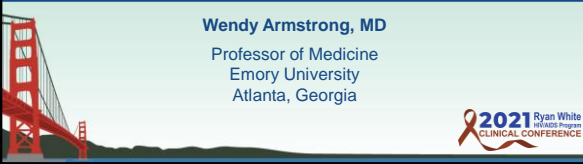



Challenges and Opportunities for Telemedicine

Wendy Armstrong, MD
Professor of Medicine
Emory University
Atlanta, Georgia



Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years

Dr Armstrong has no relevant financial relationships with ineligible companies to disclose. (Updated 9/30/21)

Slide 2 of 32

Learning Objectives

At the end of this presentations, learners will be able to:

- Compare and contrast the advantages and disadvantages of telemedicine
- Describe the types of regulations that apply to telemedicine
- List three unanswered questions about telemedicine

DISCLAIMER:
Our clinic, affiliated with a public safety net hospital, has struggled to meaningfully implement many aspects of telecare

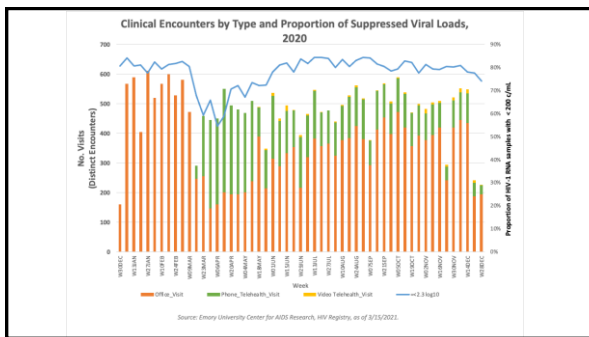
Slide 3 of 32

Telehealth

- Long been advocated as an opportunity especially for areas that lack HIV expert providers
- Project ECHO – asynchronous teleconsultation
- 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

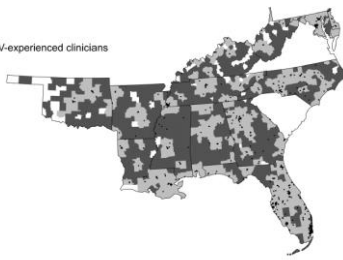


What's not to  about telemedicine?



HIV WORKFORCE

HIV-experienced clinicians



- Practice location of HIV clinician
- Urban county with ≥ 5 diagnosed HIV cases
- Rural county with ≥ 5 diagnosed HIV cases
- Data not available

Clinical Infectious Diseases® 2021;72(9):1615-22

Table 2. Number of Counties and Median County-level Human Immunodeficiency Virus (HIV) Clinician-to-Population Ratios (Clinicians per 1000 Diagnosed HIV Cases)

State	Counties With at Least 5 Diagnosed HIV Cases (Frequency)			All HIV Clinicians, Median (IQR)			>10 Medicaid PLH HIV-Experienced Clinicians, Median (IQR)			PValue*	
	All	Rural	Urban	All Counties	Rural Counties	Urban Counties	All Counties	Rural Counties	Urban Counties		
All 14 states	926	531	396	13.3 (8.0)	7.4 (4.5)	16.0 (22.3)	13	0.0 (0.0)	0.0 (4.9)	0.0 (4.9)	<.01
Alabama	67	38	29	11.0 (2.78)	17.0 (8.5)	4.3 (14.4)	05	0.0 (0.0)	0.0 (3.2)	0.0 (3.2)	<.01
Arkansas	71	51	20	0.0 (45.5)	0.0 (52.6)	15.9 (24.8)	47	0.0 (0.0)	0.0 (5.6)	0.0 (5.6)	<.01
DC	1	0	1	6.2 (4)	...	6.2 (4)	...	2.8 (4)	...	2.8 (4)	
Delaware	3	0	3	34.5 (14.4)	...	34.5 (14.5)	...	38.0 (2.2)	...	38.0 (2.2)	
Florida	67	23	44	19.3 (20.5)	27.3 (22.3)	19.0 (14.6)	69	4.0 (6.7)	0.0 (6.8)	5.0 (6.7)	.04
Georgia	156	83	73	7.6 (8.4)	0.0 (30.3)	10.7 (23.7)	63	0.0 (0.0)	0.0 (0.0)	0.0 (1.8)	<.01
Kentucky	99	67	32	0.0 (63.4)	0.0 (76.5)	4.4 (77.8)	62	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	<.01
Louisiana	62	28	34	13.5 (8.6)	11.7 (52.8)	14.5 (21.4)	71	0.0 (0.0)	0.0 (0.0)	0.0 (5.2)	<.01
Maryland	24	5	19	6.9 (72.0)	0.0 (16.7)	71 (9.4)	48	0.0 (0.4)	0.0 (0.0)	0.0 (1.0)	.16
Mississippi	80	63	17	29.2 (48.0)	27.3 (56.3)	33.9 (51.1)	39	0.0 (0.0)	0.0 (0.0)	0.0 (3.5)	<.01
North Carolina	98	52	46	20.0 (41.7)	17.1 (39.1)	24.4 (32.5)	28	0.0 (4.1)	0.0 (0.0)	0.0 (9.3)	<.01
Oklahoma	61	44	17	26.3 (41.1)	26.3 (59.7)	27.4 (22.4)	91	0.0 (0.0)	0.0 (0.0)	0.0 (0.8)	<.01
Tennessee	89	48	41	27.0 (56.3)	30.4 (64.6)	24.4 (51.3)	69	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	<.01
West Virginia	48	29	19	0.0 (48.0)	0.0 (0.0)	32.3 (83.3)	<.01	0.0 (0.0)	0.0 (14.8)	0.0 (14.8)	<.01

Clinical Infectious Diseases® 2021;72(9):1615-22

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

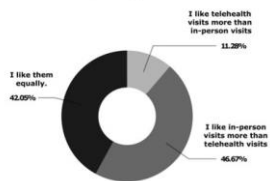
Patient interest in telemedicine

57%

Were more likely to use telehealth if available

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

C Which statement fits you best?



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."

"The whole thing is just weird and awkward"

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

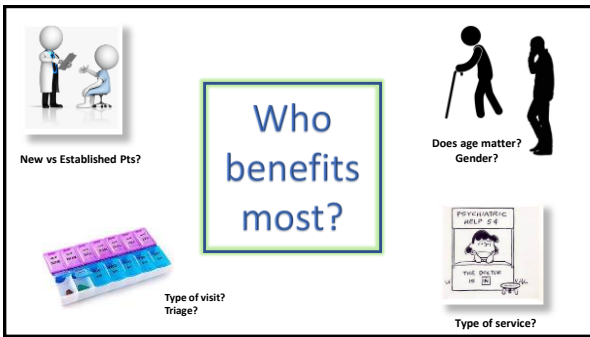
"You know, you need to put your eyes on patients. This may be the only chance for them to talk with someone about their problems with their partner or their roommate or their child"

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

Slide courtesy of Jodie Dionne MD







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?

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.



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

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: September 15, 2021

States with Waivers: 18 + DC
States with Waivers, not allowing new applications: 0
States without Waivers (or closed waivers): 32
States with long-term or permanent interstate telemedicine: 14 + GU + NHMI + PR + USVI

<https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

Telehealth Coverage

- States regulate private payer telehealth laws, Medicaid
- Variation by individual insurance company
 - Most waived cost sharing during the public health emergency 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 – extend to 2023?

An Analysis of Private Payer
Telehealth Coverage
During the COVID-19 Pandemic



Regulatory and Reimbursement

After the public health emergency ends, key questions include:

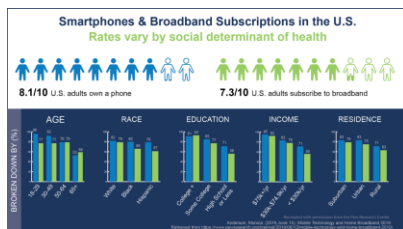
- Reimbursement rates – will they have parity with in-person visits
- Reimbursement for **telephone-only** visits
- Ability to practice across state lines and other state regulations

Does Telemedicine Impact Outcomes?

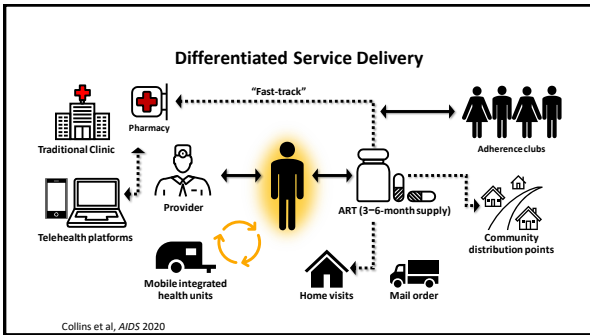
- **WHAT** are the outcomes?
 - Is the quality of the care (broadly speaking) as good?
 - Is virologic suppression maintained?
 - Are there increased lost to follow-ups?
 - Does it drive increased disparities?

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



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.

HIV Care Innovations During COVID-19 • CID 2020²

Wendy S. Armstrong,^{1,2} Allison L. Agwu,^{3,4} Ernie-Paul Barrette,⁵ Rachel Bender Ignacio,^{6,7} Jennifer J. Chang,⁸ Jonathan A. Colasanti,^{1,2,9} Michelle Floris-Moore,¹⁰ Marwan Haddad,¹¹ Lyssay MacLaren,¹² and Andrea Weddle¹³

Summary and Future Recommendations

Telehealth:

1. All third-party payers should provide adequate and ongoing reimbursement for telehealth conducted by video or telephone.
2. States should facilitate the ability of healthcare providers to conduct telehealth across state lines to improve access to expert HIV care providers.
3. States should allow advanced practice providers to deliver telehealth without additional licensing requirements.
4. Asynchronous telehealth services like Project ECHO, which link primary care providers to specialists, should be funded and services reimbursed.
5. Include telehealth visits in quality metrics measuring retention in care.
6. Increase RWHP funding to support smart phones, smart tablets, data plans, and airtime for patients and allow for telehealth expenses to be considered a core service.
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.

Acknowledgements

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 - Marwan Haddad and Allison Agwu
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Question-and-Answer Sessions