



TELEHEALTH AND COVID-19: PROVIDER INNOVATIONS AND THE NEED TO THINK SUSTAINABLY

The GHPC COVID Collection

The COVID-19 outbreak has changed the way people live and work across the United States. The health care industry, in particular, has made a significant pivot to providing services using telecommunications technologies, referred to as telehealth or telemedicine. Adoption of telehealth allows providers to limit in-person interaction and residents to follow social distancing guidelines and stay-at-home orders, while still ensuring access to care.

Health care providers have quickly responded in numerous ways to support the uptake of telehealth, overcoming challenges and exploring new adaptations and innovations that can be translated into sustainable solutions and resiliency for their organizations. This brief provides an overview of several challenges health care providers reported facing while making the transition to telehealth services, the adaptations and innovations they implemented, and steps to promote sustainability of telehealth in the future — both for the duration of the pandemic and beyond.*

INFRASTRUCTURE AND TECHNOLOGY

Challenges

Providers cite inadequate broadband infrastructure and lack of access to appropriate technology for telehealth services as a barrier during the transition to telehealth services for both themselves and their patients.

Adaptations and Innovations

As providers adopt this modality of providing services, numerous adaptations and creative steps were taken to overcome these challenges. Federal policy efforts to relax Health Insurance Portability and Accountability Act (HIPAA) enforcement allowed providers to experiment with easily accessible platforms that may not have been previously allowed, such as Facetime, Google Video Calls, or other real-time videocall services not considered HIPAA-compliant. Federal and state policy also allowed some health care services to be rendered via telephone-only communication rather than needing a video component. This allowed providers to continue providing some services to clients who do not have access to videocall technology.

To address gaps in broadband services, providers introduced numerous creative ways to help clients obtain internet access for telehealth visits. For school-based mental health providers, they found that the meal distribution conducted by schools allowed an opportunity to provide mobile hotspots so that students could access the internet to complete homework or telehealth visits. For patients or clients in rural areas with limited internet service, central locations with Wi-Fi



*The provider perspectives are compiled from information gathered from Georgia Health Policy Center partners, technical assistance grantees, and other qualitative data collected across the center's sponsored projects. Providers include behavioral health providers for youth and young adults, rural health care providers, and providers of maternal health care.

helped them access the internet for telehealth visits. These included sites like local Walmarts, McDonald's, pharmacies, and even the parking lot of a local fire station where they could connect to a free and public Wi-Fi network. Other clinics transitioned to "drive-up" telehealth, where patients could drive to the clinic's parking lot and a staff member would bring out a tablet for use during their telehealth visit while the doctor was inside and the patient remained in their car. This addressed both the broadband barrier and access to technology barrier for some patients. Additionally, the clinic found it easier to clean each tablet after each visit versus managing social distance in waiting rooms, deep cleaning exam rooms, and acquiring greater quantities of personal protective equipment.

Sustainability

There are many considerations as providers transition through the next stages of the pandemic and telehealth's sustainability even after the pandemic. Policy changes will be key to sustaining adoption allowed during the COVID-19 response. Otherwise, many of the easily accessible technologies adopted would cease to be allowed after the public health emergency is lifted. Additionally, the services that are allowed via telemedicine and also billable through public and private payers expanded considerably in March and April of this year, following the declaration of a public health emergency. These expanded allowances could be rolled back without federal or state-level changes. Finally, broadband access will continue to be a barrier for many patients without improved telecommunications infrastructure for all areas.

STAFF CAPACITY AND ORGANIZATIONAL PROCESSES

Challenges

Prior to the pandemic, many health care systems and provider organizations had limited experience and technological capacity to operate telehealth platforms. While the rapid declines in patient volumes early in the pandemic enabled some providers the opportunity to quickly receive necessary training, others were forced through experiential learning to quickly adopt telehealth to meet surge demands in services.

Front-line providers are quickly adapting, but challenges remain as some provider organizations lack capacity to develop and implement new protocols to facilitate telehealth. Front-line staff are also finding that they must teach patients how to engage in telehealth while they too are learning how to support care delivery via telehealth and new virtual platforms.



Additionally, the health care system and provider organizations have faced staffing challenges due to COVID-19. Many have lost staff due to fear of contracting or actual contraction of COVID-19, while others have had to furlough staff due to low patient volumes. Hiring during the pandemic has also been challenging, leaving some organizations understaffed.

Adaptations and Innovations

Organizations report supporting staff in a number of new ways. There have been new trainings to boost staff comfort with technology and even weekly virtual check-ins where providers can compare experiences on what is and is not working and seek solutions from peers. Some supervisors are hosting "fun" staff check-ins to boost morale and to show what is possible with virtual technology.

As health care systems and provider organizations have increased their adoption of telehealth, many have developed protocols to support consumer use and engagement. Provider organizations are working with patients and caregivers before virtual visits to walk them through the steps of connecting through their computers, tablets, or electronic devices; complete necessary forms; and log in to virtual platforms to support virtual visits.

Sustainability

Professional education on how to effectively and ethically use telehealth will influence sustainability. At an organizational level, open communication with staff will enable evaluation of training and processes, and inform any necessary adaptations to ensure staff are feeling competent and confident in providing care through remote means.

BILLING

Challenges

The federal and state government have implemented a myriad of policy exceptions, allowances, and executive orders to support provider billing and payment for services provided during the public health emergency. These include expanding the location of where services may originate, the types of services that may be provided, the type of providers who may engage in telehealth services, and the modalities and platforms that may be used to facilitate telehealth visits; increasing the rate of reimbursement for services delivered virtually; and adjusting payment financial risk models. A more detailed account of these policy changes can be found in the Georgia Health Policy Center's brief [Telehealth and COVID-19: What Practitioners Need to Know](#).



States, as payers of health care services, and health insurance companies similarly adapted their claims and payments systems and made procedural changes to support COVID-19–related telehealth policy changes, ensuring providers can bill and be reimbursed for services provided both virtually and telephonically.

Providers who were already actively using telehealth as a provision of service modality have more easily acclimated to the fast-paced changes catalyzed by COVID-19. Providers newly adopting telehealth report experiencing challenges in adjusting workflow processes, appointment scheduling, billing, referrals facilitation, and equipment.

Adaptations and Innovations

The sudden immersion in virtual care has also spawned innovation as many provider practices and systems are developing hybrid environments that include both in-office telemedicine and telephonic service modalities for care delivery.

As providers continue to increase uptake and proficiency in providing care via telemedicine, there is concern that expiration and abrupt termination of current telehealth policies and payment rates will adversely impact practice and workflow and threaten sustainability as providers develop new business models that incorporate telemedicine as a core element. Recent declarations by the federal government to extend the public health emergency beyond July through November 2020, along with initiatives in Congress and the Centers for Medicare and Medicaid Services (CMS) to permanently extend many of telehealth exceptions and allowances, have begun to pave the way for long-term transformation in the adoption and utilization of telehealth.

Sustainability

Providers warn abrupt discontinuation of current policies will result in increased costs and threaten the sustainability of telemedicine. Reverting to pre-COVID telemedicine policies will mean increased costs for providers to utilize HIPAA-secure software and applications, as well as productivity costs associated with the limited scope of practice and originating site criteria.

Payers express concerns that rapid-cycle evaluations are needed to ensure that providers are engaging with patients and consumers and that quality of care is not jeopardized. Currently federal and state policymakers are exploring legislation to make permanent the current COVID-19 emergency telemedicine policies. Additional research is needed to identify and understand which services are most equitably and effectively provided via telemedicine in terms of costs and quality.

Billing Resources

- CMS Innovation Center Models COVID-19 Related Adjustments
- CARES Act: American Medical Association COVID-19 Pandemic Telehealth Fact Sheet
- Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic
- Medicare Telemedicine Health Care Provider Fact Sheet
- Alexander: Make the Two Most Important COVID-19 Telehealth Policy Changes Permanent

PROVIDER ENGAGEMENT IN TELEHEALTH

Challenges

At the start of the pandemic many health care systems and provider organizations were minimally using or not using telehealth to serve patients either because of regulatory limitations, low reimbursement rates, or lack of necessary technology infrastructure in their area. As a result, there was a large learning and implementation curve in the health care provider community that had to be quickly overcome to support care delivery during the pandemic.



As providers have increased adoption, some are now reporting burnout due to high volumes of telephone and virtual visits back-to-back on a single day. Others are reporting a lack of satisfaction in their work due to limited or no in-person contact with patients. Additionally, providers express concern about the quality of care that can be provided via telehealth while others fear that lack of access to in-person care is contributing to future morbidities and mortalities among their patients who are not seeking care due to COVID-19.

Adaptations and Innovations

While not all providers were eager or equipped to adopt telehealth, recent data from CMS indicate that telehealth utilization has increased exponentially during the pandemic. CMS data* show that prior to the pandemic telehealth visits among Medicare beneficiaries averaged 13,000 per week, but that number increased to 1.7 million visits during the last week in April 2020.

While many providers initially lacked necessary training to effectively utilize telehealth, there are now waiting lists for providers to join telehealth networks to support care delivery through virtual visits. CMS, health care professional associations, payers, and local health care systems have developed numerous toolkits and trainings to support provider adoption of and engagement in telehealth. Additionally, health care systems and provider organizations are modifying their health information exchange protocols and systems to support data-sharing and help support the delivery of quality care via telehealth.

Contrary to expectations, the flexibility afforded by telehealth fostered client-provider relationships by enabling check-ins during nonstandard office hours and a greater sense of appreciation by clients for more frequent check-ins.

Sustainability

Understanding if and how telehealth impacts quality of care is essential for its sustainability. Policymakers, payers, providers, and consumers are all interested in knowing for whom and under what circumstances quality care is provided via telemedicine. Studies are emerging that compare care provided via telehealth versus in-person, with results indicating that certain illnesses and disorders are better addressed in-person while others are addressed equally well via telehealth. Consumer feedback and adoption will also be critical factors to sustainability, including expansion of broadband connectivity throughout the United States to facilitate its use.

FUTURE CONSIDERATIONS

The Georgia Health Policy Center will continue to monitor evolving policy changes during the COVID-19 public health emergency; adoption of telehealth; and the impact of these changes on cost of care, access to care, and patient outcomes. For the past 25 years we have been guided by our commitment to connecting decision-makers with the objective research and guidance needed to make informed decisions about health policy and programs. Please reach out to us if you have any research or policy analysis needs.

*Verma, S. (2020). Early impact of CMS expansion of Medicare telehealth during COVID-19. *Health Affairs*, Accessed at <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full>

CASE EXAMPLE: ENGAGING BEHAVIORAL HEALTH PROVIDERS AND PATIENTS

Challenges

Providing remote care to a young population, usually served through school-based programming, presents unique challenges. Aside from the typical equipment needed for telehealth generally, some therapeutic models, particularly play therapy, require substantial adaptation to implement in a virtual environment and new models for keeping youth engaged. Even with substantial creativity from behavioral health providers operating virtually, providers report youth across all ages and regardless of programming — experiencing virtual burnout.

Adaptations and Innovations

Gaining buy-in and easing both providers and clients into telehealth

During the pandemic response, even providers who had been lukewarm to telehealth began to put aside their fears and become more receptive to participating in telehealth programs. One rural community described a program of easing providers into telehealth by first rolling out a mobile app called eCare as a pilot with a small group of providers. These providers responded positively, expressing how it helped them connect with more patients. As a result of the pilot, they worked with provider committees to propose this as a long-term scenario to ensure that their patients did not go without care. Hence, the rural providers initiated video connections with selected patients. The providers reported that it is working well but observed that it would

not be ideal for first-time visits with new patients. The agency noted that their providers have begun to have more discussions on creative ways for using telehealth beyond the pandemic, including exploring its use for post-surgery follow-up appointments.



Providers reported that youth, especially elementary-aged children, needed a “warm-up period” to become comfortable with the technology and the virtual way of receiving therapy. For these youth, taking a few minutes to “check in” and talk casually about their physical environment before proceeding with more therapeutic interventions has proven beneficial. An example of a “warm-up” might be to ask about a picture in the youth’s virtual background.

Telehealth enables extending services to families

For some service delivery programs, such as school-based mental health and clubhouse models, treatment and programming typically take place in a setting where parents and guardians do not spend a lot of time. However, in the virtual environment, having an adult present to help set up the technology for each appointment with younger patients has been critically helpful.

This interaction has enabled greater rapport with caregivers, often resulting in identification of other family supports and services needed. At times the additional support has included meeting additional family-level needs (e.g., food, unemployment, or housing assistance; documentation status for individuals who are not eligible for benefits and supports; referrals for domestic violence; or introductions to other needed resources). In some cases, family counseling has been introduced and added to the youth’s treatment plan — services that may not have been possible with on-site visits.

Patient outreach and connection

Some rural health providers report that telehealth allows them to connect more with patients and make more contact than they would have during in-person visits. Community health workers and other providers have been able to check in more frequently with patients, and patients have expressed gratitude for the consistent outreach and feeling “cared about” in these times.

Connecting with younger clients and keeping youth engaged has required substantial innovation on the part of behavioral health providers. Many providers reported creating “kits” and delivering them to their younger patients.

These kits include a variety of objects such as stress balls, sand timers to support timed meditation, and pipe cleaners. The kits are utilized during behavioral telehealth sessions to increase time for engagement and also serve as a resource for the child beyond the appointment.

Mental health and substance use recovery providers for teens have reported similar creativity. Examples of innovations include providing journals to youth and allowing them to stay engaged in their group sessions using platforms such as Instagram Live, House Party, or Poll Everywhere. Providers have also introduced care packages, which include art supplies, stress balls, and other fun supportive items.

Sustainability

There has been substantial local innovation for engaging both providers and clients. These types of lessons are often the most difficult to disseminate but can make a meaningful difference in both provider and patient engagement with telehealth, both of which are essential for the sustainability of this modality in patient care. It is important for providers and organizations to share engagement tips with peers in order to incorporate best practices into future trainings and processes.

While telehealth cannot replace all in-person health care services, this public health emergency has highlighted what services can be provided virtually without impacting quality of care. It will be critical for providers to continue offering insights based on their experience to distinguish between what can be done in-person versus virtually, and explore the impact telehealth has had on access to care, continuity of care, and quality of care. Objectively evaluating the impact of telehealth services during the pandemic will provide policymakers the data needed to determine the future role of telehealth in health care service delivery. CMS has commissioned studies to address these specific factors.

A Sustainability How-To Guide for Providers of Telehealth provides more information on how health and behavioral health providers can plan to continue telehealth services under various scenarios. Creating a sustainability plan allows providers, organizational leadership, and other stakeholders to make informed decisions about the future of the program through a planning process that assesses the continuing need, evaluates the program design and impact, and identifies ways to support the program for the long term.

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