2Compete
- Verizon Fios Lifeline

- Digital Literacy

- Providence Public Library
- Tech Access for Seniors
- DigiAge

- Proofs of Concept

- New Shoreham
- PPSD / CFSD
- One NB
- Special Construction
- OLS Take it Outside

# Next Steps for State

- Establish broadband coordinator role at RI Commerce (H5148)
- Potential federal funding sources
  - ARPA funding
    - Housing
    - Capital Infrastructure
    - State allocation
    - Education
  - NTIA NOFO
  - Digital



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# Telehealth Data

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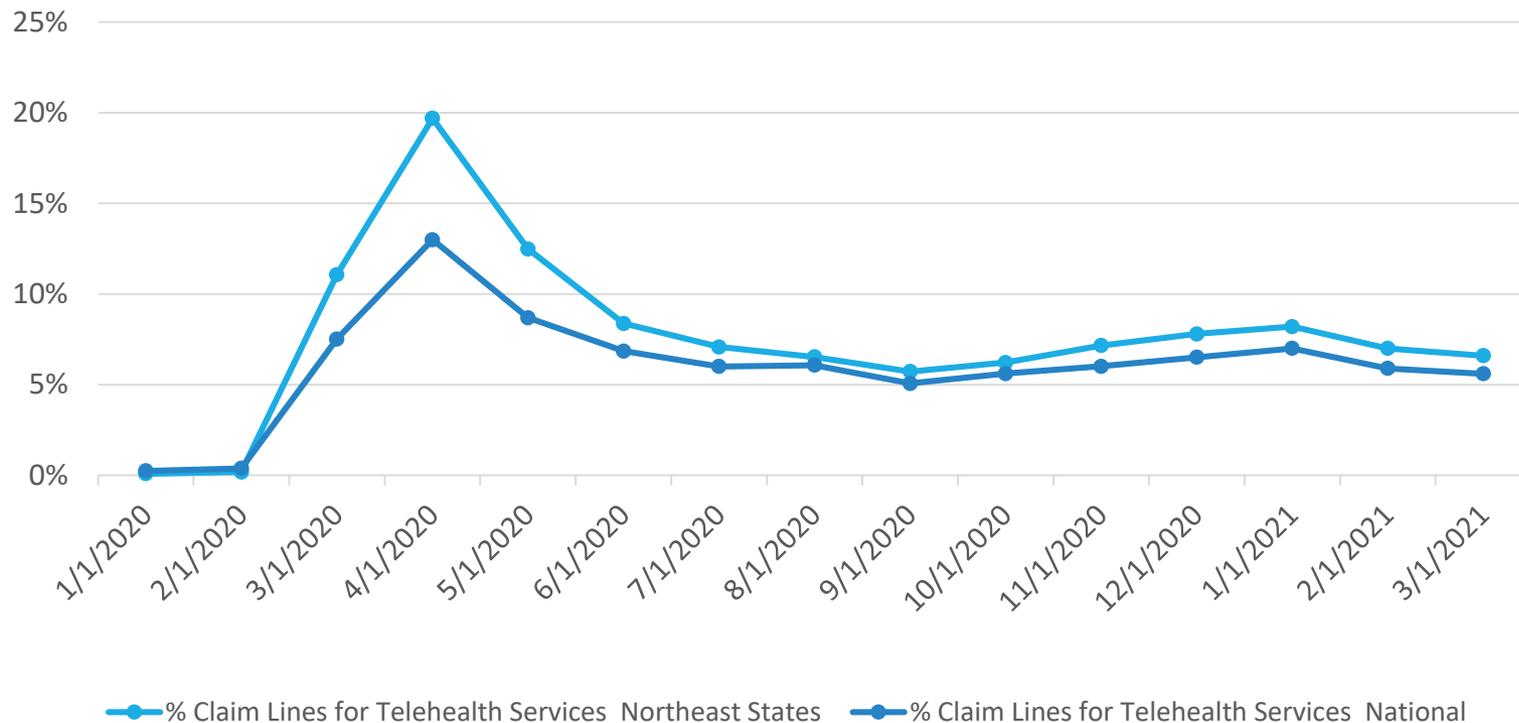
MARY JO CONDON, SENIOR CONSULTANT  
FREEDMAN HEALTHCARE



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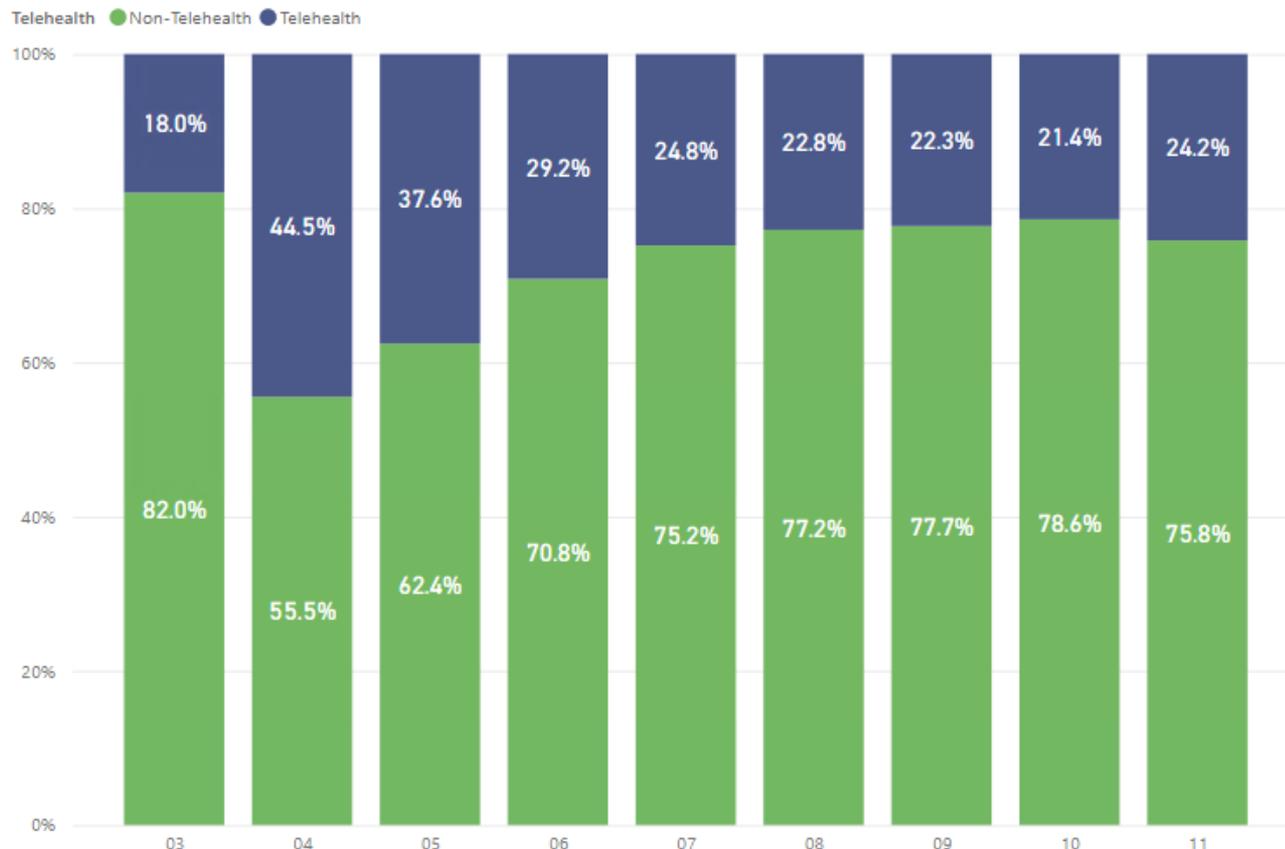
# Use of Telehealth Services, National and Regional



Source: Fair Health Monthly Telehealth Regional Tracker

# Use of Telehealth Services, Rhode Island

Individuals Using Telehealth at Least Once Compared to Individuals Who Never Used Telehealth



SOURCE: HEALTHFACTS RI

As the year progresses, Medicaid individuals most likely to maintain telehealth usage (25+%) while Commercial (20-24%) and Medicare individuals are less likely (15-18%).

**Note:** Runout considerable in later months, especially for Medicaid.



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# Other Highlights from HealthFacts RI data

- 50% of people in the APCD had at least one telehealth service in 2020
- The most common diagnoses and procedures for telehealth relate to behavioral health – anxiety, depression, fear-related disorders; 45, 60 and 30-minute psychotherapy treatments
- Services for many behavioral health diagnoses were much more likely to be delivered by telehealth than non-telehealth in 2020.
- Prices for the top 20 telehealth procedures by claims volume were lower than their non-telehealth equivalent for some of the most common procedures, but significantly higher for some
  - In general, Commercial pricing was lower for telehealth than non-telehealth; Medicaid was equivalent or higher for telehealth than non-telehealth

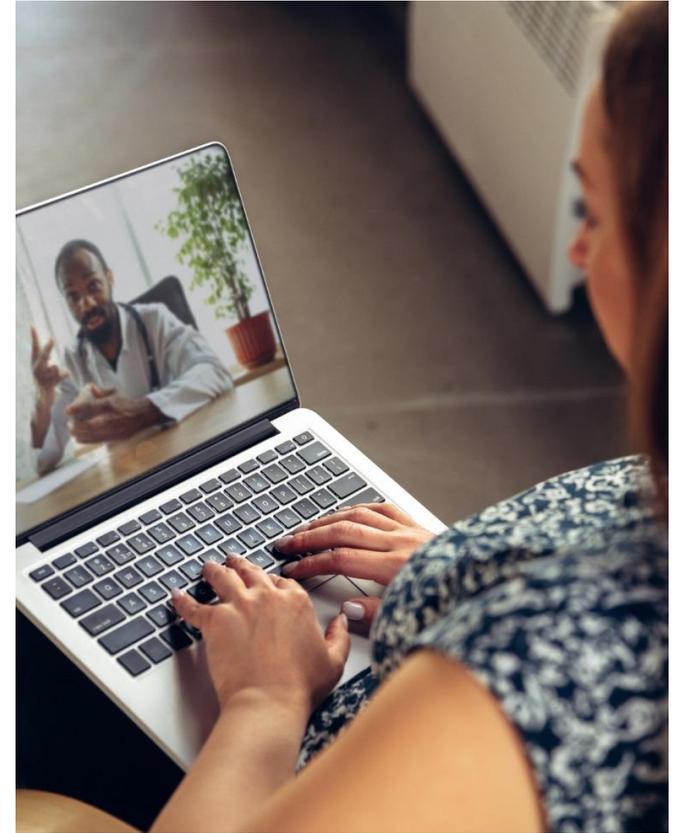
Source: HealthFacts RI

# The Patient Perspective

March 2020: **66%** felt hesitant or *doubtful about the quality*

March 2021:

- **88%** want to continue using *telemedicine* services for non-urgent consultations
- **74%** believe *telemedicine will be the norm*
- **64%** would prefer to have parts of their *annual physical done via telemedicine*

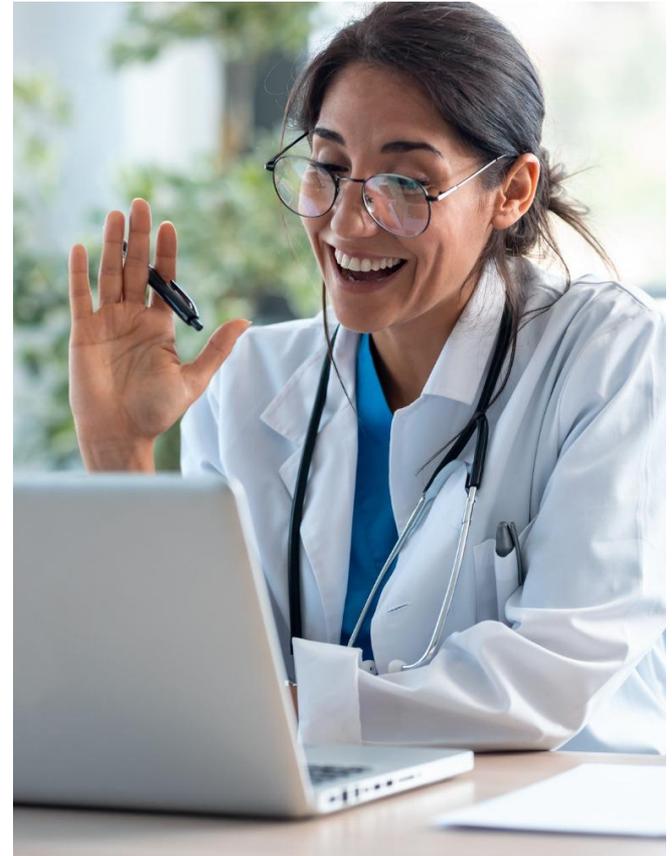


Source: Skyes: How Americans Feel About Telehealth One Year Later

# The Provider Perspective

**Spring 2021**

- **45%** say they are motivated to offer telemedicine because their *patients* “**really like it**”
- **46%** worry about *misdiagnoses* due to lack of in-person care
- **57%** report at least a fifth of their *patients* have **lack of computer literacy**
- **35%** report at least a fifth of *patients* have difficulty accessing telemedicine due to **lack of broadband**



Source: Green Center, in partnership with the Primary Care Collaborative



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# The Purchaser Perspective

## *Spring 2020*

- **71% increased telehealth offerings**, e.g., adding health coaching, emotional support
- **80% believe virtual health will play a significant role** in the future, up from 64% in 2019
- **52% will offer more virtual care options next year** including telehealth services for minor, acute services and telemental health



Source: SHRM 2021 Large Employers' Health Care Strategy and Plan Design Survey

# One Unanswered Question: Will telemedicine save money?

1. What is the total cost of the episode of care?
2. Are patients more likely to access high value services? Will it divert resource from traditional primary care?
3. What is the correct valuation of a telemedicine?
4. How do we factor in the value of convenience (e.g., time off work, childcare, transportation)?
5. What about the impact of overuse or worse, intentional fraud?

# Telemedicine Policy

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MAREA B. TUMBER, PRINCIPAL POLICY ASSOCIATE  
OFFICE OF THE HEALTH INSURANCE COMMISSIONER



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# COVID-19 Telemedicine Policy Background

- On 3/18/2020, Gov. Raimondo issued Executive Order 20-06 that suspended or clarified several provisions in Rhode Island's Telemedicine Act, including:
  - Allowing for audio-only; requiring reimbursement parity; removing patient location requirements ; and requiring that the carriers not restrict the technologies used to deliver telemedicine services
- In July 2020, Gov. Raimondo submitted a budget article related to telemedicine that would keep these EO provisions in place through June 2021
- While the FY 2021 Budget was pending, OHIC established the telemedicine workgroup to develop aligned recommendations for OHIC and Medicaid:
  - Potential revisions to emergency telemedicine policies; and
  - Policies and strategies for how to improve telemedicine as a convenient, cost-effective, accessible, and equitable option in the long-term

# OHIC Telemedicine Workgroup Process

- Workgroup was open to anyone who wished to participate to ensure a broad representation of stakeholders and viewpoints
- 60 to 80 individuals attended each of the 7 public meetings held between August and December of 2020.
  - Participants included: primary care, specialty care, and behavioral health providers; hospital-based systems; community health centers; Accountable Entities (AEs); Accountable Care Organizations (ACOs); health insurers; business groups; and consumer advocacy organizations.
- We used a consensus-based approach; the recommendations documented in the final report represent general agreement among the different types of stakeholders present at the meetings
- For additional information: agendas, PowerPoint presentations, meeting summaries and recordings, and the final report are available on [OHIC's website](#)



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# OHIC Telemedicine Workgroup Primary Recommendations (December 2020)

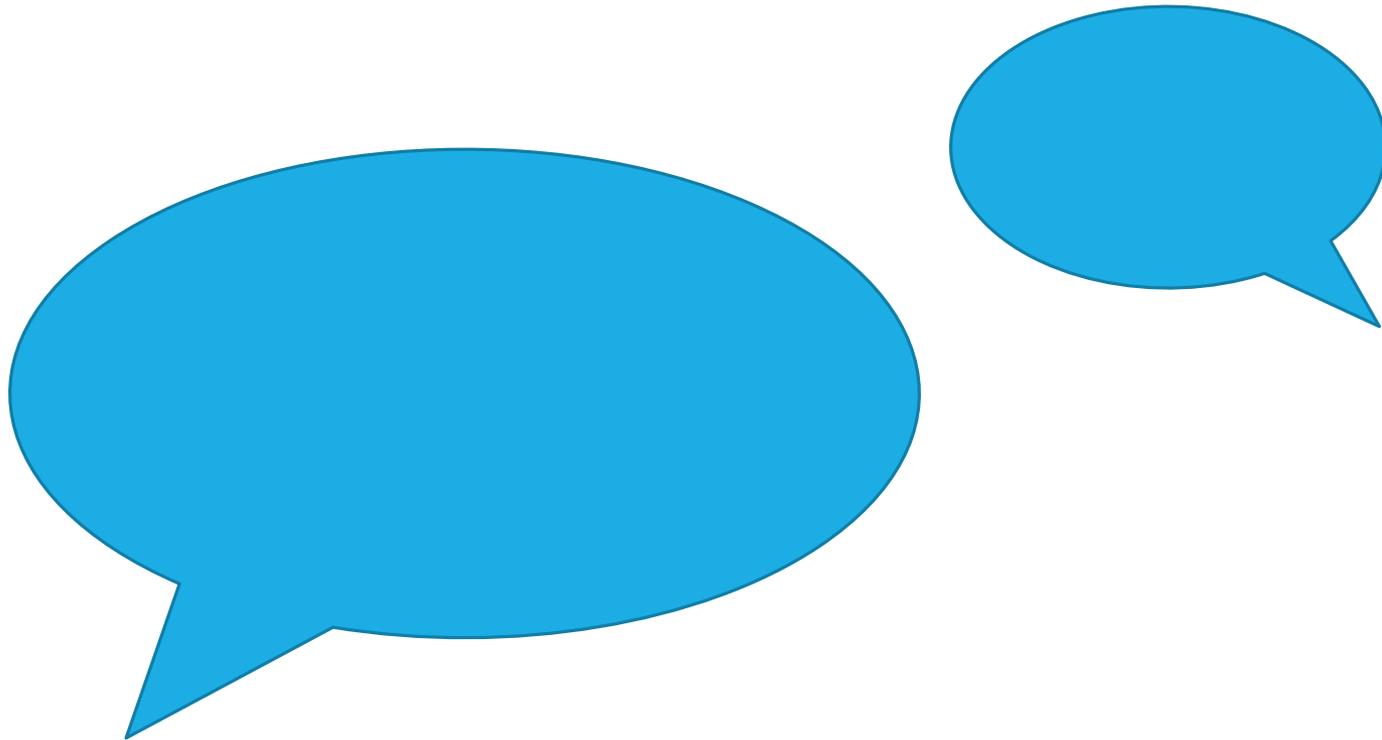
- Permanent coverage of and payment for audio-only telemedicine visits
- Removing restrictions on patient location
- Cost-sharing and prior authorization requirements for telemedicine visits aligned with in-person visits
- Reimbursement parity for behavioral health
- No restrictions on which provider types can provide telemedicine services within their scope of practice

# Current Legislation in the General Assembly

- Senate bill S0004Aaa passed the Senate on 2/23/2021
- House Bill H6032 had a hearing on 4/15/2021
- Bills are similar—but not identical—and include the following primary provisions:
  - Audio-only included in the definition of telemedicine
  - Cost-sharing and prior authorization requirements for telemedicine visits aligned with in-person visits
  - Reimbursement parity through the PHE
  - No restrictions on technologies used to deliver telemedicine services

# Health Plan Comments

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# CME Credits

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- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:  
<https://forms.office.com/r/wzmaJhrPxV>

