Statewide Telemedicine Innovation

Maryland Telemedicine Task Force Tackles Telemedicine Acceleration Barriers

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Objectives

• Examine initiatives, legislation, and recommendations to expand telemedicine in Maryland, with a focus on the use of telemedicine in innovative care delivery models.

• Review legislative progress to date in Maryland with regards to telemedicine.

• Describe how a statewide provider telehealth directory is being developed and will be accessible through the State-Designated Health Information Exchange.
Background
The Role of MHCC in Health IT

Center for Health Information Technology and Innovative Care Delivery

• Advance health IT adoption, integration and optimization to improve quality and safety in patient care

• Support new models of care delivery and payment

• Implement a statewide health information exchange (HIE); harmonize service area HIE efforts

• Balance the need for information sharing with strong privacy and security policies
Maryland Telehealth Legislation

Senate Bill 781 (2012), Health Insurance – Coverage for Services Delivered through Telemedicine

Requires that health insurers and managed care organizations provide coverage for health care services delivered using telehealth technology; coverage cannot be denied because services were provided through telehealth rather than in-person.

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.
Maryland Telehealth Legislation

Senate Bill 496 (2013), *Maryland Medical Assistance Program – Telemedicine*

Requires Maryland Medicaid to provide reimbursement for two pilot programs

Senate Bill 776 (2013), *Telemedicine Task Force – Maryland Health Care Commission*

Requires MHCC to reconvene the Telemedicine Task Force

Senate Bill 198, *Maryland Medical Assistance Program – Telemedicine*

Expanded Maryland Medicaid telehealth reimbursement under certain circumstances
Maryland Telehealth Landscape

Where is adoption today?

- **Fragmented adoption**: acute care hospitals ~ 61 percent; physicians ~ 12 percent

- **Minimal use**: ~ 50 providers submitted ~ 78 telemedicine claims to State-regulated payors from October 1, 2012 through June 30, 2013

Why is adoption so low?

- Existing fee-for-services payment models incentivize volume-based care and do not provide incentives for restructuring methods of care delivery for telehealth use
Tele___ Definition

What are we talking about?
Existing Definitions

Telemedicine

• The use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status (American Telemedicine Association)

Telehealth

• The use of electronic information to support long-distance clinical health care, patient and professional health-related education, public health and health administration (Health Resources and Services Administration)
Merging the Definitions

Rationale

• A combined definition is needed to reflect innovations as a result of health care reform

Recommended Draft Maryland Definition

• Telehealth is the delivery of health education and services and using telecommunications and related technologies in coordination with a health care professionals
Task Force Background

- Created in 2010 in response to recommendations from the Maryland Department of Health and Mental Hygiene and the Maryland State Advisory Council on Heart Disease and Stroke.

- In 2011, the task force expanded to three advisory groups and made recommendations for advancing telehealth, which resulted in two laws.

- In 2013, State law required MHCC to reconvene the task force.
Telemedicine Task Force

Recommendations for Innovative Telehealth Cases
Recommendation for Telehealth Provider Directory
Recommendations for Innovative Telehealth Payment Models

Clinical Advisory Group
Technology Solutions and Standards Advisory Group
Finance and Business Model Advisory Group
Clinical Advisory Group
Innovative Telehealth Use Cases
Clinical Advisory Group

Recommendations regarding a set of use cases for inclusion in new models of care delivery, supported by existing technology facilitated by a provider directory

The innovative telehealth use cases will...

• Have the greatest impact upon populations in need or at risk, high volume disease states, and/or preventive care

• Be consistent with health care reform, enhance population health management, and reduce hospitalizations

• Be implementable, testable, and cost effective
Innovative Telehealth Use Case Goals

• Broad-based to elicit broad-based impact

• Evolve through the learning and demonstration phases

• Parallel existing, well-established telehealth programs

• Align public health goals
Innovative Telehealth Use Cases

• Improve transitions of care between acute and post acute settings through telehealth

• The use of telehealth to manage hospital Prevention Quality Indicators

• Incorporate telehealth in hospital innovative payment and service delivery models through ambulatory practice shared savings programs

• Require payor-based medical home programs to factor in reimbursement for telehealth by primary care providers and specialists
Future Innovative Telehealth Use Cases

• Telehealth included in inter-hospital transport of critically ill, high risk patients with physician virtual presence or acute support for the first responders, as needed

• Public health screening, monitoring and documentation with immediate information exchange
• Telehealth in schools for management of asthma, diabetes, and obesity

• Telemonitoring for both routine and high-risk pregnancies

• Widespread deployment of medical kiosks that are connected to health care professionals and the statewide HIE
Implementation Considerations

• Identify appropriate clinical applications for technology devices

• Care provider networks for real-time availability, such as stroke and pediatric emergencies

• Inconsistencies of connectivity, including latency, dropouts, or complete loss of connectivity in certain geographic regions of Maryland

• Transmission and storage of images and other relevant clinical information

• Ensuring telehealth services are reimbursable and investment in durable equipment compensated
Finance and Business Model Advisory Group

Business Model and Financial Challenges of Implementing the Use Cases
Business Model and Financial Challenges

- Available hospital funds to establish a program that includes performance goals and quality metrics sizable enough to be of interest to ambulatory practices

- Scheduling and funding for health care providers to be available on demand

- Human resource (staffing, training, etc.)

- Health care service deliver transformation and redesign

- Reimbursement methodology

- Technology investment and maintenance
Solutions? No one size fits all...
Considerations to Mitigate Challenges

• Centers of Excellence Networks – tiered networks that includes increased provider payments and decreased patient co-payments

• Shared savings programs

• Hospitals incentivize health care providers for availability timeframes to support remote monitoring post-discharge as needed (purchase provider block time)

• Long-term care facilities join at-risk financial payment models

• Telehealth payments based on select quality measure performance, etc.
Technology Solutions and Standards Advisory Group

Telehealth Provider Directory
Telehealth Technology Diffusion Barriers

A barrier to telehealth diffusion identified by task force members was the availability of information about providers rendering telehealth services.

A telehealth provider directory could:

- Enable providers to identify other providers who are delivering health care services through telehealth.
- Be made available through the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP).
Telehealth Provider Directory

- Identify health care providers that are rendering services using telehealth
  - Services
  - Specialties
  - Scheduling availability
  - Bio and photo
  - Technical contact

- Be available to both health care providers and consumers

- Include disclaimers to clearly state the intent of the directory
So what’s next?
Other Considerations & Next Steps

• Long-term care pilot implementation and evaluation

• Definition of an established physician-patient relationship

• Standards of care in telehealth

• Incorporating telehealth into residency and continuing education programs

• Finalize recommendations from the task force
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