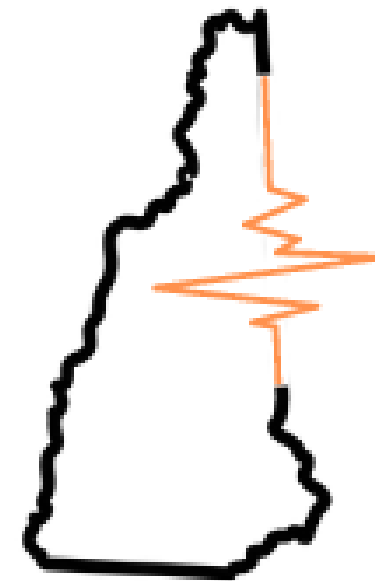


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presents

Developing Guiding Principles for the Future of Telehealth in NH

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How to Participate:



Questions will be addressed after the federal update and at the end of the webinar.



Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.



Only questions submitted via Q&A will be read by our host for the panelists to address.



A recording of this webinar will be made available to members.

Today We Will Discuss

1. Federal Developments
2. Telehealth post NH State of Emergency
3. Policy in New Hampshire Moving Forward

Federal Telehealth Bills

- ***S 368 Telehealth Modernization Act.*** Extends certain flexibilities that were initially authorized during the public health emergency relating to COVID-19, with respect to Medicare including allowing (1) rural health clinics and federally qualified health centers to serve as the distant site; (2) the home of a beneficiary to serve as the originating site for all services (rather than for only certain services); and (3) all types of practitioners to furnish telehealth services, as determined by the Centers for Medicare & Medicaid Services.

- ***S.1512/H.R. 2903 CONNECT Act.*** Removes in Medicare the geographic and site limitations. Allows federally qualified health centers (FQHCs) and rural health clinics (RHCs) to be distant site providers in Medicare and receiving their prospective payment services (PPS) rate. Allows the HHS Secretary to waive telehealth limitations without having to wait for Congress.

Federal Telehealth Bills

- ***HR 708 Temporary Reciprocity to Ensure Access to Treatment Act.*** This bill temporarily authorizes the interstate provision of in-person and telehealth services. This authorization applies during, and for at least 180 days after, the COVID-19 (i.e., coronavirus disease 2019) emergency. Specifically, subject to scope of practice and other requirements, a health care professional may provide health services in any U.S. jurisdiction based on that individual's authorization to practice in any one state or territory.
- ***S 57 Advancing Connectivity during the Coronavirus to Ensure Support for Seniors Act or the ACCESS Act.*** This bill provides funding to increase access to telehealth services and virtual visits in skilled and other nursing facilities during the COVID-19 emergency. The bill designates the funding as emergency spending, which is exempt from discretionary spending limits..

Federal Administrative Action Related to Broadband

- **FCC Announces Release of Connectivity Funds Available through ARPA. Applications will be accepted from Jun 29, 2021 through August 31, 2021.** Eligible schools, libraries and consortia will be able to request funding for tablets, WI-FI hotspots, modems, routers, and broadband connectivity for off-campus use by school or library patrons. Funding requests are for purchasing eligible equipment and services between July 1, 2021 and June 30, 2022.

Relevant Recent Analyses

- ***COVID-19 Policy Playbook Recommends Removal of Telehealth Restrictions for OUD Treatment.*** The Network for Public Health Law published legal recommendations for improving equity, which included a chapter that features access issues to treat individuals with opioid use disorder (OUD). The chapter concludes with a list of recommendations, including that the Secretary of Health and Human Services (HHS) **should permit treatment to be initiated via telehealth, that restrictions should be removed on who can receive treatment via telehealth and that states should authorize provision of buprenorphine via telehealth where applicable.**

- ***New Nationwide Poll Shows an Increased Popularity for Telehealth Services.***

The American Psychiatric Association published findings of a national public opinion reflecting positive views of telehealth.

- Nearly 4 in 10 reported having used telehealth services,
- nearly 6 in 10 said they would use telehealth for mental health services, and
- more than 1 in 3 said they prefer telehealth.
- In addition, more individuals seem to have used telehealth via video (69%) than via phone (38%).
- Perception of the quality of telehealth appears to have improved as well, at 45% up from 40% last year.

Relevant Recent Analyses

Kaiser Paper on Telehealth use Among Medicare Beneficiaries.

Kaiser published a brief including new information and analysis of Medicare beneficiaries' utilization of telehealth using CMS survey data from between summer and fall of 2020 while CMS emergency telehealth expansions were in effect.

Findings: Over 1 in 4 (27% or 15 million) of Medicare beneficiaries had a telehealth visit between the summer and fall of 2020.

- 56% used telephone only
- Video was 28%
- Both video and telephone was 16%
- The share of Medicare beneficiaries who had a telehealth visit using telephone-only was higher among:
 - Those age 75 and older (65%)
 - Hispanic beneficiaries (61%)
 - Those living in rural areas (65%)
 - Those enrolled in both Medicare and Medicaid (67%)



Telehealth post NH State of Emergency



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Telehealth Principles

NHTA proposes the following principles to guide future telehealth policy in New Hampshire. These principles will be vital as New Hampshire's COVID-19 public health emergency begins to recede and should align with the telehealth experience of New Hampshire providers and patients during the PHE.

Telehealth Principles

1

Access: Telehealth should be used as a means to promote medically appropriate, culturally responsive, patient-centered access to health care. Achieving universal broadband access in New Hampshire will ensure all NH citizens enjoy access to the choice of telehealth, regardless of the rurality or topography of their location.

Telehealth Principles

2

Patient preference. Patients, in conjunction with their providers, should be offered their choice of service delivery mode. Patients should retain the right to receive health care in person.

Telehealth Principles

3

Evidence: The state should await the conclusion of the work of the Commission to Study Telehealth prior to further restricting existing telehealth authorities in state law. Moreover, New Hampshire should use evidence and data regarding telehealth that was generated throughout 2020 and 2021 to guide future policy. The state should consider the impact of telehealth on the following domains or to what extent it has been used to address the following domains: as a substitution for in-person care, as prevention of more costly care, how it has impacted no show rates, how it has impacted transitions in care, identification of the specialties in which it has and has not been robustly utilized, its impact on access to treatment, its impact on health care service utilization, its impact on quality of health care, and its impact on health care cost and price by specialty.

Telehealth Principles

4

Addressing disparities in care. Telehealth should be available to every member, regardless of race, ethnicity, sex, gender identity, sexual orientation, geographic location, age, income, class, disability, immigration status, nationality, religious belief, or language proficiency.

Telehealth Principles

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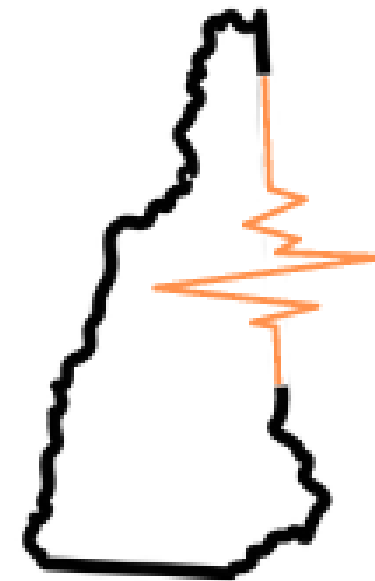
Standard of Care: Standard of care requirements should apply to all services and information provided via telehealth, including quality, utilization, cost, medical necessity and clinical appropriateness.

Telehealth Principles

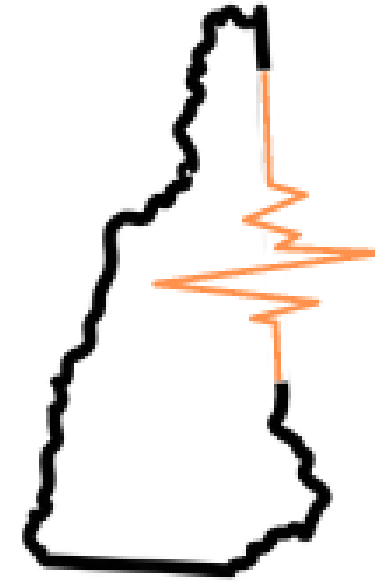
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Stewardship: The state should require the use of evidence-based strategies for the delivery of quality care, and will take steps to mitigate and address fraud, waste, discriminatory barriers and abuse conducted via telehealth.

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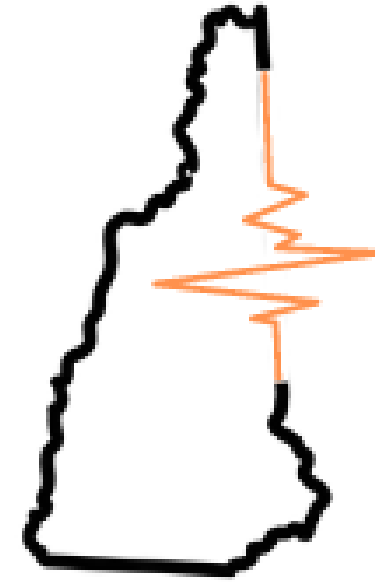


Q&A



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