

Presentation to the
Insurance and Real Estate Committee
On the importance of Tele-Health for key
populations

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Community Health Center, Inc. Locations and Service Sites in Connecticut

Federally Qualified Health Centers (FQHCs)

- ⊙ Nation's largest safety net setting: 1,352 FQHCs
- ⊙ Located in designated high need communities
- ⊙ Caring for 28 million patients annually
- ⊙ 93% served are below 200% poverty
- ⊙ Public reporting on cost, quality, and utilization

CHC Profile

- ⊙ Founding year: 1972
- ⊙ Primary care hubs: 16; 204 sites
- ⊙ Staff: 1,000+
- ⊙ Patients/year: 100k (CY 2019); 150,000 active
- ⊙ Specialties: onsite psychiatry, podiatry, chiropractic
- ⊙ National leaders in quality and innovation

Elements of Model

- ⊙ Fully Integrated teams and data
- ⊙ Integration of key populations into primary care
- ⊙ Data driven performance
- ⊙ "Wherever You Are" approach to special populations

Weitzman Institute

- ⊙ QI experts; national coaches
- ⊙ Project ECHO® — special populations
- ⊙ Formal research and R&D
- ⊙ Clinical workforce development
- ⊙ NNPRFTC / NIMAA / ConferMED



Today's Agenda

- **Preparation:** October 2019
- **Deployment:** March 2020
- **Post COVID ERA:** Regulatory Reform



Fall 2019: Preparation

- Myriad of telehealth vendors to select from, even more post COVID-19
 - Large vendors (AmericanWell, Zipnosis, MDLive, Teladoc)
 - Smaller vendors (Doxy.me, ClockTree, Spruce)
 - EMR-based (e.g. Epic Systems)
- CHC's telehealth teams elected to utilize Zoom for video visits
 - Zoom was already CHC's A/V vendor for virtual meetings
 - Providers were already well versed in Zoom functionality and controls
 - Zoom offered the encryption needed to meet healthcare standards for privacy and security
 - CHC did not allow providers to use unsecure platforms (phone or video), despite relaxed federal guidelines during COVID-19



Zoom Video

- Zoom encryption fully complies with HIPAA Security Standards to ensure the security and privacy of PHI
- Waiting room
 - Patients must be admitted into session by provider
 - Prevents patients from joining session too early
 - Eliminates Zoom ‘bombing’
- Ability to add multiple participants (group session)
 - Screen sharing, polling, and whiteboard features
 - Foreign language and ASL translation services



Zoom Phone

- Once phone visits were approved, providers were using *67 to dial patients for their appointment
 - Patients did not answer blocked number
- Deployed Zoom Phone to all providers and Operations staff making outbound calls (516 users)
 - No 'physical phone' – completely virtual deployment
 - Can be used on a PC (part of Zoom video) or the app can be downloaded on employee's personal cell phone
 - Secure HD Voice with enterprise-class reliability and quality
 - Contains texting capabilities
 - \$10.83/user/month for 6 month contract



Patient Communication via Text & Email

- Sending campaigns about telehealth availability
- Utilize texts to send pre-visit instructions about phone and video appointments and visits with minors

Telephone Appointments: Patient informed not to come to the office and to expect provider's call at appointment time

Patient- Your appointment is: Thursday, April 9, 2020 3:00 PM with Your BH Provider. Reply YES to confirm or NO to cancel. CHC 134StateSt Meriden 203-237-2229 This is a telephone appt, please do not come to the office. Your provider will call you at the time of the appointment. This call may come from a blocked number TextSTOPoptout

Video Appointments: Patient provided with links to download the Zoom app and join the provider's static Zoom room

Patient- Your appointment is: Monday, April 13, 2020 9:45 AM with Your BH Provider. Reply YES to confirm or NO to cancel. CHC 395NMainSt Bristol 860-585-5000 Click here to download the Zoom app for your video visit: <https://chc1.com/telehealth> To join your Zoom appt, click here: <https://zoom.us/my/chctelehealth230> TextSTOPoptout

Provider Training

- Trained all existing providers
 - Several 60 minute sessions as DSS bulletins were updated
- Virtual new hire orientation
 - Pre-work: 45 minutes (read clinician guide and watch videos)
 - Live sessions with telehealth experts: 90 minutes
 - Role play / experiential learning: 2 hours
- Providers trained on:
 - Zoom Video and Phone
 - Contingencies
 - Support
 - Telehealth best practices
 - Scheduling
 - Documentation and billing
 - Compliance
 - Patient experience



Patients Seen via Telehealth

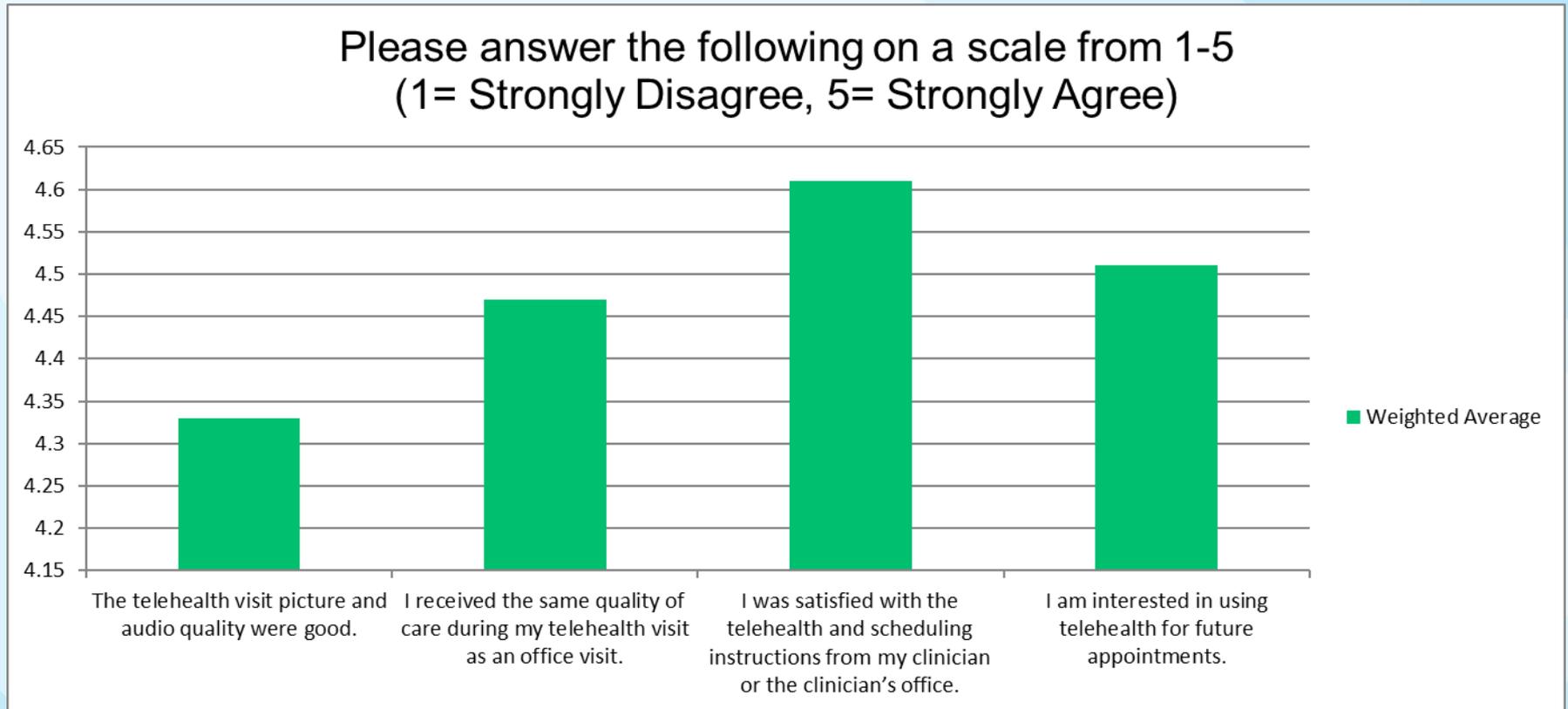
- 47,261 unduplicated patients seen March 15, 2020 – June 3, 2020
- 90+% of visits by either phone or video
- 125,137 telehealth appointments
 - 100,332 phone (80%)
 - 24,805 video (20%)

| | Behavioral Health | Medical |
|---------------------------------------|-------------------|---------|
| Phone | 56% | 87% |
| Video | 44% | 2% |
| In Person (includes COVID testing) | 0% | 11% |



Patient Satisfaction via Text Survey

- Patients receive a short survey via text post visit



Nearly 90% of patients are interested in using telehealth for future appointments
(n= 408)



Patient Satisfaction via Text Survey

Any feedback or suggestions you'd like to share on how we can improve telehealth visits?

(n = 162/408 provided feedback to date)

By and large very positive feedback

- “With the new normal Americans are having to deal with I am quite impressed with the way CHC has initiated THIS new process”
- “For introverts like myself, I have days where I will cancel alot of appointments, but because I now have the option to use this service I haven't”
- “I hope these visits continue they are a great therapeutic help to me and the convenience of the video is wonderful. I had used Talkspace before and this reminds me of that experience positively.”
- “I wish this was standard practice than in person visits. More efficient and strangely more personal.”
- “Awesomely convenient!!!”

Some patients struggle with video (and have to convert to phone-only)

- “Video quality was bad. Ended up doing voice only”
- “Well more details .me as a order person like a grand parent I couldn't even get it to work for the appt. 😞”
- “We couldn't see the provider on video”

Post COVID ERA: Regulatory Reform

- Services Launched and Need to be Maintained
 - Tele-Behavioral Health
 - Individual and group sessions (video/phone)
 - Initial patients (video/phone)
 - Tele-Medical
 - Initial patients (video/phone)
 - Established patients (video/phone)
 - Photo submission for established patients (photo sent via email)
- Future Development
 - Deployment of telehealth clinician satisfaction survey
 - Medicare Tele-Annual Wellness Visits
 - Tele-Dental
 - Tele-Clinical Hub Buildings (July 1)



The Digital Divide

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Coronavirus outbreak

US's digital divide 'is going to kill people' as Covid-19 exposes inequalities

Exclusive research shows drop in connectivity is impacting rural and urban areas with populations already underserved by the medical system or racked with poverty



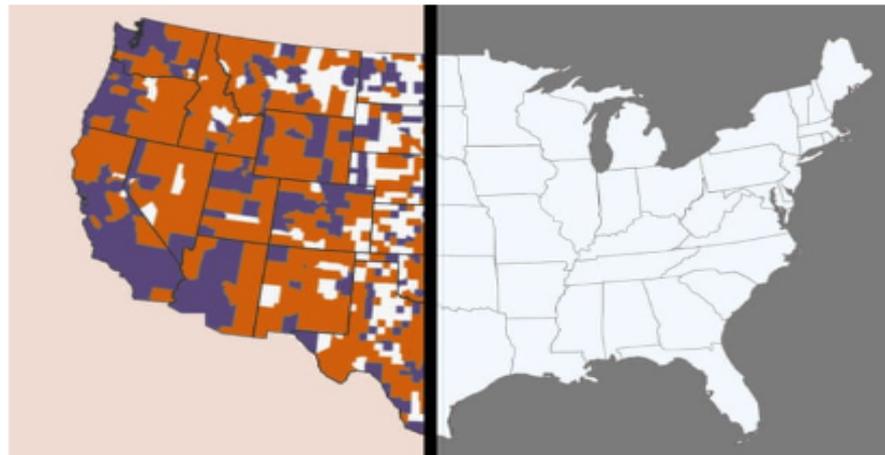
Amanda Holpuch in New York

@holpuch

Mon 13 Apr 2020 08.08 EDT



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▲ The internet is key to accessing information about the coronavirus. Human Rights Watch says closing the digital divide was necessary to preserve human rights during the outbreak. Illustration: Guardian Design/The Guardian

The Covid-19 crisis is exposing how the cracks in the US's creaking digital infrastructure are potentially putting lives at risk, exclusive research shows.

With most of the country on lockdown and millions relying on the internet

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The Digital Divide

- Lack of internet access in rural areas has historically been the focus
 - Service providers can call a census block covered when only one house has internet access and use marketing language such as “up to x speed” though residents rarely get the maximum speed
- Broadband is unaffordable for many urban residents
 - The Pew Research Center finds that only 67 percent of urban residents have home broadband connections – better than in rural areas, but not anywhere near good enough
- “It’s a shame it’s taken a pandemic for people to realize if you don’t have internet access you’re cut off from participation in society”
 - Gigi Sohn, former senior staff member at the FCC and a distinguished fellow at the Georgetown Law Institute for Technology Law and Policy



The Digital Divide

- The lack of connectivity is affecting populations already underserved by the medical system or racked with poverty
- Human Rights Watch said closing the digital divide was necessary to preserve human rights during the outbreak
- People seeking medical care are being told to avoid hospitals and doctors' offices in favor of video or phone calls with their doctors
 - While a delayed connection might be irritating in an office video conference, in a healthcare setting, it can lead to worse quality care
 - In May 2017, the American Medical Informatics Association (AMIA) urged the US government to recognize broadband access as a social determinant to health



Pandemic Adversely Affecting People of Color

- Becker's Article: Racial disparities & COVID-19: Why it matters in healthcare
 - Black COVID-19 patients are nearly three times as likely to be hospitalized as their white counterparts, according to a study published May 21 in Health Affairs
 - 26 percent of Latino adults said they know someone who has died from COVID-19, compared to just 10 percent of white adults, according to an ABC News-Ipsos survey published May 22



Sustaining Telehealth Access – RI

- Gov. Gina Raimondo signed an executive order in early March requiring all insurers to cover telemedicine visits throughout the COVID-19 pandemic
- New legislation (5/25) expands access to telemedicine services:
 - Allows audio-only telehealth appointments
 - Requires all services to be reimbursed at rates not lower than the same services would have been if the visit was in-person
 - Insurers are prohibited from imposing cost-sharing and prior authorization requirements for telehealth services



Sustaining Telehealth Access – CT

- 19a-906: Permit audio telehealth and distant site telehealth providers
- 17b-245e: Requires Medicaid to cover expanded telehealth
- Changes for both DSS and commercial payors:
 1. Require coverage of medical and BH telehealth services, including audio-only service, when an in-person visit is not required
 2. Permit audio-only services when a patient does not have access to video capabilities
 3. Permit providers licensed in CT to provide services even when the provider is out of state



Sustaining Telehealth Access - CT

§ 17b-245e. Telehealth services provided under the Medicaid program.
Report

(a) For purposes of this section:

- (1) "Commissioner" means the Commissioner of Social Services;
- (2) "department" means the Department of Social Services; and
- (3) "telehealth" has the same meaning as provided in section 19a-906.

(b) The department shall provide coverage under the Medicaid program for telehealth services for categories of health care services ~~that the commissioner determines~~ that are critical to access to care, including audio-only telephone visits if the patient does not have access to video technology or equipment.



Sustaining Telehealth Access - CT

Such categories of health care services shall include:

- (1) primary and specialty health care visits that do not require in-person presence of the provider and/or patient;
- (2) behavioral health care visits that do not require in-person presence of the provider and/or patient;
- (3) all other health care services that the commissioner determines are clinically appropriate to be provided by means of telehealth, cost effective for the state, and likely to expand access to medically necessary services where there is a clinical need for those services to be provided by telehealth or for Medicaid recipients for whom accessing appropriate health care services poses an undue hardship.



Sustaining Telehealth Access - CT

The commissioner **shall revise any existing policies or regulations regarding telehealth to ensure compliance with this section.** Further, the **commissioner** may provide coverage of telehealth services pursuant to this section notwithstanding any provision of the regulations of Connecticut state agencies that would otherwise prohibit coverage of telehealth services. The commissioner may implement policies and procedures as necessary to carry out the provisions of this section while in the process of adopting the policies and procedures as regulations, provided notice of intent to adopt the regulations is published in accordance with the provisions of section 17b-10.



Sustaining Telehealth Access - CT

§ 19a-906. Telehealth services

(a) As used in this section:

(2) “Distant site” means the site at which the telehealth provider is located at the time health care services are provided to the patient by means of telehealth. The physical location of the Distant Site does not matter so long as the telehealth provider is licensed in accordance with the provisions herein;



Sustaining Telehealth Access - CT

(7) "Originating site" means a site at which a patient is located at the time health care services are provided to the patient by means of telehealth. **Originating site may be the patient's home or other location in this state.**



Sustaining Telehealth Access - CT

(12) "Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, texting or electronic mail **but may include audio-only telephone if the patient does not have access to video technology or equipment.**



Sustaining Telehealth Access - CT

(b) (1) A telehealth provider shall only provide telehealth services to a patient when the telehealth provider:

(A) Is communicating through real-time, interactive, two-way communication technology, **including audio-only telephone when the patient does not have access to video technology or equipment or store and forward technologies;**



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