Telehealth Adoption for SBHCs

New York School Based Health Foundation (NYSBHF)

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Meet Our Team:

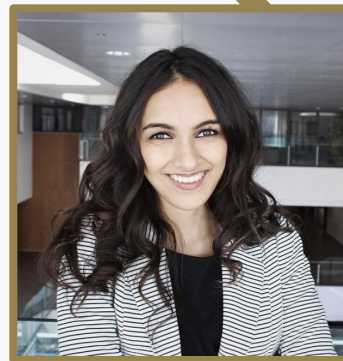| Sam Russo	Adam Lan	Clare Hudock	Diana Rubin	Saba Rawjani
Experience as an Advocacy Consultant at AIDS Healthcare Foundation & Policy Intern at Unite Us Currently pursuing an MPH in Sociomedical Sciences Post Grad: Seeking opportunities in Healthcare/Life Sciences consulting	Experience as an Investment Banking Analyst at Barclays Capital Currently pursuing an MHA Post Graduation: Management Consultant, Oliver Wyman	Experience at the Detroit local health department, the U.S. Senate HELP Committee, GLG, New York State Department of Health Currently pursuing an MPH in Health Policy & Management. Seeking post grad opportunity in health policy	Experience as an Outcomes Analyst at TAVHealth. Currently pursuing an MPH in Health Policy & Management. Post Graduation: Health Policy Consultant, Leavitt Partners	Experience at Cleveland Clinic, Stanford Hospital and NewYork-Presbyterian Currently pursuing an MPH in Health Policy & Management. Post Graduation: Columbia Business School, MBA '22

Background & Mission

Introduction:
Across New York State, 262 school-based health centers (SBHCs) serve nearly 250,000 K-12 students. SBHCs provide a safety net for communities that have traditionally lacked primary care access.

Problem Statement:
Prior to the COVID-19 crisis, telehealth was not widely used by SBHCs. However, in response to the COVID-19 emergency telehealth was quickly adopted by SBHCs and regulations were relaxed.

Our mission:
What will the future of telehealth within New York's SBHCs look like? What should be considered in a statewide initiative promoting widespread adoption of telehealth by SBHCs?

Interviews

SBHCs:

Urban Health Plan
University of Rochester
Open Door Med Center
Bassett Health
NYU
NYP
Northwell Health
Fairhaven

North Carolina (SBHC
Telehealth
Consultants)
Kaleida Health
Colorado (SBHC)
Montefiore
Institute for Family
Health

Policy/Advocacy:

Manatt
NYC Dept. of Education
GNYHA
HANYS
CHCANYS
National Health Alliance

*NYS DOH unable to participate due to COVID pressure

Key Themes

1. Policy

2. Revenue

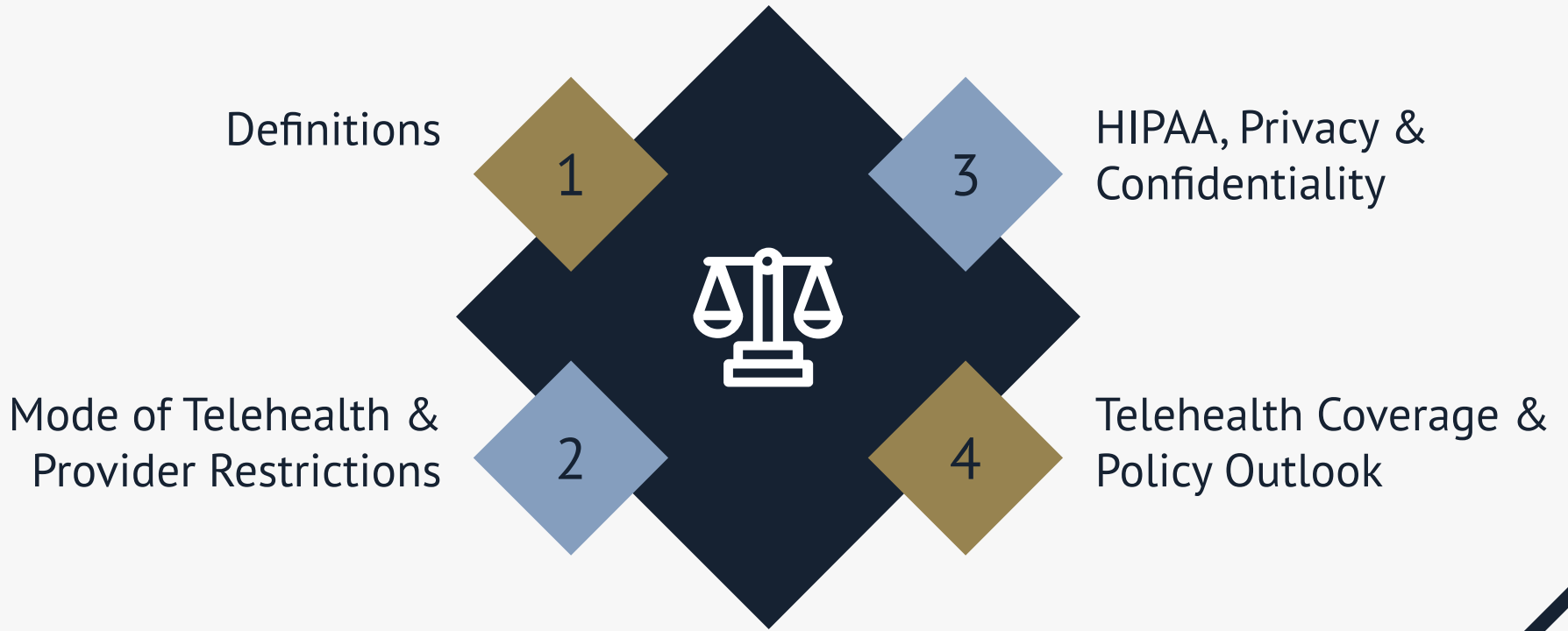3. Services

4. Systems

5. Operations

6. Access

7. Evaluation

Topic 1:
Policy

1. Policy

Definitions

1

HIPAA, Privacy & Confidentiality

3

Mode of Telehealth & Provider Restrictions

2

Telehealth Coverage & Policy Outlook

4

New York Definitions

	Pre-PHE	COVID PHE
Telehealth	The use of electronic information and communication technology to deliver health care to patients at a distance	Includes Telephonic Services
Telemedicine	Two-way audio-visual communications to deliver **clinical** health care services	Includes Teledentistry
Originating Site	Patient location: patient's residence or temporary location outside NY	No Restrictions
Distant Site	Provider location: Home office or secure area	No Restrictions

Definitions: Key Quotes

Interview Insight Establish common definitions

"Telehealth definitions vary state by state. New York's definition is not universal so it is imperative to establish common definitions."
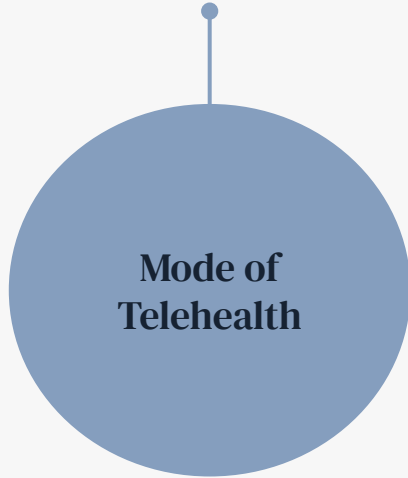
—Manatt Health

"The definition of telehealth will continue to evolve. It's a moving target and will depend on new technology that comes out"

—Urban Health Plan

Modality & Provider Additions for Medicaid

Temporary expansion to telephonic (audio only) services

Mode of Telehealth

Providers

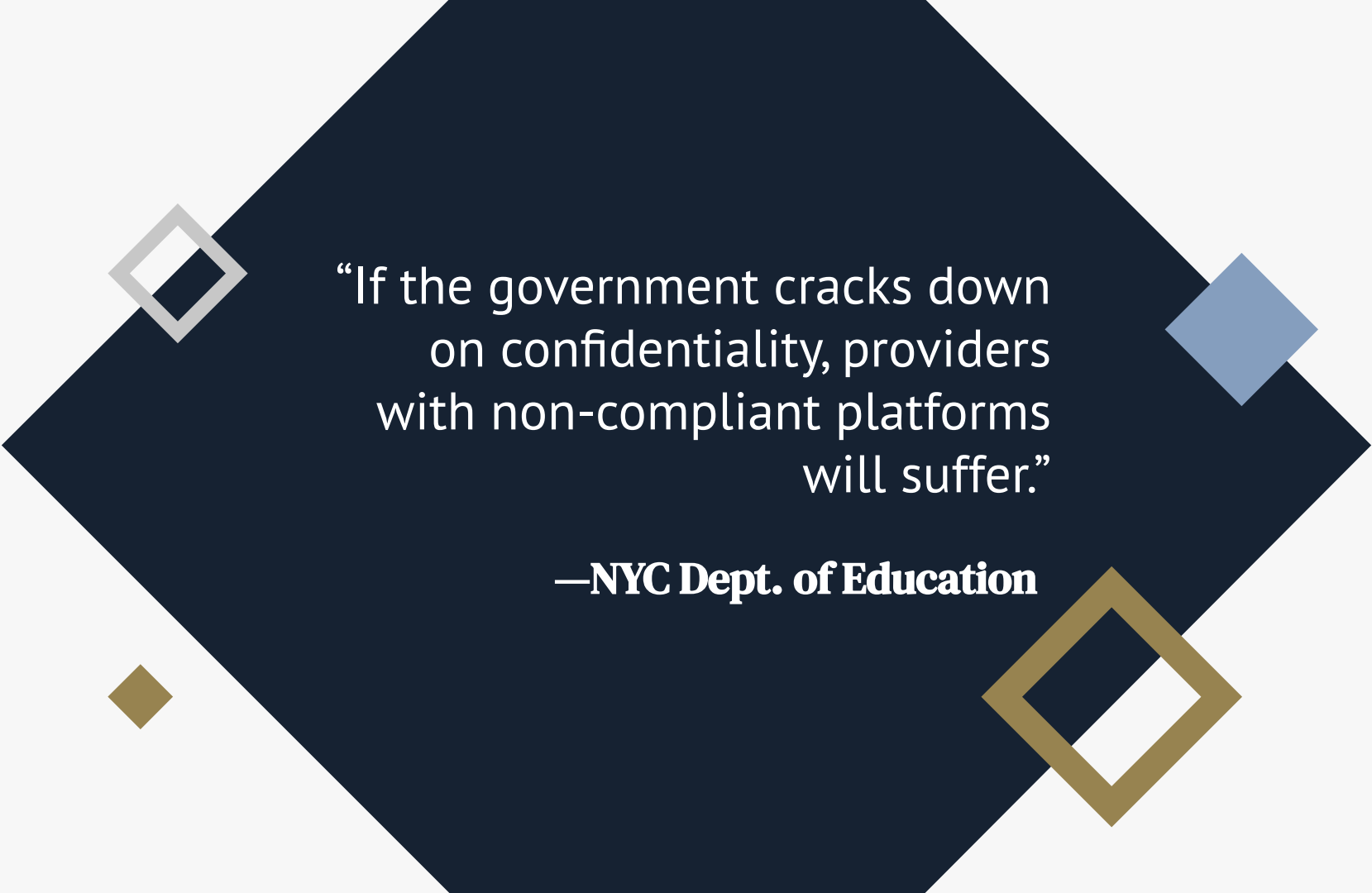Dentists and "school supportives" added

HIPAA, Confidentiality & Consent

- Services provided by telehealth must be in compliance with HIPAA

- Verbal consent must be obtained

- Enforcement of HIPAA & privacy laws relaxed

Interview Insights

Issue of privacy while conducting telehealth visits - we can't know who is in the background

"If the government cracks down on confidentiality, providers with non-compliant platforms will suffer."

—NYC Dept. of Education

Telehealth Coverage & Policy Outlook

Medicaid Coverage

Families First Coronavirus Response Act (March 18th, 2020) says no Medicaid patient will lose coverage until the end of the PHE.

Policy Outlook

CMS says:

Will assess access, health outcomes, spending, health delivery & misuse to determine future regulations.

Policy Outlook: Key Quote & Interview Insights

"Where this is going to settle is yet to be determined but will depend largely on which telehealth services are paid for."

—HANYS

Interview Insights

Its challenging to determine which services will remain, as there is a huge degree of political uncertainty.

Policy Recommendations

1. SBHCs should establish common state-wide definitions

2. Important to invest in the HIPAA compliant platform now before regulations change

3. Nudge patients from audio only to audio-visual services

4. Advocate for relaxed telehealth policy in NY State

Topic 2:
Revenue

Reimbursement, Billing, Coding, Funding

New York Reimbursement Changes - Emergency Declaration

NYS Medicaid will reimburse both telephone and televideo

Telemedicine being reimbursed by Medicaid at the same rate as in-person visits

FQHCs are being paid the full Medicaid PPS rate for telehealth services

Capital costs for telehealth equipment are not reimbursable by Medicaid

"In order to continue to provide a high level of service via telehealth, video and phone reimbursement rates have to be equivalent to in-person visits."

—Open Door Family Medical Center

"Without the current level of reimbursement, I don't know how we would carry on providing telehealth services."

—University of Rochester School of Nursing

Policy Outlook: Reimbursement

Under E.O. 202, enhanced Medicaid reimbursement rates for telehealth in New York will expire when the State Disaster Emergency Declaration ends.

Interview Insights

It's unlikely that telehealth will continue to be reimbursed at the same level as in-person visits, but it will likely be higher than it was prior to the COVID-19 pandemic.

Policy Outlook: Reimbursement

"Insurers are concerned that telehealth will cost them more if access and utilization increase."

—HANYS

It's unclear if expanded telehealth access has increased or decreased overall healthcare costs. There has not yet been a state cost analysis, so it's too early to tell what the association and the state will recommend.

—GNYHA

"In our qualitative data from the summer, we heard the opposite. Schools cited a drop in student visits as one of the main challenges. The data shows there has been a decline in utilization of services across the board since going remote."

—School Based Health Alliance

Reimbursement Recommendations

Continued Reimbursement

SBHCs should continue to invest in telehealth systems and services. Equivalent rates will provide much greater flexibility.

Reduced Reimbursement

SBHCs should continue to utilize telehealth as long as it is clinically useful and economically sustainable.

Advocacy Recommendation

SBHCs and supporting organizations should collaborate with American Telemedicine Association, Alliance for Connected Care, and NCQA who are spearheading the **"The Taskforce on Telehealth Policy"** to lobby for permanent policy changes to telehealth reimbursement

Reimbursement Across States

23

States

have addressed telehealth in schools through legislation since PHE declared

33

States

allow reimbursement for either a transmission, facility fee, or both

50

States

have some form of reimbursement for telehealth in their public program

8

States

have allowed an out-of-state licensed provider to render services via telehealth, including NYS

Coding & Billing: Key Considerations

Proper coding & billing is crucial to optimizing telehealth performance and to maximizing revenues.

Coding
Different codes are required for visits of varying lengths. Eg. 5-10 mins, 11-15 mins, 16-20 mins

Modifiers
Special modifiers are used to indicate telehealth visits and to specify the complexity of the visit

Telephone
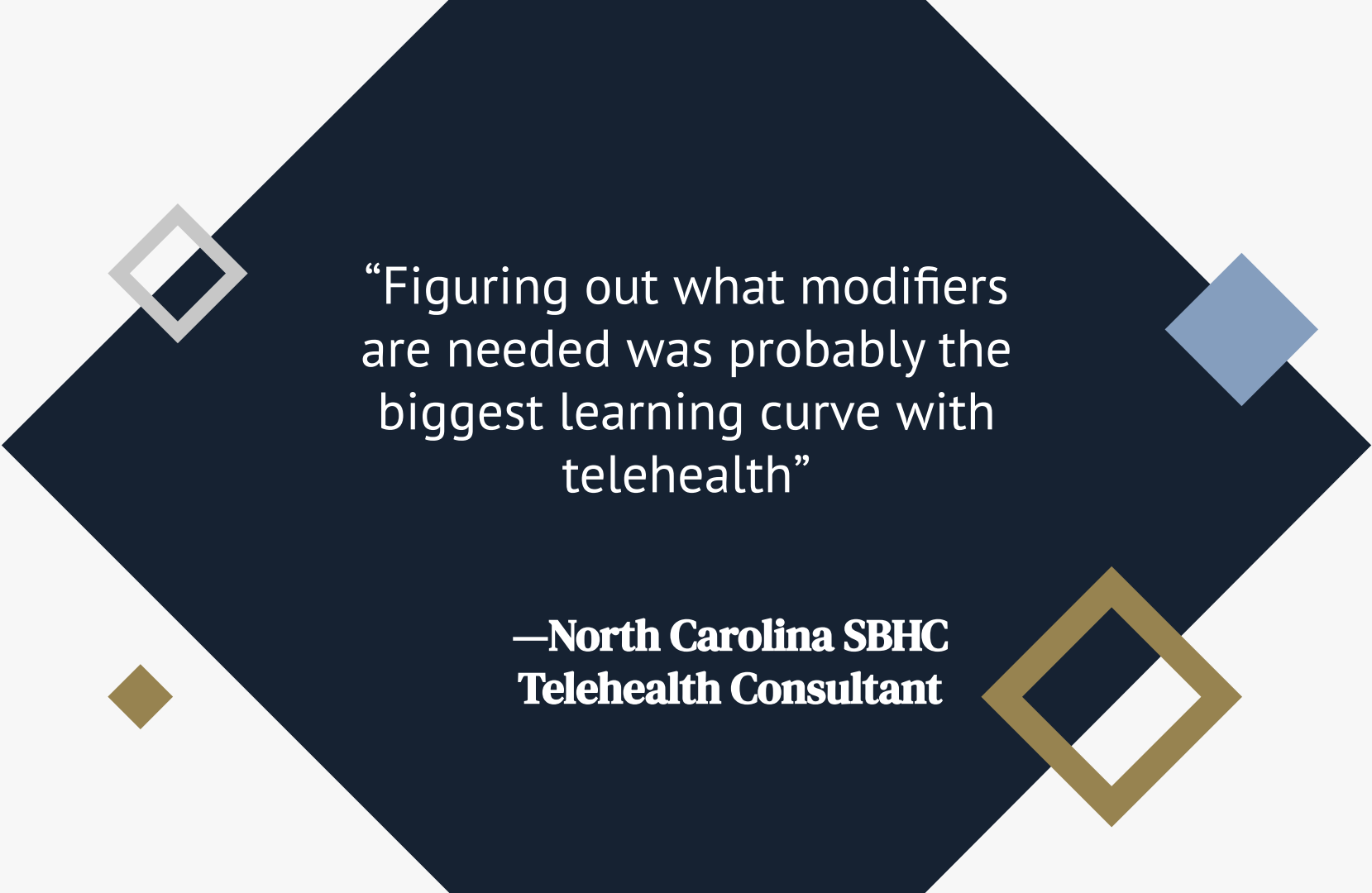Telephonic visits are coded differently than televideo visits
*Telephone visits are reimbursed on par with tele-video, but billing rate expected to decrease in future - HANYS

"If technical difficulties arise, and we have to switch from televideo to telephone, then the coding will change"

—Open Door Family Medical Center

"Figuring out what modifiers are needed was probably the biggest learning curve with telehealth"

—North Carolina SBHC Telehealth Consultant

Coding & Billing: Recommendations

Training — Telehealth coding & billing differs greatly from in-person visits. Proper training will be paramount to ensuring the SBHC maximizes its reimbursements

Major SBHCs with Centralized Billing:
1. Have billing department conduct best-practice training with providers to help staff understand modifiers and to maximize reimbursements per visit
2. Analyze claims data to compare telehealth reimbursement to in-person reimbursement levels

Small SBHCs without Centralized Billing:
1. Recommended to have one experienced Medicaid biller assigned to SBHC telehealth
2. Conduct best-practice training with staff to ensure proper usage of modifiers and to maximize reimbursements per visit
3. Analyze claims data to compare telehealth reimbursement to in-person reimbursement levels

Topic 3:
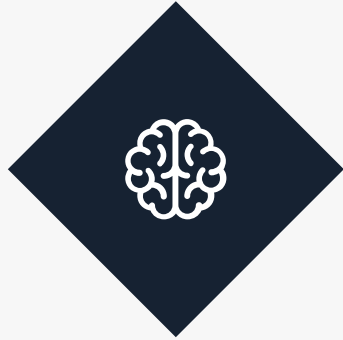
Services

Traditional SBHC Services

Suitable for Telehealth

- Mental & Behavioural Health
- Chronic Disease Management (eg. Asthma & Diabetes)
- Reproductive Health
- Social Work
- Nutrition
- Substance Use Counselling
- Health Education
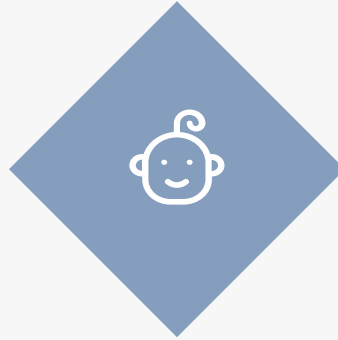- Prescriptions
- Primary Care Services

Not Yet Suitable for Telehealth

- Physicals
- Vision & Dental
- Acute Illness Treatment
- Immunizations
- Blood & Urine Collection

Primary Telehealth Services

Mental & Behavioural Health

Reproductive Health

Chronic Disease Management

- **Mental Health & Behavioural Health is the top telehealth service** and comprises the vast majority of telehealth visits at all interviewed SBHCs.
- **Reproductive Health and Chronic Disease Management services** also remain popular, with **routine follow-ups** and **prescription refills** easily done via telehealth.
- **Telehealth tends to work better for existing patients** rather than new patients. It's challenging to establish an initial relationship and comfort via telehealth.
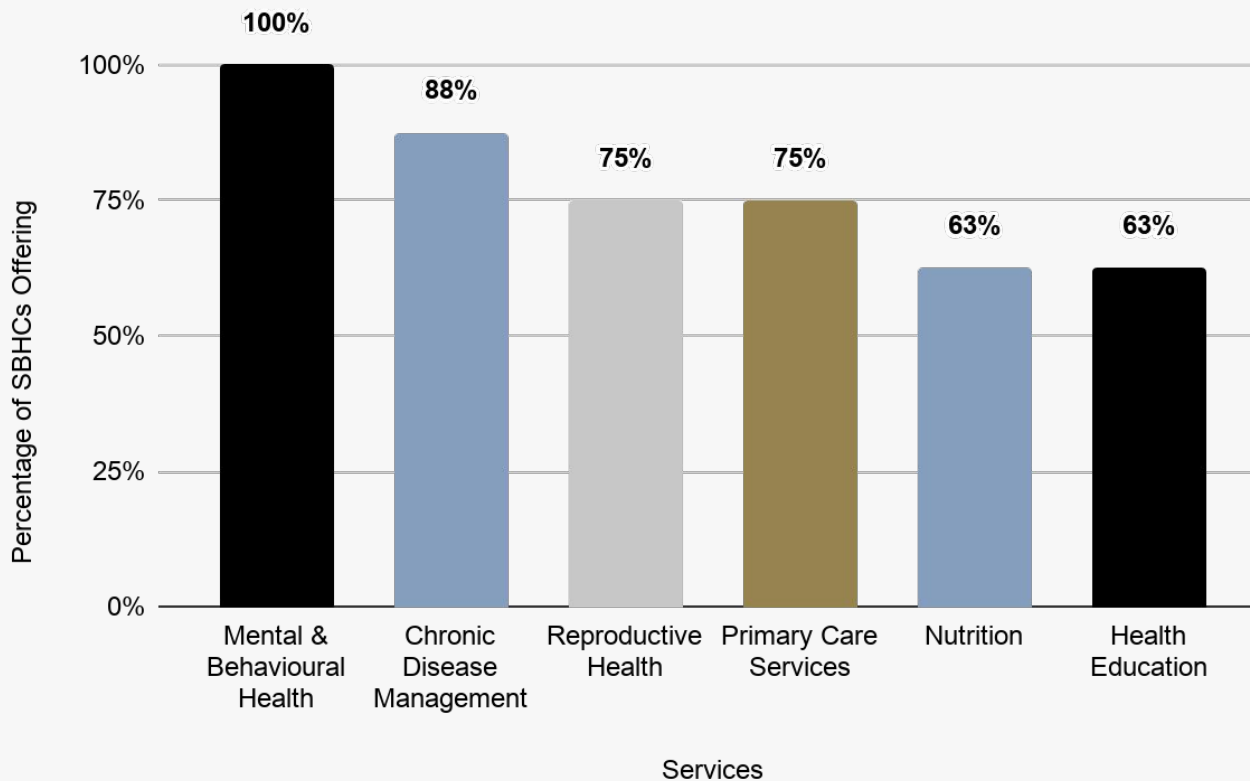
Opportunities

Screening

"Anyone in need of an appointment can call and be screened by us ahead of time" - Open Door Family Medical Center

Screening and self-assessments can be used to evaluate whether an in-person visit is needed

Parental Involvement

"Parents were involved in the mental health consults and we were able to provide them with resources for the student" - Montefiore

Telehealth allows for providers and social workers to support and connect with parents.

Peripheral Devices

"We use Tytocare to help monitor the patient. This device improves the provider's ability to perform assessment" - NC

Peripheral devices can help providers better monitor students virtually.

Topic 4:
Systems

Software Pricing Models

Commercial Open Source

Software purchase by the customer and maintenance is sole responsibility

No upfront cost
High recurring cost

Subscription

Software accessed over internet

Low upfront cost
High recurring cost

Perpetual License

Owning the software for a fixed term and premise installment

High upfront cost
Low recurring cost

System	HIPAA Compliant	Telephonic features	Video features	Translation	EMR Integrated	Pricing
Doximity	✗	✗	✗	✗ *	✗	$12,000 per user /year
MyChart Connect	✗	✗	✗	✗	✗ **	Priced by Epic
Zoom	✗	✗	✗			$19.99 per host/month
Amwell	✗	✗	✗		✗	N/A
Curogram	✗	✗	✗		✗	$49 per host/mo
Microsoft Teams	✗ ***	✗	✗			N/A
Google Hangout	✗ ***	✗	✗			N/A
Phone/Facetime		✗	✗			N/A

*Translation available only with Epic
** Integrates with Epic only
***With the purchase of Business associate agreement

"We decided on using a versatile platform called Doximity that was able to integrate with our Epic EHR system, enabling providers to stay within the same system and access patient charts easily and efficiently."

—NYU Langone

"Our providers have been familiar with the other features that Doximity offers for some time. With Doximity introducing a user-friendly video platform that is HIPAA compliant and has many other features, the commitment to the platform was best for our organization."

—NYP

"Half of the population we serve is Spanish-speaking and not very tech savvy, therefore selecting a platform that is user-friendly but also has translation tools is ideal."

—Montefiore

Doximity

- Doximity serves as a professional medical social network, a rolodex, a CME tool, news portal and a text / virtual service between providers and their patients.

- Doximity connects 70% of all U.S. doctors, 45% of all PA's and NP's, 90% of all 4th year medical students and has a 32% network growth.

- Doximity has developed a proven mobile strategy, enhanced privacy measures, has developed a patient-centered / friendly platform and continues to expand their accessibility across various populations.

- The base version of Doximity is free, however organizations pay a fee when opting for the premium version of the platform.

State Policy Insight

New York State Medicaid does not reimburse the acquisition, installation, and maintenance of telecommunication devices or systems.
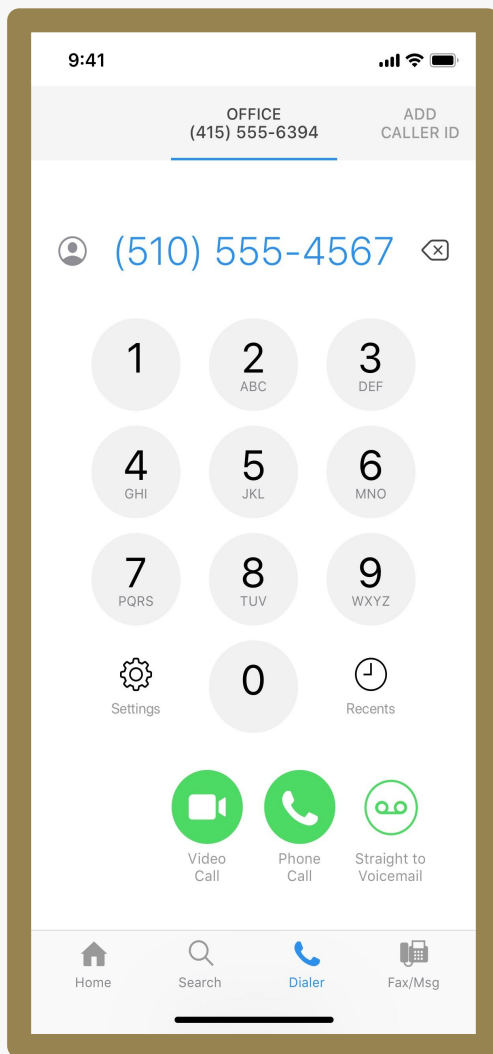
Top 5 things to consider:

1 HIPAA compliance

2 Translation Options

3 Price

4 Peripheral Device Options

5 Both telephone and video features

MyChart

- MyChart is patient portal embedded in the Epic EHS

- Epic holds up to 54% United States medical records

- MyChart has developed enhanced privacy measures and has expanded their communication methods; enhancing telehealth, video health and provider/patient messaging

- MyChart has been criticized for being less user friendly

- For smaller SBHC's MyChart may not be the most feasible option

System Recommendation

1. Select a system that can do both video and telehealth

2. Invest in the HIPAA compliant platform

3. Select a system that will integrate with the EHS

4. Use a system that is user-friendly and caters to all populations

Topic 5:
Operations

Staffing, Training

Key insights from interviews on staff training:

- Since there was no time for training, key stakeholders were not well-informed on the use of virtual platforms and proper mannerisms associated. Habits then become difficult to reverse.

- Apply the same workflows that exist for in-person visits and have them adapt to a virtual platform

- Provider to patient time is lost through log-in process; time spent on patient log-in training is key

"Training was mainly associated with accessing the systems and using the platform. However, what would have been nice from the start is to have training around the care side/bedside manner aspects like eye contact, engaging the students and understanding their background/circumstances"
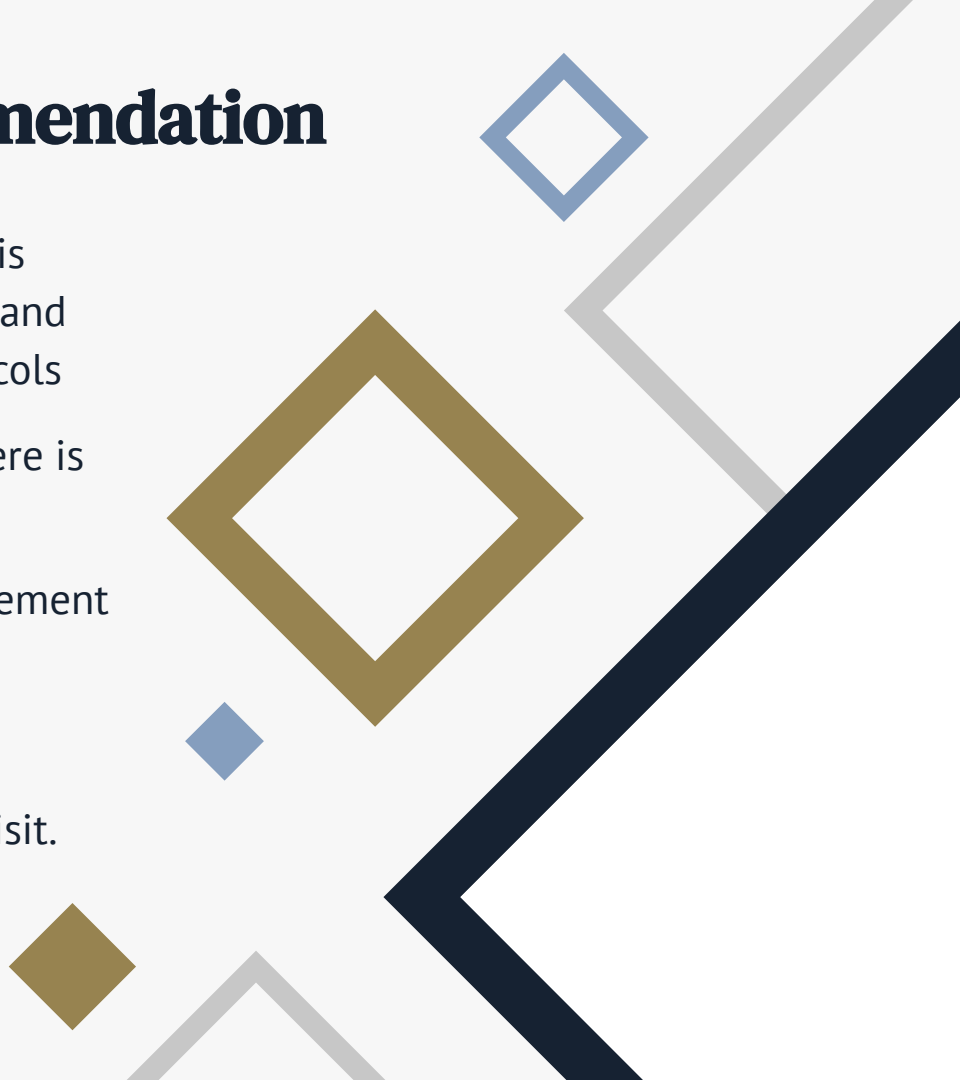
-NYP

"Training initially started off as role dependent. If you were a provider your training was different from an RN. However, overtime all personnel took part in cross-training."

-Montefiore

Staffing / Training Recommendation

1. Appoint a troubleshooter on your team; this individual receives more rigorous training and becomes the expert in telemedicine protocols

2. Run mock appointments to ensure that there is 100% compliance from caregiver end.

3. Include all relevant staff in training / implement more cross-training.

4. Perform in-service training.

5. Train patients on visit set up prior to the visit.

Topic 6:
Access

Access

Students have had to take their appointments in the bathroom, in the park or around their family members to due a lack of privacy at home and increase parental surveillance

Domestic Privacy

Network Reliability

Stable internet connection has become a challenge for students and with more people being at home, the network bandwidth is low

There is a lack of widespread coverage and reimbursement for telemedicine services across states and insurers with low to no cost sharing for patients

Patient Reimbursement

Devices

Access to devices such as smartphones, tablets, laptops and computers can serve as a barriers, as families have to share devices / don't have high functioning devices

"The biggest obstacle and challenge is privacy. Most families had little to no privacy (ex: sharing bedrooms with parents and siblings). Kids have been taking therapy sessions at the hair supply store, while walking their dogs, etc."

-NYP

"I tell the kids to start speaking rubbish and I'll know their parent came into the room"

-Bassett Health

Access Recommendation

1. Train staff on tricks to help manage the lack of privacy (Ex: Come up with code words for students to use if they cannot say certain things around their families)

2. Seek partnerships with telecommunication companies to ensure stable internet access for students

3. Balance tele/video health visits with in-person visits to ensure reimbursement (especially for new patients)

Topic 7:
Evaluation

SBHC Evaluation of Telehealth

- Due to the rapid adoption of telehealth during COVID-19, SBHCs had limited time and resources to perform extensive program evaluations.
- Moving forward, it will be **crucial for SBHCs to monitor and evaluate their telehealth programs** to determine whether they are successfully meeting program objectives.

"Evaluation is an aspect that should be added to everything done. More can and should be done in terms of evaluation."

—Montefiore

Research Perspective

"Although a few measurement standards exist to guide the assessment of telehealth's impact on the care delivered, current literature lacks a unified approach to evaluate telehealth in pediatric health care delivery."

—UPenn

Key Areas for Evaluation

Utilization
Evaluates overall utilization of telehealth services by type and as a proportion of in-person visits

Completion
Evaluates the rate of telehealth visit completion

Technical Disruption
Evaluates technical infrastructure and systems performance

Patient Satisfaction
Evaluates overall satisfaction compared to in-person visits

Time and Duration
Evaluates visits to optimize scheduling

Recommended Evaluation Indicators

Indicator	Data Needed	Purpose

1. % of all services performed using telehealth: total and by specific service type	• **Services provided through telehealth**
	  - Total number, total by service type
	• **Non-telehealth services**
	  - Total number, total by service type
		Indicates overall utilization of telehealth at the SBHC

2. % of scheduled telehealth visits completed	• **Telehealth visits scheduled**
	  - Total number, total by type
	• **Telehealth visits completed**
	  - Total number, total by type
		Low completion rates may indicate issues around patient no shows, home privacy concerns, and patient technical/equipment problems

3. % of patient refusals	• **Scheduled telehealth visits**
	  - Total number, total by type
	• **Patient refusals**
	  - Total refusals, total by type
		Monitor refusal rates to gauge patient's comfortability with technology, preference with in-person visits vs telehealth visits

4. % of telehealth visits impacted by a technical issue	• **Visits with technical issue reported**
	  - Total reports
	  - Total by specific reason
		Performance improvement measures can be implemented to address dropped calls, poor video quality, poor audio quality, etc

Recommended Evaluation Indicators

| Indicator	Data Needed	Purpose
5. Most frequent times for telehealth services delivery	• **Visit start time**	Provides insight to identify optimal staffing patterns for telehealth visits
6. Average time per telehealth visit (including prep and charting); all services and by specific service type	• **Start time of visit** • **End time of visit** • **Specific service type**	Provides information on total encounter time that can be useful to optimize scheduling
7. % of telehealth visits that were followed by an in-person visit	• **Total number of telehealth visits** • **Total number of telehealth visits with no subsequent in-person required**	Provides information on how often telehealth visits completely replaced the need for an in-person visit

8. % of patients indicating overall satisfaction with telehealth visits compared to in-person visits: by total and by visit type	• **Feedback responses collected**
	  - Telehealth
	  - In-person
	• **Feedback responses collected that indicate satisfaction**
	  - Telehealth
	  - In-person
		Identifies overall patient satisfaction. Reasons for differences in satisfaction can include
		  - Efficient use of time
		  - Reliability in technology
		  - Patient comfortability

Topic 8:
Cross-state Trends

We took a look at NYS, Colorado, North Carolina, and Connecticut's telehealth implementation for SBHC's and found…

1. All states viewed telehealth positively and were considering extending some or all of the flexibilities adopted during the COVID-19 pandemic.

2. Clear understanding of state Medicaid services covered via telehealth was identified as an important success factor in implementation.

3. Audio-only visits were repeatedly identified as one of the most important factors of telehealth success during the PHE, especially in rural areas.

4. All states recognized the need for quality measures.

5. All states expressed concerns about confidentiality, particularly with behavioral health services

State Best Practices

- Evaluate SBHC's spectrum of readiness for for telehealth and how it will operate when schools reopen.

- Consider using telehealth in new ways to expand student access such as expansion to hub-spoke model of care in which the provider and patients are both in medical settings.

- When possible, collaborate with school and community to increase trust in facilities and provide safe spaces for patients.

- Consider virtual groups to meet increasing behavioral health needs.

- Prepare alternative staffing plans including role/duty changes and hourly changes
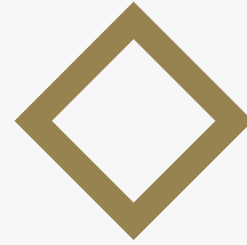
State Best Practices cont...

- Evaluate and address technology needs to prepare for possible future closures due to COVID.

- Identify program areas that will be impacted if COVID-19 emergency authorizations are discontinued and create a plan to address these.

- Update your mental health crisis protocols to reflect any changes that have occurred due to COVID-19

- Revisit interdisciplinary meeting practices between school and SBHC staff to discuss and address student needs and support.

- Build the evidence-base and demonstrate measurable results.
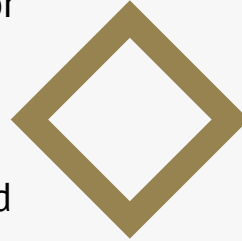
"To my knowledge, there have not been any conversations yet on evaluating the effectiveness of telehealth compared to in-person visits"

- **Fairhaven**

Summary of Recommendations

Policy:
- SBHCs should establish common state-wide definitions
- Important to invest in the HIPAA compliant platform now before regulations change
- Nudge patients from audio only to audio-visual services
- Continue to develop and codify telehealth capabilities regardless of future reimbursement policy changes

Training:
- Conduct training so staff understand the usage of modifiers in telehealth billing
- Encourage cross training so that all stakeholders are aware of each others workflow and responsibilities

Evaluation:
- SBHCs should implement evaluation programs to monitor and improve their telehealth program

Summary of Recommendations

System:
- The chosen system should be HIPAA compliant, contain both video and telephonic features and be user-friendly from the patient and providers side
- A subscription payment model is ideal as it is more flexible and enables adaptations, changes and developments along the way

Advocacy:
- Permanent expansion of telehealth Medicaid coverage
- Reimbursement rates for telehealth to be as close to in-person rates as possible
- Continued flexibility for phone-only visits in order to protect access for high-risk students
- Expanded broadband internet access for students

Thank you & Questions?