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Telemedicine is here to stay

By Karen Dandurant

news@seacoastonline.com

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PORTSMOUTH – Just about every provider who began using telehealth during the COVID-19 pandemic found it to be a safe and efficient way to “see” patients while minimizing exposure to the virus.

State and federal legislators agree and are finding ways to help keep telemedicine services going even after the pandemic.

On March 18, as part of a series of emergency orders issued by Gov. Chris Sununu relative to COVID-19, was an order that temporarily expanded telehealth services in New Hampshire. The order allowed health care providers the right to use telehealth for their patients while still being reimbursed by insurers the same as if the visit were face-to-face.

Doctors who were using telemedicine had one qualm about continuing. They feared that when the governor’s order expired, they might not receive adequate reimbursement for televisits.

HB 1623, which has passed both the New Hampshire House and the Senate, removes that fear. It enables reimbursement parity and allows providers to continue billing Medicaid and commercial insurers the same rate as they would for a face-to-face visit. The bill includes video, audio, or combinations of both and covers all areas on health care, including primary care, dentists, mental health, behavioral health, substance use disorders, dietitians, and home monitoring services.

Gov. Sununu said he will sign the bill when it reaches his desk.

“Expanding telemedicine has been critical during this time of crisis and proven to be a helpful and important tool for providers and patients to have for the long term,” Sununu said.

“Expanding these services permanently will help streamline our health care system by breaking down burdensome regulations.”

Jay Couture, Executive Director of Seacoast Mental Health Services, said her organization strongly supported HB 1623.

“We are receiving a grant for technology and we are excited to continue using telehealth visits,” said Couture. “We are pleased that we will be able to continue to bill for this service and that it did not restrict us to licensed counselors. We have a lot clinical staff that we hire right out of school, before they are ready to take the licensing exam. They are overseen by licensed clinician as they learn. We are a good training platform for them. This bill makes a huge difference to us.”

Couture said they use telehealth for day-to-day case management and it is helping greatly to keep in touch with their clients, who might have transportation or childcare issues that would prevent them from keeping their appointments. She said most of their psychiatry staff is doing telehealth visits.

“Telehealth is not a replacement for all services,” said Couture. “But it is making a difference right now and we can see it moving forward, for clients who do not have access, or maybe not enough data for video, they can be reached using the telephone.”

One important feature of telehealth right now is the ability to keep track of kids eligible for SNAP services, providing food for kids not able to access free or reduced lunch programs right now.

“We can help make sure they are fed,” said Couture. “To be able to have the same parity as face-to-face is everything for us. We can show the same value with telehealth as with in-person visits.”

Jeffrey Austin, Vice President of Government Affairs and Communications for the Maine Hospital Association, said they have long recognized the importance of telemedicine in a state with a lot of rural areas, and as a result, the state already has pretty strong telehealth laws on the books.

“We have not had a legislative session since COVID-19 struck, so we were lucky much of this was already in place,” said Austin. “Maine Care Teledata has shown a dramatic spike in usage since the pandemic struck.”

Austin said both the governor and the Maine Bureau of Insurance did take some steps to make sure commercial carriers were allowing telehealth visits, including an order that commercial insurers will reimburse at the same rate as in person visits and clarifying that telephone visits are allowed in addition to video conferences.

“We already have parity in reimbursement for the most part,” said Austin. “We do not see it as a replacement, but as a substitution of services. I think everyone seems happy with telehealth but at times a person still need to see a doctor face-to-face.”

Telemedicine requires the right tools and that means a need for funding.

Last week U.S. Sen. Jeanne Shaheen, D-NH, a senior member of the Senate Appropriations Committee, U.S. Sen. Maggie Hassan, D-NH, and Reps. Annie Kuster, D-NH, and Chris Pappas, D-NH, announced the award of \$907,383 to the Community Health Access Network in Newmarket to strengthen and expand telehealth services for Granite Staters in the Seacoast region and across New Hampshire.

The funding, which was awarded through the Federal Communications Commission’s COVID-19 Telehealth Program, was provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was passed by Congress and signed into law. The award will be used to help cover costs associated with remote patient monitoring equipment and software, computer hardware and broadband service.

Joan Tulk, Executive Director of the Community Health Access Network said they are thrilled and cannot wait to put the money to work for New Hampshire residents.

The Community Health Access Network (CHAN) is the only Health Center Controlled Network (HCCN) in New Hampshire. Established in 1995, CHAN has developed and supports an integrated clinical and administrative system infrastructure for its ten Federally Qualified Health Center (FQHC) members which includes three Healthcare for the Homeless Programs.

“The money will serve to help several of our community health centers and their patients,” said Tulk. “We have other partners but some of them chose to apply for grants on their own.”

Centers that will benefit from the technology upgrades are Greater Seacoast Community Health, Lamprey Health Care, Amoskeag Health Center, Health First, and Coos County Family Health Services.

“The purpose of this grant is to help connect the health care provider with the patients for all kinds of telehealth visits,” said Tulk. “It is for COVID-19 patients and for managing chronic health diseases that didn’t go away when COVID hit. We are finding that most people, on both sides, really love telehealth.”

Tulk said telehealth is really important for community health centers since they do a lot of wraparound services including medical, dental, and mental health.

“The primary reason for this FCC grant was COVID-19,” said Tulk. “But we can use the money many ways, including helping to set up access if a patients does not have the capability, if they can’t afford it. We can use it help provide monitoring services between a patient and their doctor. Blood pressure, pulse oximeters and other vital health care signs can be monitored remotely.”

The biggest success Tulk has seen with using telehealth visits in the area of behavioral health.

“Mental health, substance use cases typically have a 30% no-show rate,” said Tulk. “Now that rate is zero. Impediments to the patient coming in have been removed.”