

Using Telehealth to Serve Medicaid Beneficiaries with Complex Health Needs

Authors: Caroline Logan, PhD, MPH; Kaitlin Sheedy, MPH, CHES and Elyse Yarmosky, LICSW



The COVID-19 Crisis & Telehealth

In order to support social distancing guidelines, the Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and national provider associations issued guidance in early March that providers and patients delay or cancel their non-emergency elective and preventive medical appointments or convert them to virtual visits. The goal is to free up medical providers and supplies to address the COVID-19 response and avoid unnecessary transmission of the virus. Along with this guidance, CMS also relaxed regulations on telehealth services to current providers to utilize telephonic and

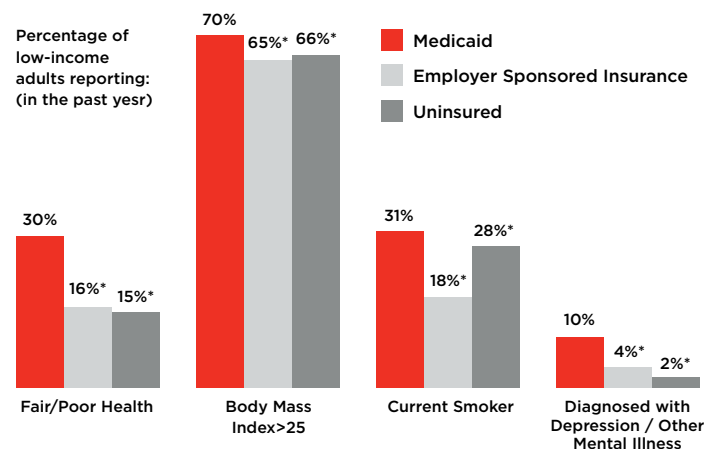


SUMMARY

- Providers who care for individuals with complex health needs are currently tasked with managing care for these individuals with fewer resources and minimal in-person contact.
- While telehealth has the potential to help address these issues, there are challenges that limit widespread adoption. Such as:
 - Providers may need to make investments in infrastructure and/or training for staff.
 - Access to high speed internet and technology is often limited among low-income families and individuals in rural communities.
 - Despite recent policy changes, there are still regulatory barriers to adoption among providers.
- Despite these barriers, innovative practices are emerging that have the potential to improve care for individuals with complex needs. It is possible that innovations may emerge during this time that have utility beyond COVID-19 for providers caring for these patients.

virtual visits rather than person visits. As the primary insurance provider for low-income families and adults with disabilities, Medicaid provides health care and supportive services to a large number of individuals with complex physical and behavioral health needs.

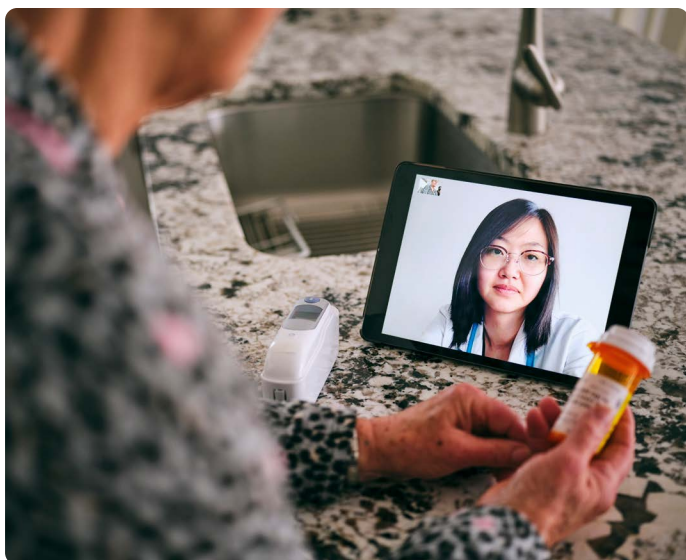
The prevalence of chronic diseases and behavioral risk factors among adults is highest among those with Medicaid.



*Significantly different from Medicaid at $p < .05$ level.

Notes: Data reflect adults age 18-64. Low-income defined as income below 200% Federal Poverty Level.

Source: Leighton Ku, Julia Paradise, Victoria Thompson, Data Note: [Medicaid's Role in Providing Access to Preventive Care for Adults](#), Kaiser Family Foundation, May 17, 2017; GW analysis of 2017 National Health Interview Survey.



Currently, successfully managing chronic conditions is even more critical as individuals with multiple co-morbidities are at increased risk of serious complications from COVID-19. The disruption of routine health care delivery and existing support systems, such as home health and day programs, may exacerbate chronic conditions. For state Medicaid agencies and local providers, this makes serving beneficiaries more challenging, as providers may have less interaction with patients and fewer in-person visits. Telehealth and mobile technologies provide opportunities for providers to engage patients with complex needs and help them maintain their health through this period of social distancing. It is possible that through this process, we may identify innovative solutions that have applicability even after social distancing guidelines are relaxed.

Telehealth is a collection of methods that can be used to enhance health education, patient engagement, and clinical care delivery. It includes a broad variety of technologies to deliver virtual medical services. Modalities include: virtual visits, remote monitoring, and store and forward (or asynchronous) technologies to improve communication between providers. Telehealth offers tremendous opportunity for medical providers to improve access to specialty providers such as behavioral health providers, particularly for patients who have been historically underserved. Telehealth can also offer flexibility in the site of care. For example, telehealth can be conducted in hospitals, clinics, acute care locations, community settings, and even private residences.

While these methods and modalities hold promise for increasing access to quality health care even after social distancing guidelines are relaxed, challenges remain that providers and policy makers must consider prior to broader adoption.

Recent changes to state and federal policy on telehealth

CMS, state Medicaid agencies, and private insurance companies have made several changes¹ to insurance coverage of telehealth services in response to the COVID-19 pandemic. CMS has issued blanket guidance to state Medicaid agencies to use telehealth interactions in place of face-to-face appointments and has waived licensure requirements, allowing providers to deliver telehealth across state lines. Additionally, the list of eligible services and providers has been expanded. Federally-qualified health centers and rural critical access providers have been temporarily named as eligible telehealth providers, thus potentially improving connectivity with high-need patients in low-income communities and rural areas. Important changes to HIPAA regulations waive penalties for providers who conduct telehealth visits using platforms such as FaceTime or Skype, reducing barriers to providers who may not have previously had technology in place to support HIPAA-approved telehealth services.

The Challenge for Telehealth

To date, the application of telehealth for Medicaid populations has been promising but not widely scaled. Rural areas produced many early adopters; telehealth has been used to expand access to specialty providers—such as behavioral health providers, dermatologists, and dentists—in underserved areas. Telehealth has been used to provide behavioral health services across the continuum of care from patient education, screening, and assessment to treatment, retention in ongoing care, and patient engagement. A small number of states have used telehealth to provide services to individuals who need an institutional level of care but who are living in the community. For example, in Kansas, nurses can provide education and disease management—and monitor patient health status through virtual visits—for Medicaid recipients who are eligible for home- and community-based services.

Barriers to more widespread adoption

Despite an emerging evidence base supporting the benefits of telehealth, particularly for high-risk populations, there are still barriers to increasing telehealth adoption. Historically, for many providers and state Medicaid agencies, the challenges of adopting new telehealth practices and technologies may have outweighed the potential benefits. For example, a few historical barriers have included:

¹ www.cchpca.org/resources/covid-19-telehealth-coverage-policies



Financial Concerns: There are costs associated with the acquisition, installation, maintenance, repair, and replacement of the technology needed to establish telehealth as a way of delivering services for healthcare providers. Not all states provide payments for these upfront costs incurred by providers.



Credentialing: Provider credentialing in Medicaid varies by state. In the past, most providers could only offer telehealth services in the state where patients lived, which may have limited broader adoption of telehealth and presented challenges in border areas.



Privacy: HIPAA regulations govern the sharing of patient-level data between health care providers and may make the adoption of telehealth difficult for some providers. Telehealth also introduces an additional risk of inadvertent sharing of patient data, and for this reason many providers may have been reluctant to start using the technology.



Resources & Training: Provider groups with fewer resources may find it difficult to adopt telehealth, as it may still require upfront investment in technology, staff training, and infrastructure.



Rapidly Evolving Regulations: While federal regulations have been relaxed, state regulations still vary, which may create unnecessary confusion.

Even if policy makers are able to address barriers to adoption among providers, there are additional barriers to adoption among patients to consider.



Disparities in access to technology persist:

Despite progress toward more universal access to high speed internet and technology, gaps remain. Disparities in access to technology mean that low-income individuals are less likely than higher-income individuals to have access to technology, particularly computers or laptops, and regular internet services in their homes. Many low-income individuals and adults with disabilities rely on a mobile phone for internet access; limited access to other technologies may limit the effectiveness of some of the strategies outlined above for the most vulnerable Medicaid populations. Individuals in rural areas and low-income urban areas often lack reliable access to the type of high speed internet required to support video calls and virtual medical appointments. This disparity may mean that individuals in these areas may have limited access to these types of telehealth technologies.



Usability of telehealth may be limited among some individuals: Individuals with physical, intellectual, and cognitive disabilities and older adults may face limitations in their ability to utilize some forms of technology. To address this issue, providers may need to invest in or develop workarounds to support the use of a variety of technology platforms with individuals of all cognitive capabilities.

Suggested Policy and Practice Recommendations

Telehealth has evolved significantly over the last 15 years as technology has expanded and access to high-speed internet and personal technology has become more widespread. With access to regular in-person visits currently limited, telehealth can play a unique role in helping providers manage chronic conditions from afar and continue to engage with those patients most in need of regular contact with medical providers, supportive services, and therapies. We may find that innovations developed now have continued utility even after social distancing regulations are relaxed. A number of innovative practices have been successful or shown promise across the country and may have applicability to providers tasked with caring for the most complex patients and ensuring their care is well-managed.

Remote patient monitoring strategies, such as using mobile applications, can deliver care and maintain connectedness between providers and patients.

Remote patient monitoring uses digital technologies to collect health information from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment, triage, and care recommendations. Remote monitoring programs can collect health metrics such as vital signs, blood pressure, blood sugar, blood oxygen levels, heart rate, and electrocardiograms directly from patients and help providers monitor patients' health status. Remote patient monitoring can also be used for oral health .

Remote Monitoring for Oral Health

PH20H is an oral health app that monitors patients' pH in their saliva. Data is sent securely to dentists to watch for decay, even heart disease and diabetes indicators.

Source: <http://ph2oh.com/>

Regular check-in calls are a useful way to help keep high-need patients engaged while enabling providers to monitor health status.

Providers can rely on regular phone and/or video calls to provide patient education, check in with patients about chronic health conditions, and/or collect basic information about their health status. These types of regular check-ins serve the dual purpose of continuing to encourage patient engagement in ongoing care plans and to help stave off loneliness and isolation, which can also have negative consequences for patients.

Care More

CareMore, a physician group practice in California, launched the “Togetherness Program” to address loneliness and social isolation in senior populations. The goal of the program is engaging individuals with health and wellness issues, connecting them to community services and resources, and motivating them to exercise and stay active.

Formally trained “Togetherness Connectors” conduct initial outreach by phone to identify gaps in care or desired supports as well as facilitate connections to community services. “Phone Pals,” volunteer staff from CareMore, often lead ongoing communication efforts such as weekly check-in calls. Through this program, enrollees have lower emergency department use and hospital admissions

Source: <https://www.hfma.org/topics/operations-management/article/caremore-health--addressing-loneliness-leads-to-lower-rates-of-e.html>

Technology paired with historical healthcare utilization rates can help target interventions to high-risk patients.

Providers may find novel uses of technology to provide targeted interventions to engage high-risk patients. For example, they can use artificial intelligence (AI) to help identify individuals who are

AI Supports Care Management

In Chicago, an ACO uses AI such as healthcare utilization data and information from social needs screening tools to identify patients at risk for COVID-19 to care coordinators. These coordinators proactively reach out, share health messages, wellness checks, and support.

Source: www.healthleadersmedia.com/innovation/chicago-aco-uses-ai-reach-most-vulnerable-covid-19-members

at the highest risk of adverse outcomes of COVID-19 and then deliver tailored interventions to help prevent disease transmission.

Asynchronous consultations can help with triage in non-emergency situations.

Asynchronous visits are now possible through online questionnaires and apps. This type of telehealth visit can help triage emergent healthcare needs, manage chronic conditions in the community, and avoid unnecessary emergency department visits or in person medical visits.

Care on Demand

Bryan Health, a nonprofit health system in Lincoln, Neb., launched Bryan Health ezVisit to expand access to care in rural areas across the state. Bryan Health ezVisit is a simple-to-use, online diagnosis and treatment option for minor health conditions. The program is offered at a flat-rate fee (\$39), and is accessible to anyone with a smartphone, computer, or tablet. Individuals answer a few questions about health symptoms, and a physician then reviews the responses and recommends treatment—including prescriptions if necessary—within two hours.

Source: www.bryanhealth.com/services/bryan-health-ezvisit/

Conclusion

Telehealth has been used successfully in a number of settings to increase access to specialists in underserved areas and allow providers to stay in touch with patients with chronic conditions outside of regularly scheduled medical appointments. Recent policy changes and relaxations of regulations will undoubtedly increase the use of telehealth by medical providers. However, challenges remain that may limit uptake of telehealth practices or the usability of these policies for some patients. To implement these practices more broadly, providers and state Medicaid agencies could address these potential barriers in order to ensure broad access to telehealth technologies.

