Telehealth Service Recommendations

June 8, 2021

Agenda

- What is OHLC?

- Telehealth Workgroup

- Telehealth Service Recommendations

- Goals for use
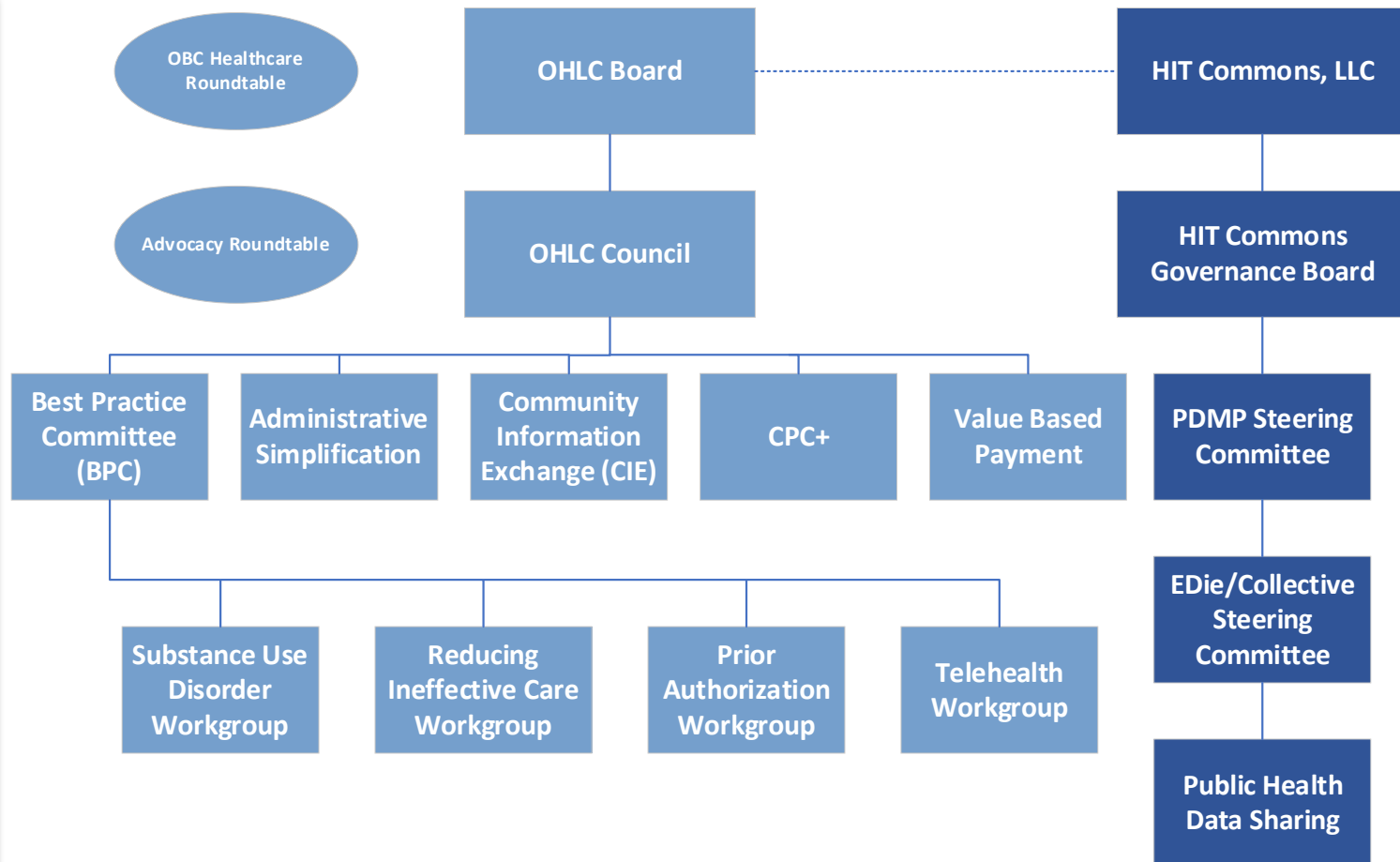
- Next steps

Oregon Health Leadership Council

OHLC is a membership organization working collaboratively to develop solutions that improve health care and lower health costs in the state.

- A unique model that brings together all major health systems and health plans, as well as OMA and OAHHS, while partnering closely with OHA.

- Formed in 2008 at the request of the business community, was instrumental in the formation of the CCO model and Medicaid funding strategy. Has since evolved to fit the changing needs of the health care community.

OHLC Organizational Chart

OHLC Members
- Adventist
- Aetna
- Asante
- CareOregon
- Cigna
- First Choice
- HealthNet
- Health Share
- Kaiser
- Legacy
- Moda
- OAHHS
- OHSU
- OMA
- Oregon Clinic
- PacificSource
- PCCA
- PeaceHealth
- Providence
- Regence
- Salem Health
- Samaritan
- St.Charles
- Tuality
- United Health Care

OBC Healthcare Roundtable

Advocacy Roundtable

OHLC Board ············· HIT Commons, LLC

OHLC Council

HIT Commons Governance Board

- Best Practice Committee (BPC)
- Administrative Simplification
- Community Information Exchange (CIE)
- CPC+
- Value Based Payment

PDMP Steering Committee

- Substance Use Disorder Workgroup
- Reducing Ineffective Care Workgroup
- Prior Authorization Workgroup
- Telehealth Workgroup

EDie/Collective Steering Committee

Public Health Data Sharing

Why Telehealth?

- **…COVID**

- Identified as a high priority area by OHLC Board, Council and BPC in summer 2020

- BPC approved formation of a telehealth workgroup and recommended the following focus areas:

  1. **Improve quality**

  2. **Optimize delivery**

  3. **Improve efficiency**

  4. **Ensure equity**

- Workgroup started in September 2020, including telehealth experts from health systems, FQHCs, women's health, behavioral health, commercial health plans, CCOs

Deliverable #1
Telehealth service recommendations

Deliverable #2:
Workflow guidance

Deliverable #3
Patient education

Specifies which services are appropriate for telehealth visits

Disciplines will include:
- ➤ Primary care (adults & peds)
- ➤ OB/GYN
- ➤ Behavioral Health
- ➤ Oral Health

Best practices will be collected through:
- ➤ Literature
- ➤ Expert opinion

Dissemination:
- • Broad statewide distribution via email, meetings, webinars, etc.

Provides optimal processes for pre-visit procedures, use of support staff, and ensuring equitable access

Questions to consider:
- • How will we determine barriers?
- • What disciplines do we want to include?
- • How should we collect/formulate best practices?
- • What communication format(s) should we use to disseminate?

Informs patients of their responsibilities before and during telehealth visits

Questions to consider:
- • Should the education be discipline specific?
- • How should we collect educational materials?
- • What communication format(s) should we use to disseminate?

Support statewide alignment

Maintain framework of health equity

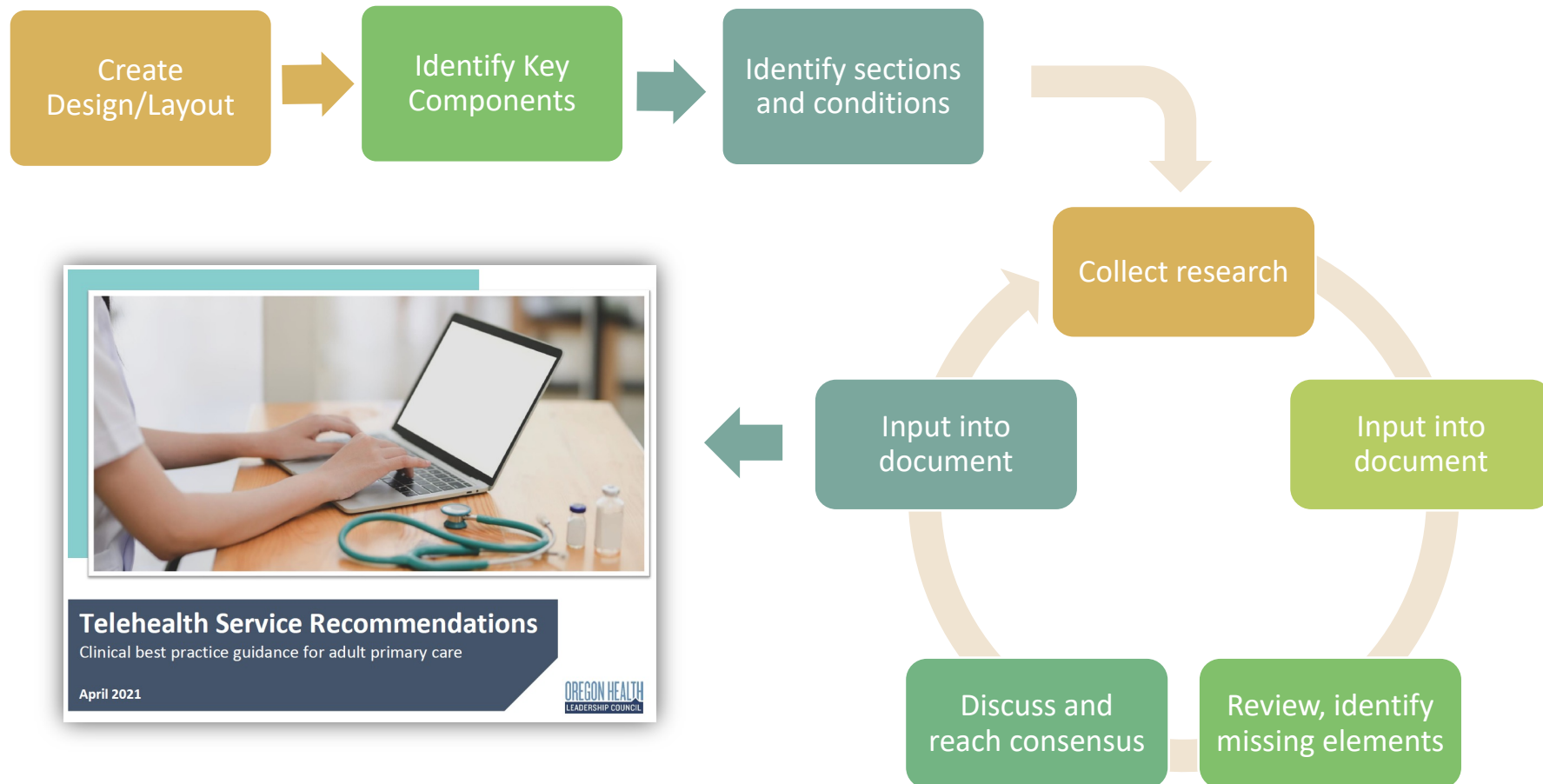# Service Recommendations for Adult Primary Care

Guiding themes

- Telehealth can be a safe and effective way to deliver care, but it **may not always be clinically appropriate**

- Many factors may contribute to the safety and effectiveness of telehealth, including patient condition, risk, family support, language, technology access/skill, utilized modalities, etc. Therefore, **providers should continue to exercise their own clinical judgement**.

- **Additional research is needed** to assess the effectiveness of different telehealth modalities for specific conditions and patient populations

- **West Coast Compact Telehealth Principles** (Access, Confidentiality, Equity, Standard of Care, Stewardship, Patient Choice)

Service Recommendations for Adult Primary Care

Example – General Recommendations

General Recommendations for Chronic Conditions

These recommendations are applicable to adult patients with one or more **established chronic condition** diagnoses.

During the course of a telehealth visit, if it becomes clear to the provider that an in-person visit is necessary based on clinical need or acuity, the provider should take responsibility for ensuring a visit is scheduled and transportation is arranged.

Recommended Telehealth Uses:
1. Routine follow up in established, stable patients
2. New patients, after comprehensive screening to ensure they do not meet any in-person visit criteria (below)
3. New or worsening symptomology that does not require hands on or urgent/emergent assessment

Consider in-person visits for patients who meet any of the following criteria:
1. Poorly controlled condition with risk for acute complications
2. Lack of access to necessary monitoring devices either at home or at a satellite clinic location (i.e., blood pressure cuff)
3. Due for routine care that requires hands on assessment by a provider (i.e., foot exam)
4. Condition requires a physical assessment to determine a diagnosis or plan of care
5. Lack of access to telehealth technology or lack of necessary telehealth technical skills
6. Preference to visit provider in person
7. Most recent visit(s) were performed via telehealth and provider deems an in-person visit necessary based on patient risk and time elapsed since last in-person visit.

Note: Patients who are due for ancillary services such as lab work, radiology exams, vaccinations, or infusions may receive those in-person services without a face-to-face visit to their primary care provider.

Service Recommendations for Adult Primary Care

Example – Condition Specific Recommendations

Reason for visit	Telehealth Appropriate?	Platforms	Recommended Telehealth Services	In addition to general recommendations above, consider in-person visit for the following:	References
Diabetes Type II	Yes	**Video** – preferred **Telephone** – if video is not possible **Remote Monitoring** – CBG monitoring recommended as adjunct to virtual visits	Routine clinical status evaluation, self-management support, education, medication management, nutrition therapy/education, assessment for specialist referral	• Patient has not been seen in person in 1 year or more • Condition is uncontrolled • Patient is due for foot exam or neuropathy screening • Height, weight, or BP cannot be measured remotely and has not been obtained in 1 year or more (or more frequently if appropriate) • Patient is due for cognitive screening	30,31,32

30. Wu, C., Wu, Z., Yang, L., Zhu, W., Zhang, M., Zhu, Q., Chen, X., & Pan, Y. (2018). Evaluation of the clinical outcomes of telehealth for managing diabetes: A PRISMA-compliant meta-analysis. *Medicine, 97*(43), e12962. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6221638/
31. Appuswamy, A.V. & Desimone, M.E. (2020). Managing diabetes in hard to reach populations: A review of telehealth interventions. *Current Diabetes Reports, 20*(28). https://link.springer.com/article/10.1007%2Fs11892-020-01310-2
32. American Diabetes Association. (2020). Standards of medical care in diabetes – 2020 abridged for primary care providers. *Clinical Diabetes, 38*(1), 10-38. https://clinical.diabetesjournals.org/content/38/1/10

Goals for use

- **Serve as a foundation for PCPs** to build and/or refine their own practice standards and triage/screening tools

- **Promote alignment** of best practice telehealth use across Oregon

- **Highlight the importance of equity and access** in the use of telehealth

- Support the **continued growth and benefit coverage** of safe and effective telehealth services

- **Elicit feedback** from the community so we can update and refine recommendations as new research emerges

Next Steps

Share with stakeholders & collect feedback

- Oregon

- National

More Telehealth Service Recommendations:

- Pediatric Primary Care

- Behavioral Health

- OB/GYN

- Oral Health

Workflow Guidance

Patient Education

Questions