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# **Telehealth Policy in 2016: Big Changes Ahead**

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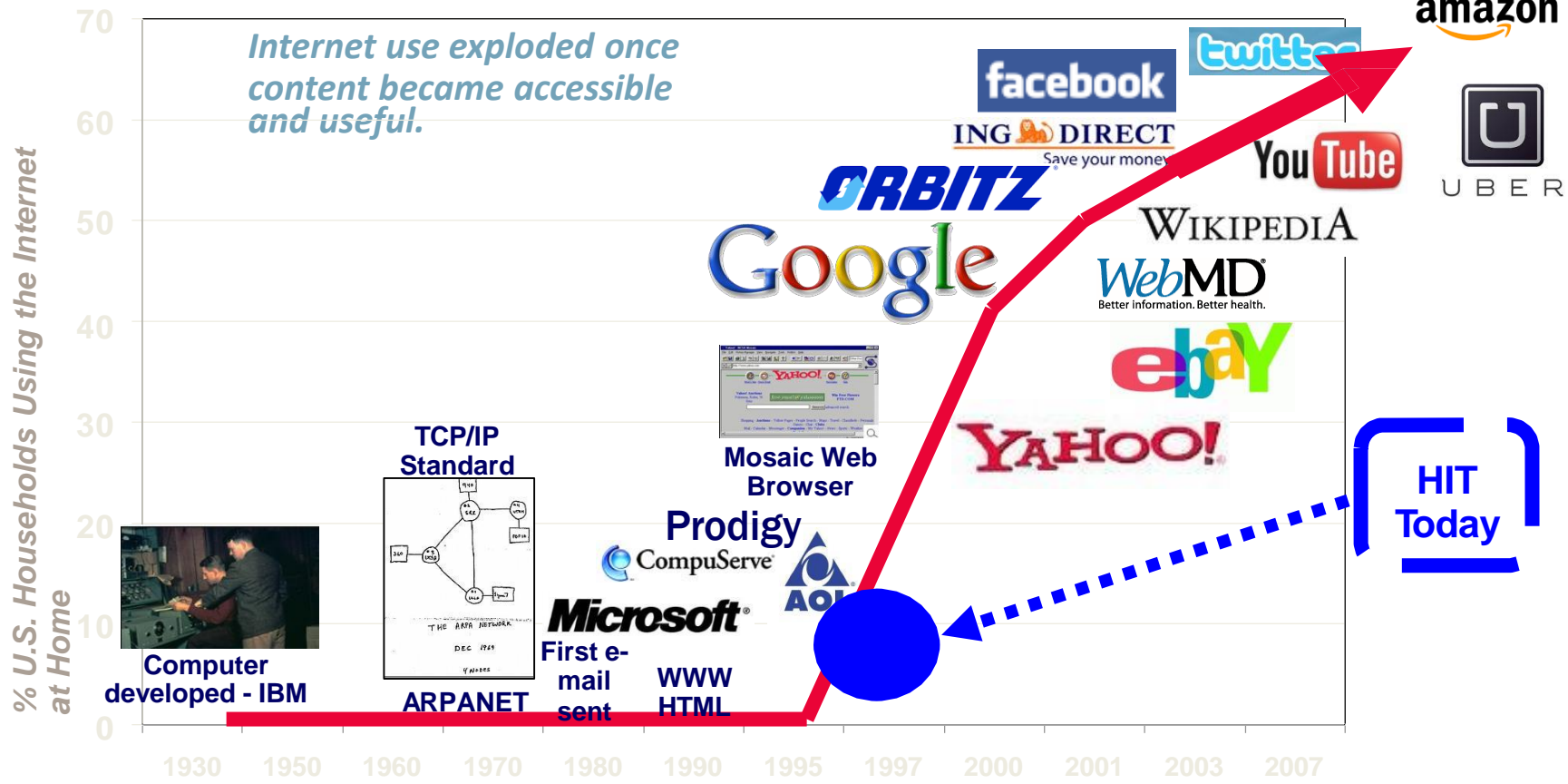
# Understanding Telemedicine

Telemedicine has three major components by which it succeeds or fails in any state, country or program:

- Regulation
- Reimbursement
- Rhetoric

# Emerging Trends and Platforms that are driving TeleHealth

## Internet Revolution: Value to Us



**Today, health care information technology (HIT) is at the “1999” of the Internet age**

Source: U.S. Census Bureau, Population Division, Education & Social Stratification Branch, “Reported Internet Usage for Households, by Selected Householder Characteristics,:2007”; Texas eHealth Alliance: Nora Belcher

## Telehealth has promise for hospitals, IDNs and their communities








### Three Modalities of Telehealth for provider and patient interaction

<b>Real-Time</b>	<p>Provider and patient communicate via live videoconferencing.</p> <p>Used often in telepsychiatry, telehomecare, telecardiology and remote consults (teleconsults) with specialists, primary care physicians, counselors, social workers and other health care professionals.</p>
<b>Store and Forward</b>	<p>Digital images, video, audio, clinical data are captured and stored on a patient's computer or mobile device and then transmitted securely to a provider for later study or analysis.</p> <p>Used often in teledermatology and telepathology.</p>
<b>Remote Monitoring</b>	<p>Patient uses a system that feeds data from sensors and monitoring equipment to an external monitoring center so that health care professionals can monitor a patient remotely.</p> <p>Used to monitor chronic conditions such as heart disease, diabetes and asthma.</p>

### Hospital-based Telehealth Platforms

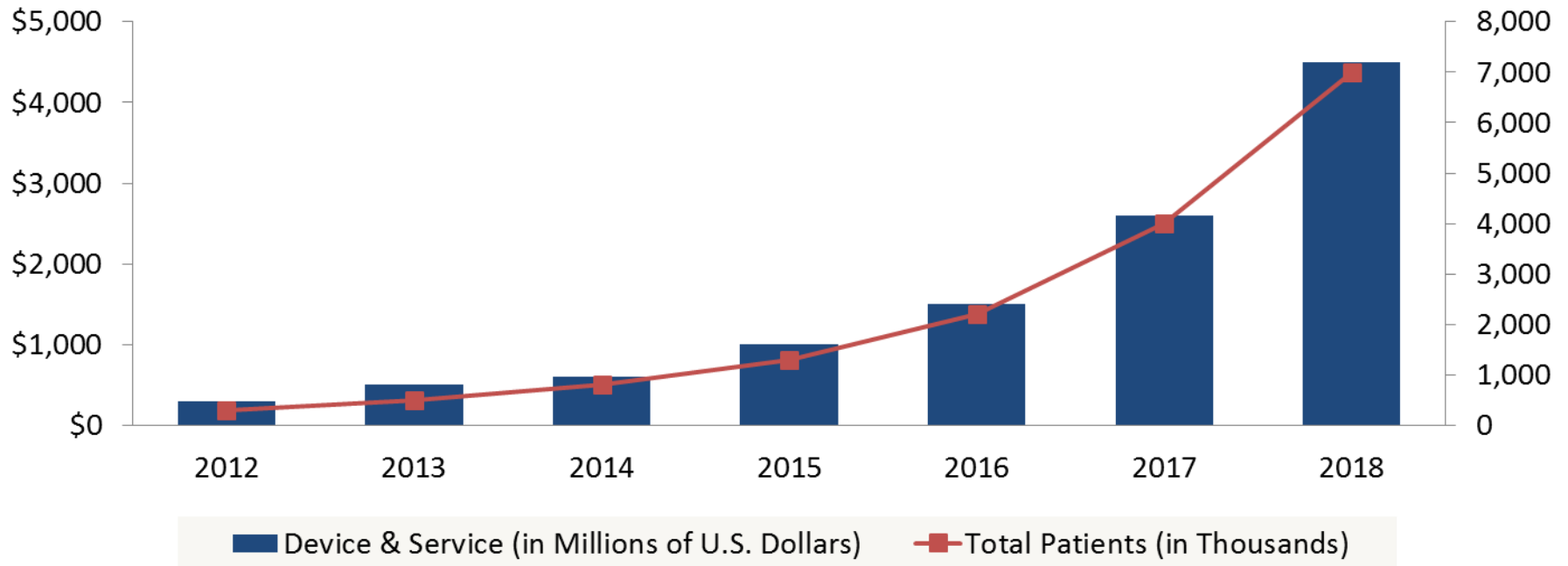
<b>Telestroke</b>	Remote evaluations, diagnoses and treatment recommendations are transmitted to emergency medicine doctors at other sites using advanced telecommunications technologies.
<b>Teleradiology</b>	Images and associated data are transmitted between locations for the purpose of primary interpretation or consultation and clinical review.
<b>Tele-ICU</b>	Networks of audiovisual communication and computer systems are linked with critical care physicians and nurses to ICUs in other, often remote hospitals.
<b>Telemental health</b>	Mental health and substance abuse services are provided from a distance (e.g. using videoconferencing and other advanced communication technologies).
<b>Telepathology</b>	The practice of pathology is performed at a remote location by means of video cameras, monitors, and a remote-controlled microscope.
<b>Cybersurgery</b>	Surgeons use surgical techniques with a telecommunication conduit connected to a robotic instrument to operate on a remote patient.
<b>Remote monitoring</b>	Patients are subject to continuous or frequent periodic clinical monitoring via advanced communication technologies.
<b>Telepharmacy</b>	Pharmaceutical care for patients (or supervision to technicians) is provided at a distance using advanced telecommunications technology.
<b>Consultations</b>	Remote consults are conducted with remote specialists, primary care providers, counselors, social workers and other health care professionals.

**The industry has witnessed an explosion in telehealth activity among provider organizations, as the following forces are driving disruptive change in systems of care:**

-  Reimbursement structures that are more conducive to the provision of telehealth services
-  Ability to drive down the total cost of care through telehealth under value-based care models, such as accountable care organizations and clinically integrated networks
-  The need to provide more convenient access for patients
-  A growing acceptance of online access points by patients and providers
-  Advances in technology that support the operational provision of telehealth services

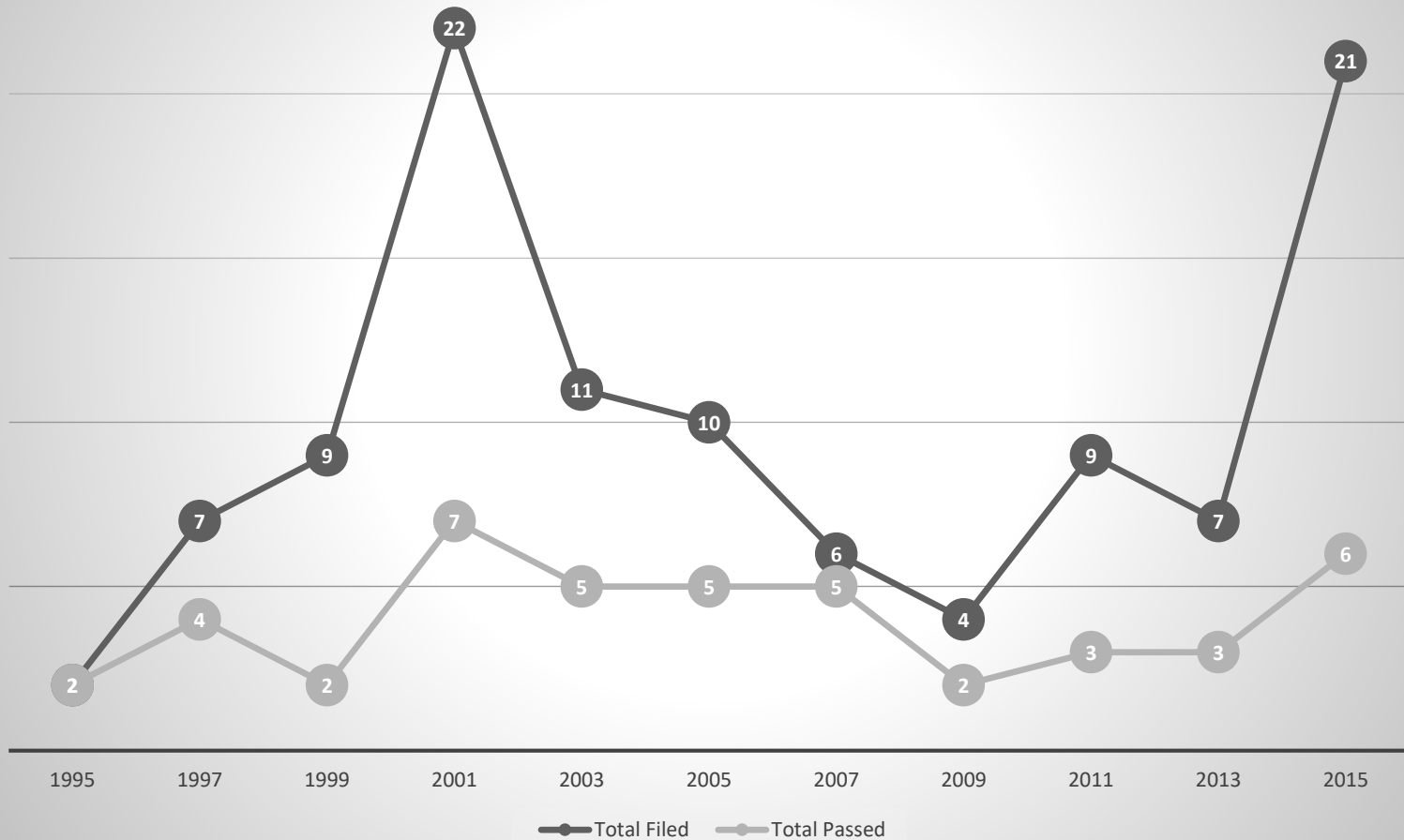
**A study conducted by IHS predicted that by 2018, the use of telehealth technology will be more than 10 times that of the 2012 rate.**

*Global Forecast of Telehealth Patients and Device and Service Revenue*



Source: IHS Technology, January 2014.

## Telemedicine Bills in The Texas Legislature



# 2015 Telemedicine- Delivery

Bill #	Sponsor	Net Effect	Current Status
HB 2004	Darby, Drew(R)	Established a rural pilot project to provide emergency medical services instruction and emergency pre hospital care via telemedicine administered by regional trauma resource centers.	Did not pass; amended into HB 479 which did pass
HB 2082 SB 1886	Laubenberg, Jodie(R) Zaffirini, Judith(D)	Established a pilot program for children with chronic or complex medical needs to receive telemedicine services at home and to reimburse participating pediatric subspecialists for providing telemedicine services.	Did not pass
HB 3476	Coleman, Garnet(D)	Adds elderly individuals and those with special health care needs to the list of persons eligible for Medicaid home monitoring; creates a pilot project for delivery of telemedicine and telehealth in patients' residences.	Did not pass
HB 1623 SB 1885	Laubenberg, Jodie(R) Zaffirini, Judith(D)	Adds complex pediatric patients to the list of patients eligible for Medicaid home telemonitoring; repeals the Sunset provision on the Medicaid home telemonitoring benefit.	Did not pass
HB 1878 SB 1689	Laubenberg, Jodie(R) Taylor, Van (F)(R)	Allows for Medicaid reimbursement for physicians who treat Medicaid clients in a school-based setting, even if that physician is not the client's PCP. Requires, under certain circumstances, the results of the encounter to be shared with the client's PCP.	Passed
HB 3519 SB 1471	Guerra, Bobby(D) Watson, Kirk(D)	Repeals the Sunset provision on the Medicaid home telemonitoring benefit.	Passed



# 2015 Telemedicine- Scope and Coverage

Bill #	Sponsor	Net Effect	Current Status
HB 3444 SB 1177	Laubenberg, Jodie(R) Eltife, Kevin(R)	Creates new definitions of telemedicine and telehealth using “telecommunications technology”. Removes language that allows TMB to require a face to face consultation between a patient and a physician providing telemedicine services a certain number of days AFTER a telemed consult if there is no prior relationship. Permits establishment of a physician-patient relationship via telecommunications technology. Prohibits TMB from requiring face to face or in-person visits in conjunction with telemedicine.	Did not pass
HB 2172	Smithee, John(R)	Updates definitions of telemedicine and telehealth; sets restrictions on which providers can provide telemedicine services under regulated health benefit plans; enables establishment of physician patient relationship via telemedicine for Insurance Code purposes.	Did not pass
HB 2348	Price, Four(R)	Requires certain health plans to reimburse physicians for telephone consultations if the plan pays any other person for providing patients with telephone consultations; reimbursement must be at the same level for all telephone consultations.	Did not pass
HB 2250	Coleman, Garnet(D)	Removes language that allows TMB to require a face to face consultation between a patient and a physician providing telemedicine services a certain number of days AFTER a telemed consult if there is no prior relationship; permits the treating physician to determine whether a presenter is need and whether or not the patient’s residence is an appropriate site of service.	Did not pass
HB 661 SB 190	Zerwas, John (R) Schwertner, Charles (R)	Admits Texas to the Interstate Compact for Medical Licensure	Did not Pass

- Current Medical Board rules allow a physician-patient relationship to be established:
  - from a physical site (with equipment/presenter)
  - from a patient's home (with equipment/presenter)
  - from a patient's home for mental health treatment (without equipment/presenter)
    - except for behavioral health emergencies and controlled substances
  - via a referral (treatment for one year)
- Proposed TMB rule on call coverage to go into effect in late August
  - will allow non-reciprocal, contracted call arrangements

## Telemedicine

- Texas Medical Board going through Sunset review
- Federal lawsuit set for trial in 2017
- Interim studies on telemedicine in the House and the Senate
- Policy issues
  - Establishment of physician-patient relationship
  - Modality
  - Licensure/scope of practice
  - Payment/benefit parity
  - Trauma

# A Major Breakthrough!

- On June 7th, the Texas e-Health Alliance, the Texas Medical Association and the Texas Academy of Family Physicians announced agreement to work on an agreed-to telemedicine bill for session.
  - Physician concerns:
    - Licensure
    - Standards of care
    - Insurance coverage
- A working group of a cross-section of stakeholders has been assembled to review the relevant statutes.

# Statutes Under Review

- Occupations Code Chapter 111 (licensure)
- Occupations Code Chapter 151 (rules)
- Insurance Code Chapter 1455 (benefit coverage)
- Government Code Chapter 531 (Medicaid)
- Health and Safety Code Chapter 62 (CHIP)
- Health and Safety Code Chapter 35 (Children with Special Health Care Needs)

# Closing Thoughts

- Medicaid has shifted in terms of policy and now views telemedicine/telehealth as an essential tool
- Medicare telehealth limitations still highly restrictive
- Commercial insurers are aggressively pursuing virtual care models
- Scope of practice was the battleground issue- now it's reimbursement

# Questions?

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