



Telehealth in Colorado: Trends and Opportunities to Improve Access to Care

September 30, 2020



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Our Mission

We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim: **Better Health**, **Better Care**, **Lower Cost**

We are:

- Non-profit
- Independent
- Objective



Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.



Clinicians



Hospitals



Government



Consumers



Employers



Researchers



Health Plans



Non-Profits

What's in the CO APCD



Health Insurance Payers

We receive claims from **Medicaid, Medicare**, Medicare Advantage, and over **40 commercial payers**



Claims

The Colorado APCD has over **875+ million claims** (Medical, Pharmacy, and Dental)



Unique Lives

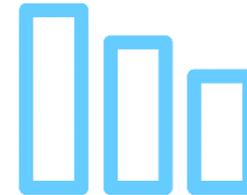
The Colorado APCD represents **over 4.3 million** unique lives, and over **80% of insured Coloradans**

How the CO APCD Is Used



Public CO APCD Data

Identify opportunities for improvement and to advance health care through public reports and publications



Custom CO APCD Data

Datasets and reports to address specific project needs aimed at better health, better care and lower costs.



Agenda

- Review CO APCD Telehealth Services Analysis
 - Kristin Paulson, VP of Innovation and Compliance, CIVHC
- Discuss Efforts in CO to Enhance Use of Telehealth
 - Stephanie Bennett, State Health IT Coordinator, OeHI
 - Carrie Paykoc, Director, OeHI
 - Sarah Schmitt, Managing Director, Research, Evaluation and Consulting, CHI
 - Nina Bastian, Program Manager, CHI
- Questions/Feedback from Participants
- Housekeeping:
 - Session is being recorded, Questions via the chat box

Telehealth Analysis from the CO APCD

- Purpose:
 - Understand how telehealth services are impacting the health care delivery system pre-, during, and post- COVID-19
 - Supports allocation of resources to enhance telehealth in areas most vulnerable to severe illness
 - Initial direct request from Office of eHealth Innovation

Telehealth Analysis from the CO APCD

- Helps inform the following questions:
 - What are the **trends in use** of telehealth services?
 - What **types of telehealth services** are patients using most frequently over time?
 - What are the **patient diagnoses** associated with telehealth?
 - What **types of providers** deliver most telehealth services?
 - How does use of telehealth services **vary by county of residence, age and gender**?

Historic and Current Barriers to Use of Telehealth Services

- Providers

- Reimbursement
- Longer visits owing to problems with technology
- Potential to undercut rural health clinic and community hospital services

- Patients

- Lack of broadband connectivity (rural and low income areas especially impacted)
- Lack of smartphone
- Unable to afford telecommunications charges
- Perception of lower quality care with telehealth visits

CO APCD Analysis Considerations

- Currently Jan 2018 – Feb 2020 Claims only
 - March/April 2020 will be included in Oct. update
- Medicare FFS data not currently available/included for 2019/2020
 - Medicare FFS 2019 will be included in Oct. update
- Definition largely based Governor Polis' expansion of telehealth definition in Colorado statute C.R.S. § 10-16-123(4)(e)(I))

Telehealth Definition (Inclusions)

- Health care services delivery through telecommunications systems to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management. The term includes:
 - Synchronous interactions (real-time);
 - Store-and-forward transfers (asynchronous interactions);
 - Services provided through HIPAA-compliant interactive audio-visual communication or the use of a HIPAA compliant application via a cellular telephone; and
 - Voice-only telephone communication or text messaging (after expansion).

Telehealth Definition (Exclusions)

- Does NOT include the delivery of health care services via:
 - Facsimile machine
 - Electronic mail system
 - E-consults in asynchronous (not in real-time) mode of provider-to-provider communication and consultation
 - Remote provider instruction through an electronic platform like ECHO Colorado

Telehealth vs. Telemedicine

- “**Telemedicine**” is an electronic exchange of medical information using **synchronous interactions** (e.g., telephone, interactive visual communications).
- “**Telehealth**” is a broader scope of services that also includes **asynchronous** telecommunication like management services through a patient portal and remote monitoring of weight, blood pressure, and other measures.
 - CMS includes transitional care management in its definition of telehealth which is also included in the analysis.

In Summary:

- This analysis tracks **telemedicine services** *and* **three additional categories of telehealth**:
 - Telehealth using asynchronous communication between patients and providers,
 - Remote monitoring, and
 - Transitional care management.

Initial Findings

Prior to COVID, use of telemedicine was growing, primarily for treatment of mental health diagnoses.

- From Jan 2018 to Feb 2020, telehealth use increased 33% for commercial, 91% for Medicaid, and 13% for Medicare Advantage members.
- Females use telehealth services more often than males, and adults aged 18-44 use telehealth services more than other age group.
- Across all payers, mental health conditions were the most frequent reason for telehealth visits (33%) followed by respiratory conditions (12%) and counseling (7%), though the top diagnoses varied significantly by payer type.
- Primary care providers have historically provided most telehealth services, followed by behavioral health providers.
- Alamosa county leads the state with the highest overall telehealth utilization rate, with 93% of the visits in that county for mental health conditions.
- From Jan 2018 to Feb 2020, commercially insured patients increased their use of telehealth to access behavioral health providers by 83%.

Live Demo

- <https://www.civhc.org/covid-19/telehealth-services-analysis/>



Telehealth in Colorado

Choose Time Period:

January 2018

February 2020



Choose Payer Type*:

(All)

Choose a Telehealth Service Category:

(All)

Choose Cost or Utilization:

Utilization

Total Services: 390,000

Total Payments: \$31,199,000

Utilization Rate: 58 services per 1,000 members

Cost: \$0.39 per member per month (PMPM)

Who is accessing telehealth?

Patient Gender		Patient Age	
Female	64%	0-17	9%
		18-44	35%
Male	36%	45-64	29%
		65+	27%

Why are patients accessing telehealth?

Top Diagnosis Categories	
Mental Health Conditions	33%
Respiratory Conditions	12%
Counseling	7%
Other	6%

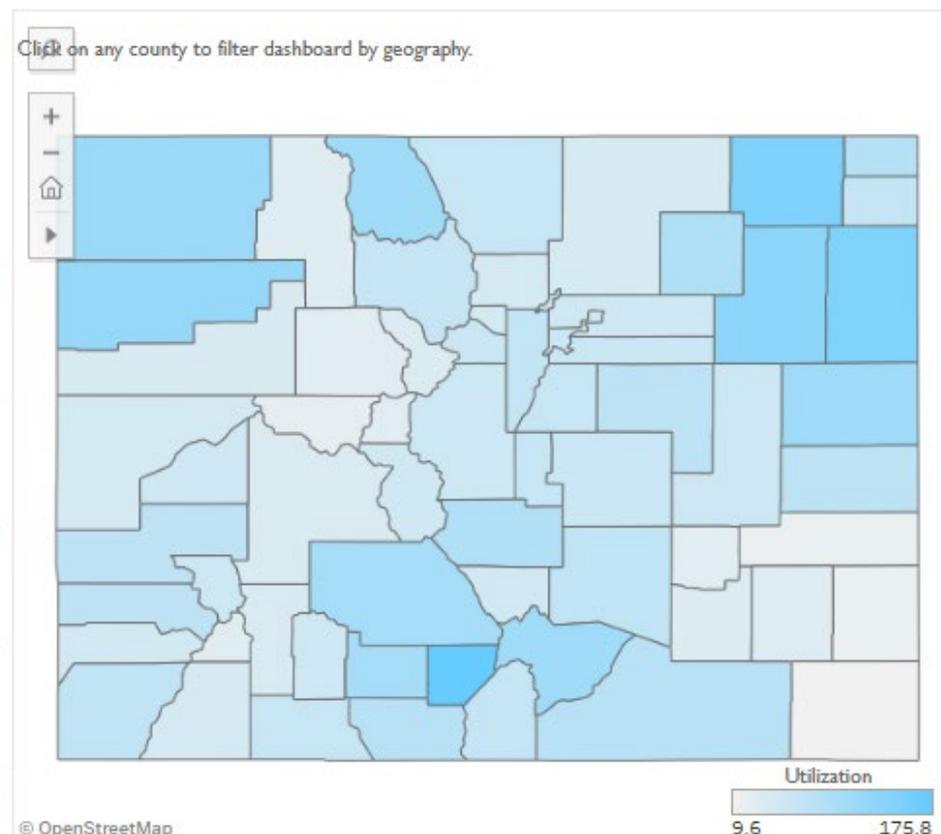
What services are being provided?

Top Telehealth Procedure Categories	
Telephone Services	42%
Office or Other Outpatient E&M Services - Establis..	19%
Transitional Care E&M Services	12%
Psychiatry Services and Procedures	10%

Who is providing telehealth?

Top Service Provider Types	
Primary Care	42%
Behavioral Health	30%
Remote Weight Loss Service	5%
Internal Medicine Subspecialty	5%

Where do patients receiving telehealth services live?



Source: Colorado All Payer Claims Database (CO APCD), 2020
 * "All" payers does NOT include Medicare Fee-For-Service after Dec. 31, 2018

Telehealth Trends in Colorado

Choose a Measure:

Utilization per 1,000 Members

Choose a Payer Type*:

(All)

Choose a Telehealth Service Category:

(All)

Choose a Provider Type:

(All)

Click on any point to view telehealth procedure details.

Lasso (click and drag) to view multiple months at a time.



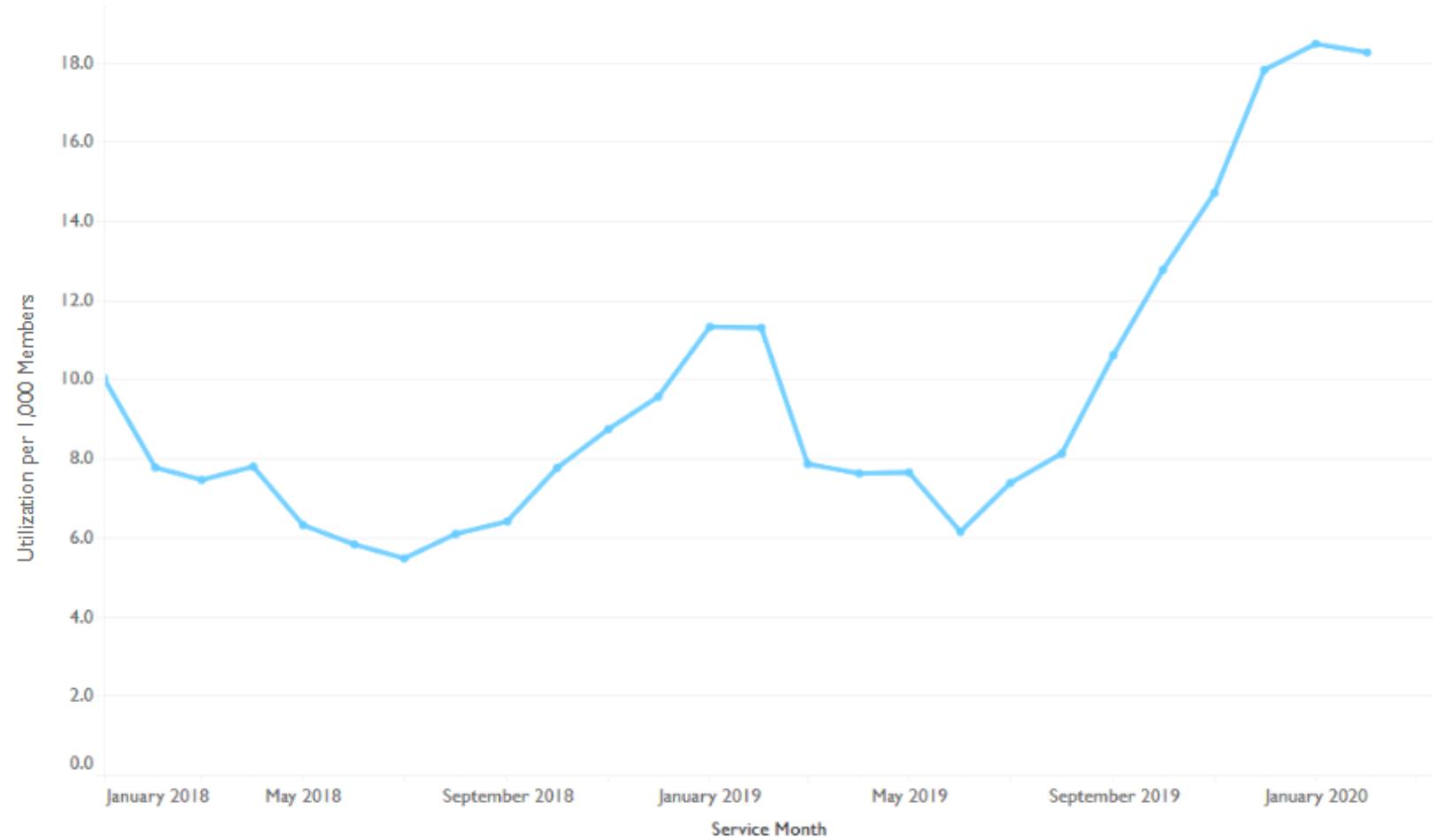
Source: Colorado All Payer Claims Database (CO APCD), 2020

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Telehealth Trends in Colorado

Choose a Measure: Choose a Payer Type*: Choose a Telehealth Service Category: Choose a Provider Type:

Click on any point to view telehealth procedure details.
Lasso (click and drag) to view multiple months at a time.



Source: Colorado All Payer Claims Database (CO APCD), 2020
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Telehealth Services Detail

Top 10 Services Detail by Division of Insurance Region (DOI)

Choose Time Period:

January 2018  February 2020

Choose a Payer Type*:

(All) ▼

Choose a Telehealth Service:

(All) ▼

Choose a DOI Region:

(All) ▼

Choose Cost or Utilization:

Utilization ▼

Select any procedure, diagnosis, or type category to filter the other displays. Multiple selections can be combined for a more specific view.

Telehealth Procedures

Telephone Services	42%
Office or Other Outpatient E&M Services - Established Patient	19%
Transitional Care E&M Services	12%
Psychiatry Services and Procedures	10%
Office or Other Outpatient E&M Services - New Patient	5%
Education for Patient Self-Management	4%
Health and Behavior Assessment	1%
Remote Monitoring	1%
Facility Telehealth Service	1%
Asynchronous Communication	1%

Telehealth Diagnoses

Mental Health Conditions	33%
Respiratory Conditions	12%
Counseling	7%
Other	6%
Musculoskeletal conditions	5%
Endocrine/Nutritional conditions	5%
Circulatory conditions	5%
Genitourinary conditions	5%
Nervous System conditions	5%
Digestive conditions	4%

Telehealth Provider Types

Primary Care	42%
Behavioral Health	30%
Remote Weight Loss Service	5%
Internal Medicine Subspecialty	5%
Student (e.g. Resident)	5%
Physician Assistant	2%
Nurse Practitioner	2%
Surgery	1%
Obstetrics & Gynecology	1%
Clinic/Center	1%

Source: Colorado All Payer Claims Database (CO APCD), 2020

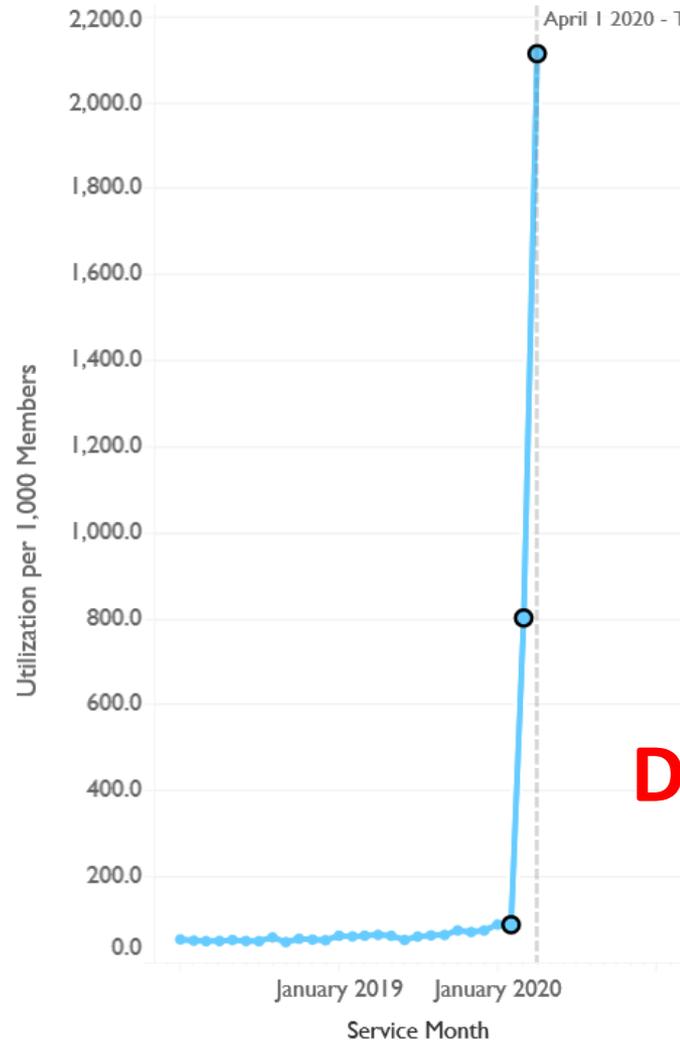
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Telehealth Services Analysis Updates

- Plans to update every other month with new data refreshes
- Data for Commercial, Medicaid and Medicare Advantage lags approximately 5-6 months
- Next update planned for end of October and will contain claims through April 2020

Sneak Peek: COVID-Related Changes

Click on any point to view telehealth procedure details.
Lasso (click and drag) to view multiple months at a time.



	February 2020		March 2020		April 2020	
	Total	% Change	Total	% Change	Total	% Change
Office or Other Outpatient E&M Services - ..	2,949		45,068	1428%	137,752	206%
Psychiatry Services and Procedures	3,813		49,836	1207%	131,482	164%
Telephone Services	6,014		23,550	292%	40,355	71%
Physical Medicine and Rehabilitation	132		10,213	7637%	32,277	216%
Other	244		5,978	2350%	19,123	220%
Special Ear, Nose, and Throat Services	0		38		63	66%
Office or Other Outpatient E&M Services - ..	1,448		4,629	220%	13,280	187%
Consultation Services	55		4,215	7564%	9,369	122%
Health and Behavior Assessment	171		2,892	1591%	6,532	126%
Facility Telehealth Service	141		937	565%	2,892	209%
Nursing Facility Services	*		399		5,493	1277%
Virtual Provider-Patient Communication	*		1,777		2,400	35%
Asynchronous Communication	249		1,021	310%	1,237	21%
Transitional Care E&M Services	1,457		1,183	-19%	717	-39%
Preventive Medicine Services	*		428		1,348	215%
Education for Patient Self-Management	0		0		*	
Remote Monitoring	286		332	16%	242	3%
Hospital Inpatient Services	21		101	381%	273	170%
Medical Nutrition Therapy Procedures	*		36		92	156%
Prolonged Services	0		70		193	176%
Emergency Department Services	14		21	50%	17	-19%
Genetic Counseling	0		*		13	
Virtual Provider-Patient Communication F..	0		18		25	39%
Critical Care Services	0		0		17	

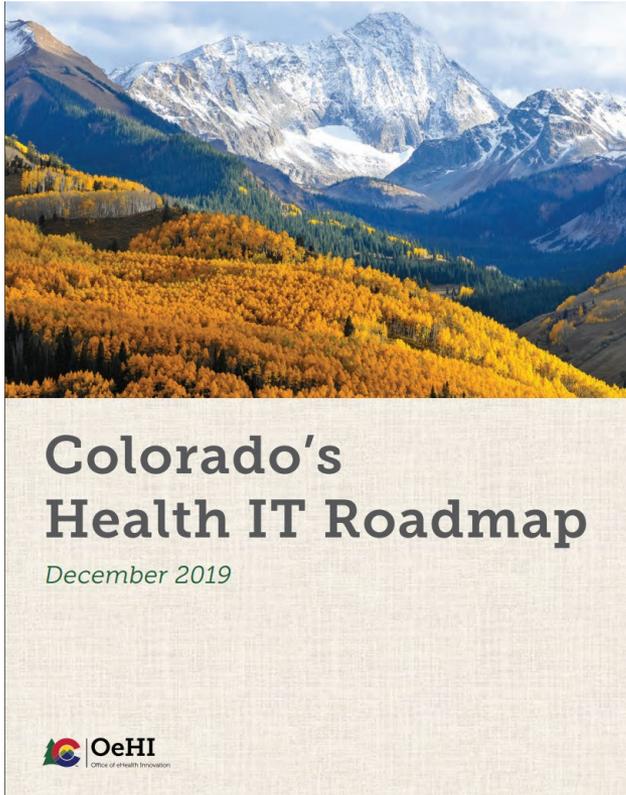
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Expanding Telemedicine Opportunities in Colorado

Office of eHealth Innovation
and eHealth Commission
CIVHC Telehealth Webinar
September 30, 2020

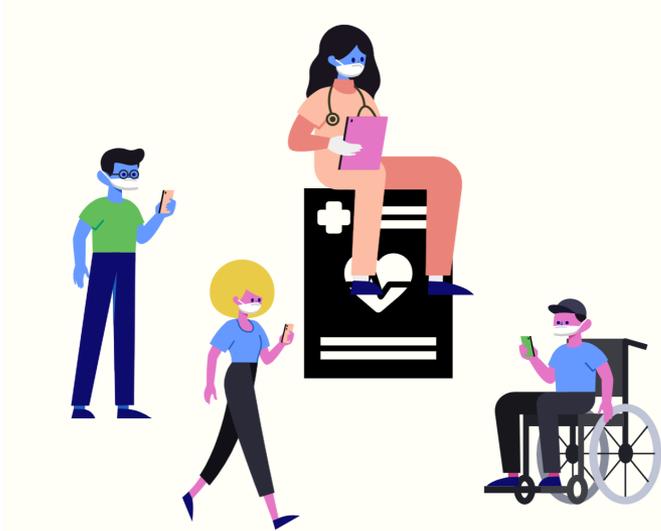


OeHI and eHealth Commission Background



- Established in 2015 through EO 2015-008
- Advance Polis and Primavera health priorities through [Colorado's Health IT Roadmap](#)
- The eHealth Commission advises OeHI and State and steers Roadmap efforts
- eHealth Commissioners wanted!
- FY21 Goals: Advancing Colorado's Health IT Roadmap, Telemedicine, and Health Equity

Telemedicine- Pandemic Response



- Innovation Response Team (IRT) Task Force
- Governor Telemed Emergency Executive Order
- [SB20-212- Telemedicine Reimbursement](#)
- [Health at Home Website](#)
- [Kinsa Pilot](#)- 15,000 tele-thermometers
- Telemedicine Projects with Colorado HIEs
- Regional Learning Collaborative w/ Prime Health

Office of eHealth Innovation- Contact Info

- Next eHealth Commission is October 14, 12-2 PM
- Check out [website](#) for info
- [Sign up](#) for communications!
- Follow us on twitter: @OeHI_CO

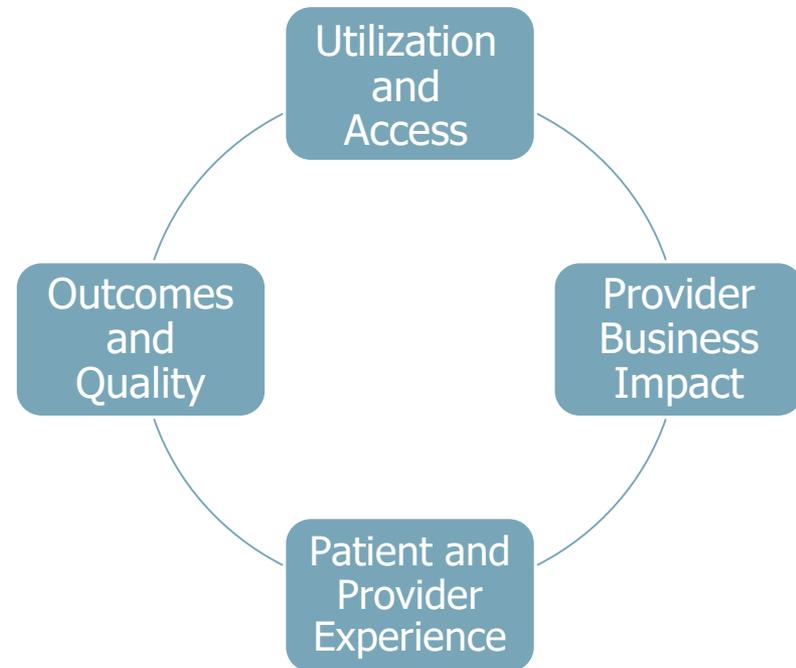
- Carrie Paykoc: Carrie.Paykoc@state.co.us
- Stephanie Bennett: Stephanie.Bennett@state.co.us

Evaluation with Colorado Health Institute

Project Goals

- Understand the **value proposition of telemedicine** in Colorado.
- Examine the effects of the state's **COVID-19 telemedicine emergency response** and policy changes.

Research Domains



Data Sources: Phase I

- **Colorado Health Observation Regional Data Service (CHORDS)**
 - Electronic medical record data from 14 providers representing about 32% of all Front Range residents
 - Baseline: March 2019 through June 2019
 - Pandemic: March 2020 through June 2020
- **Qualitative Data Collection**
 - 10 interviews with staff across three provider organizations
 - 23 one-on-one interviews with patients across the state

Findings: Phase I

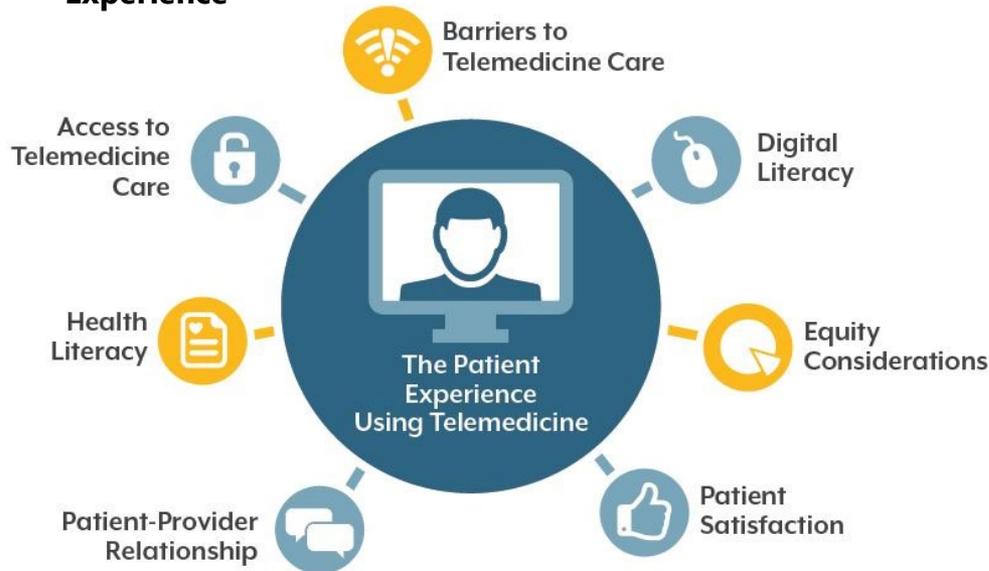
- Telemedicine has been invaluable in helping providers **keep the door to care open** during the pandemic
- Even as telemedicine encounters increased dramatically, **overall care use (in-person and telemedicine) dropped by 43%** over the period analyzed by CHI
- Telemedicine will continue to be a key tool for serving patients as long as the pandemic continues to depress ambulatory care volumes

Findings: Phase I

- Telemedicine has transformed behavioral health care delivery for CMHCs, and has the potential to dramatically change how behavioral health is delivered by **increasing access and convenience**
- Telemedicine is not a perfect substitute for an in-person visit, especially for certain patients
- CMHC encounter volume increased during the analysis period: **84% of encounters were delivered via telemedicine**, compared to less than 1% prior to the pandemic

Findings: Phase I

Defining the Patient Experience



- Most patients with access to telemedicine consider it to be a great substitute for certain types of in-person care
- Some have trouble **accessing or getting quality care** through telemedicine due to their circumstances
- Most patients say they will continue to use telemedicine, if available, even once in-person care feels safe because of the **advantages of convenience, time savings, and quality of care received**

Next Steps

- Continue to leverage the CHORDS network to take a deeper dive into certain conditions and service areas, including behavioral health
- Expand patient and provider engagement
- Consider a cohort analysis to better understand quality and outcomes



Contact Information

- Cari Frank: cfrank@civhc.org
- Kristin Paulson: kpaulson@civhc.org
- Carrie Paykoc: Carrie.Paykoc@state.co.us
- Stephanie Bennett: Stephanie.Bennett@state.co.us
- Sara Schmitt: schmitts@coloradohealthinstitute.org
- Nina Bastian:
BastianN@coloradohealthinstitute.org