COVID-19 Telehealth Policies Affecting CYSHCN: What to Keep, Modify, or Discard?

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Moderator

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Today’s Speakers

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Ask Questions!

We look forward to a lively discussion with our audience. Submit your questions through the Q&A.
COVID-19 Affects and Responses

• Disproportionate affect on CYSHCN
  o Cessation or reduction in clinic, in-home, and school-based therapies and services

• Federal and state response to pandemic
  o Temporary policy flexibilities through legislative, regulatory, and administrative mechanisms
  o Tied to the federal or state Public Health Emergency periods
Questions HMA Explored

Which temporary policy flexibilities affected CYSHCN, their families, and their providers?

What policies should be continued after the Public Health Emergency ends?
Research Methods

• Federal and state policy review
• Interviews with frontline clinicians, legal and family advocates, researchers program leaders, and other public and private stakeholders
Key Findings

Finding #1: Policies that expanded the use of *Telehealth* have significantly impacted and been largely advantageous to CYSHCN and their families

Finding #2: Other temporary flexibilities – related to federal Medicaid funding, Medicaid eligibility and enrollment, scope-of-practice, prior authorization requirements, and expanded ability to pay family caregivers – have also been beneficial to CYSHCN

Finding #3: School closures, unemployment, isolation, social drivers of health put tremendous strains on CYSHCN and their caregivers, affecting mental health
Telehealth Flexibilities

_Medicaid varies by state_

• Expanded reimbursement:
  o In additional locations
  o For additional services
  o Through additional technologies including audio-only
  o By additional types of providers
  o Through school-based telehealth

• Payment parity with in-person visits

• Relaxing enforcement of HIPAA privacy rules
Positive Outcomes for CYSHCN and Their Families

- Less need to transport the child, their equipment, and siblings to appointments
- Lower potential for exposure of already high-risk children to COVID-19
- Greater access to geographically distant, specialized services for CYSHCN
- Escalation in telehealth for behavioral health, helping to address some additional mental health challenges
- Potential to reduce disparities and address workforce shortages — especially for pediatric specialists and subspecialists
Negative Outcomes for CYSHCN and Their Families

• Rapid expansion of telehealth highlighted/exacerbated disparities in access to broadband, equipment, and interpretation services

• States, health systems, and providers did not consistently adopt the flexibilities to make telehealth opportunities universally available
Telehealth should be considered another routine modality for providing appropriate services.

- Target funding for telehealth equipment, training, broadband, interpretation services

- Continue payment parity, audio-only, therapy services (PT, OT), care coordination, originating and distant sites, easing out-of-state licensing restrictions for telehealth providers
Recommendations for States and Medicaid Health Plans

Encourage and incentivize telehealth:

• Incorporate telehealth into medical home models for children, value-based payment models

• Pilot texting as a reimbursable telehealth modality

• Reimburse telehealth provided by specialized practitioners/assistants supporting children with medical complexities in schools and childcare settings
Recommendations for Public Health Programs

- Outreach and training for families of CYSHCN through family support organizations
- Develop communication channels for emergencies, with feedback loop
- Include family members and advocates and incorporate needs of CYSHCN in emergency preparedness planning
- Explore registries of technology-dependent children and youth for first responders
- Provide care coordination support
Recommendations for Pediatric Associations and Health Systems

• Develop clinical guidelines for appropriate use of telehealth

• Explore reimbursement and quality monitoring for telehealth well-child visits

• Document how telehealth can enhance interdisciplinary, team-based care

• Include comprehensive instruction for new physicians (and existing clinical staff) in conducting telehealth visits, including cultural competence
Final Recommendation

Thoroughly evaluate the impact of the temporary policy flexibilities on access, utilization, child/caregiver experience, physical and behavioral health, and developmental outcomes of CYSHCN and other at-risk populations. Let the data drive policy going forward.
Cara Coleman, JD, MPH

Director of Public Policy and Advocacy, Family Voices

- Keep, Modify or Discard?
  - Tail of Public Health Emergency is long and needs of CYSHCN are unique – do NOT create more disparities

- Patient- and family-centered telehealth

- Digital divide

- Future of access, de-fragmentation and connection (of humans and tech)
Alison Curfman, MD, MBA

Clinical Director of the Pediatric Operations, Mercy Clinic

- In-home comprehensive virtual care for children with medical complexity
- Reimbursement and policy needed to make these sustainable
- Health equity implications of digital health and how to use policy to ensure that it does not further existing disparities
Cheryl Roberts, JD

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- CYSHCN challenges during COVID-19 were many and exacerbated by virtual schools
- Telehealth and other COVID-19 flexibilities combined with provider adaptability helped bridge some gaps
- Decision around the unwinding or retaining of flexibilities are complicated and being debated
Audience Q&A

Please submit your questions through the Q&A

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We pursue a system that works for children with special health care needs.

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Additional Resources

- COVID-19 Policy Flexibilities Affecting Children and Youth with Special Health Care Needs
- Family Voices: Resources on Telehealth
- Pediatric Telehealth in the COVID-19 Pandemic Era and Beyond