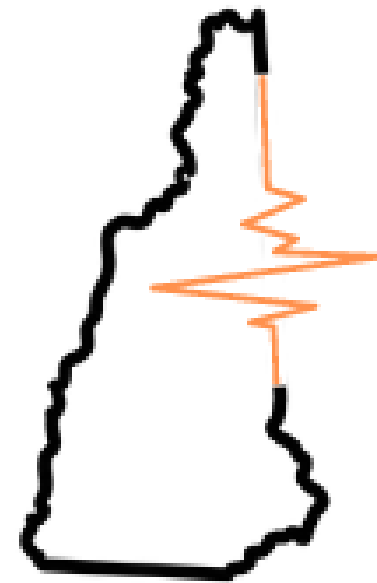


New Hampshire
telehealth
alliance





presents

Interstate and Intrastate Telehealth Practice After COVID-19: Opportunities and Barriers

Jim Monahan, Founder, NH Telehealth Alliance

Deborah H. Fournier, JD, Senior Associate, Health Law and Policy, Institute for Health Policy & Practice, UNH

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LeeOr Klein, Head of Policy Strategy, Genoa Telepsychiatry

How to Participate:



Questions will be addressed at the end of the webinar.



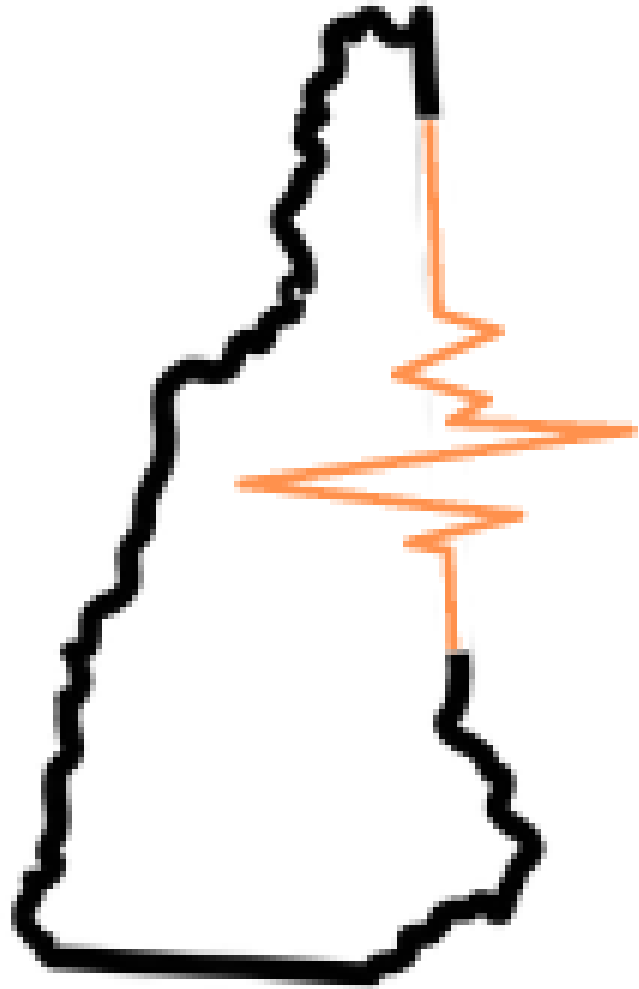
Submit a question via the “Q&A” feature in the black toolbar located at the top or bottom of your screen.



Only questions submitted via Q&A will be read by our host for the panelists to address.



A recording of this webinar will be made available to members.



Legislative Update

Relaxation of Licensure Requirements for Telehealth Services

The Public Health Emergency is the lynchpin for many of the Medicare flexibilities for telehealth.

Federal PHE has been extended through July 14, 2021.

Medicare allows physicians licensed in one state can provide services to Medicare beneficiaries in another state during PHE. State licensing protocols still apply.

Relaxation of Licensure Requirements for Telehealth Services

State flexibilities for telehealth are based in Public Health Emergencies AND state statute. (EO8, EO15, and HB1623)

New Hampshire's PHE has been most recently renewed through May 6.

Relative to professional licensure and healthcare provision: Emergency Order #15 allows any out-of-state medical provider that has a profession licensed in NH to perform medically necessary services as if licensed in state according to following conditions.

Relaxation of Licensure Requirements for Telehealth Services

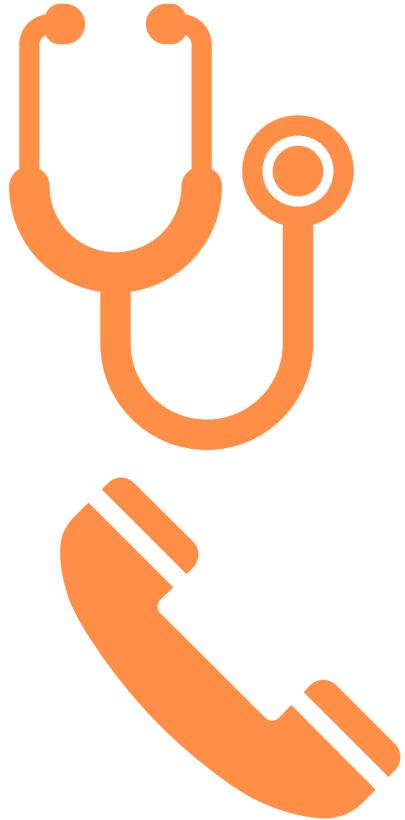
The medical services provided within NH are in-person or through appropriate forms of telehealth.

The medical provider presents to the Office of Professional Licensure & Certification evidence that they are licensed in good standing in another jurisdiction.

Such medical providers shall be issued an emergency NH license at no cost, which shall remain valid during the declared state of emergency.

Medical providers shall be subject to the jurisdiction of the appropriate state licensing body while providing services within NH.

Should the PHE End There Is A Mechanism to Obtain a Temporary License

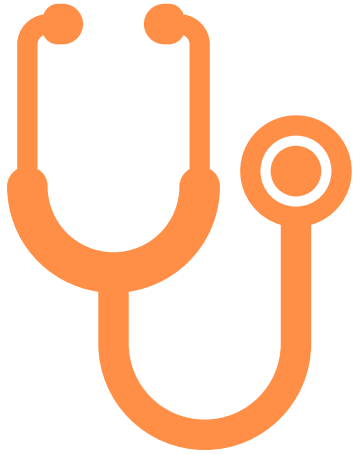


310-A:1-f Temporary Licensing Process; Rulemaking.

Authorized OPLC to issue temporary licenses to out-of-state health care professionals who present evidence of an active license in good standing from another jurisdiction.

Health care professionals are defined as those individuals licensed by OPLC with exception of Electrologists, Body Artists, Barbers, Massage Therapists, and Reflexologists, AsianBody Workers, Structural integrators.

Should the PHE End There Is A Mechanism to Obtain a Temporary License

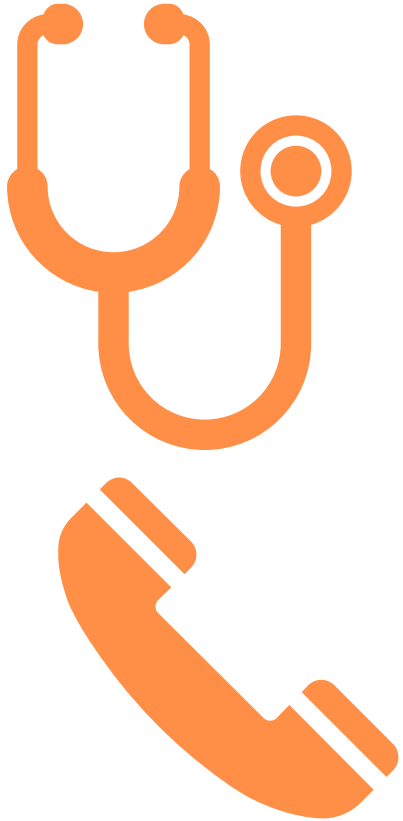


Temporary licenses are valid for 120 days, or until action is taken on an application for full licensure, whichever happens first.



Individuals licensed under this section shall be subject to the jurisdiction of the state licensing body for that profession.

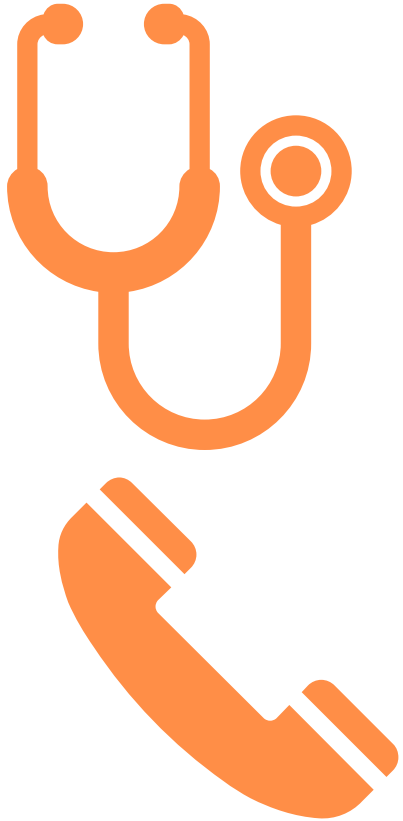
What About Maintaining Licenses in Other States?



All New England states have taken some action to expedite emergency and/or temporary licenses and/or waived or suspended in-state licensure requirements for some or all health professionals providing telehealth services to residents during the public health emergency.

<https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

What About Maintaining Licenses in Other States?

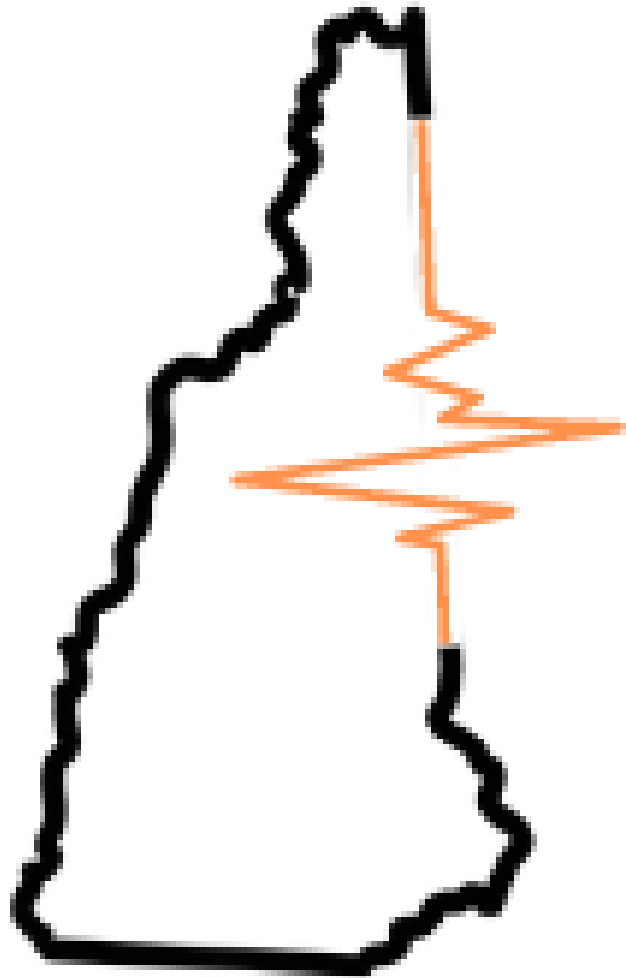


“To ease the burden of cross-state licensing, some professions have created interstate licensing compacts to make it simpler for professionals to practice across state lines. For a state to participate in a compact, they would need to enact standard legislative language that sets out the ground rules for the Compact.”

What About Maintaining Licenses in Other States?



- [Nurse Licensure Compact \(NLC\)](#): Allows nurses to have one license viable in other compact member states, allowing for a nurse to practice in both their home state and other states which have signed on to the compact.
- [Interstate Medical Licensure Compact](#): This particular Compact creates an expedited medical licensure process with the goal of allowing physicians to become licensed in multiple states more easily, while protecting patient safety.
- [The Physical Therapy Compact](#): Under the Compact, a physical therapist or physical therapist assistant needs to obtain a “Compact Privilege” (the authorization to work in a Compact member state other than the PT or PTA’s home state) in each member state.
- [The Psychology Interjurisdictional Compact \(PSYPACT\)](#): Gives psychologists in PSYPACT member states the authority to practice interjurisdictional telepsychology in other PSYPACT states.
- [The Recognition of EMS Personnel Licensure Interstate CompAct \(REPLICA\)](#): A multi-state compact that extends a privilege for EMS personnel to practice on a short-term, intermittent basis in another member state under certain circumstances.
- [Audiology and Speech-Language Pathology Interstate Compact \(ASLP-IC\)](#): Authorizes both telehealth and in-person practice across state lines in ASLP-IC states for audiologists and speech-language pathologists.



Ameet Katkar

*New England Clinic Partnerships Manager,
Genoa Telepsychiatry*

LeeOr Klein

*Head of Policy Strategy, Genoa
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Speakers



Ameet Katkar

*Clinic Partnerships Manager, Genoa
Telepsychiatry*



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Agenda

The Shift to Telehealth
National Regulatory Changes
State Regulatory Changes
Case Studies: Northeast Partners
Q&A

Our Footprint

The nation's leading outpatient telepsychiatry community



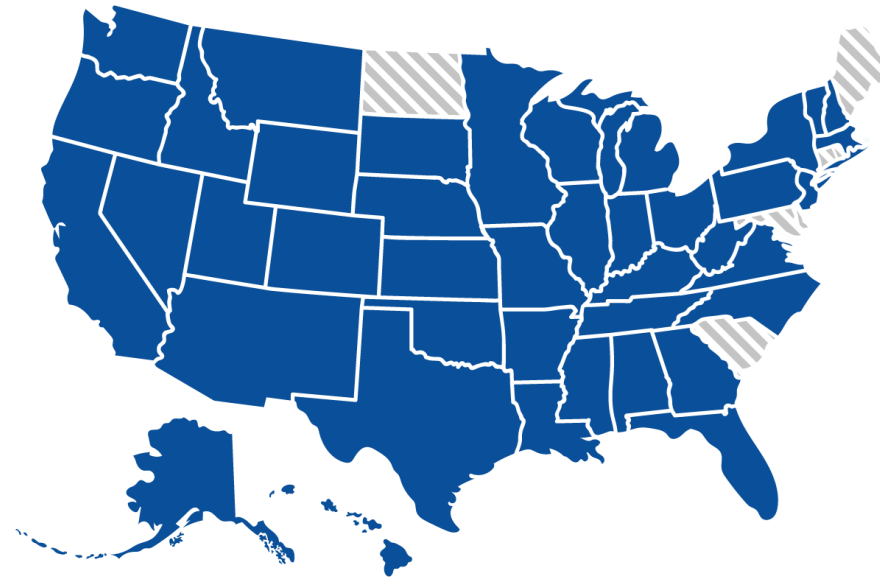
6,000+

Psychiatrists and APRNs
in our community



250,000+

Client encounters
annually



100+

Sites currently being
served



Programs in

35+
STATES

Telepsychiatry That Builds Your Team

We help our partners...



**Hire psychiatrists
& APRNs selectively**



**Reduce patient wait
times to days, rather
than months**



**Operate telepsychiatry
sustainably**




**Coordinate care between
provider, pharmacy & clinic
staff**

Telepsychiatry Improves Outcomes & the Access Gap

A peer-reviewed study we co-authored in the APA's Journal of Rural Mental Health showed patients with hybrid telepsychiatry plus in-person visits had improved timeliness and frequency of care



7
days
faster



34%
more likely to be
seen 1x/month

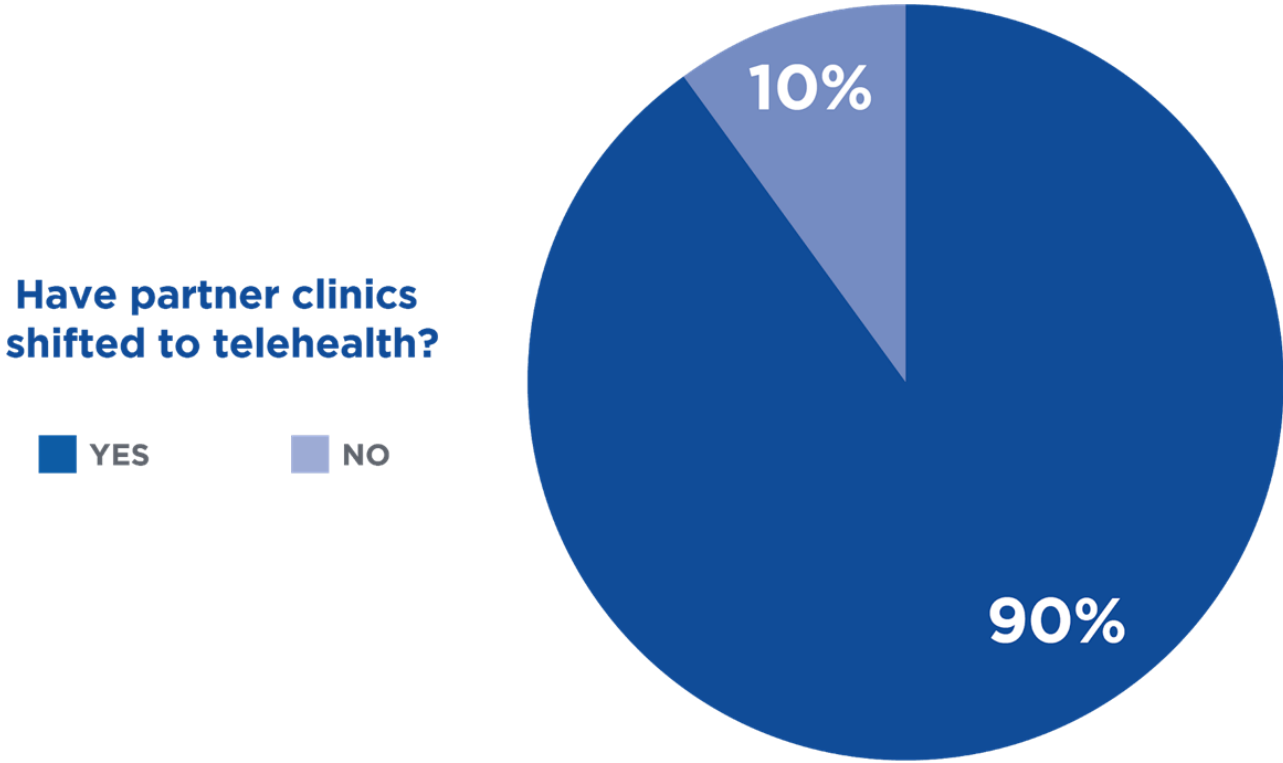
Value-Based Care

As many of our partners shift to value-based arrangements with payers, they utilize telepsychiatry to help them hit specific measures tied to value-based reimbursement

√	Increasing rates of follow-up after hospitalization for mental illness
√	Screening for clinical depression & identifying the appropriate follow-up plan
√	Decreasing inpatient & emergency department utilization among patients

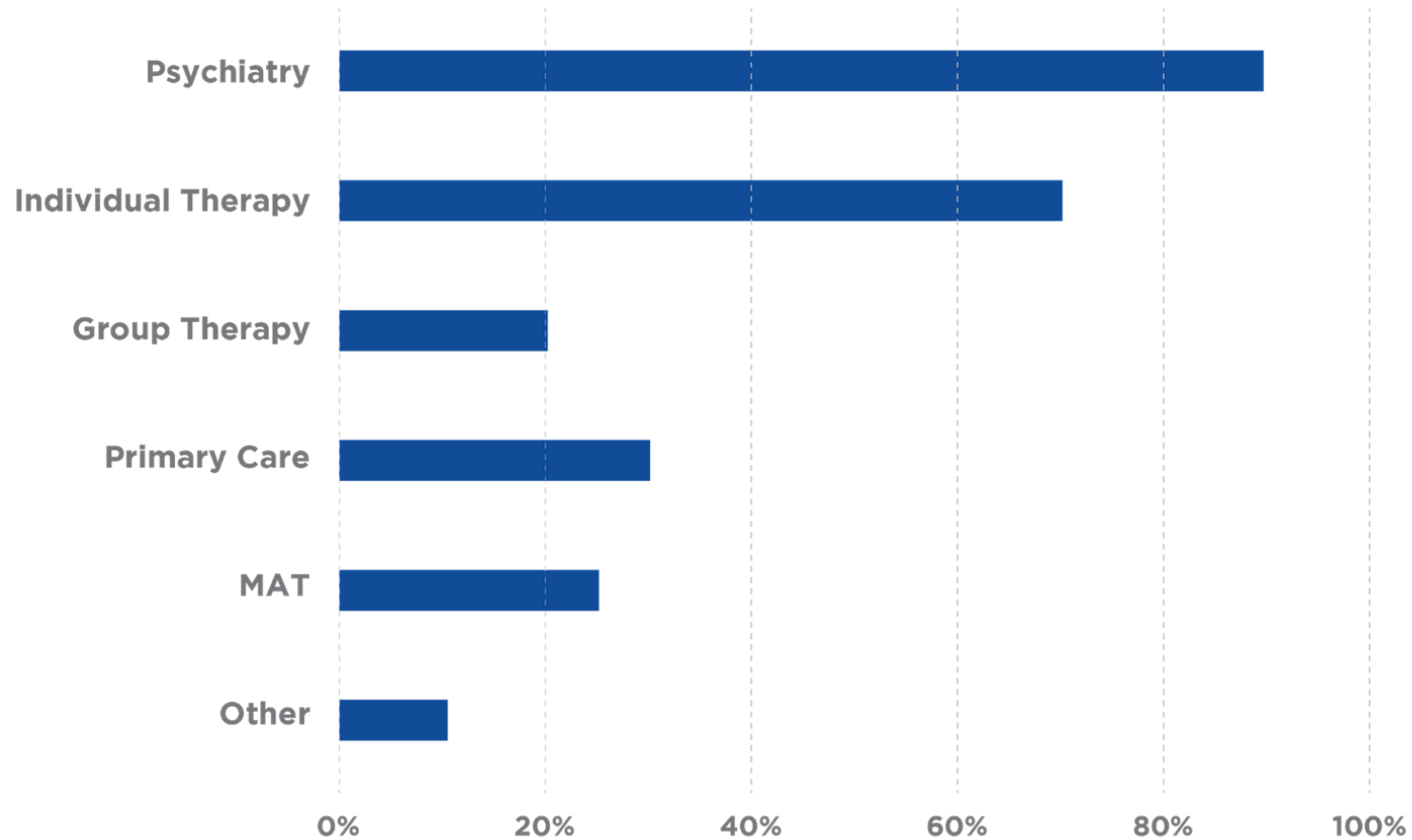
The Shift to Telehealth

90% of Public Health Clinics Now Use Telehealth



*Optum Behavioral Health database, 2020

90% of Psychiatry Sessions and 70% of Therapy Sessions via Telehealth



Clinical Trends

CLIENT UTILIZATION

Improved via telehealth with no-show rate dropping to 5-10%

CLIENT BEHAVIOR

Most started with just phone, but also do video now; no material differences by age or acuity

PROVIDER BEHAVIOR

Most are comfortable treating clients at home, assuming recent physical or clinic visits for vital checks and lab tests

Care Delivery Post-COVID 19



TELEHEALTH ADOPTION

Both clients and providers realize convenience of telehealth and will maintain it as an option



VIDEO VS. VOICE

Providers will maintain strong preference for video as well as voice - clients less so



ON-SITE VISITS

For psychiatry, clients will still need to come into clinic for regular labs and vitals



CLEAR BENEFIT

More people will get more frequent care

Federal Regulatory Changes During COVID-19

State Licensure Regulations Waived



Requirements that physicians hold licensure in the state in which they practice is temporarily waived (federally)

With the declaration by the president of a national state of emergency, the **Secretary of HHS issued a 1135 waiver** for “requirements that physicians or other health care professionals hold licenses in the state in which they provide services if they have an equivalent license from another state”

Client Location Requirements Waived



Reimbursement Regulations Relaxed to Support Telemedicine Visits During COVID-19

- 1. Originating site and geographic telehealth restrictions are removed for the time being.**
Patients outside of rural areas and in their homes are eligible for telehealth services effective March 6, 2020.
2. Qualified providers permitted to use Medicare telehealth services include but are not limited to physicians, nurse practitioners, physician assistants and certified nurse midwives.
3. CMS will **not enforce an established relationship requirement.**
4. Telehealth services are **not limited to patients with COVID-19.**

HIPAA Regulations Relaxed



OCR will not enforce certain HIPAA regulations

Acceptable modes of video during this emergency in order to ease access to telehealth services include:

- Apple FaceTime
- Facebook Messenger Video Chat
- Google Hangouts Video
- Skype

Controlled Substance Prescribing Relaxed



Public Health Emergency Exception Under Ryan Haight Takes Effect

DEA-registered prescribers may now issue **prescriptions for controlled substances via telemedicine without a prior in-person evaluation** if the prescription is for a legitimate medical purpose, real-time two-way audio-video is used, and the practitioner is acting in accordance with state law.

Federal Regulatory Environment Post-COVID 19

Which flexibilities are here
to stay?

What are we hearing from
Congress?

Where do we go
from here?

State Regulatory Changes During COVID-19

NH State Licensure Regulations Waived



Executive Order Flexibilities

Any out-of-state provider is allowed to perform a service within NH if:

- a) The provider is licensed/in good standing in another US jurisdiction.
- b) The services provided within NH are in-person or through appropriate forms of telehealth, as set forth in Executive Order #8.
- c) Providers licensed in good standing in another state shall be issued an emergency NH license at no cost, which shall remain valid during the PHE.
- d) Providers shall be subject to the jurisdiction of the appropriate state licensing body while providing services within NH.

Client Location Requirements Waived



NH Medicaid Removes All Restrictions on Client Location

Distant site is the site where the practitioner providing the service is located at the time the service is provided. While all applicable licensure and programmatic requirements apply to the delivery of the service, **there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.**

Originating site is the location of the member at the time the service is being provided. **There are no geographic or facility restrictions on originating sites.**

Telephone-Only Services Allowed



Executive Orders Expand Coverage to Include Telephonic Appointments

Behavioral health providers may engage in telehealth through the use of audio-only telephone (subject to change with the introduction of recent house bills).

New Hampshire Regulatory Environment Post-COVID 19

Which flexibilities are here
to stay?

What are we hearing from
Concord?

Where do we go
from here?

Case Studies: Northeast Partners

Telepsychiatry Case Study: Mid-State Health Center (FQHC)

Getting started pre-COVID-19 & program changes during COVID-19

Telepsych use pre-COVID-19

Telepsychiatry launched as a brand new service line in 2020; needed a solution for the prescriber shortage

Program adjustments during COVID-19

Set up telehealth appointment rooms at both sites in Plymouth & Bristol; added an additional day per week as patient demand and utilization increased

Telepsychiatry Case Study: Advocates (CMHC)

Shifts in Patient and Provider Behavior during COVID-19

Patient Utilization

Volume of visits increased 38%
YoY with telehealth and addition
of new providers

No show and **cancellation rate**
reduced by 26%

Patient Behavior

Video adoption varied by age (<18:
80% video; 55+: 40%) & prior
experience with telepsych

Increased family involvement &
appointments in varying locations

Provider Behavior

Significant **shift in provider**
perception of telepsych from
skepticism to adoption

Telepsychiatry Case Study: Mid-State & Advocates

Looking ahead post-COVID 19

Shifting to a hybrid model

Planning to pursue a hybrid model pending regulations and coverage

Would like to offer choices to patients (and providers) to allow to get care when and how they want, whether phone, video, in-person.

TELEPSYCHIATRY PROGRAM DETAILS

Ms. Jane Doe (PMHNP) & Mid-State Health Center Clinical Workflow



MSHC uploads patient appointments & relevant documentation into EMR

•

Vitals are taken if needed

•

Medical assistant will start appointment in telepsych room & introduce the patient on screen

•

Ms. Doe (PMHNP) logs in from her location remotely

TELEPSYCHIATRY PROGRAM DETAILS

Ms. Jane Doe (PMHNP) & Mid-State Health Center Clinical Workflow



MA is present during appointment at the beginning, and may leave once patient is comfortable/settled

- Ms. Doe documents concurrently in EMR

- Ms. Doe texts/calls the MA and/or other staff if there is an emergent patient concern

TELEPSYCHIATRY PROGRAM DETAILS

Ms. Jane Doe (PMHNP) & Mid-State Health Center Clinical Workflow



MSHC staff collaborates with Ms. Doe to create next steps
(e.g. follow-up appointment, lab orders)

•

Ms. Doe prescribes all medications and enters labs through EMR

•

Clinical staff will join regular care coordination huddles with Ms. Doe to address any
patient issues

Telepsychiatry Case Study: Patient Feedback

Patient feedback from 120 patients receiving telepsychiatry services since March 2020



Quality of Experience

83% feel comfortable communicating with provider using phone/ video

92% want to have the choice to continue to use telehealth



Quality of Care

79% feel telehealth is helpful in discussing concerns and meeting their needs



Access to Care

96% have challenges getting to in-person appointments and report telehealth makes it easier to attend

92% feel not having telehealth will hurt their ability to receive services

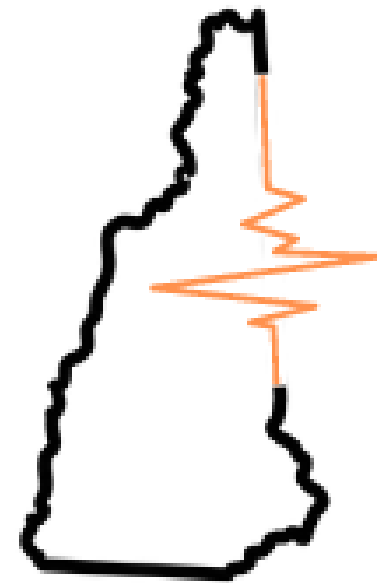
Q&A

Thank you!

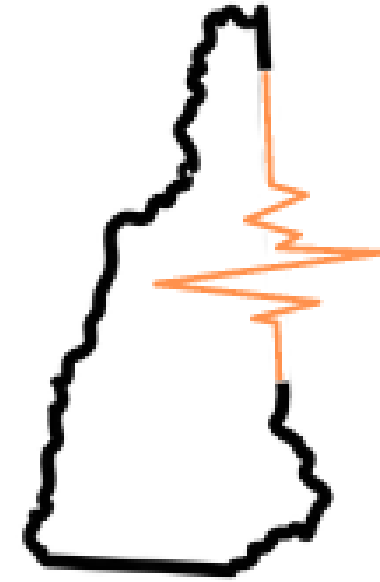
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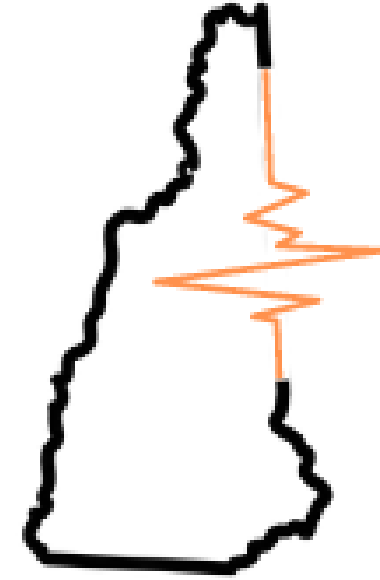


Q&A



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Thank you for joining us!

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