



Telemedicine in the Era of COVID-19

Presentation to TxHIMA

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Conflicts of Interest Disclosure

Nora Belcher has no real or apparent conflicts of interest to report.



Background

Nora Belcher

- 20+ years in public policy with an emphasis on health care technology
- Senior leadership roles in Texas Medicaid and the Governor's Office
- Involved in starting the SXSW Health and MedTech Expo
- Won computer programming contest in the 1980s and still has the trophies



Background

TeHA

- What is the Texas eHealth Alliance?
- State's leading advocate, from local communities to the national level, for the use of health information technology to improve the health system for patients
- 501(c)6 nonprofit started in 2009 and serves as a trade association for HIT companies
 - As such, cannot recommend or endorse specific products



Presentation Outline

- Attendees will understand:
 - The overall evolution of telemedicine and telehealth
 - How has the coronavirus response impacted the ability of providers to leverage telemedicine and telehealth?
 - What questions should organizations be asking about their use of these tools, now and in the future?
 - What will the digital health landscape look like in 10 years?



Understanding Telemedicine

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

- Reimbursement
- Regulation
- Rhetoric



Telemedicine Definitions and Modalities

Every state defines it differently, Texas uses the following:

- Telemedicine medical service a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology
- Telehealth is all other services outside the definition of a telemedicine medical service.
- Remote patient monitoring is often classified as telemedicine or telehealth but is treated as a separate service by CMS
 - One-way transmission of patient data to the provider to review

Telehealth has promise for hospitals, IDNs and their communities



American Hospital Association®

Three Modalities of Telehealth for provider and patient interaction

| | |
|--------------------------|---|
| Real-Time | <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> |
| Store and Forward | <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> |
| Remote Monitoring | <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

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



Telemedicine- Regulatory Environment

State licensing boards have temporarily expanded allowable services in response to COVID-19. This may include:

- Using phone calls for treatment in addition to audio-visual or store and forward
- Expanding the length of time that can pass and still be considered an existing relationship
- Allowing allied health professionals who are only lacking their final exam to begin providing treatment under supervision
- Relaxing restrictions on services such as pain management

Federal privacy regulations have also been temporarily suspended

- The Office for Civil Rights has announced that providers can use certain platforms under a “good faith” protection.



Telemedicine- Reimbursement Environment

| Payor | Pre-COVID 19 | Post-COVID 19 |
|---------------------------|--|--|
| Medicare Fee for Service | Very restrictive- rural residents only and limited services | Rural restriction removed and large array of services added |
| Medicare Advantage | More flexibility than Medicare FFS but still a limited benefit | Expanded similarly to Medicare FFS |
| State Medicaid programs | Large variation on what can be covered | Services being expanded under 1135 waivers- check with state Medicaid office |
| State regulated insurance | Large variation on what can be covered | May be expanded- check with state insurance department |
| Self-funded insurers | Large variation on what can be covered | Varies per plan |



Telemedicine- Future Considerations

What questions should an organization be asking about their use of these tools, now and in the future?

- Can the organization define the business problem (s) that the technology is going to solve?
- Does the organization have a short-term strategy to address the pandemic and a long-term strategy to integrate virtual care models?
- Is the leadership open to re-examining assumptions around reimbursement and making investments?
- Is the leadership setting a **rhetorical** tone that supports the use of these technologies as opposed to “the way we’ve always done things”?

Telemedicine- Future Considerations

The role of the patient in terms of expectations for virtual care has been permanently changed by COVID-19.



Telemedicine- Future Considerations

- What will the digital health landscape look like in 10 years, and how can an organization prepare for it?
 - Telemedicine visits are already on track to outpace in-person visits
 - In 2018, Kaiser Permanente reported that over half their system's patient encounters were virtual (shorturl.at/uFHMP)
 - Reimbursement models are changing
 - One significant limiter on the growth of telemedicine is the way fee for service methodologies count patient visits but not avoided costs
 - Value based care and/or bundled purchasing models will allow for more flexibility in integrating telemedicine
 - The broader evolution of the e-health landscape will support increased use of virtual care models
 - Electronic medical records vendors are embedding telemedicine into EHRs and patient portals
 - Artificial intelligence bots and other machine learning tools will become part of the patient interface



Questions?

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