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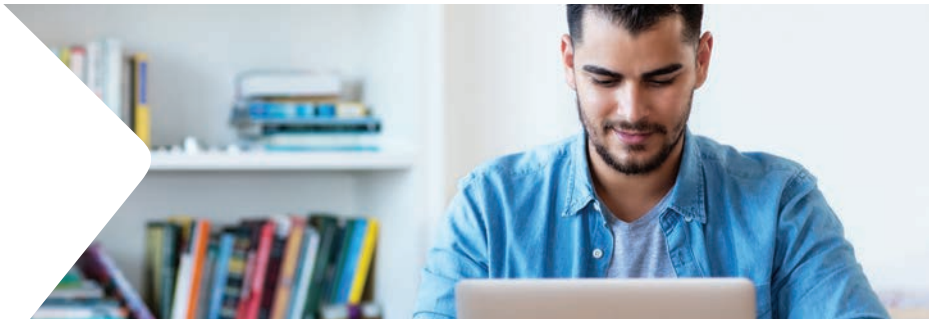


Telehealth & Implications for Asthma Care Coverage in Medicaid

Introduction

The American Lung Association's Asthma Guidelines-Based Care Coverage Project tracks coverage of and related barriers to recommended treatments and services for asthma in state Medicaid programs. Multiple state asthma programs and stakeholders are addressing gaps in access to guidelines-based asthma care, such as by working to improve Medicaid coverage of home visits and asthma self-management education.[1]

Research suggests that health outcomes for patients with asthma are similar whether healthcare is delivered remotely or in person.[2]

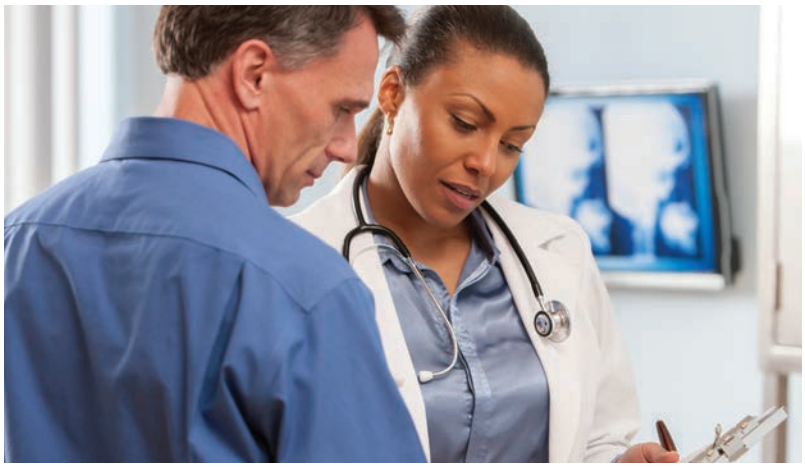
Research suggests that health outcomes for patients with asthma are similar whether healthcare is delivered remotely or in person.[2] During the COVID-19 pandemic, the use of telehealth has become widespread. Decisionmakers have eliminated virtually all financial, regulatory and technical barriers that limited the use of telehealth in the past. Most policy, clinical and electronic health experts believe that although telehealth coverage policies and adoption levels by providers or consumers may change once the pandemic subsides, the adoption trajectory of these technologies has been forever changed.[3]

This issue brief explores the regulations and policies that govern the use of telehealth in Medicaid programs, how those policies have changed since the start of the pandemic, the experiences of state asthma programs applying telehealth to care for individuals with asthma, and opportunities for state asthma programs to collaborate with their respective Medicaid partners regarding telehealth and asthma coverage.

What Is Telehealth?

Telehealth and telemedicine are often used interchangeably and generally refer to the use of electronic information and telecommunications technology to support long distance clinical healthcare and patient health-related education and support. The approaches most commonly used in telehealth include virtual visits via video, telephone or chat; ongoing online or mobile-based "chat" communications between the patient and healthcare provider; remote patient monitoring; and other technology-enabled communications between patient and provider.[4]

As a technology that extends clinicians' services and reach, telehealth has the potential to expand access, reduce costs and improve the quality of care. Provider shortages in geographically underserved areas can be mitigated by accessing services via telehealth. Sub-specialist, behavioral health, and other providers who are in short supply in many regions can serve more diverse consumers using telehealth. These services provide more convenient access



to care for individuals who either cannot travel to see a provider or who have limited time and might otherwise forego care. Telehealth offers a mechanism to provide better acute care follow up and support for ongoing education, monitoring, and adherence to chronic care management.

Policies and Regulations Governing the Use of Telehealth in Medicaid

Although telehealth promises to improve access and quality of care, its regulation is complex and varies greatly by state. Except for Medicare and narrow oversight from the Federal Communications Commission, the Food and Drug Administration, and the Federal Trade Commission, states are the hub of activity and control barriers with respect to coverage and adoption of telehealth. States legislate and regulate the practice of medicine including licensure and scope of practice, Medicaid coverage and payment policies, insurance plan oversight, network adequacy and consumer protection. Populations that can particularly benefit from telemedicine are important to state Medicaid programs – rural and urban residents, individuals without ready access to transportation or childcare, and those with behavioral health conditions. Medicaid Managed Care Organizations (MCOs) can be important innovators relative to telehealth services.

The American Telemedicine Association (ATA)[5], the Center for Connected Health Policy (CCHP)[6] and the Federation of State Medical Boards (FSMB)[7] have done extensive work tracking and compiling information on state laws and state Medicaid regulations that impact telehealth including a policy lookup tool on the CCHP website with links to state-specific telemedicine policies. Some states have incorporated telehealth-related policies into law, while other states address them in Medicaid program guidelines. **These websites are useful for state asthma programs and stakeholders that want to know more about their state's telehealth regulations.** The requirements change frequently so updated resources (like those found at these sources) are important.

All 50 states and the District of Columbia provide some sort of reimbursement for telehealth in Medicaid fee for service programs.[8] Some, however, base coverage on a prescribed set of health conditions or services, place restrictions on patient or provider settings, place restrictions on the frequency of telemedicine visits, or exclude services performed by other medical professionals. See **Box 1** for more information on key terminology used in telehealth policies.

BOX 1: KEY TERMS

Telehealth (or telemedicine): the use of electronic information and telecommunications technology to support long distance clinical healthcare and patient health-related education and support.

Distant Site: the place where the provider is located at the time of service

Originating Site: the place where the patient is located at the time of service

Parity: (Private Insurance, Medicaid and State Employee Health Plans): Existence of comparable coverage for telemedicine-provided services to that of in-person services

Currently, 41 states and the District of Columbia have Medicaid contracts with MCOs. State Medicaid departments and their contracted MCOs may exercise latitude beyond their Medicaid fee-for-service requirements and ask for telehealth to address rural provider shortage or disability issues. Several plans include telehealth services in their network management, care management and quality management programs beyond what the state Medicaid agency requires.

Recent Changes in Telehealth Policy

The Centers for Medicare and Medicaid Services (CMS) released a toolkit for states[10] to help accelerate the adoption of broader telehealth coverage policies in Medicaid and the Children's Health Insurance Program during the pandemic. It explained that states have a great deal of flexibility with respect to covering telehealth services. States have the option to determine whether to utilize telehealth, the types of services to cover, locations where it can be utilized, how it is implemented, what types of practitioners or providers may deliver services (as long as such practitioners or providers are "recognized" and qualified according to Medicaid federal and state statute and regulation), and reimbursement rates.

In addition to their standard monitoring and reporting on information on state telehealth coverage mentioned above, the Federation of State Medical Boards maintains a list of specific modifications for telehealth requirements in response to COVID-19,[11] as well as a list of state and territory COVID telehealth waivers,[12] and the Center for Connected Health Policy also maintains a list of COVID-19 related state actions.[13]

The removal of policy barriers is temporary during the COVID-19 pandemic; however, some states have made their telehealth policies permanent. For example, in Colorado, to facilitate the safe delivery of healthcare services to members throughout the COVID-19 state of emergency, Health First Colorado (Medicaid) authorized temporary changes to the existing telemedicine policy. In June 2020, the Colorado Legislature passed SB-212 to make the emergency rules permanent.[14]

Telehealth & Guidelines-Based Asthma Care

With funding from Centers for Disease Control and Prevention (CDC)'s National Asthma Control Program, health departments develop dedicated asthma programs that work to ensure the availability of and access to guidelines-based medical management for all people with asthma and to address the interaction of public health and healthcare. Three state programs shared strategies they started using during the pandemic to bring telehealth to asthma patients.

Connecticut[15]

The mission of the Connecticut State Department of Public Health Asthma Program is to reduce asthma associated morbidity and mortality and improve the quality of life for Connecticut residents living with asthma. That mission is achievable with collaborative partnerships from all sectors: healthcare, schools, community health centers, housing, energy assistance, and advocates at town, regional, and state levels.

Connecticut's Putting on AIRS is an evidenced-based, comprehensive home visiting program that combines intensive self-management asthma education, environmental assessment of asthma triggers, recommendations for remediation, and referrals to housing assistance and weatherization programs through the Healthy Homes Programs. The Connecticut Asthma Program partners with six contractors (local health departments and one hospital medical home) who coordinate referrals, enrollments, visits, communications with health providers, and linkages to community and health systems. The program is currently designed for families of children with poorly controlled asthma and consists of three in-person (or virtual) visits and follow-up phone calls over six months. During the COVID-19 pandemic, the program transitioned to a telehealth (virtual) program.

On March 10, 2020 all in-person visits were ceased due to the COVID-19 pandemic, leading to a search for alternatives. Local health departments had to deploy most of their staff to assist with COVID-related activities and consequently, the Connecticut Asthma Program and partners began to explore telehealth platforms. Asthma educators and environmental education specialists reviewed available webinars by other state programs and the Green and Healthy Homes Initiative[16] to determine how to modify the Putting on AIRS' consent and release of information processes, the delivery of asthma education and the assessment of environmental triggers. Asthma Program Coordinators trained Putting on AIRS staff in mastering the use of technology, telehealth etiquette, and supporting families in engaging in telehealth. Initially, some families referred to the Putting on AIRS program did not have internet access or a laptop. These issues were resolved when the governor worked with internet providers to keep low-income families connected, and when every student in need from K-12 received a laptop.

By Fall 2020, four of the six asthma contractors had the capacity to engage in telehealth for asthma education, environmental assessment, and remediation referrals. With a low number of referred children with poorly controlled asthma, additional efforts were made to promote the virtual program to health providers. From March 2020 through February 2021, 104 children with poorly controlled asthma were referred to the program, and asthma contractors conducted 89 virtual visits. These numbers were encouraging and allowed the Connecticut Asthma Program to reflect on the benefits of telehealth. Advantages included reduction of costs such as transportation and staff time, in addition to a higher degree of safety for the staff. However, close to 50 percent of the participants did not complete the entire Putting on AIRS program. Since April 2021, all six asthma partners have provided virtual asthma visits. The Connecticut Asthma Program anticipates that the number of participants will continue to increase using this telehealth strategy.

Missouri[17]

Established in 2001, the Missouri Asthma Prevention and Control Program links schools, communities, providers and health plans to provide and build comprehensive statewide asthma control systems through school nurse training and care coordination, improving healthcare quality through guidelines-based care, and home environment assessments and improvements. Integrating clinical care and public health yields strong partnerships and innovative interventions for improved asthma outcomes in the pediatric population. Continued improvement in systems of care and changes in policy have improved the quality of life and decreased direct and indirect economic losses attributed to asthma. Medicaid has been an important partner to the program for over a decade, allowing access to data, direct lines of communication and the ability to clarify provider questions and issues quickly for information dissemination.

The Missouri Asthma Prevention and Control Program has worked with their partner, Asthma Ready Communities, to provide asthma telehealth ECHOs (Extension for Community Healthcare Outcomes).[18] The ECHO model uses videoconference technology and enabling software to connect providers in underserved communities ("spokes") with teams of specialists and experts at regional, national, and global centers (the "hub") for long-term telementoring, collaboration, and case-based learning on urgent social topics and conditions. In Missouri, asthma telehealth ECHOs included sessions focused on families' needs for self-management education (particularly related to trigger reduction) and ongoing adjustment to job loss, financial struggles, mental health and resource challenges.

The Missouri Asthma Prevention and Control Program also has promoted standardized asthma checkups via telehealth to school nurses. Weekly sessions with school nurses from a large urban school district were offered by a skilled school asthma education trainer and an expert multidisciplinary team including clinicians experienced with asthma telemedicine. Initial challenges included inability for families to connect, but virtual classrooms addressed this barrier early on. When schools reopened, telementoring (training) calls were organized to introduce an alternative approach to medication administration through nebulizer use at school during the pandemic. Finally, more than 100 Missouri participants completed the Association of Asthma Educators' national training course, "Becoming an Asthma Educator and Care Manager©" via teleconference format, which included resources for providing telehealth services and an inventory of current health home services for children with asthma.

The Asthma Friendly Home Program from Children's Mercy Hospital in Kansas City presented "Home Environmental Assessments for Asthma Patients" as an ECHO session, including ideas for effective asthma telehealth or virtual visits:

- Visit etiquette protocol for web-phone calls and preparation for virtual assessments
- Sending photos of home environmental assessors prior to visits
- Introductory phone calls to obtain environmental health history
- Obtaining symptoms and information on the child's current health

Presenters urged review of asthma self-management education during the virtual assessment walkthrough and data collection. The Asthma Friendly Home Program administered a survey at the end of the virtual visit to identify resources addressing social determinants of health which allows families to choose applicable and eligible local services or resources and sends rapid referrals to partnering agencies.

In addition to providing training to health professionals and assessors, the Missouri Asthma Prevention and Control Program's partner Southeast Missouri State's Center for Environmental Analysis has provided home assessments via telephone and telehealth. In March 2020, the Center amended the in-home assessment procedures to include an initial telephone conversation directed by the asthma questionnaire before the in-person home visit. The pre-interview established rapport and engaged the patient or caregiver in the process to assist them to feel more secure in participation in the program. These strategies increased receptivity to information regarding behavior and condition change within the home. In addition, the pre-interview established a baseline understanding of the home environment and neighborhood, social and cultural determinants that affect participant's ability to implement repairs, and a clear understanding of the patient's knowledge of their medical treatment regimen.

The Missouri Asthma Prevention and Control Program and partners adapted to provide care, education and home visits in ways that might have taken many more years without acceleration from the COVID-19 pandemic. While changes are still considered temporary, the program will advocate to keep asthma telehealth benefits in place.

Ohio[19]

Ohio's Asthma Program, part of the Ohio Department of Health's Bureau of Maternal, Child, and Family Health, works to reduce asthma hospitalization rates and asthma disparities for racial and low socioeconomic groups, and works to raise awareness and share information about asthma causes, triggers, and management.

One of the Asthma Program's projects to support guidelines-based care is the Asthma Home Assessment Project. When the project launched, high needs children with asthma received a treatment plan that included necessary and reasonable interventions to improve asthma outcomes. Some interventions required home remediation, which was funded separately.

Community health workers (CHWs) received training for this project and conducted home visits. At each home visit or follow-up visit, the CHW reviewed the Environmental Protection Agency (EPA) Asthma Home Environment Checklist[20] with the caregiver and obtained a Child Asthma Control Test Score,[21] while also ensuring children were seen by a primary care physician and a pulmonologist. A social needs screening was used to identify and execute referrals for follow-up actions to address social determinants of health. CHWs ensured that all students had a written asthma action plan with a copy provided to the school health office.

The Virtual Home Assessment project goals are to improve asthma control for children as evidenced by a reduced number of emergency department visits, reduced number of hospital visits, increased Child Asthma Control Test scores, improved asthma medication ratios, and reduced self-reported missed school days.

The Asthma Program did not extend virtual care into schools as originally envisioned due to capacity issues with contractors and the schools, many of which didn't reopen in Ohio until March 2021. In addition to finding capacity to be a barrier, Ohio also cited challenges including technology access (platform, availability of phone/camera/tablet/PC internet/Wi-Fi access), lower consent rate for virtual visits than home visits, the inability to assess all factors virtually (use of medication, seeing all rooms, etc.), higher attrition rates for the program and inability to establish a relationship with family (due to a different connection virtually).

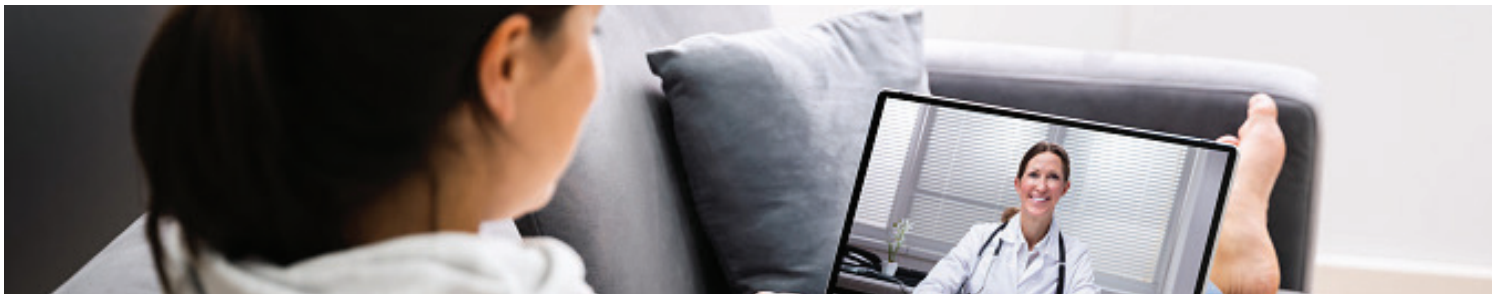
In 2019, the Asthma Program convened a diverse group of stakeholders called the Healthcare Payer Work Group. Members consisted of representatives from Ohio's health plans, Ohio Department of Medicaid, Partner for Kids (an accountable care organization), and Nationwide Children's Hospital. The program worked with the work group and their home assessment contractors to lay the groundwork for the development of a tool that ensured a common understanding of home assessment results. The Virtual Home Assessment Project will share outcomes with Medicaid and with payers so they can consider adoption of interventions with demonstrated ability to reduce costs and improve quality. Today, the goal is to move the Virtual Home Assessment Project from pilot to widespread coverage by the managed care organizations in Ohio.

Telehealth Themes, Challenges and Opportunities for State Asthma Programs

The three states highlighted in this issue brief each allowed providers to offer telehealth visits to asthma patients during the COVID-19 pandemic through formal Medicaid policies or executive orders. However, these state asthma programs innovated to use telehealth to provide other guidelines-based services. They were each able to adapt provider training, patient self-management education, home environmental assessments, and referrals to community and healthcare organizations using telehealth as the medium. All three states have plans to continue the telehealth services under hybrid models after the pandemic.

The challenges of the transition to telehealth were consistent across all three states, starting with the capacity of public health departments and other health care entities during the pandemic and a reduction in referrals from healthcare providers. Technology barriers were often solved by the states in the interest of supporting students with online school. The newly adapted home visits or self-management education both experienced lower consent, higher attrition and challenges related to establishing relationships virtually.

While asthma programs have made great strides in using telehealth to deliver guidelines-based asthma care, efforts to partner with Medicaid on this work are typically in the early stages. Although the majority of participants enrolled in state asthma program initiatives are Medicaid recipients, typical barriers include competing demands for Medicaid staff, limited time for collaboration, and the challenges of working across siloed state agencies. However, partnerships with Medicaid demonstrates significant benefits, including access to Medicaid claims data, a direct line of communication between agencies to clarify telehealth coverage and other issues, and the ability to quickly disseminate information to partners. The American Lung Association brief, Advancing Guidelines-Based Asthma Care: Collaboration with State Medicaid Programs[22] offers best practices for working with Medicaid programs to advance coverage of guidelines-based asthma care.



Conclusion

Many public health experts believe that changes to telehealth policy and practice over the past 12 months are likely to continue. Therefore, supporting increased access to telehealth during and after the COVID-19 pandemic is critical. Temporary and permanent telehealth policy changes have addressed physician visits and reimbursement, and state asthma programs implemented telehealth for self-management education, home assessments, referrals to services and trainings. State asthma programs identified common barriers and challenges related to their virtual work during the pandemic, developed solutions and found positive aspects to these changes.

As state asthma programs and stakeholders contemplate options to keep virtual visits and training available post-pandemic, and the creation of hybrid models to improve coverage for guidelines-based care in Medicaid programs and managed care organizations, they will need to consider telehealth and the evolving policy landscape in this area.

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Appendix: Telehealth Resources

The American Telehealth Association, including:

- "Telehealth: Defining 21st Century Care." https://www.americantelemed.org/resource/why-telemedicine/
- "Telehealth is Health." https://www.americantelemed.org/

The Center for Connected Health Policy, including:

- Calouro, Christine and Veronica Collins. "State Telehealth Laws and Reimbursement Policies." CCHP, 2021. https://cchp.nyc3.digitaloceanspaces.com/2021/04/Spring2021_ExecutiveSummary.pdf
- "Understanding Telehealth Policy." https://www.cchpca.org/
- "Telehealth in the time of COVID-19." https://www.cchpca.org/covid-19-actions/

Centers for Medicare and Medicaid Services, including:

- "Managed Care Organization HIE Policy." https://www.medicaid.gov/medicaid/data-systems/health-information-exchange/managed-care-organization-hie-policy/index.html.
- "State Medicaid & CHIP Telehealth Toolkit," 2020. https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf.

Federation of State Medical Boards, including:

- "State and Territory COVID Telehealth Waivers." March 3, 2021. https://www.fsmb.org/provider-pass/SysSiteAssets/pdf/state-by-state-emergency-telehealth-information.pdf
- "U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19." March 31, 2021. https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf

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[7] "Protecting the Public," FSMB, https://www.fsmb.org/.

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[21] https://www.asthma.com/understanding-asthma/severe-asthma/asthma-control-test/

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