

Telemedicine Task Force

Framing the Activity

July 24, 2013



The MARYLAND
HEALTH CARE COMMISSION

Discussion Topics

- **The Role of the Task Force**
- **Deliverables**
- **Task Force Background**
- **Environmental Scan**
- **Current Initiatives**
- **Next Steps**

The Role of the Task Force

- Identify opportunities for telemedicine in improving health status and care delivery
- Advisory groups (clinical, technology solutions and standards, and finance and business model) develop legislative recommendations to identify the role of telemedicine in innovative care delivery models
- Recommendations will support Triple Aim: improve health of population served, experience of each individual, and affordability as measured by total cost of care
- Assess methods to use telemedicine for improving access to health care and improving patient outcomes

2013 Task Force Reporting Timeframes

Legislative Reports	Due Date
Interim report to Governor, Senate Finance Committee, and House Health and Government Operations Committee	January 1, 2014
Final report to Governor, Senate Finance Committee, and House Health and Government Operations Committee	December 1, 2014

Advisory Group Recommendations for 2013 Interim Report	Due Date
Draft report recommendations from each advisory group	September 13, 2013
Final report recommendations from each advisory group	October 18, 2013

MHCC's Role

- **Convene meetings of the Task Force**
- **Facilitate policy discussions**
- **Compile advisory group recommendations**
- **Develop interim and final reports**

Task Force Background

2010

- Created in response to the Maryland Department of Health and Mental Hygiene's report, *Improving Stroke Care Through Telemedicine in Maryland*, and to recommendations of the Maryland State Advisory Council on Heart Disease and Stroke
- Charged to identify challenges and develop solutions to advance telemedicine
- Report submitted to the Maryland Quality and Cost Council (Council) in September 2010

2011

- 2010 task force expanded to three advisory groups
- Required to make recommendations to the Council for advancing telemedicine
- Recommendations resulted in two laws

Legislative Activity

- **Senate Bill 781, *Health Insurance – Coverage for Services Delivered through Telemedicine* (2012) (SB 781)**
 - Requires State-regulated payers to provide coverage for health care services delivered through telemedicine
- **Senate Bill 798, *Hospitals – Credentialing and Privileging Process – Telemedicine* (2013) (SB 789)**
 - Enables hospitals to rely on credentialing and privileging decisions made by distant site
- **Senate Bill 496, *Maryland Medical Assistance Program – Telemedicine* (2013) (SB 496)**
 - Requires the Maryland Medical Assistance Program to provide reimbursement for certain services delivered through telemedicine under certain circumstances
- **Senate Bill 776, *Telemedicine Task Force – Maryland Health Care Commission* (2013) (SB 776)**
 - Requires MHCC, in conjunction with the Maryland Health Quality and Cost Council, to reconvene the 2010 task force

Environmental Scan – Highlights

- Office-based telemedicine in certain use cases has reduced costs
- Behavioral health most widely adopted and studied use case for office-based telemedicine
- Clinical outcomes for office-based telemedicine comparable to in-person services
- Limited telemedicine case law
- Telemedicine within standard of care continues to be clarified
- Research on telemedicine expanding rapidly and increasingly being used by policymakers to expand telemedicine
- Technology vendors: technology largely siloed, based on use cases

Telemedicine Adoption

- **Nationally:** American Telemedicine Association estimates roughly 200 telemedicine networks in the U.S.; connectivity to over 3,500 sites
- **Maryland hospitals:** About 46 percent are using telemedicine

Maryland Hospital Use of Telemedicine - 2012	
Services Delivered <i># of Hospitals</i>	Type of Technology Used <i># of Hospitals</i>
Imaging – 14	Desktop – 14
Diagnostic -7	Handheld Wireless – 5
Monitoring – 7	Home Device – 4
Emergency – 6	Interactive Video – 10
Consultation - 11	Robotics - 1

Telemedicine Adoption (Continued)

- **Maryland physicians:** About 12 percent are using telemedicine, roughly 28 percent are primary care physicians, 10 percent are behavioral health, and the other remaining approximately 62 percent other specialties
- **Maryland health care organizations:** Two emerging value-based reimbursement models in Maryland
- **Retail health clinics:** Included in pharmacies and supermarkets beginning to develop telemedicine programs

Telemedicine Public Sector Activities

- Medicaid
- MIEMSS
- Other

Telemedicine Private Sector Activities

- Johns Hopkins
- MedStar
- UMMS
- Ambulatory physicians
- CareFirst pilot
- Other

Advisory Group Key Discussion Items

Clinical Advisory Group	Finance and Business Model Advisory Group	Technology Solutions and Standards Advisory Group
The role of telemedicine in advance primary care delivery models; innovative service models for diverse care settings	Applications for cost-effective telehealth	Supportive uses of electronic health records and health information exchange
Use cases for evaluation (e.g. stroke, dermatology, emergency services, etc.)	Innovative payment models	Emerging technology and standards for security
Patient engagement, education and outcomes	Public and private grant funding	Identify strategies for telehealth deployment in rural areas to increase access to health care
Health professional productivity, resources and shortages; underserved population areas	Identify strategies for telehealth deployment to meet any increased demand for health care due to the implementation of the Patient Protection and Affordable Care Act	

Advisory Group Meetings

Technology Solutions and Standards

- August 14th 9:30am-11:30am
- September 11th 3:00pm-5:00pm
- October 10th 9:30am-11:30am
- November 5th 3:00pm-5:00pm

Clinical

- August 22nd 10:00am-12:00pm
- September 23rd 10:00am-12:00pm
- October 28th 10:00am-12:00pm
- November 18th 10:00am-12:00pm

Finance and Business Model will be scheduled ad hoc as needed

Thank You!



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