

# Mandated report: Telehealth observations from site visits and focus groups

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# Presentation outline

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- Review of mandate
- Methodology
- Use of telehealth by health systems
- Perceptions and use among Medicare beneficiaries and primary care physicians
- Use of telehealth by Medicare home health agencies
- Discussion and next steps

# MedPAC report mandated by Congress in the 21<sup>st</sup> Century Cures Act of 2016

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By March 15, 2018, MedPAC shall provide information to the committees of jurisdiction that identifies:

1. The telehealth services for which payment can be made, under the fee-for-service program under Medicare Parts A and B; (September)
2. The telehealth services for which payment can be made under private health insurance plans; (October)
3. Ways in which telehealth services covered under private insurance plans might be incorporated into the Medicare fee-for-service program (including any recommendations for ways to accomplish this incorporation). (November)

# Methodology

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- Telehealth site visits (16): IN, VA, WA
  - 9 health systems & many other stakeholders
- Focus groups (12): IN, VA, WA
  - 29 physicians & 81 Medicare beneficiaries
- Home Health telehealth interviews (11)
  - Site visits to ME, NJ, PA & phone interviews
- *Disclaimer: Statements in this presentation are those of interviewees and were not independently verified by MedPAC*

# Telestroke and other uses of telehealth in health systems

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- Telestroke connects neurologist and stroke patient in ambulance via two-way video
  - Shorter time to treatment, improved outcomes
  - Local hospitals retain more patients
  - Generally no separate reimbursement
- Other emergent / inpatient uses
  - Heart attack and trauma patients
  - Connect to specialists for inpatient services
  - Psychiatry and other specialties

# Telehealth connecting health systems to patients

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- Pre- and post-inpatient use
  - Focused on reducing readmissions
  - Used only for conditions with a penalty
- Direct-to-consumer virtual visits
  - Systems compete to attract and retain patients
  - Staffed by vendor or dedicated set of clinicians
  - Low utilization, most users young and healthy
  - Behavioral health viewed as a good use of virtual visits

# Other telehealth issues

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- Rural initiation requirement a problem
- Some rural areas lack broadband access
- State laws requiring payment parity support telehealth expansion
- Additional administrative burden
  - Billing Medicare
  - Licensing clinicians in each state
  - Credentialing providers for each facility or plan

# Beneficiary concerns about telehealth

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- Vast majority were unfamiliar with telehealth, however, residents of rural areas were particularly interested
- Concerns:
  - Overwhelmed by technology
  - Unknown cost-sharing
  - Worries about invasiveness of technology: “snitch”/“big brother” attitudes towards RPM
  - Prefer “the hands-on approach”
  - Already have virtual access to their physician (i.e. emails and phone calls)
  - Physicians unfamiliar with a patient’s health history



# Beneficiary perceptions of telehealth

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- Opportunities:
  - To discuss lab results, ask questions, or check on a non-emergent problem
  - When transportation was not available
  - For prescription drug refills
  - For known, recurring problems
  - To avoid long wait times
  - For a behavioral health crisis
  - To avoid exposure to other sick patients
  - “That’ll save you a whole visit, a whole drive, a whole wait.”

# Primary care physician perceptions and concerns about telehealth

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- Generally positive but cautious outlook on telehealth; only one physician had personal experience using it
- Concerns:
  - Addition of virtual visits into already busy days
  - Remote patient monitoring as an “extra layer of care”
  - Changes the mix of patients
  - Integration with “cumbersome” EMRs
  - Liability and compensation
- Opportunities:
  - Flexible scheduling
  - Hospital avoidance with remote patient monitoring
  - Patient access to care
  - Medicare Annual Wellness Visits done via telehealth

# Use of telehealth by home health agencies (HHAs)

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- Medicare statute permits HHAs to offer telehealth
- Industry estimates indicate that about 20% of HHAs provide telehealth to some beneficiaries
- Most agencies are using remote patient monitoring (some experimenting with virtual visits)

# HHAs target remote patient monitoring to beneficiaries at risk for re-hospitalization

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- Agencies evaluated patients for telehealth as part of pre-admission screening
  - HHAs reported that 10 percent to 20 percent of caseload received service
- Clinical criteria varied among agencies, some used third party protocols, others developed in-house criteria
- Patients selected for the service received a tablet with peripherals (e.g. blood pressure cuff)

# Agencies reported that telehealth lowers re-hospitalization

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- Agencies contend that remote patient monitoring can improve patient self-care and avoid re-hospitalizations
- Impact on standard Medicare home health benefit less clear
  - Some agencies reported they made same number of face-to-face visits
  - Others were not certain whether remote patient monitoring changed mix or number of in-person home health visits

# Summary of telehealth interviews

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- Health systems
  - Telestroke, avoiding readmissions, connecting to specialists
- Direct-to-consumer
  - Apparent proliferation, little use by Medicare beneficiaries, concerns from physicians
- Remote monitoring
  - Reduced readmissions after hospitalization
  - Skepticism from non-user patients and PCPs

# Discussion and next steps

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- Clarifying questions about the site visits and focus groups?
- Any information missing that would be helpful to your discussion?
- Next: Private insurance telehealth activities