Telehealth Landscape

- Telehealth technology adoption
  - 2013: ~61 percent of acute care hospitals; ~9 percent of physicians
- Even though telehealth technology and payment structures are generally in place today, claim submission for telehealth services is minimal
  - 2013: 16 practitioners submitted ~132 claims that were reimbursed by payors for services rendered via telehealth
  - Payors indicated that more practitioners may be rendering telehealth services and not using the appropriate modifier when submitting claims
Telehealth Landscape – Government Payors

• Medicare reimbursement is limited to rural areas (~4.5 percent of Maryland census tracts) and provides coverage for approximately 73 telehealth services (out of over 10,000)

• Maryland Medicaid reimbursement was previously limited to three pilot programs, recent legislation expanded reimbursement

  • 2013:
    – Only one hospital submitted two telehealth claims to Medicaid
    – Roughly 75 telemental claims were submitted to Medicaid by Federally Qualified Health Centers, mental health clinics, and physicians
Telehealth Use Cases

• The Telemedicine Task Force (task force) recommended use cases to accelerate telehealth diffusion in the State
  
  • Aim to improve patient outcomes, reduce costs, and create a sustainable change in the way care is delivered, consistent with health care reform

• Implemented in rural and/or underserved areas

• Address potential increased demand for health care services due to implementation of health care reform
Clinical Advisory Group

Recommended telehealth use cases to enable various telehealth applications

1. Improve transitions of care between acute and post-acute settings through telehealth

2. Use telehealth to manage hospital Prevention Quality Indicators

3. Incorporate telehealth in hospital innovative care delivery models through ambulatory practice shared savings programs

4. Require value-based reimbursement models to factor in reimbursement for telehealth
5. Use telemedicine in hospital emergency departments and during transport of critically ill patients to aid in preparation for receipt of patient

6. Incorporate telehealth in public health screening and monitoring with the exchange of electronic health information

7. Deploy telehealth in schools for applications including asthma management, diabetes, childhood obesity, behavioral health, and smoking cessation

8. Use telehealth for routine and high-risk pregnancies
9. Deploy telehealth services widely at community sites, connected to health care professionals and/or the statewide health information exchange.

10. Use telehealth for remote mentoring, monitoring and proctoring of health care practitioners through telehealth for the expansion, dispersion and maintenance of skills, supervision, and education.
Funding the Telehealth Use Cases

• The task force will propose the General Assembly consider providing approximately $2.5 million in funding for the implementation of select telehealth use cases through pilot projects

  • Select use cases would be competitively funded through cooperative grants between the State and the recipient

• Absent funding from the General Assembly, the use of telehealth will remain stifled under existing models of care delivery where the incentives do not encourage innovation in health care delivery
Finance and Business Model Advisory Group

• Identified key financial and business model challenges of deploying the use cases
  • Reimbursement structure
  • Remote facility and delivery site billing
  • Practitioner availability, monitoring, and care coordination; practice transformation and redesign
  • Timeframes for implementation

• Considered proposing policy solutions; concluded, at this time, statewide policy would inhibit innovation in deployment of the use cases

• Organizations need to develop solutions to mitigate implementation challenges unique to their organizations
Technology Solutions and Standards Advisory Group

• Determined the use cases could be implemented with current and evolving telehealth technology

• Identified a barrier to telehealth diffusion is the lack of information available about practitioners rendering telehealth services and technologies utilized

  • Recommended the development of a publicly available online telehealth provider directory that includes information about telehealth services offered and technologies used

  • Made available through the MHCC’s State-Designated Health Information Exchange, the Chesapeake Regional Information System for our Patients (CRISP)
Remarks

• Telehealth provides the opportunity to enhance the patient experience by increasing access to care

• The task force recommendations, if implemented, are expected to improve quality of care, contain health care costs, and increase patient and provider satisfaction

• Collaboration among stakeholders is essential in implementing the use cases to foster more rapid diffusion of telehealth

• Evidence from the use cases will be compiled by MHCC to inform future telehealth policy
Next Steps

• October – Launch the MHCC-funded long-term care and hospital telehealth pilots

• December 1st – Submit the final legislative report to the Governor and General Assembly

• Pending funding approval, begin telehealth use case and telehealth provider directory implementations in FY 2016
Thank You!

The MARYLAND HEALTH CARE COMMISSION
Appendix