Telehealth

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Telehealth

- **Telehealth**: Broad term for remote healthcare including clinical services, tele-education, tele-research, and other non-clinical applications.

- **Telemedicine**: The use of medical information exchanged from one site to another via electronic communications to improve patients’ health status.

- **Store-and-Forward Telemedicine (Asynchronous Telemedicine)**: Transmission of stored digital images or diagnostic studies across a distance for diagnosis or management of medical conditions.

- **Remote Patient Monitoring**: The use of technology to enable monitoring of patients outside of conventional clinical settings, often using portable connected devices such as wearables or smart phones.
NC DHHS Telehealth Goals

• Reduce barriers to access to health care

• Improve patient engagement

• Bridge gaps in rural communities, which face poorer health outcomes and higher rates of potentially preventable deaths
NC DHHS Telehealth Activities

• **Increasing access to treatment for substance use disorder:** UNC Project ECHO provides free virtual trainings to health care providers to expand access to medication assisted treatment.

• **Increasing access to behavioral health services for children:** Pediatric primary care providers can consult by phone with a child and adolescent psychiatrist through the NC Telehealth Partnership for Child and Adolescent Psychiatry Access program.

• **Screening patients during disease outbreaks:** Medicaid added coverage to allow providers to screen patients symptoms telephonically during seasonal illnesses or during other endemic outbreaks.
Temporary Medicaid policy modifications to reduce spread and increase access

• Phase 1 allows telephonic access for patients and providers
  – Allows providers who are quarantined to still provide care
  – Allows vulnerable well patients to stay home for routine care
  – Keeps sick patients at home to receive care when appropriate
  – Allow for behavioral health services as well as medical visits

• Phase 2 and 3 will expand further with appropriate authority
NC DHHS Telehealth Rural Activities

• Creating statewide Telehealth Inventory
• Identifying telehealth best-practice models
• Educating internal and external partners about telehealth
• Piloting Telehealth in Community Paramedicine
• Administering NC-STeP Program with ECU to deliver psychiatry services in hospitals ERs and community sites
• Created new Telehealth Specialist position
Bridging Gaps in Rural Communities and Addressing Health Equity

In partnership with DIT, received Appalachian Regional Commission POWER Grant

- First-ever received by North Carolina
- Conducted feasibility study for existing broadband/telehealth infrastructure in 20 ARC counties.
  - Map of broadband and safety-net provider use
  - North Carolina first in nation to map broadband in this way
    - Broadband capacity
    - Safety-Net use
- Live interactive dashboards identify county-by-county broadband
- ORH and DIT collaborating to build out capacity
NC DHHS Telehealth Workgroup

• Subject matter experts from across DHHS are collaborating to discuss telehealth strategies to improve access, address barriers, and make recommendations on policy changes

• Working with national experts including the Mid-Atlantic Telehealth Resource Center to learn from other states

• Weekly sub-committee meetings
National Landscape: State Medicaid Policy

• Exploring other states’ policies for applicability in North Carolina to improve access to care
  • 14 states provide reimbursement for store-and-forward
  • 22 state Medicaid programs provide reimbursement for remote patient monitoring
  • 27 states do not limit the type of facility that can serve as an originating site
  • 19 states explicitly allow the home to serve as an originating site
  • 19 states explicitly allow schools to be eligible originating sites for telehealth services
  • Only 6 states have any kind of geographic restrictions

Path to Medicaid Policy Modernization

• Finding the right balance between fiscal prudence and the critical need to increase access

• Budget considerations:
  – Reimbursement for services delivered
  – Cost of modifying Medicaid system to capture new codes
  – Cost of expanding Medicaid audit services and capabilities to be alert to fraud and abuse
  – Reconciliation of special payment arrangements (eg. for FQHCs and RHCs)