

HCPF Telemedicine Innovation, Outcomes, and Challenges

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Overview

- HCPF's telemedicine policy changes during the PHE
- Utilization highlights from HCPF's telemedicine evaluation
- No-show rates during the PHE
- Discuss HCPF's current work
 - e-Health Entities
 - eConsults



Telemedicine Policy Changes

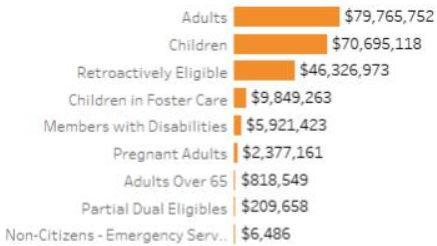
	Pre-Pandemic Period	Pandemic Period
Modality	Audio/visual (video)	Audio/visual (video), audio only, live chat
Provider Type	Federally Qualified Health Center (FQHCs), Rural Health Clinics (RHCs), Indian Health Services (IHS) could NOT bill a separate encounter	FQHCs, RHCs, IHS CAN bill a separate encounter
Payment Parity	In-person paid same as telemedicine.	In-person paid same as telemedicine.

Utilization Dashboard

Outpatient and Professional Services Eligible for Telemedicine

Service Type
■ Not Telemedicine
■ Telemedicine

Eligibility Category



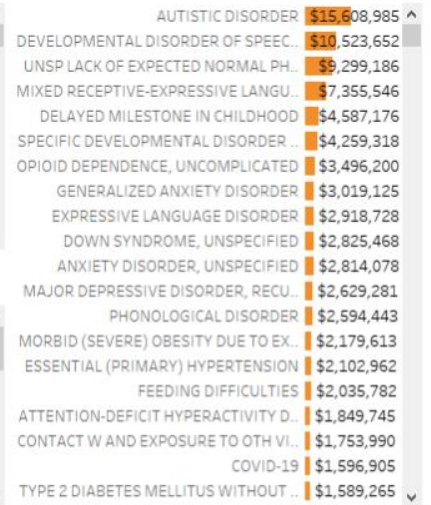
Age Group



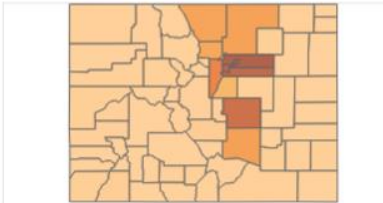
Procedure Codes



Primary Diagnosis Codes



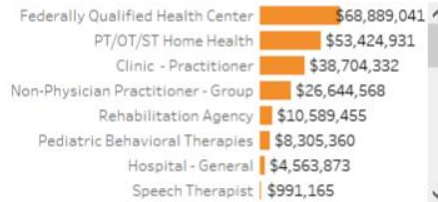
Member County Map



Benefit Category



Billing Provider Type



Trend over Time (Actuals)

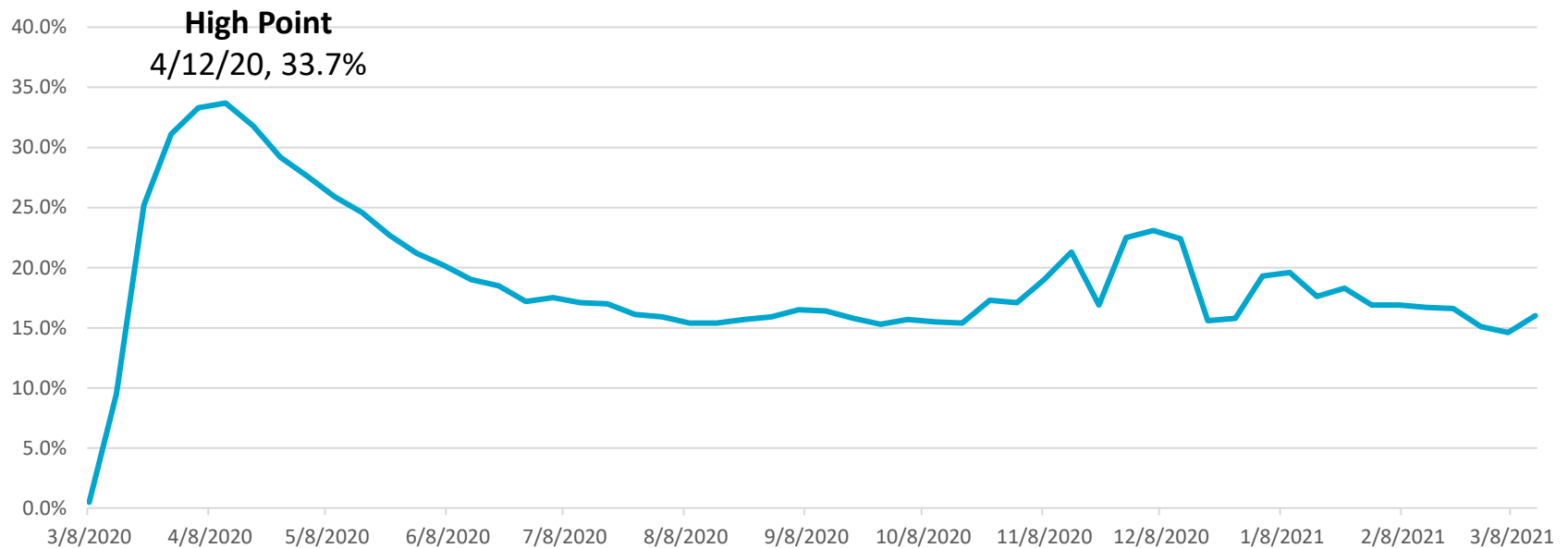


Access updates slides bimonthly here: <https://hcpf.colorado.gov/provider-telemedicine>



Utilization Growth

Percentage of Eligible Fee-for-Service Visits Conducted Via Telemedicine
March 8, 2020 - March 14, 2021

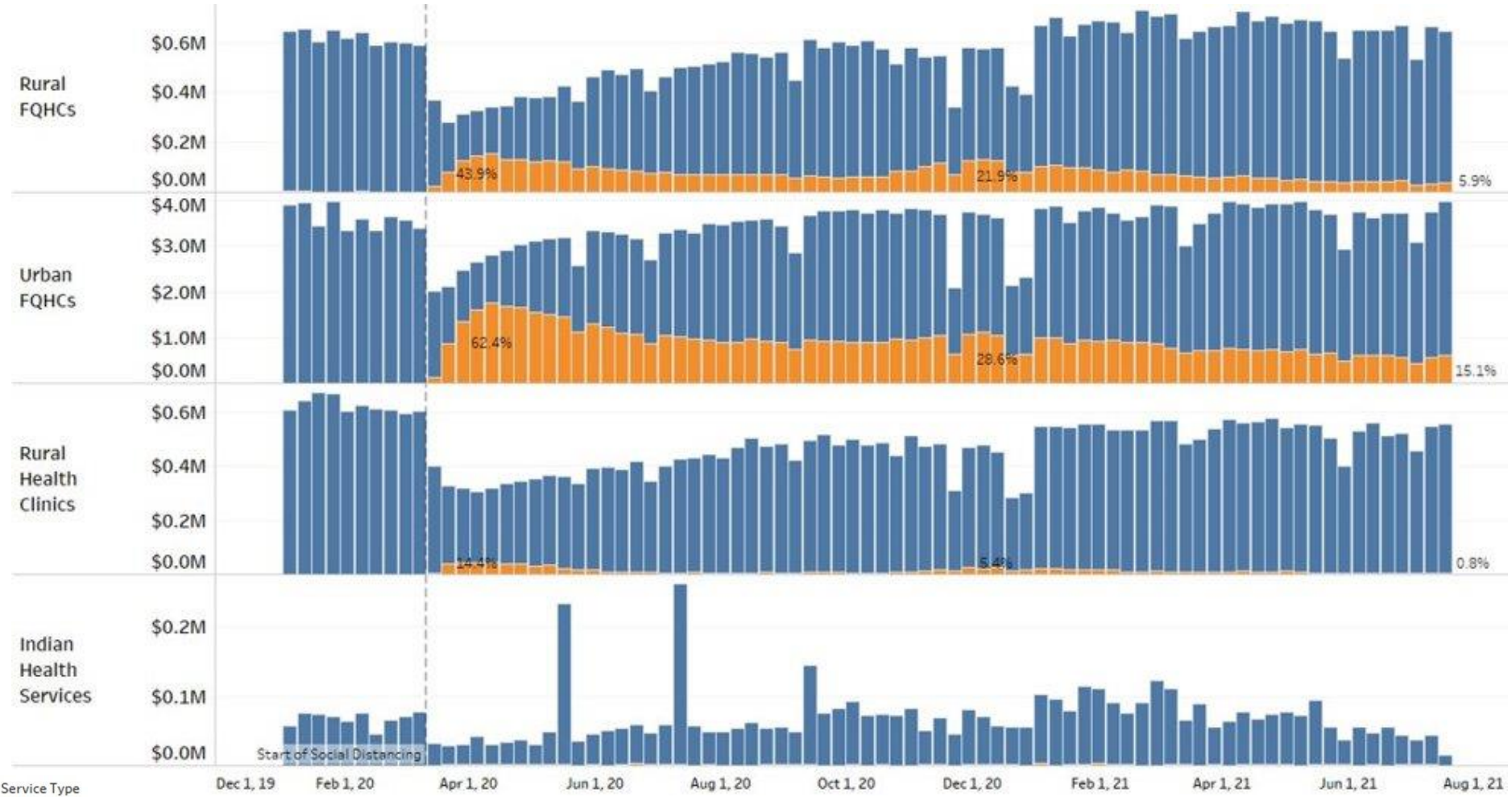


Source: Department of Health Care Policy & Financing, Analysis of Fee-For-Service Claims



Utilization: Urban vs Rural

Urban vs Rural FQHC Telemedicine Utilization, July 2019 - August 2021



Source: Colorado Department of Health Care Policy & Financing, Claims Analysis

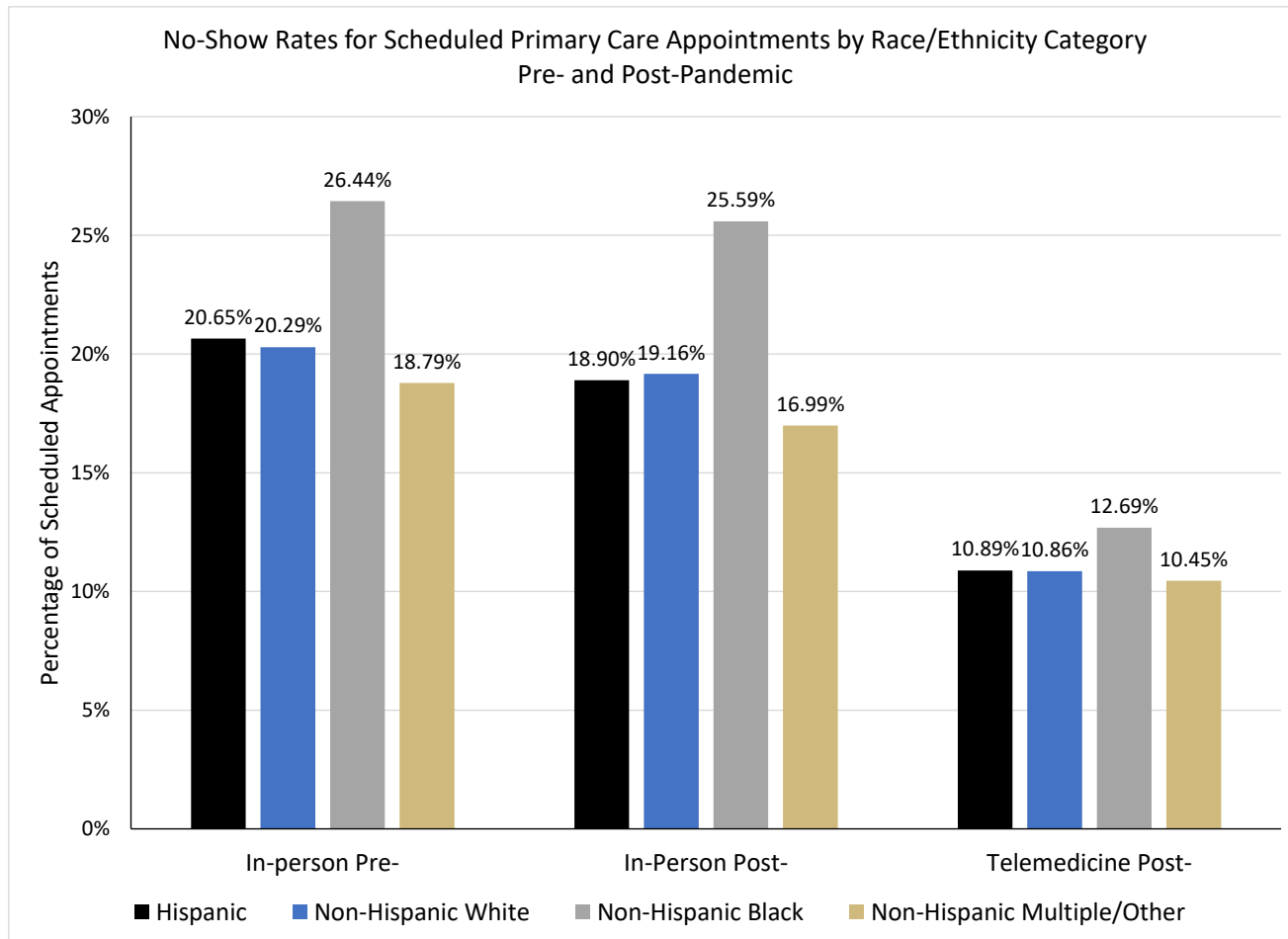


No Show Research Project

- Research question: Did increased access to and utilization of telemedicine lead to a reduction in no-show rates? Did it have equal impact across populations?
- Data Sources
 - Denver Health appointment and EHR data
- Partnership with the Farley Health Policy Center at the University of Colorado
- Funded by the Colorado Office of State Budget and Planning

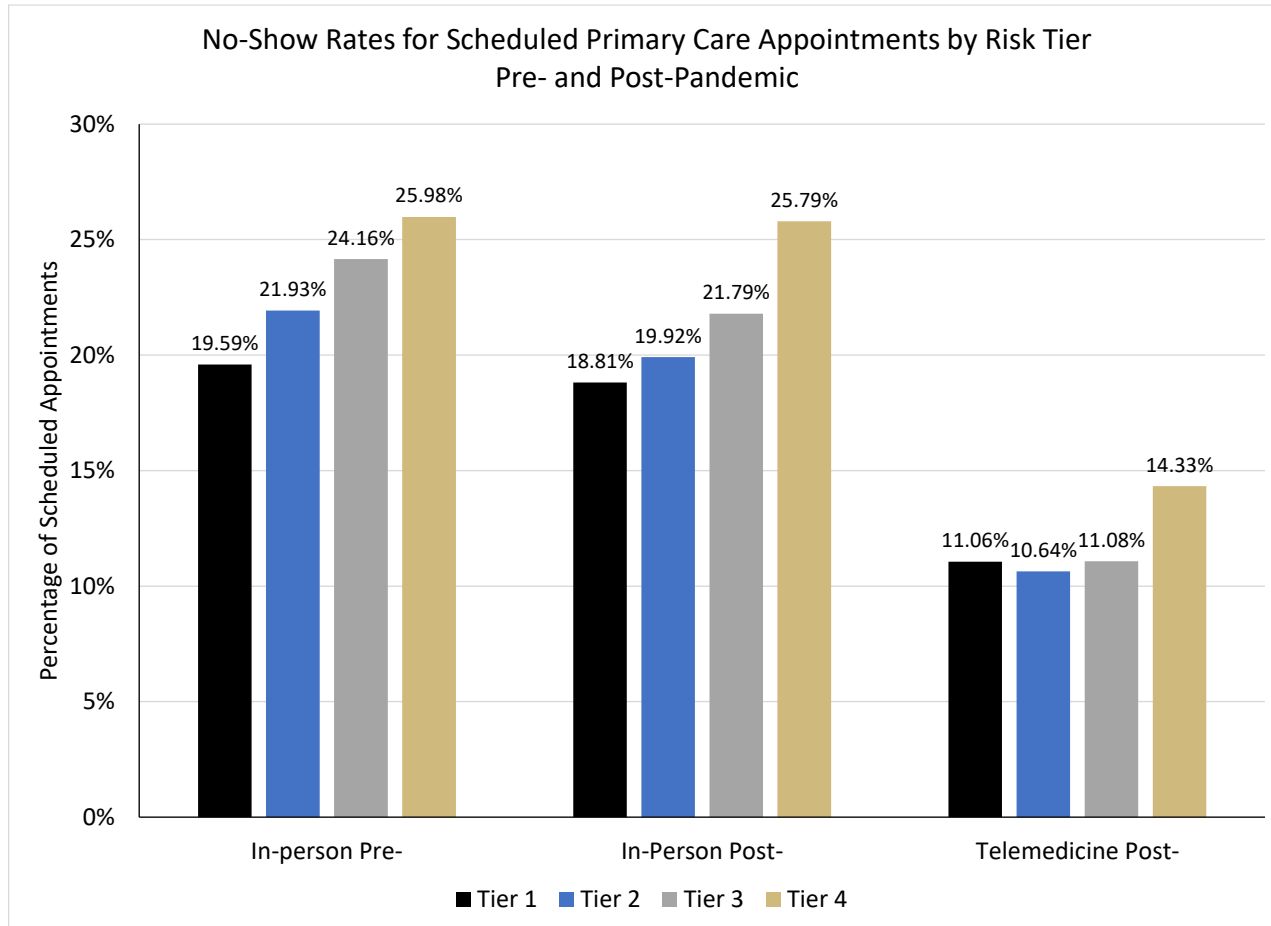


Telemedicine reduced racial/ethnic disparities in no-show rates for primary care





Telemedicine reduced disparities in PC no-show rates for medically complex patients



Telemedicine Policy Goals

HCPF is committed to developing a comprehensive telemedicine policy that:

- improves access to high-quality services
- promotes health equity
- integrates with medical home & neighborhood
- encourages innovation through aligned payment policy
- ensures value for the taxpayer dollar



Current Department Work

	Purpose	Status
eHealth Entities	Implement HB21-1256 - set rules to guide provider entities that operate exclusively or predominately via telemedicine <ul style="list-style-type: none"> • Define • Monitor • Support access and appropriate care 	Policy, rule, and system development Stakeholder engagement Expected implementation Q3-Q4 FY21-22
eConsults	eConsults can: <ul style="list-style-type: none"> • Reduce duplicative and/or unnecessary specialty care • Improve access to timely specialized clinical guidance • Efficiently triage members to specialists when appropriate 	Alignment with federal policies and regulations



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Utilization Dashboard:
<https://hcpf.colorado.gov/provider-telemedicine>

Full Evaluation:
<https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20Telemedicine%20Evaluation%20March%208%2C%202021.pdf>