Patient-Centered
Primary Care
COLLABORATIVE

PCPCC Webinar

Telehealth in Primary Care: Increasing Access & Integrating Care

*featuring HIMSS & URAC

October 5, 2015

Welcome & Acknowledgments

Thomas R. Martin, PhD, MBA
Director
HIMSS North America

Kylanne Green
President and CEO
URAC

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Engaging Patients Remotely in a Connected World

Thomas Martin Ph.D.
Director - HIMSS North America
Director - Personal Connected Health Alliance

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Personal Connected Health Alliance

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Definitions and Components of Telehealth

Health Resources and Services Administration (HRSA) defines telehealth as the “use of telecommunications and/or technology to provide healthcare related services from a distance”. However, the definition and role of telehealth continues to evolve. Services associated within the scope of telehealth include:

Live video (synchronous transfer): Real-time interaction between a patient and a provider using specialized technology.

Store and forward (asynchronous transfer): Non real-time remote transfer of patient information via technology to a healthcare provider for population health management (non-EHR platforms and consumer oriented devices use this extensively).

Remote Patient Monitoring (RPM): The use of electronic devices for the remote collection of medical and health data for transfer to providers for healthcare use.

Telemedicine – The Time Has Arrived

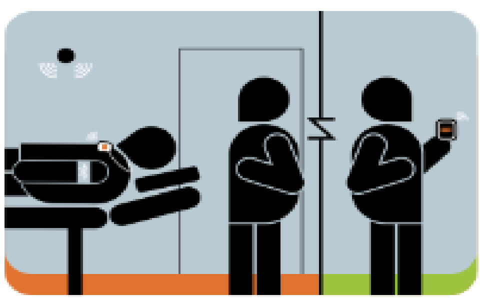
- Telehealth can be harnessed to solve problems around
  - Access
  - Quality
  - Interoperability
  - Cost-effectiveness
  - Care coordination
- Affordable Care Act
  - Emphasis on decreased costs, increased quality
- Gaining greater awareness by the C-Suite
- Meaningful Use
  - Emphasis on patient engagement

Telehealth: From Hospital to Home?

Patient Seeks Care

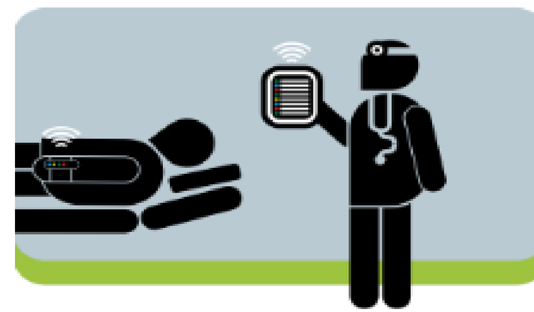
Patient with a Planned Procedure at Hospital

Patient Requiring Long-Term Care

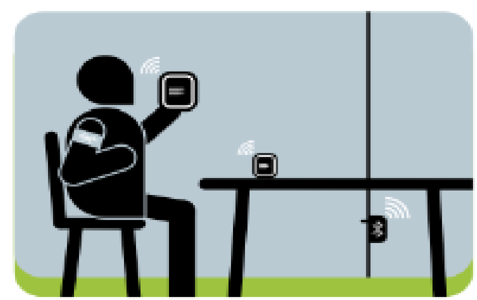


Patient Transitions to Chronic Care Monitoring Kit

Patient Enters Hospital



Early Patient Discharge/Supplied Monitoring Kit



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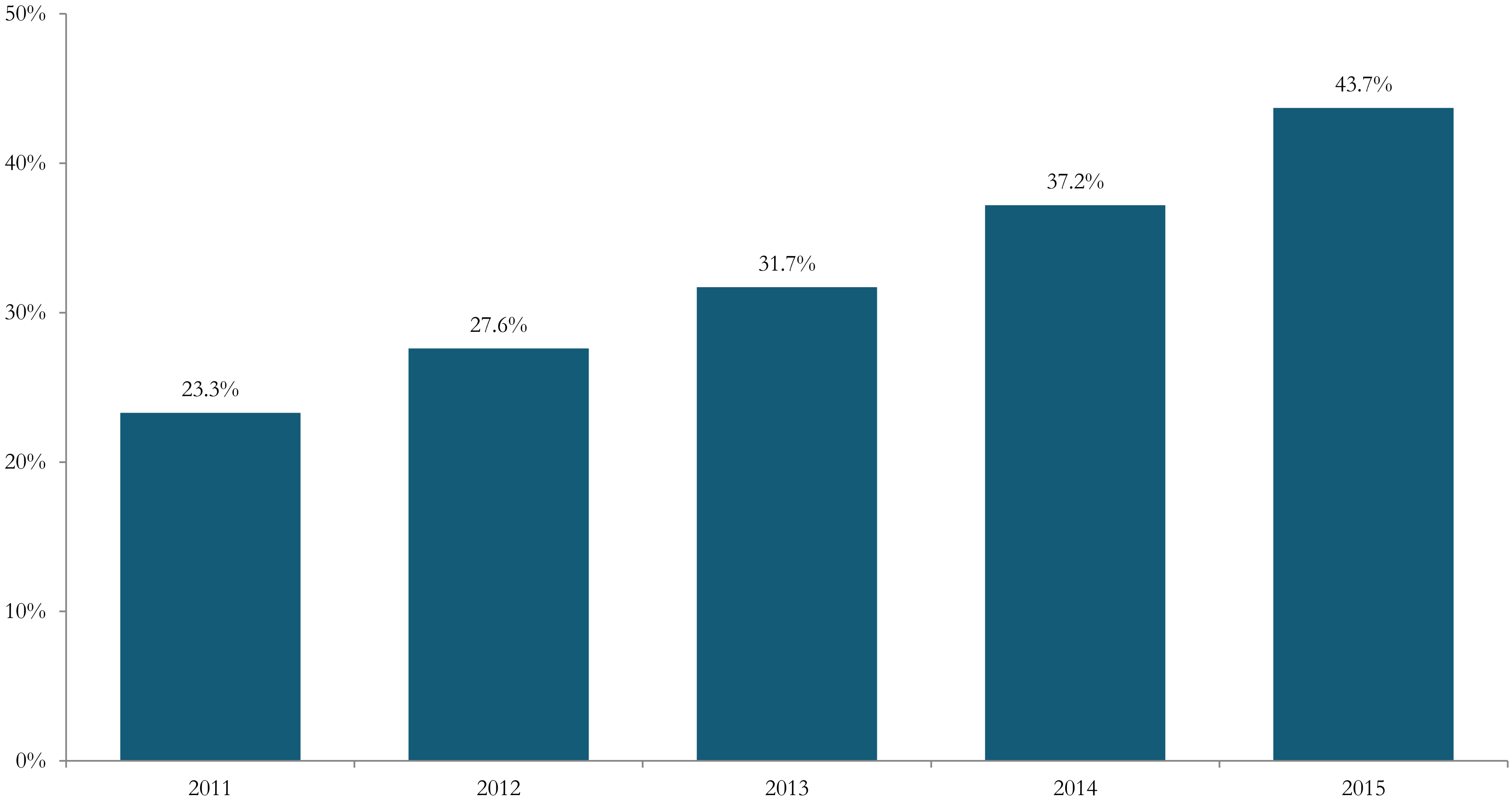
HIMSS Analytics Survey - Hospitals with a Telemedicine Solution



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Percentage of U.S. hospitals reporting use of telehealth technology

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Perceived Barriers to Increased Use of Telehealth and mHealth

- **Payment**
  - Greatest barrier to use
  - Lack of appropriate reimbursement models for effort
- **Technology**
  - Innovation is still evolving, need improvements in hardware
  - Lack of flexibility in application of technology
  - Rural connectivity – wireline and wireless improvements for coverage and access
- **Regulatory**
  - Ability for policy to keep current

Reimbursement, Policy, and Regulatory Issues

- Ability for policy to keep current with technological advancements
- Scope of service, prescribing regulations
- Definitions of practice, i.e., what constitutes a provider encounter or establishment of relationship
- Data storage of virtual encounter: length of retention
- Documentation requirements for payment in emerging models of care

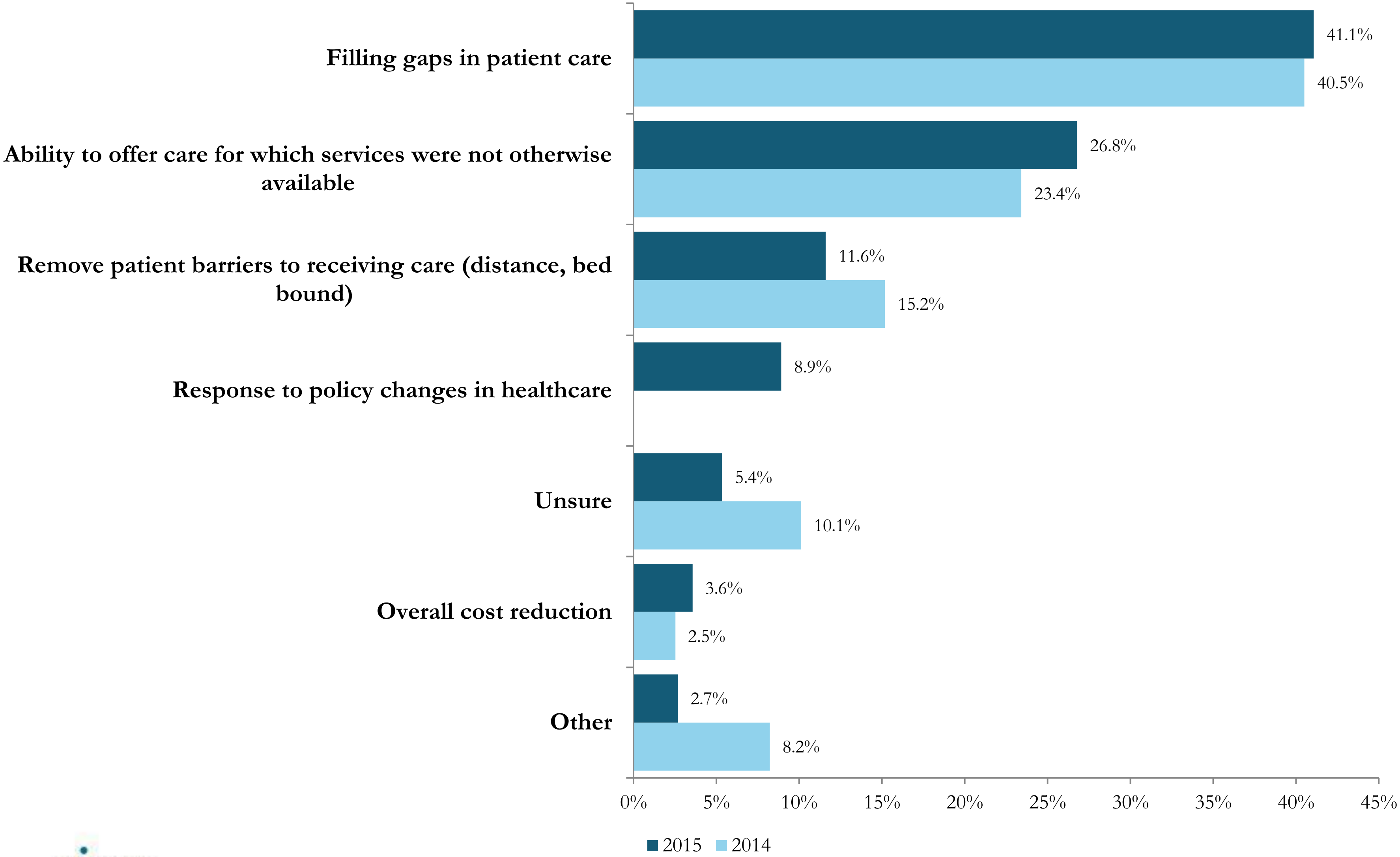
State Reimbursement, Policy, and Regulatory - Recommendations

- Communication between state Medical Boards and legislators to facilitate reciprocity and advancements in expanded licensure opportunities
- Expand Medicaid coverage models
- States can and should submit a State Plan Amendment to include telehealth for dual eligibles
- Consideration (by Medicaid) for removing State Plan Amendment in the event telehealth or remote patient monitoring services are employed for Dual Eligibles
- State HIE models should facilitate telehealth collaborations

Federal Reimbursement, Policy, and Regulatory – Recommendations

- Streamline and improve FCC Universal Service Fund (USF) for healthcare – example extend to cover EMS providers
- Inclusion of telehealth in ONC Roadmap
- Medicare should provide broader coverage for CPT codes of care coordination and remote patient monitoring
- Ensure CMMI (Center for Medicare & Medicaid Innovation) explores the implementation and adoption of telehealth and mHealth and validates their technological and financial benefits to improving healthcare delivery

Telemedicine: Primary Drivers



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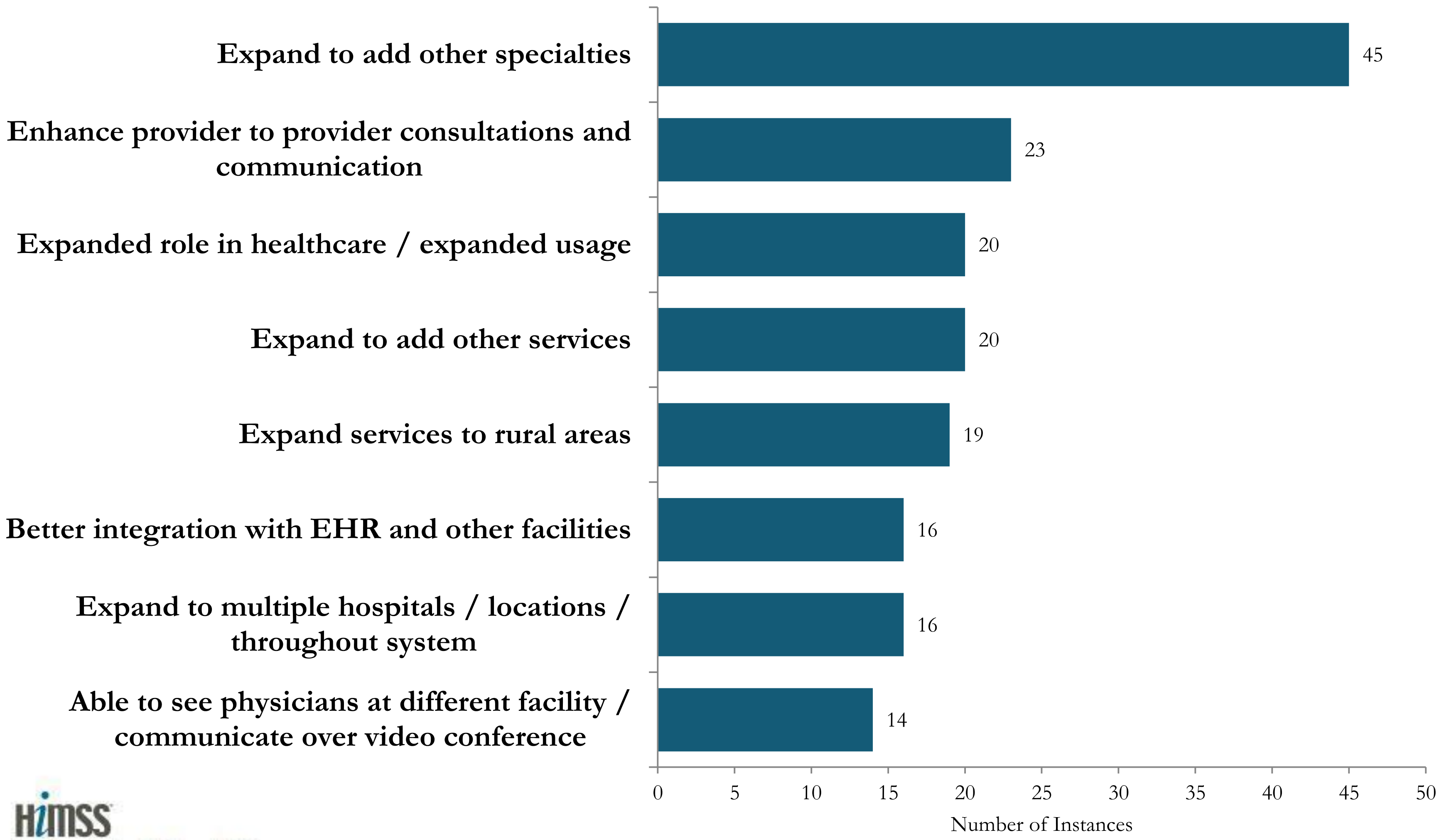
Telemedicine: Primary Drivers



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National Health IT Week Asks

- Amend the allowable originating sites of care beyond those currently stipulated by CMS to include interactions with patients from wherever the patient is located, including the home, where cost-effective and clinically-appropriate.

- Eliminate the geographic restrictions on telehealth (i.e., currently not allowed in metropolitan statistical areas. Currently open only to Health Professional Shortage Areas).

- Allow expanded use of “store and forward capability” to aid long-term passive monitoring of chronic diseases (i.e., currently, only Alaska and Hawaii may use for federal demonstration projects).

National Health IT Week Asks

- Expand modalities beyond live (real-time) voice and video to active monitoring between clinicians, patients and care providers (i.e., Asynchronous vs. Synchronous).
- Update Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) to cover in-home monitoring or clinician/patient non-centralized exchanges, including shared decision making.
- Encourage nationwide efforts to harmonize federal and state efforts to address the challenges of licensing clinicians to serve patients across traditional state boundaries.

Organizational Needs and Next Steps

- Expanded use of mobile and wireless technology as an intermediary and an adjunct between visits

- Need to expand definitions of originating sites to other locations of care i.e. patient’s home, ambulance, or long term care facility

- Expanded industry dialogue on bringing forth requests for CPT Codes for new or existing procedures

- Specifically, HIMSS is working with the AMA to help determine opportunities to define services and better understand coding, technology, and valuation processes

Connected Health Conference November 8-11, 2015 Washington, DC

The 2015 mHealth Summit theme, *"Anytime, Anywhere: Engaging Providers and Patients"* will put a spotlight on the shift to mobile, patient-centered healthcare delivery as well as consumer adoption of wearables, apps and personal health devices.

http://www.himssconnectedhealth.org/

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Resources

- HIMSS Analytics Survey: http://www.himssanalytics.org/research/essentials-brief-us-telemedicine-study
- HIMSS Telehealth Physician Focus Group Findings: http://www.slideshare.net/mHealth2015/himss-m-healthcommtelehealth-md-exec-summary-recommendationsformatted-final-12514?from_action=save

- HIMSS Executive Brief on Funding Sources: http://www.himss.org/ResourceLibrary/GenResourceDetail.aspx?ItemNumber=31823

ACCREDITATION | EDUCATION | MEASUREMENT

Why Telehealth Accreditation?

Presenter:
Kylanne Green
President and CEO

Date:
October 5, 2015

Telehealth Accreditation

- Why Telehealth?
- Why now?
- Why Telehealth accreditation requires a new approach?

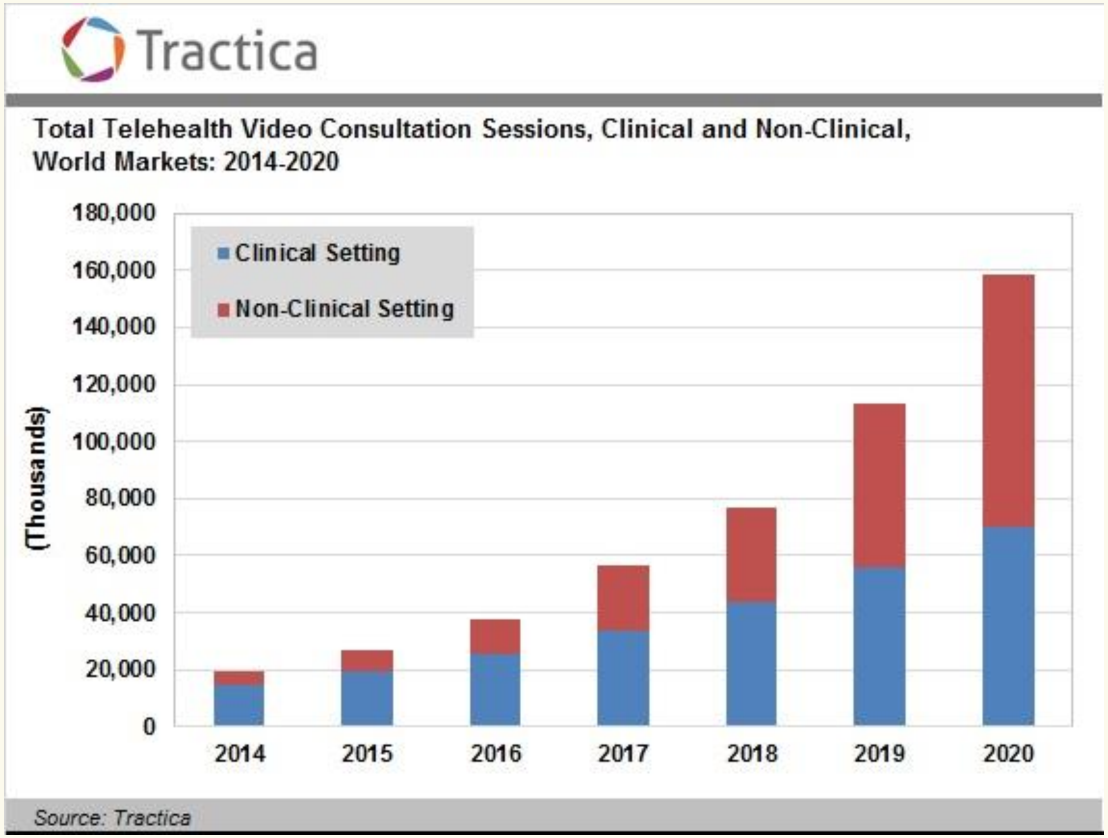
Why Telehealth Accreditation?

- No common definition
- No uniformity in approach
- Concern for public safety and preservation of doctor-patient relationships
- 50 different state approaches to regulation
- Multiple inconsistent reimbursement schemes

Telehealth Accreditation can provide standards for uniformity and validate the quality of structure and activities

Why Telehealth: Explosive Growth
58 Million US Tele-Video Conferences by 2020

19.7 million consults in 2014, a CAGR of 37.4 percent



Tractica, June 2015

Market research firm IHS in December 2013 predicted U.S. telehealth market* will grow from $240 million in 2013 to $1.9 billion in 2018.

(* Inclusive of remote monitoring devices, wearable technology, and digitalization of health care delivery)

Catherine Andrews
GovLoop
February 3, 2015

What is Driving Telehealth Growth?

- Advancements in technology
- Interest of the public
- Supply and demand disequilibrium in health care (access)
- The stimulatory affect of reimbursement

"Invention is the Mother of Necessity"

urac

Why Now?

- State Interest:
  - 48 state Medicaid programs reimburse telehealth services
  - 24 states have telehealth parity laws for private insurance
  - 24 states have telehealth coverage for state employees
- Federal Interest:
  - Medicare Advantage plans can use telehealth as the cost is embedded in the per capita payment.
  - Pioneer ACOs can use telehealth under updated ACO rules
- Commercial Interest:
  - Aetna and United Healthcare cover telehealth for commercial members
  - Anthem covers telehealth 350,000 Medicare Advantage members

How Telehealth Accreditation is Different

- Stimulated by a community of interest in telehealth (practitioners)
- A new starting point: Wide open field: No community of practice so no community standard, no standard of care
- Need to narrow the applicability
- Focus on practitioner/consumer or practitioner/practitioner interaction facilitated by technology

URAC Telehealth Program Standards

- Risk Management Strategies
- Regulatory Compliance Program and Internal Controls
- Information Systems Confidentiality and Security
- Confidentiality of Individually-Identifiable Health Information
- Health Care Ethics
- Consumer Empowerment
- Consumer Protection
- Clinical Staff Credentialing
- Quality Oversight Procedures and Responsibilities
- Leadership
- Staff Management
- Process Optimization
- Information Systems
- Business Ethics
- Health Information Content
- Decision Support Tools for Consumers
- Consumer Empowerment/Self-Management Participation
- Consumer Education & Effectiveness Evaluation
- Care Coordination Services
- Care Coordination Effectiveness Evaluation

URAC's Telehealth Accreditation Requires Reporting of Measures

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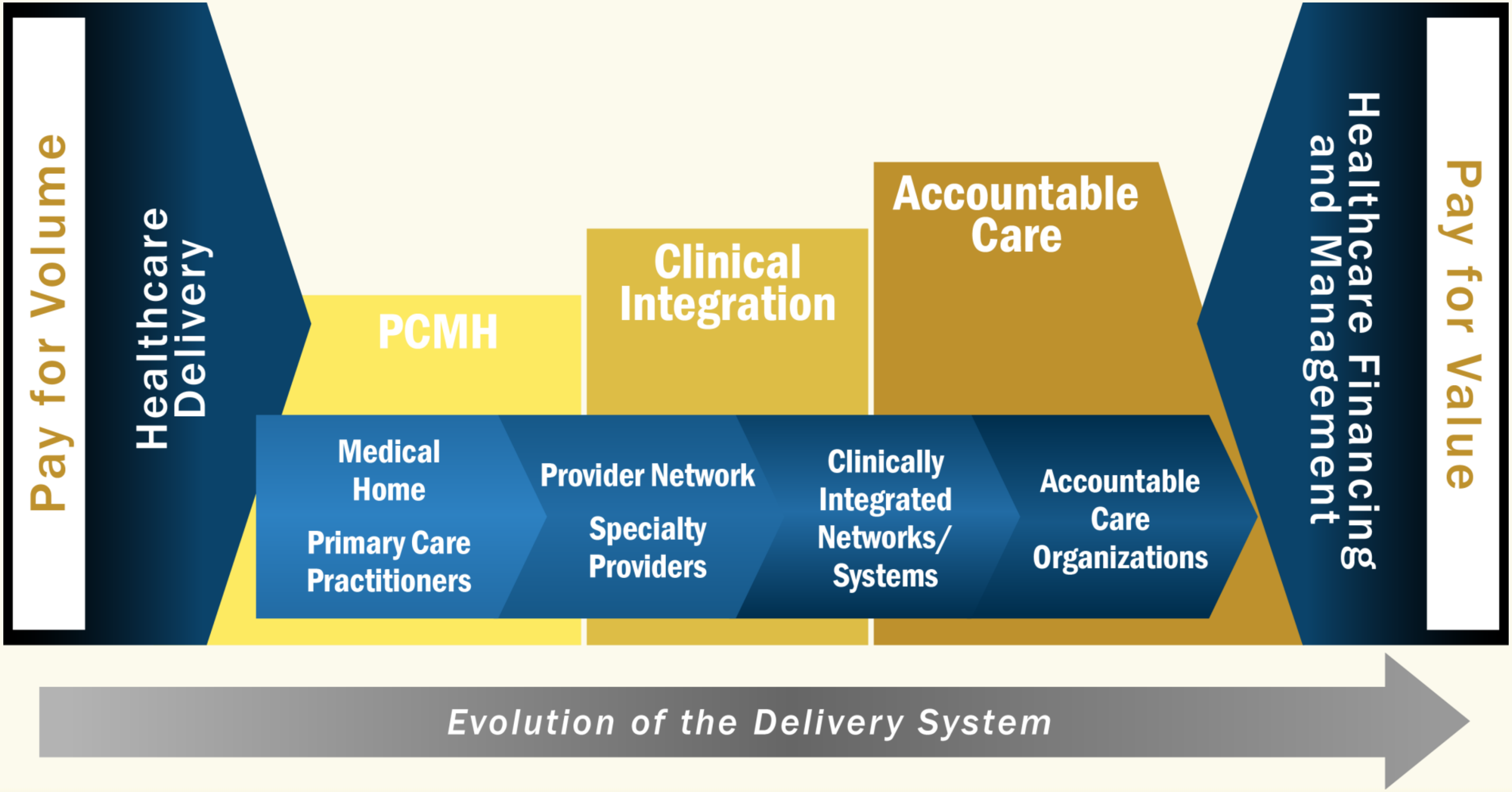
URAC's Approach to Advancing Levels of Provider Care Integration and Coordination



Q&A

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