How Telehealth Can Support People Living in the Community

NASUAD HCBS Conference

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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.

Source: 2015 Association of American Medical Colleges study
Population Dynamics Giving Rise to Telehealth

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

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.

Source:
Centers for Disease Control and Prevention. Prevalence of Disability and Disability Type Among Adults — United States, 2013
America’s Health Rankings Senior Report
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.
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.
# The Benefits of Telehealth for Aging in the Community

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

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

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
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

Accreditation Program

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

Public Policy

- Multi-state
- Federal
- International

Telehealth Conferences

Fall Forum:
New Orleans – September 28-30 2016

Annual Meeting:
Orlando – April 2017
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
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
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
Telehealth in Healthcare Facilities

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
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

State Medicaid Best Practice
Remote Patient Monitoring and Home Video Visits
July 2013

Colorado, Kansas, New York, Washington
## Telemedicine Service Coverage Gaps: Medicaid vs. Medicare

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<thead>
<tr>
<th></th>
<th>DE</th>
<th>MS</th>
<th>NV</th>
<th>NM</th>
<th>MEDICARE</th>
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<td>B</td>
<td>F</td>
<td>C</td>
<td>C</td>
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<tr>
<td><strong>Distance or Geography Restrictions</strong></td>
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<td><strong>Eligible Providers</strong></td>
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<td><strong>Physician-provided Services</strong></td>
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<td>B</td>
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<td>B</td>
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<td>A</td>
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<td><strong>Rehabilitation</strong></td>
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<td><strong>Home Health</strong></td>
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<td>B</td>
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<td><strong>Telepresenter</strong></td>
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## 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*) – **17 states joined**

### 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*) – **Needs 7 states**
  - Arizona
- Federation of State Boards of Physical Therapy – **Needs 10 state**
  - Oregon and Tennessee
Payment Models

Payments

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

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

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)
- 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

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

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