

# The Use of Telehealth to Improve Children's Access to Health Care



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## BACKGROUND

Telehealth is the use of technology to provide and coordinate health care at a distance. It is used to facilitate the diagnosis, consultation, treatment, education, and care management of a patient's health care while a health care provider is at a distant site from the patient. Telehealth helps to deliver care or services to patients through:

- ▲ Live video conferencing (live, two-way interaction between a person and provider)
- ▲ Store-and-forward (transmission of recorded health history to a provider)
- ▲ Remote patient monitoring (information is collected in one location via a phone or wearable device and sent to a provider)
- ▲ Mobile health (the use of mobile devices such as phones or tablets to promote health care and education)

In California, the enactment of the Telehealth Advancement Act of 2011 (AB 415) helped to break down barriers in the delivery of health care services by including all California-licensed professionals as telehealth providers, removing the need for providers to document that there was a barrier to providing care in-person before using telehealth, and allowing for oral or written consent from patients to use telehealth. While this legislation marked a stride forward in recognizing how telehealth could improve the quality of and access to care through the rapid growing technology, the full benefits cannot be realized without taking into account a sensible payment mechanism.

The Children's Partnership recognizes the value of telehealth to address access challenges for children and has highlighted opportunities through a series of issue briefs on telehealth for children, school-based telehealth, and telehealth for children with special health care needs. Telehealth in schools increases access to acute and specialty care for children and helping children and families manage chronic conditions. It also facilitates health education for children, families, and school personnel; and increasing the capacity of school nurses and school-based health centers to meet the health care needs of students. For California's children with complex and chronic health conditions, obtaining access to timely coordinated care and necessary resources is often difficult, especially for families who grapple with financial or other challenges. Telehealth has proven to be an effective tool in making specialized care and care coordination more accessible. For children and families, there continues to be a need to further develop telehealth as a delivery system.

In 2014, through AB 1174, we secured policy changes requiring Medi-Cal to pay for teledentistry. We were responsible for the facility and transmission fees that originating sites can now receive. In addition, we were part of the coalition that supported AB 415. In the field, we have helped develop and promoted on-the-ground pilots, such as the Virtual Dental Home. In short, we have been the leading—and sometimes the only—children's advocacy voice for telehealth in California.

## ISSUE

In an effort to fully serve children and families, the Legislature and Administration should assess and update Medi-Cal reimbursement policies on an annual basis to include reimbursement for clinically appropriate telehealth applications. Specifically, the services/specialties that can be reimbursed should be expanded to increase the ability to use telehealth as a mode of delivering

services. With the following recommendations, we continue to promote the wider adoption of telehealth, while recognizing that such changes bring better health care options directly into communities so children get the care they need, when they need it.

### RECOMMENDATIONS



**Expand the list of eligible billing codes for telehealth.** Many Medi-Cal codes associated with clinical services are not eligible for reimbursement if the service is delivered using telehealth. This presents a challenge for many providers who are legally eligible to provide services via telehealth, but either cannot receive payment or have to bill a different code that results in a payment less than if the services were provided face-to-face. Medi-Cal should increase the number of codes that can be reimbursed if the service is provided via telehealth by working with stakeholders to assess the appropriateness of a service provided via telehealth and create a process to approve additional CPT/HCPCS codes as eligible for telehealth reimbursement.



**Expand the number of telehealth modalities that are reimbursable by Medi-Cal.** Currently, store-and-forward teleophthalmology, teledermatology, and teledentistry are reimbursable by Medi-Cal. However, store-and-forward can also be used in other services that could greatly benefit patients, such as endocrinology, neurology, cardiology, primary care, and many others. Yet services in these specialties delivered via store-and-forward telehealth are not currently reimbursed, despite there being nothing in California law prohibiting Medi-Cal from doing so. Additionally, Remote Patient Monitoring (RPM) also can be a valuable tool to track the health of children and adults with certain conditions and prevent unnecessary hospitalization by treating issues before they escalate into more serious conditions. However, RPM also is not currently reimbursed by Medi-Cal, and many telehealth providers do not utilize it in their practices. Reimbursing these forms of service delivery will encourage providers to utilize the technology to improve Medi-Cal-enrolled children’s and adult’s health.



**Expand eligible locations to include the patient’s home.** While not all clinical services can or should be administered in the home via telehealth, there are some that can be, while alleviating a significant burden on families. The Telehealth Advancement Act of 2011 (AB 415) gave Medi-Cal the authority to expand the originating site locations where patients can receive treatment. DHCS and, thus, Medi-Cal should consider making patients’ homes eligible originating sites for appropriate health care and other support services, even if another provider is not present. Currently, telehealth services administered in the home are allowed if there is a nurse or other licensed health care provider at the site. However, this does not address transportation cost savings or alleviate providers’ work efficiency.

**The Children’s Partnership** is a non-profit, advocacy organization that works to improve the lives of children where they live, learn, and play. Since 1993 we have worked to advance the health and wellbeing of underserved children in California and in the country, through meaningful community partnerships, forward-thinking research, and community-informed policy. <http://childrenspartnership.org>

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