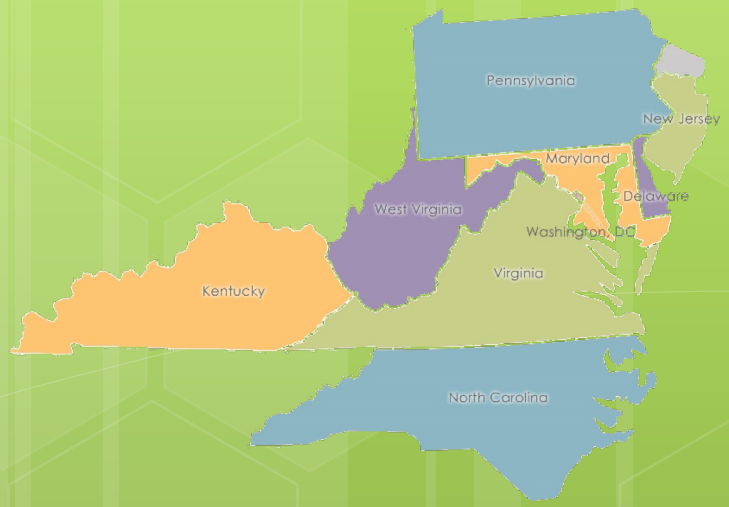
Mid-Atlantic Telehealth Resource Center




Serving Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, Washington DC and West Virginia

# ADFM

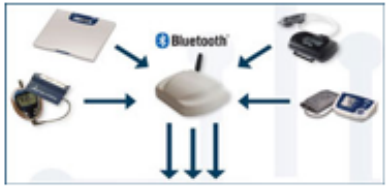
January 10, 2020

# The Current State, Policy and Training Challenges

# The Promise of Telehealth

**A mechanism for enhancing health care, public health, health administration and health education delivery and support, using electronic communication and information technology.**

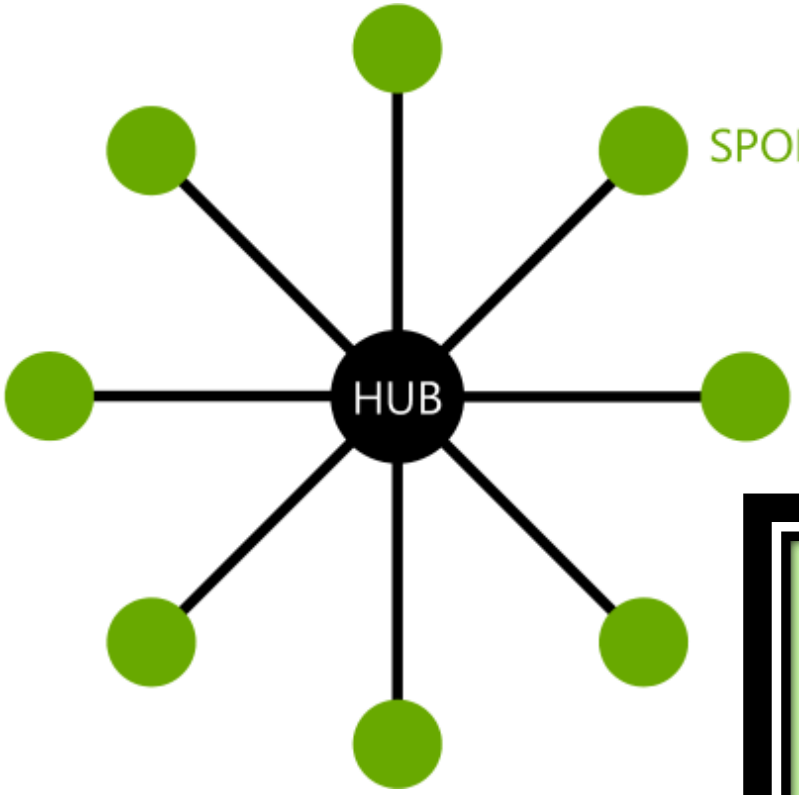
# Telehealth

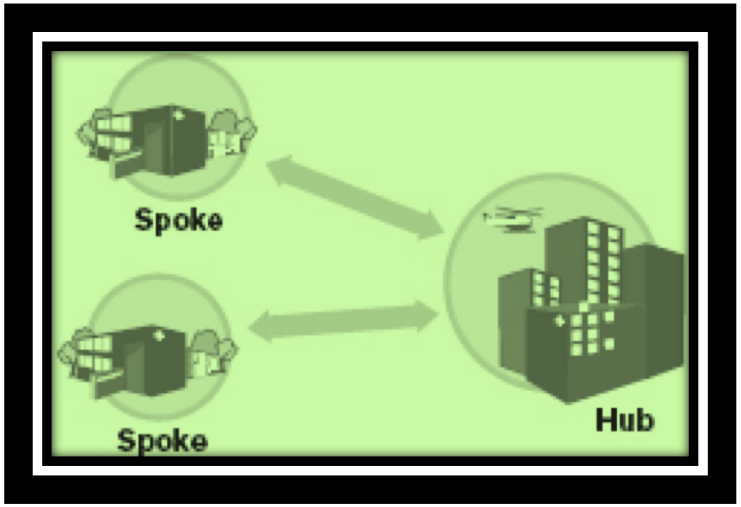
| | Synchronous "Live Video" | Asynchronous "Store and Forward" |
|---|---|---|
| "Clinician to Patient at Health Facility" |  |  |
| "Clinician to Patient at Non-Health Facility |  |  |
| "Clinician to Clinician" |  |  |

# Telehealth

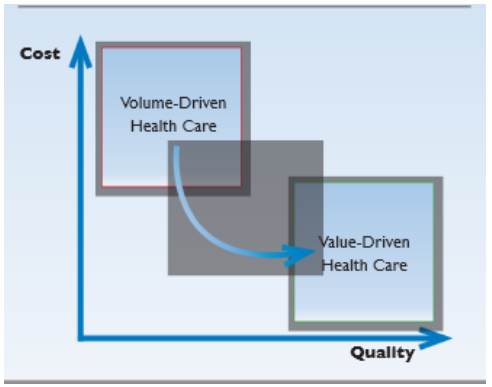
**Telehealth Technology is Just One Tool in the Clinician's Toolbox – Telehealth is NOT a Separate Service**

# It Looked Like This



# Things Changed


**The Challenges**

Which of these clinical, financial or patient engagement challenges are most important for your organization's successful transition to VBP? (Top Five)

Effective use of intervention strategies for chronic disease patients — 60%

Improve patient education and engagement — 55%

Reduce preventable readmissions — 49%

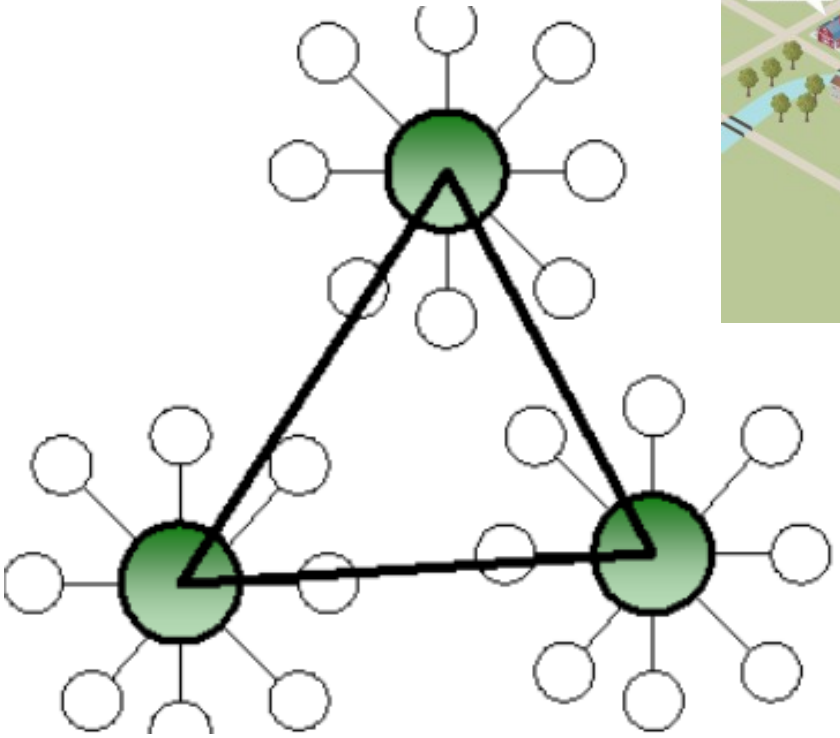
Improve patient/family experience and satisfaction — 47%

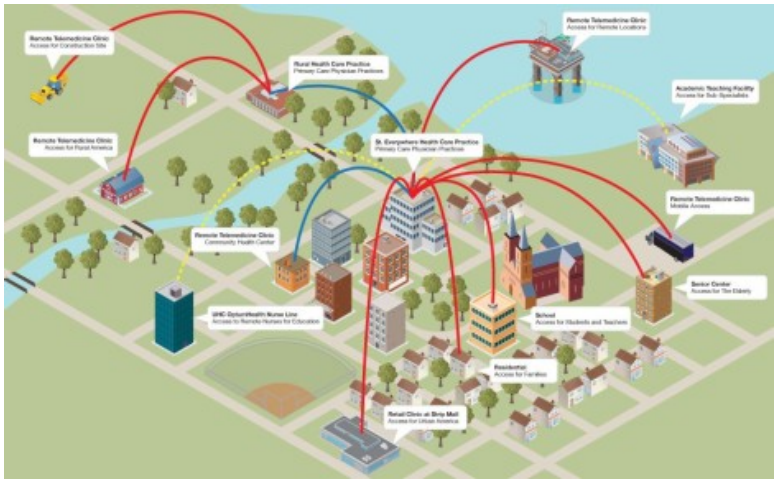
Improve transitions of care through better coordination — 45%

# Things Changed

# Current State

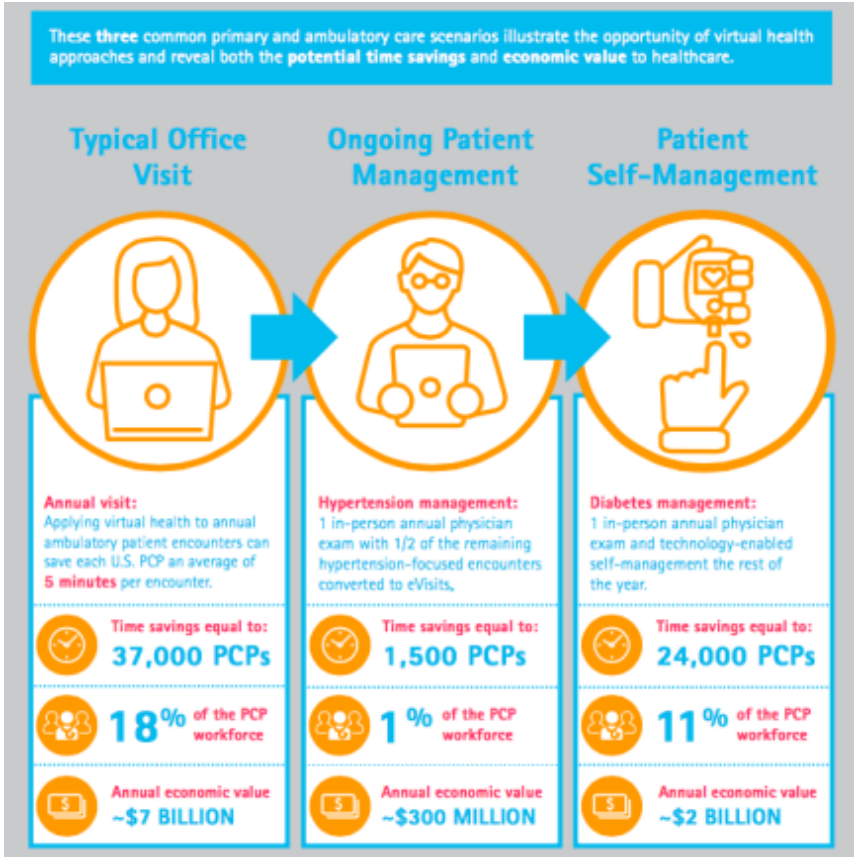
## It Now Looks Like This





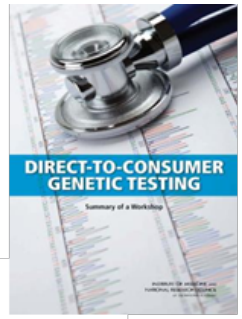
# Current State

# Integration of telehealth into mainstream care delivery




https://www.accenture.com/us-en/insight-virtual-health.aspx

# Current State

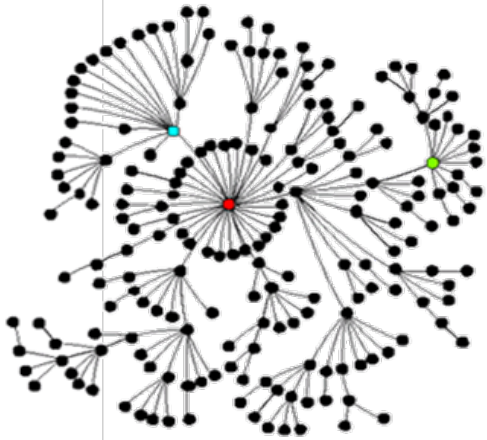




Growing Telehealth Options – On-Demand Medicine

zipnosis · Ringadoc · MDLIVE · American Well · kura · Rubicon MD · pager · StatDoctors · Teladoc · FRUITST · vivre · Philips Hospital to Home · CARENA · Online USA Doctors · virtuwell · healthspot · CareClix · Dr Doctor On Demand · InTouch Health · iSelectMD · Avizia · NutreaLife · Iris Telehealth · PlushCare · Vidyo · mevisit · Honeywell Life Care Solutions · CloudVisit Telemedicine · NowClinic · Healthsense

THINK Health

*Source: THINK-Health curated list of telehealth companies, 24 September 2015*

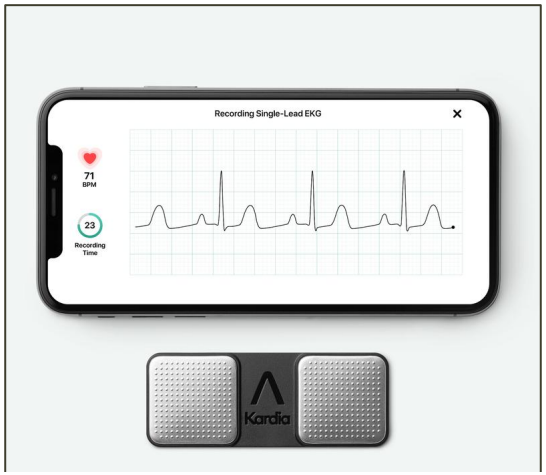


# Current State


## FDA Approved Medical Devices for Patient Use

### A Smart Watch That Monitors Blood Pressure?

Biobeats has received a nod from FDA for a device that can monitor blood pressure, pulse rate, and oxygen saturation.

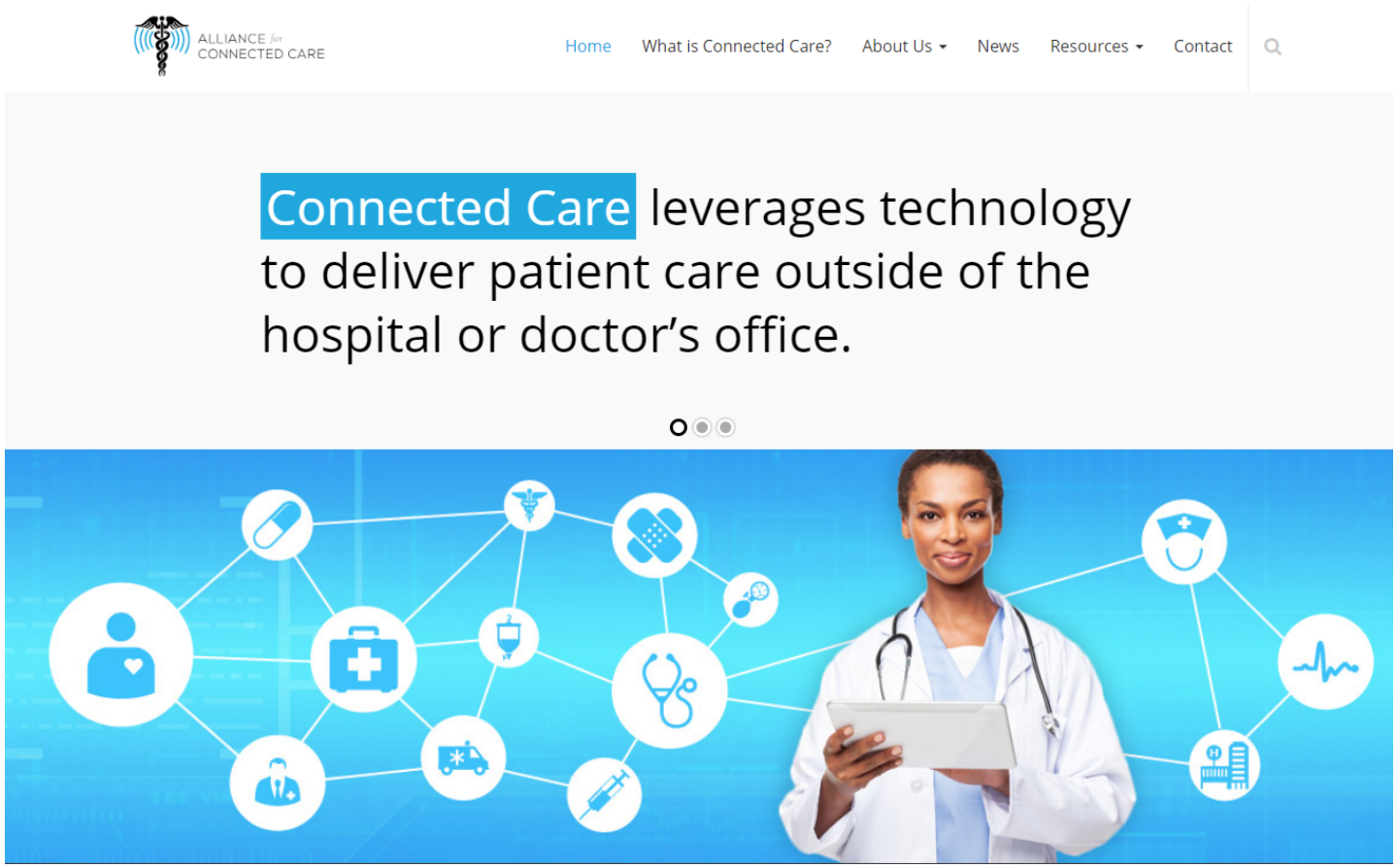

AliveCor® KardiaMobile 6L | FDA-Cleared | Wireless 6-Lead EKG | Works with Smartphone | Detects AFib or Normal Heart Rhythm in 30 Seconds

by AliveCor

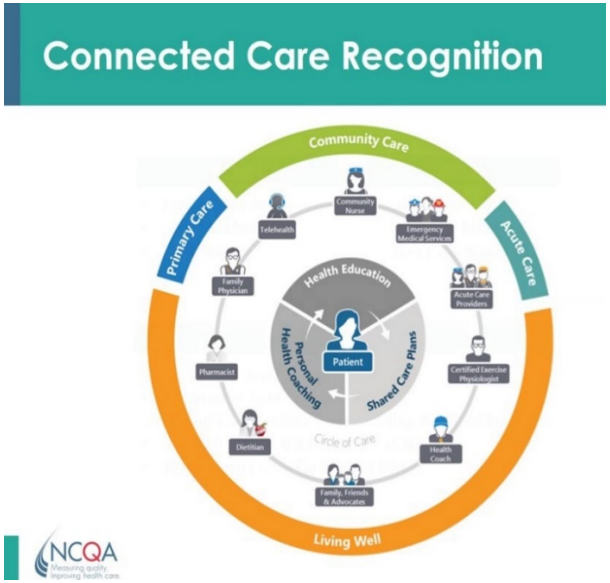
★★★★☆ 431 ratings | 142 answered questions

Amazon's Choice for "kardiomobile heart monitor"

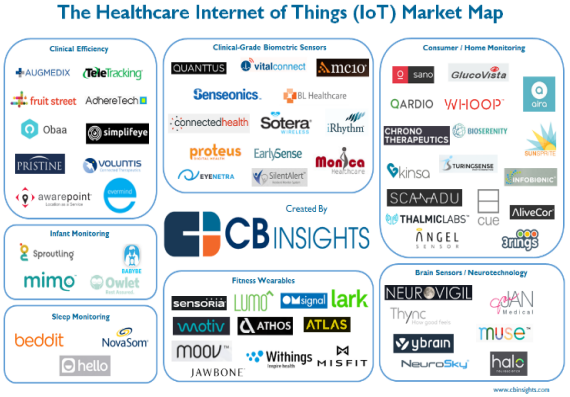
# Around the Corner



# Around the Corner





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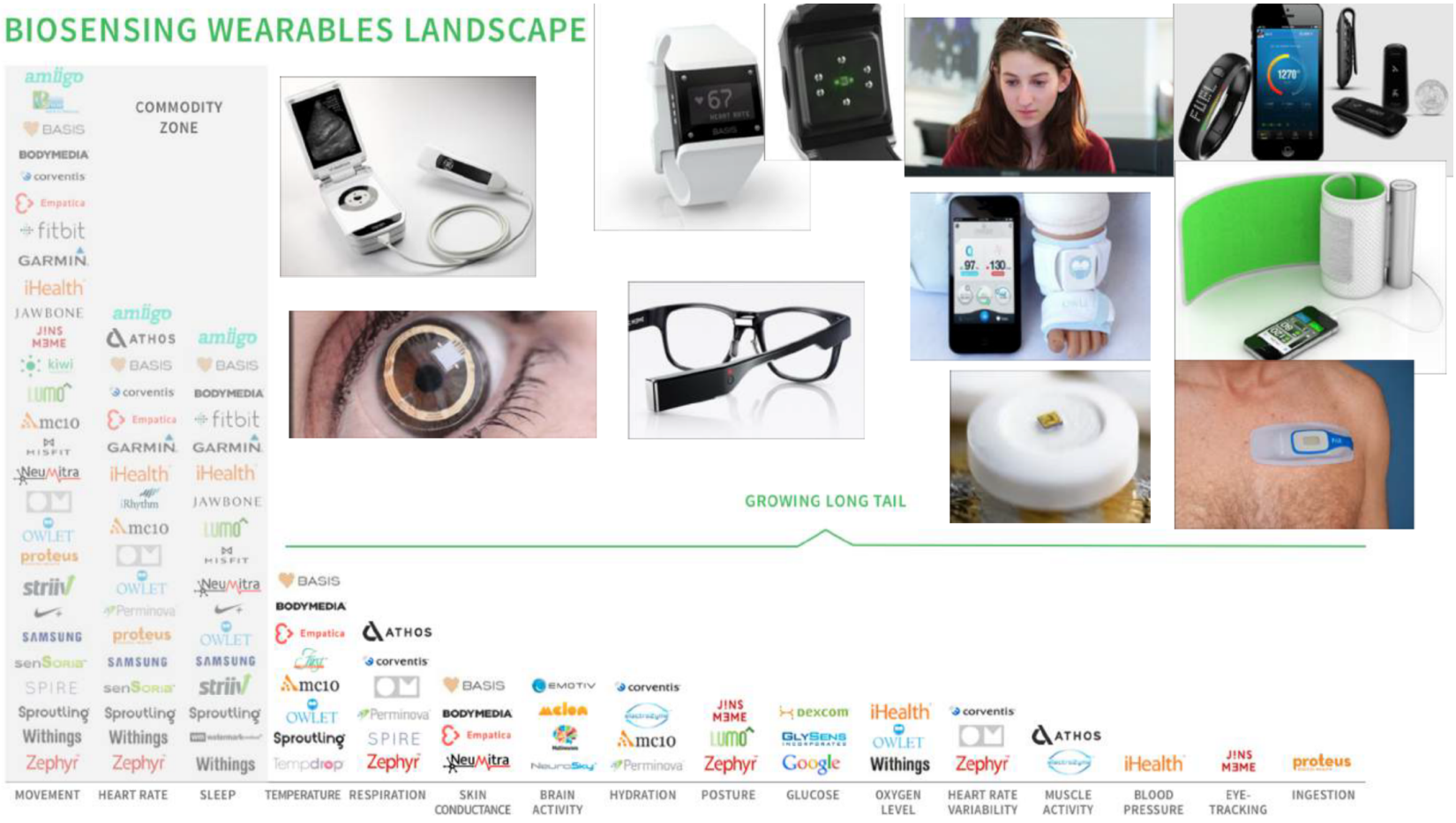
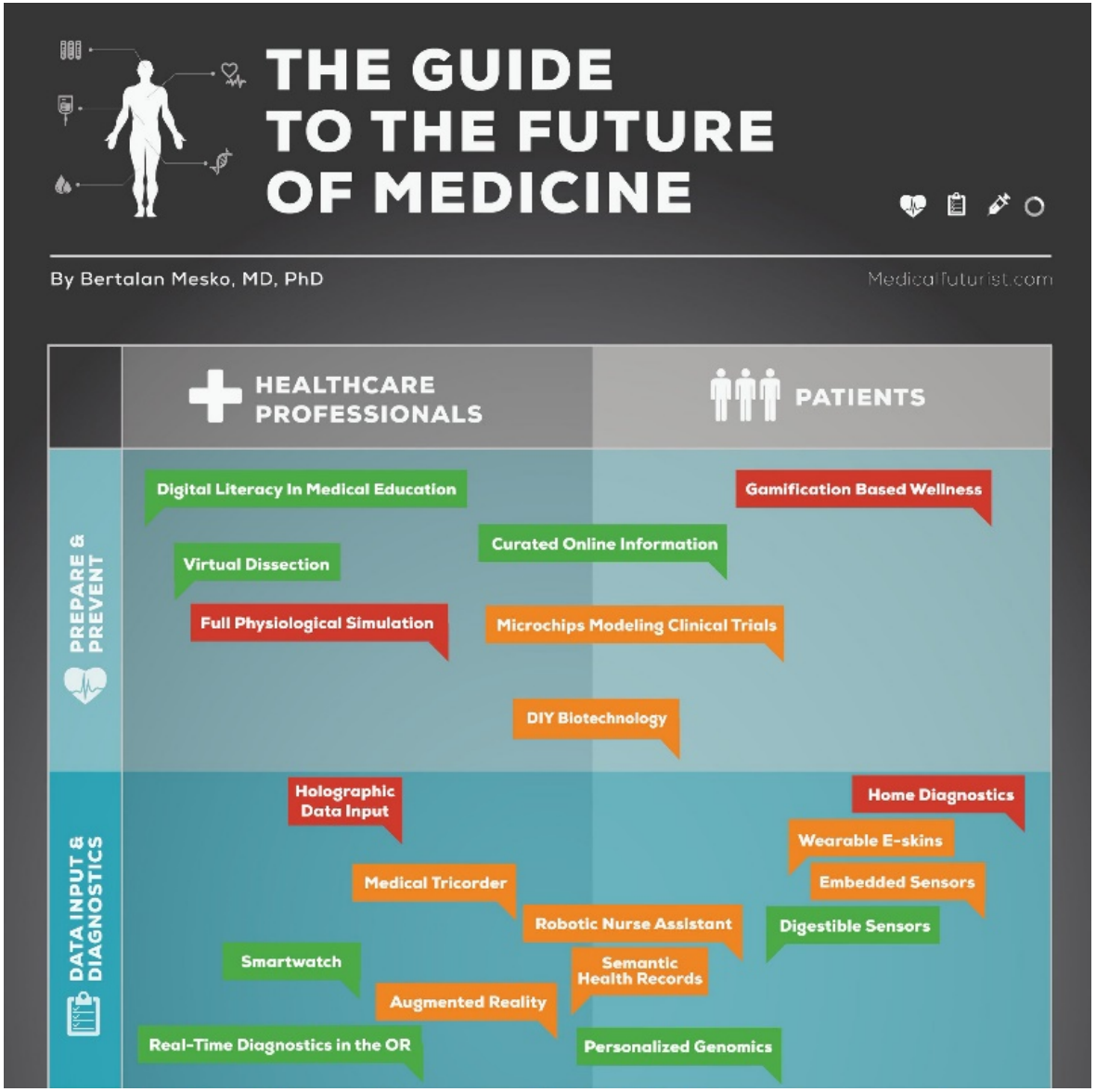
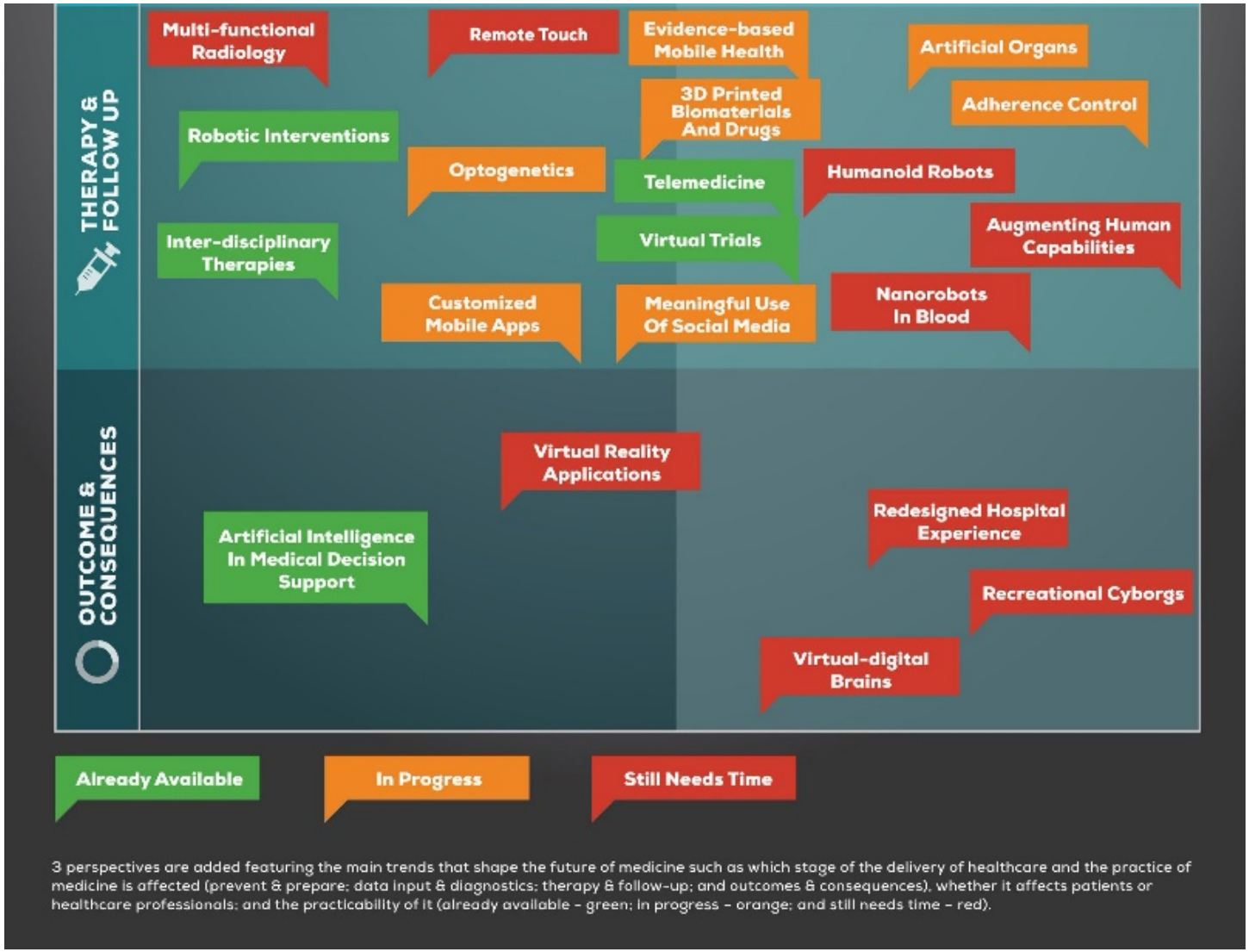



Source: Rock Health review of 75+ companies (companies are selected, not comprehensive)

# Around the Corner



# Around the Corner




3 perspectives are added featuring the main trends that shape the future of medicine such as which stage of the delivery of healthcare and the practice of medicine is affected (prevent & prepare; data input & diagnostics; therapy & follow-up; and outcomes & consequences), whether it affects patients or healthcare professionals; and the practicability of it (already available – green; in progress – orange; and still needs time – red).

# Do People Want It?

## Methodology

An quantitative online survey was conducted by Penn Schoen Berland in eight countries among a representative sample of 12,000 adults 18+ from July 28 to August 15, 2013.

| | All | DEVELOPED | | | | EMERGING | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Global | US | Japan | France | Italy | Brazil | China | India | Indonesi |
| Sample Size | 12002 | 1500 | 1500 | 1500 | 1501 | 1500 | 1500 | 1501 | 1500 |
| Margin of Error | +/- 0.89 | +/- 2.53 | +/- 2.53 | +/- 2.53 | +/- 2.53 | +/- 2.53 | +/- 2.53 | +/- 2.53 | +/- 2.53 |

**Surprising Findings:**

- Traditional hospitals, according to 57% of people, will be obsolete in the future
- Majority of people (84%) would be willing to share their personal health information to advance and lower costs in the health care system
- More than 70% of people are receptive to using toilet sensors, prescription bottle sensors and swallowed health monitors
- 72% of those surveyed would be willing to see a doctor via video conference for non-urgent appointments
- 66% of people say they would prefer a care regimen that is designed specifically for them based on their genetic profile or biology

# Challenges

## But The Struggle Is Real

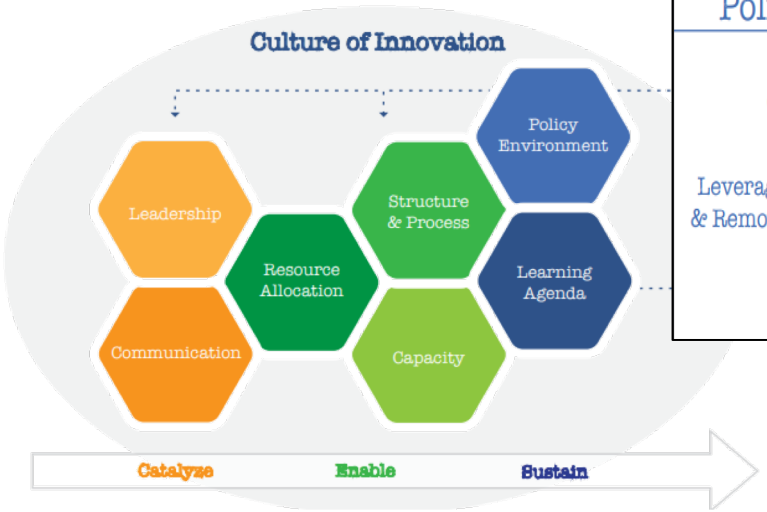
# Policy Challenges

# CULTURE OF INNOVATION NOT SUPPORTED BY POLICY ENVIRONMENT

## Factors Driving Innovation Culture

Based on our research and considering our working definition for culture of innovation, we have identified **seven factors** that we believe are required to enable and sustain an effective culture of innovation over time. These factors, illustrated in Figure V, are dynamic and interactive, working together to enable or constrain the culture you seek. Similarly, each of these major factors are comprised of constituent elements.

**Figure V: Seven Factors Driving Innovation**




### Policy Environment

**Orientation** — District or state policy environments can be preventive (constrains innovation), permissive (allows, but doesn't support) or enabling (actively promotes, supports and rewards risk-taking).

**Leverage Enablers & Remove Barriers** — Leaders should actively seek to create more policies that promote and reward the innovative behaviors you seek while also stopping the policies that inhibit innovation.

**Aligned Incentives** — Wherever possible, system-level incentives should be aligned to the outcomes you seek.

2REVOLUTIONS
Do What You Love For Good

The Learning Accelerator

# Reimbursement


Aetna®

Anthem®

BlueCross BlueShield


More to Come in Part 2!

# Licensure

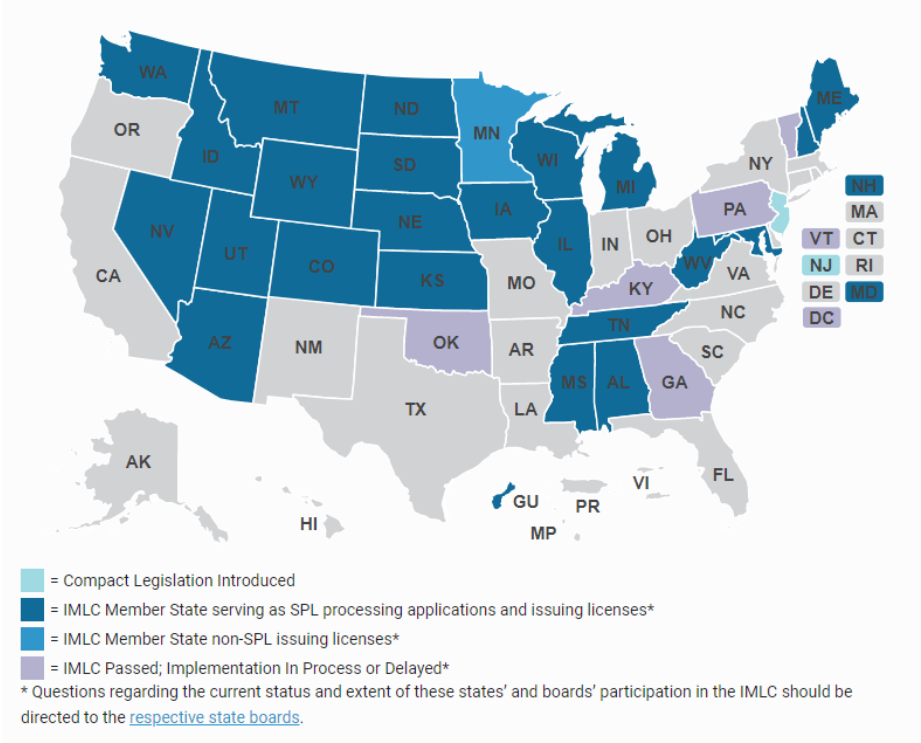

- **Determination of criteria, issuance and enforcement of health professional licensure is a right delegated to the states**

- **Other than for Veterans' Health Administration providers, there is no true physician licensure portability**

VA | U.S. Department of Veterans Affairs
Veterans Health Administration

- **A provider must hold a valid license in the state WHERE THE PATIENT IS PHYSICALLY LOCATED AT THE TIME OF SERVICE**

# Interstate Medical Licensure Compact




**(Last Updated October 2019)**

- **Drafted by Federation of State Medical Board**
- **Offers expedited process to obtain physician license**
- **Enacted in 29 states, DC and Guam**
- **Some states have chosen to go with licensure by endorsement instead**

# Federal Standards – Ryan Haight Act

- No controlled substance may be delivered, distributed, or dispensed without a "Valid Prescription"
- "Valid Prescription" A prescription issued for a legitimate medical purpose in the usual course of professional practice
- A Prescription issued by a practitioner who has conducted. at least 1 "in-person medical evaluation" of the patient

# Federal Standards – Ryan Haight Act and Telemedicine

**"…a practitioner engaged in the practice of telemedicine within the meaning of the Act is exempt from the requirement of an in-person medical evaluation as a prerequisite to prescribing … controlled substances by means of the Internet."**
**(Ryan Haight, 74 FR 15603)**

# Federal Standards – Ryan Haight Act and Telemedicine Defined

(A) is being conducted -

while the patient is being treated by, and physically located in a DEA- registered hospital or clinic.

OR

(B) is being conducted -

while the patient is being treated by, and in the physical presence of, a DEA-registered practitioner.

**Exceptions to DEA Registration**

- Employee or Contract of Veterans Affairs (VA) or Indian Health Service or Tribal Organization
- Medical Emergency (VA) or Public Health Emergency
- Special Registration for Telemedicine

# Federal Standards – Ryan Haight Act

The *Special Registration for Telemedicine Clarification Act of 2018* amends Section 831(h)(2) of the Controlled Substances Act (21 U.S.C. § 831(h)(2)) to read as follows:

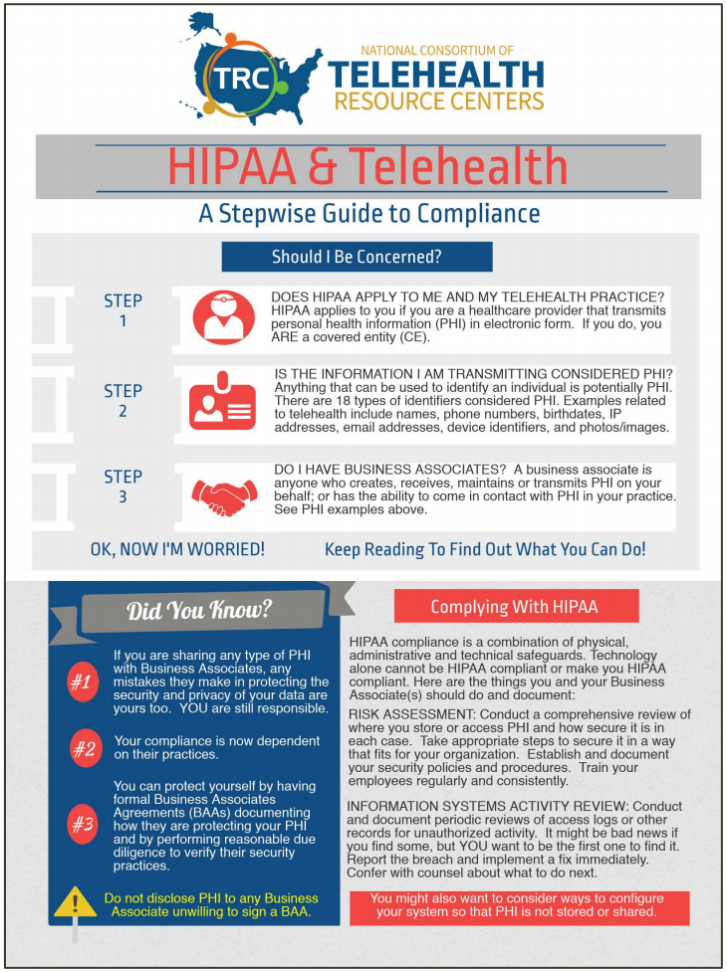
(2) REGULATIONS. — Not later than 1 year after the date of enactment of the SUPPORT for Patients and Communities Act, in consultation with the Secretary, the Attorney General shall promulgate final regulations specifying —

- the limited circumstances in which a special registration under this subsection may be issued; and
- the procedure for obtaining a special registration under this subsection.

Establishing a timeframe for the DEA to issue final regulations regarding the special registration means that there is a date in sight at which time providers will have greater clarity on how to pursue this special registration.

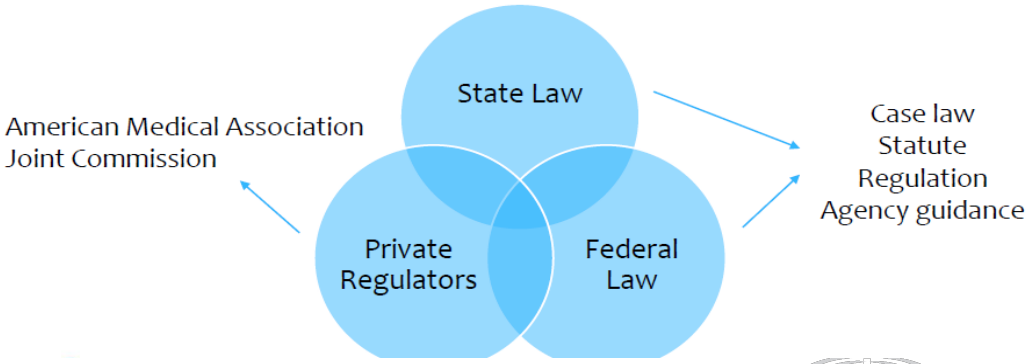
However, providers should not consider this development in a vacuum. Many states have enacted laws on prescribing via telemedicine, and some state requirements may be more restrictive.

# Privacy + Security





# Liability/Malpractice




Mid-Atlantic Telehealth Resource Center

# Medical Malpractice


**DUTY**

**BREACH**

**CAUSATION**

**+ DAMAGES**

**NEGLIGENCE**

**Physician Patient Relationship Exists**

**Standard of Care is Breached**

**The Breach Causes Injury**

**Medical Expenses, Lost Wages, Pain and Suffering**

Mid-Atlantic Telehealth Resource Center

# Supervision

As a general rule of thumb, CMS defines “General Supervision” as meaning that the physician or Advanced Practitioner is available by telephone to provide assistance and direction as needed. For procedures that specifically fit under the general supervision requirement, then telehealth can be used to meet that requirement since it exceeds the telephone requirement.

## PAYMENT FOR PHYSICIAN SERVICES IN TEACHING SETTINGS

Medicare pays for services furnished in teaching settings through the Medicare Physician Fee Schedule (PFS) if the services meet one of these criteria:

- They are personally furnished by a physician who is not a resident
- They are furnished by a resident when a teaching physician is physically present during the critical or key portions of the service or
- They are furnished by a resident under a primary care exception within an approved Graduate Medical Education (GME) Program

**Physically Present**

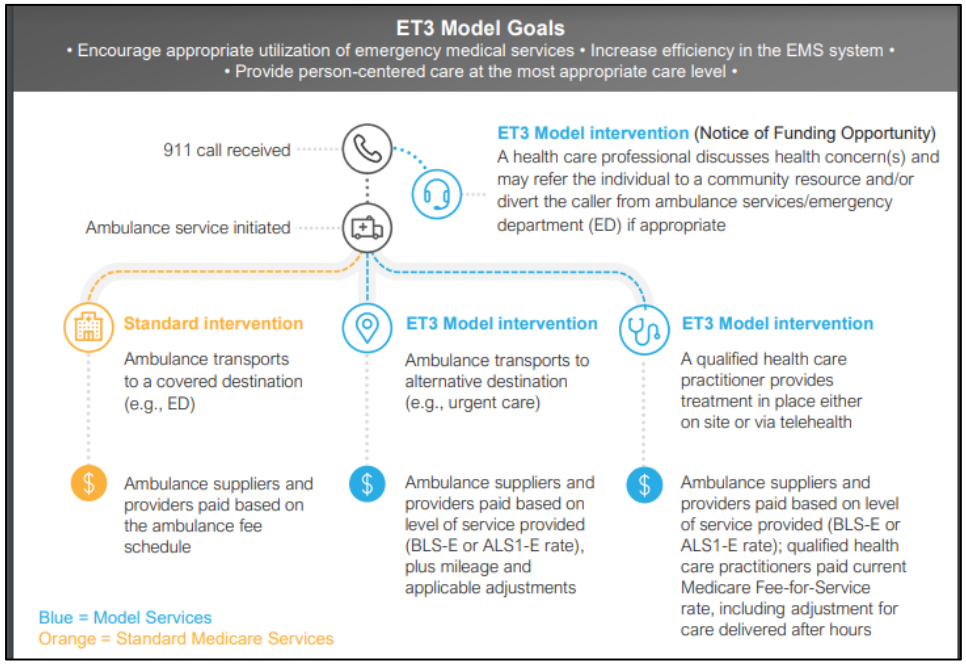
When the teaching physician is located in the same room as the patient (or a room that is subdivided with partitioned or curtained areas to accommodate multiple patients) and/or performs a face-to-face service.

# Supervision

The American Medical Association (AMA) circulated resolution language at the AMA's Annual House of Delegates Meeting held in June of 2016 which stated that the AMA "supports pilot programs in the Medicare program to enable virtual supervision of 'incident to' services that require direct supervision if those programs abide by certain principles."[1] Those principles include:[2]

- The physician billing the "incident to" services must meet requirements of direct supervision of "incident to" services which includes seeing the patient and initiating the course of treatment, and providing services that shows active management and participation in the course of treatment.
- Supervision by the physician should conform to all applicable state laws in the state where the patient receives services.
- Non-physician practitioners must follow all state licensing laws and state medical practice laws during the provision of the "incident to" services.
- State scope of practice laws must be followed and the physician must be connected through real-time audio and video technology with the room where the service is provided, and to ensure that the physician is immediately able to provide assistance.
- Virtual supervision of "incident to" services must follow evidence-based practice guidelines when available.
- The physician providing the virtual supervision should visit the sites where the "incident to" services will be performed.
- Physicians providing virtual supervision of the "incident to" services must establish protocols for arranging emergency services "including having an agreement with a physician at the site at which the 'indecent to' services are provided, to ensure immediate assistance."

# Workforce




## Rural West Texas EMS Providers to Try Out a Telehealth Backpack

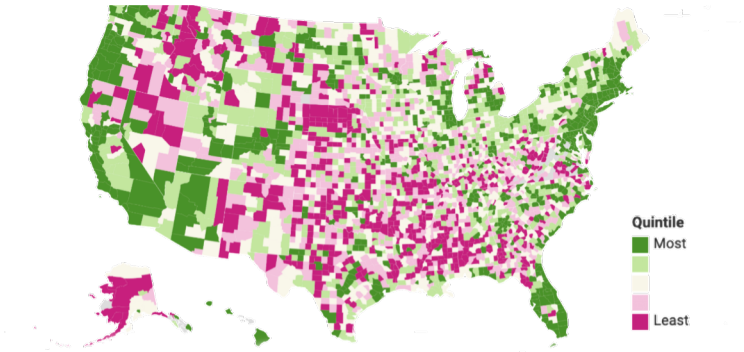
A Texas health system will equip 10 ambulances with telehealth backpacks and broadband connectivity to help EMS providers connect with health systems n an area larger than New England.

Source: ThinkStock

**Most states do not recognize EMS as a health care provider or EMS facilities as health care facilities. Thus, they get "paid" to transport, but not to provide care. In addition they aren't eligible for broadband assistance.**

# Broadband

# INADEQUATE INFRASTRUCTURE




Microsoft study of percent of downloads that reached or exceeded 25 megabits per second. (Map: Daily Yonder using Microsoft dat

**RURAL DOWNLOAD SPEEDS ARE WORSE THAN REPORTED, MICROSOFT STUDY SAYS**

By Roberto Gallardo | February 5, 2019 | Print article

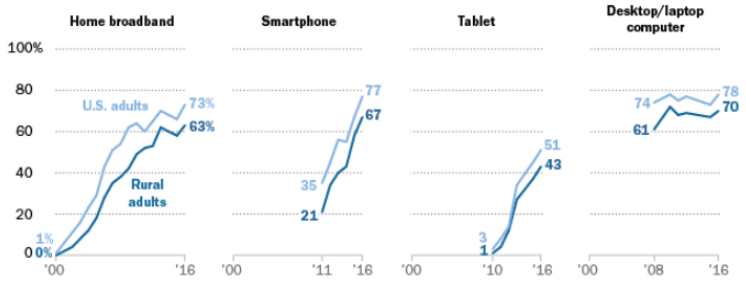
MAY 19, 2017

## Digital gap between rural and nonrural America persists

BY ANDREW PERRIN

**Despite growth, rural Americans have consistently lower levels of technology adoption**

*% of U.S. adults who say they have ...*

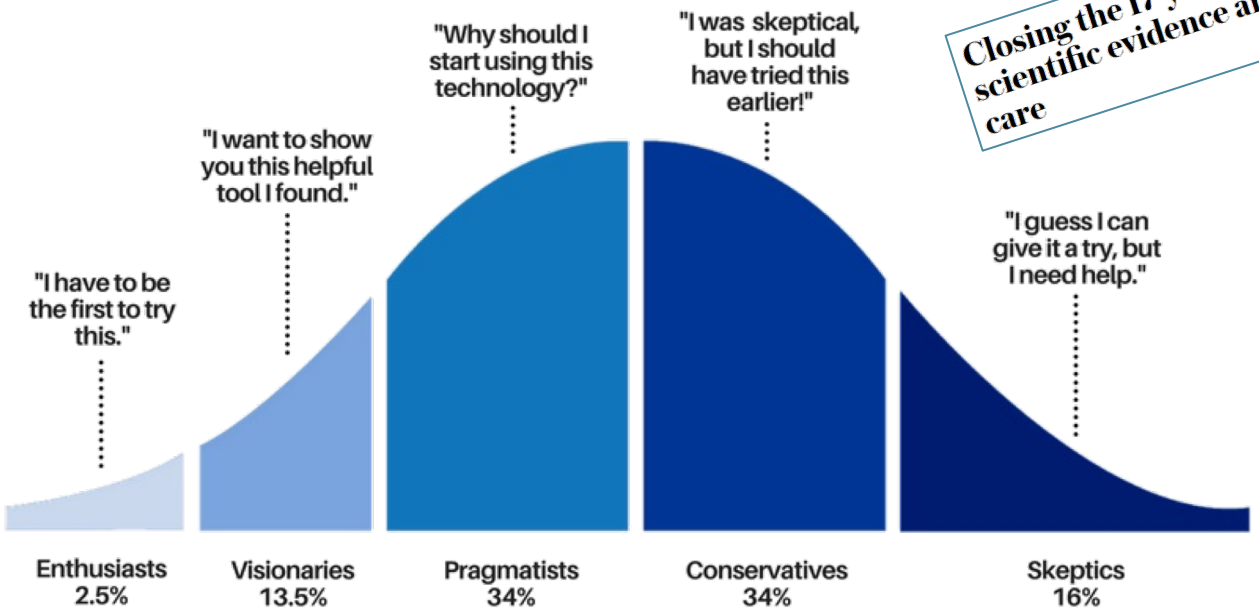



Source: Survey conducted Sept. 29-Nov. 6, 2016. Trend data from other Pew Research Center surveys.

PEW RESEARCH CENTER

# Training Challenges

# SLOW DIFFUSION OF INNOVATION




Closing the 17-year gap between scientific evidence and patient care

# Training Challenges

## FEAR


# Training Challenges

## What needs to change in medical education to prepare clinicians of the future

Michael Pitt a professor of pediatrics at the University of Minnesota School of Medicine outlined how the medical education system can adapt to the challenges of the future during a speech at the Manova Summit in Minneapolis.

## Training future doctors: how does medical education need to adapt?

From teaching compassion to raising the standards of postgrad courses, experts from across the sector discuss how universities can improve training

## Medical school hasn't changed much in a century. Here are 5 ways to fix that

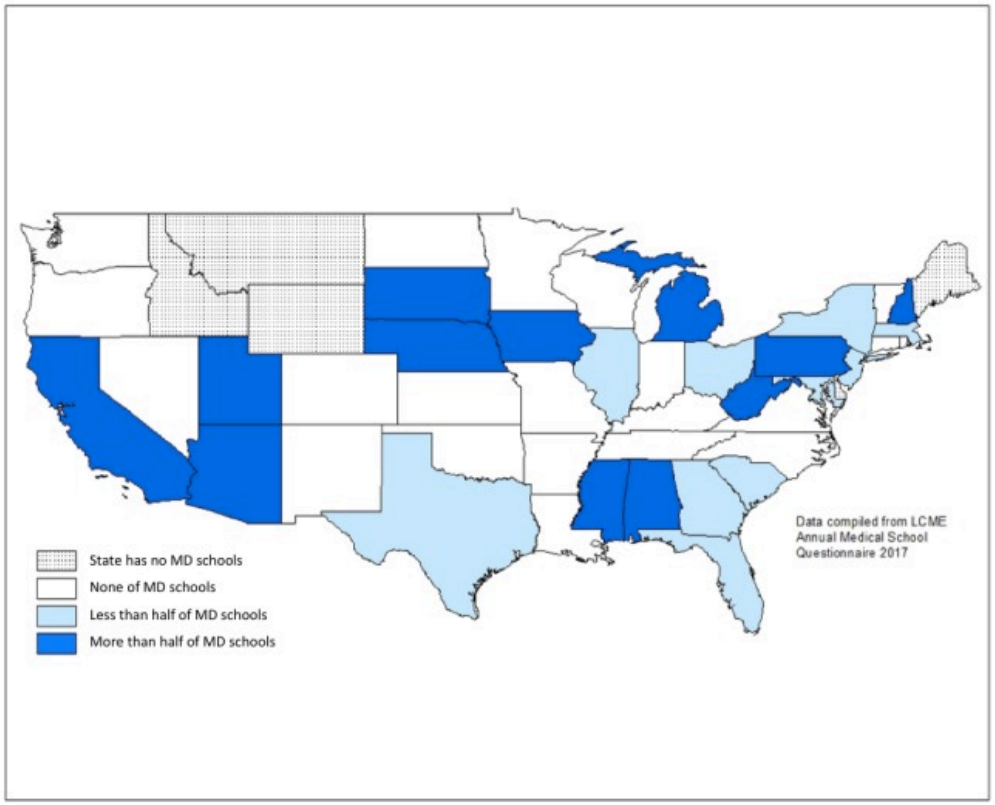
By AKHILESH PATHIPATI / JULY 7, 2016

# Training Challenges

## Telemedicine Training in Undergraduate Medical Education: Mixed-Methods Review

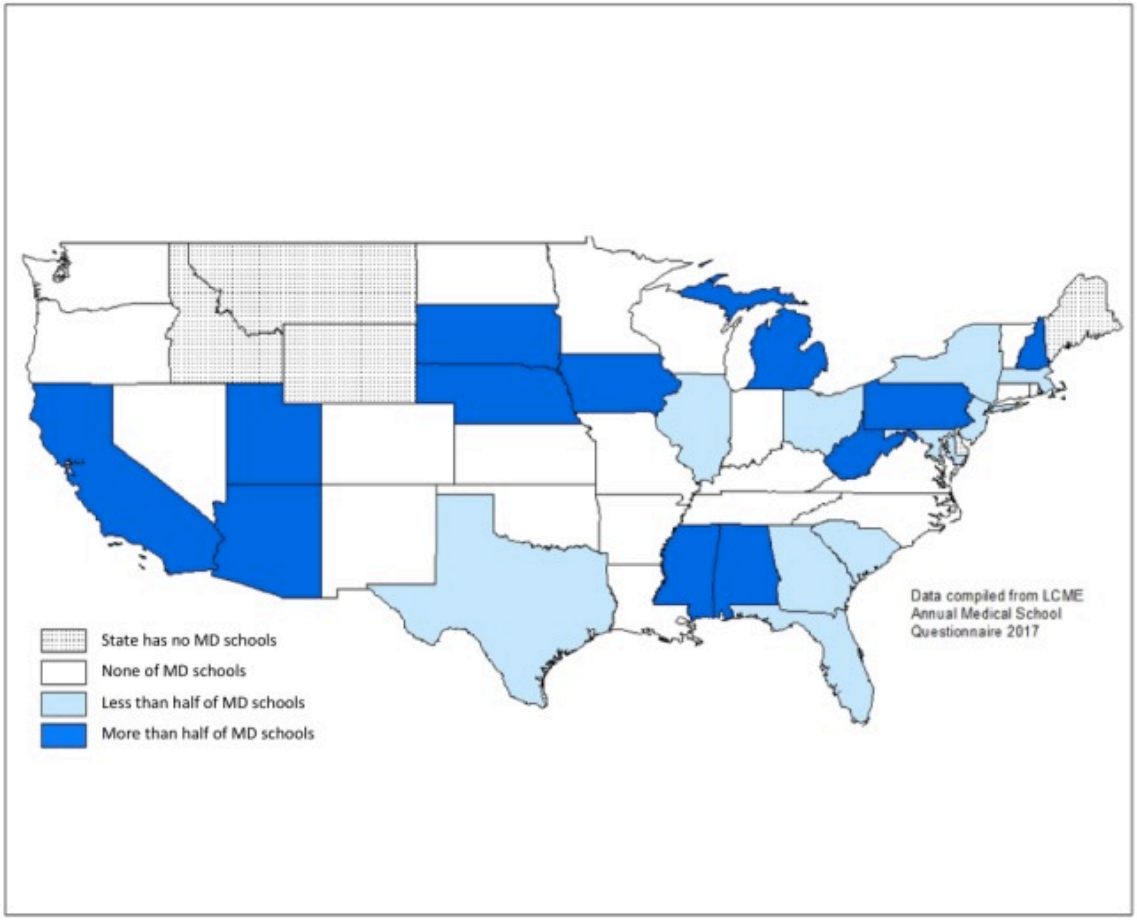
Shayan Waseh, MPH and Adam P Dicker, MD, PhD, FASTRO

Proportion of US MD Medical Schools with a preclinical telemedicine curriculum by state.
LCME: Liaison Committee on Medical Education;
MD: Doctor of Medicine.



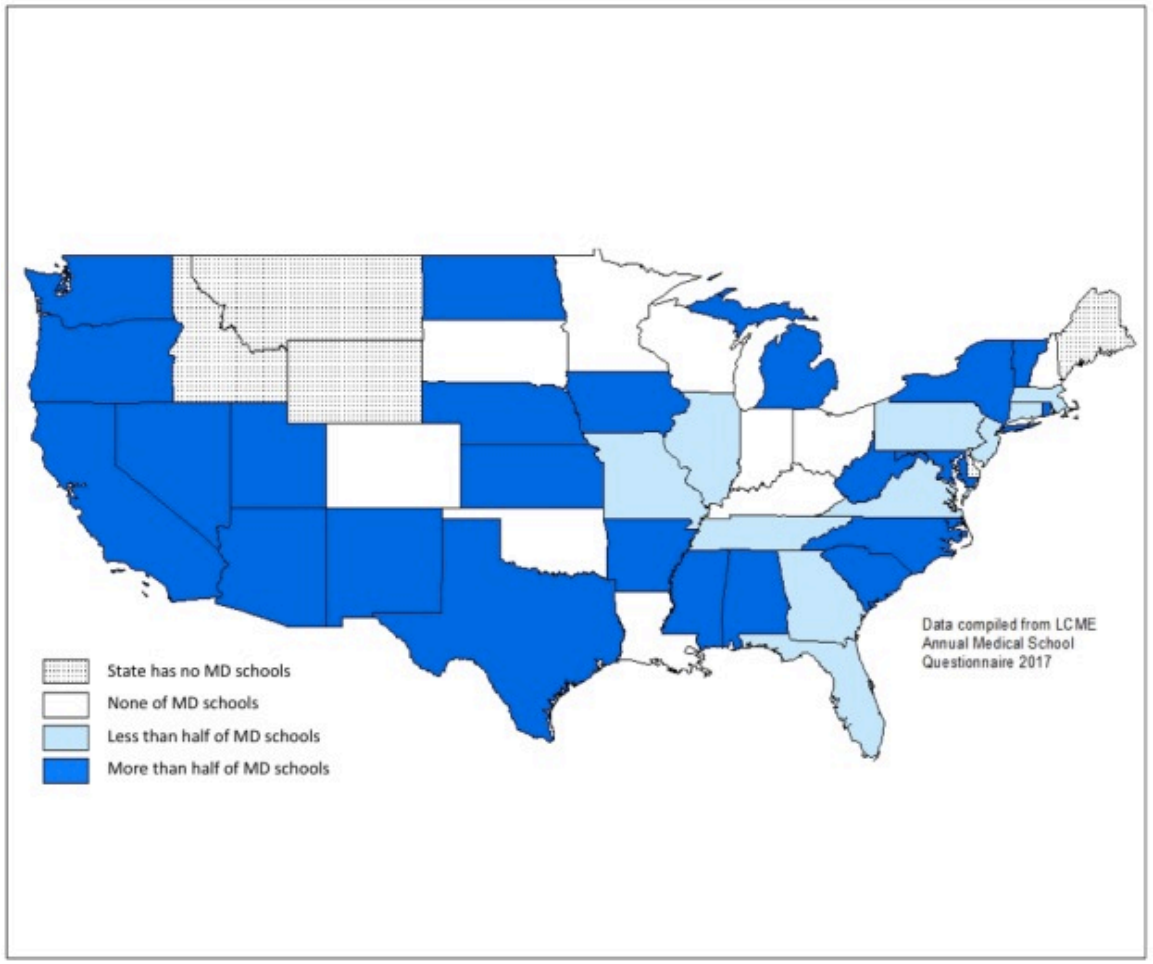
# Training Challenges

Proportion of US MD Medical Schools with a preclinical telemedicine curriculum by state. LCME: Liaison Committee on Medical Education; MD: Doctor of Medicine.



# Training Challenges

Proportion of US MD Medical Schools with a clinical telemedicine curriculum by state. LCME: Liaison Committee on Medical Education; MD: Doctor of Medicine.



# Training Challenges

Medical students have been shown to graduate feeling unprepared to utilize telemedicine effectively and feeling uninformed about the laws governing telemedicine use [16]. At the same time, there is a growing appreciation among medical students that such training would be both relevant and important for their future work [17]. Therefore, the acceleration of the implementation of telemedicine training into the undergraduate medical education curriculum in the United States is of vital importance.

# Training Challenges

## The Future of Telemedicine Education

To accomplish this, telemedicine training in undergraduate medical education should move beyond the simple exposure of medical students to telemedicine technology and seek to augment such exposure with at least basic understanding of the complex governmental, socioeconomic, and cultural principles involved. This is especially important in light of the rapid pace of technological innovation in the telemedicine space; future physicians must not only be trained to use telemedicine but also to do so professionally, safely, and in an evidence-based manner [19].

The likely answer to this concern is already being explored by a multitude of medical schools that are finding ways to combine and consolidate different curricular aims into multifaceted educational components. By combining telemedicine training with existing competencies such as rural care exposure and interprofessional training, medical schools are able to expose future physicians to telemedicine without significant additional burden. Rather than struggling to fit telemedicine into an already overflowing curriculum, medical schools are most successfully able to include telemedicine competencies when they build them into existing components of the curriculum.

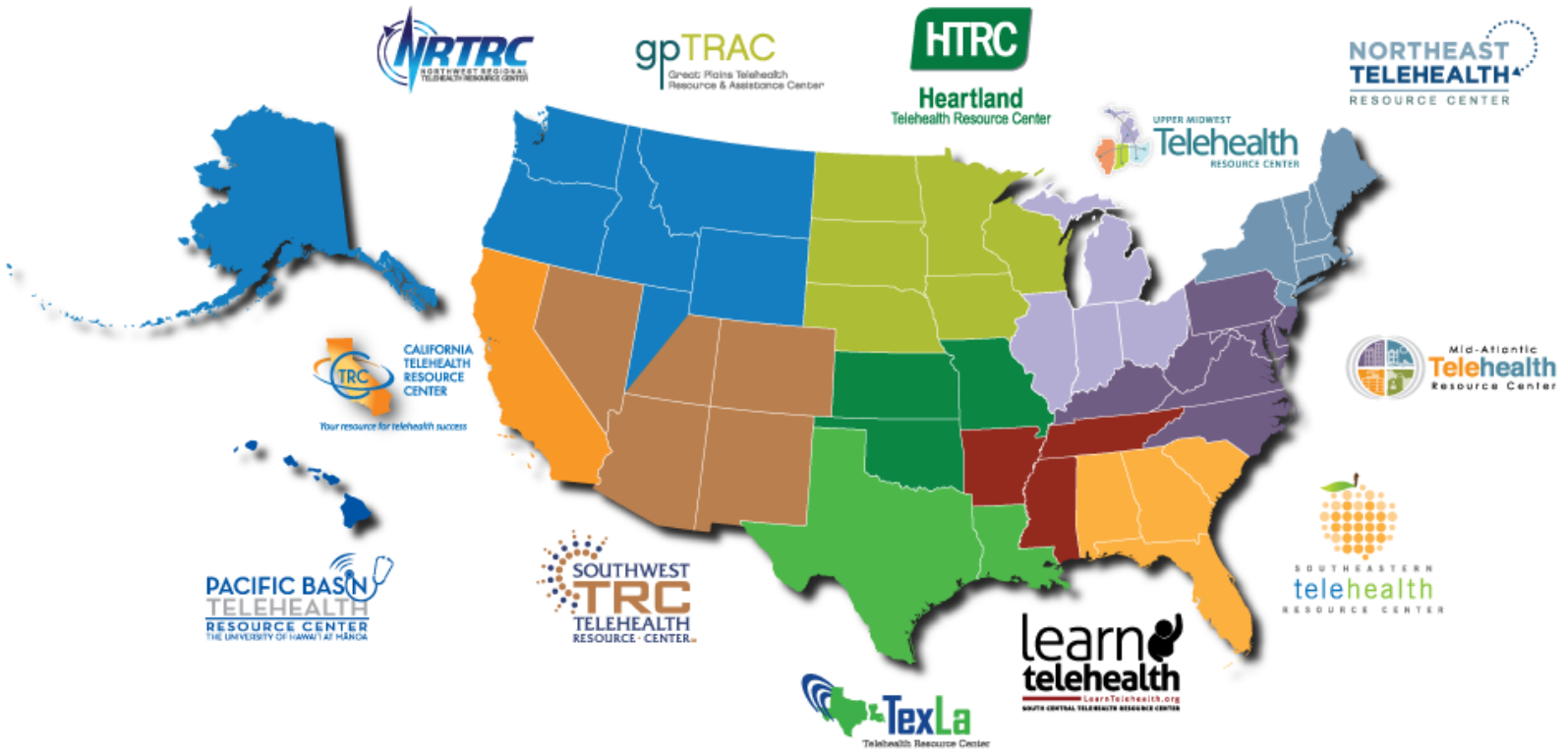
# Resources


NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

**TRCs are funded by the U.S. Department of Health and Human Service's Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the Office of Rural Health Policy.**

# Resources

## TelehealthResourceCenters.org




TTAC
TelehealthTechnology.org

Center for Connected Health Policy

# Here To Help!

## Upcoming Events › Webinars

*Show only the first upcoming instance of recurring events*

EVENTS FROM

Date

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List

« Previous Events

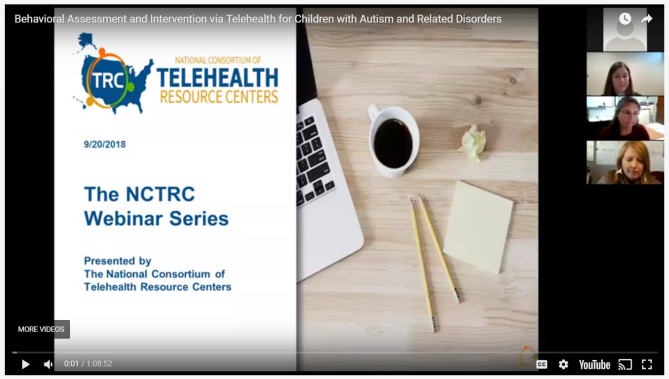
### October 2018

**National TRC Webinar – Indiana University School of Medicine Project ECHO: Tele-mentoring Program for the treatment of Opioid Use Disorder**

**October 10 @ 11:00 am - 12:00 pm**


Topic: Indiana University School of Medicine Project ECHO: Tele-mentoring Program for the treatment of Opioid Use Disorder
Hosted by: Upper Midwest Telehealth Resource Center
Presented by: Kristen Kelley Description: Project...

Find out more »




### September 2018

**National TRC Webinar – Behavioral Assessment and Intervention via Telehealth for Children with Autism and Related Disorders**

**September 20 @ 11:00 am - 12:00 pm**

Telehealth service delivery allows for increase access to care and minimizing disparities in delivering behavior analytic assessment and intervention to children diagnosed with ASD and related disorders with challenging behaviors....

Find out more »

### August 2018

**National TRC Webinar – Mapping and Designing Telehealth Clinic Workflows**

**August 16 @ 11:00 am - 12:00 pm**

Workflow mapping can allow a team to visualize a process and identify gaps or areas for improvement. This presentation will provide an overview of how to develop workflow diagrams for...

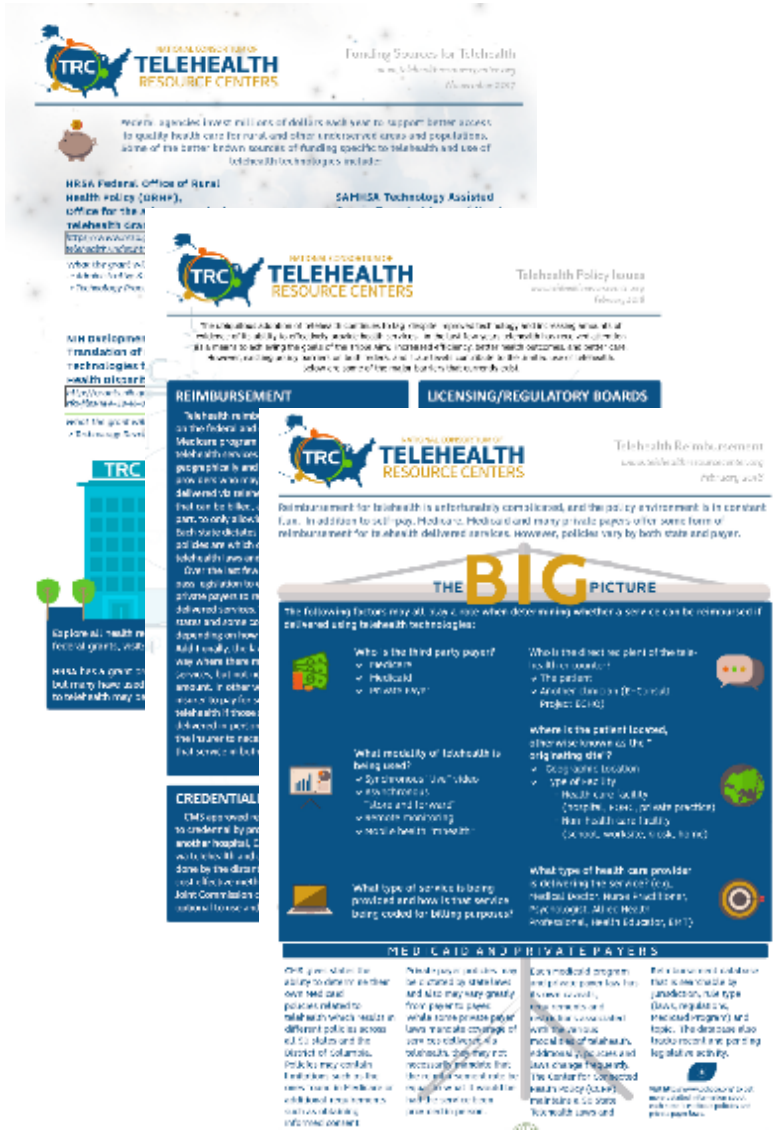
Find out more »

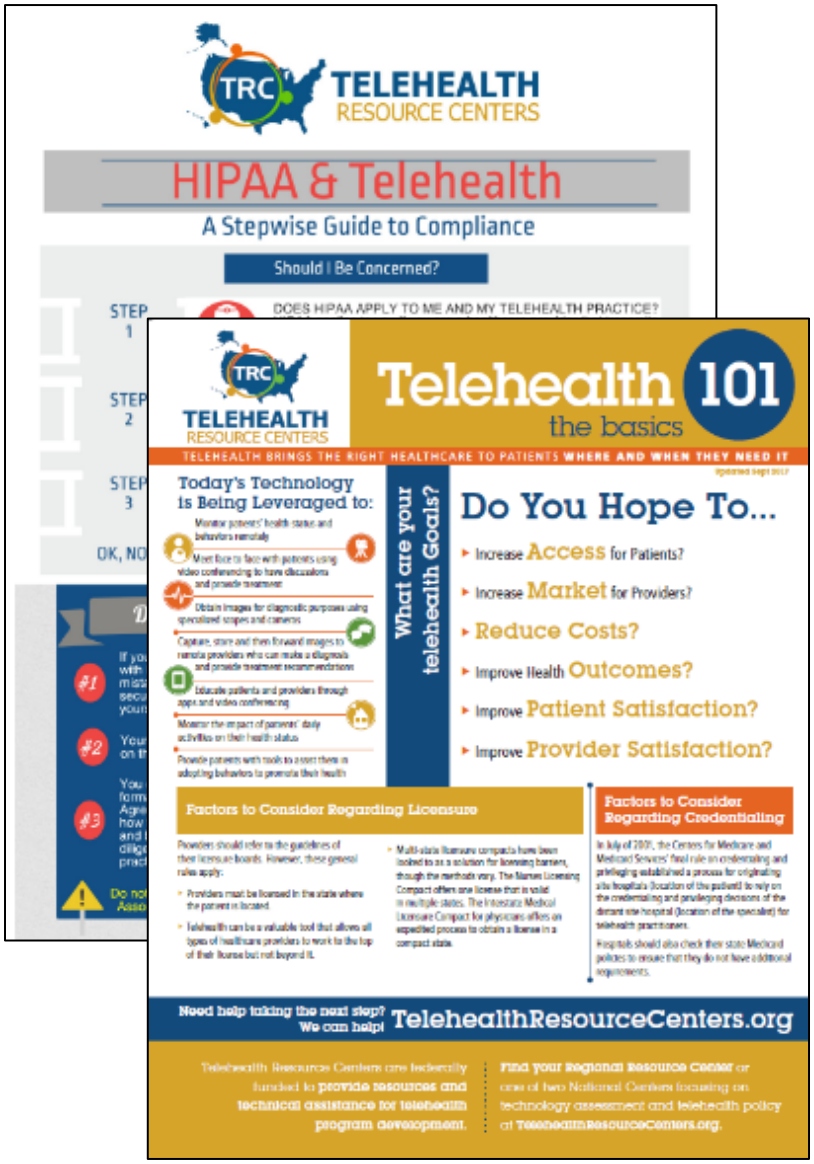
### July 2018

**National TRC Webinar – Innovation and Impact with Speech Language Pathology Telepractice**

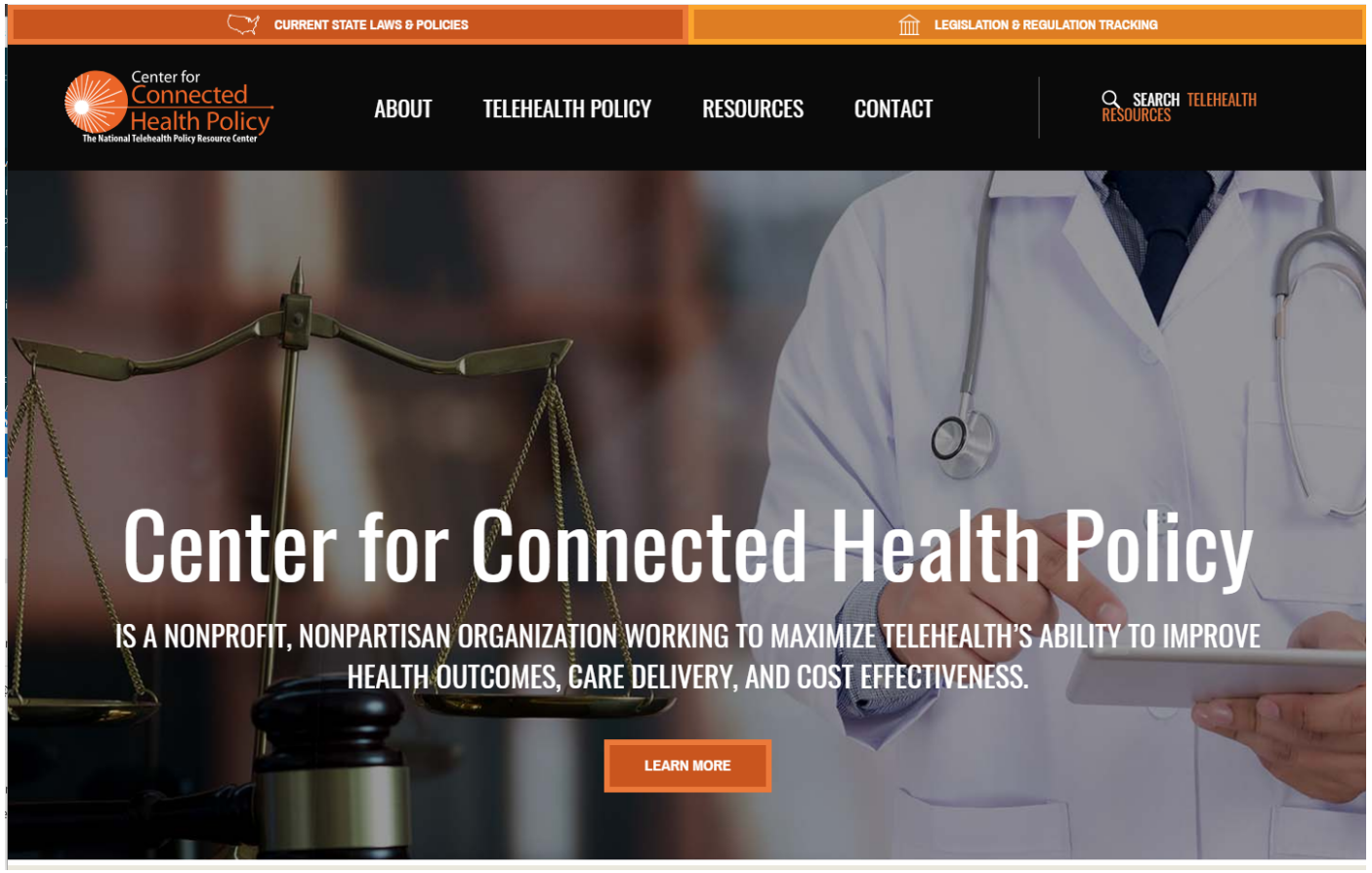
**July 19 @ 11:00 am - 12:00 pm**

# Here to Help!


TELEHEALTH RESOURCE CENTERS
Funding Sources for Telehealth
HRSA Federal Office of Rural Health Policy (ORHP),
SAMHSA Technology Assisted
TELEHEALTH RESOURCE CENTERS
Telehealth Policy Issues
REIMBURSEMENT
LICENSING/REGULATORY BOARDS
TELEHEALTH RESOURCE CENTERS
Telehealth Reimbursement
THE BIG PICTURE
MED CAID AND PRIVATE PAYERS

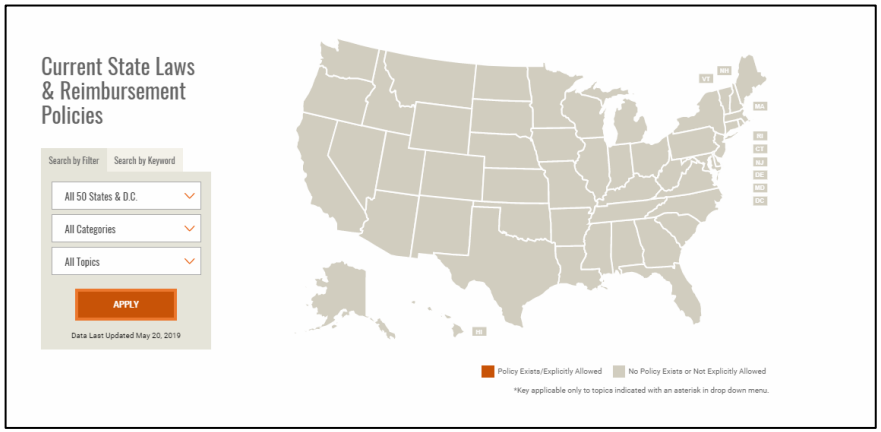

TELEHEALTH RESOURCE CENTERS
HIPAA & Telehealth
A Stepwise Guide to Compliance
Should I Be Concerned?
DOES HIPAA APPLY TO ME AND MY TELEHEALTH PRACTICE?
TELEHEALTH RESOURCE CENTERS
Telehealth 101
the basics
TELEHEALTH BRINGS THE RIGHT HEALTHCARE TO PATIENTS WHERE AND WHEN THEY NEED IT
Today's Technology is Being Leveraged to:
What are your telehealth Goals?
Do You Hope To...
Increase Access for Patients?
Increase Market for Providers?
Reduce Costs?
Improve Health Outcomes?
Improve Patient Satisfaction?
Improve Provider Satisfaction?
Factors to Consider Regarding Licensure
Factors to Consider Regarding Credentialing
Need help taking the next step? We can help!
TelehealthResourceCenters.org
Telehealth Resource Centers are federally funded to provide resources and technical assistance for telehealth program development.
Find your Regional Resource Center or one of two National Centers focusing on technology assessment and telehealth policy at TelehealthResourceCenters.org.

# Resources

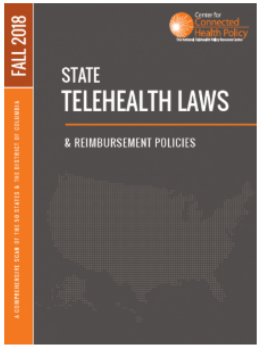



https://www.cchpca.org/

# Resources




## State Telehealth Laws and Reimbursement Policies Report




### CCHP's comprehensive assessment and compendium of state Medicaid telehealth policies and laws covers all fifty states and the District of Columbia.

CCHP's semi-annual State Telehealth Laws and Reimbursement Policies report offers the nation's most current summary guide of Medicaid provider manuals, applicable state laws, and telehealth-related regulations for all fifty states and the District of Columbia. This report serves as a vital resource for policymakers, health care professionals, and health advocates on how each state defines, governs, and regulates technology-enabled health care, noting policy trends across eleven key categories.

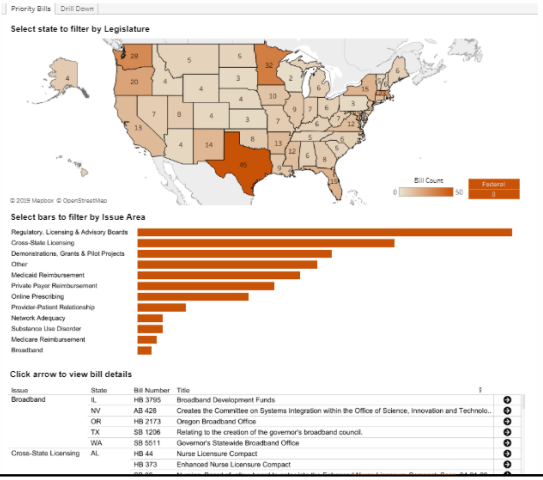
**FIFTY STATES, FIFTY APPROACHES**

Remarkably, no two states are alike in how telehealth is treated despite some similarities in the language used. For example, some states have incorporated telehealth-related policies into law, while other states address issues in their Medicaid program guidelines. In some cases, CCHP discovered policy inconsistencies within a single state. This variability creates a confusing environment for those who use (or intend to use) telehealth, especially health systems that provide health care services in several states.

## Legislation and Regulation Tracking

### CCHP monitors both state and federal telehealth legislation to provide the clearest picture of telehealth policy across the nation.

Utilize the interactive 50 state legislation and regulatory tracking tool, located below, to browse telehealth legislation and regulation across the nation for the current legislative session.



# Resources


## Toolkits

Toolkits are a critical part of the work that the Telehealth Technology Assessment Center does. These interactive elements allow users to learn the fundamentals of how various technologies work, as well as how to assess them for use in telehealth programs.

We will be releasing new toolkits or assessments in our new Innovation Watch section of our website every few months, as well as working to keep existing content relevent and accurate. Some toolkits will guide users through performing their own assessments. Other toolkits will help users identify their needs, bringing technology into alignment with clinical requirements.


Clinician's Guide to Video Platforms


Digital Cameras – DSLR


Digital Cameras – Point and Shoot


Electronic Stethoscopes


Home Telehealth


mHealth


mHealth App Selection


Mobile Blood Pressure

Patient Exam Cameras


Technology Assessment 101


Tympanometers


Video Otoscopes

http://telehealthtechnology.org/

# Shameless Plug


TELEHEALTH
VILLAGE

## Course Catalog

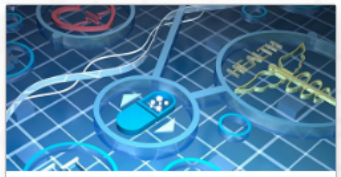
### Foundations of Telehealth

The Foundations in Telehealth course is designed to provide a comprehensive overview of current technologies and care delivery models and an introduction to the public policies that inform telehealth practice.

Course Info

CME/CE credits available

$95 Add to Cart



### Tele-behavioral Care

This course provides a broad introduction to the issues, policies, and technologies involved in tele-behavioral or tele-mental healthcare.

Course Info

CME/CE credits available

Coming Soon!

### Tele-stroke Care

Tele-stroke is an approach to strokes that provides board certified neurologists the ability to perform immediate, real-time, and/or remote diagnosis and treatment to a stroke victim using telehealth technology.

Course Info

CME/CE credits available

Coming Soon!

https://www.telehealthvillage.com/

# Shameless Plug

# Contact

# For More Information:

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UVA Center for Telehealth
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