

Wednesday, September 16, 2020

12:00 PM



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

# 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**

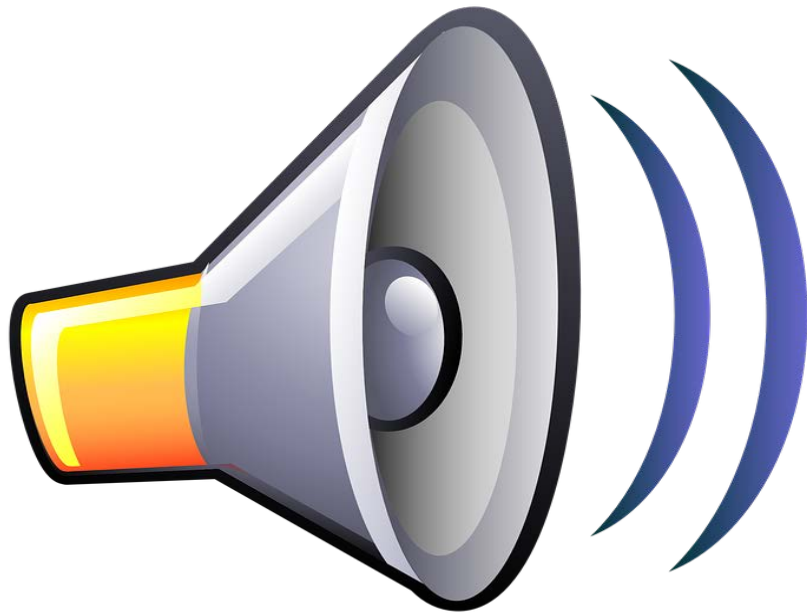
Don Shulman, President & CEO, Association of Jewish Aging Services

## **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

# SEEMA VERMA, CMS ADMINISTRATOR

“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!**

# ALEX AZAR, HHS SECRETARY

"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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