Key Trends in State Telehealth Innovation to Improve Access to Care

AlaHA Leadership Conference

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National interest in using telehealth as a tool to improve access to care is growing, with States pursuing innovative new policies in the following key areas:

- Expanding Telehealth Coverage in Light of COVID-19
- Integrating Telehealth into Innovative Care Delivery Models
- Supporting Provider to Provider Telehealth
- Addressing Inequities that Limit Access to Telehealth
COVID-19 is Driving Expansions of Telehealth Coverage

State Medicaid programs have expanded telehealth in light of COVID-19 to enable better access to care in light of social distancing measures

- 50 states + D.C. issued guidance related to the expansion of telehealth coverage during the pandemic
- 50 states + D.C., are covering audio-only telehealth services
- 38 states + D.C., are covering occupational therapy, physical therapy, and speech therapy services through telehealth, including Alabama
- 16 states are covering telehealth for early childhood intervention services, not including Alabama
- 19 states are covering EPSDT well-child visits, including Alabama

Medicare has also implemented temporary telehealth expansions:
- Beneficiaries can receive services at home
- Some audio-only services are covered
- Significant increase in covered services (over 144 telehealth covered services)
- Expanded list of practitioners that may provide services

More than two thirds of States have also issued new telehealth coverage requirements for commercial payers, but to date AL has not
Telehealth Can Bolster Innovative Care Delivery Models

Telehealth capabilities can enhance innovative delivery models focused on reducing the cost of care while improving health outcomes.

- Assessments of patient needs
- Remote patient monitoring
- Digital care coordination platforms
- Patient engagement platforms
- Specialty access in local communities
- Preventive screenings
- Medication management
- Virtual triage (urgent care video visits, ED triage, etc.)
- Interprofessional consultations
New Telehealth Models Can Better Support Providers

Telehealth can connect local providers, especially in rural and underserved areas, to remote specialists and other sources of expertise

Example

Project ECHO
• Connects groups of community providers via video conferencing with specialists at centers of excellence in regular real-time collaborative sessions
• Community providers are able to grow their skills and address needs in their communities
• Extends specialist expertise into communities in need of psychiatrists, endocrinologists, and hepatologists
• 642 operational programs in the US, including 2 in Alabama
Critical to Address Inequities in Telehealth Access

There are significant inequities in access to telehealth for low-income Americans, especially for rural residents, racial/ethnic minorities, and older adults.

- **Awareness**: Only one in three Americans had used telemedicine pre-COVID, with lower rates among Medicaid beneficiaries.

- **Broadband Access**: Only 56% of low-income Americans have broadband at home.

- **Technology Access**: Only 71% of low-income Americans own a smartphone.

- **Technology Literacy**: Only 53% of low-income Americans have basic digital literacy.

- **Language Barriers**: 25 million Americans speak little English and are disproportionately low-income.

- **Hearing and Vision Difficulties**: Nearly 50% of adults over age 60 have hearing loss, and 14% of those 65 and older have impaired vision.
Example: Community Paramedicine & Telehealth

A community paramedicine model deploys paramedics to the community to provide needed services and transportation to alternative sites (in lieu of the ED) as appropriate. Evidence shows the model reduces ED volumes, improves ambulance efficiency, and saves money.

Integrating telehealth can strengthen the community paramedicine model

Community paramedic provides follow up post discharge and/or transport to more appropriate setting

Community paramedics provide counseling, education, other preventive services in community or via house calls

Patient with acute needs addressed by community paramedics, transported to ED only if appropriate

If needed, CPs consult off-site psychiatrist for assessment or other physician via telehealth capabilities

Physicians conduct remote screenings and recommend or deliver other appropriate services (e.g. treatment, referrals, follow up)
### Community Paramedicine & Telehealth: Bringing Together Key Key Trends

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<th>Feature</th>
<th>Description</th>
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<td><strong>Expanding Telehealth Coverage</strong></td>
<td>Expansion to include home and other community originating sites allows paramedics to deliver services where patients are</td>
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<tr>
<td><strong>Integrating Telehealth into Innovative Care Delivery Models</strong></td>
<td>Paramedics can better conduct home visits, care coordination, crisis response with integrated telehealth capabilities</td>
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<td><strong>Supporting Provider to Provider Telehealth</strong></td>
<td>Paramedics benefit from specialist consultations and assessments, and physicians can also remotely support when a needed service is not within the scope of practice for a paramedic</td>
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<td><strong>Addressing Inequities that Limit Access to Telehealth</strong></td>
<td>Paramedics can bring the technology to the patient, better supporting those who would otherwise face access barriers</td>
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