AzCH-CCP –Telehealth and the impact of COVID-19
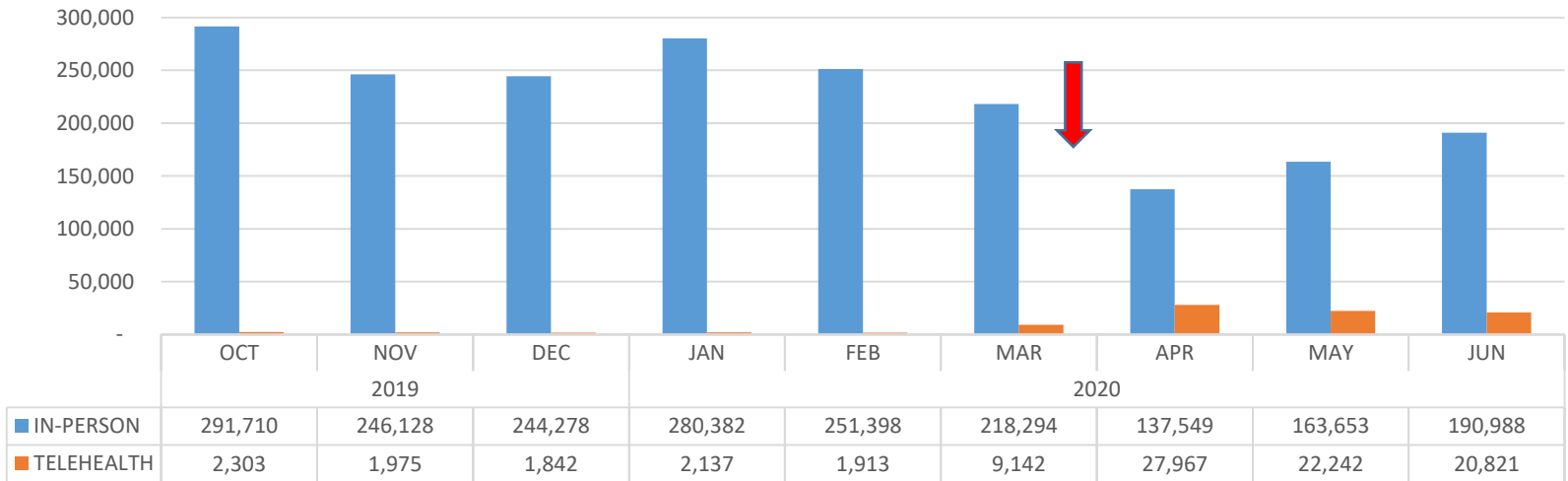
September 23rd, 2020

Agenda

- Impact of Covid-19 on Telehealth use for AzCH (BH and PH)
    - Telehealth services through network providers
    - Telehealth services through AzCH

- Long-term Guardrails

- Future State

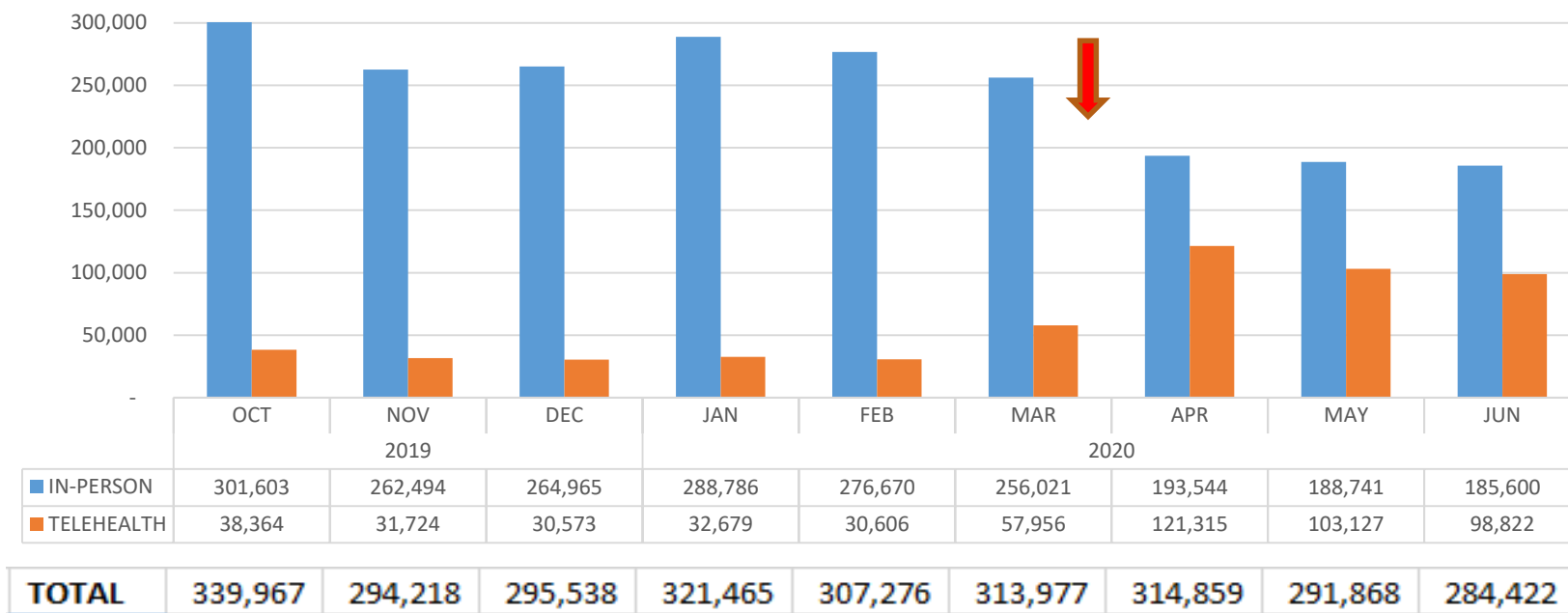# Following PHE declaration, Telehealth use for AzCH increased threefold for PH

Telehealth vs In Person Visit - PH

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		2019					2020		
IN-PERSON	291,710	246,128	244,278	280,382	251,398	218,294	137,549	163,653	190,988
TELEHEALTH	2,303	1,975	1,842	2,137	1,913	9,142	27,967	22,242	20,821
TOTAL	294,013	248,103	246,120	282,519	253,311	227,436	165,516	185,895	211,809

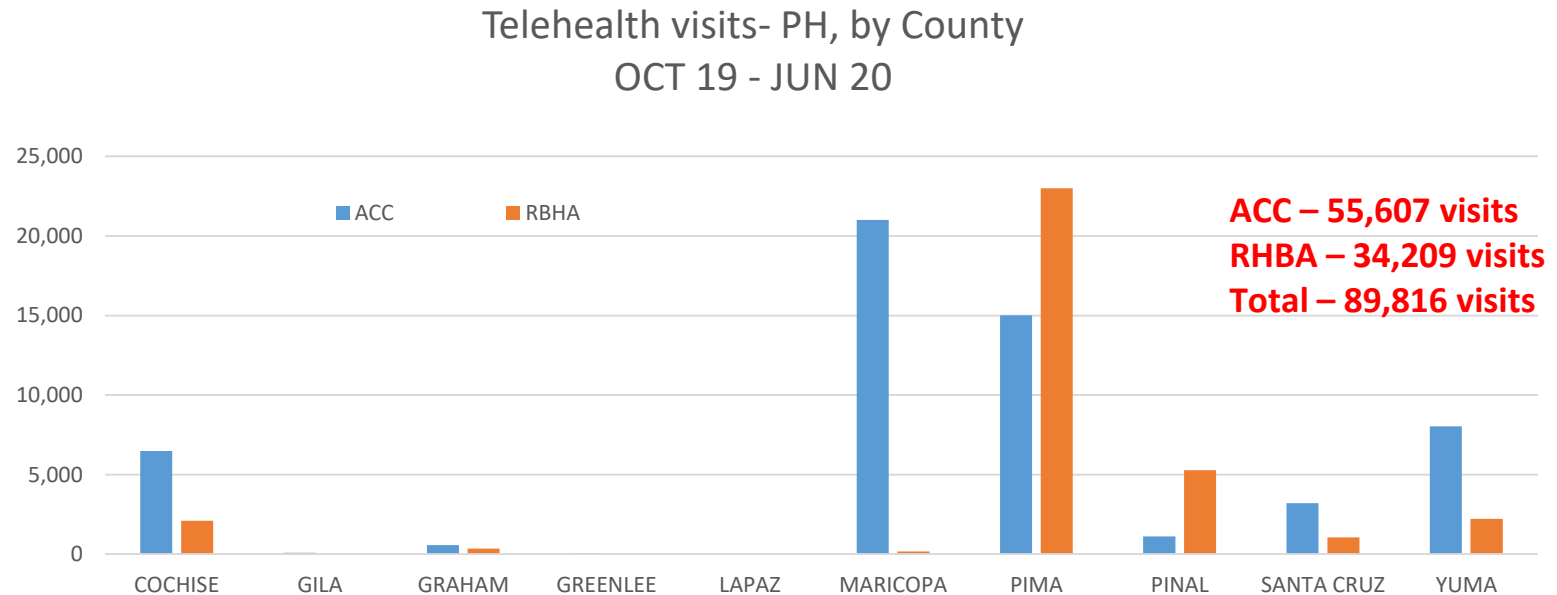Impact of Covid-19 on Telehealth Usage for AzCH (BH and PH)

Following PHE declaration, Telehealth use for AzCH increased two fold for BH, offsetting the drop in In- Person visits (24% decrease)

Telehealth vs In Person Visit - BH

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		2019				2020			
IN-PERSON	301,603	262,494	264,965	288,786	276,670	256,021	193,544	188,741	185,600
TELEHEALTH	38,364	31,724	30,573	32,679	30,606	57,956	121,315	103,127	98,822
TOTAL	339,967	294,218	295,538	321,465	307,276	313,977	314,859	291,868	284,422

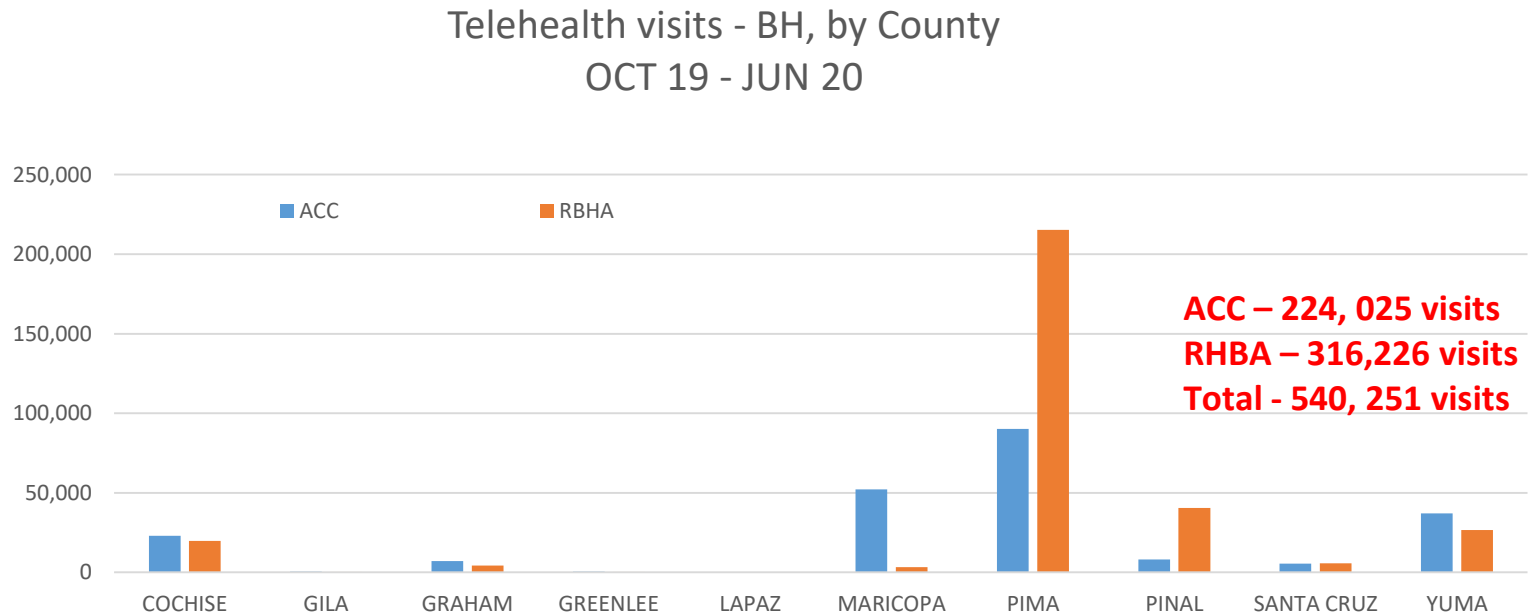Urban counties(Maricopa, Pima, Pinal) saw the highest number of telehealth visits for PH (ACC+RHBA).

Telehealth use for PH was largely driven by ACC membership across the state (62%) except in Pima and Pinal where RHBA telehealth use exceeded ACC.

Telehealth visits- PH, by County
OCT 19 - JUN 20

ACC – 55,607 visits
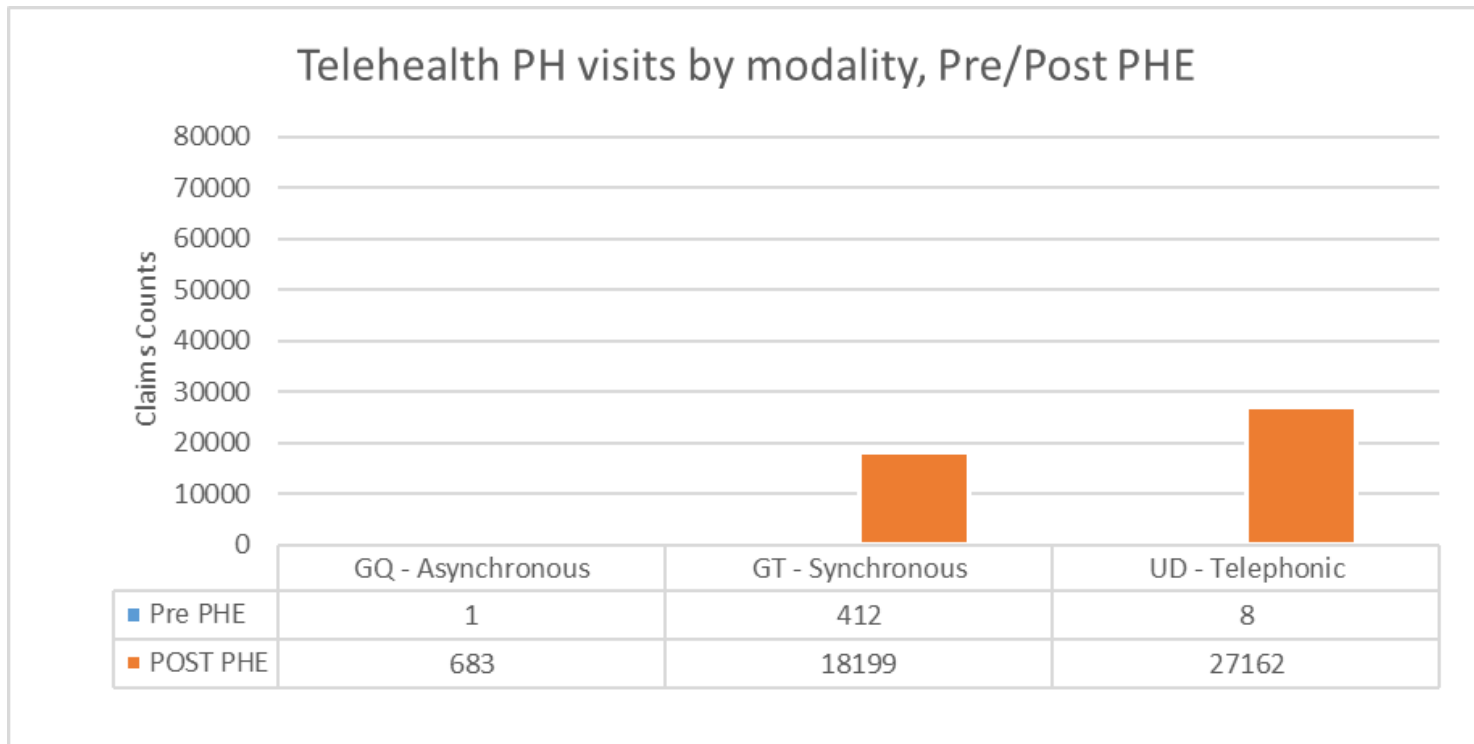RHBA – 34,209 visits
Total – 89,816 visits

Urban counties(Maricopa, Pima, Pinal) saw the highest number of telehealth visits for BH (ACC+RHBA) overall.

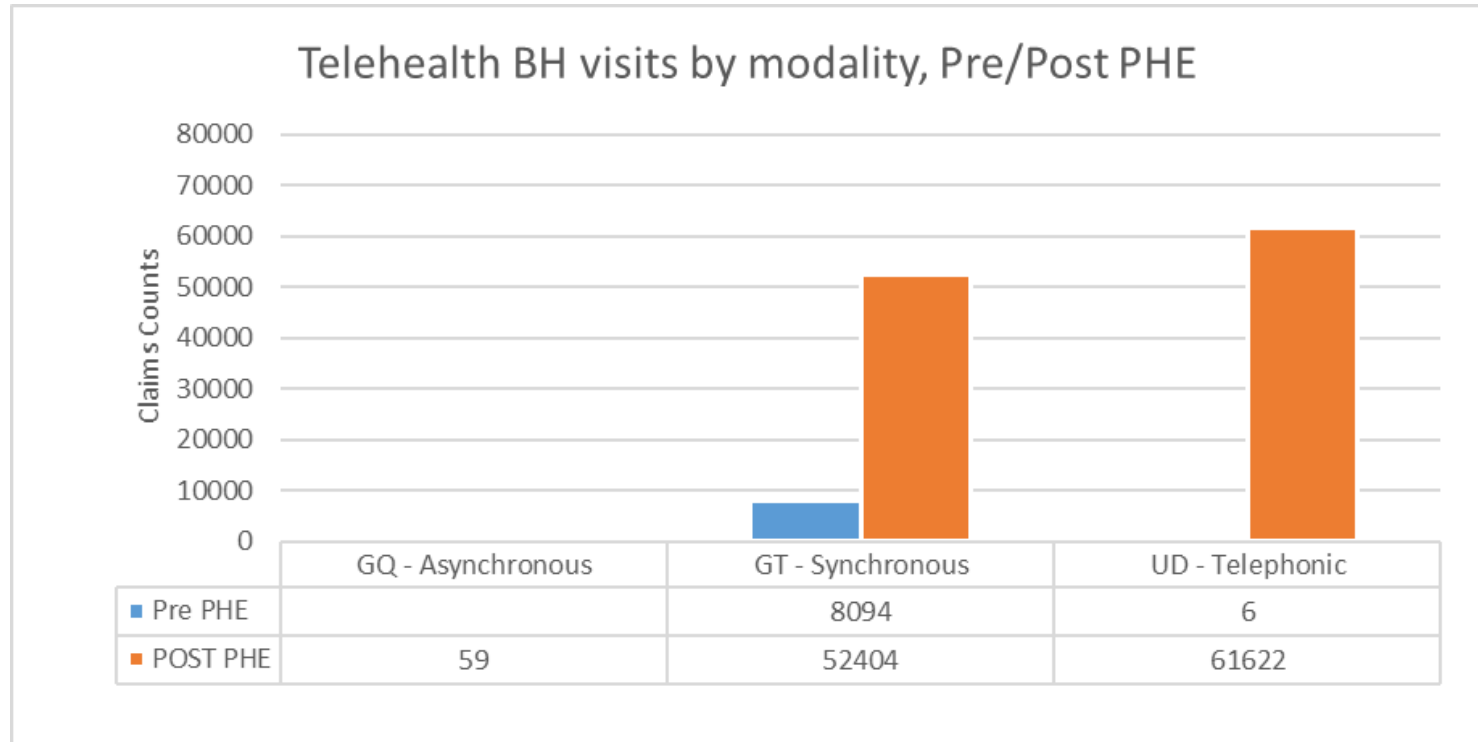Telehealth use for BH was largely driven by RHBA membership across the state (58%).

BH visits accounted for 86% of all Telehealth visits during the reporting period.
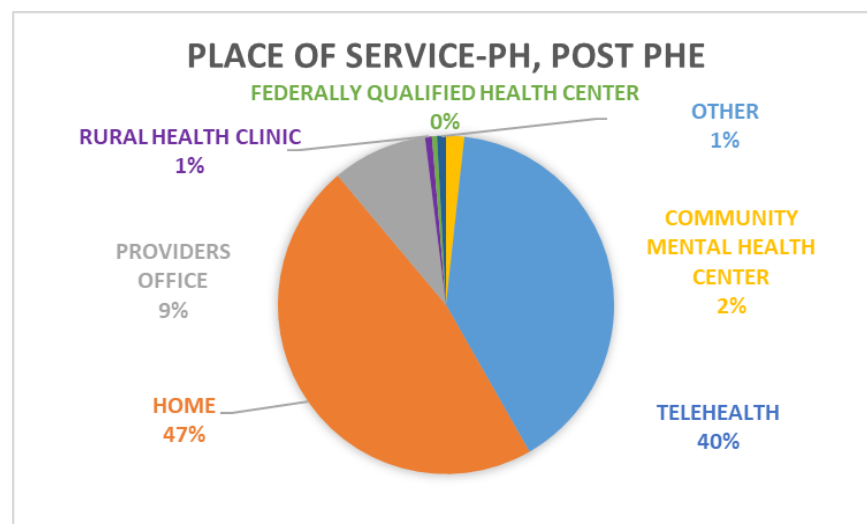
Telehealth visits - BH, by County
OCT 19 - JUN 20

ACC – 224, 025 visits
RHBA – 316,226 visits
Total - 540, 251 visits

Impact of Covid-19 on Telehealth Usage for AzCH (BH and PH)

Telehealth Visits by Modality- PH

Telehealth PH visits by modality, Pre/Post PHE

	GQ - Asynchronous	GT - Synchronous	UD - Telephonic
Pre PHE	1	412	8
POST PHE	683	18199	27162

Telehealth Visits by Modality- BH

Telehealth BH visits by modality, Pre/Post PHE

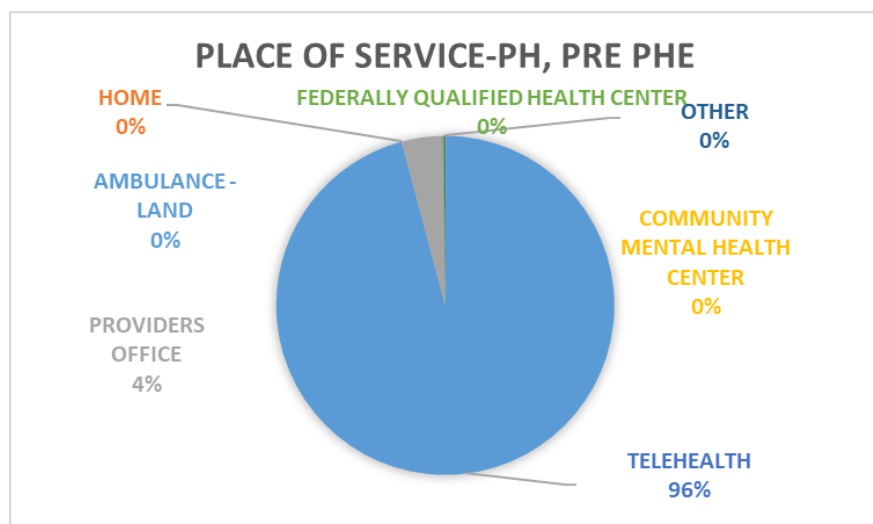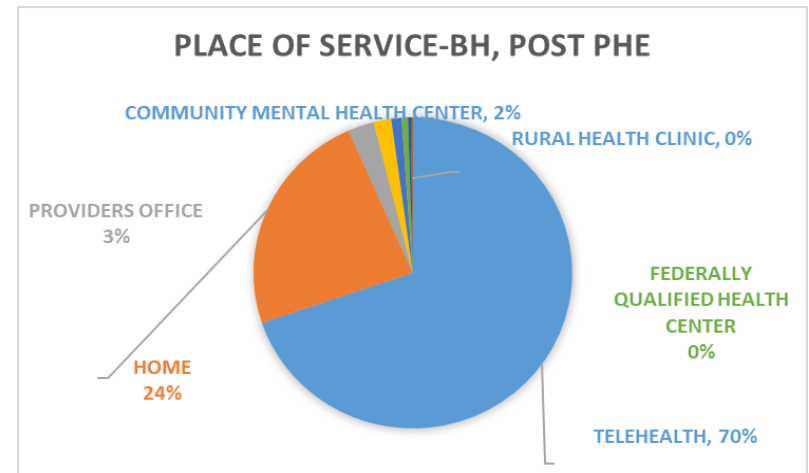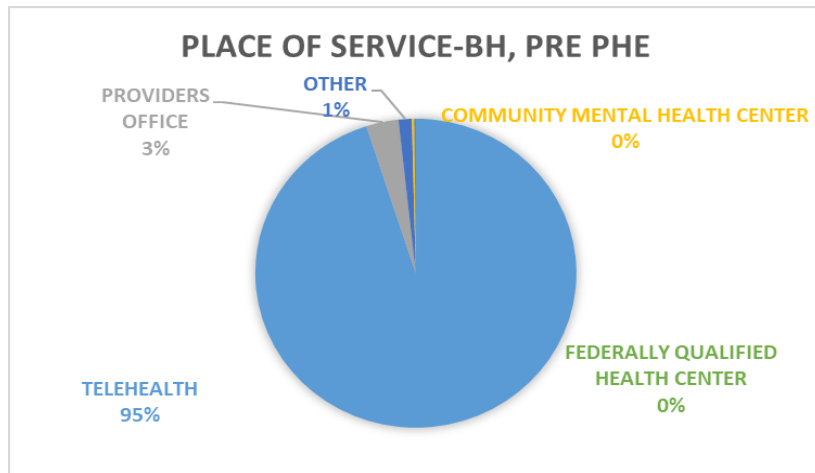|	GQ - Asynchronous	GT - Synchronous	UD - Telephonic
Pre PHE		8094	6
POST PHE	59	52404	61622

TH visits by Place of Service (POS)- PH

Broadening of POS allowable for distant and originating sites facilitated safe and convenient delivery of care across multiple settings amidst the pandemic with nearly 50% of visits originating at home.

PLACE OF SERVICE-PH, PRE PHE

HOME 0%
FEDERALLY QUALIFIED HEALTH CENTER 0%
OTHER 0%
AMBULANCE - LAND 0%
COMMUNITY MENTAL HEALTH CENTER 0%
PROVIDERS OFFICE 4%
TELEHEALTH 96%

PLACE OF SERVICE-PH, POST PHE

FEDERALLY QUALIFIED HEALTH CENTER 0%
RURAL HEALTH CLINIC 1%
OTHER 1%
PROVIDERS OFFICE 9%
COMMUNITY MENTAL HEALTH CENTER 2%
HOME 47%
TELEHEALTH 40%

Impact of Covid-19 on Telehealth Usage for AzCH (BH and PH)

TH visits by Place of Service (POS)- BH

Compared to PH, only 24% of visits for BH originated at home.

PLACE OF SERVICE-BH, PRE PHE

- PROVIDERS OFFICE 3%
- OTHER 1%
- COMMUNITY MENTAL HEALTH CENTER 0%
- FEDERALLY QUALIFIED HEALTH CENTER 0%
- TELEHEALTH 95%

PLACE OF SERVICE-BH, POST PHE

- COMMUNITY MENTAL HEALTH CENTER, 2%
- RURAL HEALTH CLINIC, 0%
- PROVIDERS OFFICE 3%
- FEDERALLY QUALIFIED HEALTH CENTER 0%
- HOME 24%
- TELEHEALTH, 70%

Impact of Covid-19 on Telehealth Usage for AzCH (BH and PH)

Top 5 Diagnoses comparison between In-Person and Telehealth visits for BH and PH (Oct 2019- Jun 2020)

In Person (BH)	Telehealth (BH)
1. Opioid Dependence 2. Mental Disorders NOS 3. Schizoaffective / Bipolar Disorder 4. Stimulant Dependence 5. PTSD	1. Opioid Dependence 2. Schizoaffective / Bipolar Disorder 3. PTSD 4. Major Depression 5. Adjustment Disorder

In Person (PH)	Telehealth (PH)
1. Immunization 2. Essential HTN 3. Child Health f/u visits 4. Low Back Pain 5. Child Neglect	1. Child Neglect 2. Essential HTN 3. Type 2 DM 4. Low back pain 5. COVID-19

Impact of Covid-19 on Telehealth Usage for AzCH (BH and PH)

On-Demand Telehealth service for AzCH members

On demand Telehealth access also saw an increase in use, preventing nearly 60% visits to ED/ UC for non emergent issues.

Direct access to On-Demand Telehealth services

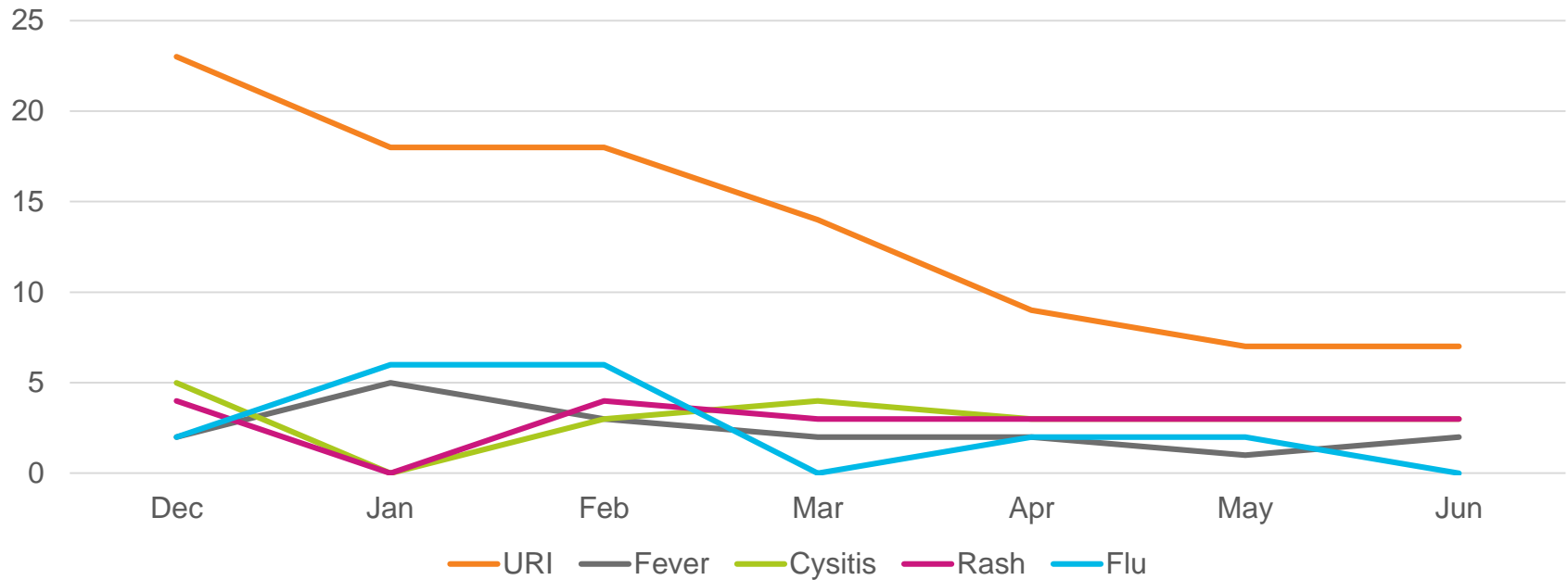| Month	Value
Jan	83
Feb	67
Mar	96
Apr	177
May	155
Jun	149
Jul	188
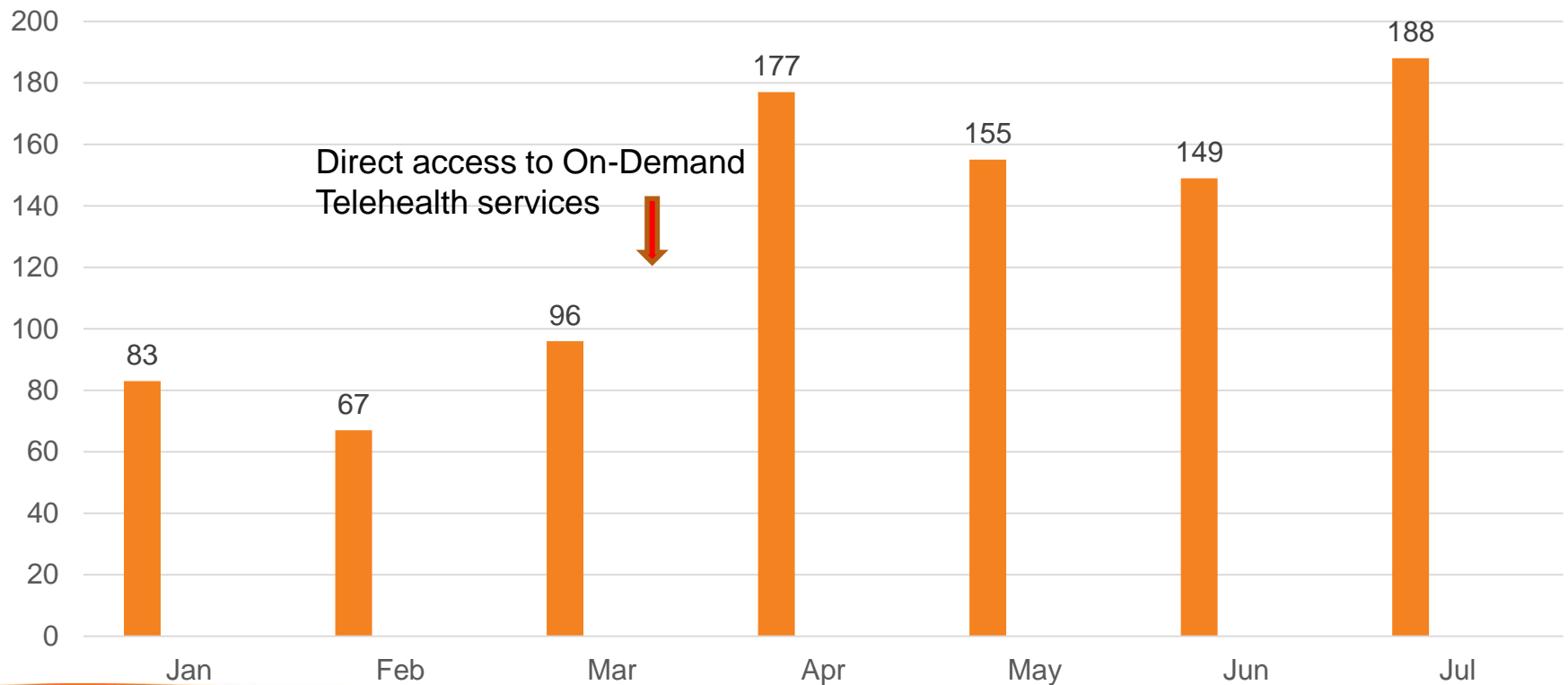
On Demand TH visits- Top 5 Diagnoses

Despite an increase in the number of On-demand visits, incidence of URI/ Flu showed a decline.

% Top Diagnoses

Impact of Covid-19 on Telehealth Usage for AzCH (BH and PH)

Long Term Guardrails

Metrics to evaluate TH use

- Utilization data
    - Claims count, service level, ED/ IP visits following TH visit
    - Type of visits (preventive vs acute/complex, scheduled vs. on demand, specialty, mode-telephonic vs video vs in person)
    - OON referrals, Lab/ Imaging/ Rx use, transportation costs, place of service
- Quality
    - Member experience and engagement
    - Care gaps
- Clinical outcomes
    - Adherence to medications and management plan
    - Disease management specific metrics
    - Post discharge follow ups

Long Term Guardrails

- PA process to ensure appropriate use (ex: prior to interventions)

- Develop guidelines for appropriate use
  - Require in person visits where physical exam is necessary (well child visits) or technology limitations apply
  - Revisit PA requirements for certain services if shifting to virtual platform.

- Is FFS/ current payment parity a good long-term reimbursement strategy for Telehealth?
  - Considering value based approach to reward for outcomes and experience rather than number/types of visits.
  - What's an appropriate reimbursement model for virtual visits vs in person visits?

Future State

- Telehealth governance and oversight committee
  - Access, Member Experience, Effectiveness and Financial impact (NQF, 2017)

- Working with ArMA, AHCCCS TH workgroups and other national organizations to develop guidelines for appropriate use, inform reimbursement strategy and solve access issues.

- Developing Provider and Member engagement and education strategies.

- Encouraging On-demand services to reduce avoidable ED/ UC visits.

- Evaluating digital health solutions and care delivery platforms to improve access to care.

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