

Telehealth! Policy, Practice and Patients

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AGENDA

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Telehealth Policy Considerations as Federal PHE
Potentially Expires in 2022

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Telemedicine Utilization among Medicaid
Beneficiaries with Serious Mental Illness

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Telehealth! Policy, Practice and
Patients Workshop

DISCUSSION, Q & A

New Hampshire
telehealth
alliance



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Health Law & Policy

Telehealth Policy Considerations as Federal PHE Potentially Expires in 2022

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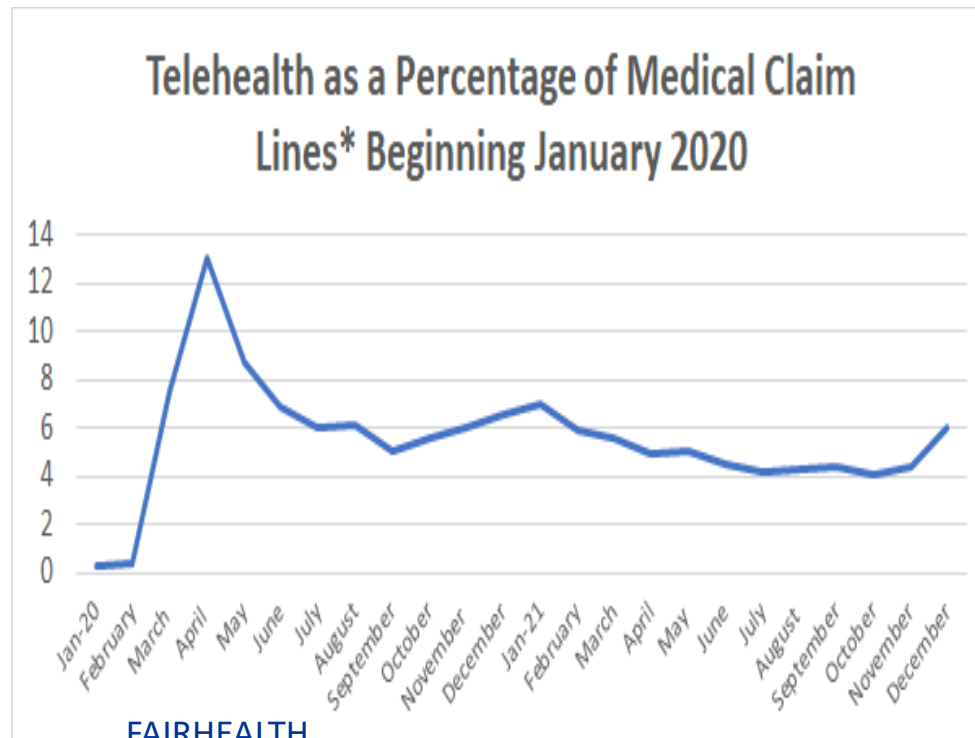
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- Always consult with legal counsel.

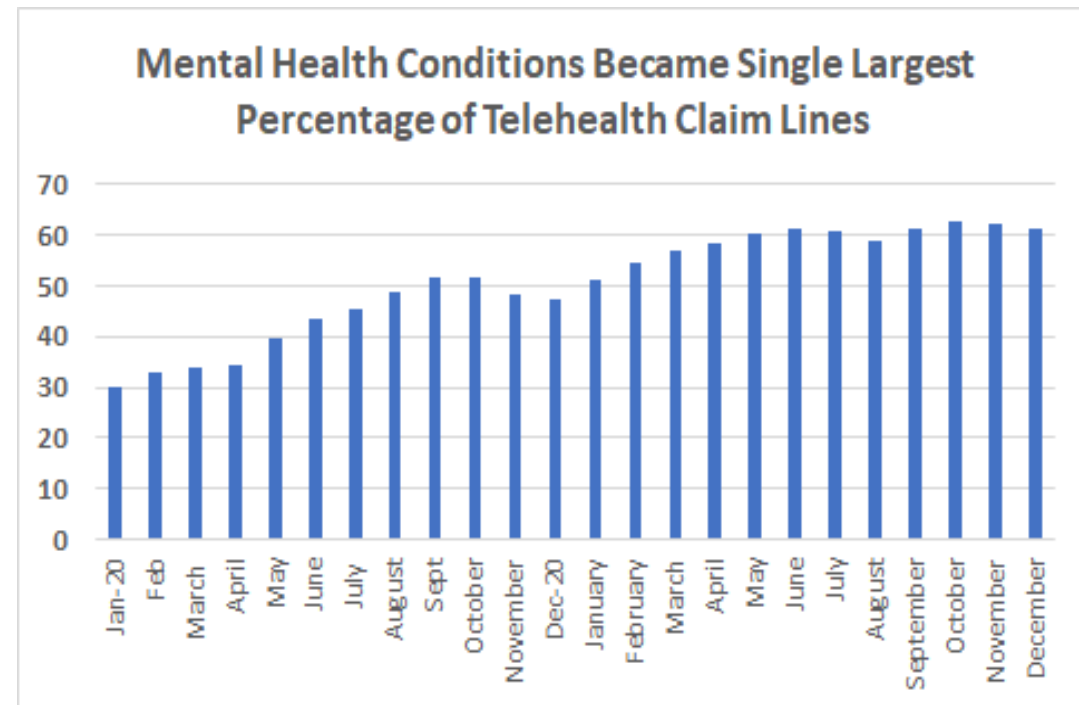


COVID-19 transformed telehealth into a commonly used modality and vital public health tool almost instantaneously. Adoption of telehealth made 10 years of progress in one year.

Telehealth Utilization Peaked Among *Privately Insured in 2020; Remains Above Pre-COVID levels. Mental Health Continues to Constitute Largest Category of Diagnosis Among Telehealth Claims.



<https://www.fairhealth.org/states-by-the-numbers/telehealth>



What Happened To Allow This Change?

Federal Public Health Emergency (PHE)

Declared and then renewed every 90 days since March 2020.

Medicare flexibilities are tied to the federal public health emergency.

When the PHE expires, the flexibilities end.

Temporary Medicare Flexibilities



- Hundreds of services are covered.
- Patients can receive services via telehealth at home.
- Patients in any region of the country can receive telehealth services.
- Telehealth services are reimbursed at a rate no less than in-person services.
- Audio-only services are permitted.
- Co-payments may be waived.
- OCR is not enforcing HIPAA compliance.

What Does End of PHE Mean for Telehealth If Congress Does Not Act?

- Parity in reimbursement for services under Medicare will end.
- Audio-only coverage under Medicare will end.
- Patients only in certain regions and who present to a provider's office will be able to receive telehealth services under Medicare.
- **BUT coverage for telehealth mental health services in Medicare was put into statute and has been made permanent, including geographic and site of service flexibilities.**
- **BUT the recent spending bill extends telehealth flexibilities for another 151 days after the expiration of the PHE.**

Thank you!

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Treatment Interruptions and Telemedicine Utilization in Serious Mental Illness: A Retrospective Longitudinal Claims Analysis

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Background/ Literature/ Purpose/Methods

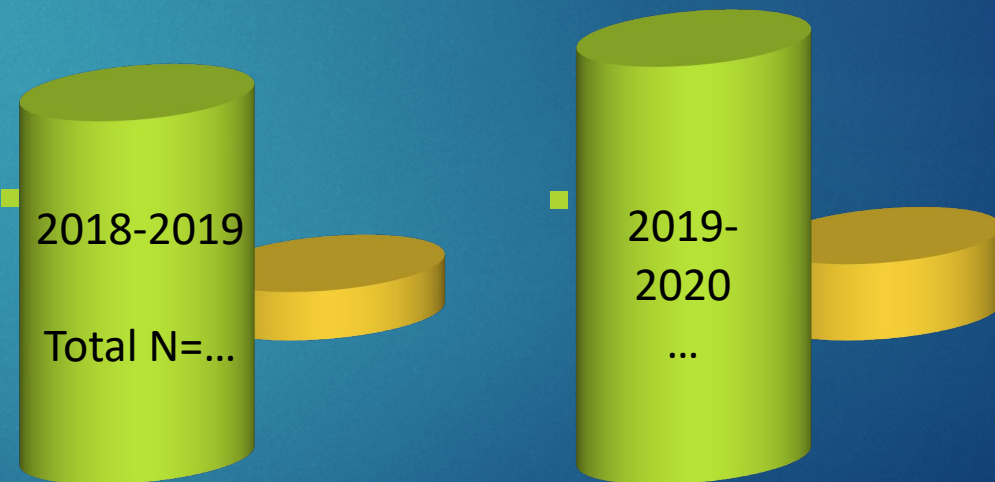
- ▶ Background
 - ▶ 10 million (5%) of Americans have Serious Mental Illness
 - ▶ Telemedicine played a minor but important role PRIOR to the pandemic
- ▶ Prior Literature
 - ▶ Videoconference or telephone treatment for depression and PTSD is effective
 - ▶ SMI patients are interested and willing to use telemedicine
 - ▶ NH rapidly transitioned to telemedicine for Medicaid beneficiaries
- ▶ Purpose: Identify subpopulation characteristics of CMHC SMI patients who.....
 - ▶ Experienced interruptions in care during the telemedicine expansion during the first 3 months of Covid
 - ▶ Utilized telemedicine for continuity of care during Covid
- ▶ Methods
 - ▶ Retrospective, observational, longitudinal claims analysis
 - ▶ Comparison base period 12/18-2/19 to study period 12/19-2/20
 - ▶ Subpopulation characteristics applied as covariates: gender, age group, rural/urban, diagnosis group
 - ▶ Descriptive Statistics and Logistical Regression Models

Year-Over-Year Total Patients and Treatment Interruptions....

** 15 % increase in demand for services

** only 4.9% with ALL the early pandemic challenges

■ Total Patient N ■ Not retained



	2018-2019	2019-2020
■ Total Patient N	13456	15471
■ Not retained	1803	2831

Most Likely to Experience Treatment Interruptions

- ▶ Rural patients 5.6% probability
..... as compared to 4.9% for Urban patients
- ▶ Male patients 6.7% probability
..... as compared to 3.7% for female patients
- ▶ Under the age of 18.....
- ▶ Less severe/acute diagnostic category.....

Results

Who did we lose? by Age

Age in years			2019 N=13456 patients		Delta change % probability of treatment interruption from 2019 to 2020
	n= treatment interruption	% Probability (P <.001)	n= treatment interruption	% Probability (P <.001)	
0-12	689	22.3%	470	15.4%	+ 6.9%
13-17	565	22.7%	377	16.9%	+ 5.8%
18-34	873	23.6%	551	19.4%	+ 4.2%
35-54	623	16.6%	373	11.9%	+ 4.7%
55+	293	12.1%	193	8.8%	+ 3.3%

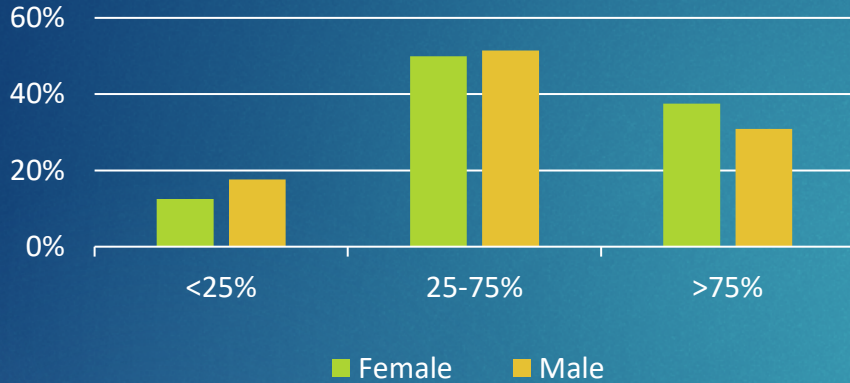
Results

Who did we lose? by Diagnosis

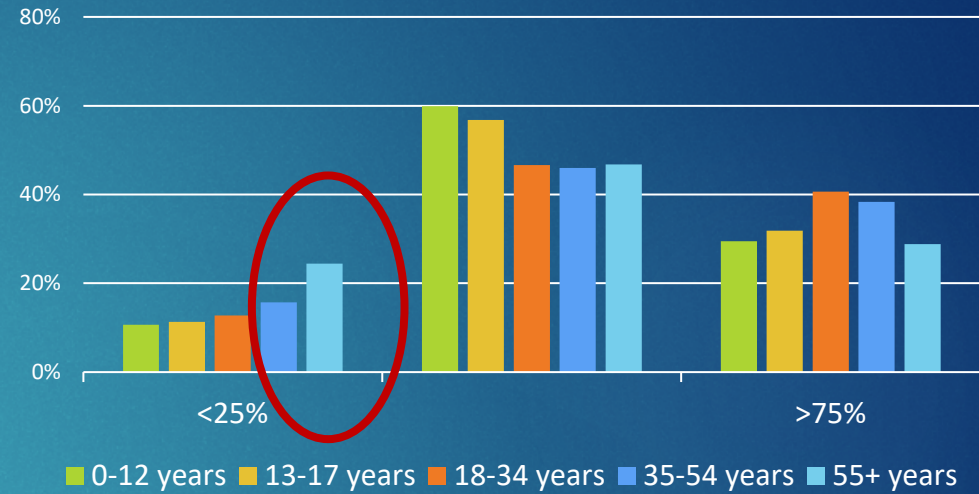
Diagnosis	2020 N=15471patients		2019 N=13456 patients		Delta change % probability of treatment interruption from 2019 to 2020
	n= treatment interruption	% Probability (P <.0001)	n= treatment interruption	% Probability (P <.0001)	
Schizophrenia	105	6.8%	72	4.8%	+ 2.0%
Bipolar Disorder	134	11.0%	107	10.0%	+ 1.0%
Major Depression	762	20.1%	493	15.5%	+ 4.6%
PTSD	778	21.9%	516	16.8%	+ 5.1%
Anxiety/Other	1265	23.5%	776	16.7%	+ 6.8%

Who used Telemedicine?

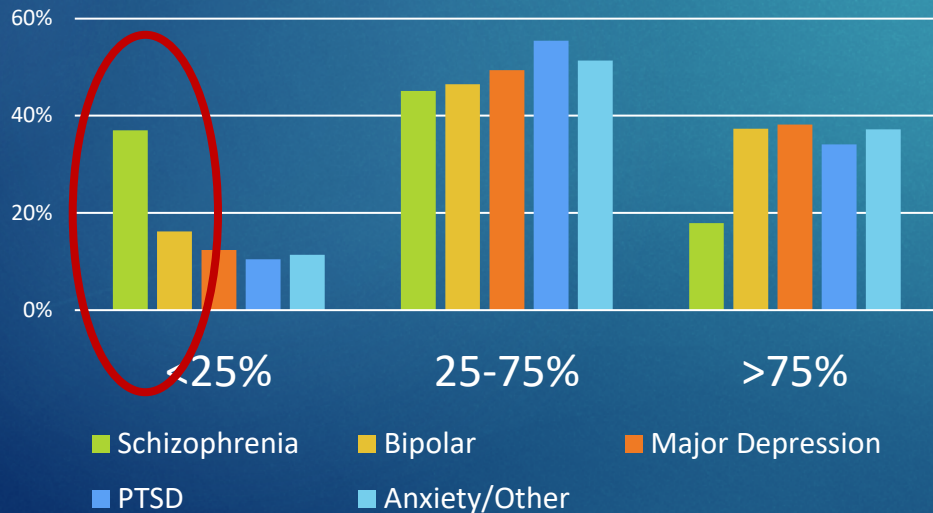
..... By Gender



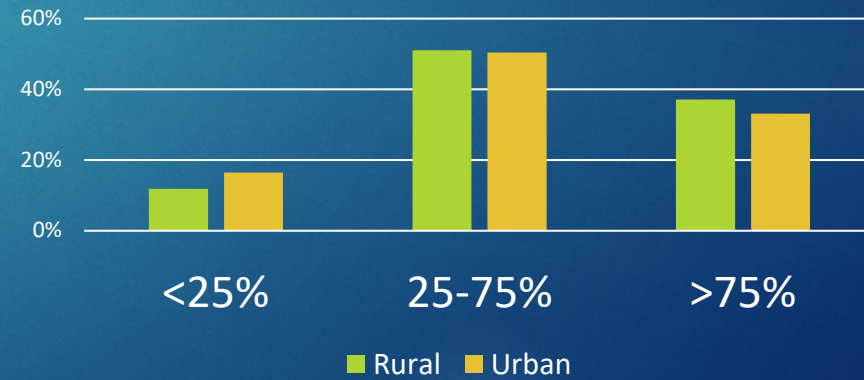
..... By Age



..... By Diagnosis



..... By Rurality



Take Home Messages

1. When providers are empowered to INDIVIDUALLY determine the best modality to connect with patients, this approach is highly effective in continuing patient engagement.
2. This pilot data argues against broad mandates on how care should be delivered as there are many SDOH, values, beliefs, and provider/patient factors that influence how best to connect patients with care.
3. CMHCs consist of a wide array of patients with differing levels of function. Care delivery will look different across subpopulations.
4. Many elderly can, will, and do successfully use telemedicine.
5. We need to understand the treatment interruptions in our youth better to support continuation of care.

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Objective # 3

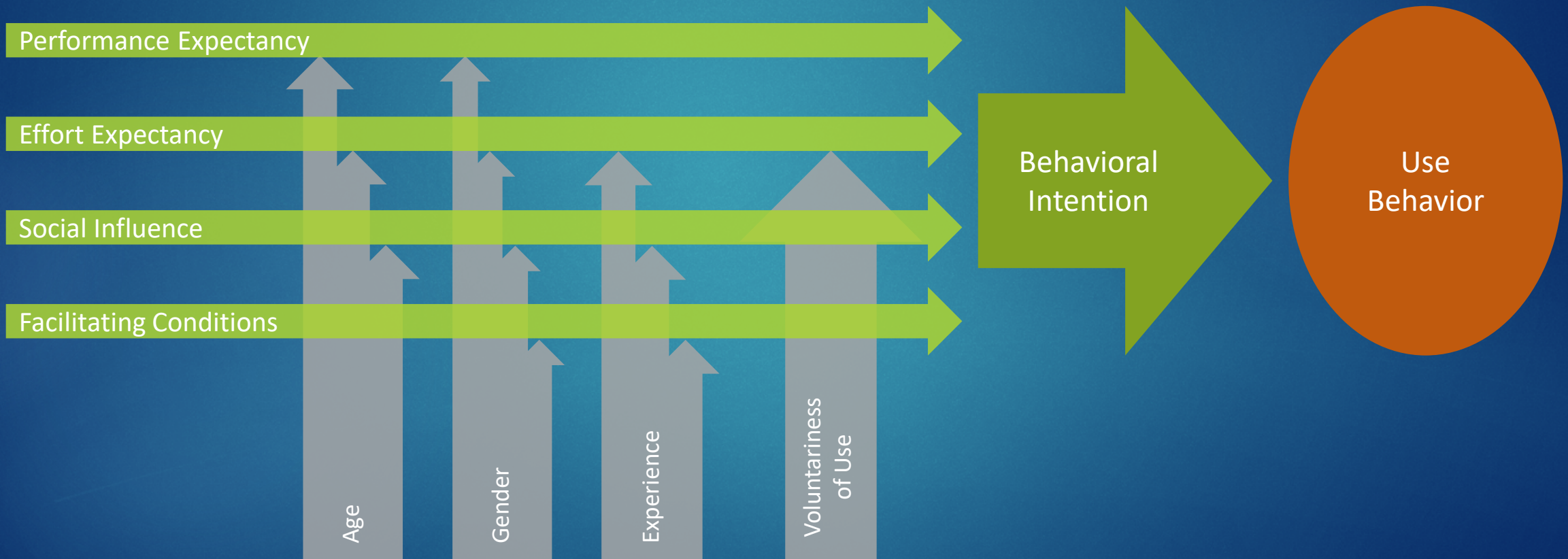
Participants will be able to identify training gaps and workflow adaptations through workforce feedback and standardized patient satisfaction assessment.



▶ Marcy Doyle, DNP, MHS, MS, RN, CNL

- ▶ Dr. Doyle is committed to advancing knowledge acquisition and the treatment capabilities of rural and underserved providers and students throughout the health care delivery system, increasing health care equity. Dr. Doyle's history as Chief Operations Officer (COO) at a Federally Qualified Health Center, health care consultant and educator have enabled her to work on statewide projects to test innovative practice-based solutions. She developed the BluePrint for Integration a statewide practice assessment and facilitation framework utilized during the statewide NH 1115 Centers for Medicare and Medicaid Services (CMS) Waiver. Dr. Doyle oversees the programing and funding for the UNH Extension for Community Healthcare Outcomes (ECHO) Hub. She is an experienced Principal Investigator having overseen workforce development, health care policy, and advancing person-centered care in rural and underserved communities.

Unified Theory of Acceptance and Use of Technology (UTAUT)



What accelerates telehealth adoption?

Performance Expectancy

- Increased **ACCESS** to care
- Saves **TIME** and resources
- As **EFFECTIVE** or more than in person care
- Increase in **FLEXIBILITY**
- Their patients **LIKE** telehealth

Effort Expectancy

- **EASE** of use

Social Influence

- Organization **SUPPORT** of telehealth

Facilitating Conditions

- Availability of good **TECHNICAL SUPPORT**

What decelerates telehealth adoption?

Performance Expectancy

- Impersonal, clinicians concerned with patient **ISOLATION**
- **SAFETY** and legal concerns
- Concerned with patient **ACCEPTANCE** of interaction
- Not **APPROPRIATE** for patient or some types of visits
- Unable or **UNTRAINED** on conducting assessment

Effort Expectancy

- **TECHNOLOGICAL** and scheduling problems
- Increased work and **HASSLE**

Social Influence

- **POOR COMMUNICATION**/support from leadership

Facilitating Conditions

- Need for technical support and **TRAINING**
- Limited space for **EQUIPMENT** and **FUNDING**

Evaluation Methods

- ✓ Interviews
- ✓ Questionnaires
- ✓ Interviews
- ✓ Observations
- ✓ Logging Attempts

Evaluation Domains

- ✓ Satisfaction
- ✓ Experience
- ✓ Technical Quality
- ✓ Perceived Usefulness
- ✓ Perceived Effectiveness
- ✓ Impact of Telemedicine

Example Evaluation Questions

Satisfaction

- Telehealth visits are a convenient form of healthcare delivery for me
- My privacy is protected during a telehealth visits
- The lack of physical contact during a telehealth visit is not a problem

Experience

- How satisfied were you with the way your therapist communicated
- How likely are you to recommend telehealth to others

Perceived usefulness

- Telehealth made it easier for me to participate in..(e.g. Acceptance Commitment Therapy)

Example Evaluation Questions

Perceived effectiveness

- Using telehealth helps me to better manage my health and medical needs.

Technical quality

- I can always trust the equipment to work during a telehealth session
- I could see the healthcare provider clearly during the telemedicine visit
- I could hear the healthcare provider clearly when he/ she spoke to me

Impact of telemedicine (how it compares to an in-person visit)

- The telehealth visits were as good as an in-person visit

Instrument	Constructs
Telehealth Satisfaction Scale (TeSS)	Quality, length of time to access, personal comfort, ease of use, privacy, attitude
Technology Acceptance Model (TAM)	Perceived usefulness, perceived ease of use, attitude, intention to use
Telemedicine Satisfaction and Usefulness Questionnaire (TSUQ)	Perceived usefulness, perceived effectiveness, perceived ease of use, attitude, intention to use, comparing telemedicine to in-person
Patient Assessment of Communication During Telemedicine (PACT)	Patient-centered communication, provider competence, interpersonal skills, convenience
Telemedicine Perception Questionnaire (TMPQ)	Communication, privacy/ confidentiality, time and cost savings, difficulty, accessibility, physical contact, trust in equipment, standardization for future, satisfaction
Telehealth Usability Questionnaire (TUQ)	Usefulness, ease of use and learnability, interface quality, interaction quality, reliability and effectiveness, satisfaction
Telenursing Interaction and Satisfaction Questionnaire (TISQ)	Perceived interaction; inclusive of affective support, health information, decisional control, professional/technical competence) understanding, satisfaction

(Weaver et al., 2021)

Instrument	Constructs
Telehealth Usability Questionnaire (TUQ)	Usefulness, ease of use and learnability, interface quality, interaction quality, reliability and effectiveness, satisfaction
Telemedicine Satisfaction Questionnaire (TSQ)	Satisfaction, technical quality, interpersonal manner, communication, financial aspects, time, access
System Usability Scale (SUS)	Usability primarily; technical quality, ease of use, complexity of use, user confidence
Perceived Efficacy in Patient-Physician Interactions (PEPPI-5)	Efficacy primarily; confidence in ability to access care, make the most of visit, act upon conversation
Patient Experience Questionnaire (PEQ)	Communication experience, emotions, short-term outcomes, barriers, relationship
Computer System Usability Questionnaire (CSUQ)	System usability and capability
Telenursing Interaction and Satisfaction Questionnaire (TISQ)	Perceived interaction; inclusive of affective support, health information, decisional control, professional/technical competence) understanding, satisfaction

(Weaver et al., 2021)

Summary

Provider and patient evaluation is essential

Clinicians/provider and patient interactions influence TH “use behavior”; models such as the UTAUT can assist with TH implementation, adoption and user experience

Systematic evaluation informs current (on the spot), interim modifications and future design

Telehealth evaluation lacks standardization → NH could lead

A variety of evaluation instruments are available depending on TH services

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