AzCH-CCP – Telehealth and the impact of COVID-19

September 23rd, 2020
Agenda

• Impact of Covid-19 on Telehealth use for AzCH (BH and PH)
  – Telehealth services through network providers
  – Telehealth services through AzCH

• Long-term Guardrails

• Future State
Following PHE declaration, Telehealth use for AzCH increased threefold for PH

Telehealth vs In Person Visit - PH

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</tr>
</thead>
<tbody>
<tr>
<td>IN-PERSON</td>
<td>291,710</td>
<td>246,128</td>
<td>244,278</td>
<td>280,382</td>
<td>251,398</td>
<td>218,294</td>
<td>137,549</td>
<td>163,653</td>
<td>190,988</td>
</tr>
<tr>
<td>TELEHEALTH</td>
<td>2,303</td>
<td>1,975</td>
<td>1,842</td>
<td>2,137</td>
<td>1,913</td>
<td>9,142</td>
<td>27,967</td>
<td>22,242</td>
<td>20,821</td>
</tr>
</tbody>
</table>

TOTAL | 294,013 | 248,103 | 246,120 | 282,519 | 253,311 | 227,436 | 165,516 | 185,895 | 211,809 |

Impact of Covid-19 on Telehealth Usage for AzCH (BH and PH)
Following PHE declaration, Telehealth use for AzCH increased two fold for BH, offsetting the drop in In-Person visits (24% decrease)

Impact of Covid-19 on Telehealth Usage for AzCH (BH and PH)
Urban counties (Maricopa, Pima, Pinal) saw the highest number of telehealth visits for PH (ACC+RHBA).

Telehealth use for PH was largely driven by ACC membership across the state (62%) except in Pima and Pinal where RHBA telehealth use exceeded ACC.

Accurate representation of the image:

Telehealth visits - PH, by County
OCT 19 - JUN 20

ACC – 55,607 visits
RHBA – 34,209 visits
Total – 89,816 visits
Urban counties (Maricopa, Pima, Pinal) saw the highest number of telehealth visits for BH (ACC+RHBA) overall.

Telehealth use for BH was largely driven by RHBA membership across the state (58%).

BH visits accounted for 86% of all Telehealth visits during the reporting period.
Telehealth Visits by Modality - PH

Telehealth PH visits by modality, Pre/Post PHE

<table>
<thead>
<tr>
<th></th>
<th>Pre PHE</th>
<th>POST PHE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GQ - Asynchronous</td>
<td>1</td>
<td>683</td>
</tr>
<tr>
<td>GT - Synchronous</td>
<td>412</td>
<td>18199</td>
</tr>
<tr>
<td>UD - Telephonic</td>
<td>8</td>
<td>27162</td>
</tr>
</tbody>
</table>
Telehealth Visits by Modality - BH

### Telehealth BH visits by modality, Pre/Post PHE

<table>
<thead>
<tr>
<th>Modality</th>
<th>Pre PHE</th>
<th>GT - Synchronous</th>
<th>UD - Telephonic</th>
</tr>
</thead>
<tbody>
<tr>
<td>GQ - Asynchronous</td>
<td>59</td>
<td>8094</td>
<td>6</td>
</tr>
<tr>
<td>POST PHE</td>
<td></td>
<td>52404</td>
<td>61622</td>
</tr>
</tbody>
</table>
Broadening of POS allowable for distant and originating sites facilitated safe and convenient delivery of care across multiple settings amidst the pandemic with nearly 50% of visits originating at home.
TH visits by Place of Service (POS) - BH

Compared to PH, only 24% of visits for BH originated at home.
Top 5 Diagnoses comparison between In-Person and Telehealth visits for BH and PH (Oct 2019- Jun 2020)

<table>
<thead>
<tr>
<th>In Person (BH)</th>
<th>Telehealth (BH)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Opioid Dependence</strong></td>
<td><strong>1. Opioid Dependence</strong></td>
</tr>
<tr>
<td><strong>2. Mental Disorders NOS</strong></td>
<td><strong>2. Schizoaffective / Bipolar Disorder</strong></td>
</tr>
<tr>
<td><strong>3. Schizoaffective / Bipolar Disorder</strong></td>
<td><strong>3. PTSD</strong></td>
</tr>
<tr>
<td><strong>4. Stimulant Dependence</strong></td>
<td><strong>4. Major Depression</strong></td>
</tr>
<tr>
<td><strong>5. PTSD</strong></td>
<td><strong>5. Adjustment Disorder</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>In Person (PH)</th>
<th>Telehealth (PH)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Immunization</strong></td>
<td><strong>1. Child Neglect</strong></td>
</tr>
<tr>
<td><strong>2. Essential HTN</strong></td>
<td><strong>2. Essential HTN</strong></td>
</tr>
<tr>
<td><strong>3. Child Health f/u visits</strong></td>
<td><strong>3. Type 2 DM</strong></td>
</tr>
<tr>
<td><strong>4. Low Back Pain</strong></td>
<td><strong>4. Low back pain</strong></td>
</tr>
<tr>
<td><strong>5. Child Neglect</strong></td>
<td><strong>5. COVID-19</strong></td>
</tr>
</tbody>
</table>
On-Demand Telehealth service for AzCH members

On demand Telehealth access also saw an increase in use, preventing nearly 60% visits to ED/ UC for non emergent issues.
Despite an increase in the number of On-demand visits, incidence of URI/Flu showed a decline.
Long Term Guardrails

Metrics to evaluate TH use

• Utilization data
  – Claims count, service level, ED/ IP visits following TH visit
  – Type of visits (preventive vs acute/complex, scheduled vs. on demand, specialty, mode-telephonic vs video vs in person)
  – OON referrals, Lab/ Imaging/ Rx use, transportation costs, place of service

• Quality
  – Member experience and engagement
  – Care gaps

• Clinical outcomes
  – Adherence to medications and management plan
  – Disease management specific metrics
  – Post discharge follow ups
Long Term Guardrails

• PA process to ensure appropriate use (ex: prior to interventions)

• Develop guidelines for appropriate use
  – Require in person visits where physical exam is necessary (well child visits) or technology limitations apply
  – Revisit PA requirements for certain services if shifting to virtual platform.

• Is FFS/ current payment parity a good long-term reimbursement strategy for Telehealth?
  – Considering value based approach to reward for outcomes and experience rather than number/types of visits.
  – What’s an appropriate reimbursement model for virtual visits vs in person visits?
Future State

• Telehealth governance and oversight committee
  – Access, Member Experience, Effectiveness and Financial impact (NQF, 2017)

• Working with ArMA, AHCCCS TH workgroups and other national organizations to develop guidelines for appropriate use, inform reimbursement strategy and solve access issues.

• Developing Provider and Member engagement and education strategies.

• Encouraging On-demand services to reduce avoidable ED/ UC visits.

• Evaluating digital health solutions and care delivery platforms to improve access to care.