



# OHIC Payment and Care Delivery Advisory Committee Telemedicine Subcommittee

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NOVEMBER 12, 2020

# Agenda

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Welcome and Agenda Review	9:00am – 9:05am
Goals for Today's Meeting	9:05am – 9:10am
Wrap-Up of Payment Parity Discussion	9:10am – 9:30am
Discussion of Performance Measurement in Telemedicine	9:30am – 10:30am
Wrap-Up of Security, Privacy and Confidentiality Discussion	10:30am – 10:50am
Follow-Up on Improving Access and Reducing Disparities in Telemedicine	10:50am – 11:20am
Discussion of Program Integrity in Telemedicine	11:20am – 11:40am
Public Comment	11:40am – 11:50am
Next Steps	11:50am – 12:00pm

# Goals for Today's Meeting

# Framework: Four Issue Areas

## Coverage and Access

Increasing the coverage of telemedicine services and removing barriers to access.

## Payment and Program Integrity

Payment parity and safeguards against waste fraud and abuse.

## Security, Privacy and Confidentiality

Security, privacy and confidentiality of telemedicine.

## Performance Measurement

Ways to measure quality, outcomes and the cost of telemedicine now and in the future.

# What We've Covered Thus Far

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## **Coverage and access**

- Coverage of audio-only telemedicine
- Parity in cost-sharing and prior authorization requirements for telemedicine
- Patient location requirements
- Strategies for increasing access to telemedicine technology and reducing disparities in telemedicine

## **Payment parity and program integrity**

- Payment parity for audio-only, audio-video, and in-person
- Payment parity for behavioral health and primary care services (to be continued today)

## **Security, privacy and confidentiality** (to be continued today)

- OCR enforcement of HIPAA Security Rule and providers' use of HIPAA-compliant technologies

# Topics Covered in Today's Meeting

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## **Payment Parity**

- Wrap up discussion of payment parity for primary care telemedicine

## **Performance measurement**

- Principles for measuring quality, cost and outcomes of telemedicine

## **Discussion of loose ends**

- Follow-up on last meeting's discussion of security, privacy and confidentiality
- Follow-up on strategies to increase access to telemedicine technologies and reduce disparities in telemedicine

## **Program integrity**

- Approaches for mitigating fraud, waste and abuse

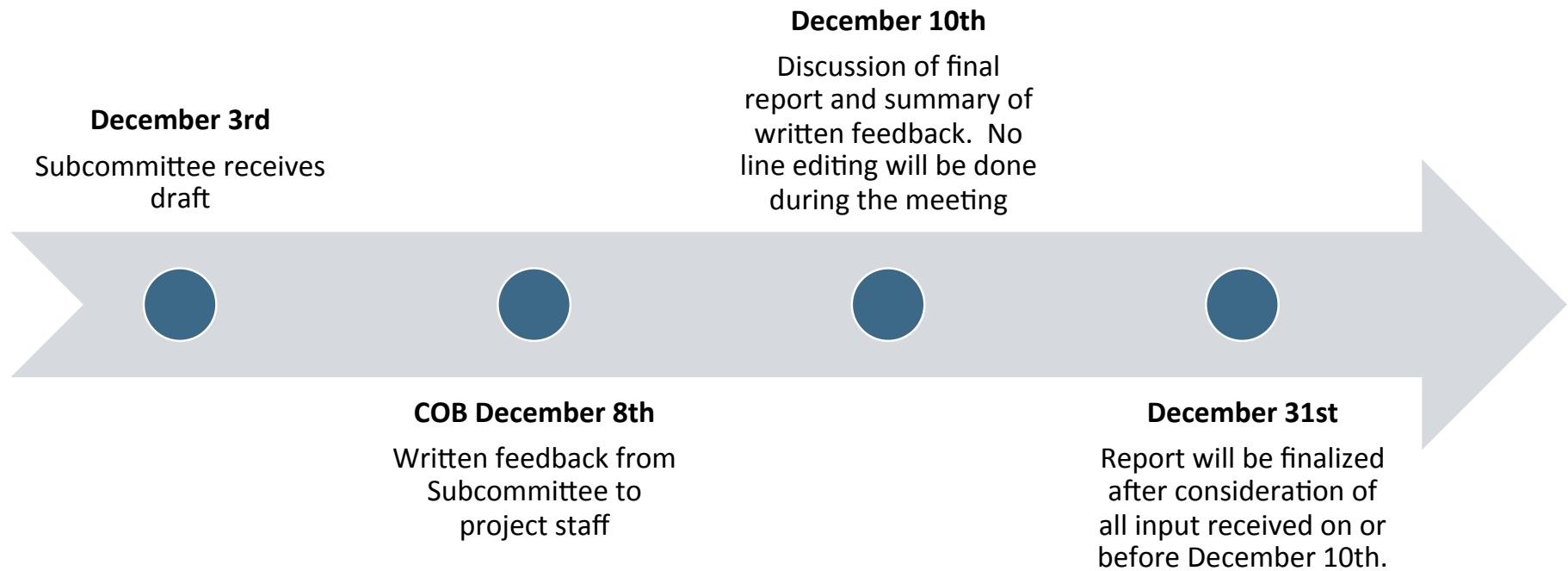
# Draft Report and Recommendations

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- Project staff will draft a report that summarizes the discussions and consensus-recommendations
- As noted previously, the report will note areas of consensus and where there is no consensus, describe the varying viewpoints expressed by different stakeholders.
- We will ask for your feedback to improve accuracy and clarity

# Timeline for Final Report

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# Wrap-Up of Primary Care Payment Parity Discussion

# No Consensus on Primary Care Parity

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## Payment Parity for Audio-Visual Primary Care Only

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- Some supported having payment parity for primary care services delivered through audio-visual telemedicine visits but not for audio-only visits, indicating that the quality of the encounter is different across the modalities

## Full Payment Parity for Primary Care

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- Others supported full payment parity for primary care, regardless of modality, noting that most vulnerable patients do not have access to the video technology.

## No Payment Parity

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- Some did not support parity for primary care, indicating that there needs to be more evidence on outcomes before instituting such a policy on a permanent basis.

# Wrap Up of Payment Parity Discussion

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1. Telemedicine filled an important need during the public health emergency when social distancing required fewer in person interactions, allowing some patients to continue to receive care via telemedicine.
2. Telemedicine should be integrated into the existing delivery system infrastructure that emphasizes care management and coordination between primary, behavioral health and specialty care, rather than be developed as a separate system.
3. A value-based health care system that moves away from FFS payments will allow for providers to delivery care using any care modality that is most appropriate for the patient.
4. The value and appropriateness of telemedicine is still being defined, and how telemedicine adds value varies by stakeholder and patient population. Additional study of the use and use cases of telemedicine would provide further input into its value proposition.
5. Telemedicine behavioral health services should be paid at the same rate regardless of modality, so long as the service and the modality by which the service is provided is medically necessary and clinically appropriate.
6. Telemedicine can provide access to services or provider types that are scarce in Rhode Island and special consideration in payment rates should be given when telemedicine can fulfill a need for access.
7. The use of telemedicine should support existing patient-provider relationships to promote the patient-centered medical home and continuity of care, but also recognize that some clinical expertise is only available through providers outside of those relationships.

# Discussion of Performance Measurement in Telemedicine

# Measurement of Quality, Outcomes and Cost

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There is no doubt that telemedicine usage increased as a result of the public health emergency, but predictions about its future usage are not clear.

Now is the time to give thoughtful consideration to the impact that telemedicine has and will have on:

- overall quality of care
- patient outcomes
- cost of care

# State Quality Measurement Efforts

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Currently, Rhode Island is engaged in the development of the following quality programs:

1. OHIC Aligned Measure Sets (ACO, hospital, primary care, behavioral health and maternity care)
2. OHIC PCMH recognition measure set (allows for optional use of telehealth for 2019-2020 reporting period)
3. EOHHS Medicaid Accountable Entity incentive measure set (includes a few homegrown measures that were modified to incorporate telemedicine codes)

These measure sets draw from many sources, with NCQA's HEDIS being used most commonly for primary care, and for ACO/AE sets to a lesser extent.

## Consideration of Telemedicine in National Quality Measurement Efforts

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NCQA updated 40 commonly used HEDIS measures to account for the rise in usage of telemedicine and for the most part to allow for telemedicine visits to be treated as equivalent to in-person visits.

**This allows telemedicine to be incorporated into existing quality measurement efforts, rather than developing new quality measures specifically for telemedicine.**

The Taskforce on Telehealth Policy recommended that priority should be given to the use of existing standards and measures when evaluating telehealth quality of care to the extent possible.

## Additional Considerations for Evaluating Telemedicine's Impact

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We have heard from members of this Subcommittee that it is important to also measure ways in which telemedicine may benefit the patient in non-traditional ways. For example:

- Reduced missed appointment rates
- Time saved in travel, childcare, missed work
- Patient preference in care modality



# Principles to Guide Measurement of Quality, Outcomes and Cost in Telemedicine

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## **Does the Subcommittee support the following four principles?**

1. Future implementation of telemedicine policies should be accompanied by a measurement strategy that effectively evaluates performance against the following goals:
  - Improved access
  - Reducing disparities
  - Ensuring quality and safety, and
  - Reducing inappropriate care.
2. Telemedicine should be incorporated into existing OHIC and Medicaid efforts to measure quality and outcomes, to the extent possible.

# Principles to Guide Measurement of Quality, Outcomes and Cost in Telemedicine

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## **Does the Subcommittee support the following principles?**

3. 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.
  
4. To the extent possible, when considering future policies to expand telemedicine, estimates of its financial impact should consider:
  - patient or caregiver costs that are not always quantified in monetary terms;
  - the financial impact on the individual clinical provider, hospital or health care system; and
  - the costs for payers.

# Wrap-Up of Security, Privacy and Confidentiality Discussion

## Recap of Discussion Around Telemedicine and HIPAA-Compliant Technologies

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- At the last meeting, we discussed use of HIPAA-compliant technologies for telemedicine to inform NAIC recommendations on OCR enforcement.
- The takeaway was that promoting the use of HIPAA-compliant technologies for telemedicine needs to focus on addressing patients' access to technology, as well as technology literacy.
- In addition, project staff wanted to make the Subcommittee aware of existing efforts to promote the use of HIPAA compliant technologies among providers.

# FYI: Efforts to Promote HIPAA-Compliant Provision of Telehealth Services

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1. Telehealth Technology Assessment Resource Center (TTAC). TTAC has developed a framework for assessing telemedicine technology, along with many resources on issues such as how to review and select an online video platform.
2. Health Information Technology (HIT) Survey. Every other year, the Rhode Island Department of Health surveys licensed providers in the State on the distribution and use of HIT. The 2021 survey is in development but will include questions on telehealth, and could provide information on level of adoption and barriers to adoption to inform future policy.
3. The Care Transformation Collaborative of RI/PCMH Kids is conducting practice needs assessments on telehealth and telehealth patient engagement surveys as part of developing a webinar series and learning collaborative for using telehealth in primary care practices.

# Follow-up on Privacy, Security and Confidentiality Discussion

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At the last meeting, the Subcommittee focused the discussion on patients and their access to HIPAA compliant technologies rather than on policies to protect privacy, security and confidentiality because:

- Privacy, security and confidentiality in telemedicine is governed by federal law;
- Use of HIPAA-compliant technologies is more likely an issue of technology literacy and access on the patient side; and
- Previous discussions identified that patient access to technology and technology literacy are important issues to address to achieve equity and reduce disparities in telemedicine.

This leads us into finalizing the discussion around reducing disparities....

# Follow-Up on Improving Access and Reducing Disparities in Telemedicine

# Subcommittee Recommendations to Increase Access and Reduce Disparities in Telemedicine

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**At the September 10 meeting, the Subcommittee made the following recommendations:**

- Provide statewide access to broadband or hotspots for municipal areas that do not have it.
- Explore opportunities for partnership for sharing of lessons learned with other agencies, such as education, that are also working to address access to broadband technology and equipment, as well as digital literacy, during the pandemic.
- Identify a public/private initiative 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.
- Consider adding telemedicine access to network adequacy standards.



## Existing Local Efforts to Addressing Technology Access and Literacy Issues

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We committed to doing additional research to further develop recommendations made by the Subcommittee. Some efforts happening in RI that we identified include:

- **RI Office of Innovations, Digital Equity Initiative:** The Office collaborates with other government agencies as well as community organizations on a statewide digital equity initiative to increase access to low-cost connectivity options and educational resources, including developing digital literacy courses that are open to the public, identifying free or low-cost Wi-Fi sources and access points, and communicating these opportunities to the public.
- **CYC (Children, Youth Community)**, a RI-based organization, has developed Pivot2Prevention, a toolbox focused on leveraging Medicaid for school-based behavioral health services. They transitioned over 300 students to behavioral telehealth within weeks of schools closing due to the pandemic.

## Wrap-up of Recommendations to Improve Access and Address Disparities in Telemedicine

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**Based on previous meetings and other issues discussed, are there other recommendations to increase access and reduce disparities the Subcommittee wishes to add?**

# Discussion of Program Integrity in Telemedicine

# Program Integrity in the Context of Telemedicine

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Fraud, waste and abuse can happen with any health care service, no matter how it is delivered.

The temporary policies that enhanced access to telemedicine services during the pandemic were largely silent on fraud, waste and abuse.

Payers have always taken action to safeguard against FWA within the normal course of operating an insurance company.

## Types of Actions Taken to Safeguard Against FWA

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- Prior authorization for high-cost specialty services
- Retrospective review of documentation to justify a service rendered
- Sophisticated claims analysis to identify patterns of billing that may reflect FWA
- Screening and enrollment of network providers, and cross-checking eligibility against other databases
- Audits to determine compliance with federal and state rules and regulations
- Investigations of suspected fraud and abuse

## Taskforce on Telehealth Policy Recommendations

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NCQA's Taskforce on Telehealth Policy noted that there are emerging artificial intelligence tools to audit claims and other data, which may make it easier to detect fraudulent claims.

It suggests that by integrating these types of tools into existing enforcement mechanisms, telehealth program integrity could potentially be greater than program integrity for in-person care.

# Public Comment

# Next Steps



# Meeting Schedule

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- At the next and final meeting, we will discuss the Subcommittee’s feedback on the draft report, focusing on whether the report appropriately reflects various stakeholders’ input.

Meeting Number	Meeting Date	Meeting Topics
7	December 10, 2020 10:00am – 12:00pm	Review of Final Recommendations

# Contact Information

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**Marea Tumber**

[Marea.Tumber@ohic.ri.gov](mailto:Marea.Tumber@ohic.ri.gov)

**Chantele Rotolo**

[Chantele.Rotolo@ohhs.ri.gov](mailto:Chantele.Rotolo@ohhs.ri.gov)

**Olivia King**

[Olivia.King@bhddh.ri.gov](mailto:Olivia.King@bhddh.ri.gov)

**Megan Burns**

[mburns@bailit-health.com](mailto:mburns@bailit-health.com)

**January Angeles**

[jangeles@bailit-health.com](mailto:jangeles@bailit-health.com)