

# **Public Health Committee Informational Forum on Telemedicine July 2, 2020**

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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



## 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



## Patients Seen via Telehealth Since March 2020

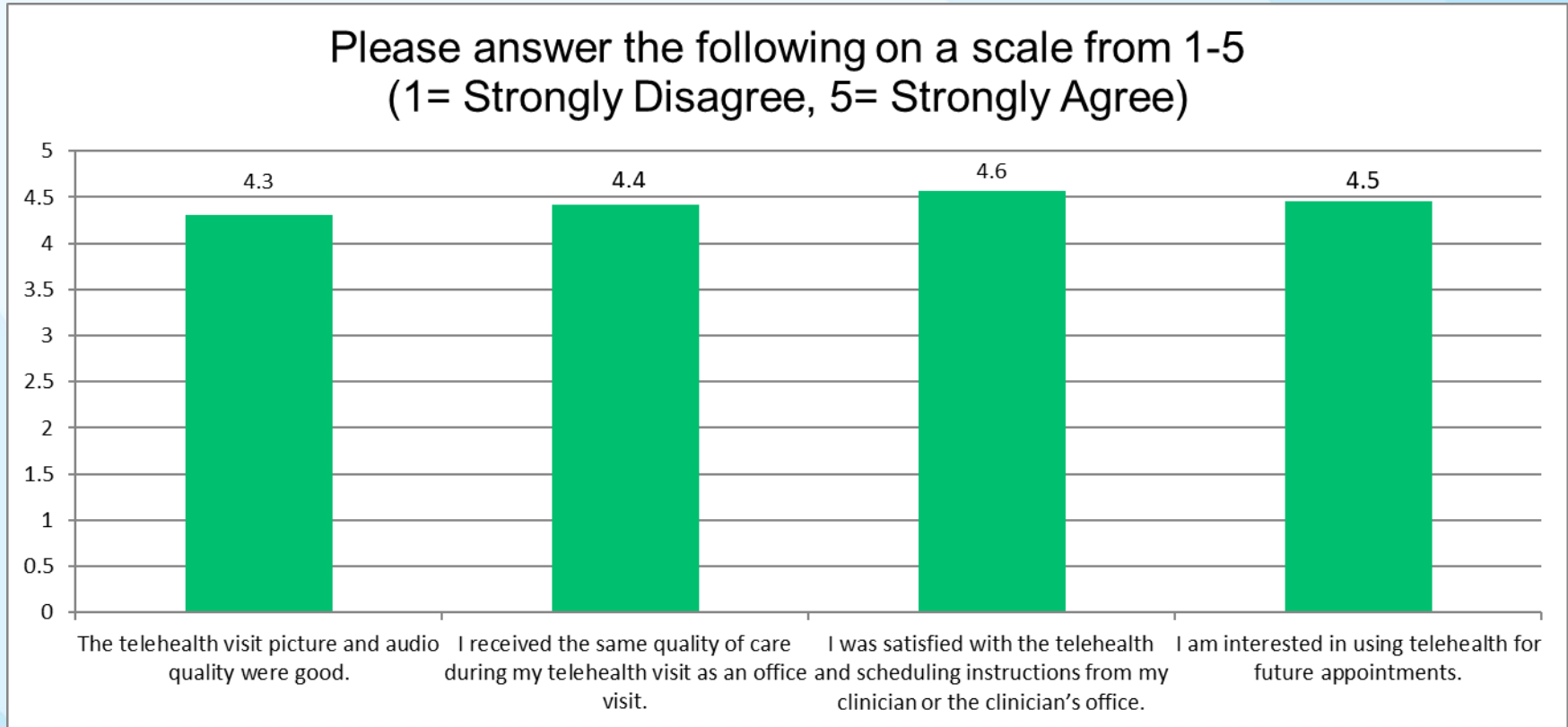
- 62,337 unduplicated patients seen March 15, 2020 – June 27, 2020
- 90% of visits by either phone or video
- 155,988 telehealth appointments
  - 125,581 phone (81%)
  - 30,407 video (19%)

	Behavioral Health	Medical
Phone	57%	83%
Video	41%	2%
In Person	2% (forensic interviews)	16%



## Patient Satisfaction with Telehealth is Very High

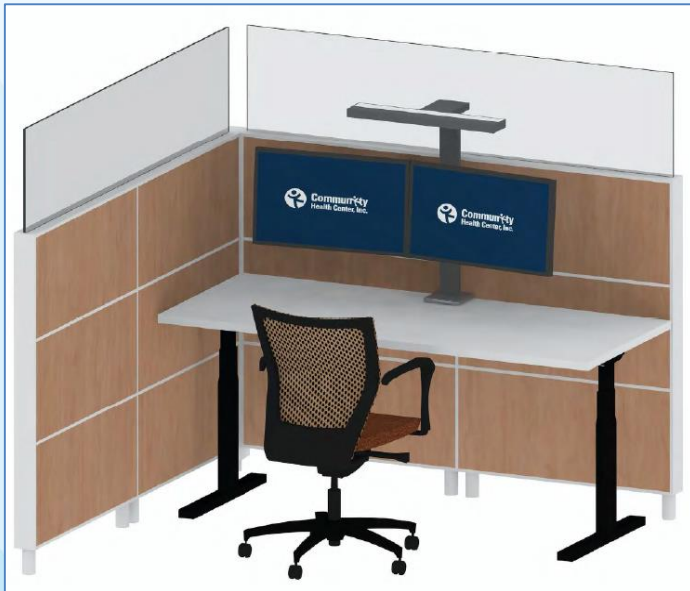
- Patients receive a short survey via text post visit



Nearly 90% of patients are interested in using telehealth for future appointments (n= 487)

## Provider Satisfaction with Telehealth

- Deployed a telehealth clinician satisfaction survey
- Constructed telehealth pods to ensure clinicians are able to provide team-based virtual patient care





## Specialty e-Consults Improve Care and Reduce Costs

- E-Consults (electronic consultations) improve access and quality of care for patients, particularly the underserved, supporting better clinical outcomes and reduced costs.
- In 2019, over 5,000 pediatric and adult patients with Medicaid insurance/CHIP from across Connecticut received an eConsult, saving the state \$1M before CMS informed DSS reimbursement was no longer allowed.
- CMAP has the option to re-establish a process to reimburse FQHCs for e-Consult costs, positioning Connecticut a national leader in providing this important telehealth tool to its Medicaid patients.



## The Cost of Sustaining Telehealth Services

- CHC purchased a significant number of Zoom video and Zoom phone licenses, allowing behavioral health and medical providers to communicate with patients via encryption in full compliance with HIPAA Security Standards.
- Additional expenses include IT infrastructure upgrades for workers remaining remote, and internal facility construction for providers coming back to work in telehealth pods.
- There will be a need for hiring more experienced IT developers to help sustain and improve the telehealth platform





## Post-COVID ERA: Regulatory Reform Needed

- Services Launched and Need to be Maintained
  - Tele-Behavioral Health
    - Initial patients (video/phone)
    - Individual and group sessions (video only)
  - Tele-Medical
    - Initial patients (video/phone)
    - Established patients (video/phone)
    - Photo submission for established patients (photo sent via email)
- In Development:
  - Medicare Tele-Annual Wellness Visits
  - Tele-Dental (established and school-based patients)
- Continuation of Medicaid coverage (parity with in person visits) will be paramount to ensure patients continue to receive high quality virtual care



## Sustaining Telehealth Access – Suggested Changes

- Changes to statutes needed:
  1. 19a-906: Permit audio telehealth and distant site telehealth providers
  2. 17b-245e: Require 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 – Suggested Changes

§ 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 (17b-245e cont'd)

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 (17b-245e cont'd)

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 – Suggested Changes

§ 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 (19a-906 cont'd)

(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 (19a-906 cont'd)

(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 (19a-906 cont'd)

(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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