

Advancing Telehealth in Maryland

Maryland Telehealth Landscape

Maryland is developing strategies to expand the use of telehealth to increase access to care, improve patient outcomes, and generate cost savings. Telehealth connects patients and providers at different locations virtually through real-time audio and video technology. Adoption and use of telehealth in Maryland has been slow and fragmented. Diffusion of the technology in acute care hospitals is about 46 percent as opposed to roughly 10 percent among physicians.^{1,2} Existing law requires State-regulated payors to reimburse for telehealth services when certain conditions are met.^{3,4} In general, providers have been slow to take advantage of the law. Between October 2012 and June 2013, only about 50 providers submitted roughly 78 telehealth claims to State-regulated payors.⁵ In comparison, government payors limit telehealth reimbursement. Medicare provides reimbursement for about 60 evaluation and management services within certain rural areas of the State. Medicaid reimbursement in Maryland to date, has been restricted to two pilot programs, however, recent legislation expands Medicaid reimbursement beyond the pilot programs beginning October 1, 2014.^{6,7}

Recent Maryland Telehealth Legislation

The following laws were enacted in Maryland with the goal of minimizing the barriers to telehealth adoption:

- Senate Bill 781 (2012), *Health Insurance – Coverage for Services Delivered through Telemedicine*, requires that health insurers and managed care organizations (MCOs) provide coverage for health care services provided appropriately using telehealth technology, and that coverage cannot be denied because services were provided through telehealth rather than in-person;⁸
- Senate Bill 798 (2013), *Hospitals – Credentialing and Privileging Process – Telemedicine*, enables hospitals to rely on certain credentialing and privileging decisions made by a distant site hospital or telehealth entity;⁹
- Senate Bill 496 (2013), *Maryland Medical Assistance Program – Telemedicine*, requires the Maryland Medical Assistance Program to provide reimbursement for certain services delivered through telehealth under certain circumstances; and¹⁰
- Senate Bill 776 (2013), *Telemedicine Task Force – Maryland Health Care Commission*, (SB 776) requires the Maryland Health Care Commission (MHCC), in conjunction with the Maryland Health Quality and Cost Council, to reconvene the Telemedicine Task Force (task force).¹¹

¹ Maryland Health Care Commission, *Health Information Technology: An Assessment of Maryland Hospitals*, September 2013. Available at: http://mhcc.maryland.gov/mhcc/pages/hit/hit/documents/HIT_Hosp_HealthIT_Assess_MD_Rpt_20130901.pdf.

² Board of Physician Licensure file, a database of physician responses to the bi-annual licensure survey.

³ Md. Code Ann., Insurance § 15–139.

⁴ For more information on State laws related to reimbursement, see the American Telemedicine Association, *State Telemedicine Legislation Tracking*, 2013.

⁵ The largest four State-regulated payors reported roughly 78 claims were submitted for services rendered through telehealth from the time the law was enacted on October 1, 2012 through June 30, 2013. State-regulated payors indicated that it is possible that providers are rendering services through telehealth and are not using the modifier in claims submission.

⁶ The DHMH Medical Assistance (Medicaid) Program launched two pilot programs - the Rural Access Telemedicine Program and the Cardiovascular Disease and Stroke Telemedicine Program - to improve participant access to consulting Medicaid providers when an appropriate specialist is not available to provide a timely consultation. The new programs expand upon the 2010 Telemental Health Program. More information is available at: <https://mmcp.dhmm.maryland.gov/SitePages/Provider%20Information.aspx>.

⁷ *Maryland Medical Assistance Program – Telemedicine*. Senate Bill 198 (Chapter 141) (2014 Regular Session). Available at: http://mgaleg.maryland.gov/2014RS/chapters_noln/Ch_141_sb0198T.pdf.

⁸ Md. Code Ann., Insurance § 15–139.

⁹ Md. Code Ann., Health - General § 19–319.

¹⁰ Md. Code Ann., Health - General § 15–105.2.

¹¹ *Telemedicine Task Force – Maryland Health Care Commission*, Senate Bill 776 (Chapter 319) (2013 Regular Session). Available at: http://mgaleg.maryland.gov/2013RS/chapters_noln/Ch_319_sb0776E.pdf.

- Senate Bill 198, *Maryland Medical Assistance Program – Telemedicine*, authorized the Department of Health and Mental Hygiene (DHMH) to allow coverage of and reimbursement for health care services delivered in a certain manner under certain circumstances.¹²

12

Telemedicine Task Force

The task force is comprised of both public and private stakeholders and was originally convened in 2010 to identify opportunities for expanding telehealth.¹³ The task force reconvened in 2011 to develop additional recommendations for advancing telehealth, and three advisory groups were established: Clinical, Finance and Business Model, and Technology Solutions and Standards. The work of the 2011 task force was outlined in the December 2011 report, *Telemedicine Recommendations*.¹⁴ The MHCC was required to reconvene the task force to explore opportunities for advancing telehealth to improve health status and care delivery in the State in 2013.¹⁴ A final report on recommendations for expanding telehealth adoption in Maryland is due to the Governor, Senate Finance Committee, and House Health and Government Operations Committee by December 1, 2014.

In July 2013, the task force discussed how adoption and use of telehealth may not increase significantly absent changes to models of health care delivery. Current fee-for-service models incentivize episodic care. The Patient Protection and Affordable Care Act supports innovative care delivery models that incentivize providers based on health outcomes rather than volume of services provided. Telehealth is a key component in value-based care, and the task force is exploring options for incorporating the use of telehealth in innovative care delivery models. Hospital readmission penalties from the Centers for Medicare and Medicaid Services are driving providers to adopt telehealth.

The task force continues to meet through 2014 to identify opportunities for expanding telehealth to improve health status and care delivery and identify strategies and solutions for telehealth deployment. The Clinical Advisory Group is developing recommendations for innovative use cases that could facilitate expanded use of the telehealth. The use cases focus on aligning telehealth with public health goals and impacting patient health outcomes by pairing provider resources with appropriate use cases to increase access to care. The Finance and Business Model Advisory Group is exploring financial and business model challenges of the use cases as well as potential solutions, and will develop recommendations around innovative telehealth payment models. The Technology Solutions and Standards Advisory Group is developing recommendations for an online directory of telehealth providers. The online provider directory would be a self-identified listing of telehealth providers that would include details about their telehealth capabilities. The directory is intended to facilitate communication and scheduling between physicians who provide telehealth services.

The advisory groups have also discussed broadening the definition of telehealth, which is currently defined in the law as: *the use of interactive audio, video, or other telecommunications or electronic technology by a physician in the practice of medicine outside the physical presence of the patient*.¹⁵ A broader definition would reference “telehealth” rather than telehealth to encompass a variety of health care professionals and treatments rendered through evolving technologies. The proposed definition for telehealth is: *the delivery of health education and services using telecommunications and related technologies in coordination with a health care professional*.

¹² *Maryland Medical Assistance Program – Telemedicine*. Senate Bill 198 (Chapter 141) (2014 Regular Session). Available at: http://mgaleg.maryland.gov/2014RS/chapters_noln/Ch_141_sb0198T.pdf.

¹³ The task force was originally convened in response to a report by the Maryland DHMH, *Improving Stroke Care through Telemedicine in Maryland*, as well as the recommendations of the Maryland State Advisory Council on Heart Disease and Stroke as stated in their biannual report to the Governor in both 2007 and 2009. ¹⁴ MHCC, *Telemedicine Recommendations*, December 2011. Available at: http://mhcc.maryland.gov/mhcc/pages/hit/hit/documents/HIT_TLMD_Recommend_MD_20111201.pdf

¹⁴ *Telemedicine Task Force – Maryland Health Care Commission*, Senate Bill 776 (Chapter 319) (2013 Regular Session). Available at: http://mgaleg.maryland.gov/2013RS/chapters_noln/Ch_319_sb0776E.pdf.

¹⁵ Md. Code Ann., Health - General § 19–319.

Remarks

In general, regulatory, reimbursement, and technology barriers limit the potential of telehealth. Expanding adoption and increasing the use of telehealth requires moving away from the way care is typically provided and embracing innovative approaches to care delivery. The task force is exploring strategies that will facilitate increased use of telehealth to more effectively deliver health care services in Maryland. Although telehealth technology has advanced in recent years, diffusion related to the number of services provided via telehealth remains low. Challenges around technology and identifying appropriate use cases need to be resolved if telehealth is to be embraced by the provider community.