Using Telehealth to Support Equitable Access to Health Care in Medicaid

April 21, 2022, 2:30-3:30 PM ET

Part of CHCS’ Strengthening Primary Care through Medicaid Managed Care learning series.

Made possible through support from The Commonwealth Fund.
Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.
Agenda

• Welcome
• Panelist Introductions
• Moderated Panel Discussion
• Audience Q&A
• Wrap Up and Next Steps
Welcome & Introductions
Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field’s best thinking and practices to meet critical needs

- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

- **Equitable outcomes for people** that improve the overall wellbeing of populations facing the greatest needs and health disparities.
Advancing Primary Care Innovation in Medicaid Managed Care: A Toolkit for States

For implementation considerations, state examples, and sample managed care contract language, access the toolkit at: www.chcs.org/primary-care-innovation.
Core Features of Advanced Primary Care and Levers to Drive Uptake and Spread

- Integrate Behavioral Health Care
- Enhance Team-Based Care
- Engage Communities and Achieve Health Equity
- Use Technology to Improve Access
- Identify and Address Social Needs
- Engage Communities and Achieve Health Equity
- Integrate Behavioral Health Care
- Promote Accountability for MCOs
- Move to Value-Based Payment in Primary Care
- Setting Primary Care Delivery Standards
- Monitor Primary Care Spending and Investment
Today’s Presenters

Sachin Shah
Chief Medical Information Officer
University of Chicago Medicine

Jenny Azzara
Senior Director, Performance Improvement & Organizational Development
Community Care Cooperative (C3)

Chelsea Bodnar
Chief Executive Officer
Montana Pediatrics

Christopher Chen
Medical Director
Washington Health Care Authority
Seizing the Moment for Telehealth Policy & Equity

Sachin D. Shah, MD
Associate Professor of Medicine & Pediatrics
Chief Medical Information Officer
UChicago Medicine & Biological Sciences
We Can Do Telehealth

- We have been ready to do this for years
  - We have had the technology (smartphones, tablets, computers)
  - Patients had already been seeking virtual care before COVID-19

- Many perceived barriers have proven surmountable
  - Virtual care is safe, costs of technology are manageable
  - State licensing restrictions can be overcome
  - Patients can and want to do virtual visits (reduces some barriers)

- Incentives finally aligned
  - Economic (reimbursement) – led by CMS, private insurers quickly followed
  - Safety (patients, providers, care teams)
UCM Virtual Visit Volume

After 12 months (April 2021):
>210,000 virtual visits (26% of all visits)
>158,000 video visits (75%)

After 18 months (October 2021):
>280,000 virtual visits (22% of all visits)
>214,000 video visits (76%)
Patients like Telehealth

- Video visits rated ≥ in person visits (UCM Press-Ganey Data)

<table>
<thead>
<tr>
<th>Medical Practice Patient Experience Top Box 7.1.20 - 5.25.21</th>
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<tbody>
<tr>
<td>Breakdown Telehealth Visits</td>
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<td>Questions</td>
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<td>Recommend Provider Office</td>
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- Patient priorities
  - Primary: safe, convenient, and timely care
  - Secondary: established relationship with provider
  - Ideally: both

- Improve access by reducing barriers to care
  - Time off work
  - Child or elder care
  - Transportation
  - Family and caregiver involvement
Telehealth replaces some in person care
Digital Equity
The Digital Divide
The Digital Divide and Telemedicine

• Major barriers to accessing telemedicine
  o Absence of technology
  o Low digital literacy
  o Broadband access

• Risk factors
  o Older age
  o Lower SES
  o Minority racial groups
  o Lower level of education
  o Non-native English speakers
Video Visits > Telephone Visits

• Compared to telephone visits, video visits:
  o Enable some aspects of a physical exam
  o More personal connection between clinician and patient
  o Better patient understanding and satisfaction\(^1\)
  o Count as face-to-face visit for home health services, risk adjust

• UCM clinicians reported connection, shared decision making, and patient trust during video visits were similar to in-person visits\(^2\)
  o Key to successful chronic disease management, longitudinal care

• Reimbursement
  o Video: all time spent on day of service
  o Telephone: only time spent in medical discussion with patient
  o Uncertainty regarding telephone visit reimbursement, risk adjustment

2. Choo, Z., Telemedicine at UChicago Medicine: Clinician Perspectives and Needs Assessment (SRP)
Digital Divide: Technology and Digital Literacy

- **Technology**
  - 46% of adults ≥65 yo have *never used video conferencing* technology
  - >33% of households headed by someone 65+ yo *do not have a desktop or laptop*
  - >50% of same households *do not have smartphone*

- **Digital Literacy**
  - 52 million Americans *do not know how to use a computer* (older, less educated, people of color)

- **Broadband Access**
  - >40% older adults do not have broadband at home
  - >25% do not use the internet
  - Broadband dead zones most often in rural areas, low-income neighborhoods, and minority communities

https://www.pewresearch.org/internet/fact-sheet/mobile/
Digital Divide: Broadband

- Broadband access is a social determinant of health
  - Education
  - Housing
  - Livelihood
  - Economic growth/opportunities
  - Social services
  - Food/grocery delivery
  - Healthcare

- High prices in poor communities for inadequate service
- Rural communities and urban areas
- Communities of color less likely to have access to broadband vs predominantly white communities
Case Study: UChicago Medicine

- Lack of healthcare infrastructure
- Medical and pharmacy deserts
- Digital redlining
White patients

Video Visits

Telephone Visits

[Bar chart showing percentage of video and telephone visits over different months from March 15 to May 31, 2020]
Black patients
Black and 65+ and South Side

AT THE FOREFRONT
UChicago Medicine
Black and 65+ and South Side

Jun 2021 to Jan 2022

AT THE FOREFRONT
UChicago Medicine
Differential Access to Video Visits

- Less internet access + lower digital literacy = ↓↓ likely to complete video visit

- UChicago analysis: older adults, black patients, Medicare and Medicaid beneficiaries

- Other analyses: lower SES, unhoused, non-native English speakers, rural residents

- Same patients who disproportionately experience
  - worse health outcomes for common chronic diseases
  - highest COVID morbidity and mortality rates
Steps To Promote More Equitable Access

▪ Monitor access for vulnerable groups
▪ Mitigate digital literacy and resource barriers
▪ Offer video visits to every patient
▪ Language interpreter access
▪ Advocate for policy changes (e.g., broadband access, reimbursement parity, telephone visits)
Understanding Our Patients’ Perspective

- Patient centered focus
- Community surveys, needs assessments
- Education and outreach in partnership with civic organizations and faith communities
- Listen and respond to stories and testimonials from people in the community
Additional Support for Patients

Practice level
- Digital navigation as a care team responsibility
- Patients receive pre-visit phone call from care team
- Triage: gather vitals + provide basic digital navigation
- ↓ technology barriers, ↑ video visit success rates

Community level
- Tech access initiatives
- Partnerships with organizations
- Focus on the digitally excluded
Telehealth reimbursement: priorities

- Continue reimbursement for **telephone only** visits (health equity)
- **Payment parity** between in person, video, and telephone visits
- Removal of **geographic restrictions** and **originating site** requirements; physician licensure reciprocity
- Medicare (CMS), Medicaid (states/CMS), and commercial **payer alignment**
- **Value based care**: capitated payments to promote flexible models of care
- Coverage of **preventive telehealth services and care transitions**
- Behavioral telehealth services
Advocacy Goals

- Universal broadband
- Technology access initiatives
- Digital literacy programs
- Video Visit platform and UX improvements
FQHC Telehealth Consortium

Using Telehealth to Support Equitable Access to Health Care in Medicaid

April 21, 2022
A Snapshot of the FQHC Telehealth Consortium

Community Care Cooperative
*Est. 2016*

ACO and MSO/Business Operations
Comprised and governed by 18 FQHCs serving over 160,000 MassHealth members

FQHC Telehealth Consortium
*Est. 3/2020*

35 FQHCs, 713,000+ patients, 107 locations, 157,000+ children <18, 51 school-based health centers

Mass League
*Est. 1972*

Primary Care Association
Serving 52 community health centers with over 1 million patients
Our Telehealth Journey

- **2020**
  - Covid-19 arrived
  - First $1M raised
  - Deployed IT support to health centers
  - $5M fundraising campaign ended, $12M campaign announced

- **2021**
  - Telehealth Maturity Model developed
  - Connected Care program launched
  - Telehealth Transformation Initiative launched
  - Online Telehealth Playbook published
  - Telehealth Navigation Program launched with Navigating Hypertension

- **2022**
  - Telehealth Consortium formed
  - 2nd Telehealth Navigator initiative launched
  - Telehealth Equity Framework developed
  - Over $11M raised to date
Phase I: Consortium Supports Pivot to Telehealth

March – April 2020
- Rapidly deployed IT consulting services, hardware, and software to help health centers quickly transition to telehealth

May 2020
- Convened FQHC leaders to co-develop a Maturity Model* – a long-term strategy for integrating telehealth at health centers

June – Oct. 2020
- Assessed each health center’s progress and goals in advancing telehealth, using our Maturity Model as an assessment tool

*Our Maturity Model and assessment tool can be found in the appendix, as well is in our online Telehealth Playbook
Phase II: Telehealth Integration & Equity

- Launched **Telehealth Transformation Initiative**, a one-year pilot to advance telehealth maturity at 9 FQHCs
- Began measuring telehealth utilization and select quality measures across the Consortium

Mar. 2021 – Nov. 2022

- Received **FCC Connected Care Program** award to expand broadband in FHQCs and for select patients
- Reassessed telehealth maturity at Consortium FQHCs
- Published **Telehealth Playbook**

Nov. 2021 – April 2022

- Developed **Telehealth Equity Framework**
- Launched **Telehealth Navigator Program** at 4 FQHCs
Telehealth Equity Framework Approach

• The Telehealth Equity Framework is intended to drive and guide efforts to integrate and maintain equitable telehealth practices; it was designed to be used on an ongoing and iterative basis.

• The framework is comprised of the following components:
  • Foundational health and racial equity framework
  • Racial equity definition
  • Underlying assumptions
  • Key questions for applying the framework (equity cross check)
  • Alignment of framework and telehealth maturity model

• While this framework was specifically developed for telehealth work, it can be effectively applied to other areas of clinical work.

Framework designed in collaboration with Health Resources in Action, https://hria.org/
## Telehealth Equity Framework

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<thead>
<tr>
<th>Strategy &amp; Leadership</th>
<th>Equity Drivers</th>
<th>Equitable Telehealth</th>
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<tbody>
<tr>
<td></td>
<td>• Practice collective reviews of telehealth policies to prevent “gatekeeping”</td>
<td>• Equity and community input are embedded in and drive health center strategic decision-making for telehealth care delivery</td>
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<td></td>
<td>• Establish Board telehealth sub-committee</td>
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<td></td>
<td>• Create opportunities for community to share decision making about telehealth</td>
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<table>
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<tr>
<th>Clinical Integration</th>
<th>Equity Drivers</th>
<th>Equitable Telehealth</th>
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<td></td>
<td>• Understand what the access points are for telehealth and allow for patients to utilize any access point</td>
<td>• Patient choice and needs drive decisions regarding the mechanism(s) of their telehealth care; virtual supports to address needs are embedded in clinical systems and do not need to be requested</td>
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<td></td>
<td>• Integrate fields in clinical systems to document patient choices/preferences and needs for telehealth care; regularly confirm/update this information</td>
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<tr>
<th>People</th>
<th>Equity Drivers</th>
<th>Equitable Telehealth</th>
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<tbody>
<tr>
<td></td>
<td>• Intentionally engage people in the community in telehealth decision-making</td>
<td>• Providers have cultural awareness/competency/humility in providing care to their patients and adapt telehealth care delivery to align with patient needs</td>
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<td></td>
<td>• Deploy telehealth navigators to assess patient digital access and provide support</td>
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<td></td>
<td>• Measure who is and who is not accessing telehealth services and why</td>
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<th>Technology &amp; Tools</th>
<th>Equity Drivers</th>
<th>Equitable Telehealth</th>
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<tr>
<td></td>
<td>• Intentionally create and actively engage in partnerships with community organizations that promote technology and those that enable access</td>
<td>• Technology is structured to enable flexibility/be responsive to patient choice, provide needed support(s), and ease/facilitate engagement in telehealth</td>
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<td></td>
<td>• Partner with vendors who are committed to and experienced in working with diverse populations (e.g., language needs, tech literacy)</td>
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<th>Reimbursement &amp; Policy</th>
<th>Equity Drivers</th>
<th>Equitable Telehealth</th>
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<td></td>
<td>• Collect accurate data that is representative of the patient populations being served to identify who is and is not able to access telehealth</td>
<td>• Policies directly identify equity as a priority and these priorities, as well as related data, drive telehealth policy decisions; telehealth advocacy efforts are informed by equity priorities/data and community input</td>
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<td></td>
<td>• Monitor closely the developments in industry, policy, and reimbursement that will or may impact equity and/or telehealth goals</td>
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Telehealth Navigator Program Goals

• Increase use of telehealth video visits and remote patient monitoring for patients, including those with low digital literacy and/or those who have received telehealth technology – such as smart phones and blood pressure monitors

• Expand the sustainable integration of telehealth into primary care and mental and behavioral health services

• Empower patients in their care and ensure under-resourced patients are not left behind in the shift towards hybrid (telehealth and in-person) models of care

• Share learnings from program evaluation, patient satisfaction, and community engagement
### Telehealth Navigator Program Implementation

#### Navigating Hypertension
- $800,000+ program funded by the Gordon and Betty Moore Foundation located at two Consortium FQHCs - Codman Square Health Center and Brockton Neighborhood Health Center
- Objective: to reduce health disparities in hypertension control through engagement and treatment of hypertension, with a particular target of Black patients, leading to a reduction in cardiovascular events

#### Essex County Telehealth Navigators
- With support from the [Massachusetts Technology Collaborative](#), the Essex County Community Foundation (ECCF) created a Digital Equity Fund that allocated a grant of $226,660 to the Consortium to hire a Telehealth Navigator at Lynn Community Health Center and North Shore Community Health

#### Program Expansion
- Expansion plans for this program include, to:
  - Create a Telehealth Navigator cohort with a focus on behavioral health
    - Enhance skills of Mental health Peer Specialists and Recovery Coaches
    - Reach patients uncomfortable with in-person visits, or as a complement to in-patient visits
    - Better understand and address patients’ digital access barriers
  - Expand existing program geographically within the Commonwealth
Improving access to healthcare and health equity for all of Montana’s children
About Montana

- 4th largest state by land area
- 48th in population
- Out of 56 counties:
  - 20 do not have a pediatric-specific provider
  - 15 do not have a single medical provider
About Montana Pediatrics

- A social innovation organization that is rooted in the communities we serve
- Bridge competitive health system boundaries to serve the 256,000 children of Montana
- Grassroots foundation of Montana-based providers dedicated to serving and supporting Montana
- Supported by 36 providers from 19 different health systems and have pediatric subspecialists for pulmonology, endocrinology, cardiology, and neurology and currently onboarding mental health
Identified Gaps in Care

1. After hours
2. Rural American Indian communities
3. Children with medical complexity
4. Children in crisis and transition
1. After hours

- Created to strengthen the capacity of care in Montana
- Locally-driven and supported model in response to a changing world
- Evening and weekend care by Montana doctors for Montana families
2. Remote American Indian communities

- Partnerships with tribal leadership to deliver pediatric-specific care via telemedicine with the support of local telepresenters and clinicians
- Full-time pediatric coverage at 6 school-based health clinics
- Estimated savings of 539,510 miles driven by Fort Peck families to receive equal-quality care
3. Children with medical complexity

- Creation of Shared Care Plans to relieve families of the burden of communication

- Increases cooperation and communication between providers across health systems

- Currently beginning a two-year Type 1 Diabetes study in conjunction with Helmsley Charitable Trust and the University of Montana's Rural Institute
4. Children in crisis and transition

- Providing care to organizations that support single mothers without traditional support systems, families who may have lost housing, and children who have been removed from their homes.

- Rurality is not the only challenge when accessing care.

- Access is only true access when it’s at the direction of the people we serve.
Community-supported telemedicine can...

- Be accessible by all, and if implemented correctly can be a tool to decrease cultural barriers and health inequities.
- Be an opportunity to establish long-term and novel partnerships that enable sustainable, culturally effective partnerships in Native American and rural populations.
- Be a high-touch, high-value, low-cost, low-barrier addition to primary care that complements the existing workforce and weaves isolated providers from disparate practices together.
Using Telehealth to Support Equitable Access to Health Care in Medicaid

Christopher Chen, MD
Medical Director, Medicaid
WA State Health Care Authority
April 21, 2022
We purchase health care for more than 2.5 million Washington residents (1/3 of the state) through:

- Apple Health (Medicaid)
  - 2.2M as of April 2022
  - 85% in Managed Care
  - 5 MCOs
- The Public Employees Benefits Board (PEBB) Program
- The School Employees Benefits Board (SEBB) Program

We purchase care for 1 in 3 non-Medicare Washington residents.
Our telehealth journey

- **Pre-pandemic:**
  - For Medicaid, broadly flexible policy applicable to **many types of services and providers in different settings**
    - Telemedicine coverage; parity in place since 2018
    - eConsults/store and forward in specific specialties

- **Pandemic response:**
  - **Policy changes** to support continuity of care during crisis
    - Allowance of non-HIPAA compliant audio/visual and audio only services
    - Additional coverage of patient portal, virtual check-in, remote patient monitoring
  - **Direct support** for providers and patients
    - Purchased and distributed **2,000 free Zoom telehealth licenses** to providers serving the most vulnerable
    - Hardware assistance program including smart phones and laptops
  - Collaboration with **partners in telehealth**
    - Technical assistance for providers shifting to telehealth with **UW Behavioral Health Institute**
    - Collaboration with broadband access partners including Office of Broadband and federal initiative
Our journey ahead

Access
Confidentiality
Equity
Standard of Care
Stewardship
Patient choice
Payment/reimbursement

Additional references

- Paying for and Delivering Telehealth in the Covid Era: Early Groundwork in WA Medicaid
- Medicaid Medical Directors Network: Perspectives on Telehealth Modernization
Question & Answer
Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.
Visit CHCS.org to...

• Download practical resources to improve health care for people served by Medicaid.

• Learn about cutting-edge efforts from peers across the nation to enhance policy, financing, and care delivery.

• Subscribe to CHCS e-mail updates, to learn about new resources, webinars, and more.

• Follow us on Twitter @CHCShealth.