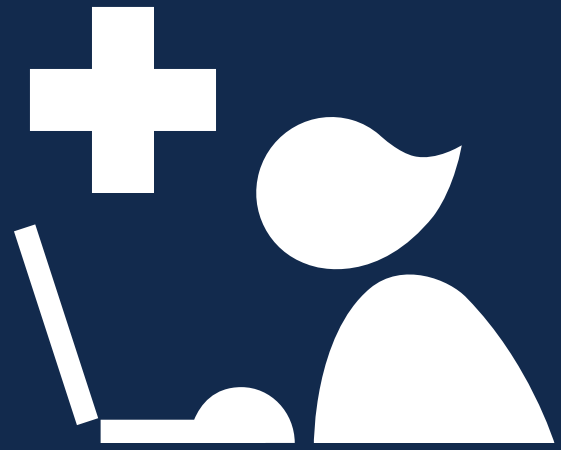
MARYLAND
Health Care
Commission



Telehealth

Maryland's Progress and Next Steps

DECEMBER 1, 2021

About MHCC

WHO WE ARE

- Independent State regulatory agency

WHAT WE DO

- One priority is promoting and diffusing health information technology (health IT) among health care providers in the State

HOW WE HELP

- Assess barriers to health IT adoption and propose solutions
- Foster health IT adoption and meaningful use
- Educate providers and consumers on the value of and best practices for using health IT

Before the Public Health Emergency

BARRIERS WERE LARGELY ATTRIBUTED TO:

- Restrictions on the location of the patient and distant site provider
- Implementation challenges, such as technology costs
- Limited reimbursement

During the Public Health Emergency

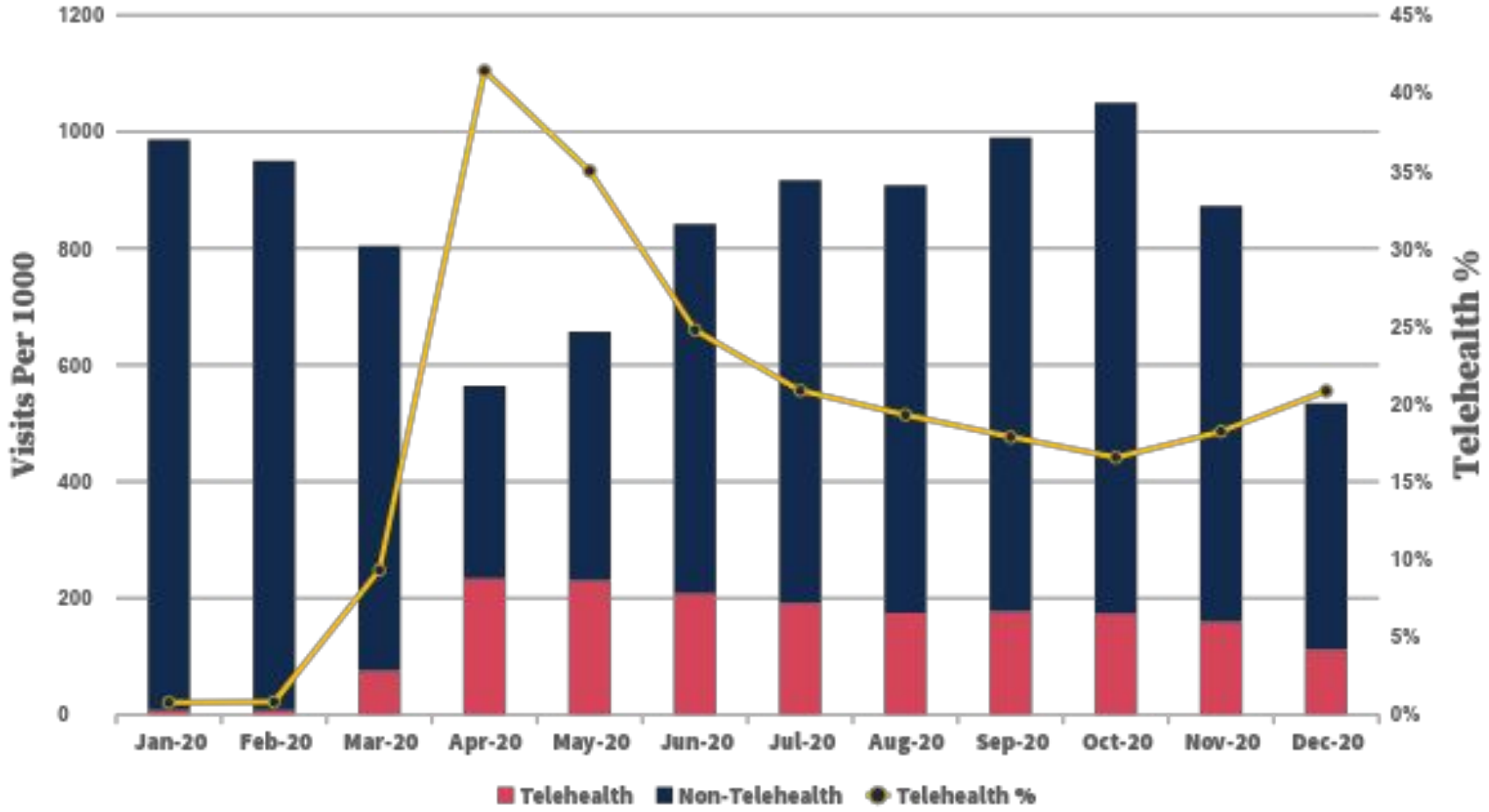
Providers implemented and scaled virtual care delivery to serve **50 to 175 times more patients** via telehealth

- Social distancing guidelines, stay at home orders, and other restrictions issued by individual states created unprecedented demand for telehealth
- Actions taken through State Executive Orders and federal waivers made telehealth an easier option for providers and consumers
- Changes in telehealth policy provided a mechanism for safe and uninterrupted care

Adoption

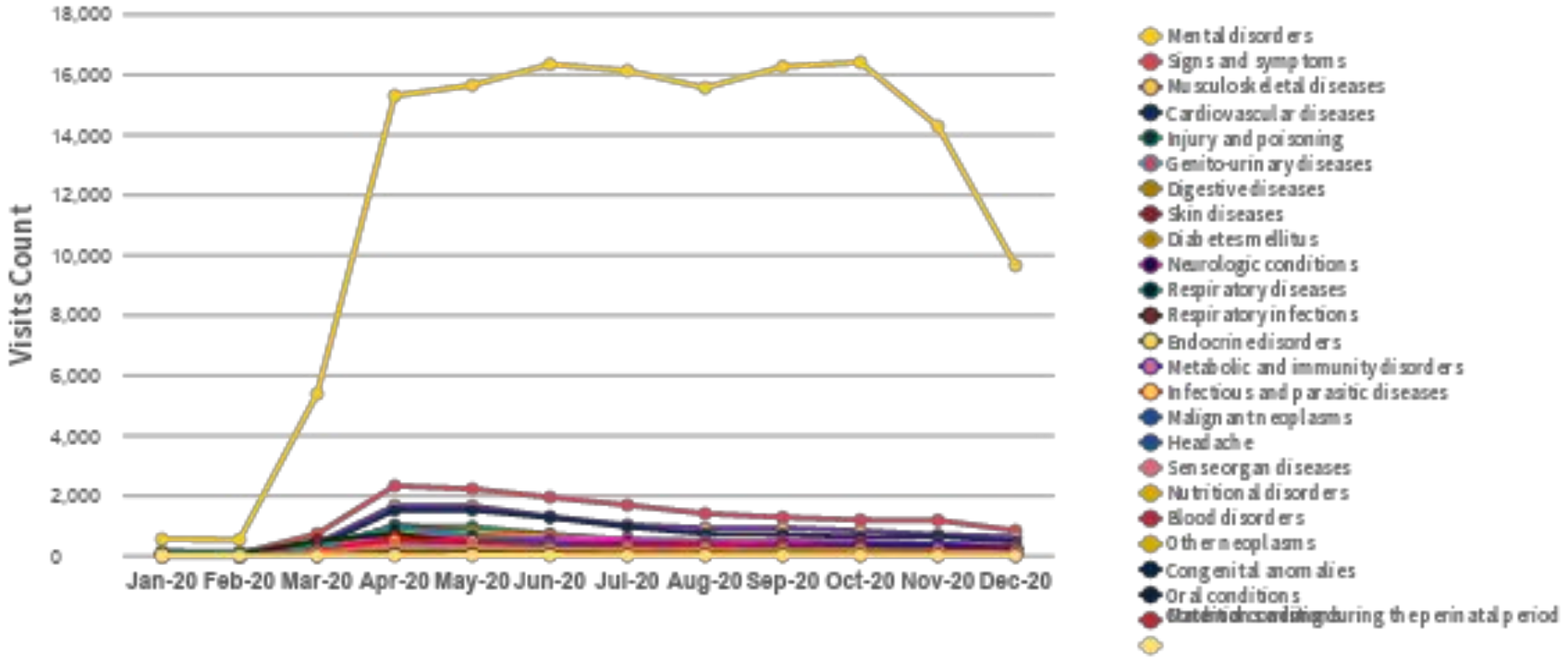
Maryland Telehealth Adoption Rates June 2020		
Provider Type	**Pre-PHE (%)**	**During PHE (%)**
Physician Practices	11	70*
Nursing Homes	9	75
Home Health Agencies	27	53
Hospitals	88	100
Notes: *Anecdotal data; hospital adoption was limited to select departments (e.g., tele-ICU) and was deployed across most specialties during the PHE		

Telehealth Visits Trend By Month



* *Excludes Kaiser data*

Telehealth Visits By Primary Diagnosis Classification



MENTAL HEALTH DISORDERS WERE THE LEADING DIAGNOSIS FOR TELEHEALTH VISITS BEFORE AND DURING THE PHE

Key Policy Changes

- Telehealth waivers (some variances across payers)
  - **Patient location** – lessening of geographical restrictions
  - **Licensing** – greater flexibilities to practice across state lines
  - **Patient-provider relationship** – redefined what constitutes a treatment relationship
  - **Eligible providers** – expanded provider types that can deliver telehealth services
  - **Types of services covered** – increased the number of services payable when furnished via telehealth
  - **Cost sharing** – patient obligation eliminated or reduced
  - **Technology** – temporarily permitted use of popular non-public facing applications (for video and text) to deliver telehealth services

HIPAA

- Enforcement discretion on the use of certain technologies for the good faith provision of telehealth services
- Providers may use popular non-public facing applications to deliver telehealth services
  - **VIDEO CHAT APPLICATIONS INCLUDE:** Apple FaceTime, Facebook Messenger video chat, Google Meet, Zoom, and Skype
  - **TEXT-BASED APPLICATIONS INCLUDE:** Signal, Jabber, Facebook Messenger, Google Hangouts, WhatsApp, iMessage
- Public-facing applications, such as Facebook Live, Twitch, and TikTok, are not permitted

Where Do We Go from Here?

- Staff convened a **TELEHEALTH POLICY WORKGROUP** (workgroup) in fall 2020 to discuss changes in telehealth policy implemented in response to the COVID-19 public health emergency (PHE)
- The workgroup deliberated on the benefits, unintended consequences, and permanency concerns of extending policies beyond the PHE
- The workgroup concluded that telehealth modalities in care delivery will remain a sought-after option post-PHE and recommended an approach going forward informed by data that examines value, cost, access, and quality of audio-only and video visits

Findings Deemed Relevant Across Multiple Policies

Policy 1: Removing telehealth restrictions on originating and distant site locations

Policy 2: Permitting audio-only when the treating provider determines it to be safe, effective, and clinically appropriate

Policy 3: Removing telehealth restrictions on conditio that can be treated

Policy 4: Removing telehealth restrictions on provider types

Policy 5: Reducing or waiving cost sharing for telehealth services through the end of the PHE or until December 31, 2021, whichever occurs last

1. Collect and analyze data to inform policy development
   a. An analysis of government and private payer data and provider data collected (e.g., value, cost, access, and quality) before, during, and after the PHE is needed to inform policy discussions to ensure recommendations are effective and evidence-based
2. Allow policy flexibility, where feasible, to remain in effect for a period after the PHE ends or the data analysis concludes
3. Assess the flexibility and financial impact on the Medicaid program

Policy 1 – Additional Findings

Removing telehealth restrictions on originating and distant site locations

- Standardize the definitions of originating and distant site to recognize any setting where care can be delivered based on consumer needs and preferences for telehealth services, provider clinical judgement, and guidelines on health, safety, and security
  - Expanding permissible care delivery sites for telehealth services helps address care access gaps in rural, vulnerable, and underserved populations

Policy 2 – Additional Findings

PERMITTING AUDIO-ONLY WHEN THE TREATING PROVIDER DETERMINES IT TO BE SAFE, EFFECTIVE, AND CLINICALLY APPROPRIATE

- Support greater State and federal telecommunications infrastructure investment in less-resourced communities and health care facilities to improve and ensure equitable access and use of telehealth

Policy 3 – Additional Findings

REMOVING TELEHEALTH RESTRICTIONS ON CONDITIONS THAT CAN BE TREATED

- Develop a consumer education strategy to improve awareness of telehealth as an option and when telehealth services are appropriate
- Adopt uniform telehealth use policies across all health care specialties including, but not limited to, somatic, behavioral health, and rehabilitation services to improve access and coordinated care

Policy 4 – Additional Findings

REMOVING TELEHEALTH RESTRICTIONS ON PROVIDER TYPES

- Allow licensed health care providers to treat patients using telehealth within their scope of practice based on consumer needs and preferences for telehealth services, provider clinical judgement, and existing guidelines on health, safety, and security
  - Expanding provider types helps address provider shortages and timeliness of care
  - Broadened access reduces hospital readmissions and emergency department utilization

Policy 5 – Additional Findings

REMOVING TELEHEALTH RESTRICTIONS ON CONDITIONS THAT CAN BE TREATED

- Collect and analyze data to inform policy development
  - Federal requirements on high-deductible plans may impact flexibility to make changes
  - Differing cost sharing requirements for an in-office visit versus a telehealth visit may have disproportionate effects on payers and consumers

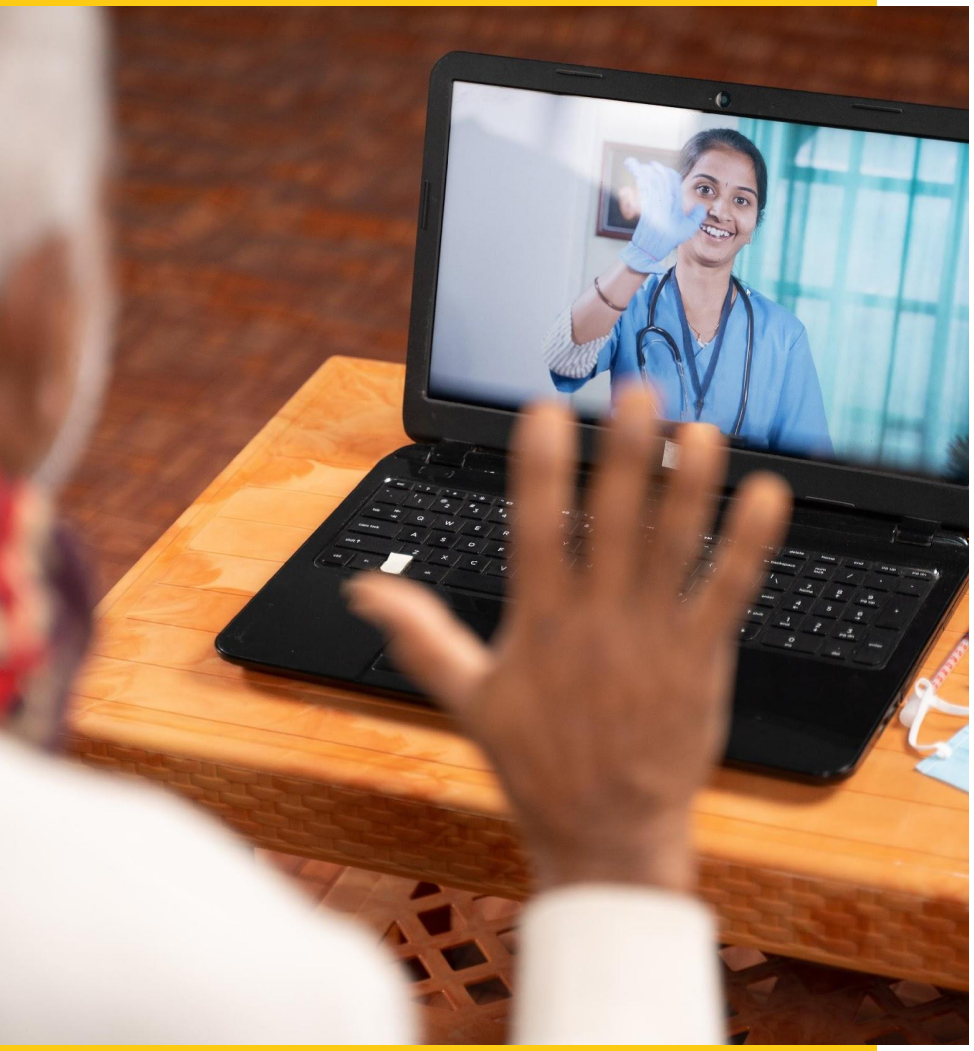
Policy 6 – Additional Findings

REINSTATING TECHNOLOGY STANDARDS THAT REQUIRE PROVIDERS TO USE HIPAA-COMPLIANT TECHNOLOGY, WHICH WERE RELAXED BY OCR DURING THE FEDERAL PHE

- Allow existing OCR telehealth enforcement discretion policies to sunset at the end of the PHE without State intervention, unless otherwise addressed through other OCR actions
- Assess the use of non-HIPAA compliant technology on privacy and security

Preserve Telehealth Access Act of 2021

- Chapter 70 (House Bill 123) and Chapter 71 (Senate Bill 3) of the 2021 Laws of Maryland requires MHCC in consultation with select State agencies to report on the impact of providing telehealth services taking into consideration both audio–only and audio–visual technologies
- A findings report is due to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2022 with recommendations on:
  - Coverage of telehealth services
  - Payment levels for telehealth services relative to in-person care



Telehealth Study – Key Dates

- JUNE 2021 – released a Request for Proposals to identify a contractor with subject matter expertise in telehealth and new models of integrated care, and proficiency in conducting quantitative and qualitative research
- SEPTEMBER 2021 – the National Opinion Research Center (NORC) at the University of Chicago was competitively selected to complete study activities

Study Components

- Conduct an analysis to identify:
  - Limitations and benefits of telehealth on disparities as it relates to health differences that are closely linked with social, economic, or environmental disadvantages with particular focus on access to care including primary care and behavioral health services
  - Uptake among different communities and patient populations Compare the effectiveness of telehealth and in-person visits on the total costs of care and patient outcomes of care

Study Components

- Study alignment of telehealth with new models of care that addresses:
  - Opportunities for using telehealth to improve patient-centered care
  - Health care services for which telehealth can substitute for in-person care while maintaining the standard of care, including use of remote patient monitoring for somatic and behavioral health care services
  - The impact of alternative care delivery models on telehealth coverage and reimbursement

Study Components

- Assess the efficiency and effectiveness of telehealth and in-person visits that includes:
  - Reviewing peer-reviewed research on the impact of different communication technologies on patient health including patient retention rates and reduced barriers to care
  - Reviewing resources required to sustainably provide telehealth services for the continuum of health care providers including private and small practices
  - Conducting a survey of health care providers as defined under § 15-141.2 of the Health General Article as enacted by this Act

Study Components

- Assess patient awareness of and satisfaction with telehealth coverage and care that includes:
  - The availability and appropriate uses of telehealth services
  - The privacy risks and benefits of telehealth services and strategies needed to navigate privacy issues
  - Barriers to care and levels of patient engagement that have been addressed by audio-only and audio-visual telehealth

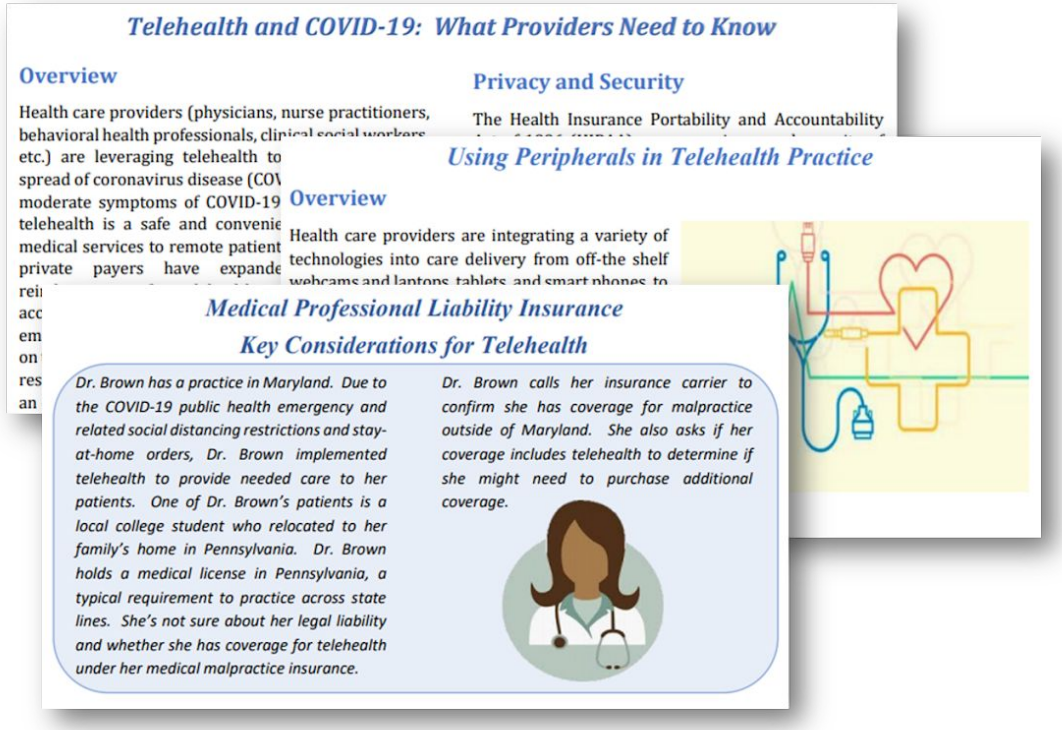
Study Components

- Review the appropriateness of:
  - Telehealth across the continuum of care ranging from virtual telecommunications services used for patient check-ins to in-person evaluation and management services as defined in the Berenson-Eggers type of service typology for somatic and behavioral health services
  - Inclusion of clinic hospital facility fees in reimbursement for hospital-provided telehealth
  - The use telehealth to satisfy network access standards required under§ 15-112(b) of the Insurance Article

Telehealth Initiatives and Resources

Telehealth Virtual Resource Center

FOR PROVIDERS



Telehealth and COVID-19: What Providers Need to Know

Overview

Health care providers (physicians, nurse practitioners, behavioral health professionals, clinical social workers etc.) are leveraging telehealth to spread of coronavirus disease (COV moderate symptoms of COVID-19 telehealth is a safe and convenie medical services to remote patient private payers have expande

Privacy and Security

The Health Insurance Portability and Accountability

Using Peripherals in Telehealth Practice

Overview

Health care providers are integrating a variety of technologies into care delivery from off-the shelf webcams and laptops, tablets, and smart phones to

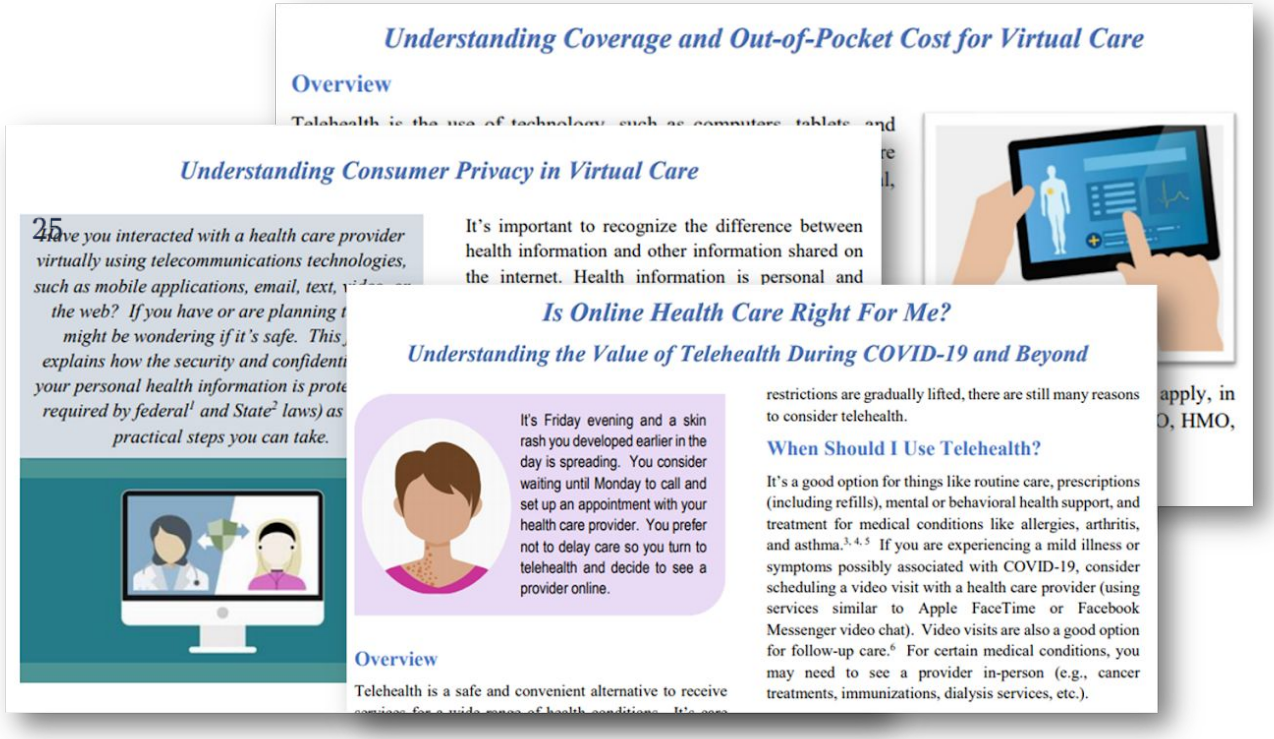
Medical Professional Liability Insurance

Key Considerations for Telehealth

Dr. Brown has a practice in Maryland. Due to the COVID-19 public health emergency and related social distancing restrictions and stay-at-home orders, Dr. Brown implemented telehealth to provide needed care to her patients. One of Dr. Brown's patients is a local college student who relocated to her family's home in Pennsylvania. Dr. Brown holds a medical license in Pennsylvania, a typical requirement to practice across state lines. She's not sure about her legal liability and whether she has coverage for telehealth under her medical malpractice insurance.

Dr. Brown calls her insurance carrier to confirm she has coverage for malpractice outside of Maryland. She also asks if her coverage includes telehealth to determine if she might need to purchase additional coverage.

FOR CONSUMERS



Understanding Coverage and Out-of-Pocket Cost for Virtual Care

Overview

Understanding Consumer Privacy in Virtual Care

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Have you interacted with a health care provider virtually using telecommunications technologies, such as mobile applications, email, text, the web? If you have or are planning t might be wondering if it's safe. This explains how the security and confidenti your personal health information is prote required by federal[1] and State[2] laws) as practical steps you can take.

It's important to recognize the difference between health information and other information shared on the internet. Health information is personal and

Is Online Health Care Right For Me?

Understanding the Value of Telehealth During COVID-19 and Beyond

It's Friday evening and a skin rash you developed earlier in the day is spreading. You consider waiting until Monday to call and set up an appointment with your health care provider. You prefer not to delay care so you turn to telehealth and decide to see a provider online.

Overview

Telehealth is a safe and convenient alternative to receive

restrictions are gradually lifted, there are still many reasons to consider telehealth.

When Should I Use Telehealth?

It's a good option for things like routine care, prescriptions (including refills), mental or behavioral health support, and treatment for medical conditions like allergies, arthritis, and asthma.[3, 4, 5] If you are experiencing a mild illness or symptoms possibly associated with COVID-19, consider scheduling a video visit with a health care provider (using services similar to Apple FaceTime or Facebook Messenger video chat). Video visits are also a good option for follow-up care.[6] For certain medical conditions, you may need to see a provider in-person (e.g., cancer treatments, immunizations, dialysis services, etc.).

Telehealth Readiness Assessment (TRA) Tool

- Inform practices on implementing telehealth or scaling up a current telehealth program
- Easy and practical way to determine a practice's readiness for telehealth
- Identify areas that need attention and prioritize areas for improvement

Key Telehealth Readiness Areas

- **CORE READINESS** – Need, benefits, and challenges associated with implementation
- **FINANCIAL CONSIDERATIONS** – Initial costs, sustainability, liability, insurance, and reimbursement
- **OPERATIONS** – Ability and willingness to make appropriate changes
- **STAFF ENGAGEMENT** – Practice team interest and engagement
- **PATIENT READINESS** – Patient readiness and interest

Telehealth Technology Vendor Portfolio

- Over 70 HIPAA-compliant telehealth vendors
- Select basic technology features, such as compatibility with medical devices and integrations with electronic health care systems
- Includes vendor user ratings on ease-of-use and overall product satisfaction

Thank You!

Maryland Heath Care Commission

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