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

OVERVIEW
Project Purpose & Methodology
What is Telehealth
Efficacy
Utilization Before COVID-19
Barriers to Adoption
Reimbursement Challenges
Changes After COVID-19
Utilization After COVID-19
Challenges
Stakeholder Considerations
Purpose & Methodology

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

- 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 fact\textsuperscript{26}”

- Improve access to care\textsuperscript{7}
- Decrease costs\textsuperscript{8}
- Satisfaction greater or equal to face-to-face visits\textsuperscript{26}

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\textsuperscript{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 telehealth

Graphic is from study in Minnesota that analyzed the use of telehealth users per 10,000 enrollees, this trend was similar across specialties and states.
Barriers to Adoption

- Security\textsuperscript{13} (technical, HIPAA, and consent related)
- Costs for adoption both in physical assets and training
- Staff and patient cultural norms/satisfaction
- Credentialing\textsuperscript{26}
- Technical issues
- Broadband access (health system and patient)
- Available partners/providers
- Regulations or policies\textsuperscript{35}
- Reimbursement primary driver for lack of adoption\textsuperscript{33}
Key Reimbursement Challenges

Telehealth synchronous care reimbursement rates are significantly lower in relation to face-to-face care with additional regulatory requirements.$^{41}$

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 services

- 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 visits
Adoption and utilization of telehealth services drastically increased with reimbursement cited as the primary driver for adoption\textsuperscript{27,28,34}.

20\% of all outpatient care
\$250\textsuperscript{36} billion
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 month\textsuperscript{37}
Stakeholder Considerations

Policy Makers
  State
  Federal

Patients

Health Systems

HIT Companies & Departments

Payers/Insurance Providers

Researchers
Questions