TRANSFORMING HEALTH CARE WITH TELEHEALTH:
STATE AND NATIONAL TELEHEALTH POLICY TRENDS AND ISSUES

National Conference of State Legislatures
Challenges and Innovations in Rural Health Policy

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877-707-7172
cchpca.org

CENTER FOR CONNECTED HEALTH POLICY

Mario Gutierrez
Executive Director

Center for Connected Health Policy
The National Telehealth Policy Resource Center

We are part of the Public Health Institute, an independent, ***public interest*** organization dedicated to promoting better systems of care improved health outcomes & provide greater ***equity of health access to quality, affordable care and services for all***

HRSA/OAT GRANT 2012-2016

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TelehealthResourceCenters.org

THE VALUE PROPOSITION FOR TELEHEALTH

*Advances in telecommunication technologies can help **redistribute** health care **expertise and resources** to where and when it is needed, and create greater **value** among consumers, public & private payers, and health systems*

VALUE OF TELEHEALTH

1. Timely Access to Diagnosis & Treatment

- Primary and Specialty Care Services (Live or Asynchronous Store & Forward)
- Direct to Consumer
- Acute, Chronic, & Emergency Care

VALUE OF TELEHEALTH

2. Enhanced Consultation/Communication

- Patient/Consumer ⟺ Health Care Team
  - Uses secure portal for email communication or live video using smart phone, tablet or computer.
  - Directly Connects Consumers to Care Team
  - Primary Care ⟺ Specialist

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3. VALUE OF TELEHEALTH

Remote Monitoring

- Management of Chronic Conditions
- In Home-Aging in Place
- Acute Intensive Care (Tele-ICU)
- Bluetooth or broadband connected

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Value of Telehealth: Aging in Place

- Close to Family /Social Supports Improves Well-Being
- Enhances the Care Giver Support Reduces Sense of Isolation
- Delays Institutionalization to Skilled Nursing/Long-Term Care
- By 2030 One in Five of US Population will be over 65

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

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Medicaid Program

CMS reimbursement policy for Medicaid:

"States may reimburse for telehealth under Medicaid so as long as the service satisfies federal requirements of efficiency, economy, and quality of care."

KEY POLICY AREAS OF ANALYSIS & REFORM

- **Definition:** Telemedicine or telehealth?
- **Reimbursement:** by modality (live video, store and forward, remote patient monitoring)
- **On-line Prescribing:** In-person exam required?, who is eligible, and what type of drugs
- **Consent:** (written, verbal, none?)
- **Cross-state licensing:** conditional practice, FSMB compact
- **Private Payer Parity:** (parity of service, payment, conditioned to terms of policies?)
- **Location of Service:** originating site requirements
- **Site Transmission Fee:** yes, no?

NO TWO STATES ARE ALIKE!

43 states
Have a definition
for TELEMEDICINE

32 states & DC
definition for *TELEHEALTH*

Reimbursement:
Live Video: 47 states
Store and Forward
Only in 9 states

Remote Patient Monitoring: 16 states
Reimburse for all three: Only 5 states

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As of March 2017

PARITY IN PAYMENT WITH IN-PERSON

35 states and DC
have active telehealth private payer laws

*This is the **most common** policy change at the 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"

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As of March 2017

CROSS-STATE LICENSING

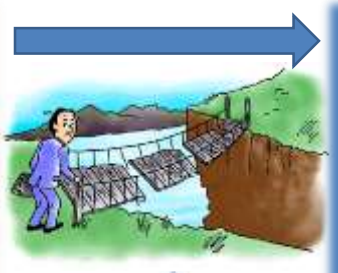
FSMB INTERSTATE LICENSURE COMPACT

- Created an **Interstate Commission** to issue expedited medical licenses---**19** states have now passed the language
- FBI has raised concerns on Compact authority for background checks. For the time being, only physicians in Alabama, Idaho, Iowa, Kansas, West Virginia, Wisconsin, Wyoming, Colorado and Nebraska **can apply to be licensed** in one of more of the 19 member states
- Montana, South Dakota, Nevada, Utah, Arizona, Minnesota, Illinois, Pennsylvania, Vermont and Mississippi are in limbo and may have to modify legislation
- Eight other states – Washington, Michigan, Rhode Island, Tennessee, Georgia and Texas and Washington D.C. – have introduced legislation to join the compact

MOVING FROM VOLUME TO VALUE-BASED CARE

Volume-based

- Pay for service (volume)
- 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

FEDERAL LANDSCAPE: CHRONIC CARE ACT S.870 & CONNECT FOR HEALTH ACT of 2017

- Re-introduced by Senate Finance Committee Chairman Orrin Hatch (R-Utah) and Ranking Member Ron Wyden (D-Ore.)Strong **Bipartisan** Support & contains major telehealth provisions targeted at patients with chronic conditions, beginning in 2019.
- **CONNECT ACT** introduced by Schatz (D-Hawai'i) and Cochran (R-Miss) reforms use of telehealth in Medicare

THANK YOU!

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MARIOG@CCHPCA.ORG