



# Improving Access to Quality Medical Care Webinar Series

*Presented by*

The Arizona Telemedicine Program, Maricopa  
County Medical Society and the Arizona  
Department of Health Services

# Welcome

- Arizona Healthcare Workers
- All other participants



**The Arizona Department of Health Services, the Arizona Telemedicine Program, and Maricopa County Medical Society** welcome you to this free webinar series.

The practice & deliver of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care.**

**Telemedicine can help you achieve these goals!**

# Webinar Tips & Notes

- When you joined the webinar your phone &/or computer microphone was muted
- Time is reserved at the end for Q&A, please use the **Chat function** to ask questions
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recordings will be posted on the ATP website
  - <http://telemedicine.arizona.edu/webinars/previous>





# Continuing Medical Education Information

## “HB 2454 and the Impact in Arizona for Healthcare Professionals”

### Outcome Objectives

- Catalogue the items in HB2454 that directly affect physician practices today.
- Identify specific technologies (i.e. audio only) approved for telemedicine and telehealth use in patient care.
- Characterize the pool of healthcare professionals sanctioned to be telehealth service providers.

### Accreditation / Credit Designation Statement

The University of Arizona College of Medicine - Tucson is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Arizona College of Medicine - Tucson designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Conflict of Interest Disclosure Statement

All Faculty, CME Planning Committee Members, and the CME Office Reviewers have disclosed that they do not have any relevant financial relationships with commercial interests that could constitute a conflict of interest concerning this CME activity.

# Disclaimer

- The opinions expressed in this presentation and on the following slides are solely those of the presenter and not necessarily those of the organizations sponsoring this webinar. The organizations do not guarantee the accuracy or reliability of the information provided herein.

# Requesting your Certificate

“HB 2454 and the Impact in Arizona for Healthcare Professionals”

Please complete the Evaluation via the SurveyMonkey link that has opened in a separate browser window.

Evaluation can also be found at:

<https://www.surveymonkey.com/r/HB2454July28SWTRC>

This will be posted in the chat at the end of today’s program.



Christina Corieri

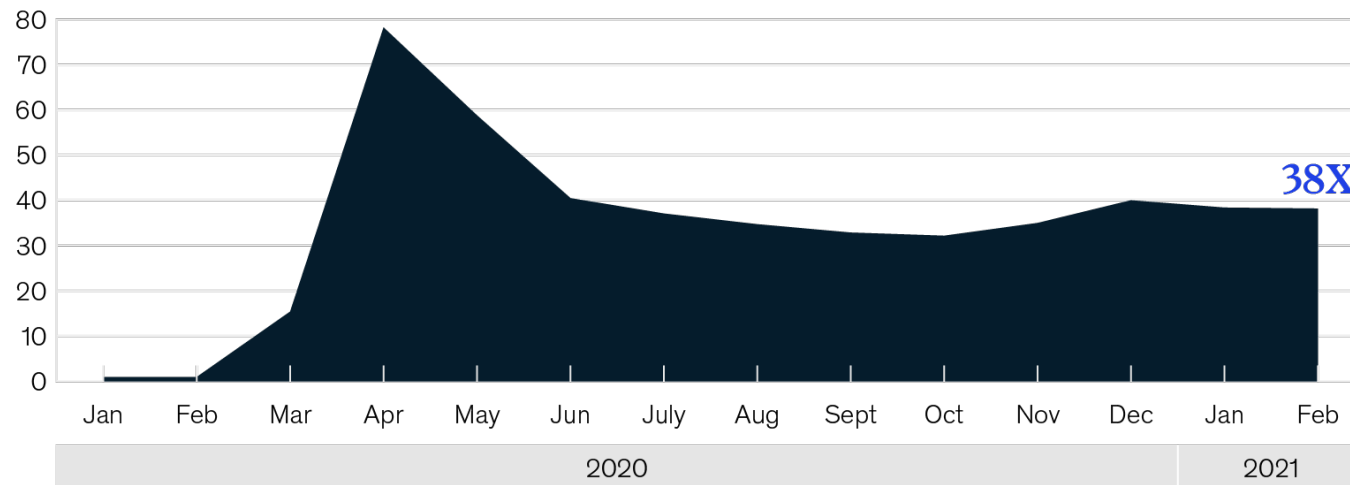
# “HB 2454 and the Impact in Arizona for Healthcare Professionals”



# Telehealth Pre and Post Pandemic

Growth in telehealth usage peaked during April 2020 but has since stabilized.

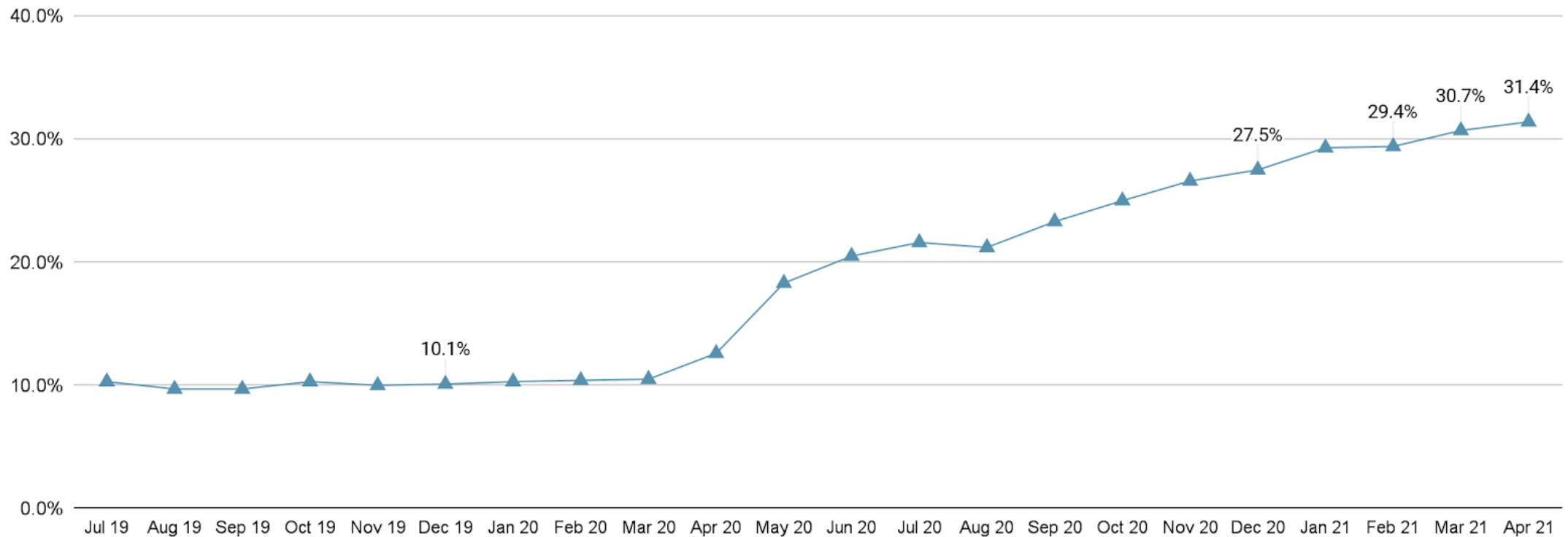
Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)<sup>1</sup>



<sup>1</sup>Includes cardiology, dental/oral, dermatology, endocrinology, ENT medicine, gastroenterology, general medicine, general surgery, gynecology, hematology, infectious diseases, neonatal, nephrology, neurological medicine, neurosurgery, oncology, ophthalmology, orthopedic surgery, poisoning/drug tox./comp. of TX, psychiatry, pulmonary medicine, rheumatology, substance use disorder treatment, urology. Also includes only evaluation and management visits; excludes emergency department, hospital inpatient, and psychiatry inpatient claims; excludes certain low-volume specialties.  
Source: Compile database; McKinsey analysis

McKinsey  
& Company

# AHCCCS Telehealth Utilization July 2019-April 2021 (% of members using 1+ telehealth service per month)



# Telehealth Data Over the Course of the Pandemic

- Early in the pandemic, there was initial spike in telehealth during which more than 32% of all office and outpatient visits took via telehealth
- Since then, utilization levels have largely stabilized and now sit at between 13% and 17% depending on the specialty with a few specialties still experiencing much higher rates (ex. psychiatry)
- As of April 2021, 84% of physicians nation-wide are offering virtual visits
- 58% of physicians report that they view telehealth more favorably than they did prior to the pandemic

# How perceptions of telehealth has changed during the pandemic

- Prior to the pandemic, only 11% of health care consumers reported ever utilizing telehealth
- 40% of healthcare consumers now report that they believe they will continue to use telehealth in some fashion going forward
- Reasons patients will continue to utilize telehealth
  - 1.) Convenient
  - 2.) Living in Rural Areas
  - 3.) Transportation Challenges
  - 4.) Improved Access to specialty care

# What Enabled the Quick Pivot to Telehealth

- Circumstances made it necessary
- Technology
- Government Actions at the State and Federal Level
  - Executive Orders
  - CMS Rules
  - AHCCCS Policies



# How can telehealth remain a tool for physicians going forward

- Payment Parity
- While 84% of physicians are currently offering virtual visits, 54% of physicians reported that they would not offer virtual care at a 15% discount

# State Action HB2454

- Most comprehensive telehealth bill in the country
- Passed both houses with broad, bi-partisan support and an emergency clause so it would be effective upon signature by the Governor
- Supported by the entire healthcare community – doctors, nurses, hospitals, FQHCs, patient advocates, universities, etc

# Payment Parity Under HB2454

- Requires Insurers to provide payment parity for telehealth services that use audio/visual.
- Prohibits insurers from limiting or denying coverage for telehealth except for procedures or services for which the weight of the evidence based on recommendations by the Arizona Telehealth Advisory Committee determines are not appropriate
- Requires payment parity for audio-only services as well if the Arizona Telehealth Advisory Committee recommends that the services may be appropriately provided through telehealth

# Arizona Telehealth Advisory Committee

- Made up of healthcare practitioners from across the state and various healthcare specialties including
  - Physicians
  - Advanced practice nurses
  - Psychiatrists
  - Behavioral health practitioners
  - Hospitals

Report on Audio Only Due December 2021

Report on Audio Visual Due June 2022

# More specifics on telehealth coverage rules

- Insurers MAY impose reasonable requirements for telehealth including documentation, fraud prevention, identity verification and record keeping
- Insurers MAY NOT use contracted telehealth-only providers to meet network adequacy standards



# Telehealth Across State Lines

- Allows out-of-state providers who are licensed and in good standing in another state to register with the applicable board in Arizona and provider services here
- Registration is not required in the following circumstances
  - 1.) In consultation with a healthcare provider who is licensed in Arizona and who has ultimate authority over the patient's diagnosis
  - 2.) To provide after-care specifically related to a medical procedure delivered in person in another state
  - 3.) To a person who is a resident of another state & the provider is the primary care provider of BH provider located in that person's home state

# Limitations

- HB 2454 only applies to plans regulated by the state of Arizona (mostly small group & individual plans) and the Arizona worker's comp system
- Federal action need to address large group ERISA plans
- Medicare
- Medicaid Waiver Opportunities
- VA

# QUESTIONS



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# Improving Access to Quality Medical Care Webinar Series

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and events

<http://www.telemedicine.arizona>





Your opinion is valuable to us.  
Please participate in this brief survey:

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*This webinar series is made possible through an Interagency Service Agreement (ISA) with the Arizona Department of Health Services (Agreement No: CTR052390).*