

Telehealth: A Community Standard

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Quality

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Opportunity to think about...



What makes us ill

AND

How and when we die

What is it to be healthy?

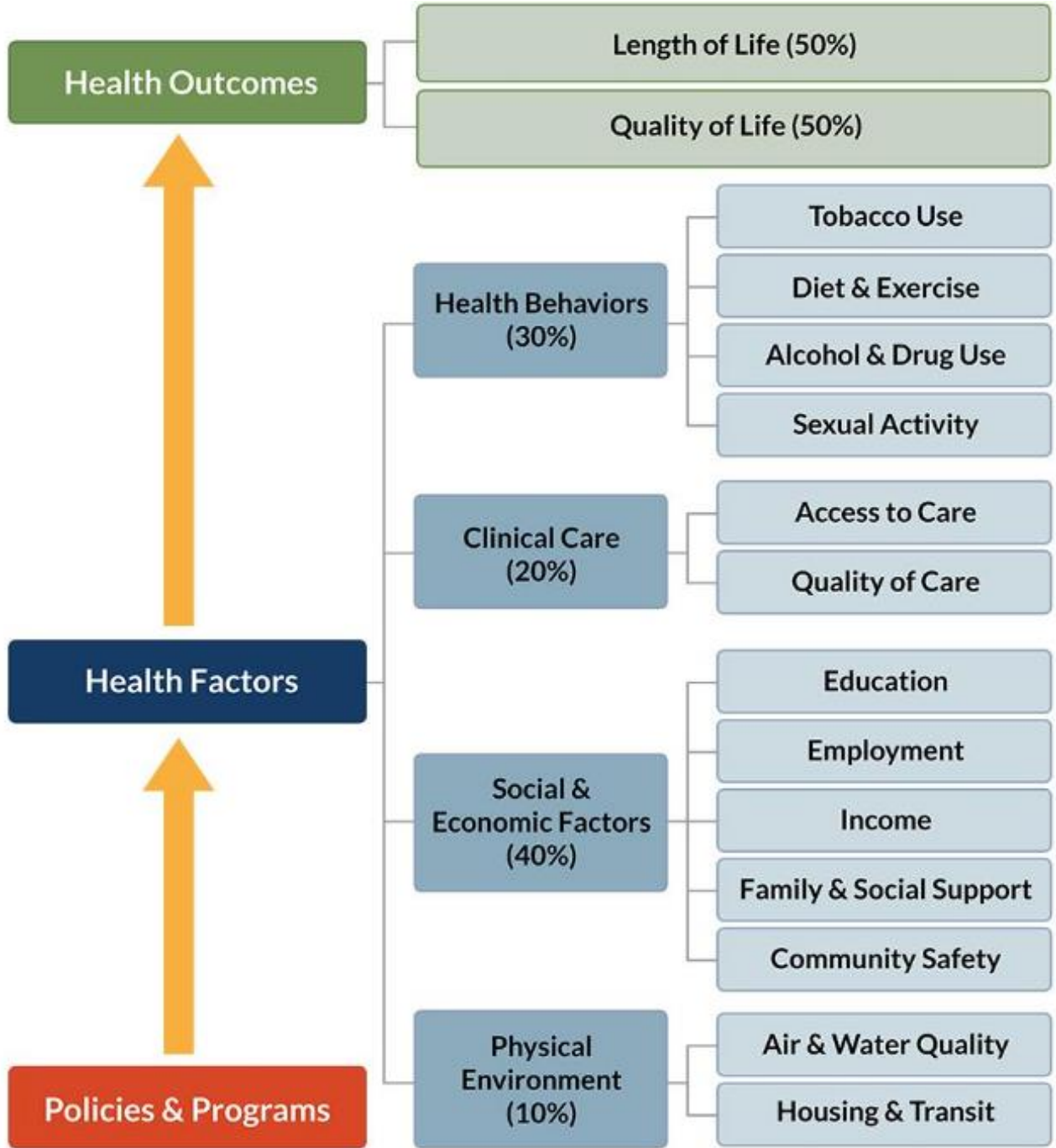
Who gets to be healthy?

How we can live longer?

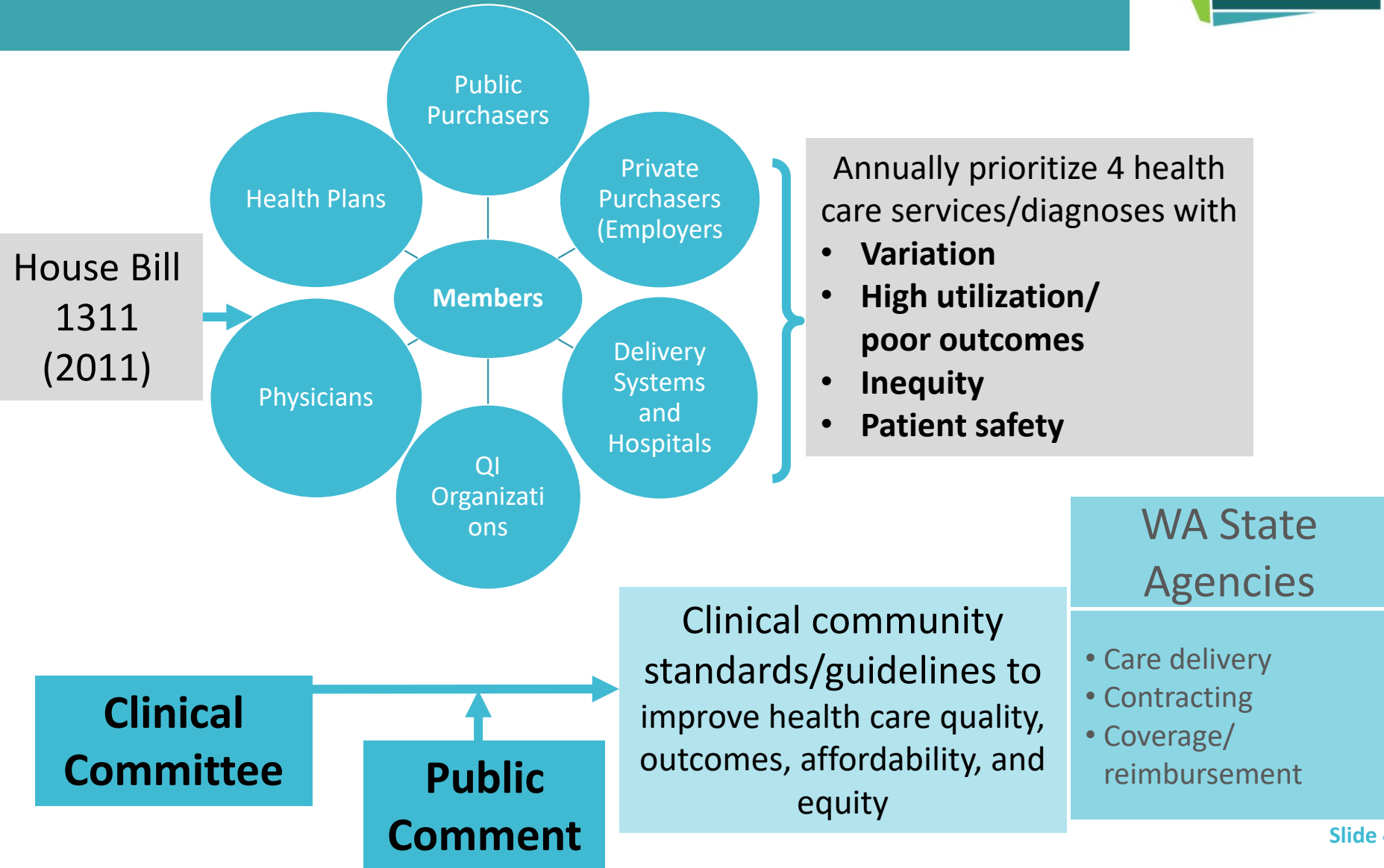
Who gets to live a long life?

AND

How do we know?



Framework for Action



38 sets of recommendations + 4 for 2022



• Pain (chronic and acute)

- Collaborative care for chronic pain (2018)
- Low back pain management (2013)
- Opioid prescribing metrics (2017)
- Opioid prescribing for postoperative pain (2018)
- Opioid prescribing in dentistry (2017)
- Long-term opioid prescribing management (2019)
- Opioid Prescribing in older adults (2021)

• Behavioral Health

- Integrating behavioral health into primary care (2016)
- Addiction and substance use disorder screening and intervention (2014)
- Suicide care (2018)
- Treatment for opioid use disorder (2016)
- Prescribing antipsychotics to children and adolescents (2016)
- Risk of Violence to Others (2019)

• Oncology

- Oncology care: breast and prostate (2015)
- Prostate cancer screening (2015)
- Oncology care: inpatient service use (2020)
- Colorectal cancer screening (2020)
- Cervical cancer screening (2021)

• Procedural (surgical)

- Bundled payment models and warranties:
- Total knee and total hip replacement (2013, re-review 2017, rereview 2021)
- Lumbar fusion (2014, re-review 2018)
- Coronary artery bypass surgery (2015)
- Bariatric surgery (2016)
- Hysterectomy (2017)
- Data collection on appropriate cardiac surgery (2013)
- Spine SCOAP (2013)

• Reproductive Health

- Obstetric care (2012)
- Maternity bundle (2019)
- Reproductive and sexual health (2020)

• Aging

- Advance care planning for the end-of-life (2014)
- Alzheimer's disease and other dementias (2017)

• Palliative care (2019)

• Hospital readmissions (2014)

• LGBTQ health care (2018)

• Shared decision making (2019)

• Primary care (2020)

• Telehealth (2021)

POINTS OF VIEW

Beyond Tuskegee — Vaccine Distrust and Everyday Racism

“Every day, Black Americans have their pain denied, their conditions misdiagnosed, and necessary treatment withheld by physicians. In these moments, those patients are probably not historicizing their frustration by recalling Tuskegee, but rather contemplating how an institution sworn to do no harm has failed them. ... “There has never been any period in American history where the health of Blacks was equal to that of whites. Disparity is built into the system,” so we must acknowledge how medical history has institutionalized racism. But fixation on specific historical abuses distracts from the larger narrative of everyday contributions to distrust.”

Black newborns 2x mortality rate of white newborns – halved when black newborns cared for by black providers

Our Thought Leaders



• Delivery systems

- Shawn West, MD (Chair), Embright
- Christopher Cable, MD, Kaiser Permanente Washington
- Crystal Wong, MD, University of Washington Medicine
- Cara Towle, RN, MSN, University of Washington Psychiatry & Behavioral Sciences
- Sarah Levy, MD, Kaiser Permanente Washington
- Todd Wise, MD, MBA, Providence

• Government

- Christopher Chen, MD, Health Care Authority
- Mandy Weeks-Green, Washington Office of the Insurance Commissioner
- Janna Wilson, King County Public Health

• Health Plans

- Darcie Johnson, MSW, CPHQ, Premera Blue Cross
- Jennifer Polello MHPA, MCHES, PCMH-CCE, Community Health Plan of Washington
- Omar Daoud, PharmD, Community Health Plan of Washington
- Stephanie Shushan, MPH, Community Health Plan of Washington
- Lydia Bartholomew, MD, Aetna

• Associations, Purchasers, Community groups

- Jeb Shepard, Washington State Medical Association
- Lindsay Mas, SEIU 775 Benefits Group
- Wendy Brzezny, North Central Accountable Community of Health

State Environment



- Several laws passed by the Washington State Legislature increase the practical accessibility of telehealth for providers in Washington state.
- **SB 5175**, passed in 2015, requires insurers under the purview of the Office of the Insurance Commissioner to pay for care provided via telehealth if they pay for in-person treatment, unless the subscriber's health plan excludes telehealth.
- **SB 5385**, which took effect on January 1, 2021, requires insurers to pay the same amount (parity) for treatment provided by telehealth as they would for the same treatment provided in person.
- **SB 6061**, which passed in 2020, requires providers except physicians and osteopathic physicians to take training that meets certain requirements if they will deliver care using telehealth.
- **HB 1196**, which takes effect on January 1, 2023, requires payment parity for audio-only consultations (adding on to parity for audio-visual consultations).

Start with the Right Questions



- Services that are appropriate
 - Define clearly inappropriate
 - Define clearly appropriate
 - Move to middle
- For which patients is this appropriate?
 - Align with patient preference
 - Broadband
 - Attention to equity and quality

Appropriateness

**Person-
Centered
Interaction(s)**

**Measurement
and Follow-up**

Pre-visit assessment to determine clinical appropriateness of telehealth visit:

- Anticipate objective assessment can be made via audio-visual or audio-only telehealth visit.
- Suspected or known condition(s) not at risk for acute complication(s).
- In-person intervention(s) not anticipated.
- Information needed for assessment/diagnosis/treatment is patient-reportable.
- Telehealth visit will not detract from longitudinal relationship between patient and provider.
- Provider anticipates strong likelihood of desired outcomes as a result of telehealth visit.

If yes to all above:

Patient has audio-visual capabilities and privacy can be achieved to the patient's satisfaction

Risk/benefits of telehealth visit are discussed with patient and patient preference for telehealth visit is clearly expressed by patient

If YES to both above:

Telehealth visit occurs

If NO to one or both above:

In-person visit occurs

Appropriateness



- **Clinical judgment**
- Clear criteria
 - Detract from longitudinal relationship
 - Need for a hands-on physical examination
 - Procedure or urgent intervention
 - Acute complication(s)
 - Patient
 - Understanding of risks, benefits, and safety
 - Preference
 - Technological capabilities
 - Privacy
 - Needs can be met
- Plan for in-person, if needed

Person-Centered Interaction(s)



- Shared understanding
- Cultural humility
- Plan for:
 - Technology failure
 - Shifting preference to in-person
- Credentials are clearly identified
- Professionalism
- Usual source of care
- Medical record

Measurement and Follow-up



Data infrastructure

- Downstream healthcare utilization
- Evidence-based care
- Patient-reported outcome(s)
- Patient satisfaction
- Stratified by
 - Race/ethnicity
 - Language
 - Sex
 - Age categories
 - Insurance status

Appropriateness

**Person-
Centered
Interaction(s)**

**Measurement
and Follow-up**

Shared Expectations – All Levers

**Health
Plans**

**Delivery
Systems**

**Individual
Providers**

Purchasers

Patients