DSRIP Transition Plan Milestone: Telemedicine and Telehealth Assessment

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DSRIP Transition Plan

Texas must transition from DSRIP pool to sustainable reforms when DSRIP ends on September 30, 2021.

- HHSC submitted the draft transition plan to CMS per the 1115 waiver special terms and conditions* in September 2019.

- HHSC revised the plan based on CMS feedback and submitted the revised plan to CMS in February 2020.

- CMS has not provided final approval of the plan due to COVID-19 priorities and related potential changes to due dates.

*DSRIP Federal Financial Participation (FFP) is at risk if Texas fails to achieve milestones outlined in the plan.

Telemedicine and Telehealth Assessment (1 of 5)

- One of the milestones in the transition plan is the Telemedicine and Telehealth Assessment.
  - Requires HHSC to assess the current capacity and use of telemedicine and telehealth, particularly in rural areas of Texas, to inform next steps to address access gaps.
  - The CMS deliverable deadline is currently December 31, 2020 – however, this may be delayed due to COVID-19 response.

Telemedicine and Telehealth Assessment (2 of 5)

Resources for conducting assessment

- S.B. 789 (77th Legislature) Medicaid and CHIP telemedicine and telehealth utilization data analysis

- H.B. 1063 (86th Legislature) cost savings report

- H.B. 1697 (85th Legislature) and HHSC Rider 94 (86th Legislature) pediatric tele-connectivity resource program

- S.B. 670 (86th Legislature) policy changes

- Connected Texas' broadband mapping

- HHSC/ TORCH rural hospital telemedicine survey

Telemedicine and Telehealth Assessment (3 of 5)

Rural Hospital Telemedicine Survey

- Collaborated with the Texas Organization of Rural & Community Hospitals (TORCH) to conduct a survey of rural hospitals in November 2019 – January 2020 to assess capacity and barriers to use of telemedicine.

- 46 of 144 TORCH member hospitals responded (32% response rate).

- ≈ 56% of respondents indicated they provide telemedicine services.

Telemedicine and Telehealth Assessment (4 of 5)

Rural Hospital Telemedicine Survey

Biggest Barriers

- Payer reimbursement policies were unclear ($\approx$ 39%)

- Volume of telemedicine services did not support costs ($\approx$ 39%)

- Lack of interoperability with other equipment or EMRs ($\approx$ 33%)

- Payers did not offer reimbursement for the services ($\approx$33%)

Telemedicine and Telehealth Assessment (5 of 5)

Next Steps

- Analyze Medicaid and CHIP telemedicine utilization data (both pre- COVID-19 and during COVID-19).

- Draft assessment outline and solicit informal feedback from relevant stakeholder groups (e-Health Advisory Committee, H.B. 1697 Workgroup, and SMMCAC Network Adequacy and Access to Care Subcommittee)

- Conduct additional provider surveys

Thank you

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