How Telehealth Can Support People Living in the Community

NASUAD HCBS Conference

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AMERICAN TELEMEDICINE ASSOCIATION

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Learning Objectives

✓ Provide background education on telehealth

✓ Increase awareness of the benefits of telehealth that support community living

✓ Raise policy considerations for states, health plans, and providers.

Let's Start With a Quiz!

About ATA

The American Telemedicine Association (ATA)

is the leading international resource and advocate promoting the use of advanced remote medical technologies.

ATA

our members work to fully integrate telemedicine into transformed healthcare systems to improve quality, equity and affordability of healthcare throughout the world.

- **Established in 1993**
- **Over 8,000 members world-wide**

What Is Telehealth?

Telehealth is a mode of delivering health care services (including non-clinical services) using communication technologies while the patient is at one site (*Originating Site*) and the health care provider is at a separate site (*Distant Site*).

Telehealth can include **Telemedicine**, which refers specifically to the provision of remote clinical services.

Variations of the term using "tele" prefix are becoming more prevalent.

Emerging terms include:

"Telepractice"
"Telepsych"
"Teledentistry"

Telehealth Can Take Many Forms

Live Video:
Live, two-way interaction between a person and a provider using audiovisual telecommunications technology.

Store-and-Forward:
Transmission of recorded health history through an electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.

Remote Patient Monitoring (RPM):
Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care and related support.

Mobile Health (mHealth):
Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and PDAs. Applications can range from targeted text messages that promote healthy behavior to wide-scale alerts about disease outbreaks, to name a few examples.

Source: Center for Connected Health Technology

The Value of Telehealth in Medicaid

Telehealth can create **access to health care services** in places where access is limited (such as **rural or frontier** localities) or in situations where individuals are unable to physically travel to a provider.

There is an increasing **shortage of Medicaid providers** in rural and frontier communities.

The United States will face a **shortage of 70,000** physical and behavioral health providers in the next 10 years.

Percentage of Population Living in Designated Health Professional Shortage Area

■	49% - 62%
■	34% - 48%
■	19% - 33%
□	4% - 18%
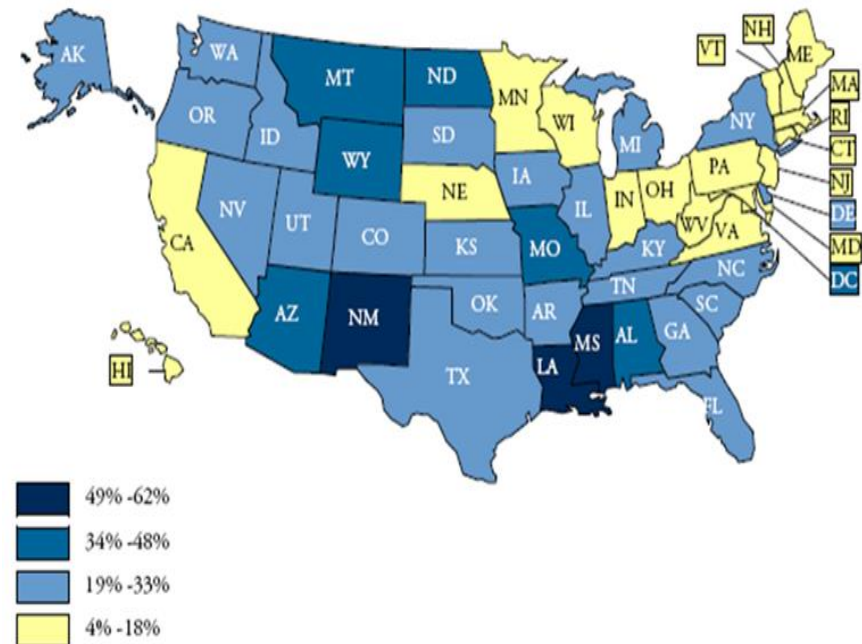
Source: 2015 Association of American Medical Colleges study

Population Dynamics Giving Rise to Telehealth

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States across the U.S. are facing a growing number of seniors.

Tomorrow's Seniors' Population Growth
Massive growth in senior population (65+) expected by 2030

25 STATES WILL FACE A ▲ 50% OR MORE INCREASE IN THEIR SENIOR-AGED POPULATION BY 2030

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

According to a recent report from the CDC, **22% of U.S. adults reported any disability** in 2013.

Nearly 39% of adults ages 65 and older have **one or more disabilities.**

This trend is anticipated to put additional pressure on geriatric providers and long-term supports and services providers and programs.

> **The prevalence for disability increases with age.**

Promise of Telehealth for Aging in the Community

Across the country, there is a geriatrician shortfall. **Only 5% of needed physicians** entered geriatrics fellowship programs in 2010

Telehealth can reduce barriers to connect individuals with the direct care workforce, specialists, and other providers – such as geriatrician – that are in shortfall.

For many individuals receiving HCBS, **disruptions** in day-to-day activities **can be stressful** and even detrimental. Connecting via telehealth can **reduce the need for transportation** and caregiver time away from home and work.
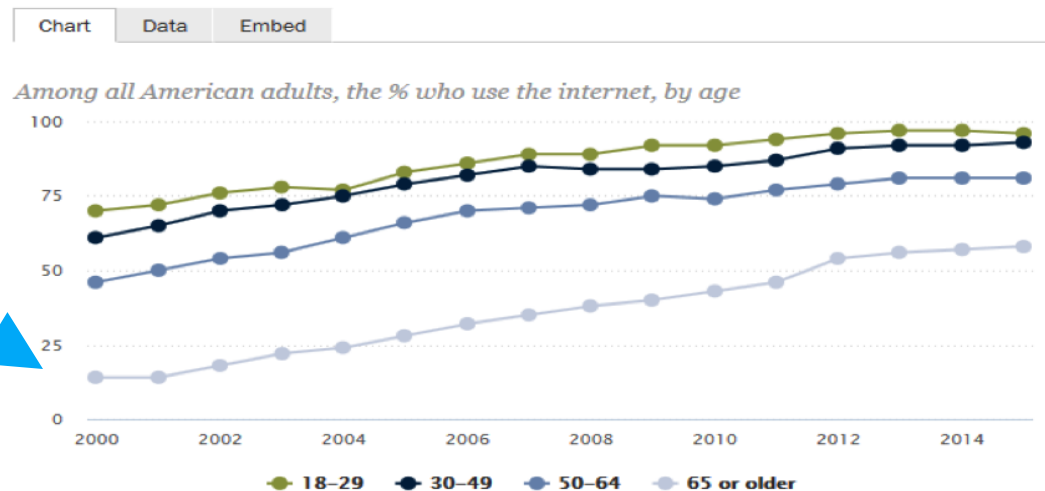
Internet Usage Presents Challenge but Trends Are Promising

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Older adults have lagged behind younger adults in internet adoption, but now a clear majority (**58%**) of senior citizens uses the internet.

Those who live in **rural areas are less likely** than those in the suburbs and urban areas to use the internet. **Still, 78% of rural residents are online.**

Young adults are most likely to use the internet, but **Seniors** Show a faster adoption rate.

| Chart | Data | Embed |

Among all American adults, the % who use the internet, by age

● 18–29   ● 30–49   ● 50–64   ● 65 or older

Source: Pew Research Center surveys, 2000-2015.

PEW RESEARCH CENTER

The Benefits of Telehealth for Aging in the Community

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	Opportunities	Challenges
Individuals	• Access to move providers and specialists without transportation concerns • Earlier interventions • Greater sense of security when living independently • Greater transparency into own health care and functional capabilities and needs	• Broadband/Internet access and speed • Adoption of telehealth – need providers, health plans and state policies to be supportive
Caregivers	• Reassurance of monitoring and support when not with loved one • Stronger opportunity to participate in the management of the health needs of the patient/loved one	• Adoption of telehealth – need providers, health plans and state policies to be supportive • Comfort with technology
LTSS Providers	• Enhanced opportunities for LTSS providers to be supported by remote specialists and medical professionals • Facilitates early interventions that reduce hospital and nursing facility admissions	• Training and implementation of telehealth solutions that align with home care and direct care business

The Benefits of Telehealth for Aging in the Community

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	Opportunities	Challenges
Primary Care Providers	• Support early interventions that align with population health management goals – reducing readmissions • Provide access to patients without complications of transporting individuals • Increased understanding of the individual's day-to-day environment and challenges	• Implementing technology at the origination and/or provider site • System adoption of telehealth technologies • Payment methodologies that support telehealth adoption
States	• Improve individual's experience and health outcomes by supporting early detection and intervention • Increase access to services and providers • Support improved individual experience	• Assurance of integrity and quality • Need for legislation to enact policy change

Telehealth Policy Best Practices

The Provider Adoption Challenge

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The majority of states **lack a comprehensive Medicaid telehealth policy** that outlines key components of coverage and reimbursement for Medicaid-covered services delivered via remote technologies.

State regulations are often **unclear** and lead to understandable provider reticence to adopt telehealth technologies:

- Which services are covered

- How needed technology is paid for

- Rules around licensure, prescriptions, and need for in-person exams

The CMS reimbursement **policy is broad**, leading to varying state interpretations.

States Facts

47 States and DC have a definition in law or regulation that defines "Telehealth," "Telemedicine" or both

3 States lack a legal definition for both terms **(AL, NJ, RI)**

3 States lack any definitive reimbursement policy for **Medicaid telehealth/med (MA, RI, UT)**
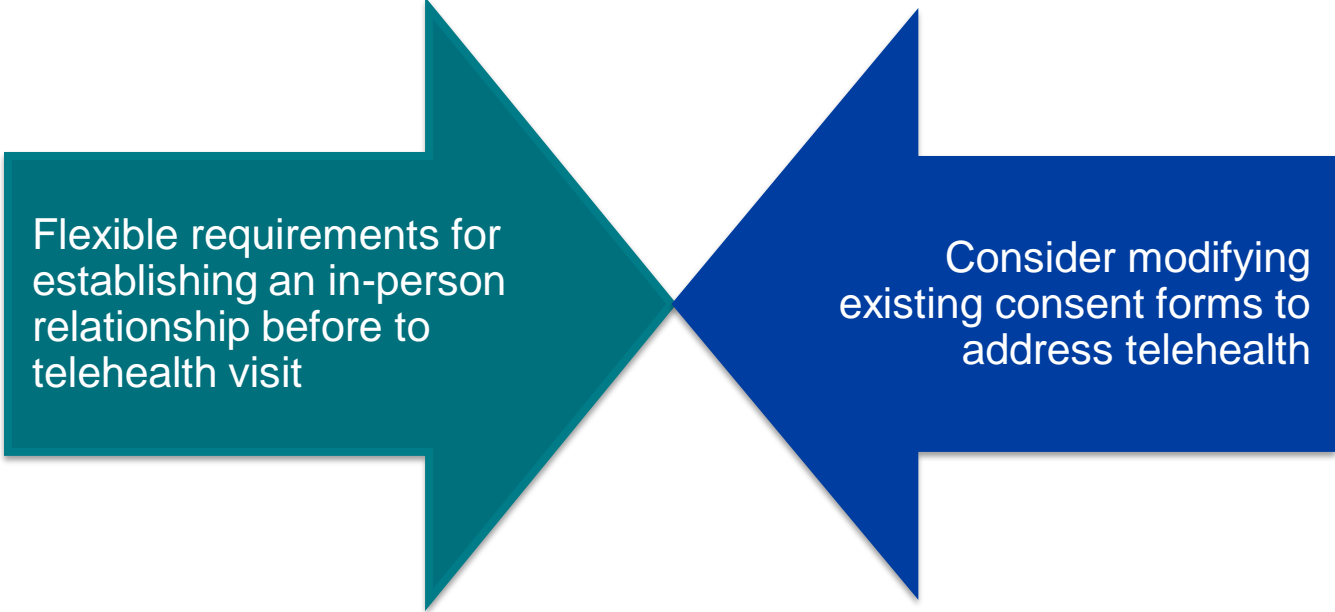
Source: Center for Connected Health Technology

Comprehensive Policy Should Address the Full System of Care

Telehealth Site Requirements → Rules Establishing Patient-Provider Relationships → Scope of Practice Considerations → Reimbursement Structures

Telehealth Site Requirements

✓ Flexibilities for Originating and Distance site requirements

✓ Pathways for inter-state licensure

✓ Flexibilities for out-of-state providers to treat members via telehealth

Rules Establishing Patient-Provider Relationships

Flexible requirements for establishing an in-person relationship before to telehealth visit

Consider modifying existing consent forms to address telehealth

Scope of Practice Considerations

Flexibilities for health care professionals to practice within the full scope of their licensure via telehealth

Hold providers to the same standard of care requirements regardless of whether the service is provided via telehealth

Consider limiting requirements for "patient presenters"

Reimbursement Structures

Consider Medicaid reimbursement structures that cover full scope of services available to patients in in-person settings.

Flexibilities to use alternative payment models to include telehealth in value-based care system.

Consider providing a "Facility Fee" to any Originating Site.

About ATA

Convener

13 **Special Interest Groups (SIGs)**

3 **Regional Chapters**

4 **Corporate Councils**

51 **State Forums**

Telehealth Capitol Connection (TCC) Congressional Briefing Series

Telehealth Conferences

Fall Forum:
New Orleans – September 28-30 2016

Annual Meeting:
Orlando – April 2017

Accreditation Program

Practice Guidelines

14 e.g. urgent care, mental, rehabilitation, diabetic retinopathy

Public Policy

- Multi-state
- Federal
- International
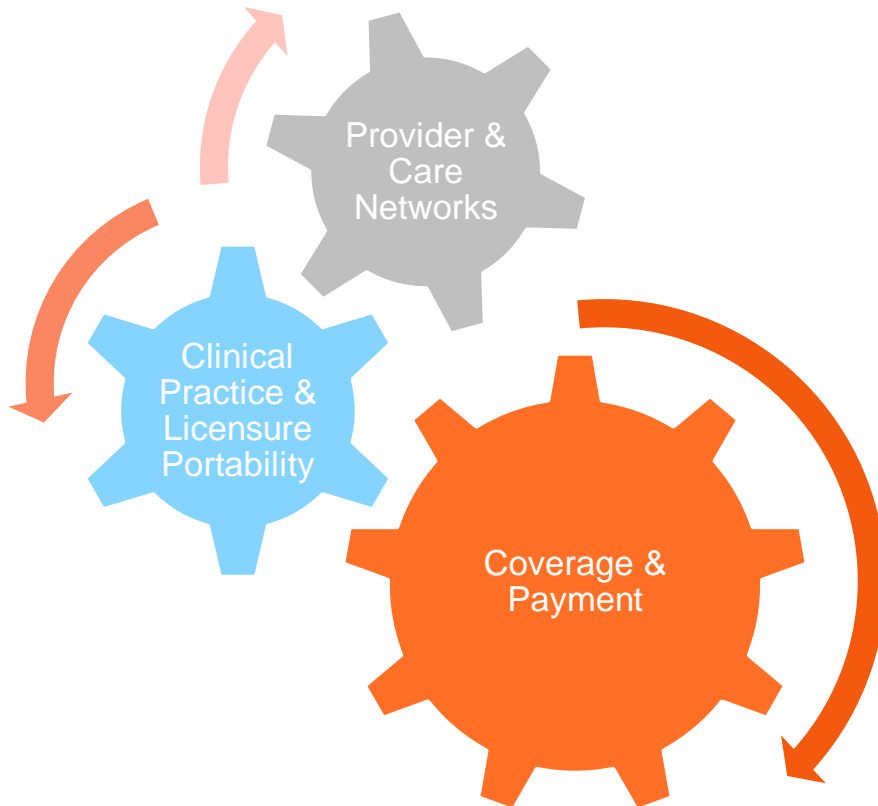
Telemedicine's Value

- Barriers of time and distance
- Professional shortages
- Disparities in access to care
- Quality of care
- Hospital readmits, ER overuse
- Costs of delivery
- Convenience and patient choice

Opportunities & Goals

Provider & Care Networks

Clinical Practice & Licensure Portability

Coverage & Payment

Knock down government barriers.

Promote "value" innovative payment and service models.

Address care delivery problems:

- Cost
- Access
- Outcomes
- Productivity

Delivery Models

Delivery

Hub & Spoke

Integrated care

Statewide and regional specialty networks

Care coordination

- ECHO
- Medical Homes
- Health Homes
- LTPAC

On-demand services

Chronic disease and medication management
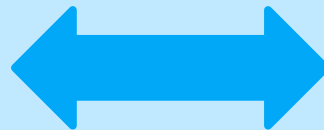
Remote image interpretation

Network adequacy

Triage

Emergency and Disaster response

Linguistic and cultural competency

VOLUME to VALUE

Telehealth in the Home and Remote Patient Monitoring

Clinical applications:

- Primary and urgent care

- Skilled nursing

- Mental and behavioral health

- Telerehabilitation

- Obstetrical care and monitoring

- Long term and post-acute care

- Chronic disease management

36 state Medicaid plans cover telehealth in the home

17 state Medicaid plans cover remote patient monitoring

Better health outcomes and cost savings

Access to specialty care

- Stroke
- Dermatology
- ICU
- Psychiatry
- Obstetrics
- Alcohol and substance abuse counseling

Hospitals, community health centers, rural health clinics, skilled nursing facilities, provider's office

Care coordination

Integrated care

Networks of care

Policy Reforms

Policy

Leveraging telehealth in state proposals

Comparable clinical practice standards

State taskforces and workgroups

Service coverage and reimbursement
- State regulated plans
- Federal programs

Licensure portability
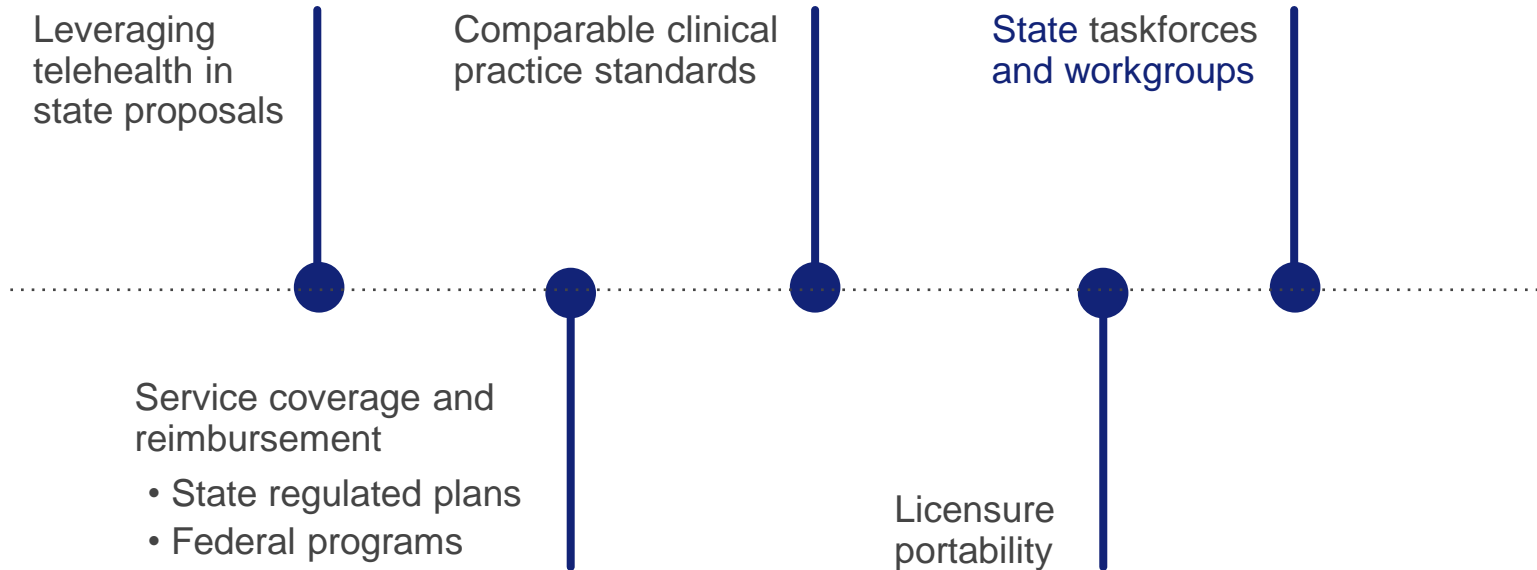
Telemedicine in Medicaid

Medicaid
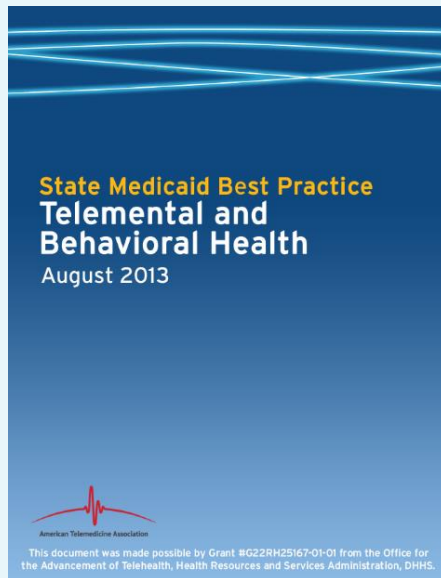
- No federal statute or regulation on telemedicine coverage in Medicaid
- States have a lot of flexibility and may offer comparable coverage and reimbursement of telemedicine-provided services to that of in-person – LEVERAGE, LEVERAGE, LEVERAGE
- Telemedicine is not a new service. It is a way of delivering already covered services
- State FOCUS: Reduction in costs and improvements in quality
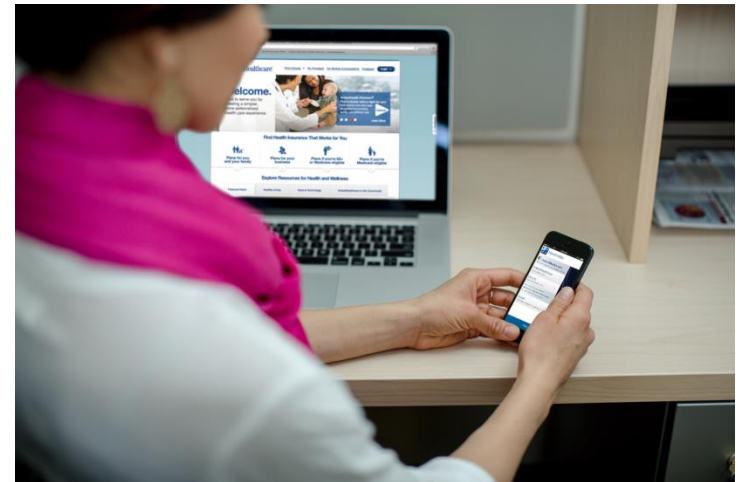
Best Practices in Medicaid

Alaska, California, Illinois, New Mexico

State Medicaid Best Practice
Telemental and Behavioral Health
August 2013

Colorado, Kansas, New York, Washington

State Medicaid Best Practice
Remote Patient Monitoring and Home Video Visits
July 2013
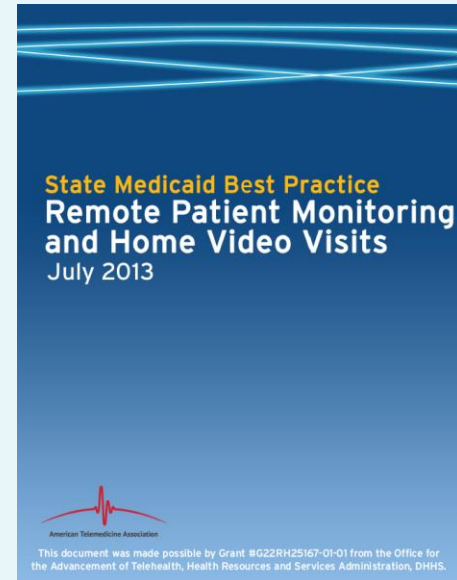
Telemedicine Service Coverage Gaps: Medicaid vs. Medicare

	DE	MS	NV	NM	MEDICARE
Parity	A	A	A	A	F
Patient Setting	A	A	A	A	C
Eligible Technologies	F	B	F	C	C
Distance or Geography Restrictions	A	A	A	A	C
Eligible Providers	A	A	A	A	C
Physician-provided Services	A	A	B	A	B
Mental/behavioral Health Services	A	A	A	A	B
Rehabilitation	A	N/A	A	A	F
Home Health	B	A	B	B	F
Informed Consent	B	B	A	A	A
Telepresenter	A	A	A	A	A

Source: Thomas, L. & Capistrant, G. American Telemedicine Association. "State Telemedicine Gaps Analysis" January 2016.

Interstate Licensure Models

National Reciprocity
Department of defense
Department of veterans affairs (S 2170 and HR 2516)
Medicare (S 1778 and HR 3081)

Expedited
Federation of State Medical Boards (*FSMB*) – <u>17 states joined</u>
Alabama, Arizona, Colorado, Idaho, Illinois, Iowa, Kansas, Minnesota, Mississippi, Montana, Nevada, New Hampshire, South Dakota, Utah, West Virginia, Wisconsin and Wyoming.

Mutual Recognition
National Council for State Boards of Nursing (*Enhanced NLC*)
Arizona, Florida, Idaho, Missouri, New Hampshire, Oklahoma, South Dakota, Tennessee, Virginia, and Wyoming
Idaho and Wyoming joined the *APRN Compact*
Association for State and Provincial Psychology Boards (*PSYPACT*) – <u>Needs 7 states</u>
Arizona
Federation of State Boards of Physical Therapy – <u>Needs 10 state</u>
Oregon and Tennessee

Payment Models

Payments

- ✓ **VOLUME to VALUE**
- ✓ Episodic, Global and Bundled payments
- ✓ Fee-for-service
- ✓ Shared savings
- ✓ Capitation
- ✓ Patient and Provider Incentives

> Diverse payment options

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States with Parity Laws for Private Insurance Coverage of Telemedicine (2016)

Legend:
- Telemedicine Parity Law
- Partial Parity Law
- Proposed Parity Bill
- No Parity Legislative Activity
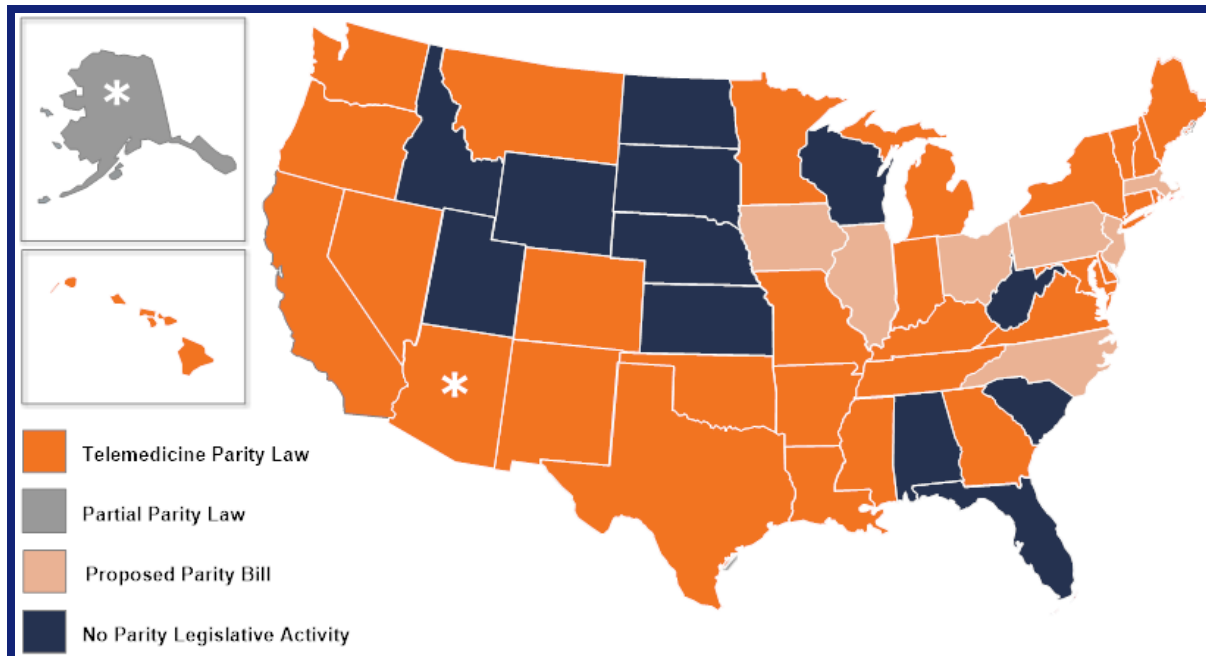
States with the year of enactment: **Alaska (2016)***, Arizona (2013)*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2006), Hawaii (1999), Indiana (2015), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2013), Montana (2013), Nevada (2015), New Hampshire (2009), New Mexico (2013), New York (2014), Oklahoma (1997), Oregon (2009), **Rhode Island (2016)**, Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), Washington (2015) and the District of Columbia (2013)

States with proposed/pending legislation: In 2016, Illinois, Iowa, Massachusetts, New Jersey, North Carolina, Ohio, and Pennsylvania

*Coverage applies to certain health services.

Leveraging Broadband to Build Networks

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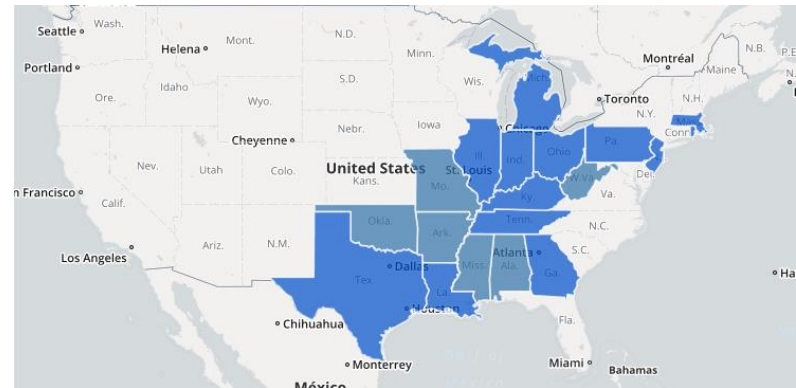**National Health Service Corp Loan Repayment Program**

Rural Health Care Program:
Funding for telecommunications and broadband services

- Healthcare Connect Fund (Rural/Non-rural)
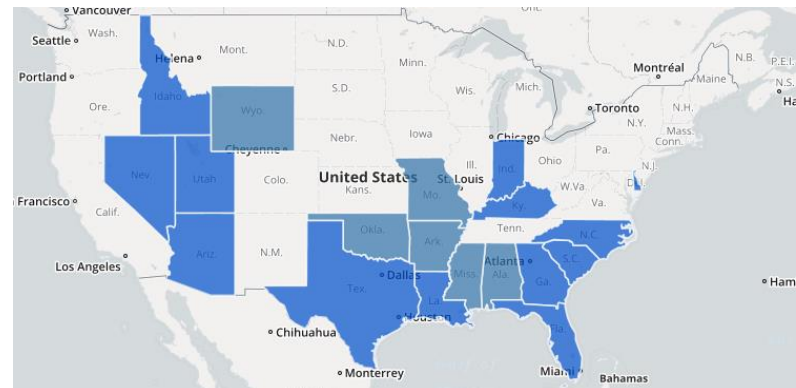- $3 billion unspent 2005-2013

Universal Service Fund – Discounted broadband rates

- HR 2066

Broadband Availability (60-100%) and Preventable Hospitalizations (60-100)

Broadband Availability (60-100%) and Physician Access (<70)

ATA State Policy Resources

2016 ATA Policy Priorities

State Policy Toolkits

State Gaps Analyses

State Legislative Matrix

(Members Only)

- State Legislative and Regulatory Trackers
- Monthly State Webinar

State Policy Checklist

ATA Wiki

Telemedicine Practice Guidelines

State Medicaid Best Practices

- Telemental and Behavioral
- Remote Patient Monitoring and Home Video Visits
- Store-and-forward
- School-based
- Managed Care
- Telestroke
- High-risk Pregnancies
- Telerehabilitation

www.americantelemed.org/policy/state-policy-resource-center

AmericanTelemed.org

ATAwiki.org

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