

# Telehealth Recommendations

*Thursday, October 16, 2014*



The MARYLAND  
HEALTH CARE COMMISSION

# 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**

# **Clinical Advisory Group *Continued***

- 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**

# **Clinical Advisory Group *Continued***

- 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 1<sup>st</sup> – 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!*



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# Appendix

# Patient Centered Medical Home

