Introduction to Telehealth Resource Centers

Technical assistance for starting or expanding telehealth services

NOSORH – Region A Grantee Meeting
June 19, 2014 – Middletown, CT
What are Telehealth Resource Centers (TRCs)?

- Federally funded through HRSA/ORHP
- TRC Grant Program established 2006
- TRCs have extensive telehealth program experience
- 12 Regional TRCs
- 2 National TRCs
  - Telehealth Technical Assistance Center (TTAC)
  - National TRC - Policy
Mission of Telehealth Resource Centers

All TRCs are committed to helping anyone who wishes to establish or expand a Telehealth program reach success.

The TRC’s mandate from OAT is to assist health care organizations, health care networks, and health care providers in the implementation of cost-effective Telehealth programs to serve rural and medically underserved areas and populations.

www.telehealthresourcecenters.org
Who do the TRCs serve?

- Rural Clinics
- Federally-Qualified Health Centers (FQHC)
- Critical Access Hospitals (CAH)
- Community & Urban Hospitals
- Primary Care Clinics
- Providers
- Health Care Organizations
- Ambulatory Care Centers
- Nursing Homes
- Schools
- and others...
Regional Telehealth Resource Centers

- California Telemedicine & eHealth Center (CTEC)
  CALIFORNIA HEALTH FOUNDATION AND TRUST, SACRAMENTO, CA

- Great Plains Telehealth Resource & Assistance Center (GPTRAC)
  UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MN

- Heartland Telehealth Resource Center (HTRC)
  UNIVERSITY OF KANSAS, KANSAS CITY, KS

- Mid-Atlantic Telehealth Resource Center (MATRC)
  UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE, VA

- NorthEast Telehealth Resource Center (NETRC)
  MEDICAL CARE DEVELOPMENT PUBLIC HEALTH, AUGUSTA, MAINE

- Northwest Regional Telehealth Resource Center (NRTRC)
  SAINT VINCENT HEALTHCARE FOUNDATION, BILLINGS, MT
Regional Telehealth Resource Centers

• Pacific Basin Telehealth Center
  UNIVERSITY OF HAWAI'I, HONOLULU, HI

• South Central Telehealth Resource Center
  UNIVERSITY OF ARKANSAS, LITTLE ROCK, AR

• Southeastern Telehealth Resource Center
  GEORGIA PARTNERSHIP FOR TELEHEALTH, WAYCROSS, GA

• Southwest Telehealth Resource Center
  UNIVERSITY OF ARIZONA, TUCSON, AZ

• TexLa Telehealth Resource Center
  TEXAS TECH UNIVERSITY, LUBBOCK, TX

• Upper Midwest Telehealth Resource Center
  INDIANA RURAL HEALTH ASSOCIATION, TERRE HAUTE, IN
The NETRC Team

Danielle Louder – Program Manager; Co-PI
Dr. Terry Rabinowitz, DDS, MD – Co-PI
Judy Amour, MA – Telemedicine Grants Administrator
Mike Edwards, PhD – Consultant: Research/Evaluation
Open Position - Project Director
Going the distance...so you don’t have to...

Serving DC, DE, KY, MD, NC, PA, VA and WV
WHAT IS TELEHEALTH?
**eHealth**
- The convergence of entire health-related business segments (Informatics, Public Health, HIT)
- Frequently applied to Internet-enabled health or medical activity.

**Telehealth**
- Greater in scope
- Encompasses myriad technologies
- All forms of health-related functions (clinical, administrative and educational)

**Telemedicine**
- Electronic exchange of medical information (generally between patient and provider in separate locations)
- Interactive (real-time) videoconferencing
- Asynchronous (store-and-forward) imaging
- Wired, wireless, broadband, POTS
Telehealth - the use of electronic information and telecommunications technology to support long-distance delivery:

- clinical health care
- patient and professional health-related education
- public health
- health administration

Health Resources and Services Administration
U.S. Department of Health and Human Services
Telemedicine - the use of electronic communication and information technologies to provide or support clinical care at a distance.

HRSA Rural Health Glossary & Acronyms
http://www.hrsa.gov/ruralhealth/about/telehealth/glossary.html
Google: HRSA telemedicine
Benefits of Telemedicine

1. Improve health care access
2. Addresses physician shortage
3. Reduce unnecessary patient transport
4. Reduce *provider* travel time/cost to outreach sites
5. Reduce *patient* travel time and cost (outpatient)
6. Retain patients locally in their home communities
Benefits of eHealth

1. Improves communication between members of the care team

2. Allows for a diversity of delivery models for health care services and information

3. Incorporates tools to address population health
1. People

2. Workflow

3. Technology
Design, Implement, Sustain

Communicate vision

Build collaboration

Best practices

Leverage resources

Identify outcome metrics
Vision or Reality?

Hugo Gernsback and his TV Glasses
(Life Magazine, 1963)

Google Glass – Wearable Computer
(CIO Journal, 2014)
Historical Challenges for Telemedicine

1. **Reimbursement**
   Federal legislation not until 1999
   Many initial restrictions – Medicare only; rural sites; split fees; specific codes
   Slow expansion of federal restrictions
   Lack of private insurance coverage standardization
   Medicaid reimbursement optional; varies by state

2. **Technology**
   High initial investment in equipment
   Limited ongoing support available
   Little initial standardization
   Inconsistent broadband internet service

3. **Security**
   Uncertainty about HIPAA requirements
Good News - There Is Reimbursement!

Medicare (2001)
Medicaid varies by state, but generally followed Medicare guidelines.

<table>
<thead>
<tr>
<th>State</th>
<th>Private Insurance Reimbursement</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>ME</td>
<td>Mandated 3rd party reimbursement</td>
<td>Limited reimbursement from Medicaid</td>
<td>Yes</td>
</tr>
<tr>
<td>NH</td>
<td>Mandated 3rd party reimbursement</td>
<td>Limited to a single pilot for Community Mental Health Centers</td>
<td>Yes</td>
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<tr>
<td>CT</td>
<td>Legislation is currently under review</td>
<td>No reimbursement from Medicaid</td>
<td>Yes</td>
</tr>
<tr>
<td>NY</td>
<td>No mandated reimbursement, however, legislation is currently under review</td>
<td>Limited reimbursement from Medicaid</td>
<td>Yes</td>
</tr>
<tr>
<td>VT</td>
<td>Mandated 3rd party reimbursement</td>
<td>Mandated Medicaid reimbursement from Medicaid</td>
<td>Yes</td>
</tr>
<tr>
<td>RI</td>
<td>No mandated reimbursement</td>
<td>No reimbursement from Medicaid</td>
<td>Yes</td>
</tr>
<tr>
<td>MA</td>
<td>Mandated 3rd party reimbursement is limited</td>
<td>Limited reimbursement from Medicaid</td>
<td>Yes</td>
</tr>
<tr>
<td>NJ</td>
<td>No mandated reimbursement</td>
<td>Limited to Telepsychiatry</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**Telemedicine: Federal Funding Resources**

**HRSA** – Network Planning and Network Development
Grant assistance for upfront planning and initial development
http://www.grants.gov/web/grants/search-grants.html

**USAC** – Rural Health Care Support
Will pay for % of Internet access cost
http://wireless.fcc.gov/outreach/index.htm?job=funding

**Dept. of Commerce** – National Telecomm. and Information Admin.
Expanding broadband Internet access
State Broadband Initiative & Tech Opp. Pgm.
http://www.ntia.doc.gov/grants-combined
Federal Funding Resources Cont...

USDA – Rural Development (RD) – Grants & Loans

**Community Facilities (CF) Program** - $70 million Direct Loans / $10 million Grants

Areas/towns up to 20,000 pop.

Construction or renovation of hosp., NF, Clinic (inc. necessary equipment)

Purchase of specific equipment (new CT scanner), technology, software

Application is once a year (end of May/early June)

Announced 60 days in advance of due date

RD staff assistance available for application process

http://www.rurdev.usda.gov
Federal Funding Resources Cont...

USDA – Rural Development (RD) – Grants & Loans

**Distance Learning and Telemedicine (DLT) Program** - $15 million

Areas/towns up to 20,000 pop.

15% matching requirement

Minimum grant award: $50,000; maximum: $500,000

Purchase of computer hardware/software, computer network components, terminal equip., inside wiring, and inside equip. warranties

Application is once a year (end of May/early June)

Announced 60 days in advance of due date

RD staff assistance available for application process

http://www.rurdev.usda.gov
Insurance & Licensure

Standard malpractice insurance covers telehealth

Very low risk service to date

3-4 known cases (2 were online prescribing)

2 New Mexico cases bring up telehealth use – If available and not used, there may be liability

No national physician license

A few states require telemedicine license

Supplemental licensing
Factors to Consider Regarding Licensure

Providers should refer to the guidelines of their licensure boards. However, these general rules apply:

- Providers must be licensed in the state where the patient is located.
- Telehealth can be a valuable tool that allows all types of healthcare providers to work to the top of their license but not beyond it.

Factors to Consider Regarding Credentialing

In July of 2001, the Centers for Medicare and Medicaid Services’ final rule on credentialing and privileging established a process for originating site hospitals (location of the patient) to rely on the credentialing and privileging decisions of the distant site hospital (location of the specialist) for telehealth practitioners.

Check out the NETRC toolkit at netrc.org

Hospitals should also check their state Medicaid policies to ensure that they do not have additional requirements.
Privacy/Security Issues

• Generally, all current videoconferencing systems include encryption technology.
  
  Security Rule does not require encryption ("Live" events are not ePHI), but technology easily encrypts

• Privacy rule DOES apply

Telemedicine room should be private just like any other clinic room

Use private connections when possible
"The standards and specifications of the Security Rule are specific to electronic protected health information (e-PHI). . . E-PHI does not include paper-to-paper faxes or video teleconferencing or messages left on voice mail, because the information being exchanged did not exist in electronic form before the transmission. In contrast, the requirements of the Privacy Rule apply to all forms of PHI, including written and oral."

US Dept. of Health & Human Services
Group Sessions and Education
Specialty Consultation via IVC
Image Sharing
Speech/Language Pathology
  • Evaluation, Diagnosis and Treatment

Physical Therapy
  • DPT – PTA interactive delivery

Diet and Nutrition
  • Consults requested by PCP
  • School-based
Home Monitoring

Provide preventive care
Assist in chronic disease self-management
Help reduce hospital readmissions
Aids aging population maintain independence in own home
HOW CAN TELEHEALTH RESOURCE CENTERS HELP?
How can TRCs help me?

“We want to bring rural communities together and show them how they can improve their patients’ outcomes within their own communities.” Adam Rule, South Central TRC Project Director.

“We offer expert advice from people in the field who have been doing it a long time. We are able to put them in contact with other telehealth experts and allow collaboration and sharing of best practices.”

To help health care providers recognize the benefits of post-grant sustainability, Rule recommends the telehealth impact calculator available on learntelehealth.org. It approximates how much time and money a hospital or clinic might save by utilizing telemedicine.

Lutz, Angela; Top-notch telemedicine: Resource center grantees improve patient care; Rural Roads; Summer 2012; p.34,35
• Proven resources
  – Legislation/Regulations
  – Forms & Protocols
  – Toolkits
  – Event Announcements

• Training and Education
  - Onsite, Protocols, Webinars, Conferences
  - CTEC’S Telehealth Program Developer Kit™

• Peer-to-peer connections
  – Learn from other’s mistakes
  – Tele-All (Stroke, ICU, etc.)
  – No regional limitations
NEW BLOG POST:
New Website Educates Public on Telehealth
For over a decade Arkansas has been a leader in the telemedicine industry, from the pioneering ANGELS group to the AR SAVES team. They recently launched a new public awareness website, ArkansasTelemedicine.com.

NEW VIDEO:
Building Program Awareness: Building off Successes
You've built your Telehealth program, now it's time to spread the word! Rick Wesham, AR SAVES, shares how great outcomes in your program can be a way to build awareness in your community.

On the Road Again
Tamara Perry will be presenting at the NOFSMH grand opening meeting August 2, 2012 about the resources we provide to the south central region.

Kim Miller picked up some world famous watermelon on her recent visit to Cave City, Kentucky where she conducted our FREE Telehealth 101 training.

Tamara and Kim travel Arkansas highways every week. They are also available for site visits and training via interactive video or online webinars. If you'd like to "stop by" and see you, please call 1.855.664.3450.

Upcoming Events
SKC Communications Technology Showcase - Aug 7-8
Marrying Technology and Process to create a Successful Telemedicine Program - Aug 2
New Webinar
2012 ISN 17th Annual Rural Health - Sep 20-21
Judson, MS
Archived Lecture: Determining Telehealth’s Value Proposition

June 19th @ 11 AM
NETRC Webinar: Teledermatology
A presentation on the development of a teledermatology program serving communities in Vermont
Presented by: Julie Lin, MD
Assistant Professor of Medicine in Dermatology at the University of Vermont/Fletcher Allen Health Care

Julie joined the faculty in 2009 and is board certified in dermatology and clinical informatics. She has a clinical
• Technical Assistance
  – Assessments
    o Market Conditions
    o Needs & Prioritization
    o Organizational Readiness
    o Appropriate Technology (TTAC)
    o Peer Comparison
  – Basic strategic planning
    o Sources for revenue generation
    o Expense reductions
    o Cost Center/Residual benefits
    o Start Up / Replacement funding
• **Technical Assistance (cont’d.)**

  - **Business Model Development**
    - Equipment Selection
    - Program development
    - Operational support
    - Education on Insurance
    - Reimbursement
    - Quality Assessment
Policy Resources and Expertise

- Center for Connected Health Policy
  - National Telehealth Policy Resource Center
- Knowledge of Regional Policy Climate
- Expert Testimony
- Model Laws
NETRC Regional Conference in Burlington, VT - October 1, 2014

NETRC Regional Conference:
Leveraging Telehealth to Achieve the Triple Aim

As healthcare providers, leaders and payers strive to enhance population health, improve quality of health care services and contain costs, many are exploring and/or expanding utilization of telehealth as a viable tool for care delivery. Designed to catalyze change in meeting health care needs via telehealth, this conference features best practice models and resources utilized throughout the NETRC region.

Join Us!

Wed, Oct 1, 2014
8:00 AM-4:00 PM
Burlington, Vermont
Sheraton Burlington Hotel & Conference Center

Registration $75.00

Featured Keynote Speaker: David A. V. Reynolds, DrPH, Health Policy Advisor and Analyst

Registration Info + Conference Details:
Online: netrc.org OR
Call: 207-622-7566, X225 OR
Email: DLouder@mctph.org OR
Use your mobile device to scan QR code

In addition to the keynote address, the conference will include morning and afternoon breakout sessions featuring local, state and regional experts who will highlight their innovative and effective programs. The NETRC is excited to bring regional colleagues/stakeholders together to network and identify strategies for leveraging telehealth to achieve their goals related to the Triple Aim! See Reverse for Agenda.
March 29-31, 2015 at the Greenbrier in White Sulphur Springs, WV

Next Gen Telehealth, Value-Based Health Care and Accountable Care Organizations
Contact Us

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dlouder@mcdph.org

Or visit us on the web:  www.netrc.org
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We are happy to help you!
Thank YOU!

Have a Great Summer!