



Telehealth Reimbursement Analysis and Considerations in the Post-COVID-19 Era

OVERVIEW

Project Purpose & Methodology

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Purpose & Methodology

To develop a better understanding of reimbursement policy's impact on telehealth, its future implications, and identify gaps/research opportunities



Image Source: <https://www.bioworld.com/articles/435879-senate-help-committee-considers-telehealth-after-pandemic>

Literature review

- PubMed, Scopus

Interviews with three health system administrators

- NC, VA, MN

Supplemental research

- Reputable sources outside of databases



What is Telehealth?

“The remote delivery of health care to a patient through technology⁴”

Synchronous: Live communication (via phone or video)

Asynchronous: Exchange of information when not connected at the same time, also referred to as *Store and Forward*

Remote Patient Monitoring (RPM): Collection and transfer of information specifically for tracking and monitoring of patients *without direct intervention required from provider*

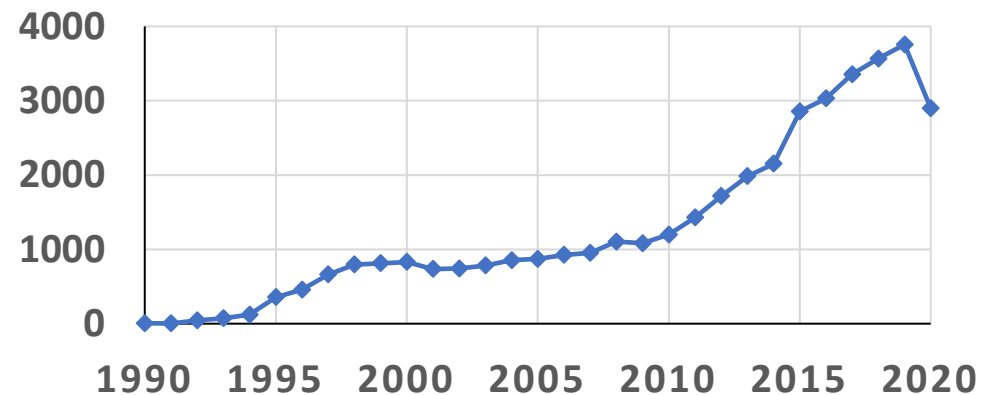
Efficacy

“There are so many patient experience studies indicating high satisfaction with telemedicine, that professionals in the industry accept it as fact²⁶”

- Improve access to care⁷
- Decrease costs⁸
- Satisfaction greater or equal to face-to-face visits²⁶

The Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) also confirm consensus citing research prior to COVID-19^{30,32}

**PUBMED SEARCH QUERY:
TELEHEALTH COUNT**

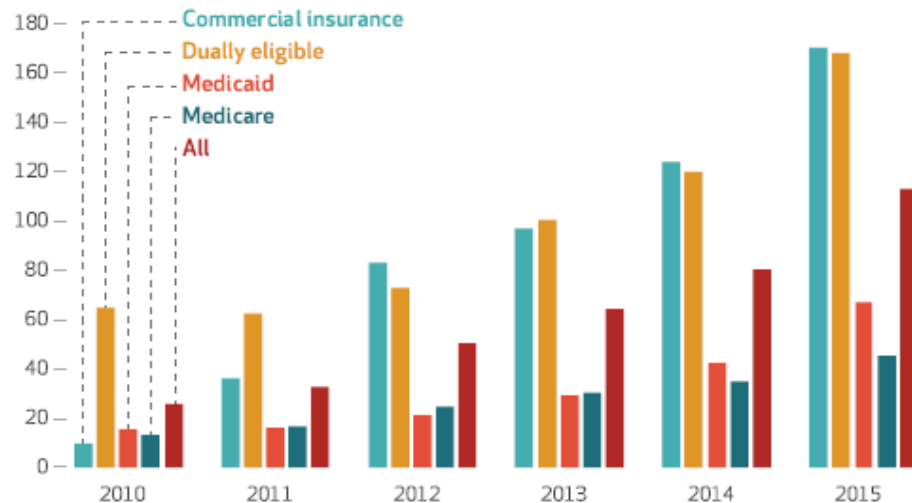


Total from 2016-2020:
16,601

Utilization Before COVID-19

Despite growing body of evidence, utilization and adoption remained low

As of 2013, only 50% of health systems reported having some form of telehealth⁴



Graphic is from study in Minnesota that analyzed the use of telehealth users per 10,000 enrollees¹⁵, this trend was similar across specialties and states⁴¹

Barriers to Adoption



- Security¹³ (technical, HIPAA, and consent related)
- Costs for adoption both in physical assets and training
- Staff and patient cultural norms/satisfaction
- Credentialing²⁶
- Technical issues
- Broadband access (health system and patient)
- Available partners/providers
- Regulations or policies³⁵
- *Reimbursement primary driver for lack of adoption³³*



Key Reimbursement Challenges

Telehealth synchronous care reimbursement rates are significantly lower in relation to face-to-face care with additional regulatory requirements⁴¹

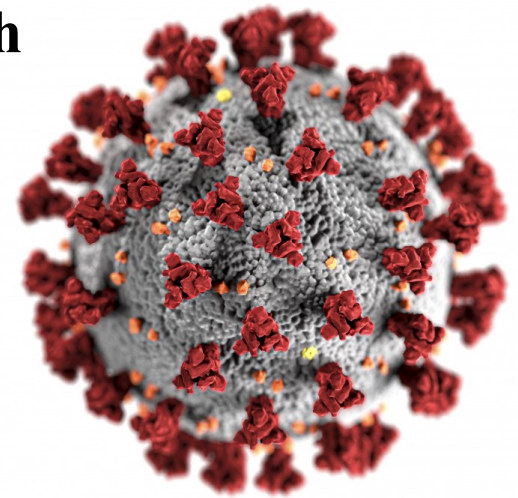
Regulations vary by state with multiple federal organizations providing oversight and policy development^{1, 14, 16, 38}

Cost-effectiveness and cost-structure research is limited in large part due to many newly developed technologies, unique applications based on healthcare specialty, and more complex cost structures with telehealth^{19, 26}

A general framework for evaluating telehealth effectiveness does not appear to be widely adopted (to include recent proposal by NQF and DHHS)^{19, 26, 42}

Policy Changes After COVID-19

- **CMS temporarily approved telehealth for 80 new services³⁶**
- **Both telephone and video to be reimbursed as if face-to-face***
- **Relaxed HIPAA enforcement regarding telehealth technology services, “good faith” enforcement**
- **Telehealth in-home vs designated areas**
- **Providers can practice across state lines**
- **Care can be provided to new and established patients**
- **Increased flexibility to adjust cost-sharing for telehealth visits³¹**





Utilization After COVID-19



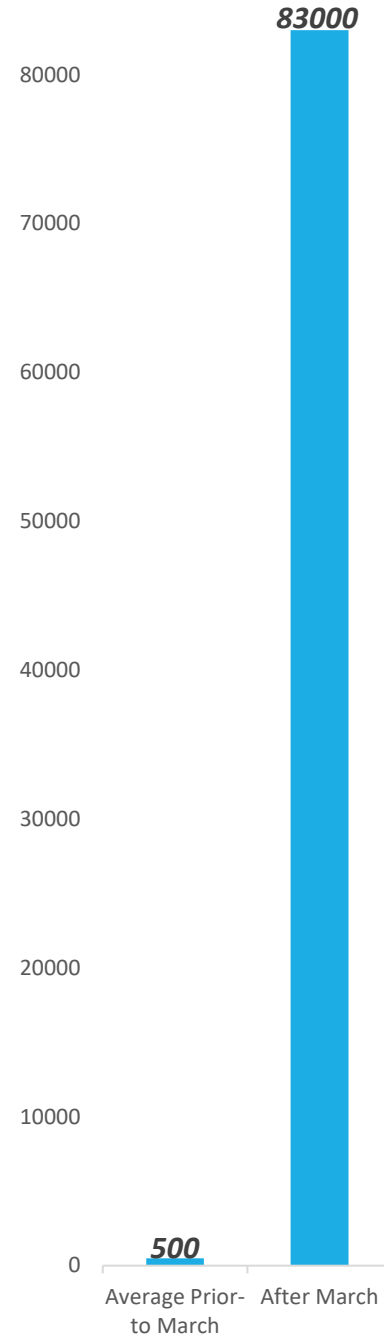
Provider

Health systems, independent practices, behavioral providers, and other rapidly scaled telehealth offerings to fill the gap between need and cancelled in-person care, and are reporting **50 – 175x** the number of telehealth visits pre-COVID.

57% of providers view telehealth more favorably than they did before COVID-19 and **64%** are more comfortable use it.

Adoption and utilization of telehealth services drastically increased with reimbursement cited as the primary driver for adoption^{27,28,34}

20% of all outpatient care ~\$250 billion³⁶



■ NYC Health + Hospitals Billable Telehealth Visits



Ongoing Challenges

Policy changes are *temporary* and tied to national emergency status

Reimbursement challenges persist even with changes

- Telephone reimbursement
- Asynchronous (text messages, secure messaging platforms)

Framework for evaluation of telehealth services especially asynchronous and RPM

Health systems are financially challenged with losses estimated at \$50 billion per month³⁷

Stakeholder Considerations

Policy Makers

State

Federal

Patients

Health Systems



**HIT Companies
&
Departments**

Researchers

**Payers/Insurance
Providers**

Image Source: <https://scottpublicrelations.com/capp-publishes-recommendations-for-telehealth/>

Questions



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