

Going ‘Virtual Service’ – Reaching Consumers Where They Are At With Telehealth & More

The Coalition for Behavioral Health Business Recovery Initiative



Presented by Joe Naughton-Travers, Senior Associate, *OPEN MINDS*

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Agenda: The Focus Today – Telehealth Past, Present & Future – An Overview

- Pre-Crisis Telehealth
 - Utilization
 - Regulation
 - Perception
- Telehealth Today
- Strategic Implications

Disruption By Crisis

Management = Addressing the urgent needs of the present.

You need to make immediate choices and allocate resources. The pace is fast and actions are decisive.

Leadership = Guiding people to the best possible eventual outcome over this arc of time.

Your focus needs to be on what is likely to come next and readying to meet it. That means seeing beyond the immediate to anticipate the next three, four, or five obstacles.

1. Disruption theory applies, but the timeline is different – it's immediate!
2. The good news – every crisis has an arc – a beginning, a middle, and an end.
3. The challenge – not all organizations will survive – some will fold.
4. Largely dependent on the actions of executives.
5. Requires executives to both lead and manage.



1. Pre-Crisis Telehealth

The Telehealth Market Before COVID-19

Surveys said:
The trend to telehealth was well established

1. A 2019 survey of 600 health care providers found
 - 41 percent were using telemedicine technology survey
 - 34 percent were in the process of deploying virtual care services
2. The American Hospital Association reports that 76% of hospitals were offering virtual care
3. A reported 9.6% of health care consumers have used telehealth in lieu of a physician's office, urgent care or emergency room visit in the last 12 months, but 75% of consumers who have yet to try telehealth want to try it
4. According to a National Institutes of Health telehealth survey, between 94-99% of consumers ranked their experience with telehealth as “very satisfied,” with 30% noting it as being preferred over an in-office visit
5. Only 1% of seniors have ever had an online physician's visit — yet 52% of seniors are willing to have a telehealth visit
6. Total addressable market for non-emergency telemedicine visits in the United States is estimated at 400+ million, approximately one-third of the \$1.25 billion annual U.S. ambulatory care visits

It Takes A Crisis

- North Carolina's Novant Health
 - Video visits have gone from 200 a week to more than 12,000 a week
- UC San Diego Health
 - More than half of primary care visits are now conducted via telehealth, up from 6%
- New York University's Langone Medical Center
 - Went from 20 virtual care clinicians to 1,300 over a few days and is now conducting more than 70% of its visits virtually
- Banyan Medical Systems (virtual-care provider organization that partners with nearly 800 hospitals)
 - 900% increase in consumers using telehealth services

The national network of 36 independent BCBS companies announced 4/16/20 that it would boost connected health coverage for the next 90 days, in response to COVID-19. This will include waiving cost-sharing for telehealth services for fully-insured members and applies to all in-network provider organizations and clinically appropriate services.



2. Telehealth Today

Telehealth Rules & Updates

1. CMS expands covered telehealth services retroactive to March 6, 2020 via an 1135 Waiver:
 - Allows Fee For Service telehealth coverage at same rate as in-person services
 - Covers the providing of telehealth services for CRNP's, PA-C's, Licensed Social Workers, Clinical psychologists and Registered Dietitians
 - Excludes prior/established relationship requirements for new consumers
2. During the COVID-19 Emergency Declaration, made on March 13, 2020, home-based telehealth services can be provided via consumer-facing communications technology
 - Ex. FaceTime, Skype, using a smartphone
3. No HIPAA penalties for practitioners who use consumer-grade telecommunications technologies in good faith during the emergency period
4. Interstate services are now permitted, subject to payer credentialing
5. Distance site professionals now include: physicians, CRNP/PAs, clinical psychologists, social workers, dietitians and nutrition professionals
6. No Federal penalties for waiving or reducing cost sharing obligations such as co-payments and deductibles
7. Virtual check-ins and e-visits now permitted with established consumers

Medicare Further Expands Telehealth Access For Long-Term Care, Hospice & Home Health Benefits

- March 30, 2020 — Centers for Medicare & Medicaid Services (CMS) announced temporarily expanded access to telehealth services for Medicare beneficiaries nationwide
 - Permits those receiving services where they live, including residents of nursing homes or assisted living facilities, and those receiving home health or hospice benefits
- If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected/confirmed COVID-19, and the beneficiary needs skilled services, the beneficiary will be considered homebound and will qualify for the Medicare home health benefit for telehealth
- During the COVID-19 emergency, Medicare is allowing telehealth to fulfill many face-to-face requirements for clinical professionals to see beneficiaries in inpatient rehabilitation facilities, receiving hospice services, or receiving home health
- Medicare will cover more than 80 additional services provided via telehealth technologies
 - Emergency department visits
 - Initial nursing facility admission and discharge visits
 - Home visits

Telehealth – Commercial Plans

- President Trump called for all insurance companies to expand and clarify their policies around telehealth
- Multiple payers, like Aetna, announced they will waive copays for telemedicine visits
 - Includes mental health services
- Insurers such as Cigna have opened 24-hour hotlines to connect consumers to clinicians
- Insurers, including Blue Cross Blue Shield, Anthem, and Cigna are looking for ways to expand digital mental well-being

\$1.3 Billion To Health Centers For COVID-19 Response, Can Be Used For Telehealth

1. On April 8, 2020, the U.S. Department of Health and Human Services awarded \$1.3 billion to health centers funded through the Health Resources and Services Administration (HRSA) to provide COVID-19 response services
2. CARES Act funding is in addition to \$100 million awarded to HRSA-funded health centers on March 24, 2020
3. Awards can be used to
 - Address COVID-19 screening and testing needs
 - Acquire medical supplies
 - Including personal protective equipment (PPE)
 - Provide safety education
 - Boost telehealth capacity to respond to the COVID-19 pandemic
4. 1,381 HRSA-funded health centers serve about 28 million people through 13,000 service delivery sites
5. Look-alikes are not eligible for funding

Telehealth Benefits & Grant Programs

1. Telehealth Network & Telehealth Resource Centers Grants
 - Reauthorizes Health Resources and Services Administration (HRSA) grant programs that promote telehealth technologies
 - \$29M of additional grant funding for fiscal years 2021-2025
 - Extends grant periods from three to five years
2. EIDL Loans
3. Entrepreneurial Development Grants
 - Supports training programs for Associations supporting the management and practice of Telehealth
4. Economic Stabilization Fund
5. SBA Express Bridge Loans
6. State Based Lending & Grant Programs per Title V-Section 5001

The Big Question:

What will happen
after the crisis?

1. Virtual is the “new normal”
 - What really needs to be done ‘face to face’
2. Demonstrated clinical efficacy of telehealth
 - Lingering doubts about telehealth utilization have been dispelled
3. Current crisis has legs: The expectation of a rapid return to pre-COVID life is not happening
4. Aggressive new competition from existing health and human service organizations
 - Much like ‘online universities’, there is a new market and the need for telehealth technology to be agile is clear
5. Expect little regression on regulations with the exception of HIPAA
 - Expect a need for technology to be HIPAA compliant
6. Prepare for a new paradigm

Virtual Service Delivery & Virtual Operations Checklist

1. Build your telehealth capacity – installing and expanding virtual delivery capacity
2. Operate a virtual organization – ‘best practice’ remote management

Telehealth Capacity – Economy & Efficiency

1. Opportunity to add new lines of care outside the ‘brick and mortar’ setting
2. Reduced travel time increases ability to see more consumers
 - Especially in rural settings
3. Increased access to ambulatory care,
 - Potential to reduce hospitalization and ER utilization
 - Especially for vulnerable populations, SMI
4. Ability to expand hours beyond normal times of business
 - Increase utilization of 24/7 service array
5. Scalable technology and applications with a growing ROI
6. Supports value-based reimbursement for integrated care and use of technology
7. Waitlist management, more efficient access to care
8. Improved convenience for consumers and provider organizations
9. Improved access to specialty provider organizations
10. Ability to track care continuum

The Evolving Marketplace For Online Counseling Services

- **Well-financed and growing competitors**

- Talkspace and other e-counseling service are becoming prime destinations for people seeking counseling ~65% growth since mid-February.
- Cerebral.com and others are moving into the psychiatry space with flat monthly fees for consultation and meds.

- **Enhancing the consumer experience for high levels of satisfaction**

1. Immediate enrollment
2. Designed for the mobile native or “on the go” consumer
3. Multiplatform – text, video, audio
4. Client/therapist matching via IBM Watson
5. Contact with therapist on first visit for orientation
6. Pay in advance billing – lower cost point
7. Removes stigma

Keys: Operate A Virtual Organization – ‘Best Practice’ Remote Management

1. Provide and set up equipment.
2. Test virtual connectivity in advance of needing remote management.
3. Assure in-home connectivity.
4. Craft a new communication plan.
5. Plan for supervision and performance management.
6. Combine remote management plans with general disaster recovery plans.

Steps & Consideration To Installing & Expanding Virtual Delivery Capacity

1. Develop a service plan.
2. Survey and confirm the reimbursement landscape.
3. Review all licensure, credentialing, and certification requirements.
4. Review IT system for compatibility/select new interoperable EHR technology.
5. Develop and follow an implementation plan.
6. Plan for staff training and development.
7. Create a support and monitoring infrastructure.
8. Enroll individuals into virtual care and implement.

Step 1:

Develop a service plan

1. Review current service lines that can become virtual.
2. Review new service lines made viable via telehealth.
3. Consider current populations served.
4. Consider new markets to be served and potential for increased commercial access.
5. Define capacity and expectations of new services.
6. Establish revenue goals to assure ROI.
7. Consider alternative scheduling practices.

Step 2:

Survey and confirm the reimbursement landscape

- Evaluate primary payers' telehealth utilization and payment—these can vary greatly:
 - Medicaid is regulated at a state and federal level.
 - Medicare and VA are federally regulated.
 - Commercial insurance varies by plan.
- Check for reimbursed service lines
- Create contracts where possible.

Step 3:

Review all licensure, credentialing and certifications requirements

- Cross-check all payer entities
- Assure you meet or update your human resources to ensure your providers meet payer policy requirements, including:
 - Provider type/specialty
 - Required licenses
 - Required certifications
 - Necessary credentialing
 - Place of service requirements.

Step 4:

Review IT system
for
compatibility/select
new interoperable
EHR technology

Are you IT ready? Check the basics such as broadband access and physical space, and also:

1. EHR capability review
2. Remote access to EHR
3. Mobile devices for clinical staff
4. Centralized electronic scheduling
5. Ability for integrated care
6. Access to 24/7 self help and other treatment technology
7. Clinical professional locations
8. Productivity monitoring
9. Interoperability with other EHRs
10. Web and mobile applications.

Is the platform intuitive?

Does it adapt to current technology?

Step 5:

Develop an implementation plan

1. Create a timeline.
2. Identify the driver.
3. Evaluate your budget.
4. Determine your IT partner
5. Buy/lease or build the best system or upgrade as you can afford.
6. Account for installation time.
7. Build testing into your plan—test, test, test!
8. Know your ROI.
9. Set performance metrics.

Step 6: Staff development

- User frustration linked to employee and consumer satisfaction.
- Train, then over train staff.
- Cross train where possible.
- Assure staff can work with client population to resolve basic 'glitches.'

Step 7:

Create a support, monitoring, and risk assessment infrastructure

1. Have an accessible IT department to efficiently resolve glitches
2. Utilize best practice guidelines
3. Create new supervision model, telehealth specific
4. Assure HIPAA compliance
5. Consider certification (e.g. URAC)
6. Create risk management policies
7. Update policies and procedures to reflect telehealth.

Step 8:

Enroll individuals
into virtual care
and implement

1. Focus on customer service
2. Educate individuals
3. Level set expectations
4. Assure clients have access to Wi-Fi and proper technology
5. Create an easy to follow 'how to' guide
6. Continuously assess consumer satisfaction.



3. Strategic Implications

Increased Competition for Services

- Geography no longer matters when using telehealth and other virtual services.
- New competitors are rapidly entering the market with an array of service models and competitive price points.
- Your marketing efforts need to clearly differentiate your provider organization from competitors, and it needs to be easy for consumers to find you online and select you for services.

Virtual Revenue Generation Checklist

1. Build a successful on-line presence (and strategy) by prioritizing key objectives, audiences, and channels
2. Assess changes needed in web presence to support driving volume in virtual services
3. Enhance your on-line presence by improving the performance of your web site and other key digital channels (social media, online reviews, press releases/public relations, etc.)
4. Optimize your on-line presence and search engine optimization (SEO) by implementing a communications approach (written voice) tailored to your priority audience
5. Assure web site ADA compliance.

Blended Service Delivery Will Be The New Norm

- The future of service delivery is likely to be a blend of virtual and face-to-face services.
- Which consumers can effectively be served by telehealth? Which cannot?
- How should our clinical and administrative workflows be modified and streamlined to deliver the most consumer-friendly care?
- Virtual care models allow care teams to follow consumers anywhere, providing more touch points and continuous care.

Payment Models Are Likely To Change

- Bundled payment models or case rates are likely to become dominant for virtual and blended care models
- These payment models are also likely to include a shift from delivering only traditional behavioral health services
 - Shorter visits, not just traditional 50-minute services
 - Services on demand
 - Texts and other direct to provider communication.

Service
Expansion &
New Service
Lines Are
Possible.

- Telehealth makes it easy for organizations to expand geographically and to diversify populations and payers served
- Telehealth and virtual care models are a rich tool for care coordination services, health homes, and specialty medical homes
- Telehealth and other virtual care options open the door to new services that can be developed and marketed.

Examples of Virtual Care Capacity in Health & Human Services

Services in Skilled Nursing Facilities – providing assessments and on-demand behavioral health services

Emergency Room Triage Services – providing on-demand access in emergency departments for psychiatric evaluations for individuals experiencing a behavioral health crisis

Screening Services for Opioid Dependency – supporting individuals with opioid use disorder in emergency departments or intensive care

Jail Diversion Programs – remote assessments and “virtual ride-alongs” with law enforcement officers through smartphones and tablets

Remote Patient Monitoring Programs – adjunctive assessment and therapeutic services to these automated services.

Your Technology Operations & Support Will Need To Be State of the Industry

- How do we ensure access to equipment and the internet for all staff and consumers?
- Does our core IT infrastructure ensure security and compliance?
- Do we have the IT staff to support virtual operations?
- Is telehealth and other virtual care embedded or interoperable with our EHR?

New Staff Competencies Are Needed

- Service delivery staff will need to be comfortable and competent in delivering virtual and face-to-face care
- How do we hire the right staff and train them in providing virtual care effectively?
- How do you manage home-based staff?
- Which staff do NOT work well from home?

Human Resource Considerations - #WFH*

- A study in the *Harvard Business Review* found people who work from home were less motivated than people who work in an office, even when they were given a choice to work from home versus the office. Worse yet, when given no choice but to work from home, individual motivation dropped an additional 17 points on the researchers scale.
- In discussing the transition from office based work to a full-time position with telehealth and telephonic visits a professional clinician said she is more stressed and working longer hours than when she was at the office.
- Extroverts are particularly stressed in work from home environments, they often find strategies like socializing with family and friends online and regular exercise improves their motivation.
- Not everyone is suited to work from home and developing strategies to maintain motivation and productivity will be a challenge in this new paradigm of care.

*Work From Home

Summary of Strategic Implications of Telehealth & Virtual Care

- Increased Competition for Services
- Blended Service Delivery Will Be The New Norm
- Payment Models Are Likely To Change
- Service Expansion & New Service Lines Are Possible.
- Your Technology Operations & Support Will Need To Be State of the Industry
- New Staff Competencies Are Needed

More Resources

1. [Medicare Telehealth FAQ](#)
2. [Full Listing of CMS CPT Codes for In-Person services now covered via Telehealth](#)
3. [COVID-19 & HIPAA Bulletin: Limited Waiver Of HIPAA Sanctions & Penalties During ANationwide Public Health Emergency](#)
4. [HIPAA, Civil Rights, and COVID-19](#)
5. [HHS Policy Statement on reduced waived amounts owed by beneficiaries for telehealth](#)
6. [Medicare telemedicine health care provider FAQ](#)
7. [New Federal Coronavirus Bill Waives Medicare Telehealth Restrictions](#)



Questions?

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www.openminds.com ■ 15 Lincoln Square, Gettysburg, Pennsylvania 17325 ■ 717-334-1329 ■ info@openminds.com