Telehealth
TIP Year 5: Session # 6
April 13, 2021

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Arizona Health Care Cost Containment System

Disclosures

There are no disclosures for this session.

Agenda

1. “Soft” Infrastructure Aspects of Telehealth: Dr. Elizabeth Krupinski (15 minutes)
2. Arizona Medicaid Telehealth Coverage: Before, During, and Post-COVID-19 Pandemic: Dr. Sara Salek (15 minutes)
3. Telehealth and performance measures: Dr. Neil Robbins (15 minutes)
4. Discussion (45 minutes)

Learning Objectives

1. Gain knowledge on conducting well-visits via telemedicine
2. Learn how telehealth program evaluation and tools like root cause analysis can help improve telemedicine outcomes and healthcare overall
3. Describe Arizona Medicaid telehealth coverage changes adopted pre- and intra-pandemic
4. Understand how performance measures have been impacted by telehealth utilization over time




“Soft” Infrastructure Aspects of Telemedicine

Elizabeth A. Krupinski, PhD

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Southwest Telehealth Resource Center

AHCCCS
Arizona Health Care Cost Containment System

Annual Wellness Visits Via Telemedicine

- Allows care teams proactively engage patients
- Identifies & meets care needs before become acute enough to require patient access an in-person healthcare setting
- Assists identifying & counseling on risky health behaviors
- Provides opportunity remind/schedule screening exams
- Creates opportunity care teams identify patients who would benefit from Chronic Care Management (CCM) which is especially important during periods of shelter-in-place orders (n.b. AZ Medicaid does not reimburse for CCM codes - done via MCOs with admin $)
- Providers should clearly document visit & any limitations in medical record
- Use professional judgement/experience to determine how TM best utilized

CARAVANHEALTH.

Telehealth Physical Exam

"Listen to your patient, he is telling you the diagnosis." — Sir William Osler

Performing a physical exam via telehealth can seem challenging, especially if the patient is in their home where assessment tools, such as a blood pressure cuff or digital stethoscope, may not be available. But with some thoughtfulness, cooperation of the patient, and adequate lighting and camera, providers are able to examine several organ systems. And, as Osler reminds us, let's not forget our most keen diagnostic tool: a thorough patient history.

EYES

- Appearance of conjunctiva and lids (lid droop, crusting/exudate, conjunctival injection)
- Appearance of pupils (equal, round, extraocular eye movements)
- Assessment of vision (seeing double)

EARS, NOSE, MOUTH, AND THROAT

- External appearance of the ears and nose (scars, lesions, masses)
- Assessment of hearing (able to hear, asks to repeat questions)
- Inspection of lips, mouth, teeth and gums (color, condition of mucosa)
- Gross inspection of throat (tonsillar enlargement, exudate)
- Appearance of face (symmetric, appropriate movement of mouth, no drooling or labial flattening, ability to raise eyebrow, frown/smile, close eyes, show upper lower teeth, puff out cheeks)
- Pain or tenderness when patient palpates sinuses or ears

NECK

- External appearance of the neck (overall appearance, symmetry, tracheal position, gross evidence of lymphadenopathy, jugular venous distention)
- Gross movement (degrees of flexion anterior, posterior and laterally)

RESPIRATORY

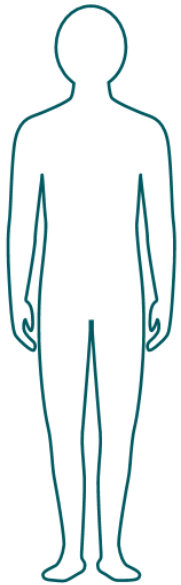
- Assessment of respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement, pursed lip breathing, speaking in full sentences or limited due to shortness of breath)
- Audible wheezing
- Presence and nature of cough (frequent, occasional, wet, dry, coarse)
- Determine Roth Score[1]

CARDIOVASCULAR

- Presence and nature of edema in extremities (pitting, weeping)
- Capillary refill
- Temperature of extremities per patient/other measure

CONSTITUTIONAL

- Vital signs (heart rate and respiratory rate; if available, temperature, blood pressure, weight)
- General appearance (ill/well appearing, (un) comfortable, fatigued, attentive, distracted, disheveled/unkept)



CHEST

- Inspection of the breasts (symmetry, nipple discharge)
- Chest wall or costochondral tenderness with self-palpation

ABDOMEN

- Examination of the abdomen
- Tenderness on self-palpation or palpation by attendant
- Observation of patient jumping up and down

MUSCULOSKELETAL

- Examination of gait and station (stands with/without use of arms to push off chair; steady gait, broad/narrowed based)
- Inspection of digits and nails (capillary refill, clubbing, cyanosis, inflammatory conditions, petechiae, pallor)
- Extremity exam may include:
  - Alignment, symmetry, defects, tenderness on self-palpation
  - Range of motion, pain, contracture
  - Muscle strength and tone (flaccid, cogwheel, spastic), atrophy, abnormal movements
  - Presence and nature of edema, temperature
- Self-Assessment using **Ottawa ankle and knee rules**

SKIN

- Rashes, lesions, ulcers, cracking, fissures, mottling, petechiae
- Cyanosis, diaphoresis

NEUROLOGIC

- Dermatomal distribution of numbness or pain
- Examination of sensation (by touch or pin)

PSYCHIATRIC

- Orientation to time, place, and person
- Recent and remote memory
- Mood and affect
- Pressured speech
- Mood lability (crying, laughing)

[1] Roth score should be used only during telehealth visits, and in conjunction with a comprehensive assessment. This is not a reliable indicator of hypoxia.

Suggested Citation:

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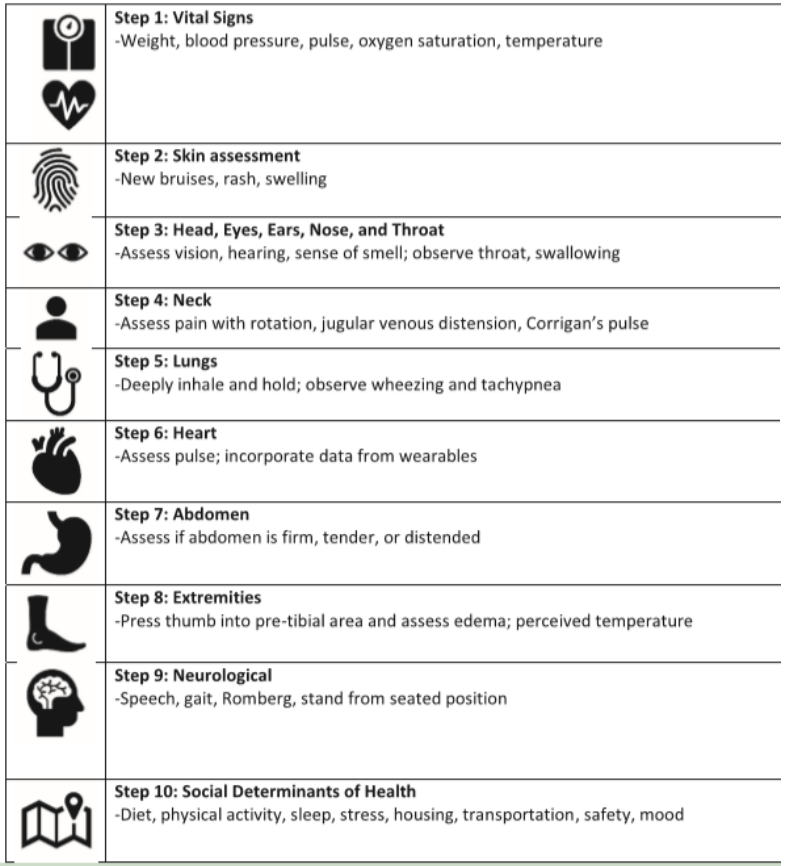
CaravanHealth.com



Step 1: Vital Signs
-Weight, blood pressure, pulse, oxygen saturation, temperature

Step 2: Skin assessment
-New bruises, rash, swelling

Step 3: Head, Eyes, Ears, Nose, and Throat
-Assess vision, hearing, sense of smell; observe throat, swallowing

Step 4: Neck
-Assess pain with rotation, jugular venous distension, Corrigan's pulse

Step 5: Lungs
-Deeply inhale and hold; observe wheezing and tachypnea

Step 6: Heart
-Assess pulse; incorporate data from wearables

Step 7: Abdomen
-Assess if abdomen is firm, tender, or distended

Step 8: Extremities
-Press thumb into pre-tibial area and assess edema; perceived temperature

Step 9: Neurological
-Speech, gait, Romberg, stand from seated position

Step 10: Social Determinants of Health
-Diet, physical activity, sleep, stress, housing, transportation, safety, mood

Figure Ten-step checklist for a patient-assisted physical examination.

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The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Examination

Catherine P. Benziger, MD, MPH,[a,*] Mark D. Huffman, MD, MPH,[b] Ranya N. Sweis, MD, MS,[b] and Neil J. Stone, MD[b]

Successful virtual physical exam

- **Ensure pt comfortable & privacy respected, ask others leave when appropriate**
- **Check environment**
- **Talk pt/parent throughout exam**
  - **Engage & encourage cooperation**
  - **Acknowledge not same as in=person**
  - **Ask if need pt to adjust lights, souns, camera etc.**
  - **Direct to remove clothing as necessary & tell when OK to put back on**

- Ask pt/parent help with exam maneuvers as appropriate
  - How to palpate to localize pain
  - Explain how perform range of motion maneuvers
  - describe landmarks you use in clinic to find right location for exam component (e.g., ribs, pelvic bone)
- Watch them carefully & ask to repeat anything questionable
- Verbalize what you think you see & allow pt/parent clarify as needed
- Refer to in-person care if video inadequate to provide high-quality medical decision-making

Constitutional

- Vitals (ex. temp, weight, RR, HR, BP) *(if parent/patient can obtain these or if provider can count respirations)*
- General appearance of patient (no acute distress, sitting comfortably, etc.)

Eyes

- No eye injection, no eyelid swelling, no icterus
- No eye discharge
- EOMI

Ears, nose, mouth and throat

- Normocephalic
- Mucus membranes moist, no lip cracking
- No nasal drainage
- OP – no exudate on tongue, no tonsillar enlargement, no petechiae on palate

Neck

- Range of motion, suppleness

CV

- No pedal edema *(if able to observe on video)*
- Capillary refill, cyanosis

Respiratory

- No retractions, no nasal flaring, overall work of breathing
- No audible wheezing, stridor, cough

GI

- Nondistended abdomen
- Nontender per parent exam
- Pain with jumping

Male GU

- Normal un-/circumcised penis without rashes or discharge
- Scrotum – no visible erythema or swelling
- No CVA tenderness per parent/patient exam*

Female GU

- External genitalia – no skin lesions, no rashes, no visible discharge
- No CVA tenderness per parent/patient exam*

Musculoskeletal

- Normal gait
- Digits – no clubbing, no cyanosis
- Moving all extremities well, good/symmetric strength throughout
- Specific joint – full/limited ROM, deformity

Skin

- No rashes, bruising or other skin lesions
- No visible edema
- OK to have parent send photos

Neuro

- Cranial nerves are intact as per the following exam: II-vision grossly normal, PERRLA, III/IV/VI- EOMI, VII-hearing grossly normal, V-clench jaw, VII- raise eyebrows bilaterally; smile/frown intact and symmetric, able to bar teeth and puff out cheeks, XII- Able to protrude tongue and move it side to side, IX/X- swallow intact; says "Ah"
- Rapidly alternating movements: no dysdiadochokinesis
- Gait: forward, toe, heel and tandem all normal
- Pronator drift: none
- Romberg: negative
- Rises from a seated position without difficulty or limitation
- Overall mental status/alertness

Psych

- Affect: euthymic, sad, anxious, fearful, angry, cheerful, appropriate/inappropriate
- Cooperativeness: cooperative, friendly, reluctant, hostile

Domain 1: PATIENT SAFETY AND APPROPRIATE USE OF TELEHEALTH

Clinicians will understand when and why to use telehealth, as well as assess patient readiness, patient safety, practice readiness, and end user readiness.

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) *All prior competencies +*	Experienced Faculty Physician (3-5 Years Post-Residency) *All prior competencies +*
1a. Explains to patients and caregivers the uses, limitations and benefits of telehealth - the use of electronic communications technology to provide care at a distance	1b. Explains and adapts practice in the context of the limitations and benefits of telehealth	1c. Role models and teaches how to practice telehealth, mitigate risks of providing care at a distance, and assess methods for improvement
2a. Works with diverse patients and caregivers to determine patient/caregiver access to technology to incorporate telehealth into their care during (real or simulated) encounters	2b. Works with diverse patients and caregivers to evaluate and remedy patient and practice barriers to incorporating telehealth into their care (e.g. access to and comfort with technology)	2c. Role models and teaches how to partner with diverse patients and caregivers in the use of telehealth
3a. Explains to patients and caregivers the roles and responsibilities of team members in telehealth encounters, regardless of modality	3b. Demonstrates understanding of all roles and works as a team member when practicing telehealth regardless of modality	3c. Coordinates, implements, and evaluates the effectiveness of the telehealth team, regardless of modality
4a. Describes when patient safety is at risk, including when and how to escalate care (e.g. converts to in-person visit or emergency response) during a telehealth encounter	4b. Prepares for and escalates care when patient safety is at risk (e.g. converts to in-person visit or emergency response) during a telehealth encounter	4c. Role models and teaches how to assess patient safety during a telehealth encounter, including preparing for and escalating care when patient safety is at risk

Domain 2: DATA COLLECTION AND ASSESSMENT VIA TELEHEALTH

Clinicians will obtain and manage clinical information via telehealth to ensure appropriate high-quality care.

Entering Residency (Recent Medical School Graduate)	**Entering Practice (Recent Residency Graduate)** ***All prior competencies +***	**Experienced Faculty Physician (3-5 Years Post-Residency)** ***All prior competencies +***
1a. Obtains history (from patient, family, and, or caregiver) during a (real or simulated) telehealth encounter	1b. Obtains history (from patient, family, and, or caregiver) during a telehealth encounter and incorporates the information into differential diagnosis and the management plan	1c. Role models and teaches the skills required to obtain a history (from patient, family, and/or caregiver) during a telehealth encounter and incorporates the information into the management plan
2a. Conducts appropriate physical examination or collects relevant data on clinical status during a (real or simulated) telehealth encounter including guiding the patient or tele-presenter	2b. Conducts appropriate physical examination and collects relevant data on clinical status during a telehealth encounter including guiding the patient and/or tele-presenter	2c. Role models and teaches the skills required to perform a physical examination during a telehealth encounter, including guiding the patient and/or tele-presenter
3a. Explains the importance of patient-generated data in the clinical assessment and treatment plan during a telehealth encounter	3b. Incorporates patient-generated data into clinical assessment and treatment plan, while understanding data limitations and adapting accordingly	3c. Role Models and teaches how to incorporate patient-generated data into clinical assessment and treatment plan, while understanding data limitations and adapting accordingly

Domain 3: COMMUNICATION VIA TELEHEALTH

Specific to telehealth, clinicians will effectively communicate with patients, families, caregivers, and health care team members using telehealth modalities. They will also integrate both the transmission and receipt of information with the goal of effective knowledge transfer, professionalism, and understanding within a therapeutic relationship.

Entering Residency (Recent Medical School Graduate)	**Entering Practice (Recent Residency Graduate)** *All prior competencies +*	**Experienced Faculty Physician (3-5 Years Post-Residency)** *All prior competencies +*
1a. Develops an effective rapport with patients via (real or simulated) video visits attending to eye contact, tone, body language and non-verbal cues	1b. Develops an effective rapport with patients via video visits attending to eye contact, tone, body language and non-verbal cues	1c. Role models and teaches effective rapport building with patients via video visits attending to eye contact, tone, body language and non-verbal cues
2a. Assesses the environment during (actual or simulated) video visits attending to attire, disruptions, privacy, lighting, sound, etc.	2b. Establishes therapeutic relationships and environments during video visits attending to attire, disruptions, privacy, lighting, sound, etc.	2c. Role models effective therapeutic relationships and environments during telehealth encounters
3a. Explains how remote patients' social supports and health care providers can be incorporated into telehealth interactions and care plan (e.g. asynchronous communication, store and forward)	3b. Determines situations in which patients' social supports and health care providers should be incorporated into telehealth interactions with the patients' consent to provide optimal care	3c. Role models and teaches how to incorporate patients' social supports into telehealth interactions with the patients' consent to enhance patient care

Domain 4: ETHICAL PRACTICES AND LEGAL REQUIREMENTS FOR TELEHEALTH

Clinicians will understand the federal, state, and local facility practice requirements to meet the minimal standards to deliver healthcare via telehealth. Clinicians will maintain patient privacy while minimizing risk to the clinician and patient during telehealth encounters, while putting the patient interest first and preserving or enhancing the doctor-patient relationship.

Entering Residency (Recent Medical School Graduate)	**Entering Practice (Recent Residency Graduate)** *All prior competencies +*	**Experienced Faculty Physician (3-5 Years Post-Residency)** *All prior competencies +*
1a. Describes locally relevant legal and privacy regulations for telehealth	1b. Complies with legal and privacy regulations for telehealth at the local, state and federal levels	1c. Role models and complies with legal and privacy regulations for telehealth at the local, state and federal levels
2a. Defines components of informed consent for the telehealth encounter	2b. Obtains informed consent for the telehealth encounter, including defining how privacy will be maintained	2c. Role models and teaches how to obtain informed consent for the telehealth encounter, which includes defining how privacy will be maintained
3a. Demonstrates knowledge of ethical challenges and professional requirements in telehealth	3b. Identifies and supports solutions that mitigate ethical problems and adhere to professional requirements in telehealth	3c. Identifies and seeks to address system-level solutions to ethical challenges and adhere to professional requirements in telehealth
4a. Describes potential conflicts of interests that may arise in the use of telehealth such as interest in commercial products or services	4b. Explains and discloses potential conflicts of interest to patients in the use of telehealth	4c. Explains and ensures all members of the care team disclose possible conflicts of interests in the use of telehealth

Domain 5: TECHNOLOGY FOR TELEHEALTH

Clinicians will have basic knowledge of technology needed for the delivery of high-quality telehealth services.

Entering Residency (Recent Medical School Graduate)	**Entering Practice (Recent Residency Graduate)** *All prior competencies +*	**Experienced Faculty Physician (3-5 Years Post-Residency)** *All prior competencies +*
1a. Explains equipment required for conducting care via telehealth, including those at originating and distant sites	1b. Identifies and is able to use the equipment needed for the intended service, including originating and distant sites	1c. Able to use, and teach others while using, equipment for the intended service, including originating and distant sites
2a. Explains limitations of and minimum requirements for local equipment, including common patient-owned devices	2b. Practices with a wide range of evidence-based technologies including patient-owned devices, and understands limitations	2c. Role models and teaches how to incorporate emerging evidence-based technology into practice, remaining responsive to the strengths and limitations of evolving applications of technology
3a. Explains the risk of technology failures, and the need to respond to them	3b. Demonstrates how to troubleshoot basic technology failures and optimize settings with the technology being employed	3c. Teaches others how to troubleshoot basic technology failures and optimize settings with the technology being employed

Domain 6: ACCESS AND EQUITY IN TELEHEALTH

Clinicians will have an understanding of telehealth delivery that addresses and mitigates cultural biases as well as physician bias for or against telehealth, accounts for physical and mental disabilities, and non-health related individual and community needs and limitations to promote equitable access to care

Entering Residency (Recent Medical School Graduate)	**Entering Practice (Recent Residency Graduate)** *All prior competencies +*	**Experienced Faculty Physician (3-5 Years Post-Residency)** *All prior competencies +*
1a. Describes one's own implicit and explicit biases and their implications when considering telehealth	1b. Describes and mitigates own implicit and explicit biases during telehealth encounters	1c. Role models and teaches how to recognize and mitigate biases during telehealth encounters
2a. Defines how telehealth can affect health equity and mitigate or amplify gaps in access to care	2b. Leverages technology to promote health equity and mitigate gaps in access to care	2c. Promotes and advocates the use of telehealth to promote health equity and access to care as well as to advocate for policy change in telehealth to reduce inequities
3a. Assesses the patient's needs, preferences, access to, and potential cultural, social, physical, cognitive, and linguistic/communication barriers to technology use when considering telehealth	3b. Accommodates the patient's needs, preferences, and potential cultural, social, physical, cognitive and linguistic/communication barriers to technology use when considering telehealth	3c. Accommodates and role models how to advocate for improved access to accommodate the patient's needs, preferences, and potential cultural, social, physical, cognitive and linguistic/communication barriers to technology use when considering telehealth

Population Health

- Telemedicine affords unique population health opportunities
- Technology facilitates data collection across multiple sites & institutions
- Benefits: allows for better assessment specific group assessments, characterizations, outcomes, generalizations
- Challenges: IRB/regulatory, visit component inconsistencies, data collection & format inconsistencies

Processes & Evaluations

- It's not about technology - integration & workflow where it's at
- Lots of ROI metrics - $$ bottom-line may not be most appropriate
  - Pick one(s) best fit mission & goals
  - Assess regularly & longitudinally
- Root Cause Analysis, Lean principles etc. can help improve not only TH integration but whole practice quality as well
- Dissemination is critical - buy-in, growth & marketing



Arizona Medicaid Telehealth Coverage

Before, During, and Post-COVID-19 Pandemic

Dr. Sara Salek
Chief Medical Officer, AHCCCS

AHCCCS
Arizona Health Care Cost Containment System

Arizona Medicaid Telehealth Coverage: Pre-Pandemic

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Arizona Medicaid Telehealth Coverage
Pre-Pandemic (October 1, 2019)

Healthcare services delivered via:

- Telemedicine (interactive audio and video)
- Asynchronous (store and forward)
- Remote patient monitoring
- Teledentistry

Arizona Medicaid Telehealth Coverage Pre-Pandemic (October 1, 2019)

Broadening of POS allowable for distant and originating sites

- No restrictions on distant site (where provider is located)
- Broadening of originating site (where member is located) to include home for many service codes

Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous

No rural vs. urban limitations

MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate

Arizona Medicaid Telehealth Coverage Pre-Pandemic (October 1, 2019)

Broadening of POS allowable for distant and originating sites

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Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous

No rural vs. urban limitations

MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate

Arizona Medicaid Telehealth Coverage Pre-Pandemic (October 1, 2019)

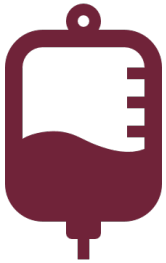
Pre 10/1/19

Asynchronous covered in very limited circumstances

Implemented 10/1/19

Dermatology
Radiology
Ophthalmology
Pathology
Neurology
Cardiology
Behavioral Health
Infectious Disease
Allergy/Immunology

Arizona Medicaid Telehealth Coverage Pre-Pandemic (October 1, 2019)



Pre 10/1/19

Telemonitoring limited to CHF

Implemented 10/1/19

No restrictions on telemonitoring

Arizona Medicaid Telehealth Coverage: Intra-Pandemic

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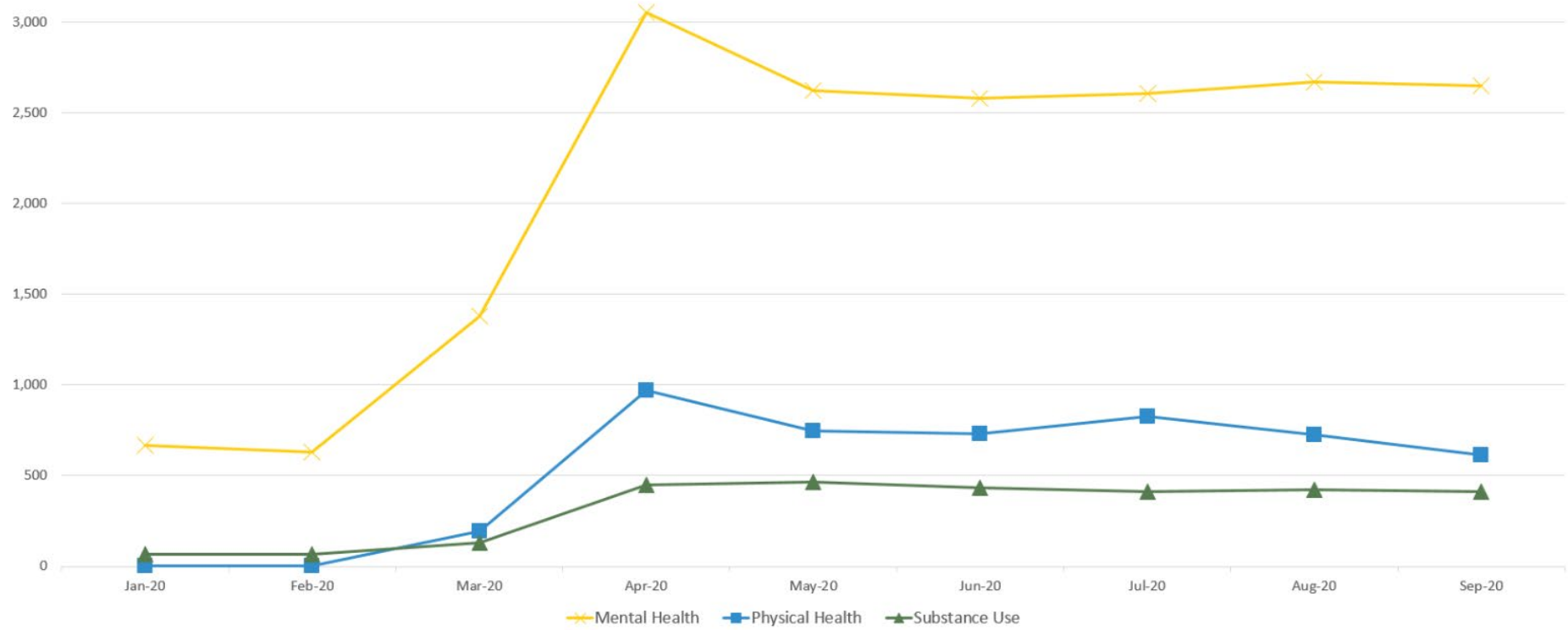
Arizona Medicaid Telehealth Coverage Intra-Pandemic (March 2020)

- Created Temporary Telephonic Code Set
- Added >150 CPT and HCPCS codes to Telehealth Code Set
- Managed Care Organizations (MCOs) required to:
  - Reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically
  - Cover all contracted services via telehealth modalities

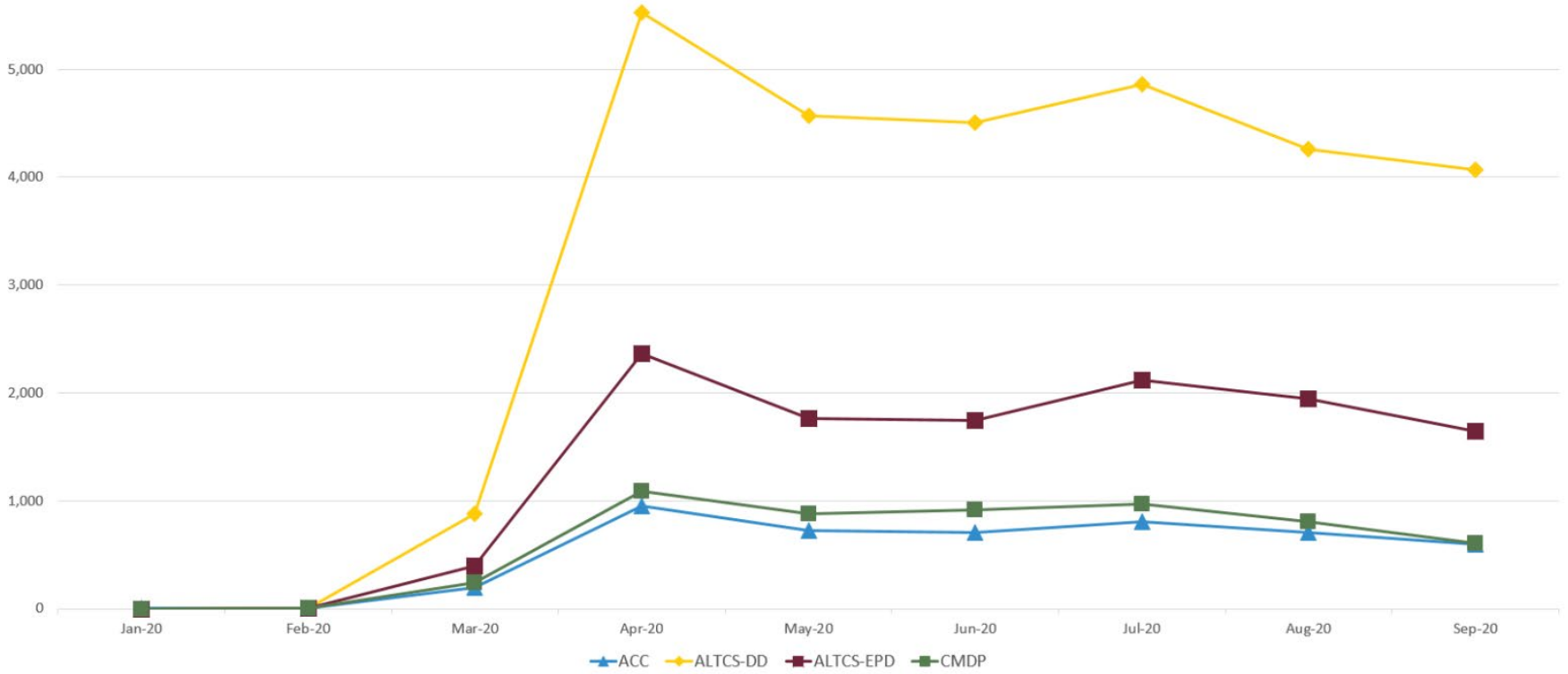
Telehealth Utilization - All AHCCCS Programs
January - September 2020

Number of Services Rendered Per 10,000 Enrolled Members by Month



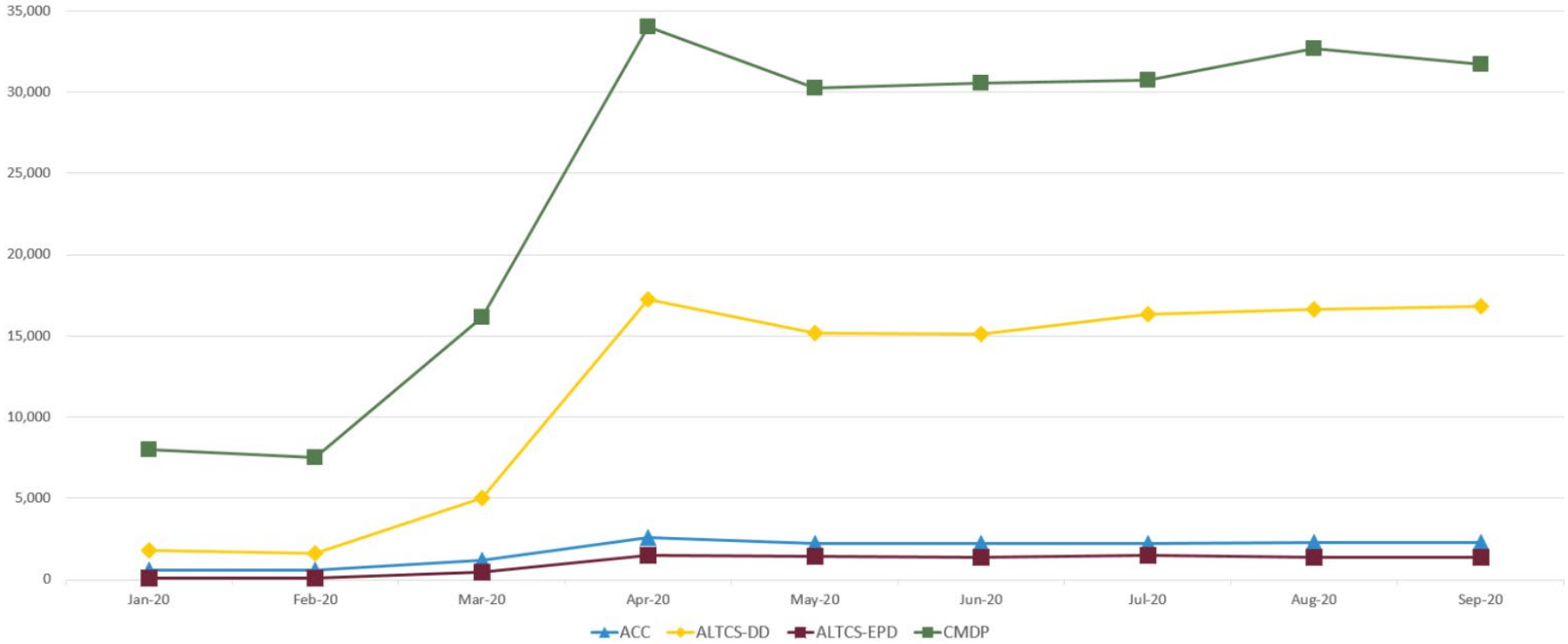
Telehealth Utilization - Physical Health
January - September 2020

Number of Services Rendered Per 10,000 Enrolled Members by Month and LOB



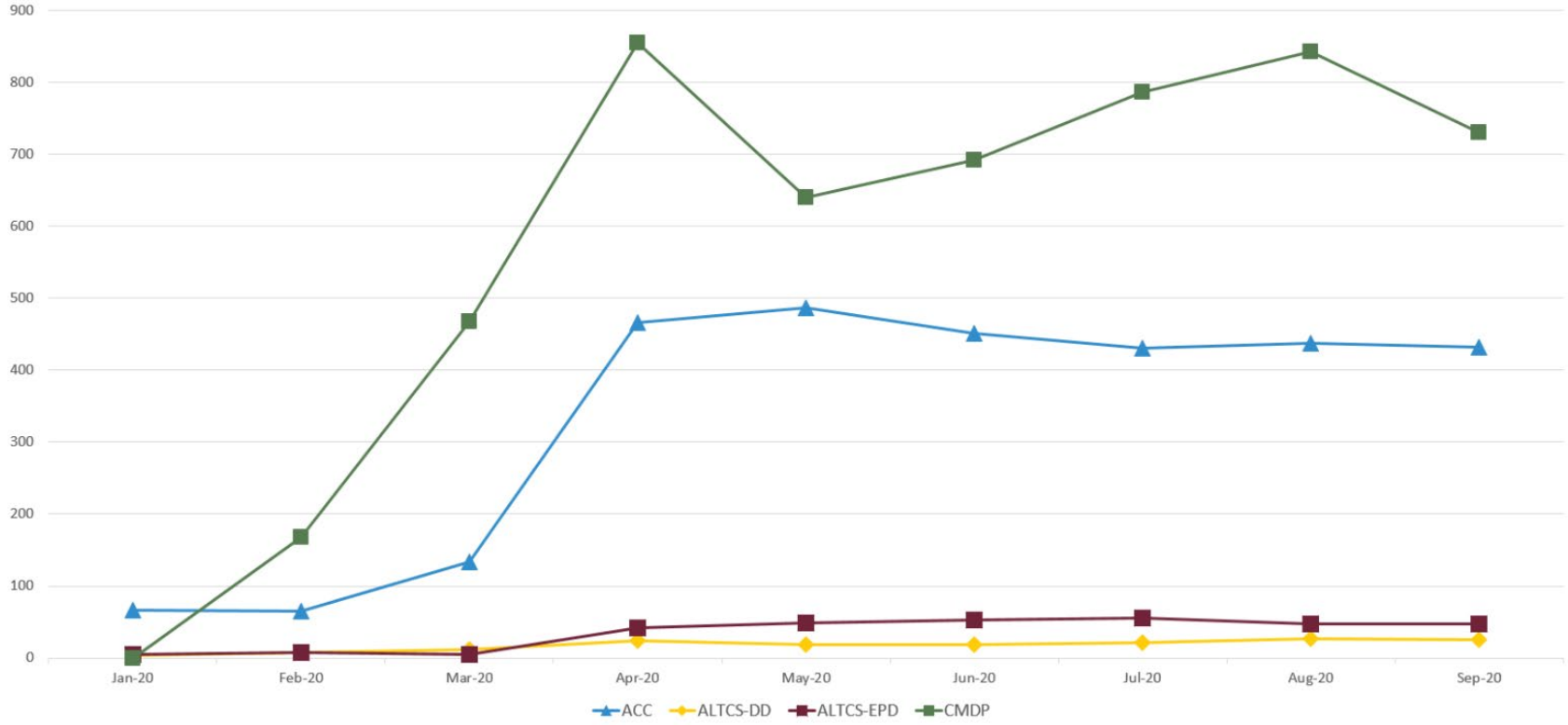
Telehealth Utilization - Mental Health
January - September 2020

Number of Services Rendered Per 10,000 Enrolled Members by Month and LOB



Telehealth Utilization - Substance Use
January - September 2020

Number of Services Rendered Per 10,000 Enrolled Members by Month and LOB



Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

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AHCCCS Telehealth Coverage Summary

WHAT	TECHNOLOGY	TELEHEALTH MODIFIER[1] OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODE SET AVAILABLE	CODE SET AVAILABLE AFTER COVID 19 EMERGENCY
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site[2]	Telehealth Code Set	YES
Asynchronous (Store+Forward)	Transmission of recorded health history through a secure electronic communications system	GQ	Originating Site[2]	Telehealth Code Set	YES
Remote Patient Monitoring	Synchronous (real-time) or asynchronous (store and forward)	GT-Synchronous GQ-Asynchronous	Originating Site[2]	Telehealth Code Set	YES
Teledentistry	Synchronous (real-time) or asynchronous (store and forward)	D9995-Synchronous D9996-Asynchronous	Originating Site[2]	Teledentistry Code Set[3]	YES
Telephonic	Audio	None	02-Telehealth	Permanent Telephonic Code Set[3,4]	YES
Telephonic (Temporary)	Audio	UD	Originating Site[2]	Temporary Telephonic Code Set[3,4]	UNDER EVALUATION

1 All other applicable modifiers apply.
2 Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates
3 Adding to master Telehealth Code Set
4 Adding audio-only to Telehealth definition; evaluating modifier and POS coding standards

Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

- AHCCCS telehealth policy flexibilities for COVID-19 have been extended through 9/30/21
- AHCCCS intends to finalize post-COVID-19 telehealth coverage decisions by ~7/1/21

Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

- Crosswalking CMS Core Set HEDIS measures NCQA telehealth allowances and Arizona's telehealth code set
- Financial analysis ongoing
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) planned for ACC, CMDP, SMI, and KidsCare starting in April
  - Adopted Oregon's telehealth supplemental questions for potential cross State analysis

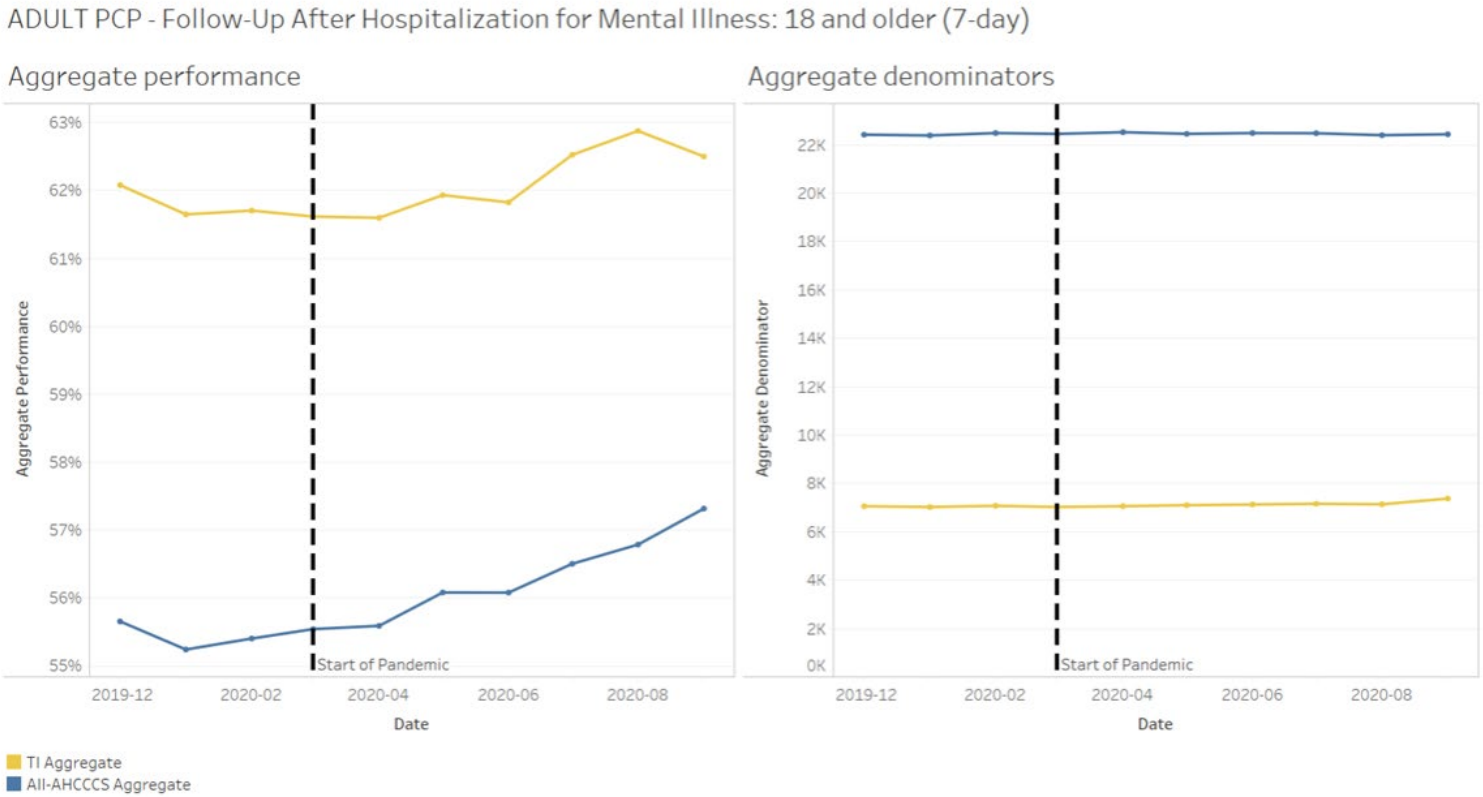

Telehealth and Performance Measures

Dr. Neil Robbins, Data Science Specialist, ASU CHIR

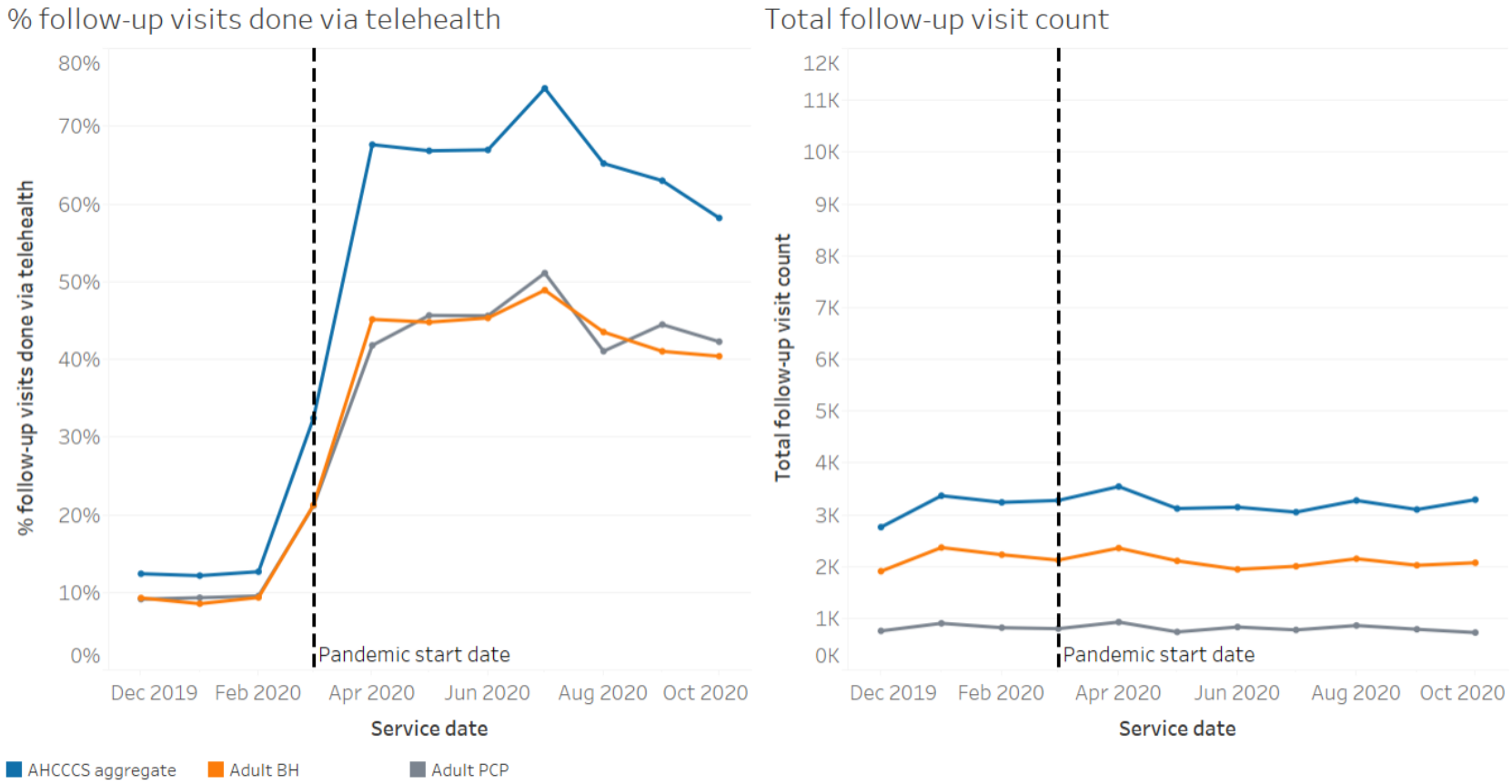
How did telehealth impact performance on adult follow-up after hospitalization?

- After the COVID-19 pandemic began, overall rates of hospital discharge and completion of the follow-up visit did not decline
- Shift to telehealth may have played a role in measure performance
- Questions
  - What proportion of follow-up visits were done via telehealth?
  - Among members who received follow-up care, what proportion of them had their visit done via telehealth?

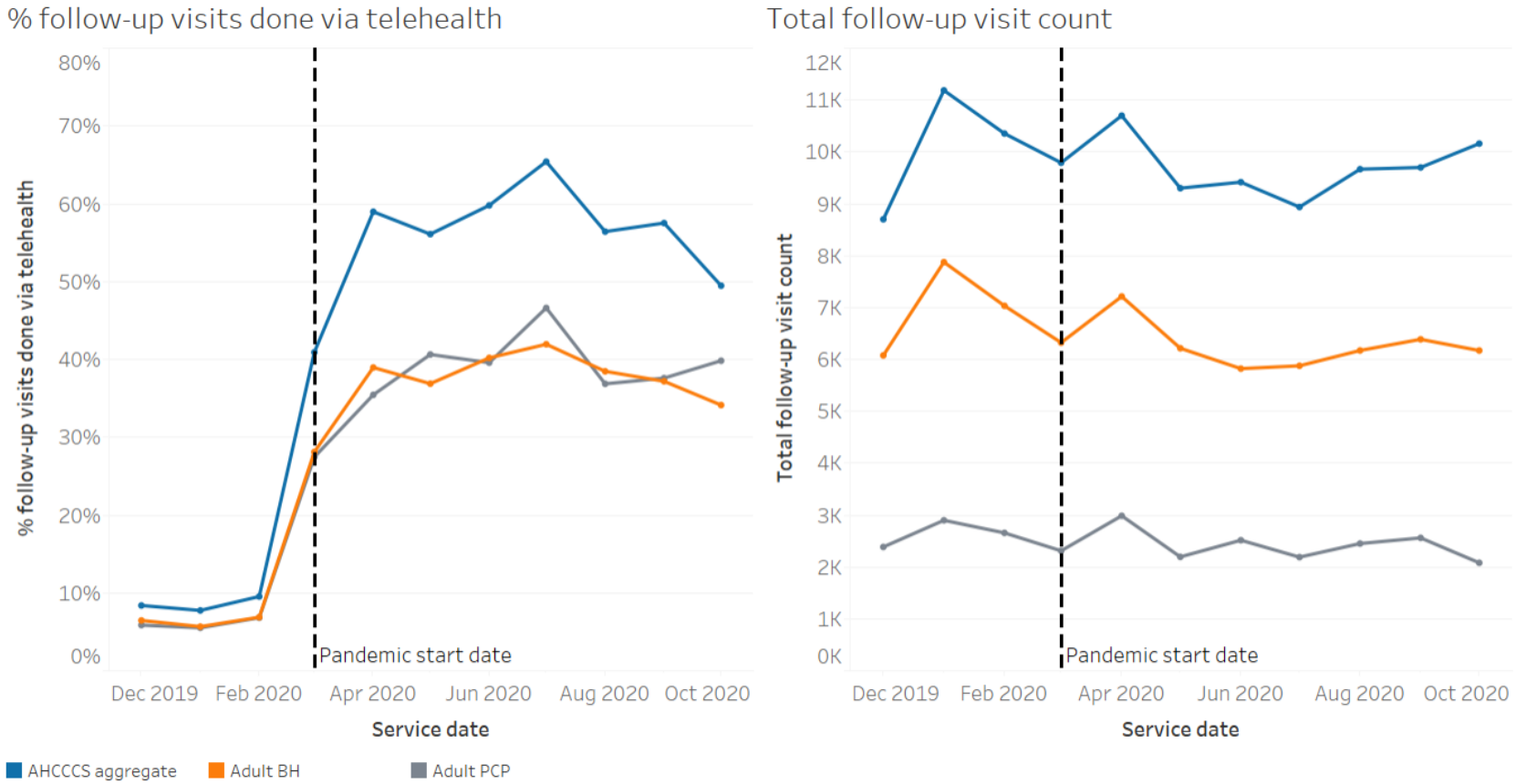
Rates of hospital discharge and follow-up did not decrease after the pandemic began



Adult FUH7: Visits done via telehealth



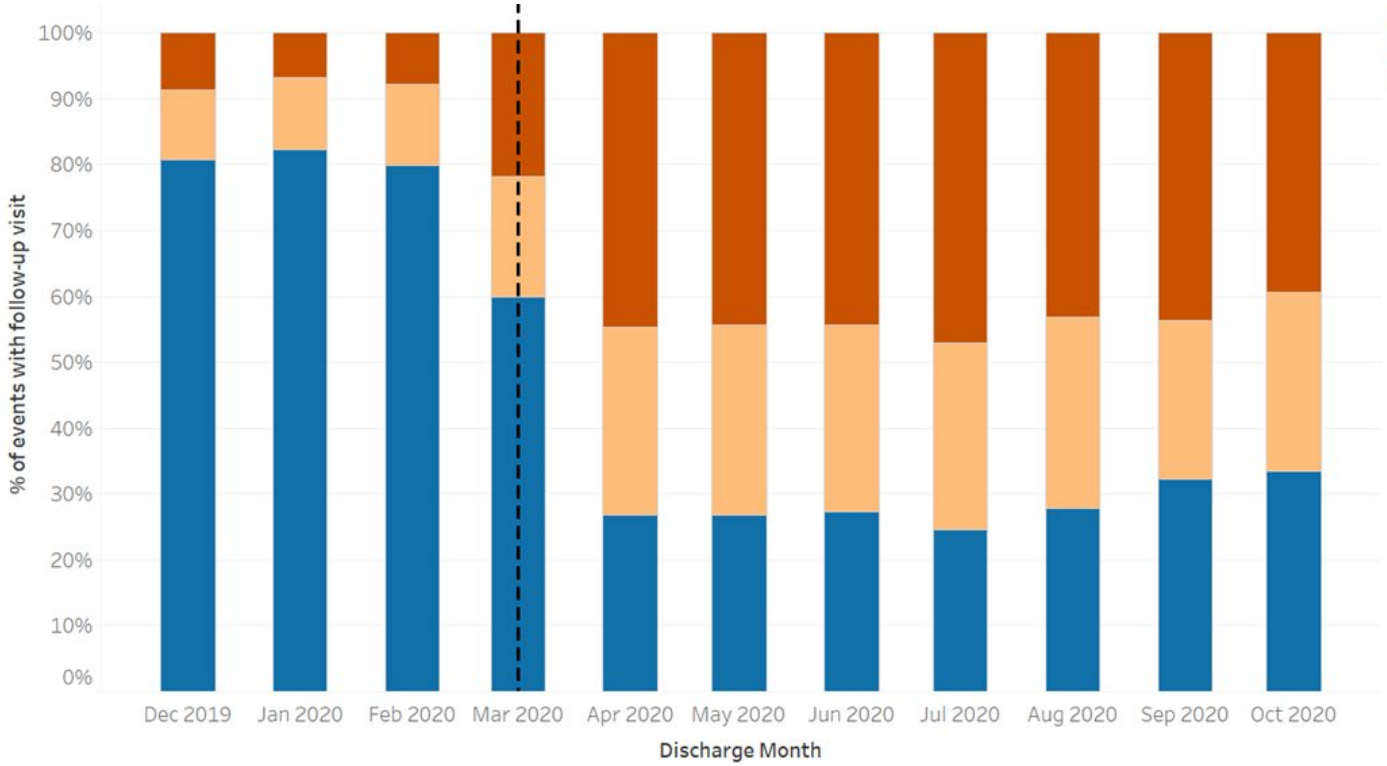
Adult FUH30: Visits done via telehealth



How many members had follow-up visits done via telehealth?

- Question is complicated by the fact that members may receive multiple services that qualify for the follow-up measure
- Member-events were binned into 3 categories
  - All qualifying visits were done **in-person only**
  - Qualifying visits were a **mix of in-person and telehealth**
  - All qualifying visits were done via **telehealth only**

Adult FUH7: Breakout of events by telehealth usage (AHCCCS aggregate)



Each bar represents hospitalizations that occurred within one month and which had at least one follow-up visit done

Adult FUH7: Events where follow-up was done in-person, comparison to TI

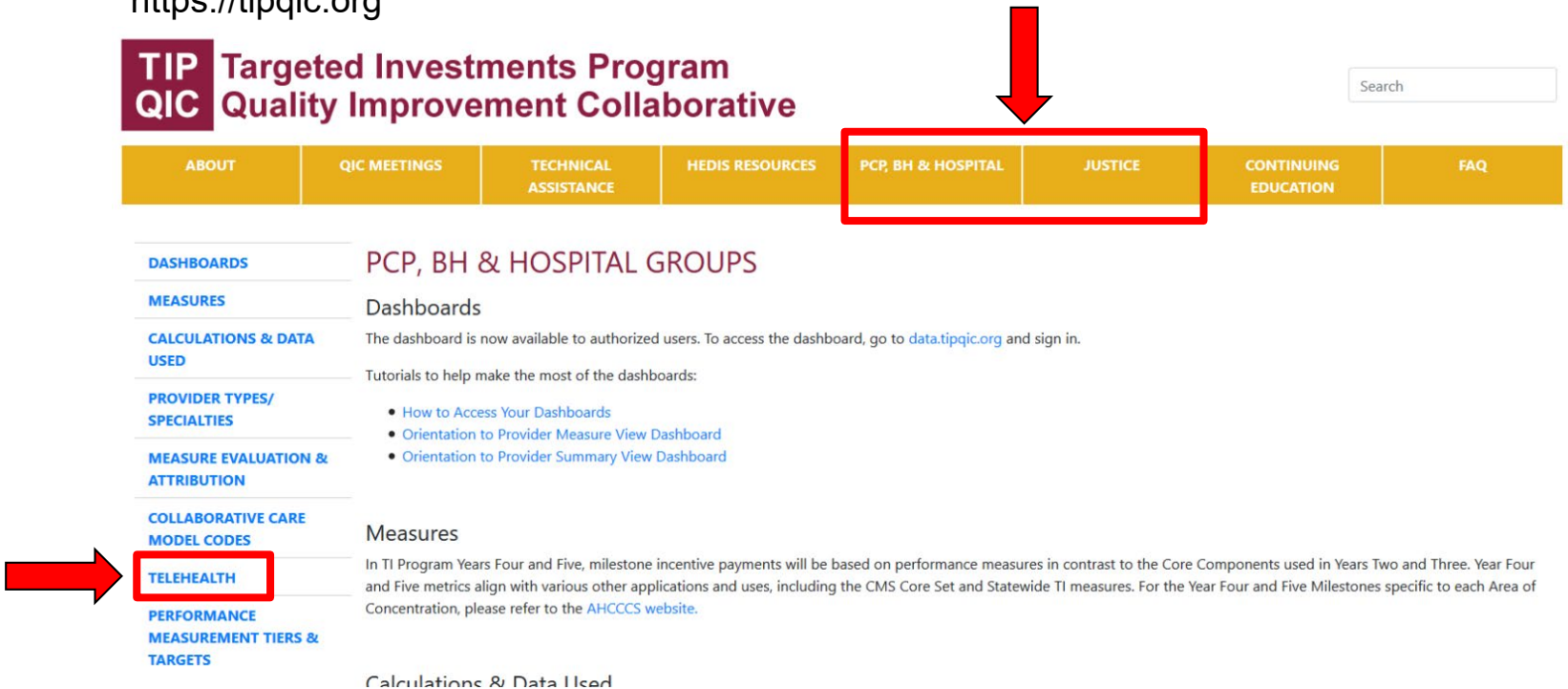
Adult FUH30: Events where follow-up was done in-person, comparison to TI

Summary of telehealth impacts on TI measure performance

- Follow-up after hospitalization measures
  - Substantial increase in the proportion of visits done via telehealth and members who received follow-up care via telehealth
  - No obvious decrease in number of discharges or follow-up visits, suggesting a switch from in-person to telehealth
- We are continuing to explore impacts for other measures and areas of concentration

Telehealth section on TIPQIC website

https://tipqic.org





DISCUSSION

Discussion Questions

Have you leveraged telehealth for adult wellness visits pre or during the pandemic?

- If yes, how were you able to accomplish? Any lessons learned to help improve your practice moving forward?
- If no, what was the reasons you chose not to utilize?

Discussion Questions

Did you leverage telehealth for behavioral health visits pre pandemic? If yes, did your use of telehealth change during the pandemic?

Discussion Questions

How are you measuring telehealth outcomes in your practice?

- How do you determine if a service is delivered via audio-only vs. audio-video?
- What is your experience with member satisfaction with telehealth?
- What is your experience with clinician satisfaction with telehealth?