

Telehealth – What is Telehealth?

- Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.
 - The State of California uses the term telehealth, though some providers and payors may use the term telemedicine when referring to the provision of health care at a distance.
- Ideally, there should not be any regulatory distinction between a service delivered via telehealth and a service delivered in person. Both should be held to the same quality and practice standards.

Telehealth – Types of Telehealth

- **Synchronous (Live Video):** live, two-way interaction between a person and a provider using audiovisual telecommunications technology.
- **Asynchronous (Store-and-Forward):** provides for the review of medical information at a later time by a provider at a distant site without the patient being present in real time.
- **eConsult:** a type of “store and forward” services. Electronic messages are exchanged which are initiated by the PCP to a specialist.
- **Remote Patient Monitoring (RPM):** personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care and related support.
- **Mobile Health (mHealth):** health care practice and education supported by mobile communication devices, from targeted text messages that promote healthy behavior to wide-scale alerts about disease outbreaks.
- **Direct to Consumer or Direct to Patient (DTC or DTP):** typically, live video visits where providers engage with patients directly. These visits can include a clinician seeing their own patient, or they could include a patient engaging with a telehealth company directly.

Source: California Telehealth Resource Center, *Telehealth Reimbursement Guide for California (2021 Edition)*

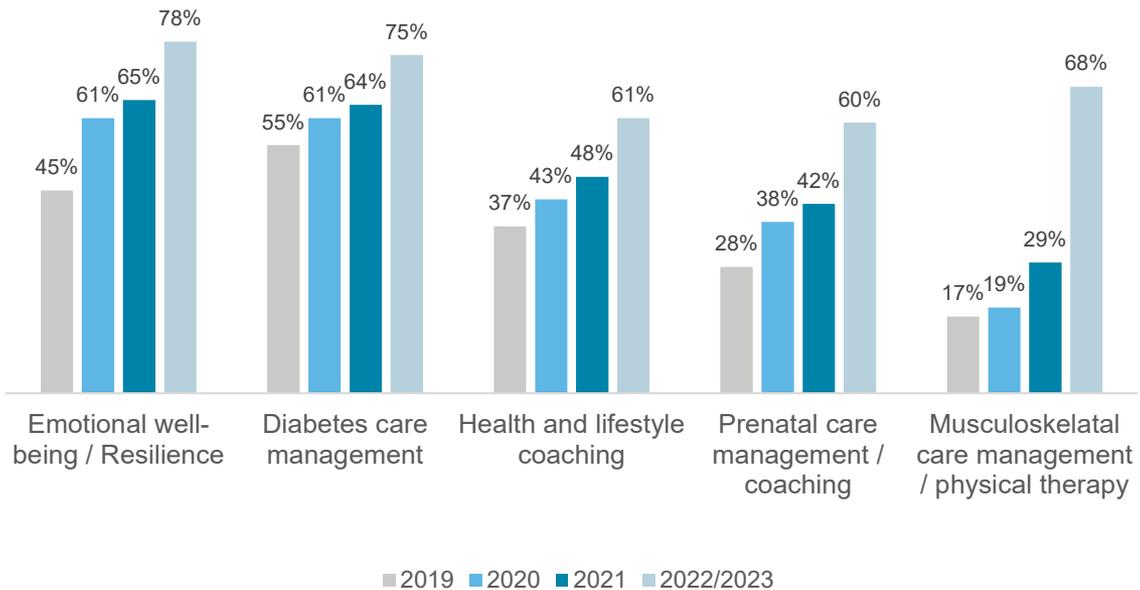
Telehealth – Current and Future State

Anticipated Service Expansion

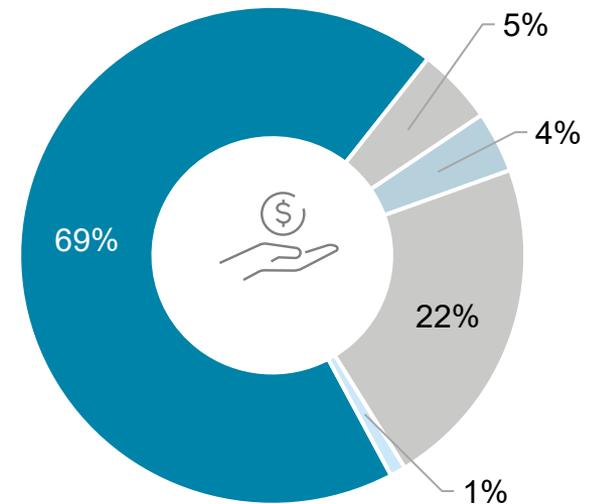


80%

Believe virtual care will have significant impact on how care is delivered in future



Employer Approach to Telehealth Cost Share



- Waived cost due to pandemic
- Already no cost to the employee
- Reduced cost due to the pandemic
- Did not adjust the cost of share for telehealth visits
- Don't know

Source: Business Group on Health 2021 Large Employers' Health Care Strategy and Plan Design Survey

Telehealth – Plan Coverage

- In many cases telehealth services are covered benefits and are billable by government programs and private payors.
- As the field is rapidly expanding, it should be noted that more and more public, private, and commercial payors are covering telehealth services.
- It is important that you check with your payors on a to see if additional services have been added for reimbursement.
- The following slides outline specifics for SFHSS' plans.

Telehealth – SFHSS Plan Coverage

	Blue Shield of California	Kaiser	UnitedHealthcare	
			Non-Medicare	Medicare
Direct to Provider	Yes	Yes	Yes	Yes
Third-party	Yes – Teladoc	No	Yes - Teladoc	Yes – AmWell, Teladoc and Doctors on Demand
Member Copay	<p>Direct to provider: \$25 or \$30 (based on provider type)</p> <p>Direct to provider behavioral health (through Magellan): \$25</p> <p>Teladoc: \$0</p>	\$0	Ded + Coins.	<p>Direct to provider: \$5 or \$15 (based on provider type)</p> <p>Virtual Doctor Visits: \$0 copay</p> <p>Virtual BH Visits: \$15 copay</p> <p>Virtual Cognitive BH Therapy (through AbleTo): \$0 copay</p> <p>Virtual Nutrition Therapy through Kroger Health: \$0 copay</p>
Languages	240 languages via third-party language line	Members can request providers that speak a specific language, or it is provided via third-party language line	12 Languages + ASL additional languages provided via third-party language line	<p>English and Spanish or via third-party language line</p> <p>No language requirements for direct to provider telehealth</p>

Telehealth – When to Use It

- **Telemedicine isn't appropriate for emergency situations like heart attack or stroke, cuts or lacerations, or broken bones that require X-rays, splints, or casts.** Anything that requires immediate, hands-on care should be handled in person.
- Telemedicine may be a viable option the next time you come down with a case of the sniffles or need a consultation about the use of a certain medication.
 - For example, if you suspect that a cut may be infected, you can schedule a virtual consultation with your health care provider to discuss your symptoms. If you're on vacation and think you're coming down with strep throat, you can communicate with your primary care physician or with a provider through a third-party app (e.g., Teladoc).
- It's helpful for a variety of other health issues including psychotherapy and teledermatology, which offers consultations of moles, rashes, etc. Colds and flu, insect bites, sore throats, diarrhea, and pink eye are some other common issues addressed using telemedicine.
- Ask your provider if they are scheduling telehealth visits or connect with your health plan to connect to other resources (see prior slide for more information).

Source: GoodRx - *What Is Telemedicine, and How Does It Work?*

Telehealth – Rules and Regulations

- Telehealth provided to members in California:
 - Telehealth is seen as a tool in medical practice, not a separate form of medicine. There are no legal prohibitions to using technology in the practice of medicine, as long as the practice is done by a California licensed physician and complies with state and federal privacy laws.
 - On April 3, 2020, Governor Newsom signed an executive order (N-43-20) relaxing certain state privacy and security laws for medical providers. This order is similar to the federal HHS Office for Civil Rights waiver issued on March 17, 2020, regarding federal privacy and security laws.
- Telehealth provided to members outside of California:
 - Many states have signed the Interstate Medical Licensure Compact to allow telehealth to be provided across state lines (California is not part of this legal agreement)
 - Telehealth provided to members outside of California may be provided by a provider in another state, if the member and provider are in states included in the compact; otherwise, the laws of the state the member is in will apply
- Typically, when requesting an appointment through a telehealth app (e.g., Teladoc), members will be asked to provide their location for purposes of ensuring that the applicable state laws are followed

Sources: *Medical Board of California, Practicing Medicine Through Telehealth Technology*

Interstate Medical Licensure Compact: U.S. State Participation in the Compact

Telehealth – Long-Term Sustainability

- There are many key actions that are needed to ensure the long-term sustainability of telehealth, which require action:
 - Health plans: reimbursing providers adequately for telehealth visits, simplifying patient cost-sharing (copays, coinsurance, etc.) and patient education on how to use telehealth, where to access it and what it will cost
 - Providers: commit to consistently guiding patients to high-value, cost-efficient use of telehealth and invest in a high-quality virtual patient experience
 - Patients: commit to paying the same amount for in-person vs. telehealth
- Health plans and providers need to examine the hard evidence from 2020 cost and utilization data to determine where telehealth can be used to achieve strategic objectives
 - Prior to 2020 there were very few reliable estimates of cost (to provide and consume) and limited data on quality and outcomes of telehealth
- Over the next few months, all parties need to compromise to address concerns such as TCOC unit cost for providers to offer telehealth services, overall utilization, and patient experience.

Source: Radio Advisory, Open Mic: A letter to telehealth patients