Telehealth Development: Addressing the Current Need, While Strategically Positioning for the Future

COVID-19 Update Series

INTRODUCTION

Telehealth is not a new concept for the healthcare industry. It has been a potential model for care delivery for a number of years, with the merits and drawbacks of widespread adoption debated by industry professionals and technology disruptors. For many healthcare organizations, adoption has been difficult, integration into the business model has been limited and reimbursement has lagged behind traditional in-person visits. In most cases, telehealth services have been more or less an unproven and underutilized bolt-on to the traditional in-person service delivery model. **However, the unprecedented impact of COVID-19 has created a myriad of challenges for safely meeting the evolving needs of patients solely through a traditional in-person model. Telehealth is no longer just a "nice-to-have" strategy, but an essential tool for all healthcare organizations, both now and as the healthcare delivery model shifts from COVID-19 crisis conditions to our new "normal" post-COVID-19 way of life.**

In an effort to reduce and control the spread of the COVID-19 virus, federal and state regulators are promoting the expansion of telehealth utilization to reach patients and deliver necessary care. Regulatory flexibility is allowing the use of telehealth services in multiple ways, including for physicians and practitioners to provide regular care visits; remote patient monitoring (RPM) of individuals managing chronic conditions, triaging, and navigating patients experiencing symptoms of COVID-19; and enabling patients in isolated care settings to speak with their loved ones and for their loved ones to speak with their providers. Many providers are reacting to the current healthcare landscape and the relaxation of coverage, compliance, and reimbursement regulations by quickly developing or expanding telehealth capabilities.

Healthcare organizations, including healthcare practices working in **all** types of specialties, have rapidly integrated telehealth into their core business approaches to adapt to new demands on care delivery and meet the urgent needs of the population. For instance, without transitioning to a telehealth alternative, providers may not be able to withstand significant volume losses as patients seek to avoid social interactions and potential contact with sick individuals, or protect themselves and their employees from coming into contact with sick individuals. However, the rapid migration has been viewed by many as a "stop gap" approach until the COVID-19 crisis passes. **From our perspective, the shift toward telehealth that has been accelerated by the COVID-19 crisis is part of a longer-term trend, and it will be critical for all healthcare organizations to establish a strong foundation for a more permanent telehealth strategy after the crisis is over.**

In this whitepaper, we will:

1. **Understand the regulatory changes stemming from COVID-19 and explore the potential long-term implications of the regulatory changes governing telehealth.** There has never been an easier time to enter the telehealth market. New regulatory flexibility has helped incentivize more widespread adoption of telehealth by all types of providers and practitioners, and we predict that many of these revisions and waivers will outlive the COVID-19 crisis.
2. **Consider the competencies on which organizations should focus immediately as they start to build and execute telehealth services.** Even with more relaxed regulations and the increased speed to market, organizations need to focus on areas like cybersecurity, revenue cycle,

contracting, communication, and education to ensure they are building awareness of the new services being offered, being paid appropriately for the services they provide, and protecting themselves against any potential liabilities.

3. **Introduce a telehealth maturity model for consideration by organizations, as they understand the potential need to pivot and expand their long-term telehealth strategy.** We believe it is critical to establish a strong foundation for a more permanent telehealth strategy after the crisis is over. Our approach introduces a framework with core competencies organizations can build over time as they increase the capabilities and sophistication of their telehealth strategy.

UNDERSTANDING THE POTENTIAL LONG-TERM IMPACTS OF COVID-19 REGULATORY CHANGES

As mentioned above, federal regulations related to the provision of healthcare services via telehealth have been significantly relaxed during the COVID-19 crisis to help drive quick adoption, meet patient demand and enable provider organizations to remain solvent. Before considering how to develop a long-term, sustainable telehealth strategy, it is essential to first understand regulatory changes that have altered the current reality and may permanently change the regulatory landscape moving forward. **The table on page three summarizes certain key regulatory and reimbursement changes stemming from the CARES Act and other regulatory changes and waivers, their impact on telehealth, and our prediction on whether they will remain in place post-COVID-19.**

Note: The table focuses on certain material federal regulatory changes. In addition, many states have also introduced new and important flexibilities related to telehealth. The table: (i) does not address all of the applicable local, state, and federal changes that have been implemented in response to the COVID-19 crisis; (ii) is not intended to be a comprehensive summary of the various changes; and (iii) is for informational purposes and is not legal advice. Further, commercial payers have announced their own new policies to expand coverage for telehealth services, including waiving cost-sharing, many of which may outlive the COVID-19 crisis.

Table Key: As noted above, this table contains our predictions on which federal regulatory changes may remain in place post-COVID-19. We have grouped our predictions into four categories: (i) **Disappear** (we do not anticipate that the regulatory change will remain in effect past the expiration of the public health emergency period); (ii) **Partial Stay** (at least some aspect of the regulatory change will remain in place following the expiration of the public health emergency period); (iii) **Stay** (we anticipate that the regulatory change will remain in place following the expiration of the public health emergency period); and (iv) **Unknown** (it is unclear to us whether all or even a portion of the regulatory change will remain in place following the expiration of the public health emergency period). These are predictions only and shall not be construed as affirmative statements of the same or be construed as legal advice.

Provision/Change	Impact(s)	Prediction for Post-COVID-19
HIPAA: Due to the need for healthcare providers to scale telehealth capabilities quickly, the Office of Civil Rights (OCR) will not be enforcing certain aspects of HIPAA to allow providers to communicate with patients using technologies that may not be HIPAA compliant.	Providers must act in good faith to protect Protected Health Information (PHI), but have the flexibility to use services like Apple FaceTime, Skype, Zoom and Facebook Chat. Some services like Skype for Business and Microsoft Teams already have secure, HIPAA-compliant video communication platforms. There is no barrier to entry; any provider can start telehealth services using readily available and/or free technology solutions.	**DISAPPEAR:** The OCR is likely to revert to more stringent HIPAA enforcement and require providers to use HIPAA compliant solutions/tools for telehealth. Many provider organizations may be trying to quickly to assess and select vendor products/platforms, with the potential for implementation backlogs. It is likely that new vendor solutions will enter the market to capitalize on the opportunity and focus on ease of implementation and use.
Medicare Reimbursement for Telehealth: Medicare is reimbursing telehealth visits at the same rate as in-person visits.	This significantly incentivizes providers to quickly adopt (or expand) the provision of services delivered using telehealth.	**DISAPPEAR:** Medicare will likely continue to look to telehealth as an opportunity to reduce costs after the crisis ends. While reimbursement may increase relative to pre-COVID-19 edits, it's unlikely that Medicare will continue to reimburse telehealth visits at the same rate as face-to-face visits, given the inherently lower cost structure.
Audio Telehealth Visits: CMS is offering reimbursement for certain audio-only telephone codes.	This change opens the door for reimbursement of more diverse remote services, including services that may help to serve disadvantaged and aging populations that may not have immediate access to video-based technology or may not be comfortable using more complicated solutions.	**STAY:** Reimbursement for telephone codes may remain in order to improve access to telephone-based clinical services, enabling access by patients who do not have or are unable to operate a computer or smartphone.

Provision/Change	Impact(s)	Prediction for Post-COVID-19
Licensing: Using its Section 1135 waiver authority, HHS waived requirements that providers hold a license in the state in which they provide services in order to receive Medicare payment, as long as the provider has an equivalent license in another state.	This waiver allows flexibility for providers to delivery telehealth across state lines; however, many state and local laws are still implicated by practicing in a state without a license issued by that state, so providers relying on the HHS waiver should also check with state and local authorities.	**PARTIAL STAY**: HHS may maintain this provision to allow for reciprocity of licensing for providers who deliver telehealth services across state lines for Medicare payment purposes, but state and local laws may continue to prohibit practice by providers not licensed in their jurisdictions. Some state-based organizations may lobby to revert to previous guidance in an effort to maintain market share. Long-standing efforts to create national licensing or increase available licensing reciprocity between states many gain new traction in response to this potential dissonance between federal and state law. Changes in providers' geographic scopes of practice could also impact malpractice insurance provisions and requirements.
Previous Relationship: Medicare has eliminated requirements for patients to have seen the provider within the three (3) years prior to receiving telehealth services.	This change allows physicians to provide services to new patients via telehealth.	**STAY**: It is likely that HHS will allow for providers to deliver care, via telehealth, to patients they have not seen in the past three years to continue to promote services like annual wellness visits and reduce the need for patients to come into physician offices and health care facilities, risking potential exposure to other diseases. There may be some limitations to the types of services that can be provided to new patients via telehealth, and/or other new patient protections.

Provision/Change	Impact(s)	Prediction for Post-COVID-19
Covered Services: Medicare has added over 80 codes that are reimbursable under telehealth, including emergency department visits.	This change improves the reimbursement options for telehealth services and increases the coding complexity for providers, potentially requiring additional staff education to ensure the proper codes are applied to receive the correct reimbursement. There may be an increase in denials as providers work to document and code correctly. Importantly, CMS has not expanded the practitioner types that can furnish covered services. Therefore, for instance, although therapy codes are now covered, they are only covered when furnished by a physician or certain types of advanced practice professionals, and not when they are furnished by therapists. CMS has alluded to potential expansions in allowed practitioner types, but has not yet granted any.	**PARTIAL STAY:** It is unlikely CMS will retain all the added codes, however, demonstration of success during this critical period could allow for some to remain after the crisis. Any expansion in allowed practitioner types, if granted, is less likely to survive the COVID-19 crisis, as CMS sees its authority for this type of change as more limited. To the extent practitioner types continue to exclude therapists, CMS may be less inclined to continue to include therapy codes among covered services going forward.
Site Restrictions: Prior to the COVID-19 crisis, Medicare reimbursement for telehealth visits was generally limited to patients located in health care facilities in rural areas. Medicare is now reimbursing telehealth visits furnished in all settings in all areas of the country, regardless of patient or provider location.	This change is significant and opens the door to providing care to patients in a variety of locations.	**STAY:** As telehealth is provided successfully to many patients in home-based care and other locations in diverse areas nationwide, CMS may face significant pressure from both providers and patients to retain this flexibility, enabling sustained improvement in access to care. CMS may also be swayed by the fact that this flexibility may help to drive down fixed costs for providers by reducing office space needs, at a time when some hospitals and providers are already facing liquidity crises.

Provision/Change	Impact(s)	Prediction for Post-COVID-19
Dialysis: Providers are permitted to use telehealth visits for chronic kidney disease for patients who are on home dialysis.	This change expands the type of services that can be provided via telehealth.	**UNKNOWN:** The staying power of this change may depend on the success of this regulatory change and ability of telehealth to prevent hospital visits and manage the cost of care.
Hospice Recertification: Providers may use telehealth to recertify patients for hospice.	This change expands the type of services that can be provided via telehealth.	**UNKNOWN:** Hospices serve a vulnerable and often isolated population, and CMS may be reluctant to maintain flexibility that allows providers to engage in fewer face-to-face patient interactions. Given the vulnerability of this population to disease, however, there may be pressure to limit the need for in-person services where a virtual solution could suffice.
Prescribing Controlled Substances: Providers may prescribe controlled substances without first conducting an in-person visit with the patient.	The Federal Ryan Haight Act prohibits dispensing controlled substances via the internet without a "valid prescription." A "valid prescription" must be issued by either a practitioner who has conducted at least <u>one in-person</u> medical evaluation of the patient, or by a covering practitioner. The public health emergency exception to the Ryan Haight Act allows providers to prescribe a controlled substance to a patient via telehealth even without conducting at least one in-person medical evaluation of the patient.	**DISAPPEAR:** The public health emergency exception will end upon the expiration of the public health emergency period. We do, however, expect the DEA to release the long-awaited special registration regulations that will allow providers to apply for a special registration that will enable them to continue to prescribe controlled substances without having to conduct at least one in-person evaluation prior to prescribing a controlled substance.
Part D Plans: Part D plans now have the flexibility to add services that were not included in their original bid.	This change expands the type of services that can be provided via telehealth.	**DISAPPEAR:** Restrictions around adding services will likely be re-imposed after the end of the COVID-19 emergency.

IMMEDIATE TELEHEALTH FOCUS AREAS

Given recent regulatory flexibilities and the surge in adoption of telehealth in response to COVID-19, there are a number of immediate areas where providers should place their immediate focus. These focus areas will help providers address the immediate needs of patients and help support the sustainability of their practices in the face of rapid and unpredictable industry change. In evaluating their practice needs, it will be critical for providers to consider which telehealth strategies to deploy and what operational functions will ensure efficient delivery of care, protection of patient information, and reimbursement for their services.

Focus Area	Challenges	Recommended Immediate Actions
Cybersecurity	Relying on OCR's enforcement discretion, providers are using personal devices and non-HIPAA compliant programs/applications to conduct telehealth visits.	• Understand your key data and what sensitive data you need to protect, such as PHI, PII, and payment card information. • Evaluate the program/application you are using for telehealth and determine whether it is a long-term solution for your organization; if not, consider launching a vendor selection process for a more permanent solution. • Conduct a vulnerability assessment as soon as possible and at least annually, and engage an outside party to conduct regular phishing and penetration tests. • Develop an understanding of the security of your third-party vendor cybersecurity and privacy programs to determine whether or not they may be creating additional risks.
Regulatory Compliance	Many regulations are changing very quickly and it is difficult to capture and understand the impacts of the changes.	• Identify the key provisions / regulations impacting your practice and identify an approach to stay current with changing regulations (i.e., HIPAA, PCI, State Security Standards, coding, reimbursement requirements). • Evaluate recent changes in your practice (i.e., implementation of telehealth protocols) and potential long-term impact on compliance requirements. Determine whether new policies and procedures are required, and how these can reflect and account for regulatory evolution. • Conduct a comprehensive audit of compliance policies and procedures to identify any areas for improvement.

Focus Area	Challenges	Recommended Immediate Actions
Revenue Cycle	CMS introduced 80+ new telehealth service codes, which has dramatically increased the complexity of documenting, coding, and billing for services. Commercial payers are adapting to reimbursement models. Changes vary among payers, and providers must coordinate closely to understand the impacts and changes to revenue cycle.	• Ensure providers understand documentation requirements for new codes introduced for telehealth services (80+ new codes). • Provide training to coding staff on the application of new codes to appropriately drive reimbursement. • Review billing edits/scrubbing software to make sure it is up to date with new codes to minimize any disruptions in billing. • Monitor billing cycle to quickly identify spikes in denials and compare against last year's benchmarks; implement recurring review calls to address with staff.
Payer Contracting	Many commercial payers have changed, or are considering changing, the reimbursement requirements and methodologies for COVID-19 services.	• Determine if payers have changed requirements in response to COVID-19 (i.e., co-pays) and request any written guidance on changes to reimbursement. • Discuss the changes with the [right person/title] at your largest payer and document the changes for your revenue cycle staff. • Review the current contract language as it relates to telehealth services.
Communication + Education	Patients may be unaware of the various options, unfamiliar with available technology, and/or uncomfortable with utilization of telehealth (e.g. still want to see a provider in person). Providers are unfamiliar with technology and staff are unaware of the changes to workflows.	• Develop outreach strategy to current patients, including easy–to-follow guidance on using telehealth options. • Consider pooling resources with similar practices to staff a helpline for less tech-savvy patients. • Develop a method of communicating about new/expanded services to current patients, while also marketing the services to new potential patients. • Assess your providers' comfort with providing telehealth services and develop tools/processes to support any challenges identified (e.g. training on using the telehealth app, super users that can provide peer-to-peer support, quick reference guides, etc.).

BUILDING A FOUNDATION FOR A LONG-TERM TELEHEALTH STRATEGY

We realize that, given the current environment, many providers are selecting the most-readily-available and easiest-to-implement approaches to telehealth so they can go to market quickly and address immediate needs of patients, while attending to the sustainability concerns of their practice. In the coming months, if we are correct and the demand for telehealth remains consistent or grows, organizations will need to determine a long-term strategy.

Telehealth Maturity Model

We view telehealth as a continuum, with a low barrier to entry under current conditions and the opportunity to evolve capabilities over time. The goal should be to develop a model that becomes a key and integrated part of your business strategy– not just a reactive, bolt-on service. As providers navigate telehealth strategies, there are various options designed to meet providers where they are today and provide a roadmap to where they want to go in the short and long term. To determine the appropriate next steps, providers should understand where their current capabilities fall within a telehealth maturity model and assess the current effectiveness of their capabilities to determine their next acquisition needs for performance improvement
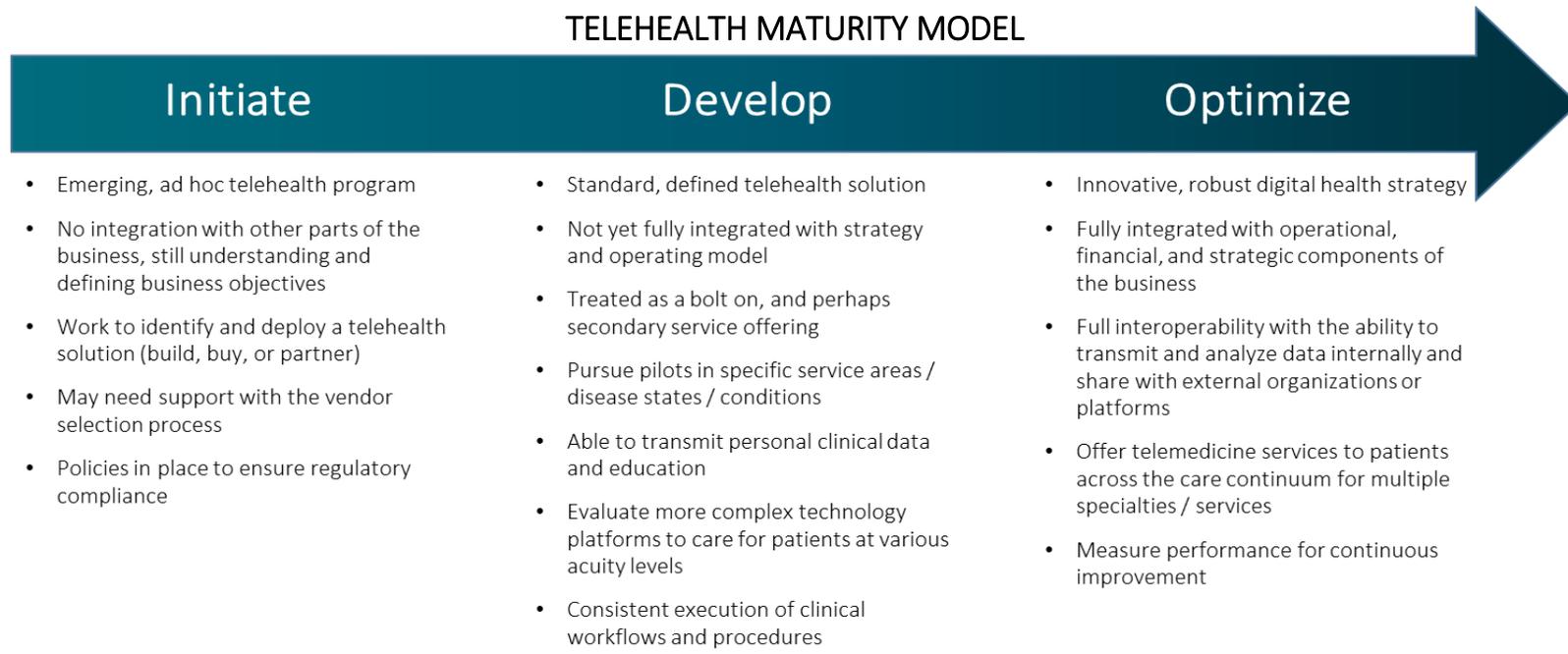
The **Telehealth Maturity Model** is intended to help organizations evaluate competencies, capabilities, and levels of sophistication by measuring the status quo and facilitating improvement and advancement. The maturity model describes three (3) stages of the capabilities and processes of an organization that can drive a telehealth strategy, moving the organization along a continuum:

- *Initiate:* *Beginning stage of developing and deploying a telehealth program, as the organization works to understand the primary objectives, services, and capabilities of the program.*

- *Develop:* *Intermediate stage where telehealth is operational, but utilization is limited or targeted at pilots; ongoing measurement during this stage helps to determine other pilot areas and opportunities for improvement.*

- *Optimize: The program is integrated with other components of the business and is a foundational element of the organizational strategy.*

Advancing along the continuum requires investing time and resources to build capabilities in a number of key areas. The level of maturity may vary across capabilities of an organization, so it is important for organizations to look at their telehealth program as a whole.

TELEHEALTH MATURITY MODEL

Initiate	Develop	Optimize

Initiate

- Emerging, ad hoc telehealth program
- No integration with other parts of the business, still understanding and defining business objectives
- Work to identify and deploy a telehealth solution (build, buy, or partner)
- May need support with the vendor selection process
- Policies in place to ensure regulatory compliance

Develop

- Standard, defined telehealth solution
- Not yet fully integrated with strategy and operating model
- Treated as a bolt on, and perhaps secondary service offering
- Pursue pilots in specific service areas / disease states / conditions
- Able to transmit personal clinical data and education
- Evaluate more complex technology platforms to care for patients at various acuity levels
- Consistent execution of clinical workflows and procedures

Optimize

- Innovative, robust digital health strategy
- Fully integrated with operational, financial, and strategic components of the business
- Full interoperability with the ability to transmit and analyze data internally and share with external organizations or platforms
- Offer telemedicine services to patients across the care continuum for multiple specialties / services
- Measure performance for continuous improvement

Core Competencies

- Telehealth Strategy
- Cybersecurity & Compliance
- Infrastructure & Information
- Payor Contracting
- Financial Strategy & Modeling
- Revenue Cycle Management
- Operational Efficiency & Performance

CITRINCOOPERMAN®
Accountants and Advisors

SheppardMullin

Telehealth Core Competencies

The complexity and sophistication of **Core Competencies** evolve as an organization moves along the continuum. The table below introduces the **Core Competency Areas** (a group of related activities that achieve a set of goals considered important for the program) and **Capabilities** (processes and elements that contribute to the implementation and institutionalization of the area), that form the foundation of our **Telehealth Maturity Model**. We have also posed key questions for consideration as you and your organization contemplate your current telehealth program and determine where you want to go in the future.

Core Competency Area	Definition	Capabilities	Key Questions
Telehealth Strategy	*The way in which an organization deploys telehealth capabilities to consumers (patients and providers), considers how telehealth fits into a larger digital health strategy, and positions the organization for continued growth and success.*	Consumer Engagement Partnerships and Growth Change Management	• How does telehealth fit into the broader digital strategy? • How does telehealth position the organization for success, either through organic growth or strategic partnerships? • How are patients and providers being made aware of telehealth options? • Have you considered potential changes that may be necessary for your provider compensation model based on shifts in productivity standards? • Have you considered regulatory opportunities and barriers to your strategy?

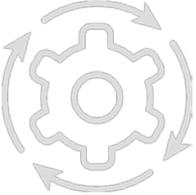| Core Competency Area	Definition	Capabilities	Key Questions
Cybersecurity + Compliance	*Regulatory requirements and operational considerations for the secure, digital exchange of information and appropriate management of risk for providers to deliver services.*	HIPAA Cybersecurity and Privacy Risk Management	• Have you consulted with counsel and cybersecurity experts and do you understand the risk exposure and mitigation strategies (e.g. regular phishing and penetration tests, etc.)? • Do you understand key data and what sensitive data you need to protect such as PHI, PII, and payment cards? • Do you know the current maturity of your cybersecurity and privacy program and how mature the program should be? • Have you trained your employees to understand the evolution of cybersecurity risks and how they impact your practice? • What impact will telehealth have on your cybersecurity profile and how can you manage that impact?

CITRINCOOPERMAN®
Accountants and Advisors

SheppardMullin

Core Competency Area	Definition	Capabilities	Key Questions
Infrastructure + Information	*Technologies utilized among stakeholders to drive collaboration through the effective exchange of information and enable co-management of information utilized in the care delivery process. Includes platforms, tools, and peripheral devices.*	Systems and Tools Information Management Interoperability	• What are readily available and compliant technologies that can be used to provide telehealth services? • What medical peripherals can be made available to patients and how does the use impact your care delivery approach? • What type of information is exchanged? Is it synchronous or asynchronous exchange? • How are you integrating any new platforms and services into existing systems and coordinating more broadly within your organization around cybersecurity?
Payer Contracting	*Definition and explanation of covered telehealth services and codes, reimbursement arrangement(s) and rates, and reporting requirements for delivering services.*	Strategic Contracting Alternative Payment Model Applicability Clean Claim Requirements	• Have you quantified the value of this additional service in terms of access impact? • How has your organization incorporated telehealth services into your value proposition and care delivery approach? • Does telehealth assist the practice in participation in alternative payment models? • Have you evaluated contract language to ensure payment methodologies are clearly outlined and administrative considerations are well understood?

Core Competency Area	Definition	Capabilities	Key Questions
Financial Strategy + Modeling	*Understanding the upfront costs, the ongoing costs, and the financial implications of a telehealth program. Through performing scenario analyses, evaluating and managing ongoing performance, adopting necessary reimbursement methodologies, and devising a strategy for future investment.*	Cash Flow Monitoring and Forecasting Telehealth Cost Accounting Capital Expenditure Planning and Financing	• Are you able to develop dynamic financial models to forecast the potential impacts of reimbursement shifts by payers? • How will telehealth affect the cash flow and enterprise value of your practice? • Have you established a separate cost center for telehealth programming to track costs and revenues? • How are you accounting for potential operating infrastructure shifts?
Revenue Cycle Management	*The complex administrative workflow and clinical functions that contribute to (i) the charge capture; (ii) management and collection of telehealth service revenue from initial scheduling; (iii) care delivery to billing; and (iv) ultimately final payment.*	Revenue Cycle Efficiency Assessment Workflow Change Management Denials Management	• Do you understand the documentation requirements to ensure timely and accurate collections? • Is your staff trained to appropriately code for services? • Do you have the proper front and back office workflows in place to ensure limited disruption in the billing life cycle? • Are you monitoring denials and conducting the necessary education for staff?

Core Competency Area	Definition	Capabilities	Key Questions
Operational Efficiency + Performance	*Activities and infrastructure that are necessary to provide telehealth services, support core functions of care delivery, and promote ongoing improvement.*	Staffing Model(s) Workflow Protocols Quality Outcomes	• How are you integrating telehealth visits into provider schedules to maximize flexibility and fill schedules (including considerations related to the utilization of a centralized call center)? • How will you shift the staffing model to account for changes in volume, including the potential for managing remote workers, the need to introduce new productivity metrics, etc.? • How will you evolve your operating infrastructure to adapt to a new delivery model (i.e., space requirements)? • How are you measuring and monitoring performance of the telehealth program?

ADDITIONAL RESOURCES AND NEXT STEPS

As we have seen over the past month, the healthcare industry is working to respond to a rapidly-changing environment. The Citrin Cooperman and Sheppard Mullin teams are focused on monitoring the COVID-19 related regulations and changes and producing thought leadership that is both timely and useful for our clients and partners. The spread of COVID-19 has worldwide ramifications resulting in widespread changes to a multitude of industry sectors including the healthcare industry.

To date, both Citrin Cooperman and Sheppard Mullin have produced a number of pieces, including blog posts, articles, and webinars on the evolving regulatory landscape, the CARES Act, and Public Health Emergency healthcare provisions and funding. Copies of these resources can be found here:

- Citrin Cooperman: https://www.citrincooperman.com/CRU
- Sheppard Mullin: https://www.sheppardmullin.com/coronavirus-insights and https://www.sheppardhealthlaw.com

Over the next several weeks, we will be publishing additional thought leadership and tools/resources related to telehealth that will focus on developing key capabilities for a long-term telehealth strategy. We are also developing a Telehealth Quick Assessment to allow organizations to understand their current capabilities and where they fall within the Telehealth Maturity Model, enabling them to target growth across specific core competencies. Stay tuned for more information.

AUTHORS

Heather Spillman
Principal, Healthcare Practice
hspillman@citrincooperman.com
M: 404.849.7787

Matthew Shatzkes
Partner
mshatzkes@sheppardmullin.com
M: 212.634.3062

Kate Broderick
Manager, Healthcare Practice
kbroderick@citrincooperman.com
M: 419.367.6334

Sarah Hughes
Manager, Healthcare Practice
shughes@citrincooperman.com
M: 214.796.9127

Erica Kraus
Associate
ekraus@sheppardmullin.com
M: 202.747.2645