

Telehealth: Connecting Consumers to Care Everywhere



2018 saw significant changes in federal and state policies to **encourage more widespread use of the telehealth.**



Health insurance providers call on policymakers to remove barriers to virtual care, including payment rules, originating site mandates, and technology and practice restrictions, among other issues.



Telehealth can be an important tool in addressing the opioid epidemic by extending access to high-quality, affordable substance use disorder treatment.

Background

Since its emergence more than 20 years ago, telehealth has gone from a niche digital product to one of the fastest-growing health care delivery services in America. Telehealth is projected to be a \$36.2 billion industry in 2020.¹ 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.² It has the potential to enhance 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.³ Consumer groups, providers, and health insurance providers see the expanded use of telehealth as a way to give patients better access to high-quality, affordable health care from their computer or mobile device.

Recognizing the value of telehealth, health insurance providers are committed to ensuring the technology is used to improve access and care for all patients, regardless of where they live and work. Nearly all health insurance providers offer connected health services in their products and are competing to bring cutting-edge, innovative new tools to their members every day. Often, health insurance providers contract with telehealth vendors that have an existing infrastructure and an established network of telehealth providers. In other cases, insurance providers use their existing network of community providers to connect members with their own doctors. Virtually all (96 percent) of the nation’s large employers (500 or more employees) will provide insurance coverage for telehealth in 2019, and utilization rates are on the rise.⁴

By increasing patient access to providers through convenient digital tools, insurance providers hope to improve outcomes while reducing unnecessary visits to the emergency department and other costly care settings. Health insurance providers are aware that barriers remain to fully leveraging the power and reach of telehealth. Insurance providers continue to call on state and federal leaders to ensure that technology-based care delivery strategies be given the opportunity to flourish without burdensome regulation interfering with innovation.

Telehealth Improves Health and Financial Security

Telehealth connects patients and consumers to a wide continuum of services, providing the same high-quality care as an in-person visit to the doctor from the comfort of their own homes. With telehealth, patients can save time traveling to and from doctors’ appointments, spend less time away from work, save money by avoiding more costly care settings like hospitals, and consult with world-class specialists, regardless of location.⁵

Telehealth also helps to improve overall health and well-being. Consumers have 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.⁶ Telehealth has also demonstrated comparable benefits to in-person therapy sessions for patients suffering from post-traumatic stress disorder.⁷

Caregivers also benefit from telehealth. In a survey of mothers, nearly all respondents reported having round-the-clock access to a doctor would be helpful, with 71 percent reporting 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, moms said telehealth provided a “health security blanket,” with 61 percent reporting health technology will lead to better overall health for their children.⁸

These innovative tools also create savings for consumers, providers, and taxpayers. Telehealth could help save the United States as much as \$4.28 billion on health care spending per year and studies have shown net cost savings totaling \$100 per visit.^{9,10}

For all these reasons, telehealth increasingly provides a competitive advantage in health care-- driving more health insurance providers towards providing innovative telehealth services.¹¹

Solutions to Strengthen Telehealth for Patients

While there are still some barriers, 2018 was a breakthrough year in the expansion of access to telehealth services.

Medicare Policy Solutions

Prior to 2018, Medicare only reimbursed for telehealth under very strict conditions. For example, it would not reimburse for any services that did not include both audio and video in patient-provider interactions, nor would it reimburse for services outside of certain geographic regions. Medicare Advantage plans were only permitted to offer a supplemental benefit to consumers to diagnose and treat certain conditions via telehealth.¹²

In 2018, however, several new policies were adopted to improve access for patients and consumers. In 2018, CMS released a report on the use of telehealth under Medicare fee-for-service and barriers to its expansion. The report found the two most significant barriers to expanded use of telehealth under Medicare were (1) requiring originating sites to be located in specifically-defined rural areas and (2) not allowing a beneficiary's home to be an eligible originating site.

Opportunities for growth were identified in the report. For example, despite existing restrictions, telehealth could be particularly important in urban areas with high concentrations of minority populations where access to providers and specialists may be inadequate or entail long wait times for appointments. The report also found that the 85 percent of current telehealth users under Medicare had at least one mental health diagnosis, with psychotherapy among the services most commonly provided via virtual care. Dual-eligible beneficiaries accounted for 60 percent of telehealth users and received two-thirds of all telehealth services, statistics which could help define the path forward for virtual care.¹³

Starting in 2020, Medicare Advantage plans are permitted to expand their telehealth coverage in the basic benefit package to include a wider array of services as authorized under the Bipartisan Budget Act of 2018, which was part of the congressional budget deal. For example, under this new rule, Medicare Advantage plans can use telehealth to deliver efficient, effective in-home care to help manage patients' chronic conditions.¹⁴ Proponents of the bill note that it could build momentum for future legislation to remove other barriers to affordable, high quality virtual care under Medicare.

Later in the year, CMS proposed policy changes for Home Health Agencies (HHA) and Home Infusion Therapy Suppliers, which makes the cost of remote patient monitoring an allowable cost on the HHA cost report, encouraging adoption of the technology in home health settings.¹⁵

In November, Medicare proposed expanding access to telehealth for the treatment of substance use disorders (SUD), allowing services to be delivered via interactive, real-time telecommunication technology. The rule removed originating site and geographic restrictions on the use of telehealth to treat SUD and waived the originating site fee when the originating site is the person's home. Similar actions have been taken to expand telehealth for the treatment of certain end-stage renal disease-related services, including home dialysis.¹⁶

Policymakers should consider that clinical decision-making should guide telehealth policy and that imposing stringent legislative or regulatory requirements may hamper the ability for telehealth solutions to meet patient needs.

Medicaid Policy Solutions

State Medicaid programs have been more flexible than Medicare in allowing for the use of telehealth. But many states still have outdated rules and regulations regarding delivery of virtual services, including those that require patients to conduct the visit from a designated originating site and those that limit the types of providers that can deliver care via telehealth. Over the last several years and especially in 2018, states have taken steps to update policies to reflect the evolution of the technology and allow greater flexibility in the delivery of telehealth services.

In 2018, a total of 25 bills were proposed in 22 states to update Medicaid telehealth policies during each state's legislative session; five federal pieces of legislation were also proposed during the 2018 legislative session.¹⁷ Illinois, for example, convened a Medicaid Advisory Committee Telemedicine Task Force to help "improve access to health care and assist the State in its goal of integrating physical and behavioral health services."¹⁸

Though 49 states and Washington, D.C., provide reimbursement for some form of live video delivery of medical services under Medicaid, wide variations exist across states. For example, only 11 states provide reimbursement for store-and-forward services, where, for example, a patient may send a photo of a rash to a doctor without a real-time interaction, and 20 state Medicaid programs provide reimbursement for remote patient monitoring.¹⁹ State Medicaid agencies have greater flexibility to adapt policies to the evolving landscape compared to the challenges in changing Medicare legislation, so there is traditionally more movement in state Medicaid policies than federal legislation.

Federal rulemaking can impact how states design their Medicaid programs. In November 2018, CMS issued a proposed rule that would make it easier for telehealth-focused providers and plans to get approved for Medicaid and CHIP managed care.²⁰ Currently, states considering a private plan for managed care are required to consider the time it takes for beneficiaries to reach a provider and the distance traveled to meet network adequacy requirements; under the new rule, virtual care can address some of the time and distance considerations. The proposal would allow states to choose other benchmarks to reflect accessibility. Citing a USC-Brookings Schaeffer Initiative for Health Policy report, the proposed rule indicates that telehealth could make time and distance measures irrelevant or counterproductive.

This new rule reflects the updated view of state and federal approaches to telehealth access under Medicaid. States have shown a willingness to expand flexibility in virtual care to benefit enrollees, providers, and health insurance providers. Health insurance providers support the continued expansion of telehealth services without Medicaid policy barriers, allowing for virtual delivery of care to become more widespread.

State Policies

In addition to managing Medicaid agencies, states also dictate the policies under which private insurance can operate telehealth. Despite many developments around the country to increase access to virtual care, states can do more to improve access and convenience for residents.

Encourage multi-state licensure: Across commercial and public payers, states grant medical licenses to providers, which determines in which states they can practice. To be eligible to practice in multiple states, a provider must have a license in each state, either through a reciprocal agreement with another state licensing body or by independently being licensed in other states. This state-by-state licensure undermines the value of a “national” network of virtual providers because those providers are not allowed to treat patients in every state, as telehealth would enable.

Various stakeholders are pursuing approaches to overcome this barrier, including the Interstate Medical Licensure Compact Commission, which offers an expedited pathway to licensure for those who wish to practice across multiple states. The Compact currently stretches across 24 states and one territory and the 31 Medical and Osteopathic Boards in those areas. Guam, Vermont, Maryland, and Washington, D.C. joined the Compact in 2018.²¹

Align rules and regulations to encourage multi-state operation: Inconsistent state laws have made providing access to telehealth services difficult for plans that operate in multiple states. Some states only allow for telehealth to be used in certain geographic areas, via certain technology, and originating from particular locations, such as a designated hospital or doctor’s office. While health insurance providers 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 insurance providers to design benefits to best meet the needs of consumers.

Establish policies that encourage innovation: States are increasingly recognizing the potential for telehealth and are passing legislation to remove restrictions on expanded use of the technology. In Missouri, for example, House Bill 1617 was signed into law on June 1, 2018, and eliminated restrictions around supervised visits, technology platforms, and geography.²² In Pennsylvania, a bill was defeated in October that would have mandated payment parity between telehealth and in-person visits, which could have slowed potential growth.²³ Massachusetts failed to pass a similar bill in August 2018.²⁴ Though these individual victories in favor of telehealth expansion represent progress, there are still many states that should update their policies to reflect the modern technological landscape and its many benefits to access to care for consumers.

Conclusion

The promise of virtual care has gained significant visibility and attention over the last several years. The use of telehealth has grown dramatically, and CMS is beginning to update rules and regulations to reflect the changing nature of the technology, demand for services, and the ability to increase both access and convenience. Telehealth is being leveraged for more clinical services as demonstrated by recent provisions in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act which calls for increased access to telehealth services for the treatment of SUD as part of efforts to combat the nation's opioid epidemic. State and federal policymakers need to continue to do their part to enable greater flexibility and innovation to expand access to virtual care. Over time, telehealth will begin to fulfill its promise as an integral part of the care continuum, improving efficient access to care, enhancing outcomes, and creating cost savings.

Health Insurance Providers: Driving Excellence Through Telehealth

Blue Cross Blue Shield of Massachusetts Provides Flexibility, Finds High Consumer Satisfaction with Telehealth Program

Blue Cross Blue Shield of Massachusetts (BCBSMA) saw a growing opportunity in telehealth, which it capitalized on by initiating a pilot study. The study ran from May 2015 until May 2017, with the insurance provider 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 insurance provider saw the potential of telehealth, it made the strategic decision to cover telehealth services beginning Jan. 1, 2016. Telehealth services became a core benefit for all fully insured business and as a buy-up option for self-insured accounts.

BCBSMA partnered with 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 virtual platform. The benefit of this approach is to give the patient the option to see his or her doctor or to see one of the vendor's providers at any time of the day, accessible through a secure medium that protects their privacy.

Services are delivered via virtual face-to-face live video interaction, both on-demand for medical visits and by appointment for behavioral health services. The telehealth services offered by BCBSMA 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, where telehealth can be used for remote counseling. Patients can make virtual appointments for 30-, 45-, and 60-minute sessions, and the insurance provider believes this will expand access and the availability of services.

Understanding the value of telehealth for their members, BCBSMA launched its own dedicated version of the vendor platform in April 2018. Branded “Well Connection,” the platform offers members a more customized experience, along with access to the same national network of the vendor's providers. Well Connection also offers BCBSMA the ability to innovate and evolve its telehealth strategy moving forward to meet the needs of both their members and provider partners. Members are very satisfied with their experience – Well Connection has earned an average satisfaction rating of 4.8 out of 5.0, while satisfaction with the provider accessed has an average satisfaction rating of 4.9 out of 5.0.

In 2019, BCBSMA will focus on opportunities to leverage their Well Connection platform with local providers, allowing them to offer telehealth services to their patients. BCBSMA is also offering telehealth kiosks as an added convenience for their accounts and members. The insurance provider hopes to incorporate telehealth to improve access to care for its members, especially for behavioral services where access to providers continues to be a challenge.

Cigna Seeks to Expand Telehealth Network of Providers

Cigna started exploring covering telehealth to improve access to behavioral health care. In 2014, Cigna expanded telehealth coverage at an enterprise level. Telehealth was initially offered as an option for interested commercial 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 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.

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.

Harvard Pilgrim Health Care Tackles Urgent Care, Behavioral Health Via Telehealth

Harvard Pilgrim Health Care first leveraged telehealth to offer a lower cost, convenient alternative to the emergency room. The insurance provider selected a vendor for urgent care virtual visits in July 2016. Beginning in July 2017, virtual behavioral health visits were made available to members.

Plan members can access telehealth for common low-acuity urgent care issues, such as coughs, colds, and urinary tract infections. To best accommodate the needs of patients, telehealth 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 use real-time eligibility queries to determine the member cost sharing, which is collected at the time of the visit. Services are offered over a video platform that is available on a mobile device or computer, with functionality similar to Skype. Telehealth is a covered benefit for all members and applies the same cost sharing as a primary care visit with no referral or authorization 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.

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

Challenges to growth include regulatory issues, as well as promotion and utilization. From a promotional perspective, the insurance provider created toolkits to promote the services to try to steer people towards utilizing telehealth.

Health Care Service Corporation Offers Telehealth to Employer, Exchange, Medicaid Populations

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.

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.

Through the virtual visit program, HCSC members have on-demand access to 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 telehealth options on its Provider Finder and Cost Estimator tools, allowing members to view both traditional Blue Cross and Blue Shield providers and virtual doctors in their network to help identify the provider that best meets consumer needs. The insurance provider offers single sign-on access from Blue Access for Members, so plan members can easily access the telehealth portal without being required to login again.

The virtual visit program is available as a standard benefit to most fully insured employer plans and 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.

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

Kaiser Permanente Sees Spike in Use of Virtual Services, Representing 59% of Total Interactions

Kaiser Permanente has long been a leading innovator in the telehealth space. In 2017, Kaiser Permanente had 131 million virtual interactions with consumers, accounting for 59 percent of its total interactions. These online interactions include requesting prescription refills, scheduling appointments, accessing lab test results, and video and telephone consultations between a patient and clinician.²⁵ Use of video visits increased 235 percent between 2016 and 2017, consistent with members’ desire for choice, convenience and timely access.²⁶ Kaiser Permanente’s patient portal, [KP.org](https://www.kp.org), and mobile apps allow members to book appointments by telephone, in person, or by video.

Kaiser Permanente leverages its integrated model, where their physicians and other professionals are given a smartphone to initiate HIPAA-compliant texts, phone calls, or video chats to coordinate and collaborate with colleagues about a patient’s care. Care teams have access to information on-the-go, including electronic medical records, gaps in care alerts, and secure messages exchanged with a patient. This connectivity and information flow enables quick care management decisions, improved triage in emergency rooms and other settings, and increased efficiency for all stakeholders.²⁷

Online interactions are included in members’ benefits, with no out-of-pocket cost to call into a clinical call center, to email or text a clinician, or, for most members, to access a video appointment. This approach encourages members to engage in their health, which helps keep people healthy.²⁸ Satisfaction with the service is high, as 93 percent of patients say that a Kaiser Permanente video visit met their needs.²⁹

For example, Kaiser Permanente has seen great success in virtual stroke care. Paramedics can send an alert to a Kaiser Permanente hospital indicating an incoming stroke patient. A neurologist assesses the patient either in-person or via telemedicine, and pharmacists have the clot-busting medication r-tPA ready when the patient arrives. Using the Stroke EXPRESS (Expediting the Process of Evaluating and Stopping Stroke) program, 87 percent of stroke patients were seen and given r-tPA within 60 minutes—which the American Heart Association and American Stroke Association recommend for “door-to-needle” time. Nationally, less than 30 percent of stroke patients are treated in the 60-minute window.³⁰

Kaiser Permanente members using video most often engage with clinicians in general medicine, pediatrics, dermatology, after-hours care, and psychiatry.³¹ It sees great potential in tele-behavioral health and tele-psychology and has increased the availability of telehealth services in skilled nursing facilities and home health services to improve clinical communications across the entire continuum of care.³²

Regence Separates Itself Through Innovative Approaches to Care Delivery

For Regence, telehealth provides an opportunity to fulfill the company's mission of providing a person-focused, economically sustainable system that considers a patient's preferences for accessing care. There has been a 300 percent increase in telehealth use over the last three years and Regence anticipates even more growth as more employers actively encourage its use.

Regence offers telehealth as a benefit for all fully insured members and an available benefit to self-insured members. Virtual services are offered through both a national vendor (with 24/7 provider availability for medical care and behavioral health) and community providers, allowing options that meet consumers' preference. The participation of community providers is of utmost importance, given their ongoing relationships within the region they serve and the trust they have built with their patients. For example, after learning about members' difficulties in finding lactation consultants, Regence worked with local providers to promote virtual lactation consulting services to members who could benefit by using this convenience.

Regence holds its providers to high quality and service standards in all care settings. Quality ratings and complaints are tracked, which can trigger providers and cases being reviewed as needed. The result has been consistently high standards of care for Regence's virtual care delivery providers. In fact, Regence has found that some telehealth-delivered services result in comparable or superior outcomes as in-person visits. For example, patients who receive behavioral health services via telehealth rate their experience and outcomes equivalent to in-person care.

In addition to maintaining high quality standards, the company has seen cost savings via telehealth. Regence recently calculated an average of \$100 in savings to the consumer per telehealth visit when it replaces an in-person visit. From their analysis, Regence learned that four out of every five telehealth visits were "replacement" visits for another care setting; only 20 percent of the time was the telehealth visit an added visit. Regence also accounted for the "resolution rate"—whether a patient ended up in a doctor's office anyway after a telehealth visit, which would result in no cost savings for the telehealth visit. Claims history showed that there was no supplemental visit for the same ailment within 7 days in 95 percent of cases. The average savings was then calculated based on a year of telehealth claims across all lines of business, the majority of which were for acute needs.

In addition to telehealth activities that use video to connect patients and providers, Regence continuously evaluates new opportunities to offer its members services. Always focused on ensuring the most convenient, flexible care for consumers, Regence aims to offer its members the ability to submit their symptoms and needs, including a photo or video, electronically. The idea to investigate this efficient, consumer-friendly, convenient communication resulted from consumer feedback. A pilot was initiated to study interest in a service that responds to these types of requests within two business hours. It is still too early to make conclusions, but the pilot found patients are interested in communicating electronically when privacy is especially important (e.g., sexual health).

Regence is committed to convenient care for consumers, using innovative delivery modes, insisting on high quality, and improving patients' health care experience. As telehealth becomes mainstream, Regence will continue to innovate in meeting the health needs of the people and communities it serves.

Endnotes

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