

Telemedicine Task Force

Policy Discussion

March 7, 2014



The MARYLAND
HEALTH CARE COMMISSION

Discussion Topics

- **Overview**
 - **Telemedicine – A Statewide Perspective**
 - **Task Force Background**
- **2013 Task Force**
 - **Clinical Advisory Group**
 - **Technology Solutions and Standards Advisory Group**
 - **Finance and Business Model Advisory Group**
- **2014 Task Force and Discussion Topics**
- **Policy Discussion**
- **Advisory Board Breakouts**

Overview

Telemedicine – A Statewide Perspective

- **Fragmented adoption - acute care hospitals roughly 46 percent; physicians about 12 percent**
- **Minimal use - about 50 providers submitted roughly 78 telemedicine claims to State-regulated payors from October 1, 2012 through June 30, 2013**
- **Existing fee-for-service models incentivize episodic care, limiting incentives for providers to invest in new models of care delivery**
- **Despite the potential of telemedicine to enhance care delivery, adoption is not expected to increase significantly absent widespread adoption of value-based care**

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 recommendations from the Maryland State Advisory Council on Heart Disease and Stroke
- Charged to identify challenges and develop solutions to advance telemedicine in the State
- 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

2013 Task Force

Clinical Advisory Group

- **Scope of Work**
 - Role of telemedicine in advanced primary care delivery models
 - Evaluate use cases (e.g., stroke, dermatology, emergency services, etc.)
 - Patient engagement, education, and outcomes
 - Health professional productivity, resources, and shortages; and
 - Underserved populations
- **Barriers to Telemedicine Diffusion**
 - Lack of widespread awareness about how to incorporate effective telemedicine use into existing practice workflows
 - Limited provider advocacy
 - Perception of high up-front costs for telemedicine technology

Clinical Advisory Group *(Continued)*

- **Key Areas of Deliberation**
 - **Develop a telemedicine program for medical and ancillary school curricula and continuing medical education credits**
 - **Increase access to care in underserved and rural areas**
 - **Develop a list of clinical use cases**
 - **Sub-committee to explore potential licensing and credentialing barriers**
- **Policy Considerations**
 - **Diffusion of telemedicine public health interventions and outcomes**
 - **Incorporation of evidence-based guidelines for services rendered through telemedicine**

Technology Solutions and Standards Advisory Group

- **Scope of Work**
 - Supportive uses of electronic health records (EHRs) and health information exchange (HIE)
 - Emerging technology and standards for privacy and security
 - Strategies for telehealth deployment in rural areas to increase access to health care
- **Barriers to Telemedicine Diffusion**
 - Availability of information about providers rendering telemedicine services
 - Integrating technology solutions with existing EHRs and HIEs
 - Limited information about the availability of telemedicine service providers

Technology Solutions and Standards Advisory Group *(Continued)*

- **Key Areas of Deliberation**
 - Ability of ambulatory providers and hospitals to adopt technology solutions that best fit their needs and workflows
 - Development of a telemedicine provider registry
- **Policy Considerations**
 - Use of the registry in emergent situations
 - Validation of information in the registry
 - Standards to enable interoperability wherever patient records are stored
 - Achieving compliance with federal and State privacy and security laws

Finance and Business Model Advisory Group

- **Scope of Work**
 - Applications for cost-effective telehealth
 - Innovative payment models
 - Public and private grant funding
 - Strategies for telehealth deployment to meet increased demand for health care services due to implementation of health care reform
- **Barriers to Telemedicine Diffusion**
 - Traditional fee-for-service payment models incentivize volume-based care
 - Medicaid telemedicine reimbursement limited to pilot programs
 - Rural requirements for federal grant funding are restrictive in Maryland

2014 Task Force

Task Force Activities *(see handout for more information)*

- **Develop recommendations to resolve telemedicine adoption challenges**
 - **Identify strategies to deploy a Statewide phased approach to diffuse telemedicine technology in innovative care delivery models**
- **Identify appropriate use cases that could be regionally deployed**
- **Finalize the technical architecture of a telemedicine registry**
- **Propose solutions to leading policy challenges to reduce barriers to adoption and meaningful use of telemedicine**

MHCC's Role

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

Policy Discussion

Policy Discussion

1. Current law defines telemedicine as: *the use of interactive audio, video, or other telecommunications or electronic technology by a physician in the practice of medicine outside the physical presence of the patient*

Discussions in the task force have indicated that a broader definition of telemedicine that includes other health care providers and telehealth applications is needed. What would the ideal definition of telemedicine be?

Advisory Group Breakouts

Thank You!



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APPENDIX

Legislative Activity

- **Senate Bill 781, *Health Insurance – Coverage for Services Delivered through Telemedicine* (2012) (SB 781)**
 - Requires State-regulated payors 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

Legislative Activity *Continued*

- **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**

Telemedicine 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 are other specialties
- **Maryland health care organizations:** Two emerging value-based reimbursement models in Maryland
- **Retail health clinics:** Pharmacies and supermarkets are beginning to develop telemedicine programs

Advisory Group Key Discussion Items

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