Telehealth! Policy, Practice and Patients

DEBORAH H. Fournier, JD
Senior Associate, Health Law and Policy Programs,
Franklin Pierce School of Law
Institute for Health Policy & Practice
University of New Hampshire
Policy Advisor, NH Telehealth Alliance

Marcy Ainslie, EDD, APRN, FNP
Assistant Professor
Family Nurse Practitioner
University of New Hampshire
College of Health and Human Services
Department of Nursing

Marcy Doyle DNP, MS, MHS, RN, CNL
Quality and Clinical Improvement Director
New Hampshire Citizens Health Initiative
Department of Nursing
Institute for Health Policy and Practice
University of New Hampshire
AGENDA

DEBORAH H. FOURNIER, JD
Telehealth Policy Considerations as Federal PHE Potentially Expires in 2022

MARCY AINSLIE, EDD, APRN, FNP
Telemedicine Utilization among Medicaid Beneficiaries with Serious Mental Illness

MARCY DOYLE, DNP, MS, MHS, RN, CNL
Telehealth! Policy, Practice and Patients Workshop

DISCUSSION, Q & A
Telehealth Policy Considerations as Federal PHE Potentially Expires in 2022

Deborah H. Fournier, JD
Senior Associate, Health Law and Policy,
Franklin Pierce School of Law
Institute for Health Policy & Practice
University of New Hampshire
Policy Advisor, NH Telehealth Alliance
DISCLAIMERS

• Any information provided in this webinar is not to be regarded as legal advice. The information is purely for informational purposes.

• Always consult with legal counsel.
COVID-19 transformed telehealth into a commonly used modality and vital public health tool almost instantaneously. Adoption of telehealth made 10 years of progress in one year.
Telehealth Utilization Peaked Among *Privately Insured in 2020; Remains Above Pre-COVID levels. Mental Health Continues to Constitute Largest Category of Diagnosis Among Telehealth Claims.

What Happened To Allow This Change?

Federal Public Health Emergency (PHE)

Declared and then renewed every 90 days since March 2020.

Medicare flexibilities are tied to the federal public health emergency.

When the PHE expires, the flexibilities end.
## Temporary Medicare Flexibilities

- Hundreds of services are covered.
- Patients can receive services via telehealth at home.
- Patients in any region of the country can receive telehealth services.
- Telehealth services are reimbursed at a rate no less than in-person services.
- Audio-only services are permitted.
- Co-payments may be waived.
- OCR is not enforcing HIPAA compliance.
What Does End of PHE Mean for Telehealth If Congress Does Not Act?

• Parity in reimbursement for services under Medicare will end.
• Audio-only coverage under Medicare will end.
• Patients only in certain regions and who present to a provider’s office will be able to receive telehealth services under Medicare.
• BUT coverage for telehealth mental health services in Medicare was put into statute and has been made permanent, including geographic and site of service flexibilities.
• BUT the recent spending bill extends telehealth flexibilities for another 151 days after the expiration of the PHE.
Thank you!
deborah.fournier@unh.edu
Treatment Interruptions and Telemedicine Utilization in Serious Mental Illness: A Retrospective Longitudinal Claims Analysis

- MARCY AINSLIE EDD, APRN, FNP; UNH, NURSING
- MARY F. BRUNETTE MD; GEISEL SCHOOL OF MEDICINE AT DARTMOUTH
- MICHELLE CAPOZZOLI PHD; UNH, MATHEMATICS & STATISTICS

Acknowledgements:

CHRISTOPHER WHITE, BS
 SENIOR TECHNOLOGY MANAGER
 INSTITUTE FOR HEALTH POLICY AND PRACTICE
 UNIVERSITY OF NEW HAMPShIRE

AMY COSTELLO, MPH
 DIRECTOR OF HEALTH ANALYTICS AND INFORMATICS
 INSTITUTE FOR HEALTH POLICY AND PRACTICE
 UNIVERSITY OF NEW HAMPShIRE

Published in JMIR:

Ainslie M, Brunette M, Capozzoli M
Treatment Interruptions and Telemedicine Utilization in Serious Mental Illness: Retrospective Longitudinal Claims Analysis
JMIR Ment Health 2022;9(3):e33092
URL: https://mental.jmir.org/2022/3/e33092
DOI: 10.2196/33092
Background

- 10 million (5%) of Americans have Serious Mental Illness
- Telemedicine played a minor but important role PRIOR to the pandemic

Prior Literature

- Videoconference or telephone treatment for depression and PTSD is effective
- SMI patients are interested and willing to use telemedicine
- NH rapidly transitioned to telemedicine for Medicaid beneficiaries

Purpose: Identify subpopulation characteristics of CMHC SMI patients who.....

- Experienced interruptions in care during the telemedicine expansion during the first 3 months of Covid
- Utilized telemedicine for continuity of care during Covid

Methods

- Retrospective, observational, longitudinal claims analysis
- Comparison base period 12/18-2/19 to study period 12/19-2/20
- Subpopulation characteristics applied as covariates: gender, age group, rural/urban, diagnosis group
- Descriptive Statistics and Logistical Regression Models
Year-Over-Year Total Patients and Treatment Interruptions....

** 15 % increase in demand for services
** only 4.9% with ALL the early pandemic challenges

<table>
<thead>
<tr>
<th></th>
<th>2018-2019</th>
<th>2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient N</td>
<td>13456</td>
<td>15471</td>
</tr>
<tr>
<td>Not retained</td>
<td>1803</td>
<td>2831</td>
</tr>
</tbody>
</table>
Most Likely to Experience Treatment Interruptions

- Rural patients 5.6% probability
  ..... as compared to 4.9% for Urban patients
- Male patients 6.7% probability
  ..... as compared to 3.7% for female patients
- Under the age of 18.....
- Less severe/acute diagnostic category.....
# Results

Who did we lose? .......... by Age

<table>
<thead>
<tr>
<th>Age in years</th>
<th>n= treatment interruption</th>
<th>% Probability (P &lt;.001)</th>
<th>n= treatment interruption</th>
<th>% Probability (P &lt;.001)</th>
<th>Delta change % probability of treatment interruption from 2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td>689</td>
<td>22.3%</td>
<td>470</td>
<td>15.4%</td>
<td>+ 6.9%</td>
</tr>
<tr>
<td>13-17</td>
<td>565</td>
<td>22.7%</td>
<td>377</td>
<td>16.9%</td>
<td>+ 5.8%</td>
</tr>
<tr>
<td>18-34</td>
<td>873</td>
<td>23.6%</td>
<td>551</td>
<td>19.4%</td>
<td>+ 4.2%</td>
</tr>
<tr>
<td>35-54</td>
<td>623</td>
<td>16.6%</td>
<td>373</td>
<td>11.9%</td>
<td>+ 4.7%</td>
</tr>
<tr>
<td>55+</td>
<td>293</td>
<td>12.1%</td>
<td>193</td>
<td>8.8%</td>
<td>+ 3.3%</td>
</tr>
</tbody>
</table>
Results
Who did we lose? ......... by Diagnosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>2020 N=15471 patients</th>
<th></th>
<th>2019 N=13456 patients</th>
<th></th>
<th>Delta change % probability of treatment interruption from 2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>105 6.8%</td>
<td>n= treatment interruption</td>
<td>72 4.8%</td>
<td>% Probability (P &lt;.0001)</td>
<td>+ 2.0%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>134 11.0%</td>
<td>n= treatment interruption</td>
<td>107 10.0%</td>
<td>% Probability (P &lt;.0001)</td>
<td>+ 1.0%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>762 20.1%</td>
<td>n= treatment interruption</td>
<td>493 15.5%</td>
<td>% Probability (P &lt;.0001)</td>
<td>+ 4.6%</td>
</tr>
<tr>
<td>PTSD</td>
<td>778 21.9%</td>
<td>n= treatment interruption</td>
<td>516 16.8%</td>
<td>% Probability (P &lt;.0001)</td>
<td>+ 5.1%</td>
</tr>
<tr>
<td>Anxiety/Other</td>
<td>1265 23.5%</td>
<td>n= treatment interruption</td>
<td>776 16.7%</td>
<td>% Probability (P &lt;.0001)</td>
<td>+ 6.8%</td>
</tr>
</tbody>
</table>
Who used Telemedicine?

By Gender:
- Female
- Male

By Age:
- 0-12 years
- 13-17 years
- 18-34 years
- 35-54 years
- 55+ years

By Diagnosis:
- Schizophrenia
- Bipolar
- Major Depression
- PTSD
- Anxiety/Other

By Rurality:
- Rural
- Urban
Take Home Messages

1. When providers are empowered to INDIVIDUALLY determine the best modality to connect with patients, this approach is highly effective in continuing patient engagement.

2. This pilot data argues against broad mandates on how care should be delivered as there are many SDOH, values, beliefs, and provider/patient factors that influence how best to connect patients with care.

3. CMHCs consist of a wide array of patients with differing levels of function. Care delivery will look different across subpopulations.

4. Many elderly can, will, and do successfully use telemedicine.

5. We need to understand the treatment interruptions in our youth better to support continuation of care.
References

Objective # 3
Participants will be able to identify training gaps and workflow adaptations through workforce feedback and standardized patient satisfaction assessment.

Marcy Doyle, DNP, MHS, MS, RN, CNL

Dr. Doyle is committed to advancing knowledge acquisition and the treatment capabilities of rural and underserved providers and students throughout the health care delivery system, increasing health care equity. Dr. Doyle’s history as Chief Operations Officer (COO) at a Federally Qualified Health Center, health care consultant and educator have enabled her to work on statewide projects to test innovative practice-based solutions. She developed the BluePrint for Integration a statewide practice assessment and facilitation framework utilized during the statewide NH 1115 Centers for Medicare and Medicaid Services (CMS) Waiver. Dr. Doyle oversees the programing and funding for the UNH Extension for Community Healthcare Outcomes (ECHO) Hub. She is an experienced Principal Investigator having overseen workforce development, health care policy, and advancing person-centered care in rural and underserved communities.
Unified Theory of Acceptance and Use of Technology (UTAUT)

- Performance Expectancy
- Effort Expectancy
- Social Influence
- Facilitating Conditions

Factors influencing Behavioral Intention and Use Behavior:
- Age
- Gender
- Experience
- Voluntariness of Use

www.citizenshealthinitiative.org | Copyright 2021 University of New Hampshire. All Rights Reserved | 1-Nov-21
What accelerates telehealth adoption?

- **Performance Expectancy**
  - Increased ACCESS to care
  - Saves TIME and resources
  - As EFFECTIVE or more than in person care
  - Increase in FLEXIBILITY
  - Their patients LIKE telehealth

- **Effort Expectancy**
  - EASE of use

- **Social Influence**
  - Organization SUPPORT of telehealth

- **Facilitating Conditions**
  - Availability of good TECHNICAL SUPPORT
What decelerates telehealth adoption?

Performance Expectancy
- Impersonal, clinicians concerned with patient **ISOLATION**
- **SAFETY** and legal concerns
- Concerned with patient **ACCEPTANCE** of interaction
- Not **APPROPRIATE** for patient or some types of visits
- Unable or **UNTRAINED** on conducting assessment

Effort Expectancy
- **TECHNOLOGICAL** and scheduling problems
- Increased work and **HASSLE**

Social Influence
- **POOR COMMUNICATION**/support from leadership

Facilitating Conditions
- Need for technical support and **TRAINING**
- Limited space for **EQUIPMENT** and **FUNDING**
Evaluation Methods

- Interviews
- Questionnaires
- Interviews
- Observations
- Logging Attempts

Evaluation Domains

- Satisfaction
- Experience
- Technical Quality
- Perceived Usefulness
- Perceived Effectiveness
- Impact of Telemedicine
Example Evaluation Questions

Satisfaction

- Telehealth visits are a convenient form of healthcare delivery for me
- My privacy is protected during a telehealth visit
- The lack of physical contact during a telehealth visit is not a problem

Experience

- How satisfied were you with the way your therapist communicated
- How likely are you to recommend telehealth to others

Perceived usefulness

- Telehealth made it easier for me to participate in...(e.g. Acceptance Commitment Therapy)
Example Evaluation Questions

Perceived effectiveness

- Using telehealth helps me to better manage my health and medical needs.

Technical quality

- I can always trust the equipment to work during a telehealth session
- I could see the healthcare provider clearly during the telemedicine visit
- I could hear the healthcare provider clearly when he/ she spoke to me

Impact of telemedicine (how it compares to an in-person visit)

- The telehealth visits were as good as an in-person visit
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Constructs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Satisfaction Scale (TeSS)</td>
<td>Quality, length of time to access, personal comfort, ease of use, privacy, attitude</td>
</tr>
<tr>
<td>Technology Acceptance Model (TAM)</td>
<td>Perceived usefulness, perceived ease of use, attitude, intention to use</td>
</tr>
<tr>
<td>Telemedicine Satisfaction and Usefulness Questionnaire (TSUQ)</td>
<td>Perceived usefulness, perceived effectiveness, perceived ease of use, attitude, intention to use, comparing telemedicine to in-person</td>
</tr>
<tr>
<td>Patient Assessment of Communication During Telemedicine (PACT)</td>
<td>Patient-centered communication, provider competence, interpersonal skills, convenience</td>
</tr>
<tr>
<td>Telemedicine Perception Questionnaire (TMPQ)</td>
<td>Communication, privacy/ confidentiality, time and cost savings, difficulty, accessibility, physical contact, trust in equipment, standardization for future, satisfaction</td>
</tr>
<tr>
<td><strong>Telehealth Usability Questionnaire (TUQ)</strong></td>
<td>Usefulness, ease of use and learnability, interface quality, interaction quality, reliability and effectiveness, satisfaction</td>
</tr>
<tr>
<td>Telenursing Interaction and Satisfaction Questionnaire (TISQ)</td>
<td>Perceived interaction; inclusive of affective support, health information, decisional control, professional/technical competence) understanding, satisfaction</td>
</tr>
</tbody>
</table>

(Weaver et al., 2021)
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Constructs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Usability Questionnaire (TUQ)</td>
<td>Usefulness, ease of use and learnability, interface quality, interaction quality, reliability and effectiveness, satisfaction</td>
</tr>
<tr>
<td><strong>Telemedicine Satisfaction Questionnaire (TSQ)</strong></td>
<td>Satisfaction, technical quality, interpersonal manner, communication, financial aspects, time, access</td>
</tr>
<tr>
<td>System Usability Scale (SUS)</td>
<td>Usability primarily; technical quality, ease of use, complexity of use, user confidence</td>
</tr>
<tr>
<td>Perceived Efficacy in Patient-Physician Interactions (PEPPI-5)</td>
<td>Efficacy primarily; confidence in ability to access care, make the most of visit, act upon conversation</td>
</tr>
<tr>
<td>Patient Experience Questionnaire (PEQ)</td>
<td>Communication experience, emotions, short-term outcomes, barriers, relationship</td>
</tr>
<tr>
<td>Computer System Usability Questionnaire (CSUQ)</td>
<td>System usability and capability</td>
</tr>
<tr>
<td>Telenursing Interaction and Satisfaction Questionnaire (TISQ)</td>
<td>Perceived interaction; inclusive of affective support, health information, decisional control, professional/technical competence) understanding, satisfaction</td>
</tr>
</tbody>
</table>

(Weaver et al., 2021)
Summary

Provider and patient evaluation is essential

Clinicians/provider and patient interactions influence TH “use behavior”; models such as the UTAUT can assist with TH implementation, adoption and user experience

Systematic evaluation informs current (on the spot), interim modifications and future design

Telehealth evaluation lacks standardization → NH could lead

A variety of evaluation instruments are available depending on TH services
Contact Information:

Marcy Doyle
Marcy.Doyle@unh.edu
References


