



Is Telehealth Here to Stay?

14th Annual World Pension Alliance and Transatlantic Conference

June 15, 2023/Kathryn Bakich

| What Is Telehealth?

The United States Dept of Health and Human Services defines telehealth as “the use of electronic information and telecommunications technologies to support and promote long distance clinical health care, patient and professional health related education, and public health and health administration.”

Telehealth, sometimes called telemedicine, allows health care professionals to provide “house calls”, eliminating an in-office visit to see a doctor

Common Forms of Telehealth

- Devices:
 - Computer
 - Smartphone
 - Apps
 - Text

Live-video conferencing

Asynchronous Video

Remote Patient
Monitoring

Mobile Health

The Doctor Will “See” You Now!

Tyto Device with Exam Camera and Thermometer



Otoscope adaptor for examining the ears



Tongue depressor adaptor for the throat




Stethoscope adaptor for heart and lung sounds



TytoApp for conducting guided exams with your doctor (iOS and Android)

More and More Remote Monitoring Devices Getting FDA Approval

MAY 26TH, 2020

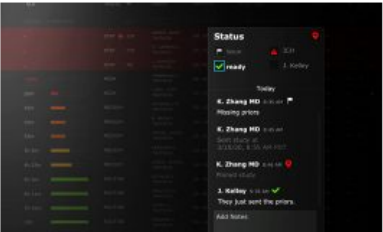


TELEMEDICINE

Smartphone Measures Hemoglobin Levels in Photos of Eyelids

Anemia is properly diagnosed using a blood test that measures hemoglobin, but simply looking behind a patient's eyelid can be a pretty good alternative if you know how red the tissue is supposed to be. Now, a team at Purdue University has...

MAY 21ST, 2020




TELEMEDICINE

AI-Powered Teleradiology FDA Cleared for Triage in Departments Swamped by COVID-19: Interview with David Stavens, CEO of Nines

Nines, a teleradiology company based in Palo Alto, CA, recently received FDA clearance for their Nines/... which supports the automated radiological review... the possible presence of two time-critical...

MAY 7TH, 2020

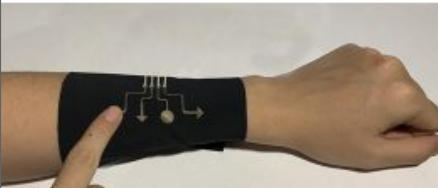


TELEMEDICINE

Butterfly TeleGuidance for Remote Ultrasound Exams During COVID Pandemic

Telemedicine has been around for over a decade in various forms, but the COVID-19 epidemic has turned a convenience into a necessity. Clinical practices that never seriously considered using telemedicine are now performing virtual house calls...

MAY 1ST, 2020




TELEMEDICINE

Breathable, Stretchable Electronic Fabric for New Medical Wearables

Stretchable electronic technologies offer the potential to monitor the body over extended periods of time in unprecedented ways. The heart's rhythms, flexion of joints, and other biomedical parameters can be tracked with high fidelity and...

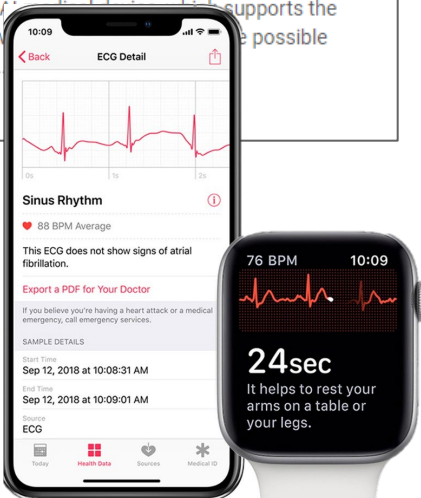
MAY 1ST, 2020



TELEMEDICINE

BioButton to Help Track COVID, Ensure Safe Return to Work

BioIntelliSense, a Silicon Valley company, is unveiling its FDA cleared BioButton device that may help with tracking symptoms of COVID-19 in potential patients and help society return to a normal state of affairs. The BioButton is about the...



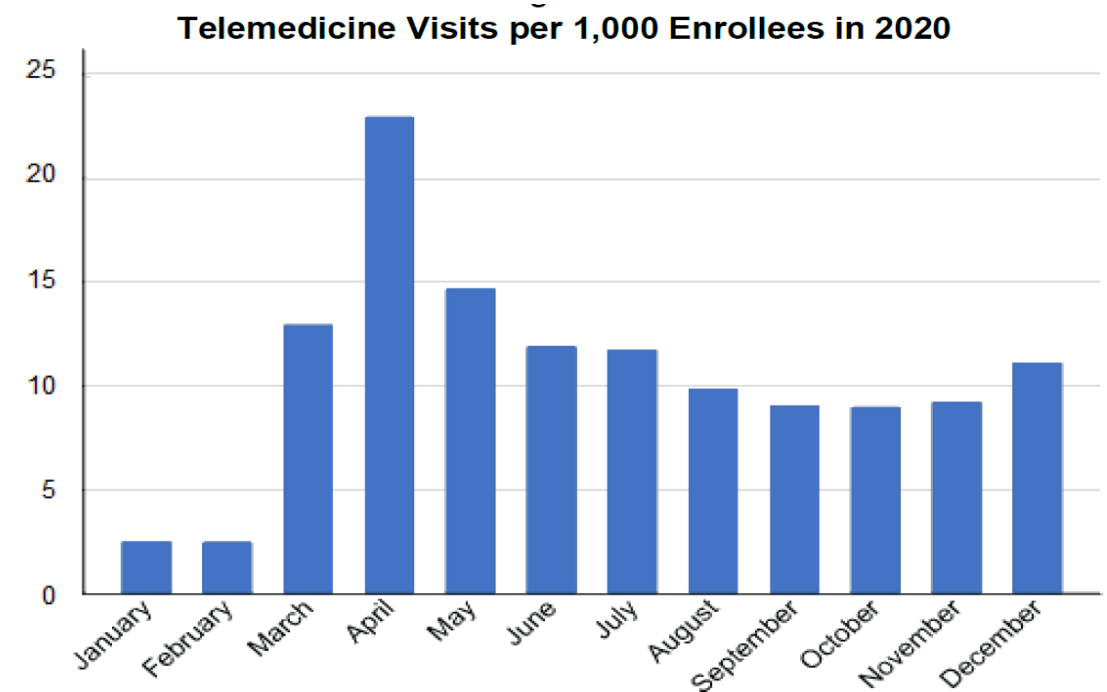
TELEMEDICINE

24sec
It helps to rest your arms on a table or your legs.

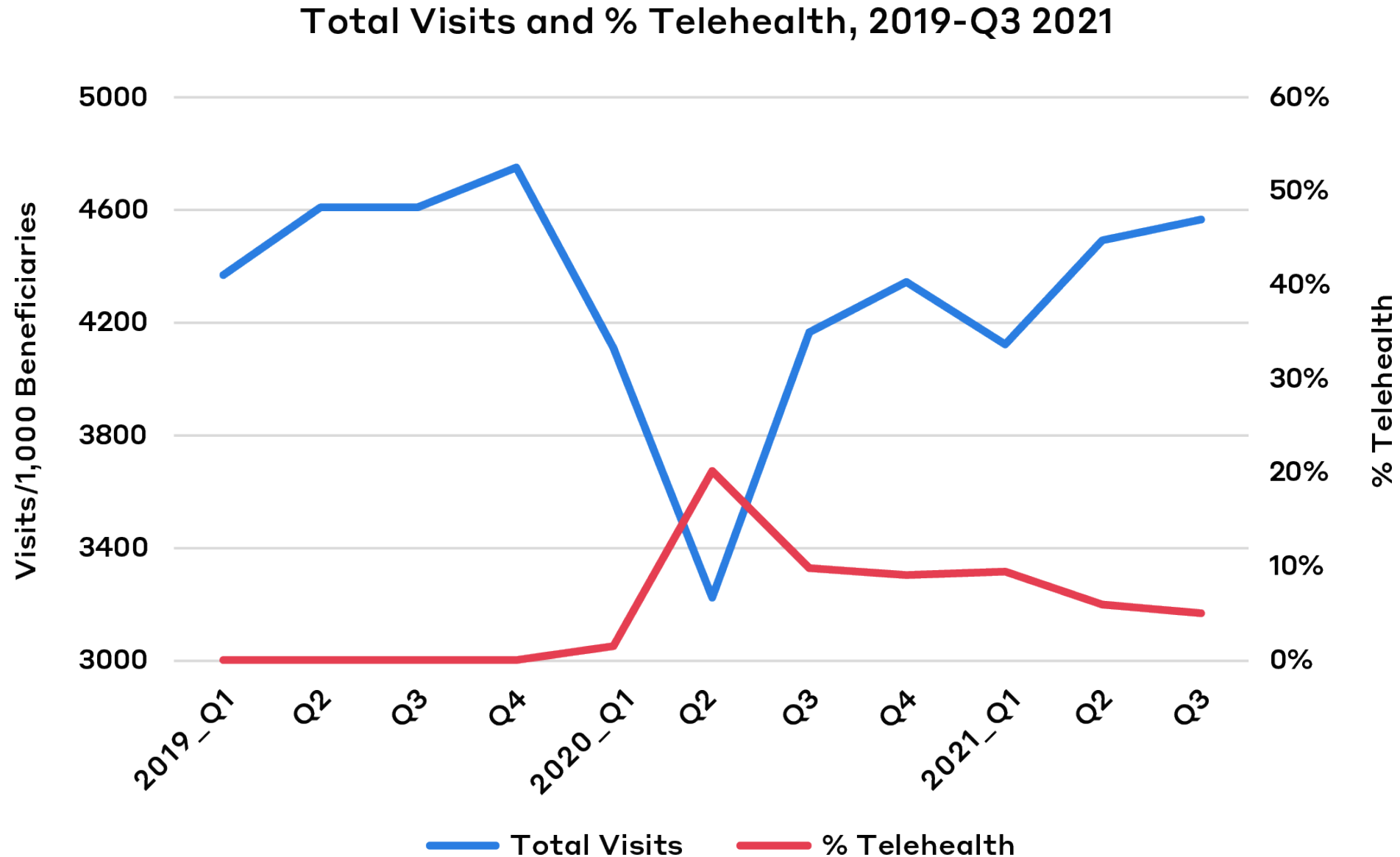
COVID-19 and Impact on Telehealth

Telemedicine Use Increased Dramatically in 2020

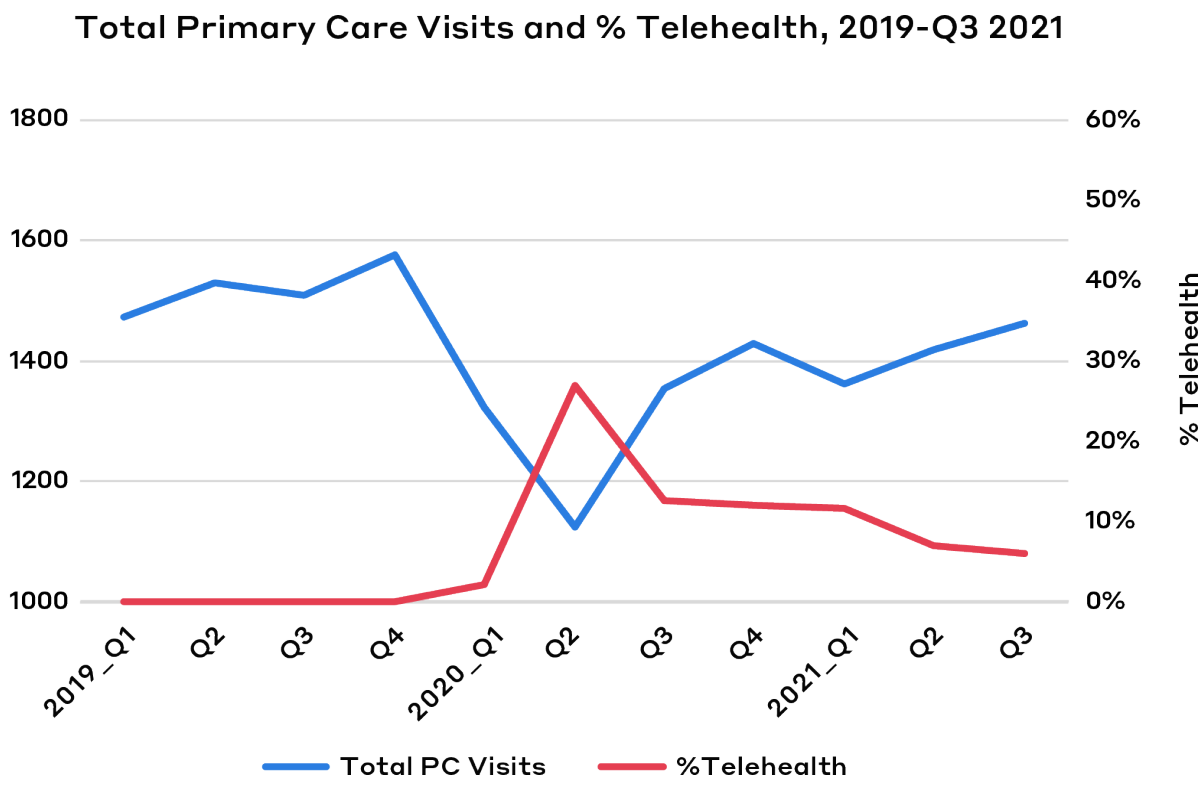
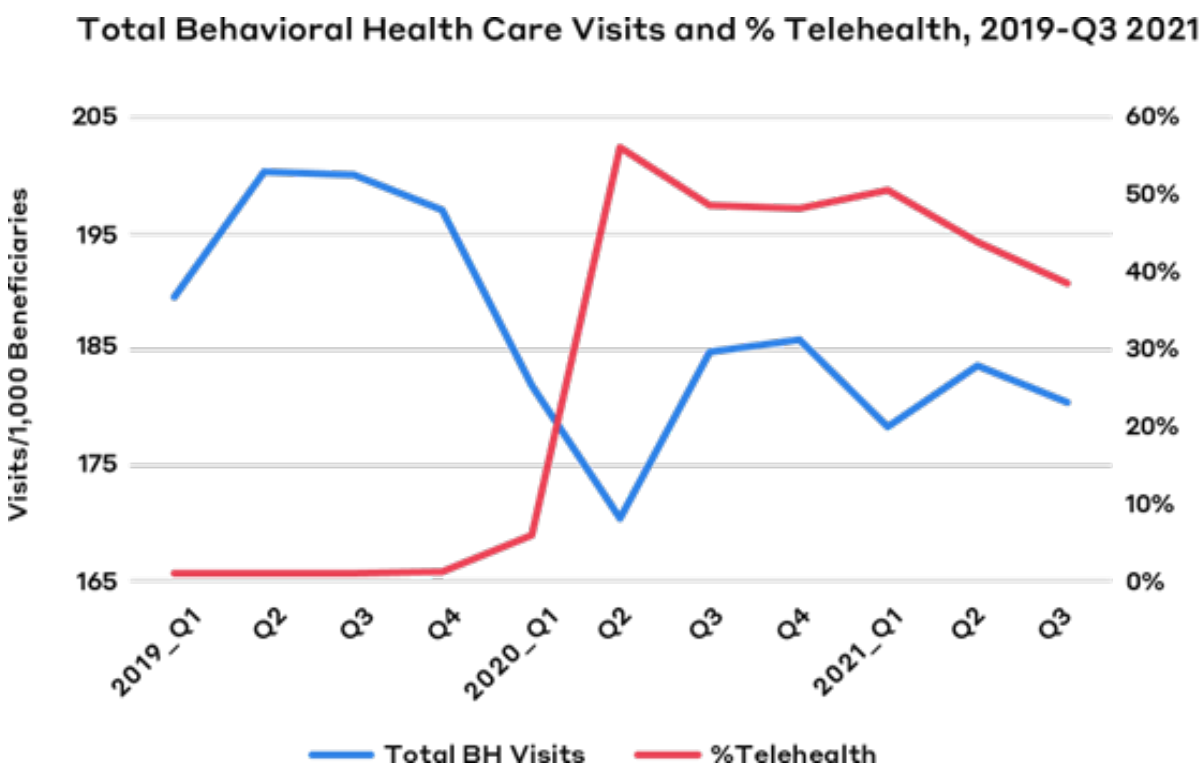
- Jan/Feb – 2.5 visits per 1,000 patients
- Usage spiked in April
- Usage in the third and fourth quarters of 2020 remained higher than the prepandemic trend
- Usage increased in December 2020 when COVID-19 infections surged again



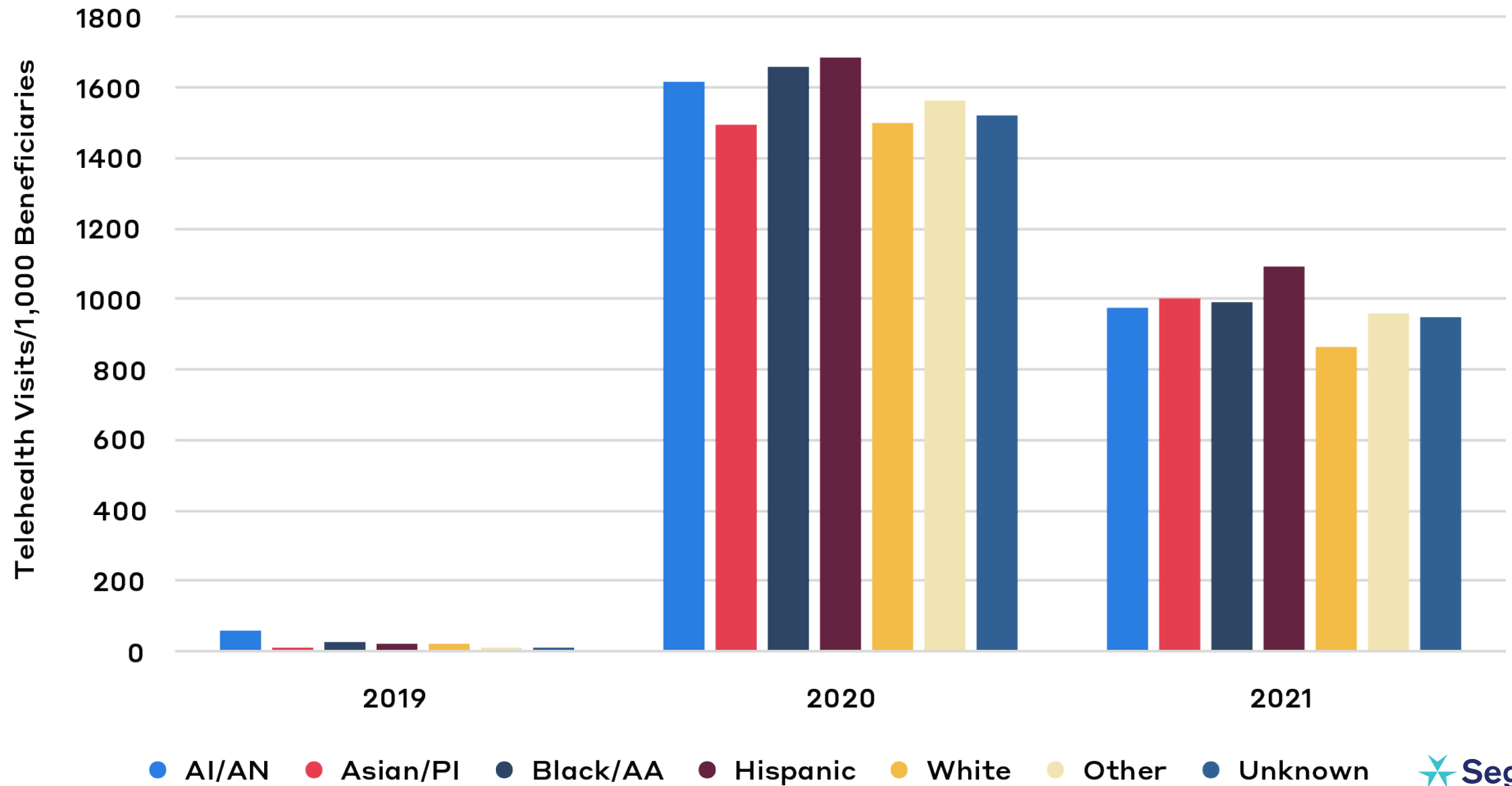
Telehealth Utilization 2019-2021



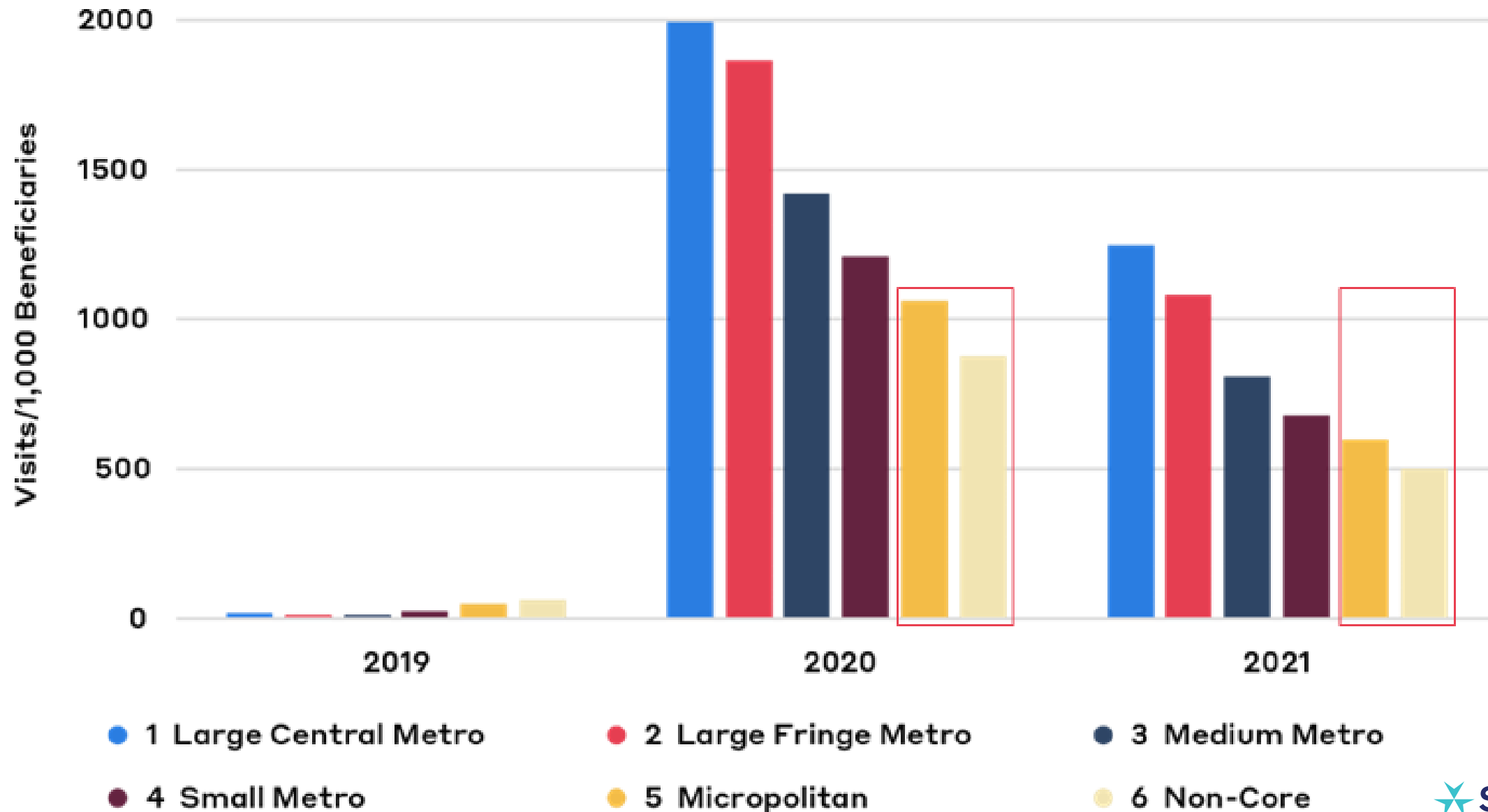
Behavioral Health v. Primary Care



Telehealth Use by Race/Ethnicity



Telehealth Use by UrbanCity/Rural



Factors that Influence Telehealth Adoption

- **Patient Demographic Factors**

- Race/Ethnicity
- Age
- Sex
- Education
- Socioeconomic Status
- Geography: rural, frontier, dense, urban
- Literacy/Digital Literacy
- Culture
- Language
- Sequestered facilities

- **Technological Factors**

- Stable broadband access
- Smartphone or digital device access
- User-friendliness: consideration of human factors

Factors that Influence Telehealth Adoption

- **Patient and Clinician Factors**

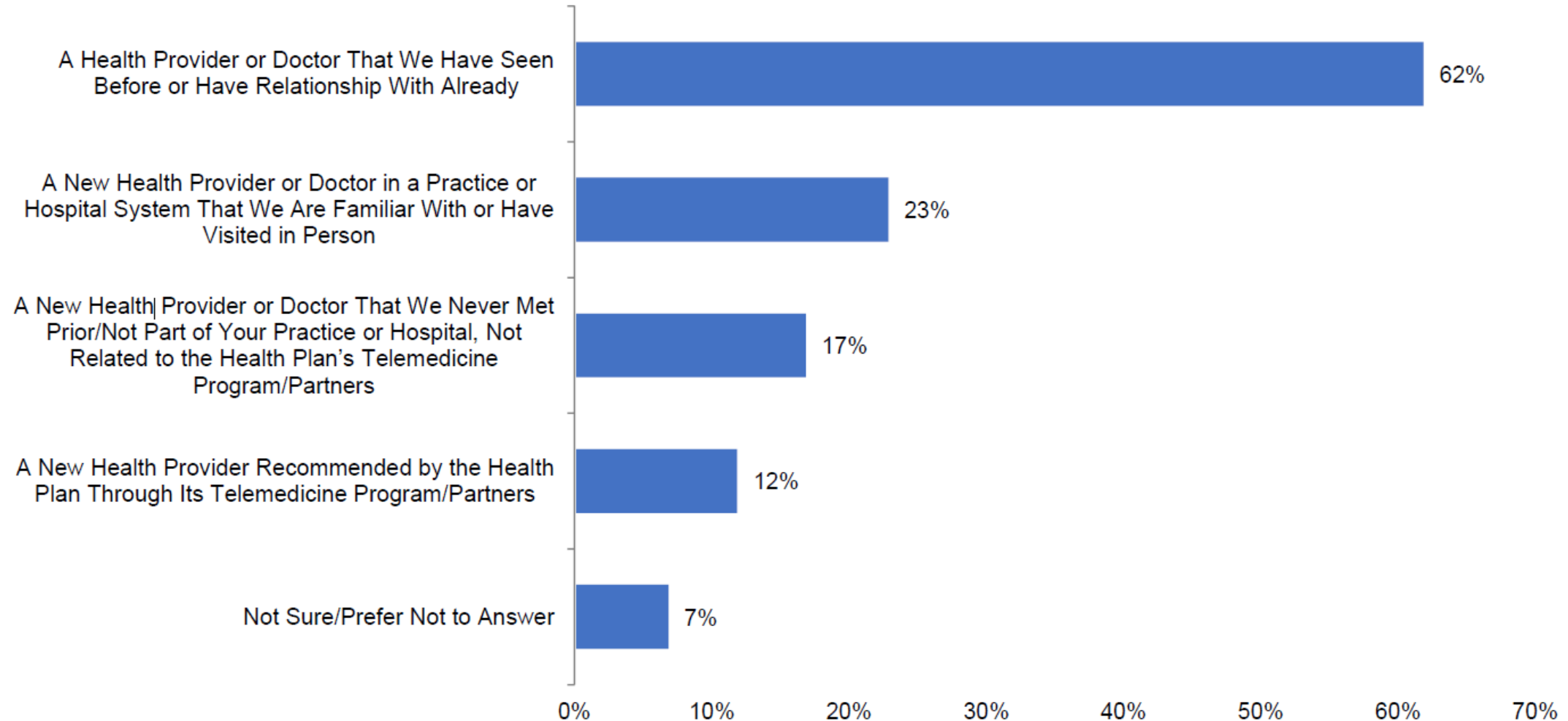
- Digital literacy
- Appropriate digital access training
- Trust in electronic communication and care
- Ease of use
- Health insurance coverage

- **Health System Factors**

- Seamless in-person to telemedicine workflows
- Ongoing and appropriate data collection for continuous quality improvement

Thinking of the Time Period Since January 1, 2021, Were Any of the Visits With One of the Following?

Had at Least 1 Telemedicine Visit Since the Beginning of the Year



Source: EBRI/Greenwald Research Consumer Engagement in Health Care Survey, 2021.

COVID-19 Has Accelerated the Adoption of Telehealth

- Telehealth helped expand access to care when the COVID-19 pandemic severely restricted patients' ability to see their doctors
- Consumer adoption has skyrocketed, from **11%** of US consumers using telehealth in 2019 to **46%** of consumers now using telehealth to replace cancelled healthcare visits
- Providers have rapidly scaled offerings and are seeing **50 to 175** times the number of patients via telehealth than they did before
- Providers in specialties such as Ob-Gyn, Cardiology and Gastroenterology have adopted seeing patients via telehealth — which was not happening prior to the pandemic

| Federal Efforts to Encourage Telehealth During COVID

Federal and State Governments Eased Restrictions on Telehealth During COVID



In March 2020, Congress passed a law changing Medicare restrictions on where telemedicine must originate, what would be reimbursed, and what electronic platforms could be used



Subsequently, states lifted restrictions on telemedicine based on state licensure and privacy laws



State and group health plan payers increased reimbursements and coverage for telehealth in private health plans



Federal Telehealth Regulations before and after March 2020

Before March 2020	After CARES Act and CMS 1135 Waiver
Who can perform and receive telehealth	
Only certain licensed providers	Any type of clinician can bill for Medicare services
Patients and providers who have a preexisting relationship	No preexisting relationship will be required
Where can telehealth be done	
Only at prespecified sites (ie, designated rural areas, certain medical facilities)	Telehealth may originate and be conducted from any site, including patient's home
Physicians must conduct telehealth from their place of practice	Physicians may conduct telehealth from home
Telehealth may not cross state lines	Telehealth can now be provided to patient in another state (state-specific restrictions may still apply)
What must be used for telehealth visits	
Must be audio-visual (ie, video technology)	Audio-visual OR audio-only are allowed
Only approved technology platforms	Expanded approved platforms, including FaceTime, Skype, and Zoom
How is telehealth reimbursed	
Medicare coinsurance and deductibles apply to telehealth visits	Providers may waive cost-sharing for telehealth paid for by federal programs
Reimbursements for telehealth services is lower than for in-person services	All telehealth visits, including audio-only, will be reimbursed as if the service was furnished in person

Telehealth Access During Covid

Individuals with Medicare had broad access to telehealth services.

- In home visits.
- No geographical limitations.
- Audio-only was allowed.
- Expanded coverage for chronic disease management
- Opioid Treatment.
- Controlled substance prescriptions.

End of COVID-19 Public Health Emergency

- COVID PHE ended May 11, 2023
- The Department of Health and Human Services Office for Civil Rights (OCR) extended flexibility for technology during the PHE
- Providers could use technology that was not consistent with all HIPAA security rules
- However, HIPAA flexibilities were discontinued on May 11, 2023, with a 90-day transition period

Telehealth Expansion in Federal Medicare Continues

CAA, 2023 allows continued expansive coverage of telehealth under Medicare through December 2024

- **Temporary Medicare changes through December 31, 2024**

- Medicare patients can receive telehealth services in their home
- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms
- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required
- Telehealth services can be provided by all eligible Medicare providers

Telehealth in Medicare Increased

Before the Medicare waiver fewer than 1 percent of patients has at least one virtual visit

After the waiver, nearly 10 percent of patients overall had at least one telemedicine visit

| Behavioral Telehealth Used in Group Health Plans

Virtual Mental Health Care Is Here to Stay

- The use of electronic media and information technologies in behavioral health treatment, recovery support, and prevention programs is rapidly gaining acceptance.
- Technology-based assessments and interventions are important therapeutic tools that clinicians can integrate into their work with clients.

Digital media and resources, such as:

- Email
- Smartphone/tablet apps
- Online forums
- Websites
- Blogs
- Computer software
- Online social networks
- Televideo communication
- Mobile devices

are becoming universal in our culture.

Virtual Mental Health Care

What can go virtual?

- ☐ Employee Assistance Program (EAP) visit
- ☐ Behavioral Health visit to: licensed psychiatrists, psychologists, counselors, and social workers
- ☐ Various kinds of therapies including psychotherapy, cognitive behavioral therapy, dialectical behavioral therapy
- ☒ **All of the above**



Tele-Behavioral Health

Notable carriers offer telehealth services:

- Teladoc
- AmWell
- MDLive
- Doctor on Demand

Board-certified psychiatrists and licensed psychologists, social workers and family/marriage therapists can help with depression, anxiety, stress, panic disorder, ADHD, schizophrenia, work-related, personal issues and more.

Plans can also establish and work with their network providers to offer a telehealth benefit.



Tele-behavioral Health Was Gaining Popularity Even Before COVID-19

Through phone or video appointments, tele-behavioral health provider can help with any of the following:



Relationship or
family concerns

Anxiety



Work pressures

Grief

Stress



Sadness

Trauma



Mental health
diagnosis

Tele-Behavioral Health is Cost-Effective

A recent Optum study concluded that members who used virtual visits had, on average, **16% lower overall behavioral health care expenditures** following treatment compared to the members **who sought in-person care.**

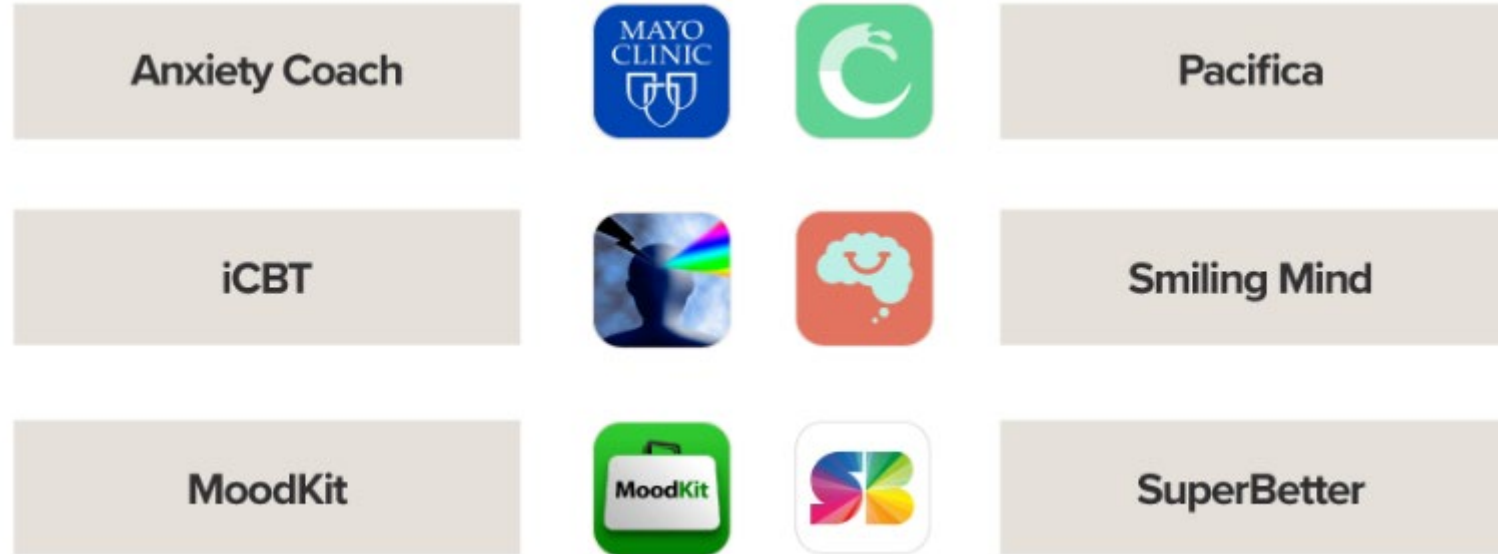
Optum Behavioral Health virtual visits evaluation, Kes, March 2019.



Research on Cognitive Behavioral Therapy (CBT)

Computerized CBT consists of the same strategies and techniques as face-to-face CBT, but it is delivered via apps or computers. Also called iCBT, it has been shown to be equally as effective as face-to-face CBT.

Computerized CBT Apps



A 2018 literature review of 64 trials showed computerized CBT was as effective as face-to-face CBT and had high rates of satisfaction and acceptability.

| Potential Issues and Concerns

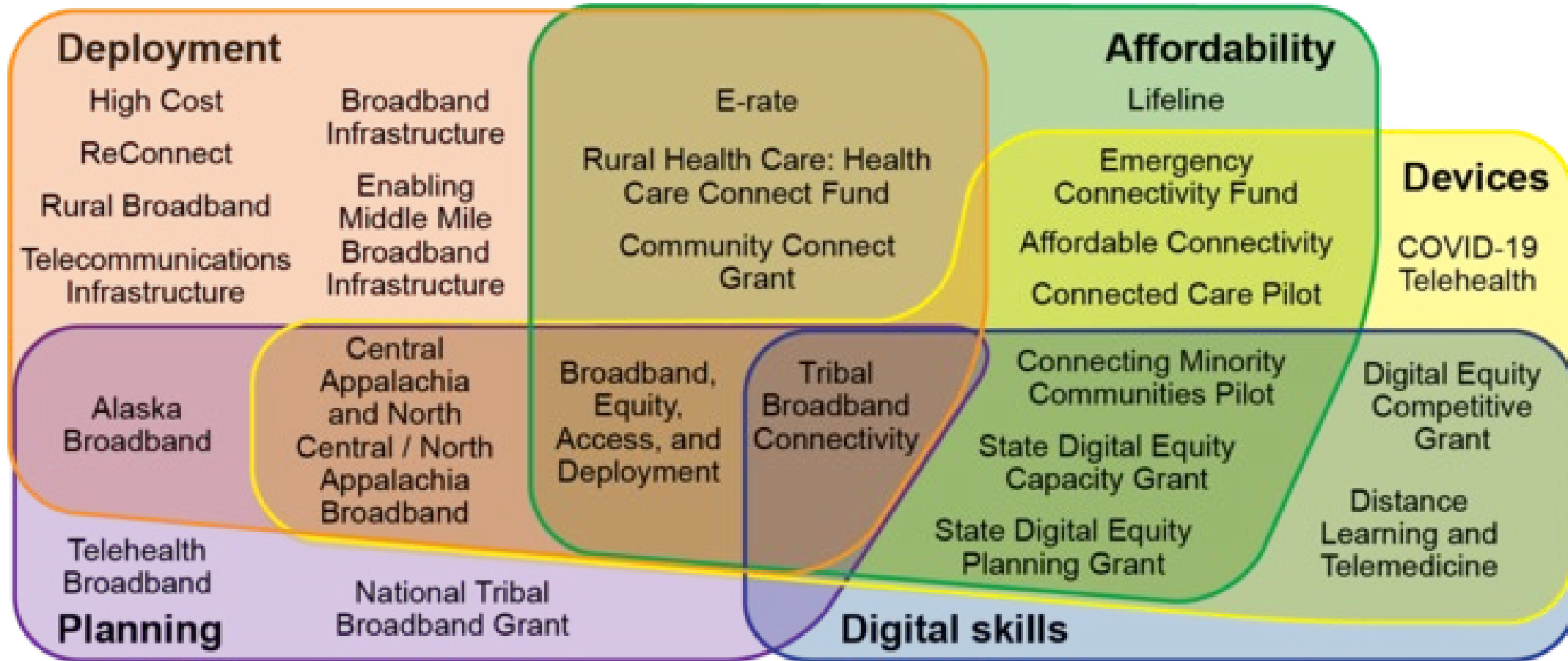
Financial Barriers to Telehealth for the Provider and the Patient

- For the Provider
 - Cost of implementation
 - Complexity of implementation
 - Reimbursement structure cost
 - Lose of face-to-face clients
- For the Patient
 - Access is a tremendous concern for marginalized populations

Lack of National Broadband Strategy

- Broadband internet is increasingly critical for work, school, shopping, and other parts of daily life
 - The COVID-19 pandemic underscored the "digital divide" and the disadvantages for people who don't have access
- In its efforts to expand broadband access, the federal government has subsidized investment in rural areas
- The Government Accounting Office (GAO) has recommended synchronizing federal efforts with a national broadband strategy

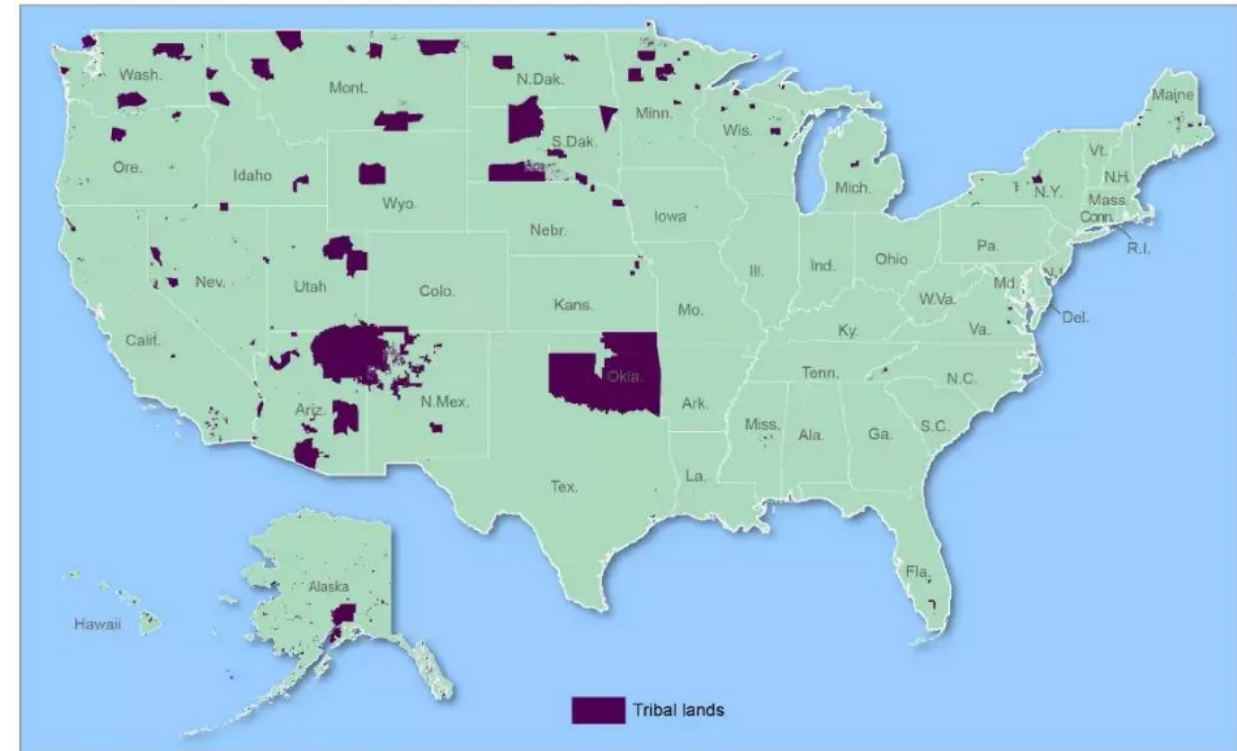
- Broadband Access Analysis



Source: GAO analysis. | GAO-22-104611

Disparity Worse in Tribal Lands

- At least 18% of people living in Tribal lands still can't access broadband service, compared to 4% of people in non-Tribal areas.
- The disparity is bigger in rural areas, where about 30% of people who live on Tribal lands do not have broadband access, compared to 14% who live in non-Tribal areas.



Source: GAO, based on U.S. Census Bureau data and the Federal Communications Commission's definition of tribal lands | GAO-22-104421

State Regulatory Concerns

- Most states require health care providers to be separately licensed in each state in which they practice
- Some states provide exceptions to allow for cross-border delivery of health care in limited circumstances, while others ban it entirely
- Differing state licensing requirements across states prevents more widespread use of telemedicine
- During COVID-19 pandemic, many states waived those requirements, permitting providers with out-of-state licenses to treat patients using telemedicine

Prescribing Controlled Substances

- Authorized providers are able to continue to prescribe controlled substances via telehealth if they meet certain criteria.
- The Drug Enforcement Administration (DEA), along with the Substance Abuse and Mental Health Services Administration (SAMHSA), issued a temporary rule to allow the following:
 - All telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 public health emergency (PHE) will remain in place through November 11, 2023
 - For any practitioner-patient telemedicine relationships established on or before November 11, 2023, all telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 PHE will be permitted through November 11, 2024
 - Telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 public health emergency include:
 - A practitioner can prescribe a controlled substance to a patient using telemedicine, even if the patient isn't at a hospital or clinic registered with the DEA
 - Qualifying practitioners can prescribe buprenorphine to new and existing patients with opioid use disorder based on a telephone evaluation

New Legislation has been introduced to provide permanent flexibilities for telehealth services

- Waiting for “Mark-up”
- The Expanded Telehealth Access Act
- The Telehealth Benefit to Workers Expansion Act
- House Passed
 - The Telehealth Expansion Act of 2023
 - Would enable employers to continue to cover telehealth before the deductible is met in High Deductible Health Plans

Health Policy Concerns

- Telehealth care has grown tremendously since the beginning of PHE.
- It is well received by patients and health care providers, but it remains accessible to certain groups than others.
- In order create health equity in telehealth changes must be made in digital literacy, technology and logistics
- Telehealth must reach marginalized communities that need this service the most .
- In order to be broadly accepted by health care providers, training and parity in payments are critical.

Thank You

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