



Leveraging Telehealth: Overcoming Challenges and Improving Care

Jared Garfield, Practice Transformation Specialist, Quality Insights

Host: Jared Garfield

- Practice Transformation Specialist with Quality Insights since 2019.
- Involved in a diverse range of quality improvement initiatives in partnership with the Pennsylvania Department of Health assisting health care organizations and clinics in identifying and achieving optimal patient care.



Quality Insights Overview



- Non-profit organization focused on data and community solutions to improve health care quality in pursuit of better care, smarter spending and healthier people.
- Change agent, trusted partner and integrator of organizations collaborating to improve care.

Learning Outcomes

- After this webinar, the learner will:
 - Describe the prevalence of hypertension and high cholesterol.
 - Understand the differences between telehealth and telemedicine.
 - Explain how telehealth can support improved health outcomes for those living with hypertension and high cholesterol.
 - State how to develop a telehealth process in a healthcare organization.

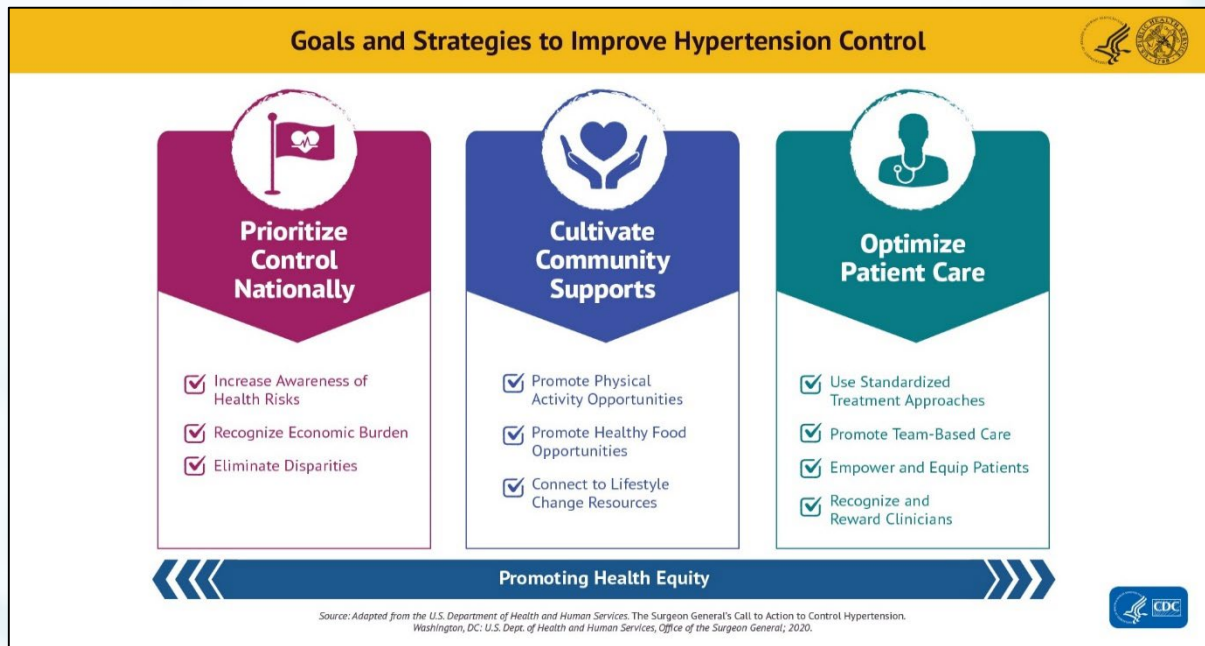


Surgeon General's Call to Action



Source: [Partner Toolkit](#), by Centers for Disease Control and Prevention, 2022.

Goals & Strategies to Improve Hypertension Control



Source: [Partner Toolkit](#), by Centers for Disease Control and Prevention, 2022.

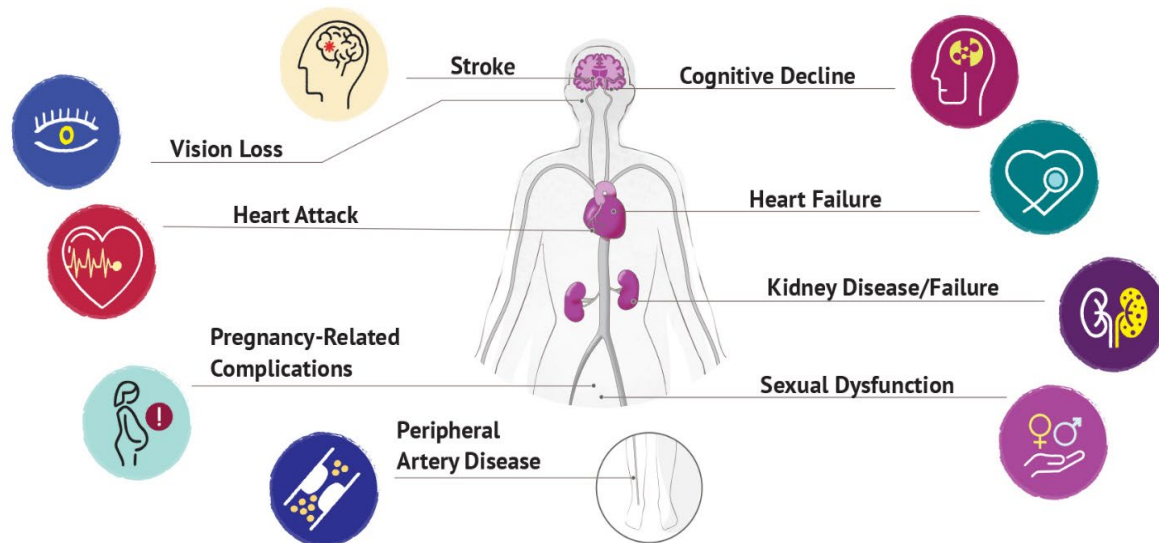
What is Hypertension?



- “High blood pressure, also called hypertension, is blood pressure that is higher than normal. Your blood pressure changes throughout the day based on your activities. Having blood pressure measures consistently above normal may result in a diagnosis of high blood pressure (or hypertension).”
- “The higher your blood pressure levels, the more risk you have for other health problems, such as [heart disease](#), [heart attack](#), and [stroke](#).”

Source: [Division for Heart Disease and Stroke Prevention](#), 2021.

Health Problems Caused by Hypertension

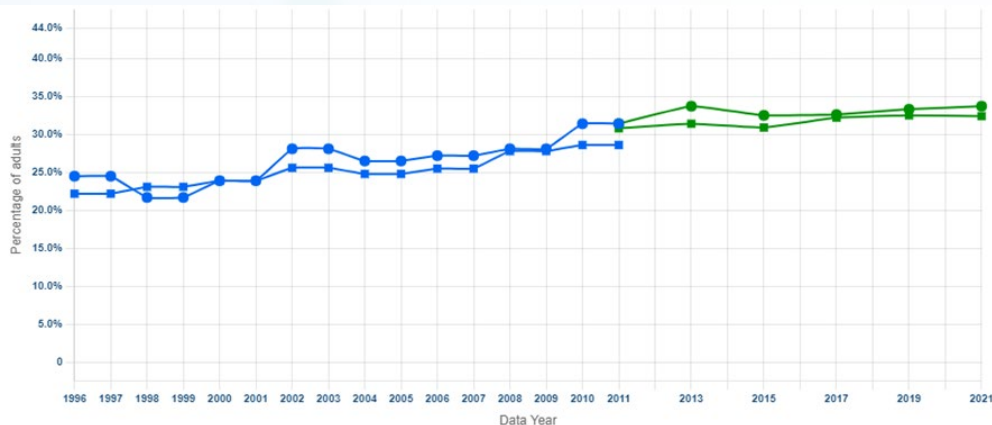


Source: [Partner Toolkit](#), by Centers for Disease Control and Prevention, 2022.



Hypertension Burden

- In 2021, PA ranked **29th** with 33.7% of patients reporting they have been told they have hypertension.



Percentage of adults who reported being told by a health professional that they had high blood pressure

● Pennsylvania ■ United States

Source: [Annual Report: High Blood Pressure in Pennsylvania](#), by America's Health Rankings, 2022.

Hypertension Burden (cont.)

RACE/ETHNICITY

High Blood Pressure - Asian



High Blood Pressure - Black



High Blood Pressure - Hispanic



High Blood Pressure - Multiracial



High Blood Pressure - White



Percentage of adults



Source: [Annual Report: High Blood Pressure in Pennsylvania](#), by America's Health Rankings, 2022.

The Cost of Hypertension



- The CDC recommends treatment for adults with hypertension to reach a blood pressure target of less than 140/90 mmHg.
 - From 2017 to 2018, total medical expenses for heart disease were \$228.7 billion annually in direct and indirect costs.
 - For the same time period (2017 to 2018), stroke costs were \$33.4 billion in direct medical costs and \$19.4 billion in indirect medical costs.

Sources: [CDC](#), 2022; [Tsao et al.](#), 2022.

2017 Guidelines for High Blood Pressure

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and/or	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Source: [Understanding Blood Pressure Readings](#), by American Heart Association, 2016.

2018 Guideline on the Management of Blood Cholesterol

- A full revision of the 2013 American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults is published in the journal [*Circulation*](#).



Source: [Grundy](#) et al. 2019

Interpreting Cholesterol Results

Rating	Total Cholesterol	HDL Cholesterol	LDL Cholesterol	Triglycerides
Good	Less than 200	Ideal is 60 or higher; 40 or higher for men and 50 or higher for women is acceptable	Less than 100; below 70 if coronary artery disease is present	Less than 150
Borderline	200–239	N/A	130–159	150–499
High	240 or higher	N/A	160-189; 190 considered very high	500 or higher; > 886 considered very high
Low	N/A	less than 40	N/A	N/A

Source: [National Library of Medicine](#), 2022



Atherosclerotic Cardiovascular Disease (ASCVD) Risk Assessment

- The use of quantitative 10-year risk assessment, based on measurement of traditional ASCVD risk factors and with use of a validated risk prediction tool, is an important first step in considering treatment options for primary prevention.
- The tool is available by app from both the [American College of Cardiology](#) and [American Heart Association](#), or by accessing the [online version](#). A [patient-facing risk calculator](#) is also available from AHA.

Top Ten Take-Home Messages

Top Ten Take-Home Messages to Reduce Risk of Atherosclerotic Cardiovascular Disease (ASCVD) through Cholesterol Management

1	In all individuals, emphasize heart-healthy lifestyle across the life-course.
2	In patients with clinical ASCVD, reduce low-density lipoprotein cholesterol (LDL-C) with high-intensity statin therapy or maximally tolerated statin therapy.
3	In very high-risk ASCVD patients, use an LDL-C threshold of 70 mg/dL to consider the addition of non-statins to statin therapy.
4	In patients with severe primary hypercholesterolemia (LDL-C level \geq 190 mg/dL), without calculating 10-year ASCVD risk, begin high-intensity statin therapy without calculating 10-year ASCVD risk.
5	In patients 40-75 years of age with diabetes mellitus and LDL-C \geq 70 mg/dL, start moderate-intensity statin therapy without calculating 10-year ASCVD risk.
6	In adults 40-75 years of age evaluated for primary ASCVD prevention, have a clinician-patient risk discussion before starting statin therapy.
7	In adults 40-75 years of age without diabetes mellitus and with LDL-C levels \geq 70 mg/dL, at a 10-year ASCVD risk of \geq 7.5 percent, start a moderate-intensity statin if a discussion of treatment options favors statin therapy.
8	In adults 40 to 75 years of age without diabetes mellitus and 10-year risk of 7.5% to 19.9% (intermediate risk), risk-enhancing factors favor initiation of statin therapy (see #7).
9	In adults 40 to 75 years of age without diabetes mellitus and with LDL-C levels \geq 70 mg/dL at a 10-year ASCVD risk of \geq 7.5% to 19.9%, if a decision about statin therapy is uncertain, consider measuring CAC.
10	Assess adherence and percentage response to LDL-C-lowering medications and lifestyle changes with repeat lipid measurement 4 to 12 weeks after statin initiation or dose adjustment, repeated every 3 to 12 months, as needed.

Source: [Grundy et al. 2019](#)

TELEHEALTH



Telehealth Overview



- Ability to provide health care services via secure electronic equipment without the need for an in-person visit
 - Can be done via phone, video conferencing, app, EHR, etc.
- Dentistry, counseling, physical therapy, occupational therapy, chronic disease management, disaster management, school-based, tele-ICU, etc.
- Synchronous (live) vs. asynchronous (“store and forward”)
- Distant site - where the health care provider is located
- Originating site - where the patient is located

Source: [HHS.gov](https://www.hhs.gov), 2023.

Value of Telehealth

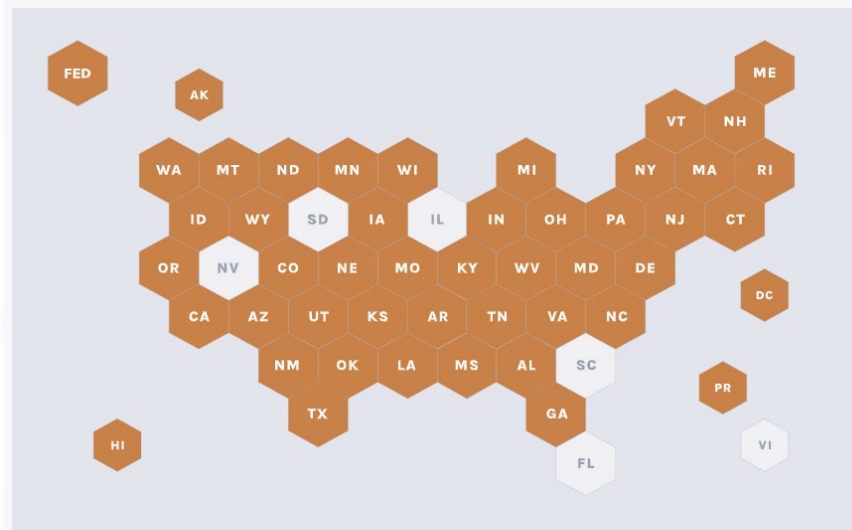
- Increases access to care
- Reduces the need for transportation
- Can enhance patient engagement
- Enhances provider access to specialty consults
- Provider/staff training opportunities
- Potential cost savings
- Reduction of Emergency Department (ED) visits
- Addresses the need to work towards health equity

Source: [HHS.gov](https://www.hhs.gov), 2023.



Privacy, Security and Informed Consent

- Telehealth-specific informed consent is required in most states
- Privacy concerns with home-based telehealth
 - Where a patient is having their appointment needs to be private
- Telehealth technology must be HIPAA compliant
 - Unencrypted video conferencing is not HIPAA compliant
 - Practices create telehealth policies to address HIPAA concerns



- No Requirement for a Telehealth Specific Consent
- Requirement for Telehealth Specific Consent

Source: [CCHP](#), 2023.

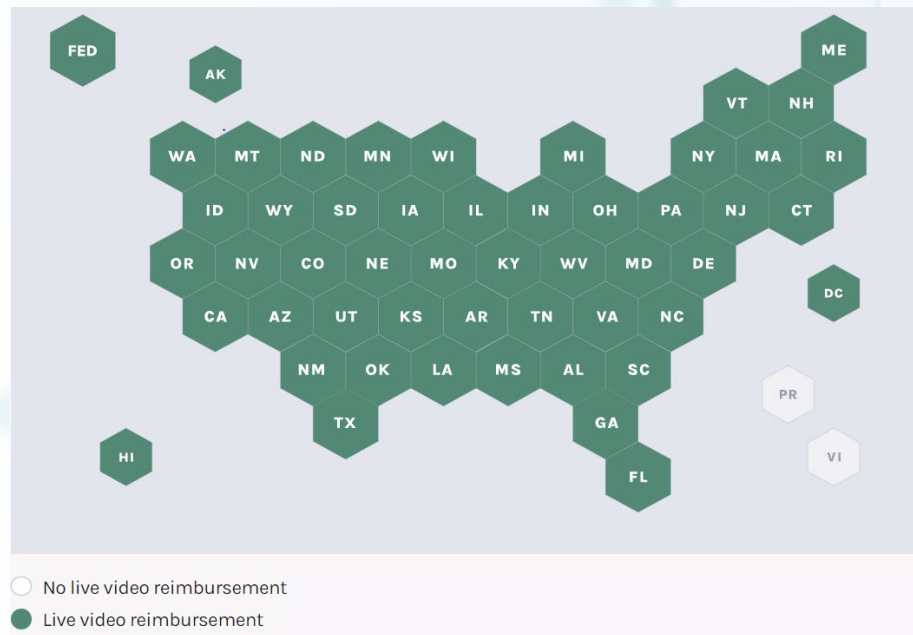
Medicare Billing for Telehealth

- Medicare regulations for telehealth have relaxed and the ability to bill drastically increased as part of the COVID-19 public health emergency
 - Telehealth previously had geographic restrictions
 - Public health emergency ended May 11, 2023
 - ✓ Consolidated Appropriation Act extended the relaxation of telehealth regulations through December 2024
- It will take a congressional act to change Medicare telehealth policy permanently
- More information can be found on the [HRSA website](#)
 - The [Center for Connected Health Policy website](#) offers a review of telehealth policy by state

Source: [HHS.gov](#), 2023.

Medicaid Live Video Reimbursement

- Medicaid live video reimbursement
- Also covered by Medicare and some commercial providers
- Changes to legislation allowed for use of the phone vs. video only



Source: [CCHP](#), 2023.

Medicaid Reimbursement for Audio Only

- Available in Pennsylvania



Source: [CCHP](#), 2023.

Medicaid Store and Forward Coverage

- Medicaid coverage for store and forward
- Not covered in PA
- Not covered by Medicare



Source: [CCHP](#), 2023.

Welcome: Guest Speaker



Margarita McDonald, MD
[Bariatric Medicine Institute](#)

Additional Resources

- [Quality Insights Self-Management of Blood Pressure Practice Module](#)
- [Quality Insights Stroke Prevention Strategy: Cholesterol Management](#)
- [Resources Center for Connected Health Policy](#)
 - Resource center for telehealth policy updates
- [Mid Atlantic Telehealth Resource Center](#)
 - Telehealth updates by state, research, and patient/provider resources
- [National Technology Telehealth Resource Center](#)
 - Toolkits, tech review, resources for providers





Quality Insights on the Web

For more information on Quality Insights, visit our website at:

www.qualityinsights.org/stateservices/projects/pa-1815.

Connect with Quality Insights on social media via Twitter and LinkedIn.



[@QualityInsights](https://twitter.com/QualityInsights)



www.linkedin.com/company/1259377

Contact Information



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Crafting a Competitive Grant Application Webinar



To celebrate our 50th anniversary, Quality Insights is giving away \$100,000 in community health grants.

Quality Insights recently hosted an **informational webinar** to walk through the application process – covering topics including eligibility, budget considerations, and more.



If you missed the live session, you can

[Access the Recording Here](#)

THANK YOU!



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