

# Monthly Meeting

October 16, 2020



California  
**Telehealth**  
Policy  
Coalition

# Agenda

Guest speakers <ul style="list-style-type: none"><li>• Avni Gupta, NYU School of Global Public Health</li><li>• Ann Nguyen, Rutgers Center for State Health Policy</li></ul>	25 min.
Education & Regulation Committee Update	10 min.
Legislation Committee Update	10 min.
Announcements and Resources <ul style="list-style-type: none"><li>• Annual Meeting Communications Request</li><li>• Upcoming Events</li></ul>	5 min.

# Today's guest speakers



Avni Gupta, BDS MPH  
PhD Student  
New York University School of  
Global Public Health



Ann M. Nguyen, PhD, MPH  
Assistant Research Professor and  
Implementation Scientist  
Rutgers Center for State Health Policy

# Strategies to Facilitate Telehealth Integration

**Survey of Primary Care Practices in New York City: April-July 2020**

*Presented to CA Telehealth Policy Coalition on October 16, 2020*

**Avni Gupta, BDS MPH**  
PhD Student, Public Health Policy and Management  
New York University School of Global Public Health

**Ann M. Nguyen, PhD MPH**  
Assistant Research Professor  
Rutgers Center for State Health Policy

# Background

## Potential for telehealth to continue

August 3rd executive order directed HHS to extend temporary measures beyond the public health emergency to make them permanent

CMS announced 2021 physician fee schedule – new telehealth billing codes, Medicare providers allowed to bill for home-based telehealth visits and for an expanded suite of telehealth services

## Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

Updated June 10, 2020

[Español](#)

[Print](#)



## Inside Look at Using Telemedicine During COVID-19 Pandemic

*Family Physicians Describe Their Experiences*

March 23, 2020 08:00 am [Chris Crawford](#) – As the number of cases of confirmed COVID-19 – the disease caused by the novel coronavirus SARS-CoV-2

## Will Telemedicine Become the New Normal for Primary Care?

COVID-19 may have triggered the transition

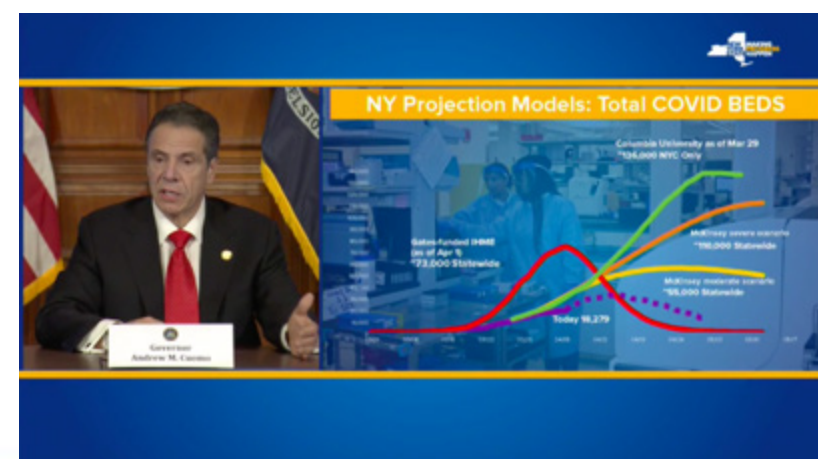
## IS VIRTUAL PRIMARY CARE THE NEXT BIG DISRUPTER IN TELEHEALTH?

BY [MANDY ROTH](#) | JUNE 26, 2020

# Pandemic in NYC

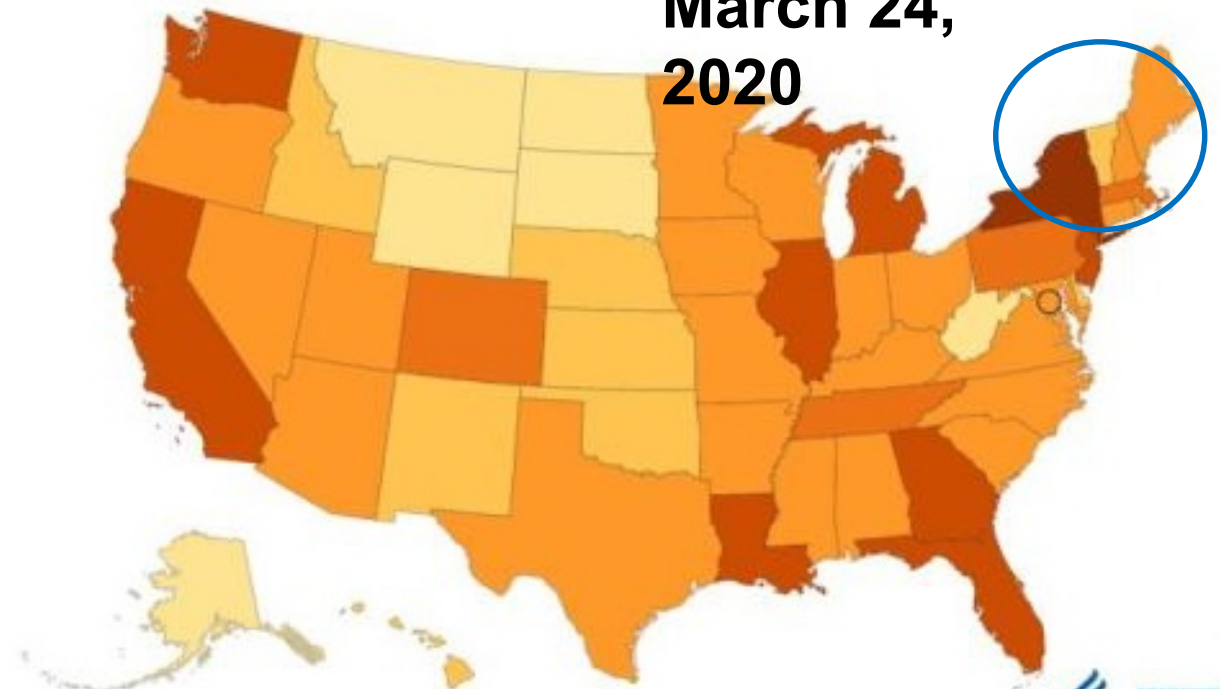
## Epicenter of COVID-19

- Nationally, telehealth grew 4,347% in the share of telehealth claims between March 2019 and March 2020
- In New York State, there was a 4,515% increase



## States Reporting Cases of COVID-19 to CDC\*

March 24,  
2020



Territories

AS

GU

MH

FM

MP

PW

PR

VI



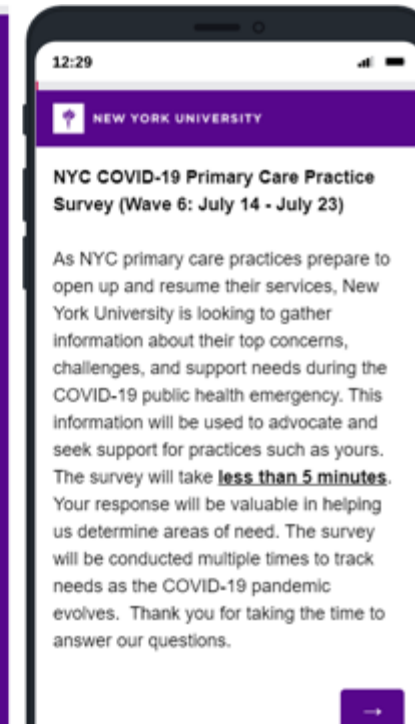
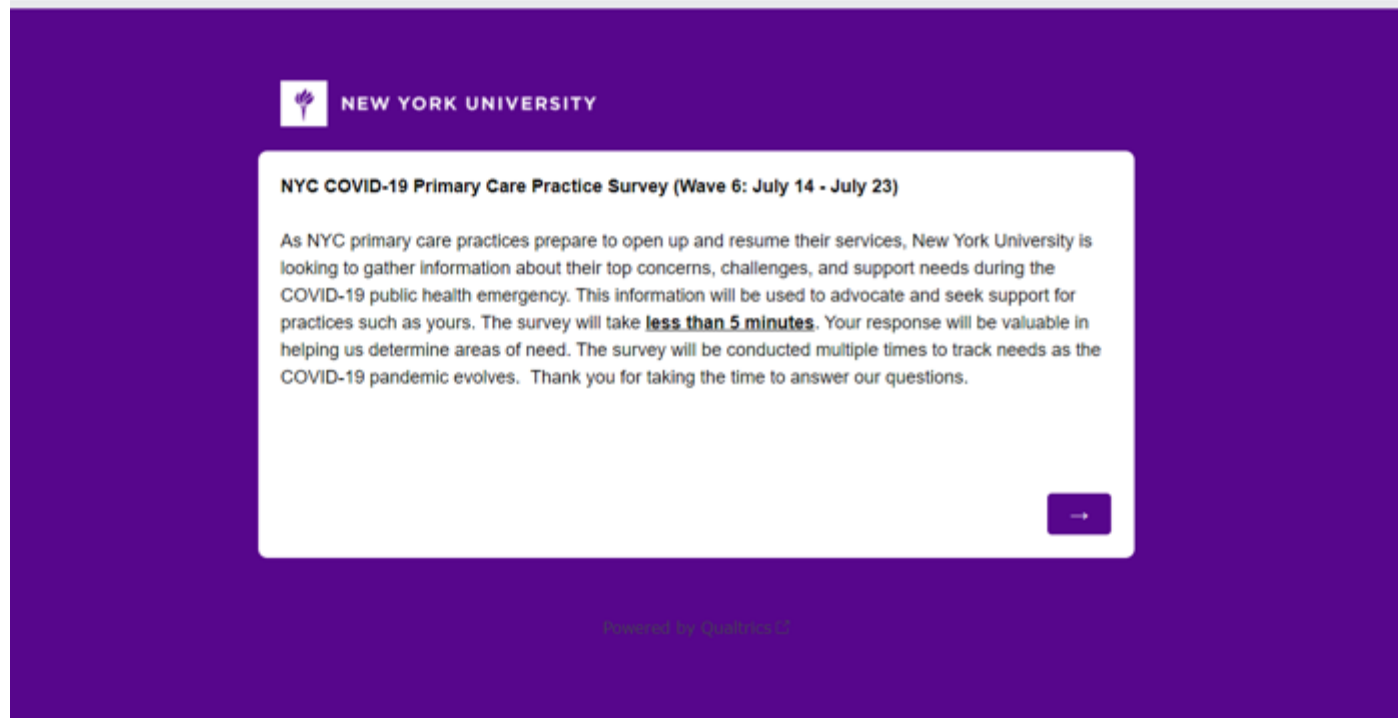
# Team

- **Research Team:** Carolyn Berry, Ji Chang, Avni Gupta, Alden Lai, Ann Nguyen, Donna Shelley
- **Collaborators:** Bureau of Equitable Health Systems at the NYC Department of Health and Mental Hygiene



# Surveys

**Aim:** To assess needs and responses to the COVID-19 pandemic among small NYC primary care practices



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# Methods

- Bi-weekly rapid response surveys (Wave 6 was 1 month after Wave 5)
- 6 Waves from April 10 to July 23
- The average survey response rate was 5% from an internal BEHS listserv of 5,300 primary care providers
- 84% of those who accessed the survey responded percent of with the highest response rate in Wave 1 (491 responses)
- Topics: impact, stressors, closures, telehealth barriers, reimbursements, chronic care management

# **Importance of telehealth**

***“Due to timely waivers by CMS and NYS DOH, telehealth is the only thing that helped reduce stress during COVID. And we hope it will stay permanently with us for better primary care delivery.”***



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# Surveys

- Mostly small independent practices (across the survey Waves, an average of 54% respondents reported working in a practice with  $\leq 3$  providers)
- Five additional action items for policymakers



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Blog post

HealthAffairs

TOPICS

JOURNAL

BLOG

HEALTH AFFAIRS BLOG

RELATED TOPICS:

TELEHEALTH | ACCESS TO CARE | PRIMARY CARE | PRIMARY CARE PROVIDERS | COVID-19 | SYSTEMS OF CARE  
| ORGANIZATION OF CARE

## Five Ways—Beyond Current Policy—To Truly Integrate Telehealth Into Primary Care Practices

Avni Gupta, Ann M. Nguyen, Ji Eun Chang, Alden Yuanhong Lai, Carolyn Berry, Donna R. Shelley

SEPTEMBER 9, 2020

10.1377/hblog20200903.597561



<https://www.healthaffairs.org/doi/10.1377/hblog20200903.597561/full/>



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# Recommendation 1

## Harmonize the Reimbursement Criteria



- Despite increased telehealth reimbursement rates, there was confusion due to the plethora of variables determining reimbursements
- Variables differ by states and insurers
- > one-third reported “don’t know” when asked if they have been reimbursed
- 55% reported “uncertain reimbursements”
- Small independent practices have limited administrative resources

**Reduce the existing heterogeneity of payments to mitigate confusion and uncertainties around billing for telehealth**

“Some insurance companies are paying less than in-person visits for telehealth visits from Day 1. Small practices, like usual, have been left to themselves for the most part.”

“Primary care is extremely challenging with the constant change in protocols, the uncertainty and enormously confusing insurance schemes.”

## Recommendation 2

### Create Billing Codes or Payment Models for the Additional Work Required to Offer Telehealth



- Fee-for-service reimbursements fail to account for time spent to coordinate telehealth visits and help patients access these services
- Ex: Coordinating schedules; creating materials and providing 1:1 sessions to help patients download and use video conferencing platforms; and having staff call patients in advance to test their audio/video capabilities
- Adjustments and workflow changes required for telehealth use

**Value-based or population-based capitation models better account for expenses associated with these team-based and technology-enabled models of care**



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“Insurance companies not reimbursing telephone visits at a rate that supports the level of work done on a telephone visit.”

“Elderly patients have no access or are unable to access virtual – more work, have to teach them how to take BP, some hard of hearing, etc.”

“I am more stressed out doing telehealth, as we spend time to fix internet, video, and voice. There are calling issues, so it’s more time consuming.”



# Recommendation 3

## Provide Coverage for At-Home Monitoring Devices



- Remote monitoring is critical for effective telehealth
- 77% of our survey sample of mostly small independent practices reported that their patients bought the devices on their own
- Need CMS codes to pay for provider-level expenses
- Can affect quality of telehealth and likelihood of adverse health outcomes for socio-economically disadvantaged patients

**Insurers need to support patients' access to and training in using at-home monitoring devices**

“I need blood pressure cuffs and glucometers covered by insurance for home monitoring.”

“I will do telehealth... provided patients have equipment.”

“Patients lack thermometers, blood pressure cuffs, and pulse oximeters.”

# Recommendation 4

## Incentivize Development of and Access to Patient- and Provider-Centered Telehealth Technology



- Some health systems have begun to incorporate language interpreters and provide low-cost internet access to their patients
- Small independent practices often lack capacity to garner such resources
- Need financial incentives for telehealth vendors
- Increased provider and patient demand can stimulate vendors to respond

**Financial incentives and national payment policies may support the needed advancement and revamp its clinical value and quality for providers and patients**

“Telehealth information technology platform is NOT user friendly.”

“Difficult to properly diagnose with telehealth. Have been using photos from patients to supplement but still not really sufficient.”

“Our patients are low-income with language barriers. Requiring third party interpreter by speaker phone takes extra time and reduces quality of care.”

# Recommendation 5

## Review, Revise, and Communicate Telehealth Malpractice Policies



- Concerns about malpractice claims related to telehealth
- Several carriers of liability insurance coverage have not embraced telehealth
- Providers licensed to practice in one state could be subjected to liability laws from another state for inter-state telehealth care delivery
- Limited information about the standards of care and damage caps
- Patients might be more likely to sue providers they have not met in-person

**Regional health departments should give providers more guidance on legal liabilities related to telehealth**

“I am not going to practice telehealth; it is not reliable and may increase malpractice cases.”

“I'm very concerned about being sued for managing the patients over telehealth especially since many are requesting opioids.”

“Malpractice premiums are a major barrier for telehealth.”

# Dissemination

## Bureau of Equitable Health Systems, NYC Department of Health and Mental Hygiene

<http://nycreach.org/covid-19/#1590730245908-84b33a6e-11d5>

The screenshot shows the NYC REACH website. At the top left is the NYC REACH logo. To its right is the text 'REIMBURSEMENT FOR COVID-19 SERVICES'. A search icon is in the top right corner. Below the logo is a navigation bar with the following items: 'PRIMARY CARE PRACTICE SURVEY' (with a dropdown arrow), 'COVID-19', 'ABOUT US', 'QUALITY IMPROVEMENT', 'PRACTICE TRANSFORMATION', 'NEWS', 'MEMBER RESOURCES', and 'CONTACT US'. The main content area features a paragraph: 'New York University, in collaboration with NYC REACH, surveyed health care providers, most of whom practiced in small primary care practices, to assess their needs and responses to the COVID-19 pandemic. The survey was conducted in six waves between April 10 and July 23, 2020, to track how challenges evolved and how practices and providers adapted. The documents below include key findings from each wave of the survey. NYC REACH uses this information to advocate and seek support for practices.' Below this paragraph is a list of six links: 'Wave 1 Report (Fielded April 14 - April 23)', 'Wave 2 Report (Fielded April 24 - May 7)', 'Wave 3 Report (Fielded May 8 - May 21)', 'Wave 4 Report (Fielded May 22 - June 4)', 'Wave 5 Report (Fielded June 5 - June 18)', and 'Wave 6 Report (Fielded July 14 - July 23)'. A partial 'BAL' logo is visible in the bottom right corner.

# Dissemination

## New York University School of Global Public Health

<https://publichealth.nyu.edu/department/policy-management/covid-19-research>

Home / Public Health Policy and Management Department

## COVID-19 Research

Dr. Donna Shelley, Dr. Alden Lai, Dr. Ji E Chang, and doctoral student, Avni Gupta, are working with colleagues from NYU Langone Medical Health and the New York City Department of Health and Mental Hygiene to implement a bi-weekly survey of primary care practices in New York City. The aim is to understand the impact of COVID-19 pandemic on these practices and to gather data on their evolving needs. This survey is meant to provide actionable data that will inform the Department of Health and Mental Hygiene's response for supporting primary care practices.

### Projects/Publications

- ["Five Ways – Beyond Current Policy – To Truly Integrate Telehealth Into Primary Care"](#) by Avni Gupta, doctoral student, and Drs. Ann Nguyen, Ji Chang, Alden Lai, Carolyn Berry and Donna Shelley was published in Health Affairs Blog.
- The article, ["Independent Primary Care Practices Are Small Businesses, Too"](#) by Drs. Donna Shelley, Ji Chang, Alden Lai, Ann Nguyen and Carolyn Berry was published in Health Affairs Blog.
- Dr. Alden Lai's article ["Is it Fair? How to Approach Professional Scope-of-Practice Policy After the COVID-19 Pandemic"](#) with researchers at the University of Washington's Center for Health Workforce Studies was published in Health Affairs Blog.
- Dr. Alden Lai is currently co-investigator on the study ["Resilient Organizing: Adapting Health Care Organizations for COVID-19"](#) led by researchers at the University of Arizona's Eller College of Management.

### Reports

- [Wave 1 report \(Fielded 4/10-4/23\)](#)
- [Wave 2 report \(Fielded 4/24-5/7\)](#)
- [Wave 3 report \(Fielded 5/8-5/21\)](#)
- [Wave 4 report \(Fielded 5/22-6/4\)](#)
- [Wave 5 report \(Fielded 6/5-6/18\)](#)
- [Wave 6 report \(Fielded 7/14-7/23\)](#)



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# Actions

## NYC Department of Health and Mental Hygiene, NYC REACH TELEHEALTH WEBINARS

“Do you have questions about telehealth during COVID-19? NYC REACH invites your practice to attend our Telehealth During the Public Health Emergency webinar series. These hour-long, live webinars will take place weekly in April and May. Register for an upcoming webinar [here](#).”

<http://nycreach.org/practice-transformation/#telehealth>

Other webinars covered financial concerns, including how to apply for small business loans and grants.

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