OHIC Payment and Care Delivery Advisory Committee
Telemedicine Subcommittee Notes
August 27, 2020 from 10:00am-12:00pm

Welcome, Introductions and Background

- **Marea Tumber** welcomed everyone to the meeting and noted that the structure of OHIC's Payment and Care Delivery Advisory Committee changed under the Office's new Affordability Standards. The Telemedicine Advisory Group will function as a Subcommittee that is moving forward now because of the timeliness of the issues at hand and the main Advisory Committee will convene at a later date.

- **Commissioner Marie Ganim** welcomed everyone and noted the importance that telemedicine played during the pandemic, including allowing people to access care safely. She thanked the insurers for providing coverage for telemedicine services. She also noted that there was greater adoption in behavioral health services and that now more than ever, access to behavioral health services is important. Commissioner Ganim noted that while the use of technology was an equalizer in some ways, in other ways it showed that there was a lot more work to do on the digital divide. She reviewed statistics on digital literacy, including racial disparities, and internet coverage statistics in Rhode Island. She concluded her remarks noting that Rhode Island wishes to be forward thinking with its telemedicine policies. She said many other states are undergoing similar efforts and wants to this group to review those efforts to determine what are the best policies that should be made permanent going forward.

- **Marea Tumber** noted that OHIC is partnering with Medicaid and BHDDH for this work, which is being supported by Bailit Health. She reviewed the Zoom meeting procedures. She then provided some background on the reasons why this group was established and echoed Commissioner Ganim's appreciation for the private payers that implemented many policy changes to increase access and in many cases exceed the Governor's Executive Orders and guidance issued by OHIC and Medicaid. She noted that the goals of this group are to develop consensus recommendations to present to Commissioner Ganim and Director Shaffer about which policies should or should not be carried forward on a permanent basis. She noted that this group is a public meeting and anyone is able to attend and provide input.

Review of Work Plan and Meeting Schedule

- **January Angeles** reviewed the work plan and meeting schedule. She noted that this group will review all of the temporary telemedicine policies that have been established by Executive Order, OHIC Guidance, Medicaid Guidance and those policies introduced in the Telemedicine Budget Article, regardless of the Budget Article's outcome. January shared that the goal is to have approximately seven meetings and shared the meeting cadence with the participants.

Telemedicine Data Utilization Review

- **January Angeles** reviewed telemedicine data usage from nationally or regionally gathered data. She acknowledged that the Rhode Island commercial payers have submitted some data and that at the next meeting, statistics on Rhode Island telemedicine usage will be reviewed.

Discussion of Whether to Cover Audio-Only Telemedicine Visits Permanently

- **Megan Burns** discussed how Rhode Island's Telemedicine Act excludes audio-only telephone conversations from the definition of telemedicine and how this requirement was suspended for the COVID-19 emergency. She reviewed laws in other states that were permanently enacted to allow for audio-only telemedicine, and described some of the pros and cons associated with doing so before opening up the issue for group discussion.

- In the discussion of this issue, many members expressed support for covering audio-only telemedicine visits on a permanent basis. This was noted as an important tool for improving access. No one opposed covering audio-only visits permanently, but some expressed concern and the need for tools to monitor its use moving forward and the need for guidelines on the medical appropriateness of using audio-only visits.

- Specific comments included:
    - **Linda Katz, EPI and Protect our Health Care Coalition,** supports coverage of telephone only visits in the future, emphasizing the need to look at the issue from the consumer choice perspective. Given the digital divide, some consumers who may want to use video function can't because they don't have access to appropriate technologies. However, while we move forward to allow audio only, we should also address the availability of video and the digital divide. She also urged the group to think about what telemedicine means for integration of physical and behavioral health.
    - **Corinna Roy, BHDDH,** favors covering telephone only visits in the long term and indicated its association with patient satisfaction. She noted that providers should still work with clients and patients to try and find a way to offer video that is HIPAA compliant. She noted that from a behavioral health perspective, acuity can play a role. If the service is a general service, that may be appropriate for an audio only visit, but noted that there should be a clinical component to determining what is and isn't appropriate for an audio-only visit. She also emphasized the need to think through accommodations needed for those with vision loss.
    - **Shamus Durac, RIPIN,** commented that framing the issue as permanent changes vs. temporary ones sets up a false dichotomy since the pandemic doesn't necessarily have one end date. He noted the importance of keeping in mind that lifting of restrictions will be subject to what's permitted in federal law. He also urged the need to think about access to telephone only visits in the context of medical or clinical appropriateness.
    - **Claire Levesque, THP,** echoed comments on making audio only available when appropriate. However, she indicated the need to have more information on whether patients will feel that an audio-only visit is not a true visit. She emphasized that provisions that are put into legislation should be tracked so that

the impact of the legislation can be measured and assessed. She noted that that the claims system does not separate out audio only visits, and that data will need to come from providers so the impact of allowing coverage for audio-only visits can be tracked.

- **Monica Auciello, BCBS,** expressed concern that from a delivery and cost perspective, this is an area that is ripe for fraud, waste and abuse. She confirmed the value of audio-only communications in providing BH services, but noted the need to have appropriate tools to narrow the scope of telephone only visits. She also noted that Medicare doesn't pay for telephonic visits and doesn't anticipate that changing moving forward.
- **Liv King, BHDDH,** asked at what level will the legislation look at restrictions, and commented that whenever there is a level of control or restriction exerted, we should always be conscious about what disparities are potentially being addressed or exacerbated.
- **Al Charbonneau, RIBGH,** indicated that telephone only visits are an issue of concern. There are times when telephone-only is appropriate, but other times when it is not (e.g., follow up from previous visits that are really a component of initial visit and already paid for as part of that initial visit).
- **Steve Lampert, Lifespan Physician Group,** agreed that for many follow-ups, many providers handled it differently before telemedicine. Some were covered in the initial visit while others billed separately. There was already enormous discretion.
- **Pat Flanagan, pediatrician and co-Director PCMH kids,** indicated that the devil will be in the detail in terms of what should or shouldn't be paid for. She noted that some services such as medication follow-up should be billable as a telehealth visit. She echoed Linda Katz's comment about the need to ensure that we also address the digital divide.
- **Garry Bliss, Prospect Health Services RI**, indicated the need to be careful about how specific we should be in legislation. **Marti Rosenberg, EOHHS,** noted that access to telephone only visits is really important, and that as we think about demographics and in particular people with disabilities, we need to make sure that if they can't use any kind of telemedicine that we find ways to make an in-person visit accessible. She emphasized the need to use the realm of their choice, what is best for patients, and to try to make things workable for everyone.
- **Senator Joshua Miller** asked for clarification about timelines for recommendations and whether they would be for legislation after the budget article? **Marea Tumber** indicated that the goal is for the group to make recommendations on more permanent policies for the General Assembly to consider for next year's legislative session.
- **Jay Lawrence, Care New England,** noted that there should be some discussion about what's the value of this modality of care. Value is driven by outcomes and quality and at this point it's too early to tell. He indicated that a lot happens in between visits and the ability to use telephone only telemedicine in between visits to have more touch points has the potential to drive value.

Discussion of Setting Cost-Sharing for Telemedicine to Not Excess of Cost-Sharing for In-Person Visits

- **Megan Burns** discussed the provision in the telemedicine budget article to require that cost-sharing for telemedicine not exceed cost-sharing for in-person care. She noted that current law and the Executive Order do not specifically address cost-sharing, although insurers have voluntarily waived it during the COVID-19 emergency. Megan described Maine's laws for context, which mirrors the proposed provision in the budget article. She then described the pros and cons of the proposal and asked the group for feedback.

- In the discussion, there was significant support for having cost-sharing in telemedicine equal cost-sharing for in-person care. Some agreed that cost-sharing should not exceed the amounts applied for in-person care, but also expressed the desire for more flexible language that also allows for lower cost-sharing in telemedicine.

- Specific comments included:
    - **Andrea Galgay, RIPCPC,** supported equal copays.
    - **Peter Oppenheimer, RI Psychological Assoc.,** indicated that copays should be the same. This would take away incentives to choose telemedicine vs. in-person visits based on cost.
    - **Katie Orona, KidsCount**, recommended not having copays.
    - **Karen Malcolm, Protect our Healthcare Coalition,** stated that copays are barriers to care.
    - **Corinna Roy** supported equal copays.
    - **Pano Yeracaris, CTC-RI,** supported equal copays.
    - **Shamus Durac** indicated that language that allows for lower copays for telemedicine visits seems appropriate.
    - **Steven Lampert** indicated that a survey of providers with response of 250 shows the value of telemedicine even at equal copays. One-third reported that a caretaker or family member was still necessary with video visits. Thus, even if there was cost-sharing, there is additional value to telemedicine.
    - **Laurie-Marie Pisciotta, Mental Health Association of RI,** supported equal copays, indicating that this is important for not incentivizing or disincentivizing telemedicine vs. in-person visits.
    - **Al Charbonneau, RIBGH,** indicated that it's important to note that many difficulties go away if we were not operating on a FFS system.
    - **Jay Lawrence** agreed with language for cost-sharing for telemedicine to not be in excess of cost-sharing for in-person visits.
    - **Linda Katz stated that Medicaid should continue to not require copays; this issue comes up regularly in legislation.**
    - **Claire Levesque** agreed with language of telemedicine cost-sharing not being in excess of in-person visits. This provides flexibility to lower cost-sharing for telemedicine if appropriate.

Discussion on Whether to Remove Restrictions on Patient Location

- **Megan Burns** described how current law defines originating site, and how the language leaves some room for restrictions to be put in place via the terms and conditions of the telemedicine agreement between insurers and providers. The budget article proposes to revise the language so that there can be no restrictions placed on patient location. She

then described other states' laws around this issue, and the pros and cons of removing any restrictions on patient location.

- During this discussion, no one objected to revising statutory language that would prohibit restrictions on patient location.

- Specific comments included:
    - **Steve Lampert** indicated that fundamentally it is important to meet patients where they need to be met, but also raised concerns that some places are not appropriate for a health visit.
    - **Claire Levesque** agreed that the concept of patients being able to do the telemedicine visit from home makes sense, but was unclear about issues that might come up because of geography. For example, in a distant state, if in an emergency situation, does the provider feel comfortable being able to support the patient if they are not familiar with medical system?
    - **Jay Lawrence** supported being liberal with location of care. He recognized the complexities, and that it opens up the potential for providers to reconcile credential and medical/legal considerations if they are operating in another state.
    - **Monica Auciello** indicated that she is not aware of this being an issue. If federal rules were to require secure audio-visual functionality, then that is what drives the issue rather than the actual patient location.
    - **Peter Oppenheimer** indicated that providers have guidelines that they work with when patients are from out of state, so that is a resolvable issue.
    - **Chris Ottiano, NHP,** noted that previous CMS perspective on telehealth was very focused on rural areas, and indicated that this is likely going to change moving forward.

Public Comment

There was a brief discussion about CMS rules that require patients to be in the office for telemedicine and whether this rule will be changed post-COVID.

Next Steps and Adjournment

- **Megan Burns** indicated that we would continue the discussion of coverage and access issues in telemedicine at the next meeting, which will be on September 10.

Link to Meeting #1 Video:

https://zoom.us/rec/share/0ml5fs4N5fC05sBRjYnuNsy5AJX9cTsgKGN1IDLh0KJL84odXQzJSJzk876Nwfwv.AbntEyV4HFfiJ46-