Evolution of Telehealth in a Changing Healthcare Landscape
Logistics

Presentation Slides and How to Participate in Today’s Session

- You can download the presentation slides at www.caqh.org/core/events or at www.wedi.org after the webinar.

- A copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

- Questions were submitted during the registration process

- If you have any technical issues, use the Questions panel on the GoToWebinar Dashboard
Session Outline

- WEDI Telehealth Initiatives
- CAQH & CAQH CORE Telehealth Initiatives
- Featured Presentation: Impact of Telehealth—Policy Advances
- Featured Presentation: Impact of Telehealth—Care Coordination
- Conversation
- Q&A
- Closing Comments
Thank You to Our Speakers

Alison Armstrong
Health Policy Director
Anthem, Inc.

Robert Bowman
Director
CAQH CORE

Sarah Kessler
Senior Telehealth Program Strategist, University of Vermont Health Network

Reid Plimpton
Project Manager, Northeast Telehealth Resource Center, Medical Care Development, Inc.

Nancy Spector
Coding & HIT Advocacy Director
American Medical Association
Telehealth

Co-Chairs

Nancy Spector, American Medical Association
Alison Armstrong, Anthem, Inc.

With the expanding use of telehealth in delivering health care services, the Telehealth Workgroup focuses on the changing regulatory landscape and associated impacts of those policies, information and resources to promote the implementation of telehealth services and identifying the business case for telehealth.

• The Telehealth Workgroup has been extremely busy with the quick influx of telehealth regulatory updates and services due to the pandemic. The co-chairs have worked diligently to share updates with WEDI membership through emails and the COVID-19 Resources page. They have also put together several Fact Sheets located in the WEDI Knowledge Center.
Free Resources

- Fact Sheet: Privacy and Security in Telehealth, Security Risk Assessments
- Fact Sheet: Privacy & Security in Telehealth, Business Associates Agreements
- Podcast Episode 38: Telemedicine, the Essence of Healthcare with Ann Mond Johnson CEO, American Telemedicine Association
- Podcast Episode 30: Shooting for the Stars with Telehealth Rockstar Dr. James Stallcup, CMIO Cherokee Nation
- Telehealth and COVID-19 Fact Sheet
- Updated Telehealth Resource Guide
- Podcast Episode 18: Traversing the Waves of Telehealth with Amwell’s Big Kahuna, Roy Schoenberg
- A Framework for Implementing Telehealth
- Podcast Episode 8: The Ultimate Telehealth Policy Primer with WEDI Telehealth Workgroup Co-Chairs Nancy Spector (AMA) and Alison Armstrong (Anthem)
Want to get involved?

The Telehealth Workgroup meets on the 3rd Wednesday of each month from 4-5ET.

If you would like to join the workgroup, please contact sholvey@wedi.org.
CAQH & CAQH CORE
Telehealth Initiatives

Robert Bowman
Director, CAQH CORE
CAQH Initiatives Transform Healthcare Business Processes

National operating rules for electronic business transactions.

Shared utilities to collect and manage provider and member data.

Research and collaborative endeavors for industry progress, including the CAQH Index®.
CAQH CORE Mission/Vision & Industry Role

Industry-led, CAQH CORE Participants include healthcare providers, health plans, vendors, government entities, associations and standard-setting organizations. Health plans participating in CAQH CORE represent 75 percent of the insured US population.

MISSION

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.

VISION

An industry-wide facilitator of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

DESIGNATION

CAQH CORE is the national operating rule author to improve the efficiency, accuracy and effectiveness of industry-driven business transactions. The Department of Health and Human Services (HHS) designated CAQH CORE as the author of national operating rules for the HIPAA-covered administrative transactions.

INDUSTRY ROLE

Develop business rules to help industry effectively and efficiently use electronic standards while remaining technology- and standard-agnostic.

CAQH CORE BOARD

Multi-stakeholder. Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs (X12, HL7, NACHA, NCPDP) and WEDI.
<table>
<thead>
<tr>
<th>CAQH</th>
<th>CAQH CORE</th>
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</table>
| **Supporting Virtual Care Offerings in Provider Directories**  
CAQH partnered with states and the American Medical Association to use CAQH ProView, the trusted source and industry standard for self-reported provider data, to enable providers to indicate whether they were able to see patients virtually so plans could include this information in their online provider directories. | **Eligibility & Benefits**  
CAQH CORE Eligibility & Benefits Task Group is drafting operating rule requirements to support the emergent need to codify and communicate telemedicine specific eligibility and benefit information via the v5010 X12 270/271 transaction. |
| **Virtual Care Directory Data Framework**  
In late 2020, CAQH convened a Virtual Care Directory Task Force to define what data is needed in a health plan provider directory for virtual care. The goal is to develop a framework document that can be used by a health plan to implement changes to their own provider directory to include virtual care information. | **Denial and Adjustment Codes**  
CAQH CORE Code Combinations Task Group will evaluate the need for additional information on the remittance advice for adjustments pertaining to telemedicine during the 2021 Market-based Review Cycle. |
| **Education & Outreach**  
CAQH CORE and WEDI have partnered to conduct a series of educational webinars on the future of telemedicine starting Summer 2021. |   |
Evolution of Telehealth in a Changing Healthcare Landscape

Sarah R. Kessler, Sr. Telehealth Program Strategist, University of Vermont Health Network

Reid Plimpton, MPH, Project Manager, Northeast Telehealth Resource Center

July 9th, 2021
Disclaimer

• Any information provided is for educational purposes only and should not be regarded as legal advice.

• NETRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this webinar.
Disclosures:

- Any information provided by NETRC is for educational purposes only and should not be regarded as legal advice.
- Neither NETRC, Reid, nor Sarah have any financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this webinar.

**About Us:**

NETRC aims to increase access to quality health care services for rural and medically underserved populations through telehealth. We serve New England and New York, and are a proud member of the National Consortium of Telehealth Resource Centers.
We provide expert technical assistance to help build and enhance telehealth programs across the nation. Key focus areas include but are not limited to: telehealth policy, technology, business planning, workflow, etc.

Technical Assistance

Education
We develop educational materials and resources for health systems, providers and patients. Includes: designing/executing needs assessments, identifying funding sources, and assisting with telehealth technology selection are also among our specialties.

Business Strategy
We connect telehealth leaders at local, state, and federal levels to raise awareness and collaboratively produce specialized tools and templates for telehealth programs and providers.

Our Federally Funded Services

www.TelehealthResourceCenter.org
A Few Relevant Headlines...

**AMA Lobbies CMS to Extend Medicare Coverage for Audio-Only Telehealth**

The American Medical Association has sent a letter urging CMS to permanently extend Medicare coverage for audio-only telehealth services. Separately, CMS is being urged to include virtual care in the Medicare Diabetes Prevention Program.

**US’s digital divide ‘is going to kill people’ as Covid-19 exposes inequalities**

Exclusive research shows deep connectivity issues impacting rural and urban areas with populations already underserved by the medical system or ravaged by poverty.

**Patient Satisfaction with Telehealth High Following COVID-19**

A new J.D. Power survey showed that patient satisfaction scores for telehealth reached 880 on a 1,000-point scale.

**Can Telehealth Help Healthcare Providers Tackle Rural Health Disparities?**

Federal officials are awarding almost $13 million to dozens of organizations across 35 states to create rural health partnerships that use telehealth and other strategies to take on rural health disparities.

**Here’s how smaller practices can prepare for continuing telehealth demands**

Providers without the resources of larger health systems can still make virtual care available to patients.
Innovative TH Use Cases/Success Stories

See more Regional Telehealth Success Stories on the NETRC website!
Telehealth Policy Landscape
Telehealth Landscape – Pre-COVID

**Drivers**
- COVID-19 safety
- Consumer demand
- Expanding reimbursement
- Provider shortages
- Payment reform
- Connectivity
- Readmission penalties
- Competitive forces
- Funding

**Barriers**
- Access to technology/broadband
- Cost
- Licensure
- Limited reimbursement
- Privacy, security concerns
- Resistance to change
- Legal/regulatory questions
- Operational integration
- Incentive alignment
# Landmark Telehealth Legislation

**HISTORY OF FEDERAL TELEHEALTH POLICY IN MEDICARE**

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balanced Budget Act of 1997</td>
<td>• Medicare beneficiaries in rural HPSAs may receive care via telehealth</td>
</tr>
<tr>
<td></td>
<td>• Practitioner required to be w/patient during consult</td>
</tr>
<tr>
<td></td>
<td>• Consulting &amp; Referring physicians share fee (75/25)</td>
</tr>
<tr>
<td>Benefits Improvement &amp; Protection Act 2000</td>
<td>• Included non-MSA sites</td>
</tr>
<tr>
<td></td>
<td>• Eliminated fee sharing</td>
</tr>
<tr>
<td></td>
<td>• Expanded eligible services for reimbursement</td>
</tr>
<tr>
<td>Medicare Improve. for Patients &amp; Providers Act, 2008</td>
<td>• Expanded list of facilities that can act as an originating (patient location) site</td>
</tr>
<tr>
<td>Various Changes Made Administratively</td>
<td>• Credentialing &amp; Privileging Regulations</td>
</tr>
<tr>
<td></td>
<td>• Increase in number of codes reimbursed</td>
</tr>
<tr>
<td></td>
<td>• Redefinition of “rural”</td>
</tr>
<tr>
<td></td>
<td>• Inclusion of Chronic Care Management Codes</td>
</tr>
</tbody>
</table>

Medicare telehealth statutory policy was limited and hadn’t changed much in recent years...
COVID and Telehealth: Explosion

• Overnight, COVID ripped off band-aid for telehealth
  • Accelerated 10+ years of slow adoption → adoption over night
• Systems were set up with one goal: CONNECT
• For many, telehealth has meant phone connection only
• Now – we must expand access, optimize, and right-size care (what/where/when/how)
• Digitally-enabled care that leverages technology and data to strengthen the trusted, caring relationship is central to health and care of our nation (S. Nundy)
Landmark Telehealth Legislation

• Public Health Emergency (PHE) accelerated telehealth adoption by decreasing barriers to access:
  • Connect by any modality
  • Loosened state licensure requirements, HIPAA provisions
  • Patient Location
  • Provider Type Expansions (PT, OT, Certain Mental Health Provider Certifications, Etc.)
  • Reimbursement
  • Significant federal funding to expand broadband, hardware, access

• PHE projected to continue thru 12/31/21 - **but will it???
  • Federal PHE has been extended every 90 days since first issuance in Spring 2020; Next extension date is **Late July, 2021**
  • PHE end will impact policy and reimbursement significantly
    • States are ending their Executive Orders or PHE Proclamations in different ways; I.e. Maine and New Hampshire
    • Copious policy and advocacy work ongoing to make many measures permanent to expand telehealth access and reimbursement
    • Federal and state-level policy
    • Significant advocacy from ATA and other agencies
# Key Policy Changes During PHE

## Medicare

<table>
<thead>
<tr>
<th>Policy Change</th>
<th>During PHE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Limit</td>
<td>Waived</td>
</tr>
<tr>
<td>Site Limitation</td>
<td>Waived</td>
</tr>
<tr>
<td>Eligible Provider List</td>
<td>Expanded</td>
</tr>
<tr>
<td>Eligible Services</td>
<td>Expanded (80 addlt codes)</td>
</tr>
<tr>
<td>Visit Limits</td>
<td>Waived certain limits</td>
</tr>
<tr>
<td>Modality</td>
<td>Live video, Phone for some services</td>
</tr>
<tr>
<td>Supervision</td>
<td>Relaxed – allowing via video</td>
</tr>
<tr>
<td>Licensing</td>
<td>Relaxed requirements</td>
</tr>
<tr>
<td>Tech-enabled/Comm based</td>
<td>More codes eligible for phone &amp; addtl. providers allowed</td>
</tr>
</tbody>
</table>

- DEA: Prescribing exception - allowing phone for suboxone for Opioid Use Disorder
- HIPAA: Office of Civil Rights will not fine during PHE

## State Medicaid

<table>
<thead>
<tr>
<th>Policy Change</th>
<th>During PHE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modality</td>
<td>Phone allowed</td>
</tr>
<tr>
<td>Location</td>
<td>Home allowed</td>
</tr>
<tr>
<td>Consent</td>
<td>Consent requirements relaxed</td>
</tr>
<tr>
<td>Eligible Services</td>
<td>Additional types of services eligible</td>
</tr>
<tr>
<td>Eligible Providers</td>
<td>Additional provider types allowed (OT, PT, SLP, etc)</td>
</tr>
<tr>
<td>Licensing</td>
<td>Some requirements waived</td>
</tr>
</tbody>
</table>

- State Exec. Orders for private payers range from explicit mandates to encouragement to expand telehealth coverage
- Relaxed some health information protections
Telehealth Landscape Opens with PHE

We all have a role in maintaining and sustaining the landscape:

- **Patients**: Access, try and ask for help, advocate
- **Providers**: Try, seek benefits personally and for patients, advocate
- **Payers**: See value, align reimbursement, make it easy for providers, advocate
- **Policy makers**: Listen, maintain policies, make it easy to connect, reimburse, close health equity gaps
- **Technology companies**: Design solutions that are easy to use and access, integrate care and coordinate
Telehealth Policy Landscape

• Reimbursement and policy (temp and perm) can impact a telehealth solution and how it is implemented

• Reimbursement varies
  • By state
  • By payer
  • By patient location (originating site)
  • By modality (synchronous, store-and-forward, phone, RPM)
  • PHE has tried to equal the playing field for now

• Evaluate provider incentive structure – evolve?
• Dynamic – watch state and federal policy
50 states have a definition for telemedicine

50 states (and DC) reimburse for live video

14 states*
Reimburse service to the home

21 states*
Reimburse RPM

* = Not inclusive of 2021 Active State Legislation; Policy Counts Accurate as of 2/1/2020
Telehealth Adoption

• Historical goal: democratize medicine, but adoption low
• Innovations in health care  → slow adoption
• New technology in health care → slow adoption
• Innovation + new technology → VERY slow adoption

But: *necessity has been a great accelerator of adoption* – COVID-19 (silver lining of global pandemic)
Post PHE Predictions

Reminder: moving target:

• Don't expect “business as usual” once pandemic is "over"
• HIPAA provisions will likely claw back
• Payment parity/equity will unleash
• Optimization of telehealth implementation and design (started messy out of necessity)
• Hybrid models of care
• Connectivity/broadband expanded
• Community access points will expand (i.e. library)
• Audio-only as a critical means for communication
• Interoperability is critical
• Telehealth cliff?
What do we do about...

• Patient access to technology
• Digital literacy support
• Broadband availability
• Non-integrated workflows for scheduling and documentation
• Non-integrated patient communication/engagement tools
• Reliability of patient contact information
• Provider Training
• Staff Training

• Interpreting services
• Licensure barriers
• Evolving/TBD policy
• Privacy/Security concerns (perceived or actual)
• Others?
Innovative Tech & New Avenues Are Already Popping up!
Considerations for Telehealth from Home

**Patients**
- Digital literacy
- Technology support
- Interpreting services
- Supports for disabilities

**Both**
- Ease of use
- Access to technology
- Access to internet
- Continuity of care
- Privacy/security concerns

**Providers**
- Provider & staff training
- Legal and regulatory
- Licensure barriers
- Evolving policy
- Others?
Who We Are

Our Team

• 6 hospitals
• 1 Home Health & Hospice system
• Vermont and New York
• Serves 1,000,000 patients
Our Year in Telehealth

2019
• 150 users
• 25 programs
• 100 meetings monthly (average)
• <1,000 visits
• Restrictions by payers and Regulatory

Now
• 3,900 users
• 164 programs, including those requested
• 100 meetings hourly (average)
• 204,000 visits (in 2020)
• 157,000 distinct patients
• MyChart
• Progressive changes to accept telehealth by payers and Regulatory
Video Visits Statistics

**Volume**
- 204,000 in 2020 (March through December)
- 99% Increase from 2019 to 2020
- 82,000 in 2021 YTD (75% of telehealth volume)
- 73,000 travel hours and 1.3M travel miles saved in 2021

**Clinical Indications**
- Anxiety, mood disorders, substance-related disorders
- Headache, Epilepsy, Nervous System conditions
- Diabetes, Thyroid Disorders, Metabolic Disorders
- Joint Disorders

**Demographics**
- 18-44 was the age group who utilized this service the most
- 0-17 was the age group who utilized this service more than in-person visits
- Females utilized this service more than males

**Experience**
- "Outstanding experience. During this COVID-19 pandemic, I have been participating in many different virtual experiences... This telemedicine visit was far and away the best experience" (Patient)

---

**Video Visits Statistics**

- Volume
- Clinical Indications
- Demographics
- Experience
“Excellent experience. I am disabled and not able to do Zoom meetings. I was afraid they wouldn’t allow it and I would be without healthcare.” (Patient)

Vermont just passed a law requiring insurers to cover telephone visits (rate TBD)

Patients are appreciative of the ease and travel implications saved

• Family Medicine
• Adult Primary Care
• Cardiology
• Psychiatry

135,270 in 2020 (March through December)
28,000 in 2021 YTD (25% of telehealth volume)
22,000 travel hours and 990,000 travel miles saved in 2021

Telephone Visits Statistics

Volume

Clinical Specialties

Facts

Experience
What We Accomplished

Leadership Buy-In
• Workflow changes
• Zoom accounts for each user
• SSO login
• iPad distribution per provider/site
• System-level smartphrase creation (as priority)

Partnerships
• DSS
• Medical Group Operations
• Medical Group Education & Training
• Marketing
• Patient Experience
• Patient Access & Service Center
What We Heard: Patient Attitudes

Insights from our post roll-out assessment

- Patients appreciate that telehealth makes seeking care faster, more convenient and more comfortable
- Telehealth reduces the burden on patients transporting children or having to travel long distances or do not feel well
- Telehealth is easier to fit into patients’ workdays
- Home is a more comfortable place for patients to wait, receive difficult news and to have a visit (when they dread going into the office)
What We Heard: Video Visit Quality

Insights from our post roll-out assessment

- A video visit typically feels comparable to an in person visit for patients, especially when they already have a relationship with their provider
- Being able to see one another over video enabled patients and providers to engage in empathetic interactions
- Some patients felt that their provider was more focused during their video visit than in person
- There are benefits to seeing patients in their home environment
- Some reasons for visits require reliable and good image quality
What We Heard: Video Visit Appropriateness

Insights from our post roll-out assessment

• The process of determining what is appropriate for a video visit is complex and generally requires communication between providers and schedulers
  – Clear guidelines should be identified

• Provider comfort with certain indications varies among providers

• Patient comfort with obtaining and reporting vital signs, etc., can impact whether an indication is more appropriate for an in-person visit

• Some indications seen via video, with success:
  – Nutrition consultations
  – Test result review
  – Emergency Room encounter follow up
  – Patient education
  – Acute issues
  – Medication checks
  – Depression and mental health
  – Hypertension
  – Chronic pain
What We Heard: Challenges

Insights from our post roll-out assessment

• Some home environments are distracting
• Patients moving their cameras to show anatomy can be difficult
• Patients with low technical literacy tend to struggle more with connecting
• The lack of reliable high-speed internet in parts of Vermont and New York creates a barrier
• More technical support is needed
• Unclear guidelines for clinical teams
What We Heard: Provider and Staff Satisfaction

Insights from our post roll-out assessment

• Providers have seen telehealth increase access, decrease the burden on patients and maintain high quality care
• Providers need and want a balance of both video visits and in person visits
• Unreliable connections are sources of frustration
• Some providers appreciate the flexibility video visits provide
What We Heard: Telehealth Expansion

Insights from our post roll-out assessment
• “Telehealth has a role to play in the future both as an additional component of everyday clinical practice and in the way we innovate care delivery to prioritize quality, safety and patient needs.”
• Providers have been surprised at how much they can do via telehealth
• Telehealth can greatly improve patient safety
• Telehealth can provide care in new ways:
  – As a triage tool prior to patients coming in to be seen
  – To address highly contagious infections without exposing others
  – To maximize health maintenance
  – To increase access
  – In community health team functions
  – For better care coordination with specialists and family members
Our realized potential:

• Outpatient video visits
  – More external partnerships, more interest in specialty services
• Changing workflow to MyChart Televideo
• eConsults
• Partnerships with external clinics/FQHCs
• Tele-Emergency Medicine and EMS
• Partnerships from last year. Examples are MGET and DSS; eHealth services taken into account with on-boarding and device installations/support
Conversation on the Evolution of Telehealth

**Alison Armstrong**
Health Policy Director
Anthem, Inc.

**Robert Bowman**
Director
CAQH CORE

**Sarah Kessler**
Senior Telehealth Program Strategist, University of Vermont Health Network

**Reid Plimpton**
Project Manager, Northeast Telehealth Resource Center, Medical Care Development, Inc.

**Nancy Spector**
Coding & HIT Advocacy Director
American Medical Association

**Moderator:**
Jessica Porras
Senior Manager, CAQH CORE
Audience Q & A
Thank you for joining us!

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@WEDIonline
Website: www.wedi.org
Email: wedi@wedi.org
Appendix/Slides for Questions
Action Phrases for Knocking Down Telehealth Barriers

HYBRID
HEALTH EQUITY
ACCESS
INTEROPERABILITY
Considerations RE: Digital Equity & Digital Divide

• No one should suffer because they cannot access the care they need to be healthy
  • Reality for 100+M and expanding
  • Devastating for people with complex/chronic diseases (i.e. DM, Htn)
  • Simultaneously: shortage of PCPs, worsening
  • Barriers to access care are different for everyone, but magnified by existing and worsening health inequities with COVID
  • Outcome is the same: people get sicker, suffer, lose lives

• Telehealth can help:
  • Availability, access, answers
  • Connection, continuity, collaboration, personalization, responsive

• Telehealth creates mechanisms for connection
  • Improve health of communities and provider workforce
  • Decrease stress, burden, avoid cost
  • Doesn’t require fancy equipment (i.e. phone)
  • Can be private, convenient

• Can help ensure patients get appropriate, thorough care (not reactive) while effectively and efficiently deploying limited health care resources
• Can increase knowledge capacity at the local, trusted provider level

• Significant federal grants 2020-2021 for closing the digital divide: equipment, broadband, staffing, training
• **Critical!**
• Plan for success and failures
• Understand the problem you are solving
• Communicate early, often, transparently, varying medium
• Clearly define success and how it will be measured
• Align incentives to drive adoption
• Plan ahead for training – and everything breaking
• Don’t give up
Telehealth Sustainability

• **Here to stay**
• Significant federal funding available
• "**Hybrid**" - portfolio of telehealth in a clinical practice will vary
  • Access
  • Geography, patient location, payer
  • Clinical discipline
  • Legal/regulatory/reimbursement
  • Efficiency, effectiveness
• Need to ensure access, equity, payment parity
• Highly dependent on policy
Policy and Reimbursement Resources

CMS/Medicare - COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers
Medicare Telemedicine Health Care Provider Fact Sheet
Medicare Learning Network (MLN) Booklet – 2020
Medicare - Covered Telehealth Services CY2019 and CY 2020

Office of Civil Rights
FAQs on Telehealth and HIPAA during COVID-19 public health emergency

DEA COVID-19 Information Page

SAMHSA COVID-19 Page

Center for Connected Health Policy
Telehealth Coverage Policies in the Time of COVID-19
COVID-19 Related State Actions
Billing For Telehealth Encounters – CCHP 2020 Guide on Fee-for-Service

Federation of State Medical Boards – Board by Board Review
States Waiving Licensure Requirements During COVID-19
Policy and Reimbursement Resources Continued

• American Dental Association (ADA) Teledentistry Guidance
• American Tele Dentistry Association (ATDA)
• ASTDD Guidance
• Mobile-Portable Dental Manual (ASTDD)
  • Online manual provides basic information on developing and operating various mobile, portable and hybrid systems
• National Network for Oral Health Access (NNOHA) Telehealth Resources
• Case Studies of 6 Teledentistry Programs: Strategies to Increase Access to General and Specialty Dental Services, Oral Health Workforce Resource Center, University at Albany, State University of NY
Select Resources for COVID-19

- NETRC Site & Telehealth Resource Library
  - Northeast Telehealth Resource Center COVID-19 Toolkit
- MATRC Telehealth Resources for COVID-19
- National Telehealth Resource Center website
  - Telehealth and COVID-19 Toolkit
  - NCTRC Telehealth and COVID-19
- NRTRC Quick Start Guide to Telehealth
- CMS General Provider Telehealth & Telemedicine Toolkit
- AMA: A Physician’s Guide to COVID-19
- Telehealth.HHS.gov
Additional Trainings and Resources

- American Telemedicine Association
  www.americantelemed.org
- Center for Telehealth & e-Health Law
  www.ctel.org
- National Telehealth Resource Centers
  www.telehealthresourcecenters.org
- Northeast Telehealth Resource Center
  www.netrc.org
- Center for Connected Health Policy
  www.cchpca.org
- Telehealth Technology Assessment Center
  www.telehealthtechnology.org

And many great regional programs willing to share!
Resources for TH Implementation Considerations

• ASPE Issue Brief: Medicare Telehealth
• IHI Blog – Keys to Effective Telemed for Older Adults
• Kaiser Family Foundation: Possibilities and Limits of TH for Adults During COVID-19
• American Psychological Association: How to Provide Telehealth to Older Adults
• NETRC Site & Telehealth Resource Library
• MATRC Telehealth Resources for COVID-19
• NRTRC Quick Start Guide to Telehealth
• CMS General Provider Telehealth & Telemedicine Toolkit
• AMA: A Physician’s Guide to COVID-19
• CMS proposed rule for the Home Health Prospective Payment System CY2022
Patient/Client Resources

Telehealth Access for Seniors: [https://www.telehealthforseniors.org/](https://www.telehealthforseniors.org/)

HHS Telehealth Webpage for Patients: [https://telehealth.hhs.gov/patients/](https://telehealth.hhs.gov/patients/)

MaineCare Telehealth Page for Members: [https://www.maine.gov/dhhs/oms/member-resources/telehealth](https://www.maine.gov/dhhs/oms/member-resources/telehealth)

**Devices/Connectivity:**

National Digital Equity Center (Susan’s Team 😊), has a device loaner program – any Maine resident over 70 years of age can borrow devices for 90 days at no charge, and pay $25/month after that 90 days if they wish to keep it longer.

FCC LifeLine Program - provides devices and subsidies on monthly voice and data fees for low income consumers. There are eligibility requirements (see webpage) and an application process.
Contact Us

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