

eHEALTH INITIATIVE



Government Affairs Retreat

December 10, 2020

Agenda

- 12:00 – 12:15 **Welcome Remarks**
- 12:15 – 12:30 **Overview of Policy Principles & Policy Steering Committee**
- 12:30 – 1:30 **Virtual Care Delivery**
- 1:30 – 2:30 **Congressional Panel**
- 2:30 – 3:00 **Member of Congress Interviews**

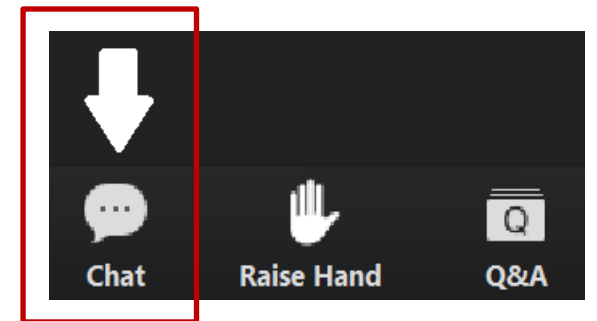
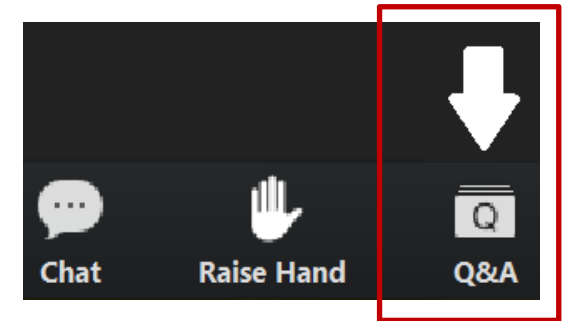


Housekeeping

- **All participants are muted**
- Use the **Q&A** box to ask a question related to the presentation
- Use the chat box is for *technical difficulties* and other questions / comments

Presentation slides are in the eHI
Resource Center

<https://www.ehidc.org/resources>



Welcome & Overview



Jen Covich Bordenick
CEO, eHI



Catherine Pugh
Assistant VP, eHI



Our Mission

eHealth Initiative convenes executives to identify best practices which transform healthcare through use of technology and innovation



eHealth Initiative Leadership

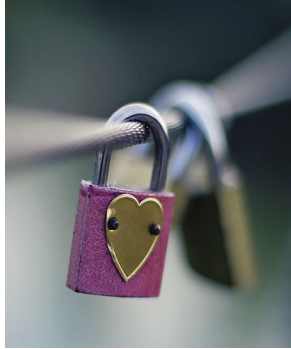


Welcome! 2021 Board of Directors

- **Amy McDonough**, Senior Vice President & General Manager, Fitbit Solutions System (Chair eHI Board of Directors)
- **Kristine Martin Anderson**, Executive Vice President, Booz Allen Hamilton
- **Bill Bernstein**, Partner, Manatt, Phelps & Phillips, LLP
- **Saurabha Bhatnagar, MD**, Head of Technology & Performance, United Healthcare
- **Paul Brient**, Chief Product Officer, athenhealth, Inc.
- **Joe Corkery**, Head, Product Development, Google Cloud
- **Jennifer Covich Bordenick**, Chief Executive Officer, eHealth Initiative & Foundation
- **Paul Eddy**, Executive Vice President, Chief Information & Digital Officer, Wellmark BCBS
- **Kristin Ficery**, Managing Director, Accenture
- **Dan Garrett**, Board of Directors, Welldoc
- **John Glaser**, PhD
- **Sarah Jones**, Vice President, Commercial Product, Best Buy Health
- **Kris Joshi**, Executive Vice President & President Network Solutions, Change Healthcare
- **Susan Murphy**, Chief Experience Officer, University of Chicago Medicine
- **Adam Pellegrini**, SVP, Virtual Care & Consumer Health, CVS Health
- **Drew Schiller**, Chief Executive Officer, Validic
- **Roy Schoenberg**, President and Co-CEO, Amwell
- **Josh Scholler**, CEO, Healthcare LexisNexis Risk Solutions
- **Laura Semlies**, VP, Digital Patient Experience, Northwell Healthcare
- **Mona Siddiqui, MD**, Assistant Vice President, Clinical Strategy & Quality, Humana
- **Eric Sullivan**, Sr Vice President, Innovation & Data Strategies, Inovalon
- **Robin Thomashauer**, President, CAQH
- **Susan Turney**, MD, President and CEO, Marshfield Clinic Health
- **Paul Uhrig**, Chief Administrative & Business Officer, Chief Privacy Officer, The Commons Project Foundation
- **Ash Zenooz**, SVP & General Manager, Healthcare, Salesforce



Current Critical Issue Areas



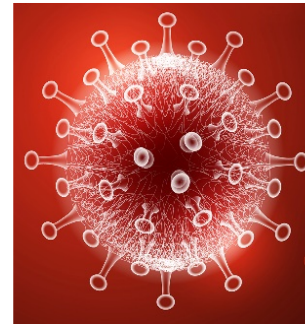
Consumer Privacy



Virtual Care



Analytics, Social Determinants of Health (SDOH) & Artificial Intelligence



COVID-19 Best Practices & Education



Recent Forums & Webinars

COVID-19

- Rapidly Deployed Remote Monitoring for COVID-19
- Fitbit Talks About Population Health Initiative During COVID-19 Pandemic
- How the Pandemic Influences Consumer Health Behavior
- After the Curve Flattens: What's Next for Healthcare and COVID-19

Virtual Care & Policy

- Addressing Capacity and Cashflow with Virtual Care
- How to Grow Your Practice with Reimbursement Considerations
- COVID-19 and Beyond: Telepsychiatry Best Practices and Regulatory Priorities
- Telehealth during COVID-19: New Strategies on How Physicians are Addressing the Outbreak

Privacy

- What's Ahead in 2020 for Consumer Privacy?
- HIPAA: What's Covered and What's Not Covered?
- Changes to Privacy Policies and Regulations in the Face of the Coronavirus Pandemic - eHI Privacy and Security Webinar Series
- Key Survey Findings from the State of Patient Matching in America



Upcoming Forums & Webinars

December 16th: Expert Perspectives on Virtual Care
(webinar)

January 12th: BMS/Merck: Diversity in Clinical Trials
(webinar)

January 26-28th: eHI Annual Member Meeting

For a full list of virtual events:

<https://www.ehidc.org/events>



2020 Publications



eHI
HEALTH INITIATIVE


Building a Modern Health Care System: Recommendations from the COVID-19 Federal Policy Work Group



Supporting American Indian & Alaskan Native Communities Combating COVID-19

eHI
HEALTH INITIATIVE

Understanding Data Gaps, Needs and Strategies
2020

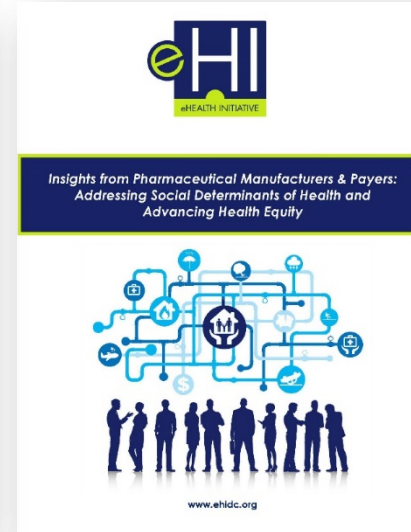


Assessing eHI's Guiding Principles for Ethical Use of SDOH Data During COVID-19

eHI
HEALTH INITIATIVE

Examples from the Field
2020

www.ehdc.org



Insights from Pharmaceutical Manufacturers & Payers: Addressing Social Determinants of Health and Advancing Health Equity

www.ehdc.org

eHI Explains CARES ACT

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Background: On March 27th, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The legislation is the largest bill Congress has passed to address the impact of COVID-19 and is the largest economic stimulus bill in U.S. history. The \$2.2 trillion bill includes provisions to boost the economy and provide support to those fighting COVID-19.

Below is a summary of health IT-related provisions.

Division A

- Sec. 3212 – Telehealth network and telehealth resource centers grant program**
 - Authorizes the HHS's Telehealth Resource Centers grant program of \$270m/year for fiscal years 2021-2025.
- Sec. 3221 – Confidentiality and disclosure of records relating to substance use disorder**
 - Amends 42 CFR Part 2, which governs the sharing of substance use disorder treatment patient records.
 - Allows for written consent to be given for future sharing of information.
 - Sharing of information must be allowed currently under HIPAA (sharing for purposes of treatment, payment, and operations).
- Sec. 3224 – Guidance on protected health information**
 - Requires the Secretary of HHS to issue guidance within 180 days on the sharing of patient health information during the public health emergency.
- Sec. 3201 – Exemption to telehealth services**
 - Allows high-priority health plans with health savings accounts (HSAs) to cover telehealth services prior to a patient reaching the deductible.
- Sec. 3203 – Increasing telehealth capabilities during emergency period**
 - Removes the COVID-19 telehealth volume requirement that a provider must have seen the patient within the last 3 years (which CMS has already stored their record not enforce).

eHI Explains – Fast Healthcare Interoperability Resources (FHIR®)

What is FHIR®?

FHIR® is an application for integrating electronic health records and large amounts of data across multiple platforms. FHIR® was built by Health Level Seven International (HL7).

FHIR® uses a secure platform for real-time data gathering and exchange, allowing providers to access data in real-time. FHIR® parses data for consistency and streamlines electronic health records for easy access by multiple providers.

Prior to FHIR®, providers spent more time on phone calls, emails, faxes, and snail mail.

Why do we need FHIR®?

The development arose from the need for a quality, secure, and faster method to exchange large amounts of health data regardless the platform it exists on, which can help on solve different clinical and administrative challenges.

FHIR® Components:

Resources – a collection of information models that define the data elements.

Application Programming Interface (API) – a collection of well-defined interfaces for interoperating between two applications.

How does FHIR® help patients?

FHIR® reduces the fragmented nature of healthcare data and allows providers to access the right information at the right time.

- Uniformity in the collection and aggregation of data
- Clinical Decision Support – the ability to access data from various sources in a consistent format and approach.
- Patients who use multiple providers in different health systems will no longer have to worry about having numerous patient portals from organizations using different EHRs.
- Disease surveillance
- Monitor and manage medication adherence

www.ehdc.org

Proposed Consumer Privacy Framework for Health Data

Draft for Public Feedback

August 26, 2020

eHealth Initiative
Center for Democracy and Technology

DRAFT

Executive Summary of Final Rule

Background

In December 2018, the landmark 21st Century Cures Act was signed into law. Many of the provisions in the law focused on improving interoperability of health information, including Sec. 4004, which forbids the practice of information blocking.

Sec. 4004 defines information blocking as a practice that is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information, and requires the Secretary of Health and Human Services, through rulemaking, to identify reasonable and necessary exceptions that do not constitute information blocking. The Final Rule, released on March 9 by the Office of the National Coordinator for Health IT (ONC) and the HHS 21st Century Cures Act Implementation, Enforcement, and Compliance Office (HHS 21CIG), sets forth the ONC's interpretation of the statutory objective, in addition to clarifying related policies and changes to the ONC Voluntary Certification Program for Health IT.

The Rule is in two parts: the first focuses changes to the Health IT Certification Program, which is a voluntary certification program for health information technology products. The second creates conditions of what data must be exchanged in order to avoid violating the final rule, which is subject to information blocking or enforcement actions, and reasonable and necessary exceptions that do not constitute information blocking (i.e., exemptions).

Key Takeaways from Final Rule

- ONC is moving forward with policy that requires actors to make electronic health information (EHI) available to patients—and any entity of their choosing, including third-party applications—via a certified application programming interface (API).
- In response to concerns from the public and healthcare stakeholders that data will lose crucial privacy and security protections and it leaves a HIPAA-covered entity and goes to a third-party application (that often is not subject to HIPAA), ONC states:
 - that it supports an individual's ability to choose which third-party developer and app are best for receiving their EHI from a health care provider, as well as an individual's ability to agree to the third-party developer or app's terms of use.
 - that it also supports and strongly encourages actors providing individuals with information that will assist them in making the best choices for themselves in selecting a third-party app.

www.ehdc.org



Our Work



Expert Roundtables
Education Programs
Webinars, Workshops
Networking Receptions
Surveys Reports



Recommendations
Privacy Policy
Comment Letters
Policy Steering Committee (PSC)
Capitol Hill Briefings
HHS, FTC, OCR, Relationships
Hill Meetings



Expert Roundtables
Advisory Boards,
Workgroups
Grants/ Partnerships
HHS, FTC, OCR,
Relationships
Surveys, Reports
Expert Faculty



Our Strategic Goals

CONVENE THE EXPERTS	Ensure influential and emerging leaders in healthcare, technology and key policymakers are included in leadership and activities
COVER CRITICAL AREAS	Ensure eHI resources are dedicated to critical topic areas which require multi-stakeholder perspectives
IMPROVE RELEVANCY & REACH	Improve dissemination and reach of eHI materials and member resources through effective communication efforts
PROMOTE BEST PRACTICES	Share best practices on innovation with executives and the greater industry through education programs marketed to policymakers and industry executives
VALUE TO MEMBERS	Increase value of eHI membership through aggressive engagement and promotion of eHI members in leadership, education, advocacy, and marketing targeted to key focus areas



Policy Objective for 2020: Increase Capitol Hill activities to increase eHI influence in privacy, COVID-19 and SDOH



Success Metrics

Engagement with policymakers, Congressional staff, and key organizations

- 38 bipartisan Hill meetings (Last 6 months)
- Direct conversations with more than 30 stakeholder organizations

Incorporation of policy priorities in new legislation

- COVID-19 Medicare telehealth waiver, passed by Congress after numerous meetings, emails, and phone calls with Congressional staff – was a top priority of eHI's Policy Steering Committee
- 7 eHI-supported provisions were included in the CARES Act

Support from member organizations in comment letters

- 3 regulatory comment letters submitted; one additional advocacy letter sent to the administration
- 8 advocacy letters sent to Congress

Involvement in PSC

- Monthly PSC calls
- Added 3 new PSC members for 2021

Increase Congressional briefings

- No Congressional briefings due to COVID
- One 'virtual rally' featuring remarks from 5 Members of Congress
- 7 policy-focused webinars/virtual member events

Create regular communications about key initiatives

- Policy updates in weekly eHI newsletter
- Blog



2020 Policy & Advocacy Activities

- [Feb. 28th letter](#) to Congress urging inclusion of telehealth provisions in first COVID legislation
- [March 11th letter](#) to Congress outlining requested updates to COVID-19 Medicare telehealth waiver
- [March 23rd letter](#) – signed by more than two dozen organizations – outlining priorities for the CARES Act
- [April 15th comment letter](#) in response to Center for Medicare & Medicaid Services (CMS) interim final rule
- [June 29th sign-on letter](#) to Congress outlining post -COVID-19 telehealth priorities (signed by 340 organizations)
- [July 24th virtual rally](#) on the Protecting Access to Post-COVID-19 Telehealth Act of 2020 (HR 7663)
- [August 3rd sign-on letter](#) of endorsement for HR 7663 (signed by 225 organizations)
- [July 30th sign-on letter](#) to Congress supporting House amendment to remove UPI appropriations ban
- [June 3rd sign-on letter](#) to Congress urging removal of UPI ban
- [June 23rd comment letter](#) in response to the HHS OIG proposed rule on information blocking penalties
- [June 26th letter](#) in response to Senate HELP Committee Chairman Alexander's white paper entitled *Preparing for the Next Pandemic*
- [September 16th](#) action alert on HR 7663
- [October 5th comment letter](#) on CY 2021 Medicare Physician Fee Schedule and Quality Payment Program proposed rule
- [October 8th COVID-19 Federal Policy Work Group report](#)
- [October 26th sign-on letter](#) to Acting DEA Administrator on implementing a telemedicine special registration process enabling providers to safely prescribe controlled substances remotely



eHI Policy Steering Committee



- eHI's Policy Steering Committee (PSC) was established by the eHI Board of Directors in 2005 as a mechanism for considering eHI positions on key policies from a multi-stakeholder perspective
 - The PSC is eHI's only Board created and appointed group



2021 Policy Steering Committee

- Samantha Burch - American Hospital Association
- Leigh Burchell – Allscripts
- **Erica Chischke, MPH – American Academy of Family Physicians**
- **Cherie Holmes-Henry – NextGen Healthcare**
- Robert Jarrin – The Omega Concern (on behalf of Validic)
- Deanne Kasim – Change Healthcare
- Leslie Kelly Hall – LifeWIRE
- **Timoree Klingler – NEHII**
- **Julien Nagarajan – RELX**
- Kelechi (KC) Ogbonnaya – UnitedHealth Group
- Mark Segal, PhD – Digital Health Advisors
- Brooke Rockwern – American College of Physicians
- Robert Tennant – MGMA
- Colby Tiner – American Heart Association
- **Bradley Wolters – Marshfield Clinic Health System – 2021 PSC Chair**



Draft Policy Principles

- 1. A modern value-based, technology-enabled health care system creates better health care outcomes for everyone.** eHI supports a value-based health care system that enables providers to deliver individualized care when and where patients need it, improve outcomes, and lower costs.



Draft Policy Principles

- 2. Digital health tools can be powerful tools to identify and address health disparities and promote health literacy.** A variety of social and systemic factors have the potential to impact overall and individual's health status. Health care providers and organizations should have access and effectively use digital health tools to identify and work to mitigate factors that lead to health disparities. Policy must focus on addressing systemic causes of health inequity and allow health care providers to fully leverage digital health tools to combat individual health disparities their patients are facing. Policies should also seek to ensure these tools do not exacerbate existing biases. Additionally, policy should promote equity in access to digital health tools for both providers and patients and must focus on ensuring that the design and implementation of digital health is such that all levels of digital and health information literacy can benefit.



Draft Policy Principles

- 3. Patient health information should be easily and securely accessed, exchanged, and shared electronically.** eHI supports eliminating the practice of information blocking and allowing for the free and secure access, exchange, and use of health information. In order to advance modern approaches to interoperability, eHI supports the responsible and secure use of standards-based application programming interfaces (APIs) by all applicable stakeholders to enable effective, authorized access to health data by patients, their authorized representatives, providers, payers, researchers, and others authorized to access such data.



Draft Policy Principles

- 4. Patients should be confident their data is secure and protected – regardless of who controls the data.** eHI believes Congress must pass comprehensive data privacy legislation that reflects how data flows in today's health care ecosystem.



Draft Policy Principles

- 5. Public health systems should be modernized and adequately funded.** The COVID-19 pandemic has called attention to the need to modernize current public health surveillance and reporting systems. eHI supports efforts to promote the electronic sharing of public health information and provide predictable and adequate funding to ensure this can be accomplished.





SAVE THE DATE

January 26 – 28, 2021



eHealth Initiative Annual Member Meeting

Virtual Care Delivery



Colby Tiner, MA
American Heart Association



Peter Antall, MD
Amwell



Virginia Whitman
Alliance of
Community
Health Plans



Lauren Conaboy
Centerstone





TECHNOLOGY



CLINICAL SERVICES



PARTNER

HEALTH PLANS

55+ PAYERS | 80M+ COVERED LIVES

HEALTH SYSTEMS

240+ HEALTH SYSTEMS | 2K+ HOSPITALS

INNOVATORS

BROAD RANGE OF DEVICES & PROGRAMS

Amwell's Client Base – A diverse ecosystem



HEALTH PLANS

> 60 Payers
> 150M Covered Lives

Anthem

UnitedHealthcare

Cigna

UPMC
LIFECHANGINGMEDICINE

Allianz

BlueCross BlueShield
of South Carolina



EMPLOYERS

> 36,000 Employers

pitney bowes

ORACLE

jetBlue

AMERICAN
EXPRESS

IBM



HEALTH SYSTEMS

> 160+ Health Systems
> 2000 Hospitals

Cleveland Clinic

Intermountain
Healthcare

Nemours

NewYork-Presbyterian

Dignity Health



HEALTH TECH

Pharma, Devices,
Integrated Partners

TEVA

Medtronic

tytocare

Cerner



RETAIL & WELLNES

Consumer Platforms

Apple Heart Study

PHILIPS

Google onduo

HyVee

Publix

Virtual care across the ecosystem

Patient & Provider



On Demand Telehealth

Typically **On-demand primary care**

Urgent Care, Pediatrics, Behavioral Health
Kiosks, Employers, Retail Locations

Follow-Up Care

Typically **Scheduled visits**
with own Patients

Post-Discharge Follow-Up, Cancer Care
Chronic Care, Medication Management

Provider & Provider



Sub-Acute Telehealth

Typically **Acute Care Consults**

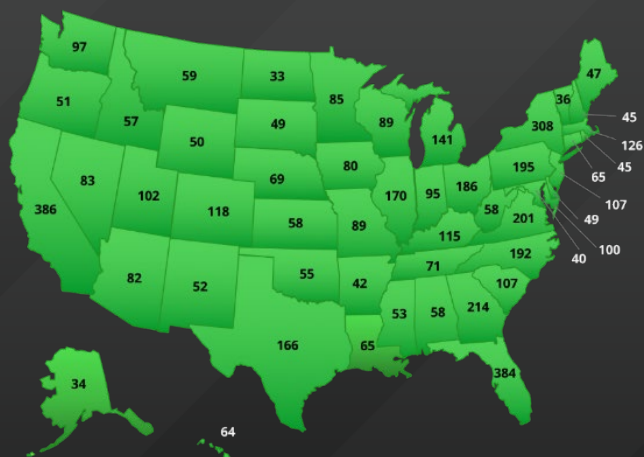
Presenter to provider in schools,
SNFs, hospital rooms

Acute Care Telehealth

Typically **Acute Care Consults**

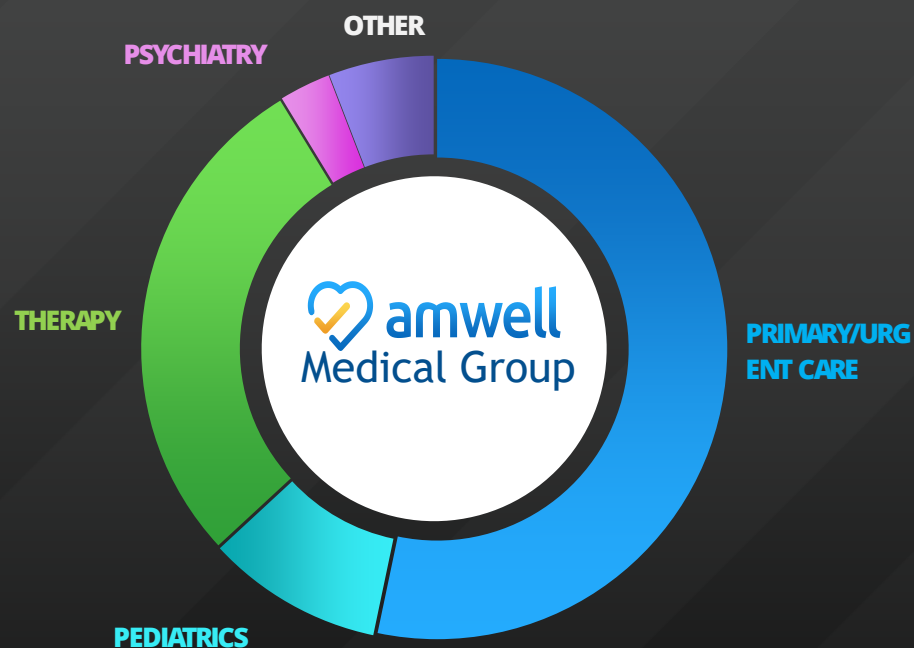
Provider to provider in
tele-stroke, tele-ICU

50 STATE NETWORK



9K+ AW Providers
40K+ Partner Providers

MULTI-DISCIPLINARY



KEY PROGRAMS

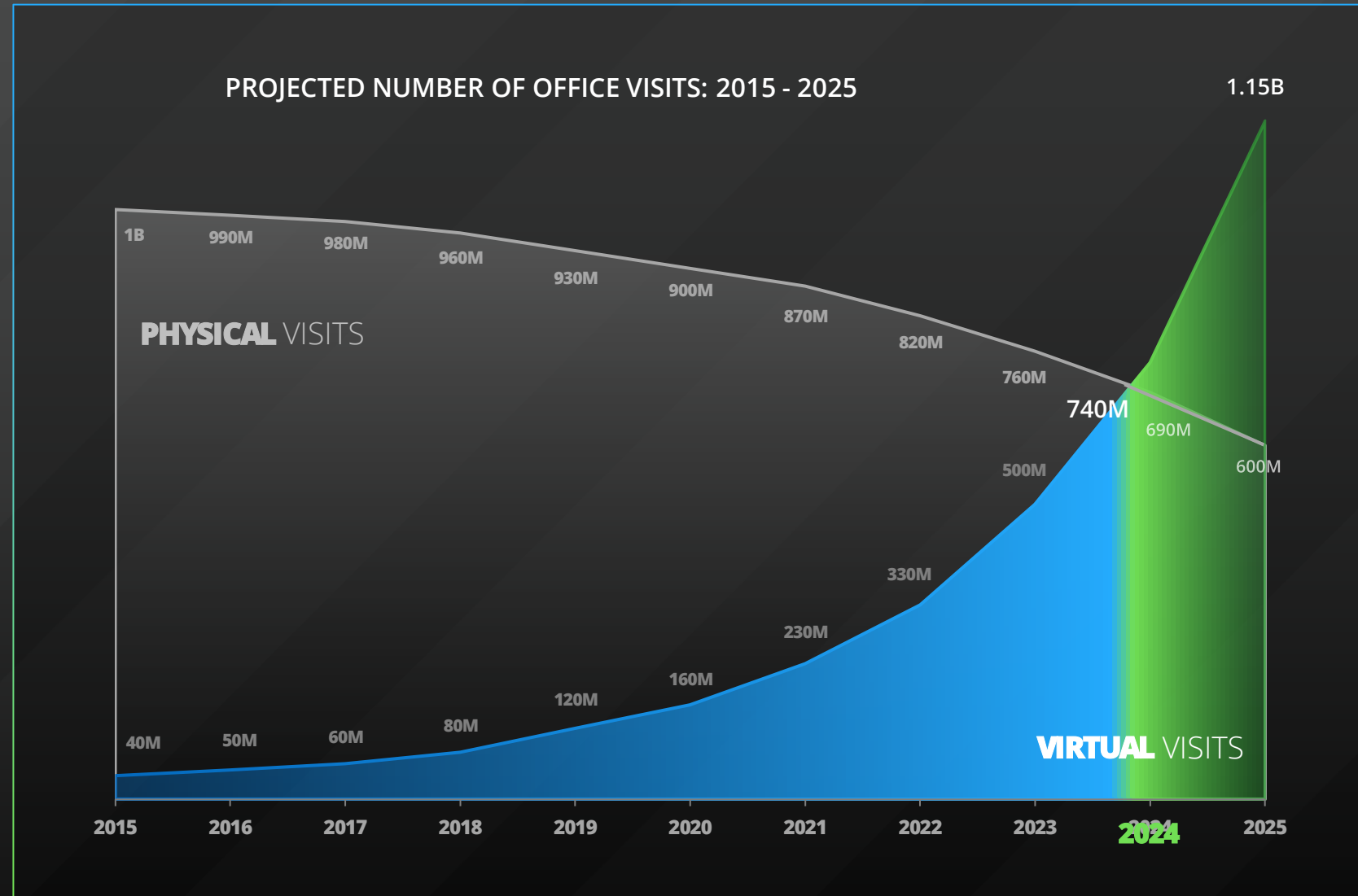
- **Virtual Primary Care**
- **EAP**
- **Psychiatry**
- **Sleep**
- **Medicaid/Medicare**
- **Risk Assessment**
- **Provider Group Practice**
- **Heart Health (Apple)**
- **RPM (Medtronic)**

FORTUNE MAGAZINE

Here's What Your Future Doctor Visits Could Look Like

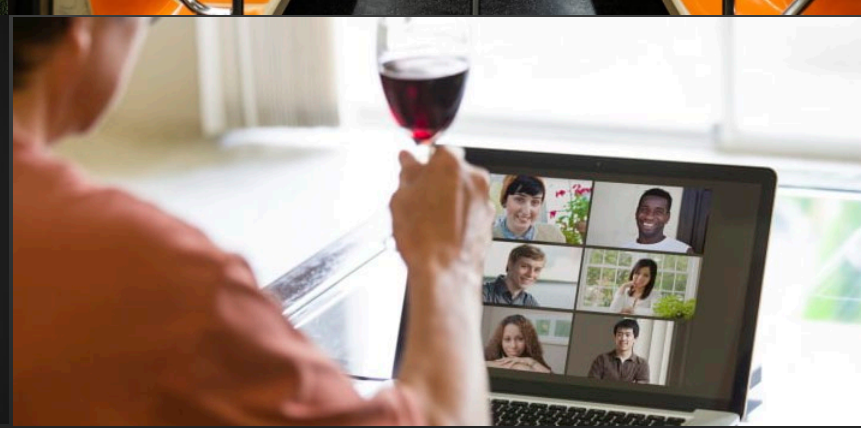
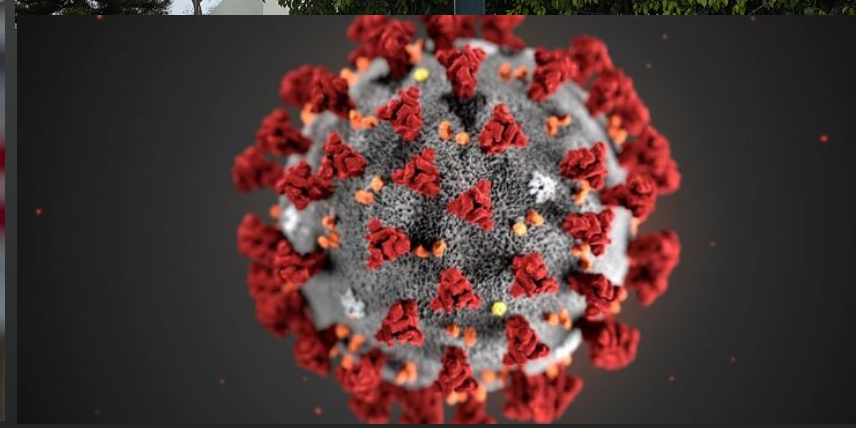
“ Tomorrow's office visit will increasingly take place everywhere but the office.”

- Dr. Eric Topol
May 2nd 2017



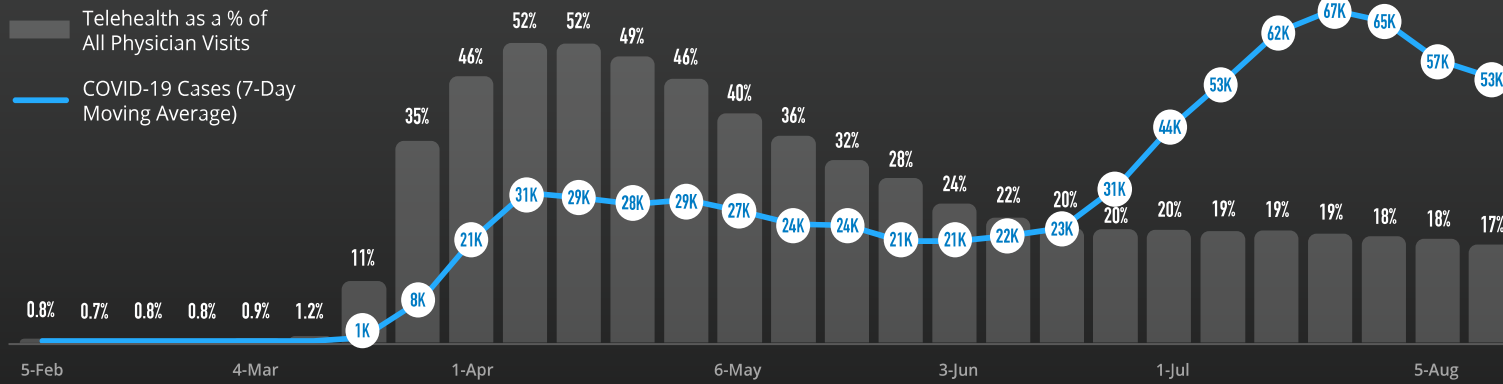
Source: Fortune, Ray Dorsey/Eric Topol - <http://fortune.com/2017/05/02/brainstorm-health-2017/>

2020 has been a year of adapting and adopting



Healthcare was no exception

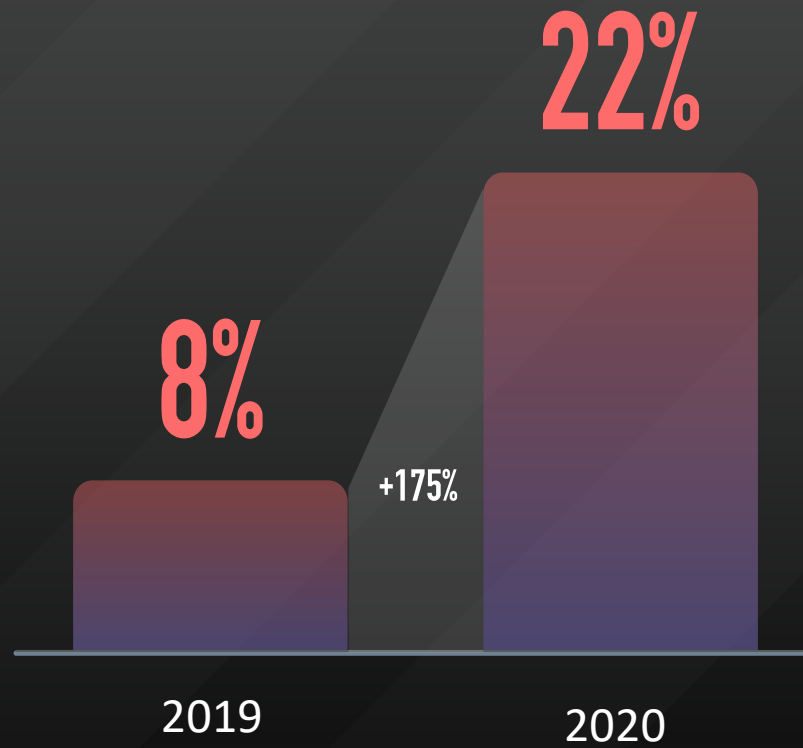
Telehealth Usage During COVID-19 (Feb-Aug 2020)



Sources: Chartis COVID-19 Telehealth Adoption Tracker; Centers for Disease Control and Prevention

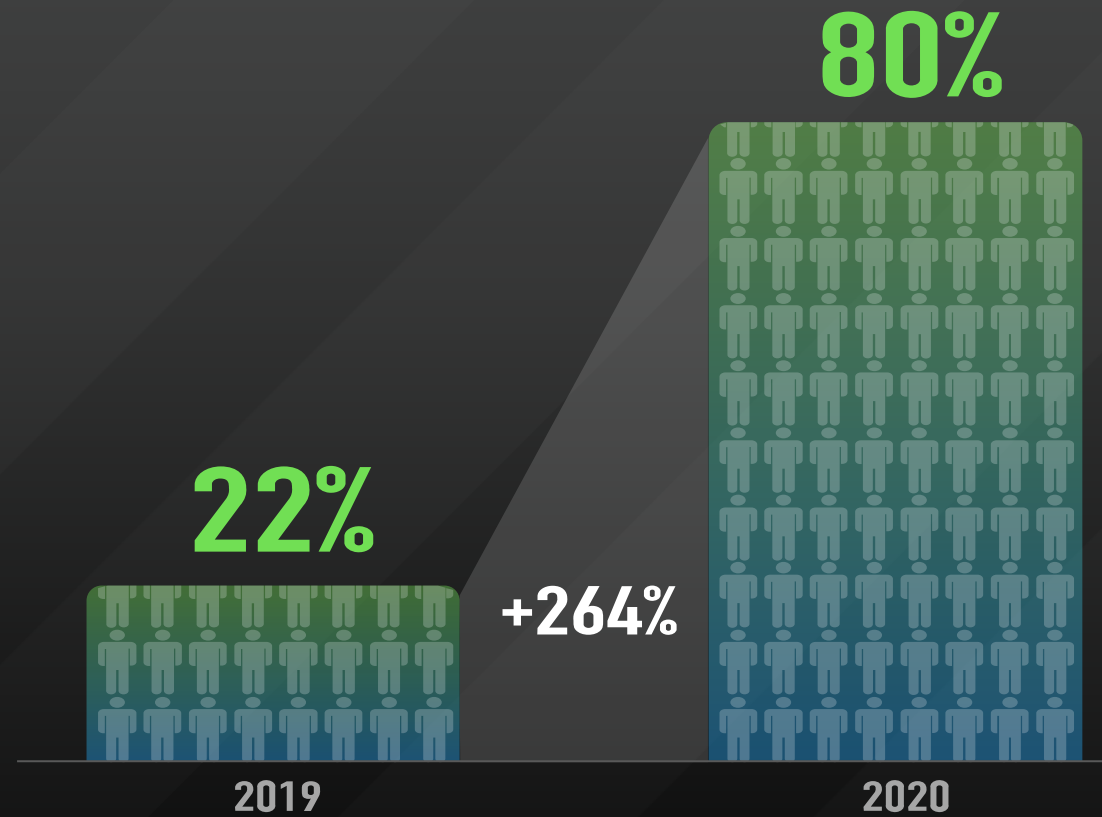
2020 - Consumer Utilization Grew Dramatically

Percentage of Consumers Who Have Had a Video Visit



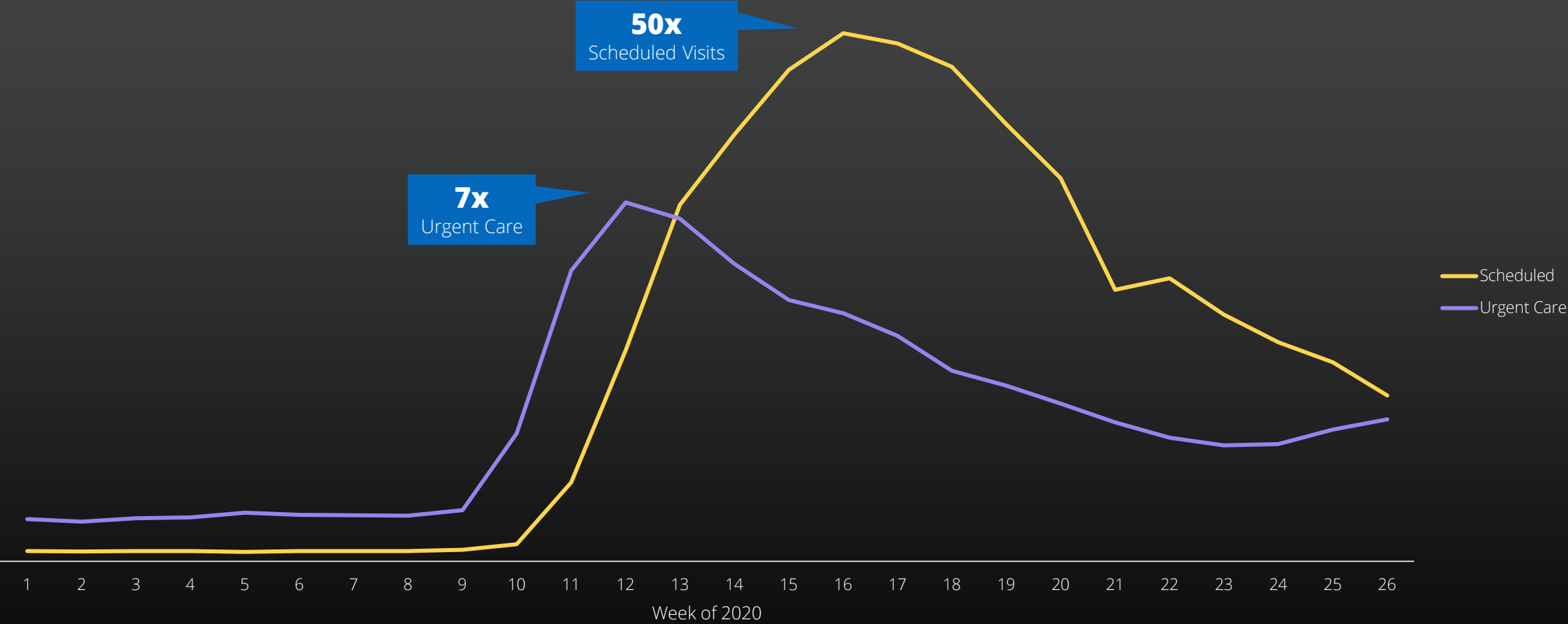
2020 - Physician adoption skyrocketed

Percentage of Physicians Who Have Had a Video Visit



Our Data - Urgent Care spiked. . . Then Scheduled Visits... Now finding a steady state

Visits on Health System Home Platforms



How Our Medical Group Mobilized to Address the Pandemic



Optimized Existing Network Capacity

- **Reactivated providers**
- **Offered new incentives**
- **Optimized provider licensure**
- **Omni-channel communication**



Grew New Provider Supply

- **Accelerated provider recruitment**
- **Established credentialing committee**
- **Extended provider training hours**
- **Eliminated barriers to join AMG**



Streamlined Onboarding and Support

- **Robust training resources**
- **Updates communicated regularly**
- **Mentoring programs and 'hotline'**
- **Network operations support 24/7**

Regulatory Changes – Challenges and Opportunities

Federal Regulatory Changes



Reimbursement



HIPAA



DEA

State Regulatory Changes



Medicaid



Licensure



Modality

Will the regulatory and legal waivers and changes persist?

- We believe:
 - Some will persist (Medicare site and geographic restriction?)
 - Some will lead to change (DEA?)
 - Some will revert back (HIPAA)
- HHS, CMS still concerned about FWA
- CBO, Congress still concerned about cost/overutilization



Our Legislative and Regulatory Priorities

- Reimbursement – Medicare FFS
 - Medicare FFS site and geographic restrictions
- Reimbursement - Medicaid
 - Consistent policies
- Reimbursement - Commercial
 - Fair and consistent reimbursement
 - Transparency
- Licensure
 - A true national compact
 - Mutual recognition
 - Medical excellence zones
- DEA
 - Modern rules for telehealth
- Broadband equity



- A large portion of healthcare will be delivered virtually
- Telehealth is now an established part of care delivery
- Opportunities exist to improve care, outcomes, experience
- Deeper integrations will improve the patient journey
- New models are emerging and disrupting traditional care models
- The next big things likely involve devices/data, AI, and outcomes focus

**White Paper:
Potential Models for
Medicare Telehealth
Payment Post COVID-19**



www.achp.org



@_ACHP

Why Is ACHP Posing A New Payment Model for Medicare Telehealth?

- ✓ To illustrate a financially sustainable path forward for telehealth past the public health emergency
- ✓ To ensure telehealth payment is aligned with high-quality care
- ✓ To guarantee patients, providers and payers maintain highly coordinated and convenient care for all

Barriers to Robust Telehealth Utilization

Fear of increased health care costs from Congress and the Administration.

Medicare FFS incentivizes volume over value, leading to unnecessary care and financial exploitation.

Full parity with in-person visits is not sustainable to achieve system-wide savings.

Insufficient infrastructure requiring significant investment.

ACHP's Solution

Offer a thoughtful transition process from FFS to value-based arrangements in telehealth.

**Key
Assumptions
that Apply to
Both
Frameworks**

Support and Reform

Prove and Grow

- ✓ The relaxed licensing guidelines for health care practitioners will not be maintained past the public health emergency
- ✓ Originating and distant site flexibilities under the public health emergency will be made permanent
- ✓ Non-physician practitioners will continue to qualify for reimbursement
- ✓ Geographical requirement that patients be located in rural areas will be removed permanently
- ✓ HHS will have the authority to issue regulatory guidance on modern technology
- ✓ Payment parity will continue for five years to allow for post-pandemic stability, adjustment and technology investment



Centerstone's Experience with Telehealth

Pre & Post the March 13th National
Emergency Declaration



CENTERSTONE

Delivering care that changes people's lives.

OUR MISSION | OUR NOBLE PURPOSE

- National, private, not-for-profit 501(c)(3) specialty healthcare organization
- 65+ years of service
- Specializing in the treatment and rehabilitation of individuals with mental illness, addictions, traumas, and intellectual/developmental disabilities
- Committed to bringing the science of care to service
- Multistate footprint
- CARF & Joint Commission Accredited
 - Including specialized CARF Accreditation – Adult and Children & Youth Health Home



CENTERSTONE

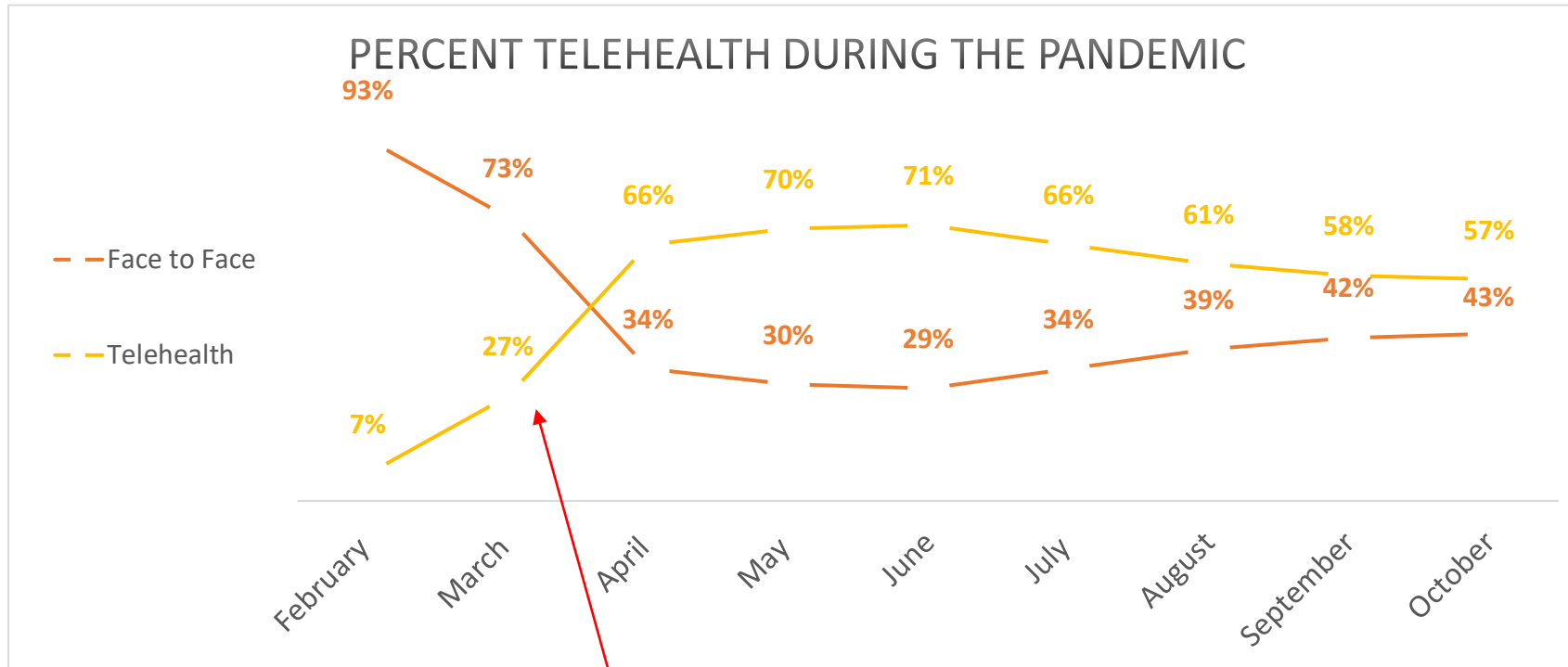


Before March 2020

- **Under 7%** of our overall service encounters were delivered via telehealth
- **Under 3%** of services for MAT clients were delivered via telehealth
- The majority of our **3500+** staff worked in a brick and mortar office settings



Centerstone's Telehealth Journey

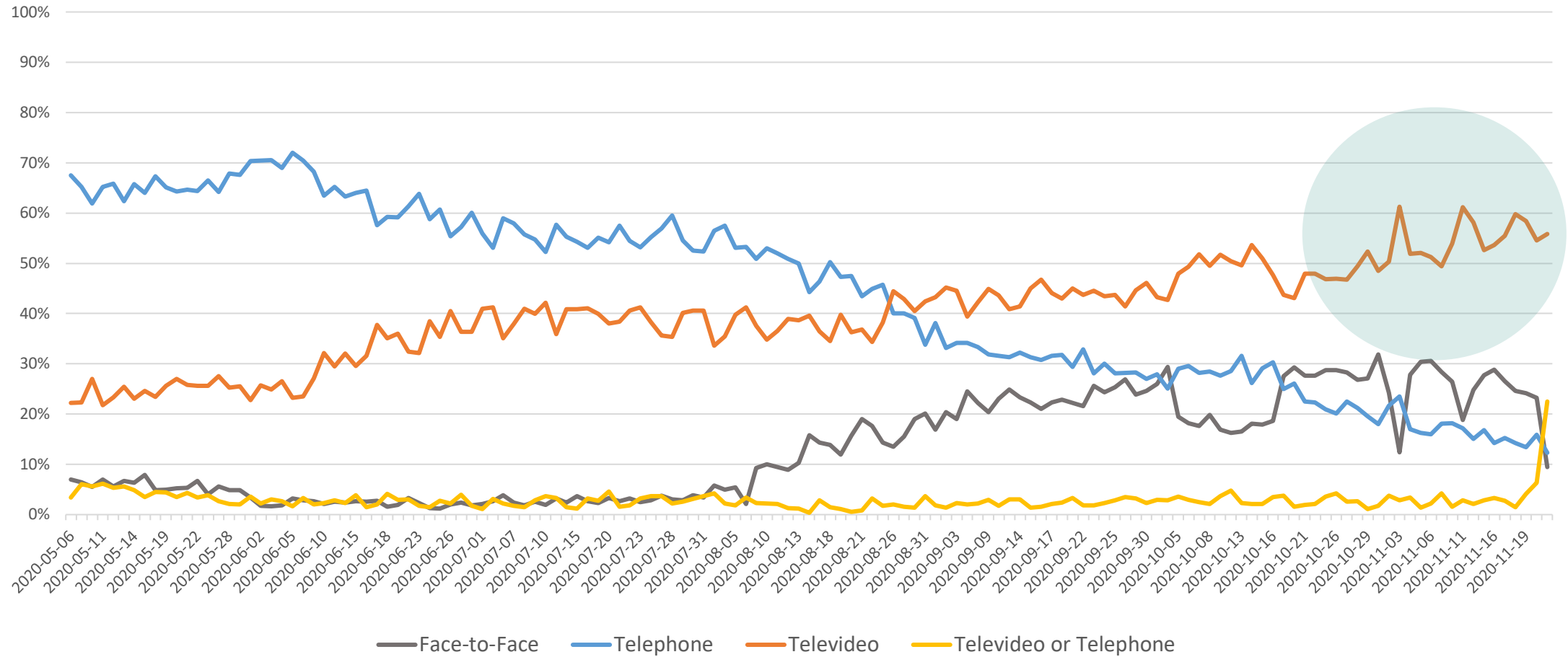


Enterprise wide
1,069,142 Telehealth
Services Delivered (3/16
to 12/7)

March 13th –
emergency telehealth
waivers are activated

Centerstone's TeleHealth Journey

% of Intake, Therapy and Medical Services by Delivery Method



After March 2020

- Within one month of the PHE, **90%** of our services were delivered via telehealth (weekly average)
- Today approximately **60%** of our services are delivered via telehealth
- **Over 45%** of services for MAT clients are now delivered via telehealth
- The majority of our **3500+ employees** moved to a remote work environment



Telehealth Utilization Today (snap shot from Nov 2020)

Total Telehealth Services Delivered

129,699

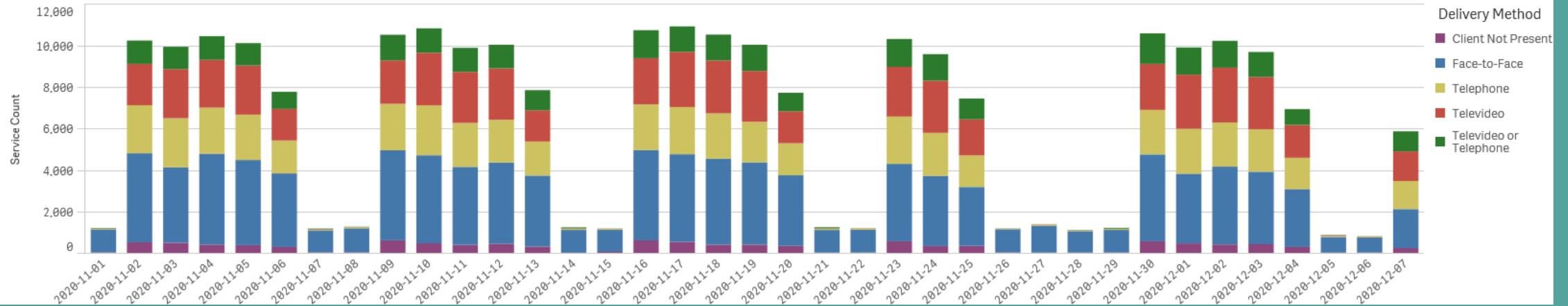
% Services Delivered by Telehealth

60.5%

Delivered by Video or Phone since 3/16/2020

Delivered by Video or Phone in Last 7 Days

Service Count by Delivery Method



Current Trends/Observations

■ Operations

- An 44%+ increase in call volume (tracks with CDC data on behavioral health demand)
- Concern of potential rate cuts for telehealth services
- Regulatory uncertainty with telehealth brings operational planning challenges

■ Workforce shortages

- Shortages in the BH workforce existed before the pandemic
- Through the pandemic women have been leaving the workforce in larger numbers

May be too early to determine, but these could be early markers of a behavioral health access crisis



Questions/comments?

Contact:

Lauren Conaboy

Vice President, National Policy

lauren.conaboy@centerstone.org



CENTERSTONE

Congressional Panel

Brad Wolters
Marshfield Clinic Health System

Maddie Davidson
Senate Finance
Committee

Jay Gulshen
House Ways &
Means
Committee



JP Paluskiewicz
House Energy &
Commerce Health
Subcommittee

Orriel Richards
House Ways &
Means Committee

Aliza Silver
Senate HELP
Committee

