



OHIC Payment and Care Delivery Advisory Committee Telemedicine Subcommittee

DECEMBER 10, 2020



Agenda

Welcome and Agenda Review	10:00am – 10:05am
Goals for Today's Meeting	10:05am – 10:10am
Discussion of Feedback Received	10:10am – 11:40am
Public Comment	11:40am – 11:50am
Next Steps	11:50am – 12:00pm

Goals for Today's Meeting

Meeting Goals and Process

GOAL:

- Discuss the Telemedicine Subcommittee's final report and ensure the final report reflects the range of perspectives articulated during the previous six meetings and through the process of gathering feedback.

PROCESS:

- Our goal is not to re-open discussions on particular recommendations, but rather to add clarity, and ensure all arguments and points of view are considered and appropriately reflected.
 - We will augment or add new sections to the report for clarity and completeness.

Summary of Comment Process

- Draft final report distributed December 3.
- Written comments and feedback requested by December 8.
- We received written comments received from 13 organizations representing:
 - Primary care, behavioral health and dental providers;
 - Health systems;
 - Consumer advocates;
 - Business groups; and
 - Insurers.
- Comments received up until the end of today will be considered. We are unable to consider comments received thereafter.
- All comments will be posted as public comment on the OHIC website.

Discussion of Feedback Received

Approach to Analyzing Feedback

- We received general comments and “track changes” edits and grouped them into themes for discussion today.
 - The comments we have summarized for today’s discussion focus on issues that came up consistently across the comments we received on or before December 8th.
 - However, we will be considering **all** comments received during today’s meeting and edits provided when we revise the final report.
- The themes we will discuss include:
 - Subcommittee Membership and Process
 - “Clinical Appropriateness”
 - Health Equity
 - Performance Measurement
 - Payment Parity
- We will leave room at the end of the meeting to identify additional topics.



Membership and Process

The report says:

The Telemedicine Subcommittee discussions were facilitated using a consensus-based approach where project staff presented background information about the policy choices, including policies implemented by other states, and considerations for or against adopting a particular policy. Each member had an opportunity to participate in the discussion, share their perspective, identify concerns, offer suggestions, and review and provide input on proposed recommendations.

While these recommendations documented in this report represent the consensus of the Telemedicine Subcommittee, they do not necessarily represent the individual opinions of any Subcommittee member or organization.

Subcommittee Membership and Process



Summary of comment(s) received:

- The way in which Subcommittee membership was defined means there was greater representation of certain stakeholders.
- ***Are there additional comments?***

Subcommittee Membership and Process



Suggested next step(s):

- Add discussion around what the membership and process means for representation of certain stakeholders and building consensus
- Define consensus more explicitly to general agreement among different types of stakeholders



Clinical Appropriateness

The report says:

Recommendation: Audio-only telemedicine should be covered on a permanent basis *when the service is clinically appropriate* to be provided using that mode of delivery, as determined by the insurer. (page 5)

Recommendation: Insurers should not be allowed to impose restrictions on which provider types can render services via telemedicine while still allowing insurers to determine *what services are clinically appropriate* to deliver via any telemedicine modality. (page 7)

Recommendation: Telemedicine behavioral health services should be paid at the same rate as in-person regardless of modality, so long as the modality is *clinically appropriate*. (page 9)

Clinical Appropriateness

Reminder of current approach around clinical appropriateness determinations:

- In the commercial market, insurers determine clinical appropriateness of services, and such determinations are subject to OHIC oversight in the fully insured market.
 - At the meeting, Commissioner Ganim clarified that such processes would continue to apply for telemedicine for OHIC-regulated insurers.
- The same is true for Medicaid MCOs and Medicaid oversight.



Clinical Appropriateness

Summary of comment(s) received:

- Clinical appropriateness should not be left for insurers to determine.
 - State regulators should have responsibility for determining what services should be covered.
 - There should be a work group of experts to address this separately.
 - Community providers should have input into determination of clinical appropriateness.
 - If this is written into policy, insurers should at least give clear guidelines to providers on how the determination is made.
- ***Are there additional comments?***



Clinical Appropriateness

Suggested next step(s):

- Add a section that describes concerns around who determines clinical appropriateness, and outline opposing viewpoints for OHIC and Medicaid to consider.

Health Equity



The report says:

Recommendation: To ensure health equity and reduce disparities in access to telemedicine services, the State should pursue the following activities:

- Explore opportunities for partnership across state agencies that are working to address access to broadband technology and equipment, and increase digital literacy to leverage resources and share lessons learned.
- Identify ways to support telemedicine use in the community, such as a location for individuals to hold telehealth visits, a lending library for technology, or repurposing donated equipment.
- Utilize community health workers, peer recovery specialists, home health aides, and others who go into the home to assist in digital training.
- Provide statewide access to broadband or hotspots for municipal areas that do not have it.
- Consider including telemedicine access in network adequacy standards.

Health Equity



Summary of comment(s) received:

- There were several comments supporting the recommendations on strategies to address disparities in access to telemedicine.
- There were suggestions to pull-out “including telemedicine access in network adequacy standards” as its own stand-alone recommendation.
- ***Are there additional comments?***



Health Equity

Suggested next step(s):

- Add more details to and strengthen health equity recommendations to reflect feedback received.
- Network adequacy will not be included as a stand-alone recommendation as it was not vetted separately by this body.



Performance Measurement

The report says (pages 12 and 13):

The Subcommittee agreed to the following principles:

- a. Future implementation of telemedicine policies should be accompanied by a measurement strategy that effectively evaluates performance against the goals of improving access, reducing disparities, ensuring quality and safety; and reducing inappropriate care.

- b. Telemedicine should be incorporated into existing OHIC and Medicaid efforts to measure quality and outcomes, to the extent possible, and not developed as a separate quality measurement effort.



Performance Measurement

The report says (pages 12 and 13):

The Subcommittee agreed to the following principles:

- c. To the extent possible, measurement efforts should consider patient experiences with a telemedicine encounter, including patient preferences for modality of care, impact on appointment adherence, video and audio quality, and connectivity.
- d. To the extent possible, when considering future policies to expand telemedicine, estimates of its financial impact should consider: (a) patient or caregiver costs and benefits that are not always quantified in monetary terms such as child care and hours taken from work; (b) the financial impact on the individual clinical provider, hospital or health care system; (c) the financial impact on state spending, including any estimates of savings that may be made through the reduced use of non-emergency medical transportation and services; and (c) the costs for payers.

Performance Measurement



Summary of comment(s) received:

- Recommendations should state that to accurately and fairly evaluate outcomes and cost, it is necessary to assess the long-term impact of telemedicine.
- In determining the value and appropriateness of telemedicine, prioritize patient experience and outcomes before cost.
- The recommendations should include more specificity on the measurement strategy, including a statement that OHIC should ensure that data metrics concerning underserved populations be sufficiently robust to allow for comparisons.
- ***Are there additional comments?***



Performance Measurement

Suggested next step(s):

- Strengthen and add more details to performance measurement recommendations to reflect feedback received.
- Add statement on importance of looking at long-term impacts.
- Prioritization of patient experience and outcomes before cost will not be incorporated as this was not vetted separately and other comments indicate that there is not likely consensus on this.
- We will not be including more specifics on the measurement strategy as any such details will need to be vetted more thoroughly.



Payment Parity

The report articulates the key area of consensus on telebehavioral health parity and articulates the key themes for and against telemedicine payment parity.

The topic is too detailed for this slide deck, so please refer to pages 9-11 of the draft report.



Payment Parity

Summary of comment(s) received regarding “key arguments against payment parity”:

- The report should include a discussion of the direct impact that payment parity might have on patient costs, particularly patients with high-deductible plans.
- Include more discussion on employers’ perspective that payment parity mandates that may impede employers’ flexibility to innovate and pursue value-based care.
- There should be more discussion about implications of payment parity for overall costs and affordability.
- ***Are there additional comments?***



Payment Parity

Suggested next step(s):

- Add discussion of the direct impact that payment parity might have on patient costs, particularly patients with high-deductible plans.
- Add discussion on employers' perspective around payment parity mandates and its potential to impede employers' flexibility to innovate and pursue value-based care.
- Add a balanced discussion around implications on payment parity for affordability.

Other Issues

Does the Subcommittee wish to provide additional comments or feedback on other issues?

Public Comment

Next Steps

Next Steps

- The project team will take all the individual comments and feedback, and make revisions.
- We intend to send out the revised report before the New Year.
- OHIC and Medicaid will consider recommendations as they chart out future policies.

A grayscale photograph of a winter landscape. The scene is filled with bare, dark trees of various shapes and sizes, some in the foreground and others receding into the distance. The ground is covered in a layer of snow, and numerous small, white, circular particles are scattered throughout the air, representing falling snow. The overall atmosphere is quiet and serene.

**Thank You
and
Happy Holidays**

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