Meeting the Needs of Children with Special Health Care Needs: The Role of Telehealth

Jenny Kattlove, The Children’s Partnership
Presentation Objectives

• Explore models for the use of telehealth in meeting the health care needs of children with special health care needs (CSHCN)

• Examine California’s system of care for CSHCN and discuss challenges and opportunities for wider application of telehealth among CSHCN

• Provide recommendations for policy and practice to facilitate wider adoption of telehealth to improve the health and lives of CSHCN and their families
Children with Special Health Care Needs

• 1 of every 7 children in California = 1.4 million
• Chronic physical, developmental, behavioral, or emotional conditions
• Require health and related services of a type or amount beyond that typically required by children
• Require coordinated health care and related services on an ongoing basis from a multidisciplinary set of providers
Children with Special Health Care Needs: The Potential of Telehealth

- Access to subspecialty care
- Coordination of care
- Address barriers related to distance and travel
- Manage chronic health problems
California’s System of Care for CSHCN

California Children’s Services (CCS)

- Primary payer for health care for CSHCN in California
- Not all special health care needs are eligible
- Administered as a partnership between the California Department of Health Care Services (DHCS) and local CCS programs, which are housed at county health departments
- Care often delivered through Special Care Centers
California’s Telehealth Policies

- The CCS program is subject to the same parameters related to telehealth as Medi-Cal
- CA was one of the first states to establish telehealth reimbursement through its Medicaid program: Telemedicine Development Act of 1996
- 2005: Store-and-forward telehealth consults for teleophthalmology and teledermatology were made reimbursable
- 2011: The Telehealth Advancement Act of 2011 overhauled California’s telehealth laws to keep pace with the rapidly evolving technology
- 2014: CA authorized Medi-Cal payment for teledentistry via store-and-forward through the enactment of AB 1174
California’s Telehealth Policies

- Providers bill for telehealth according to standard Medi-Cal practices, with the exception that they must add a special billing modifier to indicate that they provided the service via telehealth.

- The State applies certain restrictions around telehealth reimbursement.
Methodology

• **Online surveys**
  – American Academy of Pediatrics
  – Children’s Specialty Care Coalition
    • Most providers surveyed were pediatric physicians
    • Of those who used telehealth, most used live video conferencing
  – CCS county administrators

• **Interviews with 40 stakeholders**
  – Health care providers, family advocates, families with CSHCN, state and local administrators, health plans, children’s hospitals, community-based support organizations
Results

• Providers
  – Most providers understood that telehealth has the potential to bridge gaps in care for CSHCN
  – Barriers identified: lack of time, information, payment, understanding of billing, availability of specialists, and expense of equipment limited the adoption of telehealth in their practice
Results

• CCS program administrators & other stakeholders
  – Lack of sufficient information about CCS policies regarding telehealth was frequently cited
  – Many CCS county administrators were unaware of the billing guidelines in the Medi-Cal provider manual on telehealth
  – Majority of respondents indicated interest in training to learn more about telehealth and CCS-related reimbursement policies
  – Widespread agreement that billing issues were a significant challenge to the wider use of telehealth
Barriers to Wider Adoption of Telehealth for CSHCN

Data drawn from two surveys administered to providers through one California chapter of the American Academy of Pediatrics and the Children’s Specialty Care Coalition.
Barriers to Wider Adoption of Telehealth for CSHCN

• Providers’ lack of understanding on how to use and bill for telehealth
• Families’ lack of understanding of telehealth as an option to serve CSHCN
• Barriers related to provider reimbursement
• Barriers related to equipment and technology
• Concerns about privacy
Policy Recommendations

• **Provide comprehensive telehealth information to providers**
  – Continue efforts to clarify, consolidate, and centralize information on telehealth for providers and conduct outreach to inform providers of their policies
  – Provide ongoing updates and training to providers on telehealth reimbursement policies, how to bill, and other issues
  – Share information with their networks about resources that are available to help providers incorporate telehealth into their practices

• **Facilitate efforts to educate families about telehealth as an option for care**
  – Partner with community-based providers and family advocates
Policy Recommendations

• Expand the list of eligible billing codes for telehealth
  – Providers can legally offer several services via telehealth, but several are not eligible for reimbursement

• Expand eligible locations to include the patient’s home
  – Home-based care is particular critical for CSHCN because of their complex medical needs
Policy Recommendations

• Expand the number of telehealth services that are reimbursable by Medi-Cal and the CCS program
  – Services/specialties that can be reimbursed through store-and-forward technology should be expanded
  – Reimbursement for remote patient monitoring (RPM) should be added

• Convene a Telehealth Stakeholder Workgroup
  – Include providers, advocates, family representatives, and CCS administrators
  – Identify ways to use telehealth to bring health care and other services to CSHCN and their families
  – Explore the access needs of CSHCN, such as those living in rural areas
  – Spur innovation and collaboration
Contact

Jenny Kattlove

(310) 260-1220

jkattlove@childrenspartnership.org

http://childrenspartnership.org/our-work/health-it/telehealth