# Telehealth Challenges:
# Insights from the Johns Hopkins Office of Telemedicine

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# Telemedicine Visit Volume Trends
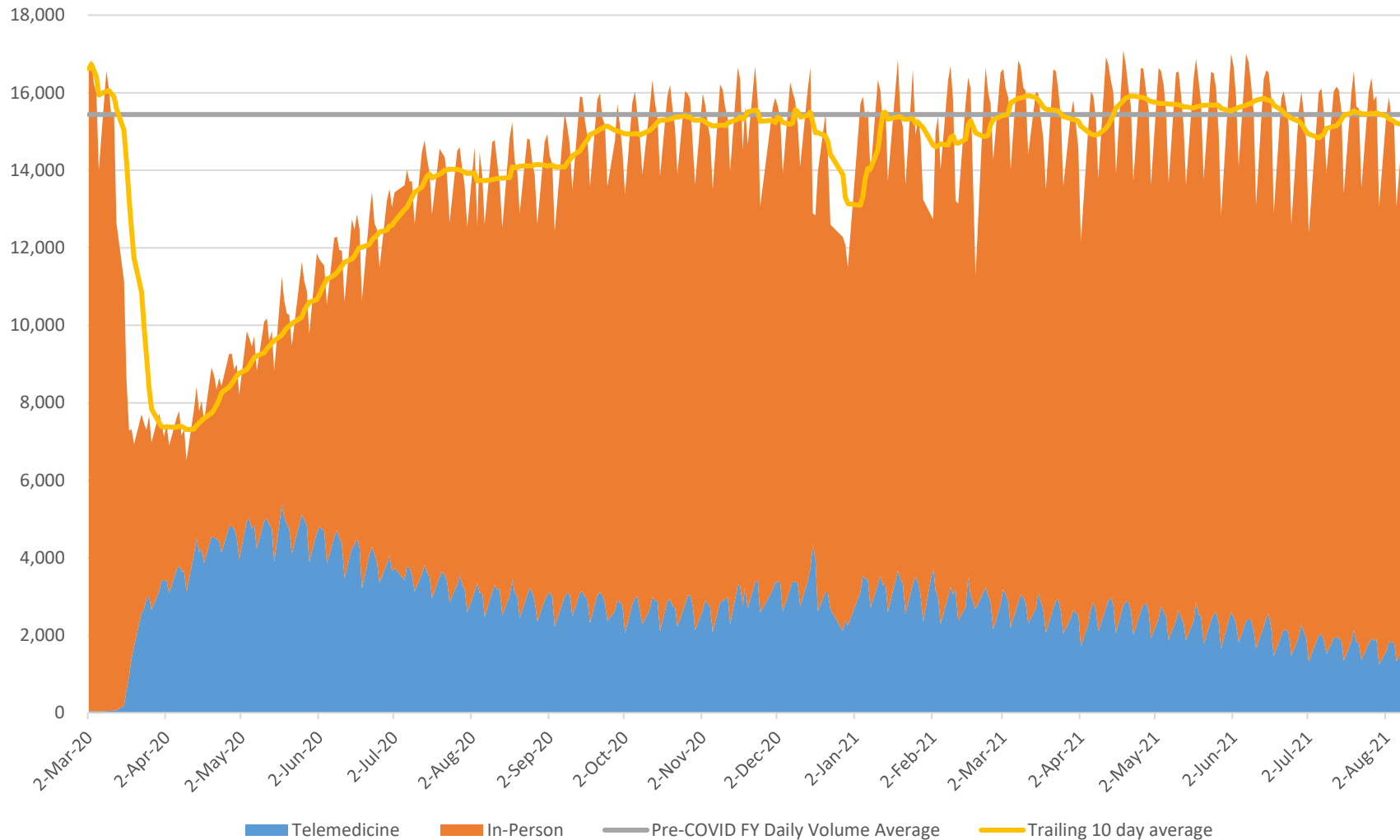## *Health System - Monthly Comparison*

Total COVID Volume: 1,075,473

Total FY'20 Pre-COVID Volume: 539

■ Video  ■ Phone
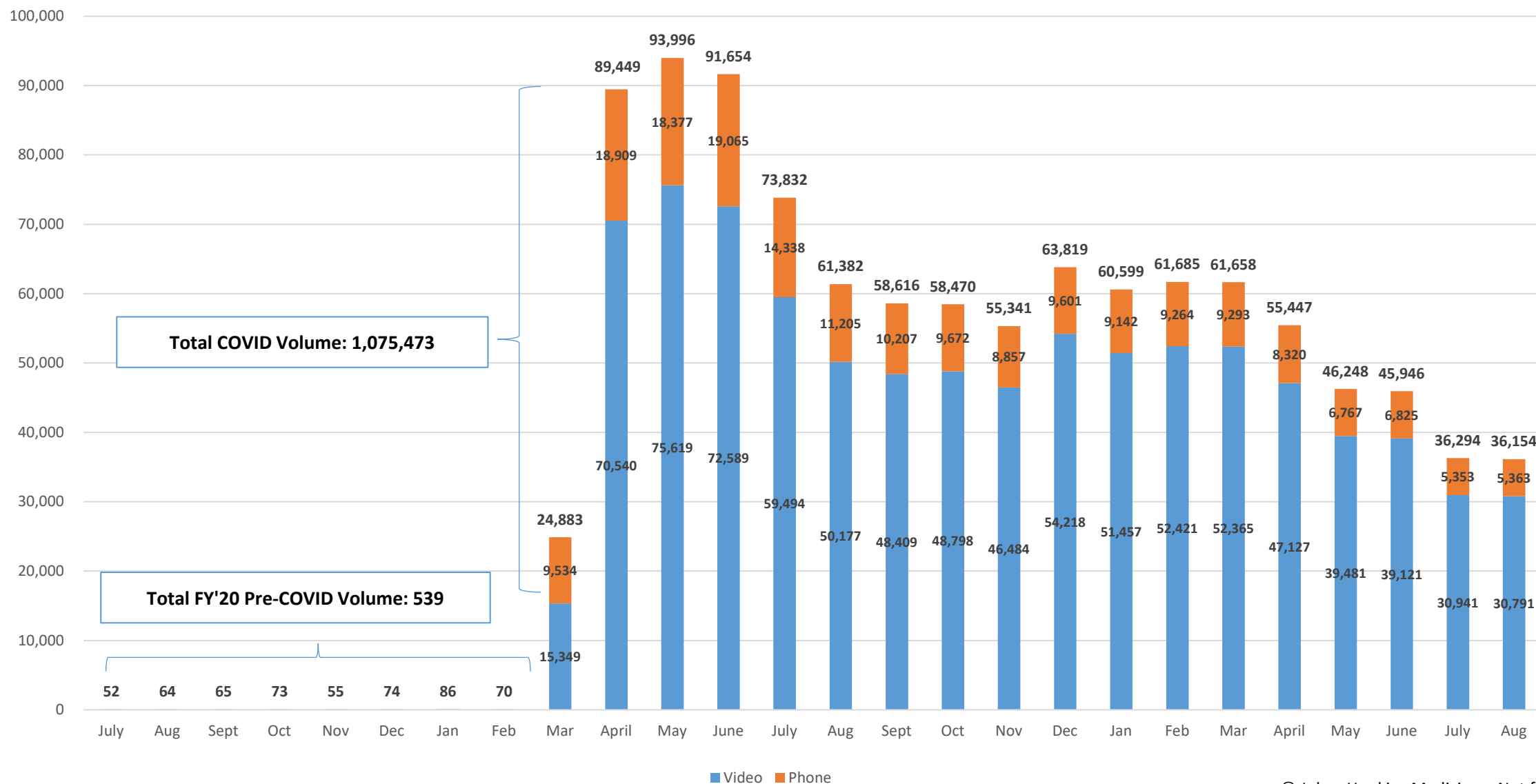
# Telemedicine Visits vs. In-Person Visits
## *Total Ambulatory Volume*

- Telemedicine volume peaked in April / May 2020

- Slowly declining since vaccines

- Total volume remains around pre-COVID projected volume (to date, telemedicine substitute and not additive)

Legend: Telemedicine | In-Person | Pre-COVID FY Daily Volume Average | Trailing 10 day average

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*Note: Orange (in-person) and blue (Telemedicine, including both video and audio-only visits) are stacked (not overlapping)

# Pandemic Waivers - Overview

- **Patient Location**
  - Medicare and Medicaid programs put waivers in place that telemedicine can be done and billed when patients are in their homes

- **Provider Location**
  - Providers can also be at home

- **Provider Type & Licensure**
  - More provider types allow by boards
  - Each state puts into place waivers to allow physicians licensed in other state for care for patients

- **Technology/Platform**
  - Audio-only
  - HHS – HIPAA non-enforcement for platform

# Current Telehealth Challenges

- **Patient care modality choice is haphazard**
  - Patient preference
  - Provider preference
  - Schedule template availability
- **Limited ability to address patient needs**
  - Device, internet access
  - Trust, privacy concerns
  - Tech literacy/familiarity
- **Limited ability to address provider needs**
  - Training and education
  - Staffing and support
  - Easy workflows
- **Uncertainty regarding future regulatory landscape**
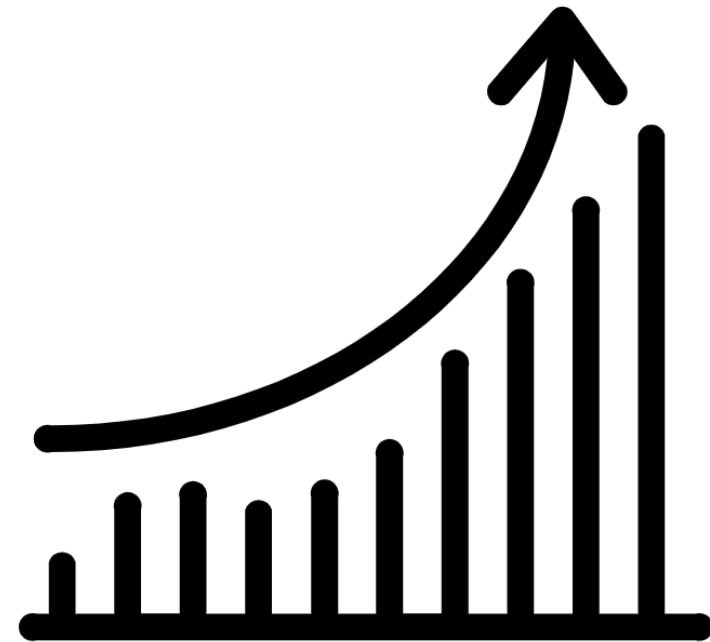
# Johns Hopkins Early Efforts to Address Challenges

**Harvard Business Review**

https://hbr.org/

**Health Care And Treatment**

# A Simple Way to Identify Patients Who Need Tech Support for Telemedicine

by Helen K. Hughes, Rebecca Canino, Stephen D. Sisson, and Brian Hasselfeld

August 10, 2021

## A Tool for Determining Which Patients Need Technical Support for a Video Visit

Johns Hopkins Medicine uses a tool embedded in its electronic-health-record system to identify patients likely to require assistance to get ready for a video visit, so support staff can proactively reach out to them. The score ranges from 0 to 4, with 0 representing the lowest risk that a video visit would be unsuccessful and 4 representing the highest risk that it would be. As shown in the screenshot of the hospital's tool below, a patient's score of 4 indicates she is highly likely to need support.



| Video Risk Score | Outreach Sent Days Ago | Outreach Sent Last 7d |
|---|---|---|
| 4 | | |

**Video Visit Technical Risk Score**
Teladoc, Three — Score calculated: 5/11/2021 10:43

| | |
|---|---|
| 2 | **Not MyChart Active** |
| 1 | **No eCheck-In in the last 7 days** |
| 1 | **No Video Visit appt in the last 3 months** |
| 0 | Phone Visit in last 3 months, but none via Video |

Source: Johns Hopkins Medicine and
© 2020 Epic Systems Corporation

▽ HBR

# State and Federal Advocacy

- Maryland legislature passed and Governor signed the "Preserve Telehealth Access Act of 2021"
    - Remove originating site / distant site restrictions
    - Video visit parity and permanent Medicaid coverage
    - Preserve audio-only reimbursement
    - Remove home monitoring / remote monitoring barriers

- Key sponsor of the TREAT Act in the US Senate
    - Act to address provider state licensure issues during the COVID health emergency (NOT permanent, but a step in the right direction!)

**Opinions**

**Telemedicine is a godsend during a pandemic. But state licensing rules get in the way.**

Opinion by **Paul Rothman** and **Kevin Sowers**

Dec. 10, 2020 at 4:43 p.m. EST

**A national crisis requires a national response**

BY BRIAN HASSELFELD AND BALIGH YEHIA, OPINION CONTRIBUTORS — 12/16/20 01:30 PM EST
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

# Licensure Update

- As of October 2021, most states' pandemic related licensure waivers have expired

- This means that *in general*, if you are seeing a patient who is located in a state where your profession is regulated by a state licensure, you must be licensed in that state to see that patient at that location.

- Examples of exceptions for **physicians** (actively changing area)…

**Florida**
Brief Telehealth Provider License

**Arizona**
New State Law
Awaiting Board Processes

**Maine**
Limited Teleconsultation
Licensure

**telemedicine**

Thank you!
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Johns Hopkins Office of Telemedicine Team