Practical Policy Solutions for Lawmakers to Advance Telehealth within the Safety Net

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Our Mission

OCHIN is a nonprofit health care innovation center designed to provide knowledge solutions that promote quality, affordable health care for all.
In Sum: OCHIN, Telehealth, & Safety Net Community

Access to Healthcare for Underserved: 1 in 12 seen in a health center

Connectivity – Affordable & Secure Broadband

Technical Assistance, Training & Workflows: Make it work

Healthier Communities, Better Outcomes, Lower Costs
A driving force for health equity

Health Information Technology
- Data Analytics
- Electronic Health Records
- Networking & Broadband
- Virtual Care

Research Collaborative
- Chronic Pain & Opioids
- Diseases Affecting the Safety Net
- Health Equity & Health Policy
- Social Determinants of Health

Support Services
- Billing
- Compliance & Security
- Technical Assistance
- Staff Augmentation
OCHIN takes a multifaceted approach to innovating Virtual Care and Telehealth within the Safety Net

- Operate the California Telehealth Network and the California Telehealth Resource Center
- Broadband and Networking
- Integration in the EHR
- Clinic Workflows
- eConsults
- Live Video Conferencing
OCHIN Supports Over 500+ Organizations Nationwide and Growing

This map is a representation of the overall products and services provided to OCHIN members and their clinics.  
(April 2018)
The Population We Serve

5.1M Active Patients

70% Female | 18% Children

46% At or Below Federal Poverty Level

Diversity

42% Racially Diverse | 27% Hispanic

29% Best Served in a Language Other than English

Chronic Conditions

70% Have at Least One Chronic Condition

52% Have Two or More

Payer Mix

Medicaid Expansion States: 53%
Medicaid Non-Expansion States: 48%
Medicare: 25%
Other Public Insurance: 15%
Private Insurance: 9%
Uninsured: 3%

Migrant/Seasonal Workers: 43K
Homeless: 41K
Incarcerated: 40K
School-Based: 37K
Veterans: 22K
Foster Children: 13K
Why OCHIN is driving virtual care

**Access:** Spanning rural and urban communities, virtual care, OCHIN meets patients and providers where they are.

**Clinical Quality and Care Coordination:** Supporting solutions that reduce fragmentation and reinforce patient centered primary care.

**Provider and Patient Engagement:** Bringing tools that promote patient-driven care, connect providers to support tools, reduce provider burden.

**Data privacy and security:** Driving for the movement of standardized data and seamless integration to meet industry standards and patient expectations.
Challenges for Health Centers: Innovation to Integration

- Patient Complexity
- Lack of financial support
- Technological Innovation To Clinical Integration
- Less Ability to Innovate
- Low or no reimbursement and expense of acquiring technology and updating workflows

Telehealth Barriers for Safety Net Providers

- Start-up and maintenance costs
- Reimbursement
- Transformation challenges
- Risks of value-based care
- Health centers non-eligible for reimbursement as distant site if provider is located there
- Access to reliable, secure broadband
OCHIN Learning #1: Broadband Support is Foundational

• For healthcare delivery, broadband should:
  – Be community based and thoughtfully deployed for future needs
  – Reach the home
  – Be affordable, redundant and secure

• Programs to support Healthcare
  – FCC Programs
    • Rural HealthCare Connect Fund
    • Connected Care Pilot Program
  – USDA Distance Learning & Telemedicine Grants
OCHIN Learning #2 – Use Virtual Care to help solve a state health care problem

• Telehealth can help policy makers solve many problems
  – Aging population in rural communities
  – Lack of specialty care especially behavioral health and SUD providers
  – Expansion of school based health centers to deliver more care to more kids

• Demonstration projects can help prove concepts
Use Case for Virtual Care:
Using eConsults to bridge specialty care gaps
Using eConsult to Improve Outcomes

Primary care provider requests consult with specialist, sends relevant information

Specialist reviews and responds to primary care provider via eConsult

Patient Health Issue Resolved?

Yes. Unnecessary specialist visit avoided, reducing patient wait time, travel time, and time off work, and enhancing primary care provider knowledge.

No. Communication between primary care provider and specialist can continue until the issue is resolved, or the specialist may recommend an in-person visit.

**eConsult Benefits**

- Increase access for rural and safety net patients
- Improve care coordination and provider communication
- Reduce unnecessary referrals and hospital visits
- Speed the course of care and enable earlier interventions
- Decrease patient wait times for needed specialty care
- Reduce patient travel and time off work
- Improve patient satisfaction
- Better support PCPs and expand scope of practice
eConsult Case Study: Open Door Community Health Center

Open Door partnered with Partnership HealthPlan of California, a Medicaid payer, to reduce specialty visits and referrals. In 2018, Open Door delivered:

600+ eConsults  |  1,400+ Telehealth video visits

Outcomes:

• In 2018, reduced specialty referrals by 49%, reduced hospital admissions
• Significantly higher provider & patient satisfaction
• Reduced wait time for specialty care

“eConsult and telehealth address the barriers that often come with care in the rural setting. Utilizing eConsult, we’ve seen a reduction in travel and wait times for our patients; a significant drop in the number of days the patient’s health care needs are addressed; and a reduction in face-to-face specialty visits.”

— Dr. Willard Hunter, CMO, Open Door CHC
Incorporating telehealth platforms are hard work for providers, especially those in the safety net – Must be integrated into the electronic health records

States must support primary care and health centers financially integrate virtual care – Technical Assistance, Workflow Engineering, Staff training – Must provide reimbursement – Technologies are not “out-of-box” ready

Early projects are very promising – Seeing significant cost savings and expansion
Policies for State Legislators to Consider

• Change Medicaid reimbursement policies
  – Regardless of modality/Payment Parity
  – Increase access to specialty care – certification process
  – Don’t fix telehealth by “body part”

• State strategic development of broadband into rural communities
  – Federal Subsidies & state match

• Solve for specific use cases
  – School based health centers
  – Expansion to Behavioral Health/SUD treatment
  – Maternal and Pediatric Care
  – Application to FQHCs

• Support eConsults or other demonstration projects

• Support evaluation and research
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