



Reports from the
State Alliance for e-Health

HIT and Telemedicine

Part II of a three part series on the State Alliance for E-Health



Friday, July 20, 2007

2:00 pm EDT

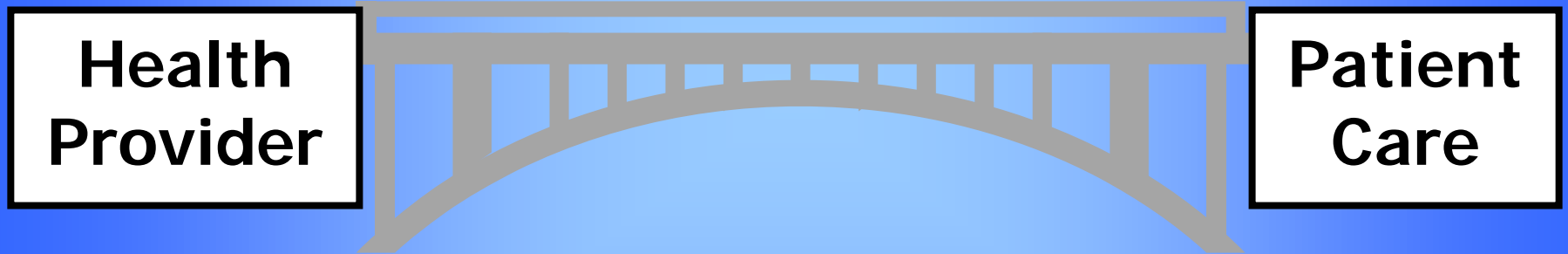
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Speakers

- Senator Bob Hagedorn
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Telemedicine And Health IT



Jonathan D. Linkous





Telemedicine & Health IT

GOALS & PROMISES

- **Efficiency - Lower costs**
- **Quality - Improved care**
- **Access – Health care at point of need**
- **Empowerment - Greater patient choice**



Telemedicine Today

Fitness





Telemedicine Today

Fitness

Personal Health





Telemedicine Today

Fitness



Personal Health



Clinical





Telemedicine Today

Fitness



Personal Health



Clinical

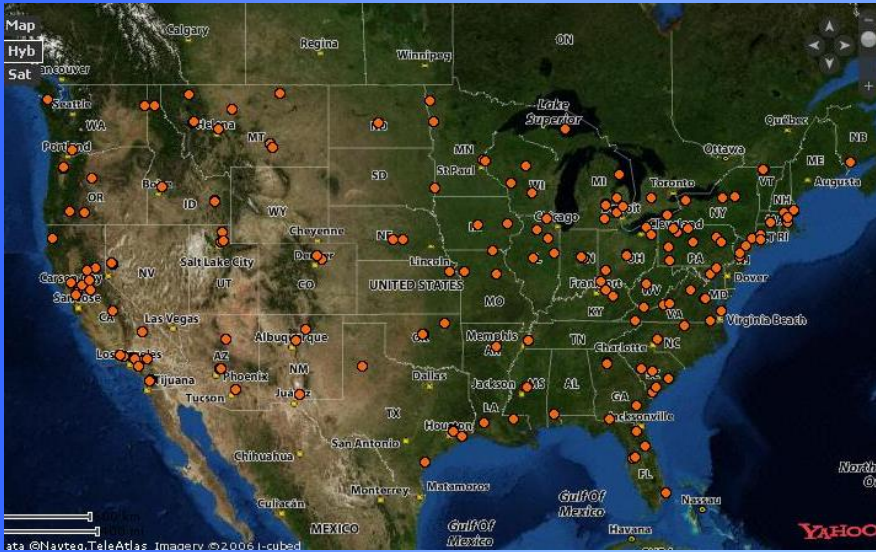


Advanced Interventions



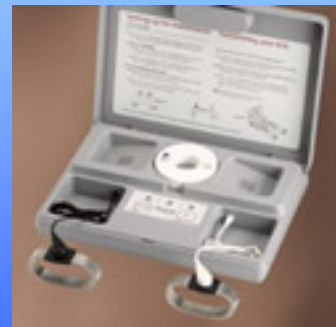


Telemedicine Today



200 Networks
3,000 sites

50,000 homes



1,000,000 monitors



Telemedicine And Health IT

So how does Telemedicine and HIT relate?

Let's compare...

Telemedicine And Health IT

	HIT	Telemedicine/Telehealth
GOAL	Using technology to improve care, reduce costs and increase access	Using technology to improve care, reduce costs and increase access
PRODUCT	EMR/EHR & related applications	Direct Health Services
CHAMPION	CIO	Medical Director
RELATIONSHIP	Provides infrastructure for improved health care	Uses HIT in provision of health care



Health IT

Challenges:

- 1. Implementation costs – Little federal money for implementation**
- 2. Proprietary systems**
- 3. Gaining CEO Support – ROI concerns**
- 4. Overcoming health system inertia and institutional interests - Incentives**



Telemedicine

Challenges:

- 1. Overcoming provider fear of competition**
- 2. Operational costs – Limited reimbursement**
- 3. Technology and telecommunications cost, interoperability and ease of use**
- 4. Overcoming health system inertia - Incentives**



Issues for State Legislatures

- **Public and private coverage**
- **Medical licensure**
- **Statewide network building**
- **Telecommunications**
- **Liability and privacy**
- **Internal vs. external records**



American Telemedicine Association

www.americantelemed.org



Colorado Senate Bill 165

26-4-421.5. Telemedicine - reimbursement – disclosure statement.

(1) ON OR AFTER JULY 1, 2006, IN-PERSON CONTACT BETWEEN A HEALTH CARE PROVIDER AND A PATIENT SHALL NOT BE REQUIRED UNDER THE STATE'S MEDICAL ASSISTANCE PROGRAM FOR HEALTH CARE SERVICES DELIVERED THROUGH TELEMEDICINE THAT ARE OTHERWISE ELIGIBLE FOR REIMBURSEMENT UNDER THE PROGRAM. THE SERVICES SHALL BE SUBJECT TO REIMBURSEMENT POLICIES DEVELOPED PURSUANT TO THE MEDICAL ASSISTANCE PROGRAM. THIS SECTION ALSO APPLIES TO MANAGED CARE ORGANIZATIONS THAT CONTRACT WITH THE STATE DEPARTMENT PURSUANT TO THE STATEWIDE MANAGED CARE SYSTEM ONLY TO THE EXTENT THAT:

(a) HEALTH CARE SERVICES DELIVERED THROUGH TELEMEDICINE ARE COVERED BY AND REIMBURSED UNDER THE MEDICAID PER DIEM PAYMENT PROGRAM; AND

(b) MANAGED CARE CONTRACTS WITH MANAGED CARE ORGANIZATIONS ARE AMENDED TO ADD COVERAGE OF HEALTH CARE SERVICES DELIVERED THROUGH TELEMEDICINE AND ANY APPROPRIATE PER DIEM RATE ADJUSTMENTS ARE INCORPORATED.

(2) THE REIMBURSEMENT RATE FOR A TELEMEDICINE SERVICE SHALL, AS A MINIMUM, BE SET AT THE SAME RATE AS THE MEDICAL ASSISTANCE PROGRAM RATE FOR A COMPARABLE IN-PERSON SERVICE. THE STATE DEPARTMENT MAY CONSIDER SETTING THE REIMBURSEMENT RATE ON A MONTHLY BASIS AS WELL AS ON A DAILY OR PER-VISIT BASIS.

(3) THE STATE DEPARTMENT SHALL ESTABLISH RATES FOR TRANSMISSION COST REIMBURSEMENT FOR TELEMEDICINE SERVICES, CONSIDERING, TO THE EXTENT APPLICABLE, REDUCTIONS IN TRAVEL COSTS BY HEALTH CARE PROVIDERS AND PATIENTS TO DELIVER OR TO ACCESS HEALTH CARE SERVICES AND SUCH OTHER FACTORS AS THE STATE

(4) A HEALTH CARE PROVIDER WHO DELIVERS HEALTH CARE SERVICES THROUGH TELEMEDICINE SHALL PROVIDE TO EACH PATIENT, BEFORE TREATING THAT PATIENT THROUGH TELEMEDICINE FOR THE FIRST TIME, THE FOLLOWING WRITTEN STATEMENTS:

(a) THAT THE PATIENT RETAINS THE OPTION TO REFUSE THE DELIVERY OF HEALTH CARE SERVICES VIA TELEMEDICINE AT ANY TIME WITHOUT AFFECTING THE PATIENT'S RIGHT TO FUTURE CARE OR TREATMENT AND WITHOUT RISKING THE LOSS OR WITHDRAWAL OF ANY PROGRAM BENEFITS TO WHICH THE PATIENT WOULD OTHERWISE BE ENTITLED;

(b) THAT ALL APPLICABLE CONFIDENTIALITY PROTECTIONS SHALL APPLY TO THE SERVICES; AND

(c) THAT THE PATIENT SHALL HAVE ACCESS TO ALL MEDICAL INFORMATION RESULTING FROM THE TELEMEDICINE SERVICES AS PROVIDED BY APPLICABLE LAW FOR PATIENT ACCESS TO HIS OR HER MEDICAL RECORDS.

(5) SUBSECTION (4) OF THIS SECTION SHALL NOT APPLY IN AN EMERGENCY.

Colorado Senate Bill 196

25-1-1401. Health information technology advisory committee - members - duties – cash fund.

- (1) THERE IS HEREBY ESTABLISHED THE HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE, ALSO REFERRED TO IN THIS SECTION AS THE "COMMITTEE". THE COMMITTEE SHALL CONSIST OF AT LEAST EIGHTEEN MEMBERS WHO HAVE EXPERTISE IN THE AREA OF HEALTH INFORMATION TECHNOLOGY, APPOINTED BY THE GOVERNOR WITHIN THIRTY DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION, WHO SHALL INCLUDE REPRESENTATIVES OF INTERESTED GROUPS, INCLUDING:
 - (a) THE ACADEMIC COMMUNITY;
 - (b) THE INSURANCE INDUSTRY;
 - (c) THE PHARMACEUTICAL INDUSTRY;
 - (d) EMPLOYER GROUPS;
 - (e) THE ATTORNEY GENERAL'S OFFICE;
 - (f) THE GOVERNOR'S OFFICE;
 - (g) MEDICAL PRACTITIONERS, WHICH MAY INCLUDE REPRESENTATION OF THE MEDICAL INDUSTRY, DOCTORS, NURSING HOMES, AND NURSES;
 - (h) MEDICARE AND MEDICAID;
 - (i) THE HEALTH INFORMATION TECHNOLOGY INDUSTRY;
 - (j) INFORMATION TECHNOLOGY ASSOCIATIONS;
 - (k) HOME HEALTH PROVIDERS;
 - (l) MENTAL HEALTH PROVIDERS;
 - (m) CONSUMERS;
 - (n) AT LEAST TWO MEMBERS OF THE COLORADO REGIONAL HEALTH INFORMATION ORGANIZATION;
 - (o) AT LEAST ONE REPRESENTATIVE FROM EACH HOUSE OF THE COLORADO GENERAL ASSEMBLY;
AND
 - (p) AN ASSOCIATION REPRESENTING ALL TYPES OF HOSPITALS THROUGHOUT COLORADO, INCLUDING PRIVATE AND GOVERNMENT-OPERATED, METROPOLITAN AND RURAL, INVESTOR-OWNED AND NOT-FOR PROFIT.

(2) (a) THE COMMITTEE MEMBERS SHALL ELECT A PRESIDING OFFICER.

(b) MEMBERS OF THE COMMITTEE SHALL SERVE WITHOUT COMPENSATION.

(3) (a) ON OR BEFORE JANUARY 1, 2009, THE COMMITTEE SHALL DEVELOP A LONG-RANGE PLAN FOR HEALTH CARE INFORMATION TECHNOLOGY, INCLUDING THE USE OF ELECTRONIC MEDICAL RECORDS, COMPUTERIZED CLINICAL SUPPORT SYSTEMS, COMPUTERIZED PHYSICIAN ORDER ENTRY, REGIONAL DATA SHARING INTERCHANGES FOR HEALTH CARE INFORMATION, DATA PRIVACY AND SECURITY MEASURES, INTEROPERABLE HEALTH INFORMATION TECHNOLOGY, AND OTHER METHODS OF INCORPORATING INFORMATION TECHNOLOGY IN PURSUIT OF GREATER COST-EFFECTIVENESS, IMPROVED EFFICIENCY, REDUCED REDUNDANCY, AND BETTER PATIENT OUTCOMES IN HEALTH CARE AND A DECREASE IN PRICE DISPARITIES IN INSURANCE COVERAGE FOR RESIDENTS OF THIS STATE. IN DEVELOPING THE LONG-RANGE PLAN, THE COMMITTEE SHALL STUDY THE EFFECT OF HEALTH CARE INFORMATION TECHNOLOGY ON PRICE DISPARITIES IN THE DELIVERY OF HEALTH CARE SERVICES FOR RESIDENTS OF THIS STATE. AS PART OF THE PROCESS OF MAKING RECOMMENDATIONS FOR INTEROPERABILITY, HEALTH INFORMATION EXCHANGE, AND HEALTH INFORMATION TECHNOLOGY, THE COMMITTEE SHALL CONSIDER UNIFORM NATIONAL STANDARDS, AS THEY ARE DEVELOPED OR RECOGNIZED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE AMERICAN NATIONAL STANDARDS INSTITUTE, THE HEALTH INFORMATION TECHNOLOGY STANDARDS PANEL, AND OTHER NATIONAL STANDARD-SETTING ORGANIZATIONS.

(b) THE LONG-RANGE PLAN SHALL CONSIDER:

(I) MAJOR STATEWIDE HEALTH CONCERNS;

(II) THE AVAILABILITY AND USE OF CURRENT HEALTH RESOURCES OF THE STATE, INCLUDING RESOURCES ASSOCIATED WITH INFORMATION TECHNOLOGY AND STATE-SUPPORTED INSTITUTIONS OF HIGHER EDUCATION;

(III) FUTURE HEALTH SERVICE, INFORMATION TECHNOLOGY, AND FACILITY NEEDS OF THE STATE; AND

(IV) THE AVAILABILITY AND USE OF THE CURRENT HEALTH RESOURCES AND STRATEGIES RELATED TO STATE-SUPPORTED INSTITUTIONS OF HIGHER EDUCATION.

(c) THE LONG-RANGE PLAN MAY:

- (I) PROPOSE STRATEGIES FOR THE CORRECTION OF MAJOR DEFICIENCIES IN THE SERVICE DELIVERY SYSTEM;
 - (II) PROPOSE STRATEGIES FOR INCORPORATING INFORMATION TECHNOLOGY IN THE SERVICE DELIVERY SYSTEM;
 - (III) PROPOSE STRATEGIES FOR INVOLVING STATE-SUPPORTED INSTITUTIONS OF HIGHER EDUCATION IN PROVIDING HEALTH CARE SERVICES AND FOR COORDINATING THOSE STRATEGIES WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING IN ORDER TO CLOSE GAPS IN HEALTH CARE SERVICES;
 - (IV) PROPOSE CHANGES TO STATE LAWS AND RULES IN ORDER TO MAKE THE LAWS CONSISTENT ON BOTH THE STATE AND INTERSTATE LEVEL IN ORDER TO ADVANCE THE INTEROPERABILITY OF HEALTH INFORMATION TECHNOLOGY;
 - (V) MAKE RECOMMENDATIONS AND PROPOSE CHANGES TO STATE PRIVACY AND SECURITY LAWS IN ORDER TO BEST SUPPORT PRIVACY AND SECURITY IN THE TRANSMISSION OF ELECTRONIC HEALTH INFORMATION AT THE STATE AND INTERSTATE LEVEL;
 - (VI) PROPOSE STRATEGIES FOR THE EXPANSION OF TECHNOLOGY INFORMATION SHARING AND ACCESS IN THE SERVICE DELIVERY SYSTEM;
 - (VII) PROVIDE DIRECTION TO THE GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY AND THE HEALTH AND HUMAN SERVICES COMMITTEES OF THE SENATE AND HOUSE OF REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES, TO IMPLEMENT THE STRATEGIES PROPOSED BY THE LONG-RANGE PLAN; AND
 - (VIII) PROPOSE STRATEGIES AND INVESTIGATE FUNDING SOURCES AND CONTINUED FINANCIAL SUPPORT FOR ANY STRATEGIES PROPOSED BY THE COMMITTEE.
- (d) THE PLAN MAY INCLUDE ANY OTHER ISSUES OR PROPOSALS AS DETERMINED BY THE COMMITTEE.
- (4) THERE IS HEREBY CREATED IN THE STATE TREASURY THE HEALTH INFORMATION TECHNOLOGY CASH FUND, WHICH IS AUTHORIZED TO RECEIVE GIFTS, GRANTS, AND DONATIONS FOR THE PURPOSES OF THIS PART 14 AND SECTION 25.5-5-321, C.R.S. MONEYS IN THE FUND SHALL BE SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY.

Any Questions

- Among the Panelists?
- From the audience?
- You can either
 - Unmute and ask as part of the call or
 - Use Q and A option in your web-assisted audioconference.
- After the call, email questions and suggestions for future web-conferences to:
 - Health.hitch@ncsl.org

To follow up

- Feel free to contact us for more information at Health.chaps@ncsl.org
- For more program information and related links, and to see past programs: <http://www.ncsl.org/programs/health/webcast2.htm>
- This program was recorded and will be made available on line.

Speakers' resources

- American Telemedicine Association
<http://www.atmeda.org/>
- Telemedicine, Telehealth, and Health Information Technology: An ATA Issue Paper May, 2006
http://www.americantelemed.org/news/policy_issues/HIT_Paper.pdf
- [Colorado Senate bill 196](#)
- [Colorado Senate bill 165](#)

Other Resources

- National Governors Association Center for Best Practices State Alliance for eHealth:
www.nga.org/center/ehealth
- HRSA Office for the Advancement of Telehealth
<http://www.hrsa.gov/telehealth/>
- FCC Rural Healthcare Providers Project
<http://www.fcc.gov/wcb/tapd/ruralhealth/>

Resources from NCSL

Related NCSL Projects

- **Health Information Technology Champions (HITCh)**

The HITCh partnership serves state legislators interested in health information technology (HIT) and health information exchange (HIE).

<http://www.hitchampions.org/>



- **Connecting America: Broadband Policy Issues and Options for State Legislatures**

NCSL's *Connecting America* project proposes to assist state legislators in understanding broadband and outline for lawmakers the various policy options that can facilitate the deployment of broadband throughout the states.

<http://www.ncsl.org/programs/lis/ConnectAmerica.htm>

Other NCSL Resources

- **State Health Notes articles on Health Information Technology**

<http://www.ncsl.org/programs/health/shn/hit.htm>

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State Health Notes

<http://www.ncsl.org/shn/>

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