June 9, 2022

Embassy Suites-Newtown Pike, Lexington, KY

Agenda

8:30-9:45 **Registration, Breakfast, and Visit Sponsors**

9:45-10:00 **Welcome**

10:00-11:00 **General Session: Unintended Competitive Consequences of Telehealth**

Telehealth allows providers to connect to patients from anywhere in the world. This expanded access to healthcare resources can conflict with the clinical relationships developed between patients and community healthcare professionals.

Value-based care can place a high burden on community providers to manage the cost and quality of care for patients within their clinical panel. In an effort to provide better access to care, employers, payors, insurance companies and others can undermine the efforts of local providers who seek to deliver coordinated care to improve outcomes and reduce cost.

Kentucky providers must understand the competitive forces that are at play so they can strengthen their practices to compete in a new environment that includes telehealth from anywhere in the world.

Panelists:

- Primary Care Perspective - Teresa Cooper, RN, CPC, KPCA
- Anna Whites, JD
- Rob Sprang, MBA, Moderator

11:00-12:00 **General Session: Public/Private Investment in Broadband and Telehealth in Western Kentucky**

The state of Kentucky has invested heavily in broadband expansion through the Kentucky Wired program which focused on "middle mile" connectivity with over 3,000 miles of high-speed, high-capacity fiber optic cable to very county in the Commonwealth. This infrastructure will help provide the foundation for telehealth services across the Commonwealth.

This panel discussion will show how a state Medicaid Managed Care Organization partnered with a western Kentucky County Judge Executive, broadband network providers and regional healthcare professionals to extend network connectivity, provide publicly accessible internet services and a public telehealth kiosk to support the local community.

Panelists:

- Mike Colip, Humana
- Wade White, Lyon County Judge Executive
- Bradley Housman, MD, CMO, VP, Baptist Health Paducah
- David Flessas, CEO, Accelecom
- Rob Sprang, UK TeleCare, Moderator

12:00-12:30   **Visit Sponsors**

12:30-1:45   **Lunch/Transition to breakout sessions**

1:45-2:30   **Breakout Sessions**

1. **Telehealth Updates - Statutory and Regulatory Information and Predictions for the Post-Waiver Future-Anna White, JD**

Most Kentucky healthcare providers have been doing telehealth during COVID but the relaxation of rules during the Public Health Emergency permitted many things that traditionally were not allowed. This session will highlight the important legal and regulatory considerations but will not detail the specifics of reimbursement, licensure, privileging/credentialing. The summit will provide resources, including weblinks to rules and regulations that you will find helpful as you develop, operate and optimize your telehealth services.

Another consideration is how Kentucky's telehealth programs may be impacted by the expiration of the National COVID Public Health Emergency. The PHE may still be in effect and so this presentation will help you understand the potential negative consequences of the PHE's expiration and what rules and regulations could revert to pre-COVID status and how those changes could impact telehealth in Kentucky.

Healthcare providers and healthcare systems should utilize all resources at their disposal, such as internal legal and compliance teams, health system and provider associations, the Kentucky Telehealth state office and other trusted sources in Kentucky that are familiar with telehealth rules and regulations. This environment is dynamic and continuous surveillance of the rules and regs at the state and national level is vital.

2. **Provider Training for Telehealth-Joneen Lowman**

COVID forced nearly every provider to adopt telehealth in their practice, beginning in March, 2020. For many, the decision was made quickly without much planning. Providers were immersed in telehealth without any formal training and without the advantage time to become accustomed to the technology. Most providers in Kentucky did a remarkable job of adapting to telehealth, but most have significant margin to optimize their telehealth service. This session will review a training model developed within an academic medical center that is appropriate for all clinicians. This model uses a Provider Evaluation Form as a framework for organizing provider education and includes a truncated set of learning competencies for academics and educators to consider infusing within their curriculum.

2:30-2:45   Transition break

2:45-3:30   Breakout Sessions

3. Hospital at Home - ARH Hospital at Home Program, Tammy Fugate, ARH

The H@H concept arose from COVID patients overwhelming hospitals and ICU's and the need to open new bed space to care for all patients. H@H strives to prioritize less acute patients who still require a high level of care and have appropriate support systems at home. These patients are moved from an inpatient bed to their home where they can receive in-person and telehealth-based visits until they are well enough to be discharged. The H@H program has very strict criteria and a rigid system of metrics to insure patients receive effective, high quality care at home while creating census space in the inpatient facility for more acutely ill patients that require such care. The H@H designation requires a formal waiver from CMS and has proven very challenging for those that apply. ARH is currently pursuing this designation with the support of a partnership with Dr. David Levine from Harvard.

4. Telehealth – Pioneers and Settlers, Robert Caudill, MD

The response to Covid concerns led to widespread adoption and mainstreaming of telehealth practices in the United States. However, telehealth was here before Covid. Small model programs rapidly morphed into the standard of care for much. Medical practice will never return entirely to the pre-Covid utilization patterns. The pioneers and the settlers are 2 different groups of people. The champions of these telehealth prototypes hope to continue working on the cutting edge of technology and mental health care. The time for the settlers to turn forests into fields and plow up the remaining impediments to the normalizing of telehealth is now.

5. Billing, Coding, and Compliance – Amanda Dennison, Blue and Co & Laura Gilbert, University of Louisville Health

Telehealth faces many legal and regulatory barriers, specifically regarding billing, coding and compliance. In some cases, the governing language is crystal clear, but some topics may not be so clearly articulated. Hospitals, clinics, FQHC's, RHC's and other healthcare facilities may face unique rules and it is critical to understand the issues so you can do your own research and seek advice and counsel. This panel will help attendees understand the potential "traps" and the Summit will compile a robust resource list that you may refer to in the future.

3:30-3:45   Transition Break

3:45-4:30   Breakout Sessions

6. School Telehealth - Janay Sutton, Hardin County Schools & Megan McMillin, Cumberland Family Medical Center

Telehealth technology can supplement school health services by connecting Nurse Practitioners, Physicians and other healthcare providers who normally would not be able to travel to a school clinic. Public schools are mandated to address increasingly complex student health needs, including mental and behavioral health, chronic illness and acute primary care. Partnering with community healthcare providers that leverage telehealth to bring care into the school nurse's office can improve a child's health, enhance their ability to learn and yield financial benefit for the school system. This session will include input from community healthcare providers as well as school administrative staff. Kentucky has several community hospitals and clinics that are leading the way in this healthcare delivery model.

7. **Remote Patient Monitoring (RPM) - Rodney Plunkett & Nicole Main**

Offering RPM services to home health patients in 12 states across 40 locations, CommonSpirit Health at Home has engaged the highest-risk patients with multiple comorbidities, a history of medication and symptom mismanagement, and elevated risk for health failure at home. The goals of the program were to reduce hospital readmissions, increase capacity and clinical touch points through the use of virtual visits, and increase in patient satisfaction. The use of RPM has also been and invaluable tool for COVID, chronic disease management and Home health innovation projects such as SNF at Home and early dismissal as we look to the future of health care and moving care to the home setting. Utilizing grants to expand and enhance the RPM program in Kentucky, Saint Joseph Home Health Home has been able to uncover gaps and meet needs previously unmet in the rural population. The learner can expect to take away the following from this presentation:

- How Home Health RPM can enhance collaboration with providers to improve outcomes for patients
- The benefits and barriers to starting a home health RPM program
- Special RPM consideration for the rural population
- Specific Home Health RPM data overall and compared to our rural population

8. **Facility-to-Facility Telehealth Services – The Importance of a Network of Affiliated Partners – Kathy Wibberly, Mid Atlantic Telehealth Resource Center**

Prior to the COVID crisis, traditional facility-to-facility telehealth services were the foundation of most of Kentucky's telehealth activity because the CMS rules that mandated patients must be in a "healthcare facility" in order for the provider to be eligible for reimbursement for a telehealth visit. Fortunately, Kentucky's Medicaid and Commercial Health Plans have more flexible guidelines that permit visits from the patient's home or other locations. But, some patients do not have appropriate technology, bandwidth or the technical skills to do home-based telehealth. Also, some complex care may require a "presenter" and more diagnostic capabilities which can only be provided in a healthcare facility. As Kentucky continues to refine our integration of telehealth into the healthcare delivery system, we should not forget the value of facility-based telehealth services, originating from anywhere that can host a patient. This session will expand our view on how telehealth can reach all Kentuckians.

4:30   Evaluation/Adjourn