M E M O R A N D U M

May 4, 2021

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: Follow-up Discussion Telehealth and Strategies to Increase Healthcare Access and Equity

PURPOSE: Discussion and vote on recommendation for Category #1 funding

Expected for this session:
Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Amanda Harris, Chief, Services to End and Prevent Homelessness
Dr. Tollie Elliott, Chief Medical Officer, Mary's Center
Leah Shoval, Director of Care Coordination, Mary's Center

On March 18, the HHS Committee received an overview presentation from Mary's Center on their experience with telehealth and the potential they see for expanded use that can increase access to healthcare, reduce missed appointments, and make some appointments less burdensome to the patient when travel can be avoided. [1] In addition to caring for people's physical health, Mary's Center Director Maria Gomez, Dr. Elliott, and Ms. Shoval talked about the potential for mental health, behavioral health, and pre-natal health services. Certain tele-dental services are also possible. Models included facilitate telehealth but also the idea of a "pop-up" site where people could also access their visit and certain health equipment.

The slides from the March 18 session are attached.

[1] Link to March 18, 2021 HHS Committee staff memorandum
https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2021/20210318/20210318_HHS3.pdf

Mary's Center also presented to the Montgomery Cares Advisory Board at their April 28 meeting.

Just prior to this, the Committee will have discussed the Montgomery Cares budget. The Montgomery Cares clinics that were not experienced with telehealth made a big pivot during the pandemic. As noted, in March 40% of encounters/visits were by tele-visit and DHHS and the Montgomery Cares Advisory Board/Health Centers Leadership Council/Primary Care Coalition continue to work to determine how telehealth will continue and be reimbursed.

Following the March HHS Committee session, Mary's Center, Ms. Harris and Ms. Kelly (DHHS Healthcare for the Homeless) and Council staff met to discuss the potential for telehealth and the homeless population. Some areas of interest are facilitated telehealth for people who are now in permanent supportive housing and collaboration between homeless outreach and mental health telehealth services. Also discussed was Mary's Center collaboration with Shepherds Table to provide services to Shepherds Table's clients who may not be linked with a medical home or are in need of dental and other supports offered through Mary's Center.

Last week the HHS Committee had a briefing on the Consolidated Services Hubs, their current services, and also discussed the vision for how they will serve communities in the long-term, post pandemic. Council staff believes there is potential for these Hubs to also be a point of service for telehealth, perhaps locations for the "pop-up" sites envisioned by Mary's Center.

In addition to DHHS, Mary's Center is joining the Committee at this session so the Committee can hear and discuss some of these potential follow-up efforts.

Council staff is recommends the HHS Committee put $250,000 on the Category #1 list for future discussion of the use of unallocated American Rescue Plan Act money for the purpose of advancing innovations in telehealth.

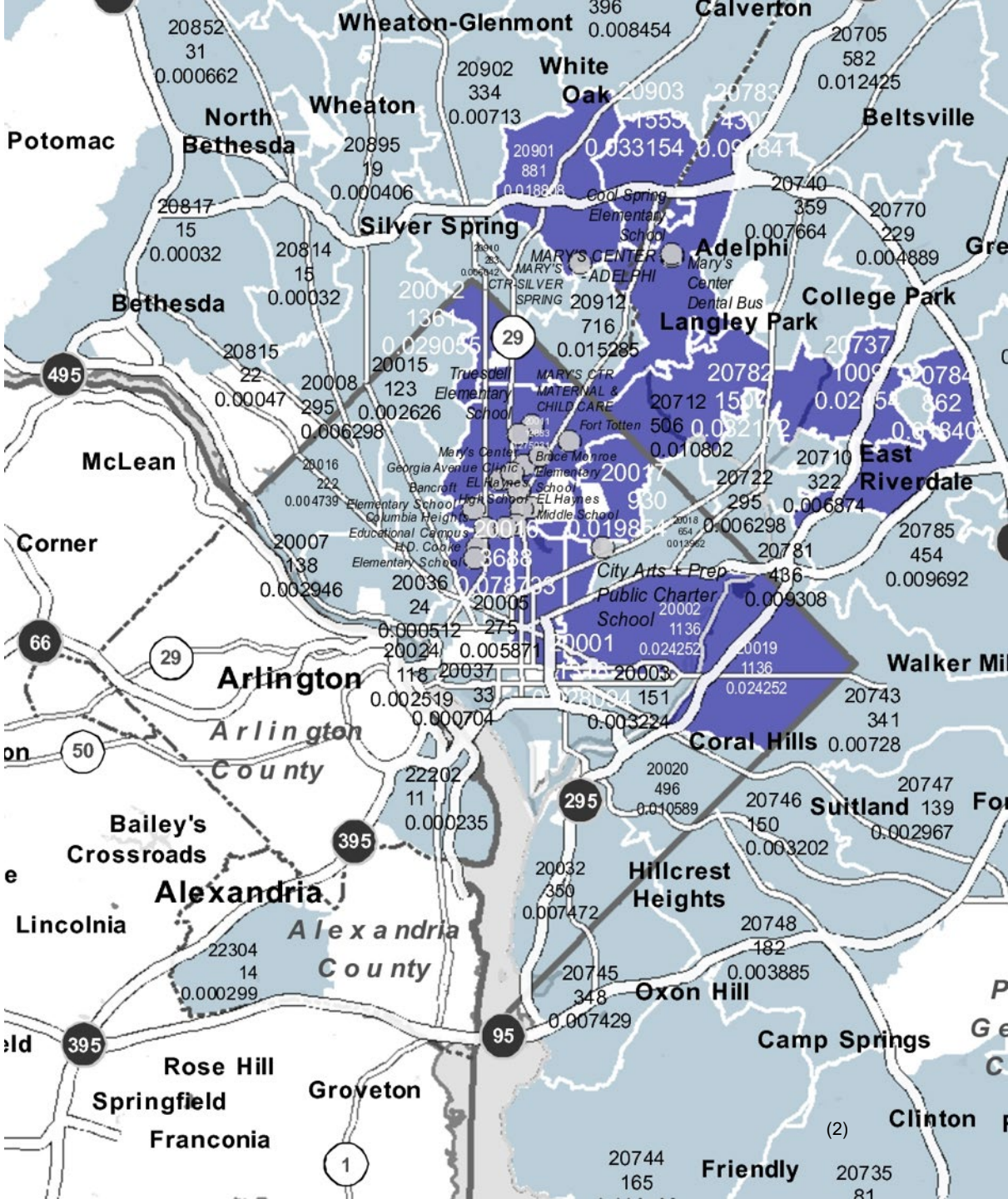
No decision on any specific proposal needs to be made by the HHS Committee at this time. However, knowing that funding is under consideration would allow the development of specific proposals for when the Council returns to discuss the uses of unallocated ARPA funds.


Mary's Center

Mary's Center

Established in 1988 to care for Latin American immigrants, Mary's Center now serves the broader community.

- Over 54,000 participants from 50+ countries
- 5 full-service community health centers
- 19 School-based mental health programs
- 2 Senior Wellness Centers
- Public Charter School co-located at 3 health centers

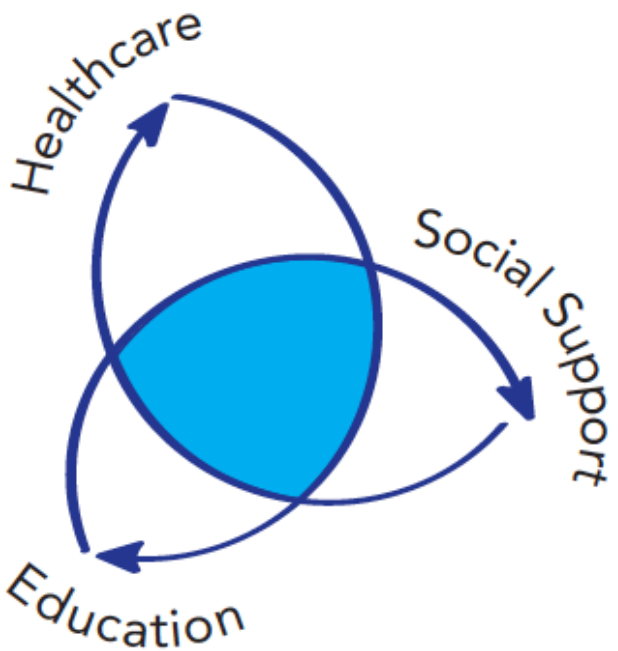


Our Mission

Mary's Center embraces all communities and provides high-quality healthcare, education, and social services to build better futures.

Our Social Change Model (SCM)

- Treating health problems alone is insufficient
  - Comprehensive health care
  - Dual-generation education
  - Social services
- Striving to address all aspects of wellbeing that can impact quality of life and advancement



Telehealth and Strategies to Increase Healthcare Access and Equity

AT MARY'S CENTER WE UNDERSTAND AND EMBRACE TELEHEALTH AS A TOOL TO PROMOTE ACCESS AND HEALTH EQUITY.

TELEHEALTH AT MARY'S CENTER

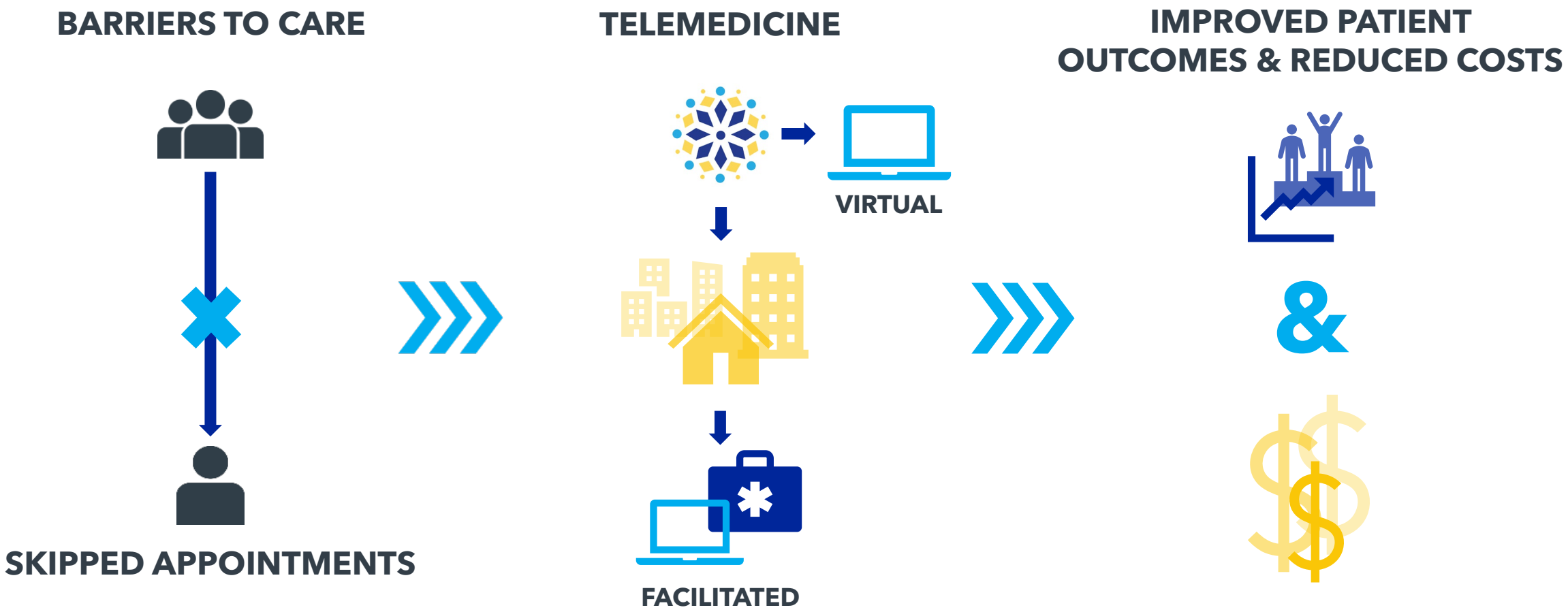
TELETHERAPY

TELEMEDICINE

TELEDENTAL

TELESOCIAL SERVICES

TELEMEDICINE AT MARY'S CENTER – MODEL



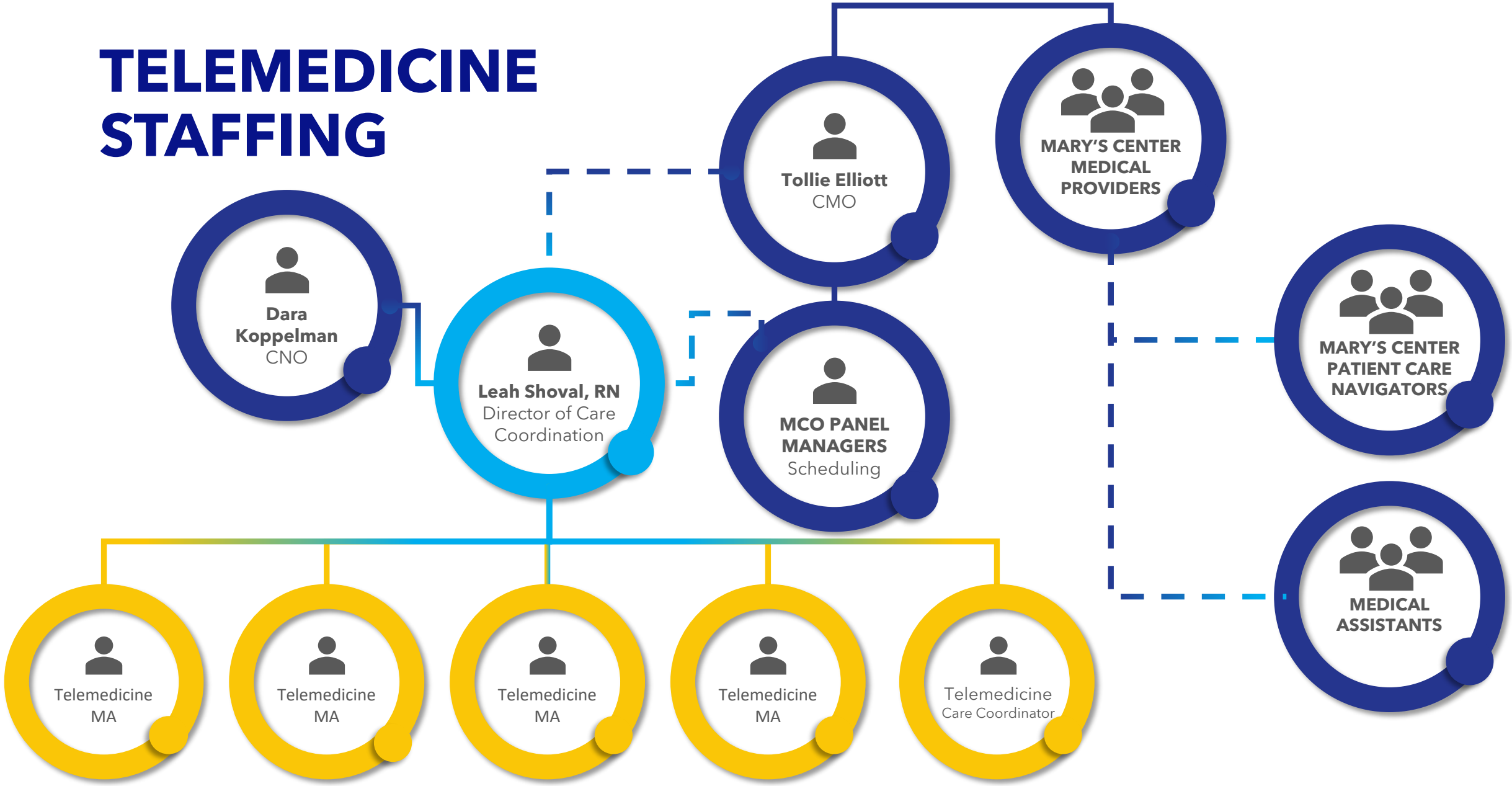
SERVICES PROVIDED

- **TELEMEDICINE**
  - Adult
    - Chronic condition management
    - Sick & ER follow-up
  - Medication Assisted Treatment
    - Partnership with Federal City Recovery Services
  - Pediatric
    - Chronic condition management
    - Sick & ER follow-up
    - Annual well visits post 24 months
  - Perinatal
    - Prenatal
    - Peripartum
- **TELEDENTAL**
  - Digital imaging
- **TELETHERAPY AND SOCIAL SERVICES**
  - Warm hand off for immediate support
  - Group work including SUD/MAT
  - Senior Engagement
  - Therapy and psychiatry
  - Early Childhood and Parent Child Interaction Therapy
  - Tele-Home Visiting and Parent Support
- **TELESOCIAL SERVICES**
  - Referrals within Mary's Center
  - Health education and promotion
  - Specialist and screenings support
  - Family support
  - Pharmacy coordination
  - WIC and breastfeeding coordination

OUR MODEL

- VIRTUAL
  - Doxy.Me synchronous interaction
    - Two-way and group video conferencing
  - Zoom for Healthcare
    - Behavioral health groups
  - Televoice synchronous calls
- FACILITATED
  - Telemedicine/dental assistant travels to participants' homes with a kit of screening and diagnostic equipment:
    - Point-of-care tests
    - Lab supplies
    - Vaccines
    - Peripheral diagnostic equipment
      - Stethoscope
      - Digital scope: allows the provider to closely examine skin, inner-ear, nose, or throat
      - Doppler
      - Nomad portable x-ray
    - Internet hotspot and laptop
  - Doxy.Me synchronous interaction

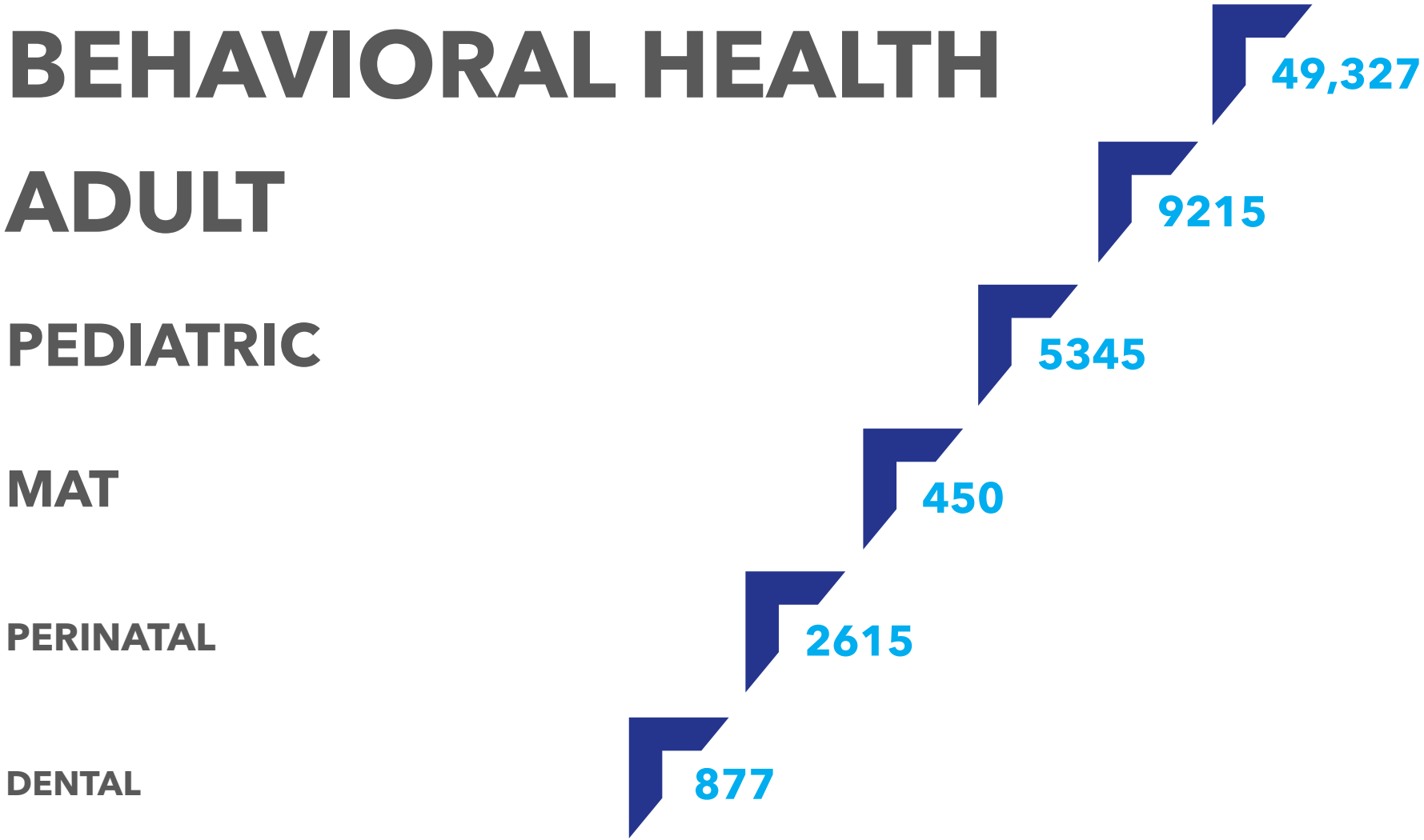
TELEMEDICINE STAFFING



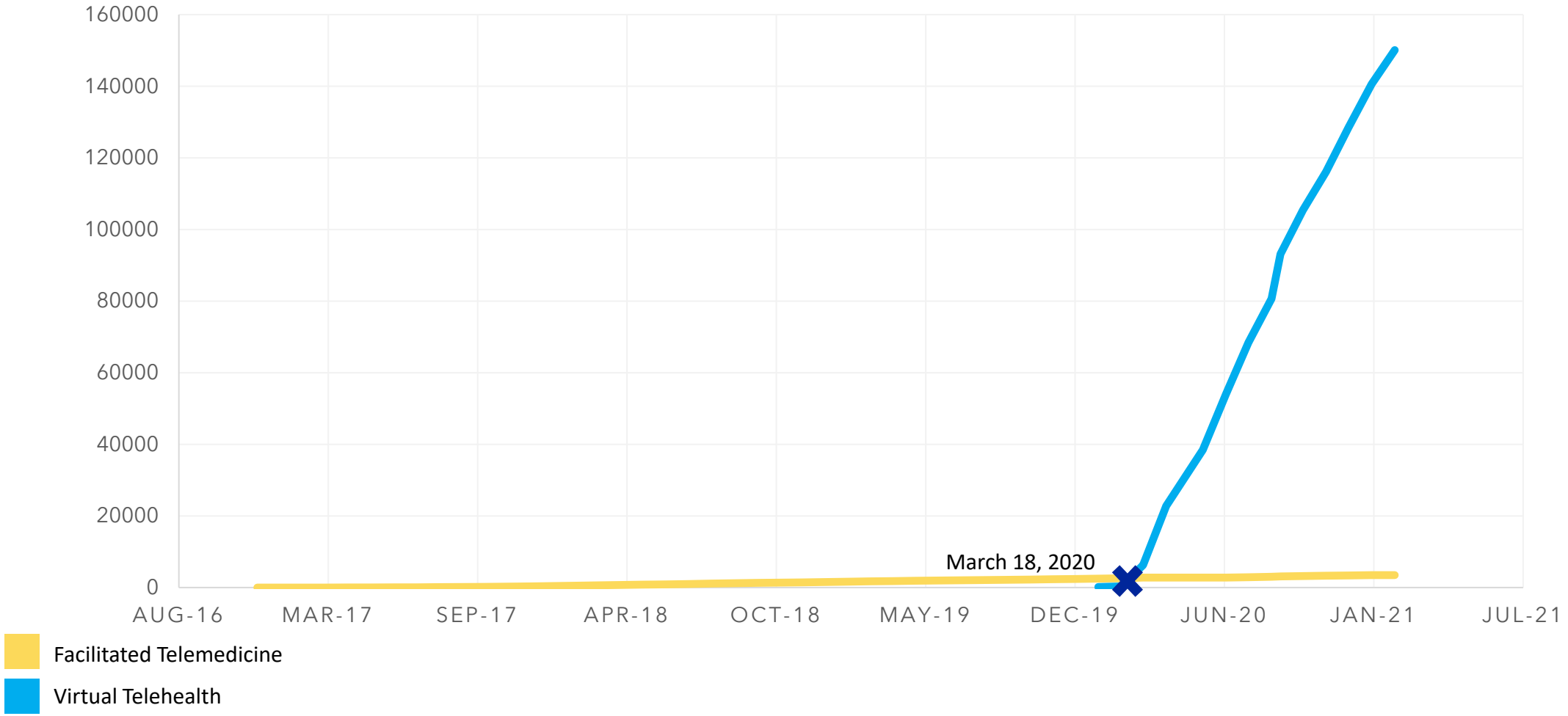
BENEFITS - PATIENTS

- Comfort and convenience of the home
  - Time saved
  - More accurate biometrics
- Hands-on, personal attention from Mary's Center Telemedicine/dental MAs
  - Advocates that ensure participant health literacy
  - Care coordination with case managers, pharmacy, specialists
  - Medication administration support
  - Referrals assistance
- Scheduling
  - Access to unique telemedicine/dental scheduling phone line [for facilitated Telemedicine/dental only]
  - 90.8% of 76 respondents thought our scheduling process was easy and 89.5% of them thought they were able to schedule an appointment as quickly as needed

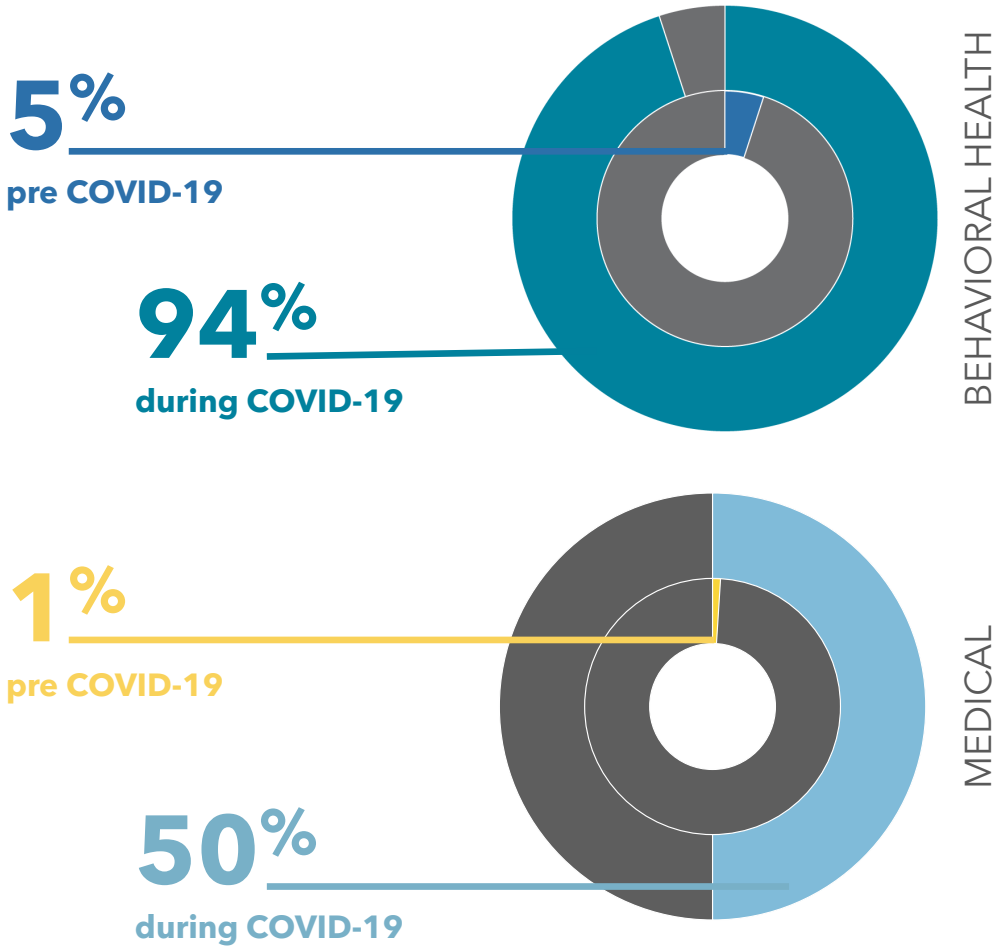
ENCOUNTERS – BY PRACTICE AREA (approximated through February 2021)



ENCOUNTERS – BY TIME



PERCENTAGE OF TELEHEALTH ENCOUNTERS

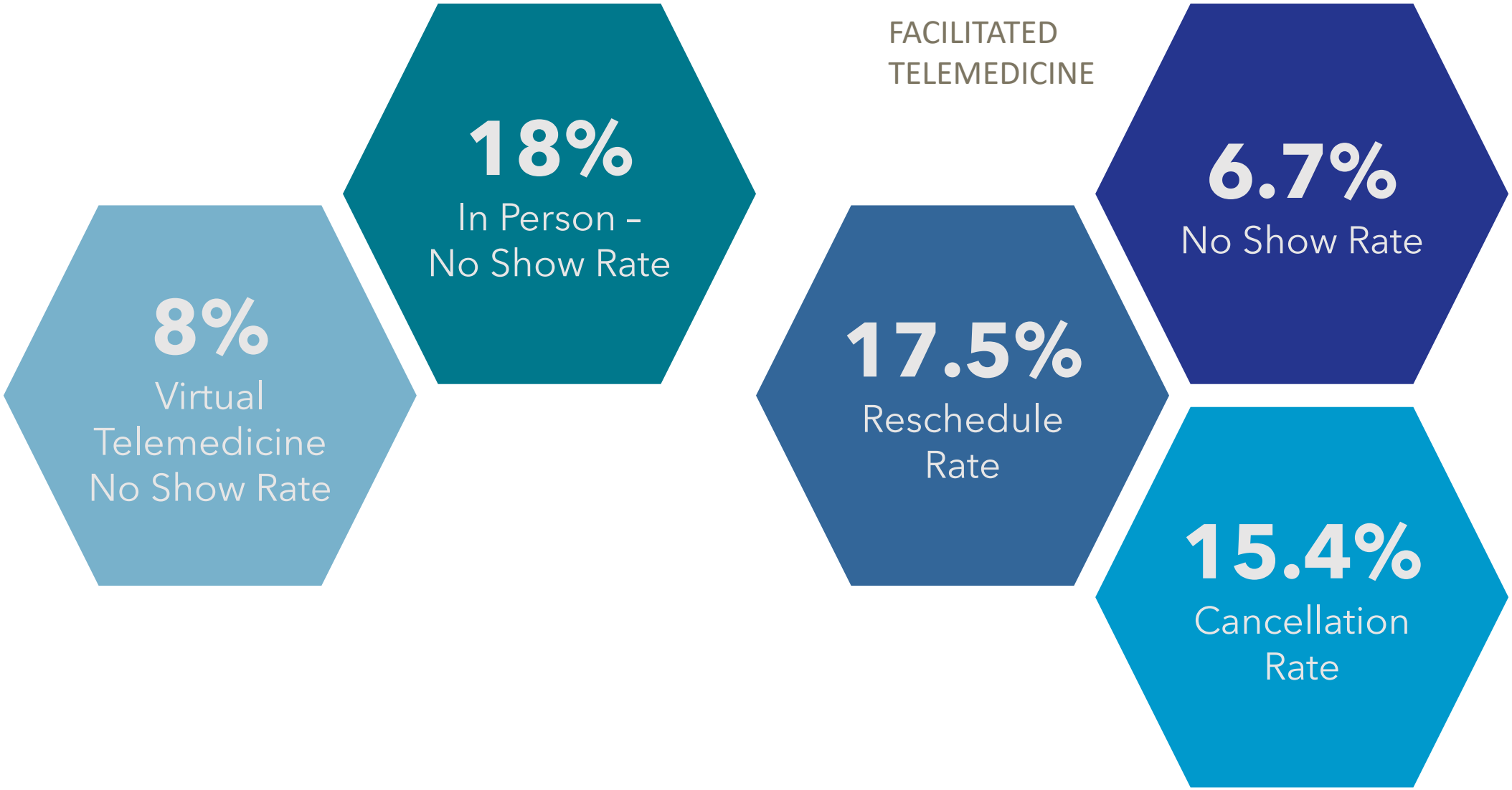


Since COVID-19 began:

44118

unique participants served via telehealth

BENEFITS - ENCOUNTERS



SUCCESSES

INCREASED ACCESS TO PRIMARY CARE SERVICES AND INCREASED COST SAVINGS

Visits allow patients to access preventive services from the convenience of their homes, eliminating in-person barriers to care

IMPROVED POPULATION HEALTH MANAGEMENT

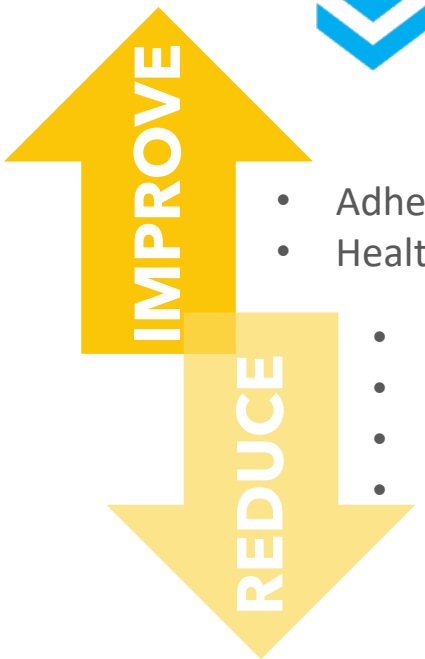
With regular monitoring of patient biometric data, that is more accurately measured from the comfort of one's home, patients are better able to manage their conditions and escalate necessary care early on

PATIENT SATISFACTION AND ENHANCED CARE COORDINATION

Telemedicine patients report feeling better able to manage their conditions, and appreciate the personal attention, advocacy and care coordination from the Telemedicine MA

[1] Paraphrased

ANTICIPATED LONGTERM OUTCOMES



- Adherence to well exams, chronic care follow-up, treatment plans and immunizations
- Health outcomes

- Inequities in primary healthcare
- Hospital and emergency room over-utilization
- Hospital all-cause readmission rates
- Morbidities and mortalities

CURRENT PROJECTS UNDERWAY

- United Healthcare Community Catalyst
- Clark Foundation Expansion of Telehealth Services
- Healthcare Initiative Foundation – Facilitated Telehealth in Montgomery County
- American Cancer Society/Pfizer - Community-based Prostate Cancer Pilot Program

OPPORTUNITIES

- Kiosks & Pop-up Sites
  - Select locations with greatest need in Montgomery County
    - Existing school-based health centers
    - Healthcare deserts
      - Piney Branch & University Blvd
      - Wheaton – Georgia Ave and University Blvd
      - White Oak
      - Aspen Hill
    - Senior living communities
    - Low-income housing developments
    - Community centers
    - Wellness centers
- Remote Patient Monitoring
- Virtual Urgent Care
- Chatbot and Artificial Intelligence

DISCUSSION

QUESTIONS

COMMENTS


Mary's Center

Mary's Center

TELEHEALTH – A BRIEF HISTORY AND LOOKING FORWARD

- **AT MARY'S CENTER WE UNDERSTAND AND EMBRACE TELEHEALTH AS A TOOL TO PROMOTE HEALTH EQUITY.**

- **BRIEF HISTORY**

2015

- Telebehavioral Health began at Mary's Center in 2015 as part of a pilot to expand services to participants who were viewed as "hard to reach;" individuals whose physical condition might prevent them from being able to keep an in-person appointment, or simply felt emotionally challenged with social interactions or movement in the community making travel difficult.

2016 (Fall)

- Discussions began with DC's largest MCO, AmeriHealth Caritas District of Columbia, in the summer of 2016 to initiate a telemedicine program to lower the costs for patients deemed as high-cost, high utilizers of the healthcare system.
- Understanding the challenge, we used claims-based data to reduce costs by addressing low-acuity non-emergent emergency room (LANE) visits; potentially preventable admissions; and all-cause re-admissions within 30 days.
- Our goals to achieve these objectives were to improve access to care; develop and strengthen the connection with primary care providers; develop and maintain standards of care; and track health outcomes to validate our efforts.
- This original telemedicine concept, a tool for providers, is now known as our Facilitated Telemedicine model.
- When designing the original telemedical model, we focused on barriers to accessing the health center for their appointments (transportation, immobility, workforce issues, and childcare).
- To increase this access and yet promote adherence to current and developing standards, improve outcomes, and reduce costs, Mary's Center needed to bring the care to our patients and meet them where they are; in their homes.

2017

- As such, the Facilitated Telemedicine at Mary's Center began as a pilot program for adults with chronic conditions.
  - Medical assistants, trained in phlebotomy, traveled to the home with a laptop, a WiFi hotspot and a specialized kit of medical diagnostic and point of care equipment to connect with a physician via a HIPAA compliant video platform.
- Initial patient adoption was slow due to the newness of the type of encounter. We were able to overcome this by changing how we communicated the service to the patient. We educated the patients and informed them that the next visit would be in the convenience of their home. Our numbers rapidly grew from there.

- In the summer of 2017, our entire group of adult medicine providers were introduced to this workflow. Having had the benefit of two experienced adult medicine providers as champions, adoption toward use was a smoother process.
- As we expanded and gained feedback from our telemedical MAs, their observations of the lived patient experience enabled us to link our social services to the care of the patients. They were no longer patients, they were participants in their care.

2018

- The tool was being refined and the other specialties were seeking to have the benefit for their own patients/participants. As a result, we sought to use this beyond a high cost/high utilizer cohort. We sought to use this as a tool in our efforts to provide better healthcare.

2019

- The Pediatrics and Womens' Health providers were engaged early on to develop a strategy of implementation similar to how we initially started. Leave nothing to the imagination, yet let patient safety be evergreen in our efforts.
- Mary's Center added Facilitated Telemedicine for pediatric participants in July 2019 and for pregnant participants in October 2019.

2020

- COVID put a halt on facilitated visits to protect our staff and participants.
- March of 2020, Mary's Center pivoted into televideo and televoice to provide healthcare for 90% of our patients/participants.
- We focused on pregnant women, children from newborn to 18 months, and a select population deemed clinically relevant to come into our clinics.
- In July of 2020, we expanded our on-site patient pool and maintained a balance of telemed to in-person services that were specialty specific as well as considerate of our workforce capacity.

Today

- We are looking at what is the right balance, per specialty, between telemedical vs. in-patient visits to provide the best, most efficient care.

Challenges

- The greatest challenge to launching Telemedicine at Mary's Center included overcoming provider reluctance and the fear of new technology and potential medical/legal issues; regulations; convincing the participants of the value and allowing a medical assistant into their home; and payment reform.

Wins

- Amongst the Facilitated Telemedicine population we note improved outcomes such as improving blood pressure control by nearly 10% and lowering A1Cs by about the same margin. In addition, we've seen a reduction in LANE visits by 20% - ultimately producing a significant savings to the healthcare system.

- The success of the program not only lies in the superior access to care and clinical acumen of the staff, but also in the enhanced care coordination efforts offered to this patient population.
- In 2020, we completed roughly 120,000 telemedical encounters (televideo/televoice).
- As we provide care in 2021, we look forward to bringing back facilitated telemedicine in a robust fashion.

- **PARTNERSHIP WITH MCOs**
  - Discussions with the initial MCO took nearly 10 months to get the pilot up and running.
  - The initial pilot program began in January 2017 in partnership with AmeriHealth Caritas District of Columbia, who invested in Mary's Center's capabilities and our mutual participants to help cover the start-up costs and expenses.
  - The other two DC MCOs quickly saw the success of the program in reducing LANE visits and improving health outcomes amongst adults with chronic care and contracted with Mary's Center to add this service for their participants.
  - Current issues continue to involve how to bill and pay for telehealth facilitated, video, or voice.
    - In Maryland, the payers are not ready to cover the enhanced costs of these services, and regulations in place due to the COVID State of Emergency will eventually expire – which have allowed "the Home" as an originating site.
    - In DC, MCO payment systems are not set up to pay for and differentiate facilitated vs. virtual telemedicine. At discussion is the relative value of video and voice.
    - Remote patient monitoring (RPM) technologies do have reimbursable codes. However, technology has outpaced the payment models.
  - If Mary's Center could wave a magic wand to improve telehealth, we would improve upon the capacity of the providers and the patients to utilize technology in the provision of healthcare and for the billing systems to have the flexibility to focus on clinical outcomes that lead to excellence in care and lowered costs of healthcare.

- **THE PIVOT TO A MULTI-MODAL TELEHEALTH PROGRAM**
  - When the pandemic forced a transition to virtual telehealth on March 18th, 2020, our transition was not as traumatizing as for many health centers, because our clinicians and staff were comfortable with the telehealth modality – we did not need to train on and build trust on the concept.
  - Our new multi-modal approach includes:
    - Telebehavioral Health
    - Telemedicine
      - Virtual (video & voice)
      - Facilitated
    - Telesocial Services
    - Teledental
      - Teledental remains in pilot at this phase with a focus on clinical scenarios that contribute to unnecessary ED utilization.
  - The transition did require explorations in licensure, prescribing controlled substances, capturing written signatures, creating new clinical workflows and exploring additional HIPAA compliant platforms to enhance security, and ease of connection.

- Our medical service line opted to use Doxy.Me to utilize the waiting room feature, and allow relatively seamless clinical workflows, while our behavioral health department determined that continuing their use of Zoom Pro allowed for the most participant comfort for hard-to-reach individuals.

- **THE FUTURE OF TELEHEALTH**
  - **Remote Patient Monitoring**
    - To enhance clinical data provision for telemedicine, we worked with the MCOs and a durable medical equipment vendor to provide (and ship) specialized telemedicine "kits" to our participants for enhanced clinical decision making via virtual telemedicine.
      - The devices within the kits largely have the capability of connection to remote patient monitoring systems as soon as we have the funding and staff allocations to connect these to our patient portal and EMR.
      - Additional components of the kit included basic items like a tape measure to assess fundal height (growth of the baby) between in-person visits.
      - It is important to note that the practice of telemedicine does not have to be so complex that patients/participants are too intimidated to participate.
    - A pilot program is underway to offer antenatal testing in the home with the goal of improving perinatal outcomes, reducing maternal and fetal morbidity and mortality, and lowering the cost of care by reducing expensive hospital visits.
  - **Chatbot & AI**
    - Mary's Center feels strongly that we can meet our participant's healthcare needs in meaningful and innovative ways through chatbots, in the ways that other programs in the nation have been successfully doing.
      - Off the shelf AI has revealed that racial bias is typically baked into the coding of the product. This has been explained by a lack of diversity in the development team.
      - As a result, Mary's Center seeks to be a part of the development of these more equitable technologies and algorithms which are based on clinical and culturally competent data from diverse populations.
      - Engagement and research with diverse populations in the creation of these technologies is of the utmost importance.
      - Our goal is to create a product that serves all participants of Mary's Center and meets their respective needs.
  - **Pop-ups**
    - Our partnership with Federal City Recovery Center – where we provide Medication Assisted Treatment for participants in a 21-day recovery program - has provided for a model to develop additional partnerships to bring the Facilitated Telemedicine model to other sites throughout the city and Maryland.
    - The pop-up model will allow for ensuring equitable access to healthcare, enhanced screening and improved outcomes for diverse populations across the Metropolitan Washington region – with the goal of connecting individuals into care who may otherwise not have any.