



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**  
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## **Definitions**

**Telemedicine:** Use of two-way synchronous electronic audio-visual communications to deliver clinical health care services to a patient at an originating site by a telehealth provider located at a distant site.

**Telehealth:** Use of electronic information and communication technologies to deliver health care to patients at a distance. NYS Medicaid covered services provided via telehealth include assessment, diagnosis, consultation, treatment, education, care management and/or self-management. This definition includes audio-only services when audio-visual is unavailable, or a member chooses audio-only.

**Store-and-Forward:** Involves the asynchronous, electronic transmission of health information of a patient, in the form of patient-specific pre-recorded videos and/or digital images from a provider at an originating site to a telehealth provider at a distant site.

**Remote Patient Monitoring (RPM):** Use of digital technologies to collect medical data and other personal health information from a patient in one location and electronically transmit that information to health care providers in a different location for assessment and recommendations. Monitoring programs can collect a wide range of health data from the point of care, such as vital signs, blood pressure, heart rate, weight, blood sugar, blood oxygen levels and electrocardiogram readings. RPM may include follow-up on previously transmitted data conducted through communication technologies or by telephone.

**Distant Site:** The site where the medical provider or specialist is seeing the patient at a distance or consulting with a patient's provider.

**Originating Site:** Location of a patient at the time the service being furnished via a telecommunication system occurs.

**Telepatient population:** Persons who may benefit from telemedicine services, or for whom regular in-person access to healthcare professionals is not reasonably feasible.

## **Introduction to Telehealth in NYC**

In 2023, New York City (NYC) enacted Local Law 59, also known as the Telemedicine Accessibility Plan, to improve the availability and accessibility of telemedicine services for vulnerable populations [1][2]. This report provides required updates, as well as relevant context related to telehealth usage in NYC and nationwide.

Prior to the onset of the COVID-19 pandemic, there was broad recognition of the important role telehealth would play in the future of health care delivery. In 2016, New York State's Telehealth Parity Law went into effect, requiring state-regulated commercial plans and Medicaid to reimburse for services delivered via telehealth, if those services would have been covered if delivered in person [3]. The law covered audio-visual communications; store-and-forward; and remote patient monitoring but did not include audio-only (telephone) telehealth services. This exclusion created a barrier for low-income New Yorkers, many of whom are eligible for Medicaid and less likely to have access to high-quality broadband or the appropriate technology for audio-visual telehealth or remote patient monitoring. Challenges with reimbursement, regulations, and patient access prevented widespread uptake. Per 2018 Health Resources and Services



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*Commissioner*

Administration (HRSA) Uniform Data System reporting, prior to COVID-19, 35% of New York health centers utilized telehealth services [4]. In NYC, telehealth services were primarily utilized by specialty clinics and urban health centers. A study of electronic health record data from 23 clinics at New York City Health + Hospitals healthcare system noted that only 2% of primary care visits were conducted via telehealth between 2019 to 2021 [5].

### **COVID-19 and Telehealth**

Beginning in early 2020 with the onset of the COVID-19 pandemic, policymakers took swift action to remove restrictions previously placed on telehealth to ensure its accessibility to a wider array of patients and providers. In a nationally representative survey from October 2020, 43% of those surveyed had used telehealth since the onset of the pandemic, representing 114.5 million U.S. adults. Telehealth utilization peaked in April 2020 at over 32% of all outpatient visits nationwide [6]. According to the CDC, telehealth visits increased by 154% in March 2020 compared to the same period in 2019 [7]. In NYC, telehealth visits surged, with over 50% of primary care visits transitioning to virtual platforms by April 2020 [8]. Studies indicated increased utilization among historically underserved populations, including racial and ethnic minorities [9]. The NYC Health + Hospitals system reported a 500% increase in telehealth visits between March and June 2020 compared to the same period in 2019 [10].

In March 2020, the NYS Department of Health (NYSDOH) announced a broad expansion of telehealth coverage through Medicaid for the duration of the public health emergency. The expansion made telehealth services, including audio-only modalities, available to all NYS Medicaid beneficiaries (including managed care) from all Medicaid qualified providers in all circumstances where it is considered appropriate by the provider [11]. In May 2020, the governor signed S8416, which permanently added audio-only communication to the definition of telehealth in the state [12]. The state would later implement payment parity such that telehealth services are reimbursed at the same rate as their equivalent in-person services, with some exceptions for facility fees and Article 28 facilities. Payment parity is currently set to expire at the end of 2026 unless renewed.

### **NYC Health + Hospitals (H+H) Digital Health Programs**

NYC Health + Hospitals offers telehealth and remote patient monitoring services through its ExpressCare program. Below are further details on the program, as required by LL 59:

*a. Procedures for providing or making available portable monitoring devices to telepatient populations.*

H+H currently provide blood pressure monitors and glucometers that do not automatically transmit data to patients. As of June 2024, H+H began providing blood pressure cuffs with Bluetooth capability that automatically send readings to the health system's electronic health record system, EPIC. Patients who have uncontrolled hypertension and need more frequent touch points with a provider to appropriately titrate their medications, are referred to a collaborative drug therapy management (CDTM) pharmacist and are evaluated to see if a remote patient monitoring (RPM) device is suitable for them. CDTM pharmacists have an enrollment visit where they meet the patient, discuss the devices and make sure they are



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

Ashwin Vasan, MD, PhD

Commissioner

appropriately paired with the patient's phone. Patients receive educational training on their devices as part of the enrollment visit and are required to log their blood pressure and glucose rates on the remote devices, with the goal of logging 16 readings per month. These same pharmacists also work directly with patients who have Continuous Glucose Monitoring (CGM) devices for the management of their diabetes. We expect both of these program to grow over the next year and are considering additional future programs in areas such as heart failure.

*a. Procedures for providing or making available telehealth devices to telepatient populations*

H+H ExpressCare is embedded in over 60 NYC Department of Homeless Services (DHS) shelters through tablets that are available to access telehealth visits. Telehealth stations are also available at Humanitarian Emergency Response and Relief Center (HERRC) locations, Taxi and Limousine Commission headquarters, and medical respite centers. All patients are welcome to leverage the devices in these locations. Cases are escalated when needed for in-person care or emergency services leveraging standard protocol. Trained staff at these locations are available to help patients, but there is no direct educational training for patients on the devices. Additionally, Street Health Outreach & Wellness Mobile Units (SHOW) staff are aware of and knowledgeable in how to help patients utilize Virtual ExpressCare. This includes demonstrating for patients how to use the service on their own devices, and SHOW units also have iPads that can be used for patient services including video remote interpretation and accessing telemedicine, should that be needed.

*b. Outreach to telepatient populations to provide information on telemedicine services*

H+H has a number of ways to engage with our patients and NYC residents about our various telemedicine services. This includes:

- Facility-based MyChart Pros who are trained to help patients with all digital health tools, including activating MyChart accounts, using MyChart to message care teams, review previous notes and results, and engage in virtual visits.
- Recently updated all of our video education materials, available on our patient-facing websites to assist patients with how to connect with their provider or care team members using telemedicine
- MyChart Helpline that takes incoming calls from patients to trouble-shoot any MyChart or telemedicine issues
- Volunteer-led and Helpline-based outreach to patients prior to telemedicine appointments to assist with any technical questions
- Embedded Virtual ExpressCare (VEC) option within MyChart for patients to connect directly with a VEC provider
- Routine mass communications to all patients to ensure they have knowledge of VEC
- Information on all post-appointment patient instructions about the benefits of MyChart and VEC

*c. Outreach to health care professionals to improve the availability and accessibility of telemedicine services and implement best practices for providing such services*



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**  
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*Commissioner*

We have a number of ways we engage directly with our providers to improve their use of telemedicine for their patients such as:

- “Digital Health Days” – Central Office Digital Health Team spends a day at a facility with all staff members in outpatient clinics reviewing best practices and use cases for various digital health technologies including iPads for screening, Kiosks for registration, and telemedicine office visits
  - Digital Health Champions at each facility who meet monthly and review any barriers or best practices to providing optimal telemedicine services
  - Bi-weekly or monthly office hours for any staff member to join and ask questions regarding telemedicine
  - MyChart Pros on-site can assist any providers with telehealth questions
- d. *The provision of language translation and interpretation services for telepatient populations that require such services to safely and properly use portable monitoring devices and telehealth devices*

Interpreter services are available over audio or video for every Telehealth appointment, including for American Sign Language. MyChart is also translated to 11 common languages.

### **The Future of Telehealth**

The COVID-19 pandemic showed the promise of telehealth to improve care delivery for underserved communities, as well as the challenges that remain. It is worth noting that uninsured New Yorkers—a population disproportionately comprised of Low-income New Yorkers, immigrants, and people of color are more likely to live in crowded, multi-generational housing that may not have a safe, private space to access services. Meanwhile, the “digital divide,” or the gap between those who have access to computers and the internet, and those who do not, continues to prevent true equity in the implementation of telehealth policy. Older adults and New Yorkers of color are less likely to have access to high-quality, reliable broadband that enables two-way, audio-visual visits, which are considered the gold standard of virtual care. Tackling these problems will require seeing telehealth through a social determinants of health lens. Ensuring more New Yorkers have access to safe, stable housing would promote easier uptake of telehealth services. Improving access to broadband would improve telehealth access, while also combatting the epidemic of loneliness in our city by allowing more participation in an increasingly online and interconnected world. The recent expiration of the Affordable Connectivity Program is an obstacle to approving better broadband access, undoing broadband subsidies for 1 million New Yorkers statewide. The promise of telehealth can only be realized through thoughtful, multidimensional policy decisions that improve access in a meaningful way for all New Yorkers.



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Ashwin Vasan, MD, PhD  
Commissioner

#### References:

- [1] LOCAL LAWS OF THE CITY OF NEW YORK FOR THE YEAR 2023, NO. 59. (2023). Retrieved July 30, 2024, from <https://intro.nyc/local-laws/2023-59>
- [2] Creation of a telemedicine accessibility plan, Int 0675-2022 legistar.council.nyc.gov (2023). <https://legistar.council.nyc.gov/LegislationDetail.aspx?GUID=0B5A8F05-0728-4F48-A35A-0B1D797D3BBA&ID=5839382>
- [3] Telehealth Reimbursement Policy in New York State. (2016). New York State Department of Health. <https://nysba.org/NYSBA/Sections/Health/Events/2016/1.%20Telehealth%20Reimbursement%20Policy%20in%20New%20York%20State%20July%202016.PDF>
- [4] Ensuring Sustained Access to Telehealth in the Post-Pandemic Period Jointly developed by the New York State Council for Community Behavioral Healthcare and the Community Health Care Association of New York State. (2021). [https://www.chcanys.org/sites/default/files/2021-01/Telehealth%20White%20Paper\\_June%202020.pdf](https://www.chcanys.org/sites/default/files/2021-01/Telehealth%20White%20Paper_June%202020.pdf)
- [5] Chen, K., Zhang, C., Gurley, A., Akkem, S., & Jackson, H. (2023). Appointment Non-attendance for Telehealth Versus In-Person Primary Care Visits at a Large Public Healthcare System. *Journal of general internal medicine*, 38(4), 922–928. <https://doi.org/10.1007/s11606-022-07814-9>
- [6] Bestsennyy, O., Gilbert, G., Harris, A., & Rost, J. (2021, July 9). Telehealth: A quarter-trillion-dollar post-COVID-19 reality? *Www.mckinsey.com*; McKinsey & Company. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>
- [7] Koonin, L.M., Hoots, B., Tsang, C.A., et al. (2020). Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1595–1599. <http://dx.doi.org/10.15585/mmwr.mm6943a3>
- [8] Chang, J. E., Lai, A. Y., Gupta, A., Nguyen, A. M., Berry, C. A., & Shelley, D. R. (2021). Rapid Transition to Telehealth and the Digital Divide: Implications for Primary Care Access and Equity in a Post-COVID Era. *The Milbank quarterly*, 99(2), 340–368. <https://doi.org/10.1111/1468-0009.12509>
- [9] Lee, E. C., Grigorescu, V., Enogieru, I., et al. (2023). Updated National Survey Trends in Telehealth Utilization and Modality (2021-2022). <https://aspe.hhs.gov/sites/default/files/documents/7d6b4989431f4c70144f209622975116/household-pulse-survey-telehealth-covid-ib.pdf>
- [10] Mayor's Management Report (pp. 241–248). (2021). NYC Health + Hospitals. <https://www.nyc.gov/assets/operations/downloads/pdf/mmr2021/hhc.pdf>
- [11] New York State Medicaid Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19) (pp. 1–5). (2020). New York State Department of Health. [https://www.health.ny.gov/health\\_care/medicaid/program/update/2020/docs/mu\\_no07\\_2020-03-27\\_covid-19\\_reimbursement\\_redline.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2020/docs/mu_no07_2020-03-27_covid-19_reimbursement_redline.pdf)



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**  
Ashwin Vasani, MD, PhD  
*Commissioner*

[12] Telehealth/Telemedicine, no. 8416 (2020).

<https://legislation.nysenate.gov/pdf/bills/2019/S8416>