




We're bridging gaps to care with Telemedicine

Who is FDRHPO?


FDRHPO works to strengthen the system for health for the integrated Fort Drum and surrounding civilian communities through analysis, identification of needs, and leveraging of resources to fill gaps through innovation and collaboration. Since 2009, we have been dedicated to building and expanding telemedicine services in northern New York. As a geographically large, rural and medically underserved region, we understand the value this technology adds for our patients.

Why does telemedicine matter?


Telemedicine is convenient.

 Telemedicine saves time! Not only does telemedicine save people from taking time from work to travel to and from appointments, it also reduces long wait times associated with in-person visits. These time savers contribute to improved patient satisfaction. Telemedicine also saves time for providers, while increasing efficiency and care coordination, which helps to reduce provider stress and burnout.

Telemedicine is preventative.

 Telemedicine allows for greater access to preventative care, which can improve clinical outcomes, saving patients from potentially serious health issues and expensive procedures, thus reducing the overall cost of healthcare.

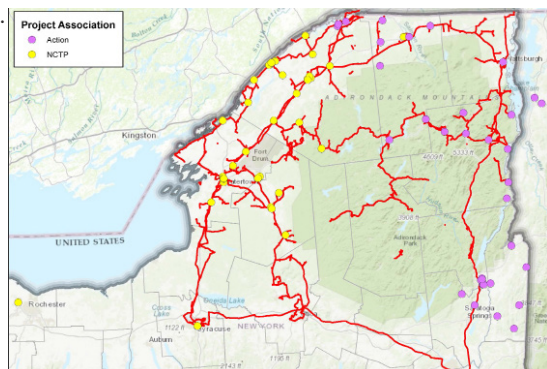
Telemedicine expands access.

 As a result of improved access and increased communication with providers, telemedicine improves patient compliance (adherence), increases access to specialty care, and can keep patients connected to providers during periods of isolation, such as the COVID-19 pandemic.



What is the North Country Telehealth Partnership?

In 2015, FDRHPO collaborated with Adirondack Health Institute (AHI) to form the North Country Telehealth Partnership, a unified effort to plan and implement telemedicine throughout a 12-county catchment area in Northern and Central New York. This collaborative has quickly become northern New York's leading agency, focused on increasing access to healthcare through the innovative use of telehealth and telemedicine technology.



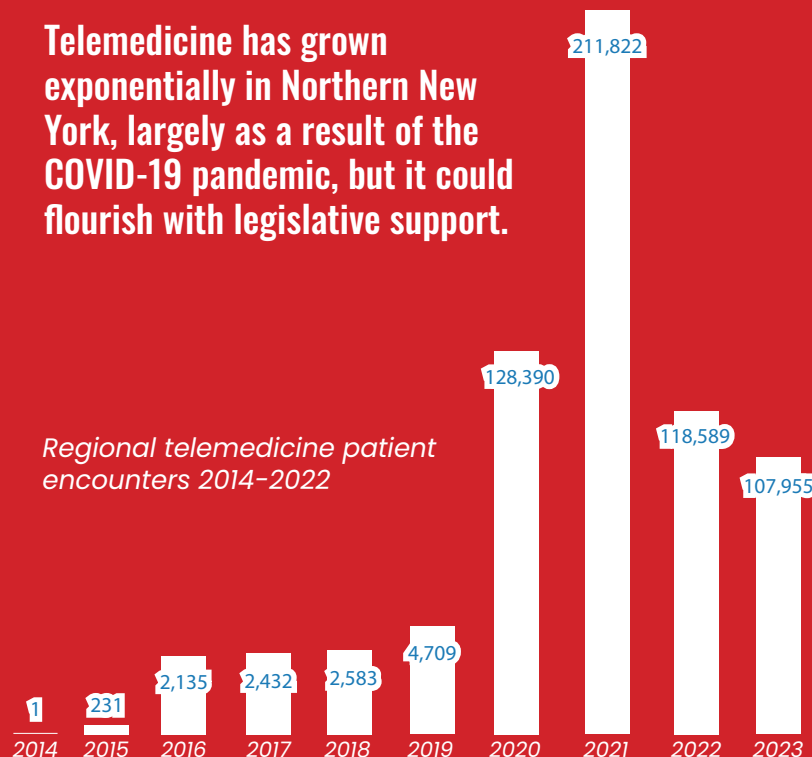
Learn more about our telemedicine program at fdrhpo.org/telehealth

THE BOTTOM LINE:

While New York's communities are benefiting from telemedicine, there are some legislative barriers that need to be addressed.

Telemedicine has grown exponentially in Northern New York, largely as a result of the COVID-19 pandemic, but it could flourish with legislative support.

Regional telemedicine patient encounters 2014-2022



Telemedicine is hindered by ...

Reimbursement/Payment Parity

As a result of the COVID-19 pandemic and associated Public Health Emergency, the importance of telehealth access to support the healthcare system became evident. Following the PHE, changes to NYS telemedicine policies, such as **licensing and credentialing providers** with regulatory agencies (DOH, OMH, OASAS, etc.), helped to remove restrictions that limited telehealth utilization, but many policies have not been made permanent questioning the sustainability of these expansions. One restriction that is still in place and impacts telehealth usage is the off-site rate mandate for Community Health Centers (CHCs). NYS Department of Health requires Article 28- licensed CHCs to have the provider or their patient on-site at the clinic to receive the **prospective payment service (PPS) rate**. If both provider and patient are off site, the CHC may only bill their “off-site” rate for a telehealth visit, which is about two-thirds of the PPS rate. The lack of parity for CHC billing may deter providers from utilizing telehealth, limiting access to care.

A 2023 New York State Department of Health telehealth report has identified major differences in Medicaid and State-regulated **commercial payment rates** for primary care and behavioral telehealth services. For example, the commercial allowed amount for institutional services was significantly higher than the Medicaid paid amount for behavioral health and primary care claims (71% and 105%, respectively). Additionally, for professional claims, commercial payors paid 47% more for behavioral health services and 88% more for primary care services. New York State should make an annual evaluation and adjustment to **reduce or eliminate the gap between Medicaid and commercial reimbursement** for primary and behavioral telehealth services.



While the 2025 NYS Budget extended telehealth coverage and payment parity of telehealth with in-person services through 2026, to ensure telemedicine is available to optimize healthcare and increase access for communities, policymakers need to establish **permanent payment parity for telemedicine** services across all payors.

During the pandemic, temporary regulatory changes allowed physicians in any state to practice telemedicine in New York, giving patients access to more physicians and specialties. These changes are no longer in effect. If New York joins the **Interstate Medical Licensure Compact**, then the licensing process would again be streamlined for providers to practice in New York State. In addition to the Interstate Medical Licensure Compact, there is a **Nurse Licensure Compact**, which would allow nurses to have a multi-state license, enabling them to practice in any member state. If New York joined these compacts, additional healthcare providers would have access to practice in the State, supporting the workforce, and increase access to telehealth services.

Digital Equity

While telemedicine became essential to healthcare during the COVID-19 pandemic, many communities still face barriers to accessing telemedicine services. **Unreliable home internet and broadband, insufficient technology, and low digital literacy** can impact one's ability to successfully participate in telemedicine visits. Successful telemedicine visits often require digital skills, including ability to connect to the internet, use a specific browser and email, download an app, and update settings for security. Access may also require use and adjustment of computer hardware components, including camera, microphone, and speakers. Without basic digital literacy skills, it may be challenging for patients to access telemedicine services.

Audio-only visits with primary care and behavioral health providers is an important pathway to care for **socially and economically disadvantaged** patients who do not have access to home internet, digital services, or data plans to support video visits. New York State's Medicaid audio-only telehealth policy is more expansive than many states, giving providers decision-making autonomy, but it includes guardrails with criteria that have to be met by the patient to be covered. This can limit some patients from being able to participate in telehealth appointments. To **increase health equity**, permanently adopting New York State Medicaid's current audio-only policy without the current criteria would allow for continued access to care for all patients **without compromising clinical standards of care**.

Advancing telemedicine at the policy level and within healthcare practices is important but is only successful if the technology and education are available to support communities in accessing telemedicine services.