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Rollback of telehealth coverage threatens access, system CEO says

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Hackensack Meridian Health will ask Aetna about its coverage cuts to virtual care during contract negotiations, said Robert Garrett, CEO of the nonprofit health system.

CVS Health subsidiary Aetna plans to cut commercial telehealth reimbursement for dozens of services as of Dec. 1, including some mental health services. Aetna said the move is "in-line with the industry" as the healthcare system continues to transition out of the COVID-19 pandemic, when telehealth utilization spiked and has since waned.

In an interview, Garrett talked about how the policy changes would affect the 18-hospital system based in Edison, New Jersey, among other topics such as artificial intelligence, finances and social determinants of health. The interview was edited for length and clarity.

Have you seen other insurers, outside of Aetna, cutting coverage for telehealth services?

They are the first ones that I've seen so far of the major insurers that we have contractual relationships with. We will address that with Aetna during our contract negotiations, which are ongoing. I'm very concerned anytime that access to care is limited. We have a big behavioral health program, and I think almost 50% of our outpatient behavioral health visits are done through virtual care. That would be so significant. If those people are not reached through virtual care, they end up in crisis in emergency departments. That's not good for anybody.

How are you trying to meet the demand for mental healthcare?

We started screening patients for social determinants of health over two years ago through the Unite Us platform. Over 900,000 people have been screened, and we have made over 3 million referrals to community agencies and Hackensack Meridian Health resources. What's risen to the top is behavioral health and food insecurity. On behavioral health, we recently opened 81 new behavioral health beds at Raritan Bay Medical Center in Perth Amboy, an underserved community. That followed our behavioral health urgent care center that we opened in Neptune, and the addiction treatment center we opened in northern New Jersey.

Because the mental health crisis is impacting children and adolescents so significantly, we're planning to open 51 pediatric and adolescent beds at our flagship psychiatric hospital, Carrier Clinic. On the food security front, we partnered with 13 grocery stores in two counties through the Fresh Match program, and we're supplementing [Supplemental Nutrition Assistance Program] benefits with healthy food. The average SNAP beneficiary in New Jersey gets $95 a month. We are going to supplement that with $50 worth of fruits and vegetables. We think we can really scale this and roll this out throughout the state.

How do those plans work into the May 2020 initiative to improve finances?

I'm happy to say the initial goal was $750 million of revenue enhancements or expense reductions, and we are north of $1 billion now. We have closed the sales of 13 of our 14 long-term care facilities. We were able to find a partner in Complete Care that was willing to share governance, since those nursing home facilities are still an important part of our continuum of care. We also sold some fitness facilities.

In real estate, we are looking to consolidate wherever we can, particularly in corporate real estate. Where we're investing is in ambulatory care and in home care. We have 14 ambulatory care sites and three urgent care centers that will come online between now and the beginning of 2025. They range from primary care offices, specialty care, mixed-use urgent care, dialysis and imaging centers. At the height of COVID we borrowed $1 billion—at pretty low interest rates at that point—and we said we were going to reinvest a lot of those proceeds into ambulatory care development.

How is your hospital-at-home program developing?

We're rolling out a pretty comprehensive program that started at JFK University Medical Center, and then went to Jersey Shore University Medical Center and Hackensack University Medical Center. The results are very promising. One of the lessons learned is, you need physician champions. We did the pilots at those three academic medical centers through the Medicare waiver. But now, we're rolling this out to the commercial population, in partnership with Medically Home. We expect to roll those out first at our academic medical centers, and ultimately at our community hospitals, over the course of 2024.

How are you using AI?

I would categorize AI into three buckets—efficiency, predictive analytics and clinical enhancements and patient experience. In efficiency, one pilot in AI identifies holes in the operating room schedule and fills them with cases that might have been on hold. AI can download files quicker than human beings can, so that's really helped the workflow in areas like finance and some of the support functions. On the clinical side, we are using AI to review images from patient scans that the human eye couldn't necessarily pick up, such as tumor development or other abnormalities. In some primary care offices, we are using predictive analytics with respect to the onset of kidney disease. We're also using AI to identify patients that might be more appropriate for a long-term acute care hospital admission. The other pilot is for palliative care. Based on the patient's condition, AI may say to the clinician that they might want to consider palliative care earlier for a patient.

How are you setting up guardrails on the clinical side to ensure that AI is accurate?

All of these pilots have a multidisciplinary team that over oversees them. That includes the clinicians, colleagues who are in the same field, as well as some administrative oversight from both our IT department and operations. We have a data governance committee that also provides oversight and makes sure that we have safeguards in place. Also, through our Google Cloud partnership, Google is providing us best practices in terms of safeguards for data governance.