

# Telehealth in Pregnancy: Key Issues and Considerations for Practice

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# Outline:

- What is telemedicine/telehealth?
- Why might telehealth be a good option during the COVID-19 emergency?
- How has telehealth been used in pregnancy?
- What is the regulatory landscape like for telehealth?
- What are some other potential barriers to telehealth?
- How do I go about initiating a telehealth program?

# What is telehealth?

Use of technology by health care professionals to provide remote health care services to aid in management and prevention of disease

- Typically refers to use of the following modalities:
  - **Videoconference**: real-time exchange of information via video (i.e. patient has an appointment on a web-based platform with a provider)
  - **Store and forward/”asynchronous communication”**: an online consultation in which patient information is sent to a remote clinician, who later sends back diagnostic/treatment recommendations.
  - **Remote patient monitoring**: patient’s home monitoring device sends data to clinician for review. Example: home blood sugar data sent to doctor remotely.
- Broader definitions can include phone, text, email, online patient portals

# Telehealth Can Facilitate a Broad Range of Interactions Using Different Devices and Modalities

Interactions	Devices	Modalities	Patient Location “originating site”
<ul style="list-style-type: none"><li>• Patient to provider</li><li>• Provider to provider</li></ul>	<ul style="list-style-type: none"><li>• Smartphone</li><li>• Computer/tablet</li><li>• Monitoring device</li></ul>	<ul style="list-style-type: none"><li>• Videoconference</li><li>• Remote patient monitoring</li><li>• Store and forward</li><li>• Phone*</li><li>• Secure messaging, text, email*</li></ul>	<ul style="list-style-type: none"><li>• Home (or location of choice)</li><li>• Clinic/Office</li><li>• Hospital</li></ul>

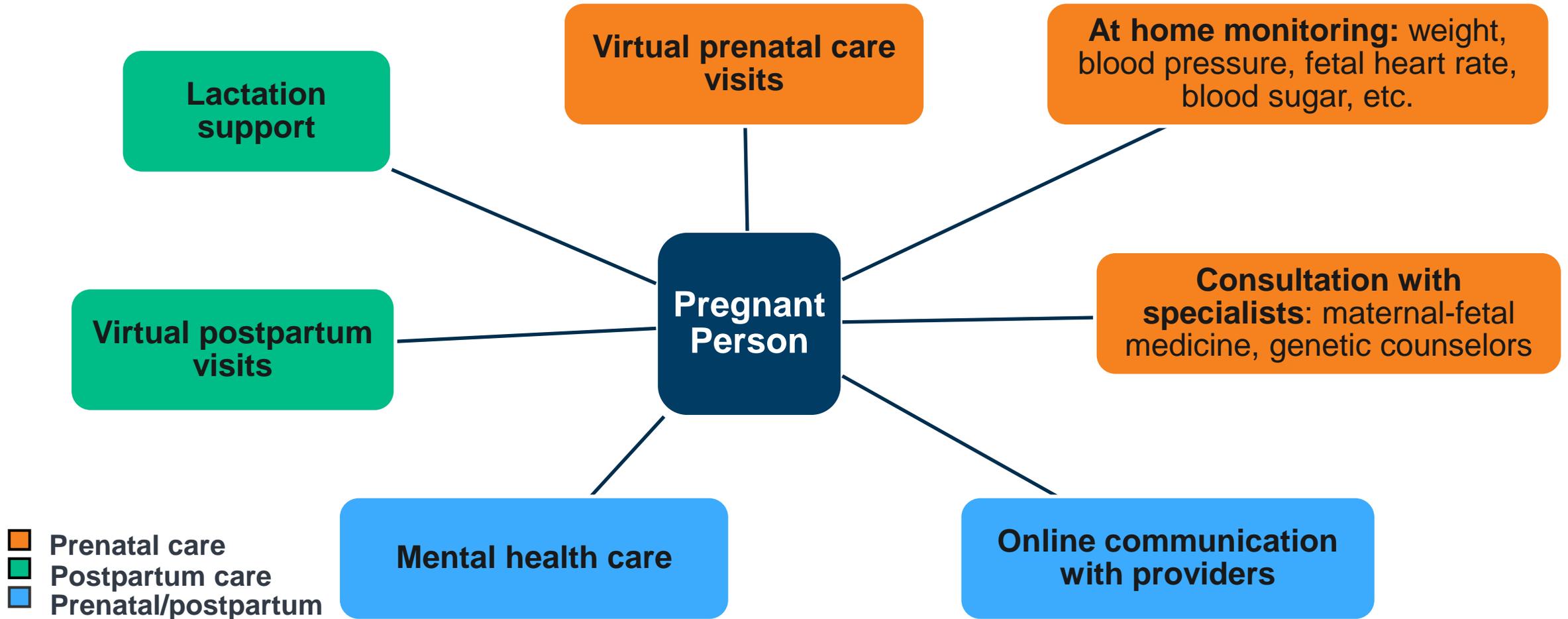
\*Distant site = provider location

NOTES: \*Not considered telemedicine by many definitions, and therefore not covered by most insurers.

# Why might telehealth be a good option currently during the COVID-19 emergency?

- Allows patients to reduce in-person visit exposure, while social distancing
- Allows providers to still provide care if they themselves are sick or exposed
- Ensures patient needs continue to be met
- Conserve personal protective equipment (PPE)

# How can telehealth be used in pregnancy?



# Virtual Prenatal & Postpartum Care

- Some medical centers have started to use telemedicine “virtual visits” to replace some in-person visits (e.g. Mayo Clinic “OB Nest,” Multicare, University of Utah, George Washington University)
  - Components: **live videoconference + remote patient monitoring**
  - Limit in-person visits to those that require an ultrasounds, lab testing, vaccinations, etc. Shift other visits to telemedicine model
  - Patients are given instructions and supplies to monitor blood pressure, weight, fetal heart rate and fundal height at home
- **Potential benefits:** coronavirus-related reasons, minimize travel/time away from family or work responsibilities, patient satisfaction and self-efficacy
- **Potential drawbacks:** some in-person care is still needed, ensure quality of care equivalent to in-person, purchasing of home monitoring equipment

# Example comparison of visit schedules using traditional vs. telemedicine models of prenatal care

Program Type	1 <sup>st</sup> Visit	Weeks Gestation														Postpartum
	12	16	20	24	28	30	32	34	36	37	38	39	40			
<b>Traditional* Prenatal Care</b>															6 weeks: 	
<b>Prenatal Care with Telemedicine</b>															1 week:  6 weeks: 	

 = In-person visit  
 = Virtual visit via telemedicine

NOTES: \*Traditional models of prenatal care recommend 1 visit/month until 28 weeks, followed by 1 visit/2 weeks from 28-36 weeks, and 1 visit/week from week 35 until delivery. Prenatal care models using telemedicine vary in how many visits they recommend. “Virtual visits” may be with an obstetrician, advance care practitioner or nurse depending on the program, and may be conducted via video or phone.

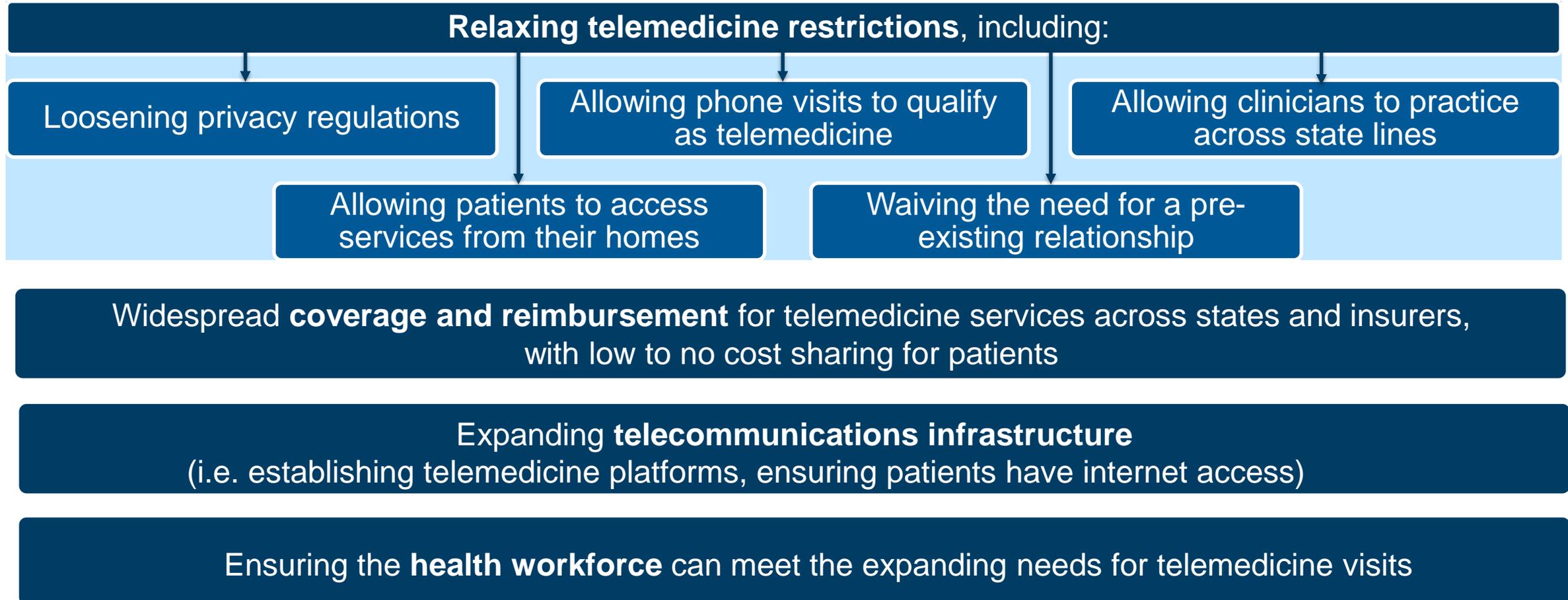
SOURCE: Figure based off the prenatal care model ([OB Nest program](#)) at the Mayo Clinic.

# Using Telehealth to Support Lactation Services

- [Telelactation](#) allows clients to message consultants and participate in virtual visits by phone or videoconference
- **Potential benefits:** convenience, eliminating travel costs, more timely delivery of services, often within minutes or hours of when the need arises
- **Potential drawbacks:** sound and video quality, connectivity issues
- Platforms that have been used to provide telelactation services: Amwell, Maven, Pacify, Lactation Link



# Actions to Expand Telemedicine Availability in Response to the COVID-19 Outbreak



# What is the coverage landscape like for telehealth?

The following factors may all play a role when determining whether a service can be reimbursed if delivered using telehealth technologies:



## Who is the third-party payer?

- ✓ Medicare
- ✓ Medicaid
- ✓ Private Payer

## Who is the direct recipient of the telehealth encounter?

- ✓ The patient
- ✓ Another clinician (E-Consult, Project ECHO)

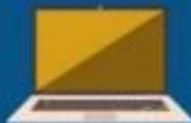


## What modality of telehealth is being used?

- ✓ Synchronous or "live" video
- ✓ Asynchronous or "store and forward"
- ✓ Remote monitoring
- ✓ Mobile health or "mhealth"

## Where is the patient located, otherwise known as the "originating site"?

- ✓ Geographic Location
- ✓ Type of Facility
  - Health care facility (hospital, FQHC, private practice)
  - Non-health care facility (school, worksite, kiosk, home)



## What type of service is being provided and how is that service being coded for billing purposes?

## What type of health care provider is delivering the service? (e.g., Medical Doctor, Nurse Practitioner, Psychologist, Allied Health Professional, Health Educator, EMT)



**Service Parity:** a telehealth service is covered if the equivalent in-person service is covered  
**Payment Parity:** a telehealth service is reimbursed at the same rate as the equivalent in-person service

# Who Regulates Health Plans and Telemedicine?

## Medicare

Regulated by the **federal** government

## Medicaid

Regulated by both the **federal and state** governments

## Self-Insured Health Plans

Regulated by the **federal** government

## Fully-Insured Health Plans

Must comply with both **federal and state** requirements

- The Affordable Care Act ([ACA](#)) requires private insurance plans and Medicaid expansion programs to cover prenatal preventive care without cost sharing to the patient, including prenatal screenings and lactation consultations to in-network providers
  - But, there is **no federal requirement to reimburse for telemedicine**, let alone telemedicine in pregnancy
- Each state regulates and reimburses for telemedicine differently, and regulations differ between public and private insurance plans

# Private Insurance Telehealth Landscape Pre-COVID-19

- 41 states and D.C. have [laws governing reimbursement](#) for telemedicine services in private plans
- No states specifically require private insurance plans to cover pregnancy services in their [telemedicine reimbursement laws](#)
- About half of states require service parity
- [Fewer states](#) require “payment parity”
- \*These laws do not apply to self-insured plans

# Private Insurance Changes in Response to COVID-19

- Many insurers are voluntarily changing their policies around coverage, cost-sharing and telehealth in response to COVID-19 and [America's Health Insurance Plans](#) (AHIP) tracking these changes.
- Examples include:
  - Aetna: zero co-pay telemedicine visits for any reason
  - Anthem: waiving cost sharing for telehealth for fully insured employer plans for 90 days
  - Blue Cross Blue Shield Association: All 36 independent and locally operated BCSC companies waiving cost sharing for telehealth for fully insured members for 90 days
  - Geisinger: making telehealth services provided via Teladoc online or by phone for any routine medical need available for all members at no cost through June 15
  - Humana: waiving cost-sharing for all telehealth delivered by participating/in-network providers





# State Medicaid Changes in Response to COVID-19

- In response to COVID-19, CMS issued guidance reiterating states can use existing flexibility to provide coverage for telehealth services stating:
  - “States have broad flexibility to cover telehealth through Medicaid, including the methods of communication (such as telephonic, video technology commonly available on smart phones and other devices) to use.”
- Some states are issuing emergency policies to make telehealth services more widely available in their Medicaid FFS programs and/or through Medicaid managed care plans
  - Some states are newly allowing Medicaid beneficiaries to access services from their home (e.g. IA, MD)
  - Other states (e.g. CA, MA) are allowing for reimbursement for some phone evaluations
  - Several states have had Section 1135 waivers approved to allow out-of-state providers with equivalent licensing to practice in another state.

For managed care beneficiaries, coverage of telehealth will vary between plans

# Other Important Regulations and Changes to Consider

**HIPPA and Patient Privacy Laws:** Typically telemedicine platforms are required to comply with [HIPAA](#) and state-specific privacy laws

- March 17, 2020, U.S. Department of [Health and Human Services](#): “[HHS] will exercise enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies during the COVID-19 nationwide public health emergency.” (Allows FaceTime/Skype temporarily)

**Licensing Laws:** Normally, health professionals must be licensed to practice in the states where they offer telehealth. Nine states require [special licenses](#) specific to telemedicine.

- Some states are loosening these restrictions in response to COVID-19

**Online Prescribing Laws:** Most states require a patient-provider relationship be established before [e-prescribing](#) of medications

- Medicare has waived the need for a pre-existing relationship for telemedicine, states may follow their lead

**Consent Laws:** 38 states + DC require informed consent to be given in writing or orally before telehealth encounters

# Additional Considerations for Implementing Telemedicine

## Provider facing

- Malpractice Insurance
- Start up costs of initiating telemedicine
- IT support/infrastructure

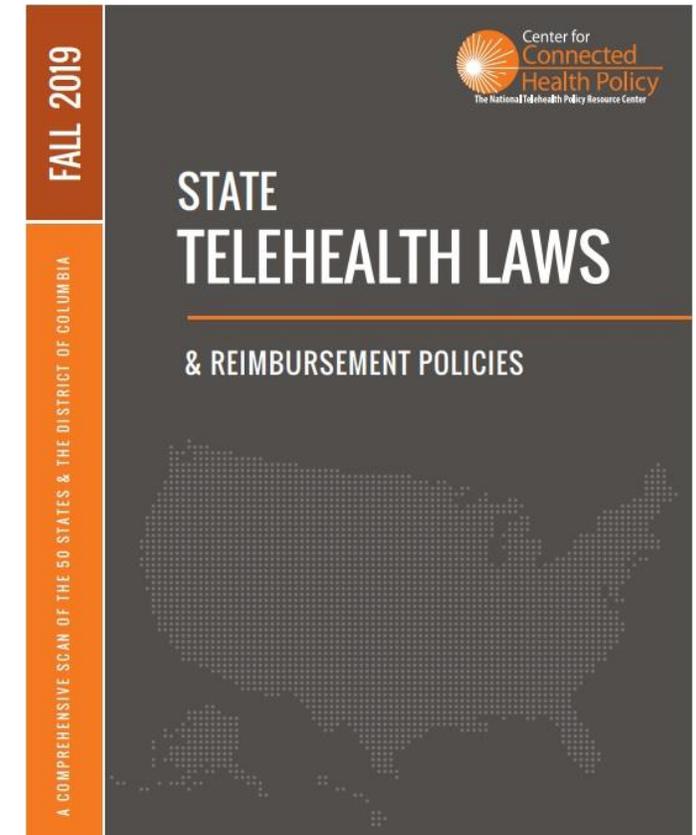
## Patient facing

- IT support/infrastructure
- Quality of care
- Privacy concerns



# What are some resources to aid in implementing telehealth?

- Center for Connected Health Policy (CCHP)
  - Track existing telehealth policy by state for both Medicaid and private insurance, and changes in response to [COVID-19](#)
- National Consortium of Telehealth Resource Centers (NCTRC)
  - Free education, assistance, information about telehealth



# Region Specific Telehealth Resource Centers (TRCs)

Center Name	Region Serving	Phone
Center for Connected Health Policy	National	(877) 590-8144
Telehealth Technology Assessment Resource Center	National	(844) 242-0075
Southwest TRC	AZ, CO, NM, NV, UT	(877) 535-6166
South Central TRC	AR, MI, TN	(855) 664-3450
California TRC	CA	(877) 590-8144
Southeast TRC	GA, SC, AL, FL	(888) 738-7210
Pacific Basin TRC	HI, Pacific Basin	(808) 956-2897
Upper Midwest TRC	IN, IL, MI, OH	(855) 283-3734
Heartland TRC	KS, MO, OK	(877) 643- 4872
Northeast TRC	CT, ME, MA, NH, RI, VT, NJ*, NY	(800) 379-2021
Great Plains TRC	ND, SD, MN, IA, WI, NE	(888) 239-7092
TexLa TRC	TX, LA	(877) 391-0487
Mid-Atlantic TRC	VA, WV, KY, MD, DE, NC, PA, DC, NJ*	(434) 906-4960
Northwest Regional TRC	WA, OR, ID, MT, UT, WY, AK	(833) 747-0643

Source: National Consortium of Telehealth Resource Centers. Find your TRC.

# How does one develop and implement telehealth services?



## Assess & Define

Three steps support assessing the environment and defining the proposed program:

### Step 1: Assess Service Needs & Environment

- Assess service needs
- Identify potential telehealth opportunities
- Assess organizational readiness

### Step 2: Define Program Model

- Consider the type of program that will meet needs

### Step 3: Develop Business Case

- Determine the impact of the proposed telehealth program



## Develop & Plan

Two steps support fully defining the activities necessary for program implementation:

### Step 4: Develop and Plan Program & Technology

- Create a detailed project plan

### Step 5: Develop Performance Monitoring Plan

- Define monitoring and evaluation mechanisms and program improvement process



## Implement & Monitor

The final two steps support implementation and ongoing monitoring:

### Step 6: Implement Telemedicine Program

- Perform all the work required to implement the program

### Step 7: Monitor and Improve Program (Ongoing)

# Additional Resources

- [CMS](#). Coronavirus Resource Landing Page.
- [KFF](#). Telemedicine and Pregnancy Care. February 26, 2020.
- [KFF](#). Telemedicine in Sexual and Reproductive Health. November 22, 2019.
- [Congressional Research Service](#). Telehealth and Telemedicine: FAQs. Updated March 12, 2020.



Thank you.