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The State of Telehealth in the North Country

AHI Telehealth Listening Tour Report

a·H·I

CHARLES R. WOOD FOUNDATION
Investing in Children, Healthcare, and the Arts

Adirondack Health Institute - Telehealth Listening Tour Report

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Executive Summary

A. Background and Purpose Statement

Founded in 1987, Adirondack Health Institute (AHI) has supported hospitals, physician practices, behavioral health providers, and community-based organizations and others in the region in transforming the health care delivery system and improving population health. A joint venture of Adirondack Health, Glens Falls Hospital, Hudson Headwaters Health Network, St. Lawrence Health System, and the University of Vermont Health Network – Champlain Valley Physicians Hospital, AHI serves nine counties in the North Country/Adirondack region – Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, St. Lawrence, Warren, and Washington.

The Charles R. Wood Foundation awarded AHI a foundation grant in May of 2019 to develop a Telehealth Technical Assistance Center. The Telehealth Technical Assistance Center will be a website to house telehealth-related resources, educational materials, and links to programs in the region. In anticipation of its creation, AHI developed and executed a Telehealth Listening Tour throughout their nine-county catchment area with health care partners, third-party insurance companies, and community members from August 2019 to January 2020.

Questions of telehealth expansion needs, barriers, and community perception were asked to help guide the creation of the site. The Telehealth Listening Tour and subsequent report is the first step in developing the Telehealth Community Action Plan which will shape the content for the Telehealth Technical Assistance Center site. With key themes noted throughout this report, a strategic planning workshop will occur in the Spring of 2020 to work through notable barriers to telehealth implementation and assist in the creation of an action plan for the future state of telehealth.

Telehealth is defined as "the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration."[1] Telehealth can assist health care systems, organizations, and providers to expand access to and improve the quality of rural health care. Using telehealth in rural areas to deliver health care services can reduce or minimize challenges and burdens patients encounter, such as transportation issues related to traveling for specialty care. Telehealth can also improve monitoring, timeliness, and communications within the health care system.

Telehealth uses telecommunications technology to assist with clinical health care services provided at a distance, which can also include non-clinical functions such as providing education, administrative functions, and peer meetings. While one of the most common modalities of telehealth is that of a patient speaking by videoconference with a health care provider who is located remotely, telehealth can take other forms, including remote monitoring in the home, or store-and-forward transmission of pre-recorded images and/or video.

This report seeks to describe an all-encompassing perspective of the state of telehealth in the AHI nine-county catchment area. This perspective includes key insights from regional health care partners who identified best practices in telehealth implementation and sustainability, barriers to

implementation and sustainability and/or expansion, as well as technical assistance needs to support their providers. The results presented in this report will help inform future efforts to expand the availability of telehealth services.

1. **Regional Characteristics**

Adirondack Health Institute covers nine counties (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, St. Lawrence, Warren and Washington), which spans more than 11,000 square miles and serves a population of more than 700,000 individuals. AHI partners with community organizations, health care organizations, providers, businesses, payers, county and state agencies, and community members.

While health disparities in the North Country region reflect some similarity to those experienced by groups across New York State, demographic differences must be considered to sufficiently address regional issues. Relative to Upstate New York and New York State as a whole, the North Country region is characterized by lower educational attainment, higher unemployment rates, an aging population, higher disability rates, lower household incomes, higher poverty rates, and a vastly rural composition that faces harsh winters.

Each of these attributes can increase the incidence of significant health disparities. Mental health and substance abuse are significant issues, affecting at least one-third of the Medicaid population, and driving significant emergency department utilization across the region. Poverty in the North Country is exceptionally severe. Of those in poverty, there are greater proportions at or below 138% of the Federal Poverty Line (FPL) and 200% FPL compared to the rest of Upstate New York[2].

Broadband

Rural counties that lack access to health care and providers typically also have the least access to broadband internet. According to the Congressional Research Service[3], broadband access is lagging in rural communities compared to urban areas. Because there is a higher demand in more populated areas, rural areas are often left behind, which is the case for many local communities in the North Country. Reasons for broadband inequality in rural communities have many contributing factors noted in the regional characteristics of the North Country. Low household income, an aging population, and lower rates of education attainment all contribute to a lesser demand for broadband from the perspective of broadband providers. Lack of broadband access is a major barrier to telehealth success and is crucial to the implementation process. Without the promise of a stable broadband connection, many organizations may be hesitant to engage in telehealth.

Characteristics of Telehealth

Telehealth adoption – According to the below inforgraphic from American Well, nearly half of those who have used telehealth live in the South, which could be attributed to the rurality of the region. The Northeast also faces challenges with health care access issues for consumers. [4]

Consumers who have used telehealth by region

26%

16%

12%

46%
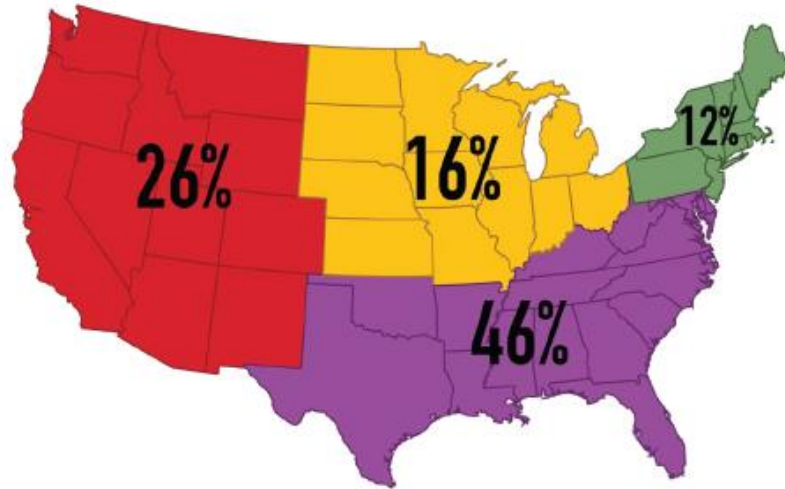
Of the 8% of consumers who have used telehealth, here is the breakdown of where they are located.

a. Telehealth data – Medicaid claims billed in nine-county catchment area with GT or GQ Modifier (created by the American Academy of Professional Coders), 2007 through 2019 *(Figures 1 through 4)*

Figure 1. Total Billed Telehealth Visits by Procedure Type – 2018-2019

Total Billed Procedures by Procedure Type, 2018-2019

- Office Visit - Established Patient
- Psychotherapy with Patient - 60 min.
- Psychotherapy and E&M Visit with Patient - 30 min.
- Psychotherapy and E&M Visit with Patient - 45 min.
- Telehealth transmission per minute
- Family Psychotherapy without Patient - 50 min.
- Psychotherapy with Patient - 45 min.
- Psychiatric diagnostic evaluation with medical services
- Office Visit - New Patient

29
55
93
50
111
233
818
369
397

Figure 2. Total Billed Telehealth Visits per Year for Medicaid Fee-for-Service and MCO – 2013-2019
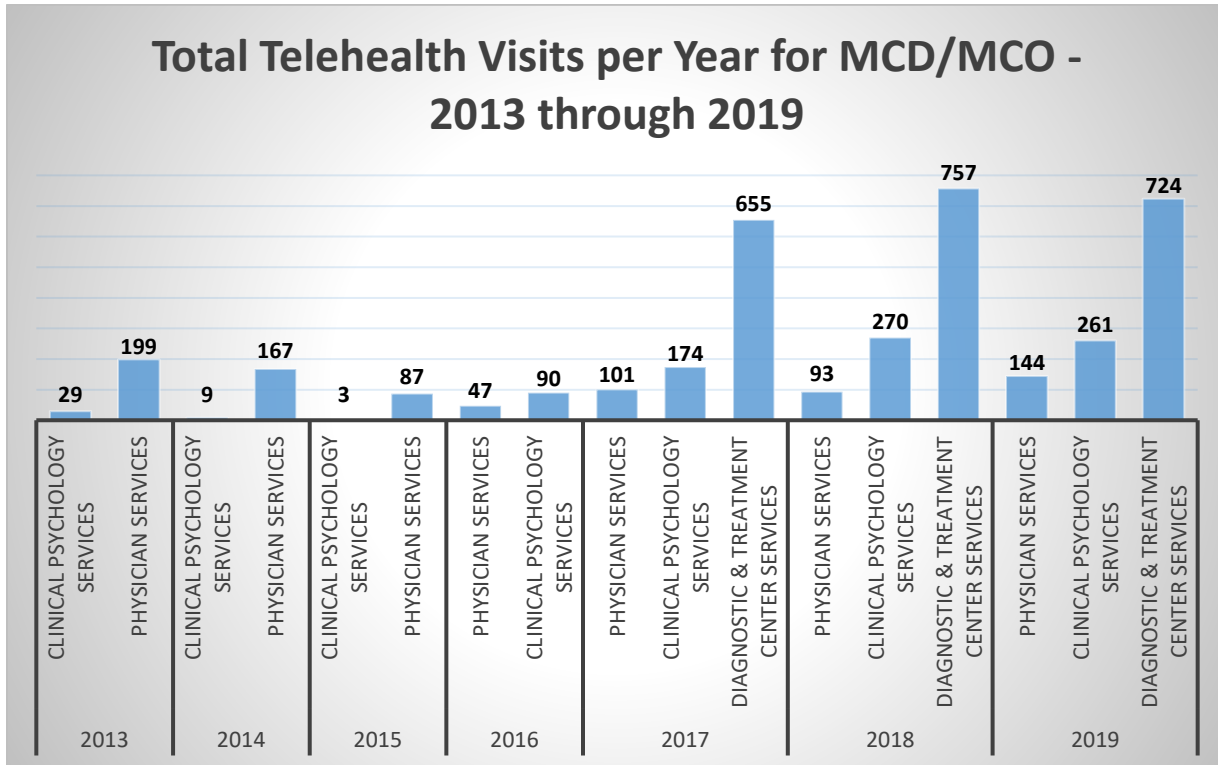
Figure 3. Total Billed Telehealth Visits by Primary Diagnosis – 2013-2019

Figure 4. Total Billed Telehealth Visits by Provider Type – 2007-2019

b. AHI Telehealth Program Map

2. **Purpose Statement and Listening Tour Methodology**

Organization Selection:

The Listening Tour generated key insights from regional partners, community members and payers, providing an all-encompassing perspective of the state of telehealth in the North Country. The tour consisted primarily of in-person meetings at partner organizations with se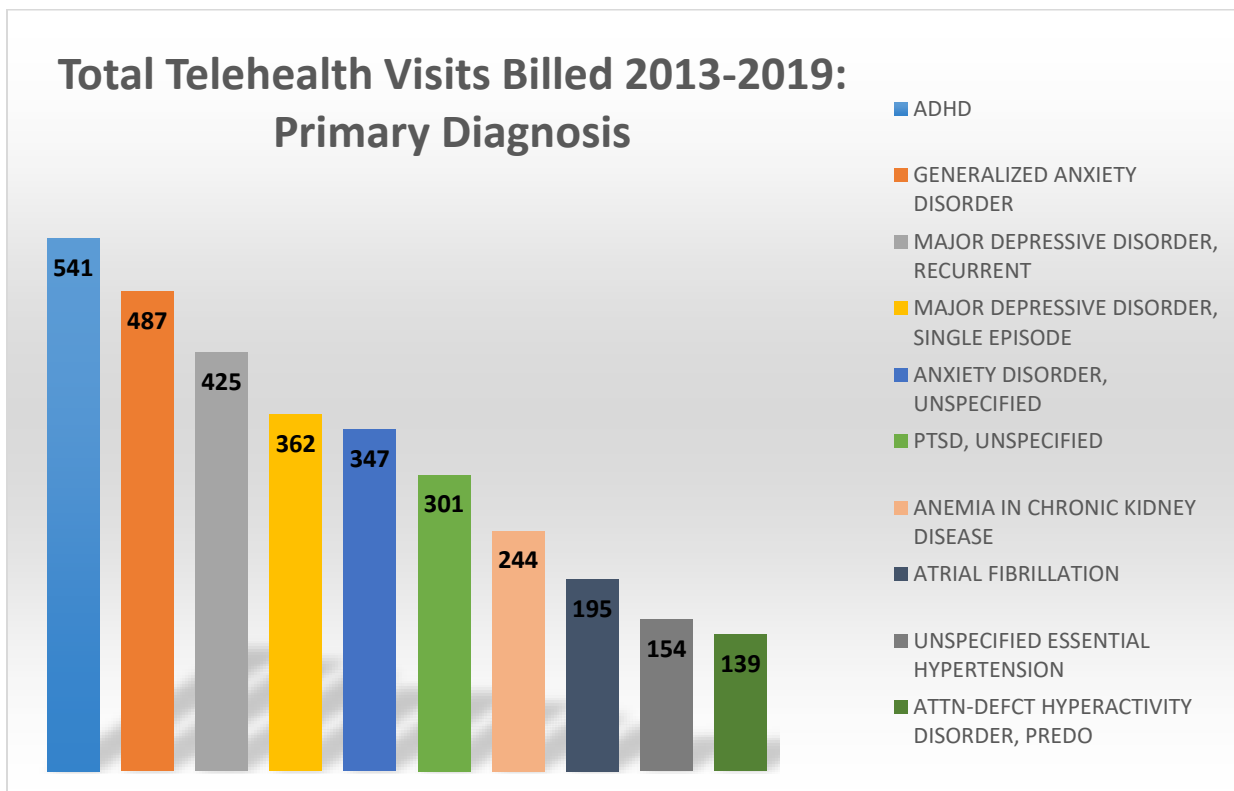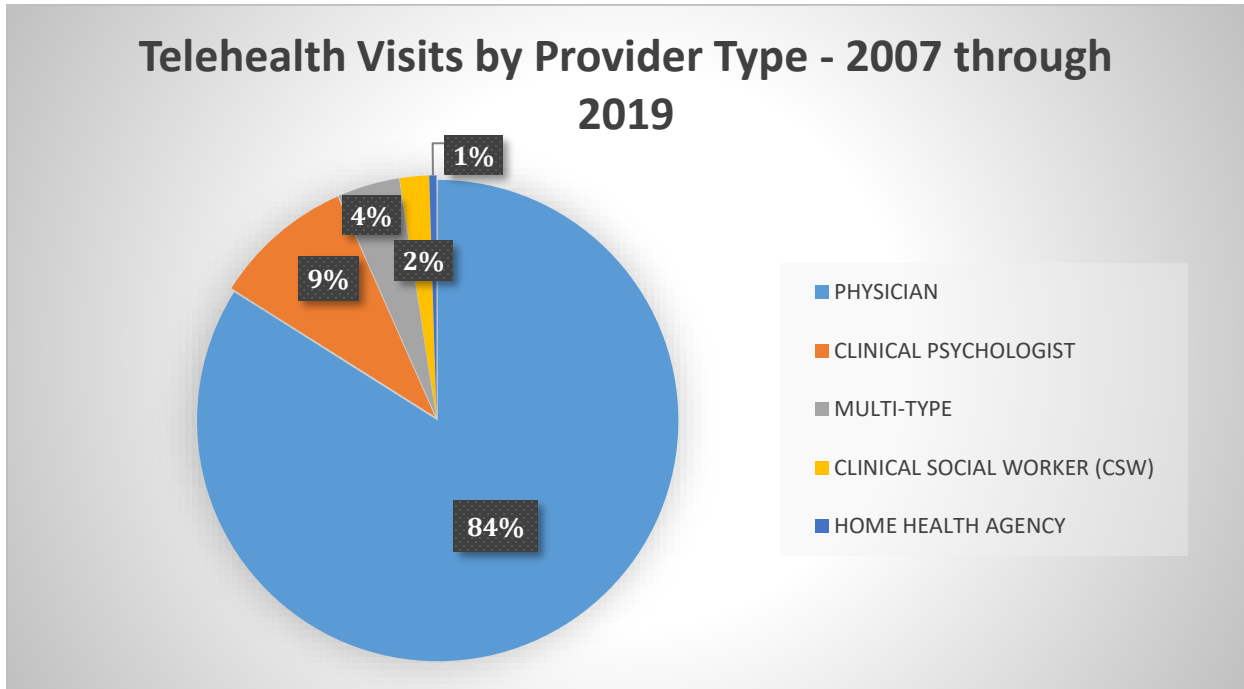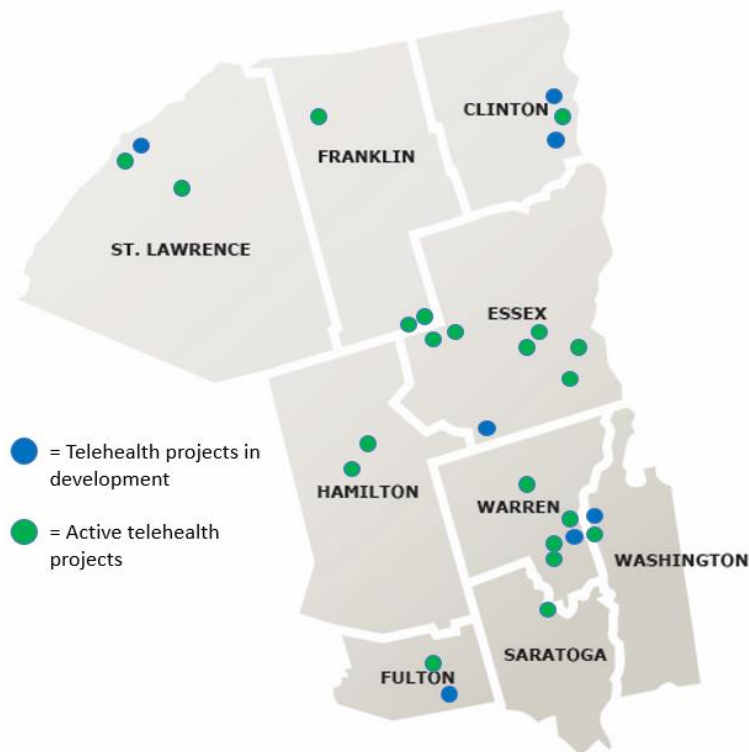veral meetings conducted via videoconferencing technology when it was not feasible to hold in-person meetings. The Listening Tour included partners from all sectors that AHI works with, including hospitals, community-based organizations, public health agencies, mental health agencies, federally qualified health centers, and substance use and addiction service treatment facilities. Questions were developed and sent to partners beforehand. Topics discussed included barriers to implementation, unmet health care needs, patient and provider reception, and desires for telehealth expansion. Commercial payers in the region were also solicited to join the Listening Tour with a separate set of questions focused on policy and reimbursement. *See Appendix for list of questions asked to all Listening Tour participants.*

Community Events:

To understand how community members in the North Country perceive telehealth, AHI community events were leveraged. Members of the AHI Telehealth Team attended several of these events during the Listening Tour season. A short survey was created to find out if community members had ever heard of telehealth; if so, had they ever used telehealth; and finally after a brief explanation of what telehealth is, if they would consider using it for their health care needs. The survey was kept short purposely, to engage as many community members as possible. Questions were asked of anyone who approached the AHI table and agreed to be surveyed.

3. **Key Findings from the Listening Tour**

The Listening Tour provided valuable feedback to guide future planning of telehealth implementation in the North Country. Of the twenty-one partner meetings, there were many responses repeated and similar feelings shared between organizations. Consistent responses for implementation barriers include financial needs to start a telehealth program and confusion around reimbursement policy. As for technical assistance needs, partners would like more educational materials available for providers and community members, better reimbursement policies, and financial support. Community awareness in the North Country was promising, with more than 46% of respondents saying that they had heard of telehealth. All commercial payers who were interviewed reimburse for telehealth services. The following sections go into detail on these findings.

B. Listening Tour Responses/Findings

1. Health Care Partners

a. Information and Data Gathering:

The AHI telehealth team engaged in twenty-one partner discussions from August 19, 2019 through January 6, 2020. See *Figure 5* for a breakdown of the organizations.

Figure 5. Listening Tour Organizations
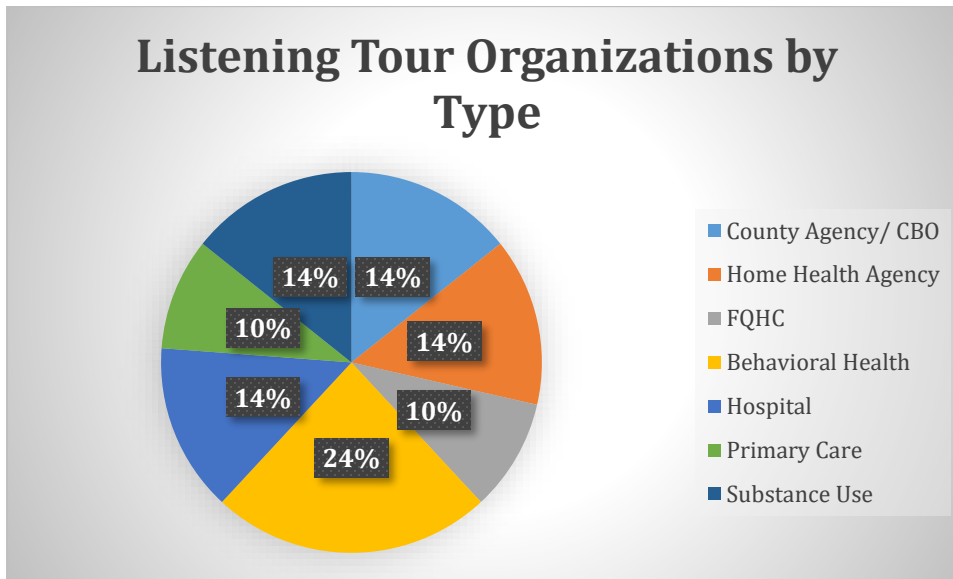
Behavioral Health	5
County Agency/Community-Based Organization	3
Home Health Agency	3
Hospital	3
Substance Use	3
Federally Qualified Health Center	2
Primary Care	2
TOTAL	**21**

An additional opportunity to gain insight was at AHI Performing Provider System (PPS) Population Health Network (PHN) All-Partner meetings. The PHN meetings are comprised of high-level community stakeholders and content experts who provide guidance on key issues to AHI to ensure that Delivery System Reform Incentive Payment (DSRIP) PPS goals are met. Four PHN meetings were attended and the Listening Tour questions guided a discussion with larger groups with individuals to supplement the twenty-one partner meetings.

Katy Cook and Nancy DelMastro speaking to the Plattsburgh Population Health Network meeting on October 16, 2019.

Additional feedback was obtained by adding several Listening Tour questions to the post-event survey for the annual North Country Telehealth Conference (NCTC), held November 6-7, 2019. This event convenes more than 200 telehealth stakeholders and added more insight to our Listening Tour. Respondents of the survey could write in answers for the following questions:

1. Are there any potential barriers to implementing a telehealth program at your organization?
2. Are there any specific barriers your community faces that restrict access to care?
3. What would you like to see in terms of telehealth expansion in the region?

Along with the PHN meetings and survey responses at the NCTC, there were 26 opportunities to gain feedback. **Table 1** indicates telehealth usage among Listening Tour partner organizations by facility type.

Table 1. Telehealth Usage by Facility Type

Facility Type	Do you currently use telehealth at your organization?	
	Yes	No
Hospital	3	0
FQHC	1	1
Primary Care	1	1
CBO or County Agency	0	3
Home Health Agency	2	1
Behavioral Health	1	4
Substance Use	1	1
TOTAL	**9**	**11**

b. Findings:

The first question of our discussions was, *"How do you believe telehealth can help your organization or workforce with any unmet needs?"*

In the North Country's rural landscape, telehealth has the potential to assist health organizations in multiple ways. The most common responses focused on how telehealth can help lessen the burden on providers in areas with provider shortages. Many organizations have multiple sites, and partners also stated that telehealth would help providers optimize their time by limiting travel with the ability to connect with patients virtually. Others mentioned that telehealth could help bring needed specialists if not physically, then virtually to provide care that is currently unavailable.

See below for a full list of responses from partners. Responses are listed from most mentioned to least mentioned:

1) *How can telehealth benefit the organization?*

    o   Fill provider shortage/help recruit providers to the area with flexible scheduling
    o   Help reduce travel of providers/reduce costs of providers traveling between clinics
    o   Reach more patients/community members
    o   Improve access to care and specialty services
    o   Help reduce long wait times for appointments
    o   Reduce travel for patients and time taken off from work

2) *What would you like to see in terms of telehealth expansion in the region?* **See Ideal State section on page 14 for further information.**

    o   Better reimbursement opportunities
    o   More opportunity for financial support with implementation
    o   More training opportunities for staff on telehealth technology
    o   More marketing and education for community members
    o   Aligning payers and providers
    o   More providers willing to use telehealth
    o   Better broadband/cell coverage so telehealth efforts can be expanded into homes
    o   Simple standardized guidance to streamline implementation
    o   Engaging aging populations
    o   More emphasis on telehealth in non-clinical settings

3) *What are the unmet health care needs of your existing or potential patients?*

    o   Lack of providers/availability of specialty services (dermatology, pediatrics, psychiatry/BH, endocrinology, infectious diseases, pulmonology, MAT prescribers, dentistry)
        •   Behavioral health mentioned in 48% of partner meetings

- Pediatric specialties mentioned in 24% of partner meetings
- MAT services and dermatology mentioned in 19% of partner meetings
  - o Social Determinants of Health (housing, transportation, food insecurity)
  - o Medication management

4) *Would providers be interested in providing telemedicine services?*

81% of the partners asked stated their providers would be interested in providing telemedicine services to their patients. Many respondents stated they believe that their providers would be interested in delivering services via telemedicine if they had the proper training and education on how it would work.
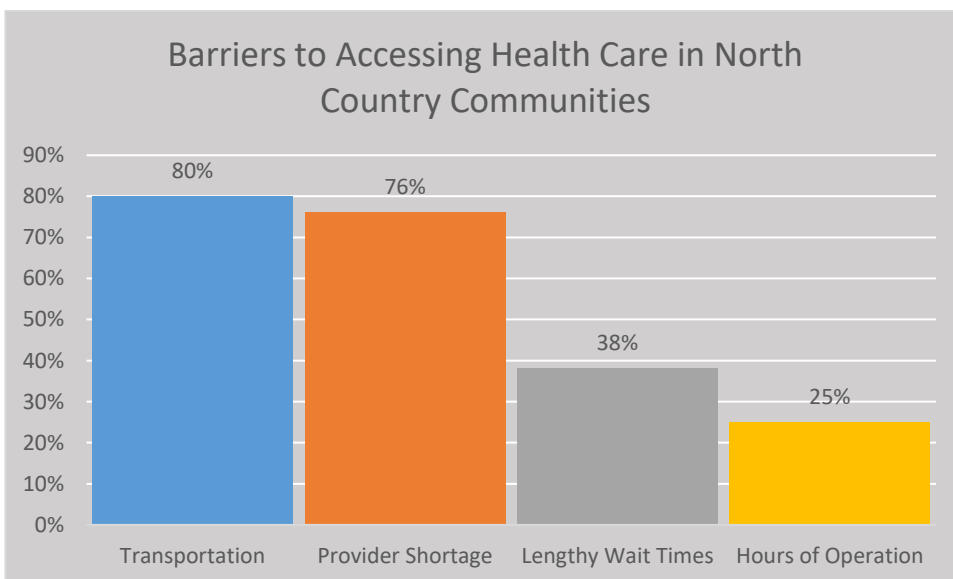
5) *Do you think your patients would be receptive to addressing their behavioral health needs via telemedicine?*

76% of the partners asked stated their patients would be receptive to utilizing telehealth for their behavioral health needs. Many noted that this would be patient-specific depending on condition. Those who were apprehensive said that patients would become more receptive after learning how a telehealth visit would be conducted.

6) *Are there any special problems your community faces that restrict access to care?*

- o Lack of transportation options
- o Provider shortages and lack of specialists
- o Limited telehealth awareness/health literacy
- o Confusion around technology/lack of cell phones or computers in households
- o Connectivity/lack of broadband
- o Lengthy wait times for appointments
- o Weather and geography of the region

Figure 6. Barriers to Accessing Health Care in North Country Communities

Figure 7. Barriers to Patients Accessing Telehealth by Type

Top Patient Use Barriers

- Broadband Availability
- Access to Equipment
- Patient Engagement
- Understanding How to Use Telehealth

32% — 22% — 23% — 23%
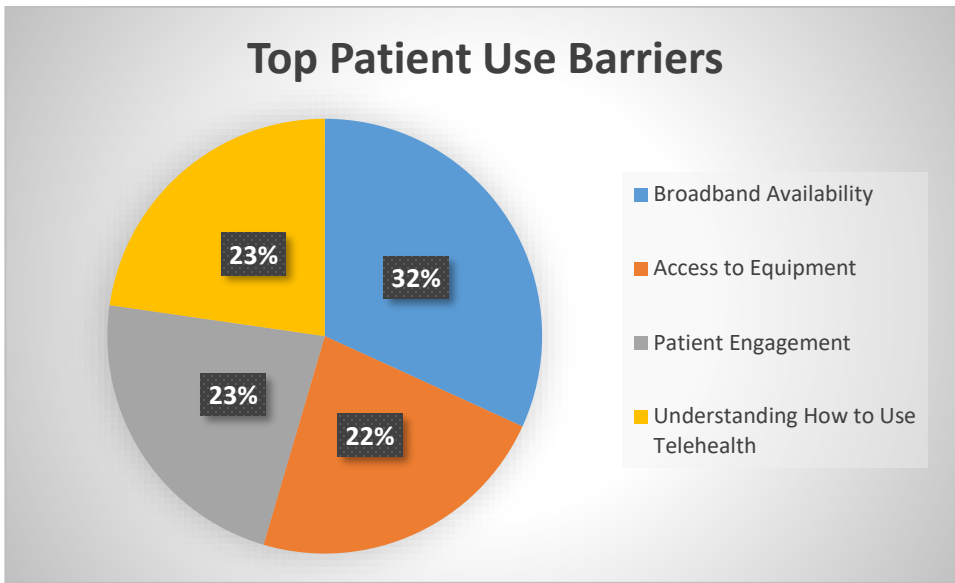
7) *Overall barriers to telehealth implementation:*

- o Confusion around billing and reimbursement
- o Financing/funding telehealth programs
- o Technical support needs and staff training
- o Lack of initial return on investment (ROI)
- o Long-term sustainability
- o Understanding state policy and regulation
- o Uncertainty of a reliable connection
- o Lack of space that can be designated for telehealth sessions
- o Staffing requirements to manage a telehealth program
- o Provider and leadership buy-in

Figure 8. Barriers to Telehealth Implementation by Type

Top Implementation Barriers

Barrier	Percentage
Financing/Funding	71%
Reimbursement	66%
Staffing	60%
Training	52%
Regulatory Confusion	48%

0% 10% 20% 30% 40% 50% 60% 70% 80%
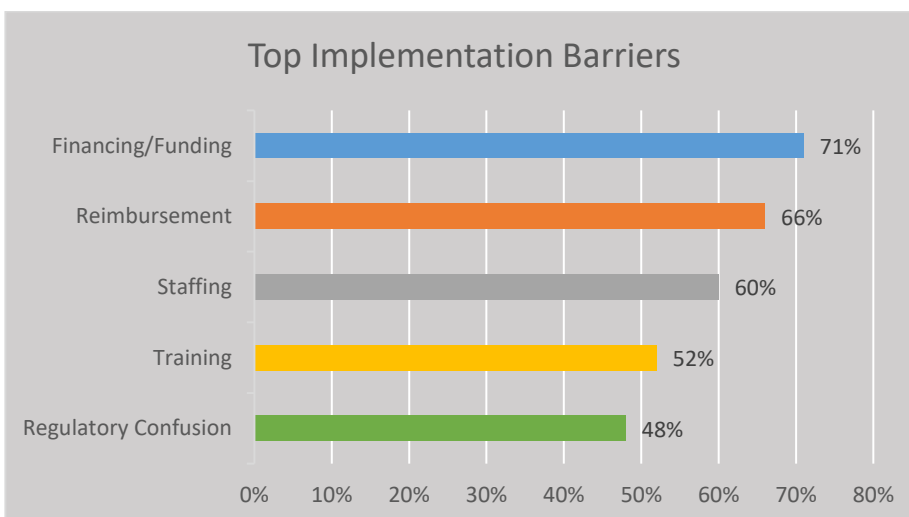
Most of the discussions revolved around the fact that telehealth is largely unknown to partners.

One of the most frequently mentioned barriers was the confusion with billing and reimbursement. Health care organizations would like to see streamlined guidance from payers, improved reimbursement rates, and overall education on this topic.

The confusion around reimbursement is not a new issue. As telehealth and new health technologies become more prevalent and common at health care organizations, more commercial payers and policy makers are creating and evolving their telehealth regulations. It is recommended that organizations perform frequent reviews on relevant policies, like New York State Department of Health Medicaid policy, Center for Medicare & Medicaid Services policy, as well as individual private payers they may contract with. Understanding what codes and modifiers to add when billing, like the Place of Service code or the GT modifier, can help assure that an entity will be reimbursed for telehealth services.[5]

Additional responses revolved around funding a telehealth program. Without promise of direct ROI, many organizations are hesitant to invest in telehealth, especially if they are unsure of the reimbursement they will receive. This often leads to questions of sustainability and if telehealth can be affordable long-term for an organization.

2. **Commercial Payers**

    a.   Information and Data Gathering:

Five commercial payers with a presence in the North Country were interviewed for the Telehealth Listening Tour: MVP Health Care, Capital District Physicians Health Plan (CDPHP), Excellus BlueCross BlueShield, BlueShield of Northeastern New York, and Fidelis Care. Questions were created to learn more about the perspective of telehealth of payers, focusing on their policies, how plan members have responded to their offerings, and their processes for deciding reimbursement guidelines.

As noted above, many partners find reimbursement to be a barrier to telehealth implementation. All payers interviewed have telehealth policies and reimburse for telehealth and/or telemedicine services when the appropriate codes are billed, highlighting the need for increased education for organizations on how to bill for their telehealth services. All follow New York State Department of Health guidelines as well as CMS guidelines for Medicare Advantage plans.

    b.   Findings:

When asked about how telehealth can help health care organizations address patients' unmet needs, answers from payers included increasing access to services, added convenience, helping with follow-up care, helping to address the stigma of receiving mental health care, cost savings, and helping rural areas obtain services.

As telehealth becomes more prevalent in health care, insurance companies have begun to focus efforts on creating telehealth policies for plan members and physicians. The AHI telehealth team met with organizations that have governance committees focused on telehealth, and others who have dedicated staff working on telehealth strategy. Not all have robust policies and offerings, but all do mention it in policy at some level.

3. Community Members

    a. Information and Data Gathering:

Adirondack Health Institute attends many community events, from health insurance fairs to business expos. The AHI telehealth team attended seven regional events to survey community members on their awareness of telehealth. Events attended were:

- Glens Falls Community Resource Day on September 6, 2019
- Plattsburgh Health Insurance Fair on October 3, 2019
- Glens Falls Insurance Fair on October 10, 2019
- Glens Falls Business Expo on October 16, 2019
- Ticonderoga Health Fair on October 30, 2019
- Lower Adirondack Regional Arts Council Fall Festival on November 3, 2019
- Southern Adirondack Early Childhood Conference on November 15, 2019

Katy Cook and Nancy DelMastro at the Glens Falls Health Insurance Fair on October 10, 2019.

    b. Findings:

Between seven events, the AHI telehealth team surveyed 200 community members. Several questions were asked:

1) Have you ever heard of telehealth?
2) Have you ever used telehealth?
3) On a scale from 1-5 (1 being the least likely to 5 being very likely), how likely would you be to utilize telehealth services for your health care needs?

The survey was asked of anyone who came up to the AHI table at the events. The survey was voluntary, and not everyone completed the entire survey. *Tables 2-4 show response data.*

Table 2. Community Member Knowledge of Telehealth

Do you know what telehealth is?		
Yes	No	Total
93	107	200
46.5%	53.5%	

Table 3. Community Member Usage of Telehealth

Have you ever used telehealth?		
Yes	No	Total
17	139	156
10.9%	89.1%	

Table 4. Community Member Willingness to Utilize Telehealth

On a scale from 1-5 (1 being the least likely to 5 being very likely) how likely would you be to utilize telehealth services for your health care needs?				
1	2	3	4	5
20.5%	6.2%	11.3%	13.3%	48.7%

According to a recent J.D. Power study, only 17.2% of consumers are aware that their health system or insurance provider offers telehealth or virtual health as an alternative to a doctor's office, hospital, emergency room, or urgent care clinic visit.[6] While the Listening Tour survey results show that more than 46% of community members have heard of telehealth, it is unknown if those individuals knew where they could utilize telehealth services, or just understood the broad term telehealth. J.D. Power noted that 9.6% of respondents have tried telehealth in lieu of seeking health care services in traditional settings. The Listening Tour survey found that of the 200 who responded, 10.9% have tried it. Many have used telehealth services commercially, through applications offered through their insurance carrier or for eye exams.

Ideal State of Telehealth in Rural New York

Technical Assistance Needs:

Expansion of telehealth in the North Country would be helped by clearer policies around telehealth reimbursement which would allow for additional services to be provided. Stronger reimbursement rates and private payer communication and education on these topics would help partners feel comfortable with telehealth and may boost adoption.

Other telehealth expansion wishes include educational materials and opportunities for both providers and community members. Awareness and understanding of the benefits of telehealth in the region could be higher. Many partners would like to see cross-collaboration and partnerships using telehealth to leverage expertise.

Transition to Strategic Planning/Next Steps

Following the report, AHI will be transitioning efforts to the Technical Assistance Center, which will house resources and educational materials for partners. Many requests were made for educational tools, like one-page infographics and webinar topics which will be created and added to the technical assistance website in the spring. The strategic planning workshop will bring together representatives from the organizations that participated in the Listening Tour, as well as additional stakeholders who play vital roles in telehealth, such as state and broadband representatives. The working day will guide conversation and a plan for the future. A formal action plan will be created to help expand telehealth in the region.

Appendix

1) **Listening Tour Questions - Partners**

How do you believe telehealth can help your organization or workforce with any unmet needs?

Is your organization currently using telehealth in your practice?

How have community members responded to any past telehealth initiatives?

What would you like to see in terms of telehealth expansion in the region?

What are the unmet health care needs of your existing and potential patients? Are there specialty services that are needed but are unavailable in the community?

Would any of your providers be interested in providing telemedicine services?

Do you think your patients would be receptive to addressing behavioral health needs via telemedicine?

Barriers:

Are there any potential barriers to implementing a telemedicine program (i.e. financing, training, lack of technical support)?

What do you think the major barriers to telehealth are from the perspective of your patients/clients?

Are there any special problems your community faces that restrict access to care (i.e. location, hours of operation, and lengthy wait for next appointment)?

How can AHI help you implement telehealth at your organization?

What would your organization need to start a telehealth program? Are there any current/future programs that could benefit from the addition of AHI funding?

What sort of support would you like from AHI in your telehealth efforts?

Any other comments on telehealth?

2) **Listening Tour Questions – Payers**

What is your telehealth and/or telemedicine policy currently? Do you reimburse for store-and-forward services or remote patient monitoring, and if so, under what conditions? Do you only offer a direct-to-consumer platform, or do you reimburse in-network providers as well?

How do you believe telehealth can help health care organizations address patients' unmet needs?

How have your plan members responded to your existing telehealth offerings?

What would you like to see in terms of telehealth expansion in NYS?

Do you willingly work with provider groups or health systems on specialized telehealth contracts or programs?

What is the decision-making process in determining what telehealth or telemedicine reimbursement options are provided to plan members?

Does your organization tend to follow CMS or state guidelines when developing telehealth and/or telemedicine policies?

Any other comments on telehealth?

3) **Listening Tour Questions – Community Members**

Do you know what telehealth is?

Have you ever used telehealth?

On a scale of 1 to 5 (1 being the least likely and 5 being very likely), how likely would you be to utilize telehealth for your health care needs?

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