

---

# OHA Telehealth Update

Amanda Peden, Senior Policy Analyst  
Health Care Workforce Committee  
March 3, 2021



# Today

## 1. Telehealth and COVID-19

## 2. Moving forward with telehealth

- Equity
- Data
- Coordination and Alignment

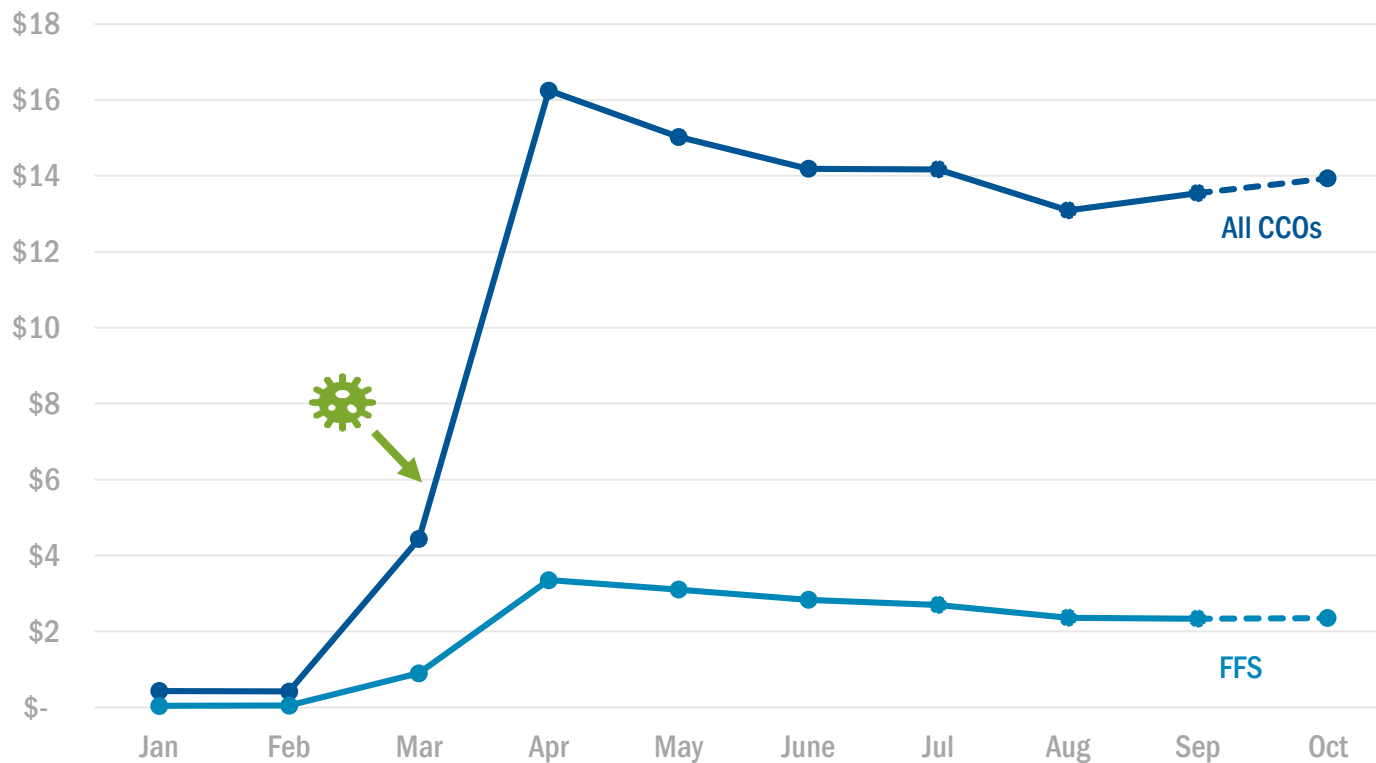
# TELEHEALTH AND COVID-19

# Telehealth expansion supported by rapid policy change

- ***Oregon Health Plan***: Increased coverage and reimbursement
- ***Voluntary agreements*** with major commercial health insurers
- ***Licensing boards*** eased regulations on out-of-state providers

# Telehealth visits in the Oregon Health Plan peaked in April, and remain high

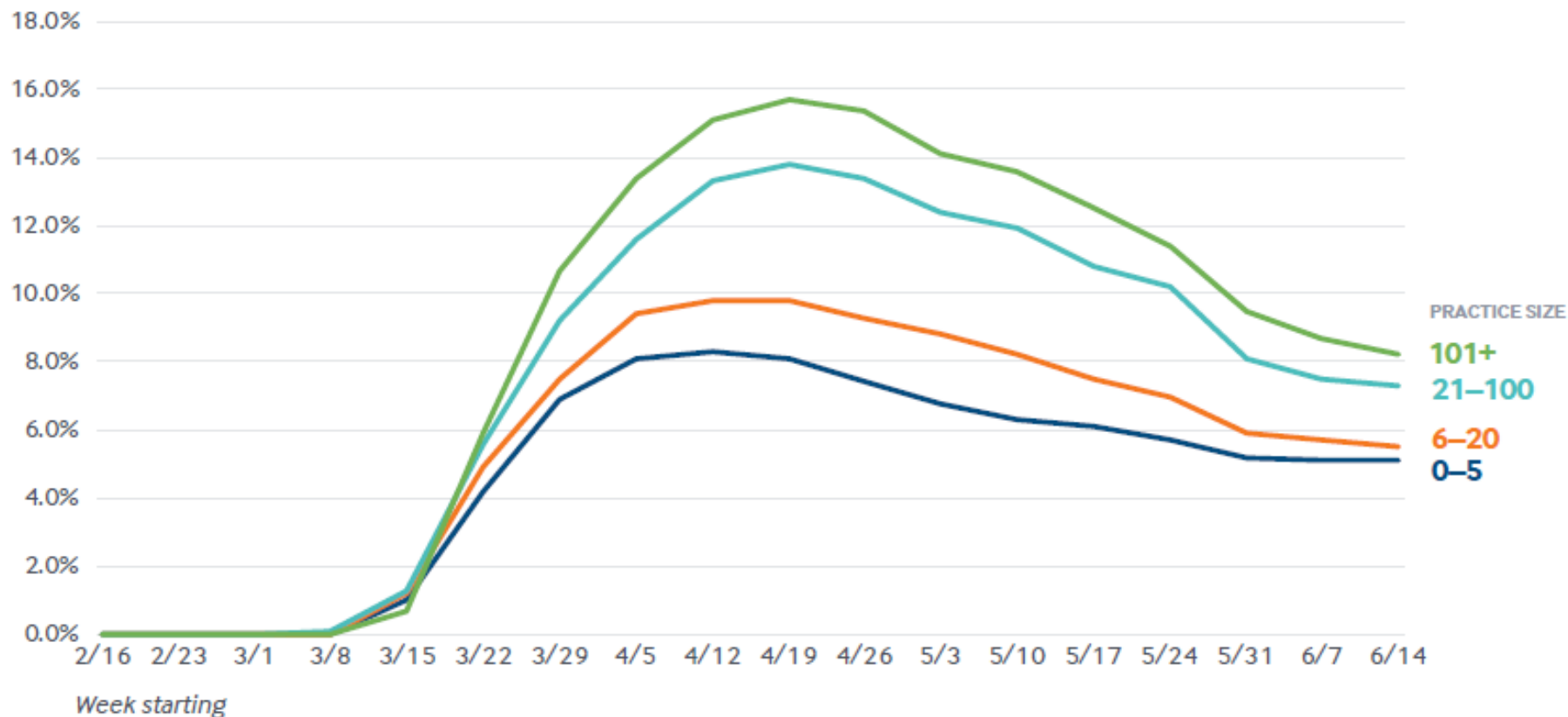
Figures are in millions  
Data source: MMIS



\*Note: Data reflect claims and encounters submitted to OHA as of 01/10/2021. Data are incomplete, especially for the most recent month.

## Exhibit 2: Weekly Telemedicine Visits as Fraction of Weekly Visits at Baseline, by Practice Size

Telemedicine use as a percentage of pre-pandemic visit volume



Notes: Provider organization size is based on the number of independent clinicians and includes physicians, nurse practitioners, psychologists, physician assistants, and social workers. The organization is the financial entity that contracts with the company that provided these data. It can be a single clinic or a large health care system that includes numerous clinical sites. Percentages represent the number of telemedicine visits in a given week divided by the number of all visits (telemedicine and in-person) in the baseline week of March 1.

Data: Ateev Mehrotra et al., "The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting to the New Normal," *To the Point* (Commonwealth Fund, June 25, 2020).

# Behavioral health visits are more common

## Top Five most Frequent Diagnoses among CCO claims: January – December 2020

Behavior Health Diagnosis			Physical Health Diagnosis		
Primary Diagnosis	Primary Diagnosis Desc	Count	Primary Diagnosis	Primary Diagnosis Desc	Count
F1120	Opioid dependence, uncomplicated	191,690	I10	Essential (primary) hypertension	13,157
F4310	Post-traumatic stress disorder, unspecified	170,443	Z20828	Contact w and exposure to other viral communicable diseases	9,633
F411	Generalized anxiety disorder	122,133	E119	Type 2 diabetes mellitus without complications	9,350
F1020	Alcohol dependence, uncomplicated	81,349	G4733	Obstructive sleep apnea (adult) (pediatric)	7,929
F1520	Other stimulant dependence, uncomplicated	71,906	R05	Cough	7,294

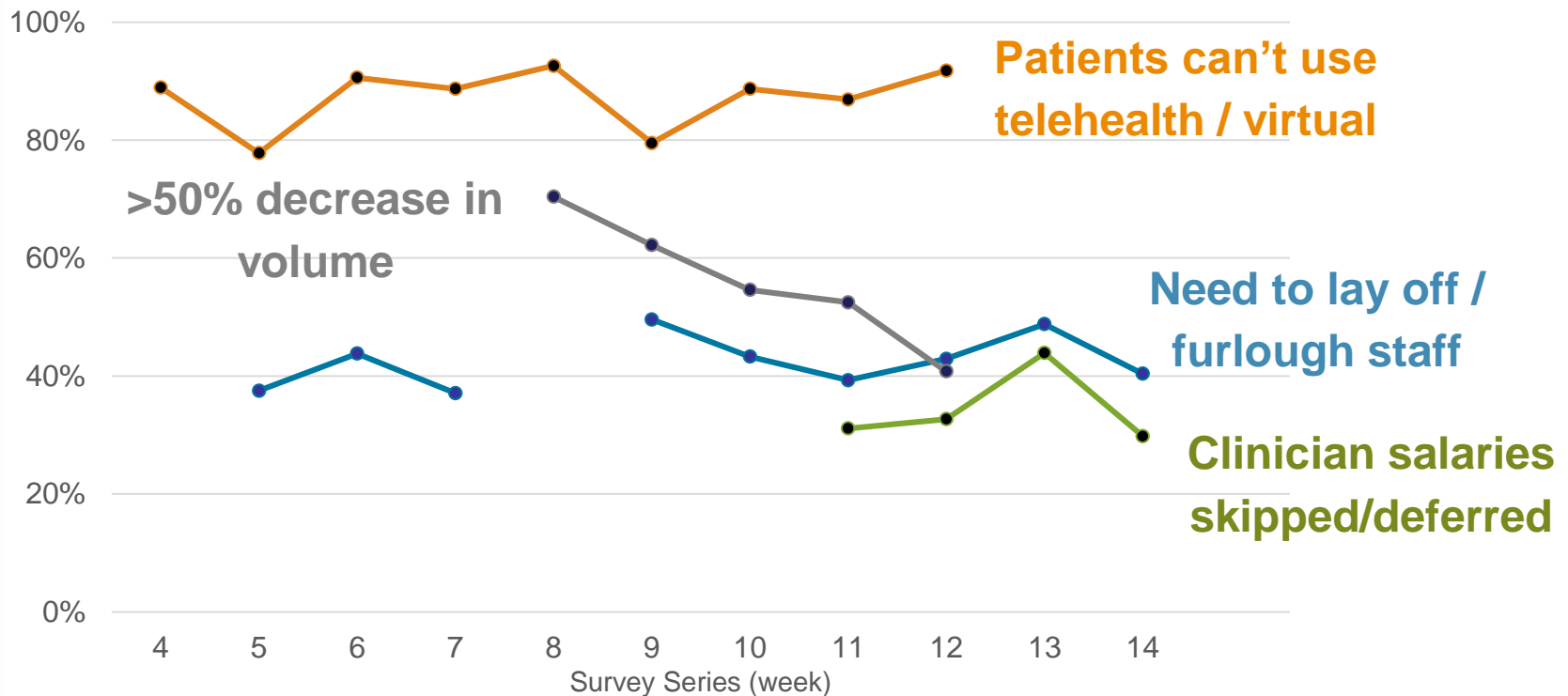
# We've heard from community partners and members about challenges with phone or video appointments

- Some people don't have fast or affordable internet service, phones, computers, or electricity/outlets for charging phones or computers
- Some people are unsure how to use technology
- Some people don't have a private, safe space for phone or video call
- Some people have had a hard time getting an interpreter.
- Getting health care by phone or video isn't acceptable in some cultures.



# Patient barriers to using telehealth a consistent stressor for providers

Percent of Oregon respondents who indicated they had these possible COVID-19 stresses in the last 4 weeks



Source: Oregon-specific responses to the Larry Green Center survey of primary care providers available from ORPRN

# MOVING FORWARD WITH TELEHEALTH

# Moving toward permanent telehealth policy in the Oregon Health Plan

- OHA developed general permanent rules for FFS and CCOs in fall of 2020
  - Involved stakeholder advisory committee and public comment
- New permanent\* rules effective January 2021
- Covered services on Oregon’s “prioritized list”

Flexibilities during the Public Health Emergency declaration	Permanent* policies
Enabling providers to deliver telehealth services from their own home and to patients in their own homes	Continue
Covering telehealth service delivery to new patients (as opposed to only when there is an existing provider-patient relationship)	Continue
Payment parity - using the same payments rates for telehealth visits as with in-person visits	Continue, requires modifiers to distinguish video from audio-only services

\*Likely to have future regulatory updates as data improves and federal and state policy settles

# Three principles for moving forward with telehealth

1. Center equity
2. Better understand what is working... and what isn't
3. Coordinate and align within and across payers



# Center equity: Access to interpreters

## In Oregon:



More than 1 in 7 speaks a non-English language



Nearly 1 in 20 has a hearing disability and needs sign language interpretation

Source: 2018 American Community Survey

**Goal:** Ensure access to certified and qualified interpreters for telehealth visits

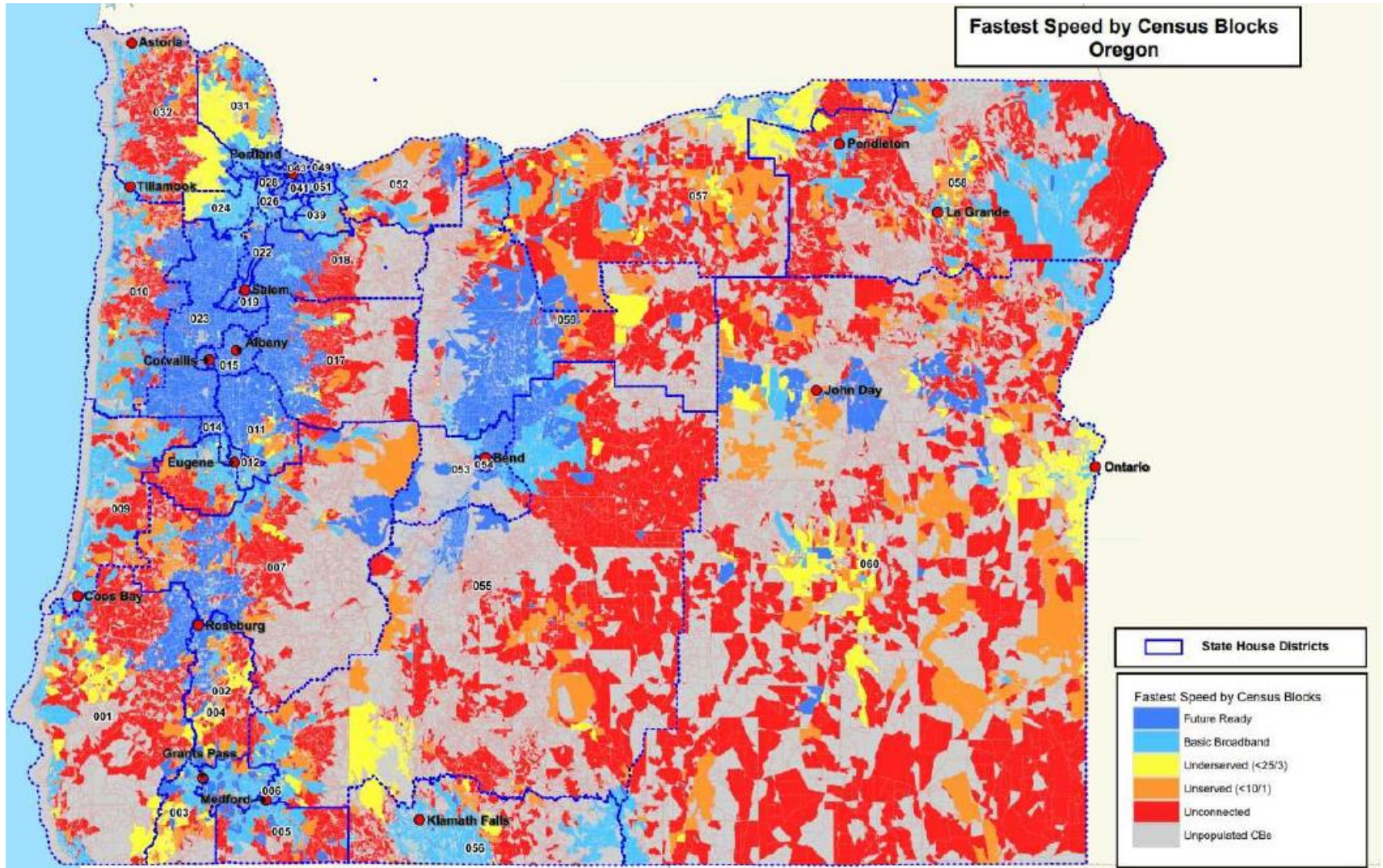
### What we heard:

- Some members struggled to find a qualified interpreter for telehealth
- Interpreter payments down during the pandemic, threatening the workforce

### What we did:

- CCOs and providers must reimburse interpreters at the same rate for services as if provided in person
- Required meaningful access to qualified and certified interpreters, including for patient consent
- New CCO incentive metric focused on meaningful language access

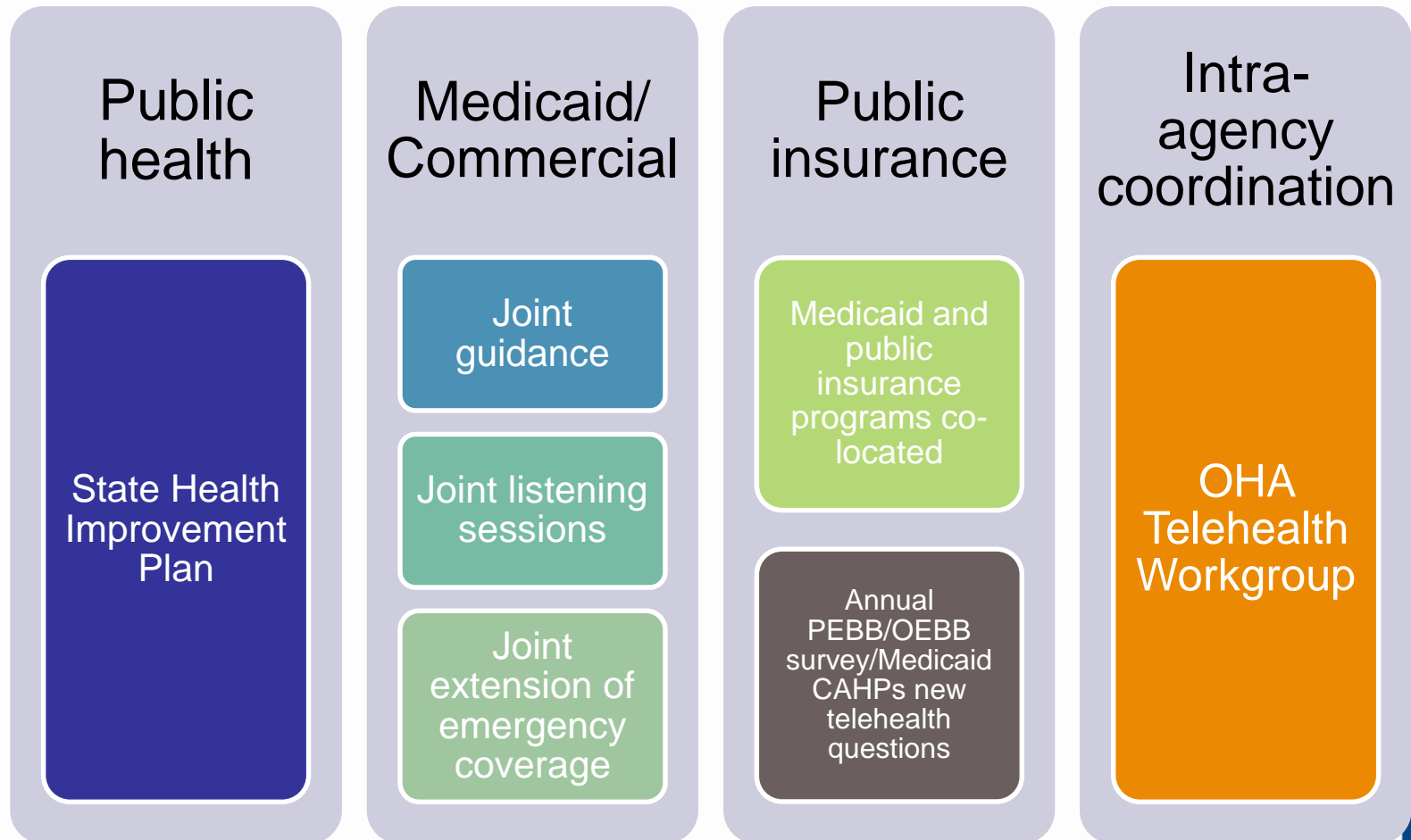
# Center equity: Access to broadband



# Better understand what is working...and what isn't

- Closely monitor the data we have
- Continue engaging community partners and members
- Expand our understanding with new data
  - **New** telehealth questions in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and the Oregon Health Insurance Survey (OHIS)
  - **New** telehealth questions in provider workforce surveys, including traditional health workers and health care interpreters
  - Evaluate aspects of telehealth with the Multi-State Collaborative states: California, Colorado, Nevada, and Washington

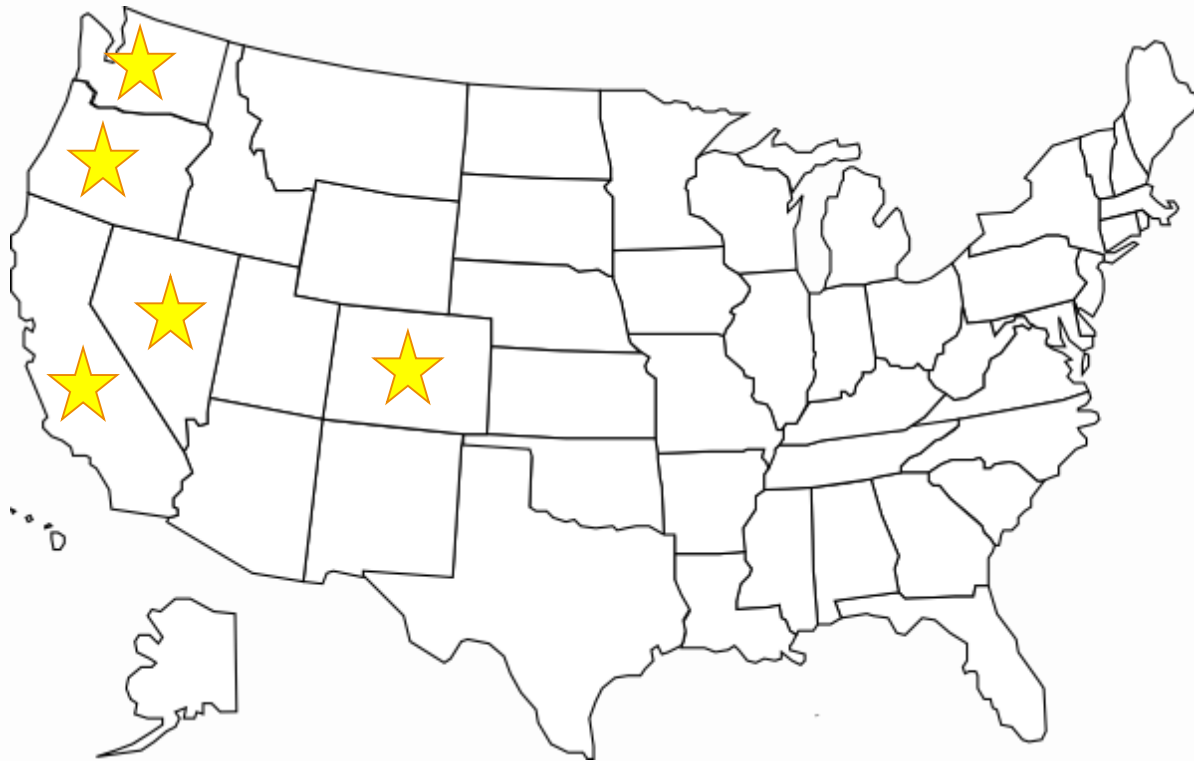
# Coordinate and align within and across payers





# Multi-State Compact telehealth framework

Five states in the Multi-State Compact commit to collaboration on telehealth



# Multi-State Compact telehealth principles

Each state has flexibility to tailor strategies to its needs under a common set of principles

1. Access
2. Confidentiality
3. Equity
4. Standard of Care
5. Stewardship
6. Patient choice
7. Payment/reimbursement

<https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=37091>

# Multi-State Compact Telehealth Workgroup

- **Purpose: Support state policy refinement through collaborative learning, research and problem solving.\***
  1. Shared evaluation strategy
  2. Identify immediate and actionable telehealth policies related to types of care, delivery mode, infrastructure, and financing\*

\*Specific approaches and strategies will continue to be state-driven

# Oregon Health Plan telehealth resources for members



Oregon Health Plan flyer on getting health care from home:

<https://www.oregon.gov/oha/HSD/OHP/Pages/ohp-covid-19.aspx> and look under *Fact Sheets*.

- Flyers are available in [English](#) | [Español](#) | [Russian](#) | [Vietnamese](#) | [Arabic](#) | [Somali](#) | [Traditional Chinese](#) | [Simplified Chinese](#)

# More telehealth resources

- OHA/Department of Consumer and Business Services joint listening sessions for members of the public, providers, and commercial carriers: recordings and written summary for public session available [here](#)
- FFS telehealth rule OAR 410-120-1990; CCO telehealth rule OAR 410-141-3566
- Health Evidence Review Commission (HERC) Current Prioritized List (last update February 2021)
- Oregon Medicaid COVID-19 Provider Guide
- Public Health Recommendations for Community Behavioral Health Services (OHA provider resource)

# 2021 legislative session: telehealth-related bills as of 2-16-21

HB/SB	Bill #	Summary
HB	<a href="#">2508</a>	Requires Oregon Health Authority to ensure reimbursement of health services delivered using telemedicine. Modifies requirements for health benefit plan coverage of telemedicine. Declares emergency, effective on passage.
SB	<a href="#">11</a>	Requires health benefit plan to reimburse cost of covered telemedicine health service provided by health professional licensed or certified in this state if same health service is covered when provided in person.
SB	<a href="#">697</a>	Prescribes additional requirements for health benefit plan coverage of telemedical health services.
SB	<a href="#">686</a>	Establishes right to receive inpatient psychiatric care in person and on-site. Requires hospital, state hospital and secure intensive community inpatient facility to inform patients or residents of right to in-person and on-site care and to offer patient or resident choice to receive psychiatric care in person and on-site.
SB	<a href="#">423</a>	Allows patient located in Oregon to receive health care services through telemedicine from specified out-of-state health care provider.
HB	<a href="#">2841</a>	Directs Oregon Health Authority to award grant moneys to eligible school-based health center pilot projects to expand access to health care services and improve health and education outcomes for students through telehealth.
SB	<a href="#">629</a>	Allows pharmacist to use telepharmacy to deliver pharmacy services to patient at remote location. Defines "telepharmacy."
SB	<a href="#">615</a>	Establishes Low Income Broadband Bill Payment Assistance Fund. Directs Oregon Business Development Department to establish by rule program, to be administered by Oregon Broadband Office, for providing broadband bill payment assistance to low income households.
SB	<a href="#">290</a>	Directs Oregon Business Development Department to study rural broadband access in this state. Requires department to submit report on findings to interim committee of Legislative Assembly by September 15, 2022
HB	<a href="#">2410</a>	Prohibits public bodies from contracting with broadband Internet access service providers that do not offer low income rate program that meets minimum standards established by Public Utility Commission by rule.
HB	<a href="#">2654</a>	Allows electric utility to use easement in expansion of broadband services
HB	<a href="#">2726</a>	Direct Public Utility Commission to study laws related to rural broadband and provide results to interim committees of Legislative Assembly no later than September 15, 2022.
HB	<a href="#">2613</a>	Sets forth certain requirements related to the permitting and siting of broadband infrastructure.

---

**Thank You!**

**Health**  
Oregon  
Authority