TELEHEALTH & THE SAFETY-NET

Sacramento Region Health Care Partnership
Safety Net Learning Institute

July 23, 2015
Sierra Health Foundation
We are an independent, public interest organization based in Sacramento that strives to advance state and national telehealth policies that:

• promote better systems of care & improved health outcomes & provide greater health equity of access to quality, affordable care...
• CCHP conducts independent research, policy analysis, and provide assistance and education
• Manages demonstration programs that can inform public policy
TELEHEALTH RESOURCE CENTERS

- Established in 2006, funded by the Office for the Advancement of Telehealth
- Twelve regional centers
- One national technology assessment center
- Collectively form a network of telehealth program expertise and experience
- Independently serve a designated region
A Program of the CA Telehealth Network

- Directed by Kathy Chorba
- Based in Sacramento
CALIFORNIA TELEHEALTH NETWORK

- **CTN** promotes advanced information technologies and broadband services to improve access to high quality healthcare focusing on medically underserved and rural Californians

- **CTN** has developed a clearinghouse of broadband providers with the technical capabilities to provide medical grade broadband services to support secure telehealth and health information exchange
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.CCHPCAO.ORG
TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

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.

Laws, Regulations, Pending Bills

State & Federal

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 on this year's event, click here.
WHAT IS TELEHEALTH?

Telehealth is a means of enhancing health care, public health, and health education delivery and support using digital telecommunication technologies.
**Live Video**

Variety of high-speed digital telecommunications

Outpatient or inpatient specialty consultation

Most commonly used

**Store-and-Forward**

Often low bandwidth, still images, can store video clips.

Best used in dermatology, ophthalmology, pathology, and radiology.

Exploring new avenues, such as psychiatry
Remote Patient Monitoring
Hospital emergency departments, intensive care units, and skilled nursing facilities
At-home management of patients with chronic conditions
Keeping people healthy and at home

Mobile Health (mHealth)
Health care, public health, and health education
Supported by cell phones, tablet computers, PDAs, and other mobile communication devices
Can be targeted (promoting healthy behavior and disease management) to wide-scale (disease outbreak alerts)
PROVIDER CONSULTATION

- **eConsult**: a web-based system that allows PCPs and specialists to securely share health information and discuss patient care
Project Echo Model: a hub-and-spoke knowledge-sharing network, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers

*primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities, while increasing their own knowledge and skills*
Healthy Living

Effectively Managing Chronic Conditions

End of Life

Aging Care

Acute care/ICU
POWER OF CONNECTED-HEALTH TECHNOLOGY

HIE

Tele-health

EHR
INNOVATIONS IN TELEHEALTH TECHNOLOGY
A doctor’s “tele-consult” prediction on the cover of the February, 1925 issue of Science and Invention magazine.
Morning, Mr. Hypenuf; just need a quick check on your pulse, respiration, BP, glucose level, electrolyte level, galvanic skin response and run a fast CBC, EKG, EEG and a brief DNA scan.
BERKELEY “TRICORDER”
Remote monitoring of multiple health functions in an unobtrusive, wearable wireless device.

- Combines accelerometer, ECG, stethoscope, pulse-oximeter, myography, and other functions
- Bluetooth radio with connectivity to PC and telephone
- 2GB data storage capacity: two days of continuous monitoring
FDA-APPROVED DIGESTIBLE MICROCHIP MONITORING RX ADHERENCE
CALIFORNIA TELEHEALTH POLICIES
Advancing California’s Leadership in Telehealth Policy
A Telehealth Model Statute & Other Policy Recommendations

A Report by
The Center for Connected Health Policy
February 2011
CA Telehealth Advancement Act of 2011 (AB 415)

“Telehealth means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.”
CA Telehealth Advancement Act of 2011

Includes all CA licensed professionals as telehealth providers

Requires telehealth reimbursement by private payers and Medicaid, subject to the terms and conditions of the contract
BROADENS LOCATIONS FOR TELEHEALTH

- Rural and Urban Primary Care Clinics
- Emergency Medical Services, Disaster Sites
- Prisons/Jails/Youth Authorities
- Regional Centers, Cancer Centers
- Schools, Community Sports Events
- Hospitals, Emergency Rooms, Intensive Care Units
- Home Bound Patients, Skilled Nursing, and Sub-Acute Facilities
43 states have a definition for telemedicine

28 states (and DC) have a definition for telehealth

2 states New Jersey and Rhode Island have no definition for either
REIMBURSEMENT BY SERVICE MODALITY

Live Video
46 states and DC

Store and Forward
Only in 9 states

Remote Patient Monitoring
14 states
FEDERAL TELEHEALTH POLICIES
TITLE XVIII OF THE SOCIAL SECURITY ACT


CENTER FOR CONNECTED HEALTH POLICY
POLICY LANDSCAPE 2015

• Federal Legislation:
  – 21st century CURE Bill: passed House Energy & Commerce Committee; dropped provisions for Medicare to waive some telehealth restrictions
  – HR 2066 (Rep Harper) Telehealth Enhancement Act of 2015:
    • Authorizes an Accountable Care Organization to include coverage of telehealth and remote patient monitoring as supplemental health care benefits to the same extent as in a Medicare Advantage plan
    • Recognizes telehealth services and remote patient monitoring in the national pilot program on payment bundling
    • Includes an originating site for TH care (but without receiving payment of a facility fee), any critical access hospitals, sole community hospitals, home telehealth sites, as well as others
MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT (APRIL 2015)

• Changes reimbursement methodologies
• Shift away from the traditional fee-for-service model and towards ACOs with a focus on quality and population health
• Telehealth and RPM are included in the definition of “Clinical Practice Improvement Activities”
• “Alternative Payment Models” may include payment for telehealth services
• 2 studies on telehealth are required
  – First on telehealth and Medicare
  – Second on remote patient monitoring and Medicare
• Intended to promote innovation and investment in the telehealth technologies
OTHER FEDERAL ACTIVITIES

• Federal Communications Commission: Net Neutrality & Protecting Connected Care

• Federal Drug Administration: issues guidelines for mobile health software
FEDERAL HEALTH & SAFETY LAWS AND REGULATIONS STILL APPLY!

• HIPAA: Consider not only protection of the electronic health information, but the physical setting of the encounter

• Licensing
• Informed Consent
• Anti-Kickback Laws
• Prescribing
• Malpractice Liability
  – Malpractice insurance
  – Malpractice lawsuits
THE FUTURE OF (TECHNOLOGY-ENABLED) HEALTH CARE
THE CHANGING HEALTHCARE LANDSCAPE: 2015

- More newly insured with Obamacare
- Primary care/specialist shortage
- Aging/sicker population
- Rising health care costs: $3 trillion per year
FEDERAL AND STATE POLICY: VOLUME-TO-VALUE

**VOLUME-BASED**
- Pay for service *(Cost-based reimbursement)*
- Hospital/physician independence
- Inpatient focus
- Stand-alone care systems
- Illness care

**VALUE-BASED**
- Pay for results *(quality/efficiency)*
- Alternative Payment/Shared risk
- Partnerships and collaborations
- Continuum of care
- Community health improvement (HIT)
- Wellness care
Alternative Payment Models & Telehealth

• CPCA: “This is a time of massive change for California’s health care safety net, and the APM is an opportunity to pursue incremental reform without creating instability at precisely the moment when Medi-Cal rolls are expanding.”

• SB 147 - Federally Qualified Health Centers
  – would require the department to authorize a three year alternative APM pilot project for FQHCs
  – Transition away from a payment system that rewards volume with a flexible alternative that recognizes the value added when Medi-Cal beneficiaries are able to more easily access the care they need and when providers are able to deliver care in the most appropriate manner to patients.
Advances in telecommunication technologies can help redistribute health care expertise to where and when it is needed, and create greater value.
Recommendations from the CCHP Telehealth and the Triple Aim Project:
Advancing Telehealth Knowledge and Practice
September 2014

Better Health for the Population
Better Health for Individuals
Lower Cost Through Improvement
TECHNOLOGY AND PRIMARY CARE

• Kaiser Permanente
  – 10.5 million by 2013 in Kaiser Permanente Northern California & over half nationally by 2017 & partnered with Target stores in CA for virtual visits

• United Healthcare
  – Expanding coverage options for virtual visits, giving people enrolled in self-funded employer health plans secure, online access to a physician via mobile phone, tablet or computer 24 hours a day
Virtual Care Anywhere

Deloitte estimates that 75 million virtual visits will have occurred in North America during 2014.
Mercy- St. Louis Virtual Care Center: A hospital without beds

3 million virtual visits in the next 5 years

http://mercytelehealth.com
Corporate Primary Care..Points To Ponder

- **CVS** now largest health care company in U.S. and largest operator of clinics with 900+ and growing. Also (surprise) the largest dispenser of prescription drugs nationally.

- **Walmart** clinics $65/visit. Electronic medical records used for quicker visits and follow-up care. 20 minute wait to be seen $15 labs & $4 per prescription

- **UnitedHealthcare** Covers virtual care physician visits, expanding consumers’ access to affordable options

- **Urgent Care Clinics** over 10,000 facilities in the US with 160 million visits annually
Next Generation of Community Health Centers?
QUESTIONS?
Center for Connected Health Policy Speciality Care Safety Net Initiative

2009-2012
SCSNI Summary

• Funded by the California Health Care Foundation
  – Up to $1 million to UC campuses
  – Up to $1 million to community health centers
  – Rigorous concurrent evaluation

• Initiative Hypothesis: Policy, statutory, and practice pattern barriers prevent UC Schools of Medicine from providing specialty care consults to safety net patients.
  – Identifying and removing these barriers is essential to the long-term sustainability of UC based telehealth projects that provide service to safety net patients.
Project Goals

• **University**
  – Reduce referrals / hospitalizations
  – System cost and personnel resource containment

• **Safety Net**
  – Expansion of existing knowledge base and scope of practice
  – Reduced need for referral

• **Patient**
  – Receiving the right care at the right time leads to improved health and increased productivity
Benefits to Community Health Centers

• **Provide free** access to UC specialty services for safety net patients via telehealth technologies
  • Dermatology
  • Psychiatry
  • Orthopedics
  • Endocrinology
  • Neurology
  • Hepatology

• **Provide** education services (through physician assisted patient consults and CME presentations) to the safety net providers
Benefits to Community Health Centers

• **Access to Specialty Care**
  – Clinic time purchased by the CCHP
    • Dermatology, Endocrinology, Hepatology, Neurology, Orthopedics, Psychiatry

• **High Level Technical Support – Telemedicine.com**
  – User Training
  – Patient Presentation Training
  – Troubleshooting Assistance

• **Access to CME**
  – Up to 45 CME sessions tailored to the needs of the referring physicians provided via web-based on-demand video streaming

• **$10,000.00**
Key Recommendations

• Secure executive leadership support for a telehealth program.
• Perform a comprehensive needs and site readiness assessment.
• Designate a dedicated telehealth services coordinator.
• Standardize administrative processes associated with telehealth.
• Build an understanding and appreciation of telehealth technology.
• Secure active involvement of participating providers.
• Be selective when contracting for specialty care services.
• Anticipate disruption and respond constructively.
• Retention of primary care providers and the need to increase mid-level practitioners’ roles.
• Demystify telehealth for the Safety Net decision makers, providers and support staff.
THANK YOU!
MARIOG@CCHPCA.ORG