Telehealth in the “Rumble” Seat: New Norm, New Opportunity

Presented by:
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Learning Objectives

- Review current regulations directing the use of telehealth and remote patient monitoring in home health.
- Review telehealth and remote patient monitoring coverage and reimbursement.
- Learn about recommended telehealth/remote patient monitoring American Telemedicine Association (ATA) guidelines for telehealth.
- Review steps necessary for successful development and implementation of telehealth program in home health

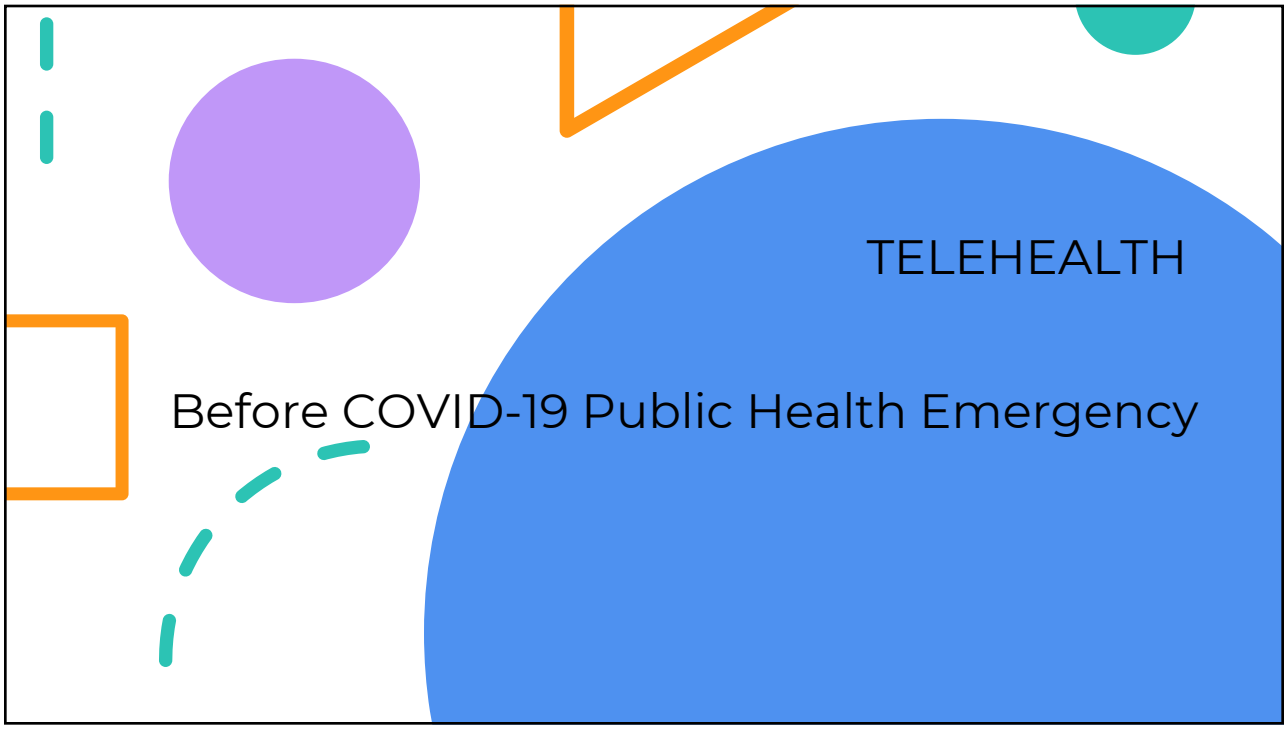
What is Telehealth?

Telehealth is defined by the U.S. Health Resources and Services Administration as "the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration." (12)

Telehealth also includes three modalities. (12)

- **Live video (synchronous telehealth)** -the use of a secure, real-time video between a patient and a provider.
- **Store-and-forward (asynchronous telehealth),** allows patients and providers to electronically share data, images, and videos followed by a subsequent interpretation or response to the information, such as a medical/surgical consultation.
- **Remote patient monitoring (RPM)** - continuous monitoring of a patient for a period of time with the provider in a different location. Also refers to remote collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) that is digitally stored and/or transmitted by a healthcare professional. (5)

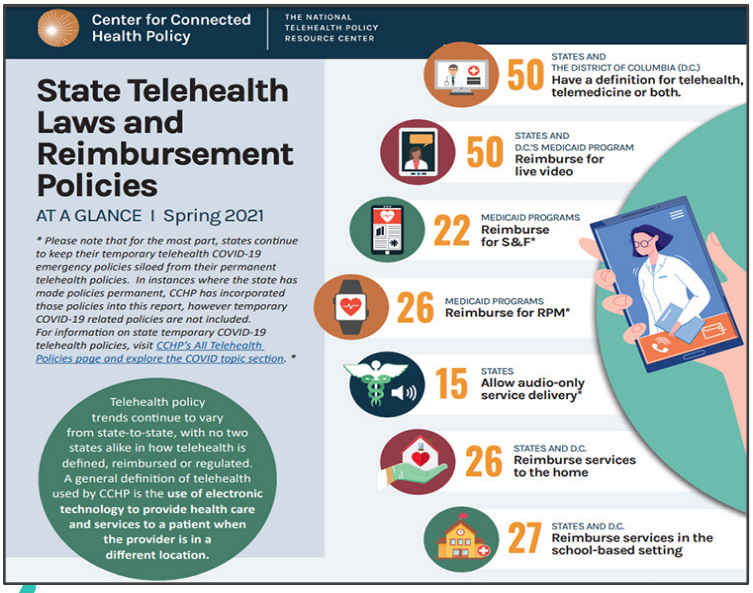
Home Telehealth –refers to "remote care delivery or monitoring between a health care provider and a patient outside of a clinical health facility, in their place of residence." (2)



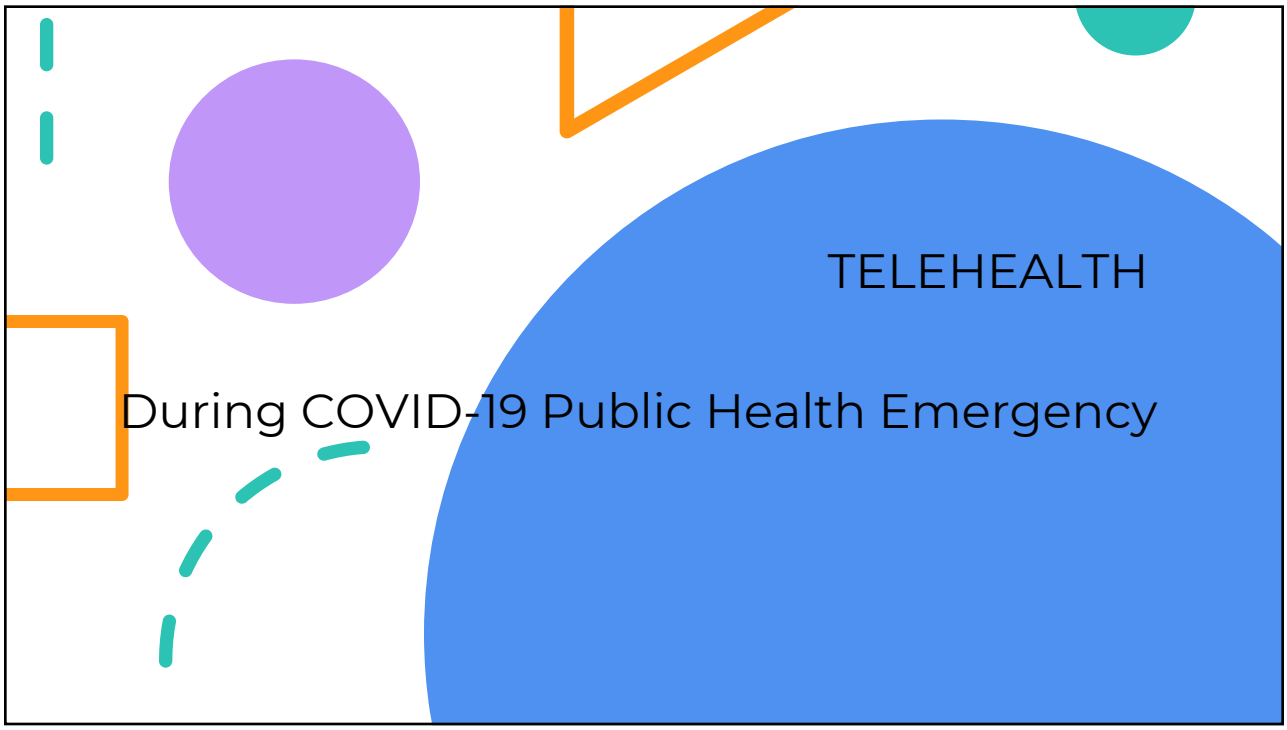
TELEHEALTH BEFORE THE PUBLIC HEALTH EMERGENCY

- Limited to just a few types of providers (*i.e., outpatient speech therapy, home health remote patient monitoring*)
- Covered by limited Medicare and Medicaid/State Laws
- Audio-visual modality only
- Incentive payment for select procedure codes
- Medicare Reimbursement for RPM Under CPT 99091 effective January, 2018 and additional CPT codes effective 2019. (5)
  - *Note: this proposal was initially introduced in 2002*
  - *CPT 99091: Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.*

Center for Connected Health Policy, Spring 2021(5)



Measure	# of states	
	2017	2021
Definition of telehealth, telemedicine or both	48	50
Reimbursement for live video	48	50
Reimbursement for store& forward	13	22
Medicaid reimbursement for RPM	22	26
Requirement for consent	29	42



TELEHEALTH DURING COVID-19 PUBLIC HEALTH EMERGENCY

Medicare: Flexibility Waivers/Home Health:

- "Home health agencies are able to furnish services using telecommunications technology during the PHE *as long as such services do not substitute for in-person visits ordered on the plan of care*. This can include telephone calls (*audio only* and TTY), two-way audio-video telecommunications that allow for real-time interaction between the patient and clinician (e.g., FaceTime, Skype), and remote patient monitoring. It would be up to the clinical judgment of the home health agency and patient's physician/practitioner as to whether such technology can meet the patient's need. *The use of telecommunications technology in furnishing services under the home health benefit must be included on the plan of care and the plan of care must outline how such technology will assist in achieving the goals outlined on the plan of care.*" (7)

- "*Only in-person visits are to be reported on the home health claim submitted to Medicare for payment*. On an interim basis, HHAs can report the costs of telecommunications technology on the HHA cost report as allowable administrative and general (A&G) costs." (7)

TELEHEALTH DURING COVID-19 PUBLIC HEALTH EMERGENCY

Medicare: Flexibility Waiver/Home Health:

- **Face-to-Face**: "The face-to-face encounter..... can be performed via telehealth in accordance with the requirements under 1834(m) (4)(C) of the Social Security Act. Under the expansion of telehealth under the 1135 waiver, beneficiaries are able to use telehealth technologies with their doctors and practitioners from home (or other originating site) for the face-to-face encounter to qualify for Medicare home health care." (7)

  Note: two-way technology must be utilized

- **Initial Assessment**: CMS has waived the requirements at 42 CFR §484.55 (a) to allow HHAs to perform Medicare-covered initial assessments and determine patients' homebound status remotely, by phone, or by record review. (7)

  Note: when asked if telehealth could be used for comprehensive assessment, CMS stated that it could be an option.

TELEHEALTH DURING COVID-19 PUBLIC HEALTH EMERGENCY

Medicaid/State Laws: Flexibility Waivers

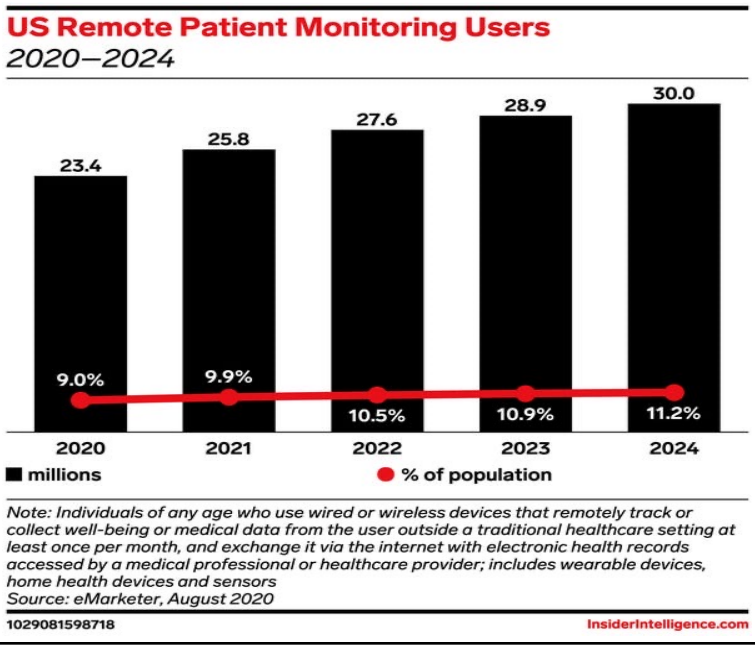
- **States have made four primary changes to their telehealth policies (13):**
  - Loosened restrictions on allowable originating and distant sites
  - Reduced the requirements for eligible technologies or modalities through which telehealth services may be delivered, including allowing telephonic-only communication.
  - Allowed the establishment of a patient-provider relationship through telehealth.
  - Expanded the types of services delivered through telehealth.
- **Service Expansion:** Multiple states included home health on the list of providers eligible to deliver services via telehealth, including therapy services, nursing initial and comprehensive assessments, CNA observation, supervision, and evaluation.
- **Payment Parity**: in most instances, services provided via telehealth are reimbursed at the same rate as in-person services.

TELEHEALTH DURING COVID-19 PUBLIC HEALTH EMERGENCY

Trends:

- Of the 47.8 million Americans over the age of 65, 24.85 million were willing to use telehealth. (3,4)
- Around 40 percent of surveyed consumers stated that they believe they will continue to use telehealth going forward—up from 11 percent of consumers using telehealth prior to COVID-19. (4)
- Telehealth use has increased 38X from the pre-COVID-19 baseline. (4)
- Revenues: revenues of US telehealth players were an estimated $3 billion, with the largest vendors focused on the "virtual urgent care" segment. With accelerated adoption of telehealth in multiple areas of healthcare, it is estimated that up to $250 billion of current US healthcare spend could potentially be virtualized, including up to 35% of regular home health services. (4)

Telehealth During Covid-19 Public Health Emergency



TELEHEALTH

After COVID-19 Public Health Emergency

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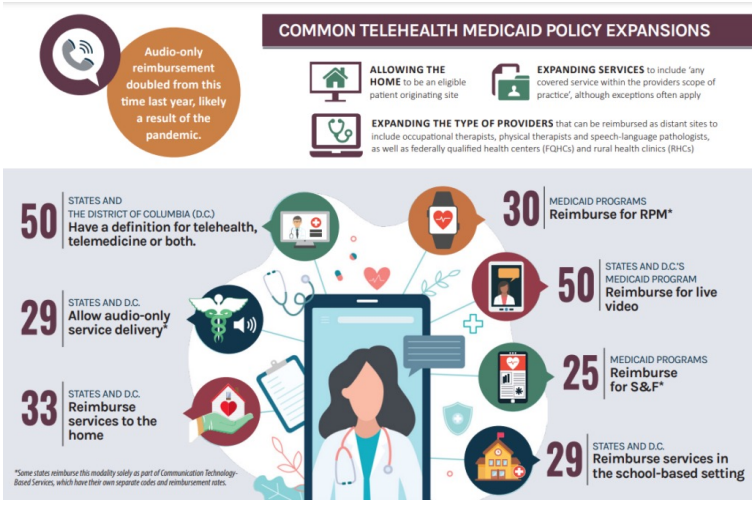


Measure	# of states	
	2021	2022
Allow audio-only service delivery	15	29
Reimbursement service to the home	26	33
Reimbursement for store& forward	22	25
Medicaid reimbursement for RPM	26	30
Requirement for consent	42	46

Telehealth After Public Health Emergency

Medicare: CY 2021 Home Health Final Rule

- "*We believe that the use of telecommunications technology in furnishing services in the home has the potential to improve efficiencies, expand the reach of healthcare providers, allow more specialized care in the home, and allow HHAs to see more patients or to communicate with patients more often.*" (9)
- CMS permanently finalized the PHE rule related to use of telecommunications technology in home health and cost reporting of telehealth/telemedicine as allowable administrative cost.
- The use of technology must be related to the skilled services being furnished and included on the plan of care, along with a description of how the use of such technology is tied to the patient-specific needs as identified during the comprehensive assessment. Information regarding how such services will help to achieve the goals outlined on the plan of care must be documented in the patient's medical record.
- HHA cannot discriminate against any individual who is unable or unwilling to receive home health services that could be provided via telecommunications technology.
- Access to telecommunications technology must be inclusive, especially for those patients who may have disabilities where the use of technology may be more challenging.
- Telemedicine/telehealth will remain to be a service that is not covered by Medicare Home Health benefit and cannot be considered a home health visit for the purpose of eligibility or payment for home health. (9)

TELEHEALTH AFTER PUBLIC HEALTH EMERGENCY

Medicare: CY 2022 Home Health Final Rule (10):

- CMS allowed home health agencies to use interactive telecommunications (audio-visual) systems during the 14-day home health aide supervisory assessment as follows:

  *supervisory assessment for aide services may be completed by using two-way audio-video telecommunications technology that allows for real-time interaction between the Registered Nurse (or other appropriate skilled professional) and the patient, not to exceed **one (1)** virtual supervisory assessment per patient in a 60-day episode and only to be utilized for unplanned occurrences that would otherwise interrupt scheduled on-site, in-person visits.*

- Multiple states that introduced PHE flexibility to allow home health services to be provided via telehealth/telemedicine implemented or still implementing **permanent rules** that duplicate the public health emergency rules.
- **ACHC** pioneered a distinction in Telehealth for multiple provide types (ambulatory clinics, home health, hospice, private duty, behavioral health, palliative care and renal dialysis). (1)

TELEHEALTH AFTER PUBLIC HEALTH EMERGENCY

Medicare: CY 2023 Home Health Proposed Rule:

- "Collecting data on the use of telecommunications technology on home health claims would allow CMS to analyze the characteristics of the beneficiaries utilizing services furnished remotely and will give us a broader understanding of the social determinants that affect who benefits most from these services, including what barriers may potentially exist for certain subsets of beneficiaries." (11)
- To collect more complete data on the use of telecommunications technology in the provision of home health services, CMS is seeking comments on the collection of such data on home health claims, "which we aim to begin collecting by January 1, 2023 on a voluntary basis by HHAs, and will begin to require this information be reported on claims by July of 2023." (11)
- CMS is to seek comments on the use of three new G-codes identifying when home health services are furnished using:
  - synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system;
  - synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system;
  - the collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency, that is, remote patient monitoring;

TELEHEALTH AFTER PUBLIC HEALTH EMERGENCY

HEAT (Home Health Emergency Access to Telehealth) Act (8)**:**

- Bipartisan Bill
- Introduced in Congress on October 23, 2020, by U.S. Senators Susan Collins (R-Maine) and Ben Cardin (D-Md.)
- Re-introduced in Senate on April 22, 2021 (last action taken in 2021, under review with Finance Committee)

Key points:

- CMS to have the authority to issue a waiver to allow telehealth visits to count towards in-person visits, as included on the plan of care, in the event of a public health emergency (PHE)
- Telehealth visits can comprise no more than half of all visits
- Patient consent for telehealth services will be required
- A pre-existing relationship between the patient and ordering physician for the patient to be eligible to receive reimbursable telehealth services will be required

TELEHEALTH AFTER PUBLIC HEALTH EMERGENCY

CONNECT for Health (Creating Opportunities Now for Necessary and Effective Care Technologies) Act of 2021 (8):

Bipartisan Bill

Originally introduced in a different format in 2016

Re-introduced in Congress in April 2021 (Referred to the Subcommittee on Health)

Key points:

- HHS Secretary will have the authority to add new services to those allowed to be delivered via telehealth
- Removal of geographic requirements for telehealth
- Expansion of originating sites to include the home
- Waiver of telehealth requirements during public health emergencies
- Use of telehealth services for hospice recertification – would allow for use of telehealth for recertification of the Medicare hospice benefit

Are you ready to implement a telehealth program in your organization?

What Are the Benefits of Telehealth?

- Innovative approach to care
- Improved access to care
- Consumer choice empowerment & improved patient engagement
- Improved practice efficiency *(i.e., staffing, scheduling, travel time)*
- Proactive care = improved chronic disease management= improved outcomes
  - *Note: 3 out of 4 Medicare beneficiaries have 2 or more chronic conditions (13)*
- Reduction in hospital admissions/re-admissions and ER room utilization
  - *Note: recent study showed that with telemedicine, patients had 38% fewer hospital admissions, 31% fewer hospital re-admissions, and 63% more likely to spend fewer days in the hospital (13)*
- Improved clinicians experience *(i.e., work-life balance, reduced fatigue and burnout, reduced turnover rate)*

What are the Challenges of Telehealth?

- Gaining buy-in from:
  - Leadership
  - Staff
  - Physicians
  - Patients
- Not having a clear vision, business plan and model with quantifiable return on investment (ROI).
- Integrating the telehealth data with the organization's EHR/EMR.
- Equipment cost
- Environmental barriers
- Reimbursement barriers

What do I need to Implement a Successful Telehealth Program ?

- Establish written policies and procedures for telehealth program
- Designate a dedicated telehealth authority within the organization
- Establish admission/eligibility criteria for patients
- Establish clinical protocols/parameters
- Establish documentation requirements
- Establish procedures to monitor and review collected data (in case of RPM)
- Establish staff education/telehealth competency program
- Establish telehealth/telemonitoring equipment requirements

What do I need to Implement a Successful Telehealth Program ?

Designate a dedicated telehealth authority to oversee telehealth program (1,2)

- Project Manager/Telehealth Manager
- Develop job description
- Define qualification, requirements, responsibilities

Establish telehealth/telemonitoring equipment requirements. When selecting telehealth/telemonitoring equipment/solutions, consider:

- HIPPA compliant technology
- User friendly and safe technology
- Cost effective technology
- Environment conducive to support the use of technology
- Connectivity requirements
- Maintenance, quality control and cleaning requirements
- Equipment installation process, if applicable
- Support and reporting capabilities

Choose a telehealth system that is

- Simple
- Reliable
- Easy to use
- Easy to maintain
- Affordable

Written Policies & Procedures

Written P&P at a minimum must include the following:

- **Written detailed description of telehealth services** (1,2)
  - What services are available via telehealth (*i.e., virtual visits, RPM*).
  - How are services managed after-hours
  - Instructions regarding type of services appropriate for a patient
  - Financial obligations related to telehealth services, if applicable

- **Patient admission & inclusion and exclusion criteria** (1,2)
  - Detailing who is eligible and appropriate for each type of technology
  - Inclusion criteria (patients with chronic conditions, hx of multiple hospitalizations, ER visits, patients able to effectively and safely utilize technology)
  - Exclusion criteria (patient's environment is not conductive to use of telehealth technology, non-compliance, etc.)

- **Process of assessment and development of patient plan of care** (1,2)
  - Disciplines eligible to perform face-to- face comprehensive assessment for eligibility/inclusion criteria, adequate environment for use of telehealth equipment, etc.
  - Development of Plan of Care that meets patient's needs and is directed to positive clinical outcomes and decrease in utilization of resources, such is acute care hospitals/ER

Written Policies & Procedures

- **Process of obtaining informed consent for the use of telehealth** (1,2)
  - Providers are expected to obtain written and/or verbal consent from the patient prior to initiation of telehealth service

    Note: 46 states require some form of consent; follow your state consent requirements. (5)
  - Consent must be documented in patient's record

    Note: some states require that contact with the provider to request services to be delivered via telehealth must be initiated by the patient/caregiver (5)

- **Patient rights when receiving services via telehealth** (1,2)
  - Right to make decision about participating in telehealth program
  - Right to privacy (especially critical if utilizing video-audio capabilities)
  - Right to participate in telehealth program without being discriminated on the basis of language or physical barriers

Written Policies & Procedures

- **Policies addressing securing and releasing of confidential and PHI information as r/t receiving services via telehealth** (1,2)
  - Patient has the right to a confidential record and privacy while receiving telehealth services
  - Release and/or access to the patient information/record r/t telehealth

    Note: Temporary changes in HIPAA compliance allow a wider-array of non-public facing electronic communication methods during the public health emergency. However, providers should make every effort to use HIPAA compliant technologies even during the public health emergency.

- **Provision of telehealth services in accordance with the patient's POC** (1,2)
  - POC to reflect patient's specific needs and refer to how utilization of telehealth will allow to meet the needs
  - Include specific frequency and duration for telehealth/RPM services, mode of telehealth delivery (virtual visits vs. RPM), orders/parameters/protocols.

Written Policies & Procedures

Process of care coordination (communication with the patient, patient's physician or allowed practitioner) as related to patient's participation in telehealth program (1,2)

- ❑ Coordinate with patient's physician to inform of the use of telehealth and develop patient specific monitoring parameters, order set and protocols, as may be applicable

Referral process (external/internal) for a patient to participate in telehealth program (1,2)

- ❑ What information is required for a referral to telehealth program
- ❑ Referral log

Written Policies & Procedures

Patient/Caregiver education related to participation in telehealth program (1,2)

- Written instructions and return demonstration on how to operate equipment
- Written instructions as to whom to call in case of technical problems or after-hours

Policies addressing **standard of care provided via telehealth** (1,2)

- Care provided via telehealth must meet the same standards as care provided in-person

Process of integrating telehealth program in organizational QAPI (1,2)

- Track effectiveness of telehealth program
- Track quality outcomes associated with the use of telehealth

Written Policies & Procedures

- Establish clinical protocols/order sets/parameters (applies to RPM)
  - Develop process to obtain order set indicating patient's parameters and protocols for monitoring and reporting monitoring data.

Blood Pressure		
Normal	120 / 80 mmHg	Notify me if Systolic BP is < ___ or > ___ mmHg consec X___ Notify me if Diastolic BP is < ___ or > ___ mmHg consec X ___
Pulse		
Normal	60 - 80 bpm	Notify me if < ___ bpm or > ___ bpm consec X ____
Weight		

- Develop process of reviewing, responding and communicating findings outside of physician acceptable parameters, as well as plan of action and timeliness of response when the collected physiological data (HR, BP, etc.) is outside of the parameters.

Written Policies & Procedures

Establish documentation requirements (1,2)

- Consent, telehealth program enrollment form, telehealth assessment, physician orders, visit notes, etc.
- Documentation of services performed via telehealth must be easily identified as such.
- Telehealth documentation requirements must comply with general organization's documentation standards.
- Monitored data (data collected via RPM) must be included in patient's record and should be appropriately dated and timed.

Written Policies & Procedures

Establish procedures to monitor and review collected data (in case of RPM)

Determine what type of physiological data will be monitored

Determine method, frequency and timing for monitoring each data element (e.g. will blood pressure data be uploaded daily, weekly, etc.)

Determine who is responsible (call center vs. dedicated RN) for monitoring and responding to the collected data during business hours and after-hours.

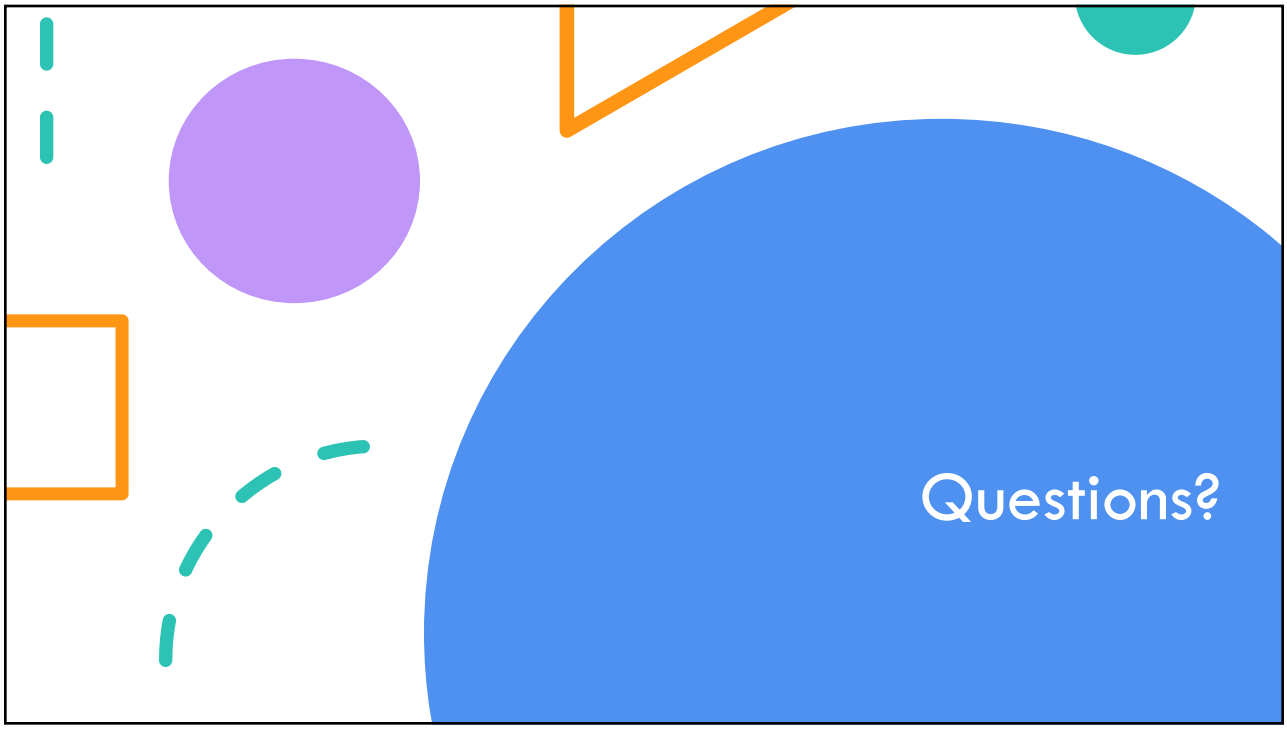
Establish staff education/telehealth competency program (1,2)

Develop staff education process to ensure that staff is oriented to and is educated on organization's telehealth program. Education may include, but not limited to use of equipment, troubleshooting, interpreting data, policies and procedures, patient admission criteria, etc.

Implement staff competency assessment process that allows to validate ability of staff to provide care using technology that organization is utilizing to deliver care via telehealth/ RPM.

Additional Recommendations

- Incorporate your telehealth program into organizational marketing strategies.
  - Formal telehealth program with clear vision, purpose, and outcomes may differentiate you from other providers in the area, and may increase your referral base
- Share clinical outcome data with all applicable practitioners and referral sources across the full care continuum.
  - Take a credit for your positive outcomes/achievements
  - Make sure your referral sources know about positive outcomes/success stories
- Think about opportunities for growth



THANK YOU!

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AMITY HEALTHCARE GROUP
Home Health EDUCATION
Home Health CONSULTING
Home Health COMPETENCY

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