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?
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

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

<table>
<thead>
<tr>
<th>Payor</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>88K</td>
<td>1.2M</td>
<td>1.3M</td>
</tr>
<tr>
<td>+1,300%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+5,000%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Medicare</td>
<td>47K</td>
<td>2.4M</td>
<td>2.3M</td>
</tr>
<tr>
<td>+2,500%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+58%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-22%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+1,200%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2019 visit per person 4.4M TOTAL

2020 visit per person 4.9M TOTAL

2019 visit per 10 people 260K TOTAL
Mental health is the top telehealth diagnosis category for all years and increased in both 2020 and 2021.

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

Mental health conditions include Depression, Anxiety Disorders, Schizophrenia, etc.
<table>
<thead>
<tr>
<th>Year</th>
<th>Top Telehealth Diagnoses Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>- Mental Health (31%)&lt;br&gt; (Depression, Anxiety Disorders, Schizophrenia, etc.)&lt;br&gt;- Respiratory (13%)&lt;br&gt; (Asthma, Chronic Bronchitis, Emphysema, etc.)&lt;br&gt;- Circulatory (7%)&lt;br&gt; (Aneurysms, Heart Failure, Cardiopulmonary etc.)</td>
</tr>
<tr>
<td>2020</td>
<td>- Mental Health (47%)&lt;br&gt; (Depression, Anxiety Disorders, Schizophrenia, etc.)&lt;br&gt;- Endocrine / Nutrition (7%)&lt;br&gt; (Hyperthyroidism, Diabetes, etc.)&lt;br&gt;- Musculoskeletal &amp; Nervous (6%)&lt;br&gt; (Arthritis, Osteoporosis, etc. / Spinal Cord Injury, Bell's Palsy, etc.)</td>
</tr>
<tr>
<td>2021</td>
<td>- Mental Health (59%)&lt;br&gt; (Depression, Anxiety Disorders, Schizophrenia, etc.)&lt;br&gt;- Endocrine / Nutritional (5%)&lt;br&gt; (Hyperthyroidism, Diabetes, etc.)&lt;br&gt;- Nervous (5%)&lt;br&gt; (Spinal Cord Injury, Bell's Palsy, etc.)</td>
</tr>
</tbody>
</table>

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
OeHI in Telehealth

34 Medicaid Telemed Projects launched statewide in 2020-2021
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
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 (HCPIF) 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

1. 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.

2. 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.

3. 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/