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Telehealth Policy Analysis: Recommendations to Improve Medicaid Reimbursement in Michigan

Adelheid Fisher
Grand Valley State University

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Adelheid K. Fisher, BSN, RN[1] 2998 S. Good Harbor Trail Cedar, MI 49621,

rittmeya@mail.gvsu.edu, (312)593-1116

Marie VanderKooi, DNP, RN-BC[1] 301 Michigan St. NE, Office 466 Grand Rapids, MI 49503,

vandema1@gvsu.edu, (616)331-5903

Joy Turner Washburn, EdD, RN[1] 301 Michigan St. NE Grand Rapids, MI 49503,

washburj@gvsu.edu, (616)331-5777

[1] Kirkhof College of Nursing, Grand Valley State University, Grand Rapids, Michigan

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Abstract

Purpose: At the onset of the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) granted flexibility for audio-only visits. However, CMS indicated possible cessation of reimbursement for audio-only telehealth when the pandemic ends. This project explored current audio-only telehealth reimbursement and proposed post-pandemic policies for Medicaid beneficiaries at the state level and the perceived benefits and challenges from the perspective of rural providers.

Methods: Data was collected from a rural ambulatory clinic that included patients ≥ 18 who received telehealth during the study period (April 2020 - May 2021). The providers at this clinic were surveyed on the experience and usability of audio-only telehealth. These results were reported using chi-square statistics and p values. Finally, ten purposively selected states were analyzed for their telehealth policies and legislation throughout the pandemic.

Findings: There were 5,024 telehealth visits conducted during the data collection with 47% being audio-only. Survey results were not statistically significant, however, themes regarding audio-only telehealth barriers emerged indicating a lack of reimbursement, inability to perform a physical exam, and technology limitations. The state policy analysis showed that nine out of ten states had proposed bills to continue reimbursing for audio-only telehealth. Most states planned to reimburse for all care, provided it can be performed the same as in-person care.

Conclusions: The results of this project gave insight into the usefulness of audio-only telehealth after the pandemic. This study identifies strategies that can be used to inform policy-makers regarding the continuation of audio-only telehealth reimbursement.

Key Words: telehealth, audio only, Medicaid, policy, rural health

Telehealth Policy Analysis: Recommendations to Improve Medicaid Reimbursement in Michigan

Telehealth was originally developed to increase access to care for individuals living in rural and underserved regions. Since the start of the COVID-19 pandemic, higher utilization of telehealth across various types of practices has now become the mainstay.[1] According to the Centers for Disease Control and Prevention (CDC), there was a 154% increase in telehealth visits during the last week of March 2020, compared with the same period in 2019.[4] Currently, there is an increased amount of reimbursement for telehealth services in Michigan including audio-only services, but there is no plan to make these policies permanent.[2]

Telehealth is defined by the Health Resources and Services Administration as the use of electronic information and telecommunications technologies to support and promote long-distance healthcare, health-related education, public health, and health administration.[3] Supportive technologies for healthcare include, but are not limited to, virtual visits, patient monitoring, and store-and-forward; technologies supporting telehealth delivery include broadband and wireless communication.[3] Continued availability and promotion of telehealth services has the potential to play a vital role in increasing access to care beyond the COVID-19 pandemic.[4]

Despite telehealth's valid potential, there is growing concern that most of the telehealth innovations are not sustainable beyond the COVID-19 pandemic.[5] Barriers for telehealth implementation include non-availability of appropriate technology, a lack of individual behavior or willingness to change, a lack of reimbursement for healthcare professionals and patients utilizing technologies, and organizational barriers that hinder implementation. [5] In addition, access to available and affordable broadband connection is necessary to conduct most forms of

telehealth. Broadband refers to high-speed internet access that is "always on." Broadband is an essential infrastructure that impacts every facet of a community including healthcare access.[6] Currently, approximately 1.2 million Michigan households do not have permanent fixed broadband; most of these households are located in rural regions.[7] Households including someone enrolled in Medicaid were nine percent less likely to have broadband access when compared with households without a Medicaid beneficiary.[8] As such, this project focused specifically on audio-only telehealth due to its ability to provide access to individuals who do not have available or affordable broadband connection.

A policy agenda, as described by Kingdon, is a list of problems being considered by government officials.[9] Kingdon's Multiple Streams Framework has three streams that, although operating independently, eventually converge yielding a window of opportunity to push the agenda forward. Kingdon suggests that policy change, or the windows of opportunity "open infrequently and do not stay open long".[9]

For policy change, clearly defining an urgent problem that decision makers with authority will notice and respond to is key. In the case of telehealth during the pandemic, the problem was clear; the need for healthcare did not stop despite stay-at-home orders aimed at reducing the spread of COVID-19. Looking beyond the pandemic, the change in problem stream is providing sustained reimbursement for audio-only telehealth. Kingdon's policy stream can be described as the solution to the problem. With the COVID-19 pandemic, relaxations were introduced to increase reimbursement for audio-only telehealth services provided to Medicaid beneficiaries. The public or national mood conceptualizes the political stream in Kingdon's framework. The national mood has less to do with hard data and more to do with perceptions or interpretation of an issue. During the pandemic, the national, and even global, mood was that of fear and, in many

cases, panic leading to an increased utilization of telehealth in order to avoid public exposure to COVID-19.

Kingdon's framework suggests the opportunity presents when all three streams align while an issue is urgent. Without urgency, Kingdon suggests stakeholders will cling to their individual positions rather than come to consensus. The more intense, widespread, and urgent the issue, the greater the chance the stakeholders will negotiate and reach a consensus. The pandemic provided a window of opportunity as described by Kingdon for policy change concerning the sustained reimbursement for audio-only telehealth.

For these reasons, more systemic examination of the usefulness of audio-only telehealth beyond the COVID-19 pandemic is needed to help inform state governments on adoption of audio-only telehealth reimbursement as permanent. The goal of this policy analysis was to explore current audio-only telehealth practices and policy activities to advocate for sustainability of audio-only telehealth beyond the COVID-19 pandemic.

Methods

A mixed-method design was used to help inform state legislators in Michigan on audio-only telehealth policy reform. Both quantitative and qualitative data were necessary to help present both the data and experience of administering audio-only telehealth during the pandemic. In addition, a policy analysis of other states was performed to help guide policy reform efforts in the State of Michigan. Institutional review board approval was obtained prior to conducting all aspects of this research.

Telehealth Visits at Rural Ambulatory Clinic

Adult patients ≥ 18 who were seen at the rural ambulatory clinic via tele-visit from April 2020 to May 2021 were included in the de-identified data collection. The number of patients at

the rural ambulatory clinic who utilized tele-visit services, their ages, type of telehealth modality utilized, and type of insurance coverage were collected via a report generated from the EHR. Telehealth modalities were categorized into either tele-health, tele-phonic, or tele-video visits. Tele-health visits were defined as patients located at one of the rural ambulatory clinic's distant sites receiving care via tele-video from a provider at the hub site. Tele-phonic visits were defined as care provided to a patient located at home via audio-only mechanisms. Tele-video visits were defined as care provided to a patient located at home via audio and video mechanisms. This clinic was chosen for data analysis because they were located in a rural region and were willing to participate in telling their story. Results were analyzed in Statistical Package for the Social Sciences (SPSS) using histograms.

Survey of Providers

Administration of the telehealth usability questionnaire to the providers in the rural ambulatory clinic occurred in May 2021. This survey evaluated the usability of telehealth implementation and services.[10] The usability factors addressed include usefulness, ease of use and learnability, interface quality, reliability, and satisfaction and future use. [10] Approval to use an adaptation of this published questionnaire was obtained from the primary author Parmanto. Survey questions included one dichotomous question, six 5-point Likert scale questions, and two open-ended questions. Convenience sampling was used since there was a limited number of physicians, physician assistants, and nurse practitioners at the rural ambulatory clinic. Results were analyzed in SPSS using chi-square statistics and p values.

State Policy and Bill Analysis

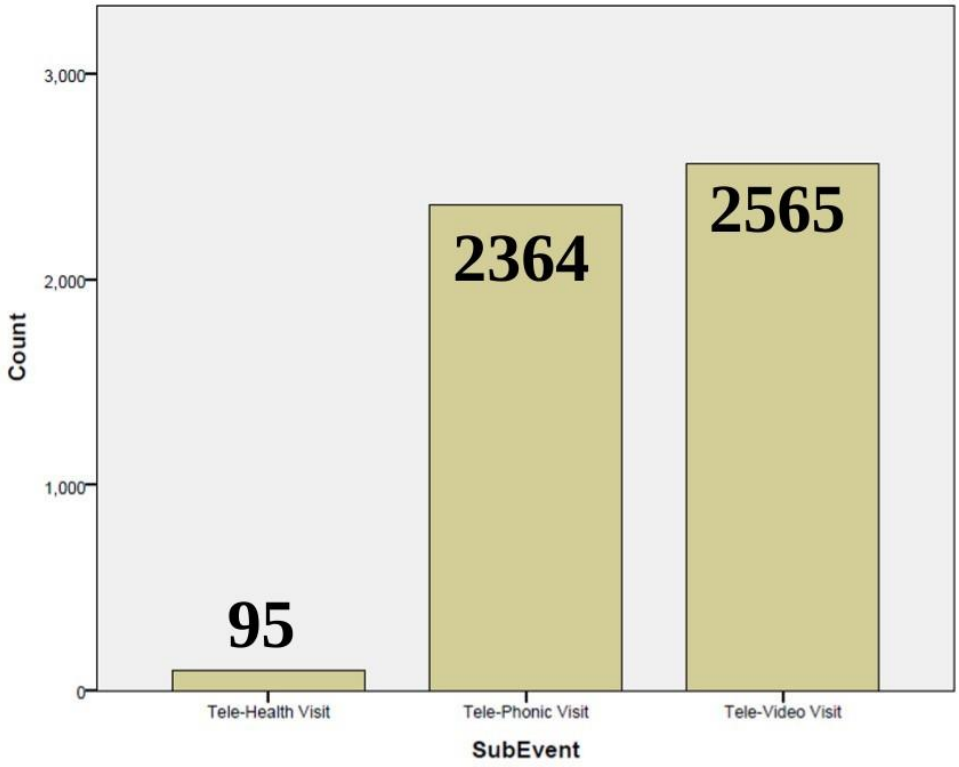
Telehealth policies and bills were assessed from states in the Upper Midwest and North Central Regional Telehealth Resource Centers. These states included Illinois, Indiana, Iowa,

Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. Measures collected included policies and bills related to audio-only telehealth reimbursement before, during, and after the COVID-19 pandemic. This data was obtained by scoping the Regional Telehealth Resource Center and Center for Connected Health Policy websites to identify past and current policies and scanning Legiscan with the keyword "audio only" to identify future, proposed bills.[11]

Results

The regional ambulatory clinic has approximately 100,000 patient visits each year with 9% of this population served being Medicaid beneficiaries. During the data collection period, there were just over 5,000 tele-visits conducted. For all tele-visits, 64% of patients were 65 and older. For only telephonic visits, 73% were 65 and older. As such, there is a greater need for this modality in the 65+ population. Table 1 depicts the subcategory of telehealth provided to patients from April 2020-May 2021. From this data, it is clear that almost half of all patients receiving telehealth during the data collection period benefited from an audio-only mechanism. Telephonic visits were utilized almost 50% of the time; this equates to almost 2,400 patients who may not have otherwise received care and may have avoided complications.

Table 1 Total Telehealth Visits from April 2020-May 2020 Broken Down by Modality



The modified telehealth usability questionnaire was administered to 16 providers at the clinic with a response rate of six. Table 2 visualizes the quantitative results from the provider survey. With such a low response rate, none of the quantitative survey results can be considered statistically significant. In the future, this survey should be submitted to providers at offices that serve a larger Medicaid population and to larger provider groups to ensure more data points. The qualitative questions included "What is one barrier that would limit your use of audio-only telehealth?" and "Any additional comments?" Themes with regards to the barriers that limit audio-only telehealth use according to providers at the rural ambulatory clinic included a lack of reimbursement, inability to perform a physical exam, and technology limitations.

Table 2 Chi-Square Statistic and P Value for Each Quantitative Survey Question (N = 6)

Question	Chi-Square Statistic	*P* Value
Audio-only telehealth saves me time traveling to a hospital or specialist clinic.	0.667	0.881

It is simple to use audio-only telehealth.	3	0.223
I like using audio-only telehealth.	0	1
I could easily talk to the patient using the audio-only telehealth system.	3	0.223
I think the visits provided over the audio-only telehealth system are the same as in-person visits.	0	1
Audio-only telehealth is an acceptable way to administer healthcare services.	3	0.223
I would use audio-only telehealth after the pandemic is over.	0.667	0.414

Legislation in ten states were evaluated for proposed continuation of audio-only telehealth reimbursement beyond the COVID-19 pandemic. Each have varying degrees of care that is planned to be covered, except for the State of Michigan, with most proposing that all care provided via audio-only telehealth be covered, provided it can be performed the same as in-person care (See Table 3). Two themes were identified from the analysis with regards to the type of care that is planned to be covered after the pandemic in each state. This included behavioral health services and all care, provided it can be performed the same as in-person care. Behavioral health was indicated in only two states including Nebraska and Wisconsin whereas North Dakota, Minnesota, Iowa, Illinois, Indiana, and Ohio have proposed coverage of all care, provided it can be performed the same as in-person care. South Dakota has not indicated, yet, what type of care will be covered post pandemic. Each state is in a different stage of approval within the legislature. Because every state has varying degrees of language with regards to their bill and definition of telehealth, ongoing analysis will be necessary to determine if the ongoing telehealth coverage is considered across these states.

Table 3 Proposed Bills in Each State to Continue Reimbursement for Audio-Only Telehealth

North Central States

Plans for Continuation of Audio-Only Reimbursement After COVID-19			
State	**Yes/No/ Proposed**	**What type of care is reimbursed for?**	**Bill #**
North Dakota	Proposed	All care, provided it can be performed the same as in-person care	ND 1465
South Dakota	Proposed	Not defined yet	SD SB96
Nebraska	Proposed	Individual behavioral health services	NE LB400
Minnesota	Proposed	All care, provided it can be performed the same as in-person care	MN HF1412
Iowa	Proposed	All care, provided it can be performed the same as in-person care	IA HF431
Wisconsin	Proposed	Mental health therapy	WI SB306

Upper Midwest States

Plans for Continuation of Audio-Only Reimbursement After COVID-19			
State	**Yes/No/ Proposed**	**What type of care is reimbursed for?**	**Bill #**
Illinois	Proposed	All care, provided it can be performed the same as in-person care	IL HB3759
Michigan	No	NA	NA
Indiana	Proposed	All care, provided it can be performed the same as in-person care	IN HB1286
Ohio	Proposed	All care, provided it can be performed the same as in-person care	OH HB122

Discussion

In the literature, audio-only telehealth contributed to improved patient outcomes, lower cost of care, improved equity and access to care, improved patient and clinician satisfaction, enhanced communication between the clinician and patient, and improved knowledge uptake.[12,13,14,15,16,17,18] Likewise, the findings from the provider survey for this project found similar results with regards to improved equity and access to care, improved clinician satisfaction, enhanced communication, and improved knowledge uptake. With expanded access

and improved reimbursement policies in place, as well as ongoing acceptability by patients and healthcare providers, audio-only telehealth will continue to serve as an important modality for delivering care during and after the pandemic.

Findings of this project have important implications for state policy reform. The qualitative data collected from the surveys showed promising feedback with regards to respondents' willingness to utilize audio-only telehealth after the pandemic. Respondents also agreed that audio-only telehealth should not replace in-person visits and would be most beneficial for scenarios where care could be provided through audio-only telehealth the same as it could have been provided in person. The results from the EHR audit were also beneficial in understanding how often each type of tele-visit was utilized. This data highlighted the fact that audio-only telehealth has been utilized almost 50% of the time throughout the pandemic at this rural ambulatory clinic. Finally, based on the state policy analysis, it is clear that most states in the Upper Midwest and North Central states are planning to reimburse for all care, provided it can be performed the same as in-person care.

The vision of the Michigan Department of Health and Human Services (MDHHS) is to

deliver health and opportunity to all Michiganders, reducing intergenerational poverty and health inequity.[2] The biggest opportunity for MDHHS is to align their vision by continuing reimbursement for audio-only telehealth permanently.[2] By doing so, households without access to broadband will continue to have access to telehealth. As of June 2019, there were 2.4 million Michigan residents receiving Medicaid; this is about 24% of the population in Michigan that could benefit from this expansion. [19,20] Based on the findings of this project and the results of the literature review, the recommendation should be made to the State of Michigan to continue

providing reimbursement post-pandemic to Medicaid beneficiaries for audio-only telehealth provided it can be performed the same as in-person care.

Limitations

This study is limited by the small sample size of survey respondents. In addition, the data collected on patients at the rural ambulatory clinic were primarily ≥ 65 years of age which made it difficult to apply these findings solely to Medicaid patients. Finally, comparing state policies and bills was difficult as each proposed bill had varying definitions of telehealth and the wording in the bills varied greatly from state to state.

Conclusions

The results of this study shed light on the usefulness of audio-only telehealth beyond the COVID-19 pandemic. With expanded access and improved reimbursement policies in place, as well as ongoing acceptability by healthcare providers, audio-only telehealth will continue to serve as an important modality after the pandemic. Future research is needed to understand the experience and usability of audio-only telehealth by providers due to the low response rate in this study. Future policy analysis is needed to assess the evolution of bills and

policies in each state as the public health emergency ends.

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Adelheid K. Fisher

DNP Project Final Defense

July 16, 2021

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- Site Mentor:

  Carol Baker, MSN, RN

Objectives for Presentation

1. Present the background information to support the need for the project
2. Present findings from the organizational assessment and literature review
3. Explain the clinical practice question and the project purpose
4. Present the project plan, results, and key takeaways
5. Discuss the dissemination plan

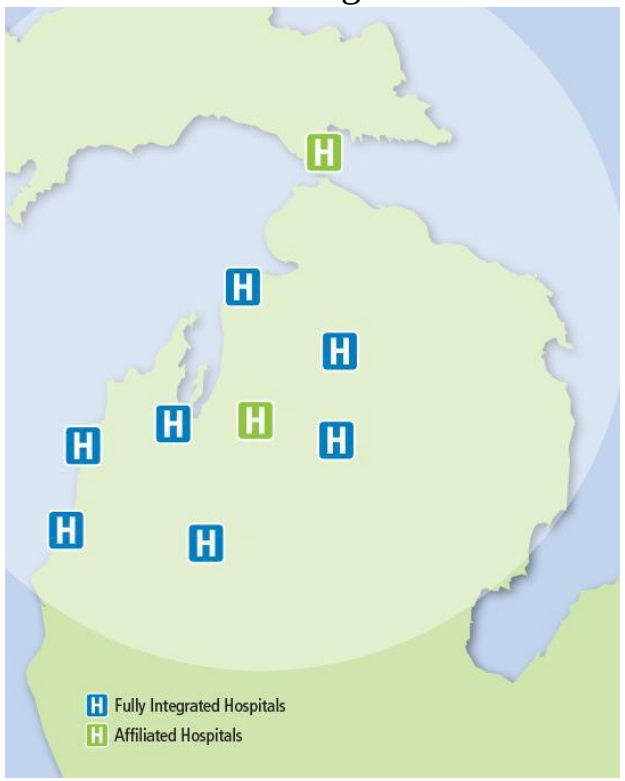
Introduction

- Prior to the pandemic, many definitions of telehealth excluded telephone visits (Uscher-Pines et al., 2021).
- Telephone visits peaked in April 2020 comprising 65.4% of total primary care visits within 43 health centers in California (Uscher-Pines et al., 2021).
- Elimination of reimbursement for audio-only telehealth could result in disproportionate access to care and health inequity for Medicaid beneficiaries (Drees, 2021).

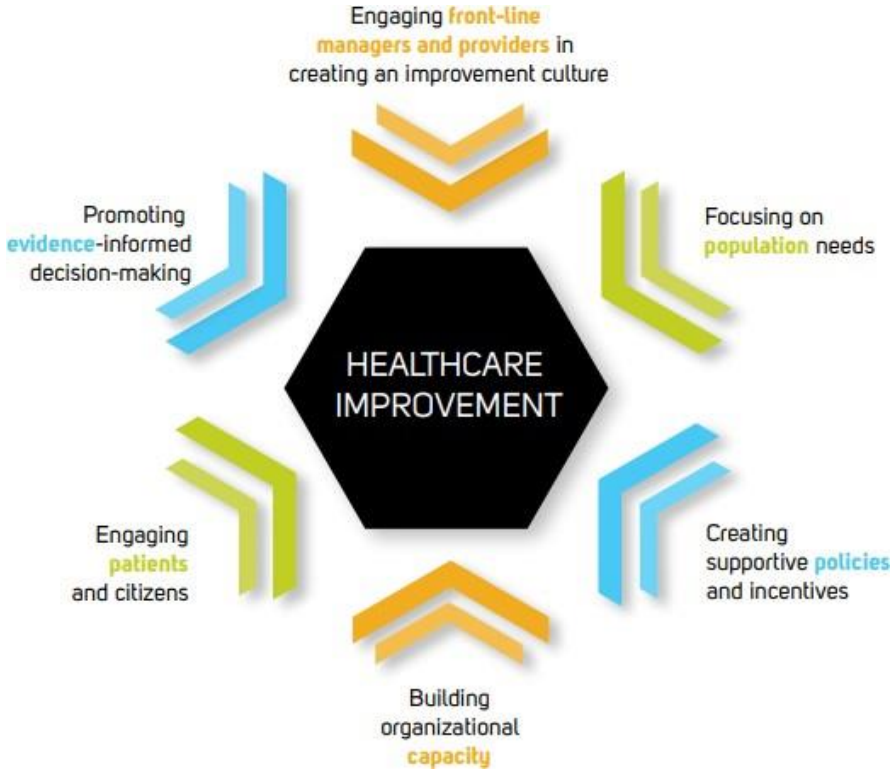
Assessment of the Organization

Macro level: State of Michigan/MDHHS

Micro level: Regional cancer network in Northwest lower Michigan



Canadian Framework for Healthcare Improvement Assessment Tool (2014)



Current State of the State

- Prior to the pandemic, Medicaid in Michigan reimbursed only for live, interactive video (CCHP, 2020)
- During the pandemic, audio-only telehealth is reimbursable
- Post-pandemic, there is no plan to make audio-only telehealth reimbursable (MDHHS, 2020b)

SWOT Analysis

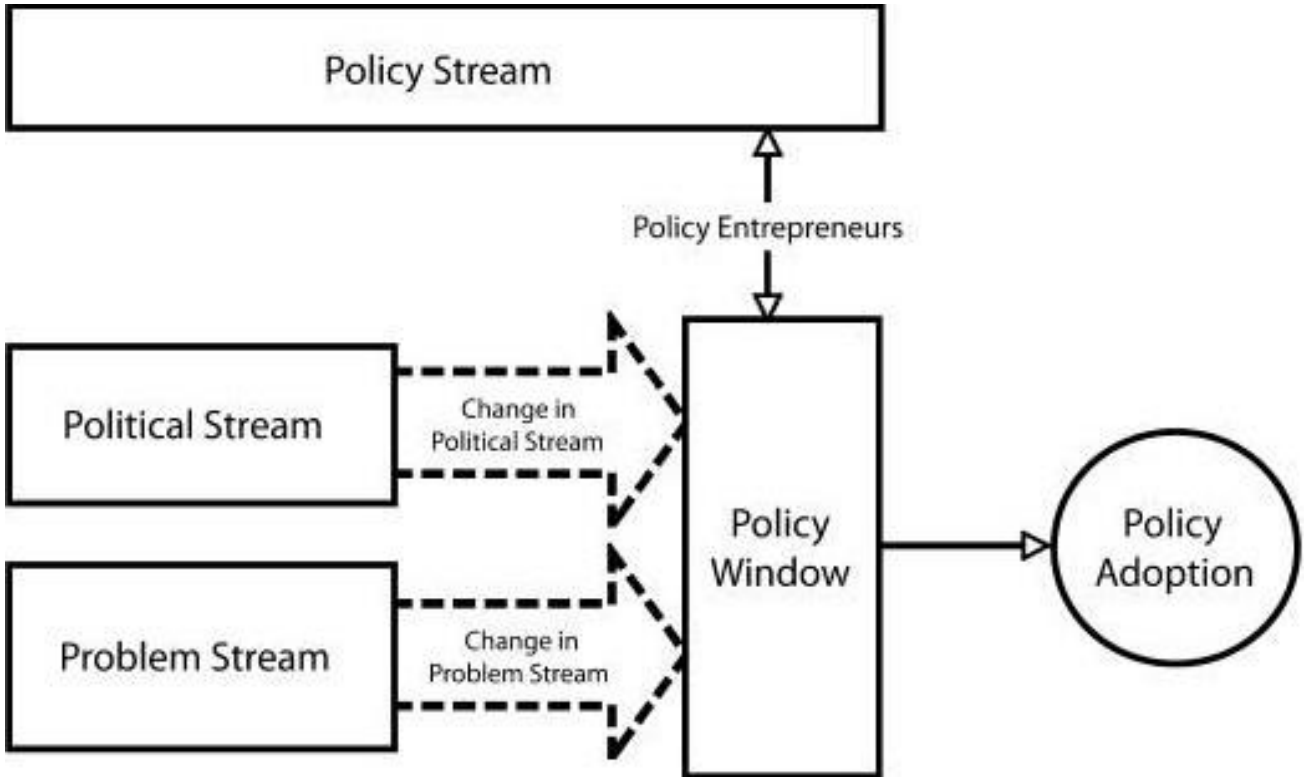
Strengths	Weaknesses
• **Appetite for change due to COVID-19; there is interest in adopting audio-only telehealth as permanent by both the macro- and micro-site (MDHHS, 2020b)** • Medicaid in Michigan has provided more high quality, accessible, and timely medical services than in the previous year (MDHHS, 2020c) • The microsite has been using audio-only telehealth since the pandemic started and hopes to continue using it • Support from Governor Gretchen Whitmer and Michigan Legislators (The Office of Governor Gretchen Whitmer, 2020)	• Lack of CAHPS data on the type of telehealth care provided and the experience of those telehealth services (MDHHS, 2020a) • **No assurance that Medicaid will sustain reimbursement for audio only services after COVID-19 pandemic (UMTRC, 2020)** • Medicaid in Michigan only reimburses for live, interactive video; other states reimburse for live video, store-and-forward, and remote patient monitoring (CCHP, 2020)

SWOT Analysis

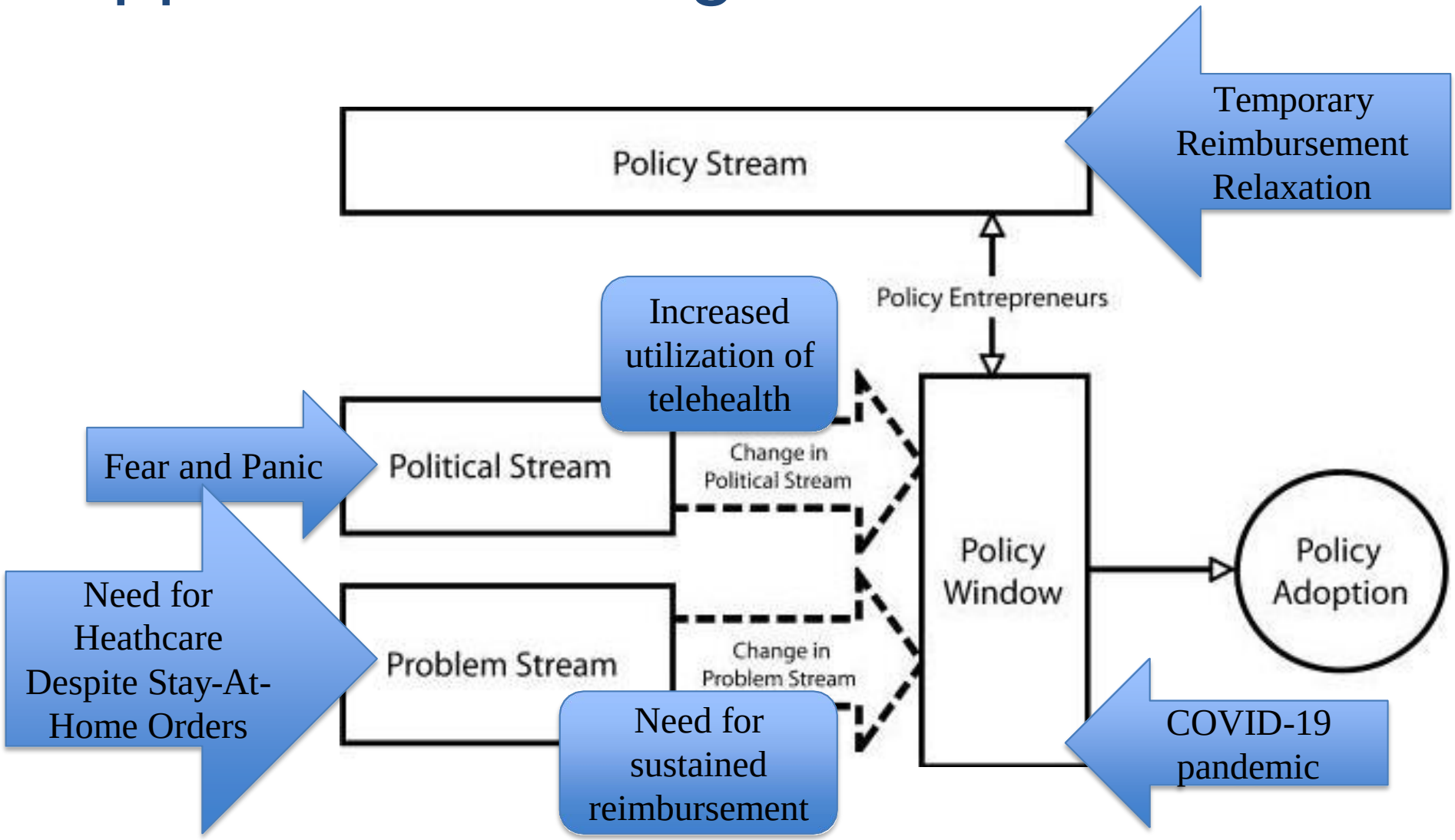
Opportunities	Threats
• **<u>Reduce health inequity and improve access through the expansion of telehealth reimbursement</u> (MDHHS, 2020b)** • 2.1 million Medicaid recipients in the state of Michigan that could benefit from expanded telehealth reimbursement (MDHHS, 2021) • Prenatal care and pediatric care telehealth expansion is a key area of opportunity for the Michigan Medicaid managed care program (MDHHS, 2020c)	• Michigan Medicaid has not expanded telehealth reimbursement for store-and-forward and remote patient monitoring when other states are reimbursed for these services; expansion could result in increased utilization and costs **(CCHP, 2020)** • **<u>There are some concerns that telephone visits could result in fraud, abuse, and unnecessary and lower-quality care</u> (Uscher-Pines et al., 2021)** • CMS indicated they may stop reimbursing for telephone visits when the public health emergency ends

Framework/Conceptual Model for Phenomenon

- **Kingdon's Multiple Streams Framework (Giese, 2020)**



Application of Kingdon's Framework



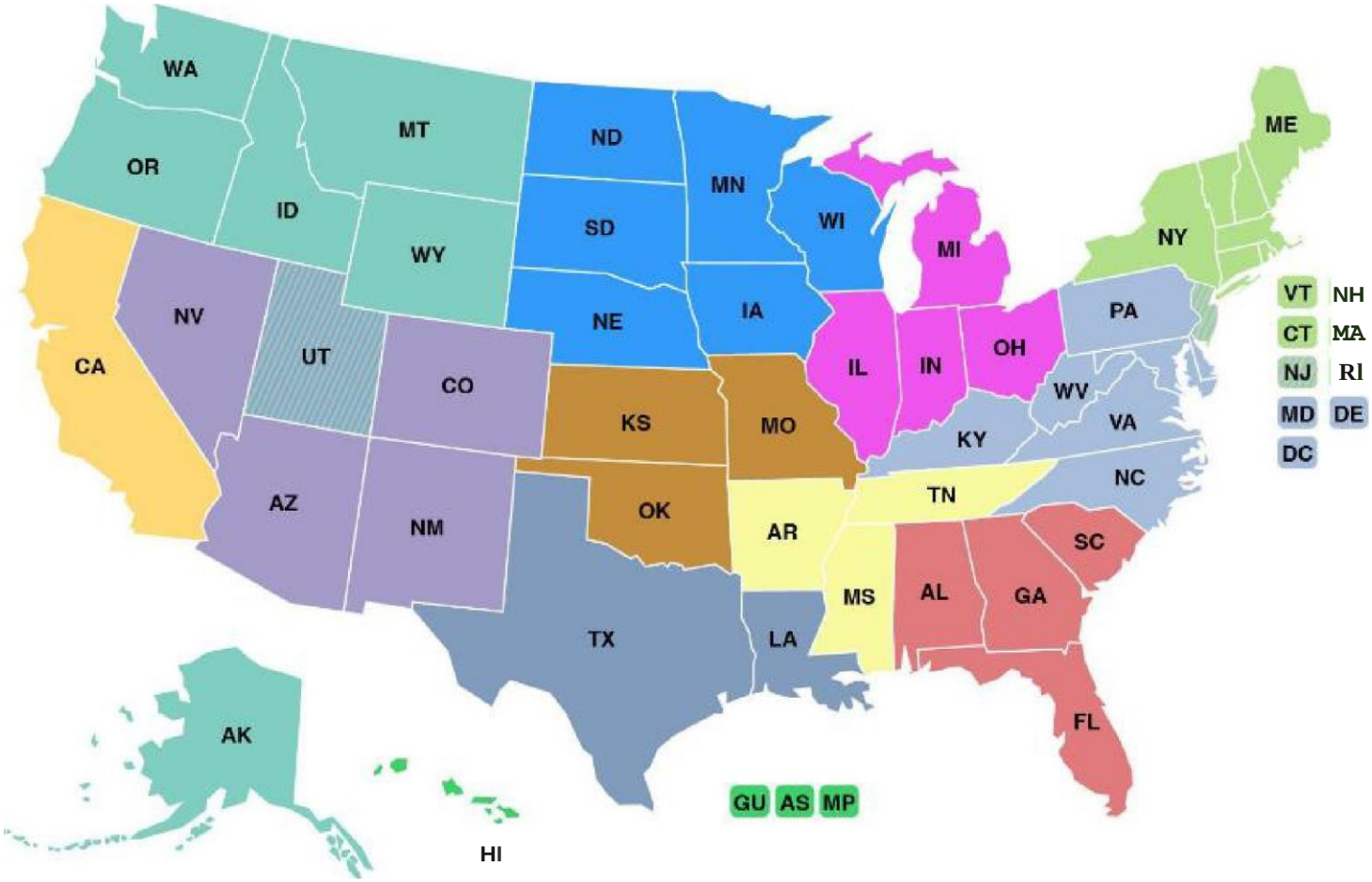
Key Stakeholders

- Medicaid beneficiaries
- Healthcare providers caring for Medicaid beneficiaries
- Local Michigan Medicaid advocacy groups
- MDHHS director
- Michigan governor and legislators

Project Purpose & Objectives

- Collect data on telehealth visits
  - EHR data
  - Survey data
- Review policies related to audio-only telehealth reimbursement for Medicaid beneficiaries within the Upper Midwest and North Central states

Telehealth Resource Centers



REGIONS

NORTHEAST	MID-ATLANTIC	SOUTHEAST	SOUTH	SOUTH CENTRAL	WEST CEN"fAAl
IJPPE.R: MIDWioST	NORIH CE.NTFiAl	SOUIHWEST	NOR:TH WEST	WEST	PACIFIC

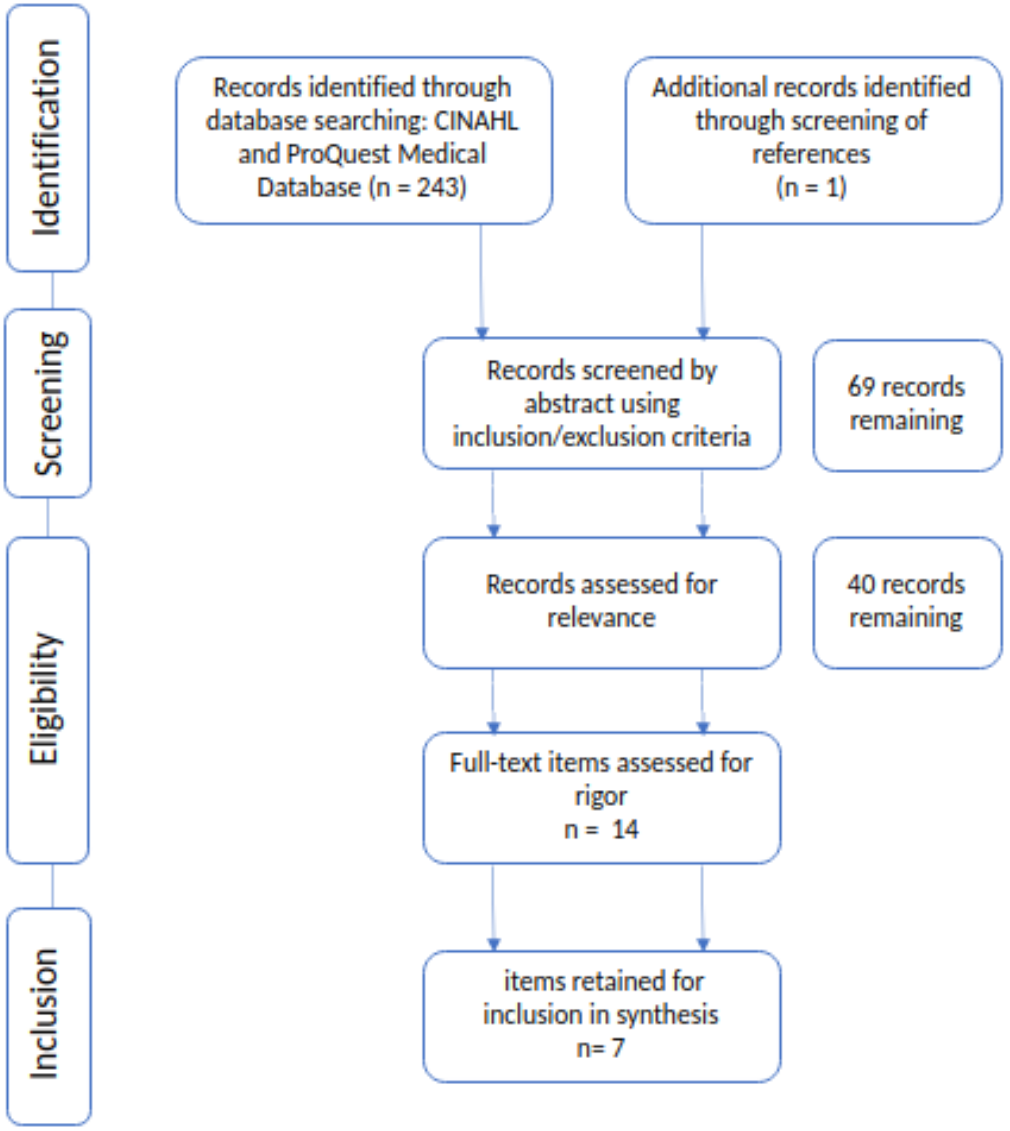
Clinical Practice Question

What clinician perceptions and information need to be included in a health policy brief to inform stakeholders about audio-only telehealth reimbursement for Medicaid beneficiaries in the State of Michigan?

Ethical Considerations

- IRB approval obtained (IRB letter available upon request)
- Data de-identified
- Implied consent obtained from survey participants prior to dissemination of survey
- State policy data collection was all publically available data

PRISMA Figure, Purpose, and Aims



(Moher et al., 2009)

Literature Review Purpose

- Does telehealth administered via audio-only mechanisms improve patient outcomes?
- Does telehealth administered via audio-only mechanisms contribute to improved clinician and/or patient satisfaction?

Literature Review: Quantitative Studies

Author/Year	Design (n)	Intervention	Outcome
Adhikari et al. (2020)	Retrospective study (n = 15)	Telephone-based telephysiotherapy	Repeated measures ANOVA determined that mean Numeric Pain Rating Scale for pain at rest ($p = 0.04$), pain at worst ($p < 0.001$), pain during ADL ($p < 0.001$), and pain during occupation ($p = 0.001$) improved after telephone-based telephysiotherapy.
Oddone et al. (2017)	Randomized control trial (n = 417)	Telephone-delivered health coaching vs. no coaching after health risk assessment	Logistic regression was used to evaluate telephone delivered health coaching with reported higher rates of enrollment ($p < 0.0001$) and participation ($p = 0.0004$) in a prevention program.
Voils et al. (2018)	Randomized control trial (n = 38)	Genetic counseling via telephone or video	Knowledge uptake after both telephone and televideo genetic counseling improved ($p = 0.2$). Televideo patients required a 2.8 hr. medium travel time compared to 0 hr. for telephone patients.

Literature Review: Qualitative Studies

Author/Year	Design (n)	Intervention	Themes Identified
Egerton et al. (2017)	Structured interviews (n = 11)	Telephone-delivered care support for knee osteoarthritis management	affordability, practicability (efficiency of referral and communication quality), effectiveness, acceptability (satisfaction), safety/side effects, and equity
Faija et al. (2020)	Structured interviews (n = 34)	Telephone psychological therapy	knowledge, skills, beliefs about capabilities, beliefs about consequences, emotions (satisfaction), professional role, social influences (communication), and environmental context and resources
Fournier et al. (2018)	Systematic review (n = 7)	Telephone genetic counseling vs. in-person genetic counseling	hereditary breast and ovarian cancer knowledge, psychological outcomes, genetic testing uptake, patient–counselor communication, cost, and patient satisfaction
Imlach et al. (2020)	Structured interviews (n = 38)	Accessibility to telehealth (both telephone and video)	ability to reach (convenience), ability to pay (affordability), and ability to engage (ease of technology use)

Results: Literature Review

- Efficacy of audio-only telehealth best practices:
  - Patient outcomes
  - Cost of care
  - Equity and access to care
  - Patient & clinician satisfaction
  - Communication between the clinician and patient
  - Knowledge uptake

Project Design

- Policy Analysis
  - Evaluation of the historical evolution of the policy and determination if there is still congruence within the context of the current social landscape
  - This review will focus on both macro-level and micro-level issues (Moran et al., 2020)
- Bardach's Eightfold Path
  - Use this 8 step problem-solving approach to clarify the problem and identify alternatives/solutions

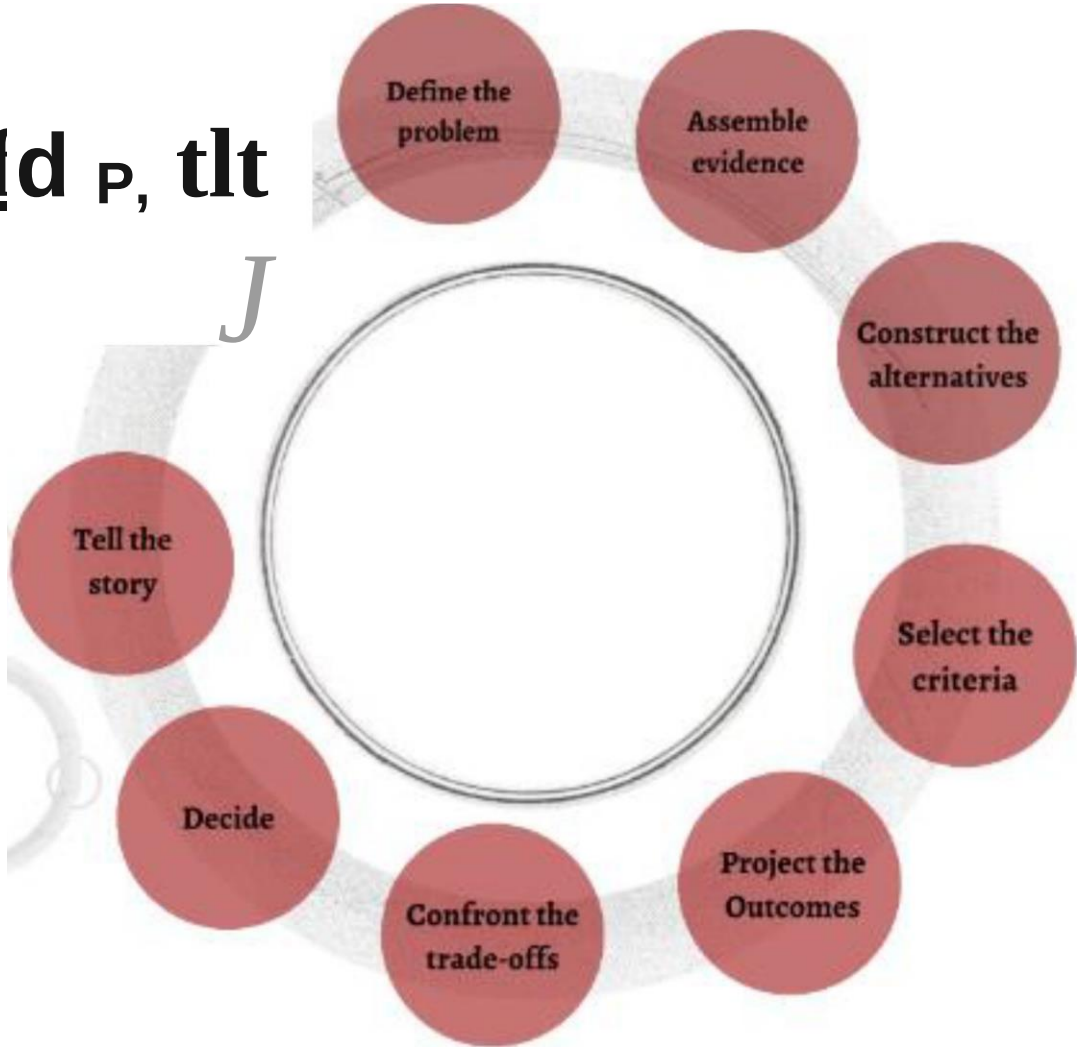
Setting and Participants

- Setting
  - Micro level: regional ambulatory clinic in rural Michigan
  - Macro level: State of Michigan/MDHHS
- Participants
  - Medical oncology providers
  - Medicaid beneficiaries at the microsite
  - Microsite business manager and director

Implementation Model

Bardach's Eightfd P, tlt

FO PU IC POLICY ANALYSIS



(Bardach, 2000)

Implementation Steps and Strategies:
Bardach's Eightfold Path

Step 1: Define the Problem	
Description	**Implementation**
• Gives a reason for the work and guides the evidence-gathering (Bardach, 2000)	• Organizational assessment • Literature review • Assess for readiness and identify barriers and facilitators (Powell et al., 2015) • Conduct local needs assessment (Powell et al., 2015)

Implementation Steps and Strategies:
Bardach's Eightfold Path

Step 2: Assemble Some Evidence	
Description	**Implementation**
• Involves time spent gathering data • Purpose is to accumulate evidence that will have an impact on existing beliefs (Bardach, 2000)	• Analysis of state practices in the North Central and Upper Midwest regions • Accumulated data on the prevalence of audio-only telehealth use at the microsite • Administered a survey to medical oncology providers to evaluate their satisfaction with audio-only telehealth and willingness to continue audio-only telehealth • Obtain and use consumer feedback and use data experts (Powell et al., 2015)

Implementation Steps and Strategies:
Bardach's Eightfold Path

Step 3: Construct the Alternatives	
Description	**Implementation**
• Construct the alternative course of action or policy option (Bardach, 2000)	• The alternatives being considered are to continue or not continue the temporary policies in place for audio-only telehealth reimbursement • Develop a formal implementation blueprint (Powell et al., 2015)

Implementation Steps and Strategies:
Bardach's Eightfold Path

Step 4: Select the Criteria	
Description	**Implementation**
• What are the evaluation criteria? • Is this projected outcome good or bad for the population (Bardach, 2000)?	• Equity criteria: How often is audio-only telehealth made available to Medicaid patients at the microsite? • Develop and organize quality monitoring systems (Powell et al., 2015)

Implementation Steps and Strategies:
Bardach's Eightfold Path

Step 5: Project the Outcomes	
Description	**Implementation**
• It is important to be realistic when considering the outcome measures. • It is impossible to be accurate regarding future results (Bardach, 2000)	• The vision of MDHHS is to **reduce inequity and enhance sustainability of healthcare access** for Medicaid beneficiaries in the state of Michigan. • Inform local opinion leaders (Powell et al., 2015)

Implementation Steps and Strategies:
Bardach's Eightfold Path

Step 6: Confront the Trade-Offs	
Description	**Implementation**
• What are the projected outcomes for each of the alternatives? • What are the unintended consequences (Bardach, 2000)?	• Fraud • Abuse • Unnecessary and lower-quality care • HIPPA violations (Uscher-Pines et al., 2021) • Change the liability laws (Powell et al., 2015)

Implementation Steps and Strategies:
Bardach's Eightfold Path

Step 7: Decide!	
Description	**Implementation**
• Which of the alternatives is the best option to solve the problem (Bardach, 2000)?	• The alternative being proposed is to continue audio-only telehealth reimbursement for Medicaid beneficiaries in Michigan • Conduct local consensus discussions (Powell et al., 2015)

Implementation Steps and Strategies:
Bardach's Eightfold Path

Step 8: Tell Your Story	
Description	**Implementation**
• Tell the story to the identified stakeholders and advocacy groups (Bardach, 2000)	• Health policy brief • Inform local opinion leaders including legislatures and MDHHS (Powell et al., 2015) • Present to UMTRC conference • Prepare patients/consumers to be active participants (Powell et al., 2015)

Evaluation and Measures

- Findings from EHR chart review
- Survey of providers that addresses satisfaction with audio-only telehealth and willingness to continue utilizing audio-only telehealth
- Findings from state policy analysis on telehealth reimbursement practices in Upper Midwest and North Central states by scoping:
  - Regional telehealth resource centers and Center for Connected Health Policy
  - Legiscan with key word “audio only”

Evaluation and Measures Continued

Topic	Concept	How Measured	When Measured	Who Measures
Implementation Strategies	Assess for change readiness	Discussion, EHR audit, observation	Pre implementation	Student and Business Manager
	Engage Stakeholders	Discussion	Pre implementation	Student
	Identify change agent	Discussion	Pre implementation	Student and Business Manager
Patient Outcomes	Equity at micro-level	EHR audit	Implementation	Student
	Healthcare access at micro-level	EHR audit	Implementation	Student
System Outcome	Willingness to continue use of audio-only telehealth at the micro-level	Implementation Survey	Implementation	Student
Regional Outcome	Compare other state's policies at the macro-level	Policy audit	Implementation	Student
Policy Outcome	Create a policy brief regarding audio-only telehealth	Policy audit, implementation survey, and EHR audit	Post implementation	Student

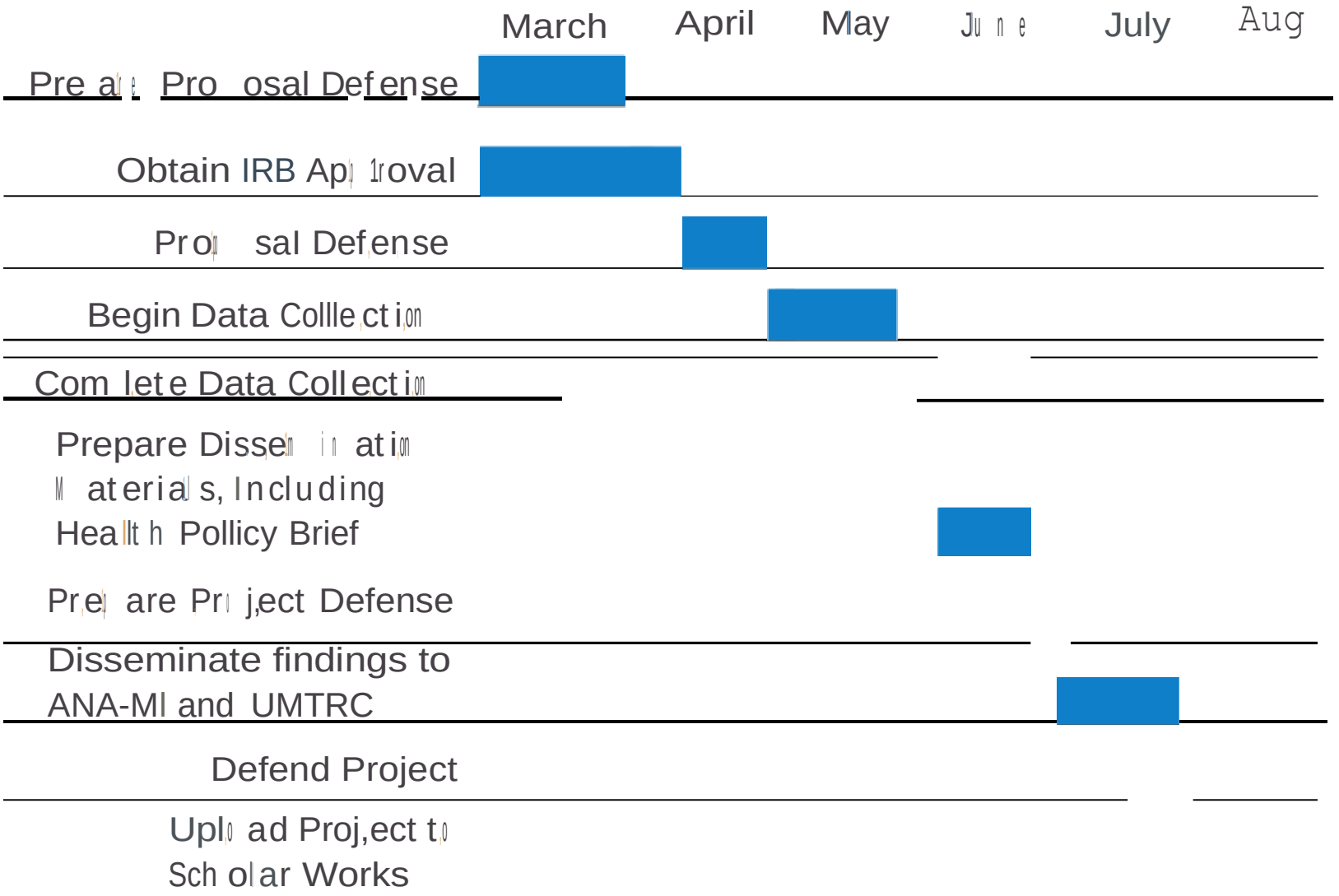
Analysis Plan

- Surveys and EHR data were assessed for statistical significance using SPSS data software
- The state policy analysis were presented in Excel format in order to give a visual depiction of the differences between these states

Proposed Budget & Resources

Cost Mitigation if one patient does not need to drive to their appointment:		
Average of 100 miles roundtrip to travel to microsite to seek care in person x 55.5 cents/mile reimbursement		**$55.50**
EXPENSES	**BUDGET**	**ACTUAL**
Project manager time at micro-site and state level (in-kind donation) 250 hrs x $37/hr *Note: time is based on the average salary of a project manager*	**($9,250)**	**($9,250)**
Consultations (in-kind donation) Meetings with project advisor and committee members *Note: based on average nursing faculty and administrator salaries*.	**($5,000)**	**($5,000)**
Loss of productivity due to stakeholder surveys Providers (medical oncology physicians, NPs, and/or PAs) *Note: based on average physician salary*	**$500**	**$500**
Legislator (net zero time) and ANA-MI staff time (in-kind donation) to read policy brief *Note: based on average legislator salary*	**($140)**	**($140)**
TOTAL EXPENSES		**$500**
Cost Mitigation if 1000 patients receive telehealth at home		**$55,500**

Gantt Chart: March 2021-August 2021

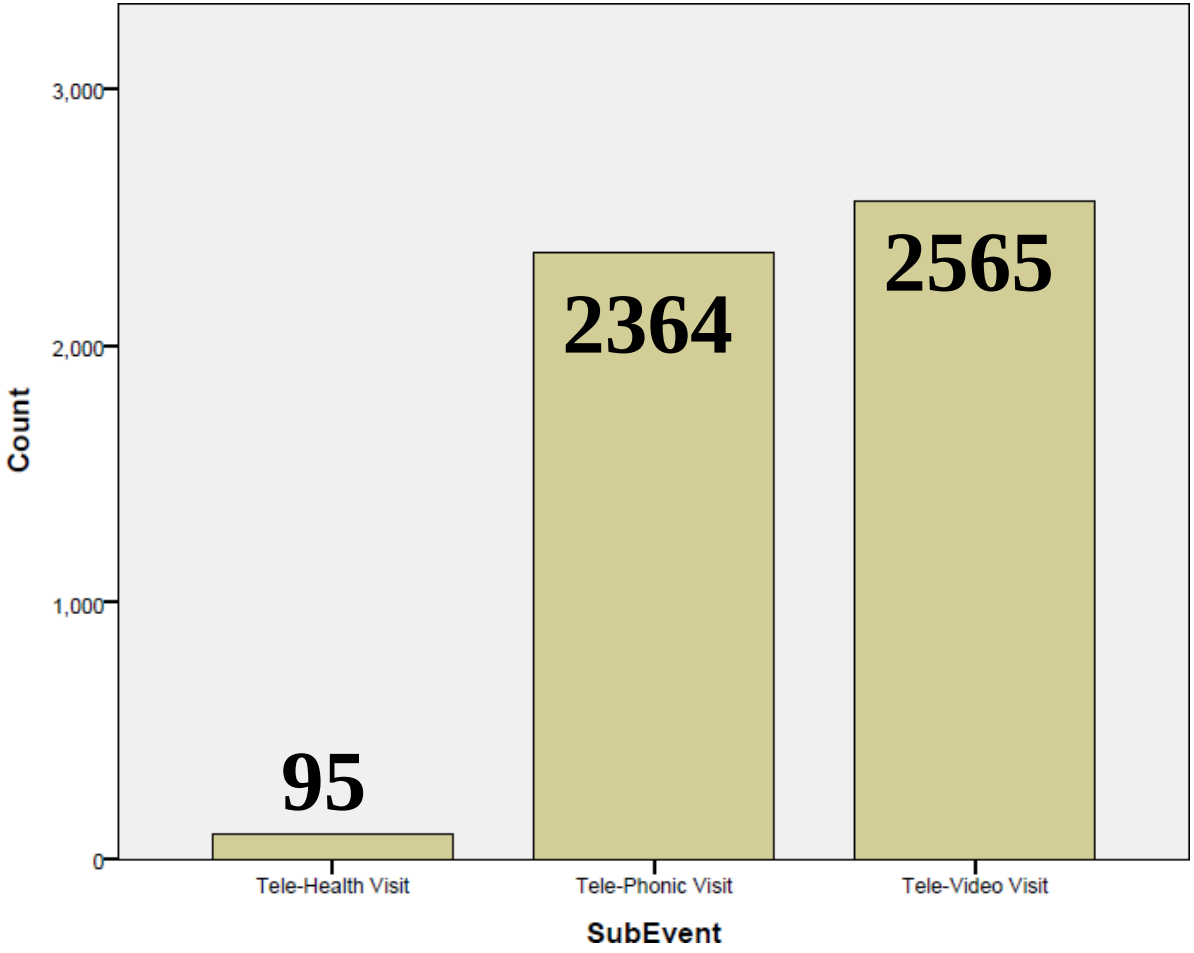


Results

- Visit summary from ambulatory clinic:
  - Almost 100,000 total patient visits annually
  - 5,024 tele-visits from 4/1/2020-5/21/2021
- Demographics:
  - 64% of patients who utilized tele-visits were 65 and older
  - 73% of patients who utilized audio-only telehealth were 65 and older

Results

Tele Visits for All Patients at Ambulatory Clinic



Quantitative Survey Results Ambulatory Clinic

Response rate: 6/16 (Parmanto et al., 2016)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Audio-only telehealth saves me time traveling to a hospital or specialist clinic.	2	1	2	1	0
It is simple to use audio-only telehealth.	1	4	1	0	0
I like using audio-only telehealth.	0	2	0	2	2
I could easily talk to the patient using the audio-only telehealth system.	1	4	1	0	0
I think the visits provided over the audio-only telehealth system are the same as in-person visits.	0	0	0	3	3
Audio-only telehealth is an acceptable way to administer healthcare services.	0	0	4	1	1
	Yes	**No**			
I would use audio-only telehealth after the pandemic is over.	4	2			

Quantitative Survey Results

	Audio-only telehealth saves me time traveling to a hospital or specialist clinic.	It is simple to use audio-only telehealth.	I like using audio-only telehealth.	I could easily talk to the patient using the audio-only telehealth system.	I think the visits provided over the audio-only telehealth system are the same as in-person visits.	Audio-only telehealth is an acceptable way to administer healthcare services.	I would use audio-only telehealth after the pandemic is over.
Chi-Square	0.667	3	0	3	0	3	0.667
p value	0.881	0.223	1	0.223	1	0.223	0.414

Qualitative Survey Results

- What is one barrier that would limit your use of audio-only telehealth?
  - Reimbursement
  - Inability to perform physical exam
  - Technology limitations
- Additional comments:
  - Useful for certain scenarios (follow-up care and education)
  - Cannot replace an in-person physical assessment

Policy Analysis Results

- Upper Midwest: 4 states; only Michigan does not have proposed legislation
- North Central: all 6 states have proposed bills

Policy Analysis Results

Behavioral health only	All care, provided it can be performed the same as in-person care
Nebraska	North Dakota
Wisconsin	Minnesota
	Iowa
	Illinois
	Indiana
	Ohio
South Dakota: not indicated	

North Central States

Plans for Continuation of Audio-Only Reimbursement After COVID-19			
State	**Yes/No/ Proposed**	**What type of care is reimbursed for?**	**Bill #**
North Dakota	Proposed	All care, provided it can be performed the same as in-person care	ND 1465
South Dakota	Proposed	Not defined yet	SD SB96
Nebraska	Proposed	Individual behavioral health services	NE LB400
Minnesota	Proposed	All care, provided it can be performed the same as in-person care	MN HF1412
Iowa	Proposed	All care, provided it can be performed the same as in-person care	IA HF431
Wisconsin	Proposed	Mental health therapy	WI SB306

Upper Midwest States

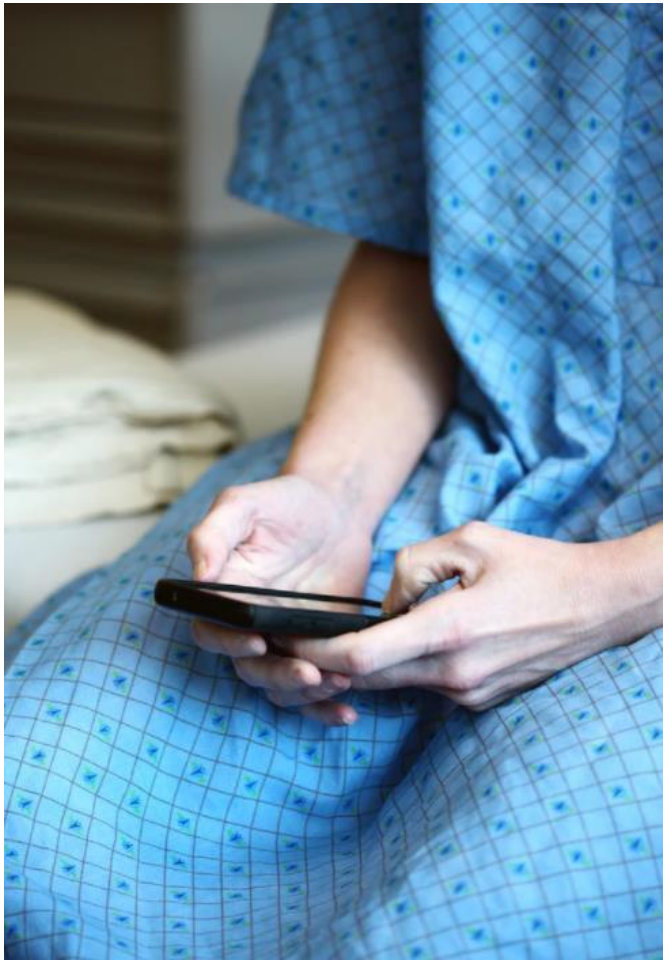
Plans for Continuation of Audio-Only Reimbursement After COVID-19			
State	**Yes/No/ Proposed**	**What type of care is reimbursed for?**	**Bill #**
Illinois	Proposed	All care, provided it can be performed the same as in-person care	IL HB3759
Michigan	No	NA	NA
Indiana	Proposed	All care, provided it can be performed the same as in-person care	IN HB1286
Ohio	Proposed	All care, provided it can be performed the same as in-person care	OH HB122

Limitations

- Survey sample size
- Lack of Medicaid patients at implementation site due to age of patients treated
- Variation in bills related to telehealth from state to state

Recommendations for Michigan

- Policy recommendation based on the data
  - Continue audio-only telehealth beyond the COVID-19 pandemic
  - Propose that all care be reimbursed for, provided it can be performed the same as in-person care



Sustainability Plan

- Sustainability is achieved through:
  - Dissemination of health policy brief (see appendix)
    - ANA-Michigan chapter
    - UMTRC
    - Michigan State Senator and State House Representative
  - Publication in Journal of Rural Health
- Success is largely determined by the impact these dissemination materials have on the stakeholder and advocacy groups

A Call to Action

- Medicaid beneficiaries are at risk for inequitable and inaccessible care (UMTRC, 2020)
- A policy window is open now to push forward policy adoption (Giese, 2020)
- Stakeholders have an opportunity to advocate for sustained reimbursement of audio-only telehealth

Reflections on the DNP Essentials

American Association of Colleges of Nursing

Essential	Example
I: Scientific Underpinnings for Practice	Literature review
II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking	Organizational assessment of the ambulatory clinic and MDHHS
III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice Competencies	Data collection and analysis

Reflections on the DNP Essentials

Essential	Example
IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Healthcare	Data evaluation and analysis
V: Health Care Policy for Advocacy in Health Care	Advocating for policy reform by presenting to the key stakeholders and advocacy groups
VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	Collaboration with stakeholders at microsite
VII: Clinical Prevention and Population Health for Improving the Nation's Health Competencies	Goal of this project was to improve access to care for Medicaid beneficiaries
VIII: Advanced Nursing Practice	Evaluating the link between practice and policy reform

References

Adhikari, S. P., Shrestha, P., & Dev, R. (2020). Feasibility and effectiveness of telephone-based telephysiotherapy for treatment of pain in low-resource setting: A retrospective pre-post design. *Pain Research & Management: The Journal of the Canadian Pain Society*, *7*. doi:10.1155/2020/2741278

Bardach, E. (2000). *A practical guide for policy analysis : The eightfold path to more effective problem solving*. Chatham House Publishing.

Canadian Foundation for Healthcare Improvement (2014). Accelerating healthcare improvement: CFHI assessment tool. Retrieved from https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/self-assessment-tool-2014-e.pdf

Center for Connected Health Policy (2020). State telehealth laws. Retrieved from https://www.cchpca.org/sites/default/files/2020-10/CCHP%2050%20STATE%20REPORT%20FALL%202020%20FINAL.pdf

Drees (2021). HHS stresses commitment to telemedicine fraud prevention. *Becker's Hospital Review*. Retrieved from https://www.beckershospitalreview.com/telehealth/hhs-stresses-commitment-to-telemedicine-fraud-prevention.htm

Egerton, T., Nelligan, R., Setchell, J., Atkins, L., & Bennell, K. L. (2017). General practitioners' perspectives on a proposed new model of service delivery for primary care management of knee osteoarthritis: A qualitative study. *BMC Family Practice*, *18*. doi:10.1186/s12875-017-0656-7

Faija, C. L., Connell, J., Welsh, C., Ardern, K., Hopkin, E., Gellatly, J., . . . Bee, P. (2020). What influences practitioners' readiness to deliver psychological interventions by telephone? A qualitative study of behaviour change using the theoretical domains framework. *BMC Psychiatry*, *20*, 1-16. doi:10.1186/s12888-020-02761-3

Fournier, D. M., Bazzell, A. F., & Dains, J. E. (2018). Comparing outcomes of genetic counseling options in breast and ovarian cancer: An integrative review. *Oncology Nursing Forum, 45*(1), 96–105. doi:10.1188/18.ONF.96-105

Giese, K. K. (2020). Coronavirus disease 2019's shake-up of telehealth policy: Application of Kingdon's multiple streams framework. *The Journal for Nurse Practitioners*, *16*(10), 768–770. doi:10.1016/j.nurpra.2020.08.015

Imlach, F., McKinlay, E., Middleton, L., Kennedy, J., Pledger, M., Russell, L., . . . McBride-Henry, K. (2020). Telehealth consultations in general practice during a pandemic lockdown: Survey and interviews on patient experiences and preferences. *BMC Family Practice*, 21, 1-14. doi:10.1186/s12875-020-01336-1

Laraia, K. & Worden, K. (2020). A Rural Healthcare System Expands Cancer Care with a “Hub and Spoke” Model. Retrieved from https://www.accc-cancer.org/docs/documents/oncology-issues/articles/so20/so20-a-rural-healthcare-system-expands-cancer-care-with-a-hub-and-spoke-model.pdf?sfvrsn=7a7a60ad_9

Michigan Department of Health and Human Services (2020a). *2020 adult medicaid health plan CAHPS report.* Retrieved fromhttps://www.michigan.gov/documents/mdhhs/2020_MI_CAHPS_Adult_Medicaid_Report_Final_701551_7.pdf

Michigan Department of Health and Human Services (2020b). *Comprehensive quality strategy 2020-2023.* Retrieved from https://www.michigan.gov/documents/mdhhs/Quality_Strategy_2015_FINAL_for_CMS_112515_657260_7.pdf

Michigan Department of Health and Human Services (2020c). *SFY 2018–2019 external quality review technical report for medicaid health plans.* Retrieved from https://www.michigan.gov/documents/mdhhs/MI2018-19_MHP_EQR-TR_F1_689146_7.pdf

Michigan Department of Health and Human Services (2021). *Medicaid and healthy Michigan enrollees: January 2021.* Retrieved from https://www.michigan.gov/documents/mdhhs/JE02_012021_MHP_715466_7.pdf

Michigan Economic Development Corporation (2020). Michigan secures $363 million in federal funding to increase access to rural high-speed internet. Retrieved from https://www.michiganbusiness.org/press-releases/2020/12/Michigan-secures-$363-million-in-federal-funding--to-increase-access-to-rural-high-speed-internet/

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *Public Library of Science Medicine, 6,* 1-6. https://doi.org/10.1371/journal.pmed.1000097

Moran, K., Burson, R., & Conrad, D. (2020). *The doctor of nursing practice project: A framework for success*. Burlington, MA: Jones & Bartlett Learning.

Oddone, E. Z., Gierisch, J. M., Sanders, L. L., Fagerlin, A., Sparks, J., McCant, F., . . . Damschroder, L. J. (2018). A coaching by telephone intervention on engaging patients to address modifiable cardiovascular risk factors: A randomized controlled trial. *Journal of General Internal Medicine, 33*(9), 1487-1494. doi:10.1007/s11606-018-4398-6

The Office of Governor Gretchen Whitmer (2020). *Gov. Whitmer signs bills increasing health care access into law.* Retrieved from https://www.michigan.gov/whitmer/0,9309,7-387-90499_90640-532866--,00.html

Parmanto, B., Lewis, A. N., Graham, K. M., & Bertolet, M. H. (2016). Development of the telehealth usability questionnaire (TUQ). *International Journal of Telerehabilitation*, *8*(1), 3–10. doi:10.5195/ijt.2016.6196

Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, *10*(1), 1–14. doi:10.1186/s13012-015-0209-1

Upper Midwest Telehealth Resource Center (2020). Michigan telehealth reimbursement summary. Retrieved from https://www.umtrc.org/clientuploads/Reimbursement/UMTRC_MI_Reimbursement_062020.pdf

Uscher-Pines, L., Sousa, J., Jones, M., Whaley, C., Perrone, C., McCullough, C., & Ober, A. (2021). Telehealth use among safety-net organizations in california during the COVID-19 pandemic. *Journal of the American Medical Association*, *325*(11), 1106–1107. doi:10.1001/jama.2021.0282

Voils, C. I., Venne, V. L., Weidenbacher, H., Sperber, N., & Datta, S. (2018). Comparison of telephone and televideo modes for delivery of genetic counseling: A randomized trial. *Journal of Genetic Counseling*, *27*(2), 339-348. doi:10.1007/s10897-017-0189-1

Survey Approval

Fmm: Adelheid Fisher
Sent: Sunday, April 18, 2021 1:30 PM
To: Parmanto, Bambang
Subject: Telehealth Usability Questionnaire

Hi Dr.

I am a doctorai candidate at Grand Valley State Uruvernity's Kirkhof College of Nursing oompieting a scholady project 011 polic y advocacy for audio-only telehealth reimbursement beyond the COVID-19 pandemic. I am in the process of developing a questionnaire for clmicians who currently utilize telehealth to better ooderstand their experience in using audio-only telehealth over the past year and happened upon your article, "Development of the Telehealth Usability Questionnaire.II I am hoping to receive penn ission to utilize a modification of your survey that takes into account the six usability attributes of a telehealth system. Let me know what else you may need from me ill order to obtain permission to utilize your survey.

I look forward to hearing from you.

Sincerely,
Adelheid !Fis her, RN, B -

From: <pannanto@pitt..ed u>
Date: Tue, Apr 27, 2021,. 9:57 AM
Subject: RE: Telehealth Usability Questionnaire
To: Adelheid Fi.sher <r ittmeya@mai1-gvsu.edu>

Apologie s for not responding sooner. Yes you have the permi.ssion to use T Q. You might find this resouroe website useful:

PITT Usabihffy Que sti onn aire

Bambang Pannanto, PhD
Professor and Chair
Department of Health Information Management
School of Health and Rehabilitation Sciences
niversity of P'ittsbur gh

Health Policy Brief

Telehealfh Po'licy Analysis: Re commel1da ioi1s to Improve Mediraid Rei mbui-se me1lt i11 Michigan

Adello d K". Frsner RN, 85/;l rittmeya@mail.gvsu.edu

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Background and Purpose

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Key Findings

Pritla- to th e p andemic,. m o.st states were not reimb ursin g for a udio--on l y te lelhe altli (CCHP , W 20)_ Curren tly-, th e p ande mic hatS in a e.a.sed th e a ma 1Jnt of nei mb ursem e nt fur te letie c1lt h se rvices ind udirng a ud io-on ly mo da lit ies. Po s.t1J ;:1r1de m ic, th e re is no Plan to maike th ese te mpo rary policie s pcerr mane ntr **[MDH ltS**, 20 20) .

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Resu lts/ Findings

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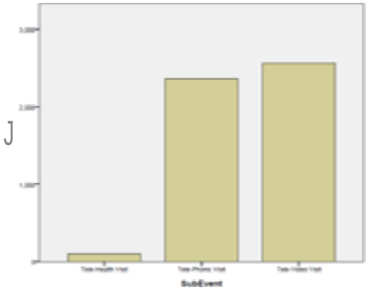

GRAND VALLEY STATE UNIVERSITY
KIRKHOF COLLEGE OF NURSING

Health Policy Brief

Th:e pro -.iicler :st1rvey w as based on a P'Ubfiished t:ele he alth usab il ity q uest io nnaiire e xa minin g the conce pts *oi* use .fuln ess , ease o use and lea rna bility, in terl ace qua lit y, reli b ilit ii, a nd sa t isfa dl io n an d fu tu re i .se (et a l., 2016) . Ap;pro -.ia l to use an adaptation of this quest ionn aiir e was ob-rai n ed fr D'm the primary a uth or Tne qualitat o,e ata collecte d reflects tlile e :-;p e r ie n ces of si:ic pro v ide rs a t the am bu latmy clink .. Th e dhe mes icile:nt ified wit h re ,ga rd s to b'3lr rier.:. t ha t wo uld lim it a 1.1d'io-on ly t:ele he a lth use in cl u d e:

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Some additiD"nal th e mes iden t ifie d fr o m com ments gi-.ie11 by pro viders in clu de :

- Au dio-on ly te le h:e::ilt h e:in be usefu l for c :e rt:ain sc:e na:nios
- A1.1dio -o n ly te le h ea lt h shou ld n o t rep lace an in--p e;rs.'()fl phy s ic a l ass e ss m e nt wh e n iit is w -311"ira nte-d

One prn -.iider oommentecl th at a u:dio -on lv t :ele he a lth wcn.J d be usefu l fo r certa in v isits sudi as s mvi-io r.sh ip and e d u cation wh:e re t he puirp DtSe is. t o pro r'llid e in fo rm a t io n to t h e pa tient . Su rvivors h i p ca re incl udes issues relate d t o fo llo w-u p ca re, la te o ru e-t: effects of t1 eat men t., im pro 'o'e me nt of qu alit }' o f life , and psyc holo gical a n d e.mot io riia l h e a lth.

All ten sta te po licies w e re e vailu ated with all ha v in g -:1ud ao- o n ly te le he a lt h p<1lic ies proposed t.o their s.t:at.e fegislat.□r to h.e e:..-tenu:le dl beyo n d th e COVID-t 9 pa de mic e xcep,t for the St3 te o f Mic higa n ts ee Ta b le). Be ca us e te 1J e ry state has varying de,gree.s of laia.gu a ge with re,ga rcl.s to th r bi ll a n d definition ott ele h e;3 Jt h, it'iws diffic u lt to b e com p le t e ly accurate witti these res ults t his data isaccurat e as l{}f 6/ 1.5/2 021 . The v.all ha ve 'lf.3:ryin.g d esgree .s of care that is planne d to be covered wit h mo,.rt prop osing th at .a·II ca re p rovided via .audio-o nly te le he a lt h be cov.erecl [Pro v ide d it ;3 n be pe rfo rme d tte same as in -p e r.son car e. Two t he mes wel'e id e nt ified ITo m the a n a lys is w it h rega r ds to th e typ e of c::1re t lilat is [Pl a n n e d t o b e c ov e red aft er th e pand .:em ic in each stat e .

- B.elila-.ii:ma he al th in d'ic at e d in two st ates :
  Ne b ras l a a nd Wisoons:in
- Co'o'e ra ,ge ir al care , pro -.ii:de d it c.rn be pe rfo rme d it he sa m e as iln- pe rson ca re:
  N□n h Dakot a, M ilil ne s.ota Iow a , Illinois, In d i nal a lilcl O hio
- Sci:uith Dakot a has not. ind ic :a t:ed yet \Wla t typ e of c:are w o u ld be c ov ,e red post [Pa nde mic . Each state is ! n a d iiff.er e n t :stage of a [Ppm v .al w it h in the le,gislatu re _

Plan for c.ont in uati a n a Aud a- o		Reimb:u!"j.emen'f	
Atrer rovm-rn			
:Sta te	Y"5/No/ P rapo.sed	¼!hat type of rare is reim b ll rsedlfo r	Bi U #
Great Pla in es Teleh eal ith Re so u rce a nd Ass is ta nce c:ent,er			
North D3l a:ta	Pro.posed	A.IIcare, prO'llid:Sdi't can be performed the-s2m.e as i n-PE1:son c :1 re	ND1465
South D:1J;a :t:1	Propo sed	Nat de iiined v,et	S DS B.96
Ne br.:1s. h	Prop osed	lndi ri dua l lbe ha\llDra E lilealtm services	NE LB400
Min ne sota	Pro.posed	A.II care, p rO'llid::d i't can be pe rf ormed t::he s ame as i n-ne1,son c are	MN HF14 1!.2.
la w .a	Prop osed	All care, p rovided it can be perfo rm':i!l the same as i n-Cl.et':son c :1 re	IA HF4.3'1!
wisca nsin	Propo sed		WI SM-06
Upp er Mi dw est irel e hea hh Res:ou r.ce Center			
Ill inois	Propo sed	All care, p rovided it can be pe rf ormed the same as in-pa -son c :1.re	IL HB3759
Michig an	Na .	NA	NA
Indian ●	Propos ed	A.IIcare, prO'lid-?d iit can be performed t::he sa.me as in-ne, -son c :1.re	IN HB 2 5
0 ruo	Pro.posed	A.IIcare, prO'llid:Sdi't can be performed the-s2m.e :p= in-n.::i.,.,.,-,.., .r:i r	OH H B 1 22

1Jis cussion

The qua ! it :at ive da.n c0:lle cte d fro m t he sur y-s s ho w e d! promising feedback with re,ga rd s to le s p -de nts' will:ngnes s. to uti liz.e a ud i□o nly te le he a lth .aft e!f" the p a r.d emi c Re:;pon-dents a l o agreed that a ud io- on ly te lehe alth s hould mot re place in-p e rs o n v is its .an dJ wo uld b e m o-st !be ne ficial wh e:re ca re co:ul d be p,ro'itded th rough au cllio-o nily t e le h e a lth ith:e sa m e a i c0 11.1ld have be en pro 'Jided in pe rso n.

The res ult s . fro m th e EHR audit. were also !be ne ficial in u n de rsta n dlin g how o fte n e:ich typ e of te le- i.ii.sit wa .s ut iliz e d . This c:l.ata h igh light ed tne fact th at aud io -<m ly t elehea lt h h;3s b e e lii ut ilize d -:tlm os t S.056 of th e ti m e th ro ugh o ut t he pa nde mic at this a mb u la:to d inic .

Rnam v. b::ised o n th e s.tate pa licy a na lys is it is. cle a lf tlha t most 51:at es illl th e Upp e, Mi:dwe.st -:in.-d North C-entt :a! states are pla n n ing to lre im burs e for all ca ire . pro 'Jide d it ran be !Pe rfo rme d the same as iln- pe rson ca ire . As.sl.lcti, th e re com me nd;3t i o n is fo r th e State of Michig -:in to co ntinue provi dlin g re im b u rs e:menit: IPOSt-pa nd e:mic to Me cficai d be nefic ia rie.s foT a u.dio-on lv te le h.:ea tt::h pro 'o'i ded it can be !Pe rfo rme d the s am e as i1n- pe r.son ca ire .

Ca ll to Action

W e ;3re at a crit ic .ail po i nit: in te le hea lth his.to ry wh e re a: p o li cy w indo w iiS ope11 g i'llirt.g us a n a ppo rt l!ln ity to pu sh forwa rd polic y a d:opt io rii ,(Giese, 2020), It is up •o us as te le he alt h poliC,' a dlv oc ates to u r ,ge t he State off Mich ig a n to art mow in 0lrcfer to aili.gn t he ir Yi:sio lil of de live ring hea lth and o pport unity to all Michig ande r, , le duci ng int erge ne rat io n a po -.ie rty a nd he alth in equiry b'f su sta inirlg re imb urs e me:11t for a u cllio- a n ly telehealt h (MDHH5, 2020)

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