What’s Next for Telehealth?
for the Arizona Rural Health Summit 2021
Bonnie Preston, Acting Director, HHS Region IX
Arizona Office Of Rural Health Intern, 1984

Betty King  Dr. Andy Nichols, Me and Dr. Ortiz
Region IX
U.S. Department of Health & Human Services
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The U.S. Department of Health & Human Services

- Administration for Children and Families
- Administration for Community Living
- Assistant Secretary for Preparedness and Response
- Agency for Toxic Substances Disease Registry
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources Services Administration
- Indian Health Service
- Office of the Assistant Secretary for Health
- Office of Civil Rights
- Office of the Inspector General
- Substance Abuse and Mental Health Services Administration
Office of the HHS Regional Director

• As Acting Director, I represent the HHS Secretary to accelerate department priorities in the region

• Represents Regional Issues to Influence Operation of Federal Programs

• Identifies & Shares Best Practices Across Region
HHS Definition of Telehealth

Use of electronic information and telecommunications technologies **to support and promote long-distance** care, training, education, and administration

- **Technologies**: videoconferencing, the internet, store- and-forward imaging, streaming media, and landline and wireless communications

- **Information transmitted via**: audio, text messaging, or video
“The COVID-19 pandemic has essentially accelerated U.S. digital health by about 10 years,” Bart Demaerschalk, medical director for synchronous services at Mayo’s Center for Connected Care.

Marin, Allison, “Telemedicine takes center stage in the era of COVID-19” Science, November 6, 2020
Telehealth Visits During COVID-19

CMS Temporary Telehealth Rules during COVID-19

Changes temporarily made by Medicare:

• Now possible to get telehealth from anywhere including the home
• Eliminated requirement that originating site had to be in a rural area
• Added 135 services allowed to be provided by telehealth
  • Including ER Visits, Initial SNF and discharge visits, home visits, PT, OT and Speech Therapy.
  • Same payment as inpatient care
  • Sites added: rehab, hospice and home health
• Expanded Type of providers to include PT, OT and Speech Pathologists, prior only MDs, NPs and PAs as well as limited others could be reimbursed by Medicare.
• Temporarily added FQHCs and Rural Health Clinics as providers (not originating sites) allowing patients to receive primary care from their homes.
• Expanded eligible technologies for telehealth reimbursement and stated it would not strictly enforce HIPAA laws that would normally prohibit technologies such as Skype and Face time and Zoom (not fully HIPAA Compliant) for certain evaluation and management as well as behavioral health visits. Then they went further and approved the use of the telephone for visits. These are paid the same as similar in person visits.
• OIG said would not enforce requirement for physicians to collect co-payments for these services.
Rapid Increase in FFS Medicare Beneficiaries Use of Telehealth Services During COVID-19

Additional Benefits of Telehealth During COVID Pandemic

• Increased Access during COVID – as in person care was limited in many primary care settings
• Safer for staff and clinicians (worker safety)
• Preserved PPE (cost implications)
• Relieved demand on clinical settings during COVID-19 surges
• Especially valuable for patients reluctant to seek care during COVID, had difficulty accessing in person care or had chronic conditions placed them at higher risk. (Infection Control & more supportive of patients with disabilities)
Telehealth Challenges

• What Regulations Will CMS Make Permanent?
• Telehealth Network Development, Adjusting Workflows and Finding Providers Is Still Tough – HRSA can Help
• Digital Divide - Limited access to internet or devices
• Cyber Security is often unaddressed by providers
• Virtual Visits not appropriate for many health issues
Telehealth Services Added to Medicare Physician Fee Schedule 2021

- Group Psychotherapy
- Psychological and Neuropsychological Testing
- Home Care (domiciliary), Rest Home, or Custodial Care services,
- Home Visits for established patients,
- Cognitive Assessment and Care Planning Services
- Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M)
- Prolonged Services
Medicare Physician Fee Schedule Clarifies Elements of Remote Patient Monitoring

• In recent years, CMS has finalized payment for seven remote physiologic monitoring (RPM) codes.

• after the COVID-19 Public Health Emergency ends, there must be an established patient-physician relationship for RPM services to be furnished.

• only physicians and NPPs who are eligible to furnish E/M services may bill RPM services.

• RPM services may be medically necessary for patients with acute conditions as well as patients with chronic conditions.

• 20-minutes of time required to bill for the services can include time for furnishing care management services
An interim final policy revises the definition of direct supervision to include virtual presence of the supervising physician or practitioner using interactive audio/video real-time communications technology, through the later of the end of the calendar year in which the Public Health Emergency (PHE) ends or December 31, 2021 – which ever comes later.
Expanding Access to Mental Health Services Furnished through Telehealth.

- waives the geographic and originating site requirements for mental health services delivered via telehealth
- requires at least one in-person mental health service during the six months prior to the first telehealth service;
  - HHS Secretary may develop additional in-person requirements

Frontier Community Health Integration Project (FCHIP)

- extends for five years the demonstration project, which tests several care delivery innovations, including cost-based reimbursement for telehealth services.
Increasing Access through Telehealth
January 11, 2021

• Assesses the broadband capacity available to rural health providers and patient communities to improve their access to telehealth services

• HRSA awarded $6.5 million to the National Telehealth Technology Assessment Resource Center (TTAC), part of the Alaska Native Tribal Health Consortium.

• Programs will be located in four communities in Alaska, Michigan, Texas and West Virginia

• TTAC will also work with the Rural Telehealth Initiative's federal partners to improve rural communities' access to broadband and telehealth services through existing funding opportunities and grant programs.
Evidence Based Telehealth Network Grants - Coronavirus Aid, Relief, and Economic Security (CARES) Act appropriated $29 million annually for five years

**Date(s) to Apply:** 01/12/2021 to 04/02/2021 - $4.9 million per year for 5 year grants. Up to 14 cooperative agreement awards

- to demonstrate how health networks can increase access to health care services utilizing Direct to Consumer telehealth technologies for rural underserved populations.
  - three clinical primary focus areas: (1) Primary Care, (2) Acute Care, and (3) Behavioral Health Care. Option to also address one of the following secondary focus areas: Maternal Care, Substance Use Disorder, or Chronic Care Management.
- to conduct evaluations of those efforts to establish an evidence base for assessing the effectiveness of Direct to Consumer enabled-care for patients, providers, and payers.
$90 Million to Support Health Centers Use of Home Blood Pressure Monitoring

- The three-year project will use self-measured blood pressure (SMBP) technology. This can improve access and quality of care for patients with hypertension while making blood pressure monitoring more convenient.

- 11 Health Centers in Arizona were selected and received $2,667,300 combined
HRSA Licensure Portability CARES Act Projects

• **Federation of State Medical Boards of the US, Inc. (FSMB)**
  - Launched [providerbridge.org](http://providerbridge.org)
  - Focus on engaging and mobilizing health care professionals during the COVID-19 pandemic and future public health emergencies. Linking providers with healthcare organizations.

• **Association of State and Provincial Psychology Board (ASPPB)**
  - Launched [licensureproject.org](http://licensureproject.org)
  - Focus on license information and obtaining licenses in additional states for Psychologists, Occupational Therapists, Physical Therapists and Social Workers to increase access to services.

Projects supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) for Coronavirus Licensure Portability Grant Program. Any information, content, or conclusions on this website are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Attacking the Digital Divide

Federal Agencies:

1. **US Department of Commerce**, National Telecommunications and Information Administration (NTIA)

2. Federal Communications Commission (FCC)

3. USDA Rural Development
US Department of Commerce, National Telecommunications and Information Administration (NTIA)

Program Aims

- **EDUCATE**: Arm stakeholders with key information to have more effective discussions with providers
- **CONVENE**: Convene & facilitate the right conversations
- **ASSIST**: Provide guidance to stakeholders, partners and providers
Consolidated Appropriations Act, 2021
NTIA Broadband Provisions

• DIVISION N — ADDITIONAL CORONAVIRUS RESPONSE AND RELIEF

• Title IX – Broadband Internet Access Service
  – Connecting Minority Communities Fund ($285M)
  – Broadband Infrastructure Deployment Grants: ($300M)
  – Tribal Broadband Connectivity Grants ($1B)

  • “to expand access to and adoption of—(A) broadband service on Tribal land; or (B) remote learning, telework, or telehealth resources during the COVID–19 pandemic”
Connecting with BroadbandUSA

**BroadbandUSA team contacts:**

**Technical Assistance:**
- Scott Woods: SWoods@ntia.gov

**National Broadband Availability Map:**
- Tim Moyer: TMoyer@ntia.gov

**State Broadband Leaders Network:**
- Katherine Bates: KBates@ntia.gov

**Resources for Communities:**

- Email: broadbandusa@ntia.doc.gov
- Submit Technical Assistance form: https://broadbandusa.ntia.doc.gov/ntia-common-content/how-we-can-help
- Website: https://broadbandusa.ntia.doc.gov/
FCC Lifeline Program

Provides subsidized phone and/or internet service to low-income households

➢ To facilitate patient access to phone and internet services necessary for telehealth during the pandemic, the FCC has relaxed certain recertification, eligibility, and enrollment requirements
FCC Connected Care Pilot Program

Pilot projects to cover 85% of the eligible costs of broadband connectivity, network equipment, and information services necessary to provide connected care services to the intended patient population.

- 23 funded to date, more to be announced
  - Intermountain Centers for Human Development, Tucson

[ConnectedCare@fcc.gov](mailto:ConnectedCare@fcc.gov)
For Immediate Release

FCC APPROVES FINAL SET OF COVID-19 TELEHEALTH PROGRAM APPLICATIONS
Commission Has Now Approved $200 Million in Funding Applications to Expand Telehealth Services During COVID-19 Pandemic

Provides immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services.

➤ Arizona providers received $2,162,083 to date
New grant program to evaluate, develop and expand the use of technology-enabled collaborative learning and capacity building models to help retain health care providers and increase access to health care services. The grants can be awarded for up to five years.

Provides approx. $250 million in additional funds for the FCC COVID–19 Telehealth Program
USDA Rural Broadband Loan/Grant Programs

Telecommunications Infrastructure Loan Program
• https://www.rd.usda.gov/programs-services/telecommunications-infrastructure-loans-loan-guarantees

Rural Broadband Access Loan Program
• https://www.rd.usda.gov/programs-services/farm-bill-broadband-loans-loan-guarantees

Community Connect Grants
• http://www.rd.usda.gov/programs-services/community-connect-grants

Distance Learning & Telemedicine Grants
• http://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants

ReConnect Loans and Grants
• https://www.usda.gov/reconnect

For Arizona, contact Brian Smith, General Field Representative, Rural Utilities Service:
brian.smith1@usda.gov
Community Capacity Building Virtual Workshops:

• Inform, Educate, Act on rural broadband “opportunities”.
  • In-person pre-COVID: WA, OR, NM, MS, WY.

• Feel free to reach out to Tim O’Connell, USDA Rural Development Innovation Center at tim.oconnell@usda.gov for additional information.
Governor Ducey announced an additional $10 million in Rural Broadband Development Grants, more than three times last year’s investment.
Sec. 2. Definitions. For purposes of this order: (a) The term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.
Executive Order on Improving and Expanding Access to Care and Treatments for COVID-19

JANUARY 20, 2021 • PRESIDENTIAL ACTIONS

Section 1. Policy. “It is the policy of my Administration to improve the capacity of the Nation’s healthcare systems to address coronavirus disease 2019 (COVID-19), to accelerate the development of novel therapies to treat COVID-19, and to improve all Americans’ access to quality and affordable healthcare.”
Expand Access to High Quality Health Care

Directs agencies to take steps to bolster clinical care capacity, assist LTC & ICF facilities, and increase workforce capacity.

Directs COVID-19 Task Force to increase funds to community health centers, provide more assistance to safety net institutions, strengthen HCBS, expand Mental Health and support care and research for the longer term effects of COVID-19.

Expand the clinical and public health workforce, including community-based workers. In order to assure equitable PPE distribution, testing, contact tracing, social support for quarantine and isolation and vaccination, there must be sufficient workforce to serve the communities in greatest need.

Create a United States Public Health Workforce Program of new community based workers to assist with testing, tracing and vaccination.
“Millions of people who are potentially eligible for coverage under the ACA or other laws remain uninsured, and obtaining insurance benefits is more difficult than necessary. For these reasons, it is the policy of my Administration to protect and strengthen Medicaid and the ACA and to make high-quality healthcare accessible and affordable for every American.”

- Expanding more equitable coverage requires an efficient, technologically enabled and supported health care workforce.
All indications are **we aren’t going back** to pre-COVID telehealth and there is lots to do to be able to achieve it’s true potential

HHS Region 9 is here to assist
Thank You!

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