

Telehealth During the Public Health Emergency

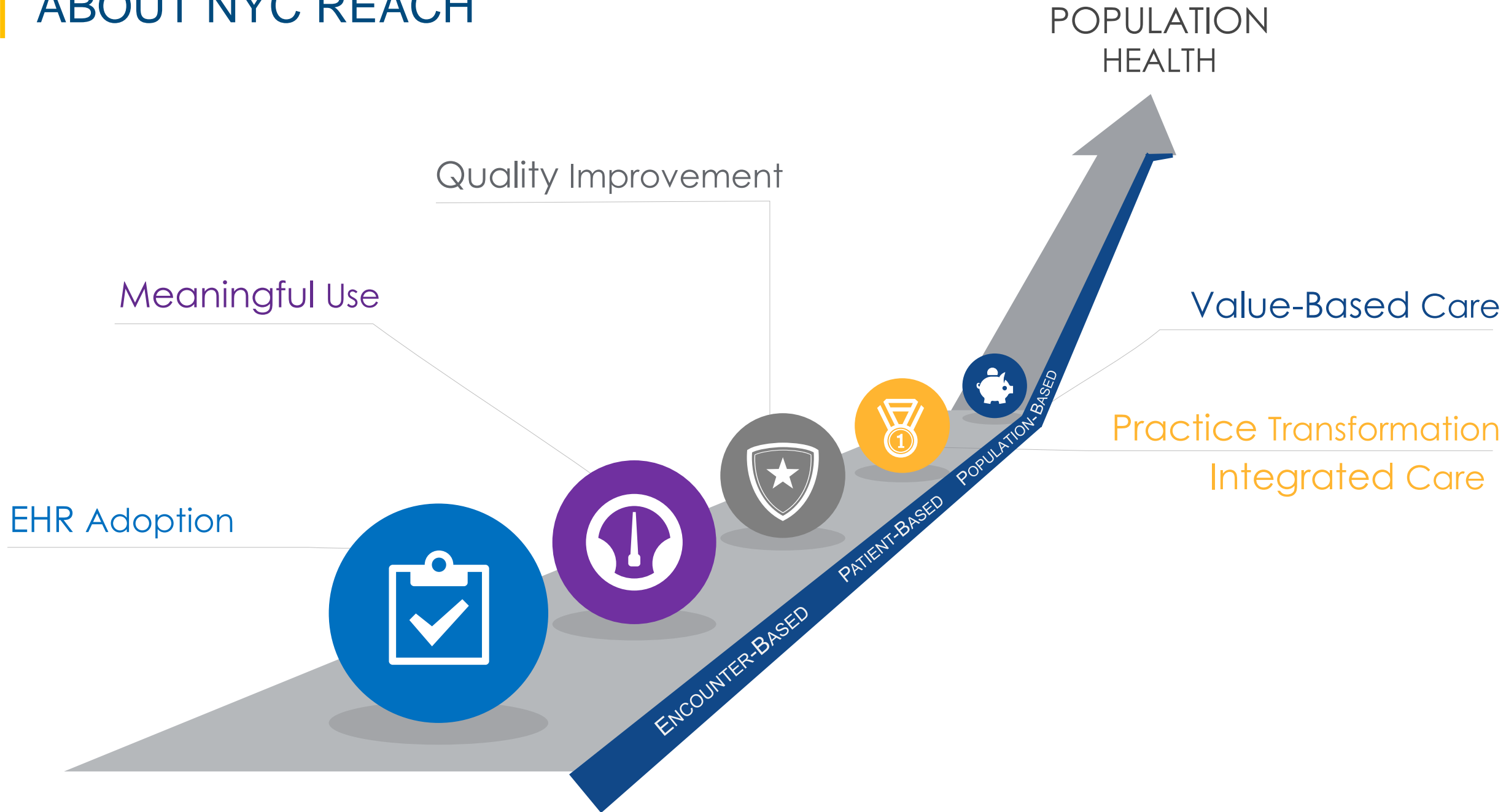
Updates and Lessons Learned

March 23, 2021

HOUSEKEEPING

- Due to the size of the audience, all participants will be muted
- Time has been allotted to answer questions at the end of the presentation; feel free to submit questions via *Chat* during the presentation
- Telehealth webinars will be hosted monthly; colleagues are encouraged to sign up for upcoming sessions

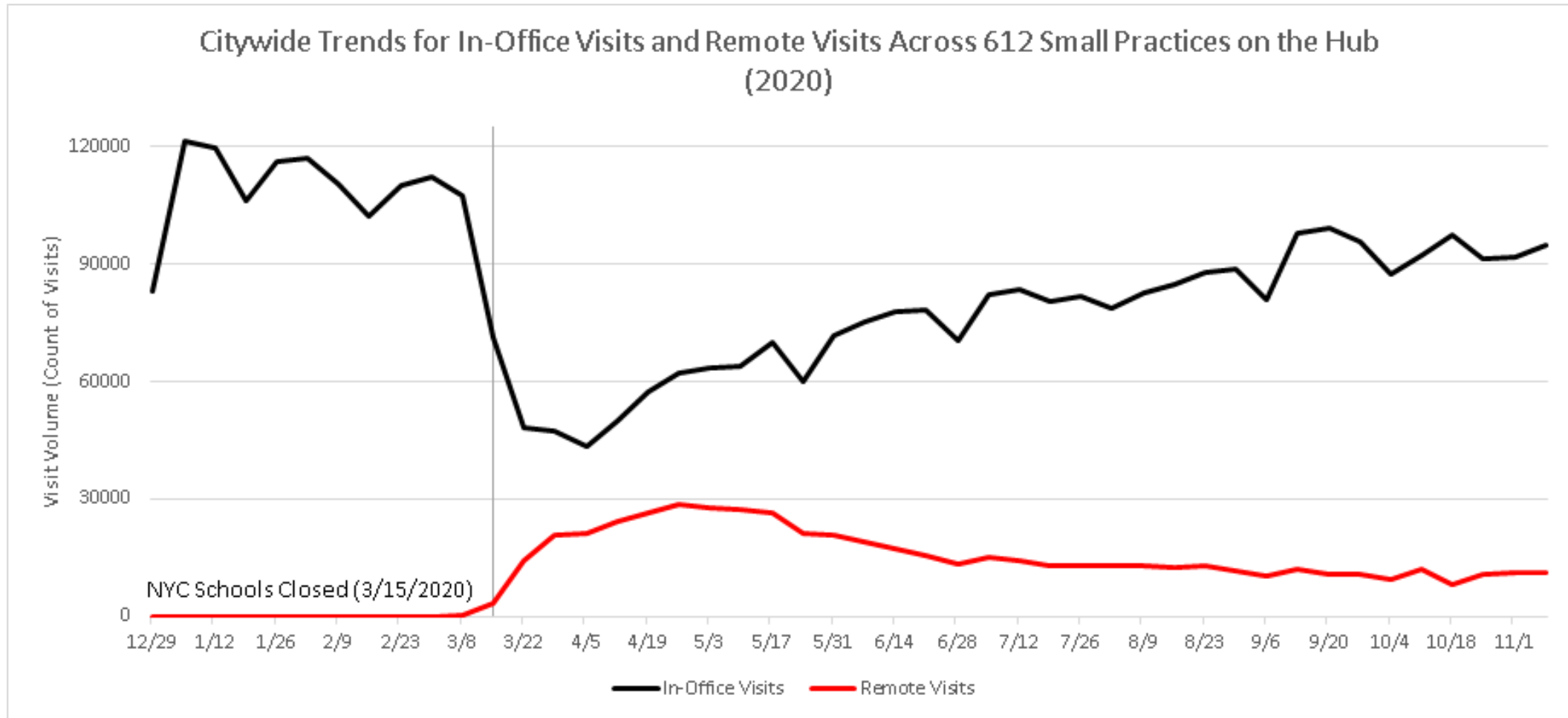
ABOUT NYC REACH



AGENDA

1. One Year of Telehealth: Looking Back
2. Policy & Reimbursement Current State & Financial Resource Updates
3. Preparing to Scale & Key Barriers
4. Provider Telehealth Case Studies
5. Questions & Wrap-up

NINE MONTHS OF TELEHEALTH: LOOKING BACK



THANK YOU FOR YOUR PARTNERSHIP

- Providers and practices throughout NYC have continued to partner with NYC REACH throughout the public health emergency
- The information you've shared through phone surveys, emails, and assessments has helped us to allocate resources and develop programming
- **Please stay in touch and look for emails and calls regarding opportunities and resources.** So far, our hyperlocal outreach to practice serving neighborhoods disproportionately impacted by COVID-19 has enabled us to assess practice status and disseminate resources:
 - Phone surveys
 - Email blasts
 - Needs assessments
 - Care Calls
 - Staff Vaccination Support

Policy & Reimbursement: Current State

TYPES OF TELEHEALTH

- **Audio-visual Telehealth:** Real-time electronic communication between providers and patients *outside of the healthcare facility*.
- **Telephonic Medicine:** Audio-only telehealth. Widens the opportunity to communicate with a healthcare provider through methods such as telephone calls. Virtual Check-in.
- **Electronic:** secure text messaging, EHR patient portals, email, and more.
- **Remote Patient Monitoring:** using electronic monitoring tools (e.g. BP monitors) to collect and review patient physiologic data

Note: Each method of communication has different requirements, billing codes, and reimbursement rates.

TELEHEALTH POLICY STATE OF PLAY

- Telehealth flexibilities are tied to federal and state public health emergency declarations
 - Federal through April 20, 2021 (extended every 90 days)
 - New York State through March 29, 2021 (extended every 30 days)
- Includes:
 - Expanded services available through telehealth
 - Loosened site restrictions
 - More providers eligible for telehealth reimbursement
 - Expanded reimbursement for audio-only modalities
 - Enforcement discretion for non-HIPAA compliant modalities
 - Waived cost sharing for certain telehealth services
 - Others

TELEHEALTH IN STATE OF THE STATE

- 2021 State of the State Address
- Proposals compiled based on “Reimagine New York Commission”
 - Eliminating site restrictions in Medicaid (patients and providers)
 - Continuing flexibilities around behavioral health enacted during COVID
 - Requiring commercial insurers to offer a telehealth program to members
 - Ensuring telehealth is reimbursed “at rates that incentivize use when medically appropriate”
 - Requiring providers to disclose to patients whether they provide telehealth services
 - Requiring insurers to provide up-to-date information in provider directories about which providers offer telehealth services
 - Launching a telehealth training program and continuing professional education curriculum
- **Require regulatory/legislative changes to be enacted**

CODING

| Payer | Audio-Video | Telephone | Patient Portal |
|------------------------------------|--|---|--|
| <i>Medicare</i> | New E&M: 99201 – 99205 Est E&M: 99211 - 99215 TCM: 99495-99496 Wellness: G0438 – 9 <i>Reimbursed at parity w/ in-person visit</i> FQHCs: G2025 after 7/1 (\$92) (Full list here) | Virtual Check-in: G2012 (\$17) Telephone E&M: 99441: 5-10 mins 99442: 11-20 mins 99443: 21+ mins (\$46-\$110) FQHCs: G0071 | E-Visit*: 99421: 5-10 mins 99422: 11-20 mins 99423: 21+ mins (\$17-\$58) FQHCs: G0071 |
| <i>Medicaid & Medicaid HMO</i> | New Pt E&M: 99201 – 99205 Est Pt E&M: 99211 – 99215** <i>Reimbursed at parity w/ in-person visit***</i> | Telephone E&M: 99441: 5-10 mins 99442: 11-20 mins 99443: 21+ mins (\$15-\$37)*** | Likely not covered |
| <i>Commercial</i> | Varies by plan; most will cover | Varies by plan; some will cover | Varies by plan |

*time can be accumulated over 7-day period

**most in-person services also payable through telehealth, excluding some preventive/procedures

***Capitated Managed Care arrangements not currently required to carve out telehealth encounters

FINANCIAL RESOURCES: DEPARTMENT OF LABOR

| Oversight | Program |
|------------------------------|--|
| Paycheck Protection Program | Resumed January 11, 2021 for “First Draw” (businesses new to PPP) Opened January 13, 2021 for “Second Draw” (businesses that have already borrowed once through PPP) – both open until 3/31/21 |
| NYS Department of Labor | General Unemployment Pandemic Unemployment Assistance (PUA) : extended through 9/6/2021 Shared Work Program : Expired 3/14/2021 |
| US Department of Labor | Emergency Paid and Family Leave : extended through 9/30/2021 |
| Health & Human Services | CARES Act Provider Relief Fund : closed 11/30/2021 |
| NYS Empire State Development | NY Forward Loan Fund : Low-interest small business loans – still open |

Preparing to Scale & Key Barriers

GET READY TO SCALE UP TELEHEALTH

Take the next few weeks to make sure you are:

- ❑ **HIPAA-compliant:** using a compliant video [vendor](#) & have a signed BAA
- ❑ **Getting paid:** Reconcile payments using a report from your EHR/PMS; update your [payment tracker](#)
- ❑ **Aware of your highest-risk patients:** consider [comprehensive risk factors](#)
- ❑ **Spreading the word:** [Inform your patients](#) about current telehealth services
- ❑ **Planning ahead:** Have a strategy for 2021 and document your written [workflow](#).
- ❑ **Identifying opportunities for self-monitoring:** Learn about opportunities to get [pulse oximeters](#), [BP monitors](#), and more for patients who can benefit
- ❑ **Aware of patient's access to tech:** Incorporate a short [questionnaire](#) to have awareness of who has a cell phone, internet, etc.

FINDINGS: KEY BARRIERS

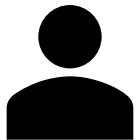


Providers

- How can I conduct a proper physical exam via telehealth? [California Telehealth Resource Center Physical Exam Resources](#)
- Audio-video implementation has been an uphill battle. Is it worth it?

Regarding video: *"There's never an instance where an audio visit would be better than an audio and video visit,"* said Judd Hollander, MD, who directs the telemedicine program at Thomas Jefferson University in Philadelphia. *"That being said, a phone call virtually always works and a video visit can have all kinds of hiccups."*

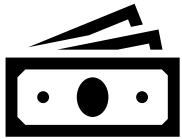
<https://www.medpagetoday.com/practicemanagement/telehealth/87531>



Patients

- Many patients lack technology, data, wifi for video visits. What can we do? Consider DOHMH iPads, Assurant and Lifeline programs
- Patient perceptions of telehealth quality relative to in-person visits

FINDINGS: KEY BARRIERS



Payment

- Should we be getting paid for preventive visits?
- What are the most updated [Medicare services](#) & which can I conduct by phone?
 - Advance Care Planning, Depression Screening, Alcohol Screening, Tobacco Cessation Counseling
- What should I be thinking about for 2020 HEDIS?
- Is it worth submitting telehealth visits for patients covered under capitation?

Provider Case Studies

CASE STUDY 1: SOLO PEDIATRIC PROVIDER



Location: Jamaica, NY

Specialty: Pediatrics

Size: 1 MD, 3 support staff



Telehealth Visits Before COVID-19: None

Telehealth Vendor: doxy.me

Overall Strategy: Highly recommend video visits wherever possible to most patients, want to keep this around, if possible, for the long-term



Success Story: Within four weeks, was able to make *over 75% of telehealth visits through video*; implemented Medical Assistant pre-call to replace intake/rooming/screening/registration process

Current Barriers: patient WiFi availability and speed, continuous need to re-prioritize who should be seen in-person vs. telehealth, closing the loop on labs ordered

CASE STUDY 2: SEVEN-SITE MULTI-SPECIALTY GROUP



Location: Queens & Long Island

Specialty: Multi-Specialty

Size: 36 Providers



Telehealth Visits Before COVID-19: None

Telehealth Vendor: Google (with BAA)

Overall Strategy: Proactively convert pre-scheduled in-person to telehealth; highly recommend video for urgent needs; deliver updates via website



Success Story: Improved continuity of care & communication with patients, including a significant number of our older patients, many of whom have engaged with telephonic care. Implementation of 'hybrid visit' model

Current Barriers: Promotion of Audio-visual encounters, reimbursement concerns for future. implementing audio-visual encounters for annual well visits. Limited number of providers available to deliver hybrid visits. Older patients' technology barriers.

Questions?

QUESTIONS?

- Please submit questions through the chat box
- Questions that are not answered due to time constraints will be answered during the follow-up email

URGENT: ENROLL IN THE NYC COVID-19 VACCINATION PROGRAM

Facilities planning to offer the COVID-19 vaccine must enroll in the NYC COVID-19 Vaccination Program.

- **To enroll, facilities must complete the provider agreement in the online Citywide Immunization Registry (CIR).** View the instructions to sign the COVID-19 Vaccination Program Provider Agreement [here](#). Only one form is needed per facility.
- **If you are not yet enrolled with the CIR, begin the enrollment process now.** Visit NYCREACH.org to read this [fact sheet](#) for enrollment steps
- **Need help with your CIR password?** Contact cir-reset@health.nyc.gov

COVID-19 VACCINE QUICK LINKS AS OF 3/8/2021

- Eligible New Yorkers can use this new tool to find a COVID-19 vaccine appointment: www.nyc.gov/vaccinefinder. Or call 877-VAX-4NYC, (877)-829-4692.
Note: This tool works in all browsers, except Internet Explorer.
- Click [here](#) for guidance from NYC DOHMH regarding vaccines as well as resources for patients and providers. Review NYS vaccine eligibility [here](#).
- For questions regarding the vaccine, please call the Provider Access line at 1-866-692-364. To check your enrollment status in the NYC COVID-19 Vaccination Program, email nycimmunize@health.nyc.gov.
- Please send questions related to specific COVID-19 vaccine orders to COVIDVax@health.nyc.gov.

NEXT STEPS

- You will receive an email tomorrow afternoon with additional resources, **as well as a follow-up survey. Please complete the survey to help guide future webinars in this series**
- **Look for our weekly Practice Pulse emails with resources, updates, and tips related to COVID-19 response**
- Check NYC DOHMH COVID-19 updates at <https://www1.nyc.gov/site/doh/covid/covid-19-providers.page> and NYC REACH events and resources at <http://www.nycreach.org>
- Contact nycreach@health.nyc.gov or your NYC REACH facilitator with additional questions

Thank You!

