Telehealth Expansion and Payment Parity Study

TECHNICAL ADVISORY GROUP (TAG) MEETING 5 NOTES

Date: 5/19/2023 8:30 a.m. – 10:00 a.m.

Welcome and Agenda Overview

TAG members in attendance	TAG members not in attendance
▪ Jonathan Neufeld (gpTRAC)	▪ Cara McNulty (CVS Health/Aetna)
▪ Ryan Jelinek (Hennepin Healthcare)	▪ Alicia Bauman (Lakewood Health)
▪ Leo Bay (Essentia Health)	▪ Carrie Suplick Benton (SEGIP)
▪ Karen Amezcua (Blue Cross Blue Shield)	▪ Jean Abraham (UMN)
▪ Barb Andreasen (Allina Health)	▪ Bentley Graves (MN Chamber of Commerce)
▪ Sue Abderholden (NAMI)	▪ Jeremy Hanson Willis (Rainbow Health)

Update from MDH (Contracts)

- MDH recently executed a contract with the Minnesota EHR Consortium to analyze aggregated data from electronic health records to examine quality and outcome measures.

- MDH is close to finalizing two contracts:

    o MDH will be engaging a vendor to perform and actuarial analysis, looking at the impact of telehealth expansion in Minnesota on health care premiums in the private insurance market.

    MDH will be engaging a vendor to analyze data from the Minnesota All Payer Claims Database (MN APCD) to examine quality and outcomes, and continuity of care.

Update from SDK (Stakeholder and Community Engagement Planning)

SDK will explore the following research questions through interviews, listening sessions, and surveys with a cross section of audiences using or associated with telehealth:

- What role is telehealth playing in health care system operations?

- How are different Minnesota populations using telehealth to access health care – and where is telehealth (or audio-visual telehealth) less helpful?

The proposed breakdown of stakeholder interviews (~25 interviews)

- Hospitals/system providers (30%)

- FQHCs, mental health, disability service providers (30%)

- Associations or thought leaders representing Minnesota populations identified in legislation (40%)

The proposed community session focus areas (5 sessions)

- Older adults, Greater Minnesotans, African Americans, immigrants, persons with disabilities, parents of small children (<8 years old)

Discussion: How do we define and measure quality in telehealth

- MDH provided general examples as well as approaches with the MN APCD and the EHR data:
  - Look at telehealth use for conditions (or visit types) for which there are established quality measures (e.g., diabetes care, etc.)
  - Compare outcomes for specific condition for telehealth users vs non-users

- Ryan Jelinek commented on Hennepin Healthcare's approach: Think about telehealth not as a one-for-one replacement of a medical visit but as an added layer of care to achieve quality health outcomes. An added tool in the continuum of care.

- Telehealth is helping to reduce the number of no shows. Hennepin Healthcare has seen no-shows drop from 20% -30% of appointments to 7% -8% with telehealth.

- Telehealth is a valuable option for patients in rural areas.

- There are invisible costs of health care not captured in a lot of data: time off from work, lost wages, childcare, transportation. Telehealth can help reduce that cost.

- For people seeking mental health care, telehealth is making it easier to keep appointments, which is important to keeping your provider. That continuity is important to overall care.

Discussion: Telehealth payment

- Presentation by Blue Cross Blue Shield of Minnesota (BCBS MN)

- o Overview of BCBS approach to paying for telehealth before, during, and after the public health emergency; currently maintaining broad scope of services that can be performed via telehealth

- Any future changes will consider long-term sustainability of telehealth as part of care continuum, customer expectations, and payment parity

- Traditional codes and payment don't fully capture telehealth. For example, care management codes do not explicitly say "telehealth" but will include things like video chats and other types of telehealth.

- Broad discussion on payment models: fee-for-service payment model vs. value-based/outcome model. How does telehealth fit within each of these models?

- New types of health care providers are emerging. Telehealth-only providers, as well as health care businesses, started by large corporations who see market opportunities.

- Telehealth is going to happen regardless of the outcome of these types of studies and examinations. Companies like Amazon and Google aren't going to slow down their development around this. There is risk in worsening an already-fragmented health care delivery system if these types of modalities aren't widely available for all types of systems to incorporate into their operational strategies of care delivery.

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7/07/23

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