

Telehealth and Implications for OCHIN's Oregon Member Clinics

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UCHIN

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OCHIN's Oregon Member Clinics

34 

Member
Organizations



33 members

provide primary care services



14 members

provide dental services



13 members

provide behavioral health services

- 1.2 million total encounters completed YTD
- 28% % of total encounters conducted via telehealth (e.g., phone, video, telemedicine)

The COVID-19 pandemic provided a natural experiment to study the expansion of telehealth.

- Nationally, the expansion of telehealth during the pandemic did not increase total use and costs as the Congressional Budget Office feared. ⁽¹⁾
- OCHIN member clinics saw an increase in telehealth visits that was offset by a decrease in face-to-face visits. ⁽²⁾
- While we won't know the long-term impact on use until the pandemic is over, there seems to be a substitution effect with telehealth and face-to-face visits. ⁽¹⁾

Sources:

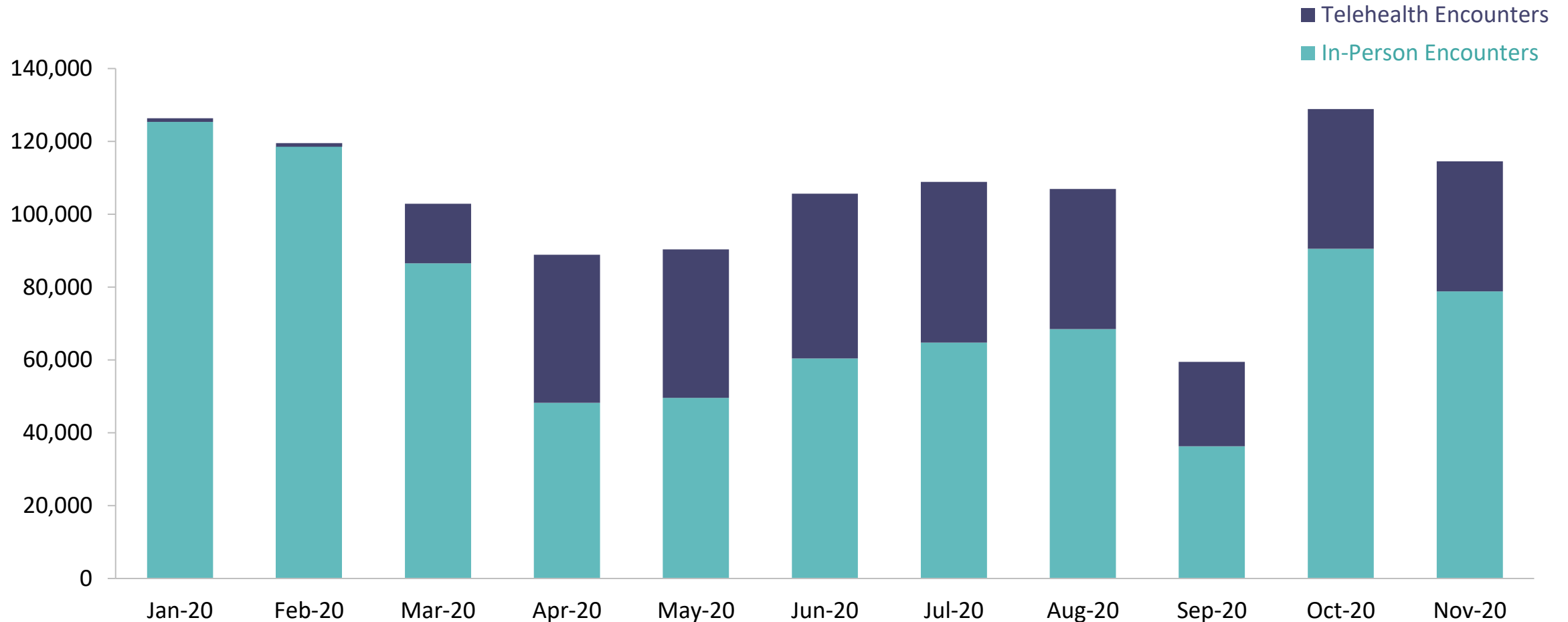
1. *Taskforce on Telehealth Policy (TTP) Findings and Recommendations, Latest Evidence: September 2020. National Committee for Quality Assurance. Accessed 12-7-20*
https://www.ncqa.org/wp-content/uploads/2020/09/20200914_Taskforce_on_Telehealth_Policy_Final_Report.pdf
2. OCHIN Epic, retrieved 12/8/20

The COVID-19 pandemic presented many challenges for OCHIN member clinics in Oregon and the patients they serve.

Telehealth has helped clinics provide needed care during the pandemic.

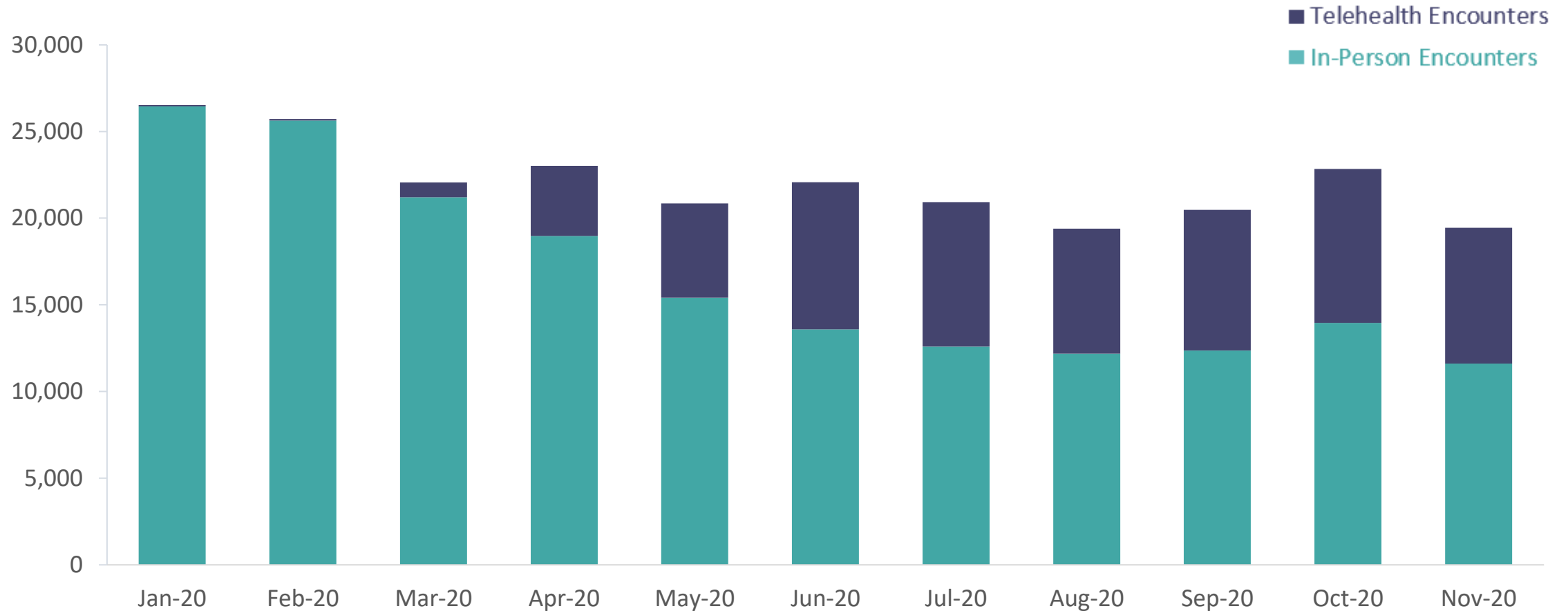
The increase in telehealth encounters helped patients receive care during the pandemic.

Number of completed in-person and telehealth encounters in Oregon, by month



Behavioral health services shifted to telehealth in response to COVID-19 in Oregon.

Number of completed behavioral health encounters in Oregon, by month



Of the 1,210,257 completed encounters at OCHIN Oregon member clinics year to date...

28.2% have been conducted via telehealth

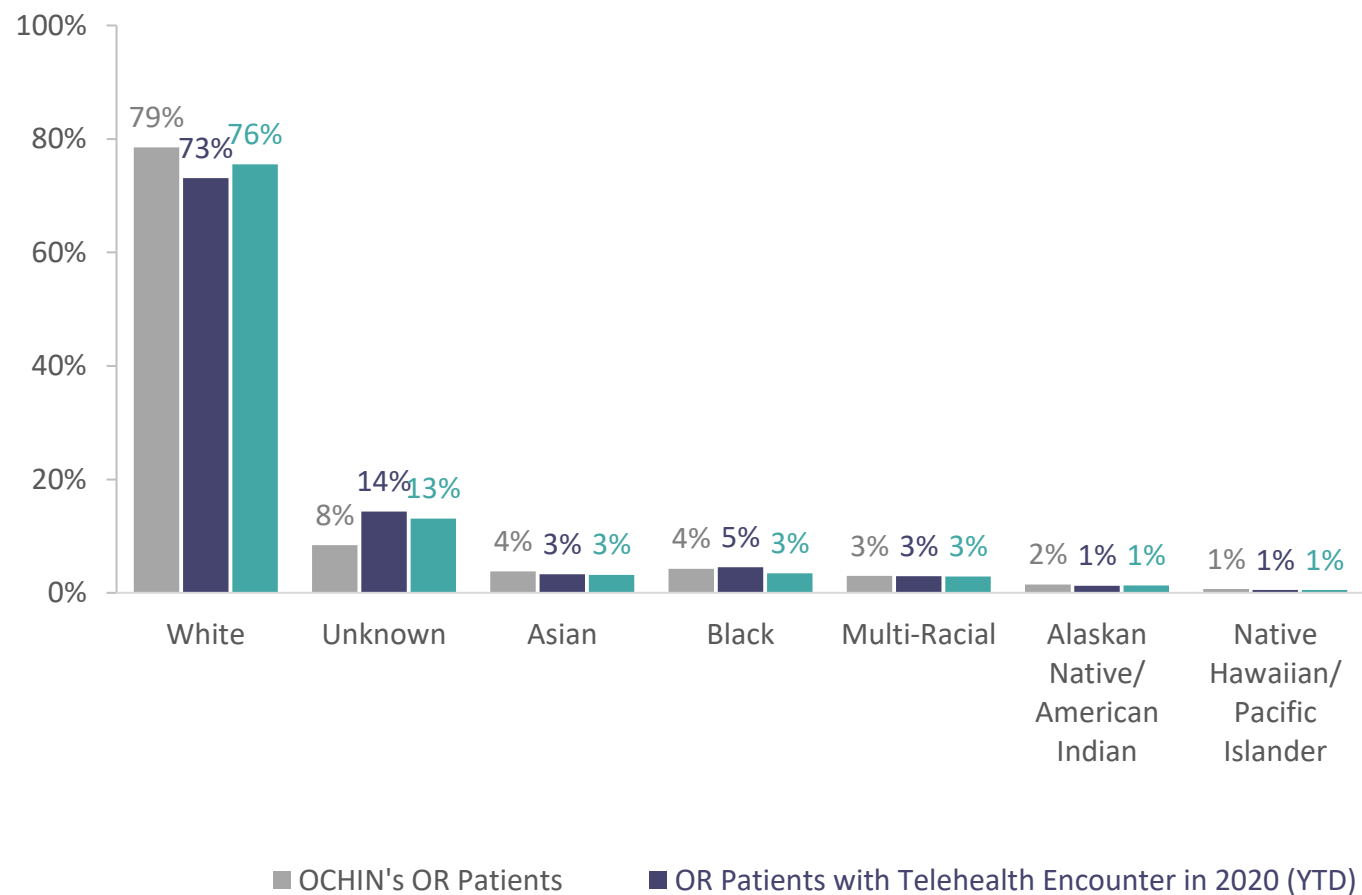
Of the **336,177 telehealth encounters** completed YTD:

- **76%** have been conducted via video
- **24%** have been conducted via phone

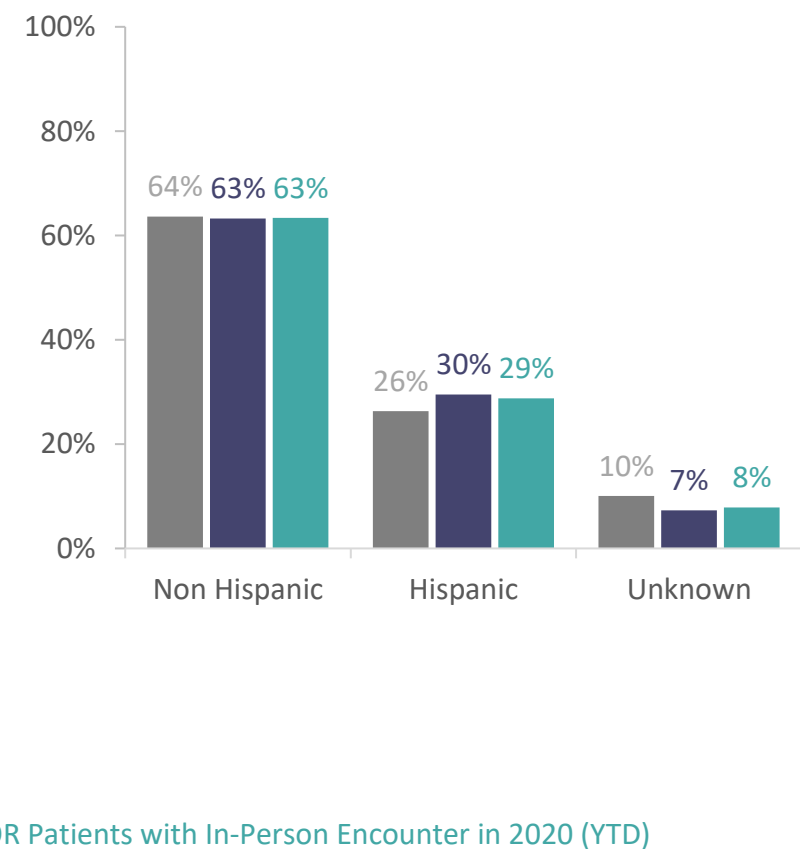
OCHIN's Oregon patients access **telehealth** at similar rates to **in-person visits** regardless of race or ethnicity.



Percentage of patients, by race



Percentage of patients, by ethnicity



Telehealth Provides Equal Access for Individuals Facing Structural Barriers

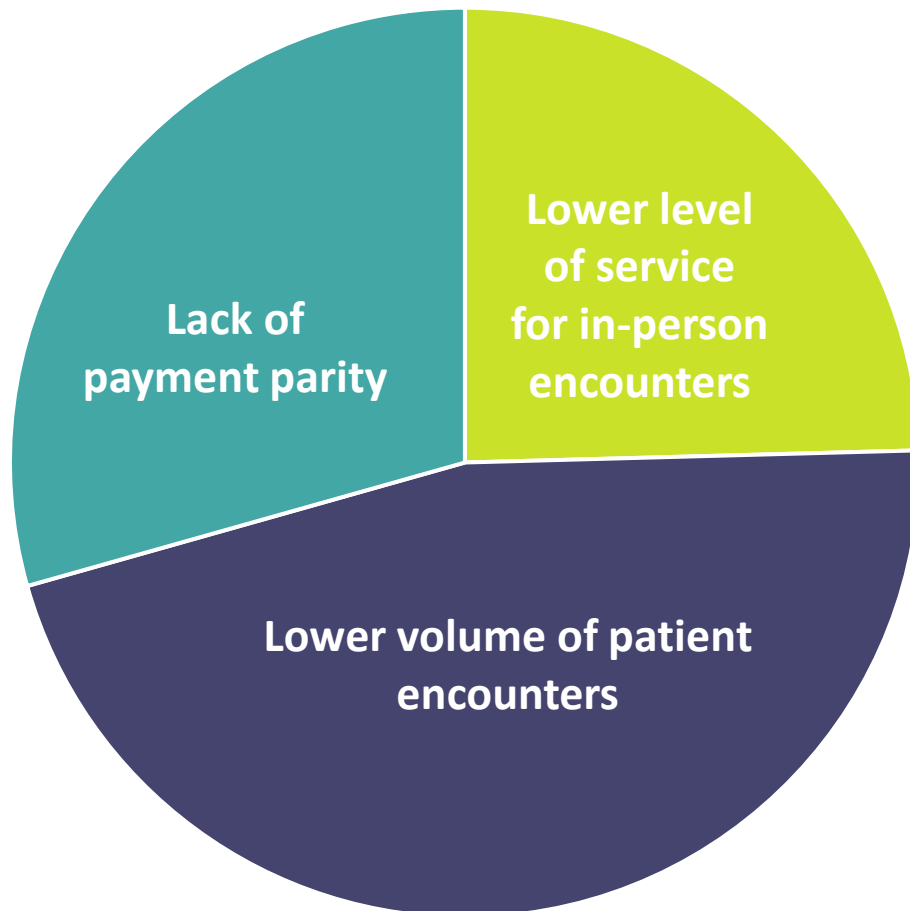
Removes In-Person Impediments to Access

Data Demonstrates:

- Patients who stated they need housing support are **6% more likely to use telehealth** than those that did not screen positive for housing needs.
- Patients who stated they need transportation support are **4% more likely to use telehealth** than those that did not screen positive for transportation needs.

The shift to telehealth has helped provide continuity of care during the pandemic, but it has decreased the revenues of OCHIN member clinics due to lack of payment parity between in-person encounters and telehealth encounters.

29% of the drop in gross monthly charges from February to October 2020 was caused by **lack of payment parity for telehealth services**.

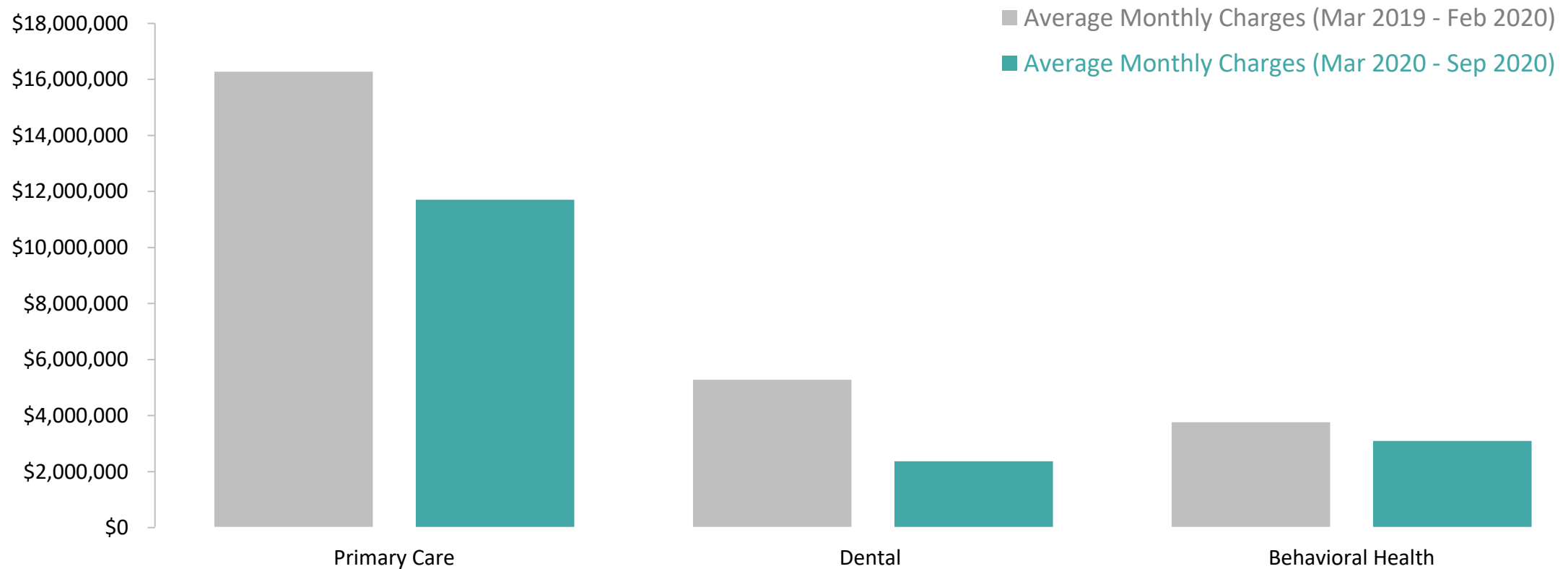


From February 2020 to October 2020, gross monthly charges at OCHIN's Oregon clinics were less than we would expect if they stayed at the level of January 2020.

Lack of payment parity for telehealth services accounts for approximately **29%** of the total reduction.

After the spread of COVID-19, Oregon member clinics experienced a decrease in average monthly gross charges in all specialty areas.

Average monthly gross charges amongst OCHIN's Oregon Members, by specialty



Policy Recommendations: Scaling Sustainable Models of Healthcare Delivery that Support Community-Based Innovation and Equity in Access

Coverage and Payment Parity

Commercial Plans

State Health Care Programs

Audio-Only Services

Sustainable FFS to Value- Based Pay

Payment for actual costs in fee-for-service (FFS) for range of virtual services (including interactive, remote management, e-consults and referrals) to build initial capacity

Advance equity by ensuring payment and regulatory flexibilities (such as audio-only) account for clinical and social determinants of health complexity

Incentivize whole patient care by prioritizing all-payer value-based models that are centered in existing community-based providers

Thank You

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