

Statewide Telemedicine Innovation

*Maryland Telemedicine Task Force
Tackles Telemedicine Acceleration Barriers*

Sarah Orth

Tuesday, May 20, 2014



The MARYLAND
HEALTH CARE COMMISSION

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

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

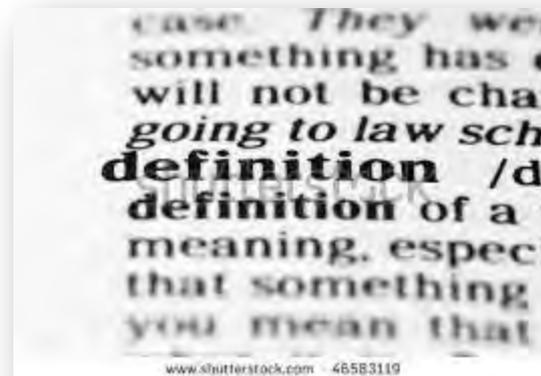
Why is adoption so low?

- Existing fee-for-services payment models incentivize volume-based care and do not provide incentives for restructuring methods of care delivery for telehealth use 7

Maryland Telemedicine Task Force

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*

**Clinical
Advisory
Group**

*Recommendations for
Telehealth Provider
Directory*

**Technology
Solutions and
Standards
Advisory
Group**

*Recommendations for
Innovative Telehealth
Payment Models*

**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**

Future Innovative Telehealth Use Cases *Continued*

- **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**

Thank You!



Sarah Orth
Chief, Health Information Technology
Phone: (410) 764-3449
eMail: sarah.orth@maryland.gov



The MARYLAND
HEALTH CARE COMMISSION