Challenges and Opportunities for Telemedicine

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Emory University
Faculty Disclosure

- No financial conflicts of interest to report
Educational Need/Practice Gap

Telemedicine is a relatively new opportunity. Clinicians don’t yet fully know which patients benefit the most from its use in clinical care.
Objectives

Upon completion of this educational activity, you will be able to:

1) Compare and contrast the advantages and disadvantages of telemedicine
2) Describe the types of regulations that apply to telemedicine
3) List three unanswered questions about telemedicine
Expected Outcome

- At the end of this talk, the audience will better understand the limitations in our knowledge of the best use of telemedicine, and the research questions that need to be answered.
DISCLAIMER:
Our clinic, affiliated with a public safety net hospital, has struggled to meaningfully implement many aspects of telecare
Telehealth

• Long been advocated as an opportunity especially for areas that lack HIV expert providers

• Project ECHO – asynchronous tele-consultation

• Prior to COVID-19:
  • Only eligible for reimbursement if services provided in a designated rural area or patient in a clinic or other medical facility
  • In absence of reimbursement, no incentive for hospitals or clinics to build systems
• HR6074: Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March, 2020) + 1135 waiver
  • $8.3B emergency funding
    • Telehealth Services during the Emergency Period, 2020
    • Waive Medicare/Medicaid restrictions and requirements during the public health emergency
    • Provide full reimbursement for telehealth services (audio or video) with many types of providers while patients in their own home

• Rapidly adopted during shelter-in-place orders
  • Video Visits
  • Telephone options
Clinical Encounters by Type and Proportion of Suppressed Viral Loads, 2020

Source: Emory University Center for AIDS Research, HIV Registry, as of 3/15/2021.
What’s not to love about telemedicine?
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<th>State</th>
<th>All</th>
<th>Rural</th>
<th>Urban</th>
<th>All Counties</th>
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</tr>
</tbody>
</table>
The New York Times

Biden Administration Seeks to Expand Telehealth in Rural America

New funding will allow more medical appointments to take place via video in rural communities, where some of the nation’s oldest and sickest patients live.

September 19, 2021
Patient interest in telemedicine

57%

Were more likely to use telehealth if available

n=371, Houston
64% male
83% US born
63% Black race
26% Hispanic

PRE- COVID

San Francisco, during COVID
TELEHEALTH QUOTES FROM CLINICAL TEAM MEMBERS

“Telehealth does not work for some of our most vulnerable patients. They either have no phone, no minutes, no camera, no internet, or no private room to talk.”

“It is challenging to establish and maintain strong patient rapport. Part of the purpose of the visit is lost.”

“You know, you need to put your eyes on patients. This may be the only chance for them to talk with someone about their problems with their partner or their roommate or their child.”

“The whole thing is just weird and awkward”

“Telehealth visits are stressful for some of our older patients with limited support who do not hear well, see well and are not computer savvy.”

Slide courtesy of Jodie Dionne MD
Clinical questions
Who benefits most?

New vs Established Pts?

Does age matter? Gender?

Type of visit? Triage?

Type of service?
Clinician-Patient Relationships Matter

What is the Impact of Virtual Visits?
Care Coordination

What about patients that need many additional services?

Source: Kaiser Family Foundation
Tele-PrEP: Different Expectations?

Complimentary medication delivery
Flexible lab visits with Self-swab for STIs
Linkage to other health and wellness needs

Recent evaluation of effects of mitigation measures during pandemic:
Most without interruptions in care especially with medication delivery (use of delivery increased from 57% to 73%, but interruptions in quarterly labs were more common. 97% without concerns about ongoing use of telephonic services for care.

Cantos et al, IDWeek 2021
System questions
Adapting your **clinic** for telemedicine

- Choosing a platform
  - Health system preference
  - Video vs telephonic visits
  - Facilities fees, billing time

- Support for clinicians/pts
  - Schedulers, navigators, etc.

- doximity
- zoom
- Epic
Laboratory Studies

Do patients get labs drawn at the same rate, where and how are they reimbursed?

Not a barrier at all (Quest/LabCorp etc) or limited need

Markedly reduced testing, STI testing, etc.
A Complex Regulatory Environment

- LICENSURE
- BILLING
- REIMBURSEMENT
Telehealth Coverage

• States regulate private payer telehealth laws, Medicaid
• Variation by individual insurance company
  • Most waived cost sharing during the public health emergency (PHE) for COVID services and most also for non-COVID services
  • Most reimbursed for the in-person rate for services including audio-only
  • Most set expiration dates in 2021
• CMS regulations for Medicare – Omnibus FY2022 Spending Bill has extended telehealth flexibilities 150 days after the PHE period
Regulatory and Reimbursement

After the public health emergency ends, key questions include:

• Reimbursement rates – will they have parity with in-person visits
• Reimbursement for **telephone-only** visits
• Ability to practice across state lines and other state regulations
Licensure Issues

U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19
(Out-of-state physicians; preexisting provider-patient relationships; audio-only requirements; etc.)

Last Updated: March 31, 2022

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>States with Waivers</td>
<td>17</td>
</tr>
<tr>
<td>States with Waivers, not allowing new applications</td>
<td>0</td>
</tr>
<tr>
<td>States without Waivers (or closed waivers)</td>
<td>33 + DC</td>
</tr>
<tr>
<td>States with long-term or permanent interstate telemedicine</td>
<td>21 + GU + CNMI + PR + USVI</td>
</tr>
</tbody>
</table>

Figure 1. Map of States With Laws Requiring Insurers to Implement Payment Parity (as of April 2022)

Key
- Implemented Payment Parity
- Payment Parity in Place, with caveats:
  - Massachusetts: Payment parity for mental health services, only
  - Nebraska: Payment parity for certain mental health and substance use disorder services, only
  - New Jersey: Through December 31, 2023
  - Vermont: Through January 1, 2026
  - West Virginia: Payment parity for established patients and patients in acute care facilities, only
Figure 1. Number of completed visits per month by visit type, comparing office (face-to-face), video, and phone (audio only).

Wood et al, OFID https://doi.org/10.1033/ofid/ctab480
Does Telemedicine Impact Outcomes?

• WHAT are the outcomes?
  • Is the quality of the care (broadly speaking) as good?
  • Is virologic suppression maintained?
  • Are there increased lost to follow-ups?
  • Does it drive increased disparities?
# Telemedicine and visit completion among people with HIV during the coronavirus disease 2019 pandemic compared with prepandemic

*AIJS 2022, 36:355–362*

<table>
<thead>
<tr>
<th></th>
<th>Visit Completion Pre-pandemic</th>
<th>Visit Completion Post-pandemic</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>88%</td>
<td>91%</td>
<td>0.008</td>
</tr>
<tr>
<td>Age 20-39</td>
<td>82%</td>
<td>92%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Women</td>
<td>86%</td>
<td>93%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Black patients</td>
<td>88%</td>
<td>91%</td>
<td>0.002</td>
</tr>
<tr>
<td>Detectable viremia</td>
<td>77%</td>
<td>85%</td>
<td>0.06</td>
</tr>
</tbody>
</table>
Digital Health Equity and the risk of the Digital Divide

- Unequal access to
  - Broadband Internet
  - Smartphones, Computers
  - Language Services
  - Private Spaces/headphones to engage with a care provider

Wood et al, CID, 2021
Differentiated Service Delivery

- Traditional Clinic
- Pharmacy
- Telehealth platforms
- Provider
- Mobile integrated health units
- Home visits
- Mail order
- ART (3–6-month supply)
- Adherence clubs
- Community distribution points

“Fast-track”

Collins et al, AIDS 2020
Telemedicine: an **IMPORTANT** new tool in the box

- We need implementation research
- Don’t throw the baby out with the bath water – we need to solve rather than blame digital disparities
- But we need to stay vigilant for all kinds of widening disparities
- Telemedicine will not work for everyone. Nothing works for everyone.
Summary and Future Recommendations

<table>
<thead>
<tr>
<th>Telehealth</th>
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</thead>
<tbody>
<tr>
<td>1. All third-party payers should provide adequate and ongoing reimbursement for telehealth conducted by video or telephone.</td>
</tr>
<tr>
<td>2. States should facilitate the ability of healthcare providers to conduct telehealth across state lines to improve access to expert HIV care providers.</td>
</tr>
<tr>
<td>3. States should allow advanced practice providers to deliver telehealth without additional licensing requirements.</td>
</tr>
<tr>
<td>4. Asynchronous telehealth services like Project ECHO, which link primary care providers to specialists, should be funded and services reimbursed.</td>
</tr>
<tr>
<td>5. Include telehealth visits in quality metrics measuring retention in care.</td>
</tr>
<tr>
<td>6. Increase RWHAP funding to support smart phones, smart tablets, data plans, and airtime for patients and allow for telehealth expenses to be considered a core service.</td>
</tr>
<tr>
<td>7. Support clinical research to identify patients for whom telehealth works well, assess if it reduces barriers to care such as transportation and stigma, and determine the right balance between in-person and telehealth visits.</td>
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</table>
Acknowledgements

• My colleagues at HIVMA
  • Marwan Haddad and Allison Agwu

• My colleagues/staff at the Ponce Center at Grady Health System
  • Jonathan Colasanti and Jeri Sumitani
  • Valeria Cantos