PCPCC Webinar

Telehealth in Primary Care: Increasing Access & Integrating Care
*featuring HIMSS & URAC

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Welcome & Acknowledgments

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Engaging Patients Remotely in a Connected World

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Definitions and Components of Telehealth

Health Resources and Services Administration (HRSA) defines telehealth as the “use of telecommunications and/or technology to provide healthcare related services from a distance”. However, the definition and role of telehealth continues to evolve. Services associated within the scope of telehealth include:

**Live video** (synchronous transfer): Real-time interaction between a patient and a provider using specialized technology.

**Store and forward** (asynchronous transfer): Non real-time remote transfer of patient information via technology to a healthcare provider for population health management (non-EHR platforms and consumer oriented devices use this extensively).

**Remote Patient Monitoring** (RPM): The use of electronic devices for the remote collection of medical and health data for transfer to providers for healthcare use.
Telemedicine – The Time Has Arrived

• Telehealth can be harnessed to solve problems around
  • Access
  • Quality
  • Interoperability
  • Cost-effectiveness
  • Care coordination

• Affordable Care Act
  • Emphasis on decreased costs, increased quality

• Gaining greater awareness by the C-Suite

• Meaningful Use
  • Emphasis on patient engagement
Telehealth: From Hospital to Home?

1. Patient Seeks Care
2. Patient with a Planned Procedure at Hospital
3. Patient Requires Long-Term Care
   - Patient Enters Hospital
   - Early Patient Discharge/Supplied Monitoring Kit
4. Patient Transitions to Chronic Care Monitoring Kit

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HIMSS Analytics Survey - Hospitals with a Telemedicine Solution

Percentage of U.S. hospitals reporting use of telehealth technology

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Perceived Barriers to Increased Use of Telehealth and mHealth

• Payment
  – Greatest barrier to use
  – Lack of appropriate reimbursement models for effort

• Technology
  – Innovation is still evolving, need improvements in hardware
  – Lack of flexibility in application of technology
  – Rural connectivity – wireline and wireless improvements for coverage and access

• Regulatory
  – Ability for policy to keep current
Reimbursement, Policy, and Regulatory Issues

• Ability for policy to keep current with technological advancements

• Scope of service, prescribing regulations

• Definitions of practice, i.e., what constitutes a provider encounter or establishment of relationship

• Data storage of virtual encounter: length of retention

• Documentation requirements for payment in emerging models of care

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State Reimbursement, Policy, and Regulatory - Recommendations

• Communication between state Medical Boards and legislators to facilitate reciprocity and advancements in expanded licensure opportunities

• Expand Medicaid coverage models

• States can and should submit a State Plan Amendment to include telehealth for dual eligibles

• Consideration (by Medicaid) for removing State Plan Amendment in the event telehealth or remote patient monitoring services are employed for Dual Eligibles

• State HIE models should facilitate telehealth collaborations
Federal Reimbursement, Policy, and Regulatory – Recommendations

- Streamline and improve **FCC Universal Service Fund (USF)** for healthcare – example extend to cover EMS providers
- Inclusion of telehealth in ONC Roadmap
- Medicare should provide broader coverage for CPT codes of care coordination and remote patient monitoring
- Ensure CMMI (Center for Medicare & Medicaid Innovation) explores the implementation and adoption of telehealth and mHealth and validates their technological and financial benefits to improving healthcare delivery

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Telemedicine: Primary Drivers

- Filling gaps in patient care
  - 2015: 41.1%
  - 2014: 40.5%

- Ability to offer care for which services were not otherwise available
  - 2015: 26.8%
  - 2014: 23.4%

- Remove patient barriers to receiving care (distance, bed bound)
  - 2015: 11.6%
  - 2014: 15.2%

- Response to policy changes in healthcare
  - 2015: 8.9%

- Unsure
  - 2015: 5.4%
  - 2014: 10.1%

- Overall cost reduction
  - 2015: 3.6%
  - 2014: 2.5%

- Other
  - 2015: 2.7%
  - 2014: 8.2%

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Telemedicine: Primary Drivers

- Expand to add other specialties: 45
- Enhance provider to provider consultations and communication: 23
- Expanded role in healthcare / expanded usage: 20
- Expand to add other services: 20
- Expand services to rural areas: 19
- Better integration with EHR and other facilities: 16
- Expand to multiple hospitals / locations / throughout system: 16
- Able to see physicians at different facility / communicate over video conference: 14
National Health IT Week Asks

- Amend the allowable originating sites of care beyond those currently stipulated by CMS to include interactions with patients from wherever the patient is located, including the home, where cost-effective and clinically-appropriate.

- Eliminate the geographic restrictions on telehealth (i.e., currently not allowed in metropolitan statistical areas. Currently open only to Health Professional Shortage Areas).

- Allow expanded use of “store and forward capability” to aid long-term passive monitoring of chronic diseases (i.e., currently, only Alaska and Hawaii may use for federal demonstration projects).
National Health IT Week Asks

• Expand modalities beyond live (real-time) voice and video to active monitoring between clinicians, patients and care providers (i.e., Asynchronous vs. Synchronous).

• Update Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) to cover in-home monitoring or clinician/patient non-centralized exchanges, including shared decision making.

• Encourage nationwide efforts to harmonize federal and state efforts to address the challenges of licensing clinicians to serve patients across traditional state boundaries.
Organizational Needs and Next Steps

• Expanded use of mobile and wireless technology as an intermediary and an adjunct between visits

• Need to expand definitions of originating sites to other locations of care i.e. patient’s home, ambulance, or long term care facility

• Expanded industry dialogue on bringing forth requests for CPT Codes for new or existing procedures

• Specifically, HIMSS is working with the AMA to help determine opportunities to define services and better understand coding, technology, and valuation processes
Connected Health Conference November 8-11, 2015 Washington, DC

The 2015 mHealth Summit theme, “Anytime, Anywhere: Engaging Providers and Patients” will put a spotlight on the shift to mobile, patient-centered healthcare delivery as well as consumer adoption of wearables, apps and personal health devices.

http://www.himssconnectedhealth.org/
Resources

• HIMSS Analytics Survey: http://www.himssanalytics.org/research/essentials-brief-us-telemedicine-study
• HIMSS Telehealth Physician Focus Group Findings: http://www.slideshare.net/mHealth2015/himss-m-healthcommtelhealth-md-exec-summary-recommendationsformatted-final-12514?from_action=save
• HIMSS Executive Brief on Funding Sources: http://www.himss.org/ResourceLibrary/GenResourceDetail.aspx?ItemNumber=31823
Why Telehealth Accreditation?

Presenter: Kylanne Green
President and CEO

Date: October 5, 2015
Telehealth Accreditation

- Why Telehealth?
- Why now?
- Why Telehealth accreditation requires a new approach?
Why Telehealth Accreditation?

- No common definition
- No uniformity in approach
- Concern for public safety and preservation of doctor-patient relationships
- 50 different state approaches to regulation
- Multiple inconsistent reimbursement schemes

Telehealth Accreditation can provide standards for uniformity and validate the quality of structure and activities.
Why Telehealth: Explosive Growth
58 Million US Tele-Video Conferences by 2020

19.7 million consults in 2014, a CAGR of 37.4 percent

Source: Tractica
Tractica, June 2015
Market research firm IHS in December 2013 predicted U.S. telehealth market* will grow from $240 million in 2013 to $1.9 billion in 2018.

(* Inclusive of remote monitoring devices, wearable technology, and digitalization of health care delivery)

Catherine Andrews
GovLoop
February 3, 2015
What is Driving Telehealth Growth?

- Advancements in technology
- Interest of the public
- Supply and demand disequilibrium in health care (access)
- The stimulatory affect of reimbursement

“Invention is the Mother of Necessity”
Why Now?

State Interest:
- 48 state Medicaid programs reimburse telehealth services
- 24 states have telehealth parity laws for private insurance
- 24 states have telehealth coverage for state employees

Federal Interest:
- Medicare Advantage plans can use telehealth as the cost is embedded in the per capita payment.
- Pioneer ACOs can use telehealth under updated ACO rules

Commercial Interest:
- Aetna and United Healthcare cover telehealth for commercial members
- Anthem covers telehealth 350,000 Medicare Advantage members
How Telehealth Accreditation is Different

- Stimulated by a community of interest in telehealth (practitioners)
- A new starting point: Wide open field: No community of practice so no community standard, no standard of care
- Need to narrow the applicability
- Focus on practitioner/consumer or practitioner/practitioner interaction facilitated by technology
URAC Telehealth Program Standards

- Risk Management Strategies
- Regulatory Compliance Program and Internal Controls
- Information Systems Confidentiality and Security
- Confidentiality of Individually-Identifiable Health Information
- Health Care Ethics
- Consumer Empowerment
- Consumer Protection
- Clinical Staff Credentialing
- Quality Oversight Procedures and Responsibilities
- Leadership

- Staff Management
- Process Optimization
- Information Systems
- Business Ethics
- Health Information Content
- Decision Support Tools for Consumers
- Consumer Empowerment/Self-Management Participation
- Consumer Education & Effectiveness Evaluation
- Care Coordination Services
- Care Coordination Effectiveness Evaluation

URAC’s Telehealth Accreditation Requires Reporting of Measures
URAC’s Approach to Advancing Levels of Provider Care Integration and Coordination
Q&A