The Marathon After the Sprint: Ensuring Value & Equity in the Future of Telehealth

Value Session
Welcome and Introduction

Annaliese Johnson
Policy & Communications Analyst
Healthcare Value Hub
Thank you for joining us today!

All lines are muted until Q&A

Webinar is being recorded

Technical problems? Contact Elise Lowry at Elise.Lowry@altarum.org
Agenda

▲ Welcome & Introduction

▲ Ensuring Value in Telehealth
  ▪ A. Mark Fendrick, MD, Director, Center for Value-Based Insurance Design, Professor, University of Michigan

▲ Policy & Research Agendas for Value in Telehealth
  ▪ Nicholas L Berlin, MD, MPH, MS, National Clinician Scholars Program, Institute for Healthcare Policy & Innovation, University of Michigan
  ▪ Christina M Cutter, MD, MSc, MS, National Clinician Scholars Program, Institute for Healthcare Policy & Innovation, University of Michigan

▲ Establishing a Value-Based ‘New Normal’ For Telehealth: The Teladoc Health View
  ▪ Lew Levy, MD, FACP, Chief Medical Officer of Teladoc Health

▲ Q & A

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The Marathon After The Sprint

Ensuring Value in the Future of Telehealth

A. Mark Fendrick MD
Director, Center for Value-Based Insurance Design
Professor, Health Management & Policy | Internal Medicine
University of Michigan | Michigan Medicine

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National Clinician Scholars Program
Institute for Healthcare Policy & Innovation
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Ensuring Value in Telehealth

A. Mark Fendrick MD

University of Michigan
Center for Value-Based Insurance Design

www.vbidcenter.org
@um_vbid
Thank you to the selfless individuals who are putting themselves at risk to successfully defeat this pandemic
Health Care Costs Are a Top Issue For Purchasers and Policymakers: Solutions must protect consumers, reward providers and preserve innovation

• Everyone (almost) agrees there is enough money in the US health care system; we just spend it on the wrong services and in the wrong places

• Policy deliberations focus primarily on alternative payment and pricing models

• Moving from a volume-driven to value-based system requires a change in both how we pay for care and how we engage consumers to seek care
Then Came Coronavirus…
Impact of COVID-19 Pandemic on Preventive Services

Date [2020]
A silver lining to COVID-19: Fewer low-value elective procedures
Patient Rushed Into Unnecessary Surgery To Save Cash-Strapped Hospital bit.ly/314r3zN
Crisis Into Opportunity: Can COVID-19 Help Set a Path to Improved Health Care Efficiency?
Visits to ambulatory providers fell nearly 60 percent by early April. Since then visits have rebounded, returning in the past month to prepandemic levels.

Note: Data are presented as a percentage change in the number of visits in a given week from the baseline week (March 1–7).

Source: Ateev Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Prepandemic Levels, but Not for All Providers and Patients* (Commonwealth Fund, Oct. 2020). https://doi.org/10.26099/41xy-9m57
Overall Admissions Decreased in March and April but Were Back at About 95% of Predicted Admissions by July 2020

Trend in observed total admissions as a percent of predicted admissions (Dec. 29, 2019 – Aug. 8, 2020)

The percentage of all visits via telemedicine visits is slowly declining from its April peak. But it continues to be well above the pre-pandemic baseline of very few telemedicine visits.

Data are presented as a percentage: the number of telemedicine visits in a given week is the numerator, while the number of visits in the baseline week (March 1–7) is the denominator. Telemedicine includes both telephone and video visits.

Source: Ateeq Mehrotra et al., *The Impact of the COVID-19 Pandemic on Outpatient Care: Visits Return to Pre-pandemic Levels, but Not for All Providers and Patients* (Commonwealth Fund, Oct. 2020). https://doi.org/10.26099/41xy-9m57
Crisis Into Opportunity: Can COVID-19 Help Set a Path to Improved Health Care Efficiency?

- Build on existing alternative payment models that base reimbursement on patient-centered outcomes; increase reimbursement for high-value services and reduce or cease payment for known low-value care.
- Align patient cost-sharing with the value of the underlying services; reduce out of pocket cost on high-value services and increase patient cost on low-value care.
- Use value-based principles to leverage the widespread adoption of telehealth.
Ensuring Value in the Future of Telehealth

POLICY & RESEARCH AGENDAS

Establishing A Value-Based ‘New Normal’ For Telehealth

Christina Cutter, Nicholas L. Berlin, A. Mark Fendrick

OCTOBER 8, 2020

10.1377/hblog20201006.638022

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# CATALYSTS FOR WIDESPREAD TELEHEALTH ADOPTION

> Capitalize on this natural experiment to advance value-based care

<table>
<thead>
<tr>
<th>NECESSITY</th>
<th>REGULATORY</th>
<th>PAYMENT</th>
<th>BENEFIT DESIGN</th>
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<tr>
<td><img src="image" alt="Balance" /></td>
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<td><img src="image" alt="Benefit Design" /></td>
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THE VALUE AGENDA FOR TELEHEALTH

I. LEARNING SYSTEM

II. POLICY AGENDA

III. RESEARCH AGENDA
THE VALUE AGENDA FOR TELEHEALTH

I. CONTINUOUS LEARNING SYSTEM

Implementation

POLICY AGENDA

Knowledge

RESEARCH AGENDA
THE VALUE AGENDA FOR TELEHEALTH

I. LEARNING SYSTEM

II. POLICY AGENDA

III. RESEARCH AGENDA
II. POLICY AGENDA

1. Recognize and bridge the digital divide
II. POLICY AGENDA

1. Recognize and bridge the digital divide

2. Align expanded use policies with payment reform initiatives
II. POLICY AGENDA

1. Recognize and bridge the *digital divide*

2. Align expanded use policies with *payment reform initiatives*

3. Leverage principles of *value-based insurance design (V-BID)*
II. POLICY AGENDA

1. Recognize and bridge the **digital divide**
2. Align expanded use policies with **payment reform initiatives**
3. Leverage principles of **value-based insurance design (V-BID)**
4. Support **population health**
II. POLICY AGENDA

1. Recognize and bridge the **digital divide**
2. Align expanded use policies with **payment reform initiatives**
3. Leverage principles of **value-based insurance design (V-BID)**
4. Support **population health**
5. Strengthen protections against **fraud and abuse**
THE VALUE AGENDA FOR TELEHEALTH

I. LEARNING SYSTEM

II. POLICY AGENDA

III. RESEARCH AGENDA

Cutter, Berlin & Fendrick (2020)
III. RESEARCH AGENDA

1. Understand telehealth impact on **access** and **utilization**
III. RESEARCH AGENDA

1. Understand telehealth impact on access and utilization

“Converters”

“Newcomers”

Fendrick et al. 1996
III. RESEARCH AGENDA

1. Understand telehealth impact on **access** and **utilization**

2. Assess cost per case presentation and aggregate **expenditure**
III. RESEARCH AGENDA

1. Understand telehealth impact on **access** and **utilization**

2. Assess cost per case presentation and aggregate **expenditure**

3. Evaluate telehealth influence on **appropriateness** of care
The Value Agenda for Telehealth

III. Research Agenda

1. Understand telehealth impact on access and utilization

2. Assess cost per case presentation and aggregate expenditure

3. Evaluate telehealth influence on appropriateness of care

<table>
<thead>
<tr>
<th>Care-Seeking Behavior*</th>
<th>Healthcare Services</th>
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<tbody>
<tr>
<td>Converter receiving high-value care</td>
<td>Newcomer receiving high-value care</td>
</tr>
<tr>
<td>Converter receiving low-value care</td>
<td>Newcomer receiving low-value care</td>
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*Per-clinical case presentation, **Person may be a "Converter" or "Newcomer" and receive high- or low-value care for different clinical case presentations across time.
THE VALUE AGENDA FOR TELEHEALTH

III. RESEARCH AGENDA

1. Understand telehealth impact on **access** and **utilization**
2. Assess cost per case presentation and aggregate **expenditure**
3. Evaluate telehealth influence on **appropriateness** of care
4. Measure **outcomes** across settings
III. RESEARCH AGENDA

1. Understand telehealth impact on access and utilization
2. Assess cost per case presentation and aggregate expenditure
3. Evaluate telehealth influence on appropriateness of care
4. Measure outcomes across settings
5. Explore telehealth technologies that improve value
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<tr>
<th>SUPPORT</th>
<th>MEASURE</th>
<th>DISRUPT</th>
<th>ALIGN</th>
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<td>Infrastructure required to support and sustain equitable care delivery?</td>
<td>Operationalize platforms that enable measurement of important outcomes?</td>
<td>Value agenda as a <strong>pivotal strategy</strong> for growth and disruptive innovation?</td>
<td>Dominant approach to <strong>align stakeholders</strong> around value-based care delivery?</td>
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**THE NEW NORMAL OF TELEHEALTH: NEXT STEPS**

**Galvanize stakeholders to optimize healthcare value**
ESTABLISHING A VALUE-BASED ‘NEW NORMAL’ FOR TELEHEALTH: THE TELADOC HEALTH VIEW

Lewis Levy, MD, FACP
Chief Medical Officer, Teladoc Health
Establishing a Value-Based ‘New Normal’ For Telehealth: The Teladoc Health View

December 15, 2020

Lew Levy, MD, FACP
Chief Medical Officer
Teladoc Health
About Teladoc Health

+51M
U.S. paid access members as of Q3 2020

+442K
Livongo diabetes members as of Q3 2020

+15M
virtual visits since 2015

+986K
platform-enabled sessions in Q3 2020
Creating Value for Consumers

• Empowering consumers with a single access point for whole person care regardless of clinical situation, driving better health outcomes, lower costs and consumer experience

• Reducing costs for health plans and employers with a broad portfolio of integrated, data-driven virtual care solutions

• Enabling care providers to achieve system-wide virtualization of high-quality care
Future of Telehealth: Focus on Whole Person Value-Based Care

Care Coordination
Navigate across both virtual and in-person resources, ensuring access to high-quality care throughout

Wellness & Prevention
Improve nutrition, exercise and wellbeing

Complex Care
Gain advice on diagnosis, treatment plan, or surgery from world-renowned specialists

Primary Care
Serve as the quarterback for care, developing care plans and referring individuals to resources they need, both virtual and in-person

Chronic Care
Take charge of health challenges with monitoring & personalized support

Mental Health Care
Address stress, anxiety and other conditions with therapy, counseling & treatment

Specialty Care
Consult a specialist via virtual care and coordinate referrals to in-network, in-person care

Acute Care
Assess, diagnose and treat everyday health issues such as flu, infections & skin conditions
Importance of Engagement

Results-focused engagement science

Consultative consumer marketing expertise

Data-driven targeting and AI-enabled personalization

Intuitive experiences create sustainable behavior change: enrollment, re-use, satisfaction and loyalty
Policy Agenda: State
How to Enable Telehealth

1. A physician-patient relationship can be established using technology.

2. A previous in-person visit should not be required to deliver care virtually.

3. Telehealth policy should be “modality-neutral” so long as the standard of care can be upheld. Decisions as to how care should be delivered should be left to patient choice/physician discretion.

4. Asynch and synchronous interactions are critical – but with appropriate safeguards.

5. The healthcare provider should have access to the patient medical history and a record must be created of the virtual visit that is accessible to the patient and shared with the patient’s PCP, if patient permits.

6. All telehealth transactions must be HIPAA compliant.

Definition of Telehealth

Telehealth means the use of synchronous or asynchronous telecommunications technology by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration.
COVID-19 Response: License Diversity

• No action taken
  • Ex: Mississippi, Illinois, Washington DC

• Using emergency orders used for natural disasters
  • Ex: Alabama, California, New Hampshire
  • Language such as “emergency management workers” and “entering the state” does not contemplate the existence of telehealth companies with no connection to a facility that could “enter” the state virtually

• “Come one, come all” blanket waivers
  • Ex: New York, Delaware, Idaho, Iowa, Indiana, Kansas, Massachusetts, Florida, Hawaii, Pennsylvania, South Carolina and North Carolina
Opportunity: Simplification

- A physician must be licensed in the state where the patient is at the time of the telehealth encounter unless a licensure waiver is granted for state or national emergency purposes.

- Multi-state licensure compacts were drafted in an attempt to streamline the process; however, they do not remove all regulatory burdens and still represent a revenue stream for state licensing boards.

- Conversations surrounding national physician licensure are active but are not expected to generate any real movement.

- Already states like Idaho and Alaska are looking at what Florida and Georgia have done re licensure.

Expert Medical Services

The ability to use telehealth to access a specialist for life threatening and complex diseases affords patients access to resources that they have not had in the past. State code must allow for a physician to provide a professional second opinion to a patient as long as they are licensed and in good standing in their resident state provided that the physician is not involved in the treatment of the patient in the state where he/she is not licensed.
Convenience not Burdensome Terms and Conditions

• Licensure waivers with overly burdensome terms and conditions
  • Require individual applications rather than spreadsheets
  • Require photo identification
  • Require In-state facility sponsorship
  • Failure to post application process
  • Require unpaid volunteers only

Prevents the state from leveraging the agility and convenience of telehealth
Payment: Flexibility not Mandates

- Teladoc believes that a provider should be fairly compensated for services provided. However, we believe that a state should not mandate a specific payment rate or reimbursement amount.

- For visits that are entirely virtual, a healthcare plan should have the ability to negotiate and contractually agree to reimbursement rates based on market conditions.

- Mandating payment and reimbursement parity for virtual care removes all savings opportunities for the patient and the healthcare system.

- The bottom line is that a telehealth provider should not be mandated by statutes to accept a higher reimbursement than they are willing to charge.
Policy Agenda: Federal
Federal | Medicare Telehealth Reform

- Congress should eliminate the geographic and originating site requirements
- Medicare should avoid imposing requirements for a prior in-person visit or other limits on the type of technology that may be used for a telehealth encounter.
- Medicare should allow telephone-based communications
- Congress and CMS should expand support for asynchronous telehealth technologies
- CMS should permanently allow Medicare Advantage organizations to use telehealth for the purposes of risk adjustment.
Federal | Medicare Telehealth Reform

- CMS should seek to broadly expand the list of eligible Medicare telehealth services that have demonstrated to be safe, effective, and clinically appropriate.

- Medicare must ensure that when the home is made an eligible originating site, payment rates must adequately compensate providers so as not to incentivize and favor in-person visits over virtual.

- Expanding flexibility to use virtual care should be a cornerstone of key payment reform initiatives moving forward.

- Medicare should enable virtual chronic condition prevention and management.
Congress must ensure that DEA finalizes the telemedicine special registration rule which would allow DEA-registered practitioners to prescribe controlled substances, such as certain kinds of medication-assisted treatment, without an in-person medical evaluation.
Federal | Fraud, Waste, Abuse, & Patient Safety

- Congress should ensure HHS and CMS have the necessary tools to combat bad actors and provide robust funding for the Health care Fraud and Abuse Control (HCFAC) Program and related programs.

- States should maintain responsibility for regulating the practice of medicine to ensure the full resources of the state are available for the protection of any patients that receive services that fall short of the standard of care.

- Federal policy should support and incentivize the adoption of interstate compacts

- The FDA should apply sufficient regulatory scrutiny to high-risk telehealth devices and clinical software used in critical care environments.
Questions for our Speakers?

- Use the chat box or to unmute, press *6

- Please do not put us on hold!
Resources from the Hub

**High-Care Services: Strategies to Address Underuse**

**What is a High-Care Service?**

A high-care service is one where... (Details not provided in the image)

**High-Care Service Examples**

Examples include: (Details not provided in the image)

**Summary**

- High-care services are crucial for addressing specific health needs and... (Details not provided in the image)

**Conclusion**

In conclusion, high-care services play a vital role in... (Details not provided in the image)
Thank you!

- To our Speakers: Lewis, Mark, Nick and Christina
- To the Robert Wood Johnson Foundation

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