

Introduction

The Colorado State Innovation Model (SIM) Office is seeking information from the healthcare community to better understand the use of Telehealth and eConsults in today's healthcare delivery system. This survey will help inform SIM on the current challenges you've experienced in using these services, and how these services might be expanded to fill needed gaps in Colorado's healthcare model.

Key Definitions

The survey questions are structured around two common terms:

- 1. **Telehealth services,** which are defined as healthcare services exchanged between a patient/client and provider through telecommunications systems, including real-time interactions between a patient/client and a provider (e.g., video conferences).
- 2. **eConsults**, which are defined as remote consultations between providers through a secure platform (usually between a primary care provider and a specialist) to exchange health information and discuss patient/client care.

Questions have been tailored to each respondent type to help minimize the response time. Please note that, in order to keep this anonymous, you will not be able to log back in.

*Note that different payers have different definitions of modalities covered under Telehealth. For example, some payers only reimburse for Telehealth services provided through an audio/visual platform.

* Please select the respondent type that best represents you or the	ne organization you
represent:	
Provider	
O Payer	
Other (please specify)	



Requested Information from Providers

We request your response as a provider to help us better understand the issues that are preventing the use of Telehealth and eConsult services, and what can be done to further expand these services in the provider community.

Questions are tailored based on your responses to help make this process as efficient as possible. We estimate it could take up to 30 minutes to complete the survey depending on the services you use at your practice(s).

Please provide the following information about your practice(s):

General Response

The primary location of your practice(s)

Number of providers at your practice(s)

0 - 10

11 - 30

31 - 100

100+

Type of provider you are representing? If you represent a specialty, please include the type of specialty.

Adult Primary Care

Pediatric Primary Care

Health System

Specialty (please specify)

What percentage of your patients/clients are insured by Medicaid
<25%
<u>26% - 50%</u>
<u>51% - 75%</u>
* Does your practice(s) currently use Telehealth to deliver healthcare services?
Yes
○ No
* Does your practice(s) currently use eConsults in its service model?
○ Yes
○ No



Requested Information from Providers - Telehealth

Please indicate why your practice does not use Telehealth to deliver healthcare
services (select all that apply).
Insufficient reimbursement
Lack of clarity on billing codes and procedures
Licensing and credentialing issues
Usability of tools and technology
Unable to fit into my business model
Lack of training and understanding of services
Don't see the value
Concerns with legal risk
Concerns with level of patient/client care
Don't think that patients will be interested
Other (please specify)
Would any of the following resources promote your practice to adopt telehealth
services? (select all that apply)
Assistance in evaluating how Telehealth can fit within your standard model of care delivery
Technical assistance (training, workflow adoption, etc.) in expanding your Telehealth capacity
Specific billing assistance or training
Other (please specify)

could be expai	- Idea III Colo	nado:]	



Requested Information from Providers - Telehealth

Telehealth

The following questions collect information on Telehealth services, which we define as healthcare services exchanged between a patient/client and provider through telecommunications systems, including real-time interactions between a patient/client and a provider (i.e., video conferences).

Please select the types of services and populations that you serve through telehealth (select all that apply)

			Skilled Nursing	
	Adults	Pediatrics	Patients	All patients
Behavioral Health consultations				
Primary Care consultations				
Specialist consultations				
Chronic care management				
Remote monitoring of patients/clients				
Other (please specify)				

On a scale of 1-5, nplementation of yo				following	consideration	ons in
nprementation or ye	1 (least difficult)	2	3	4	5 (most difficult)	N/A
Staffing model						
Licensing/credentialing						
Technical platform						
Training of staff						
Training of patients						
Security considerations						
Legal considerations						
Workflow adoption						
Billing and reimbursement					0	
Determining the level of service that would be provided					\bigcirc	
Ensuring quality of care						

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Have you identif	ied any demon	strated change in	n health outcom	es resulting fron
Telehealth servic	es? If so, how a	re these measured	d?	
○ No				
Yes (please spec	cify)			
Have you measu	red the cost/cos	st savings to your	practice resultir	ng from Telehealt
services? If so, h			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
○ No		 		
_				
Yes (please spec	:ify) 			
Do you have con	icerns about abo	out being reimburs	sed for Teleheal	th services? If so
-				
please describe.				
please describe. No	·ifv)			
please describe.	ify)			
please describe.	ify)			
please describe. No	cify)			
please describe. No	cify)			
please describe. No	sify)			

<u> </u>	ease specify)
Have yo	ou identified differences among payers in billing and reimbursemer
processe	es for Telehealth services?
Yes	
No	
	If so, do you consider these differences barriers to using Telehealth in your practice?
	Yes
	○ No
Have yo	u identified any barriers to patient/client adoption? Select all that apply.
Unable	e to access needed technology or Internet
Usabil	ity of Telehealth platform
Lack o	of knowledge or awareness of Telehealth options
Conce	rns with the quality of care through Telehealth
Unable	e to access the care patients want through Telehealth options
Conce	erns with security of Telehealth platform and services
	(please specify)

	1 (not valuable)	2	3	4	5 (very valuat
Assistance in evaluating how Telehealth can fit within your standard model of			0		C (very valuate
care delivery					
Technical assistance (training, workflow adoption, etc.)					
Specific billing assistance or training			0		
Have you identif			unities or way	s that Teleh	ealth servic
Have you identif			unities or way	s that Teleh	ealth servio
Have you identif			unities or way	s that Teleh	ealth servio
Have you identif			unities or way	s that Teleh	ealth servio
Have you identif			unities or way	s that Teleh	ealth servic
Have you identif			unities or way	s that Teleh	ealth servic
Have you identif			unities or way	s that Teleh	ealth servic
Have you identif			unities or way	s that Teleh	ealth servic



Requested Information from Providers - eConsults

Please indicate why your practice does not use eConsults in its	s service							
model (select all that apply).								
Insufficient or lack of reimbursement								
Lack of clarity on billing codes and procedures								
Licensing and credentialing issues								
Concerns with legal risk								
Not able to access the specialists or services I need								
Usability of tools and technology								
Unable to fit it into my business model								
Lack of training and understanding of services								
Don't see the value								
Other (please specify)								

	If you indicated that you are not able to access the specialists or
	services you need, please detail what specialties you would likely
	use if services were available to you.
	Dermatology
	Gastroenterology
	Neurology
	Orthopedic Surgery
	Psychiatry
	Urology
	Other (please specify)
	(select all that apply)
	on of eConsult psychiatry services for pediatrics
	on of eConsult psychiatry services for adults
	ce in evaluating how eConsults can fit within your standard model of care delivery
	al access to specialists and referrals for eConsult
Other (p	lease specify)
<u> </u>	
Have you	identified any additional opportunities or ways that eConsult services could
be expand	led in Colorado?



Requested Information from Providers - eConsults

eConsults

The following questions collect information on how your practice(s) currently uses eConsults, which we define as remote consultations between providers through a secure platform (usually between a primary care provider and a specialist) to exchange health information and discuss patient/client care.

Please select the types of services and populations that you serve through eConsults (select all that apply)

			Skilled Nursing	
	Adults	Pediatrics	Patients	All patients
Behavioral Health consultations				
Primary Care consultations				
Specialist consultations				
Chronic care management				
Other (please specify)				

	If your practice	uses spec	ialist consult	ations, plea	ase specify the	
	types of specia	alties.				
	Dermatology					
	Gastroenterol	ogy				
	Neurology					
	Orthopedic Su	urgery				
	Psychiatry					
	Urology					
	Other (please	specify)				
	If so, on a s			_	ou think the	
	1 (not valuable)	2	3	4	5 (very valuable)	
Do you hadescribe.		bout about	0	oursed for e	eConsults? If so,	plea
describe.		bout about	0	oursed for e		plea
describe.		bout about	0	oursed for e		plea
describe.		bout about	0	oursed for e		plea

On a scale of 1-5,	how diffic	ult was ea	ach of the	following	consideratio	ons in
mplementation of yo		e(s) eCons	ult progran	1?		
	1 (least difficult)	2	3	4	5 (most difficult)	N/A
Lack of access to specialists					0	
Availability of the needed specialties						
Staffing model						
Licensing/credentialing						\bigcirc
Usability of tools and technology						
Training						
Security considerations			0		0	
Legal considerations						
Workflow adoption						
Billing and reimbursement						
Were there other consider	ations (not in	icluded abov	e) that made i	mplementati	on difficult?	

Based on you statement. 'I of care for pa	Dermatology Gastroenterology Neurology Orthopedic Surger Psychiatry Urology Other (please spectors) ur experience, please that eContinents/clients.' Agree	lease tell us how nsult services car	strongly you agre	ee with the following to. ease the coordination of the coordinate
statement. 'I of care for pa Strongly Agree	Gastroenterology Neurology Orthopedic Surger Psychiatry Urology Other (please spectors) ur experience, please that eContients/clients.' Agree	lease tell us how nsult services car	n be used to incre	ase the coordinati
statement. 'I of care for pa Strongly Agree	Neurology Orthopedic Surger Psychiatry Urology Other (please spec	lease tell us how nsult services car	n be used to incre	ase the coordinati
statement. 'I of care for pa Strongly Agree	Orthopedic Surger Psychiatry Urology Other (please spectors) ur experience, please that eContinents/clients.' Agree	lease tell us how nsult services car	n be used to incre	ase the coordinati
statement. 'I of care for pa Strongly Agree	Psychiatry Urology Other (please spectors) ur experience, please that eContinents/clients.' e Agree	lease tell us how nsult services car	n be used to incre	ase the coordinati
statement. 'I of care for pa Strongly Agree	Urology Other (please specture experience, please) believe that eContinents/clients.' Agree	lease tell us how nsult services car Neutral	n be used to incre	ase the coordinati
statement. 'I of care for pa Strongly Agree	Other (please specture experience, please believe that eContients/clients.'	lease tell us how nsult services car Neutral	n be used to incre	ase the coordinati
statement. 'I of care for pa Strongly Agree	ur experience, plus believe that eConstients/clients.' Agree	lease tell us how nsult services car Neutral	n be used to incre	ase the coordinati
statement. 'I of care for pa Strongly Agree	believe that eContients/clients.' Agree	nsult services car Neutral	n be used to incre	ase the coordinati
statement. 'I of care for pa Strongly Agree	believe that eContients/clients.' Agree	nsult services car Neutral	n be used to incre	ase the coordinati
-	dentified any d			
No Yes (please	It services? If so,	nemonstrated cha , how are these m	_	outcomes resulti
				liin oo faanaa Tallahaa
-			our practice resu	lting from Telehea
	o, how are these	e measured?		
No				
Yes (please	specify)			

	1 (not valuable)	2	3	4	5 (very valual
Assistance in evaluating how eConsults can fit within your standard model of care delivery.					
Additional access to specialists and referrals for eConsult			0		\circ
Psychiatry services for pediatrics	0		0		
Psychiatry services for adults					
		onal opportu	unities or ways	s that eCon	sults could
		onal opportu	unities or ways	s that eCon	sults could
Have you identifexpanded in Colo		onal opportu	unities or ways	s that eCon	sults could
		onal opportu	unities or ways	s that eCon	sults could



Requested Information from Payers

We request your response as a payer to help us better understand what Telehealth and eConsult services you currently support, as well as what statewide solutions you may be interested in supporting in the future.

Questions are tailored based on your responses to help make this process as efficient as possible. We estimate it could take up to 30 minutes to complete the survey depending on the level of services you use at your organization.

General Response

Please provide the following information:

	Do you represent a public or private payer?
	O Public payer
	Private payer
	What best describes your general role in the organization?
*	Does your organization currently support Telehealth to deliver healthcare
	services?
	Yes
	○ No
*	Does your organization currently support eConsults in its service model?
	Yes
	○ No



Requested Information from Payers - Telehealth

Please indicate why your organization does not support Telehealth to deliver
healthcare services (select all that apply).
Issues with billing and reimbursement
Insufficient tools and technology
Unable to fit into my service model
Lack of training resources
Barriers in current policies
Concerns of increasing utilization without improving health outcomes
Don't see the value
Other (please specify)
Have you identified any additional opportunities or ways that Telehealth services
could be expanded in Colorado?



Requested Information from Payers - Telehealth

Telehealth

The following questions collect information on Telehealth services, which we define as healthcare services exchanged between a client/member and provider through telecommunications systems, including real-time interactions between a client/member and a provider (i.e., video conferences).

Please select the types of services and populations that your organization supports through Telehealth (select all that apply).

	Adults	Pediatrics	Skilled Nursing Patients	All patients
Behavioral Health consultations				
Primary Care consultations				
Specialist consultations				
Chronic care management				
Remote monitoring				
Other (please specify)				

rural a	areas, urban areas, or both?
Ru	ral areas
O Urb	oan areas
<u>Во</u>	th
Which	n Telehealth modalities do you support?
Liv	e audio/visual interactions
Sto	pre-and-forward transfers
Sy	nchronous interactions
Re	mote monitoring applications
Oth	ner (please specify)
respo	nse, please include what evidence or other research informed the decision.
Does	your organization provide any training or provide adoption assistance ote the use of Telehealth services among providers?
Does	your organization provide any training or provide adoption assistance ote the use of Telehealth services among providers?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Have you identif	fied any demor	nstrated change ir	n health outcom	nes resulting from
Telehealth servic	es? If so, how a	are these measure	d?	
○ No				
Yes (please spec	cify)			
Have vou measu	red any costs/c	ost savings resulti	ng from Telehea	olth services? If so
how are these m	_			
○ No				
No No (also on one)				
No Yes (please spec				
_				
_				
_				
Yes (please spec	sify)	related to billing fo	or Telehealth ser	vices?
Yes (please spec	sify)	related to billing fo	or Telehealth ser	vices?
Yes (please spec	ed any barriers	related to billing fo	or Telehealth ser	vices?
Yes (please spec	ed any barriers	related to billing fo	or Telehealth ser	vices?
Yes (please spec	ed any barriers	related to billing fo	or Telehealth ser	vices?
Yes (please spec	ed any barriers	related to billing fo	or Telehealth ser	rvices?
Yes (please spec	ed any barriers	related to billing fo	or Telehealth ser	rvices?

	1	2	3	4	5
The value your Telehealth services are adding to your clients/members.					
The return on investment you have seen in Telehealth services.	0				
services. Have you identified	ł any addit	tional opporti	unities or way	rs that Telehe	alth could
expanded in Colora					ann oodid



Requested Information from Payers - eConsults

Please indicate why your organization does not support eConsults in its service model (select all that apply).
Issues with billing and reimbursement Insufficient tools and technology
Unable to fit it into my service model
Specialists are not available to support the need
Lack of training resources
Barriers in current policy
Don't see the value
Other (please specify)
If you indicated that there is a lack of specialists, please identify which specialists are needed most for eConsults?
Dermatology
Gastroenterology
Neurology
Orthopedic Surgery
Psychiatry
Urology
Other (please specify)

Wo	ould your organization be interested in any of the following state-wide eConsul
init	iatives? (select all that apply)
	Partnering with other payers or alliance groups to expand the use of eConsults through a statewide payer agnostic platform.
	Expansion of a statewide psychiatry consultation model (such as the Colorado Psychiatric Access & Consultation for Kids (CPACK) program)
	Other (please specify)
eC —	onsult?
Ha	ve you identified any additional opportunities or ways that eConsult services cou
be	expanded in Colorado?



Requested Information from Payers - eConsults

eConsults

The following questions collect information on how your organization currently supports eConsults, which we define as remote consultations between providers through a secure platform (usually between a primary care provider and a specialist) to exchange health information and discuss client/member care.

Please select the types of services and populations that your organization supports through eConsults (select all that apply)

	Adults	Pediatrics	Skilled Nursing Patients	All patients
Behavioral Health consultations				
Primary Care consultations				
Specialist consultations				
Chronic care management				
Other (please specify)				

If your organization supports specialist consultations, pleas	e specify
	c opcoily
the types of specialties.	
Dermatology	
Gastroenterology	
Neurology	
Orthopedic Surgery	
Psychiatry	
Urology	
Other (please specify)	

On	a	scale	of	1-5,	how	difficult	was	each	of	the	following	considerations	in	the
imp	ler	nentat	ion	of yo	our or	ganizatio	on's e	Cons	ult	orog	ram?			

	1 (least difficult)	2	3	4	5 (most difficult)	N/A
Lack of access to specialists						
Availability of the needed specialties						
Staffing model					0	
Licensing/credentialing						
Usability of tools and technology						
Training						
Security considerations						
Legal considerations						
Workflow adoption						
Billing and reimbursement						
Were there other consider	ations (not in	cluded abov	e) that made	implementatio	on difficult?	

	If you indic				
	specialties	s, please indic	cate which specia	alties you were r	eferring to.
	Dermato	logy			
	Gastroer	nterology			
	Neurolog	ЭУ			
	Orthoped	dic Surgery			
	Psychiat	ry			
	Urology				
	Other (pl	lease specify)			
adoption o	of eConsults	5?			
No No Does you	_	-	any training or ng providers?	provide adoption	on assistance
No No Does you	_	-	_	provide adoption	on assistance
No Does you promote th	_	-	_	provide adoption	on assistance
No Does you promote th	ne use of eC	-	_	provide adoption	on assistance
No Does you promote the No Yes (pleated) Based on	ne use of eC ase specify) your experi	Consults amo	_	ngly you agree	with the follow
No Does you promote the No Yes (pleated) Based on statement.	your experi	Consults amo	ng providers? tell us how stro	ngly you agree	with the follow

O No	0
O Ye	es (please specify)
Have	e you measured the costs/cost savings resulting from eConsult services? If so
	are these measured?
O N	0
	es (please specify)
Have	e you identified any barriers related to billing for eConsults?
O No	0
O No	
O No	0
O No	0
O No	0
No Ye	0
No Ye	es (please specify) es you identified any barriers related to reimbursing for eConsults?
No No	es (please specify) e you identified any barriers related to reimbursing for eConsults?
No No	es (please specify) es you identified any barriers related to reimbursing for eConsults?
No No	es (please specify) e you identified any barriers related to reimbursing for eConsults?
No No	es (please specify) e you identified any barriers related to reimbursing for eConsults?
No No	es (please specify) e you identified any barriers related to reimbursing for eConsults?

Yes					
No					
Du a a a a la fue un 1	Гl				
On a scale from 1-					_
The value	1	2	3	4	5
eConsults are adding to your providers.	0				
The return on					
investment you have seen in					
eConsult services.					

Partnering with other payers or alliance groups to expand the use of eConsults through a statewide payer agnostic platform. Expansion of a statewide psychiatry consultation model (such as the Colorado Psychiatric Access & Consultation for Kids (CPACK)
statewide psychiatry consultation model (such as the Colorado Psychiatric Access & Consultation for
program) Other (please specify)



Requested Information

We request your response to the following questions to better understand the current barriers to Telehealth and eConsult services and recommendations on how Colorado can expand these services within the healthcare community.

Questions are tailored based on your responses to help make this process as efficient as possible. We estimate it could take up to 20 minutes to complete the survey.

General Response

Please provide the following information:

Describe your affiliation
★ Do you have experience in or opinions on Telehealth services?
Yes
○ No
★ Do you have experience in or opinions on eConsults?
Yes
○ No



Requested Information about Telehealth

Telehealth

The following questions collect information on Telehealth services, which we define as healthcare services exchanged between a patient/client and provider through telecommunications systems, including real-time interactions between a patient/client and a provider (i.e., video conferences).

On a scale of 1-5, indicate:

	1 (low)	2	3	4	5 (high)
The level of experience you have had with Telehealth services.					
The value of the care you have experienced through Telehealth services.		\bigcirc		0	

(Select al	I that apply)
Patients	s are unable to access needed technology or Internet
Usabilit	y of the Telehealth platform
Not offe	red by providers
Telehea	Ith isn't covered by payers
Lack of	knowledge or awareness of Telehealth options
Concer	ns with the quality of care through Telehealth
Concer	ns with security of Telehealth platform and services
Unable	to access the needed care through Telehealth option
Other (p	please specify)
	missing.
Have vo	
TILLY & YUL	identified any additional opportunities or ways that Telehealth service
_	ı identified any additional opportunities or ways that Telehealth service expanded in Colorado?
_	
_	
_	
_	i identified any additional opportunities or ways that Telehealth service expanded in Colorado?
_	
_	
_	
_	



Requested Information about Telehealth

eConsults

The following questions collect information on eConsults, which we define as remote consultations between providers through a secure platform (usually between a primary care provider and a specialist) to exchange health information and discuss client/member care.

What are the main challenges for expanding eConsult services in Colorado? (Select
all that apply)
Issues with coverage, billing or reimbursement
Insufficient tools and technology
Workflow integration issues
Specialists are not available to support the need
Lack of training resources
Barriers in current policies
Other (please specify)

If you selected that specialists are not available to support the need,
please identify what specialties
Dermatology
Gastroenterology
Neurology
Orthopedic Surgery
Psychiatry
Urology
Other (please specify)
Do you have any recommendations on how eConsults can be expanded to better
serve patients/clients across Colorado?





Thank you!