Navigating COVID-19:

Health Policy Solutions

Telehealth

Missouri *Foundation*
for **Health**

a catalyst for change

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In early 2020, the COVID-19 crisis disrupted the health care system, with federal and state governments quickly altering health care delivery and payment to adapt to patient and provider needs. Telehealth[a] has been a prevalent alternative to in-person care during the pandemic. To support the growing use of telehealth, the federal government and the state of Missouri made changes to Medicare and Medicaid payment policy.

A summary of the temporary changes to telehealth policy for Missouri includes:

- Flexibility for licensure requirements to increase the pool of providers available to administer telehealth, including out-of-state providers.
- A broader range of provider types and services available for beneficiaries.
- Relaxed requirements for types of communication platforms that may be used for telehealth.
- Flexibility for patient and provider location for telehealth appointments, allowing both to be at home if necessary.
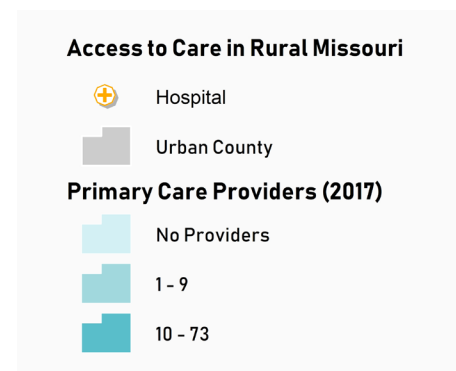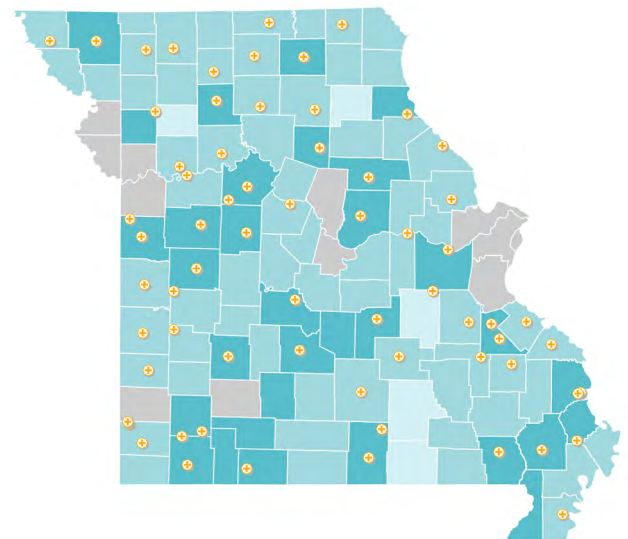
Background

Telehealth has long been available as an alternative to in-person care, particularly for some populations. For older and low-income communities, there may be multiple barriers to going to a doctor's office, including lack of mobility or transportation. With the COVID-19 pandemic, the risk of infection becomes an added barrier.

Rural communities also face significant geographical barriers to care, with many areas lacking hospitals or primary care physicians. This is a particular problem in Missouri, as 45 of 115 counties do not have a hospital. Additionally, five counties lack a primary care provider altogether while 66 counties have less than 10 primary care providers.[1] Across the state, federally qualified health centers and rural health clinics provide necessary care but the issue of geographic access to care remains. These barriers to care have been exacerbated by the recent COVID-19 public health crisis, often keeping patients from seeking care in a critical time.

Before the COVID-19 pandemic, utilization of telehealth had been increasing across the United States, though the upward trend was slow.[2] During the pandemic, however, patients and providers are utilizing telehealth for non-urgent care, routine management of medical conditions, and evaluations for patients who have symptoms or may have been exposed to the coronavirus.

Many states and the federal government have stringent requirements for providers, reimbursement, and services that may be delivered virtually. Some of the reasons for these strict requirements include concerns about payment fraud, patient privacy, and providers' technological adaptability. Missouri, however, had fairly flexible telehealth laws and regulations for both commercial payors and the state's Medicaid program, even before the pandemic.[b] Further reforming payment policy for telehealth can enhance access to care for all patients and may be particularly important for low-income communities, people of color, older adults, and those with complex medical conditions who have been hit especially hard by COVID-19. With authorization from the Centers for Medicare and Medicaid Services, Missouri has broadened access to telehealth for patients for the duration of the public health emergency.[c]

Access to Care in Rural Missouri

⊕ Hospital

▨ Urban County

Primary Care Providers (2017)

☐ No Providers

▨ 1 - 9

▨ 10 - 73

The data for this map were updated on 8/17/20.

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[a] "The use of electronic information and telecommunications technologies to support long-distance clinical health care," as defined by the Health Resources and Services Administration.

[b] For more information on telehealth in MO, see our issue brief "An Update on the Telehealth Policy Landscape" at https://mffh.org/wp-content/uploads/2018/10/An-Update-on-the-Telehealth-Policy-Landscape-.pdf.

[c] Details of the changes to telehealth delivery enacted through the state's section 1135 Medicaid waiver and the Department of Social Services can be found at the Heartland Telehealth Resource Center's website: https://showmeecho.org/wp-content/uploads/2020/04/4-3-Missouri-State-Policy-Changes-Impacting-Telehealth-Related-to-COVID-19.pdf

Telehealth Policy Changes in Response to COVID-19

Medicare and Medicaid

Topic	Change	Authority
Provider Licensure	Allows out-of-state providers and other previously Medicare- and Medicaid-certified providers to administer care in Missouri during the emergency.	Medicare & Medicaid
Prior Authorizations	Waives requirements for providers to seek prior authorization to perform services for Medicaid patients.	Medicaid
Audio-only Methods	Allows audio-only methods, such as telephone, to be used to provide telehealth services.	Medicare & Medicaid
Copayments	Allows physician flexibility to waive patient copayments for any service provided through telehealth.	Medicare & Medicaid
Existing Relationship	Waives the requirement for an existing provider-patient relationship before telehealth can be used.	Medicare & Medicaid
Distant Sites	Allows providers to bill from the facility where they are employed even if they are quarantined or working from an alternate site.	Medicaid
	Allows providers at rural health clinics and federally qualified health centers to provide and bill for telehealth services, even when working from home.	Medicare
Originating Site	Allows patients to take telehealth appointments at alternate locations, including their homes.	Medicare
Geographic Limitations	Waives requirement that patients live in rural areas to be reimbursable for telehealth services.	Medicare
Allowable Providers	Allows a broader range of providers to use telehealth and bill for these services, including physical therapists, occupational therapists, and speech pathologists.	Medicare
Allowable Services	Allows a broader range of services to be provided via telehealth, including evaluation and management visits, mental health counseling, and preventive health screenings.	Medicare
Frequency Limitations	Lifts limits on the allowable frequency of telehealth visits.	Medicare

Health Insurance Portability and Accountability Act (HIPAA)

Communication Platforms: The Department of Health and Human Services Office for Civil Rights (OCR) relaxed enforcement of certain HIPAA rules to make virtual communication between physicians and patients more easily accessible.[3] HIPAA is a statute that safeguards patients' protected health information and regulates the ways physicians and patients communicate and how patient data are stored. The OCR policy change allows for the use of platforms that are not compliant with HIPAA, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, and Skype.[d] This prioritizes patient interaction by increasing telehealth access to patients who may not have access to the compliant platforms but need care.

Drug Enforcement Administration

E-Prescribing: Though e-prescriptions for controlled substances can usually only be administered after an in-person medical evaluation, an exception in the Controlled Substances Act allows these rules to be relaxed during a declared public health emergency.[4] Thus, providers are temporarily permitted to issue prescriptions based on a telehealth visit, allowing patients to receive essential medications without the risk of infection.

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[d] For a list of compliant and non-compliant HIPAA communication platforms, see the HHS memo describing the rule change: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
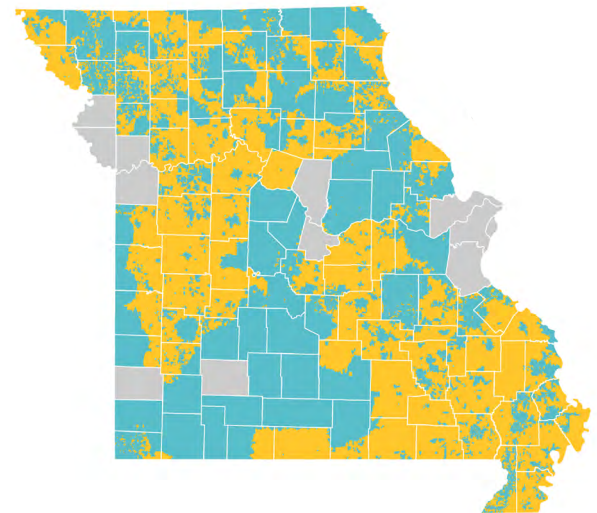
Barriers to Implementation

In order to support the growth and use of telehealth, access to broadband and high-speed internet must be prioritized, especially in rural communities. In Missouri, it is estimated that 20% of the state's population does not have access to high-speed internet. In rural Missouri, 61% of residents lack access to high-speed internet services.[5] The federal and state governments have made substantial investments in broadband but additional resources will be necessary to achieve universal coverage.
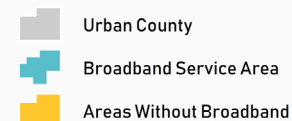
Though lack of access to broadband impedes the viability of telehealth, some work is being done to decrease the digital divide. During the public health emergency, the Federal Communications Commission (FCC) waived restrictions to allow health care providers and other entities that participate in FCC internet programs to accept donations from service providers to increase their internet capacity.[6] This enables rural health care providers and other entities to accept additional services from internet providers and improve their telehealth capability for the duration of the public health emergency. In addition, the FCC created the "Keep America Connected Pledge," in which internet service providers agree not to terminate service to residential or small businesses that cannot pay their broadband bill, waive late fees for said bills, and offer Wi-Fi hotspots to people who need them.

Aside from issues of connectivity, telehealth requires significant investments in technology and training. Though larger hospital systems are often able to take on the financial burden of expanding telehealth services and have been working to do so, smaller entities such as independent physician practices, rural health centers, and some community health centers, may not be able to afford the changes. To mitigate this issue during the COVID-19 crisis, the FCC and the Department of Health and Human Services (HHS) provided funding opportunities to nonprofit and eligible health care providers.[7,8] In July 2020, Missouri announced a $50 million project to expand broadband across the state that includes support for telehealth. With funding from the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act, the telehealth project will secure hotspots for 29 federally qualified health centers and 26 community mental health centers.[9] Though a substantial investment, Missouri will likely need subsequent funding to ensure statewide broadband access.

Broadband Access in Rural Missouri

- Urban County
- Broadband Service Area
- Areas Without Broadband

Lastly, although Missouri telehealth statutes authorize broad flexibilities, many providers do not utilize telehealth to its full capacity. Some Medicaid providers, for example, may not be aware of the full extent of services that are payable by the state. Further clarification and more effective notices from the Missouri Department of Social Services (DSS) may be needed to ensure that providers fully understand the law and know how to use telehealth to full capacity, if they so choose.

Future of Telehealth Post COVID-19

In the Midwest, the use of telehealth services for those with private insurance was up 2,842% in March 2020 compared to March 2019.[10] With the uptick happening so quickly, it is clear that Americans are willing to adapt to this new style of health care and may expect enhanced access to continue after the COVID-19 pandemic passes. Policy changes will be necessary to allow for widespread use of telehealth by providers and patients.

Recommendations for telehealth policy extensions include:

1. Allow telephone communications for those with existing provider relationships to minimize barriers for rural and low-income communities that otherwise may not have access to appropriate video technology.
2. Allow out-of-state providers to deliver telehealth services to increase the pool of providers available for telehealth.
3. Expand the types of providers authorized to use telehealth to ensure that many types of care are accessible through telehealth.
4. Expand use of platforms not ordinarily deemed HIPAA compliant to minimize barriers for rural and low-income communities who may not have access to approved communication platforms.

Recommendations to promote implementation of telehealth and ensure equitable access include:

1. Prioritize expanding broadband access throughout the state so that rural and urban communities can equitably utilize telehealth services.
2. Extend financial support and incentives for small and rural providers that may not be able to administer telehealth services with their current technology or infrastructure.
3. Provide funding for telehealth training to health care providers to ensure that services and technologies are utilized and implemented effectively.
4. Develop state clarity on telehealth rules and regulations to promote provider adoption.

Though there are considerable barriers to expanding telehealth, the COVID-19 crisis has shown that providers and patients are willing to adapt to this new technology but issues with geographic access to care will continue. Telehealth has the potential to close gaps in health care access beyond the public health emergency, especially for those in rural communities lacking primary care physicians and hospitals. With lessons learned from the COVID-19 pandemic, telehealth may become a new normal in health care. Our recommendations for policy extensions and implementation can lay the groundwork for telehealth expansion in Missouri.

Endnotes

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