



INSIGHT

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Accelerating Virtual Health by a Decade

As the COVID-19 pandemic began to take root around the country, many hospitals and health systems were able to quickly stand up the technology they needed to conduct virtual visits. Some organizations expanded existing virtual health/telehealth programs while others launched new capabilities to connect patients to clinicians. In some cases, the technology might have been clunky and the processes not ideal because it had to be implemented and/or expanded too hastily. At the same time, most clinicians and patients have been forgiving because they recognize the uniqueness of the situation.

In Pennsylvania, in order to ensure that individuals continued to receive necessary behavioral health services OMHSAS temporarily suspended certain requirements that govern the provision of behavioral health services using telehealth. The guidelines for the provision of telehealth in the Behavioral



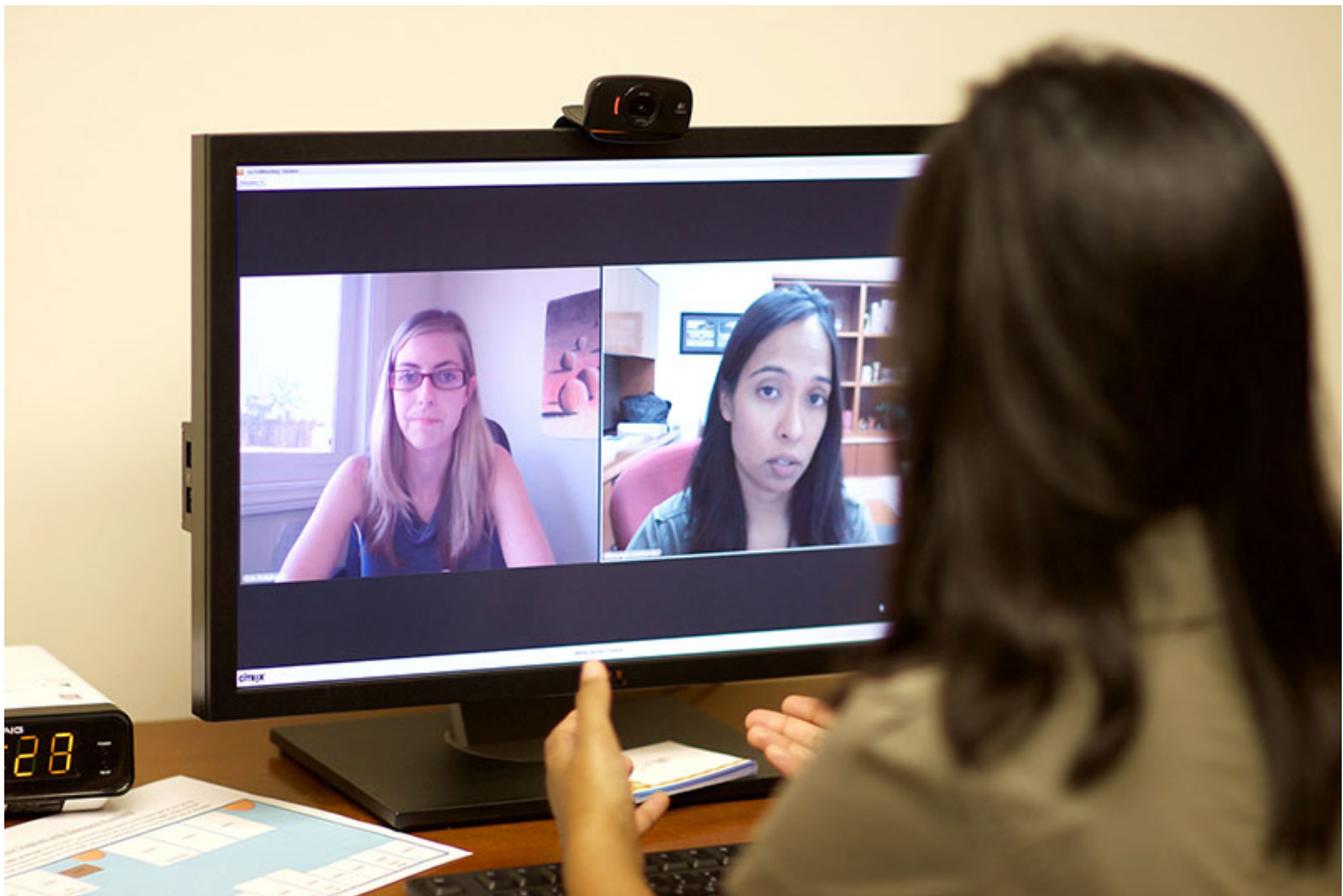
INSIGHT is published monthly by COMCARE, a program of the County Commissioner's Association of Pennsylvania (CCAP). If you wish to provide comments or feedback, please forward your comments to Lucy Kitner or Michele Denk at COMCARE at the following email addresses: lkitner@pacounties.org; mdenk@pacounties.org. Thank You.

HealthChoices MA Program were delineated in the bulletin OMHSAS-20-02 *“Guidelines for the Use of Telehealth Technology in the Delivery of Behavioral Health Services”* effective February 20, 2020. OMHSAS adopted measures to fully utilize the capabilities of telehealth to manage the situation brought about by the spread of COVID-19. The expansion applied to behavioral health services delivered to MA beneficiaries via FFS or through a Behavioral Health HealthChoices Managed Care Organization.

Telehealth was permitted to be used by more practitioners (beyond psychiatrists, psychologists, certified registered nurse practitioners, physician’s assistants, licensed clinical social workers, licensed professional counselors, and licensed family therapists). Other individuals providing necessary behavioral health services were permitted to use telehealth for services within the scope of their practices in outpatient mental health and drug and alcohol clinic settings as well as partial hospitalization programs.

On a national level, between November 2019 and January 2020, the Deloitte Center for Health Solutions collaborated with the ATA (American Telemedicine Association) to find out how health care executives expected virtual health might evolve in the future. Most of them predicted it could alter the landscape over the next 20 years. **In just one month, the COVID-19 pandemic has potentially shortened that timeline significantly. Virtual health is emerging as a significant part of the health care delivery system.** Patients and clinicians who have experienced the convenience of virtual health might not want to go back to a predominantly in-person model of care.

However, as the crisis stabilizes, organizations might discover that patients and clinicians aren’t as forgiving of a system where the processes, platforms, and workflow are still being worked out.





As hospitals and health systems move from responding to the crisis to recovering from it, they may see an influx in demand from patients who had deferred non-essential services or had been reluctant to reach out to their physician. They are also likely to see continued demand for services that they have received virtually.

In response, health organizations should begin thinking about how to scale the virtual health capabilities that worked well and build on them. The organizations that can create a seamless experience for patients will likely be best positioned to thrive in the post-pandemic world.

COVID-19 has accelerated regulatory flexibility. The US Centers for Medicare and Medicaid Services (CMS) started to open the door to virtual health services in late 2018 when it issued its final 2019 Physician Fee Schedule and Quality Payment Program. Some services, such as tele-stroke and end-stage renal disease home dialysis services, were granted nationwide Medicare coverage—along with expanded coverage for remote patient monitoring.

That door has since been opened much wider in response to the COVID-19 pandemic. Late last month, CMS expanded Medicare coverage of 85 new services that can be provided virtually. In an April 10 memo, the agency clarified that Medicare Advantage (MA) plans and other organizations that submit diagnoses for risk-adjusted payment can

submit diagnoses for risk adjustment that are from telehealth visits.

Prior to COVID-19, some of our clients were already moving more of their behavioral / mental health services into the virtual space (this was one area where they were generally reimbursed). As we move past this crisis, many providers and health care stakeholders will likely push to continue the increased flexibility and payment for in-demand services such as routine follow-up visits related to chronic care or simple urgent care needs, especially if this crisis period yields promising practices and successful outcomes.

What are the next steps in expanding virtual health?

Based on our research, health care organizations should consider the following steps as they enhance their virtual health capabilities:

- **Define an enterprise-wide virtual health strategy:** Organizations should determine their overarching objectives and define where they fit in the evolving ecosystem. They should consider the patient populations that would benefit the most, where to invest in technology, analytics, and interoperability solutions, and which metrics will be most useful in evaluating success.
- **Strive to be both consumer- and clinician-centric with virtual health interventions:** Health care stakeholders are increasingly aware that the current system is not patient- or consumer-centric. Physicians and clinical teams are on the front lines of patient care, and they should be engaged in decisions. **Moving to a more consumer-centric model will likely require workflow redesign and an aligning of clinicians and staff across the organization's network to support and advance virtual health offerings.** Focus on improving quality and health outcomes, as well as improving

patient and clinician experience. A whole new approach to team-based care can also be enabled by virtual health and could yield tremendous benefits and satisfaction for both patients and clinicians.

- **Prepare the workforce for changes:**

Widespread adoption of virtual health will likely require new training opportunities, starting in medical schools. As more physician-patient interactions happen virtually, health systems should ensure clinicians are trained on how to interact with the patient during a virtual visit. Clinicians should also define best practices for virtual visits. New pockets of previously dormant resources could be activated as a result, and scheduling of clinical staff and patient visits will likely need to be revamped.

- **Partner and collaborate:** Alliances will likely be key to the future of virtual health. Organizations are increasingly recognizing that they cannot go it alone because they lack all of the necessary offerings to thrive in an increasingly virtual health care system. To effectively address the drivers of health—and ensure everyone can benefit from evolving technology, scientific

discovery, and improved care models—health plans and health systems will likely need to partner and collaborate with community service providers, technology companies, retail pharmacies, employers, and others.

Even as the COVID-19 curve begins to flatten, patients might be reluctant to go to a hospital, doctor's office, or outpatient clinic for care and risk being exposed to sick people. In addition, positive experiences with virtual health today might mean tomorrow's patients are less willing to take a day off of work to travel to an in-person doctor visit. When we look back on this outbreak 20 years from now, we might recall it as being a tipping point for how the United States and other countries respond to potential health emergencies, and a tipping point for virtual health.

Excerpts and Opinion by Bill Fera, MD, Principal, Deloitte Consulting LLP. Fera specializes in technology-enabled transformation to support the advancement of population health strategies. As a practicing physician, health system executive, and consultant, Fera has worked across health plans and health systems to drive toward a value-based, patient-centered model of care. He is based in Pittsburgh, PA. <https://www2.deloitte.com/us/en/blog/health-care-blog/2020/covid-19-might-have-accelerated-virtual-health.html>

Rule Relaxation Should Be Made Permanent

On Thursday, June 4, 2020, Premier Inc.¹ sent a letter to leaders of Congress and the U.S. Department of Health and Human Services to make the case that some of two-dozen federal regulatory waivers – enacted in the coronavirus pandemic to enable rapid response to COVID-19 – should be made permanent once the public health emergency has ended.

¹ Premier Inc. (NASDAQ: PINC) is a healthcare improvement company uniting an alliance of approximately 4,000 U.S. hospitals and health systems and more than 175,000 other providers and organizations. Premier has created one of the most comprehensive databases of actionable data, clinical best practices and efficiency improvement strategies. Premier's technologies enable their members to collaborate more easily and efficiently. Their goal is to improve members' quality outcomes, while safely reducing costs. By engaging members and revealing new opportunities, they seek to empower the alliance to improve the performance of healthcare organizations, helping them do what they do best, Heal First™.

Premier highlighted that many of the waivers and temporary regulatory changes granted during this period have provided key opportunities to modernize healthcare delivery by removing outdated regulations. Specifically in regards to telehealth, Premier described the benefits to enable providers outside of rural areas to provide telehealth services, those that expand which types of practitioners can offer virtual care, and those that allow audio-only visits in certain situations and those that permit behavioral health providers to deliver remote care.

Premier also made the case that many waivers have helped avoid unnecessary hospitalizations for ambulatory conditions, and voiced support for the Emergency Medical Treatment and Labor Act (EMTALA) to be permanently amended to allow for pre-admission screening so that only acute cases are admitted as inpatients, while others are directed to more appropriate care settings. In addition, the group called for lasting changes to an array of process rules that enable nurse practitioners and physician assistants to practice atop their license, with remote supervision, while physicians are freed up to care for the most acute patients.

Lastly, Premier described that the pandemic has required greater care coordination across the traditional healthcare silos as providers work to manage infected patients in the most effective settings. According to a Premier survey, leading health systems and providers operating in value models were able to rapidly implement strategies to respond to COVID-19, expanding care management, call centers and remote/home monitoring and other capabilities to respond to COVID-19. Moreover, they explained that if they had made more progress in value-based care prior to COVID-19, with more entities in global budgets or capitation, they could have avoided the financial challenges many providers faced. They urged Congress to support a continued emphasis on movement to value-based care.

Excerpts from Letter to the Honorable Mitch McConnell, the Honorable Nancy Pelosi, the Honorable Charles E. Schumer, and the Honorable Kevin McCarthy by Blair Childs, Senior Vice President, Public Affairs, Premier, Inc. on behalf of the Premier healthcare alliance serving approximately 4,000 leading hospitals and health systems, hundreds of thousands of clinicians and 175,000 other provider organizations.

"During the height of the COVID-19 pandemic, waivers cleared away cumbersome barriers and allowed health systems to save lives in the process," said Premier SVP of public affairs Blair Childs in a statement.

"Many of these measures were policies for which we've been advocating for many years. In all practicality, these waivers were pressure tested during the pandemic, and proved to be effective at modernizing and improving healthcare delivery. Smart, effective ideas should be made permanent policy. There's no reason to revert back to the status quo just because patients may seek different avenues for treatment."

He added: "These waivers are all rooted in common sense and will go far to modernizing the Medicare program in keeping with technology and other advancements that have improved care delivery."

Miliard, M. Blog; Healthcare IT News; <https://www.healthcareitnews.com/news/premier-lists-rule-relaxations-should-be-made-permanent-post-pandemic>; June 5, 2020.

"Our research shows that virtual health is changing the industry landscape, and traditional health care business models will likely need to evolve to stay competitive and win over consumers and patients." – The Future of Virtual Health; Deloitte Insights

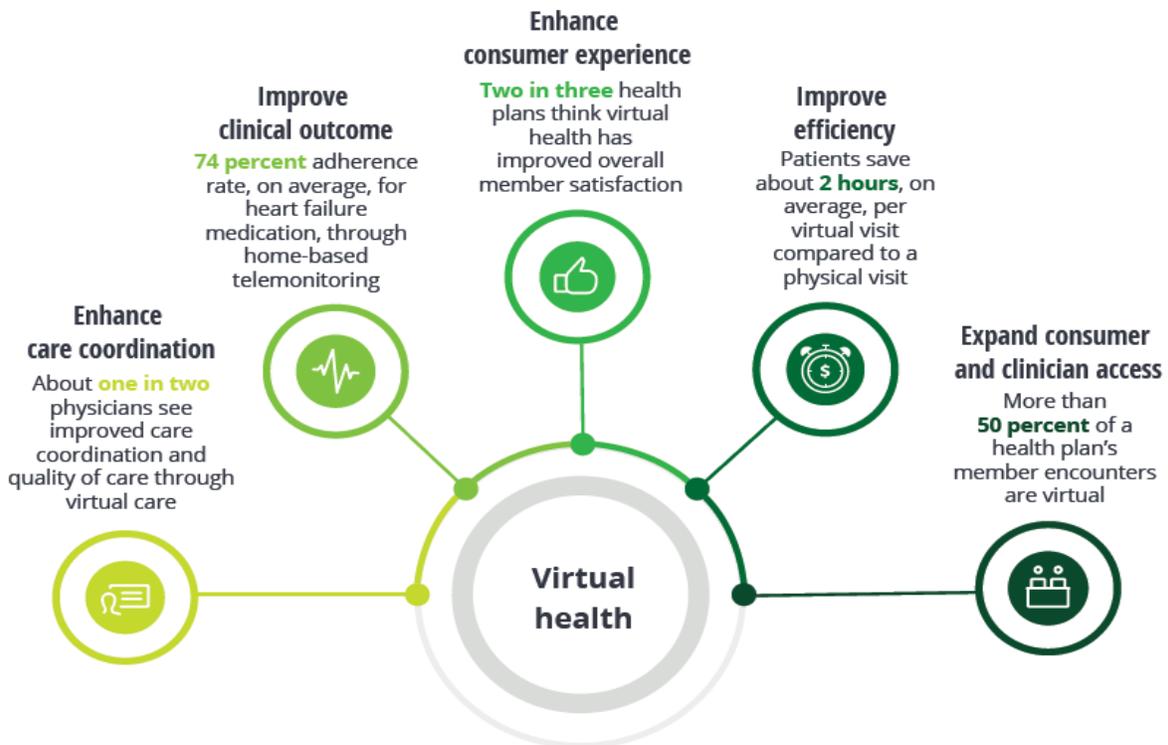
Virtual Health – Transforming the Healthcare System

Virtual health gives health stakeholders and patients the ability to share data and content and perform personalized interactions remotely. This can allow for convenient, high-quality access to care that can enhance provider-patient interactions. In addition, virtual health – facilitated robotics and automation can help relieve clinicians from mundane, administrative, or routine tasks, giving them more opportunities to practice at the top of their license. For example, virtual assistants can handle appointment scheduling, prescription orders, and transcribing clinician’s notes automatically into the electronic medical record so that clinicians can spend more time treating and engaging in face-to-face interactions with their patients.

The Deloitte Center for Health Solutions defined virtual health as continuous, connected care delivered via digital and telecommunication technologies. It includes video visits and telemedicine, remote monitoring, asynchronous communication, medication adherence, and clinician or provider-facing solutions, such as virtual consultants and virtual second opinions. Virtual health has the potential to touch the so-called “four C’s” that are critical to the success of consumer well-being and care delivery. It can drive:

- **Continuity** – agnostic of care setting (home, outpatient, or inpatient)
- **Connectivity** – encompassing asynchronous and synchronous modalities
- **Coordination** – linking all stakeholders (consumers to providers; providers to providers; consumers to life sciences companies, and more)
- **Care Continuum** – from well-being to acute to post-acute care

Virtual health can drive value across five key areas:



Source: Deloitte analysis.

Excerpts from: Fera, Bill, Et. Al.; *The Future of Virtual Health*; Deloitte Center for Health Solutions; April 2020

Final Thought...

Impact of Coronavirus on Personal Health, Economic and Food Security, and Medicaid...

Key Findings:

- Amidst the coronavirus pandemic, Americans are deferring medical care. **Nearly half of adults (48%) say they or someone in their household have postponed or skipped medical care due to the coronavirus outbreak.** However, as stay-at-home restrictions ease, most (68% of those who delayed care, or 32% of all adults) expect to get the delayed care in the next three months.
- **About four in ten U.S. adults (39%) say worry or stress related to coronavirus has had a negative impact on their mental health, including 12% who say it has had a “major” impact.** This is down slightly from early April when 45% reported a negative mental health impact. Yet, women continue to be more likely than men to say it has negatively impacted their mental health (46% vs 33%) and urban (46%) and suburban (38%) residents are more likely than those in rural areas (28%) to say coronavirus has had a negative impact on their mental health. Among adults in households that experienced income or job loss due to the coronavirus outbreak (who make up one-third of adults overall), 46% say the pandemic has had a negative impact on their mental health.
- **Three in ten adults (31%) say they have fallen behind in paying bills or had problems affording household expenses like food or health insurance coverage since February due to the coronavirus outbreak.** Additionally, one in four Americans (26%) say they or someone in their household have skipped meals or relied on charity or government food programs since February, including 16% who say this was due to the impact of coronavirus on their finances. The share who say they have skipped meals or relied on charity or government food programs due to coronavirus is higher among those in households that have lost a job or income due to coronavirus (30%) and among Black adults (30%) and Latinos (26%).
- As states consider spending cuts to address budget shortfalls caused or exacerbated by the coronavirus pandemic, it appears that many potential cuts will be unpopular among the public. **At least three-quarters of adults oppose decreasing spending on K-12 public education (80%), police and safety (75%), and Medicaid (74%).** Moreover, majorities oppose cutting spending on social services (60%), higher education (55%), prisons and jails (54%), and environmental protection (53%). Transportation is the only area which garners majority support for state budget cuts. Majorities of Democrats (85%), independents (73%), and Republicans (62%) oppose their state government decreasing spending on Medicaid.
- At a time when many newly unemployed Americans may turn to Medicaid for health insurance coverage, **a majority of adults (55%) say the Medicaid program is personally important to them and their families and about one in four adults (23%) who are not currently on Medicaid say it is likely they or a family member will turn to Medicaid for health insurance in the next year.** This share rises to 31% among those who lost income or whose spouse lost income due to the coronavirus outbreak. Two-thirds of adults in states that have not expanded Medicaid say their state should expand the program, including seven in ten adults (72%) in those states whose household experienced a job or income loss due to coronavirus.

Hamel, L. et. al.; KFF Health Tracking Poll – May 2020; Kaiser Family Foundation; <https://www.kff.org/report-section/kff-health-tracking-poll-may-2020-health-and-economic-impacts/>