TELEHEALTH STATE & NATIONAL POLICY TRENDS
How Telehealth is Reshaping Care Delivery
NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT WEBINAR
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Center for Connected Health Policy
Is an independent, **public interest** organization that strives to advance state and federal **telehealth** policies through research, policy analysis, and provision of technical assistance and education.

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Telehealth technologies are valuable assets to help achieve the “Triple Aim” of improved quality of care, better health outcomes, and lowered costs.

Learn More >>
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

TelehealthResourceCenter.org
Advancing Telehealth Practices

Health Systems

Legislative & Regulatory Policy

Private Payers

Technology Changes

Evidenced-based Research

Consumer Demand
• Published in a peer reviewed journal no earlier than 2007
• Study must be US-based
• There must be a minimum of a sample size of 50 in the study (if a comparison group is used, at least 30 in both the control and test groups)
• The study period must be no less than 6 months
• The study is designed focus on one or more of the Triple Aim goals of outcomes, quality or cost
• Studies that only used interventions consisting of telephone, mobile apps or health education systems were excluded
• Databases – PubMed & EBESCO
Federal And State Policy: Volume-to-Value

Volume-based

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

Value-based

- Pay for results (quality/efficiency)
- Shared risk
- Partnerships and collaborations
- Continuum of care
- Community health improvement (HIT)
- Wellness care
State Telehealth Policies

Trends and Opportunities
Telehealth State-by-State Policies, Laws, & Regulations

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.

Interactive Policy Map
Policy Areas of Analysis

- **Definition**: Telemedicine or Telehealth?
- **Reimbursement** by Modality
- **On-line Prescribing**
- **Consent** (written, verbal, none?)
- **Cross-state licensing** & practice
- **Private Payer Parity**
- **Location** of service
- **Site Transmission Fee**
Reimbursement by Service Modality

Live Video: Now 46 States & DC
Reimbursement by Service Modality

Store & Forward: Only in 9 states
Remote Patient Monitoring: 14 States
27 states and DC now have telehealth private payer parity laws…Most common policy change at state level

- Parity is difficult to determine
  - Parity in services covered vs. parity in payment
  - Many states make their telehealth private payer laws “subject to the terms and conditions of the contract”
Prescribing

• Currently the following states allow *without* in-person exam:
  - Alaska
  - Arizona
  - Maryland
  - New Mexico
  - Oklahoma
  - West Virginia
  - Texas* (pending legal action)

• Minn and New Hampshire explicitly requires an in-person exam
Positive State Policy Trends

- A Comprehensive definition of *Telehealth* in statute (ex. CA, Nebraska, Wyoming, and D.C.)
- Medicaid Reimbursement for Store & Forward and remote monitoring
- Clear guidance to private payers
- Clear policies regarding out of state licensing and on-line prescribing
State Policy Trends of Concern

• Poorly written legislation or regulation
  – (NY required clean-up language to remove contradictory policies)

• Undue barriers or restrictions based on geography or availability of a provider
  – Connecticut proposed legislation would limit use of telemedicine when there is evidence of a lack of provider or would create an undo burden of travel for the patient

• Regulations restrict legislative intent
FSMB Interstate Licensure Compact for Multiple State MD License

• Creates an Interstate Commission to implement an expedited licensure process.

• Current status (7 State minimum)
  – 9 states have passed now passed the language.
    • Idaho, Montana, Nevada, South Dakota, Utah, West Virginia, Wyoming, Minnesota, & Alabama
  – 9 states have pending legislation to adopt the language
• Over 200 bills introduced in 42 states.
• Most common legislation addresses:
  – Reimbursement
  – Telehealth professional standards (need for in-person exam, prescribing, etc.)
  – Pilot Projects
  – Cross-state Licensing
FEDERAL MEDICARE TELEHEALTH POLICY: OUTDATED!

• Reimbursement is available for only a limited number of Medicare Part B services.

• Reimbursement limited to live video only substituting for in-person encounter.

• Can only occur when the originating site is in:
  • a Health Professional Shortage Area (HPSA),
  • a county outside of any Metropolitan Statistical Area (MSA), or
  • an AK/HI demonstration project.
• Movement toward Accountable Care Organizations as part of the ACA
• President Obama sets goal of 90% of Medicare payments tied to VALUE---not fee for service
• CMS approves more Medicare tele-psych codes for reimbursement
• New code for non-face to face chronic care management & coordination
Next Generation ACO

• Greater access to home visits, telehealth services, and skilled nursing facilities;

• “benefit enhancements” allow circumvention of Medicare rules that go beyond benefits of Medicare Advantage -Alternative Payment Model

• Would allow ACOs to utilize the technology *regardless of a patient’s geographic location.*

• Only 20 Pilots in first two years