The Workshop will begin promptly at 12:00pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

Elaine Henry
ehenry@healthmanagement.com

TELEHEALTH IN A POST-PANDEMIC ERA: SUSTAINABLE APPROACHES TO SUPPORT INTEGRATED CARE

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE

MSDC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

FACILITATED BY:
Jean Glossa, MD, MBA, FACP

Wednesday,
August 10, 2021
12:00 – 1:30pm EST

The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

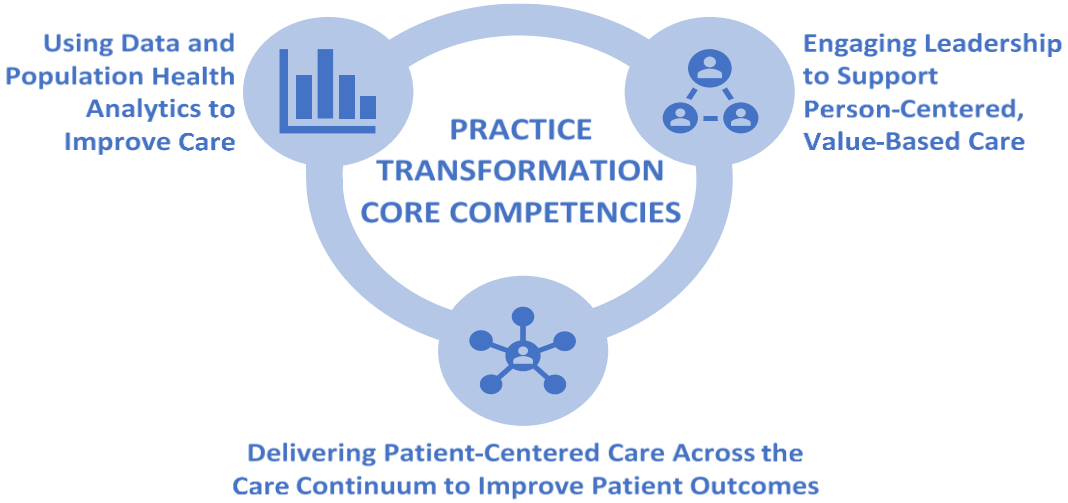
WHAT IS THE ICTA PROGRAM?

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE
MSDC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

- The Integrated Care Technical Assistance Program (ICTA) is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

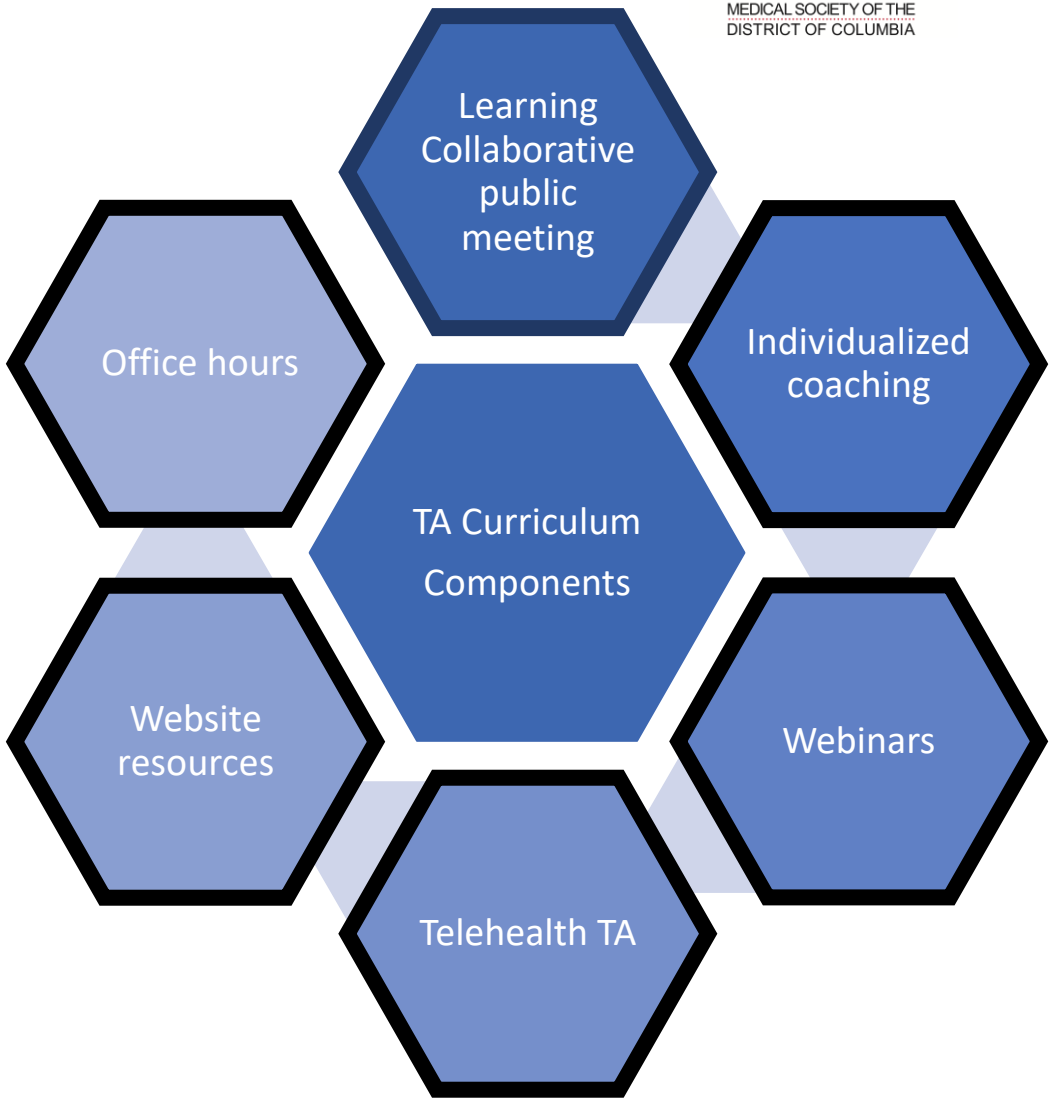
- The ICTA Program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



ICTA TECHNICAL ASSISTANCE

- The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- All material is available on the project website: Integratedcaredc.com
- Educational credit is offered at no cost to attendees for select elements.



SPEAKERS

Jean Glossa, MD, MBA, FACP
ICTA Project Director, TA Coach, SME
Health Management Associates

Erin Holve, PhD, MPH, MPP
Director, Health Care Reform and Innovation Administration
Department of Health Care Finance

Eduarda Koch
Health IT Project Manager
Department of Health Care Finance

Gerald "Jerry" Wilson
Director, Division of Program Integrity
Department of Health Care Finance

Carrie Ojo
Director of Population Health
So Others Might Eat (SOME)

Neal Sikka, MD
Professor, GWU Emergency Medicine
Director, Innovative Practice and Telehealth Section
Chief, Innovative Practice & Telemedicine Section, Department of Emergency Medicine

Melissa Long, MD
Pediatrician, Children's Health Center at Children's National Hospital
Assistant professor, GWU School of Medicine & Health Sciences
Director, DC Mental Health Access in Pediatrics (DC MAP)

Zarfishan Zahid, MD
Director of Clinical Operations
Medical Home Development Group

DISCLOSURES

Faculty	Nature of Commercial Interest
Jean Glossa, MD, MBA, FACP	Dr. Glossa discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients
Erin Holve, PhD, MPH, MPP	Dr. Holve discloses that she has a financial relationship or commercial interest with Regenstrief Institute and is an employee of Department of Health Care Finance.
Eduarda Koch	Ms. Koch discloses she is an employee of Department of Healthcare Finance.
Gerald “Jerry” Wilson	Mr. Wilson discloses that he is an employee of Fox Rehabilitation and the Department of Health Care Finance.
Carrie Ojo	Ms. Ojo discloses she is an employee of So Others Might Eat (SOME).
Zarfishan Zahid, MD	Dr. Zahid discloses she is an employee of Medical Home Development Group
Neal Sikka, MD	Dr. Sikka discloses that he has a financial relationship or commercial interest with MTEC, SonoStik, EMI, and Qualcomm Wireless Reach and is an employee of George Washington University.
Melissa Long, MD	Dr. Long discloses that she has a family member who previously was on the board for Masimo and is an employee of Children’s National Hospital.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

AGENDA

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE
MSDC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

Telehealth in A Post-Pandemic Era: Sustainable Approaches to Support Integrated Care

- Welcome and Program Announcements
- DC Landscape to Support Telehealth
- Telehealth Models Used Right Now
  - Opportunities for Telehealth expansions and barriers/suggestions for expansion
  - Improving access to integrated care through technology
  - Introducing eConsult/peer-to-peer consultation
- Q&A and Next Steps

OBJECTIVES

1. Describe Medicaid coverage updates, expectations for documentation post-public health emergency, and potential opportunities to expand support for digital health among Medicaid providers.
2. Describe 4 different telehealth models currently in place across District Medicaid providers, and discuss workflow and sustainability considerations for each.
3. Identify current uses of telehealth/eConsult and any barriers for expansion.
4. Review the Telehealth Assessment tool and discuss goals for Part II of the workshop.

Image permitted by DC Department of Health Care Finance

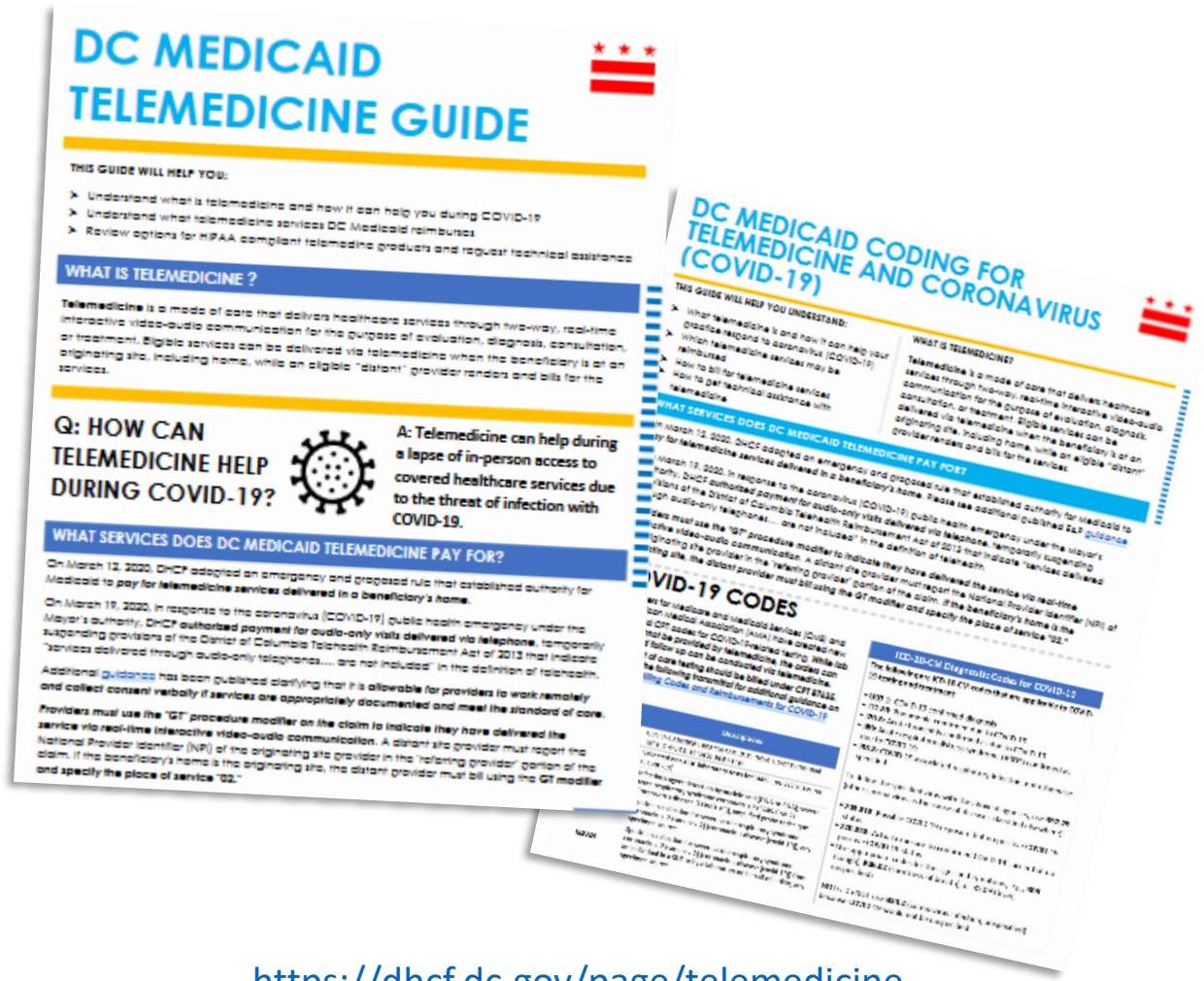
DC LANDSCAPE TO SUPPORT TELEHEALTH

Ongoing Support for Telehealth in the District's Medicaid Program

August 10, 2021

Medicaid Telehealth Policy Firmly Supports Telehealth as a Modality of Care

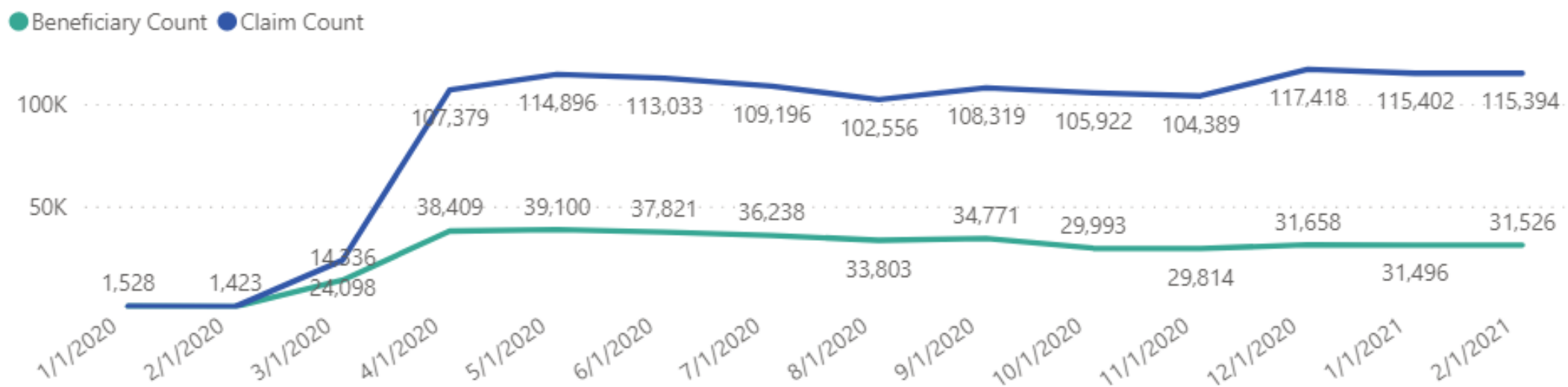
- Services may be rendered via telemedicine if
  - Already included in the Department of Healthcare Finance (DHCF) fee schedule within broad categories specified in the DHCF telemedicine rule
  - Can be delivered as the standard of care
- Home as an originating site is allowable
- Providers have flexibility to work remotely
- Authorized during the public health emergency – *with intent to continue post-PHE:*
  - Audio-only services
  - Consent may be documented in clinical notes
  - Flexibilities on using services non-HIPAA compliant technology (per HHS)



https://dhcf.dc.gov/page/telemedicine

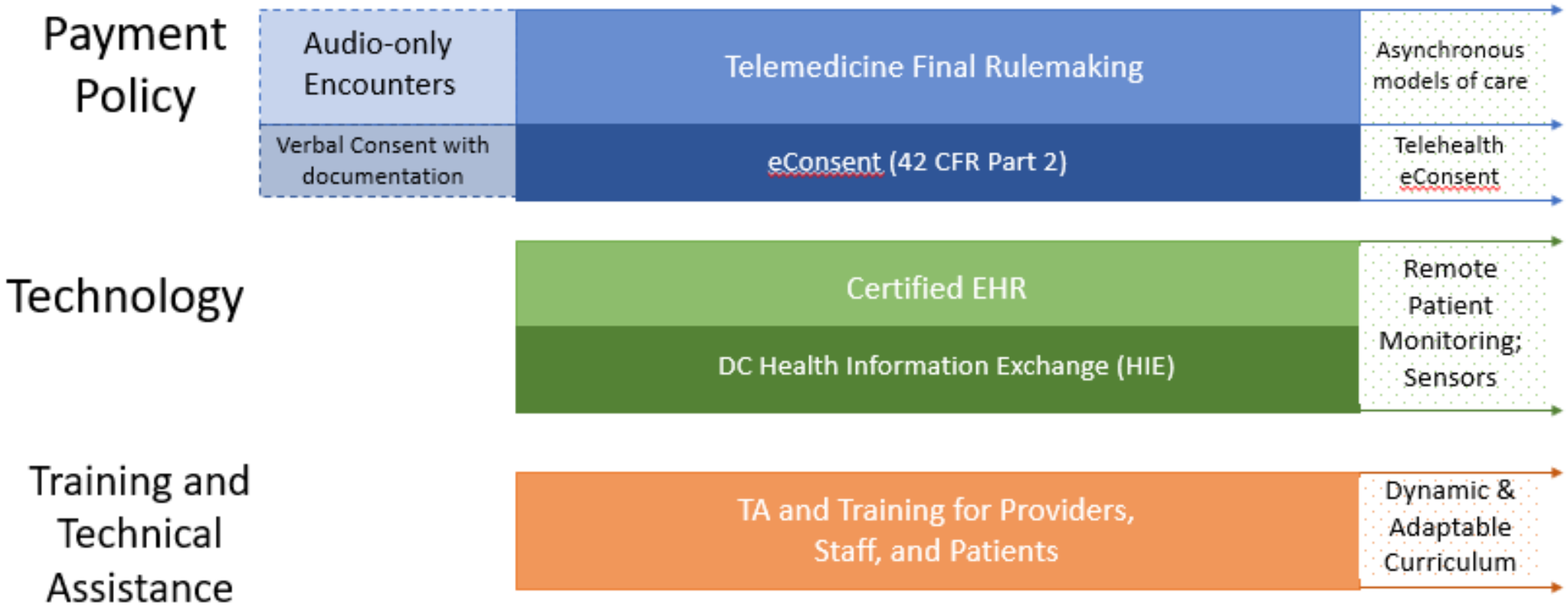
Telehealth Utilization Has Leveled Off Yet Continues To Be a Widely-used Modality of Care

Monthly Telehealth Claim & Beneficiary Count (January 2020 – February 2021)



- In January and February 2020, telehealth accounted for just 0.3% of outpatient claims and only 0.8% of beneficiaries had a telehealth service
- Between October 1, 2020 and February 28, 2021, approximately 21% of all outpatient claims were for telehealth services, and 22% of Medicaid beneficiaries used at least one telehealth service.

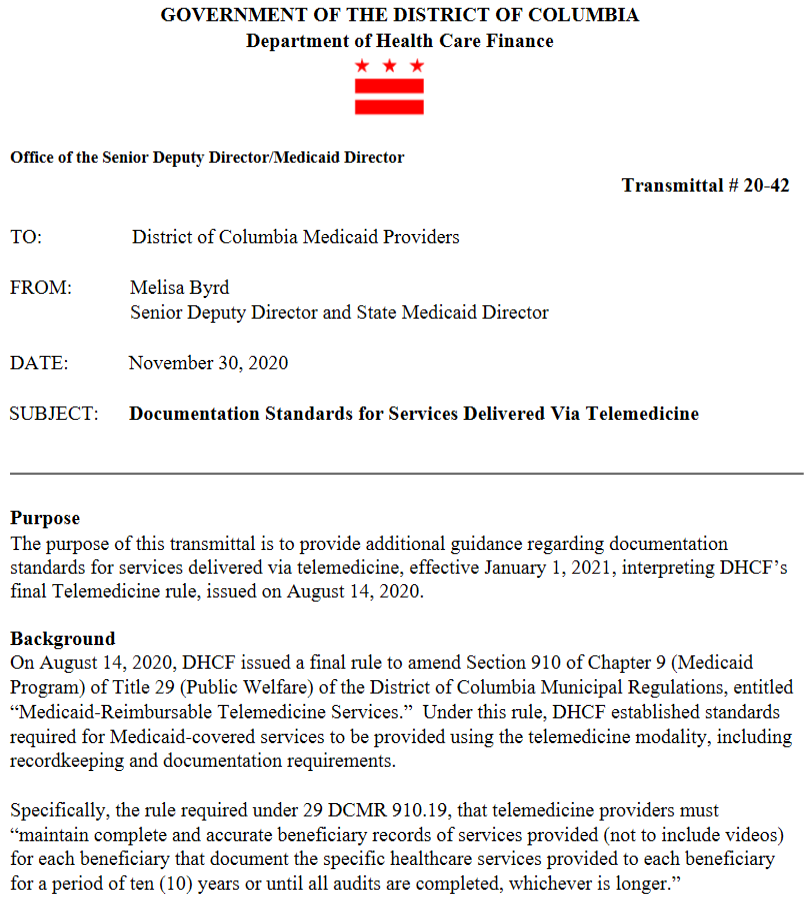
Health IT → Telehealth → *Digital Health*



Telehealth Documentation Must Include Information on Service Modality and Contacts

- Effective January 1, 2021, for the purposes of services delivered via telemedicine, for providers to “maintain complete and accurate beneficiary records of services provided, ” providers must document for each clinical encounter:
  - The modality of service used to deliver the service (e.g. audio/visual, audio-only, etc.);
  - The patient’s telephone number, cellphone number, or other information on how communications were established with the patient based on the mode of communication used to deliver the service via telemedicine;
  - Any other requirements applicable to the specific health service, per District law or regulation.

*Providers can record this documentation in the providers’ clinical notes or other fields in the electronic health record (EHR).



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director/Medicaid Director

Transmittal # 20-42

TO: District of Columbia Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: November 30, 2020

SUBJECT: **Documentation Standards for Services Delivered Via Telemedicine**

Purpose
The purpose of this transmittal is to provide additional guidance regarding documentation standards for services delivered via telemedicine, effective January 1, 2021, interpreting DHCF’s final Telemedicine rule, issued on August 14, 2020.

Background
On August 14, 2020, DHCF issued a final rule to amend Section 910 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations, entitled “Medicaid-Reimbursable Telemedicine Services.” Under this rule, DHCF established standards required for Medicaid-covered services to be provided using the telemedicine modality, including recordkeeping and documentation requirements.

Specifically, the rule required under 29 DCMR 910.19, that telemedicine providers must “maintain complete and accurate beneficiary records of services provided (not to include videos) for each beneficiary that document the specific healthcare services provided to each beneficiary for a period of ten (10) years or until all audits are completed, whichever is longer.”

ARPA Provides a One Time Opportunity to Enhance Home & Community Based Services (HCBS)

- The American Rescue Plan (ARPA) of 2021 was signed into law on March 11, 2021
  - ARPA Section 9817 Enhances Medicaid Funding for Medicaid Home and Community Based Services
    - 10% Federal Medical Assistance Percentages (FMAP) bump for services provided between April 1, 2021, and March 31, 2022;
    - New funds must supplement not supplant level of state funds for programs in effect as of April 1, 2021
    - Eligibility for enhanced match requires states to enhance, expand, and strengthen home and community-based services under the state's Medicaid program
- Funds are not administered like traditional grant funds; states must maintain current service / benefit levels and new initiatives must be sustainable
- District submitted an initial and ongoing spending plan detailing proposed enhancement activities. The plan is now pending review and approval by CMS. Refer to pages 13-14 for proposed EHR incentive program and telehealth support
  - https://dhcf.dc.gov/page/arpa-hcbs-planning

Extension of the EHR Incentive Program (ARPA HCBS): Proposed Program Tracks/Milestones *per practice*

Program Stage
Track 1: Implement a new EHR **Milestone 1.1:** Participation Agreement **Milestone 1.2:** Complete TA Training and Education **Milestone 1.3:** EHR Go-Live **Milestone 1.4:** Connect to the DC HIE to view clinical information **Milestone 1.5:** Send patient encounter information to the DC HIE **Milestone 1.6:** Send clinical notes to the DC HIE
Track 2: Upgrade existing EHR to a CEHRT **Milestone 2.1:** Participation Agreement **Milestone 2.2:** Complete TA Training and Education **Milestone 2.3:** EHR upgrade **Milestone 2.4:** Connect to the DC HIE to view clinical information **Milestone 2.5:** Send patient encounter information to the DC HIE **Milestone 2.6:** Send clinical notes to the DC HIE
Track 3: Optimize Existing EHR or Case Management System **Milestone 3.1:** Participation Agreement **Milestone 3.2:** Complete TA Training and Education **Milestone 3.3**: Purchase gap tools or direct integration tools to connect to DC HIE **Milestone 3.4:** Connect to the DC HIE to view clinical information **Milestone 3.5:** Send patient encounter information to the DC HIE **Milestone 3.6:** Send clinical notes to the DC HIE

Three Tracks Based on Provider Need:

- **Track 1***: Purchase new* ONC Certified EHR that meets DC's interoperability requirements
- **Track 2:** *Upgrade* to ONC Certified EHR that meets DC's interoperability requirements
  - E.g. Credible -> 2015 Certified Credible
- **Track 3:** *Optimize* electronic reporting and DC HIE connectivity

ONC Certified Electronic Health Record Technology (CEHRT) Ensures District Providers are "Interoperability-Ready"

Office of the National Coordinator for Health Information Technology (ONC) Certified HER Software									
	Multi-specialty EHRs				Behavioral Health EHRs		Behavioral Health and Human Services EHR	Care Management System	
Functionalities	**Athena (Clinicals)**	**eCW**	**Nextgen (Ambulatory)**	**Credible**	**MyEvolv (NetSmart Evolv)**	**Welligent**	**Carelogic (Qualifacts)**	**Therap**	**iManage**
HIPAA Compliant	Present	Present	Present	Present	Present	Present	Present	Unknown	Unknown
Basic Clinical Information									
Demographics	Present	Present	Present	Present	Present	Present	Present	Unknown	Unknown
Family Health History	Present	Present	Present	Present	Present	Present	Present	Unknown	Unknown
Social, Psychological, and Behavioral Determinants Data	Present	Present	Present	Present	Absent	Present	Absent	Unknown	Unknown
E-Prescribing	Present	Present	Present	Present	Present	Absent	Present	Absent	Absent
Transitions of Care	Present	Present	Present	Present	Present	Present	Present	Absent	Absent
DC HIE Connectivity Enabled	Present	Present	Present	Present	Present	Present	Present	Absent	Absent
Computerized Provider Order Entry (CPOE)									
Medications	Present	Present	Present	Present	Present	Absent	Present	Absent	Absent
Laboratory	Present	Present	Present	Present	Present	Absent	Present	Absent	Absent
Diagnostic Imaging	Present	Present	Present	Present	Present	Absent	Present	Absent	Absent
Drug-Drug Check									
Drug-Formulary	Present	Present	Present	Present	Present	Present	Present	Absent	Absent
Drug-Drug, Drug-Allergy Interaction	Present	Present	Present	Present	Present	Absent	Present	Absent	Absent
Clinical Decision Support	Present	Present	Present	Present	Present	Present	Present	Absent	Absent
Transmission to Public Health Agencies									
Immunization Registries	Present	Present	Present	Present	Present	Absent	Present	Absent	Absent
Syndromic Surveillance	Present	Present	Present	Present	Present	Absent	Absent	Absent	Absent
Cancer Registries (2015 CEHRT)	Absent	Absent	Present	Absent	Absent	Absent	Absent	Absent	Absent
Electronic Case Reporting (2015 CEHRT)	Absent	Absent	Absent	Present	Absent	Absent	Absent	Absent	Absent
Provider to Patient Interactions									
Patient-Specific Education	Present	Present	Present	Present	Absent	Present	Present	Absent	Absent
Access to Patient Portal	Present	Present	Present	Present	Present	Absent	Present	Absent	Absent
Secure Messaging (2015 CEHRT)	Present	Present	Present	Present	Present	Absent	Present	Absent	Absent
Provider to Provider Interaction									
Direct Messaging (2015 CEHRT)	Present	Present	Present	Present	Present	Present	Present	Absent	Absent

TELEHEALTH MODELS USED RIGHT NOW

PROVIDER SHOWCASE AND PANEL DISCUSSION: SPECIFIC MODELS SHOWCASED

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE
MSDC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

- **Improving access to care with the implementation of patient kiosks** – Carrie Ojo, So Others Might Eat (SOME)
- **Helping patients use technology to access their health care** – Dr. Neal Sikka, Department of Emergency Medicine, George Washington University
- **Supporting primary care providers through peer-to-peer tele-mental health consultations** – Dr. Melissa Long, DC MAP (Mental Health Access in Pediatrics)
- **Using technology to address the treatment of complex conditions including Substance Use Disorder** – Dr. Zarfishan Zahid, Medical Home Development Group

IMPROVING ACCESS TO CARE WITH THE IMPLEMENTATION OF PATIENT KIOSKS

Carrie Ojo

Director of Population Health

So Others Might Eat (SOME)

SO OTHERS MIGHT EAT

TELEHEALTH KIOSKS

Let's get you seen!

Hours:

Issues: thealth@some.org

SOME

So Others Might Eat

TELEHEALTH

- Male
- 65 +years old
- African American
- Unhoused
- Limited Income
- 6th Grade Education
- Low Digital Literacy Level
- Multiple Comorbidities

WHO WE SERVE

"Mr. Some"

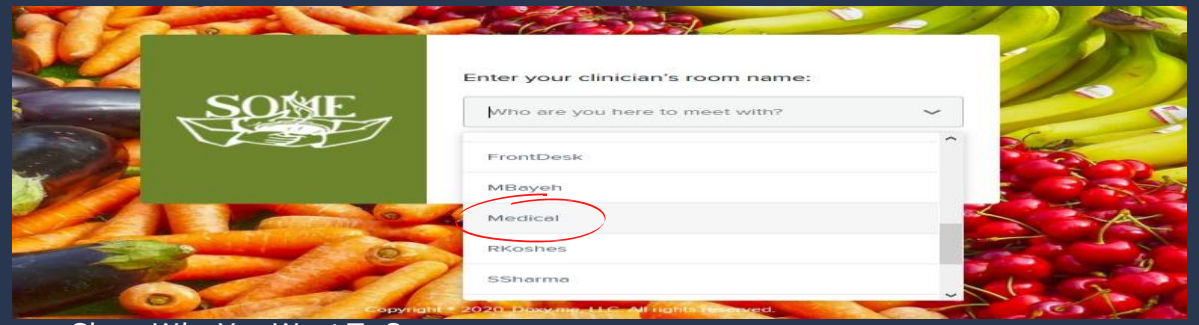
So Others Might Eat

TELEHEALTH GUIDE

START A SESSION

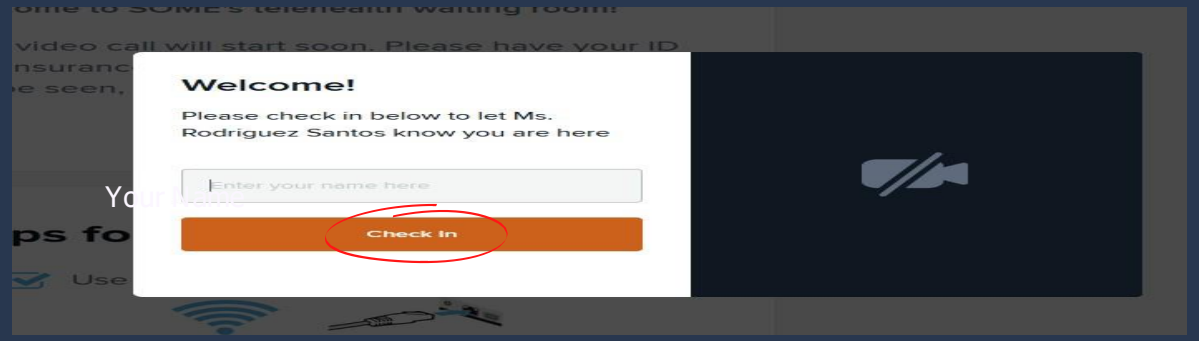
3 Simple Steps

1



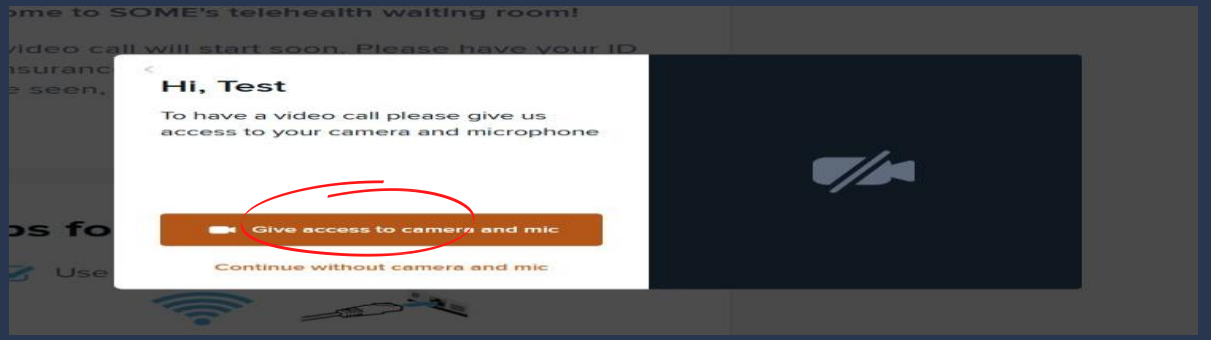
Chose Who You Want To See

2



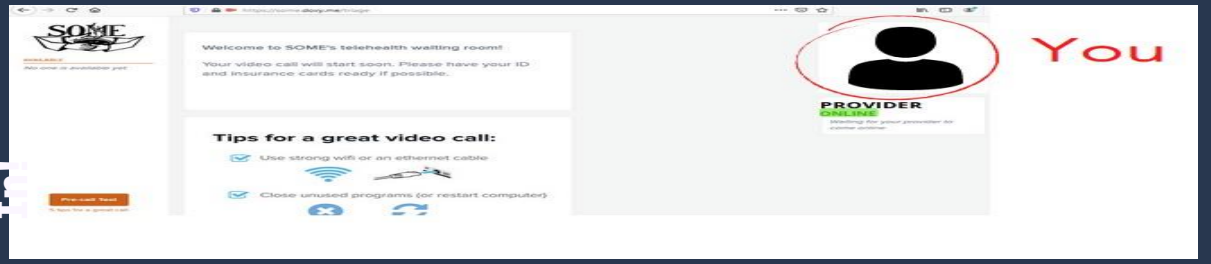
Type Your Name

3

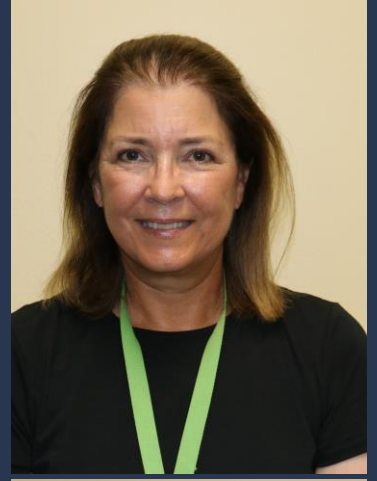


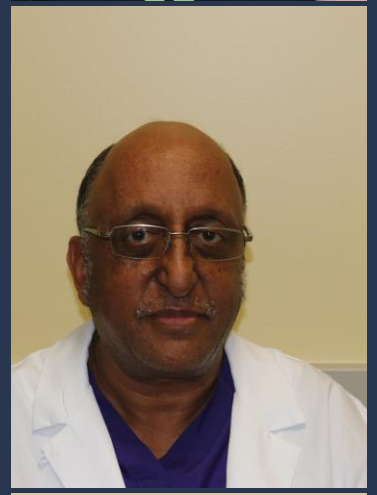
Turn On Camera & Microphone

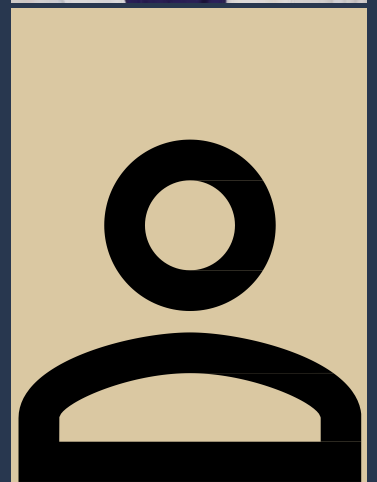
You're In!



Issues: thealth@some.org







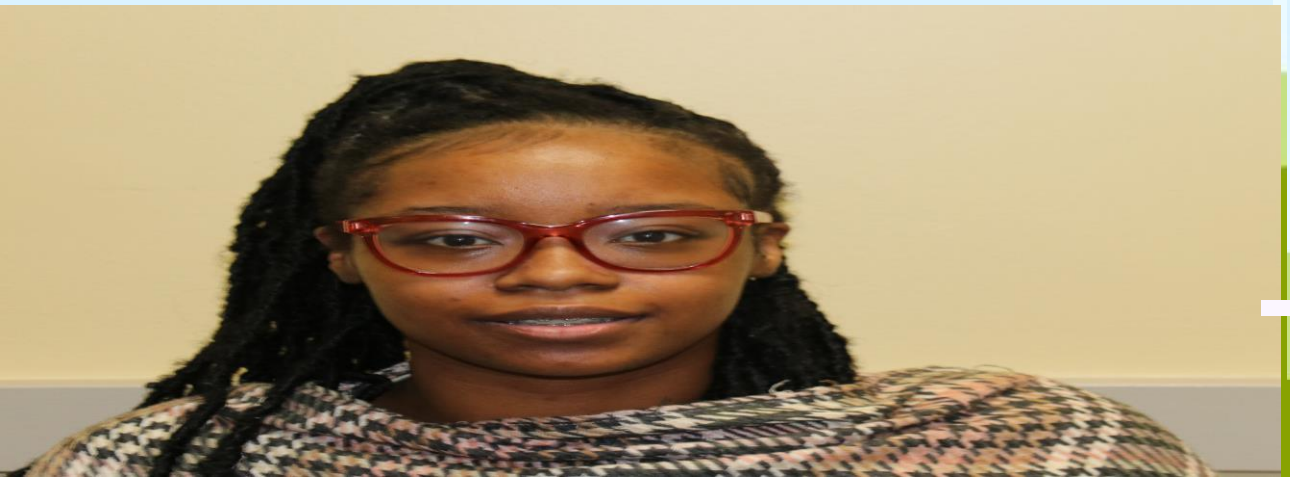
So Others Might Eat

TELEHEALTH PROVIDERS

MEDICAL TEAM

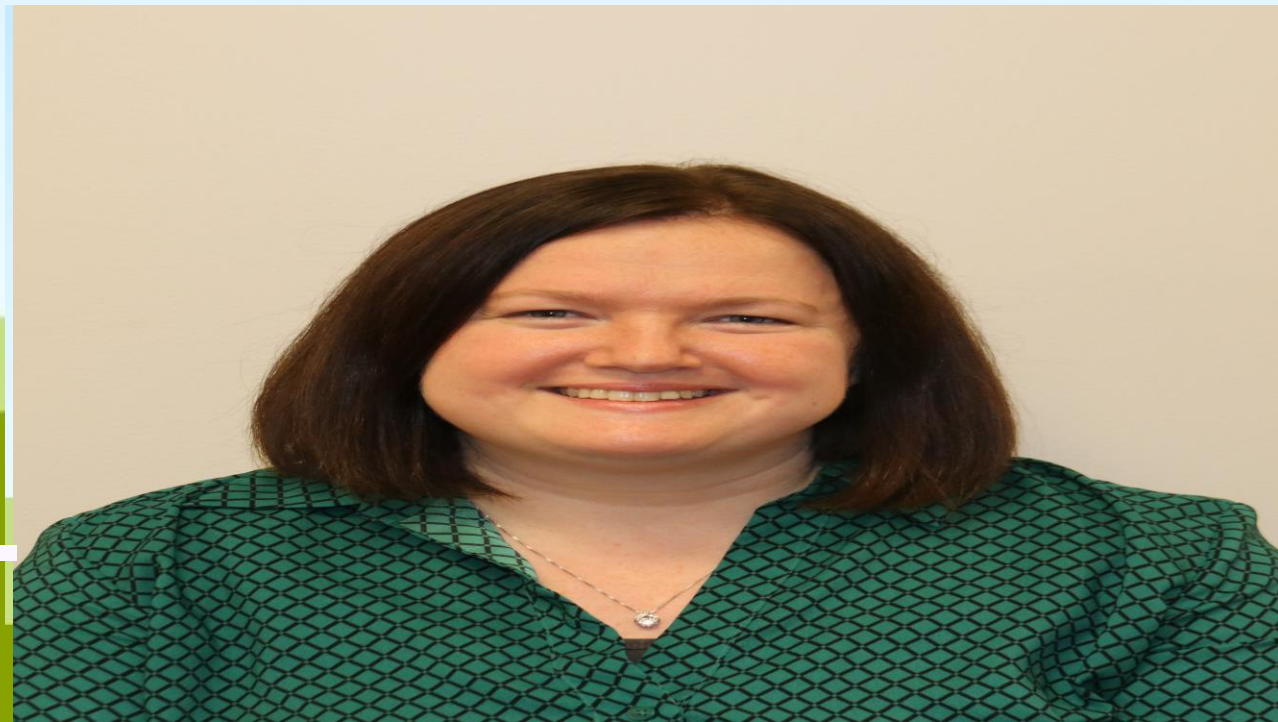
Hours:

Issues: thealth@some.org



TELEHEALTH PROVIDERS

MENTAL HEALTH TEAM



HELPING PATIENTS USE TECHNOLOGY TO ACCESS THEIR HEALTH CARE

Neal Sikka, MD

Professor, GWU Emergency Medicine

Director, Innovative Practice and Telehealth Section

Chief, Innovative Practice & Telemedicine Section, Department of Emergency Medicine

Neal Sikka, MD
Professor
Department of Emergency Medicine
George Washington University

What is HealthDesk?

- A mobile desk with a mission to maximize the benefits of digital health technologies and platforms to improve individual health and well-being in Wards 5,7 and 8 of Washington, D.C

- What does HealthDesk do?
  - Provides curated health information and resources
  - Utilizes volunteer digital health coaches (DHCs) to introduce residents to digital health applications & phone optimization settings based on their needs
  - Helps make device/technological navigation easier and straightforward for residents with low digital health literacy

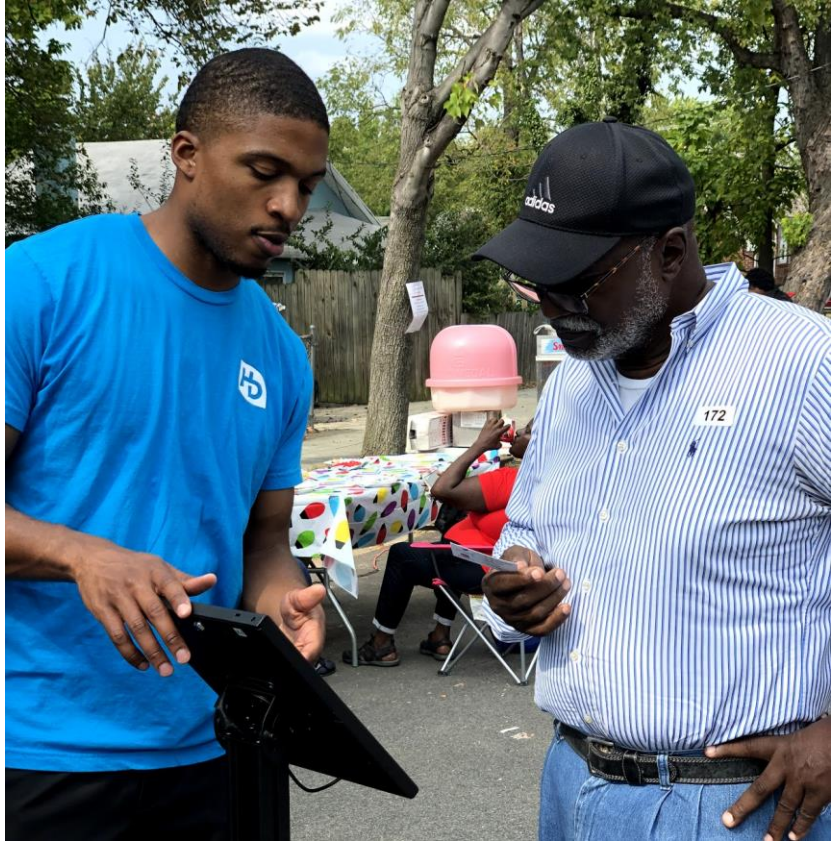
Outputs

- Trained 8 community members who trained 22 more
- Developed a Community based Pop-up model

Most Interested In	
Diabetes	11%
HTN	36%
Healthy Lifestyle	34%
Stress	11%
Stroke	6%

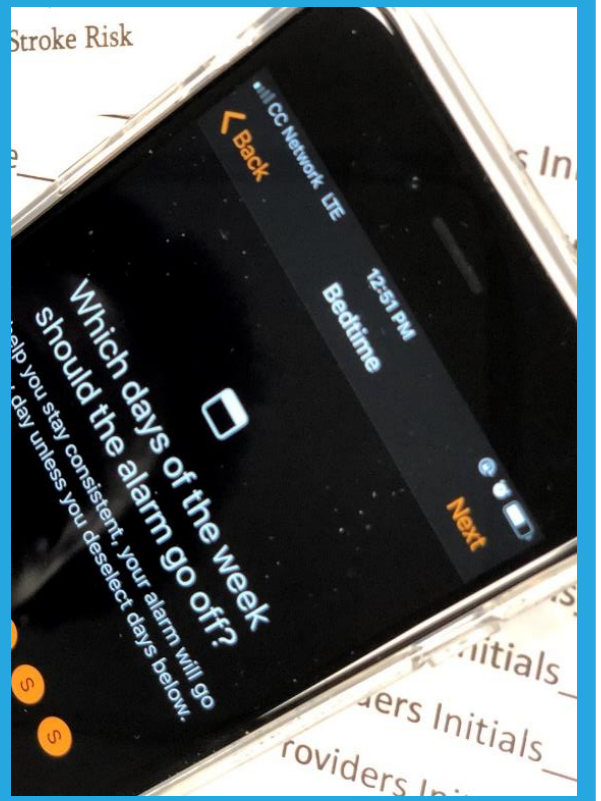
- Nearly 300 residents
- Median Age 61

Phone	Apps
In Case of Emergency	Patient Portal
Med reminders/Alarms	Meditation/Stress Management Apps
Font Size	Medication Discounts
Color Blind Features	
Stroke	



Impact

- Builds cultural competency and humility by working with and serving Washington, D.C. residents
- Increases understanding of barriers to health, especially in the digital health space
- Helps identify ways in which digital health applications can be utilized in their future practice



Digital Health Coach

HealthDesk helps coaches support residents to improve digital health literacy (DHL)

- Downloading patient portal
- Optimizing phone- Alarms or Medical ID
- Providing curated Apps (i.e Head Space, BabyScripts…)

Digital Health Applications & Topics

Digital Health Applications

- **Patient Portals**
- **Medical ID (In Case of Emergency)**
- **Phone Apps: (Headspace, BabyScripts etc)**

Phone Optimization Settings

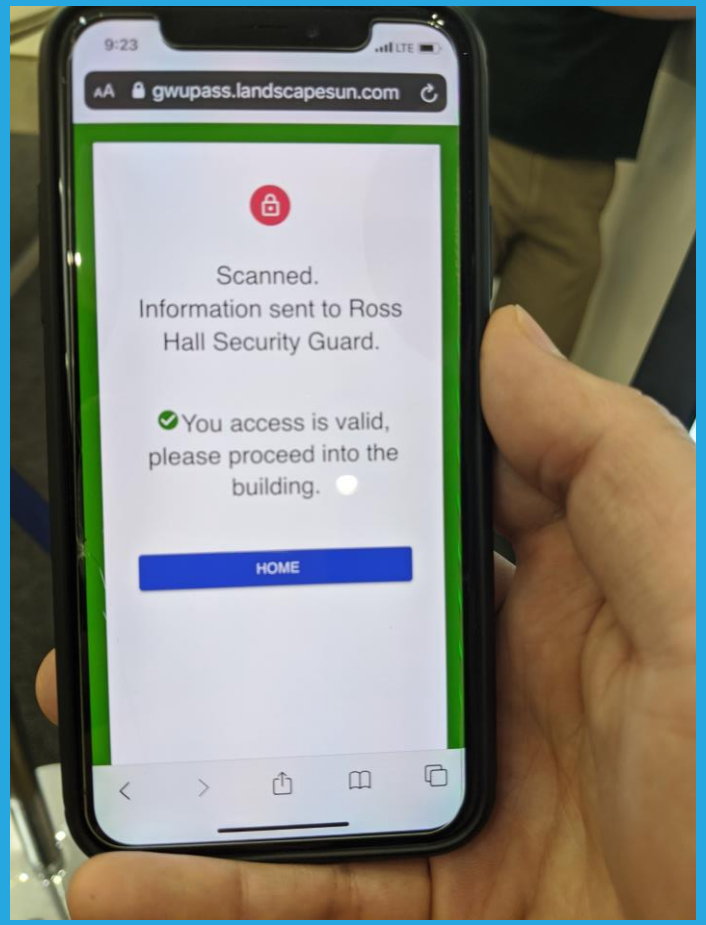
- **Font Size**
- **Color blind settings**
- **Medication alarms**
- **Voice-enabled**

HealthDesk & COVID19

- Provide content that will make residents more comfortable with video telehealth appointments
- Work to enhance remote patient monitoring for COVID-19 patients
- Utilize DHCs to assist residents with digital health technology set-up/ use
- Set up monthly Q&A webinars with community partners
- Create videos on specific digital health tools/technologies

Interviews with Doctors
-COVID-19 Mythbusters
-COVID-19 Telehealth
-COVID-19 Emergency Care

Identifying Challenges to Adoption

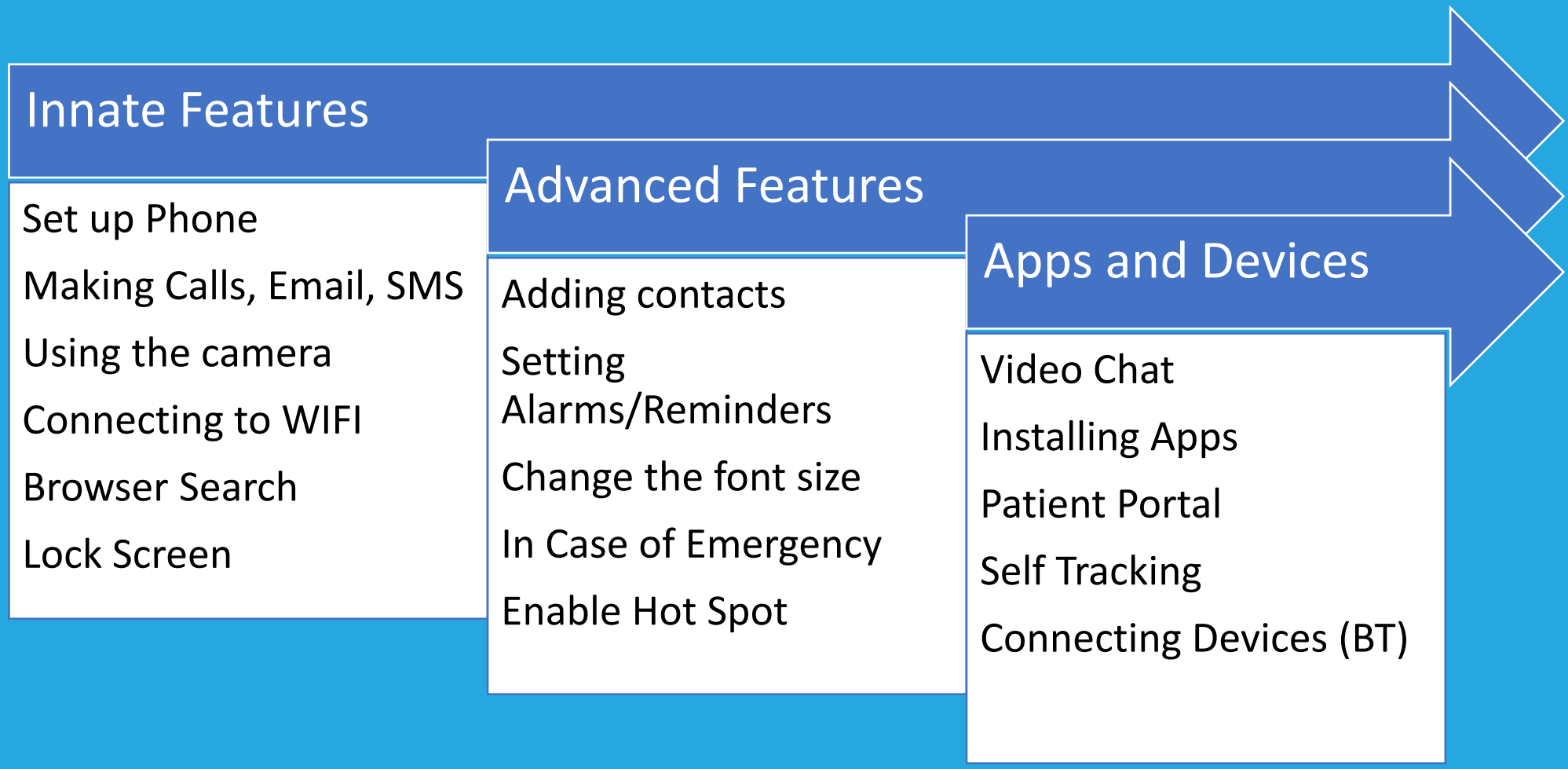


- New to Smartphone
- How people utilized device (what are their main activities?)
- What are their concern about utilizing their device to help manage their health?

Developing Strategies for Engagement

- Awareness
- Access to devices/service (FCC Lifeline, Medicaid, other)
- Promotion

Tiered Approach



Implementation

- Healthcare Team member education
- Prioritize digital health literacy
- At the bedside and in the community

Questions?

- Neal Sikka
- nsikka@mfa.gwu.edu

- HealthDesk
- https://smhs.gwu.edu/healthdesk/

USING TECHNOLOGY TO ADDRESS THE TREATMENT OF COMPLEX CONDITIONS INCLUDING SUBSTANCE USE DISORDER

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE
MSDC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

Zarfishan Zahid, MD
Director of Clinical Operations
Medical Home Development Group

Using Technology to Address the Treatment of Complex Conditions Including Substance Use Disorder

Zarfishan Zahid, M D

MEDICAL HOME
DEVELOPMENT GROUP

NCQA recognized PCMH that provides primary care services with a specialty in addiction medicine

SERVICES

Extended Office Hours

Mon - Fri: 7:00AM to 9:00PM
Sat-Sun: 8:00AM-6:00PM

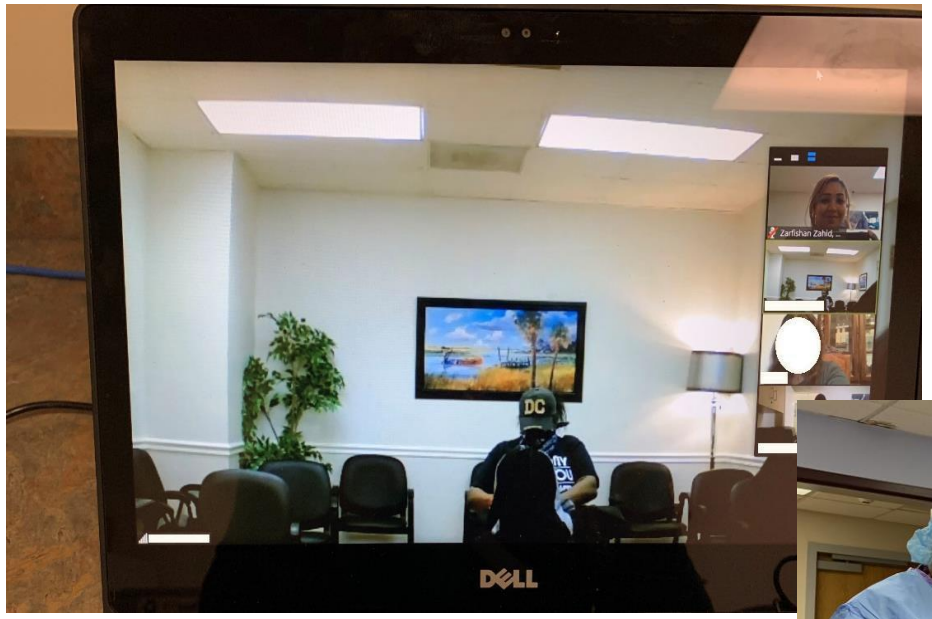
Primary Care

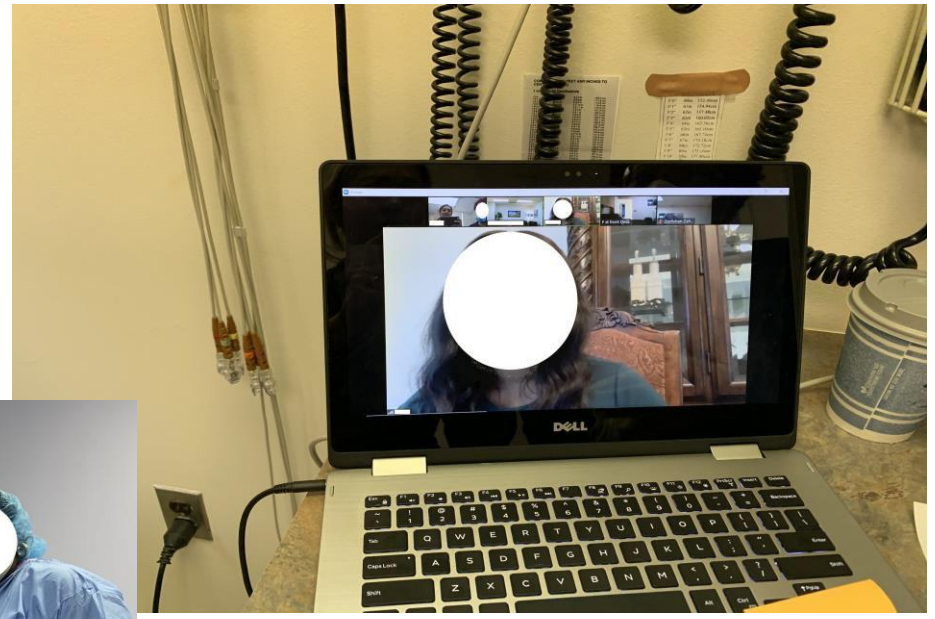
MAT Services

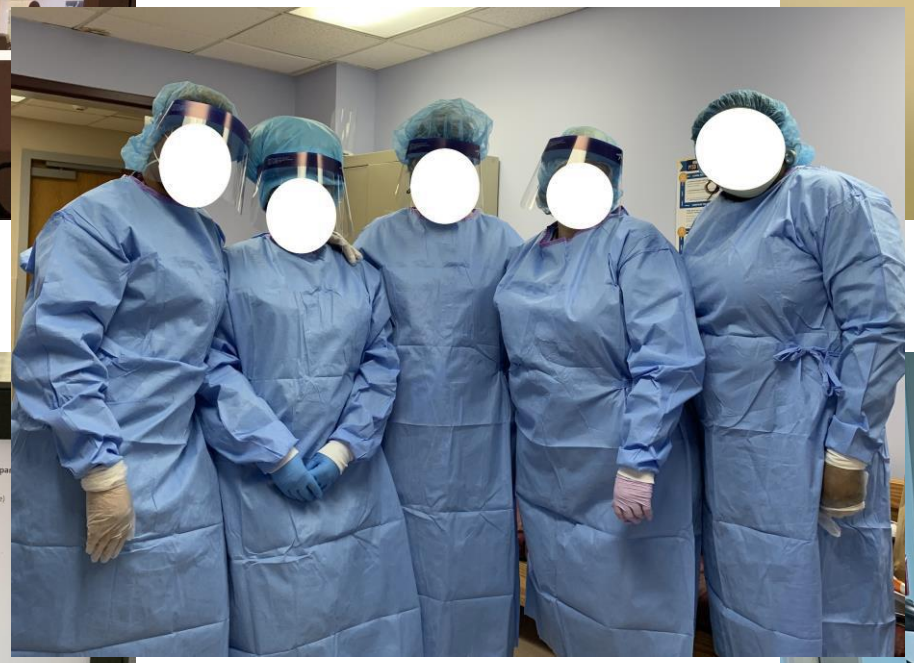
Peer Recovery Support

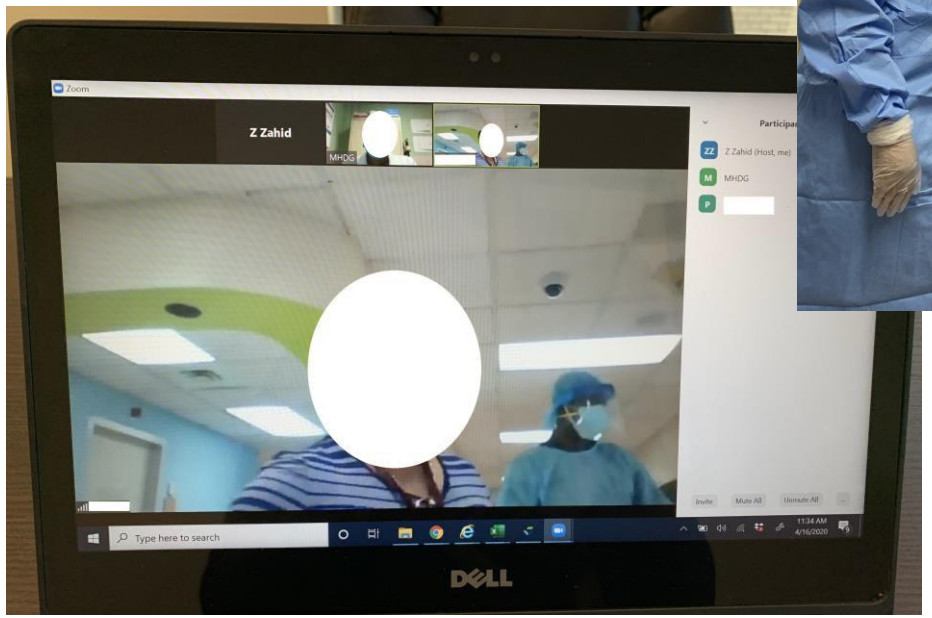
Integrated Care

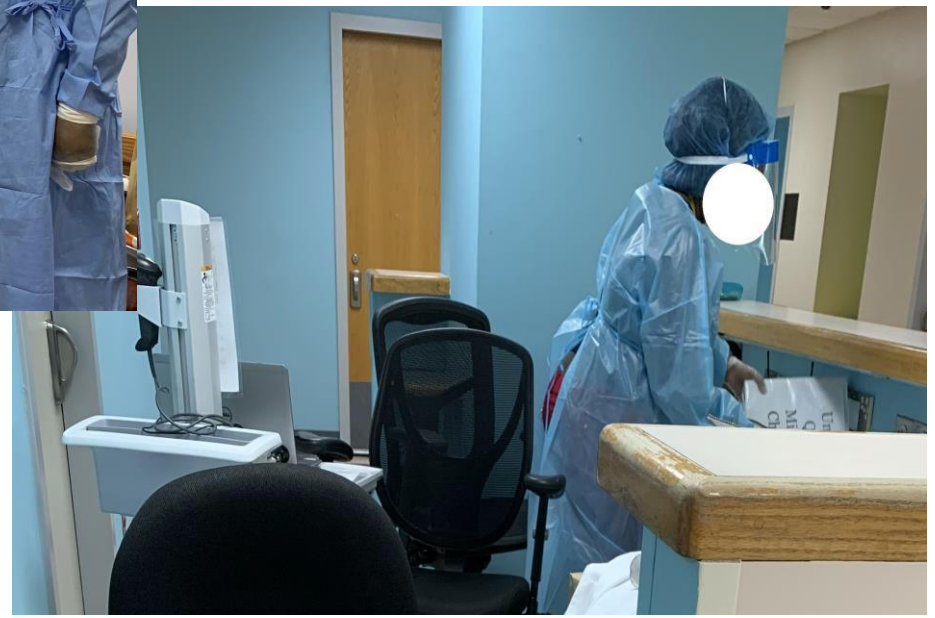
IMPACT of COVID19


Zarfishan Zahid, ...
DC
DELL


DELL




Zoom
Z Zahid
MHDG
Z Zahid (Host, me)
MHDG
Invite
Mute All
Unmute All
Type here to search
11:34 AM
4/16/2020
DELL




healthcare
HERO

THANKYOU

Zarfishan Zahid, MD

zzahid@mhdgroups.net

SUPPORTING PRIMARY CARE PROVIDERS THROUGH PEER-TO-PEER TELE-MENTAL HEALTH CONSULTATIONS

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE

MSDC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

Melissa Long, MD

Pediatrician, Children's Health Center at Children's National Hospital
Assistant Professor, GWU School of Medicine & Health Sciences
Director, DC Mental Health Access in Pediatrics (DC MAP)

DC Mental Health Access in Pediatrics

Melissa Long, MD
Pediatrician, Children's Health Center, Children's National Hospital
Director, DC MAP
Assistant Professor, GW School of Medicine & Health Sciences

August 10, 2021

Mental Health Access Programs

Mental Health Access Programs (MAPs or MHAPs -HRSA grantees)

AKA Child Psychiatry Access Programs (CPAPs)

Goal: to enhance the ability of primary care providers to promote and manage the behavioral health needs of their patients

Started in Massachusetts in 2004

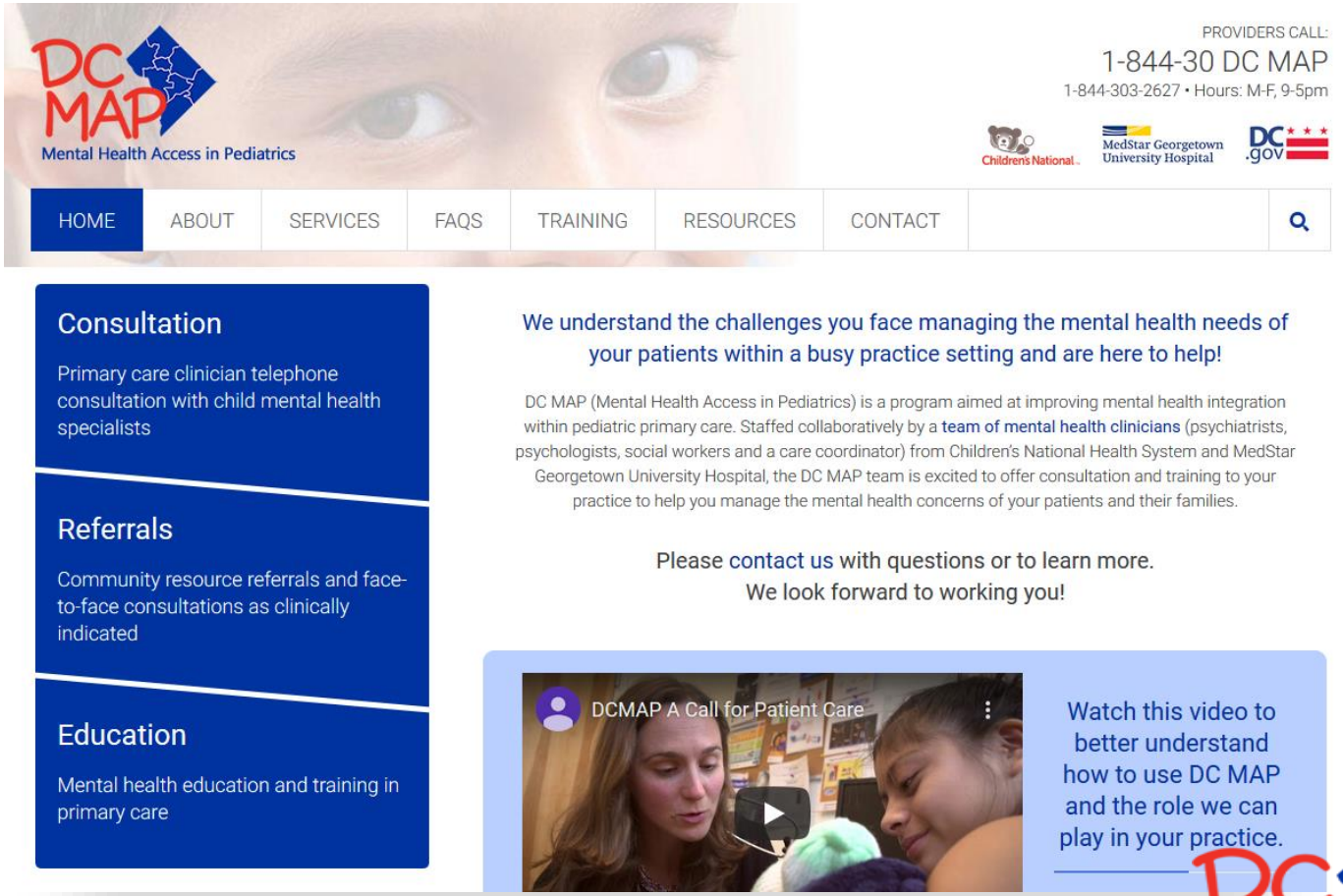
- Massachusetts Child Psychiatry Access Program (MCPAP)

Spread to 40+ states and counting…

Mental Health Access Programs: The Rationale

- Child mental health problems are common
- Most families present in the pediatric primary care provider's office
- 65% of pediatricians endorse inadequate training in treatment of child mental health problems
- Child psychiatrists (and other mental health professionals) are in short supply

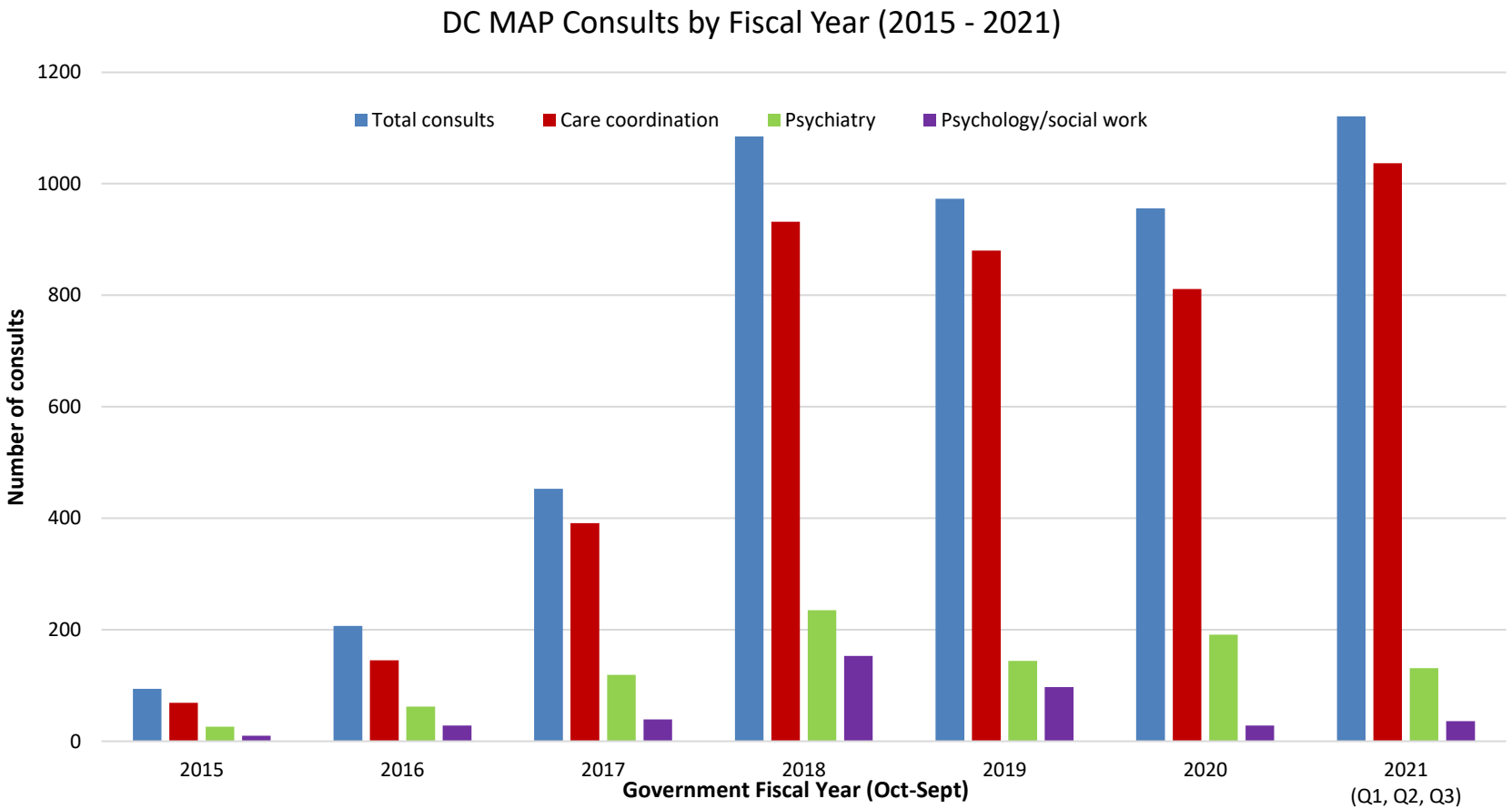
District of Columbia Mental Health Access in Pediatrics (DC MAP)



DC MAP
Mental Health Access in Pediatrics

DC MAP: Core Services

- Telephone consultations
  - Child psychiatrist, psychologist, social worker
- Care Coordination
- Face-to-face consultation (when indicated)
- Training and education for pediatric primary care providers
- DC Child & Adolescent Mental Health Resource Guide



DC MAP
Mental Health Access in Pediatrics

DC MAP Outcomes

- Provider satisfaction
  - 95% would recommend DC MAP to colleague
- Increased access to MH care
  - 75% endorsed increased comfort with MH treatment
  - 88% say DC MAP improves patient access to MH care
- Decreased utilization of emergency services
  - In consultations with psychiatrists where safety was a concern, 42% of patients were able to be managed in primary care

DC MAP
Mental Health Access in Pediatrics

Challenges/Discussion

- How can we help to move pediatric PCPs from screening/referring for MH concerns to screening/diagnosing/ managing MH concerns?
- Sustainable funding

Questions? Melissa Long mflong@cnmc.org dcmap.org

DC MAP
Mental Health Access in Pediatrics

PARTICIPANT TELEHEALTH ASSESSMENT RESULTS

TELEHEALTH ASSESSMENT AT A GLANCE

- 46 respondents
- Predominantly BH/SUD, FHQCs and non-FQHC community health centers.

Practice Type	N	%
Behavioral health/SUD practice	23	50%
FQHC	7	15%
Community health center (other than FQHC, RHC)	7	15%
Primary care	6	13%
Government/BH Authority	6	13%
School based health center	4	9%
Residential treatment	4	9%
Multi-specialty practice including primary care	2	4%
Specialty practice	2	4%
Public health clinic	2	4%
Mental Health Clubhouse	2	4%
Private practice	1	2%
Home Health	1	2%
Hospital Association	1	2%

EXPERIENCE PROVIDING/RECEIVING TELEHEALTH

- Majority have experience with virtual visits and texting/direct messaging to patients
- Patient portal and eConsult referrals are also common, but not used by the majority

	Yes	Partial	No
	%	%	%
Virtual video visits (live, interactive)	76%	0%	24%
Texting or direct messaging to patients	57%	13%	30%
Patient Portal	28%	11%	61%
eConsult referral platform for specialty consultations	17%	7%	76%
Project ECHO or other specialty telehealth consultation service	13%	13%	74%
Remote patient monitoring such as scales, continuous glucose monitoring or BP monitoring	11%	7%	83%
Store and forward to specialists such as teledermatology	0%	9%	91%

BENEFITS/SUCCESSES OF TELEHEALTH PROGRAM

- Single biggest benefit: improved BH access
- All other options were viewed as benefits of their telehealth program by at least two-thirds of assessment participants, except for improved access to primary care

	Biggest benefit		Benefit (but not biggest)		Not a benefit	
	N	%	N	%	N	%
Improved access to behavioral health	27	59%	15	33%	4	9%
Reduced no show rate for appointments	12	26%	23	50%	11	24%
Improved patient follow up	11	24%	25	54%	10	22%
Improved appointment scheduling process	10	22%	23	50%	13	28%
Improved provider satisfaction	9	20%	28	61%	9	20%
Improved patient satisfaction	7	15%	30	65%	9	20%
Improved access to primary care	6	13%	21	46%	18	39%
Improved access to different providers across sites	5	11%	27	59%	13	28%

46 respondents

BARRIERS TO TELEHEALTH IMPLEMENTATION/EXPANSION

- Single biggest barrier: patient access to needed capabilities
- Digital literacy/comfort level of patients was a reported barrier of their telehealth program by at least two-thirds of assessment participants
- Less than half of assessment participants thought that lack of payment/coverage policies or scheduling were barriers

	Biggest barrier		Barrier (but not biggest)		Not a barrier	
	N	%	N	%	N	%
Patient access to needed capabilities (smartphone, internet access, etc)	26	57%	17	37%	3	7%
Digital literacy/telehealth comfort level of patients	12	26%	26	57%	8	17%
Documentation barriers	6	13%	19	41%	21	46%
Digital literacy/telehealth comfort level of providers	5	11%	20	43%	21	46%
Lack of payment or coverage policies	5	11%	14	30%	26	57%
Concerns about privacy	5	11%	20	43%	21	46%
Cost of equipment and software	4	9%	22	48%	20	43%
Scheduling barriers	2	4%	16	35%	27	59%

EVALUATION POLLING QUESTION

HMA ICTA INTEGRATED CARE TECHNICAL ASSISTANCE
MSDC MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

As a result of this workshop, I understand (check all that apply):

a. Medicaid coverage updates in the District
b. Expectations for documentation post – PHE and opportunities to expand support for digital health among Medicaid providers
c. The 4 different telehealth models currently in place across District Medicaid providers
d. Current uses of telehealth/eConsult and any barriers for expansion

WRAP UP AND NEXT STEPS

- Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this workshop.

- The workshop recording will be available within a few days at: https://www.integratedcaredc.com/learning/

- **Upcoming Webinar/TA Office Hour:**
  - Stay tuned for Part II of this workshop in September!

- For more information about the DC Integrated Care Technical Assistance Program, please visit: https://www.integratedcaredc.com/