Telehealth can improve affordable access to quality care by removing traditional barriers, such as distance, mobility, and time constraints.

Telehealth has been shown to be as effective as traditional in-person visits for certain conditions with potential for significant cost savings.

Challenges related to licensure and state and federal policy, among others, must be addressed for telehealth services to realize its potential.
Background

The term “telehealth” refers to the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.¹ Telehealth has the potential to improve engagement between patients and providers, improve health care maintenance, and, in some instances, avoid unnecessary and costly acute care settings, with estimated savings of more than $6 billion annually.² Consumer groups, providers, and health plans all see the expanded use of telehealth as means to give patients better access to high-quality, affordable health care. Telehealth services make it easy for patients to access care from their computer or mobile device and connect with specialists via secure video or messaging.

Recognizing that telehealth is one of the fastest-growing care delivery services in health care today, health plans are proactively adding telehealth services to their plan offerings. In many cases, health plans are working with independent vendors that have an existing infrastructure and an established virtual network of providers. By increasing patient access to providers through convenient digital tools, health plans hope to improve outcomes while reducing unnecessary visits to the emergency department.

Whether to augment existing provider networks, enhance convenience and accessibility for patients, or save time and resources, many health care stakeholders are optimistic about the potential for telehealth to deliver quality, cost-effective care to patients. Patients in rural areas, seniors, and others with mobility concerns have experienced the benefits of telehealth, enabling those without immediate access to certain specialty care to receive it through virtual visits.

Types of Telehealth Services

There are three main types of telehealth:

1. **Real-time video** (synchronous conversation), where the patient and provider participate in a real-time audio and video conversation
2. **Store-and-forward** (asynchronous conversation), where a patient may send a doctor a photograph of a tuberculosis test, for example; this form of telehealth does not require real-time communication
3. **Remote patient monitoring**, which allows for continuous tracking of health care data from a patient at home or in another setting, such as the evaluation of a heart monitor after discharge

Current Landscape

**Nearly 60 percent** of the nation’s large employers (500 or more employees) provide medical coverage for telehealth, and access to these employer-offered services doubled between 2015 and 2016.³ The most popular medium for telehealth is:

- telephone (59 percent)
- email (41 percent)
- text messaging (29 percent)

Smartphones can connect patients to providers for all three main types of telehealth, while email and text messaging can be used to send information to a provider for asynchronous communications. Video-based telehealth tripled from 7 percent use in 2015 to 22 percent in 2016, and had the highest
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Satisfaction rate among consumers (83 percent expressed moderate or extreme satisfaction).4

Telehealth services can connect consumers to a wide range of clinical services in the most convenient and cost-effective way possible. They are commonly used for acute care services—oftentimes after-hours—as a convenient alternative to the emergency department or an urgent care clinic.

Telehealth can also be effective for behavioral health services, such as counseling. Health plans have reported use of virtual visits by dieticians and for medication management. One leading provider of telehealth offers services for dentistry, dermatology, diabetes education, endocrinology, geriatrics, kidney care, orthopedics, pain management, toxicology, urology, and wound care, among other specialties.5 Another leader in the telehealth sector, the Department of Veterans Affairs, offers cardiology, neurology, rehabilitation, and retinal imaging among its telehealth offerings.6

Future growth areas for telehealth include substance use disorder treatment, diagnostics, autism management, and increased use of remote patient monitoring. A report from the U.S. Department of Health and Human Services (HHS) highlights the potential of telehealth in intensive care settings, in maternal and child health, and for triage in urgent/primary care.7

Opportunities for Telehealth

Telehealth has the potential to be a conduit for patients to conveniently access a wide continuum of services. Proponents of telehealth point to numerous benefits to patients, including time saved traveling to and from doctor’s appointments, less time spent away from work, money saved (including by avoiding travel), and access to world-class specialists, regardless of location.8 Telehealth has also shown comparable effectiveness to traditional in-person visits for certain health conditions. For example, a 2016 study from the Agency for Healthcare Research and Quality (AHRQ) found telehealth interventions produced “positive outcomes when used for remote patient monitoring, broadly defined, for several chronic conditions and for psychotherapy as part of behavioral health.”

Consumers experienced consistent benefits in using telehealth for communication and counseling, and its use for chronic care has led to reduced mortality, improved quality of life, and reduced hospital admissions.9 Telehealth has comparable benefits to in-person therapy sessions for patients suffering from post-traumatic stress disorder.10

The benefits of telehealth extend to caregivers in addition to patients. For example, in a survey of mothers, nearly all respondents reported that having round-the-clock access to a doctor would be helpful, with 71 percent reporting that they had lost two or more hours from work or school to take a child to the doctor. By offering access to a provider at any hour of the day, the surveyed mothers said telehealth provided a “health security blanket,” with 61 percent reporting that health technology will lead to better overall health for their children.11

Moreover, the opportunities associated with telehealth include financial savings for all stakeholders, including patients, providers, health plans, and the government. When accounting for use of store-and-forward, real-time communication, and remote patient monitoring, the United States could save as much as $4.28 billion on health care spending per year.12 Despite such projected cost
savings, rarely do managed care organizations cite cost as the primary rationale for introducing telehealth services. Rather, competition between organizations or employer group request — in addition to improving patient access — often drive managed care organizations towards providing telehealth services.\textsuperscript{13}

### Telehealth in Public Programs

Numerous efforts are underway to incorporate telehealth services into both public and private health insurance coverage to further increase access for consumers. While the Department of Veterans Affairs has taken the lead in its telehealth offerings, TRICARE, Medicaid, and commercial plans have been increasingly making telehealth services available over the last several years. Medicare, however, remains an outlier as it still restricts availability of services to those who meet very specific criteria.

### Department of Veterans Affairs and TRICARE

The Department of Veterans Affairs (VA) allows for the use of real-time video, remote monitoring, and store-and-forward telehealth services.\textsuperscript{14} Real-time video is available for a wide variety of services, including mental health, rehabilitation services, cardiology, nutrition, occupational therapy, and pulmonology. Remote monitoring is used primarily for the management of diabetes, congestive heart failure, chronic obstructive pulmonary disease (COPD), depression, and post-traumatic stress disorder (PTSD). Store-and-forward telehealth is utilized in dermatology practices and for disseminating imaging records.

Under TRICARE, interactive audio/video technology is covered to provide medically necessary and appropriate clinical consultations and office visits. This coverage extends patient access to tele-mental health — individual psychotherapy, psychiatric diagnostic interview examination and medication management — as well as services for end stage renal disease.\textsuperscript{15}

### Medicare

Under current law, Medicare only reimburses for telehealth services under very strict conditions. The telehealth activity must be in the form of an audio and video interactive (synchronous) telecommunication between a patient and provider; asynchronous store-and-forward technology is only allowed as exceptions in Alaska and Hawaii.

Consumers can only access specified services via telehealth, including consultations, office visits, psychiatry services, and some physician fee schedule services.\textsuperscript{16} When the telehealth communication occurs, the beneficiary must be located in a doctor’s office, rural health clinic, critical access hospital, federally-qualified health center, hospital, renal dialysis center, skilled nursing facility, or community renal health center.\textsuperscript{17} These sites where beneficiaries must be located, known as originating sites, must either be designated as health professional shortage areas (as defined by the federal government) or be outside of counties included in metropolitan areas.\textsuperscript{18} Additionally, beneficiaries can only work with providers that are licensed in that state.\textsuperscript{19} When these conditions are met, Medicare pays for the professional service, along with a fixed telehealth facility fee.\textsuperscript{20} Further, Medicare covers certain limited types of remote monitoring services.\textsuperscript{21} Medicare Advantage plans are permitted to offer a supplemental benefit to consumers so that contracted providers can diagnose and
treat some conditions via telephone and/or real-time interactive audio and video technology beyond the limits of the Medicare basic benefit. To further expand access to needed services, Medicare Advantage plans may also offer a supplemental benefit that provides in-home equipment and telecommunication technology to monitor enrollees with specific health conditions.22

These restrictions – including the requirement that Medicare Advantage plans offer additional services only through supplemental benefit – limit Medicare’s ability to expand the use of telehealth services, though some recent payment reform initiatives (e.g., Medicare’s Next Generation ACO program) have allowed for waivers to some of the statutory restrictions on telehealth.

Examples of health plan activities in Medicare Advantage include:

• **Anthem** offers telehealth services to Medicare Advantage beneficiaries through its LiveHealth Online platform. Anthem members can access telehealth services for colds, infections, rashes, allergies, wellness and nutrition advice. Beginning in 2016, Anthem also added telehealth services for behavioral health such as depression, stress, and anxiety.23

• **HealthPartners** expanded its virtuwell.com telehealth service to Medicare Advantage enrollees in 2012. Their service connects patients of all ages with nurse practitioners who can provide diagnoses, treatment, and prescriptions for more than 60 common conditions like sinus or bladder infections, the flu, and minor skin conditions like shingles. Nurse practitioners are available day and night, 24/7. The service does not require an appointment or specific video technology and virtuwell.com can be accessed from a computer, mobile phone, or tablet; treatment plans are typically sent within 30 minutes. The service is available to anyone residing, working, or traveling in the following 12 licensed states:
  - Minnesota
  - Arizona
  - California
  - Colorado
  - Connecticut
  - Iowa
  - Michigan
  - New York
  - North Dakota
  - Pennsylvania
  - Virginia
  - Wisconsin

• **Humana** has continued to expand members’ access to medical care through telemedicine via providers Doctor on Demand and MDLive. As of Jan. 1, 2018, telemedicine will be available to Humana Medicare Advantage members in 27 states and Puerto Rico. Individuals covered by Humana Group Medicare will have access to telemedicine at the start of 2018. Telemedicine is also available through Humana health plans offered by employers.

**Medicaid**24

All 50 state Medicaid programs have some type of coverage for telehealth, with only New Hampshire receiving a failing “grade” from the American Telemedicine Association because it imposes restrictions similar to Medicare.25 Twenty-four states allow telehealth services through Medicaid managed care.26 Michigan, New York, and Virginia offer telehealth services through Medicare-Medicaid Plans in
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the Centers for Medicare and Medicaid Services (CMS) Capitated Financial Alignment Demonstrations for people who are dually eligible for Medicare and Medicaid.27

The types of telehealth services that are eligible for Medicaid reimbursement differ by state. While nearly all states reimburse for consumer-provider live video telehealth, only 16 states reimburse for store-and-forward services and 22 states reimburse for remote patient monitoring. Of the 29 states that cover telemedicine under the Medicaid home health benefit, only 12 reimburse for tele-rehabilitative services within the home health benefit.28

Remote monitoring can be a useful tool for home health services, as a provider can receive ongoing, real-time remote measurements of a patient’s vital signs or medication management; patients can have 24-hour care without being in an inpatient setting. Medicaid plans have several options to cover remote patient monitoring, including under federal waivers such as the Home and Community-Based Services (HCBS) waiver. States can apply for this waiver to provide long-term care in home and community settings; Kansas, Louisiana, and Pennsylvania have received waivers to provide telehealth in the home, and Pennsylvania is the only state that will reimburse for telehealth in the home when provided by a caregiver.29

Despite the widespread utilization of telehealth capabilities across specialties, provider eligibility varies among states as well. Montana only reimburses physicians, while 14 states reimburse nine or fewer provider types or disciplines. Telehealth services can be delivered by a licensed social worker in 23 states and Washington, D.C., and by a licensed professional counselor in 19 states and Washington, D.C. New Mexico, Oklahoma, Virginia, West Virginia, Wyoming, and Washington, D.C. allow coverage for telemedicine when provided by a substance abuse or addiction specialist. Arizona, New Mexico, Oklahoma, and Washington are the only states to specify coverage for telehealth services provided by behavioral analysts to treat autism spectrum disorders.30

Idaho, Missouri, New York, North Carolina, and South Carolina prohibit the use of cell phone video/video phones to connect consumers and providers. Across all states, ultrasounds and echocardiograms are the least-covered telehealth services under Medicaid.31

Telehealth in the Commercial Market

Numerous states have enacted laws and regulations to govern telehealth for health plans operating in the commercial market. Michigan, Oregon, and Vermont, for example, only authorize reimbursement for telehealth services that use interactive services, which must include both audio and visual elements. Arkansas limits telehealth reimbursement based on patient location, while Alaska allows for audio-video, store-and-forward, remote monitoring, and audio conferencing to be reimbursed as telehealth services.

In total, 31 states and Washington, D.C., mandate telehealth coverage in private insurance plans sold in the state and have no restrictions on provider type, technology, or patient setting (“originating” site). A total of 27 states have informed consent laws, including 18 where the requirements are imposed by the state Medical Boards.32 Additionally, some 31 states and Washington, D.C., have parity laws that require coverage of telehealth services to the same extent as in-person services, though not all require reimbursement to be equivalent.
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Consistent with the applicable state laws and in many cases acting proactively, commercial plans have connected members with providers via telehealth services with varying degrees of participation and reimbursement.

- **Blue Shield of California** teamed up with Teladoc to offer members access to physicians who can treat many non-emergency medical issues through phone or video consultations 24 hours a day, 365 days a year. Teladoc saves members from having to travel to a hospital emergency room, an urgent care center, or their doctor’s office. All of Teladoc’s doctors are U.S. board-certified and state-licensed specializing in internal medicine, family practice, pediatrics, and emergency medicine, and can prescribe medication as needed. Telehealth services are also offered for PPO and Medicare Supplement plan members, where those in rural and urban areas can access specialists via interactive video teleconferencing at clinics using a specially designed telemedicine cart. The cart includes a high-definition camera, diagnostic scopes, and vital-sign monitors which can send images and diagnostic information via secured connections.

- Across **Kaiser Permanente**, approximately half of all “touches” between patients and providers were virtual in 2016, including appointments performed by phone or video, as well as secure emails between patients and providers. Additionally, Kaiser Permanente members handled over 70 million care-related transactions online or through the company’s mobile applications in 2016, including viewing lab results, ordering prescriptions, and scheduling appointments. Members have increasingly selected video and telephone visits when offered as a clinically appropriate option for seeing their providers, including in primary care, mental and behavioral health, dermatology, and other specialties, and report high levels of satisfaction with these modalities.

- **UPMC Health Plan** offers telehealth services through the UPMC network of providers, with consultations available for emergent care, pre- and post-operative surgical care, and home monitoring. Clinical Telemedicine Services cover areas ranging from dermatology to maternal and fetal medicine, psychiatry, and wound care. **UPMC AnywhereCare** offers around-the-clock consultation for non-emergent ailments. Patients can access the application through a computer, tablet, or smart phone, and after answering a series of questions they receive a diagnosis and treatment plan from a nurse practitioner, physician assistant, or physician within 30 minutes. If prescriptions are required, they are sent directly to the patient’s preferred pharmacy. The updated platform allows for face-to-face interaction with an online UPMC provider.

- Additional plan examples can be found in the Appendix of this report.
Challenges to Telehealth Expansion

While telehealth services have grown significantly in terms of providing greater consumer access to services and increased network size, there are several challenges to its continued growth.

One of the most significant challenges relates to state licensure of providers. Licensed providers’ abilities to work across state lines are determined by the state where licensure was granted; in many cases, providers can only provide services in the state where he or she is licensed. Therefore, a person using telehealth must find an in-state doctor or one who is licensed there, limiting the value of a “national” network of providers. Various stakeholders are pursuing different approaches to overcome this barrier, including establishing multi-state licensure compacts that would either promote expedited licensure for physicians applying for licensure in multiple states and/or reciprocity for certain providers (e.g., nurses, psychologists, and physical therapists) applying for licensure in multiple states. Another approach that has been suggested is a “one state license” model for participation in telehealth service delivery within federal programs. Such changes would increase the list of accessible services by expanding provider networks, resulting in greater consumer access to a broader breadth of services.

A second issue pertains to state and federal laws and restrictions related to telehealth beyond licensure. For example, inconsistent state laws have made providing access to telehealth services difficult for health plans, particularly those that operate in multiple states. While health plans are committed to providing their members with access to quality and value-based care, state mandates to cover telehealth in specific ways and under specific parameters hinder the flexibility needed by health plans to design telehealth benefits to best meet the needs of their members. For example, some states have imposed parity laws that require reimbursement by health plans for telehealth services at the same or equivalent rates as in-person services. This could drive down health plan interest, resulting in decreased access for consumers. Other state barriers include requirements for in-person visits prior to use of telehealth and mandates to use specific clinical sites, similar to Medicare requirements. Policymakers faced with these proposals should consider that clinical decision-making should prevail in determinations of whether an in-person visit is needed prior to the use of telehealth services – not legislation. Likewise, policymakers should recognize that imposing stringent location requirements may hamper the ability of telehealth to meet patient needs.

Information technology capabilities also affect stakeholders’ ability to more widely adopt and implement telehealth. For example, the rapidly growing marketplace has led to difficulty with system interoperability, such as information flow between electronic health records systems and telehealth platforms. Additionally, there may be concerns about privacy, given the way in which HIPAA-protected information may be transferred. Some opponents of telehealth argue that a move towards telehealth demands digitalization of medical records, which could leave patient information vulnerable to hacking and infiltration.

In general, telehealth can be implemented through a variety of approaches, some that may utilize a patient’s home computer or smart phone and some of which may involve a significant investment. Mandating the use of specific telehealth technologies is not practical given both the variation in and rapid evolution
of technology capabilities among plans, providers, and patients.

Concerns about the quality of care delivered via a telehealth interaction have also been raised and efforts are underway to develop measures to assess the quality of telehealth services. HHS has tasked the National Quality Forum (NQF) to identify existing and potential telehealth quality measures to address gaps and develop a measure framework, prioritized list of measure concepts, and guiding principles for future telehealth measurement. Future measure development efforts are intended to take into consideration the characteristics of telehealth and the challenges faced by rural health care providers and their patients.37

Conclusion

Telehealth offers an opportunity to improve engagement between patients and providers, enhance health maintenance, and, in some instances, avoid unnecessary and costly acute care settings. While telehealth alone will not solve the problem of access to care for underserved populations, telehealth should be part of a suite of services to deliver high-quality, more efficient, accessible and convenient care across the country.

Several issues need to be addressed by policymakers and other stakeholders to help maximize the benefits of telehealth, including state licensure, state and federal regulations, information technology limitations, and quality measurement.

Many such efforts are underway. Federal legislation has been introduced to expand the use of telehealth under Medicare. The CHRONIC Care Act would expand use of telehealth services for Medicare Advantage plans and ACOs accepting two-sided risk, for example.38 The CONNECT for Health Act would also expand the availability of telehealth services under Medicare by eliminating geographic limitations, originating site requirements, and restrictions on store-and-forward telehealth.39

State policies pertaining to telehealth are also evolving. For example, Arkansas recently passed a law which allows patients to access first-time telehealth services from their homes, rather than from originating sites40 and New Jersey enacted legislation that eliminates the need for an initial in-person visit before telehealth services can be furnished.41

Health plans recognize that access to appropriate and timely health care services and ongoing monitoring of chronic conditions are essential to improving patient care. Telehealth is a viable option to improving affordable and convenient access to quality care by removing barriers, such as distance, mobility, and travel time. Plans will continue to explore approaches, including telehealth, that provide their members with quality, efficient care and work with policymakers and other stakeholders to achieve these goals.
Appendix A: Telehealth Case Studies

Blue Cross Blue Shield of Massachusetts

Blue Cross Blue Shield of Massachusetts saw a growing opportunity in telehealth as the delivery modality was evolving, which they capitalized on by initiating a pilot study. The study ran from May 2015 until May 2017, with the plan licensing software to two care organizations and providers. Patients could access telehealth services from brick-and-mortar “originating” facilities, with access to a full complement of services beyond the capabilities of those originating sites.

As the plan became convinced of the potential of telehealth, coverage of telehealth services was launched on Jan. 1, 2016 effective upon renewal date. Telehealth services became a core benefit for all fully-insured business, and as a buy-up option for self-insured accounts. The plan partnered with American Well, a telehealth services vendor, that works with local and national providers to deliver remote patient care. Services are primarily offered for behavioral health and acute medical care, though the plan has also used telehealth for care management services, dietician services, and other “check-ins” with individuals that may not require in-person visits, such as discussing adherence with medications or disease management.

Patients can schedule appointments with participating local doctors or they can access 24/7 medical services and behavioral health services by appointment from a national provider network through the American Well platform. The benefit of this approach is to give the patient the option to see his or her doctor or to see one of American Well’s providers at any time of the day, accessible through a HIPAA compliant medium.

Services are delivered via virtual face-to-face interaction through a synchronous video software, both on-demand for medical visits and by appointment for behavioral health services. The telehealth services offered by Blue Cross Blue Shield of Massachusetts have crossed the boundaries of traditional care delivery. A dietician, for example, can use live video chat capabilities to review a patient’s refrigerator contents and discuss meal planning. Other care providers have asked patients to step on a scale and show them the reading, and telehealth can be beneficial for checking in with patients after they are discharged from the hospital.

Success has also been seen in behavioral health. Telehealth can be used for remote counseling, which the plan rolled out on July 1, 2016. Patients can make virtual appointments for 30-, 45-, and 60-minute sessions, and the plan hopes this will expand access and the availability of services.

Overall, patient satisfaction has been very strong. Though the plan is not yet tracking satisfaction with local providers accessed via telehealth platforms, American Well tracks its activity. Thus far, patient satisfaction with the American Well platform is 4.5 out of 5.0, and satisfaction with the providers accessed through American Well is 4.8 out of 5.0.
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Despite the clear potential for telehealth, challenges exist. Though services have been available for a short period of time, the pilot has shown that there is an adjustment period for both patients and providers. It takes time for people to enroll and become acquainted with the services. Pilot practices also expressed difficulties with the lack of integration between the telehealth platform and their medical records.

The main goal is to increase engagement and adoption of the available telehealth services among patients and providers, and to consider potential service expansion. The plan considers psychiatry services and greater use for managing chronic conditions as promising. The plan is also evaluating American Well “kiosks” – available as tabletop, enclosed booths – where patients can interact with a doctor and have the tools to check blood pressure, for example.

Cigna

Cigna started exploring covering telehealth as a modality of care delivery in behavioral health, with the goal to improve access for its customers. In 2014, Cigna made a strategic decision to address telehealth coverage at an enterprise level. The initial offering was through a vendor solution, partnering with MDLive for medical services. Telehealth was initially offered as an option for interested clients, providing around-the-clock service for primary care, available as an alternative to the emergency room or an urgent care clinic. In 2017, telehealth was expanded to offer access to medical services for minor medical conditions through two vendors, MDLive and AmWell, and telehealth through those vendors is now available as a standard benefit. Cigna now covers behavioral health services like counseling, family therapy, and medication management services.

The medical telehealth benefit is intended not to disrupt the doctor-patient relationship. It is positioned for the treatment of minor medical conditions outside of regular office hours or when a patient could not see his or her physician in a timely manner. For behavioral telehealth services, the approach has been different. Instead of working with a telehealth vendor, Cigna has enabled its behavioral health network providers to offer services directly to their patients. These providers are generally reimbursed at the same rates as face-to-face visits.

Given the rapid expansion of Cigna’s telehealth offerings, a key challenge has been finding vendors with the best connectivity to Cigna that are also able to meet the highest reporting standards. Inconsistency in state laws has created barriers to implementation. Cigna works to keep up with innovation and competition among vendors.

Adoption by members thus far has been slow, with a goal of five percent utilization to show return on investment. Cigna’s employer customers appear interested and excited about telehealth. Cigna promotes its telehealth services through open enrollment materials, through their employer customers, and by making telehealth options more visible on the member website.

Cigna Corporation is a global health service company with over 90 million customer relationships across 30 countries and jurisdictions. It offers Medicare Advantage, Medicare Supplement, Part D, Medicaid, and commercial health plans.
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Moving forward, Cigna sees potential in telehealth services, acknowledging that it could be a predominant mode of care delivery within the next five years. It envisions expanding into virtual health coaching, chronic disease management, and remote monitoring services across a variety of specialties. Cigna seeks to establish the needed infrastructure, then look for gaps in virtual care, special needs, and offer targeted approaches for specific groups. Cigna has expanded coverage of telehealth services internationally, as they leverage technology as a strategy across all areas of business. Next on the roadmap is expanding reimbursement to a wider variety of providers for general medical services.

Harvard Pilgrim Health Care

Harvard Pilgrim Health Care initially reached out to telehealth providers to offer a lower cost, convenient alternative to the emergency room and selected Doctor on Demand, a telehealth partner that matched its criteria. The plan introduced Doctor on Demand as a participating provider for urgent care virtual visits in July 2016. Beginning in July 2017, Doctor on Demand was made available for virtual behavioral health visits.

Plan members can access Doctor on Demand for common low-acuity urgent care issues, such as coughs, colds, and urinary tract infections. To best accommodate the needs of HPHC members, Doctor on Demand is available for medical urgent care visits 365 days a year at least from 7 a.m. until 11 p.m., with 24-hour availability in some states. Virtual visits with Doctor on Demand use real-time eligibility queries to determine the member cost sharing, which is collected via debit/credit card at the time of the visit. Telehealth is a covered benefit for all members and applies the same cost sharing as a PCP visit with no referral requirements.

Behavioral health virtual visits are available to members, and are scheduled in advance rather than on-demand. Members can develop a relationship with behavioral health providers by scheduling their ongoing visits with the same provider. These visits take the standard outpatient individual therapy member cost sharing and do not require a referral.

The plan selected Doctor on Demand due to its reputation and low start-up cost. The services are national, with providers in almost every state. Doctor on Demand also uses licensed physicians and psychologists for its services, and members will only be seeing doctors licensed in the state they are connecting from. Telehealth is offered over a video platform that is available on a mobile device or computer, with functionality like Skype. To begin, a member downloads an app and creates an account, which includes entering their insurance information, medical conditions, and preferred pharmacy. Doctor on Demand uses location services to match the patient with a physician licensed in the state where the member is connecting from. Visits with Doctor on Demand do not require a referral or authorization.

In addition to the Doctor on Demand network of providers, Harvard Pilgrim participating providers can engage with patients through telehealth and submit claims if they have the technology and
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comply with Harvard Pilgrim policies. The plan hopes that these combined approaches will help expand access, especially in rural areas where the plan is offered.

Challenges identified by the plan include regulatory issues, as well as promotion and utilization. From a promotional perspective, the plan created toolkits to promote the services to try to steer people towards utilizing telehealth. The plan admits that uptake has been slow, and it hopes that the interest from members and increased promotion during open enrollments will lead to greater utilization moving forward.

Health Care Service Corporation

Health Care Service Corporation (HCSC) sees telehealth as a cost-effective and convenient way to provide additional channels of access to care for its members. It wants to offer members flexibility to access an “in-network” doctor from almost anywhere in the country. It also wants to make finding a high-quality, cost-effective provider simple for its members.

HCSC has offered telehealth services to large self-insured employer groups through its Blue Cross and Blue Shield plans in Illinois, Montana, New Mexico, Oklahoma, and Texas for several years. In 2017, HCSC expanded its offering with the introduction of their “virtual visit” product, powered by MDLive.

Through the “virtual visit” program, HCSC members have on-demand access to MDLive board-certified doctors and behavioral health therapists via phone, online video, or mobile app (in accordance with state regulations) 24 hours a day, seven days a week. HCSC has created a platform where telehealth programs are integrated with other products and services. For example, HCSC included MDLive on its Provider Finder and Cost Estimator tools, allowing members to view both traditional Blue Cross and Blue Shield providers and MDLive doctors in their network to help identify the provider that best meets consumer needs. The plan offers single sign-on access from Blue Access for MembersSM, so plan members can easily access the MDLive portal without being required to login again.

The “virtual visit” program is available as a standard benefit to most fully insured employer plans and will be available on the individual marketplace (both on- and off-exchange) and HCSC’s New Mexico Medicaid program. Self-insured plans can access telehealth services via a buy-up option.

Most fully insured members pay a co-pay for telehealth services, with comparable costs to a traditional primary care visit, whereas members with high deductible health plans are leveraging savings opportunities given the lower claim costs from MDLive. Self-insured plans can customize their member cost share for these visits.

HCSC continues to assess the existing program as well as determine opportunities to expand and enhance its telehealth services in the future.