HOW TELEHEALTH IS TRANSFORMING CARE FOR THE MOST VULNERABLE IN OUR COMMUNITIES, BUT IS IT HERE TO STAY?

The Jewish Federations of North America
AGENDA & SPEAKERS

Telehealth and Mental Health Care in Jewish Human Service Agencies
Reuben Rotman, President & CEO, The Network of Jewish Human Service Agencies

Caring for Our Seniors Through Telehealth in Jewish Aging Services
Don Shulman, President & CEO, Association of Jewish Aging Services

Key Expansions to Safeguard Public Health & Will Telehealth Survive COVID?
Elizabeth Cullen, JFNA SHRC Counsel for Health Policy, JFNA

Moderator: Jonathan Westin, JFNA Senior Director for Health Initiatives
STRATEGIC HEALTH RESOURCE CENTER

- A leading voice for federations and partner agencies
- Preparing Jewish federations, partner agencies, and the broader nonprofit community for health policy changes since 2015.
TELEHEALTH BEFORE COVID & NOW

Pre-COVID

- Low telehealth adoption (10% ambulatory)
- Coverage restrictions/barriers
- Lack of technology

During COVID

- Emergency legal authority/reimbursement
- Widespread use (90% ambulatory)
- 9 million Medicare-covered visits
- 3 million audio-only
- 1/3 of Medicare FFS beneficiaries nationwide

Health Affairs, 2020
NATIONAL UTILIZATION

- Urban outpacing rural
- Highest in Northeast
- Age, gender, race, ethnicity use comparable
- Dual Eligibles (Medicare-Medicaid) high users
- E/M (office visits) most common
- Telemental (60% of Medicare MH)
- Nursing home visits (26%)

Health Affairs, 2020
BARRIERS TO ADOPTION

- Lack of broadband access (e.g., only 56% of low-income Americans)
- Only 4 in 10 seniors have smartphones
- Language barriers for 25 million Americans
- Physical and cognitive challenges

Pew Research, 2017
Alliance for Connected Care 2020
HOW DID WE GET HERE:
CONGRESS PAVED THE WAY

- Originating site and geographic restrictions
- “Preexisting relationship” limitation
- Opened door to audio-only
- During the PHE
HOW DID WE GET HERE: MEDICARE OPENED THE FLOODGATES

- Nationwide for PHE (Oct. 23)
- Locales
- Services and providers
- Payment parity
- Privacy
- Audio-only (retroactive March 1)
HOW DID WE GET HERE:
MEDICAID FOLLOWED

- Up to each state
- “No federal approval is needed” (CMS)
- Home (50 states and DC)
- Audio (50 states and DC)
- HCBS (50 states and DC)
- During the PHE

Manatt Health, 2020
“During these unprecedented times, telemedicine has proven to be a lifeline for health care, providers, and patients.”
AFTER COVID: CONGRESS
(35+ Bills)

- Bipartisan/bicameral
- Behavioral health coverage in Medicare
- Permanent coverage
- Longer extension
- Private large group plans
- Impact Research
- Telemental for “frontier” states
- Future PHEs
- State licensure
- Audio-only
- Geographic restrictions
AFTER COVID: MEDICARE POLICIES

- Eligible services and providers
- Payment rates
- Eligible modalities
- Eligible sites

- Privacy
- Program Integrity
- CMS Proposal to Make Some Telehealth Changes Permanent
SHRC TELEHEALTH ADVOCACY

- Priorities: Home and audio-only
- Congress (HELP, Finance, Energy & Commerce)
- Regulatory comments to CMS (Oct. 5)
- Mental health, aging, telehealth coalitions
- Survey of Jewish partner agencies
- Telehealth advocacy toolkit
AFTER COVID: MEDICAID

❖ For states to decide
❖ Colorado, Nevada and Washington
❖ Colorado S.B. 20-212 (passed/broad permanent expansion/includes audio-only)
❖ Colorado proposal for Medicaid

ADVOCATE IN YOUR STATES!
"I think we'd have a revolution if anyone tried to go backwards on this …This is now, I think, an embedded part of our healthcare system."

July 9, 2020
THANK YOU!

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