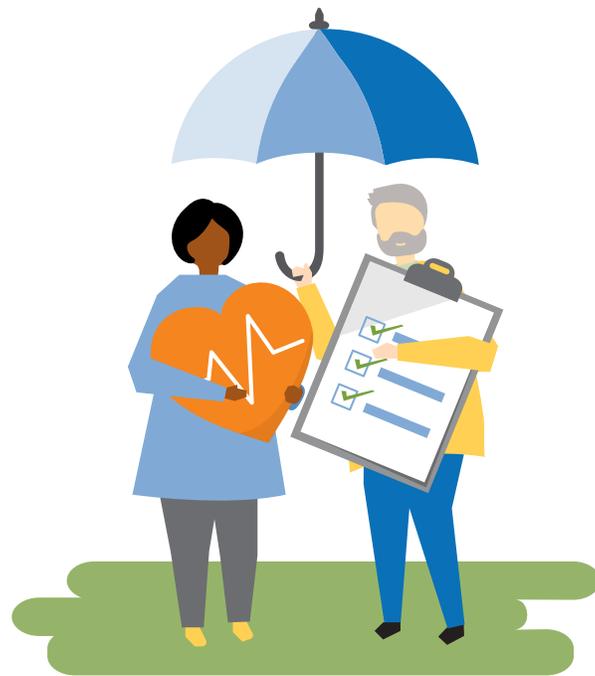


Impact of COVID on Telehealth



California Telehealth
Resource Center

2022 Edition



© CTRC 2022

The California Telehealth Resource Center (CTRC), and resources and activities produced or supported by the CTRC, are made possible by grant number U1UTH42520-01-01 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS. The information or content and conclusions herein are those of the CTRC. They should not be construed as the official position or policy of HRSA, HHS or the U.S. Government. No official endorsements of any kind, by any of these entities, should be inferred.

This toolkit was developed in collaboration with the National Telehealth Technology Assessment Resource Center (TTAC), a HRSA funded national telehealth resource center, that aims to create better-informed consumers of telehealth technology by offering a variety of services in the area of technology assessment.

ABOUT CTRC

The California Telehealth Resource Center (CTRC) offers no-cost, unbiased training, educational resources, and technical assistance to help California providers and patients get the most from telehealth. As the federally designated telehealth resource center for the region, we offer unbiased tools and services based upon proven telehealth practices. We create lasting change and improvement by focusing on implementation, sustainability, reimbursement and policy, integration, workflows, and patient/provider adoption.

As part of the National Consortium of Telehealth Resource Centers and the OCHIN family of companies, CTRC assists thousands of providers and patients annually. We have extensive experience supporting the health care safety net, rural and urban providers, and patients and families throughout California who would otherwise be unable to access quality health care due to geographic isolation, language/cultural barriers, lack of insurance, disability, homelessness, and more.

CTRC Impact of COVID on Telehealth Toolkit

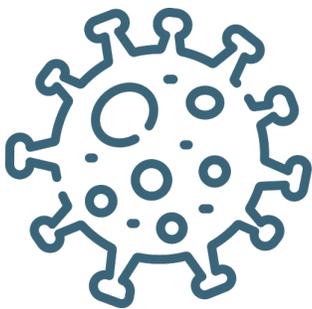
The COVID 19 Pandemic has accelerated the acceptance of telemedicine into the practice of medicine. Many clinicians and patients who were previously resistant to this practice have increased their acceptance. Insurance carriers including Medicare and Medicaid have expanded their services, allowing for hands-free medical care.



IMPACTS OF COVID ON TELEHEALTH



How has the COVID 19 Pandemic Impacted Telemedicine? V2



- It has accelerated the acceptance of telemedicine into the practice of medicine.
- It forced many clinicians to use telemedicine for the first time, who were resistant in the past for a variety of reasons. It also exposed many new patients to the concept and has increased the acceptance of both patient and provider.
- Some new users may adopt stopgap measures during COVID that are not secure in the long run (i.e., using facetime for clinical diagnosis).
- Covid has brought the term of “hands free” work forward (hands free patient registration, hands free facial recognition, hand free temperature checks, etc.) The patient may have already had a video meeting with the provider before the patient even enters the building.
- It has forced the issue within institutions to figure out how to engage new users during the Covid crisis and build a sustainable model for long term benefits from a business perspective and a patient acceptance standpoint.
- Many people have come to realize that telehealth is more than video conferencing, and that it can provide value from both a business and a quality-of-service perspective.
- But Telemedicine must be integrated into the overall enterprise system so that all information is available across the enterprise.
- During the pandemic, telemedicine has demonstrated the capability to address three

fundamental healthcare issues: convenience, quality, and access. This could further hasten the integration of telemedicine into the mainstream.

- It has relaxed (temporarily?) some of the regulatory barriers re: payment to providers and cross state licensure.

Medicare

- Temporary removal of originating site and geographic restrictions that prevented Medicare recipients from receiving services in their homes.
- Expanded list of covered telehealth services.
- Expanded types of qualified telehealth providers who could render services.
- Significant changes to proposed fee schedule for 2021—nine new codes added, and many temporary codes included.
- Direct supervision restriction changes with the ability for physician to leverage other types of healthcare professionals into remotely supervised and incident-to billing.

Medicaid

- Expanded list of covered telehealth services. For example, kids are getting telehealth access to occupational therapy, physical therapy, and speech therapy that was not covered before COVID.

Private Payers

- Changes to state coverage parity laws and payment parity laws. More payers are covering telehealth, and this has increased access to care.

Executive Orders

- Expanding telehealth services for Medicare recipients.
- Waivers for professional licensure requirements.



