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Welcome to Today's Web Meeting!

- Housekeeping reminders:
  - Please mute your computer or line when you are not speaking
  - We encourage you to turn on your video, especially during the discussions and when speaking
  - Feel free to use the chat feature to communicate with NQF staff and other attendees
  - You can also use the 'hand raised' feature to indicate that you would like to speak or have a question
    - *To raise your hand, click on the "participants" icon on the bottom of your screen. At the bottom of the list of participants you will see a button that says, 'Raise Hand'*
  - We will do a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at **ruraltelehealth@qualityforum.org**

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Driving measurable health improvements together

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Rural Telehealth and Healthcare System Readiness

Web Meeting 2

February 1, 2021

This project is funded by the Centers for Medicare and Medicaid Services under Task Order 75FCMC19F0007 – Rural Health.

Introduction and Roll Call

Project Staff

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Senior Director

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Consultant

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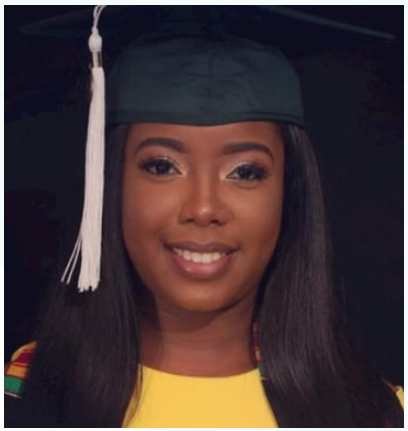

Jhamiel Prince
Analyst

Not pictured:
Bejier Edwards, MBA, PMP
Project Manager

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Committee Co-Chairs

Marcia Ward, PhD
Rural Telehealth Research Center,
University of Iowa

William Melms, MD
Marshfield Clinic Health System

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Committee Membership

Committee Co-Chairs: Marcia Ward, PhD; William Melms, MD

Committee Members

- Travis Austin, MA, MD, MPH
- Susan Caponi, MBA, RN, BSN, CPHQ
- J. Thomas Cross, MD, MPH, FAAP, FACP
- Joy Doll, OTD, OTR/L, FNAP
- Shawn Griffin, MD
- Bruce Hanson
- Saira Haque, PhD, MHSA, FAMIA
- Yael Harris, PhD
- Judd Hollander, MD, FACEP
- B. Tilman Jolly, MD
- Matthew Knott, MS, EFO, CFO, CEMSO
- Mei Kwong, JD
- Bridget McCabe, MD, MPH, FAAP
- John McDougall, MD, MHS
- Mark Miller, MS, NRP
- Jessica Nadler, PhD

Committee Membership (cont.)

Committee Members

- Eve-Lynn Nelson, PhD
- Steve North, MD, MPH
- Kerry Palakanis, DNP, FNP-C
- Megan Taylor, MSN, CRNA, APRN
- Michael Uohara, MD
- Demitria Urosevic, MPH
- Emily Warr, MSN, RN

Federal Liaisons

- Centers for Medicare & Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- Office of the National Coordinator for Health Information Technology (ONC)
- U.S. Public Health Service (USPHS)
- Veterans Health Administration (VHA)

Meeting Objectives

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Meeting Objectives

- Discuss major changes in telehealth policies and practices since the release of the 2017 Telehealth Measurement Framework, and their impact on current care and system readiness in rural areas;
- Begin discussion on definitions applicable to the measurement framework

Purpose of Project

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Project Purpose

*The purpose of this project is to create a **conceptual measurement framework** that guides quality and performance improvement for care delivered via telehealth in **rural areas** in response to disasters.*

*After completing our work, key stakeholders will be able to **identify** which measures are available for current use; **encourage** the development of new measures that address gaps; and **promote** the use of such measures to assess the impact of telehealth on healthcare system readiness and health outcomes in rural areas affected by disasters like pandemics, natural disasters, mass violence, and other public health events.*

Recent Changes to Telehealth Policies and Practices

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Introduction

- Telehealth use developing rapidly in the past few years
  - 65% → 76% of U.S. hospitals reporting telehealth use from 2017 to 2019
  - Programs established to provide technical assistance, training, research support, etc. to help promote the use of telehealth (e.g. HRSA Telehealth Network Grant Program)
- Providers piloted and established telehealth services, most commonly:
  - Increasing access to specialists (e.g., physicians certified to handle medication-assisted treatment for opioid addiction)
  - Providing follow-up care (e.g., medication compliance, remote monitoring, patient education)
  - Providing behavioral health services
- However, greatest shift in telehealth policies/practices has been in the past year resulting from COVID-19 emergency

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COVID-19 1135 Waivers

- Prior to this waiver, Medicare could only pay for telehealth on a limited basis: when the person receiving the service was in a designated rural area and when they left their home to go to a clinic, hospital, or certain other types of medical facilities for services
- Under current waivers, Medicare can now pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence
- A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, can now offer care via telehealth
- The HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

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Additional Telehealth Changes Due to COVID-19

- Nursing Homes: CMS waiving requirement that physicians and non-physician practitioners perform in-person visit for nursing home residents and if appropriate, allow them to be done via telehealth.
- Hospice: During an emergency period, the Secretary may allow telehealth to meet the requirement that a hospice physician or nurse practitioner must conduct a face-to-face encounter to determine continued eligibility for hospice care.
- Frequency Limitations: The pre-COVID-19 frequency limitations on subsequent in-patient visit (once every three days), subsequent SNF visit (once every 30 days), and critical care consult (once a day) were removed.
- Supervision: Physician supervision may be provided using live video.
- HIPAA Enforcement: HHS is temporarily not imposing penalties for noncompliance with HIPAA related to good-faith provision of telehealth services via non-public facing communication platforms (i.e. FaceTime, Facebook Messenger, Skype).

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Additional Telehealth Changes Due to COVID-19 (cont.)

- Out-of-Pocket Costs/Co-Pays: Still applies, but the OIG is providing health care providers flexibility to reduce or waive fees. COVID-19 testing should be waived.
- Hospitals & Originating Site Fee: Hospitals can bill an originating site fee when the patient is at home.
- Hospital-Only Remote Outpatient Therapy & Education Services: Hospitals may provide through telecommunication technology behavioral health and education services furnished by hospital-employed counselors or other health professionals who cannot bill Medicare directly.
- Licensure: Certain states expedited and expanded emergency/temporary licensure for physicians already licensed in other states (e.g., through participation in the Interstate Medical Licensure Compact)

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Telehealth Post-COVID

- Unclear how many COVID-19 flexibilities will be handled post-emergency
- Medicare 2021 Physician Fee Schedule
  - Permanently expands telehealth coverage for some conditions, extends coverage through the end of the calendar year after emergency order ends for other conditions
  - Expands telehealth reimbursements to certain provider types
  - Covers increased frequency of nursing facility visits via telehealth
- Bills introduced in U.S. and state legislatures to permanently extend changes from COVID-19 emergency
  - U.S.: Permanency for Audio-Only Telehealth Act
  - New York: Proposal To Expand Access to Telehealth for All
  - California: Assembly Bill 32
  - Massachusetts: S.2984 – Bill promoting a resilient health care system that puts patients first

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Discussion

- Are there any additional recent changes to telehealth policies and practices that are relevant to rural providers?
- How do you anticipate the currently proposed post-emergency changes will affect the industry (especially rural providers)?
- How can the potential benefits and any unintended consequences of the new telehealth policies be captured as part of the measurement framework?

Updated Telehealth Framework

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NQF Telehealth Report (2017)

Domain	Subdomain
Access to Care	• Access for patient, family, and/or caregiver • Access for care team • Access to information
Financial Impact/Cost	• Financial impact to patient, family, and/or caregiver • Financial impact to care team • Financial impact to health system or payer • Financial impact to society
Experience	• Patient, family, and/or caregiver experience • Care team member experience • Community experience
Effectiveness	• System effectiveness • Clinical effectiveness • Operational effectiveness • Technical effectiveness

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NQF System Readiness Report (2019)

Why	Need for measure concepts and performance measures
What	Person-Centered Capacity- and Capability-Focused Available and Accessible Maintenance of Health
Where	Care Beyond Hospitals Scalability & Geographical Considerations Healthcare System Size Considerations
How	Communication Among Entities Preparing for the Known and Unknown Maintenance of Readiness Ongoing Measurement

Domain	Subdomain
Staff*	Staff Safety Staff Capability Staff Sufficiency Staff Training Staff Support
Stuff	Pharmaceutical Products Durable Medical Equipment Consumable Medical Equipment and Supplies Nonmedical Supplies
Structure	Existing Facility Infrastructure Temporary Facility Infrastructure Hazard-Specific Structures
Systems	Emergency Management Program Incident Management Communications Healthcare System Coordination Surge Capacity Business Continuity Population Health Management

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NQF Rural Reports (2015, 2018)

Rural specific issues
Disparate demands compete for provider time – Direct patient care + Business / operational responsibilities
Limited time for quality improvement activities or innovation
Lack of IT capabilities & IT professionals
Heterogeneity of geography, population density, resource availability
Populations with greater health risks, poor health literacy, high rates of mental health, substance use, comorbid conditions
Low numbers of patients, makes reliability a challenge
Non-participation in CMS programs (Critical Access Hospitals)

Rural Telehealth Framework – Draft 1

Relevant Domains	Rural / Disaster-Specific Issue / Measurement Consideration
Access to care & technology	• Broadband issues (phone v. video) • Telehealth technology / capacity for communication • Geographic distance / travel • Clinical use cases: Disaster-specific care, time-sensitive emergencies (e.g. stroke), access to primary / specialty care, Systemwide coordination
Costs, business models, and logistics	• Cost to patients, caregivers, and insurers • Business sustainability, spillover effects of telehealth (i.e. transfers, staffing) • Technology costs, Logistics of launch, existing partnerships
Experience	• Patient experience with telehealth • Caregiver experience with telehealth
Effectiveness	• Quality of care for clinical issues addressable through telehealth, other emergencies, and gaps in care that telehealth can address • Time to care delivery, receipt of specific care • Specific care needs of rural patients
Rural-Specific Measurement Issues	• Low volumes of patients (i.e. reliability), risk adjustment, Critical Access Hospital issues

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Discussion

- What other domains are important to rural telehealth for disasters and other emergencies?
- What are additional measurement issues relevant to rural telehealth?
- How should we organize a measurement framework for rural telehealth?

Public Comment

Next Steps

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Next Steps

- NQF staff will continue incorporating feedback from today's discussion in the approach for the environmental scan.
- NQF will use feedback from today's discussion to continue updating the framework.

- Next meeting is on **February 22, 2021 from 3:00 pm – 5:00 pm ET**
- Objectives:
  - Share results of environmental scan to-date;
  - Continue discussion of changes with telehealth and related policies and practices;
  - Continue discussion to reach consensus on definitions for the measurement framework

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Contact Information

- Email: ruraltelehealth@qualityforum.org
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- Project page:
  - http://www.qualityforum.org/ProjectDescription.aspx?projectID=93747

THANK YOU.

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