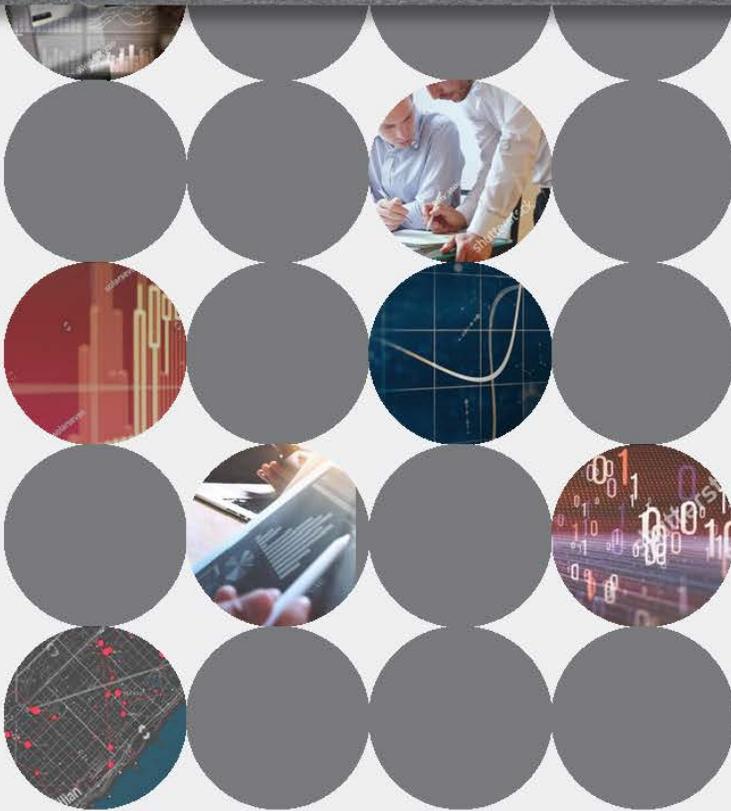


A Partnership Among Geisinger Commonwealth School of Medicine, Johnson College, Keystone College, Lackawanna College, Luzerne County Community College, Marywood University, Misericordia University, Penn State Scranton, Penn State Wilkes-Barre, The Wright Center for Graduate Medical Education, University of Scranton & Wilkes University



THE INSTITUTE FOR PUBLIC POLICY & ECONOMIC DEVELOPMENT



October 2020

Institute Insights: **Impact of** **COVID-19 on** **Telehealth Services**



Introduction

This research was underwritten by **the Greater Scranton Chamber of Commerce, Sordoni Family Foundation, and UGI Utilities** and with support from **the Luzerne County COVID-19 Emergency Response Fund of The Luzerne Foundation, the Scranton Area Community Foundation COVID 19 Fund and the Wells Fargo Foundation.**

The Institute would like to acknowledge Alexandra Cuddy, Research Intern, for her valuable research and analytic contributions to this study.

Telehealth, the practice of utilizing technology such as video and phone calls to allow for long-distance care, has been around for a while. While virtual medical visits are not new, the effects of the COVID-19 pandemic have forced medical professionals to add more and more virtual visits to their schedules and patients to rethink how they seek access to medical care. In an effort for members of the community to stay safe and socially distanced, many have turned to telemedicine to discuss problems with their primary healthcare providers as well as specialists. Although there are technological downfalls and some aspects of medicine that are currently impossible to accomplish over a video chat, local telehealth practices have allowed patients to stay socially distanced from one another while simultaneously acquiring much needed care from their trusted healthcare professionals.

Local Health Systems' Telehealth Practices

Geisinger is just one of the health systems in the region using telehealth, or telemedicine, to provide care during the era of COVID-19. To schedule an appointment, patients can call a toll-free number to speak with a representative and see if their regular Geisinger doctor is offering virtual visits. During that call, a patient can schedule an appointment with a

primary care doctor or a wide variety of specialists. Throughout the pandemic, Geisinger has been working on expanding the range of telehealth visits and now provides access to video visits for over 70 specialties. Geisinger received \$979,000 from the Federal Communications Commission's (FCC) COVID-19 Telehealth Program to, "purchase telemedicine carts, tablet computers, and telemedicine peripherals such as hand-held cameras and stethoscopes."¹ This money has allowed Geisinger physicians to greatly expand their usage of telehealth services, as they are currently conducting "twice as many visits daily as the monthly total pre-COVID."² According to a published report, Geisinger averaged more than 1,000 video visits per day in April and May, resulting in more than 60,000 video visits during this timeframe, compared to 27 video visits per day prior to the pandemic.³

To access the telehealth system, a patient needs access to a smartphone, tablet, or computer with a webcam and speakers, as well as high-speed internet capabilities.⁴ Despite the fact that some do not have access to the internet and might not be able to access their doctors virtually, Geisinger is using donations and government policies to its advantage to be as inclusive as possible with their telemedicine visits and are able to provide ASL interpreters or translators for patients. Geisinger waived cost-sharing for telehealth services for Geisinger Health Plan members through the end of September to make it easier for members to access healthcare services.

Commonwealth Health Network is another regional health network that is currently utilizing telehealth services more frequently. Commonwealth Health is currently accepting both new and existing patients for telehealth visits and has a list available on their website of each of their providers that is currently providing telehealth care. Most insurance plans will cover a Commonwealth Health telehealth visit, especially if the visit is done over a video format.⁵

¹ (Geisinger, 2020)

² (Geisinger, 2020)

³ (Geisinger, 2020)

⁴ (Geisinger, 2020)

⁵ (Commonwealth Health, 2020)

Commonwealth Health recommends the patients verify coverage with their insurance provider prior to the appointment or discuss any concerns when scheduling to prevent any surprises with medical costs.⁶ Patients can make an appointment either over the phone or on the Commonwealth Health website for ease of use.

Lehigh Valley Health Network is utilizing telehealth in a wide variety of ways to provide care to patients. They have ExpressCARE video visits available to adults located in Pennsylvania as well as Children's ExpressCARE available for patients 17 and younger.⁷ LVHN will bill a patient's health insurance carrier in a similar way to an office visit. Users of video visits must initiate the calls within Pennsylvania due to licensing requirements for physicians. Patients who attempt to acquire telehealth care beyond state lines, even if they are residents, will be denied due to restrictions. These video visits are available to pre-screen patients with symptoms of COVID, as well as address minor illnesses and injuries. To speak with an LVHN provider, a patient can call their provider or use the website to request a virtual office appointment. If a patient exhibits signs of COVID-19 during the call, they can be cared for using LVHN's CARES program, also known as Continuous Ambulatory Remote Engagement Services. In this program, patients will "receive a kit with tools to record their blood oxygen levels and temperature," a MyLVHN account to record data, and access to CARES nursing staff for any additional questions. While LVHN has not published any data on the increase in telehealth usage, the addition of a specific COVID-19 based program indicated that they are expanding the usage of telehealth services to offer patients alternative ways to access care during the pandemic.

In addition to these local health systems, many local, community-based health care providers are offering telehealth services and have modified their operations to use telehealth to continue providing

patient services during the pandemic. According to survey data collected from federally funded health centers and reported by the National Association of Community Health Centers, 45 percent of total visits at health centers in Pennsylvania were conducted virtually, based on June survey results.⁸

In our region, The Wright Center for Community Health is currently providing their patients access to both telehealth and e-visits.⁹ The telehealth visits are in the form of video visits and the e-visits allow patients to communicate with their care team through a secure email or the patient portal. The Wright Center is currently providing virtual care for a plethora of services including sick visits, chronic disease management, minor injuries, and mental health. Twenty-two percent of appointments from March through September were conducted virtually at The Wright Center, and the organization sped up implementation of telehealth to better service their patients. An article from Healthcare IT News details the implementation process and the steps the Wright Center took to create a seamless telehealth system to counterbalance the influx of patients seen virtually.¹⁰ Using \$630,000 in funding from the FCC, the Wright Center established a telehealth infrastructure that is integrated with their electronic health records (EHR), and allows patients to access services through any web browser with an internet connection. Not only did the new infrastructure help them get care to patients, but it also helped keep the health center working through a significant drop in office visits during the early stages of the pandemic.

Volunteers in Medicine, a free primary and preventative clinic for the working poor in Wilkes-Barre conducted over 1,700 virtual appointments ranging from physical to pharmaceutical concerns while the stay at home orders were in place, and has since transitioned back to in-person visits. However, phone and telehealth visits are still available primarily for mental health counseling.¹¹

⁶ (Commonwealth Health, 2020)

⁷ (Lehigh Valley Health Network, 2020)

⁸ (Health Resources and Services Administration, 2020)

⁹ (The Wright Center, 2020)

¹⁰ (Siwicki, 2020)

¹¹ (Volunteers in Medicine Wilkes-Barre, 2020)

Additionally, Scranton Primary Health Care Center, an FQHC, is providing both phone and video telehealth visits for their patients. Telehealth visits at Scranton Primary are being used for both sick and well appointments and include access to: pediatric, family medicine, internal medicine, gynecology, pre-natal, general dentistry, and behavioral health care. Telemedicine appointments began to rise in March and April, and peaked for Scranton Primary in May, with 31 percent of patient visits conducted virtually. The percent of telehealth appointments has since tapered as in-person appointments are beginning to regain traction, but telehealth appointments will continue to be made available for patients when appropriate.¹²

Waivers for Telehealth Regulations

In response to the COVID-19 Public Health Emergency, the Centers for Medicare & Medicaid Services (CMS) issued regulatory waivers in March and April 2020 related to the provision of telehealth services for Medicare recipients. Section 1135 of the Social Security Act (SSA) allows the Secretary of the Department of Health and Human Services (HHS) to issue blanket waivers during a public health emergency to help beneficiaries access care and offer flexibility to health care providers to ensure health care is accessible.¹³ Under this waiver, the CMS has “broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility.”¹⁴ This waiver for reimbursement was added to ensure that those at high risk for COVID-19 could still have access to quality medical care without putting themselves and others at risk by going to a doctor’s office. The temporary regulatory changes will remain in effect for the duration of the public health emergency, although there has been growing support to make the changes more permanent.

The key changes made to telehealth services following the COVID-19 outbreak include the following:

- Removes restrictions on telehealth to allow Medicare providers to offer telehealth services to beneficiaries regardless of geographic location, and for patients to access telehealth from their home. Previously, telehealth services were only available on a limited basis to Medicare beneficiaries in designated rural areas and from certain health care facilities.
- Allows Rural Health Centers and Federally Qualified Health Centers to provide services via telehealth instead of in-person.
- Expands the services that can be provided via telehealth, including emergency department visits, initial nursing facility and discharge visits, critical care services, home visits for new and established patients, and physical and operational therapy services, among others.
- Allows clinicians to provide virtual services to new patients instead of only those with which they had an established relationship.
- Allows physicians to practice across state lines during the pandemic to treat Medicare patients virtually, even if not licensed in the patient’s state.
- Allowed all health care professionals who are eligible to bill Medicare for services to use telehealth, including physical and occupational therapists, and speech language pathologists.
- Removes restrictions for using smartphones and other everyday communication technologies, such as FaceTime and Skype, to conduct telehealth visits.
- Allows reimbursement for audio-only visits.
- Allows providers to reduce or waive cost-sharing for patients.

In addition to the regulatory waivers issued regarding telehealth services for Medicare patients, many private insurers have also adjusted their reimbursement policies to increase the payments to providers for telehealth visits so they are on par with in-person visits. Prior to the pandemic, reimbursements for telehealth visits were often less

¹² (Scranton Primary Health Care Center, 2020)

¹³ (Centers for Medicare and Medicaid Services, 2020)

¹⁴ (Centers for Medicare and Medicaid Services, 2020)

than half the amount of an in-person visit, which discouraged many providers from offering telehealth services.¹⁵

Several resources are available outlining the changes to telehealth services. The Centers for Medicare & Medicaid Services have composed a comprehensive [fact sheet](#) detailing the waivers for reimbursement for Medicare patients. The U.S. Department of Health & Human Services also provides information on [delivering telehealth services](#), including details on HIPAA flexibility, policy changes, cost sharing, reimbursement, and more.¹⁶ The Center for Connected Health Policy has compiled a comprehensive list of the [COVID-19 Telehealth Coverage Policies](#) summarizing what is covered by public and private insurers.¹⁷ They also have a list of recent COVID-19 related state actions.¹⁸ This list can be used specifically for Pennsylvania to see that the Medicaid 1135 waiver was enacted on March 17, 2020 and currently expires on March 10, 2021, the Department of State's authorization for telemedicine, and other pertinent healthcare policies. Telehealth services were expanded to not only include primary care, but also specialties and mental health care. While telehealth visits used to be a separate entity to a normal doctor's visit, new waivers are giving clearer instructions as to billing and potential costs to the patient. It is still the decision of the state with respect to covering Medicaid and CHIP services provided via telehealth, but many states, including Pennsylvania, have adopted new guidelines.

Challenges with Providing Telehealth Services

Telehealth services provide many benefits for both healthcare providers and patients, but there are some drawbacks as well. There are technological challenges that can include anything from a patient not having a phone or tablet with a camera to a lack of internet connectivity. Additionally, the patient must take the phone call inside state lines of the

state in which they are a resident. Telehealth is currently treated as an office visit, however, there are regulations regarding cross-state licensing of physicians. Finally, health insurers have made many changes over the past few months to accommodate the boom of telehealth appointments. It was unrealistic to ask high risk patients and potentially exposed patients to come into an office, so both healthcare and insurance providers needed to change the way they approached telehealth. Although telehealth is on an upward trend and seems to be here to stay, technology, cross state licensing, and insurance provide challenges that must be faced going forward.

According to data from the U.S. Census Bureau, about 83 percent of households in Lackawanna and Luzerne Counties have broadband access and nearly 73 percent have smartphones.¹⁹

While that may seem like a large number, 17 percent of households still have no broadband access whatsoever, and most of the region does not have access to the faster fiber-optic internet. This might not be a problem for hospitals and large practices, but for patients, specifically in rural areas, it can greatly affect the care received. Due to HIPPA and privacy laws, it is not feasible for a patient to go to a public place with internet capabilities such as a public library to access a computer for a video call. To utilize this system, patients or household members must have their own devices and internet capabilities in order to utilize this system. In order to make telehealth more accessible to all, broadband capabilities should be expanded in rural areas to provide residents with access to the same level of care.

Another concern for telehealth is cross-state licensing of physicians. Stay at home orders and quarantine have greatly reduced traveling, but there are many who chose to go to a different state to quarantine with family and friends. The issue with telehealth is that typically "the originating site (the

¹⁵ (Galewitz, 2020)

¹⁶ (U.S. Department of Health and Human Services, 2020)

¹⁷ (Center for Connected Health Policy, 2020)

¹⁸ (Center for Connected Health Policy, 2020)

¹⁹ (U.S. Census Bureau, 2018)

location of the patient) is considered the “place of service”, and the distant site provider must adhere to the licensing rules and regulations of the state in which the patient is located, even if the distant site provider is not a resident of the patient’s state.”²⁰ If a patient was from Pennsylvania, but located in a different state, they would generally not be able to have a telehealth visit with a physician who was not licensed in the state where the patient was seeking service. While some states have some leeway, the problem mounted when more and more people started to utilize telehealth services. After discussion, policymakers decided to waive the licensure restrictions and the Federation of State Medical Boards notes for Pennsylvania that Governor Wolf allowed the restrictions to be lifted if the physician is in good standing and meets other requirements.²¹ This waiver is active until the end of the Pennsylvania state of emergency. For future use of telehealth services, it will be an important decision to see how cross-state licensing is dealt with.

Before the pandemic, government-provided insurance including Medicare and Medicaid did not generally cover telehealth visits, specifically those with specialists, social workers, or therapists. Since March, the government has issued a waiver to allow Medicare patients to receive care virtually for the same cost as an in-person office visit. Some argue that virtual visits are not the same and should not be charged as such, but the new services covered, HIPPA flexibility, and potential reimbursements have been a much-needed assist for at-risk patients to get the care they need without potentially exposing themselves to a virus. There is still no word on what will happen with insurance coverage for telehealth visits when the waivers and state of emergency are lifted, but the current considerations have been very beneficial for the elderly and those in rural areas.

There are still many challenges with providing telehealth services that are apparent even with the current waivers and special considerations. Policy changes and advancement in internet capabilities across rural areas will be extremely important to the longevity of telemedicine once it is safe for patients to go back to the doctor’s office in person. Changes to these challenges can be tedious and potentially expensive, but telehealth is providing much needed help in a difficult time and, despite its drawbacks, will have the chance to grow and evolve as the field of medicine continues to make strides in the coming months and years.

Regional and National Telehealth Usage

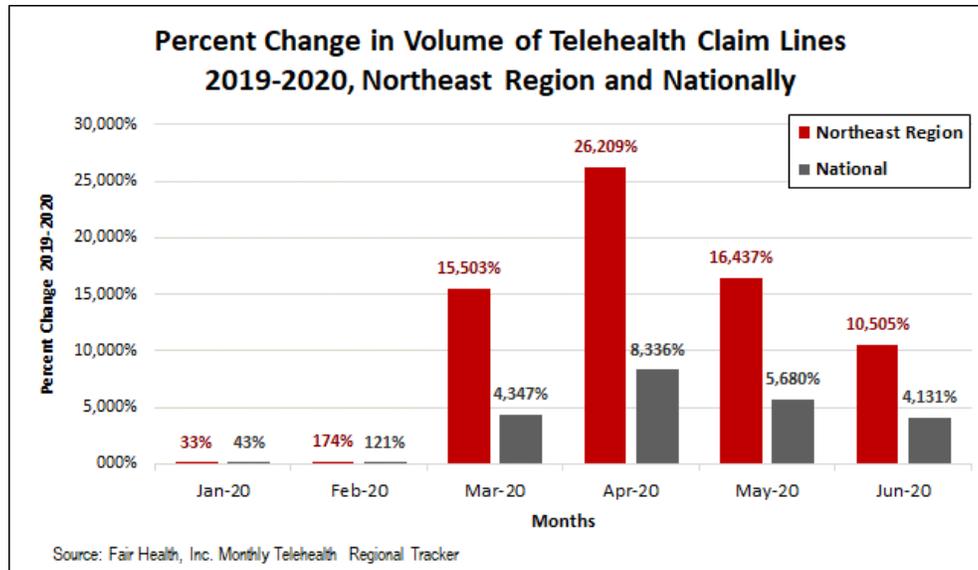
Based on the information presented in Fair Health’s Monthly Telehealth Regional tracker, it is clear that telehealth visits skyrocketed as COVID-19 cases started to grow in the United States in March 2020. Telehealth visits were already on an upward trend from 2019, but COVID-19 sparked a massive increase. April 2020 not only coincides with a large portion of the country going into lockdown, but also coincides with when the effective dates of many waivers and insurance details became available to the public. The percent increase in the volume of telehealth claims in the Northeast region of the United States compared to the prior year is significantly higher than the national increase. Both the Northeast region and the nation as a whole experienced a sharp increase in telehealth claims in March and April, with activity peaking in April before tapering off in the following months.²² Telehealth usage has slowed as physician offices re-opened and resumed more in-person visits, and adherence to social distancing guidelines allowed for more in-person medical care. Although the volume has decreased from the April peak, it still continues to far surpass telehealth activity from the prior year.

²⁰ (Center for Connected Health Policy, 2020)

²¹ (Federation of State Medical Boards, 2020)

²² The Northeast Region included in Fair Health’s Monthly Telehealth Regional Tracker encompasses Pennsylvania, New

York, New Jersey, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire and Maine.



Summary and Recommendations

There are still many challenges with providing telehealth services that are apparent even with the current waivers and special considerations. Policy changes and advancement in internet capabilities across rural areas will be extremely important to the longevity of telemedicine once it is safe for patients to go back to the doctor's office in person. Changes to these challenges can be tedious and potentially expensive, but telehealth is providing much needed help in a difficult time and, despite its drawbacks, will have the chance to grow and evolve as the field of medicine continues to make strides in the coming months and years. Telehealth is just one facet of the future of medicine, but the COVID-19 pandemic has forced both patients and health networks to fine-tune the system for potential growth and expansion going forward.

The expansion of telehealth services offers the potential to increase access to healthcare services in rural areas and medically underserved regions. The following recommendations outline suggested approaches to ensure this temporary shift in virtual health care delivery is sustained²³:

- Support the long-term adoption of regulatory changes and reimbursement policies that enable broad access to telehealth.
- Support policies to make telehealth services more accessible to lower-income individuals to help address health inequities and improve access to care, including permanently expand telehealth services to Medicaid and CHIP programs, and making telehealth services available from community health centers.
- Support investments in developing and expanding the telecommunications infrastructure to accommodate telehealth services, especially in currently underserved rural areas.
- Reexamine licensing and credentialing requirements for providers that have been given temporary authorization to provide telehealth services, including physical, occupational, behavioral and speech therapists to allow long-term access to these services virtually and address gaps in care.
- Promote payment parity between in-person and telehealth visits for public and private payors to encourage providers to offer telehealth care options.
- Enact measures to minimize the risk of fraud or inappropriate usage of telehealth services.

²³ (FamiliesUSA, 2020)

References

- Center for Connected Health Policy. (2020). *COVID-19 Related State Actions*. Retrieved from <https://www.cchpca.org/covid-19-related-state-actions>
- Center for Connected Health Policy. (2020). *COVID-19 Telehealth Coverage Policies*. Retrieved from <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
- Center for Connected Health Policy. (2020). *Cross State Licensing*. Retrieved from <https://www.cchpca.org/telehealth-policy/cross-state-licensing>
- Centers for Medicare and Medicaid Services. (2020, March 17). *Medicare Telemedicine Health Care Provider Fact Sheet*. Retrieved from <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- Commonwealth Health. (2020). *Commonwealth Health Physician Network Offers Telehealth Appointments*. Retrieved from <https://www.commonwealthhealth.net/news-room/commonwealth-health-physician-network-offers-teleh-15496>
- Commonwealth Health. (2020). *Telehealth Information*. Retrieved from <https://www.cwhphysiciannetwork.net/telehealth-info>
- Fair Health. (2020). *Monthly Telehealth Regional Tracker*. Retrieved from <https://www.fairhealth.org/states-by-the-numbers/telehealth>
- FamiliesUSA. (2020). *Advancing Health Equity through Telehealth Interventions during COVID-19*.
- Federation of State Medical Boards. (2020). *U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19*. Retrieved from <https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>
- Galewitz, P. (2020, March 27). Telemedicine Surges, Fueled By Coronavirus Fears And Shift In Payment Rules. *Kaiser Health News*.
- Geisinger. (2020, June 9). Geisinger celebrates 500th patient with COVID-19 returning home from hospital. *Geisinger News Release*. Retrieved from <https://www.geisinger.org/about-geisinger/news-and-media/news-releases/2020/06/09/15/07/geisinger-celebrates-500th-patient-with-covid-19-returning-home-from-hospital>
- Geisinger. (2020). *Telemedicine and Virtual Care*. Retrieved from <https://www.geisinger.org/patient-care/telemedicine>
- Geisinger. (n.d.). *Coronavirus Resource Center*. Retrieved from <https://www.geisinger.org/coronavirus>
- Health Resources & Services Administration. (2020, June 19). Health Center COVID-19 Survey. Retrieved from <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data>
- Health Resources and Services Administration. (2020, June 19). *Pennsylvania Health Center COVID-19 Survey Summary Report*. Retrieved from Health Resources and Services Administration Health Center Program: <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data/pa>
- Lehigh Valley Health Network. (2020). <https://www.lvhn.org/medical-services/expresscare-video-visits>. Retrieved from <https://www.lvhn.org/medical-services/expresscare-video-visits>
- National Association of Community Health Centers. (2020, April). Health Centers on the Front Lines of COVID-19: \$7.6 Billion in Lost Revenue and Devastating Impact on Patients and Staff. Retrieved from <https://www.nachc.org/wp-content/uploads/2020/04/Financial-Loss-Fact-Sheet.pdf>
- National Association of Community Health Centers. (2020, April 30). National Findings on Health Centers' Response to COVID-19. Retrieved from <https://www.nachc.org/wp-content/uploads/2020/05/Health-Center-Response-to-COVID-19-Infographic-2pg-4.30.pdf>
- Scranton Primary Health Care Center. (2020, October 2).
- Siwicki, B. (2020, July 22). *Wright Center codevelops a telehealth-EHR combo to expand care options*. Retrieved from Healthcare IT News: <https://www.healthcareitnews.com/news/wright-center-co-develops-telehealth-ehr-combo-expand-care-options>
- The Wright Center. (2020). *An Open Letter to Our Patients*. Retrieved from <https://thewrightcenter.org/covid-19/>
- U.S. Census Bureau. (2018). American Community Survey.
- U.S. Department of Health and Human Services. (2020). Telehealth: Delivering Care Safely During COVID-19. Retrieved from <https://www.hhs.gov/coronavirus/telehealth/index.html>
- Volunteers in Medicine Wilkes-Barre. (2020, August 24). *Volunteers in Medicine Wilkes-Barre*. Retrieved from <http://www.vimwb.org/>

The Institute

Turning Information into Insight

THE INSTITUTE FOR PUBLIC POLICY & ECONOMIC DEVELOPMENT



ACADEMIC PARTNERS

Geisinger Commonwealth School of Medicine
Johnson College
Keystone College
King's College
Lackawanna College
Luzerne County Community College
Marywood University
Misericordia University
Penn State Scranton
Penn State Wilkes-Barre
The Wright Center for Graduate Medical Education
University of Scranton
Wilkes University - Managing Partner

OFFICES

85 South Main Street
Wilkes-Barre, PA 18701
570.408.9850

St. Thomas Hall
Suite 107
Scranton, PA 18503
570.408.9850

E-mail: info@institutepepa.org
www.institutepepa.org