Virtual Care/Telehealth Advocacy

HB 5412 (Vaupel), HB 5413 (Wozniak), HB 5414 (Green), HB 5415 (Liberati), HB 5416 (Whiteford)

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Delightful Disruption

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+ **Virtual technology has delightfully disrupted other industries**

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+ **Virtual Care/Telehealth has matured into a disruptive enabler that helps you meet multiple clinical and business strategies**
  + Augment, but does not replace, the hands on delivery aspects of comprehensive health care delivery
+ **Virtual healthcare market is expected to reach**
  + visits of more then **105 million** by **2022** **(1 out of 10 doctor visits)**[1]
  + revenues of more than **$38 billion** by **2029**[2]

[1] IHS Markit
[2] Persistence Market Research, 2019, https://www.persistencemarketresearch.com/market-research/telemedicine-market.asp

What is Virtual Care? (i.e. Telehealth/Telemedicine)

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Definition of Telehealth (W.H.O.)

Delivery of health care services, where distance is a critical factor, using information and communications technologies… in the interests of advancing the health of individuals and their communities.

Then - 1962

Now - 2020

Source: World Health Organization (WHO)

Vision – Virtual Care of the Future

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❖ Right Patient

❖ Right Time

❖ Right Intervention

❖ Right Provider

❖ Right Place

What is Virtual Care? (i.e. Telehealth/Telemedicine)

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Synchronous

- Live interactive connection
- Secure real-time video call

Considerations	
Real time patient/provider interaction (including some examination components)	Scheduling requirement
More complete view of case	Technical & equipment requirements

Asynchronous

- Secure online messaging
- Store-and-forward transmission

Considerations	
No scheduling constraints	Assessment based on images and information/data
Less burdensome technical/equipment requirements	One directional transmission at a time, not real-time

Note: Originating site is considered the location where the patient is located during the delivery of services.

Virtual Visit Capabilities

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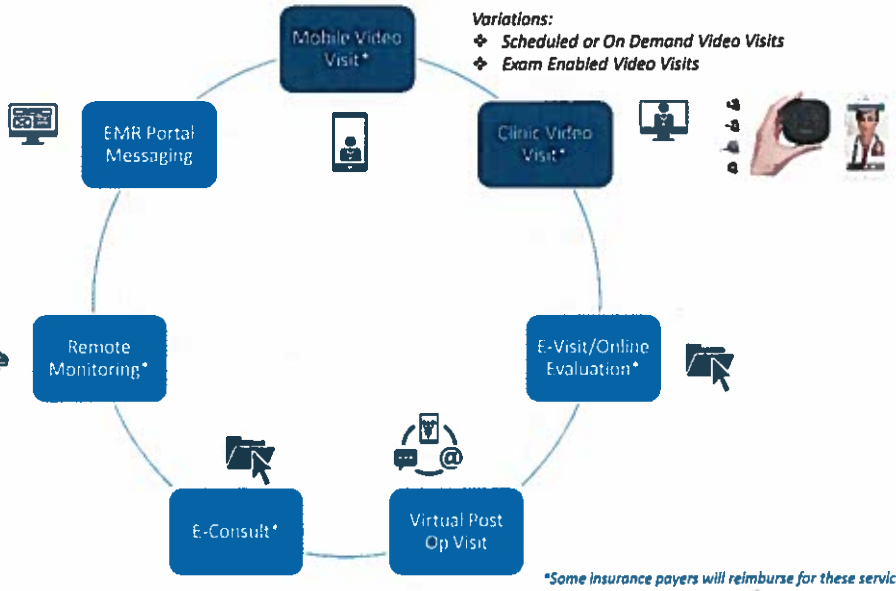
Synchronous

Asynchronous



Variations:
- *Scheduled or On Demand Video Visits*
- *Exam Enabled Video Visits*

**Some insurance payers will reimburse for these services*

Why Virtual Care?

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Virtual Care is not a service, but a delivery mechanism

Volume	Enhance patient consistent access and convenience
	Services made better or possible when distance is a barrier
	Align with consumer interest in technology
	Reduce wait time to next appointment and no-show rate
	Achieve operational efficiencies
⊕ Value	Reduce costs by shifting patients to lower cost settings
	Cut patient/provider travel time
	Reduce avoidable ED utilization and 30-day readmissions
	Increase patient activation and engagement
	Expand specialist coverage

***Key Specialty Examples**: Primary Care, Pediatrics, Behavioral Health Service, OB/Prenatal Care*

Reimbursement

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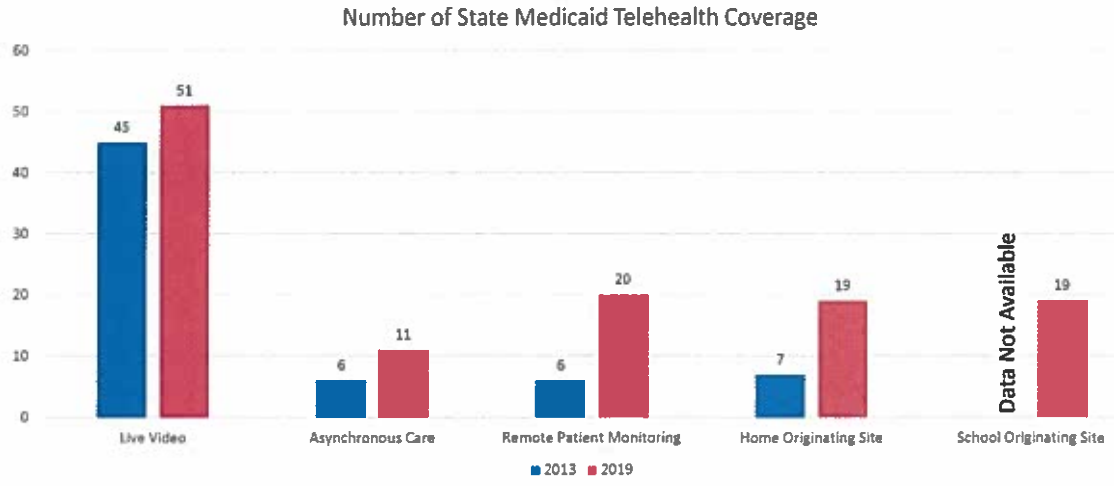
- MI Telemedicine Parity in Coverage Law for Commercial Payers
  - Contracts **shall not require face-to-face contact** between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health maintenance organization
  - Telemedicine services shall be provided by a **health care professional who is licensed, registered, or otherwise authorized** to engage in his or her health care profession in the state where the patient is located
  - Telemedicine services are subject to all terms and conditions of the contract
- Telehealth services matching clinical in-person care
  - equivalent to in-person care in diagnostic accuracy, treatment effectiveness, and patient satisfaction
  - Patient privacy and confidentiality issues parallel in-person care
- Patient Cost Share identical to tradition in-clinic

**Medicare eliminating GT Modifier requirement as of 10/1/2018*
Source: Department of Health and Human Services, Centers for Medicare and Medicaid Services. (2016, November). Telehealth Services. Retrieved November 2, 2017, from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

Reimbursement Comparison

Virtual Care Component	Medicare	MI Medicaid	Commercial Insurance
Live Video	Yes	Yes	Yes
Geographic Restriction	Patient must be in a health professional shortage area ("HPSA") or a county that is not a metropolitan statistical area ("MSA") *(Next Generation ACO Telehealth Waiver)*	No Geographic Restriction	No Geographic Restriction
Originating Site - Home	No *(Next Generation ACO Telehealth Waiver)*	No *(HB 5416 (Whiteford))*	Most payer coverage
Originating Site - School	No	No *(HB 5416 (Whiteford))*	Most payer coverage
Asynchronous Care	No	No *(HB 5412 (Vaupel), 5413 (Wozniak), 5414 (Green))*	Limited payer coverage
Remote Patient Monitoring	Yes – New 2020 codes	No *(HB 5415 (Liberati))*	Limited payer coverage

Historical State Medicaid Telehealth Reimbursement Expansions



Note: Includes Washington D.C.
Source: Center for Connected Health Policy, Historical State Telehealth Medicaid Fee For Service Policy Report FINAL (2020) and State Telehealth Laws and Reimbursement Policies (Fall 2018)

Virtual Care Enable Us To:

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- Offer better access to healthcare
- Meet patient expectations for online service
- Reduce costs (time, travel, convenience, etc.)
- Increase clinician efficiency/make life easier

Connecting with customers **where**, **when**, and **how** they want to be reached…

All For You!

Contact Information

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Questions?

Appendix

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Patient Testimonial

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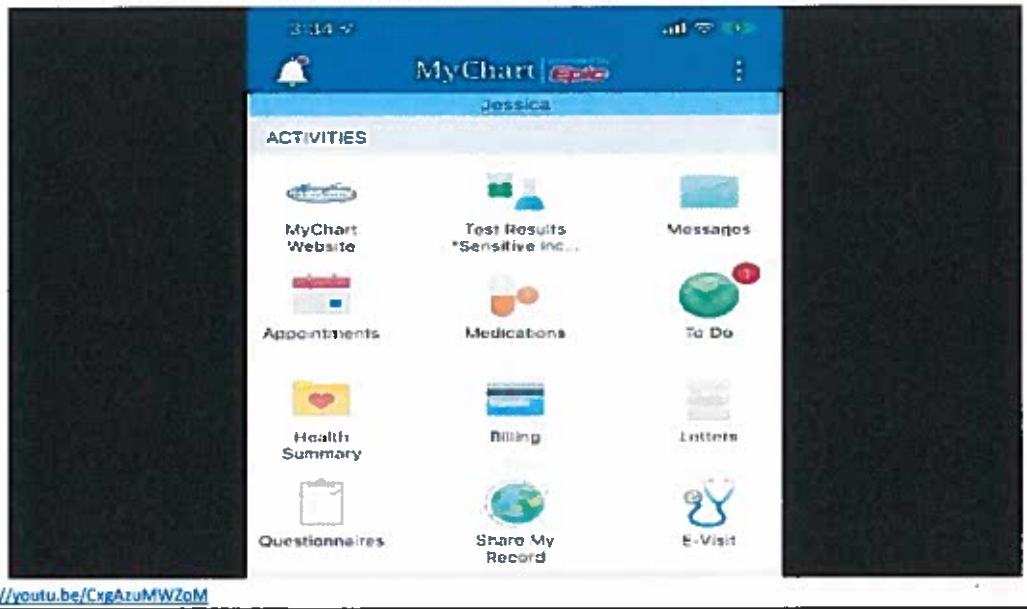

Source: https://youtu.be/CxgAzuMWZoM

HFHS Virtual Care *by the numbers*

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7,532+

Virtual patient encounters in 2018

- **17,006+ in 2019 YTD**
  - **10,124 Video**
  - **6,882 Store and forward**

41+

Specialty services and growing

603+

HFHS available specialists

144,153 (201+ Days)

Patient Miles Saved in 2019

2,524 (10+ Clinic Days)

Provider Miles Saved in 2019

Remote Patient Monitoring (eHome Care)

1,787+ New Installs in 2018

- **+1,093 New Installs in 2019 YTD**
- **+49,908 Encounter in 2019 YTD**

23,067+ Tele-Radiology Readings in 2018

- **+22,420 in 2019 YTD**

As of December 2019

HFHS Virtual Care Specialties

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- Allergy MVV/eC
- Behavioral Health Services (Peds, Adult & Geriatric) C2C/MVV
- Breast Surgery VPO
- Cardiac Surgery MVV/eC
- Cardiology eC
- Center for Autism and Developmental Disabilities MVV
- Dermatology C2C/MVV/eV/eC
- Dialysis & Diabetes Education MVV
- Employee Health C2C
- Endocrinology C2C/MVV/eC
- ENT (Ear, Nose & Throat) C2C/MVV/VPO/eC
- Functional Medicine MVV/eC
- Gastroenterology (IBD) C2C/eC
- General Surgery MVV
- Hepatology C2C
- Infectious Disease MVV/eV/eC
- International Travel Medicine C2C
- Nephrology C2C/eC
- Neurology MVV/C2C/eC
- Neurosurgery VPO
- Occupational Health MVV
- Oncology (Survivorship, Behavioral) MVV/C2C
- Orthopedics (Sports ,Podiatric Med, Trauma) MVV/VPO/eC
- Pain Medicine eC
- Palliative Medicine MVV/C2C/eC
- Physical Therapy/Rehab MVV/eC
- Plastic Surgery VPO
- Preventive Cardiology (Cardiac Rehab) MVV
- Primary Care (inc. Peds) MVV/C2C/eV
- Pulmonary eC
- Radiation Oncology MVV
- Rheumatology MVV/eC/eV
- Sleep eC/eV
- Speech Therapy MVV
- Thoracic Surgery MVV/eC
- Transplant (Liver & Kidney) C2C
- Urogynecology eC
- Urology C2C/MVV/eC
- Vascular Surgery C2C/MVV/eC
- Women's Health/OB MVV/eC

eV = eVisit
eC = eConsult
MVV = MyChart Video Visits
C2C = Clinic to Clinic Telemedicine
VPO = Virtual Post Op

Reimbursement - Medicare

- Originating Site
- Approved Distant Providers
- Patient must be in a health professional shortage area ("HPSA") or a county that is not a metropolitan statistical area ("MSA") (unless an exception applies)
- Live interactive only
- Level of Service is analogous to a traditional in-person office visit (modifier)

Telehealth Federal Trends

- Telehealth & Opioids
- Telehealth & Mental Health
- Telehealth & Maternal Health
- Telehealth & HIV
- School-based telehealth
- Telehealth and the Consumer
- Broadband

Per CCHP Webinar, New 2020 Telehealth Codes, 1/16/2020