Creative Solutions to Challenging Access Issues

The State of Telehealth in Our Region

Nebraska Hospital Association - October 25, 2017

UNMC Ⓝ Nebraska Medicine

Telehealth:

- Telemedicine

- Remote Monitoring

- Store-and-Forward

- Direct-to-Consumer/Primary Care

- Mobile Health (apps-based)

Telehealth?

A tool for enhancing health care, public health, and health education delivery and support, using electronic communication and information.

Definition: National Telehealth Resource Centers Consortium
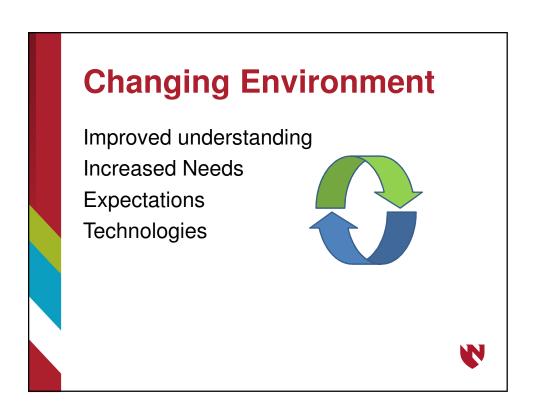
Session Summary:

To share a variety of services and experiences being delivered in and around Nebraska as the "traditional telehealth box" is again stretched to consider new care options and services, and to highlight some of the challenges that still remain.

Classic Telehealth

- Traditional…
- Telemedicine
- Teleradiology (i.e. Radiology)
  - Other image transfers

Changing Environment

Improved understanding

Increased Needs

Expectations

Technologies

New Telehealth

More understanding

More interest

More appeal

More consumers

More Fizz??…Excitement

Still…

working to address similar issues:

Lack of access to needed services

Need to reduce costs

Desire to improve outcomes

Customer/patient convenience and experience

So, what is going on today?

- Networks
- Services
- Other Activities

...but also...
What to look for in the not-so-distant future!

Common Applications

In/Out Patient Specialty Services

- Endocrinology
- Mental Health
- ENT
- Orthopedics
- Infectious Diseases/HIV
- Stroke Care
- Trauma/ER
- Pre/Post Kidney & Liver Transplant

- Neuro MS
- Genetics
- Cardiology
- Oncology
- Pediatric Services
- Wound Care
- Pulmonology
- Dermatology

...and more

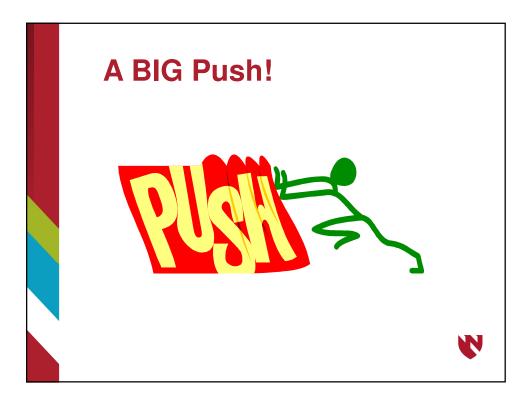| RED = Services Provided at Nebraska Medicine |
| --- |

Common Apps (cont)

- Telepharmacy
- TeleHome Health (home monitoring)
- Case/Disease Management
- Remote ICU Monitoring
- Family Connections
- School Care
- Education
  - staff, provider, patient, family, community

Other Applications

- Dialysis
- Support groups
- Speech therapy
- Remote ultrasounds
- Pre-commitment assessments
- Sign/Other Language interpretation
- Nutrition/Dietary counseling
- Rehab services
- Supervision
- PTSD/TBI

A BIG Push!

Health Systems:

- Nebraska Medicine
- Catholic Health Initiative (CHI)
- Bryan LGH
- Avera Health
- Sanford Health
- Mercy Virtual (St. Louis)
- Mercy Des Moines
- UnityPoint
- University of Missouri
- …others…

Independent Providers:

- Specialty clinics

- Telehealth-focused companies

  o Including Direct-to-Consumer offerings…

- Others?

Telehealth as a "tool":

- Modality in the provision of healthcare
- Not be viewed as a stand-alone service
- Incorporate into standard, daily practice
- Can improve resource utilization
  – Patients
  – Providers

What do you need to know about?

- Licensing
- Credentialing
- Privileging
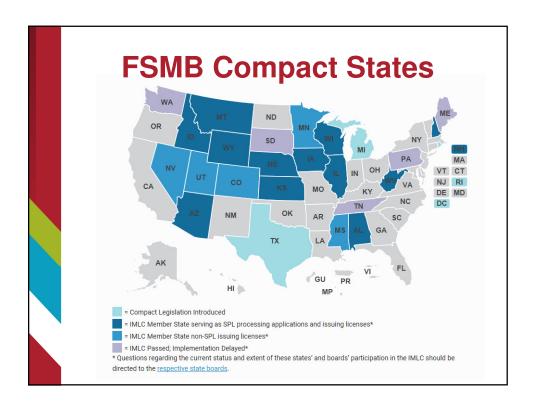- Reimbursement
- HIPAA

Licensure

- Physicians
- Nurses
- Pharmacy
- Others…

Update:
- Multi-state Physician Licensure Compact
- Nurse License Compacts
- Psychologists Compact

FSMB Compact States

- = Compact Legislation Introduced
- = IMLC Member State serving as SPL processing applications and issuing licenses*
- = IMLC Member State non-SPL issuing licenses*
- = IMLC Passed; Implementation Delayed*

* Questions regarding the current status and extent of these states' and boards' participation in the IMLC should be directed to the respective state boards.

Credentialing –

- CMS Rule – Allows hospitals to accept the credentialing of telehealth specialists from their home facility.

- *HOWEVER: Organizational by-laws may need to be addressed…*

Reimbursement

- CMS
- State Medicaid
- Third party payers
- Private Pay

DIFFERENCES!

Medicare – Current Status

- Must be seen in a rural location
- …in an eligible facility
- …by an eligible provider
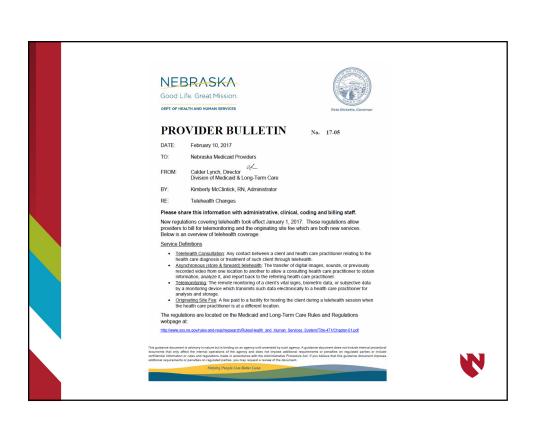- …for an eligible, billable service (code)

Resources:

Medicare Learning Network – Telehealth Services Fact Sheet

Am I Rural – Go here to determine if you are a qualified location.

Medicaid

- State specific
  - *Each is slightly different*

- Usually following most of Medicare's lead
  - *Nebraska is different...leading Medicare!*

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

PROVIDER BULLETIN No. 17-05

DATE: February 10, 2017
TO: Nebraska Medicaid Providers
FROM: Calder Lynch, Director
Division of Medicaid & Long-Term Care
BY: Kimberly McClintick, RN, Administrator
RE: Telehealth Changes

Please share this information with administrative, clinical, coding and billing staff.

New regulations covering telehealth took effect January 1, 2017. These regulations allow providers to bill for telemonitoring and the originating site fee which are both new services. Below is an overview of telehealth coverage.

Service Definitions

- Telehealth Consultation: Any contact between a client and health care practitioner relating to the health care diagnosis or treatment of such client through telehealth.
- Asynchronous (store & forward) telehealth: The transfer of digital images, sounds, or previously recorded video from one location to another to allow a consulting health care practitioner to obtain information, analyze it, and report back to the referring health care practitioner.
- Telemonitoring: The remote monitoring of a client's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.
- Originating Site Fee: A fee paid to a facility for hosting the client during a telehealth session when the health care practitioner is at a different location.

The regulations are located on the Medicaid and Long-Term Care Rules and Regulations webpage at:

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-01.pdf

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

Helping People Live Better Lives

Other Payers

- Insurance
    - Some states have mandates for coverage (parity laws)

    - Sometimes hidden challenges with coverage

    - Nebraska's is new – untested

Parity Map:

States with Parity Laws for Private
Insurance Coverage of Telemedicine (2017)

Map Credit: American Telemedicine Association

HIPAA & Security

- Adhere to the standard rules for your practice.
- May have internal network (IT) expectations

- It is not all about the technology… it is about the *PROCESS!*

Others:

Fraud/Abuse
– Stark issues

Malpractice
– Documentation?
– Following practice standards?

Liability
– (for **NOT** using…?)

Which technology?

- Interactive Video?
- Desktop Video?
- Store-and-Forward?
- Remote Monitoring?
- Tablets?
- Smartphone?
- Room Sensors?

Finding what's right…

Identify your need
– Accessing Specialty Services
– Reducing CHF re-admissions

Match the technology to the need!
– Does it meet the need for today?
– Future? Upgraded?

Does it play well with others?
– Who are today's partners?
– What about tomorrow?

Where do you go to learn?

- Conferences…*yes, but…*
- Talk to your peers
  – In-state
  – Out-of-state
- What do they use?
- How do they use it?
- Likes/Dislikes
  – What do they WISH it would do?

Understanding new expectations

- Patients/Families
- Communities/Partner Facilities
- Graduates/In-coming Workforce
- Payers
  - Federal Government, etc.
- Healthcare Reform
  - Value-based care?

Patients

- Looking for ways to improve patients' quality of life
  - Certainly, reducing their need to travel (old)
    …and the expenses involved
  - Ability to remain in their home longer
    - Sensor monitoring
    - Smart homes
  - Convenient access to services
    - DTC
    - Home-based
    - Work-based

Organizational

- Access to add'l care resources
- Staff competency
- Community perception
- Service stability
- Patient Experience
- Peer-to-peer interactions

Organizations

Also taking a different approach:

- Looking for efficiencies
  - Reducing travel (vehicle or foot) across multiple campus locations
  - Stretching limited resources (read "people")
  - Increase bed "turn-over"

- May not be a reimbursable service…

Organizations

- Hospitals are looking for ways to improve patient satisfaction
  - Expedite Surgery Discharges
    - Patients get to go home when THEY are ready rather than when the physician can actually get to them
  - Language Interpretation, in-house
    - Improved utilization of in-house resources, efficiently
  - Social workers in the ER
    - Not always available on-site at this location
  - Physician oversight of ICU beds (not full eICU)

Budget-Related

- **Soft vs. Hard? Some of both…**
  - Stretch a tight travel budget
  - Work-force retention
  - Increase ancillary services
  - Service continuation/expansion
  - Enhance the quality of care
  - Market-leader

Cost of NOT having…

- Lost Market Share?
- Professional isolation/burn-out
- Loss of "hometown dollars"
- "Behind the Times"
- Patient Care Liability
- High Quality "patient experience"
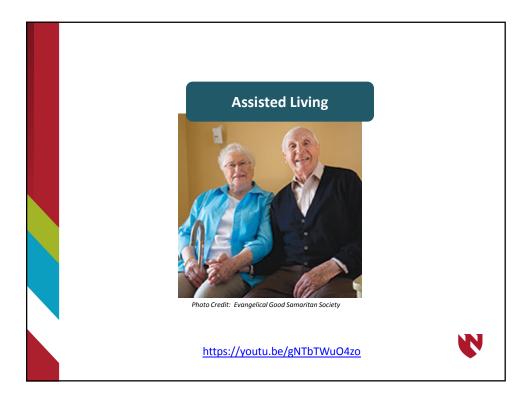
So, what is happening?

Expanding services (traditional)

Expanding service locations

- Residential/group homes
- Assisted living centers
- Workplace-based clinics
- School-based clinics
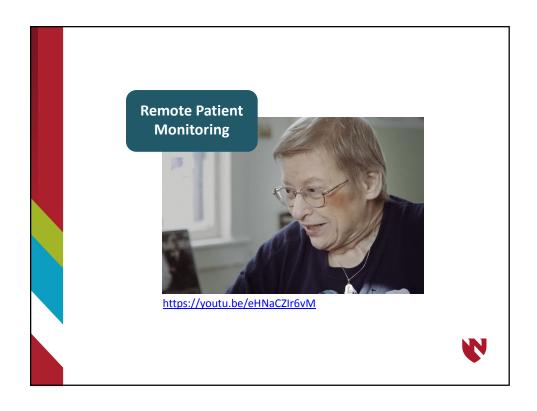 - In-school Services: Clinical/Behavioral, Dentistry

-DISCLAIMER-

Assisted Living

Photo Credit: Evangelical Good Samaritan Society

https://youtu.be/gNTbTWuO4zo

Remote Patient Monitoring

https://youtu.be/eHNaCZIr6vM

Workplace Telehealth Services

School-Based Telehealth Services

Photo Credit: CRHI, MY Health-e-Schools

https://youtu.be/jv9pNKlre34

Group Homes

Photo Credit: LifeScapes

http://learntelehealth.org/video-items/birch-tree-communities-inc-patient-story/

Education:

- **THEN (and NOW):** often one-on-one
  - As needed, hands-on and experience-based
  - Specialty or case specific – rotations?
    - Project ECHO is stretching this idea…

- **Future (near):** Incorporate telehealth into established professional training curriculum
  - AMA asking that it is incorporated into medical school
  - Nurses
  - Social workers

What's Next? *(Now?)*

- Design, test and implement clinical telehealth solutions:
    - o Consumer-facing
    - o Nursing Homes
    - o Schools
    - o Correctional
    - o Mental Health
    - o Rural Health
    - o Home-based
    - o Etc.

What is next?

- Expanding service locations
- Expanding service providers
- Elimination of the urban "disqualifier"?
- Elimination of "tele"?
- Integration in EMRs

What to watch?

Mobile Apps

- Developers vs. Implementers
  - Different Concerns!
- What about the data?
  - Security? Storage? Utilization? Curation?
  - Commercial? Public Health? Permission?
- What is their role?
  - Example: CrisisTextLine

What to watch?

"Direct-to-Consumer" activities

- Commercial payers
- Health systems
- Consumer-focused
- HERE... *TODAY!*

https://www.youtube.com/watch?v=v9YiTIYO-2A
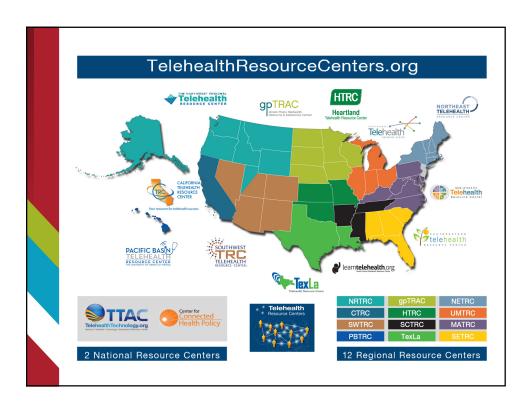
Resources:

- Telehealth Resource Centers
  - *www.telehealthresourcecenter.org*
- Regional telehealth network providers
- American Telemedicine Association
  - *www.americantelemed.org*
- State Offices of Rural Health
- State Rural Health contacts
- Office for the Advancement of Telehealth
  - *Federal Office of Rural Health Policy/HRSA*

"The general concept of health care quality does not change from urban to rural settings. The focus remains on providing the right service at the right time in the right way to achieve the optimal outcome."

National Advisory Committee on Rural Health and Human Services Report, Health Care Quality: The Rural Context

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