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PRESENTING TO

Saint Sophie's Annual Conference "Telemedicine and the Times"

Wednesday, October 7, 2020

PRESENTER

Emmet M. Kenney Jr., M.D.

President & CEO, Saint Sophie's Psychiatric Center
General and Child & Adolescent Psychiatrist
UND School of Medicine and Health Sciences
Associate Clinical Professor
Psychiatry and Behavioral Health & Pediatrics
Faculty, Creighton University School of Health Sciences

Objectives:

By the end of the course the participant will be able to:

Identify the context of the need for more efficient and effective access to care in the United States and Locally.

Identify the history of the development of and the current role of Telemedicine in addressing this need, especially during the COVID-19 Pandemic

Transfer knowledge gained into Clinical application in everyday practice.

Exciting Enough for You?

These are the Times We Live In

2020 US Census

Population: 330,399,877

Up 7% since 2010

Under 18: 22.3%

Total Pop: 93.5 persons/sq mi

Extrapolated from US Census Bureau

These are the Times We Live In

2020 ND Census

Population: 762,062

Up 13% since 2010

Under 18: 23.2%

Total Pop: 11.0 persons/sq mi

Extrapolated from US Census Bureau

Suicide Rates

US

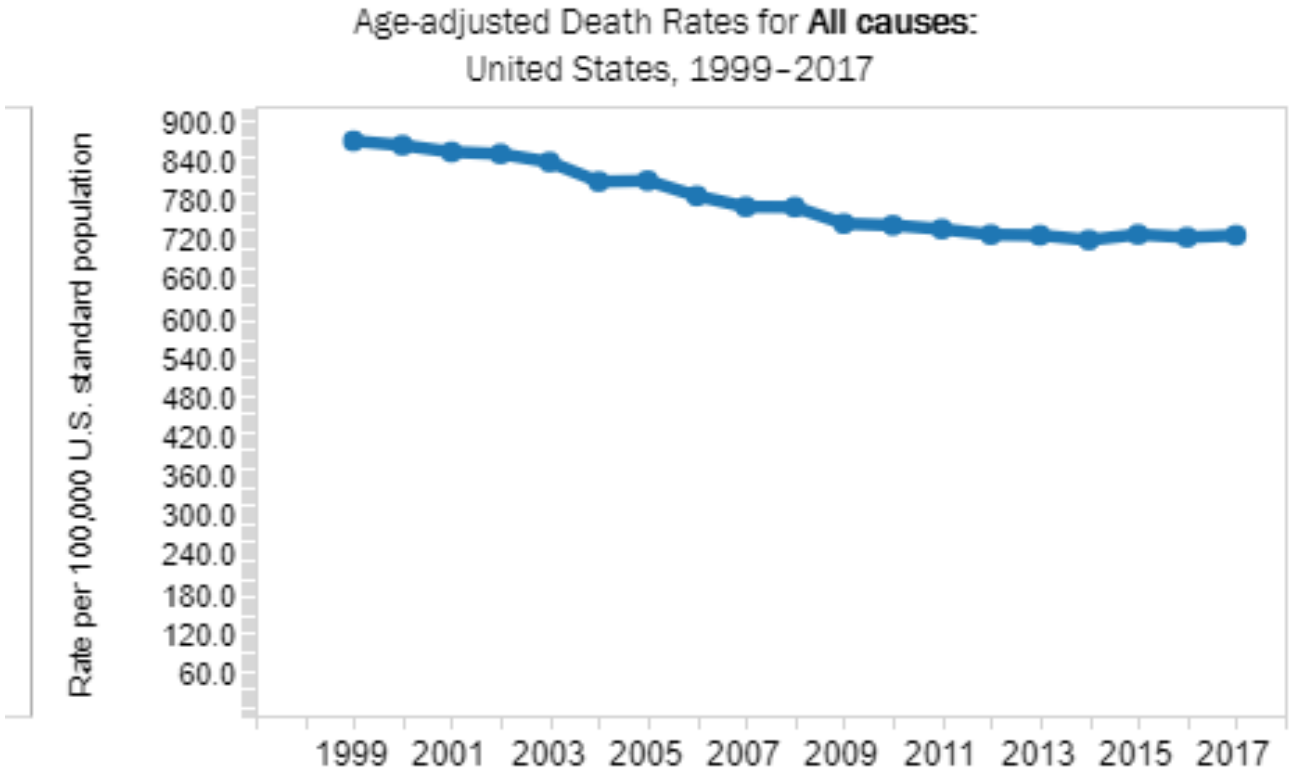
- 14.67/100,000 2018
- 10th Leading Cause of Death 2017

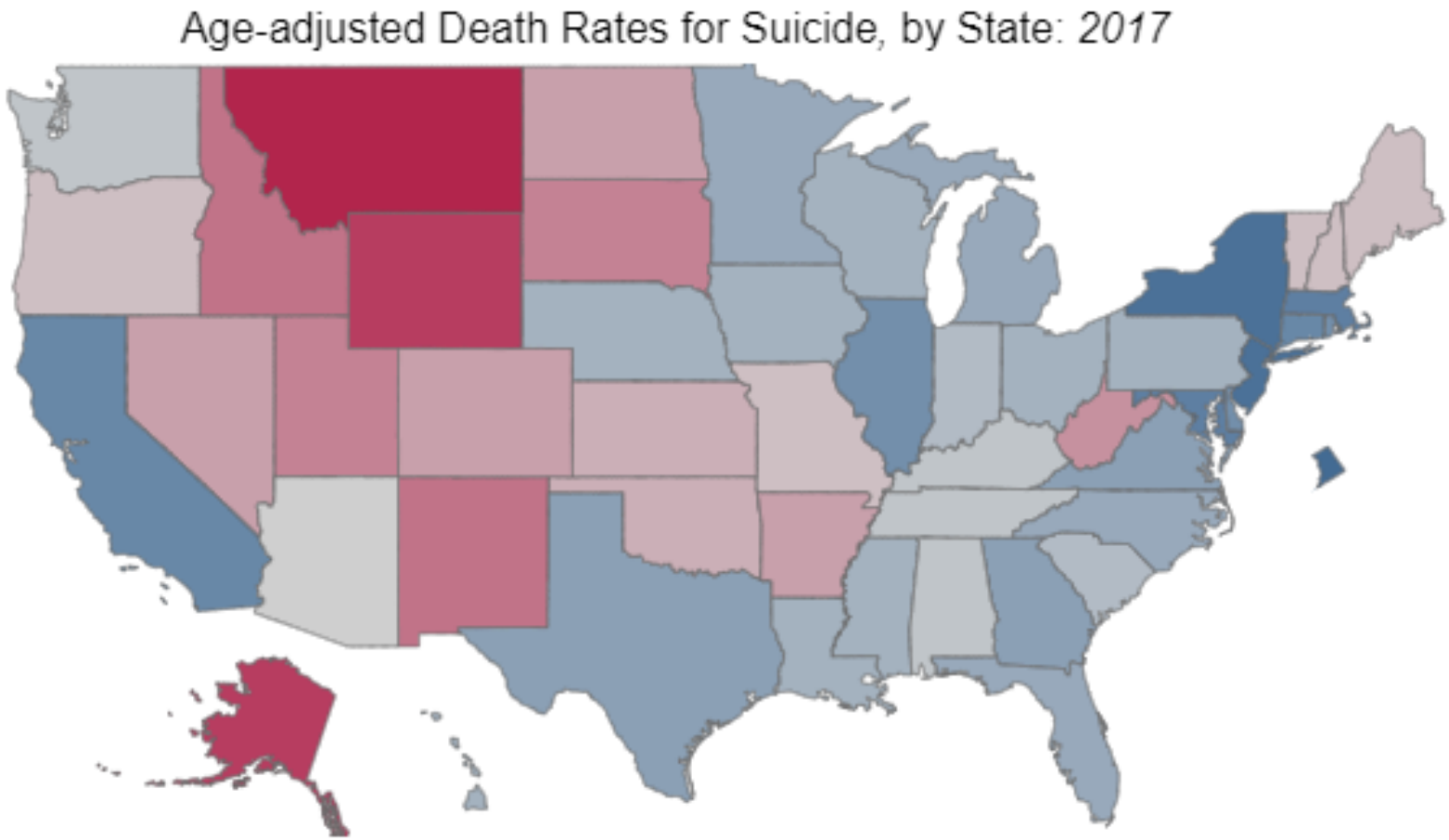
ND

- 19.4/100,000 2018
- 8th Leading Cause of Death 2017

As People Live Longer, Death Rates Decrease and Population Total increases

Source: US Census Bureau



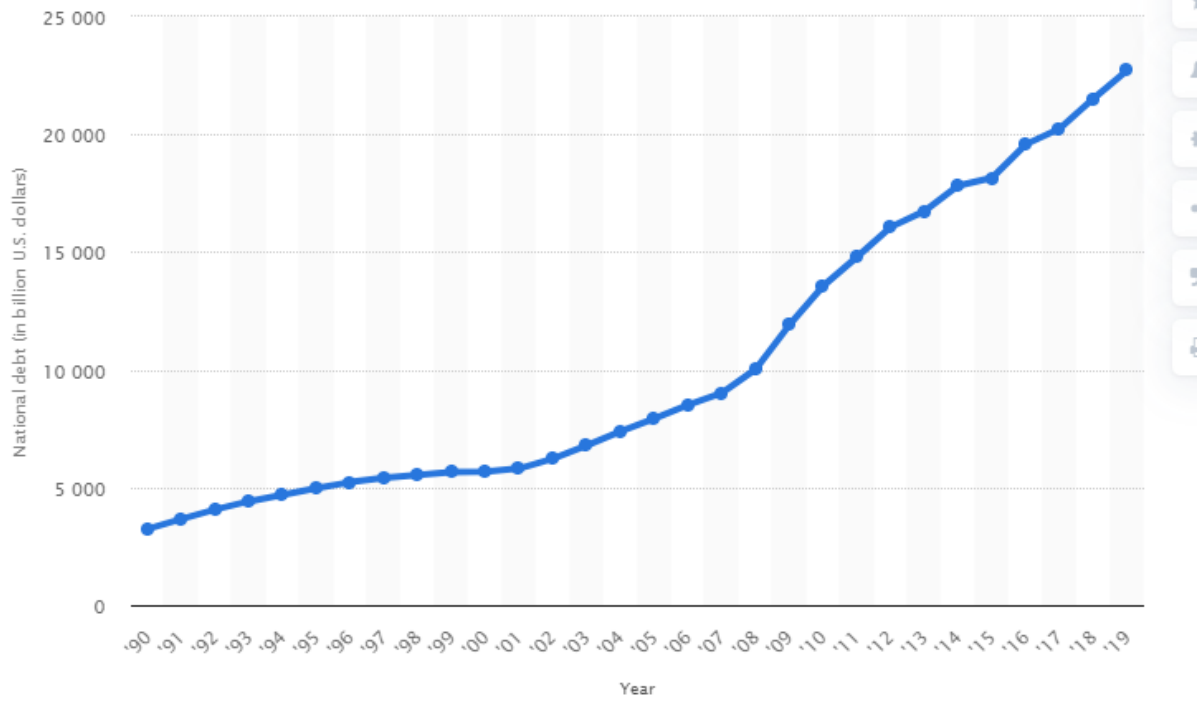

Age-adjusted Death Rates for Suicide, by State: 2017
Legend for age-adjusted death rate per 100,000 U.S. standard population
6.6
28.9

What does the future hold?

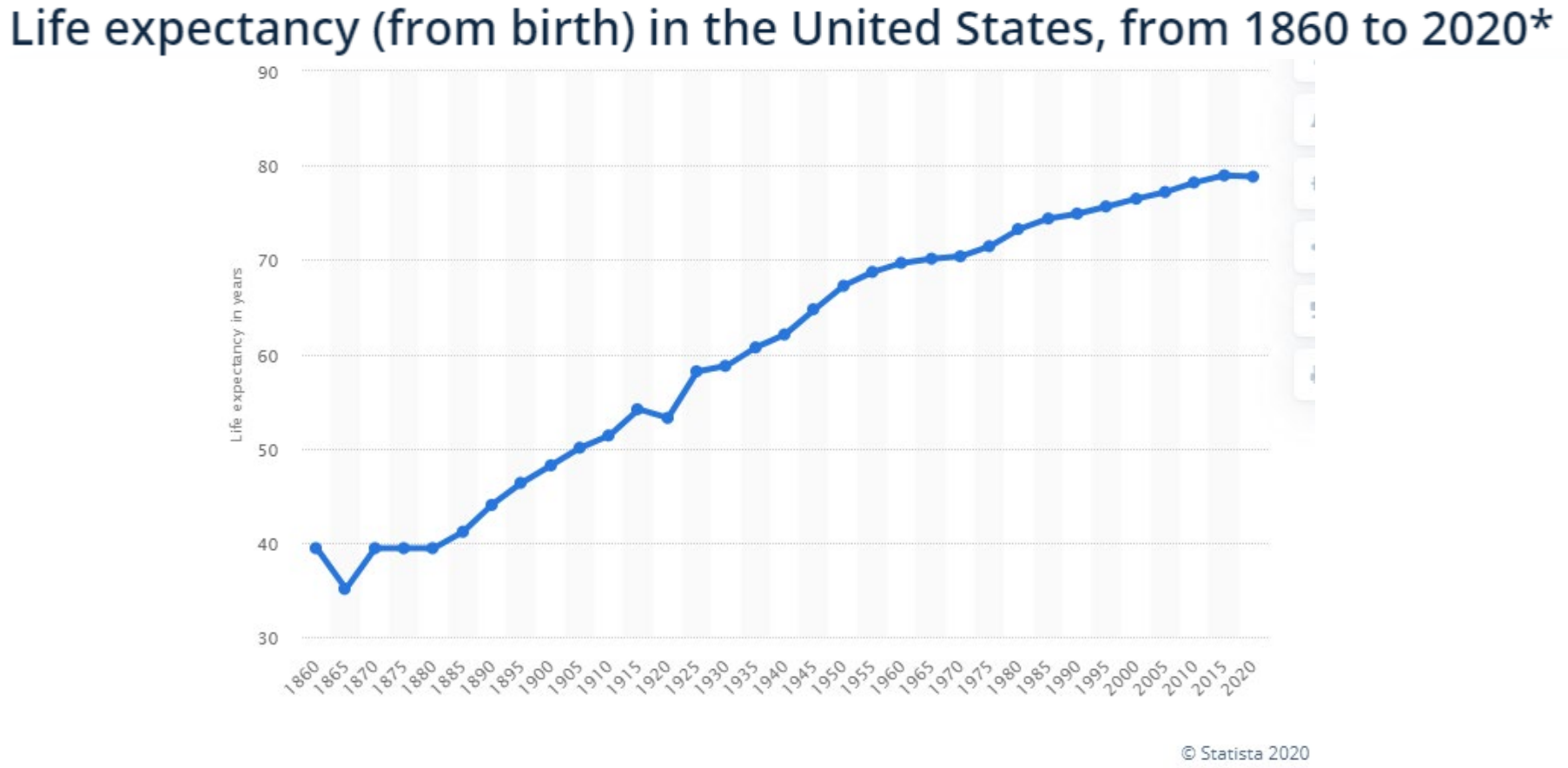
Burgeoning National Debt

Public debt of the United States from 1990 to 2019

(in billion U.S. dollars)

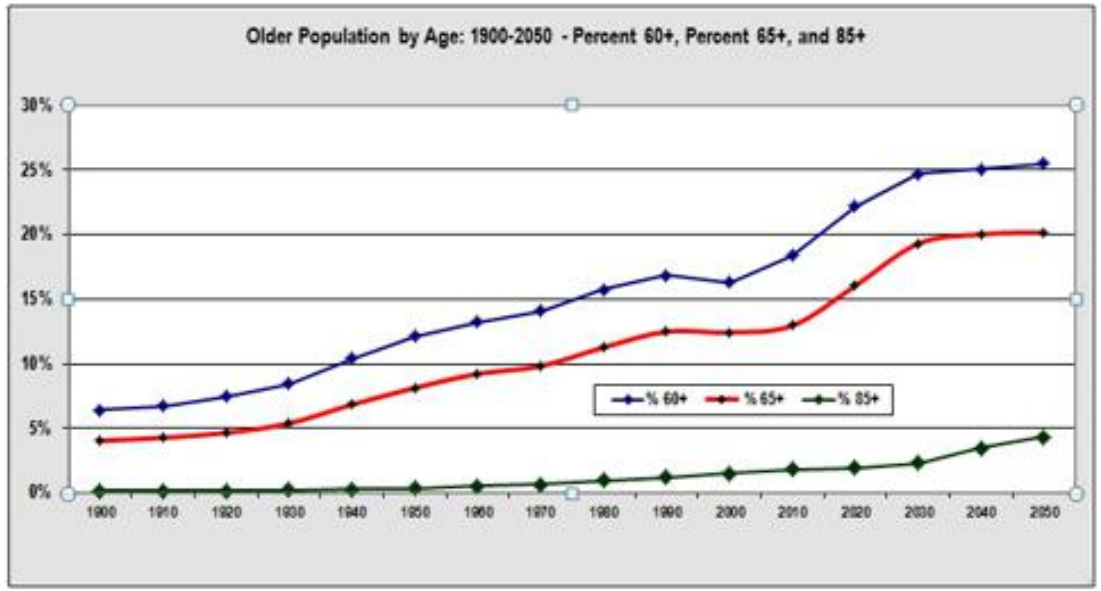


Surging Elderly/Medicare Populations



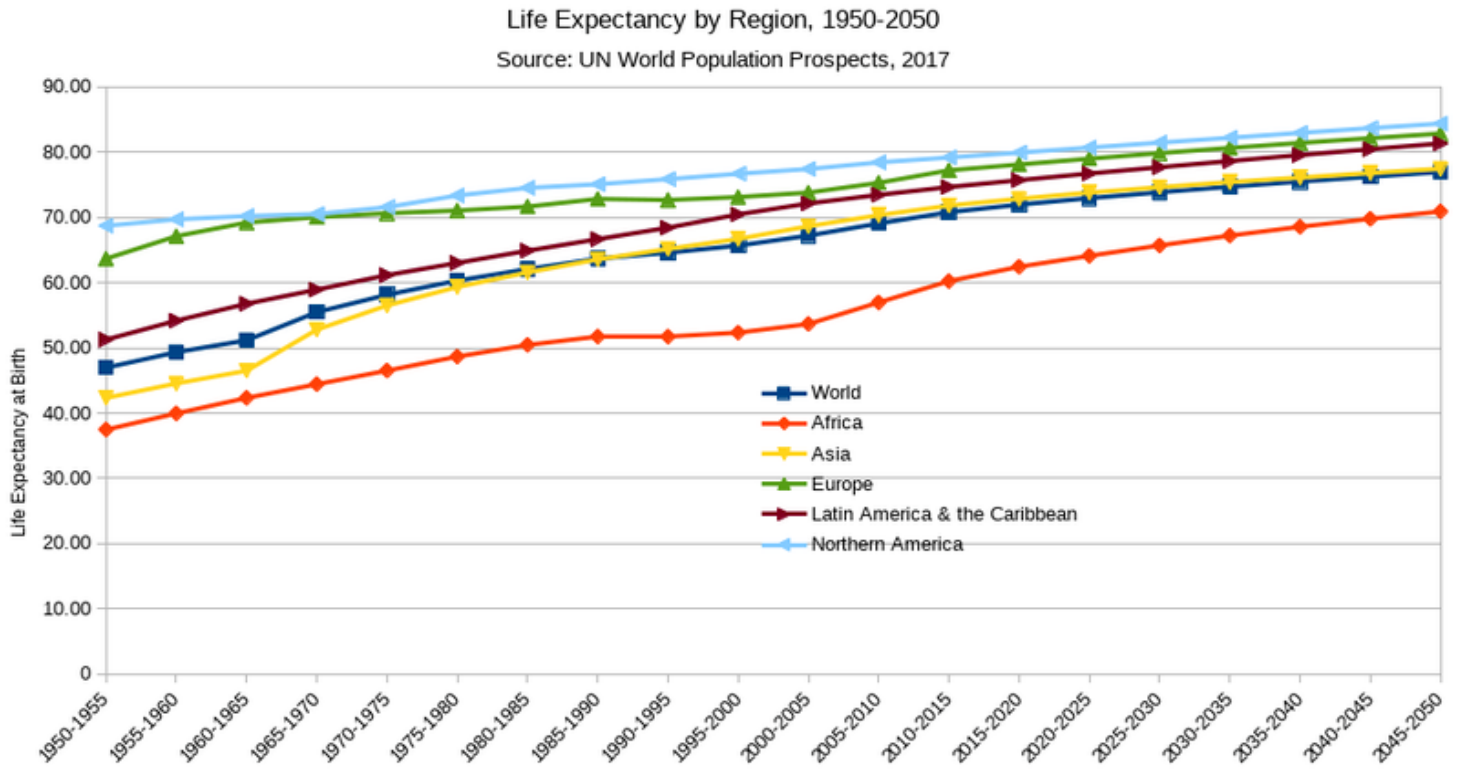
Surging Elderly/Medicare Populations

Chart of Percent of Population aged 60 and over, 65 and over, and 85 and over: 1900 to 2050

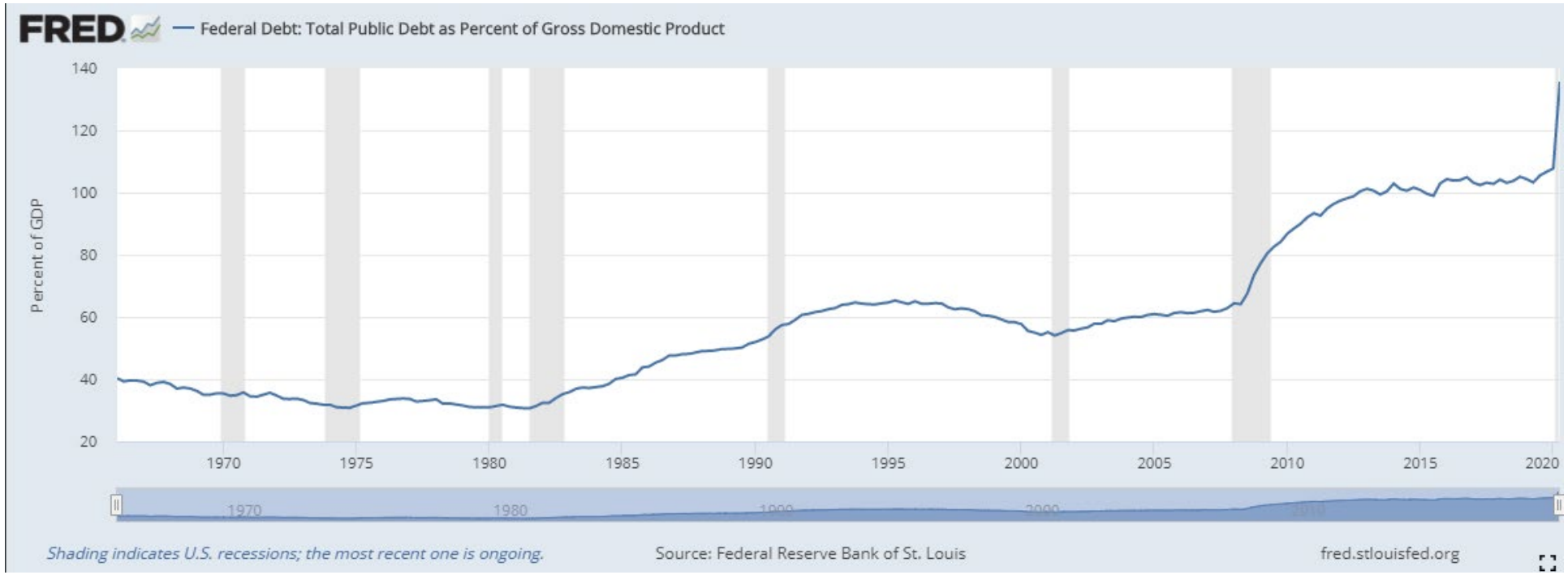


Source: U.S. Administration on Aging using the Census data from U.S. Census Bureau

Compared to The World



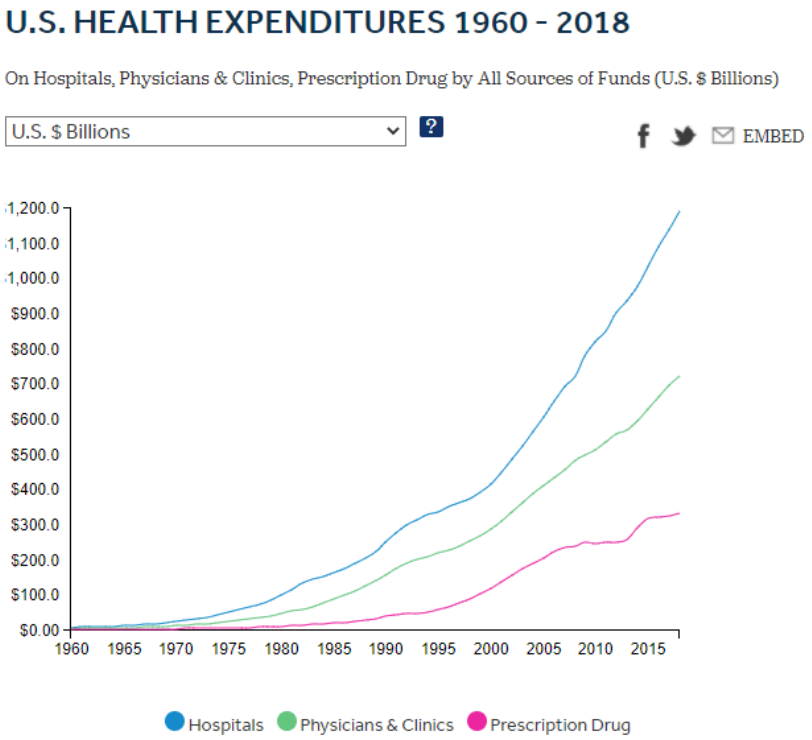
Recession?



- As of April 2020, Early Coronavirus Stimulus Spending

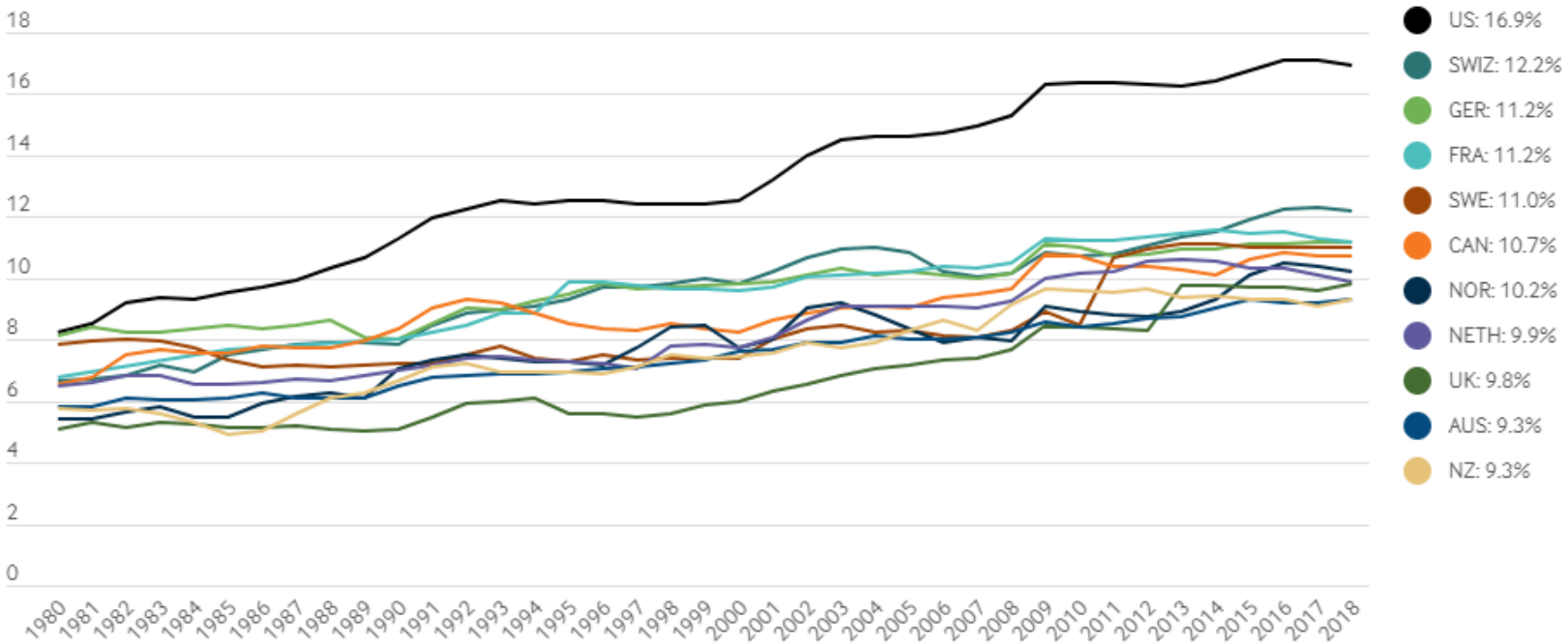
US Healthcare Spending

Source: Kaiser Institute



The U.S. Spends More on Health Care Than Any Other Country

Percent (%) of GDP, adjusted for differences in cost of living
*Legend shows 2018 data**



Download data

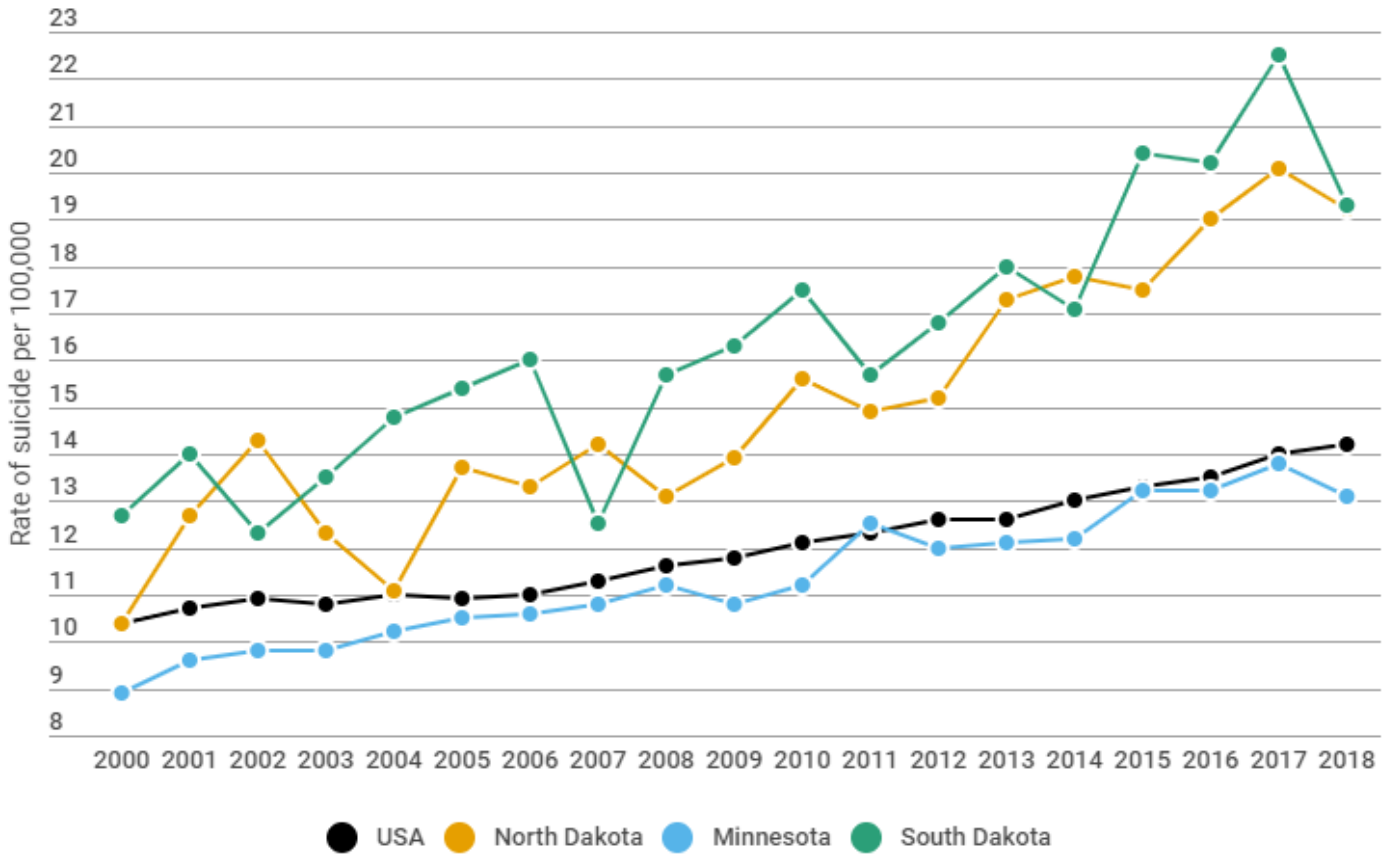
Notes: Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP = gross domestic product. OECD average reflects the average of 36 OECD member countries, including ones not shown here. * 2018 data are provisional or estimated.

Data: OECD Health Statistics 2019.

Source: Roosa Tikkanen and Melinda K. Abrams, *U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes?* (Commonwealth Fund, Jan. 2020). https://doi.org/10.26099/7avy-fc29

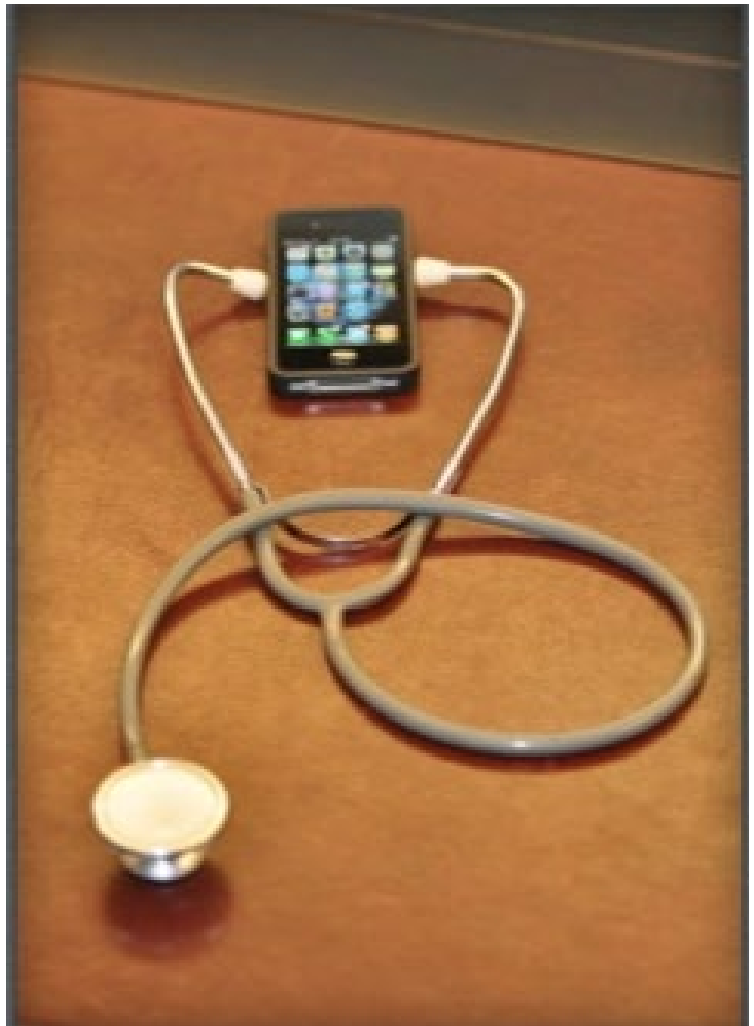
Suicide rates on upward trend

From 2000 to 2018, most states in the U.S. saw a significant increase in suicide rates. North Dakota jumped 84%, second behind New Hampshire with 88%. Minnesota was in 18th place with its suicide rate increasing 48%, well above the national rise of 37%. South Dakota climbed 52% and ranked 15th.



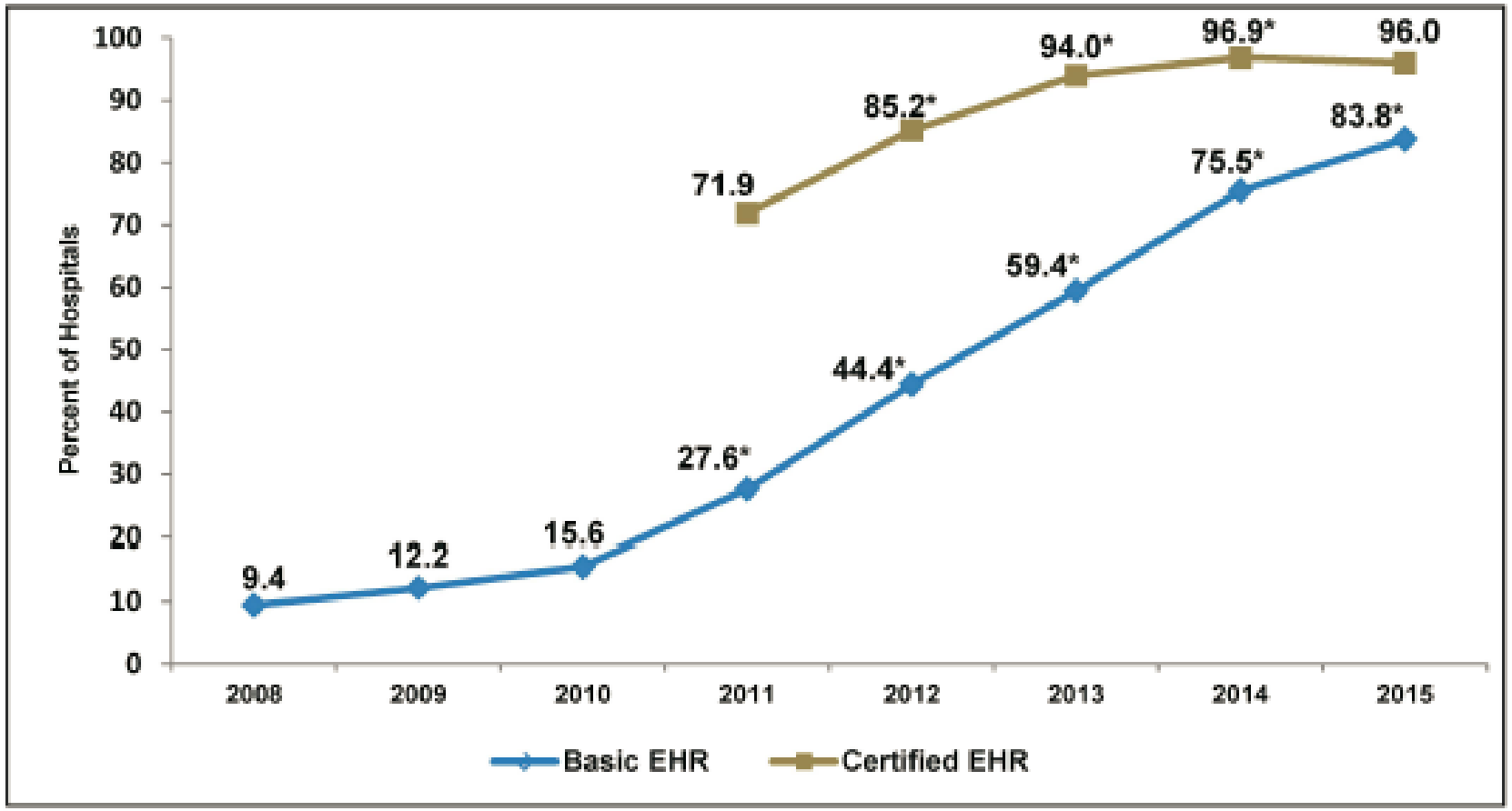
Source: The State Health Access Data Assistance Center at the University of Minnesota

Technology Increasing in Medicine



Basic EHR adoption increased while certified EHR adoption remained high.

Figure 1: Percent of non-Federal acute care hospitals with adoption of at least a Basic EHR with notes system and possession of a certified EHR: 2008-2015.



NOTES: Basic EHR adoption requires the EHR system to have a set of EHR functions defined in Table A1. A certified EHR is EHR technology that meets the technological capability, functionality, and security requirements adopted by the Department of Health and Human Services. Possession means that the hospital has a legal agreement with the EHR vendor, but is not equivalent to adoption.
*Significantly different from previous year ($p < 0.05$).
SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

Source: https://dashboard.healthit.gov/evaluations/data-briefs/non-federal-acute-care-hospital-ehr-adoption-2008-2015.php

Broader Adoption of Technology

Office-based Physician Electronic Health Record Adoption

EHR adoption has more than doubled since 2008

2017

Download image: [.png]

Table:

Percentage of Office-based Physicians with Electronic Health Record System
2004 - 2017

The Office of the National Coordinator for Health Information Technology

A division of the U.S. Department of Health and Human Services

HealthIT.gov

Resources of Practicing Child & Adolescent Psychiatrists

U.S. Population 2020:

330,399,877 vs 308,745,538 in 2010

Under 18: 22.3%= 73,679,171 vs

74,098,929 in 2010

Prevalence of MI/CD/ Both Kids (16-20%)

> 15,000,000 (per AACAP)

U.S. C & A Psychiatrists: 8,300 (per AACAP)

1808 MI/CD/Both Kids/ C & A Psychiatrist

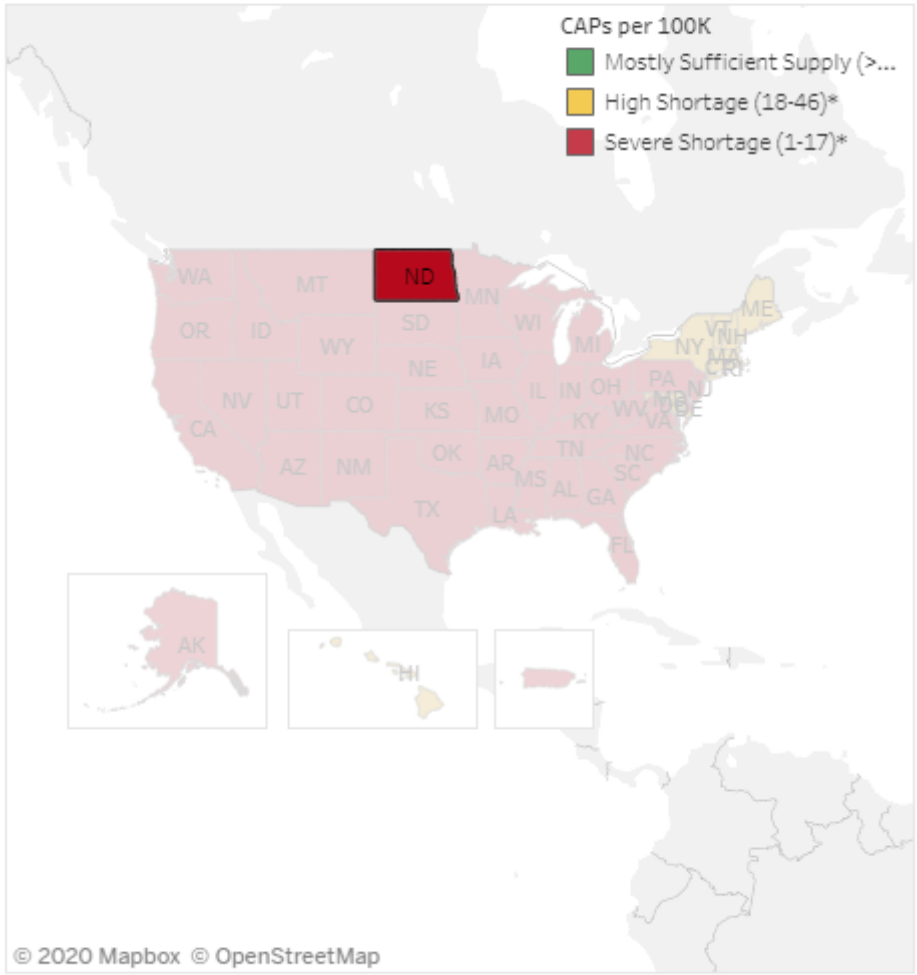
Practicing Child and Adolescent Psychiatrists

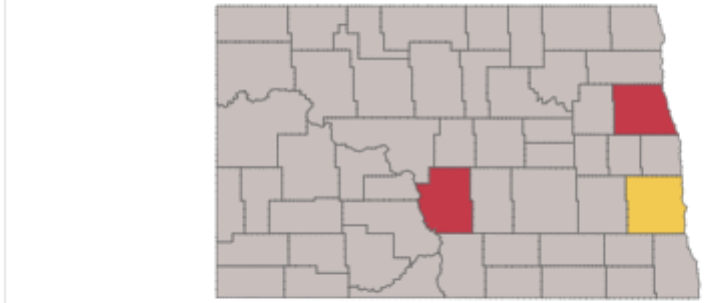
Select a state for county population and workforce data

North Dakota

** Hover for Data Source*

Number of Children < 18	Total CAPs	Number of CAPs/100K	Avg. CAP Age
173,795	16	9	51





High Shortage (18-46)*
Severe Shortage (1-17)*
No CAPs

County	Pop. < 18	Number of ..
Adams County	479	0
Barnes County	2,257	0
Benson County	2,317	0
Billings County	171	0
Bottineau County	1,361	0
Bowman County	783	0
Burke County	549	0

Practicing Child and Adolescent Psychiatrists

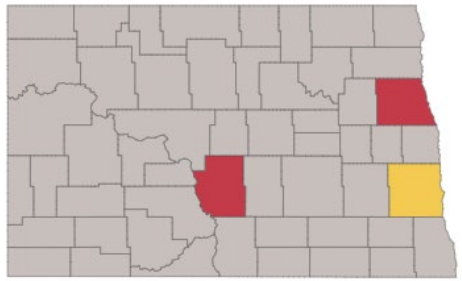
Select a state for county population and workforce data

North Dakota

** Hover for Data Source*

Number of Children < 18	Total CAPs	Number of CAPs/100K	Avg. CAP Age
173,795	16	9	51

CAPs per 100K
- Mostly Sufficient Supply (>= 47)
- High Shortage (18-46)*
- Severe Shortage (1-17)*



County	Pop. < 18	Number of CAPs
Burleigh County	20,637	3
Cass County	36,888	12
Grand Forks County	14,199	1

What about Cass, Burleigh and Grand Forks Counties, North Dakota?

North Dakota Population 2010 762,062

North Dakota 10.8 People/sq. mile

= 12% of US avg.

U.S. 87.0 People/sq. mile

Extrapolated from data from U.S. Census Bureau 2010

What about Cass, Burleigh and Grand Forks Counties, North Dakota?

Cass County Population 188,674

106.7 People/sq mi

Burleigh County Population 95,503

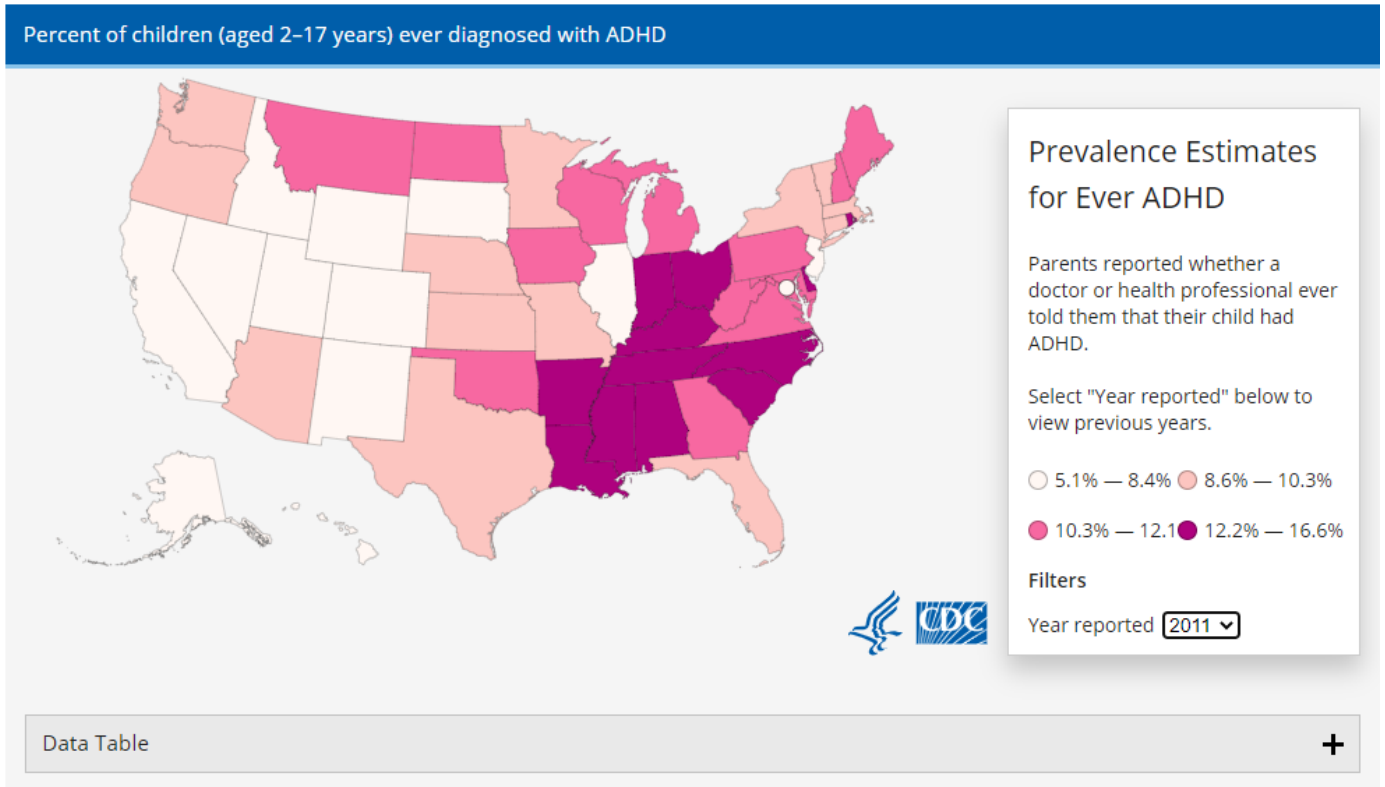
57.3 People/sq. mile

Grand Forks County Population 71,166

49.4 People/sq. mile

Extrapolated from data from U.S. Census Bureau 2010

ND Prevalence of ADHD

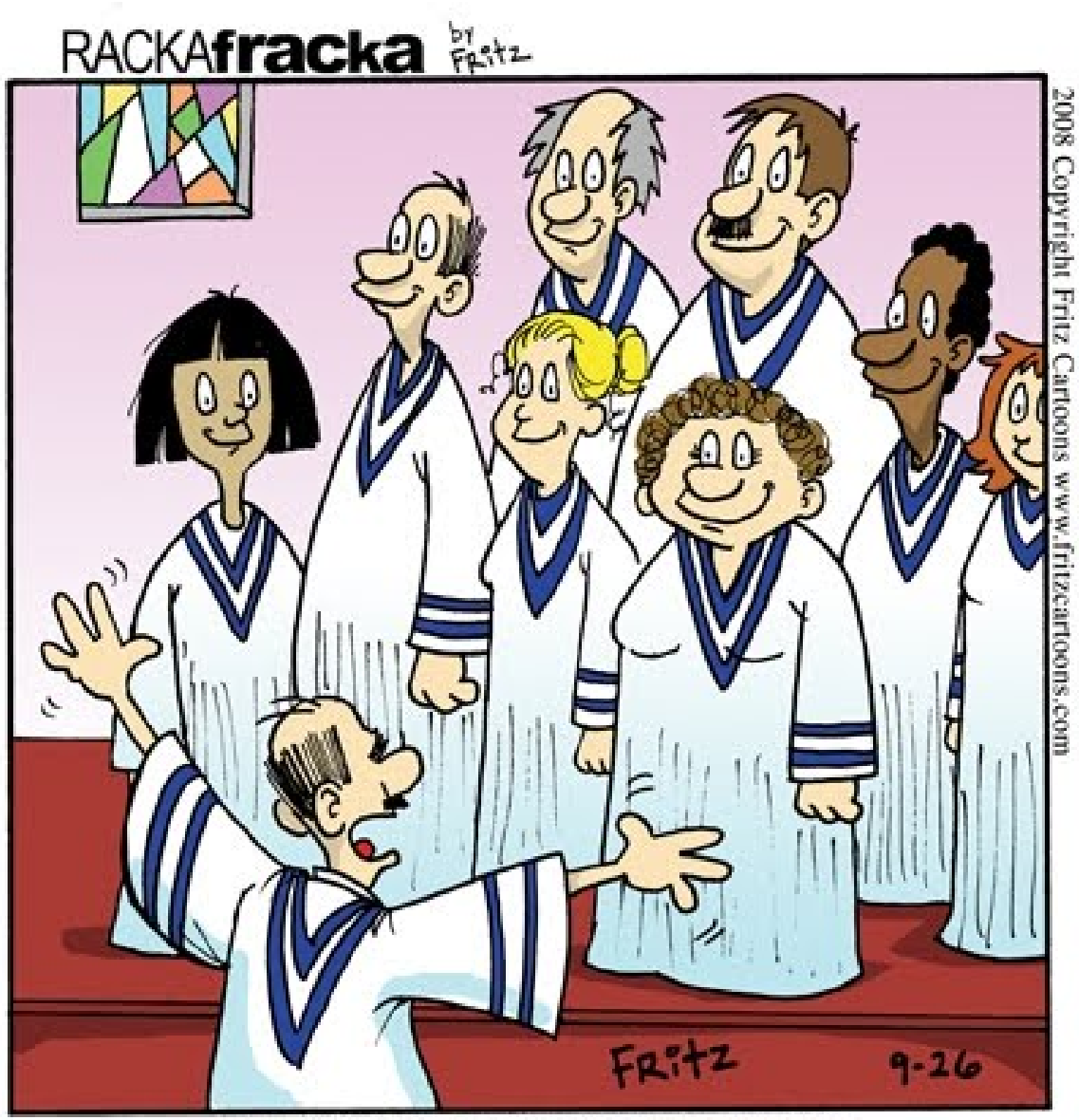


Barriers to Treatment

- Travelling Psychiatrists
  - Road Time is Unproductive Time
  - Distance in Foul Weather is Even More Unproductive Time with Early/Late travel
  - Extra travel Expense can be More than Business Economic Margin
  - Sometimes Dangerous
  - Few want to do it

Tele-Medicine

Ta Da!



HALFWAY THROUGH PHILIPPIANS 2,
REVERAND PAUL MATTHEWS REALIZED
HE WAS PREACHING TO THE CHOIR.

Track record of Telemedicine in Psychiatry

WARD MANAGEMENT BY CLOSED CIRCUIT TELEVISION

"I treat my patients long distance"

by

EMMET M. KENNEY, M.D.
Instructor
University of Nebraska School of Medicine

And

ROBERT OSBORNE, M.D.
Clinical Director
Norfolk State Hospital

WARD MANAGEMENT BY CLOSED CIRCUIT TELEVISION

There is an ever present shortage of adequately trained psychiatric personnel in state mental hospitals. The recent report of the Joint Commission on Mental Health challenged our profession by inferring that creative thinking and new approaches are needed to solve this problem.

This afternoon I would like to share with you one of our responses to that challenge: ward management by closed circuit television.

The problem of staffing was most acute in a one thousand bed hospital in rural Nebraska. The physician staff had dwindled to four psychiatrists and two general practitioners. The problem of patient care was intensified by the lack of nurses. The hospital had twelve R. N's, only five of whom were active in direct patient care.

The Nebraska Psychiatric Institute, one of eleven mental health centers included in the recent book, Community Mental Health Centers, compiled by the Joint Information Service, is located in Omaha. It is part of the University of Nebraska Medical School as well as part of the state hospital system. It contains a total of one hundred beds and is well-staffed with members of various mental

health disciplines. The Institute had long used closed circuit television within the campus, when it was first opened to monitor quiet rooms to afford more active supervision of disturbed patients. Later, research on the effectiveness of closed circuit television for individual and group psychotherapy was carried out. These efforts led us to believe that it was an effective treatment technique. The Director of the Institute, Dr. Cecil Wittson, applied for and received a grant* to construct a closed circuit television facility between the Institute and the Norfolk State Hospital, the one hundred and twelve miles to be bridged by four microwave relay towers. When it was completed it provided specialized psychiatric and neurological consultative services; for example, child psychiatry, adult neurology, and EEG service, to the state hospital. It was also used for in-service education on the nurse and aide level as well as to allow Norfolk State Hospital personnel in psychology, social service, occupational therapy and vocational rehabilitation to join in the formal educational programs at the Institute.

In the Fall of 1964, the Director of the Institute proposed

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*PH Service, MH-2-01573 from the National Institute of Mental Health

TeleMedicine: It’s hard to find such an old model of delivery that is still thought of as new

TeleMedicine: It’s hard to find such an old model of delivery that is still thought of as new

Regulatory Concerns/Burden

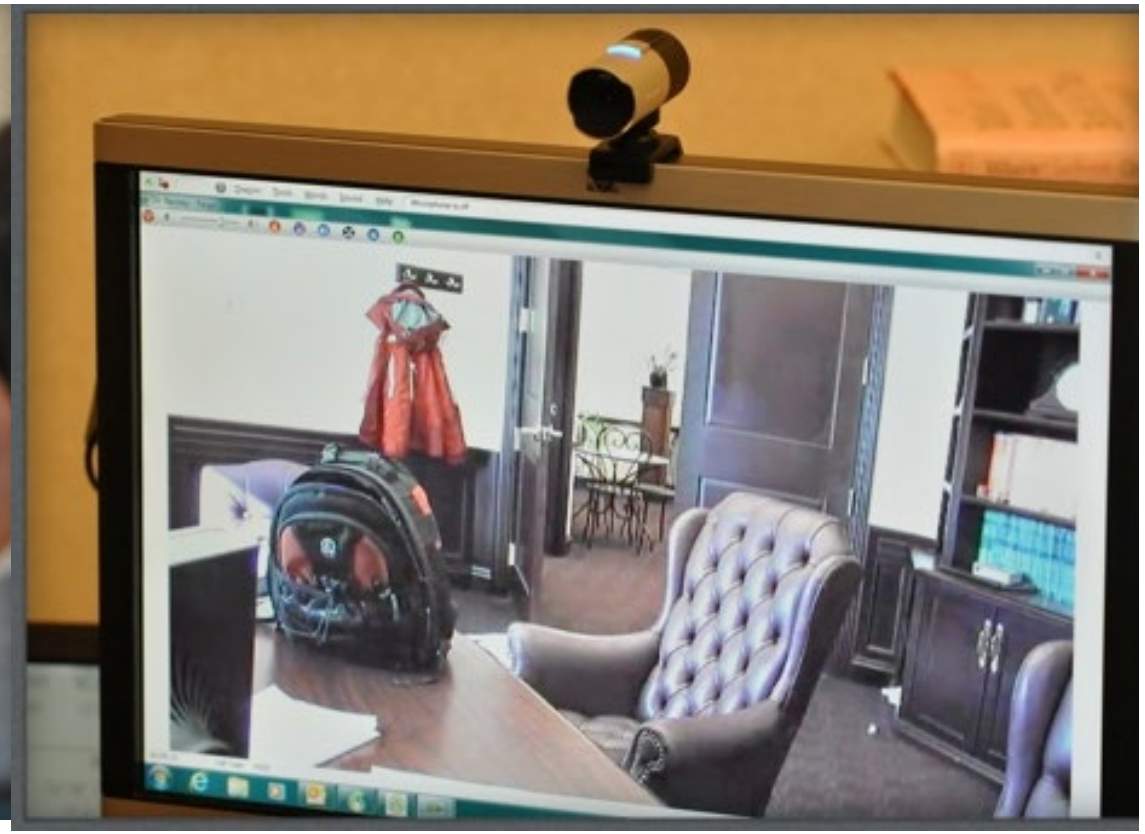
HIPAA

Tele-Medicine laws

Credentialing

Insurance Coverage

Recent TeleMedicine



2017

HEALTH INSURANCE, HEALTHCARE ACCESS, TELEHEALTH

A new white paper shows the massive untapped potential for telehealth acceptance

What is holding up telehealth acceptance? Some clues can be gleaned from a recent white paper published by Avizia shows the significant percentage of the population that has yet to discover telehealth. According to this white paper, 82% of patients surveyed have not used telemedicine as a source of care. Of the 18% who have used it, most are happy with it and would use it again. In other published surveys, patient satisfaction with telemedicine care is usually in the 95+% range.

When patients who had used telehealth services listed the reasons for doing so, the list included: Time savings and convenience (59%), Faster service and shorter wait times (55%), Cost savings due to less travel (43%), Better Access to specialists (25%), A more comfortable experience (16%), and A longer conversation with a clinician (16%).

Telehealth Patient Satisfaction Survey Shows Acceptance of Virtual Care

Posted by: Jay Holder Bennett on September 19, 2018

One of the questions many health systems ask when considering telehealth is whether the patient will use the service. To help health systems answer that question, Amwell conducted a nationally projectable survey in 2017—a telehealth patient satisfaction survey—to measure patient perception and experience with telehealth. Here is a summary of the results of the 2017 survey. For a more in-depth look, read the full eBook.

Patients are satisfied with video visits

During the survey, patients were asked if offered the following three options – video, telephone and email – which method results in the most accurate diagnosis by a doctor? 69% of respondents said that video results in the most accurate diagnosis.

Patients also said that video visits effectively solve their health concerns. In fact, patients reported that their healthcare concerns were completely resolved 64% of the time when in a brick and mortar setting. Data from Amwell's telehealth service shows that patients were able to resolve their healthcare needs 85% of the time with video visits.

Patients want telehealth for a range of ailments

Whether for relatively simple concerns like prescription refills or major ones involving chronic disease management, patients want telehealth. In fact, one in five patients said that would switch to a new doctor if they offered telehealth. This type of demand is especially relevant in rural areas. Growth in this area is so large that recent FCC proposals include funding for telehealth equipment in rural clinics to the tune of over $400 million just in the current fiscal year.

DIGITAL

Telehealth up 53%, growing faster than any other place of care

MAY 29, 2019

Staff News Writer

A striking indicator of telehealth's building momentum suggests that now is the time for physicians to understand how care delivered at a distance can fit it into a wide variety of practices.

A national study of insurance claims filed for alternative settings of care found telehealth rocketed up 53% from 2016 to 2017. That growth greatly outpaced other places studied—14% at urgent care centers, 7% at retail clinics, and 6% at ambulatory surgical centers (ASCs). In a telling sign of the shift in the delivery of care, emergency departments were the one setting reported on that experienced a decline—it was 2%.

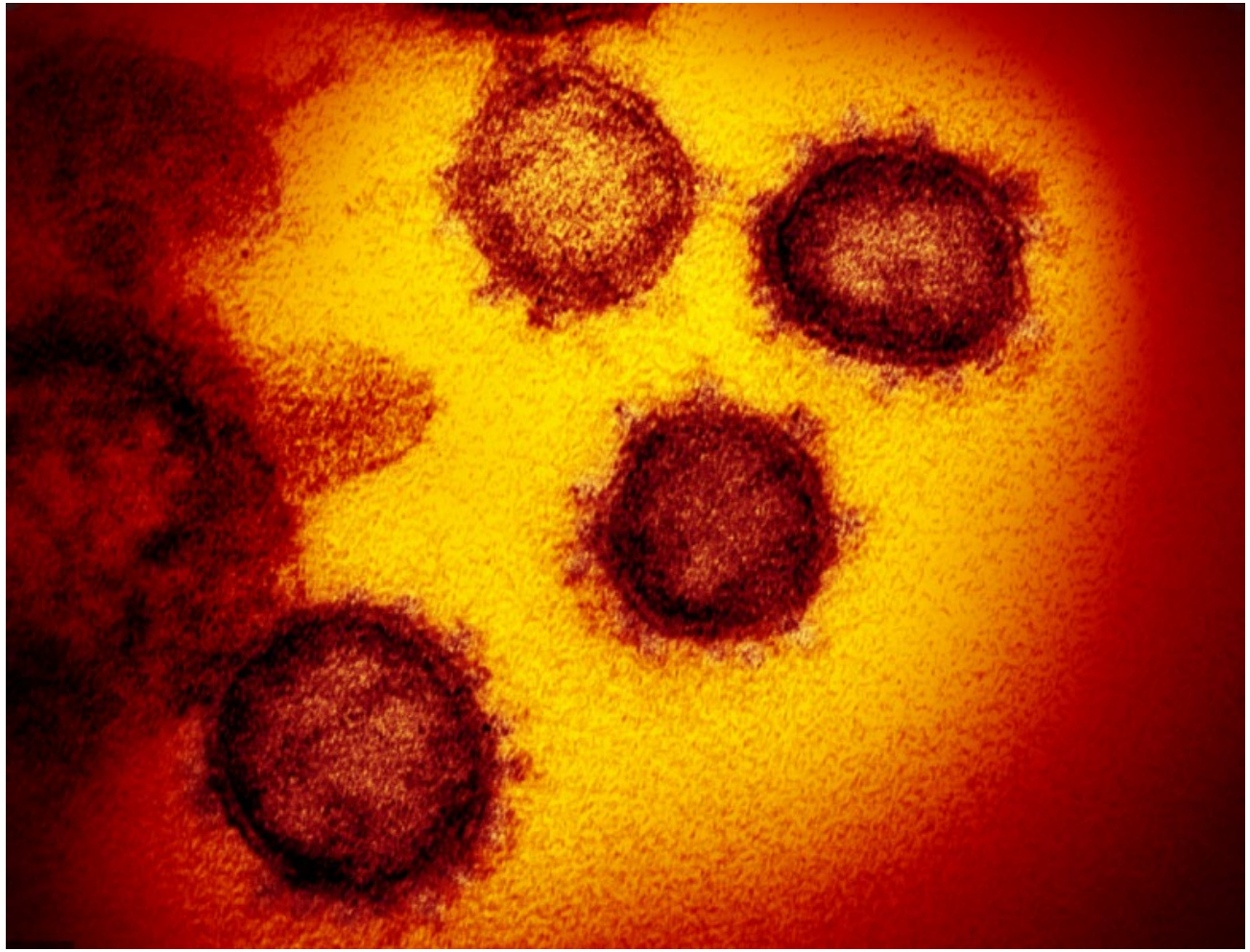
The data—drawn from claim lines, the separate procedures listed within a claim—and analysis comes from a white paper, "FH Healthcare Indicators and FH Medical Price Index 2019: An Annual View of Place of Service Trends and Medical Pricing." The paper was issued by Fair Health, a New York nonprofit that operates a vast database of commercial and Medicare claims.

The AMA is committed to making technology an asset in the delivery of health care, not a burden. Efforts in this area include creation of the Digital Health Implementation Playbook to speed the adoption and scaling of innovative solutions. (Download the Playbook now.)

Learn more about the AMA's transformative digital health efforts.

Telehealth is rapidly growing in terms of claims, and advancing its signature combination of health information and telecommunications. It can encompass consultations such as video-conferencing with patients and fellow physicians—though generally not simply phone calls, emails or texts—as well the collection of health data and images that can be shared in real time or stored and transmitted.

Enter COVID-19




CREDIT: EARTH CAM
tkts
1024 × 576
CBSNewYork.com

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

Telehealth Discretion During Coronavirus

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

The Trump Administration is taking aggressive actions and exercising regulatory flexibilities to help healthcare providers contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is empowered to take proactive steps through 1135 waivers as well as, where applicable, authority granted under section 1812(f) of the Social Security Act (the Act) and rapidly expand the Administration's aggressive efforts against COVID-19. As a result, the following blanket waivers are in effect, with a retroactive effective date of March 1, 2020 through the end of the emergency declaration. For general information about waivers, see Attachment A to this document. **These waivers DO NOT require a request to be sent to the 1135waiver@cms.hhs.gov mailbox or that notification be made to any of CMS's regional offices.**

Flexibility for Medicare Telehealth Services

- **Eligible Practitioners.** Pursuant to authority granted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that broadens the waiver authority under section 1135 of the Social Security Act, the Secretary has authorized additional telehealth waivers. CMS is waiving the requirements of section 1834(m)(4)(E) of the Act and 42 CFR § 410.78 (b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. The waiver of these requirements expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services. This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.

- **Audio-Only Telehealth for Certain Services.** Pursuant to authority granted under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services (see designated codes https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes). Unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.

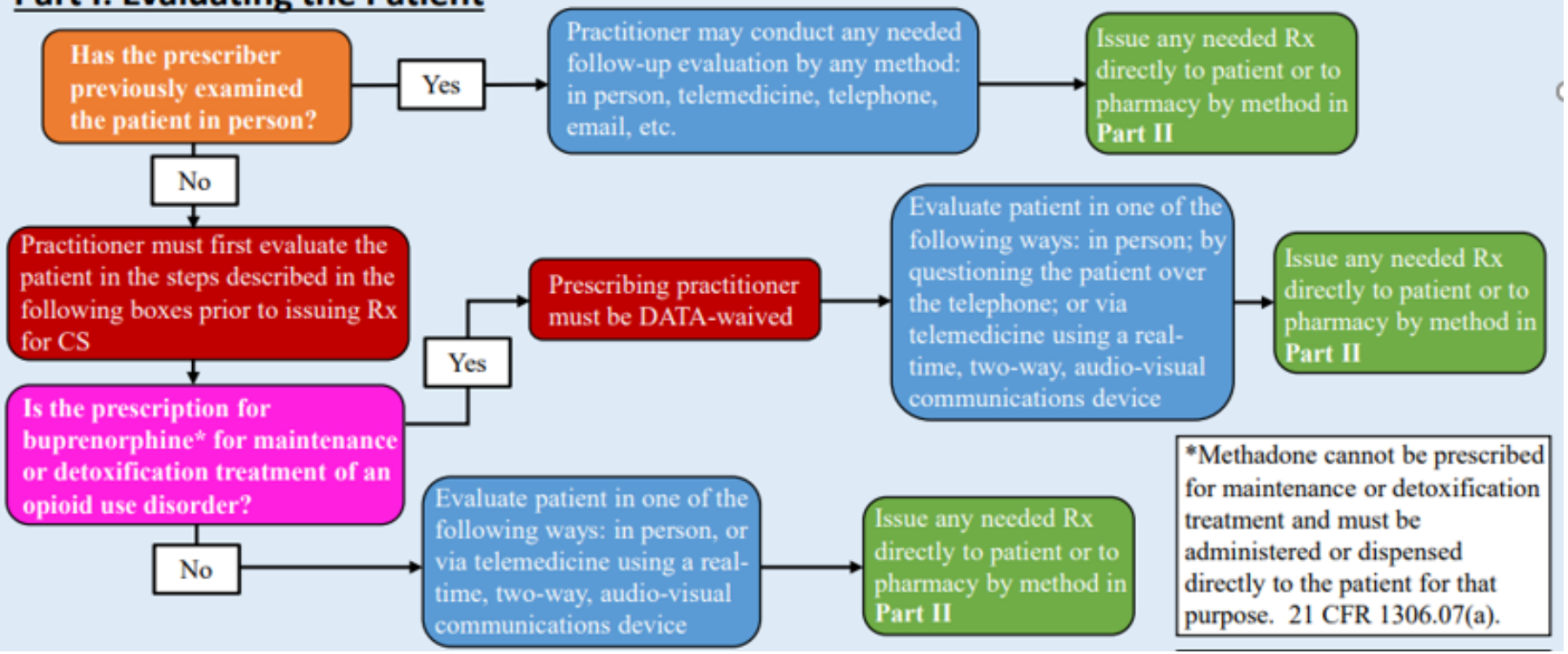
How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency

In response to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, the Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients. This chart only addresses prescribing controlled substances and does not address administering or direct dispensing of controlled substances, including by narcotic treatment programs (OTPs) or hospitals. **These policies are effective beginning March 31, 2020, and will remain in effect for the duration of the public health emergency, unless DEA specifies an earlier date.**

This decision tree merely summarizes the policies for quick reference and does not provide a complete description of all requirements. Full details are on DEA's COVID-19 website (https://www.deadiversion.usdoj.gov/coronavirus.html), and codified in relevant law and regulations.

Under federal law, all controlled substance prescriptions must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice. 21 CFR 1306.04(a). In all circumstances when prescribing a controlled substance, including those summarized below, the practitioner must use his/her sound judgment to determine that s/he has sufficient information to conclude that the issuance of the prescription is for a bona fide medical purpose. Practitioners must also comply with applicable state law.

Part I: Evaluating the Patient



Telehealth Reimbursement

Insurance payers and HCP professional associations have supported the transition to telehealth services during the pandemic. The Centers for Medicare & Medicaid Services (CMS) issued multiple waivers, providing flexibility (e.g., geographic location, type of health site) during the pandemic and granting payment parity between telehealth and in-person clinical care for Medicare.[11] Medicaid programs are administered at the state level and states can choose whether or not to cover telehealth services as an alternative to traditional in-person methods of care.

Top of Page

Safeguards for Telehealth Services

- Understand individual federal and state regulations and restrictions, temporary mandates and directives, and expiration dates
  - Monitor for updated regulatory actions for healthcare systems and HCP
  - Regional systems that provide services in multiple states must be particularly attentive to individual state requirements
  - HCP should track eligibility criteria based on their specific profession
- Maintain awareness of the Office for Civil Rights (OCR) announcements related to HIPAA and COVID-19
- Train providers and staff on policies, practices, and protocols for using telehealth services, including appointment scheduling, documentation and billing, referral processes for specialty care, urgent and emergent care, laboratory services, pharmacy prescriptions, medical equipment, and follow-up visits
- Explore the use of telehealth services in all parts of the healthcare delivery system including FQHCs (federally qualified health centers), community clinics, pharmacies, and school-based health centers

Connectivity

Cell Phones in U.S.

2019 96% have Cell Phones

81% have Smart Phones

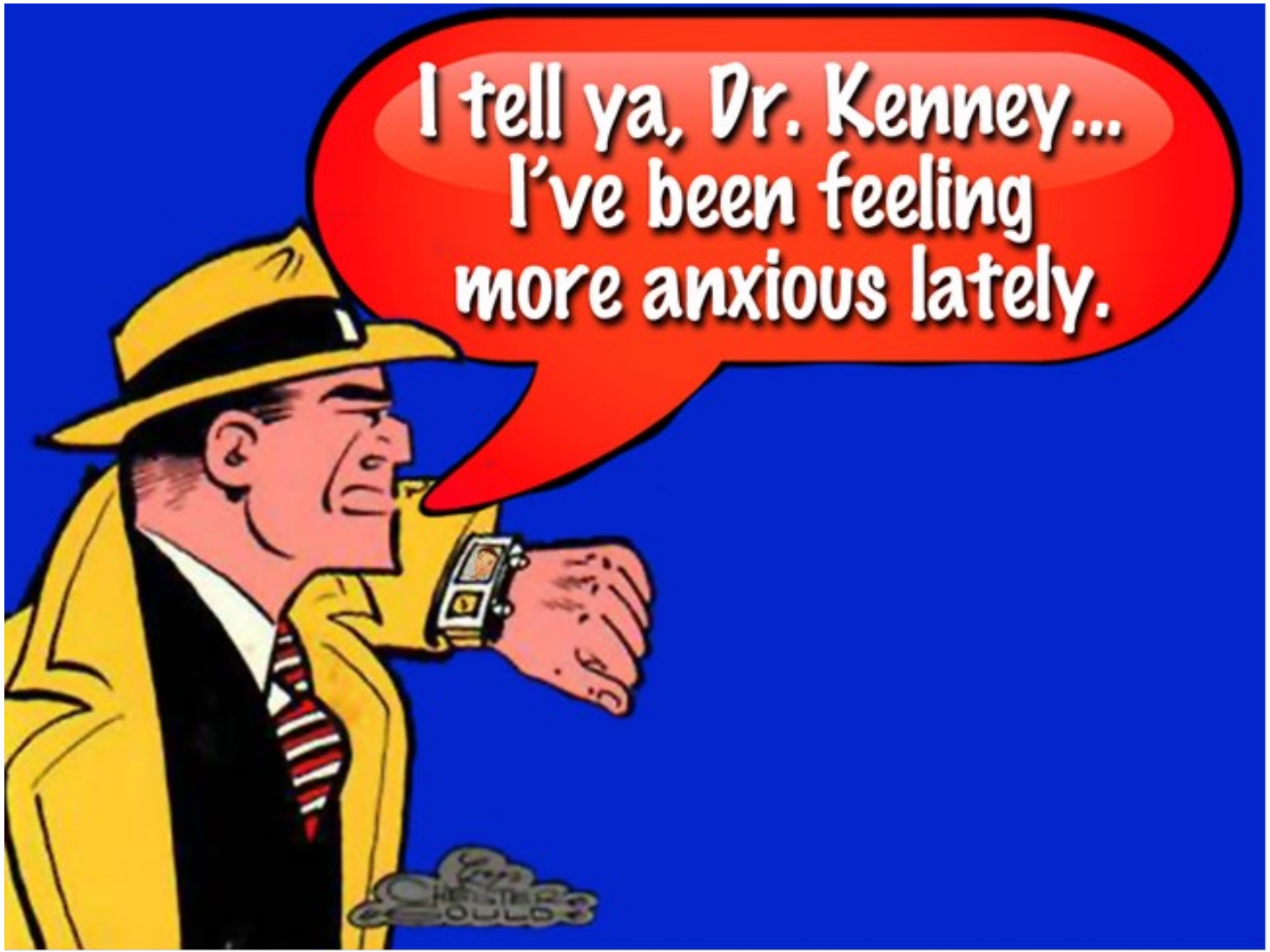
Source: Pew Research Center, Internet & Technology

Percent of households with a broadband Internet subscription

80.4 %

Source: 2014-2018 American Community Survey 5-Year Estimates

Not a New Idea



Current Telemedicine

Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

Updated June 10, 2020 Español Print

Background

Changes in the way that health care is delivered during this pandemic are needed to reduce staff exposure to ill persons, preserve personal protective equipment (PPE), and minimize the impact of patient surges on facilities. Healthcare systems have had to adjust the way they triage, evaluate, and care for patients using methods that do not rely on in-person services. Telehealth services help provide necessary care to patients while minimizing the transmission risk of SARS-CoV-2, the virus that causes COVID-19, to healthcare personnel (HCP) and patients.

While telehealth technology and its use are not new, widespread adoption among HCP and patients beyond simple telephone correspondence has been relatively slow.[1,2] Before the COVID-19 pandemic, trends show some increased interest in use of telehealth services by both HCP and patients.[3,4,5] However, recent policy changes during the COVID-19 pandemic have reduced barriers to telehealth access and have promoted the use of telehealth as a way to deliver acute, chronic, primary and specialty care.[6] Many professional medical societies endorse telehealth services and provide guidance for medical practice in this evolving landscape.[7,8,9] Telehealth can also improve patient health outcomes.[10]

HIPAA Complaint Video Consultations Gain Patient Acceptance; Video Telemedicine Market to Garner CAGR of ~13% during 2020 - 2030, Finds TMR

- Evidence of Higher Patient Outcomes of Telemedicine in Chronic Disease Management Drive Video Telemedicine Market; Application in Cardiology a Promising Avenue

- Lack of Standard Guidelines and Lack of Education in Low-Income Countries Dampen Market Prospects; Strides in ICT Services to Pave Way to Required IT Infrastructure, and Players Target Convenience of Users

NEWS PROVIDED BY
Transparency Market Research →
Jun 09, 2020, 05:30 ET

ALBANY, New York, June 9, 2020 /PRNewswire/ -- Video telemedicine has become an integral part of remote health care services, gaining popularity due to their use in chronic disease management, driving the evolution of the video telemedicine market. In the light of emerging coronavirus disease (COVID-19) pandemic and subsequent social distancing restrictions, video telemedicine services have become a necessity for a substantial portion of patient populations, especially in disease diagnosis.

DIGITAL

5 huge ways the pandemic has changed telemedicine

AUG 26, 2020

Marc Zarefsky
Contributing News Writer

With the arrival of COVID-19 and stay-at-home orders instituted across the country, physicians turned to telemedicine as a way to remain engaged with their patients. This form of real-time, audio-video communication allows physicians and patients to connect from different locations existed prior to the pandemic, but certain restrictions limited widespread usage.

Because of the coronavirus and temporary waivers on Medicare limitations, though, the usage numbers skyrocketed. A McKinsey & Co. report estimated that physicians saw between 50 and 175 times more patients via telehealth than they did prior to the pandemic.

As practices continue to focus on providing telehealth opportunities to their patients, the AMA has updated its telemedicine STEPS Forward™ module to reflect changes implemented during the pandemic. STEPS Forward™ is a series of interactive and engaging educational modules created by physicians to help address and potentially resolve common practice challenges.

Learn how the AMA is advancing telemedicine during the COVID-19 pandemic.

The changes that made telemedicine's rise possible

The module highlights five key changes that were made by the Centers for Medicare & Medicaid Services (CMS) that made telehealth opportunities so accessible during the current pandemic. Those changes were:

- Medicare will pay physicians the same rate for telehealth services as they do for in-person visits for all diagnoses, not just those related to COVID-19, throughout the national public health emergency.
- Patients can be in their home, or in any other setting, to receive telehealth services.
- Patients do not need to have an existing relationship with the physician who is providing telehealth assistance.
- Physicians are allowed to waive or reduce cost-sharing for telehealth visits.
- Physicians who are licensed in one state are allowed to see a patient in a different state.

Press release

CMS Administrator Seema Verma Hosts Virtual Roundtable in Boston on Telehealth

Aug 07, 2020 | Telehealth

On August 3, CMS announced in the CY 2021 Physician Fee Schedule Proposed Rule that it is proposing changes to expand certain telehealth flexibilities permanently, consistent with the President's Executive Order signed that day. The Executive Order and proposed rule advance CMS's efforts to improve access and convenience of care for Medicare beneficiaries, particularly those living in rural areas.

The expansion of telehealth coverage is just one of the many ways that CMS has responded to the pandemic to ensure the safety and well-being of Medicare beneficiaries.

Below is a list of CMS actions taken to ensure Americans have access to broader telehealth services, ensuring access to care while reducing the risk of COVID-19 exposure for both patients and healthcare providers:

- Expanded telehealth coverage to people living in all areas of the country so that beneficiaries living in both rural and urban settings can get care from their home rather than unnecessarily traveling to their doctor's office.
- Expanded the types of services patients can receive via telehealth, such as emergency department visits, initial nursing facility and discharge visits, home visits, critical care visits, radiation treatment management, therapeutic exercise, prosthetic training, assistive technology assessments, group psychotherapy, and end-stage renal disease care.
- Expanded Medicare payment for telehealth services to allow routine office visits, preventive health screenings, mental health counseling, and care that ordinarily would require a trip to an outpatient clinic or hospital emergency room to be provided wherever the patient is located, including in their home.
- Allowed telecommunications technologies to be used in lieu of in-person services across many settings of care, like home health, nursing homes, and hospice.
- Expanded the types of healthcare providers that can provide telehealth services to include rural health clinics, federally qualified health clinics, physical therapists, occupational therapists, and others.

- Expanded the scope of separately billable services that allow Medicare physicians to speak with patients virtually, by phone or video, rather than in person in order to prevent risk of infection.
- Added payment for services of physicians and practitioners who treat patients over the phone to meet the needs of Medicare beneficiaries who may not have access to interactive audio/video technology.
- Authorized Medicare Advantage plans to offer expanded telehealth coverage in urban and rural areas to meet the needs of their enrollees.

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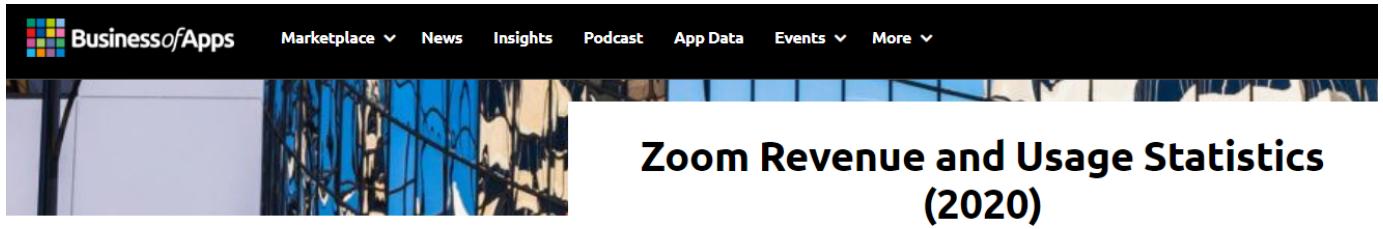
Contact: CMS Media Relations
CMS Media Inquiries

The Zoom Revolution: 10 Eye-Popping Stats from Tech's New Superstar

Posted on June 4, 2020 by Bob Evans

4. In 4 months, 30X growth in daily participants.

In December 2019, Zoom had 10 million daily meeting participants. Just 4 months later, in April 2020, more than 300 million daily meeting participants were using Zoom.



Zoom Revenue and Usage Statistics (2020)

MANSOOR IQBAL
UPDATED: JULY 20, 2020

Zoom is a video conferencing app, geared towards business usage. It was founded in 2011, by Eric Yuan, and launched in January 2013.

While gathering considerable popularity and coming to run profitably in the following years, Zoom truly entered the public consciousness during the coronavirus pandemic of 2020. It was to Zoom that users across the world turned to stay in touch during the lockdown effected to stop the spread of the virus.

Prior to founding Zoom, Yuan had helped to build WebEx, in the decade prior to its acquisition by Cisco in 2007. Yuan, originally from China, famously emigrated to the US after repeatedly failing to get a visa (ninth time lucky!)

Zoom User Statistics

Zoom peak daily meeting participants*

December 2019	~ 10 million
March 2020	200 million +
April 2020	300 million +

What’s the Future Hold?

"I think the genie's out of the bottle on this one," Seema Verma, the CMS administrator, said. "I think it's fair to say that the advent of telehealth has been just completely accelerated, that it’s taken this crisis to push us to a new frontier, but there's absolutely no going back."

Some Principles of Adoption of Technology

- Accessibility
- Affordability
- Reliability
- Efficacy
- Allowability
- Return of Investment

So, for Telemedicine