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Telehealth during COVID-19: Opportunity to expand access to comprehensive medication management?

May 28, 2020 | 1 p.m. Eastern

GTMRx Learning Network Webinar

Agenda

- Welcome and Introductions
- Learning Objectives
- Presenters

Jared Augenstein, Director, Manatt, Phelps & Phillips, LLP

Melissa Badowski, Clinical Associate Professor, Section of Infectious Diseases Pharmacotherapy, Department of Pharmacy Practice, University of Illinois at Chicago, College of Pharmacy

- Question and Answer Session

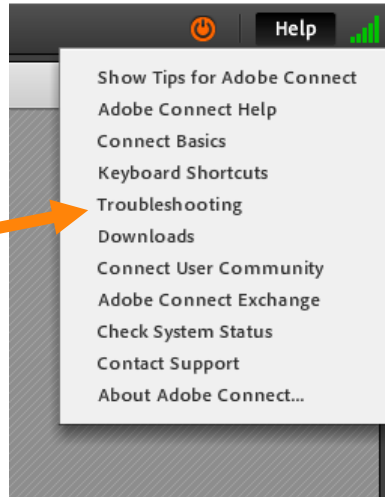
Audience Notes

There is no call-in number for today's event.

Audio is by streaming only.

Please use your computer speakers.

There is a troubleshooting guide to the right of your screen.



Submit questions at any time

How to submit a question

To submit a question, please use the “Q&A” pod below the slides to ask questions throughout the presentation.

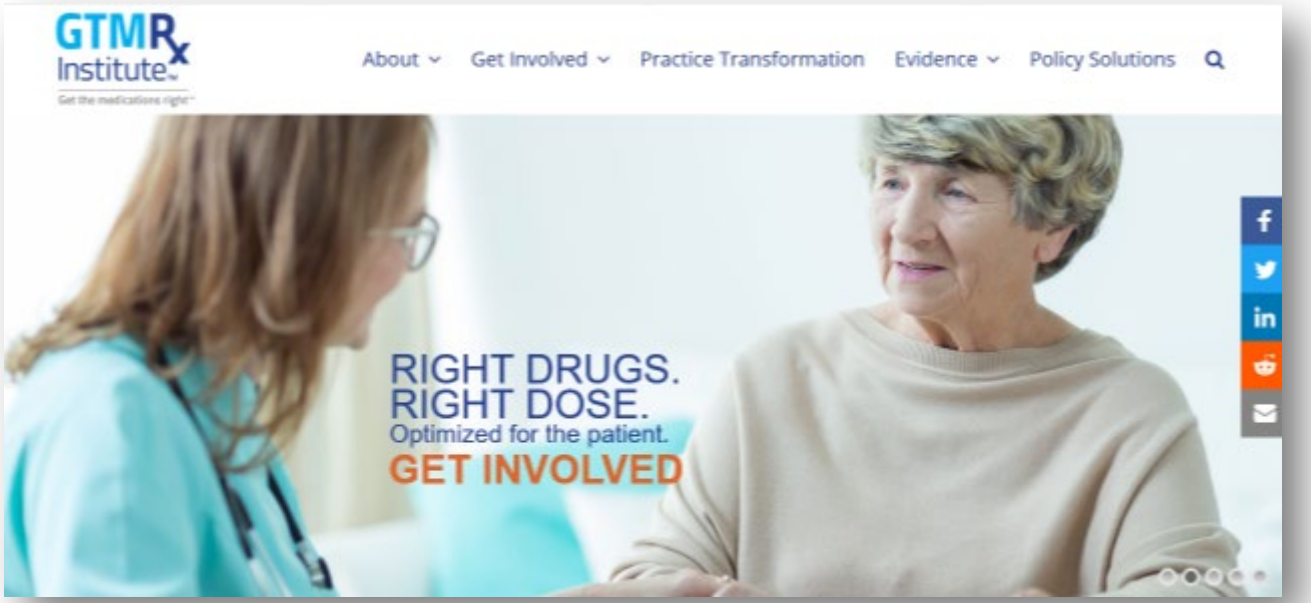
Just type in your question at any time and then click the button to submit.

The questions will be asked by the moderator, at the conclusion of the presentation.

We will answer as many questions as time permits.

Audience Notes

- A recording of today's session will be posted within one week to our website, www.gtmr.org



Among the topics we'll cover today

- Coronavirus emergency supplemental legislation—what does this mean in terms of access, coverage and expansion of telehealth services?
- How has telemedicine use changed during the pandemic; what services are being virtualized?
- What do we expect to see in terms of regulatory shifts, and how will this change the way telehealth is provided in the future?
- How does telehealth provide a path to interprofessional care teams working collaboratively to optimize medication use?
- Beyond COVID-19, what are some of the key considerations for implementation, evaluation and coverage of CMM services in telehealth practices?

Quick view of GTMRx Institute

A national platform creating a forum for more rapid practice and policy change to save lives and revolutionize the way care is delivered in order to optimize medication use.

Goal: To educate, inform and change the market so research and innovation moves to the practice level, payment models and policy align, and buyers receive value.

Vision: Enhance life by ensuring appropriate and personalized use of medication and gene therapies.

Mission: Bring critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by *getting the medications right*.

Focus Areas

- **Practice Transformation**
- **Payment & Policy Solutions**
- **Use of HIT & AI to support CMM**
- **Precision Medicine Enablement**

A call for action

Medications are involved in **80%** of all treatments & impact every aspect of a patient's life.

Nearly **30%** of adults in the U.S. take **5+** medications.

10,000 prescription medications available on the market today.

Only **13%** of PCPs consult with a pharmacist before new prescriptions.

49 seconds spent between physicians and patients talking about new medication during a **15-minute** office visit.

Ensuring that Americans benefit from appropriate medication use is a critical component of improving the national health care system.

We are working to empower physicians and medication experts as collaborative members of the care team, so together they can ensure that medications are appropriate, safe, effective and precise.

That's how we save lives, save money and, when possible, restore health.

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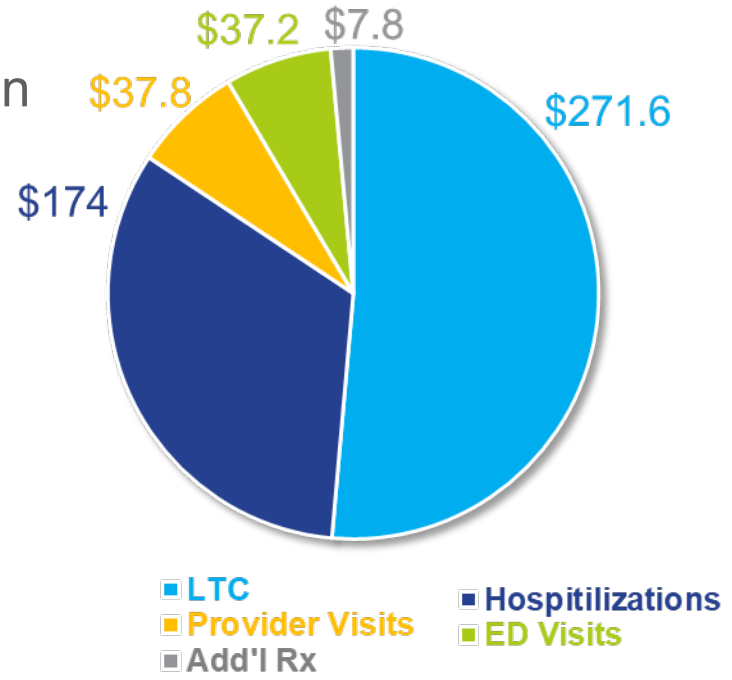
The $528 billion opportunity

275,000+ lives are lost every year to medication errors

$528.4B is the cost of non-optimized medication therapy (2016):

- $174 billion **hospitalization** costs
- $271.6 billion **long-term care** admissions
- $37.2 billion **emergency department** visits
- $37.8 billion additional **provider visits**
- $7.8 billion **additional prescriptions**



Watanabe J, et al. Cost of Prescription Drug–Related Morbidity and Mortality. Annals of Pharmacotherapy, March 26, 2018. Accessed 3 April 2018. http://journals.sagepub.com/eprint/ic2iH2maTdI5zfN5iUay/full

A dynamic team of health care leaders!

(inclusion does not constitute an endorsement of any program, product or organization)

A sample of our 885+ members from 625+ companies

Over 880 Members Strong & Growing Weekly!

Getting the Job Done: GTMRx Workgroups

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VISION: To enhance life by ensuring appropriate and personalized use of medication and gene therapies.

MISSION: We bring critical stakeholders together, bound by the urgent need to optimize outcomes and reduce costs by ***getting the medications right.***

Focus of Workgroups

Practice & Care Delivery Transformation (Skills, Tools & Knowledge)	Evidence & Innovation (Experience-Based Best Practices)	Payment & Policy Solutions (Evidence-Based, Effective Solutions)
HIT and AI to Support Optimized Medication Use		**Precision Medicine Enablement via Advanced Diagnostics**

Operational Activities & Outputs from Working Groups

▪ Accessing clinical data to support CMM ▪ Collaborative practice agreements ▪ Developing value-based business agreements ▪ CMM team-based care R&F ▪ Physician engagement and activation ▪ Patient engagement tools ▪ Barriers and enablers ▪ Expanding access to health IT solutions that liberate clinical data exchange for CMM practice	▪ Quality metrics (process, satisfaction, outcomes) ▪ Value metrics (cost and quality) ▪ Effective integration into delivery models and across settings ▪ Program and process guidance ▪ Building consumer demand ▪ Building physician demand ▪ Identification of expert practices ▪ Evidence for advocacy ▪ Building purchaser demand	▪ Enabling policy for CMM program reimbursement ▪ Overcoming policy & payment barriers to appropriate medication use ▪ Enabling benefit design / guide for employers ▪ Enabling policy for risk-based contracting (product & appropriate use)/ guide for practices & plans ▪ Recognition of emerging outcomes-based and population-based research (CBO scoring) ▪ Enabling policy & payment for gene therapies

Our Presenters

Jared Augenstein

Director, Manatt, Phelps & Phillips, LLP

Co-Author: "A Framework for Evaluating the ROI of Telehealth"

Author: "Opportunities To Expand Telehealth Use Amid The Coronavirus Pandemic," *Health Affairs*, 16 March 2020.

Melissa Badowski

Clinical Associate Professor, Section of Infectious Diseases Pharmacotherapy, Department of Pharmacy Practice, University of Illinois at Chicago, College of Pharmacy

Co-Author: "Implementation and evaluation of comprehensive medication management in telehealth practices," *Journal of American Clinical Pharmacy*, January 2020

Agenda

- Telehealth Reimbursement Trends
- Other Regulatory Flexibilities
- Conclusion

Telehealth Essential During Pandemic

Growth in Telehealth Utilization

- **Medicare**: 11K member visits per week to 650K per week.
- **NYU**: 5,500 virtual visits per day up from 50 pre-COVID.
- **Mass General**: 10 – 20x increase over pre-COVID.
- **Teladoc**: 50% increase in daily volume from pre-COVID.
- **Zipnosis**: 3,600% increase in utilization through March.
- **MDLIVE**: 50% increase in behavioral health visits from Feb to Mar. Another 75% increase from Mar to Apr.

Example Telehealth Programs

- **TeleICU** – remote observation/monitoring of ICU patients to reduce COVID exposure risk and extend provider capacity.
- **Hospital at Home** – deliver low acuity inpatient services to patients at home to preserve hospital bed capacity and reduce COVID exposure risk.
- **Virtual Visits** – deliver routine non-urgent medical or behavioral health services to patients remotely.
- **Remote Patient Monitoring** – remotely monitor physiologic information to proactively monitor health status.
- **Comprehensive Medication Management** – interprofessional care teams optimizing medication use (Melissa to discuss in detail).

Medicare Telehealth Pre-Pandemic

Historically, Medicare coverage of telehealth has been limited, focusing on providing access to beneficiaries in rural areas.

Telehealth: Services that normally would occur in-person but instead are conducted via telecommunications technology; paid at full rate.

- Typically was only available to beneficiaries in rural areas.
- In most cases, beneficiary could not be at home.
- Phones could not be used to deliver services.
- Practitioner generally could provide only E/M or mental health services.

Virtual Check-Ins: Not services that would normally occur in person; brief communications paid at a lower rate.

- Could be offered to established patients only.
- As with telehealth, could only be offered by practitioners who could bill E/M codes.

COVID-19 Changes in Medicare

Through its 1135 waiver authority and regulatory reform, CMS has rapidly expanded the coverage of telehealth and virtual check-ins.

Telehealth:

- No longer limited to rural areas.
- Beneficiaries can receive services at home.
- Phones can be used to provide services; audio-only calls now covered.
- Significant increase in covered services.
- Expanded list of practitioners that may provide services.

Virtual Check-Ins:

- May be offered to new patients.
- Expanded list of practitioners who can bill for these services. (But Medicare will continue to non-pay if originates from a related E/M service provided in previous 7 days by same practitioner or leads to an E/M service with same practitioner.)

Medicare New Covered Services

Inpatient and ED

- Initial Hospital Care and Hospital Discharge Day Management
- Initial and Subsequent Observation and Observation Discharge Day Management
- Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent
- ED visits, Levels 1-5
- Critical Care Services
- Initial and Continuing Intensive Care Services

Behavioral Health

- Psychological and Neurological testing
- Group Psychotherapy
- Licensed Clinical Social Work
- Clinical Psychology

Long-Term Care

- Initial Nursing Facility Visits, All levels (Low, Moderate, and High Complexity) and Nursing Facility Discharge Day Management
- Home Visits

Other

- Radiation Treatment Management Services
- ESRD Kidney Failure Services
- Therapy Services – Physical and Occupational Therapy, Speech Language Pathology
- Domiciliary, rest home or custodial care services
- Care planning for patients with cognitive impairment

Medicare Telehealth: Pre/Post COVID

Issue	Traditional Rule	New Rule During the COVID-19 Pandemic
Beneficiary location (originating site)	Generally must be in a practitioner's office of facility located in a rural area. May be at home only for SUD or ESRD services.	Patient may be located anywhere.
Telehealth technology	Must be an interactive telecommunications system; cannot be a phone.	Must be a two-way, real-time interactive communication; phones permitted.
Services eligible for telehealth	Generally E&M and psychotherapy.	Expanded list includes observation care, critical care, group psychotherapy.
Eligible Practitioners	Only those who provide E&M services.	Physical/ occupational therapists, others included.
Audio-only services	Not considered telehealth and not reimbursable.	Considered telehealth and reimbursable.
Payment rate	Practitioner paid at lower, facility-based rate.	May be paid non-facility rate if located outside a facility.

Medicare Virtual Check-Ins: Pre/Post COVID

Issue	Traditional Rule	New Rule During the COVID-19 Pandemic
Patients eligible for virtual check-ins	Established-patients only.	New and established patients.
Practitioners eligible to provide virtual check-ins	Practitioners who can bill E/M codes.	Practitioners who do not bill E/M codes also may provide virtual check-ins, such as physical therapists, occupational therapists, speech language pathologists, licensed clinical social workers, and clinical psychologists.
Beneficiary consent	Must be documented in patient's record.	May be obtained at the time the service is delivered.

Commercial Payor Trends

- Many commercial plans have expanded coverage for telehealth services broadly – in some states in response to state mandate and in others voluntarily.

- Primary changes typically include:
  - Coverage parity with in-person services.
  - Payment parity with in-person services.
  - Cost-sharing waivers.
  - Cross-state licensing flexibilities.
  - Prescribing flexibilities.

State Medicaid Programs Respond

New Policy Flexibilities

- Payment parity
- Out-of-state licensure
- Flexibility in modality (video, phone, secure message, remote monitoring, etc.)
- Originating site flexibilities
- Distant site flexibilities
- Suspension of prior authorization requirements
- Etc.

New Covered Services

- Telephone-based services
- Specialized therapy (physical therapy, occupational therapy, speech language pathology, etc.)
- Tele-dentistry
- Substance use disorder treatment
- Preventive services (e.g. well child visits)
- Inpatient telehealth
- Etc.

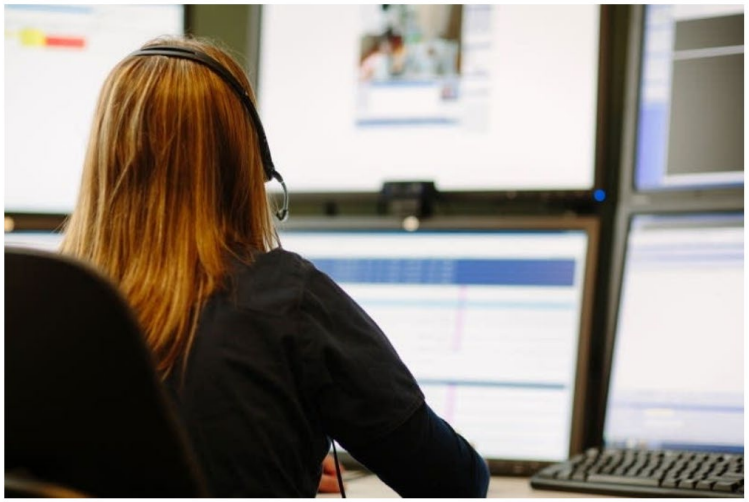
Out-of-State Licensure

Out of State Licensure

- All states have issued some flexibility related to cross-state licensure but true 50-state licensure for physicians does not exist as each state has its own licensure requirements and rules.
- In New York, Governor Cuomo issued an Executive Order that **enables physicians licensed and in current good standing in <u>any state in the United States</u> to practice medicine (including via telehealth) in New York State** without civil or criminal penalty related to lack of licensure. There are similar waivers in place for physician assistants, nurse practitioners, registered nurses, respiratory therapists (and technicians), midwives, and social workers.
- Out-of-state providers must be enrolled in the NYS Medicaid program in order to bill for telehealth services delivered to a Medicaid member; NYS is offering Provisional Temporary Enrollment to expedite licensure for out-of-state providers.

Mayo doctors volunteer in New York ICU — from Minnesota

Tom Crann April 24, 2020 6:34 p.m.



In a matter of days, Mayo Clinic doctors assembled a sophisticated telemedicine program that allows them to join New York doctors on their rounds. Courtesy of Mayo Clinic file

HIPAA Flexibilities Promote Use of Telehealth

The HHS Office of Civil Rights (OCR) issued a notice of enforcement discretion that substantially waives federal enforcement of HIPAA in regards to telehealth.

OCR not to impose penalties for good faith violations of HIPAA privacy, security and breach notification rules by telehealth providers.

Provides flexibility in key areas:

- Providers may use unencrypted platforms to communicate with patients.
- No need for presenting notice of privacy practices.

Enforcement discretion is premised on “good faith.” Provider acts in bad faith if:

- Engages in a criminal act, such as fraud or identity theft.
- Sells data or uses data for marketing without authorization.
- Violates state licensing laws or professional ethical standards.
- Uses public-facing remote communication products (e.g. Facebook Live).

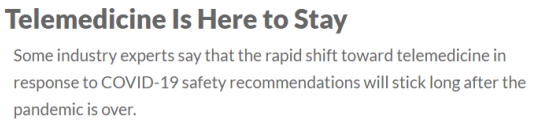
CMS & DEA Flexibilities on Prescribing Controlled Substances

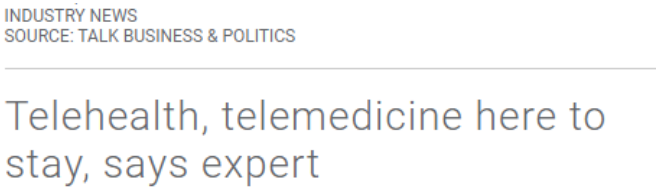
- CMS and the DEA have temporarily waived provisions of the Ryan Haight Act to allow practitioners to prescribe Schedule II – V controlled substances via telemedicine without an initial in-person medical evaluation provided:
  - The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
  - The telemedicine communication is conducted using audio-visual, real-time, two-way interactive communication system; and,
  - The practitioner is acting in accordance with applicable Federal and State laws.

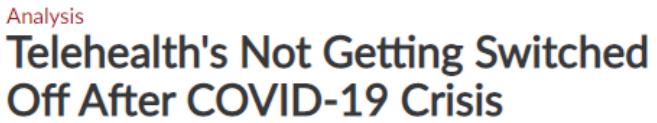
Looking Ahead

“The genie’s out of the bottle on this one.”

- Seema Verma, Administrator for CMS







Gazing into the Telehealth Crystal Ball

Likely to Remain

- Expanded Medicare Covered Services
- Expanded Medicaid Coverage/Payment – Will Vary by State
- Expanded Commercial Coverage/Payment – Will Vary By Plan and State

May Remain

- Expanded Medicare Eligible Providers
- Medicare Rural Flexibilities
- Prescribing Controlled Substances

Unlikely to Remain

- Medicare Coverage of Telephone-Only Services (not including Virtual Patient Check-Ins)
- HIPAA Flexibilities
- Cross-State Licensure Flexibilities

Interprofessional Care Teams Optimizing Medication Use

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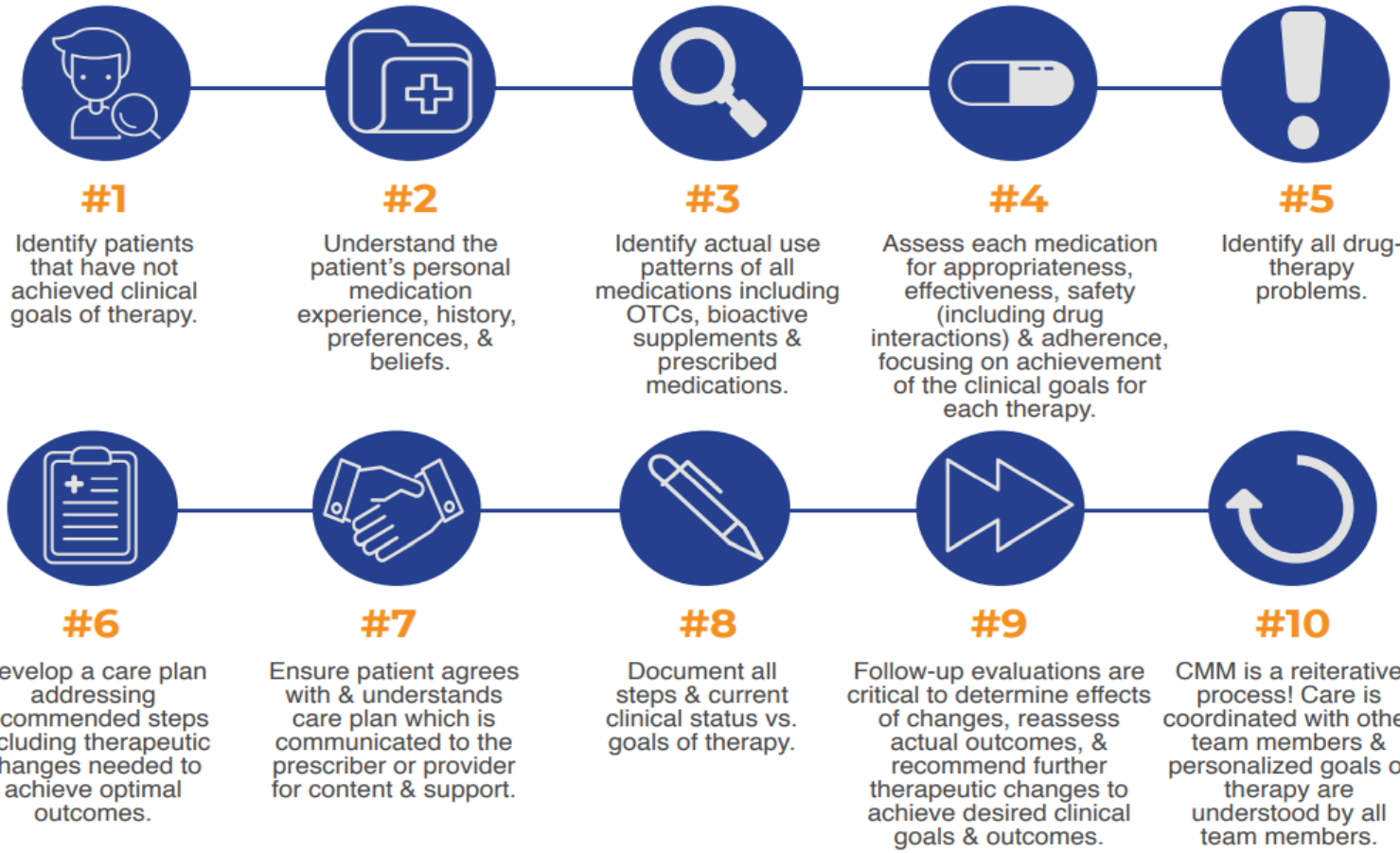
UI Health Interprofessional Telehealth Team

Photo used with permission

The Telehealth Team

- Case Manager
- Pharmacists
  - Clinical
  - Community pharmacy
- Pharmacy technician
  - Community pharmacy
- Physician
- Nurse
- Transition of care re-entry specialist
- Trainees

CMM in Telehealth



https://gtmr.org/wp-content/uploads/2019/04/GTMRx-CMM-10-steps-PDF.pdf (Used with permission)

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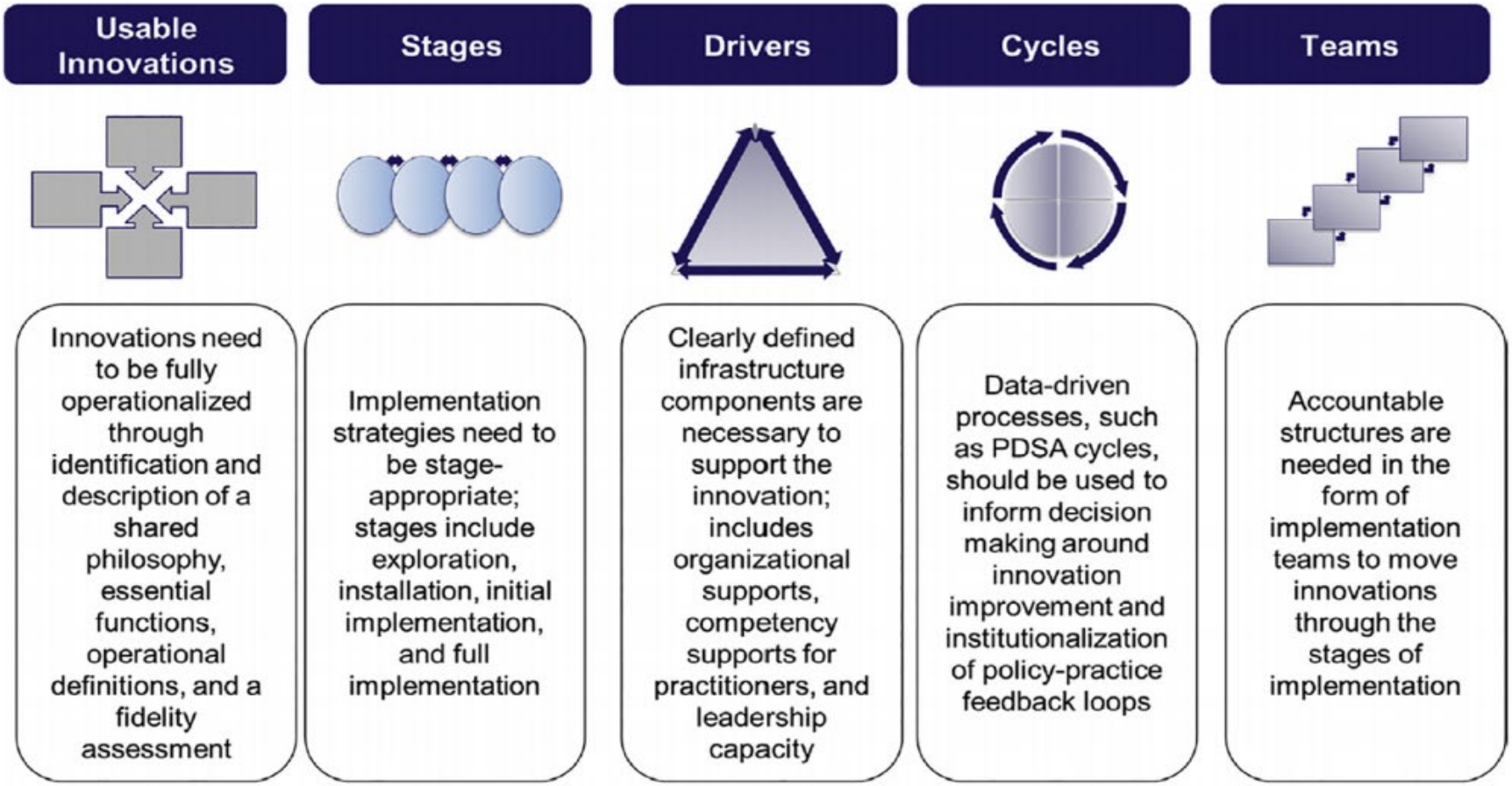
Key Considerations for Implementation, Evaluation and Coverage of CMM Services

Active Implementation Framework



Res Social Admin Pharm. 2017;5:922-929; J Am Coll Clin Pharm. 2020;**(**):1–12.

Implementation of a CMM Telehealth Service

- Exploration
- Installation
- Implementation and evaluation

Implementation and Evaluation

- Critical to successful implementation of CMM telehealth services
- Evaluation should occur at BOTH initial and full implementation
- Evaluation should occur continuously

Implementation and Evaluation Indicators

Indicator	Definition	Example Methods of Evaluations
Acceptability	Perception among stakeholders that a given innovation is agreeable, palatable, or satisfactory	Evaluate before intervention and 3-6 months post implementation (every 6 months thereafter)
Adoption	Intention, initial decision, or action to try or use an innovation	
Appropriateness	Perceived fit	
Feasibility	Extent to which a innovation can successfully be used or carried out in a given setting	

Badowski ME. Pharmacotherapy 2018;38(2):e7–e16.

Implementation and Evaluation Indicators

Indicator	Definition	Example Methods of Evaluations
Fidelity	Degree to which an innovation was implemented by the developers	• Encounter evaluation • Reflective ethnography • Peer evaluation • CMM Patient Care Process Self-Assessment survey
Penetration	Integration of an innovation within a service setting and its subsystems	• Identification of individuals receiving the service among the target population • Data obtained from population health records, registries, and encounters
Sustainability	Extent to which a newly implemented treatment is maintained or institutionalized within a service setting's ongoing stable operations	• Performance measures should be identified and measured over time • Goals should be based on benchmarks • Measurements should be built in beyond the implementation phase
Cost	Cost impact of an implementation effort	• Development of a return on investment • Evaluation best when compared to contemporary controls not receiving CMM • Health economist should be engaged

Badowski ME. Pharmacotherapy 2018;38(2):e7–e16.

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CMM Practice Management Assessment Tool (PMAT)

- Global assessment of domains of CMM practice management
- Assessing the domains and essential components of CMM practice management
- Prioritizing and guiding areas for improvement

Pestka DL. J Am Coll Clin Pharm.2019:1–7.

Components of CMM PMAT

TABLE 1 The domains and essential components of comprehensive medication management practice management[18,19]

Domain	Essential components	Items
Organizational support	Leadership support	4
	Availability and adequacy of clinic space	5
	Billing and revenue systems	1
Care delivery processes	Methods for identifying patients in need of CMM	6
	Scheduling CMM services	8
	Care documentation	9
Care team engagement	Presence and scope of collaborative practice agreements	5
	Interprofessional collaboration	8
	Engagement of support staff	7
Evaluating CMM services	Measuring CMM data	11
	Reporting CMM data and outcomes	5
Ensuring consistent and quality care	Quality assurance processes	3
	Practitioner training	6

Pestka DL. J Am Coll Clin Pharm.2019:1–7.

Ensuring Consistent and Quality Care

- Telehealth should be the same quality as face-to-face visits
- Consistent training process in place to ensure providers are well trained on the philosophy of CMM practice and the patient care process?
- Employer provides money and time for continuing professional development?
- Consistent retraining on CMM?
- Process in place to ensure documentation is clinically sound and accurately completed (i.e. quality assurance)?
  - If there is a process, is the information used to improve the CMM practice?

Pestka DL. J Am Coll Clin Pharm.2019:1–7.

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Ensuring Consistent and Quality Care

- Performance: On a scale of 0-10, with 10 being most optimal, how would you rate ensuring consistent and quality care of your CMM practice?
- Feasibility: On a scale of 0-10, with being 10 being most feasible, how would you rate the feasibility of improving ensuring consistent and quality care in your CMM practice?
- Currently no data on quality for CMM in telehealth encounters

Pestka DL. J Am Coll Clin Pharm.2019:1–7.

Quality Assurance (QA) Processes

Ensuring pharmacists are providing consistent and quality care (e.g. peer review)	A process is **NOT** in place to assess whether pharmacists are providing consistent and quality care at least biannually	A process is in place to assess whether pharmacists are providing consistent and quality care at least biannually	A process is in place to assess whether pharmacists are providing consistent and quality care at least biannually **WITH** a consistent form
Ensuring notes have met documentation requirements (e.g., chart audits)	A process is **NOT** in place for ensuring that pharmacists are meeting standards established for documentation		A process is in place for ensuring that pharmacists are meeting standards established for documentation
Using QA processes for improvement	Data from QA processes are **NOT** used to inform CMM improvement activities		Data from QA processes are used to inform CMM improvement activities

Pestka DL. J Am Coll Clin Pharm.2019:1–7.

Patient Satisfaction

- Essential component of CMM evaluation
- When evaluating the provision of CMM in telehealth, patient satisfaction with services provided should be evaluated on a regular basis
- Currently no data on patient satisfaction for CMM in telehealth
  - Needed area for research

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Question and Answer Session

Jared Augenstein
Director, Manatt, Phelps & Phillips, LLP

Melissa Badowski
Clinical Associate Professor, Section of Infectious Diseases Pharmacotherapy, Department of Pharmacy Practice, University of Illinois at Chicago, College of Pharmacy

Thank you!

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