



## Telehealth for Home Health and Hospice

Informational Session before Public Health Committee July 2, 2020

### Introduction:

Thank you for inviting Home Health and Hospice—refer to recent memo sent to legislators 6/26 (attached)

Telehealth coverage **prior** to COVID Public Health Emergency

- Home Health primarily used Telemonitoring for Disease Management, Monitoring and proven reduced hospitalizations
  - Equipment in home to measure vital signs, answer disease specific question and transmit to agency for review, follow up and education
  - More recently, some agencies added video conferencing for telehealth visits
  - No reimbursement from Medicare, Medicaid or Private Insurance carriers
  - Incorporated into bundled Medicare payment through case management
- Hospice: rarely used

Telehealth coverage during COVID PHE

- Medicare acknowledges need and supports use but no reimbursement for either home health or hospice
- Medicaid 2-step expansion
  - [PB 20-28 04 01 2020](#)
  - [PB 20-34 05 2020](#)
- No additional Private Insurance coverage unless individually negotiated per provider

### 1. What are the primary lessons learned, pros/cons?

- a. Visit refusals due to fear of COVID exposure
  - i. In Home setting: Telehealth kept pt/fam connected and helped to reduce hospitalizations
    1. Audio/video but limitations due to lack of adequate technology in home
    2. Telephonic
  - ii. Hospice and Nursing Homes (NHs) where hospice was refused entry
    1. TH is only option to stay connected, offer symptom management and family support
    2. Yet NHs had little time to assist with telehealth visits
    3. Pts left isolated and dying alone as both hospice and families couldn't visit



- iii. Other congregate settings: Home Health, Hospice and Non-medical Home Care all refused entry
  - 1. Could only communicate via TH if at all
  - 2. Saw increase isolation, depression and worsening health conditions (wounds, chronic diseases)
- b. Largest CT Agency example serving both home health and hospice patients: Completed 533 virtual visits this far during the COVID Pandemic, mostly Medicare.
  - i. Effective tool as an adjunct to home visits to reduce risk of exposure--All COVID positive and suspected COVID positive patients received a telemonitor (TM) with video capability.
    - 1. Response from patients was positive
    - 2. Re-hospitalization rate for pts on TM for April was 8% and for May it was 10.15 %
  - ii. Costs and Reimbursement
    - 1. Unable to bill Medicare and Medicaid rates although equal to a visit rate too low
    - 2. Added staff to support visits without reimbursement
    - 3. Home Health just started new Medicare payment process Jan 1, 2020—significant challenge and losses due to decreased visits and inability to bill
  - iii. Virtual visits with physician/APRN for face to face (F2F) encounters (both Home Health and Hospice have F2F requirements)
- c. Small agency example with large Medicaid volume
  - i. Agency able to use both audio and video TH for traditional intermittent Home Health visits as well as Continuous Skilled Nursing (CSN) visits (shift nursing for medically fragile peds and adults who otherwise would be institutionalized)
    - 1. CSN patients and families benefited greatly as able to limit number of visits in household while maintaining proper RN supervision per regulations—this greatly allayed fears of family members trying to protect their compromised family members from exposure and potential hospitalizations
  - ii. Also able to provide therapy (OT/PT) virtually—preventing decline and enhancing their well-being and health
- d. Hospice agency example: Large national hospice provider
  - i. Created Telehealth best practice protocols which greatly improved a difficult situation where hospices were refused entry to many congregate settings
- e. Workforce shortage—existing problem prior to PHE. Technology of telehealth offered some relief but need to be coupled with in-person visits. If TH services



- i. Our providers continue to work in the community where they face complete unknowns going into people's homes everyday!

- i. Ongoing lack of consistent guidance from DPH
- ii. Lack of state PPE distribution until beginning of June
- iii. Still no response to Waiver requests submitted April 3, 2020

a. The response to this is contingent upon reimbursement. The cost to lease or buy TH equipment along with staff to support the implementation and management cannot be managed without a reimbursement for the services.

- a. Recommend Medicaid and Commercial Insurance ongoing coverage for telehealth—similar to current DSS expansion from May 2020 in PB 20-34.
- b. We also recommend that telehealth visits be allowed for all F2F visits (for MDs/APRNs) at ALL times.
- c. If nothing else, we recommend that telehealth be allowed for all disciplines during times of emergency (snowstorm/blizzards, hurricanes, floods, civil unrest, etc.) when team members cannot safely get to the patient’s bedside.
- d. In addition, we are working with our national associations to advocate for Medicare coverage for telehealth.

Thank you for your consideration to our issues. I'm happy to clarify any questions or offer examples.

CT Association for Healthcare at Home