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Telemedicine Task Force

Overview

The effective use of telemedicine can increase access to health care, reduce health disparities, and create efficiencies in health care delivery. Telemedicine is generally considered as a viable means of delivering health care remotely through the use of communication technologies.[1] Telemedicine can bridge the gaps of distance and health care disparity.[2, 3] Although telemedicine is well established, a number of technology and policy challenges need to be resolved before its full potential can be realized.

Background

In June 2010, the Maryland Health Cost and Quality Council convened a Telemedicine Task Force (Task Force) to address challenges to the widespread adoption of a comprehensive statewide telemedicine system of care. The goal of the Task Force was to identify challenges and develop solutions to advance telemedicine in Maryland. In November, a Leadership Committee of the Task Force was established to develop specific recommendations to advance telemedicine in Maryland. The Leadership Committee presented its recommendations to the Maryland Health Cost and Quality Council in December 2011.

The Leadership Committee was jointly directed by the Maryland Institute of Emergency Medicine Services Systems (MIEMSS) and the Maryland Health Care Commission (MHCC). Three advisory groups were established to formulate recommendations: the Clinical Advisory Group, the Technology Solutions and Standards Advisory Group, and the Financial and Business Model Advisory Group.

Finance and Business Model Advisory Group

The Finance and Business Model Advisory Group (advisory group) of the Task Force included a diverse group of stakeholders from organizations such as the Maryland State Medical Society (MedChi), the Maryland Hospital Association, and the American Telemedicine Association (ATA), as well as payers and providers. After review of the approaches to pay for medical services provided via telemedicine being implemented by states, federal programs, and private payers, the advisory group found a number of initiatives underway. While there is some consistency in an approach to payment, there was no standard approach. There was strong concern about the limited provider types eligible for reimbursement under Medicare, and the limitation to services delivered in rural Health Professional Shortage Areas, particularly emergency medical service providers.

Finance and Business Model Advisory Group Recommendations

- State regulated payers (payers) should reimburse for telemedicine services in the same way as an in-person encounter is reimbursed today.
- Payers should not exclude a service for coverage solely because the service is provided through telemedicine or based on the location of the patient, such as rural or urban. Medical necessity and standards of care could be applied to telemedicine as they are applied to face-to-face services.
- Payers should make determinations on the appropriateness of telemedicine services prospectively and retrospectively through utilization review as is done with face-to-face services.

Technology Solutions and Standards Advisory Group

The Technology Solutions and Standards Advisory Group (advisory group) had broad stakeholder participation and included representatives from payers, providers, technology vendors, and the ATA. The advisory group considered a statewide telemedicine infrastructure, as well as standards around technology deployed by telemedicine networks connecting to a centralized network. Participants noted that telemedicine networks in Maryland are fairly disparate and are not readily capable of connecting with other networks.

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[1] Health Affairs, *Health Information Systems and the Role of State Government*, 16(3), 1997. http://content.healthaffairs.org/content/16/3/106.abstract

[2] Journal of Telemedicine and Telecare, *Systematic Review of Evidence for the Benefits of Telemedicine*, 8(1), 2002.

[3] Journal of Telemedicine and Telecare, *Economic Evaluation in Telemedicine – Still Room for Improvement*, 16(5):229-231, 2010.

Technology Solutions and Standards Advisory Group Recommendations

- Connecting telemedicine networks would increase provider availability to consult on care delivery and better enable the availability of medical services in remote areas of the state. A centralized telemedicine network is needed to support all medical services and allow existing networks to connect with other networks.
- A provider directory service that identifies providers available to consult on care at the point of delivery should be included in a centralized telemedicine network.
- Identifying existing standards for networks that choose to connect to a centralized telemedicine network is essential.

Clinical Advisory Group

The Clinical Advisory Group (advisory group) consisted of a wide-range of stakeholders including representatives from MedChi, MIEMSS, University of Maryland Shock Trauma, the Maryland Rural Health Association, and Federally Qualified Health Centers, as well as other providers. The advisory group addressed leading challenges related to expanding the practice of telemedicine in Maryland.

Clinical Advisory Group Recommendations

- The need for continued development of evidence-based clinical standards and guidelines for telemedicine regarding care quality and documentation.
- ATA standards should be considered for adoption into the practice of telemedicine in Maryland.
- Align Maryland regulations with the Centers for Medicare and Medicaid Services (CMS) credentialing requirements, which were revised in May 2011.[4]

[4] Department of Health and Human Services, Centers for Medicare and Medicaid Services 42 CFR Parts 482 and 485. Available at: http://www.gpo.gov/fdsys/pkg/FR-2011-05-05/pdf/2011-10875.pdf.

Remarks

Provider shortages and growing transportation costs pose significant barriers to access of health services. The Association of American Medical Colleges predicts a national physician shortage of 91,000 by the year 2020 and 125,000 by the year 2025.[5] Telemedicine, where the patient and provider are connected through real-time audio and video technology, offers an alternative to the traditional method of care delivery. Maryland, like several states, is exploring opportunities to expand the delivery of health care services utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers.[6]

The Leadership Committee's full report to the Maryland Health Cost and Quality Council is available on the MHCC website at: http://mhcc.dhmh.maryland.gov/hit/Telemedicine/Documents/sp.mhcc.maryland.gov/telemed/md_telemedicine_report.pdf.

[5] Association of American Medical Colleges Center for Workforce Studies, *Physician Shortages to Worsen without Increases in Residency Training*, June 2011. Available at: https://www.aamc.org/download/150612/data/md-shortage.pdf.

[6] Association of American Medical Colleges Center for Workforce Studies, *Physician Shortages to Worsen without Increases in Residency Training*, June 2011. Available at: https://www.aamc.org/download/150612/data/md-shortage.pdf.