MMS Virtual Member Forum

Challenges, Changes, and Updates of Telehealth Services During COVID-19

April 28, 2020

On April 28, the Massachusetts Medical Society (MMS) hosted a one-hour Virtual Member Forum for members to engage with Medical Society leadership and to ask questions regarding its response to the COVID-19 pandemic. Dr. Maryanne Bombaugh guided the forum with fellow officers, Drs. David Rosman, President-elect, and Carole Allen, Vice-President, and MMS Executive Vice-President, Lois Cornell. The officers were joined by faculty, moderators, and key MMS staff.

Faculty included Dr. Joseph Kvedar and Dr. Dhrumil Shah. Dr. Kvedar is the current president of the American Telemedicine Association and co-chair of the American Medical Society Digital Medicine Payment Advisory Group. In addition, he serves as Editor-in-Chief of NPG Digital Medicine, and Vice-President of Connected Health at Partners Healthcare. Dr. Shah is a family medicine physician and CMIO/CIO at Compass Medical, an independent provider-lead organization with six locations across southeastern Massachusetts, which includes 85 providers who deliver care to 80,000 patients. Dr. Shah and the Compass Group are joining MMS as part of The Telehealth Initiative, along with the AMA, the Texas Medical Association, and the Florida Medical Association. Dr. Shah is primarily focused on practice transformation, mindful innovation, and digital health physician/patient experience. Dr. Shah also leads the Greater Boston Society of Physician Entrepreneurs.

Moderators for the evening’s event included Dr. Randy Bak, a pediatrician and Chair of the MMS Committee on Information Technology and Yael Miller, Director, MMS Practice Solutions
and Medical Economics. Other members of the MMS staff who participated were Brendan Abel, Director, MMS Director Advocacy and Government Relations, and Bissan Biary, MMS Senior Specialist in Practice Solutions area.

Dr. Bombaugh opened the forum by discussing the topic of telehealth and remarked that, as a result of the COVID-19 pandemic, never in history has technology been used so immediately and become so quickly vital to the practice of medicine.

Dr. Bombaugh then provided a brief update on the current state of the pandemic in Massachusetts and Governor Baker’s announcement to extend the stay-at-home orders to May 18, 2020. Additionally, Dr. Bombaugh reported that Governor Baker has assembled a 17-member advisory group charged with planning the “reopening of the Commonwealth. The group includes Dr. Monica Bharel, Commissioner of the Massachusetts Department of Public Health.

Dr. Bombaugh provided additional details about the Massachusetts order that supports expansion of telehealth for clinically appropriate, medically necessary, covered services and stated that they will be provided at the same rate as in-person visits - subject to existing contracts - and that there will be waived cost-sharing for COVID-19-related testing and treatment as supported by the Bulletins from MassHealth and the Division of Insurance.

The Centers for Medicare and Medicaid Services (CMS) has expanded the use of telehealth for Medicare Patients, and the Office of Civil Rights announced it would waive potential HIPAA penalties for good-faith use of telehealth during the emergency.

Dr. Bombaugh stated that these expansions have allowed for important care delivery to our patients at this critical time. Patients are deeply appreciative of physicians conducting these virtual encounters.
Dr. Kvedar spoke on the national and local perspectives on telehealth and what he sees happening after the pandemic. Three main areas have relaxed to allow for telehealth to be so successful during this time.

First, reimbursements are equivalent for telehealth appointments as they would be for in-person. Second, technology platforms are varied and are all widely acceptable. Third, licensure for New England states and others have been relaxed to allow for telehealth visits over state lines.

Dr. Kvedar noted various reports from across the country, where compiling data shows the vast decreases in in-patient care and the almost-overnight significant increases in telehealth. Dr. Kvedar explained the telehealth provides the perfect triad of access, quality, and convenience.

Mental health, specifically, has been best utilized with telehealth, as the physical evaluation is simply talking. There are additional conditions that lend themselves easily to telehealth, such as urgent care needs, Dr. Kvedar said. There are drawbacks with some diagnoses and conditions and telehealth is not always the solution. Dr. Kvedar believes that we will have a more diverse, multi-channeled delivery of care in the future. Dr. Kvedar encouraged physicians to embrace this new practice of medicine and incorporate it into their practice models once the pandemic has passed. There will inevitably be restrictions that will get implemented again once the pandemic clears. Dr. Kvedar noted that once the emergency order is lifted, he could see several of the orders being rolled back including: telehealth approval over state lines for established patients, HIPAA compliance to be changed back to a mandate, and telephone no longer being reimbursed.

Dr. Kvedar suggested physicians should in the future become more involved in federal and state government as well as health plans to be advocates to push for a reduction in barriers to telehealth. Dr. Kvedar stated that office infrastructure and day-to-day practices will need to be rethought in the future to incorporate telehealth.
Dr. Shah discussed implementation of digital health strategies to deliver quality care. He cited a WHO article, which was released in December 2019, titled “Digital Technologies Shaping the Future of Global Health.” One of the major objectives of the article was increasing global collaboration and knowledge transfer. Almost instantaneously, at this point we are seeing the global application of telehealth.

Dr. Shah stated that, “either you embrace telehealth, or you die.” Currently, there is a 70 percent decrease in in-person volume. This is not sustainable for many single or multi-provider practices, let alone larger enterprises, such as Partners.

Dr. Shah compared the factors involved in implementing telehealth before COVID-19 and after COVID-19. First, there has always been a strong desire and demand from patients for telehealth. Second, Dr. Shah cited that in the past, there have been some obstacles - lack of parity, especially in Massachusetts, legal barriers and stigmas about technology implementation.

Dr. Shah posed the question, “Why would physicians want telehealth in a post COVID era?” To explain why, Dr. Shah outlined the steps Compass Group has worked recently to change its practice model for the current pandemic. First, the group worked to physically redesign six of its locations to define offices as “COVID-19 facilities” and non-COVID-19 facilities. Second, smaller changes included implementation of communications strategies like “ask before mask” or “call before you come” as pre-screening tools prior to the appointment.

Patients were also asked to stay in their cars or at home until they were ready for them to avoid gathering in waiting rooms.

Dr. Shah informed attendees of the Telehealth Playbook produced by the AMA and strongly encouraged all to view it and use it as a tool for guiding their practice in these changing times.

Dr. Shah concluded his talk by stating that patients will drive what the future looks like and that
infrastructure and physical spaces will change to accommodate and be designed around telehealth.

**Dr. Bak and Ms. Miller** moderated the rest of the discussion. **Dr. Bak asked Dr. Kvedar** what it will take to make telehealth implementation easy if there is just one barrier to remove. **Dr. Kvedar** responded that it must be easy and accessible for all.

**Responses to questions received from members during the MMS Virtual Member Forum**

- **Question from Ms. Miller:** *Is MMS preparing to advocate for continued coverage and at the same rate of in office reimbursement of Telehealth going forward?*

- **Answer from Dr. Bombaugh:** “The MMS is in the process of developing a ‘go forward action plan,’ including an advocacy agenda that will include telehealth coverage, reimbursement and cost sharing discussions going forward. We look forward to having these discussions with policy leaders, our legislators, and the state agencies. Telehealth has absolutely proven to be a critical and useful tool in effective care delivery, and it must be continued. The knowledge that we’ve learned from our members, this forum as well as future surveys will help inform our advocacy in expanding telehealth going forward, as well as reimbursement both at the federal and state level. We really look forward to engaging with everyone in this process and we will need everyone’s assistance as we move forward in advocacy for telehealth continuance in the future.”

- **Question from Ms. Miller:** *As a Massachusetts-based provider, I am wondering if I can see patients via telehealth across state lines. For example, in Rhode Island or New Hampshire?*

- **Answer from Dr. Rosman:** “There are 47 states that have modified their licensure requirements when it comes to the delivery of telehealth services and 48 states have done so when it comes to performing care within the state. So to answer the specific
question about Rhode Island; if you have an existing relationship with the Rhode Island patient and you want to see them via telehealth, you can do that during this public emergency, without the need for a Rhode Island license. New Hampshire is slightly more complicated. You need to get a New Hampshire license in order to be able to conduct telehealth and see that patient. With that said, they have made accessing a license substantially easier, with fewer criteria. Other near neighboring states, like Maine, have different rules. For example, with Maine, if you already have an established relationship with that patient, you can see them via telehealth without need for a Maine license. What I recommend everyone do is go to the FSMB webpage or just google “FSMB Telehealth COVID” and you will get to their listings. The site is being regularly updated and will show you what you need, and then I encourage you to go directly to each individual state for their rules. There has been a rapid change, so checking is necessary. The rules have been lessened but - as Dr. Kvedar pointed out - one, it’s state-by-state and two, the risk in the long run is that they end up getting clawed back, so continued advocacy by your medical society, as Dr. Kvedar pointed, is going to be necessary.”

• **Question from Ms. Miller:** *The coding and billing for telehealth both audio video and telephone are complicated, as each payer has their own requirements, including different codes being covered, different point of service codes and different modifiers and more. How can MMS help to simplify this process and what is the status of that simplification?*

• **Answer from Dr. Allen:** “Thank you, Yael, for that important question. The MMS is painfully aware that the guidance and bulletins from MassHealth and the Division of Insurance allow every health insurer to implement their own billing and coding protocols for telehealth, which they have released, but then they change them regularly. So, we feel your pain. The multiplicity of billing and coding rules have long been an issue and, perhaps, intensified by this pandemic and the MMS is actively working and will continue working over the long haul to achieve simplification and
uniformity of insurance rules and processes. For the short-term, our staff is gathering specific coding and billing information from Massachusetts insurers, which you can find on the telehealth and virtual care section of the MMS COVID-19 website. MMS has also been working with the Division of Insurance and the Center of Information and Analysis, known as CHIA, to host twice-weekly, one-hour sessions to answer your questions about telehealth, cost-sharing, and prior authorizations. Please check the Planning and Preparedness Newsletters for details and Zoom information. Recordings of the session should be available in the future. Finally, we are advocating with the AMA to have national plans adopt CMS rules around billing and same for local plans, so check our website frequently and stay tuned as we continue to work on your behalf.”

- **Question from Dr. Bak from the audience:** Could you please discuss in more detail HIPAA compliance and Zoom security issues with telehealth?

- **Answer from Dr. Kvedar:** “Of utmost concern is the patient’s privacy and we must be able to easily communicate. Most video and calling technologies are inherently secure. The security that is important is what is recorded in the Electronic Health Record (her), which is at its root, is EHR compliant. We can assure patients that right now their privacy is secure. Zoom “bombing,” as reported in the press, has been an issue only when a link to a Zoom meeting is shared publicly. With time and outside of the pandemic we can more thoroughly evaluate these vehicles.”

- **Question from Ms. Miller from the audience:** Elderly patients are often unable to access the video component of a telehealth call and therefore are only able to receive telephone calls and, by default, this is a lower rate of reimbursement with Medicare and perhaps others?

- **Answer from Dr. Kvedar:** “The more information a clinician has, the better the decision-making. Video does help to see the patient. Surveys show the demographics over 65-70, fewer are comfortable with telehealth platforms. Yet, we have a need to be able to
service them. The value proposition should communicate to legislators that a phone call can be just as effective as a face-to-face visit.” (Of note: On April 30 following considerable advocacy, CMS indicated it will offer more flexibilities for the audio/video requirements for certain services, and increase reimbursement for phone calls at the office practice E and M level, see below* - check the MMS COVID-19 webpage for more details)

**Answer from Dr. Shah:** “For Medicare patients, chronic care codes are telephonic codes only. Virtual check-ins offer extremely low reimbursement, but they do add value when you are trying to manage patients. Transitional care and annual well visits may all be done via telehealth. The challenge is not with audio codes being adequate. There are populations who do not have access to any technology, and I think this is where remote patient monitoring comes into play. Medicare does pay for this code and there are institutes across the nation who are deploying Bluetooth-enabled machines and mobile health vans. It does require creativity and out-of-the box thinking.

**Answer from Ms. Biary:** “Due to the uncertainty, there are daily updates from the health plans. During the public health crisis for Medicare patients, telephonic codes have been expanded to include 9941 and 98966 codes set. We are awaiting further guidance from CMS. Some health plans do not differ for audio or video. Everyone is in this together and we are working for alignment. MassHealth and the plans all require documentation of the telehealth visit and use of the CPT code as appropriate. We will pass along further guidance as we receive it.”

- **Question from Dr. Bak from the audience:** How do I effectively utilize my staff in a telehealth environment?

- **Answer from Dr. Kvedar and Dr. Shah:** “It’s certainly a different way that you need to utilize people. Some of the positions in your office staff may not be utilized in the same way. Batching telehealth visits together and go something more asynchronous. There
are ways to improve your workflow and you may need to rethink how you do things. The amount of telehealth adoption is increasing; the amount of revenue is lower. We are seeing that staff can cue up the patient quickly. In the beginning, our staff was having to provide IT support for patients, which wasted a lot of time and energy. Now we are offloading that responsibility off to our call center. Now patients are excited and comfortable with the technology before the appointment. Staff can get accounts as part of your overall package and this is something you should negotiate.”

On behalf of all the leadership of the MMS, Dr. Bombaugh thanked the speakers and moderators for their insights and perspectives. She said, “we are grateful to have such talent in this community. There is much to think about and much to work towards. We look forward to you completing a soon-to-be-sent survey to help us plan more telehealth programming and future forums. Thank you so much and good night.”

*As of April 30, CMS is increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about $14-$41 to about $46-$110. The payments are retroactive to March 1, 2020. CMS is also adding many behavioral health and education services to be furnished via telehealth using audio-only communications. Click here for the full list of telehealth services, including which services are eligible to be furnished via audio-only technology.