Telehealth and SIM States: Current Landscape & Resources

State Innovation Models (SIM) Learning Event
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Telehealth can be a key component in the advancement of consumer-driven, access-oriented care delivery to support better health and care at the patient and population level. For SIM states, telehealth can increasingly play a role in supporting and enabling advancements to help transform health delivery.

This webinar is intended to provide SIM States with a better understanding of:

» The current telehealth landscape including highlighted policy drivers and levers, respective SIM state telehealth activities, and implementation/funding resources.

» Opportunities to advance telehealth as part of a health IT infrastructure and Medicaid Enterprise; reimbursement /coverage available under CMS programs.

» The experiences, lessons, and successes of one safety net provider’s experience leveraging telehealth as part of routine care in an integrated delivery model (Cherokee Health Systems, TN- http://www.cherokeehealth.com/).
Telehealth “101”

- Telehealth modalities include: store and forward (asynchronous), real time (synchronous), remote patient monitoring, e-consults, robotics, and mHealth; delivers health care via telecommunication technology

- Potential to help resolve many issues in the health care such as: access, equity, self-management, efficiency, coordination, integration (especially with behavioral health), person-centered care

- Challenges to widespread use include policy, technology, and implementation considerations
  - Examples include: policy (reimbursement, parity laws, legal/regulatory requirements, licensure, cost effectiveness) technology (security, safety, integration into health IT infrastructure, broadband access, interoperability) and implementation (technical support/workflow)
Telehealth Landscape Today: Snapshot

• Major forces are driving telehealth growth, adoption, and innovation in the marketplace, including but not limited to: delivery system reform; emerging uses and capabilities of technologies; workforce shortages; rise of consumerism; aging population

• Telehealth is increasingly part of health and care whether at the setting, provider, consumer, research, development/design, or research level

• Growing evidence base with calls for more research on new delivery models

• Vast federal telehealth landscape with innovative activities/direct service delivery

• ONC and federal priority- part of federal health IT strategies for achieving priority goals of health transformation, enhancing health IT infrastructure, advancing person centeredness.

(Source: Federal Health IT Strategic Plan 2015-2020)
Support integration with EHRs / Health IT technology & advance privacy/security protections

Incorporate telehealth in delivery system reform activities (e.g., MACRA Implementation)

Further telehealth adoption for diverse uses (e.g., tele-behavioral health & remote monitoring)

Expand access to care and improve health equity through telehealth innovation
Telehealth Objectives found in SIM Operational Plans

- Expand access to care and healthcare shortage areas using asynchronous communication or telemedicine
- Expand broadband access
- Advance integrated behavioral health and primary care using telehealth
- Utilize telehealth for remote patient monitoring
- Allow parity for telehealth services
  - Require health insurance policies to cover medical services provided through telehealth to the extent that they cover the services through in-person visits
  - Require health care providers to use of telehealth to deliver health care services
  - Encourage licensing commission to increase utilization of telehealth
- Reduce administrative barriers to telehealth, telemedicine, and tele-dentistry services
- Explore use of telehealth ECHO capabilities to extend reach of care delivery models and improve access
State Innovative Payment or Service Delivery Models Including Telehealth (2015)

- **Health Home SPA:**
  - AL, IA, ME, NY, OH, WV

- **HCBS Waiver:**
  - KS, PA, SC

- **Medicaid Managed Care:**
  - AZ, CA, CO, DE, DC, IN, KS, KY, MD, MA, MI, MT, NH, NJ, NM, NY, NE, OH, OK, PA, TN, VA, WA, WV, WI

- **State Supported Networks in Specialty Care:**
  - AZ, CA, CO, GA, ME, MA, MO, NE, NM, NC, SC, UT, VA, WY

- **Dual Eligible:**
  - GA, NY, VA

Source: American Telemedicine Association (May 2015) *State Telemedicine Gaps Analysis: Coverage and Reimbursement*
State Snapshot: State Telehealth Laws and Medicaid Program Policies

DEFINITION
48 states and the District of Columbia have a definition for telehealth, telemedicine, or both.

LOCATION
A few states have required a certain amount of distance between the provider and patient.

In Idaho, Medicaid patients must be located in a rural or underserved area for eligibility.

In South Dakota, an originating site and a distant site cannot be in the same community.

MEDICAID REIMBURSEMENT
47 states reimburse for live video through Medicaid.

16 states reimburse for remote patient monitoring.

2 states offer reimbursement through their Department of Aging Services.

9 states reimburse for store and forward.

States rarely view email/phone/fax as acceptable forms of service delivery.

29 states reimburse for a transmission/facility fee.

CONSENT
29 states include some sort of informed consent.

PRIVATE PAYER LAWS
28 states and the District of Columbia have active laws.

CROSS STATE LICENSURE
8 states issue special licenses or certificates for telehealth.

ONLINE PRESCRIBING
Internet/online questionnaires are not adequate; states may require a physical exam prior to a prescription.

Source: http://www.cchpca.org/sites/default/files/resources/50%20states%20summary%20infographic%20July%202015.pdf

www.cchpca.org
July 2015
Key Telehealth State Policy Areas of Analysis and Reform

- **Reimbursement**
  - Private Payer Parity: Parity of service, payment, conditioned to terms of policies?
  - Site Transmission Fee: Yes or No?
  - Location of Service: Originating Site Requirements
  - Value Based Payment Models (e.g. State Medicaid Alternative Payment Models Commercial ACOs)

- **Cross-State Licensing**
  - Interstate licensure models

- **On-line Prescribing**
  - In-person exam required? Who is eligible? What type of drugs?

- **Broadband Connectivity**

- **Technology**
  - Modality (Audio- Visual, Store and forward, Remote Patient Monitoring)

- **Evolving Definitions and Overall Coverage Considerations**
Telehealth State Policy Areas of Analysis and Reform: Sample Questions

- **Health IT Infrastructure/Vision:** How does telehealth leverage and integrate with my state’s larger health information infrastructure? Strategic health IT priorities?

- **Reform and Multi-Payer Alignment:** How can telehealth help advance the goals of system reform including transformation and enable multi-payer alignment within my state including as part of MACRA? Is my state leveraging multi-payer alignment in support of use for telehealth to improve access and services?

- **Telehealth Visits Data Fragmentation/Interoperability:** How can telehealth be implemented to further care coordination, decrease data fragmentation and contribute to and pull from a complete health record?

- **Person/Consumer Centeredness:** How can my state design and advance consumer-centered care inclusive of telehealth services and technologies? Are technologies accessible and usable for all consumers?
Telehealth State Policy Areas of Analysis and Reform: Sample Questions

- **Telehealth Coverage/Definition**: Is my existing definition limiting coverage? What are all of the issues to address to provide coverage through Medicaid or commercial payers?

- **Licensure**: Are state licensing boards adopting ways to help patient/provider access to out of state professionals? Are states exploring interstate licensure models?

- **Broadband and Delivery**: Is there a network to support service delivery? Are there broadband coverage gaps including in urban settings?

- **Medicaid Telehealth Best Practices**: What are State Medicaid best practices in the respective areas my state is implementing/considering (e.g. telemental health, school-based, telestroke, high-risk pregnancies, tele-rehabilitation, RPM)? How can state leverage available federal funds?

- **Implementation**: How can implementation considerations be further supported including workflow and operational challenges?

- **How does my state use telehealth to**: Expand access to care including for behavioral health? Reduce inequities? Enable consumer centered health delivery? Improve outcomes? Enable consults to specialists
Telehealth: Lessons Learned from the Field

- Perform a needs analysis
- Develop preliminary goals and objectives for service delivery and assure that the selected delivery model best suits your health care goals and objectives
- Plan to incorporate Health Information Technology
- Know your geographic area
- Perform a market analysis and write a business case report
- Select the right equipment
- Plan for the seamless integration of telehealth into your operation
- Know the law
- Plan for the availability of strong IT support at all participating locations
- Plan for the development of protocols, policies, and procedures
- Implement your Quality Improvement Process

Only specified facilities are eligible to be an originating site. Originating sites must be located outside of a Metropolitan Statistical Area (MSA):

- office of a physician or practitioner
- hospital, including a critical access hospital
- rural health clinic
- federally qualified health center
- skilled nursing facility
- hospital-based dialysis center
- community mental health center

Telehealth services are 0.01% of total Medicare FFS spending; most common types of telehealth services include: 66% evaluation/management & 19% psychiatric.

Beneficiaries using telehealth are younger, disabled, and from across rural/urban settings; 62% are under the age of 65.

Medicare Advantage: Plans are required to provide Medicare-covered telehealth services; data on actual MA utilization of any telehealth service is not uniformly collected.
Select Federal Policy Levers (Telehealth)

• Select Federal Policy Drivers and Opportunities

  » ONC Interoperability Roadmap & Federal Health IT Strategic Plan

  » Medicare Access & CHIP Reauthorization Act (MACRA)

  » Medicaid Managed Care Final Rule

  » Mental Health Parity and Addiction Equity Act

  » Certified Community Behavioral Health Clinics

  » State Medicaid waivers, SPAs including February 2016 SMD (Connecting Medicaid Providers for Health Information Exchange) and August 2016 SMD (Medicaid Enterprise and Interoperable Modular Systems) in addition to SIM activities

  » Center for Medicare and Medicaid Innovation health care payment and service delivery models; Physician Fee Schedule, Next Generation ACO Model and Bundled Payments for Care Improvement (BPCI) Initiative, Health Care Innovation Awards
The Telehealth Resource Centers (TRCs) have a mission to serve as a focal point for advancing the effective use of telehealth and support access to telehealth services in rural and underserved communities.
Telehealth technologies are valuable assets to help achieve the “Triple Aim” of improved quality of care, better health outcomes, and lowered costs. 

Learn More >>

WWW.CCHPCA.ORG
Select Federal Funding Opportunities

- **Department of Commerce**
  - Broadband USA provides assistance to communities that want to expand their broadband capacity and promote broadband adoption.

- **Federal Communications Commission**
  - Universal Service Fund Program provides funding to eligible health care providers for telecommunications and broadband services necessary for the provision of health care.

- **U.S. Department of Agriculture**
  - Distance Learning & Telemedicine Grants
  - Community Facilities Direct Loan & Grant Program
  - Quick Fact: USDA is investing in 18 projects in 16 states to use communications technology to expand access to health care, substance misuse treatment and advanced educational opportunities.
Select Federal Funding Opportunities, continued

• **Health Resources and Services Administration (HRSA)**
  - Rural Health- Telehealth Network Grant Program
  - Telehealth Resource Center Grant Program (TRCGP)
  - HIV /AIDS- AETC Telehealth Training Centers Program (TTCP)
  - Bureau of Primary Care - Health Center Program
  - Bureau of Health Workforce - Training Programs
  - Maternal and Child Health - Genetic Networks/Children Special HC Needs

• **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - Targeted Capacity Expansion Technology Assisted Care (TCE-TAC)
  - Telebehavioral Health Training and Technical Assistance
  - Medication-Assisted Treatment Prescription Drug and Opioid Addiction
  - Certified Community Behavioral Health Centers
Telehealth Toolkits/Guides:

» Alliance for Health Reform - “Telemedicine: The Promise and Challenges”

» Telehealth Start-Up Guide (Telligen, gpTRAC)

» Telehealth Program Developer Kit (California Telehealth Resource Center)

» A Guide to Getting Started in Telemedicine (University of Missouri – School of Medicine)

» Using Technology-Based Therapeutic Tools in Behavioral Health Services, TIP 60

Federal Telehealth Resources:

» Telemedicine as a Delivery System (Centers for Medicare & Medicaid Services)

» Office for the Advancement of Telehealth (HRSA)

» Center for Integrated Health Solutions (SAMHSA & HRSA)

» Office of the National Coordinator for Health IT

» Mapping Broadband Health in America (Federal Communications Commissions)
Telehealth Resources, continued

- **Telehealth Policy Trends and Considerations** National Conference of State Legislatures

- **Pending Legislation and Regulation (Center for Connected Health Policy)**

- **State Policy Resource Center (American Telemedicine Association)**

- **Center for Telehealth and e-Health Law**

- **Addiction Technology Transfer Center Network**

- **Accessibility and Usability in Health IT**
Telemedicine Equipment: Site-based and Mobile

**Primary Care Telemed Setup**
- Polycom Group Series 310 EagleEye IV Camera
- Dell 34in curved LED monitor
- Jaco Telemed Cart
- 3M Littmann Bluetooth Stethoscope
- AMD Global Telemedicine Multipurpose Camera
- AMG HD General Exam Cam Lens
- AMD Otoscope Lens
- AMD Ophthalmoscope Lens
- AMD AGNES Interactive software
- Dell micro PC
- **Price - $18,500**

**Behavioral Telemed Setup**
- Polycom Group Series 310 EagleEye IV Camera
- 32” LED TV
- Elitech Mobile LCD Cart
- **Price - $4,500**

**Community Health Coordinator Setup**
- iPad Air 2 with Verizon 4G LTE
- Zagg Rugged Book case with keyboard
- Polycom Realpresence video client
- **Price - $650**

**Mobile Crisis Telemed Setup at Hospital**
- iPad Air 2 Wi-Fi
- Otterbox protective case
- Polycom Realpresence video client and Zoom video client
- **Price - $480**
Compare/Contrast these FQHC Encounters

1. FQHC (In-Office Visit)

2. Unrelated Doctor

3. FQHC-Employed Doctor

4. Home-Based Doctor

FQHC Patient

Office vs. Home

www.cherokeehealth.com
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SIM Follow-Up Listening Event: Telehealth

Wednesday, November 16, 2016
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Questions

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