The Impact of Telehealth on Disparities, Inequities, and Addiction Treatment
October 26, 2020

Key Takeaways

- The focus of the webinar was to discuss telehealth’s impact on disparities and inequities in healthcare access before and during the public health emergency. Particular focus was given to how telehealth is utilized for substance use disorder treatment.
- Presentations/remarks were provided by:
  - Kim Brandt, Principal Deputy Administrator for Policy & Operations at CMS
  - Senator Bill Cassidy (R-LA)
  - Representative Debbie Dingell (D-MI-12)
  - Dr. Tony Reed, Executive Vice President, Chief Medical Officer, Temple University Health System
  - Dr. Kathleen Reeves, Director of Center for Urban Bioethics at the Lewis Katz School of Medicine at Temple University
  - Andrew Sperling, Director of Federal Legislative Advocacy, National Alliance on Mental Illness
  - Doug Long, Senior Vice President, IQVIA
- An end-of-year spending package might include telehealth provisions. HIA is asking all partners to encourage inclusion of provisions that would make the flexibilities provided to telehealth services during the public health emergency permanent.
- Telehealth has improved providers’ ability to reach some patients, coordinate care, and increases patient adherence. Expanding access to broadband and ensuring that all patients, including those most at risk, have the technology and support they need to utilize telehealth is critical.
- CMS and Congress have been essential in creating telehealth policy changes during the public health emergency and will continue to play critical roles in future telehealth policy changes.

Kim Brandt

- Telehealth has transformed the healthcare landscape, especially due to the public health emergency. CMS has played a vital role in prevention and treatment efforts for substance use disorders and will continue to prioritize access to telehealth services as the public health emergency continues and the substance use disorder crisis intensifies alongside it.
- CMS has expanded access to telehealth services for Medicare beneficiaries with substance use disorder in a number of ways: removal of geographic and location requirements for three types of virtual services, allowing all beneficiaries to access mental health counseling and preventative screenings, and allowing certain services to be furnished using two-way interactive audiovisual technology that would ordinarily be furnished only in an office or facility. Additionally, CMS is providing flexibility for billing practitioners to remotely supervise in-person clinical staff through telehealth, allowing patients to be administered Part B drugs without having to physically go to a practitioner’s office or facility. As a result, there has been a 181% increase in utilization of these services. Lastly, as it relates to Part D sponsors, CMS is not requiring and will not audit for patient signatures as proof of delivery for any medications, including for controlled substances.
- CMS has added over 135 Medicare telehealth services since the start of the public health emergency, including emergency department visits, initial in-patient nursing facility visits, and discharge-day
management services. CMS has also implemented coverage of 144 services performed through telehealth.

- 12.1 million Medicare beneficiaries (over 36% of those with Medicare fee-for-service) used telemedicine services during the public health emergency. However, CMS also found a huge regional variation in utilization. Utilization of telehealth in Ohio is slightly above the national average with 37.3% of beneficiaries reporting a telemedicine service during the pandemic. While beneficiaries in the Northeast show the highest utilization rates with 42% reporting use of a telemedicine service during the pandemic, less than 21% of beneficiaries in states like Nebraska, North Dakota, Montana, and Idaho reported utilization of telehealth services. This data further supports the need to ensure telehealth access in rural areas with coverage of audio-only calls.

- CMS has also expanded access to telehealth services for their Medicaid beneficiaries with substance use disorder in a number of ways. States have been provided broad flexibility to implement telehealth reimbursement policy through the Medicaid and CHIP telehealth toolkit. Additionally, a Disaster State Plan Amendment Template was created to facilitate quick changes to the state Medicaid and CHIP plans. CMS also released guidance with opportunities for states to utilize telehealth delivery methods to expand access to healthcare services, including substance use disorder treatment for Medicaid beneficiaries, particularly those in rural communities.

- CMS is currently considering whether the over-135 telehealth waivers in Medicare and over-600 waivers in Medicaid should be (1) made permanent, (2) made permanent with a modification, (3) terminated at the end of the public health emergency, or (4) tabled for further discussion.

**Senator Bill Cassidy, M.D. (R-LA)**

- Senator Cassidy formerly worked in Louisiana's charity hospital system for 25 years, where he served the uninsured, Medicaid patients, inmates, among others. Through this work, Sen. Cassidy experienced firsthand the disparities that exist in health outcomes, especially as they relate to race and income.

- Sen. Cassidy is particularly concerned with expansion of broadband access, ensuring privacy for patients using telehealth services, and guaranteeing fair payment to providers.

- Currently, Sen. Cassidy is working on telehealth provisions to be included in a forthcoming maternal health package.

**Representative Debbie Dingell (D-MI)**

- Representative Dingell is a member of the Congressional Addiction, Treatment & Recovery Caucus.

- The public health emergency has highlighted the importance of access to telehealth. Telehealth is an invaluable tool to address mental health concerns, health disparities, and inequities.

- Concerned about the shortage of providers and the patient placement issues that result from this shortage.

- Supportive of payment parity for telehealth services.

**Panel Discussion Moderated by Joel White (HIA)**

**Dr. Tony Reed, EVP, CMO, Temple University Health System**

- Provided a snapshot of the disparity in health outcomes for the communities that the Temple University Health System serves in Philadelphia. The life expectancy for men in North Philadelphia is 18 years shorter than those in other parts of the city. The life expectancy for women is 10 years shorter. Eighty-six percent of patients are beneficiaries of a government program. Forty-two percent of patients have secondary mental health diagnoses.
  - The flexibilities that have been provided for telehealth during the pandemic have tremendously assisted the ability of all providers, from physicians to counselors, to provide care, allow patients to have visits wherever they prefer, and have improved care team coordination.
  - IT security and data security remain problems within the telehealth space.
Dr. Kathleen Reeves, Director, Center for Urban Bioethics at Temple University Lewis Katz School of Medicine

- Temple University Health System manages two programs that address substance use disorder: the TRUST clinic and Begin the Turn, a mobile suboxone unit that also provides on-site mental health counseling.
  - While telehealth has been hugely successful and has led to a decrease in patient no-show rates and increased treatment adherence generally, it has not been successful for the Begin the Turn program. The Begin the Turn program serves residents of Philadelphia with unstable housing situations and lack of internet access, which greatly limits the applicability of telehealth.
  - Dr. Reeves recommended public, safe telemedicine stations that community members may utilize, along with increased broadband access so that all individuals regardless of their living situation can benefit from the use of telehealth.
  - Telemedicine/ telephonic care needs to be reimbursed in a way that is financially feasible for providers.
  - IT support for patients also needs to be available.

Andrew Sperling, Director of Federal Legislative Advocacy, NAMI

- Use of telemedicine creates better adherence rates and fewer missed appointments.
- Due to the public health emergency, restrictions on audio-only and geographic sites have been lifted; this should continue after the public health emergency subsides.
- The CARES Act remedied a HIPAA issue that made integration of care for patients suffering from addiction history records and was stopping integration of care to now integrate sharing of treatment records and information.

Doug Long, Senior VP, IQVIA

- Trends in prescription opioid and narcotic analgesics during the public health emergency include a 51% decline in prescription opioid volume since 2011 and slow growth of narcotic analgesic drug prescriptions.