

Mandated report: Telehealth observations from site visits and focus groups

Evan Christman, Andrew Johnson and Amy Phillips

October 5, 2017

Presentation outline

- Review of mandate
- Methodology
- Use of telehealth by health systems
- Perceptions and use among Medicare beneficiaries and primary care physicians
- Use of telehealth by Medicare home health agencies
- Discussion and next steps

MedPAC report mandated by Congress in the 21st Century Cures Act of 2016

By March 15, 2018, MedPAC shall provide information to the committees of jurisdiction that identifies:

1. The telehealth services for which payment can be made, under the fee-for-service program under Medicare Parts A and B; (September)
2. The telehealth services for which payment can be made under private health insurance plans; (October)
3. Ways in which telehealth services covered under private insurance plans might be incorporated into the Medicare fee-for-service program (including any recommendations for ways to accomplish this incorporation). (November)

Methodology

- Telehealth site visits (16): IN, VA, WA
 - 9 health systems & many other stakeholders
- Focus groups (12): IN, VA, WA
 - 29 physicians & 81 Medicare beneficiaries
- Home Health telehealth interviews (11)
 - Site visits to ME, NJ, PA & phone interviews
- *Disclaimer: Statements in this presentation are those of interviewees and were not independently verified by MedPAC*

Telestroke and other uses of telehealth in health systems

- Telestroke connects neurologist and stroke patient in ambulance via two-way video
 - Shorter time to treatment, improved outcomes
 - Local hospitals retain more patients
 - Generally no separate reimbursement
- Other emergent / inpatient uses
 - Heart attack and trauma patients
 - Connect to specialists for inpatient services
 - Psychiatry and other specialties

Telehealth connecting health systems to patients

- Pre- and post-inpatient use
 - Focused on reducing readmissions
 - Used only for conditions with a penalty
- Direct-to-consumer virtual visits
 - Systems compete to attract and retain patients
 - Staffed by vendor or dedicated set of clinicians
 - Low utilization, most users young and healthy
 - Behavioral health viewed as a good use of virtual visits

Other telehealth issues

- Rural initiation requirement a problem
- Some rural areas lack broadband access
- State laws requiring payment parity support telehealth expansion
- Additional administrative burden
 - Billing Medicare
 - Licensing clinicians in each state
 - Credentialing providers for each facility or plan

Beneficiary concerns about telehealth

- Vast majority were unfamiliar with telehealth, however, residents of rural areas were particularly interested
- Concerns:
 - Overwhelmed by technology
 - Unknown cost-sharing
 - Worries about invasiveness of technology: “snitch”/“big brother” attitudes towards RPM
 - Prefer “the hands-on approach”
 - Already have virtual access to their physician (i.e. emails and phone calls)
 - Physicians unfamiliar with a patient’s health history

Beneficiary perceptions of telehealth

- Opportunities:
 - To discuss lab results, ask questions, or check on a non-emergent problem
 - When transportation was not available
 - For prescription drug refills
 - For known, recurring problems
 - To avoid long wait times
 - For a behavioral health crisis
 - To avoid exposure to other sick patients
 - “That’ll save you a whole visit, a whole drive, a whole wait.”

Primary care physician perceptions and concerns about telehealth

- Generally positive but cautious outlook on telehealth; only one physician had personal experience using it
- Concerns:
 - Addition of virtual visits into already busy days
 - Remote patient monitoring as an “extra layer of care”
 - Changes the mix of patients
 - Integration with “cumbersome” EMRs
 - Liability and compensation
- Opportunities:
 - Flexible scheduling
 - Hospital avoidance with remote patient monitoring
 - Patient access to care
 - Medicare Annual Wellness Visits done via telehealth

Use of telehealth by home health agencies (HHAs)

- Medicare statute permits HHAs to offer telehealth
- Industry estimates indicate that about 20% of HHAs provide telehealth to some beneficiaries
- Most agencies are using remote patient monitoring (some experimenting with virtual visits)

HHAs target remote patient monitoring to beneficiaries at risk for re-hospitalization

- Agencies evaluated patients for telehealth as part of pre-admission screening
 - HHAs reported that 10 percent to 20 percent of caseload received service
- Clinical criteria varied among agencies, some used third party protocols, others developed in-house criteria
- Patients selected for the service received a tablet with peripherals (e.g. blood pressure cuff)

Agencies reported that telehealth lowers re-hospitalization

- Agencies contend that remote patient monitoring can improve patient self-care and avoid re-hospitalizations
- Impact on standard Medicare home health benefit less clear
 - Some agencies reported they made same number of face-to-face visits
 - Others were not certain whether remote patient monitoring changed mix or number of in-person home health visits

Summary of telehealth interviews

- Health systems
 - Telestroke, avoiding readmissions, connecting to specialists
- Direct-to-consumer
 - Apparent proliferation, little use by Medicare beneficiaries, concerns from physicians
- Remote monitoring
 - Reduced readmissions after hospitalization
 - Skepticism from non-user patients and PCPs

Discussion and next steps

- Clarifying questions about the site visits and focus groups?
- Any information missing that would be helpful to your discussion?
- Next: Private insurance telehealth activities