

Telehealth for Rural Health: Regional Updates and Model Programs

SORH Regional Partnership Meeting – Region A

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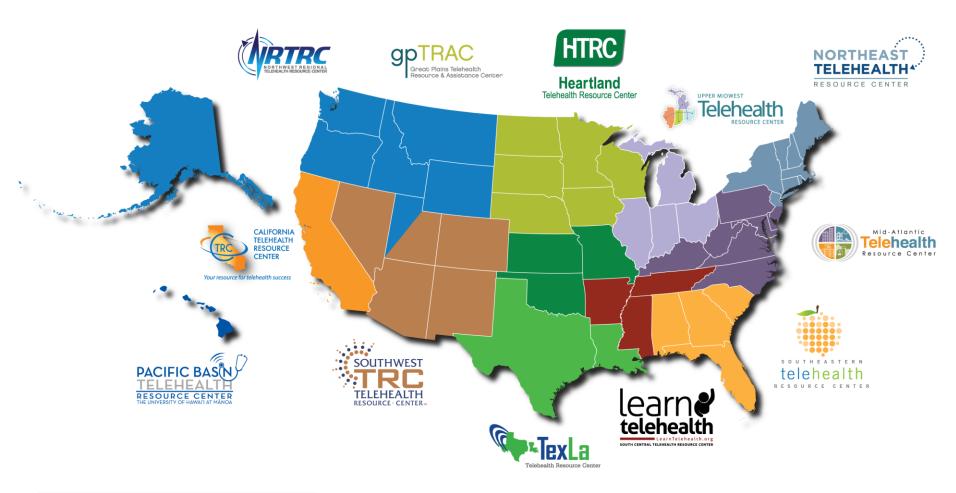
Telehealth Resource Centers (TRCs)

The TRCs are funded by the Office for the Advancement of Telehealth (HRSA/DHHS) to assist health care organizations, health care networks, and health care providers in implementing cost-effective telehealth programs to serve rural and medically underserved areas and populations.

www.TelehealthResourceCenters.org



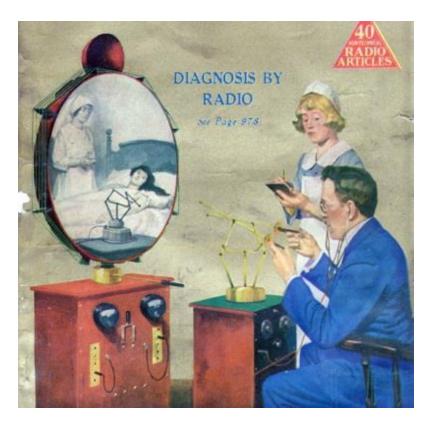
TelehealthResourceCenters.org







Historical Background



The Teledactyl (Gernsback, Science and Invention Magazine, 1925)

A doctor visits the Jetson's home by video in 1962 (Smithsonian.com)





Select National Updates

- Medicare reimbursed a total of \$17.6 million in Calendar Year
 2015 (< 0.003%), up from \$61,302 in Calendar Year 2001
- Telehealth continues to be highlighted as an essential tool for ACOs (including the Next Generation ACO)
- The Department of Veterans Affairs requested \$1.2 billion for telehealth programs in FY 2017, treated 677,000 veterans through telehealth in fiscal year 2015
- The FTC recently submitted comments on an Alaska telehealth bill in support of the pro-competition aspects of the language
- AMA adopted a <u>new policy</u> on June 12 that outlines ethical ground rules for physicians using telehealth



Select National Pending Legislation

Expanding Capacity for Health Outcomes Act

 Requires DHHS to publish a study that analyzes the use, impact, and barriers of ECHO models, and make recommendations

<u>Creating Opportunities Now for Necessary and</u> <u>Effective Care Technologies (CONNECT) for Health</u> Act

 Amends the Social Security Act to promote cost savings and quality care under the Medicare program through the use of telehealth and remote patient monitoring service



Select National Pending Legislation

National Defense Authorization Act for Fiscal Year 2017

 Requires incorporation of telehealth services into direct care and purchased care components of the military health system

Care Veterans Deserve Act of 2016

 Would allow health care professionals who are employed by, or have contracts with, the VA to treat VA patients in any state using telemedicine, even if neither the provider nor the patient is physically located in a facility owned by the federal government.



Telehealth in the Northeast

- Programs and policy traditionally more active in northern part of region, but states like MA and CT are getting very involved
- Increasing interest in home telehealth services, including Direct-to-Consumer
- Increasing interest from private practitioners, many providing behavioral/mental health
- Significant policy and regulatory activity throughout the region

Connecticut:

- CMS approved a state plan to reimburse for eConsults. DSS will update eConsult policy after a pilot program ends this month
- SB298 was signed by the Governor on June 7 requires Medicaid coverage for "telehealth" as defined in SB467 (2015)

Maine:

- A new <u>MaineCare telehealth policy</u> went into effect April 2016 significant changes include removing the prior approval process and adding telemonitoring services
- New MaineCare language also prevents rural health clinics and federally qualified health centers from covering telehealth under their encounter rate

Massachusetts:

- MHA and the MA Telemedicine Coalition continue to build support for the telehealth parity bill, <u>HB267</u>
- NETRC is attending MHA's <u>The Promise of Telemedicine</u> Conference on June 22

New Hampshire:

- SB 84 (2015) allowed for a physician-patient relationship to begin over two-way, real-time video, while HB1210 signed by Governor in June allows non-opioid controlled drugs to be prescribed with inperson relationship
- Became the first state in the northeast to join the <u>Interstate Medical</u> <u>Licensure Compact</u> in May
- New Medicaid policy under development

New Jersey:

 Several telemedicine bills are pending and sources indicate that <u>SB291</u>, related to telehealth parity and standard of care, may make progress in the fall

New York:

- Despite a payment parity bill passed last year (<u>AB2552</u>), Excellus BCBS notified providers that they would begin reimbursing for telemedicine services at 50%. <u>SB7953</u> has been introduced to address this issue
- Among other bills, <u>AB10436</u> would establish a statewide telehealth network and a grant fund for development/research
- OMH Telepsychiatry Regulations in the process of being updated after a public comment period

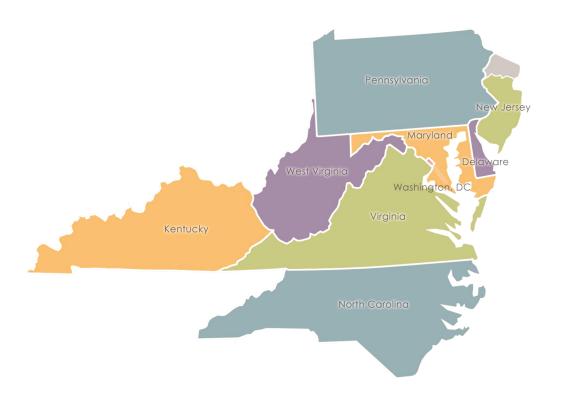
Rhode Island:

- SB2756 (requires reimbursement for telehealth on islands) passed the Senate and sent to House, while <u>HB7160SubA</u> (general coverage parity bill) passed the House and was sent to the Senate
- Bills were also introduced to join both the Interstate Medical Licensure Compact and the PSYPACT, but they have been held for further study

Vermont:

- SB 139 passed last year mandated Medicaid reimbursement for primary care services provided via telemedicine to beneficiaries located outside of a healthcare facility
- <u>SB243</u> (sent to the Governor) would require VT Dept. of Health Access to develop a telemedicine pilot to provide addiction treatment

Telehealth in the Mid-Atlantic



A Flurry of Policy Activity in the Past Year!!!



Delaware:

- Regulatory Activity
 - To Add Telepractice Standards
 - To Address Telehealth for Occupational Therapy Practice
 - To Add Standards of Care for Respiratory Care Practice
 - To Provide Clarification on the Provision of Optometry Services
 - To Add Standards for Social Work
 - To Require Health Plan to Provide Coverage
 - To Provide Clarification on the Provision of Mental Health, Chemical Dependency and Marriage and Family Therapy

West Virginia

- Legislative Activity
 - Sets Standards for Prescribing and Establishment of Patient-Provider Relationship
 - Defines Telemedicine and Technology Standards



Maryland:

- Legislative Activity
 - Requires Dept. of Mental Health and Hygiene to Adopt Regulations to Ensure Compliance with Federal Laws and Include Scope of Benefits for Telehealth
 - Requires Health Plans to Describe Carrier's Network and How Telehealth
 May Be Used to Address Network Adequacy
 - Requires Dept. of Mental Health and Hygiene, in Certain Circumstances, to include Primary Care Providers as Eligible for Reimbursement via Telemedicine
 - Establishes a Workgroup on Rural Health Care Delivery and Identify Opportunities for Telehealth
- Regulatory Activity
 - Clarifies Telehealth as a Covered Service by Specialty Mental Health Providers within the Public Behavioral Health System
 - Combines Maryland Medicaid Telemedicine and Maryland Medicaid Telemental Health Program under the Same Chapter
 - Clarifies that Certain Substance Use Treatment Providers Are Included as Originating Sites



New Jersey

- Legislative Activity Proposed
 - To Provide Coverage for Telemedicine through Medicaid and NJ FamilyCare
 - To Authorize Telemedicine and Reimbursement for Live Video and Store and Forward
 - To Require Carriers, State Health Benefit Plan and State Health Benefits
 Program to Cover Telemedicine
 - To Mandate Coverage for Tele-Stroke
 - To Establish Collaborative Agreement with Local Hospital to Provide Behavioral, Mental Health and Substance Abuse Services via Telemedicine
- Regulatory Activity
 - Allows Coverage for Telemedicine, e-Visits and Virtual Visits through Small Employer Health Benefits Program



Pennsylvania

- Legislative Activity Proposed
 - To Adopt Federation of State Medical Board's Interstate Medical Licensure Compact Language
 - To Define Telehealth and Provide Coverage by Private Plans
- Regulatory Activity
 - Allows Coverage for Telemedicine, e-Visits and Virtual Visits through Small Employer Health Benefits Program



Virginia

- Legislative Activity
 - Establishes Pilot Program for Use of Telehealth to Establish Collaborative
 Care Relationships Between Nurse Practitioners and Physicians
- Regulatory Activity
 - Adds Telemedicine as Covered Service in Demonstration Waiver for Individuals with Serious Mental Illness
 - Establishes Scope of Medical and Remedial Care Services Under Dual Eligibles Demonstration Waiver – Allows Use and Reimbursement for Telehealth in both Urban and Rural Settings and for both Live Video and Store and Forward Applications





Finger Lakes Community Health: Teledentistry

Presented on behalf of Sirene Garcia
Director of Special Programs
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Pediatric Teledentistry

Finger Lakes Community Health – New York State:

Community/Migrant Health Center (FQHC) with

9 sites - 23,000 patients seen in 2014

Program Description/Setup: Uses point-to-point telehealth network to connect clinic pediatric patients in rural NY with dental providers in Rochester, NY.

Business model: public and private payers, managed care, ROI via improved patient outcomes, grants

Pediatric Teledentistry





Pediatric Teledentistry

Implementation Approach: Goal to increase access to dental screenings and treatment for high risk pediatric patients

Outcomes:

- Decreased travel time for patients/families and FLCH Community Health Liaisons
- Treatment and follow-up compliance rates > than 90%
- Improved patient outcomes



Heywood HealthCare: School-based Telepsychiatry

Presented on behalf of Rebecca Bialecki
Vice President of Community Health & Chief Change Agent
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School-based Telepsychiatry

Athol Hospital/Heywood Healthcare – Massachusetts:

Critical access, non-profit acute care hospital serving 9 Communities in North Quabbin Region.

Program Description/Setup: Collaborative program with Athol-Royalston Regional School District (ARRSD) and Clinical and Support Options (CSO) - connecting students and pediatric psychiatrists via high definition video conferencing solution

School-based Telepsychiatry





Photos courtesy of AMD Global Telemedicine

School-based Telepsychiatry

Business model: HRSA Network Development grant; contracts; future telehealth parity reimbursement

Implementation Approach: Goal to increase access to child psychiatry services for treatment/medication management for students with BH needs

Anticipated Outcomes:

- ↓ travel time for students/families; ↓ lost work time
- Less disruption in student routines
- Increased access to psychiatric services leading to appropriate med management and improved patient outcomes



University of Vermont: Teledermatology

Presented on behalf of Julie Lin, MD Assistant Professor of Medicine julie.lin@uvmhealth.org



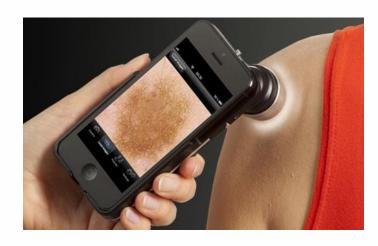
Teledermatology

Program Description/Setup:

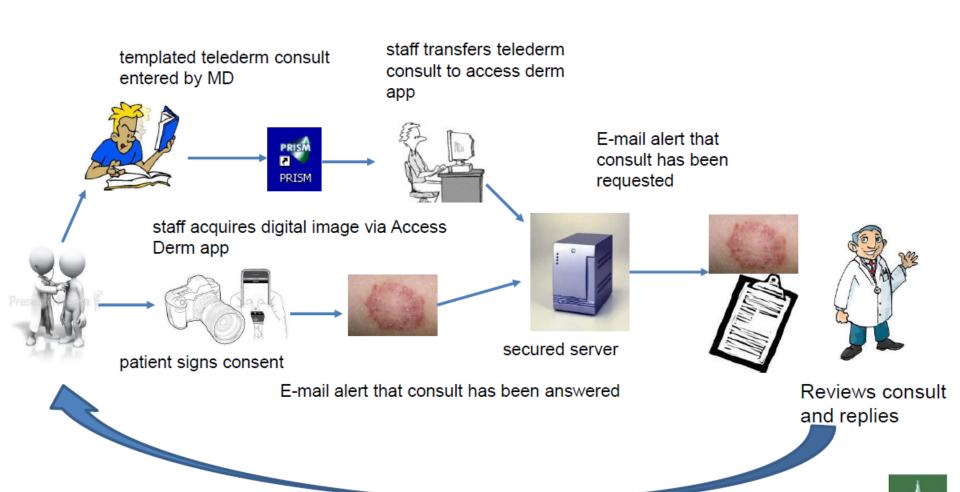
Uses Access Derm, a free, HIPAA compliant application sponsored by American Academy of Dermatology to facilitate referrals from primary care providers for remote dermatology consults using mobile devices and the internet (store and forward).

Business Model:

Reimbursement limited for store and forward services at this time; pursing grant opportunities as available



Current Pilot Teledermatology Workflow



Teledermatology

Implementation Approach: Goal to increase access to dermatology throughout VT - currently 20 state-wide.

Outcomes:

- Post-implementation: 44 SAF consults
- Average response time of SAF consult: 9.2 hrs
- Average wait for appointment: 12.9 days vs. 60.2 days for traditional consults (78.6% reduction)

^{*}Bordeaux et al. Arch Dermatol. 2012;148:174-178



Home Health Visiting Nurses: Remote Patient Monitoring

Presented on behalf of Mia Millefoglie, MA Vice President, Development & Marketing mmillefoglie@homehealth.org



Remote Patient Monitoring

Home Health Visiting Nurses – Maine:

Fully licensed not-for-profit provider of home health care (nursing, PT, OT, speech, home health aide, and counseling services) 24/7 throughout 3 counties.

Program Description/Setup: 4G tablet with pre-loaded software and peripherals at patient home − provides real-time patient data; algorithms highlight patients at ↑ risk for readmission; empowers patients to change behaviors and view of medical condition

Remote Patient Monitoring







Remote Patient Monitoring

Business Model: grants, public and private payer reimbursement and contracts

Implementation Approach: Goal to expand access to care and improve quality measures for elders with at-risk chronic diseases by deploying enhanced telehealth technology

Outcomes:

- Served 474 Patients (CHF, COPD, Diabetes) 4/2015 4/2016
- Patient Adherence: 85%
- 75% reduction in overall 30-day readmission rate (4.2% compared to state average of 16.6%)

Other Rural Models



Diabetic Retinopathy Screening



High Risk OB



Substance Abuse Recovery



Prehospital Telemedicine: The First Pennsylvania Experience

Mobile Integrated Healthcare & Community Paramedicine



Pre-Hospital Stroke Assessment

APN-PLACE Preceptor Training

- Telehealth equipment used to provide support and training of preceptors of APN students
- Allows students to remain in remote areas



Questions?



www.netrc.org