Telehealth for Vulnerable and Underserved Populations:

Post Pandemic Telehealth Policy in CA

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PAVING THE ROAD TO HEALTH EQUITY







Telehealth Systems: Who Our Current Design Fails







Telephone Visits

Policy Considerations





Structural Barriers Faced by Underserved, Vulnerable Populations

Telehealth Technology: Who Our Current Design Fails



Technology: Physical devices

Technology: Portals, Apps

Internet/Broadband

English-based systems

Insufficient supply of language-capable providers

Technological & digital skills

Personal preferences & age/ generational-related exposure to technology

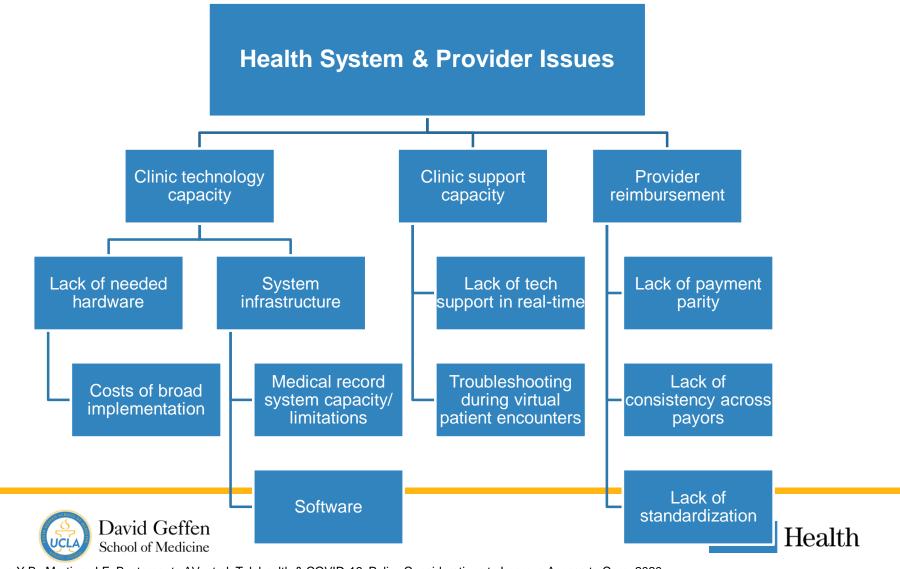
Insurance carrier coverage/access

Health system and provider level issues





Structural Barriers Faced by Underserved, Vulnerable Populations Using Telehealth Technology



Integrated Telehealth Can Enhance Health Care

The Evidence: Value

- Patients are satisfied with telemedicine visits
 - Convenience: reduction in traditional barriers → reduced no-show rates
 - Quality
 - Improved communication with provider
- Providers see ways to improve the effectiveness of traditional care
 - Counseling/Education
 - Improved medication adherence
 - Continued personal connection with patients via telemedicine
- Access leads to improved control of chronic conditions
 - Averted clinic visits
 - Improved outcomes → improved public health
 - → Reduced long-term morbidity & complications & related patient-care costs
 - Prevents high-cost future care





^{*}See references

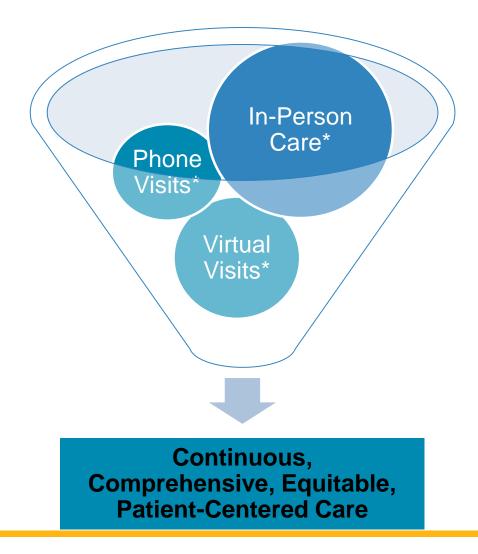
Telehealth in the Long-Term

Policy Considerations





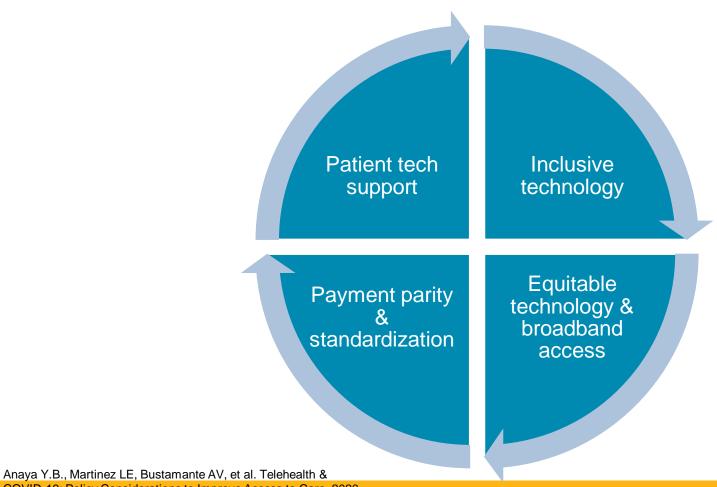
New Opportunities to Provide Better Care







Core Components of Telehealth Infrastructure to Avoid Disenfranchising Underserved, Vulnerable Populations



COVID-19: Policy Considerations to Improve Access to Care. 2020.





Policy Considerations Long-Term

Identify & meet consumer needs: Patients & Providers

Support research and apply the evidence

Ensure equitable access to care

- Software/Platforms
- Devices
- Broadband

Support alternative telehealth options when video capacity is not an option

- Reality: Video visits at home may not be an option for some patients
- Allow patients to communicate with their providers in the modalities they have available to them

Meet language needs of LEP patients at all points of contact

Required by various statutes.





Recommendations to Improve Equity

Meeting the Need in California

- A commitment to preventing further disparities means identifying and meeting California's needs
 - Patient consumer base
 - Latinos make up 40% of the CA Population
 - Technology
 - Language
 - Provider consumer base
 - What do providers need to improve access for their patients?
 - Technology
 - Reimbursement
 - Support
 - Medically underserved patients
 - Address aforementioned structural barriers to ensure equitable access to care





Policy Opportunities

Long-Term

Simplified & standardized reimbursement structure will allow patients to continue to have access to telehealth visits

Integrated into primary care with existing providers. Telemedicine must complement broad access to in-person care.

Uniform payment parity of virtual visits across payors

Uniform coverage & equitable reimbursement for telephone visits across payors

Costs of support staff to meet patient needs in telehealth access

Patient protections to minimize out-of-pocket costs for integrated telehealth services





Recommendations to Promote Reduced Need for Phone Visits

Ensure equitable access to infrastructure

- Ensure access for patients with limited access to the technology necessary to participate in telehealth
 - Partnerships with internet and smart-device providers to improve acquisition of this technology for patients who lack access
 - Subsidize broadband internet access for patients that live in medically underserved communities
 - Provide tech support for patients as they learn to use telehealth technology
- Our long-term solutions must include the above to make telephone visits the exception
 - Makes use of phone encounters in place of video encounters the exception, only when necessary or clinically appropriate





Avoid Creating Separate and Unequal Telehealth Systems

- Ensure equitable access to care across payors
 - Limit non-standardized approach to coverage and reimbursement between payors and populations
 - Same Reimbursement
 - Specify same Utilization Review (UR)
 - Decisions denying coverage of services provided via telehealth subject to the same UR procedures as decisions denying coverage of services provided via in-person
 - Specify same benefits
 - Telehealth services subject to same annual or lifetime max coverage, copayments, deductible amounts, etc under a plan
 - Allow the use of telephone encounters in place of video encounters when necessary or appropriate
 - Rather than completely exclude
 - Ensure access across primary and specialty care across payors





What Happens in the Interim?

Policy Considerations





Policy Opportunities

Identify & respond to consumer needs: patients & providers

Build telehealth ecosystem that ensures equitable access to care

Support expansion of telehealth infrastructure for primary care & specialty providers across payors

- Provider hardware
- Platforms/Software

Telephone visit reimbursement at parity for systems and populations without video visit capacity

 Reimbursement structure that allows patients to communicate with their providers in the modalities they have available to them

Integrate language assistance at all points of contact





Policy Recommendations to Deliver Equitable Access to Care for Vulnerable Populations

- Build inclusive telehealth ecosystem
 - In the Interim: Support the expansion & availability of telehealth services for vulnerable and underserved populations:
 - Fund primary care provider office infrastructure:
 - Patient- and provider-centered platform access
 - Telehealth platforms contracting with DHS/FQHCs/CHCs should be required to be "patient friendly"
 - Telehealth platforms contracting with DHS/FQHCs/CHCs should be required to provide multilingual support to deliver equitable access
 - Some EMR/EHR systems do not support video encounters
 - Equipment
 - Prioritize those serving medically underserved patients
 - Greatest need
 - Patient technical support





Maintaining Quality & Ensuring Outcomes in the Long-Term

Policy Considerations





Policy Opportunities

Identify & meet consumer needs:

patients & providers

Assess telehealth ecosystem on measures of equitable access to care

Assess reimbursement structure for success in allowing patients to communicate with their providers in the modalities necessary

Building the necessary, language-capable physician workforce

Ensure meaningful access to telehealth systems in non-English languages at all points of contact

Assessing health care costs and preventing overutilization





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Thank You

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