High-Tech Health Care

Lawmakers are building up telehealth by breaking down barriers.

BY JARED NAJJAR AND JO ANNE BOURQUARD

Long drives and long waits to see a doctor are often a reality for people living with chronic diseases. Increasingly, however, they can monitor their health, ask questions about their medications and consult with specialists from the comfort of their own homes.

After more than 20 years of development, “telehealth” technologies continue to make it easier for doctors to offer better care to their patients.

With two-way, real time interactive communications, health care providers can assess symptoms, diagnose diseases and supervise treatments via videoconference, telephone or a home health monitoring device. Other uses include transmitting data, images, sound or video from one site to another for evaluation by a specialist not available at the patient’s site.

The newest applications involve smartphones and tablets. For the 50 percent of American adults who now own smartphones or tablets, for example, mobile applications can measure their blood pressure, blood glucose levels and other functions and send progress reports to physicians. For patients living far away, this allows doctors to monitor their health more frequently, thoroughly and accurately.

Barriers to Widespread Use

Telehealth’s wide array of new technologies and applications are on state lawmakers’ radars as potential cost—to as well as life—savers. The savings just in treating chronic diseases could be substantial. The Centers for Disease Control and Prevention estimates that treating chronic diseases accounts for more than 75 percent of all national health care expenditures. Those costs reached nearly $2.6 trillion in 2010, according to the Centers for Medicare and Medicaid Services.

The focus for lawmakers has been how to eliminate some of the barriers to the widespread use of telehealth, such as patients’ lack of broadband service and health care providers’ frustrations with inconsistent reimbursement policies and difficult licensing regulations.

◆ Lack of Broadband. The full potential of telehealth depends on the availability of advanced broadband, or high-speed Internet service. Patients and doctors must have access to high-speed connections so they can take part in videoconferences and transmit data and images. Although most Americans now have access to fixed broadband networks, 19 million (6 percent) don’t, according to the Federal Communications Commission. And of those 19 million, 76 percent live in rural areas. That equals nearly one in four rural Americans without access. Some states are working to fill in the gaps. The California Telehealth Network, Rural Iowa Telehealth Initiative and Missouri’s MoBroadbandNow initiative, for example, all aim to expand broadband access so more patients can be diagnosed and treated remotely.

◆ Cumbersome Licensing. Telehealth regulations vary greatly by state. Physicians can face complicated and expensive rules to receive licenses and credentials. They may be required to have licenses in each state they practice in remotely, as well as credentials for individual facilities. At least 10 states, according to the Federation of State Medical Boards, have simplified the process by offering a special or streamlined telemedicine license for doctors who treat patients remotely across several state lines.

◆ Inconsistent Reimbursement Policies. Providers may be concerned they will not be reimbursed for the services they deliver remotely, but that isn’t always clear. Medicaid programs in at least 42 states now reimburse for some telehealth services, and by early next year, 16 states will require private
insurers to reimburse for these services. For example, a new law in Michigan, sponsored by Representative Gail Haines (R), prohibits insurers from requiring face-to-face contact between a health care professional and patient for services that can be appropriately provided through telemedicine.

The Practice of Telehealth

Legislators like Representative Rosie Berger (R) of Wyoming are working hard to smooth the transition into the digital world because, as she points out, technology will play an increasingly vital role in serving aging residents, especially in a rural state like her own. “It is critical that we look at telehealth strategies as we face a growing aging population in our state,” she says.

With less than 600,000 people spread over 97,000 square miles, telehealth is critical to Wyoming residents. Policymakers must learn “how to leverage our state resources to advance these technologies,” she adds.

A recent initiative in her state illustrates the value of telehealth. Faced with a shortage of psychiatrists in Wyoming, Dr. Tom Richards, an emergency room physician, in conjunction with the state Department of Health and several technical firms, developed a treatment model using videoconferencing to provide telespsychiatric services to seriously mentally ill patients considered a risk to themselves or others. Psychiatrists evaluate patients and confer with primary care providers about treatment plans through video and use the same technology to monitor and follow up with the primary care providers and patients.

Recognizing that state lawmakers play a crucial role in promoting emerging technologies to improve health care delivery, NCSL formed the Transforming Health Care Through Technology Foundation for State Legislatures Partners Project in 2011.

“Telehealth is an emerging, important and complicated topic,” says Massachusetts Senator Richard T. Moore (D), co-chair of the project. “It’s the wave of the future to improve health care quality and delivery, while containing costs. On issues like these, it’s important for policymakers and experts to come together to share ideas and find solutions.”

State legislators, legislative staff and Foundation for State Legislatures Partners met several times throughout the year. They produced webinars and research reports outlining various legislative and policy options to advance the use of telehealth.

“It’s become clear that telehealth offers a means to provide better care to more patients at lower costs,” says New York Senator Kemp Hannon (R), who also co-chairs the project. “Our work on the project has been very productive in that we’ve been able to generate ideas for making it work in the health care system.”

Insurance Coverage Requirements for Telehealth Services

![Insurance Coverage Requirements for Telehealth Services](image)

Source: NCSL, 2012
Although this project focuses on mental illness, Richards says telehealth is a promising option for treating a variety of chronic diseases, which is where the majority of health care money is spent.

**Urban Benefits**

Dr. Daniel Johnson, director of Project ECHO-Chicago, speaking at NCSL’s 2012 Legislative Summit, explained how telehealth can benefit urban residents. The ECHO model originally was developed in 2003 (and later funded by the Legislature) by Dr. Sanjeev Arora, a professor at the University of New Mexico Health Sciences Center in Albuquerque, to treat the growing problem of Hepatitis C in rural parts of the state. Arora used videoconferencing to connect university specialists to rural primary care doctors, who—using skills and techniques they learned from the specialists—could treat patients locally.

The ECHO-Chicago project adapted the New Mexico program to an urban environment. Medical specialists from all across the city hold regular teleconferences with primary care doctors and other health care providers to share their expertise and teach the best and most effective practices.

In one pilot project focused on resistant hypertension, patients had lower blood pressures and fewer referrals to outside specialists than comparable patients not in the program. At the same time, primary care providers reported increasing their knowledge of the disease and how best to treat it.

**Catching up With Technology**

Advances in IT and telecommunications technology clearly are transforming the way patients can receive—and insurers pay for—health care. As the trend continues, policymakers will be challenged to keep up with rapidly changing technologies. Those who are motivated to do so believe that delivering health care electronically promises to save money by preventing repetitive tests and trips to the doctor’s office, while improving the availability of care for many patients, including rural residents, the elderly and people living with chronic diseases.

Maryland Senator Delores G. Kelley (D) is optimistic about how these advances can enhance the quality of life for senior citizens. “With access to electronic monitoring, doctors and patients can manage chronic health conditions remotely,” she says. “This means that millions of seniors, trying to age in place in their homes, can do so safely.”

Learn more about telehealth and listen to the health technology partnership’s webinars at www.ncsl.org/magazine.