

NECOMG 2019 Annual Meeting

Telehealth 101 &

Opportunities to leverage effectively for your Practice

June 20, 2019

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Presentation Outline

- NETRC Overview
- Telehealth Lay of the Land
- Reimbursement Considerations
- Telehealth Use Cases around New England
- Q & A

About Us



RESOURCE CENTER



Insight Innovation Impact

University of Vermont MEDICAL CENTER



Mission & Aim

The TRCs are funded by the Federal Office of Rural Health Policy (FORHP), under HRSA's Office for the Advancement of Telehealth



Our Aim

Connecting rural communities and helping them overcome geographic barriers to receive quality healthcare services.

Our Mission

Foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural and medically underserved areas and populations.



TelehealthResourceCenters.org





2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

Historical Background



Above: The Teledactyl

http://www.smithsonianmag.com/history/telemedicinepredicted-in-1925-124140942/

Below: A doctor visits the Jetson's home by video in 1962

http://www.smithsonianmag.com/history/the-episode-wheregeorge-jetson-rages-against-the-machine-146315456/



What is Telehealth?

Broadly: the provision of health care, public health, and health education at a distance using telecommunications technologies. See also: Telemedicine, Telepractice, Tele-X (specialties like telepsychiatry), Virtual Health, Connected

Care, Digital Health, eHealth, eVisits

Telehealth vs. Telemedicine

While "telemedicine" has been more commonly used in the past, "telehealth" is a more universal term for the current broad array of applications in the field. Its use crosses most health service disciplines, including dentistry, counseling, physical therapy, and home health, and many other domains. Further, telehealth practice has expanded beyond traditional diagnostic and monitoring activities to include consumer and professional education.

Note: Telehealth is not a service or medical specialty, but a tool used to deliver care.



Types of Telehealth



The Telehealth Landscape

Drivers

- Aging Population
- Consumer Demand
- Expanding Reimbursement
- Provider Shortages
- Payment Reform
- Readmission Penalties
- Competitive Forces

Barriers

- Access to Broadband/Technology
- Cost
- Licensure
- Limited Reimbursement
- Privacy and Security Concerns
- Resistance to Change
- Legal/Regulatory
 Questions

Telehealth Value



Value Perspectives

Patients	Communities	Primary Care Providers	Specialists
 Accessibility: care when and where they need it Affordability: reduces travel time, expense and time away from work/family Timeliness: reduces wait time to access specialists Integrated and coordinated care 	 Keeps patients local whenever possible Promotes rapid diagnosis and treatment linked to improved patient outcomes Improves outcomes and therefore improves health of population 	 Promotes coordinated care Maintains primary relationship with patient Promotes greater patient satisfaction Generates revenue – visit reimbursement Access to education Working at top of 	 Extends reach to patients Increases patient volume, maximizes time and efficiency, working at top of scope Reduces documentation redundancy by using common EMR platform with PCPs Promotes

coordinated care

Where is telehealth?

- Academic Medical Center
- Airplane
- Boat
- Celebrity Tour Bus
- Coal Mine
- Community Health Center
- Community Mental Health Center
- Disaster Zone
- FQHC
- Home
- Hospital

- Public Health Dept.
- Public Library
- Nursing Home
- Oil Rig
- Prison
- Refugee Camp
- Retail Pharmacy
- Rural Health Center
- Public School
- Space Ship
- And Many More!

Select Telehealth Uses

- Behavioral Health
- Burn
- Cardiology
- Dentistry
- Chronic Care
 Management
- Dermatology
- Education / Grand Rounds
- Emergency Services / Trauma
- Family Planning

- Genetics
- Home health
- Infectious Disease
- Medication Adherence
- Neurology /Stroke care
- Obstetrics and Gynecology
- Oncology
- Ophthalmology
- Pain Management
- Pathology
- Pediatrics

- Palliative Care
- Primary Care
- Psychiatry
- Radiology
- Rehabilitation
- Rheumatology
- Surgical
- Wound Care
- And more!

Recent Telehealth Headlines & Published Literature

- Association Between Antibiotic Prescribing for Respiratory Tract Infections and Patient Satisfaction in Direct-to-Consumer Telemedicine
 - - November 2018 (<u>Link</u>)
- The Effects of Telemedicine on Asthma Control and Patients' Quality of Life in Adults:
 - A Systematic Review and Meta-analysis- January 2019 (Link)
- Medicare Advantage Plans & Telehealth
 - The <u>Center for Medicare and Medicaid Services</u> (CMS) released their <u>final rules</u> for changes to Medicare Advantage (MA) plans and how they may treat telehealth-delivered services in basic coverage plans.
- <u>Therheumatology: NCBI Systematic Review</u>
- CMS Tweaks CPT code for remote monitoring, Giving mHealth a boost *mHealth Intelligence*, April 04, 2019 Link
 - The Centers for Medicare & Medicaid Services has tweaked its new CPS code for remote patient monitoring, giving healthcare providers a little more leeway in using mHealth for care management and coordination.

Telehealth Technology

From smartphones to robots, there are a variety of tools available!







Off-the-Shelf



Peripherals



Field Kits





Touch Screen Laptop Stethoscope

12-Lead ECG

Pulse Oximeter



Ultrasound All-in-one (AIO) Scope



Speakerphone HD Webcam





Remote Monitoring







Telemedicine Carts



Remote Presence



Something In-Between





Sample Telehealth Tablet Cart

Source: Paul R. Soto, Technical Director, Telehealth & Regional IT Services, University of Rochester Medical Center



For more information on telehealth technologies, contact your Regional Telehealth Resource Center (<u>www.TelehealthResourceCenters.org</u>) or the National Telehealth Technology Assessment Center (<u>www.TelehealthTechnology.org</u>)



Telehealth Policy & Reimbursement



Reimbursement for Telehealth

Reimbursement depends on the state and payer:

Medicare: has set specific requirements, with significant changes proposed for CY 2019

 Originating site (patient location) generally must be a health care facility that meets rural eligibility requirements, but there are a few exceptions

Medicaid: policy depends on state – 49 states cover some form of live video, 20 for remote patient monitoring, 15 for store and forward services

Private Payers: laws governing reimbursement by private insurers in 38 states and Washington D.C. (including Maine), but language varies and most do not require payment parity

Medicare "Telehealth" Policy

Generally applies to services with an in-person equivalent:

- 1. Originating site (patient location) must be a health care facility (Hospitals, CAHs, RHCs, FQHCs, SNFs, CMHCs, + select others) in a county outside of a metropolitan Statistical Area (MSA) or geographic HPSA in a rural census tract. See <u>Medicare Telehealth Payment Eligibility Analyzer</u>
- 2. Must be eligible practitioner type (physicians, NPs, PAs, + select others)
- 3. Must use interactive audio/video
- 4. Must use approved CPT codes with POS 02: Telehealth (or use GT modifier for CAH Optional Payment Method)
- 5. Originating site can bill Q3014 for originating site facility fee
- 6. Exceptions to location requirements include <u>Chronic Care Management</u> <u>Services</u>, remote physiologic monitoring, teleradiology, waiver for Next Generation ACO, proposed changes for other ACOs, proposed changes for end stage renal disease treatment and acute stroke, and other newly proposed services with no in-person equivalent
- 7. Key Resources:
 - a. MLN Telehealth Services Booklet
 - b. <u>Elimination of the GT Modifier for Telehealth Services</u>

Medicare "Telehealth" Policy

Exceptions to location requirements include <u>Chronic Care</u> <u>Management Services</u>, remote physiologic monitoring, teleradiology, waiver for Next Generation ACO, changes for other ACOs, changes for end stage renal disease treatment and acute stroke, and other new **services with no in-person equivalent**

- a) Brief Communication technology-based service e.g. Virtual Checkin – HCPCS Code: G2012
- b) Remote Evaluation of Pre-Recorded Patient Information e.g. storeand-forward - HCPCS Code: G2010
- c) Interprofessional Internet Consultation e.g. team based care CPT codes 99452, 99451, 99446, 99447, 99448 and 99449

Key Resources:

- a. <u>MLN Telehealth Services Booklet</u>
- b. <u>Elimination of the GT Modifier for Telehealth Services</u>

CMS & TELEHEALTH

• CY 2019 Proposed Changes Include: (Comments Closed September 10, 2018)

- Brief Communication Technology-based Service, e.g. Virtual Check-in Would include check-in services used to evaluate whether or not an office visit or other service is necessary (FQHCs/RHCs may specifically be able to bill).
- Remote Evaluation of Pre-Recorded Patient Information Would create a specific new code to describe remote professional evaluation of patient-transmitted information conducted via pre-recorded "store and forward" video or image technology (FQHCs/RHCs may specifically be able to bill).
- Interprofessional Internet Consultation Would cover consultations between professionals performed via communications technology such as telephone or Internet.
- Additionally, CMS adds new codes to the Medicare telehealth list, as well as new codes for chronic care management and remote patient monitoring and expands telehealth reimbursement for end stage renal disease and acute stroke based on requirements in the Bipartisan Budget Act of 2018.
- Key Resources:
 - Center for Connected Health Policy Infographic and Fact Sheet
 - Article: Medicare Proposes (and Rejects) New Telehealth Services for 2019
 - Article: <u>Medicare's New Virtual Care Codes: A Monumental Change</u>
 - Article: <u>Medicare's New Chronic Care Remote Physiologic Monitoring Codes: Everything</u> You Need to Know



CENTER FOR CONNECTED HEALTH POLICY

STATE TELEHEALTH PROGRAMS – NO TWO ARE ALIKE!

49 states have a definition for **telemedicine**

14 states Reimburse service to the home 50 states (and DC) reimburse for live video

21 states Reimburse RPM



CENTER FOR CONNECTED HEALTH POLICY

As of April 2018



GENERAL TRENDS

State Medicaid programs continue to reduce barriers

- New Hampshire -Eliminated geographic barrier
- Vermont Eliminated provider type restrictions



States with Parity Laws for Private Insurance Coverage of Telemedicine (2018)



States with the year of enactment: Alaska (2016)*, Arizona (2013)*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2006), Hawaii (1999), Indiana (2015), **Iowa (2018)**, Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2013), Montana (2013), Nebraska (2017), Nevada (2015), New Hampshire (2009), **New Jersey (2017)**, New Mexico (2013), New York (2014), **North Dakota (2017)**, Oklahoma (1997), Oregon (2009), Rhode Island (2016), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), Washington (2015) and the District of Columbia (2013)



ASSOCIATION

States with proposed legislation: In 2018, Alaska, Massachusetts, Pennsylvania, and South Dakota

*Coverage applies to certain health services.



A <u>Small</u> Sampling of Telehealth Programs in the Northeast



In the Northeast, Telehealth Gets Creative With Good Results

PRIN



Telestroke

Massachusetts General Hospital (MA):

• 2015: 999 beds; 1.9 million outpatient/ED visits; 48k inpatient admissions

Program Description:

- Comprehensive Telestroke network: MassGen hub with 23 spoke sites
- 2014 Metrics of Success:



Primary Care by Boat

Maine Seacoast Mission (ME):

• 110 years old with history of spiritual and medical care provided by nurses visiting the islands.

Program Description:

- Telemedicine started 14 years ago to four islands visited by Sunbeam going off island for a medical appointment can be a 2-3 day trip.
- Primary Care provided on 5 islands, 3 by Sunbeam and two land-based units operated by trained medical assistants.



TeleWOW!

Eastern Maine Medical Center:

 WOW! Program: Way to Optimal Weight - tiered program for children and adolescents (age 4-19), with body mass index (BMI) at or above 85th percentile designed for children who are at higher risk for weight related health problems Weight loss program for kids at EMMC works to boost confidence, teach healthy lifestyles



Program Description and Outcomes:

- Multidisciplinary visits via live videoconferencing
 - MSW, clinician, and nutritionist take turns
- Benefits Include:
 - Provides program access and health benefits to patients in some of Maine's most rural communities
 - High Patient and family satisfaction decreased travel time/cost
 - High satisfaction among provider team

Diabetic Retinopathy

Finger Lakes Community Health (NY):

• Community/Migrant Health Center (FQHC) with 9 sites.

Program Description:

- Primary care providers identify patients who need Diabetic Retinopathy Screening. Images are taken using the EyePACS system and an EyePACS eye specialist will read/grade image.
- Increased screening rates allowed FLCH to negotiate incentive payments with their ACO.





Teledermatology

University of Vermont Medical Center (VT):

• Academic medical center with a five-hospital network in VT and northern NY.

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).
- Outcomes of pilot included:
 - 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)



Remote Patient Monitoring

Home Health Visiting Nurses (ME):

• 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:

- 4G tablet with pre-loaded software and peripherals (scale, pulse oximeter, BP monitor, etc.) at patient home
- Algorithms highlight patients at ↑ risk for readmission
- 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%)

Provider-to-Provider Models

eConsults: Enables primary care providers (PCPs) to consult remotely and conveniently with specialists via store and forward

New Medicare Codes – CY 2019 Physician Fee Schedule

Interprofessional Internet Consultation (CPT codes 99452, 99451, 99446, 99447, 99448, and 99449): These codes cover interprofessional consultations performed via communications technology such as telephone or Internet, supporting a team-based approach to care that is often facilitated by electronic medical record technology.

Project ECHO: Medical education model focused on enhancing capacity of rural providers to manage complex patients locally, through specialty support and communities of practice

- 12 hubs in NYS
- Several existing ECHO hubs across the Northeast and more emerging across the region

6 NE States 35 Hubs 70 Programs





Tips to Get Started

- Find a champion
- Think big, Start small



- Focus time, effort and \$ on program development and a sustainable business model, then choose technology that fits your plan
- Keep technology simple when possible what fits your needs and budget?
- **Reach out** to folks who have already done this!
- Lead advocacy efforts for program development and policy growth

Tip of the Iceberg!



Questions that NETRC receives include:

- Reimbursement
- Program development
- Strategic planning and market analysis
- Licensing & credentialing
- Malpractice & liability
- Regulations & other legal considerations
- Internet prescribing
- Technology selection
- Security, privacy, & HIPAA compliance
- Workforce development and training
- Best practices and networking
- Tools, sample forms, templates, etc.
- Program evaluation
- Research and Supporting Evidence
- And more!

Select Resources

Join our newsletter!



<u>NETRC Site & Telehealth Resource Library</u>

- Latest in national and regional telehealth news and resources
- Over 3,000 publicly available journal articles and other resources

<u>National Telehealth Resource Center website</u>

Fact Sheets, Guides and Templates,
 Evidence for Telehealth, Webinar series, etc.

Center for Connected Health Policy

www.cchpca.org

- Telehealth Technology Assessment Center
 <u>www.telehealthtechnology.org</u>
- Center for Telehealth & e-Health Law
 <u>www.ctel.org</u>
- Personalized Toolkits
 - We are available to create toolkits with resources to fit your needs!





Featured Webinar



Monthly Webinar Series



All Previous Webinars can be found <u>here</u>

For a list of upcoming NCTRC Webinars, go <u>here</u>

Schedule

Every 3rd Thursday of the month from 2PM – 3PM (EST), the National Consortium of Telehealth Resource Centers provides a free webinar for those interested in telehealth.

Content

The TRCs have an expansive network of professionals in the field of telehealth. Monthly topics encompass diverse areas ranging from policy, business models, clinical workflow, telehealth program development, etc. Telemedicine: How to do it right! April 18th, 11:00 AM - 12:00 PM (PST)

REGISTER





Contact Us



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Additional Information

-Use Cases -Published Literature -Examples of NETRC Tools And More!



Working Upstream

UMass Amherst Telehealth Lab

- Faculty at UMass, College of Nursing strategized and actualized infusion of Telehealth technology and skills into their undergraduate and graduate degree programs!
- Embedding telehealth content throughout their curricula:
 - Seamless technology becomes an integral part of the learning for every student
- Contact: Gabrielle Abelard
 <u>gabellard@umass.edu</u>







Speech Therapy Telepractice and Technology Graduate Student Training Program Manual Deskelst is all YWar, R.D., CCUE Pyperse d'Commune Memory and Deskel Mathyr i al des D Carly public large thang concer to themeny of Mare umaine.edu/telespeech University of Maine Judy Walker, Ph.D., CCC-SLP Dept. of Communication Sciences and Disorders Judy.Perkins.Walker@UMIT.maine.edu

<u>University of Maine, Speech Therapy Telepractice and</u> <u>Technology Program Manual</u>

Recent Telehealth Headlines & Published Literature

- Single Use Mobile Devices in Healthcare: A complete guide to choosing your mobile infrastructure
 - - May 2019(<u>Link</u>)
- Webcast: Taking a Patient-Centered Data Approach to Care Delivery
 - May <u>2019(Link</u>)
- Survey: 83% of Consumers Are Interested in Receiving Virtual Care, But Only 17% Have Access To It
 - May 2019 (<u>Link</u>)
- CCHP Annual State Telehealth Laws and Reimbursement Policies Report May 2019- (Link)
- CMS 2019 Telehealth Codes (Link)

Telehealth Equipment, Technology & Security

- Healthcare providers must ensure that the telecommunication technology and equipment used at the receiving (provider) site and the originating (member) site is sufficient to allow the healthcare provider to appropriately provide the member with services billed to MaineCare.
- Telehealth services shall be performed on a secure telecommunications line or utilize a method of encryption adequate to protect the confidentiality and integrity of the telehealth service information in accordance with state and federal laws, rules, and regulations.
- Both the originating (member) site and the receiving (provider) site shall use authentication and identification to ensure the confidentiality of a telehealth service.
- A healthcare provider shall implement confidentiality protocols that include but are not limited to:
 - Identifying personnel who have access to a telehealth transmission;
 - Usage of unique passwords or identifiers for each employee or person with access to a telehealth transmission; and
 - Preventing unauthorized access to a telehealth transmission.
- A healthcare provider's protocols and guidelines shall be available for inspection by the Department upon request.

Project ECHO: Northern New England Network

HRSA Rural Health Network Development Grant

- -Strengthens and expands network across ME, NH, VT
- -The Project ECHO Northern New England Network was made possible by grant number D06RH31043 from the U.S. Health Resources and Services Administration, DHHS

Formal Network Partners:

- -Project Lead: Quality Counts A Qualidigm Company
- -Quality improvement organizations in Maine, New Hampshire and Vermont
- -Northeast Telehealth Resource Center (NETRC);
- —Area Health Education Centers (AHECs) in ME, NH, and VT; and academic centers for medical and health education in the three states, including the University of New England (UNE); UNH; Dartmouth-Hitchcock Medical Center; and University of Vermont (UVM) Medical Center.

The Collaborative serves a broad network of healthcare stakeholders across the three states.



Project ECHO: NNE Network Leadership Team

Maine Team				
Name	Role/Title	Email		
Lise Tancrede	QC Project Manager	Itancrede@mainequalitycounts.org		
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Potential Benefits of ECHO Model to the Rural Health System

- Enhanced Quality and Safety
- Rapid Learning and Best-practice Dissemination
- Reduce Variations in Care
- Access for Rural and Underserved Patients, Reduced Disparities
- Workforce Training and Force Multiplier

Democratize Knowledge

- Improving Professional Satisfaction/Retention
- Supporting the Medical Home Model
- Cost Effective Care Avoid Excessive Testing and Travel
- Prevent Cost of Untreated Disease (e.g.: liver transplant or dialysis)
- Integration of Public Health into Treatment Paradigm



ECHO Hubs in New England



Connecticut

- Community Health Center Association of CT Hub
- Hartford Health and Human Service Hub
- ✤ Weitzman Institute Hub

Massachusetts

- UMass Memorial Medical Group
- ✤ Lurie Center for Autism
- Boston Medical Center
- Beacon Health Options

Vermont

University of Vermont (UVM)

New Hampshire

- Dartmouth Hitchcock
- University of New Hampshire (UNH)

Maine

- ✤ MaineHealth
- Maine Medical Center
- Maine Quality Counts/Qualidigm
- ✤ MCD Public Health
- University of New England



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- Beacon Health Options

Vermont

University of Vermont (UVM)

New Hampshire

- Dartmouth Hitchcock
- University of New Hampshire (UNH)

Maine

- ✤ MaineHealth
- Maine Medical Center
- Maine Quality Counts/Qualidigm
- ✤ MCD Public Health
- University of New England









Select Project ECHO Resources

Articles and Other Resources:

- ECHO Replication: Next Steps, Secrets for Success and ECHO Value ECHO Institute
- <u>Project ECHO[®] Evaluation 101: A Practical Guide For Evaluating Your Program</u> NYS Health Foundation
- <u>Making the Business Case for Project ECHO in New York State</u> Starr, Byrd, Hasselberg, Doelger
- Search the <u>NETRC Resource Library</u> for many more Project ECHO resources!

Training Resources

ECHO Institute:

- <u>ECHO Introduction Events</u> monthly webinars
- <u>ECHO Immersion Training</u> on-site 3-day in-depth training

ECHO Superhubs: American Academy of Pediatrics, MD Anderson, Missouri Telehealth Network, Oklahoma State Univ., Univ. of Chicago, Univ. of Wyoming



Guestions?

Ihanks for Listening!

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⁶¹⁰.01190.www