Tell Me Something About Telehealth

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June 9, 2020
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- Do not discuss what you or other entities plan to do in a particular geographic or product markets or with particular customers.
- Do not speak on behalf of the SOA or any of its committees unless specifically authorized to do so.
- Do leave a meeting where any anticompetitive pricing or market allocation discussion occurs.
- Do alert SOA staff and/or legal counsel to any concerning discussions
- Do consult with legal counsel before raising any matter or making a statement that may involve competitively sensitive information.

Adherence to these guidelines involves not only avoidance of antitrust violations, but avoidance of behavior which might be so construed. These guidelines only provide an overview of prohibited activities. SOA legal counsel reviews meeting agenda and materials as deemed appropriate and any discussion that departs from the formal agenda should be scrutinized carefully. Antitrust compliance is everyone’s responsibility; however, please seek legal counsel if you have any questions or concerns.
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Telehealth in the Time of COVID-19

June 9, 2020
Jean Glossa, MD, MBA, FACP
Managing Principal for Clinical Services
Telehealth— the new normal?
Who wants to know about telehealth?

- PROVIDERS: primary care, BH/SUD, specialists (including PCAs)
- INPATIENT, EMERGENCY DEPT, RESIDENTIAL and LTSS PROVIDERS
- PAYERS AND FUNDERS
- Payers and Policy Makers (CMS Toolkit)
- STATE AGENCIES (MCD, BH/SUD, PH)
- TECHNOLOGY VENDORS
- HEALTH SYSTEMS and FACILITIES
- CORRECTIONS (criminal justice and re-entry)
TELEHEALTH FRAMEWORK

KEY TERMS:
+ Originating Site: Patient
+ Distant Site: Provider
+ Store and Forward/asynchronous

UNDERSTANDING SERVICE TYPES:
+ Virtual Health Visit
+ Virtual Check-in
+ E-visit
+ E-Consult (Provider⇔Provider)
+ Remote physiological monitoring (RPM)
+ Remote evaluation of prerecorded patient information

OTHER CONSIDERATIONS:
+ Project ECHO (echo.unm.edu)
In Medicare, the number of patients using telehealth:

11,000 members week ending March 7th

1.3M members week ending April 18th

Increase of 11,718% in 6 weeks

SIX TYPES OF MEDICARE VIRTUAL VISITS FOR WHICH THE PROGRAM WILL REIMBURSE

- Medicare Telehealth visits
- E-visits
- Remote Patient Monitoring (RPM)
- E-consults
- Virtual Check-ins
- Telephone-based evaluations (audio-only)
Medicare now a leader for telehealth coverage:

+ Policymakers view telehealth as an ideal treatment method during the COVID-19 emergency: Expand access, triage, treat
+ Five types of Medicare telehealth services
+ Regulatory and legislative vehicles since the Emergency declaration:
  1) CMS regulatory changes: March 17th
  2) Stimulus package: March 27th
  3) CMS Interim Final Rule: March 31st
  4) Stimulus package Part 2: April 27th
  5) CMS Interim Final Rule: April 30th
  6) Ongoing changes to list of covered telehealth services
  7) More to come?

Medicare telehealth coverage during emergency:

+ Temporary and retrospective
+ Originating sites: urban and patient’s home
+ New patients
+ Telehealth visits: 100+ new types of services (e.g., ED, PT/OT/SP, home health, hospice)
+ Audio-only visits permitted, behavioral health
+ Distant sites: clinician’s home, FQHCs, Rural Clinics, rehab hospitals
+ Hospital outpatient services (e.g., therapy)
+ Eligible providers: PT/OT/SPs, LCSWs, clinical psychologists
+ Medicare Advantage plans: Must follow FFS coverage expansions, telehealth visits built into risk adjustment process that sets rates
## DEA: CONTROLLED SUBSTANCES
- Prescribing controlled substances usually requires in-person medical evaluation
- Temporarily, DEA-registered practitioners can prescribe controlled substances via telehealth if:
  + 2-way audio/video
  + Legitimate medical purpose
  + Consistent with State and Federal laws

## HIPAA Flexibility
- HHS-Office of Civil Rights will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers
- Providers must serve in good faith using everyday technologies that are not public facing

## Medicare cost-sharing:
- HHS-OIG provides flexibility for providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

## Practitioner licensure:
- CMS temporarily waived requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state
- Still need to meet any state specific requirements
1135 Waivers allow reimbursement during an emergency or disaster even if providers can’t comply with certain Federal requirements that would under normal circumstances bar Medicare, Medicaid or CHIP payment.

1135 Waivers can be implemented retroactively. All currently approved waivers were activated as of March 1, 2020 and will extend through the conclusion of the designated emergency.

50 states (+DC) have received 1135 waivers, such as:

- Expedited and temporary provider enrollment in Medicaid
- Waiver of prior authorization
- Reimbursement for services in non-licensed facilities housing individuals evacuated from licensed facilities
- Reimbursement for otherwise payable claims from out of state providers not otherwise enrolled in Medicaid
- Waiver of public notice requirements for state plan amendments that improve access and/or reimbursements
Accelerating a Telehealth Implementation
Jean Glossa, MD, MBA
Components Should include:

- Organizational – Planning, Engagement, Change Management
- Experience with Telehealth
- Technology Capacity
- Equipment Selection
- Regulatory or Policy Understanding
- Financing and Reimbursement
- Clinical Considerations
- Relationship with Specialty Care Providers
- Workforce Development
- Patient Engagement and Marketing
- Evaluation and Outcome Measurement
THE WAITING ROOM

Updates to the visit workflow:

- Check in/out
- Consent
- Documentation
- Privacy and security
- Interruptions
- Follow up
HMA TELEHEALTH READINESS QUESTIONNAIRE

Telehealth Readiness Questionnaire

The Telehealth Readiness Questionnaire is quick, web-based tool that will help your organization better understand your readiness to adopt telehealth such as telemedicine visits, virtual check-ins or e-visits. At the end of the questionnaire, please indicate whether you’d like a brief consultation with an HMA telehealth expert to help interpret your results and identify strategies for your next steps.

To access the Questionnaire, please click the button below.

[TELEHEALTH READINESS QUESTIONNAIRE]

https://www.healthmanagement.com/telehealth-readiness-questionnaire/
ADDRESSING EQUITY IN TELEMEDICINE

Disparities in the use of telehealth is not a new concept.

Telehealth does not increase access to everyone equally.

Consider: English language literacy, health literacy, technology limitations and connectivity issues.
An effective telehealth strategy should meet new expectations on access, delivery and quality— and should align with broader strategies around shared risk.
Modernizing how people access and experience healthcare
DEMO
Teladoc Health is the global virtual care leader

- **TDOC**
  - publicly-traded on NYSE

- **+2,400**
  - employees worldwide

- **+450**
  - medical sub-specialties

- **+4 million**
  - virtual care visits in 2019
We are transforming how people access healthcare around the world.

Teladoc Health is creating a new kind of healthcare experience with greater convenience, outcomes, and value.
Virtual care is essential to high-quality healthcare
Market dynamics are accelerating adoption

Globally, health spending is projected to be $15 trillion by 2050.¹

There is an estimated shortfall of 4.3 million clinicians worldwide.²

Expectations for digital health are on the rise.³

¹ Past, present, and future of global health financing. The Lancet. Jun 01, 2019, Volume 393, Number 10187, p. 2175-2274
³ Accenture 2019 Digital Health Consumer Survey

Teladoc Health
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Virtual care is optimized to serve as the front door and streamline the healthcare experience.
Delivering the only comprehensive virtual care solution
Polling Question
Polling question

During the pandemic, what % of virtual visits are for people who believe they may have been exposed to COVID-19?

A. 25%
B. 65%
C. 10%
D. 32%
9 out of 10 visits are for non-COVID-19 related concerns

We’re helping members with the full spectrum of care including:

- Prescription refills
- Referrals
- Chronic Care Management
- Specialty Care
- Dermatology
- Mental Health Care
- Expert Second Opinions
Polling Question
In a recent study, what % respondents reported that their mental health has been negatively affected by the pandemic?

A. 15%

B. Nearly half

C. 68%

D. More than 90%
For 50%, their mental health has been affected by COVID-19

Of those, 81% reported being negatively affected and grappling with:

- Anxiety
- Depression
- Bipolar Disorder
- Post Traumatic Stress Disorder (PTSD)
- Fear
- Isolation
- Loneliness

April 2020 study of 1,558 employees or those recently employed in Canada and the U.S., conducted by Leger and commissioned by Teladoc Health
AHIP Survey: Value of virtual care across key domains

Access
Expands our ability to provide quality healthcare to more members

Clinical Quality & Outcomes
Complements our existing service offerings

Physician Network
Helps to broaden our provider networks

NOTE: > 88% All: Can be used as an entry point to route members toward the right type of care

NOTE: > 50% Medicaid: useful for collecting clinical quality measures

NOTE: > 80% Medicare: useful for coordinating care with other providers and services

100%
90%
91%
100%
82%
90%

Medicare Advantage
Medicaid
General Medical Utilization

Resolution Rate

Medicaid
- 82.1%

Medicare
- 71.1%

Visit Frequency

<table>
<thead>
<tr>
<th>Visits</th>
<th>Medicaid</th>
<th>Medicare</th>
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</thead>
<tbody>
<tr>
<td>1 Visit</td>
<td>81%</td>
<td>84%</td>
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<td>2 Visits</td>
<td>12%</td>
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<tr>
<td>3 Visits</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>4 or more</td>
<td>3%</td>
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</table>

Visit Frequency by Medicaid/Medicare

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>31%</td>
<td>32%</td>
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<tr>
<td>20%</td>
<td>27%</td>
</tr>
<tr>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>12%</td>
<td>10%</td>
</tr>
</tbody>
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Unresolved Redirection

- Need to go to ER/UC: Medicaid 50.3%, Medicare 49.8%
- Referred to PCP/Specialist: Medicaid 47.6%, Medicare 49.3%
- Rx outside of Teladoc scope: Medicaid 1.7%, Medicare 0.5%
- Call 911/Poison Control: Medicaid 0.4%, Medicare 0.3%
- Referred to protective services: Medicaid 0.0%, Medicare 0.0%

Alternative Care Choice

<table>
<thead>
<tr>
<th>Emergency Room</th>
<th>Medicaid</th>
<th>Medicare</th>
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</thead>
<tbody>
<tr>
<td>31%</td>
<td>20%</td>
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</table>

<table>
<thead>
<tr>
<th>No treatment</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>11%</td>
<td>14%</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>PCP</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>27%</td>
<td>32%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialist</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urgent Care</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>31%</td>
<td></td>
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</tbody>
</table>
Behavioral Health Utilization

Resolution Rate

**Medicaid**
- 98.3%

**Medicare**
- 98.1%

Visit Frequency

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Visit</td>
<td>47%</td>
<td>48%</td>
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<tr>
<td>2 Visits</td>
<td>19%</td>
<td>12%</td>
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<tr>
<td>3 Visits</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>4 or more</td>
<td>22%</td>
<td>33%</td>
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</tbody>
</table>

**Unresolved Redirection**

- Referred to PCP/Specialist: 45.50% (Medicaid), 42.10% (Medicare)
- Rx outside of Teladoc scope: 18.18% (Medicaid), 47.37% (Medicare)
- Referred for substance abuse evaluation/treatment: 0.00% (Medicaid), 27.27% (Medicare)
- Referred to Day Treatment/Partial Hospitalization Program: 9.09% (Medicaid), 10.53% (Medicare)

**Alternative Care Choice**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Medicaid</th>
<th>Medicare</th>
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<tbody>
<tr>
<td>Emergency Room</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>No treatment</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>PCP</td>
<td>28%</td>
<td>44%</td>
</tr>
<tr>
<td>Specialist</td>
<td>25%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Resolution Rate includes those visits that were resolved as well as those that are ongoing therapy.
Sophisticated **Engagement Science™** and targeting approach reaches members in their moment of need

**Demographics targeting:**
Parents

**Location based triggers:**
Urgent Care

**Claims triggers:**
Upcoming surgery, heavy ER User

**Predictive modelling:**
Comorbidities, life events, prescriptions
“The role of virtual care has changed forever in the healthcare system.”

—Jason Gorevic, CEO, Teladoc Health
Thank you
Q&A Session