Arizona Telemedicine Policy Summit

Livestream Event!
Tuesday, November 15, 2022 ~ 1:00 pm – 3:00 pm MST

This Summit is made possible through funding provided by Health Resources and Services Administration, Office for the Advancement of Telehealth.
Overview of Today’s Summit

1:00 – 1:05 pm  **Welcome & Introductions**
Tara Sklar, Faculty Senior Advisor in Telehealth Law & Policy, Arizona Telemedicine Program

1:05 – 1:40 pm  **New Frontiers in Telehealth Research: National Telehealth Data Warehouse**
Jason Goldwater, President and Chief Operating Officer, Laurel Health Advisors, LLC

1:40 – 2:15 pm  **Multiple Pathways to Medical Licensure for Out of State Physicians**
Patricia McSorley, Executive Director, Arizona Medical Board

2:15 – 2:50 pm  **Hybrid Care Models: The Mayo Clinic Approach**
Kevin Ruff, Chief Medical Officer of the Center for Digital Health, Mayo Clinic Arizona
Stephanie Zawada, PhD Fellow, Mayo Clinic College of Medicine and Science

2:50 – 3:00 pm  **State & Federal Policy Updates and Closing Remarks**
Tara Sklar, Faculty Senior Advisor in Telehealth Law & Policy, Arizona Telemedicine Program
Today’s Summit will be recorded and stored at: http://www.telemedicine.arizona

Please use the chat function during each presentation to submit your questions.

Presenters will do their best to answer as many questions as possible during their session.
Speakers

Tara Sklar, JD, MPH
Senior Faculty Advisor, Arizona Telemedicine Program; Faculty Director, Health Law & Policy Program, Arizona Law.

Jason Goldwater
President and Chief Operating Officer, Laurel Health Advisors, LLC

Patricia McSorley
Executive Director, Arizona Medical Board

Kevin Ruff
Chief Medical Officer, Center for Digital Health, Mayo Clinic Arizona

Stephanie Zawada
PhD Fellow, Mayo Clinic College of Medicine and Science

Moderator

Kevin Ruff
Chief Medical Officer, Center for Digital Health, Mayo Clinic Arizona
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Closing remarks

Opportunities for telehealth policy in Arizona and nationwide?

Data

Medical licensure and state regulatory oversight

New hybrid models of care
Public Health Emergency
set to end on January 11, 2023

Transition period: 151 – day grace period will go into effect

• **Geographic and site requirements** still waived by CMS, and patient can receive care in the home.
  • After grace period restrictions will revert to pre-PHE.

• Use of audio-only telehealth
  • After grace period restricted to behavioral health services

• **Medicare reimbursement** for telehealth visits for physical therapists, occupational therapists, speech language pathologists, and audiologists will end.

No grace period

• Prescribing controlled substances requires an in-person visit. Ryan Haight Act no longer waived.
Behavioral Health 43% 57%
Office Visits 13% 87%
Preventive Services 9% 91%
Nursing Home Visits 8% 92%

Infrastructure Investment and Jobs Act 2021

$65 billion for digital equity

- $42.5 billion for broadband infrastructure
- $14.2 billion for $30 internet subsidy
- $2.8 billion for digital literacy
- Additional funds
Medicaid:
CMS Should Assess Effect of Increased Telehealth Use on Beneficiaries' Quality of Care

GAO-22-104700

Why Medicaid?

• Medicaid enrolls about 76 million low-income Americans.

• Medicare provides coverage for 64 million older Americans and those with certain disabilities.

• Medicaid beneficiaries living in five states increased telehealth use dramatically at 15x the pre-pandemic level.
The image shows a bar chart comparing the percentage of eligible individuals who were not enrolled in Medicaid from March 2019 to February 2021 across different states. The chart includes the following states and their respective percentages:

- Arizona: 11.0
- California: 41.4
- Maine: 41.8
- Mississippi: 25.4
- Missouri: 19.9

The chart also indicates that Arizona had the lowest percentage in both time periods (March 2019-February 2020: 2.5, March 2020-February 2021: 2.5). The source of the data is the GAO analysis of Centers for Medicare & Medicaid Services data.
Audio-Only Telehealth Carve Out

Interactive use of audio, video or other electronic media, including asynchronous store-and-forward technologies and remote patient monitoring technologies, for the practice of health care, assessment, diagnosis, consultation or treatment and the transfer of medical data; and

Audio-only if an audio-visual telehealth encounter is not reasonably available due to the patient's functional status or lack of technology or infrastructure limits, as determined by the healthcare provider.

AZ HB 2454
Enacted May 2021
HB 2454 – related developments in 2022

**Telehealth Advisory Committee:**


Three Year Pilot Program for acute care services delivered at home:

Expanded with HB 2374 effective as of 04/14/2022.

Any nurse visits under the program may be virtual or in person. Paramedic visits may provide required on-site visits for patient assessment.
Almost 1 in 5 beneficiaries used certain audio-only telehealth services, with the vast majority of these beneficiaries using them exclusively.

- Older beneficiaries were more likely to use these audio-only services than younger beneficiaries.
- Notable because older beneficiaries were less likely to use all telehealth services than younger beneficiaries.

The vast majority of beneficiaries who used certain audio-only services did not use any audio-video telehealth services.

93% of beneficiaries who used certain audio-only services did so exclusively.

Thank you for attending today!

Your opinion is valuable to us.
Please participate in our brief evaluation.

https://www.surveymonkey.com/r/ATPsummitNov152022

Be sure to check our website for upcoming events and sign up for our e-newsletter!

http://www.telemedicine.arizona