



Telehealth in Colorado: Advancing Access to Essential Health Care Services

January 19, 2023



CENTER FOR IMPROVING
VALUE IN HEALTH CARE



Presenters



Ashley Heathfield
Office of e-Health Innovation,
Senior Project Manager



Emma Anderson, MA,
Health Care Reporting Analyst,
CIVHC



Clare Leather, MPH,
Public Reporting Program Manager,
CIVHC



Housekeeping

- All lines are muted
- Please ask questions in the Chat box
- Webinar is being recorded
- Slides and a link to the recording will be posted on the Event Resources page on civhc.org



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.



What's IN the CO APCD?



870+ Million Claims (2013-2021)



36 Commercial Payers, + Medicaid & Medicare*



5+ Million Lives*, Including 1M (50%) of self-insured



Nearly 70% of Covered Lives (medical only)*



Trend information 2013-Present

*Reflects 2021 calendar year only

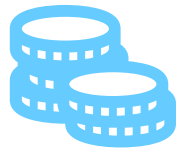
What's **NOT** In the CO APCD



Federal Programs – VA, Tricare, Indian Health Services



Majority of **ERISA-based self-insured employers**



Uninsured and self-pay claims



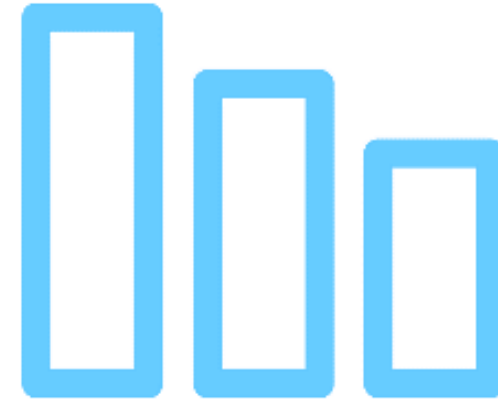
Supplemental Info (incomplete)

How we inform



Public CO APCD Data

Identify opportunities for improvement in your community through interactive reports and publications



Non-Public CO APCD Data

License data from the most comprehensive claims database in CO to address your specific project needs



Agenda

- Understand how use of telehealth services has changed since the onset of COVID-19
- Learn what types of services Coloradans are accessing via telehealth and how it differs by payer and region
- Identify how provider payments compare for telehealth vs. in-person services
- Understand state efforts to reduce telehealth barriers, improve access and address health inequities



Poll Question

- Have you used telehealth services since the onset of the Covid-19 Pandemic (March 2020)?
 - Yes
 - No



CIVHC Telehealth Services Analysis

- **Goal:** to provide stakeholders with information to understand telehealth services prior to the onset of COVID-19, and the impact the pandemic has had on telehealth service use. CIVHC plans to update this report annually moving forward to enable users to track trends in telehealth services over time and the impact on cost and utilization.
- The current report provides data from **January 2019 through January 2022.**

CIVHC Telehealth Services Analysis

- **Telemedicine** refers to services that occur with a provider in real time. (i.e. both parties are present via phone or video and are interacting at the same time)
- **Telehealth** refers to services that do not happen in real time such as remote medical device monitoring.

Our analysis includes both definitions!



CIVHC Telehealth Services Analysis

- This analysis helps answer several key questions about telehealth services:
 - How has telehealth use changed as a result of the pandemic?
 - Have the types of telehealth services patients are accessing changed?
 - Are different providers now delivering telehealth services?
 - How does the use of telehealth differ between counties across the state?
 - How much are we spending on telehealth per person and as a state?
 - What are the trends in telehealth use post-pandemic?

Telehealth Services Analysis Demo

civhc.org > Get Data> Public Data> Focus Areas >Telehealth Services Analysis

TELEHEALTH IN COLORADO

TABLE OF CONTENTS

Telehealth in Colorado Overview

Why, where and who is providing telehealth services over time by payer type, telehealth type, and county.



Telehealth Services Detail

Top 10 services, diagnoses, and providers of telehealth by payer type, telehealth type, and Division of Insurance Region (DOI).



Telehealth Demographics Focus

Utilization of telehealth services by age, race/ethnicity, and sex.



Telehealth Trends

Telehealth use by payer type, telehealth type, provider type, and county over time.



TABLE OF CONTENTS

OVERVIEW

SERVICES DETAIL

DEMOGRAPHICS FOCUS

TELEHEALTH TRENDS

TELEHEALTH IN COLORADO OVERVIEW



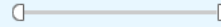
GLOBAL
DASHBOARD
FILTERS



SELECT A TIME PERIOD:

January 2019

January 2022



SELECT A PAYER TYPE:

All Payer Types



SELECT A TELEHEALTH TYPE:

Telemedicine & Telehealth

SELECT COST OR UTILIZATION:

Utilization

9,496,515

Total Services

\$1,067,520,812

Total Spending

927

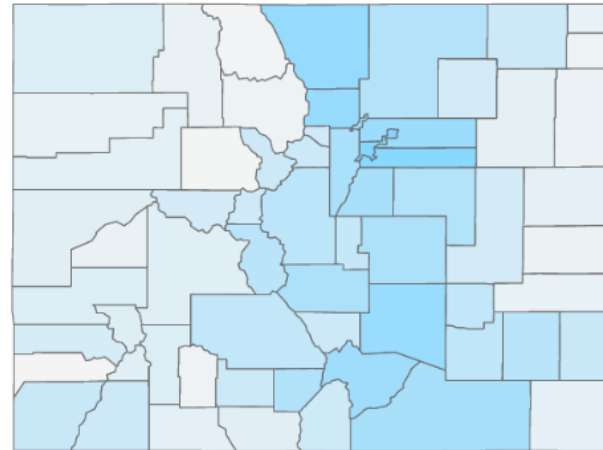
Services per 1,000 People

\$180

Spending per Person per Year

Where are patients receiving telehealth live?

Click on any county to filter by geography.



© OpenStreetMap

351

Services per 1,000 persons

1,165

Why are patients accessing telehealth?

Top Diagnosis Categories by Utilization

Mental Health Conditions	52%
Endocrine/Nutritional Conditions	6%
Musculoskeletal Conditions	5%
Nervous System Conditions	5%

What services are being provided?

Top Service Categories by Utilization

Office or Other Outpatient E&M Services - Established Patient	31%
Psychiatry Services and Procedures	30%
Other	10%
Telephone Services	9%

Who is providing telehealth?

Top Service Provider Types by Utilization

Behavioral Health	39%
Other	23%
Primary Care	23%
Internal Medicine Subspecialty	5%

Source: Colorado All Payer Claims Database (CO APCD), 2022
**"All" payers does NOT include Medicare Fee-For-Service after June 2021



Poll Question

- Which of these categories and/or features would you find valuable in future iterations?
 - Broadband internet access
 - Other Social Determinant of Health (SDoH) measures
 - Deeper look at patients with chronic conditions i.e.
 - kinds of services they receive and providers that serve that population
 - Rural vs. Urban Counties
 - Expanded look at the different modalities i.e.
 - virtual conferencing v. mobile health v. remote patient monitoring

Insights and Findings 2019-2021: Utilization

Number of telehealth visits increased post pandemic and still remain high

2000%
increase from
2019 to 2020

-11%
decrease from
2020 to 2021



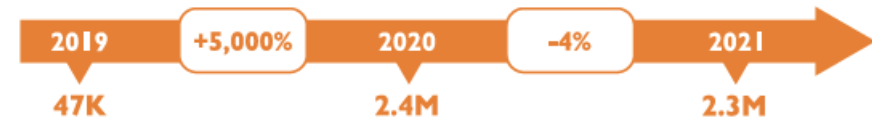
2021	1 visit per person	4.4M TOTAL
2020	1 visit per person	4.9M TOTAL
2019	1 visit per 10 people	260K TOTAL

Telehealth Medicaid visits increased the most across all payers from 2019- 2020

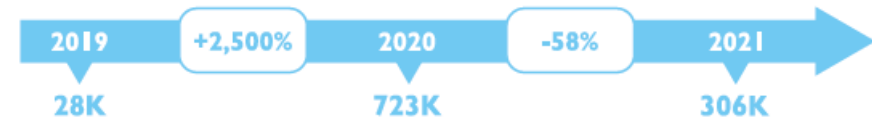
Commercial



Medicaid



***Medicare**

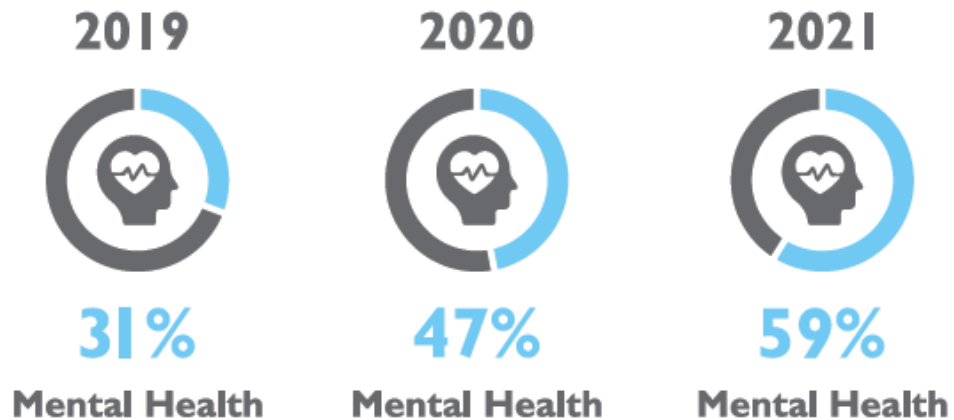


Medicare Advantage



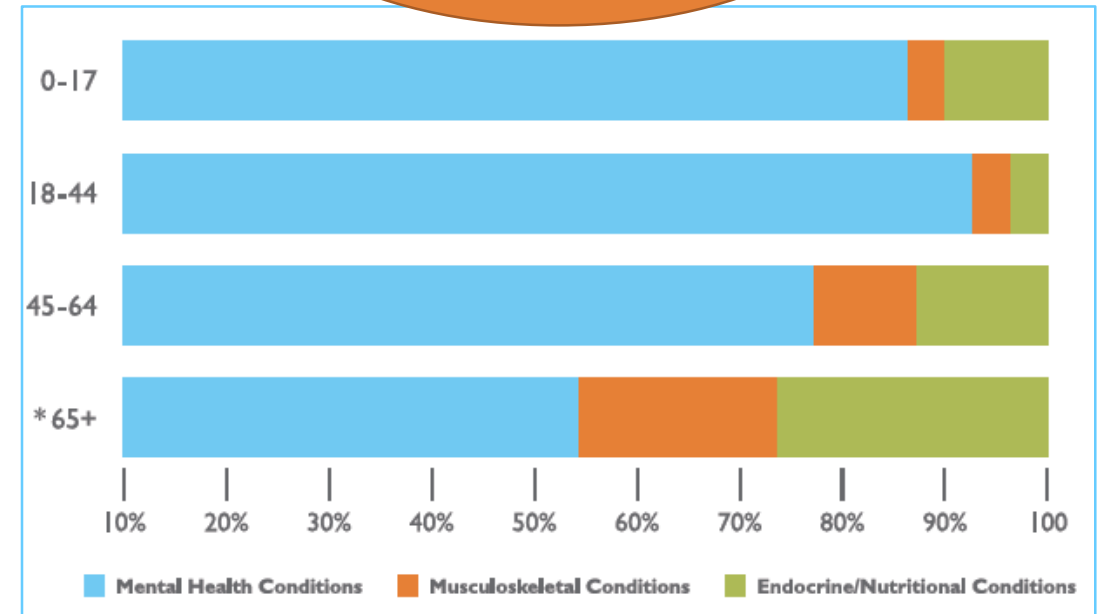
Insights and Findings 2019-2021: Diagnoses

Mental health is the top telehealth diagnosis category for all years and increased in both 2020 and 2021



Mental health conditions include Depression, Anxiety Disorders, Schizophrenia, etc.

For all age groups except people over 65+, 75% of all telehealth visits were for MH



Insights and Findings 2019-2021: Diagnoses

2019

31%

• **Mental Health**

(Depression, Anxiety Disorders, Schizophrenia, etc.)

13%

• **Respiratory**

(Asthma, Chronic Bronchitis, Emphysema, etc.)

7%

• **Circulatory**

(Aneurysms, Heart Failure, Cardiopulmonary etc.)

2020

47%

• **Mental Health**

(Depression, Anxiety Disorders, Schizophrenia, etc.)

7%

• **Endocrine / Nutrition**

(Hyperthyroidism, Diabetes, etc.)

6%

• **Musculoskeletal & Nervous**

(Arthritis, Osteoporosis, etc. / Spinal Cord Injury, Bell's Palsy, etc.)

2021

59%

• **Mental Health**

(Depression, Anxiety Disorders, Schizophrenia, etc.)

5%

• **Endocrine / Nutritional**

(Hyperthyroidism, Diabetes, etc.)

5%

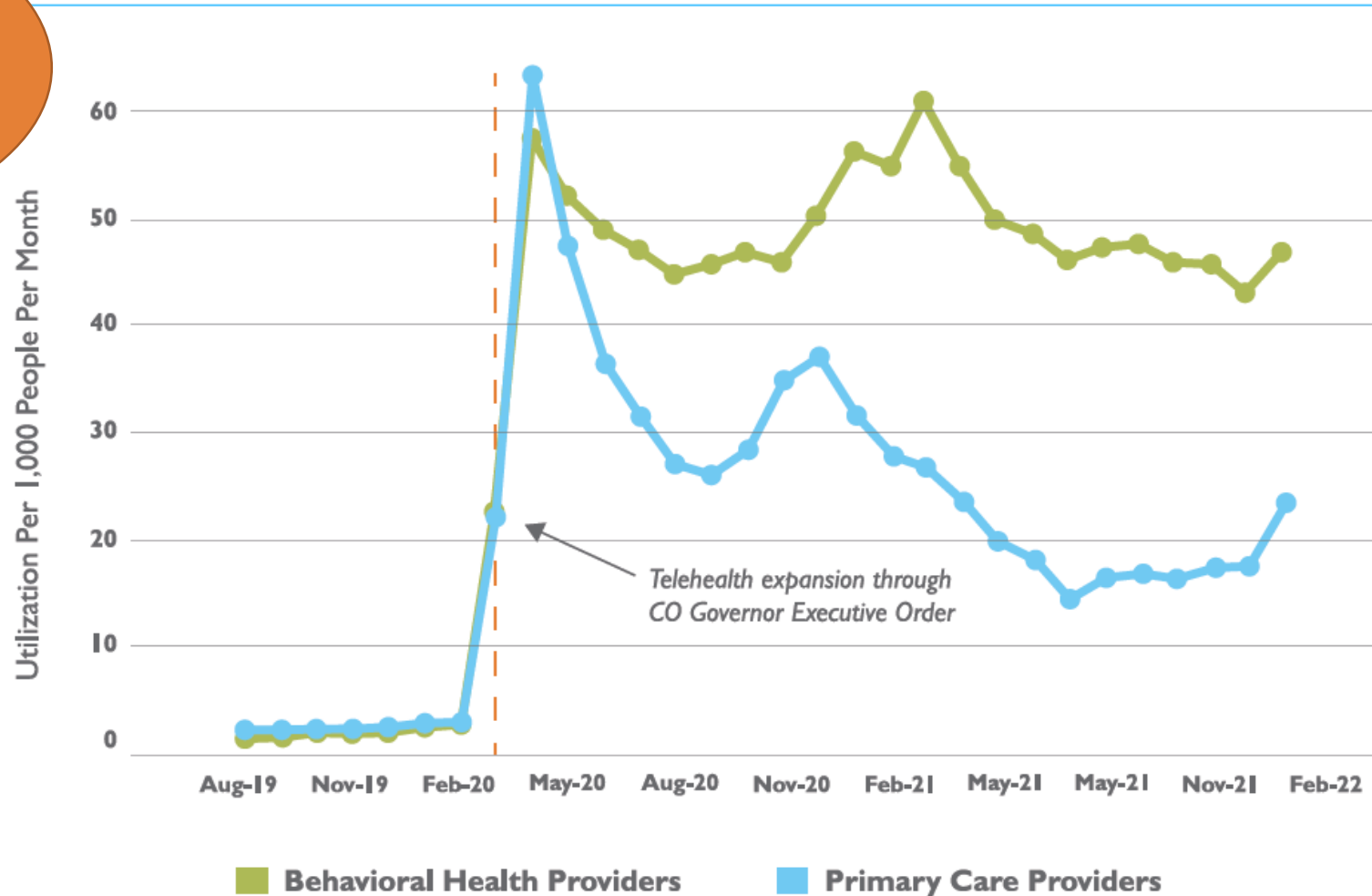
• **Nervous**

(Spinal Cord Injury, Bell's Palsy, etc.)

With the exception of
MH, top telehealth
diagnoses categories
per year have changed

Insights and Findings 2019-2021: Trends

Telehealth visits with
BH providers have
remained high while
visits with PCPs have
dropped more

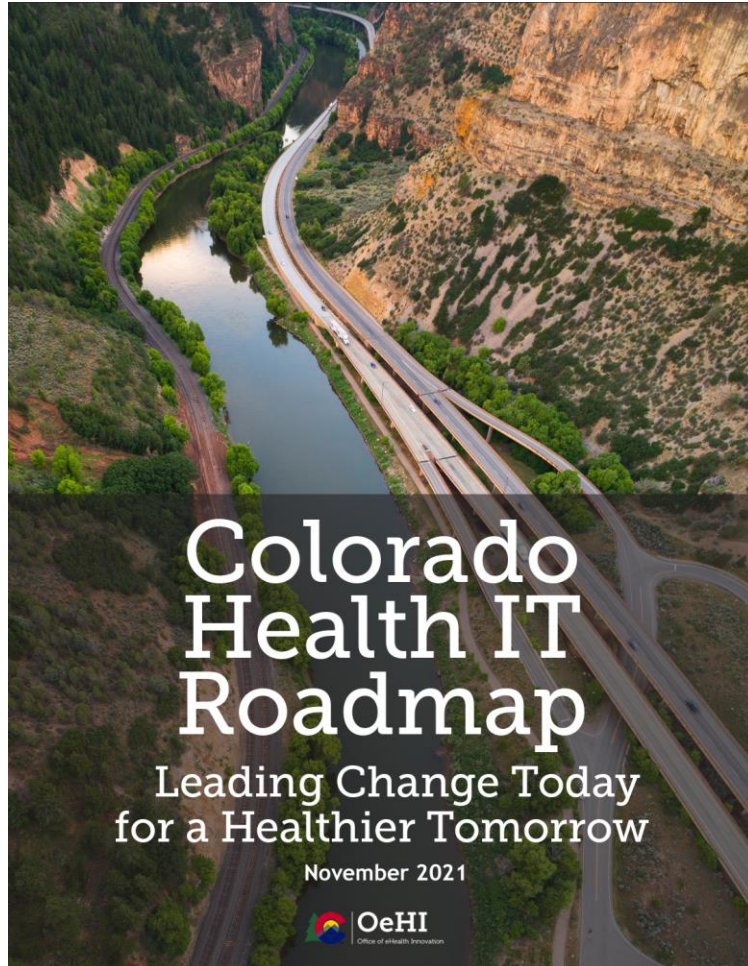


Telehealth Efforts out of the Office of eHealth Innovation

January 19, 2023



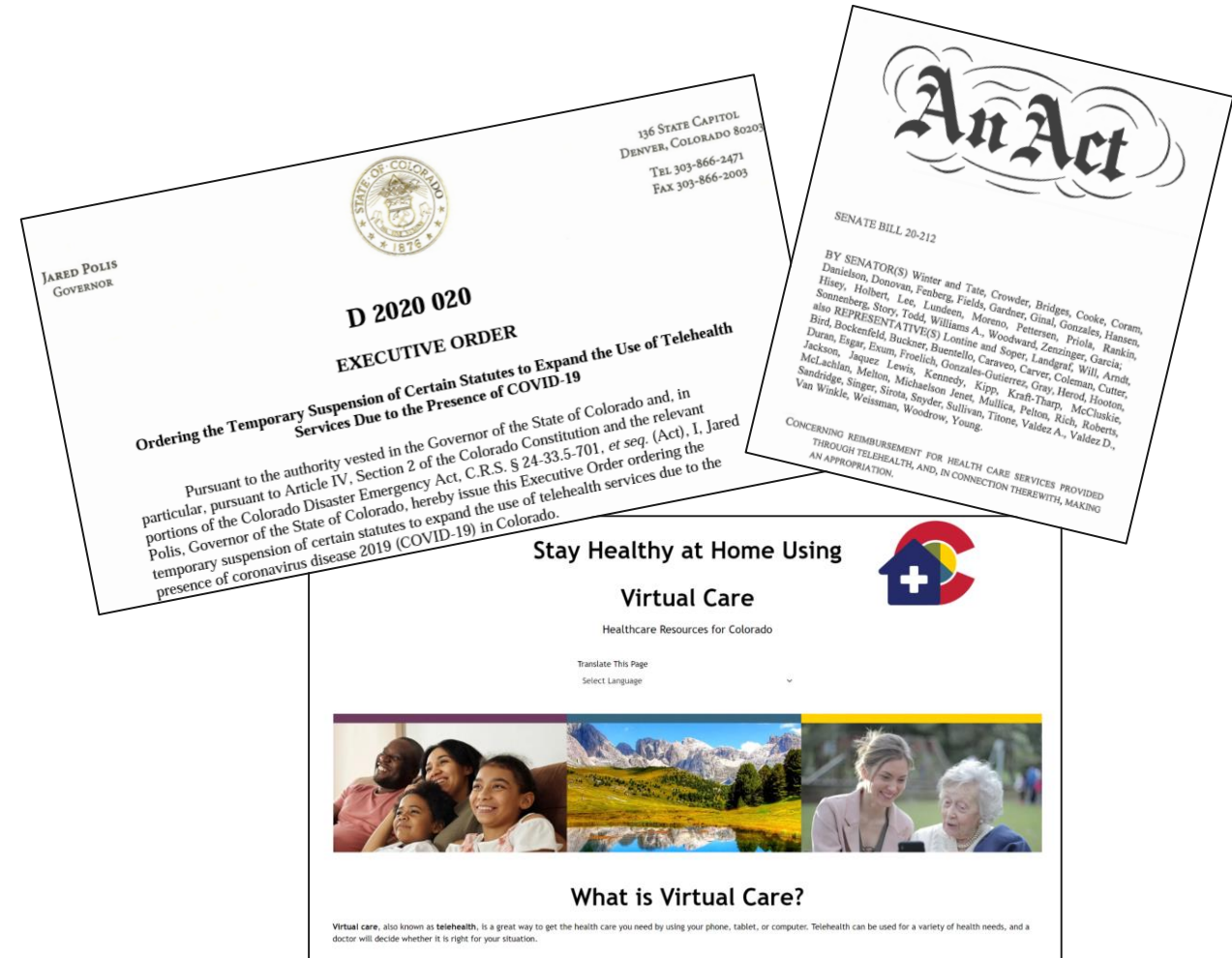
OeHI and eHealth Commission Background



- 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
- Goals guiding our work:
 - Data sharing and equitable access
 - Coordinated in-person, virtual, and remote services
 - Improving digital health equity

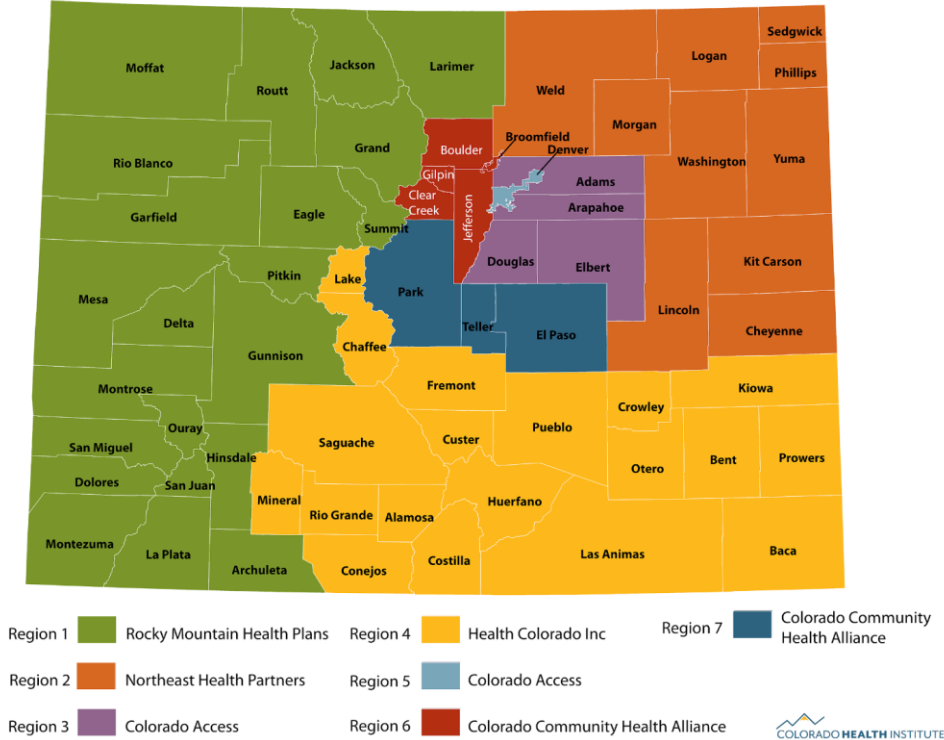
OeHI in Telehealth

- Innovation Response Team (IRT) Telemedicine Task Force
- Emergency Executive Order D2020 020
- SB20-212: Reimbursement for Telehealth Services
- Health at Home Website

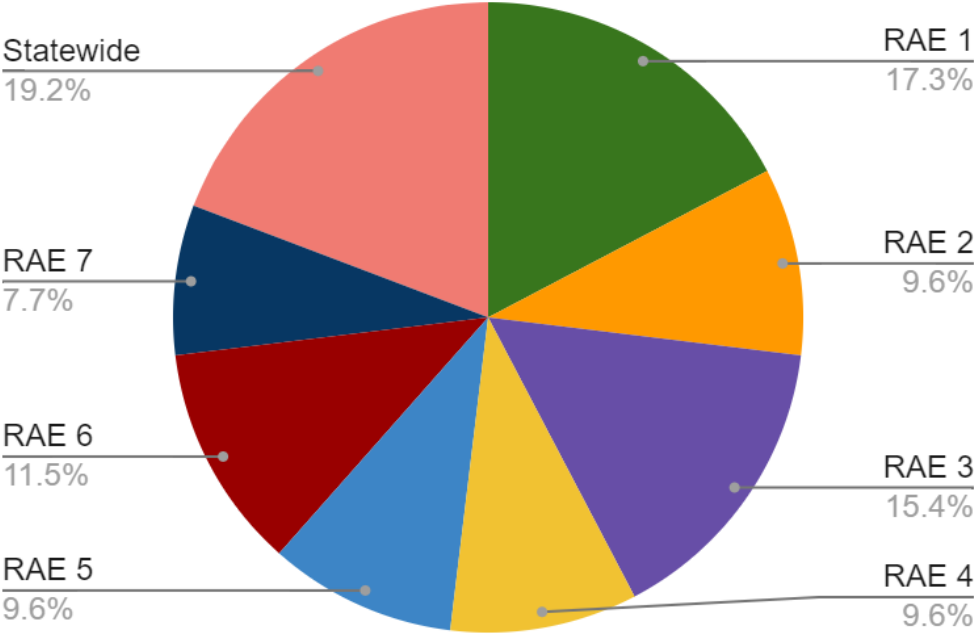


34 Medicaid Telemed Projects launched statewide in 2020-2021

Regional Accountable Entity (RAE) Regions in ACC Phase Two



Telemed Grants Finalists



OeHI in Telehealth

- Value of Telemedicine During the COVID-19 Pandemic
 - Insights from Patients
 - The Financial Impact on Providers and Payers
 - Insights from Patient Care Utilization in Colorado
- Regional Telemed Learning Collaboratives (RTLCS) with Prime Health and HCPF: Western Slope, NE CO, and NE Denver
- Colorado Provider Telehealth Surveys



Barriers to Telehealth Implementation and Access

Poll Question

If you've used telehealth before, what barriers did you encounter (if any):

- Bad internet or phone connection
- Interpretation/translation problems
- Didn't know how to use the technology or platform
- Didn't feel comfortable discussing healthcare needs over telemedicine
- Didn't have a private place to join from

Barriers to Telehealth: Patients



- Access to high-speed, affordable internet
- Access to web-enabled devices
- Digital literacy and/or skills
- Adoption differences based on demographic data and health condition

Barriers to Telehealth: Providers



- Confusing, duplicative, ineffective training
- Complexities, challenges, and claims denials when billing for telehealth
- Outdated EMRs
- Vendor challenges

Current OeHI Efforts

Telehealth & Digital Inclusion Strategy

Research & Analysis

Provider Support

Strategic Partnerships

Current OeHI Efforts: Research & Analysis



MEMORANDUM

To: Ashley Heathfield, Office of eHealth Innovation and Morgan Anderson,
Department of Health Care Policy & Financing
From: Spencer Budd and Ashlie Brown, Colorado Health Institute
Re: Remote Patient Monitoring
Date: April 28, 2022

The Colorado Health Institute (CHI) appreciates the opportunity to support the Office of eHealth Innovation (OeHI) and the Department of Health Care Policy & Financing (HCPF) with research on remote patient monitoring (RPM).

This memorandum summarizes key findings on the effect of RPM on health outcomes, potential cost savings from RPM, and operational considerations for providers considering RPM implementation. CHI reviewed information from peer-reviewed literature, white papers, and industry publications, and spoke with a telemedicine expert and the Colorado Rural Health Center (CRHC) to inform this memo.

Key Takeaways

- Health outcomes:** There is strong evidence that RPM for patients with heart disease, COPD, and diabetes improves health outcomes. Evidence for patients with pneumonia and asthma is promising but less developed. The research on RPM will continue to grow: Medicare's opening of RPM payment codes in 2019 created opportunity for more study.
- Cost effectiveness:** Research suggests RPM interventions can reduce acute care use resulting in savings, although the dollar amount ranges widely. More robust economic analyses are needed, but available evidence indicates RPM is a cost-effective approach to improving health outcomes. Practices may be able to increase the cost effectiveness of RPM by focusing on conditions supported by the literature such as heart failure and chronic obstructive pulmonary disease.
- Operational considerations:** To maximize their chances of a successful RPM implementation, providers should start small; identify the health concern or concerns (e.g. diabetes and heart failure) their patients need them to address; and (at least initially) partner with a vendor with expertise to monitor data and provide clinical support; securely and automatically share key data across systems; and navigate patient onboarding and troubleshooting.

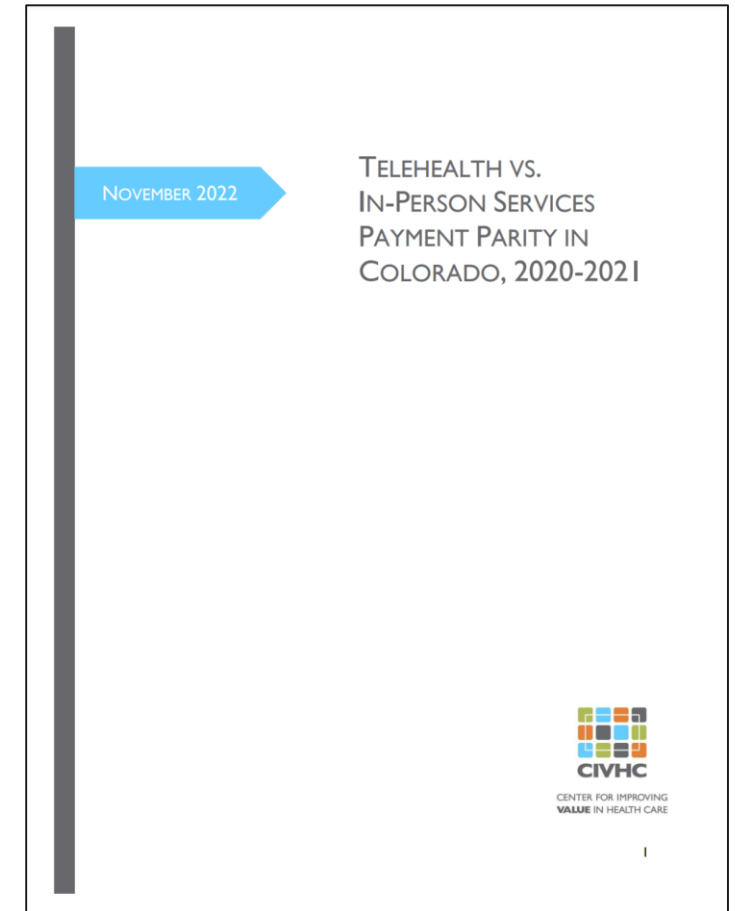
- 2022 Colorado Provider Telehealth Survey
- [CHI Remote Patient Monitoring Research Brief](#)
- CU Denver Evaluation of Telehealth to In-Person Services Analysis
- Sponsorship of 2023 Colorado Health Access Survey (CHAS) Telehealth questions
- CIVHC Projects: Telehealth Payment Parity and Community Level Telehealth Analysis

Current OeHI Efforts: CIVHC Projects

Telehealth Payment and Denials Parity Analysis

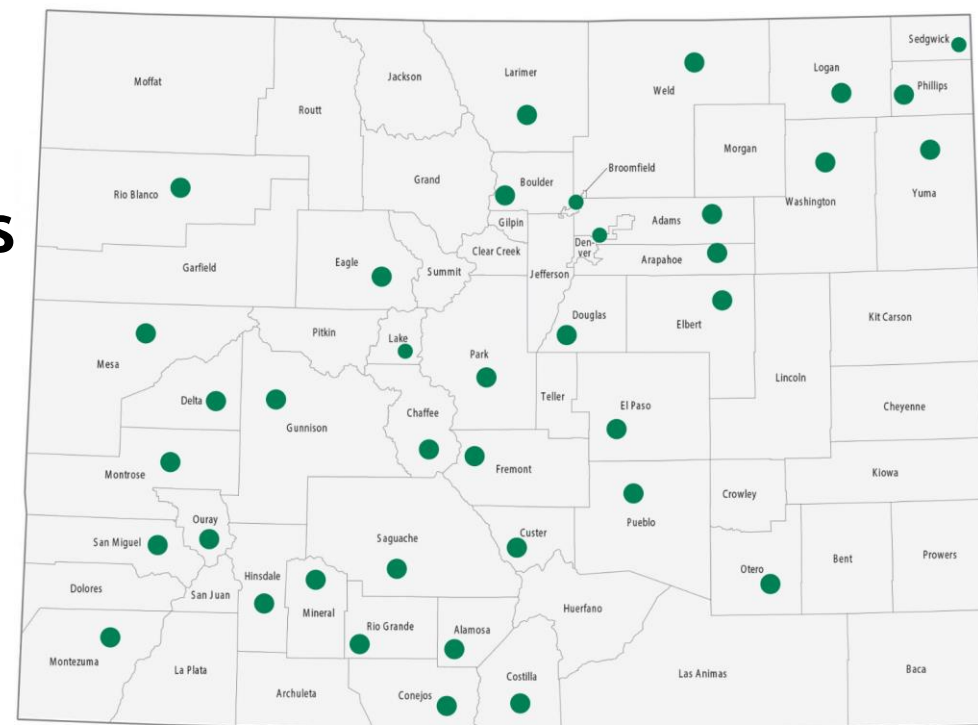
- CO APCD Findings:
 - Payment parity between in-person and telehealth claims is complicated
 - Allowed amount for telehealth services increased or remained the same from 2020
 - Lower allowed amount of reimbursement for urban claims vs rural claims

Community Level Telehealth Analysis -
beginning early 2023



Current OeHI Efforts: Provider Support

- **Colorado Health Innovation Resource Platform (CHIRP)**
 - Go-to resource in Colorado for telehealth information, training, workforce support, and resources
- **HB 21-1289 Broadband/Telehealth Grants**
 - Supports broadband connectivity, T/A in telehealth delivery, remote patient monitoring, equipment to increase internal capacity, patient device availability
 - \$4 million+ granted



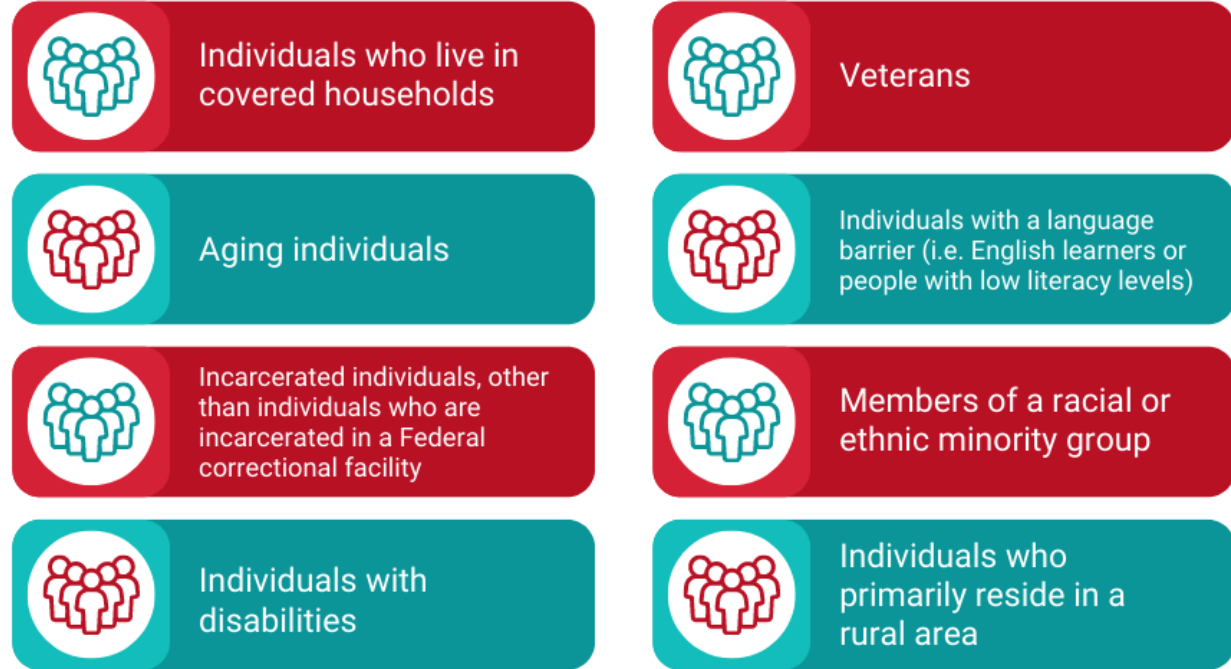
Current OeHI Efforts: Strategic Partnerships

Colorado Digital Equity Plan

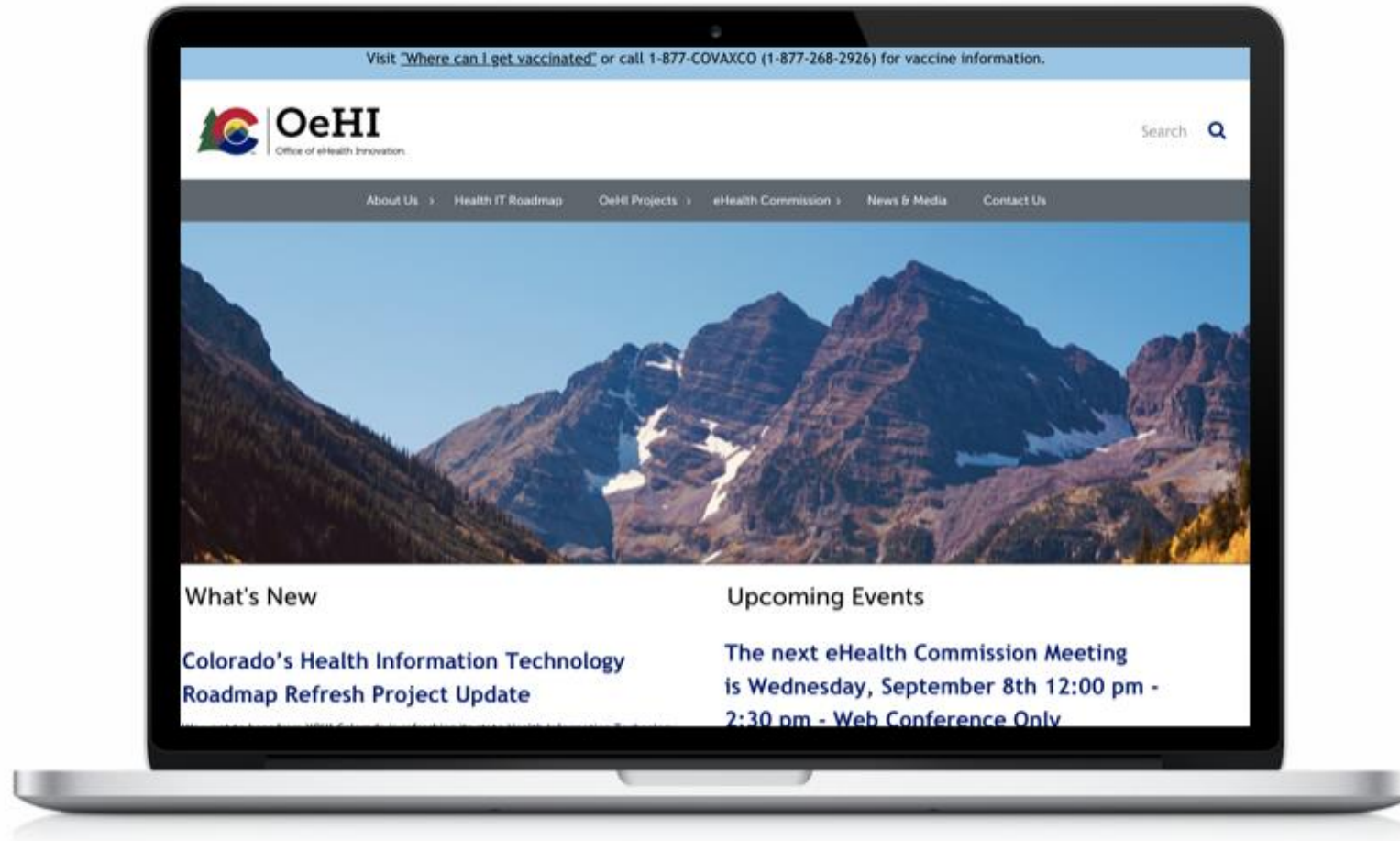
- Partnership between OeHI, Office of the Future of Work, and Colorado Broadband Office
- ~\$900k
- [Digital Equity Committee Sign Up](#)

State Funded Telehealth Project Dashboard

- Goal: Support state agency coordination and collaboration on telehealth funding and programs



For More Information go to OeHI.Colorado.Gov



Questions and Feedback



Reach out to info@civhc.org



Connect with CIVHC on Facebook, LinkedIn, and Twitter



Recording will be posted here:

www.civhc.org/about-civhc/news-and-events/event-resources/

