2014 TELEMEDICINE TASK FORCE

Clinical Advisory Group

Discussion

SCOPE OF WORK

1. Role of Telemedicine in Advanced Primary Care delivery Models
    a) Direct patient-to-physician connection with remote specialists and physicians in rural underserved areas via the CRISP Roster
        i) Reduced patient travel
        ii) Improved patient access when patient travel limited
    b) In-Office, Real-Time consultations
        i) Rural MD-to-Specialist MD
        ii) Rural Patient-to-Specialists MD
        iii) Rural Patient with Rural MD-to-Specialists MD
    c) Real-time Patient Encounters via mobile devices from:
        i) MD home to emergency departments, NHs, patient homes
        ii) MD office
    d) Reduced sense of isolation for the Rural Physician
        i) Knowledge sharing physician to physician (local to remote)
        ii) Immediate feedback from remote specialists on patient care
        iii) Improve social connectivity to physicians at major medical centers
        iv) Improve rural physician satisfaction and, therefore, longevity.
    e) Increase access to Imaging and Records
        i) Expand CRISP capability to provide access to imaging
        ii) Decrease cost of health care through reduction in redundant studies
    f) Increase access to patient records and drug utilization
        i) PDMP through CRISP
        ii) Patient records from the referral centers through CRISP
    g) Home Care Monitoring (goal to reduce readmissions)
        i) CHF: Weight monitoring and medication compliance monitoring (nurse run with MD support)
        i) DM: Blood Glucose monitoring and remote medication adjustment (nurse run with MD support)
        ii) Hypertension: BP monitoring by remote technology (RN run with MD support and scheduled MD remote visits)

iii) Home PT: Post CVA, Trauma, general debility (keep at home not rehabilitation facility) (PT run with MD support)

iv) COPD: monitor medication utilization, oxygen utilization, PEFR (RN run with MD support and scheduled remote MD visits)

h) Management of Nursing Home patients (reduce hospital transfers/admissions)

i) Improve MD efficiency and reduce travel time between facilities

ii) Make MD available at off hours

i) Telementoring/ Teleproctoring

i) Watching Audio-video demonstration of new techniques

ii) Virtual presence/real time instruction during procedures

iii) Virtual presence/real time monitoring during procedures

2. <u>Evaluate Use Cases:</u>

a) High Risk of death or disability where time, distance, or provider supply an issue

i) Stroke

ii) Cardiac emergencies (currently functional)

iii) Trauma

iv) Critical Care (Tele-ICU)

b) High Volume

i) DM

ii) HBP

iii) CHF

iv) COPD

c) P4P/ACOs

i) DM

ii) HBP

iii) CHF

iv) COPD

d) Uniquely Appropriate for Telemedicine

i) Psychiatry

ii) Dermatology

iii) Radiology

iv) Pathology

v) Case Management

vi) Social Services

vii) Educational Programs

- Dietary education (obesity reduction programs)
- Maternity education

3. **Patient Engagement:**
    a) For advanced/Advancing Private Practice: Begins in the office
        i) Staff/MD introduces the concept to the patient at office
        ii) Staff/MD explains goals and desired outcomes
        iii) Education on the technology
        iv) Educate on the benefits:
            - Decrease travel
            - No waiting in offices or clinics
            - More home time
            - Less time in the Hospital
    b) Institutional Programs: Begins while in the Hospital
        i) Same as for Private Practice
        ii) Linkage of the Institution to the Private Practice
4. **Health Professional Impact/Underserved Populations**
    a) Goal to Attract and Retain Physicians to the Rural or Underserved Communities
        i) Improved Productivity
            - Quick access to data: CRISP
            - Less Travel to remote work sites such as multiple nursing homes
            - Ease of acquiring a consultation
        ii) Resources
            - State wide Integrated Telemedicine Network
            - CRISP
        iii) Mitigating Physician Shortages
            - Attract MDs/Health Care Professionals by removing the sense of isolation
            - Maintain MDs/Health Care Professionals by improving the access and quality of educational opportunities

POLICY DISCUSSION

1. **Barriers to Diffusion of Telemedicine Acceptance**
    a) Completely resolve limitations on MD/Health Care Provider reimbursement
        i) Private Payor 2012 (SB 781, HB 1149)
            - Monitor submissions for reimbursement
            - Monitor Payor reimbursement
            - Monitor Payor denials
        ii) Maryland Medicaid 2014 (SB 198, HB 802)
            - Monitor submissions for reimbursement
            - Monitor Payor reimbursement

- Monitor Payor denials

iii) Medicare

- Establish/Mature Federal Lobbyist
  - Reduce geographic limitations
  - Expand acceptable federal telemedicine codes
  - Increase FQHCs

b) Increase MD/Health Care Providers awareness

i) Disseminate Information through

- MedChi
  - County Medical Societies
- Major Medical Centers and Systems
  - UMMC, JHH, MedStar
- DHMH
- ACOs

c) Investment/Cost of Personnel and equipment

i) Establish fair payment for Visiting Nurses, Physical Therapists,

ii) Establish fair compensation for physician time supporting Visiting Nurses et al

d) Eliminate Barriers to Credentialing

i) Evaluate use of Proxy Privileging process: 2013 (SB 798, HB 1042)

ii) Expand to non Telemedicine Privileging