

A stylized sunburst graphic with a semi-circle on the left and radiating lines extending across the orange background.

COMMUNITY HEALTH CENTERS & TELEHEALTH

Operating a Telehealth Program in this Changing Environment

March 28, 2016



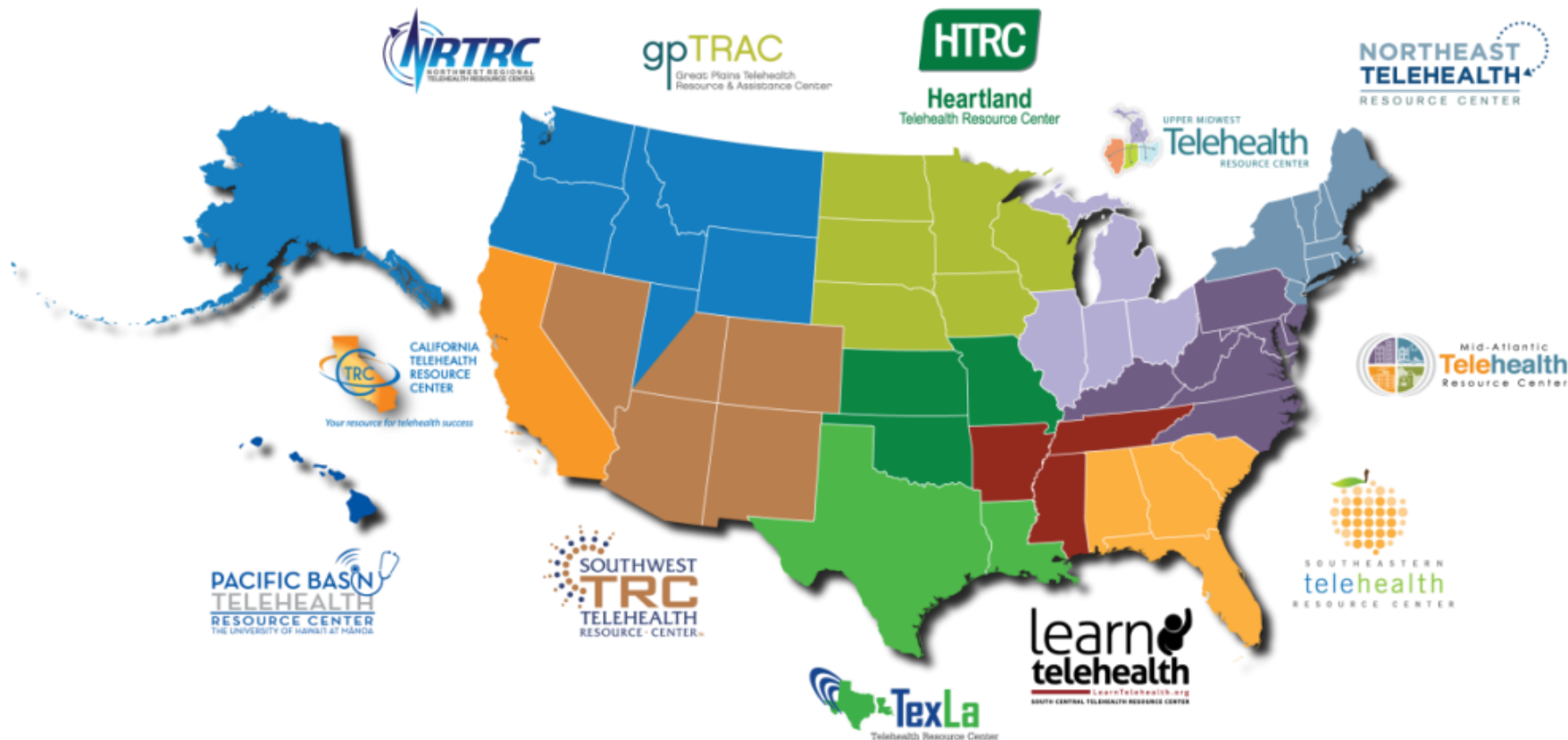
We are part of the Public Health Institute, an independent, *public interest* organization dedicated to promoting better systems of care improved health outcomes & provide greater *equity of health access to quality, affordable care and services for all*



Salud by Xavier Cortada



TelehealthResourceCenters.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

CENTER FOR CONNECTED HEALTH POLICY



HRSA/OAT GRANT 2012-2016



[POLICY MAP >>](#)

[REIMBURSEMENT >>](#)

[About the Program](#)

[What is Telehealth](#)

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[Health Information Technology](#)



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



CENTER FOR CONNECTED HEALTH POLICY

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS



Telehealth Policy

National Policy

State Laws and Reimbursement Policies

Medicare

Medicaid

Laws, Regulations,
Pending Bills
State & Federal

Home » Telehealth Policy » National Policy » State Laws and Reimbursement Policies

State Laws and Reimbursement Policies

The Center for Connected Health Policy helps you stay informed about telehealth-related laws, regulations, and Medicaid programs. We cover current and pending rules and regulations for the U.S. and all fifty states.



All Current Laws and Policies



All Pending Legislation and Regulations



Full Report
"State Telehealth Laws and Reimbursement Policies"



Calendar

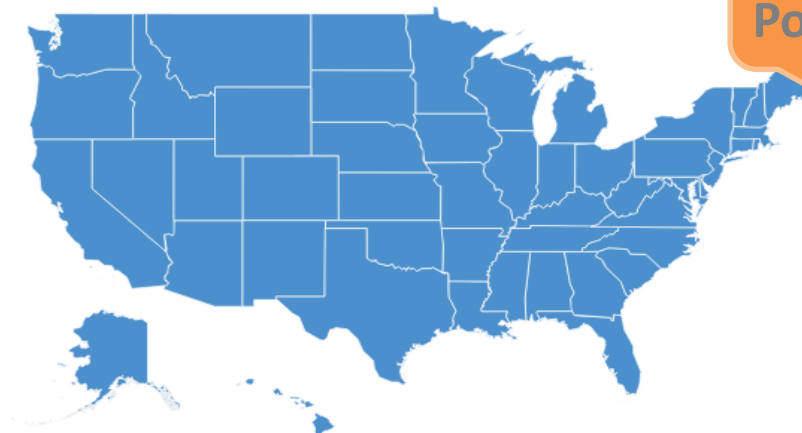
Government Health Care Congress 2015 ; Medicaid Summit »

JULY 14-16, 2015

Arlington, Virginia

Don't miss the opportunity to hear CCHP's executive director, Mario Gutierrez, speak at the 2015 Government Health Care Congress; Medicaid Summit! Health insurance executives, state and federal officials will gather across three summits to discuss the future of Medicaid expansion, Medicare regulations, access to care, cost savings and Dual Eligible demonstrations. For more information or to register for this conference visit the [Medicaid Summit](#)

Law and Policies by State:



Interactive
Policy Map

CENTER FOR CONNECTED HEALTH POLICY

THE VALUE PROPOSITION FOR TELEHEALTH



*Advances in telecommunication technologies can help **redistribute** health care **expertise** to where and when it is needed, and create greater **value** among consumers, public & private payers, and health systems*



Community Health Centers & Telehealth Cost Study-2015

- Funded by **Blue Shield of California Foundation**
- Conducted by **Milliman**-one year of financial data collected
- Look at the cost of doing telehealth in a **safety-net setting** that included both FQHCs & RHCs in California
- Selected **five** CA CHC's with vary degrees of experience with telehealth, offering different services and located throughout the state
- Two reports available

www.cchpca.org



Milliman Study Design

- Two-part **data collection tool** to collect data on each CHC's telehealth program
 - **Part I:** Claims experience from **billing/encounter** data. Includes patient data, demographics, diagnoses, telehealth service, cost, dates of service
 - **Part II:** Administrative and programmatic costs of telehealth services. Ongoing costs for the telehealth program, includes costs for maintenance, staff salary, technical support, and inventory. Revenue sources, including grants and donations



Key Findings

- Low **Volume** of Telehealth Encounters
 - Core to the problem of sustainability. Volume-based reimbursement cannot sustain telehealth by itself
- Provider **Contracting** a Challenge
 - Shortage of specialists compounded by low rates of reimbursement by Medi-Cal (Medicaid).
 - Predictable volume could not be guaranteed- no shows, cancellations, low volume increase program costs



Key Findings

- Competing **IT** Priorities-EMR conversion, lack of interoperability, movement to value-based managed care encounter reporting
- **Limited data** on telehealth use-inconsistent use of modifiers made it difficult to track
- Overly **complex billing** and reimbursement requirements-type of insurance, location of patient, pps rate, contract with specialist?



Potential Solutions & Opportunities

- Improve **billings systems** to accurately capture telehealth related costs and including all modifiers
- Coalesce & **Network**
 - Increase volume for greater predictability and contracting power with distant provider
 - Develop a learning network among billers, telehealth coordinators, and related support staff to problem-solve and share learnings
- **Alternative Payment Models** offer greater opportunity to capture costs more efficiently to improve value and health outcomes with telehealth



From the FQHC Perspective

West County Health Centers

Jason Cunningham, DO, Medical Director
&

Shasta Community Health Center

Patricia Sand, MD, MPH

