

TELEHEALTH IN FLORIDA

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Florida Center for Health Information and Transparency
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TELEHEALTH

HB 7087 (2016) / 2016-240 L.O.F.

- 1. Telehealth Advisory Council:** 15 members including the Secretary of AHCA (Chair) and the Surgeon General (member)
- 2. Survey** for current capabilities, utilization and coverage levels:
 - AHCA to survey licensed health care facilities
 - DOH to survey licensed health care practitioners
 - OIR to survey health plans and HMOs
- 3.** AHCA to submit a report of **survey findings** to the Governor, Senate President, and Speaker of the House by **12/31/2016**
- 4.** Final Advisory Council report of **recommendations** to increase the use and accessibility of telehealth services by **10/31/2017**



TELEHEALTH ADVISORY COUNCIL

– AHCA Secretary appointed 9 members:

- 2 reps from health insurers that cover telehealth services
- 2 reps from health care facilities (including a hospital)
- 2 reps from long term care facilities (including a nursing home)
- 2 reps from entities that create or sell telehealth products
- 1 rep of organization that represents telehealth stakeholders

– State Surgeon General appointed 4 members

- 2 health care practitioners (from different areas of practice)
- 2 reps of organizations that represent health care practitioners



Member	Affiliation	
Justin Senior	Secretary, Agency for Health Care Administration	Council Chair
Celeste Philip, MD	State Surgeon General and Secretary of Health	Florida Department of Health
Ernest Bertha, MD	Sunshine Health	Health Insurers
Elizabeth Miller, CRNP	WellCare	Health Insurers
William Manzie	Memorial Healthcare	Health Care Facilities - Hospital
Matthew Stanton	Cleveland Clinic	Health Care Facilities
Leslee Gross	Baptist Health South Florida	LTC Facilities (Nursing Home)
Kevin O'Neil, MD	Ascension Senior Living	LTC Facilities (general)
Darren Hay	Care Angel	Telehealth Developer/Vendors
Steven Selznick, DO	Selznick Consulting, and CFP Physicians Group	Telehealth Developer/Vendor
Monica Stynchula	REUNIONCare, Inc., and AARP	Telehealth Stakeholders
Kim Landry, MD	Leon County Emergency Medical Services	Practitioners
Sarvam Terkonda, MD	Mayo Clinic	Practitioners
Mike Smith	Florida State University College of Medicine	Practitioner Organizations
Anne Burdick, MD	University of Miami School of Medicine	Practitioner Organizations



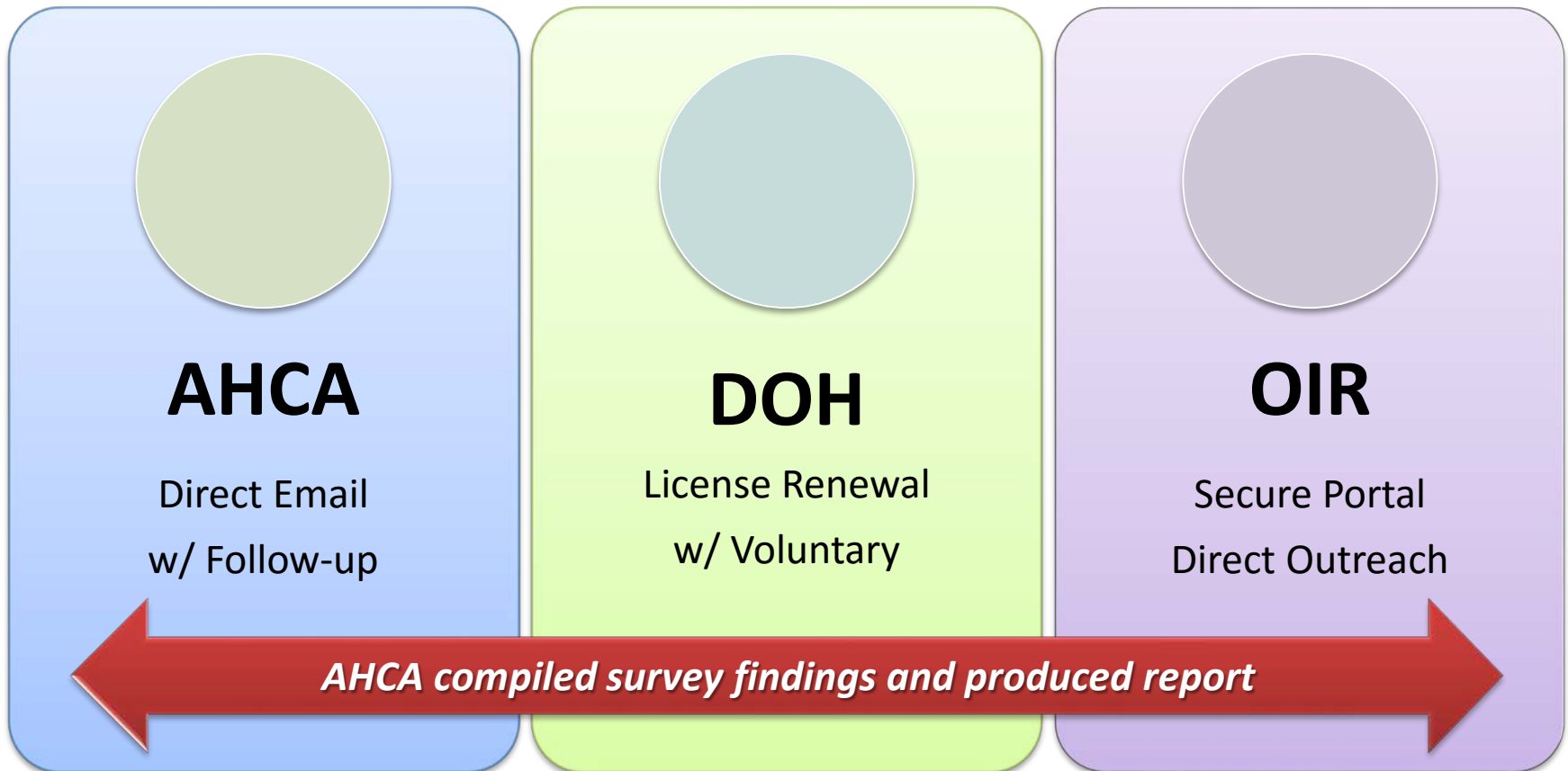
TELEHEALTH SURVEY

HB 7087 (2016) / 2016-240 L.O.F.

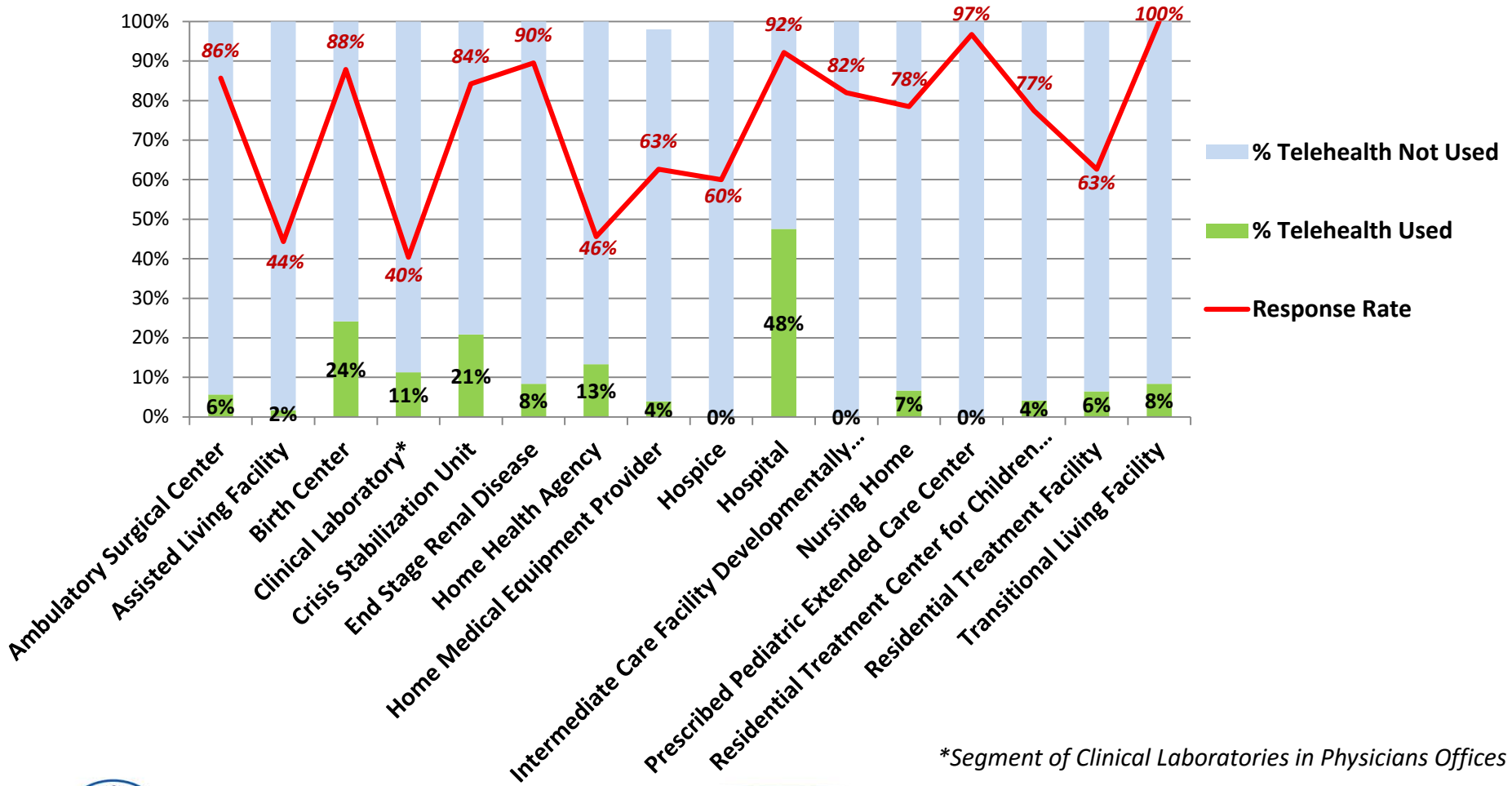
- **Survey** for current capabilities, utilization and coverage levels:
 - National and state utilization of telehealth
 - Barriers to using or accessing telehealth services
 - Types of health care services provided via telehealth
 - Costs and cost-savings associated with using telehealth
 - Extent of insurance coverage and how such coverage compares to coverage for in-person health services



SURVEY METHODOLOGY



FACILITY SURVEY RESPONSE RATES AND REPORTED TELEHEALTH UTILIZATION



*Segment of Clinical Laboratories in Physicians Offices

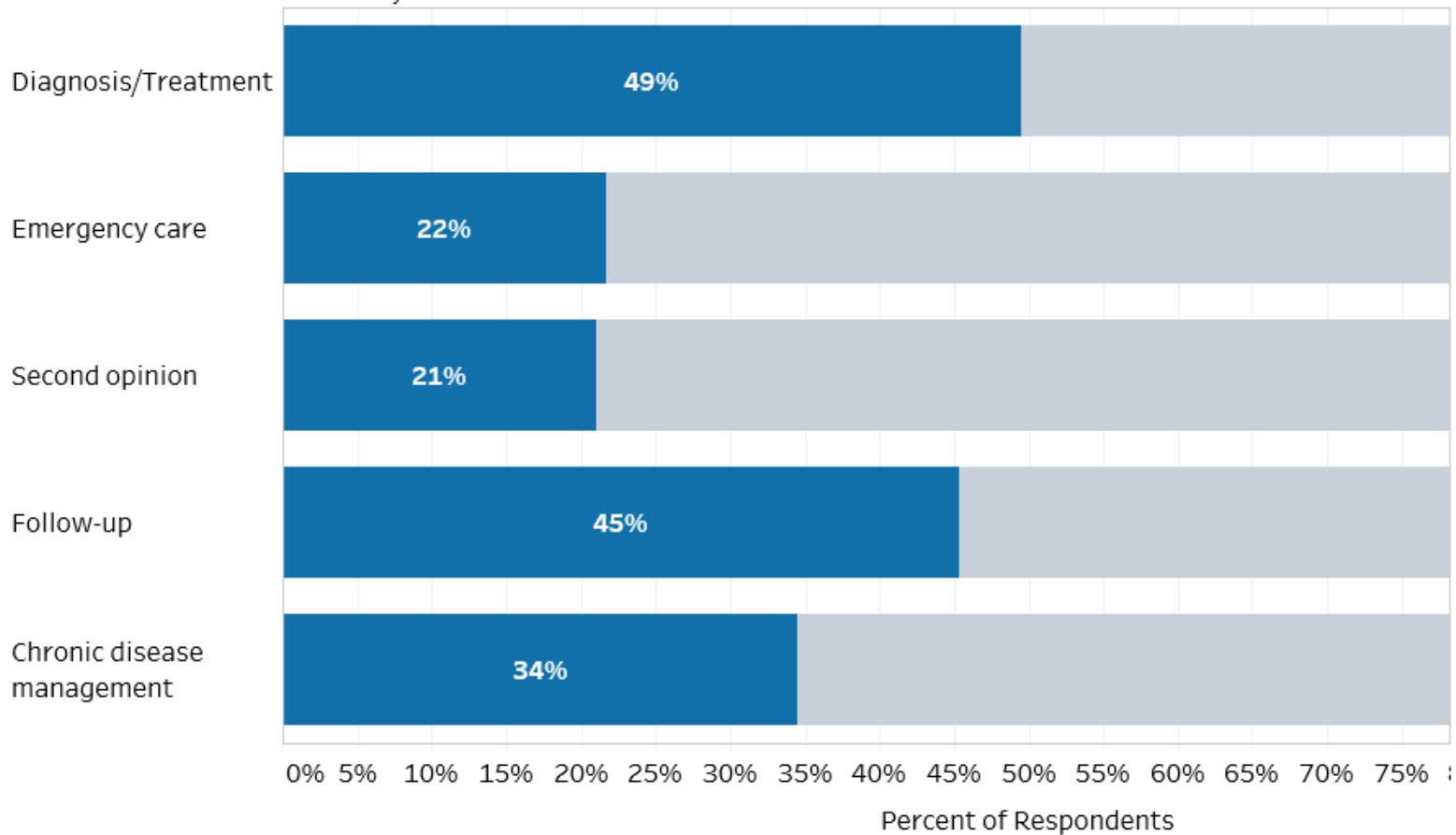


TELEHEALTH MODALITIES BY FACILITY TYPE

	Direct to Patient - telephonic only	Direct to Patient - videoconferencing	Live, interactive videoconferencing - Presenting Site	Live, interactive videoconferencing - Receiving Site	Remote Monitoring	Store and forward
Ambulatory Surgical Centers	8%	1%	4%	3%	3%	4%
Assisted Living Facilities	9%	5%	5%	4%	4%	10%
Birth Centers	3%	0%	0%	0%	1%	1%
Clinical Labs	33%	28%	18%	24%	15%	38%
Crisis Units	1%	2%	1%	1%	1%	1%
Dialysis Centers	3%	1%	3%	4%	2%	4%
Home Health	26%	7%	3%	3%	44%	14%
Home Medical Equipment Pr..	8%	6%	5%	3%	8%	5%
Hospice	0%	1%	0%	1%	1%	1%
Hospitals	3%	41%	46%	46%	18%	18%
Intermediate Care Facilities ..	1%	0%	1%	0%	1%	0%
Nursing Home	3%	7%	9%	8%	3%	1%
Prescribed Pediatric Extende..	3%	0%	1%	1%	0%	1%
Residential Txmx Centers for..	0%	0%	0%	0%	0%	1%
Residential Txmx Facility	0%	0%	1%	1%	0%	0%
Transitional Living Facilities	0%	1%	1%	0%	0%	0%
Grand Total	100%	100%	100%	100%	100%	100%

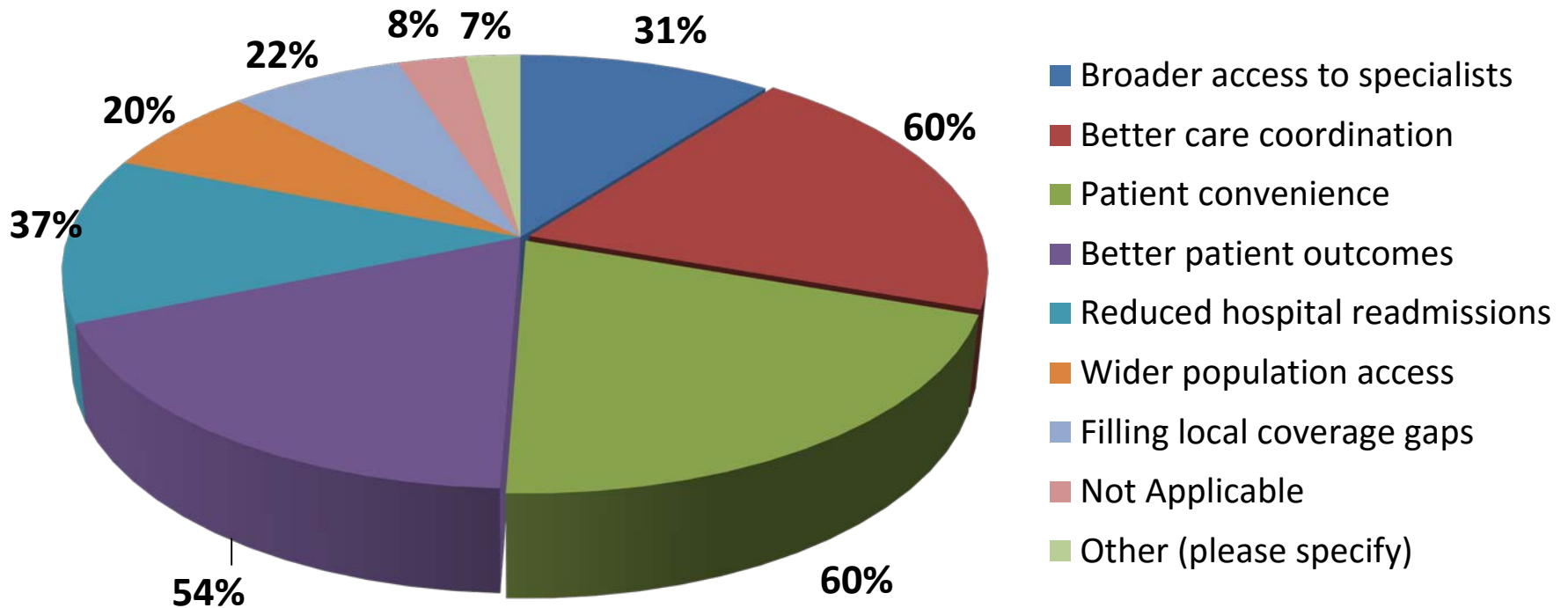


PRIMARY REPORTED USES OF TELEHEALTH IN HEALTH CARE FACILITIES



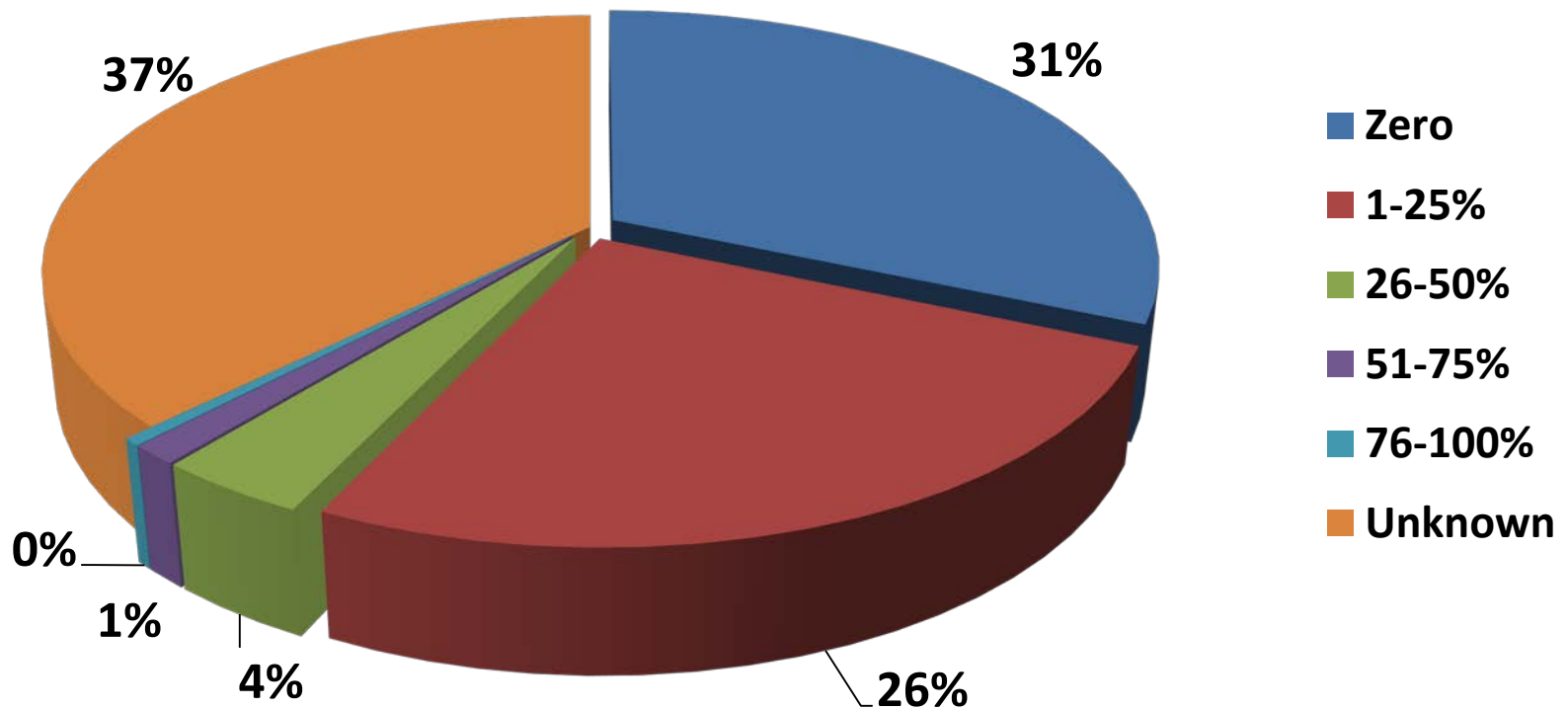
FACILITY BENEFITS

“What benefits has your facility attained as a result of implementing telehealth services? (Select all that apply)”



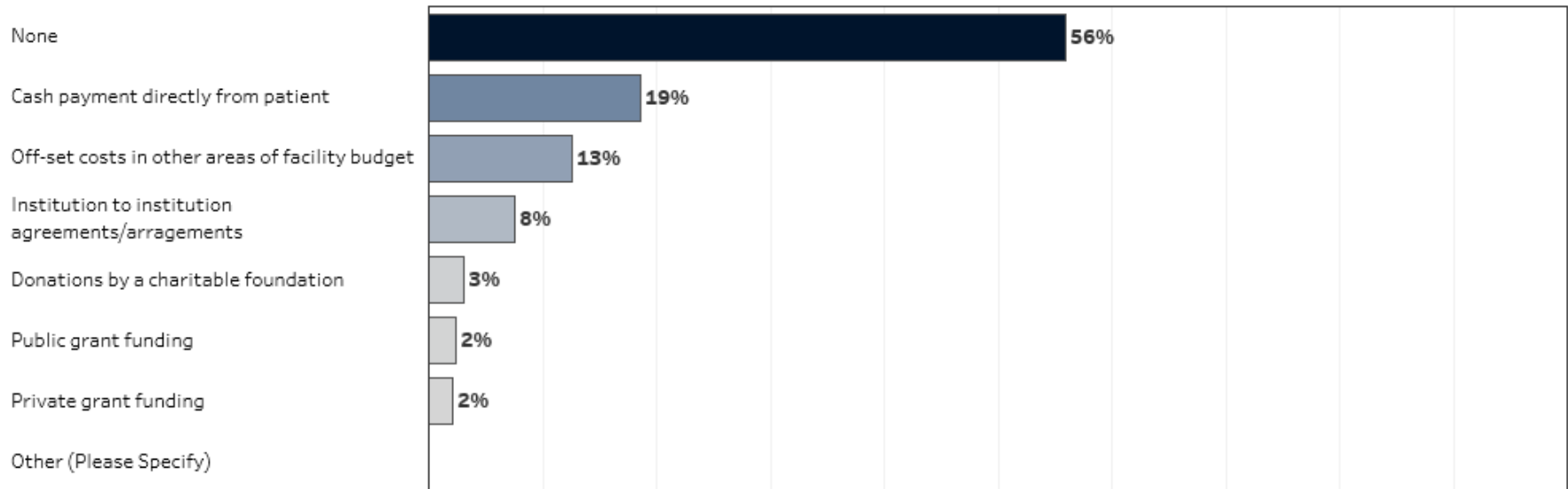
FACILITY COST SAVINGS

“What percent of cost-savings to this facility, if any, can you attribute to providing telehealth services ?”



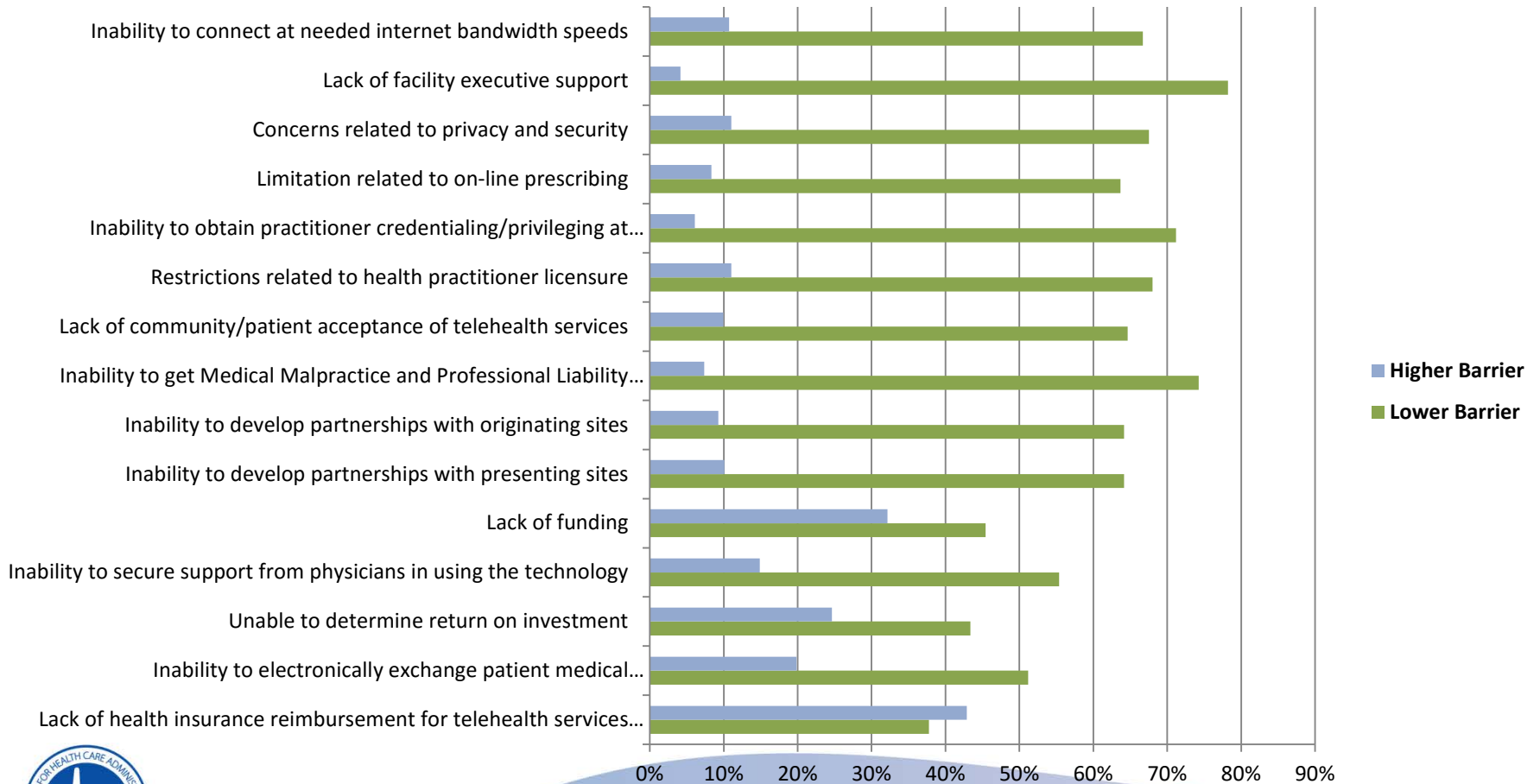
FACILITY/PROVIDER REIMBURSEMENT

Funding sources, outside of insurance reimbursement, used to cover the costs for providing telehealth services



BARRIERS TO IMPLEMENTING FACILITIES CURRENTLY USING TELEHEALTH

“On a scale of 1- 5, with one (1) being no barrier and five (5) being a major barrier, how would you rate the barriers experienced by this facility during implementation of telehealth services?”



BARRIERS TO IMPLEMENTING

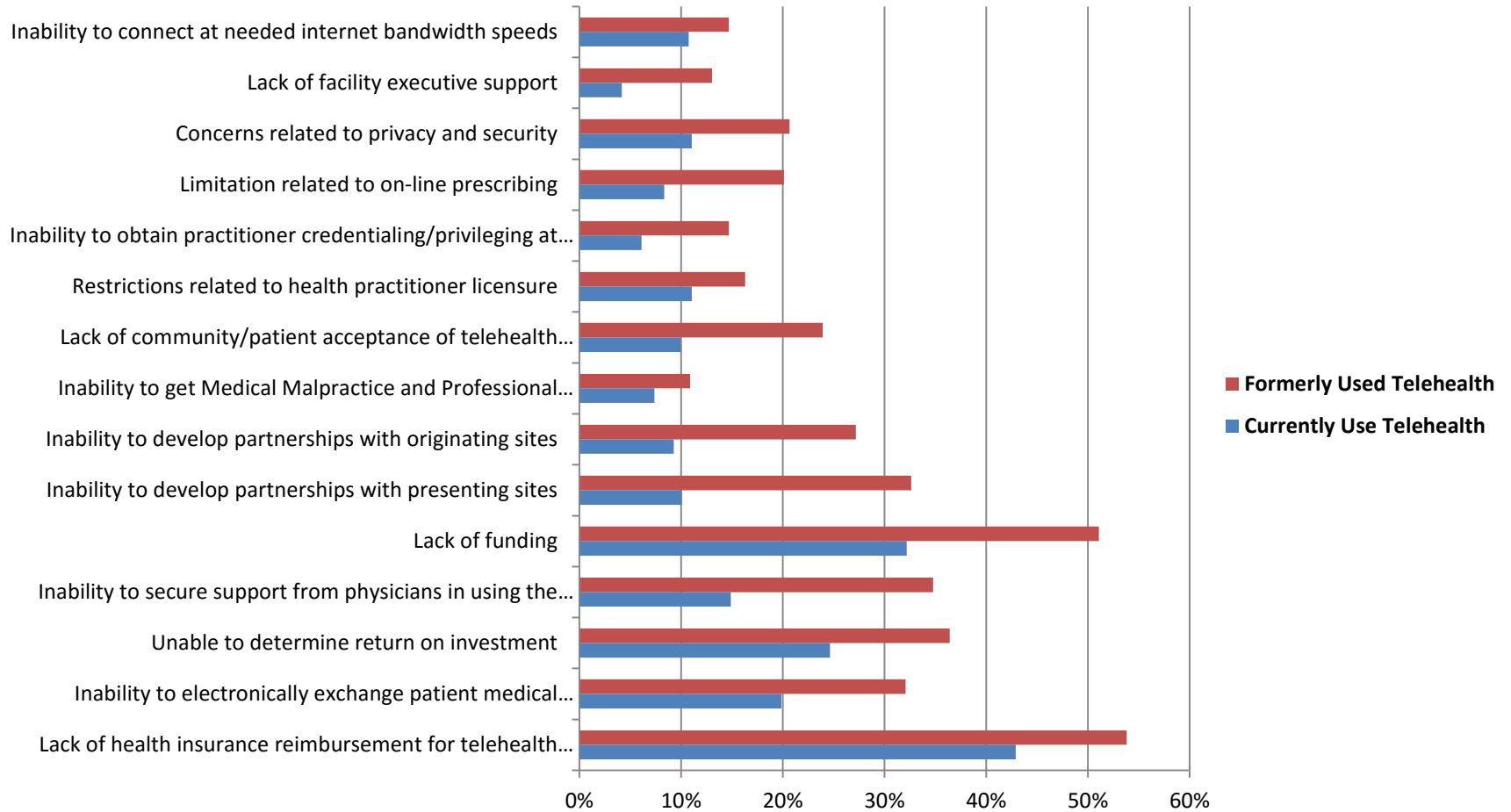
FACILITIES THAT HAVE TRIED TO USED TELEHEALTH

“On a scale of 1- 5, with one (1) being no barrier and five (5) being a major barrier, how would you rate the barriers experienced by this facility when trying to implement telehealth services.”



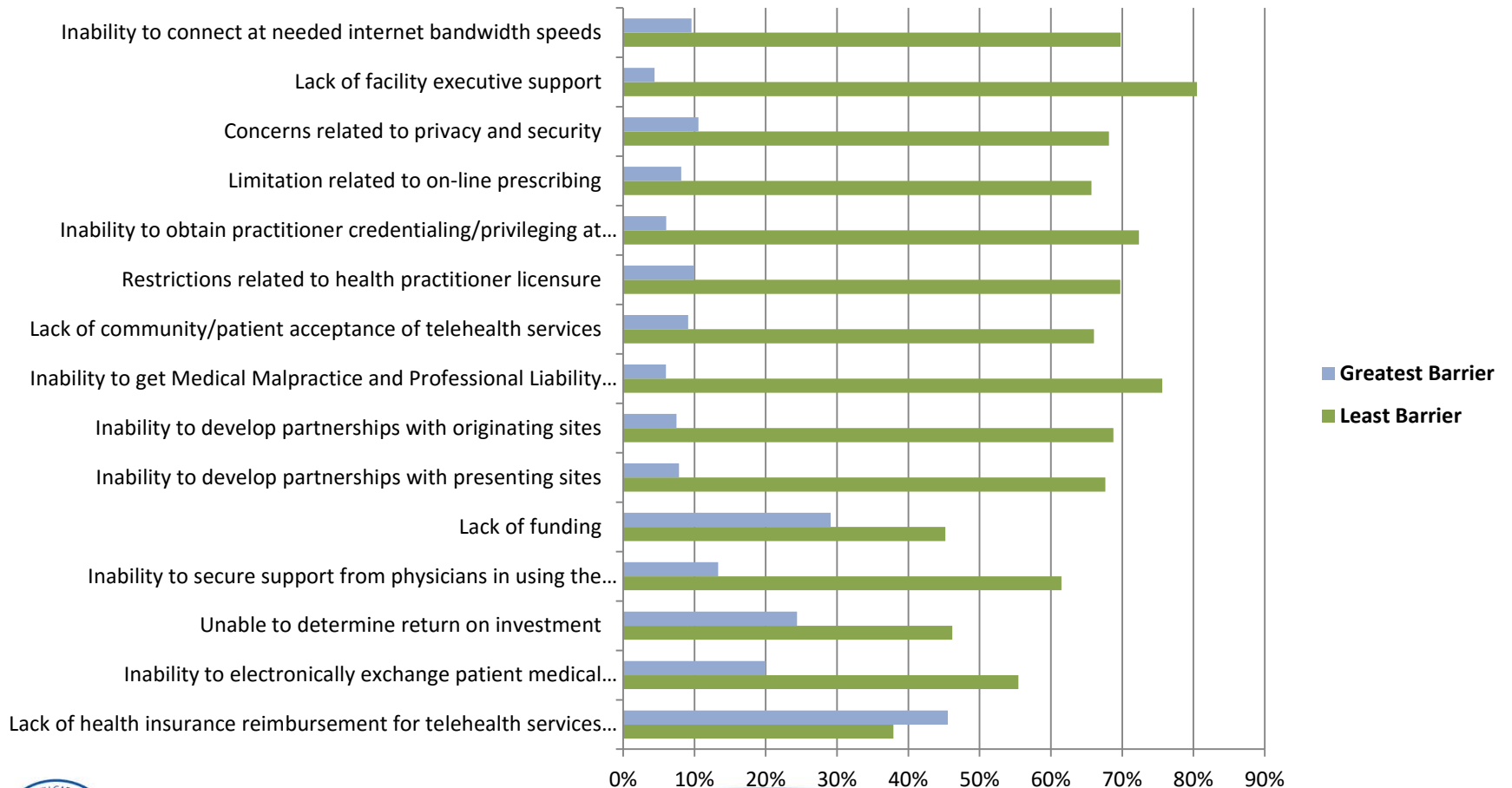
BARRIERS TO IMPLEMENTING

COMPARISON OF CURRENT AND FORMER



ON-GOING CHALLENGES

“On a scale of 1- 5, with one (1) being no challenge and five (5) being a major challenge, how would you rate the on-going challenges this facility encounters in offering telehealth services?”



REPORTED NEEDS

“What would assist you, if anything, in implementing, sustaining, or expanding telehealth services?”

- Education, training, and evidence- based resources
- Reimbursement
- Funding
- Resources



LICENSED PRACTITIONER RESPONSES FOR SURVEY REPORT

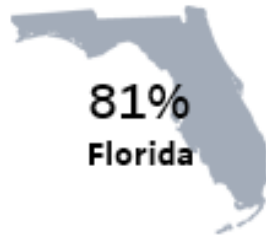
Number of responses, by renewal year

2016	Consultant Pharmacist	1,470
	Optician	1,881
	Registered Pharmacy Technician	14,727
2017	Anesthesiologist Assistants	50
	Diagnostic Radiological Physicist	37
	Hearing Aid Specialist	57
	Licensed Clinical Social Worker	5
	Licensed Marriage and Family Therapists	1
	Medical Doctor	10,575
	Medical Health Physicist	12
	Medical Nuclear Radiological Physicists	25
	Occupational Therapist	226
	Occupational Therapist Assistant	89
	Optometrist	370
	Pharmacy	44
	Therapeutic Radiological Physicist	144

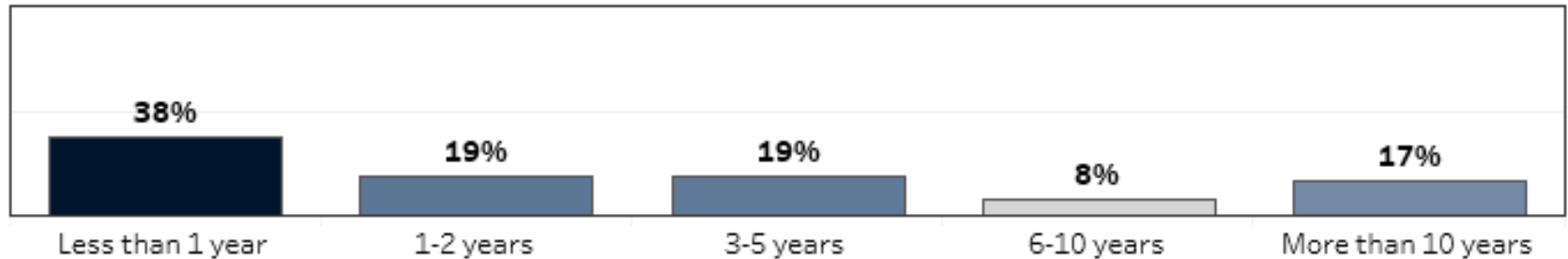


PRACTITIONER TELEHEALTH USE

Location of patients where practitioners provide telehealth services in their private office or group practice setting

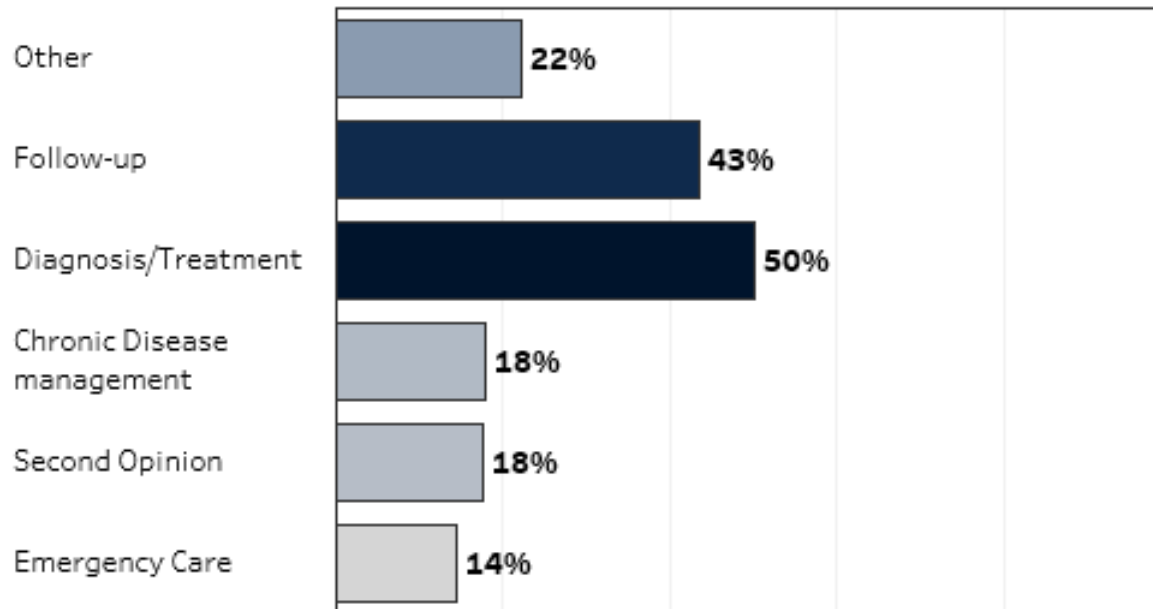


Length of time practitioners have been providing telehealth services in their private office or group practice setting



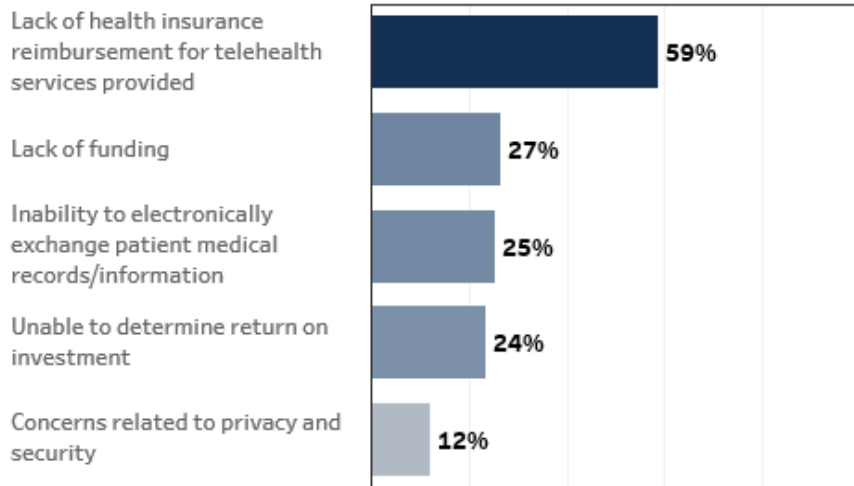
TELEHEALTH USE AMONG LICENSED PRACTITIONERS

Practitioner uses of telehealth in their private office or group practice setting

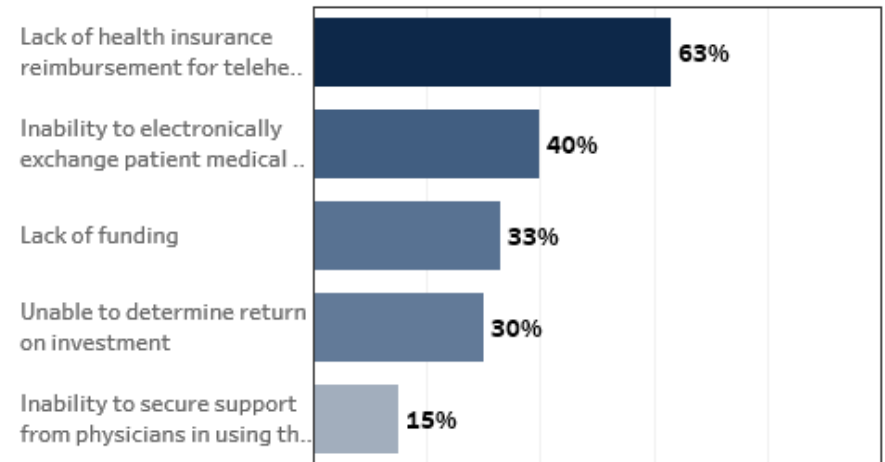


PRACTITIONER BARRIERS TO TELEHEALTH ADOPTION/UTILIZATION

Barriers for practitioners currently using telehealth

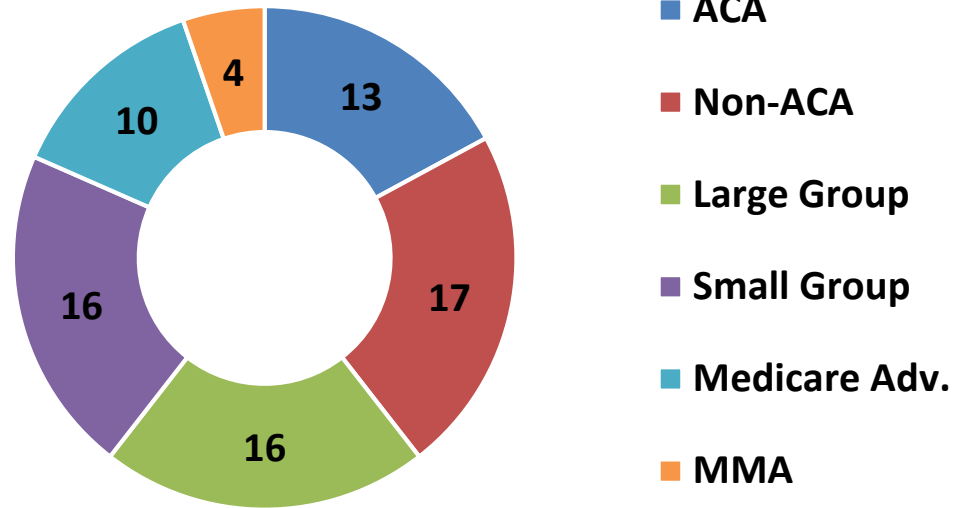


Barriers for practitioners who tried to implement telehealth and currently do not use telehealth services

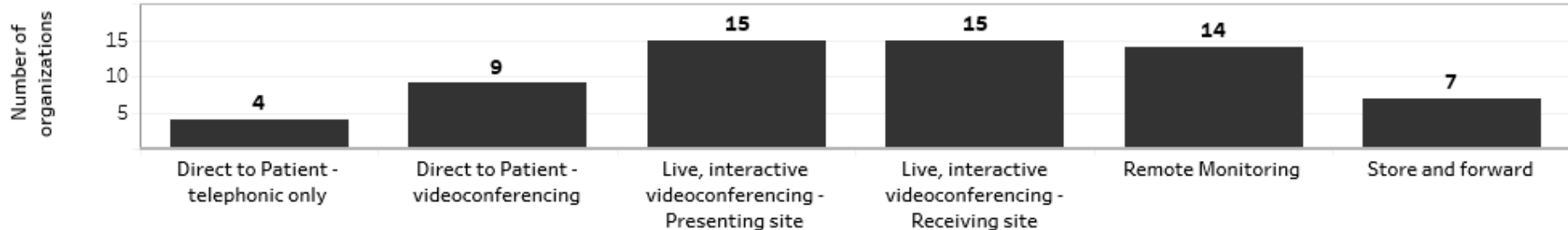


HEALTH PLANS AND HMOs:

REPORTED COVERAGE FOR TELEHEALTH SERVICES

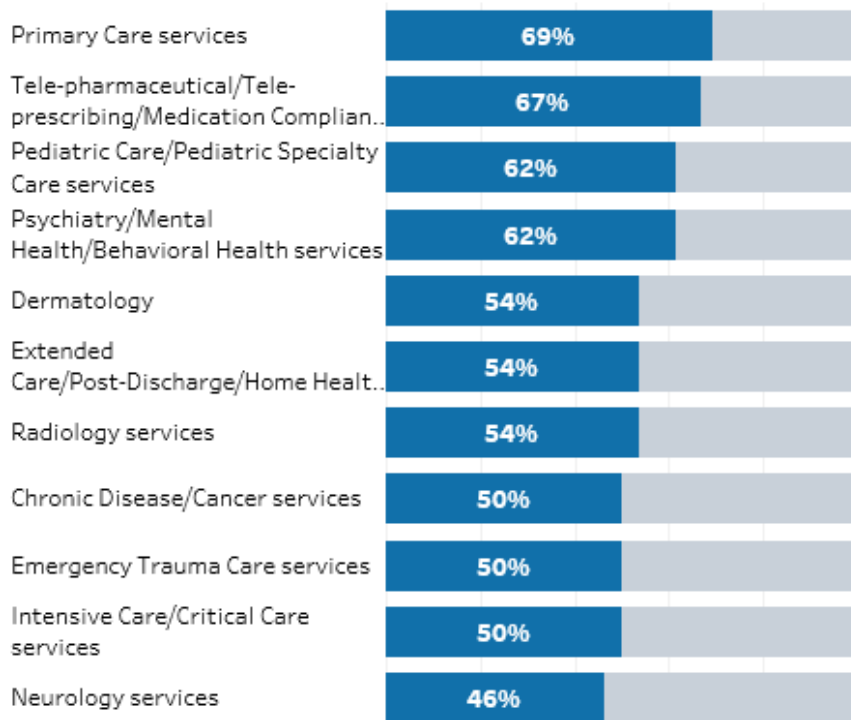


Coverage provided by health plan companies

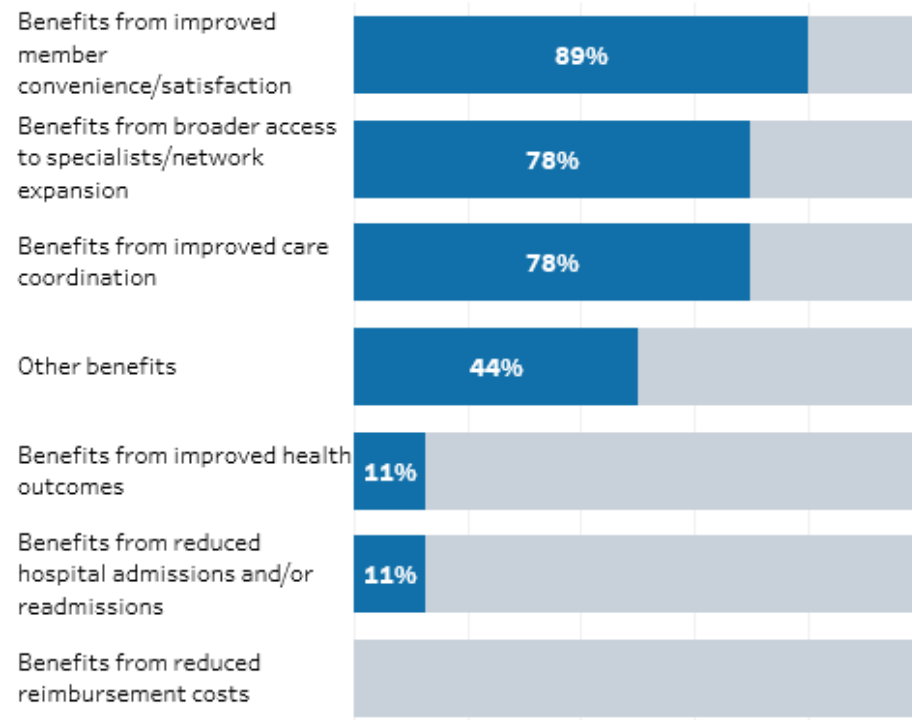


TYPES OF TELEHEALTH SERVICES COVERED AND BENEFITS TO PAYERS

Telehealth services eligible for coverage/reimbursement from health plan organizations



Benefits organizations attained as a result of allowing coverage/reimbursement for telehealth services



DEFINING TELEHEALTH...

TeleHealth

- Broad definition which incorporates multiple modalities including telemedicine, telemonitoring, administrative, and educational communications



TeleMedicine

- The use of information and communication technology for the specific purpose of clinical services, focused on diagnosis and treatment



STATE TELEHEALTH POLICIES

44 states

(and DC) have a definition for
telemedicine

33 states

(and DC) have a definition
for **telehealth**

2 states

Alabama and New Jersey have
no definition for either



DEFINITION(S) OF TELEHEALTH

Office of the National Coordinator for Health Information Technology

- While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

U.S. Department of Health and Human Services

- Telehealth is defined as the use of telecommunications and information technologies to share information, and provide clinical care, education, public health, and administrative services at a distance.



DEFINITION(S) OF TELEHEALTH

World Health Organization

- **The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.**
- ***“Telehealth is not a type of health care service, but rather is a mechanism for delivery of health care services.”***



DEFINITION(S) OF TELEHEALTH

Centers for Medicare & Medicaid Services

Medicaid

- Telemedicine is two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.
- *Note: The federal Medicaid statute does not recognize telemedicine as a distinct service. However, it is defined in 59G1.057, FAC of the Florida Medicaid program.*

Medicare

- Telehealth is defined in 42CFR 410.78 (a)



Definitions provided in 42CFR 410.78 (a)

- **Asynchronous store and forward technologies** means the transmission of a patient's medical information from an originating site to the physician or practitioner at the distant site. The physician or practitioner at the distant site can review the medical case without the patient being present. An asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail). Photographs visualized by a telecommunications system must be specific to the patient's medical condition and adequate for furnishing or confirming a diagnosis and or treatment plan. Dermatological photographs, for example, a photograph of a skin lesion, may be considered to meet the requirement of a single media format under this provision.
- **Distant site** means the site at which the physician or practitioner delivering the service is located at the time the service is provided via a telecommunications system.
- **Interactive telecommunications system** means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.
- **Originating site** means the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. For asynchronous store and forward telecommunications technologies, the only originating sites are Federal telemedicine demonstration programs conducted in Alaska or Hawaii.

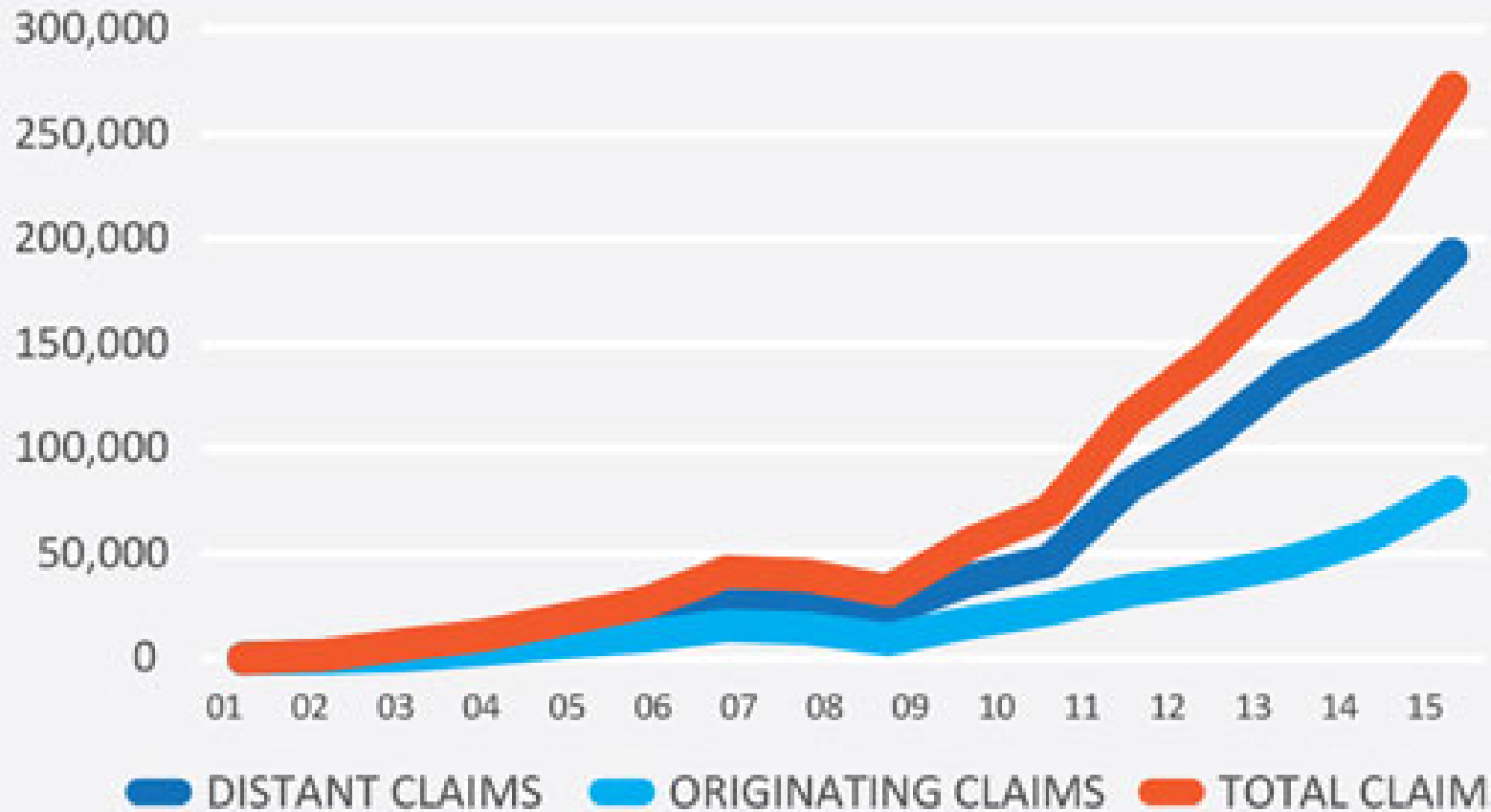


FIVE CONDITIONS FOR MEDICARE COVERAGE

1. Patient in a qualifying rural area
2. Patient at one of eight qualifying facilities (“originating site”)
3. Service provided by one of ten eligible professionals (“distant site practitioner”)
4. Technology is real-time audio-video (interactive audio and video telecommunications system that permits real-time communication between the beneficiary and the distant site provider)
5. The service is among the list of CPT/HCPCS codes covered by Medicare



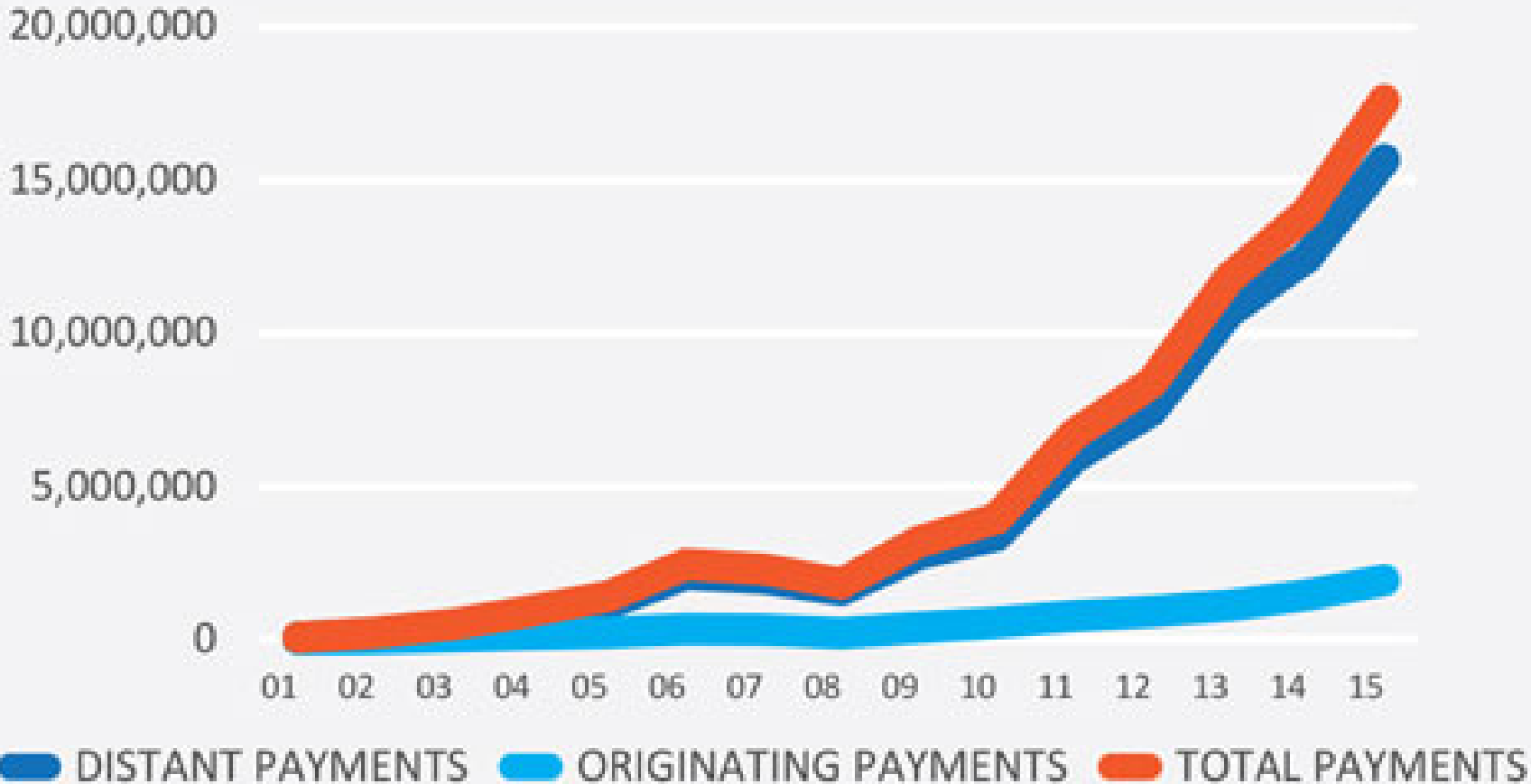
MEDICARE CLAIMS FOR TELEHEALTH SERVICES



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MEDICARE PAYMENTS FOR TELEHEALTH SERVICES



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CMS reimbursement policy for Medicaid:

“States may reimburse for telehealth under Medicaid so as long as the service satisfies federal requirements of efficiency, economy, and quality of care.”



MEDICAID REIMBURSEMENT BY SERVICE MODALITY

Live Video

48 states and DC

Store and Forward

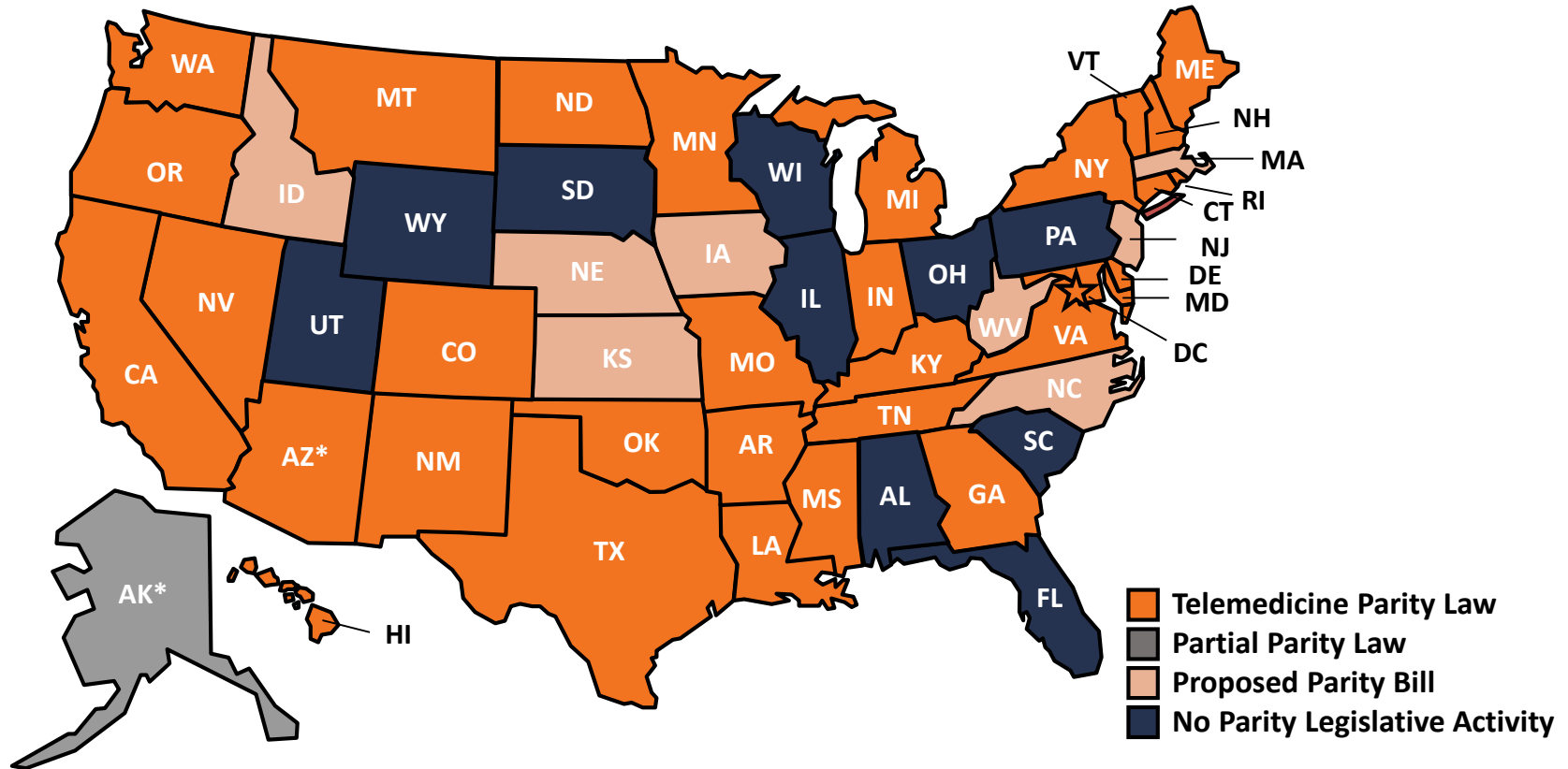
Only in **13** states

Remote Patient Monitoring

22 states



States with Parity Laws for Private Insurance Coverage of Telemedicine (2017)



States with the year of enactment: Alaska (2016)*, Arizona (2013)*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2006), Hawaii (1999), Indiana (2015), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2013), Montana (2013), Nevada (2015), New Hampshire (2009), New Mexico (2013), New York (2014), **North Dakota (2017)**, Oklahoma (1997), Oregon (2009), Rhode Island (2016), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), Washington (2015) and the District of Columbia (2013)

States with proposed/pending legislation: In 2017, Idaho, Iowa, Kansas, Massachusetts, Nebraska, New Jersey, North Carolina, and West Virginia

*Coverage applies to certain health services.

PARITY IN PAYMENT WITH IN-PERSON

34 states and DC

have telehealth private payer laws

Some go into effect at a later date.

*This is the most **common** policy change at the state level*

Parity is difficult to determine:

- Parity in services covered vs. parity in payment
- Many states make their telehealth private payer laws **“subject to the terms and conditions of the contract”**

POLICY INFORMATION FROM THE FEDERATION OF STATE MEDICAL BOARDS

❖ Licensure

- 51 boards specifically state that physicians engaging in telemedicine be licensed in the jurisdiction where the patient is located

❖ Special Telemedicine Licensure/Registration

- 15 boards are authorized to issue a special-purpose license, telemedicine license, or certificate, and four require registration

❖ Reimbursement

- 29 states (including DC) require both private insurers and Medicaid to reimburse to the same extent as face-to-face
- 18 states require reimbursement parity within the Medicaid program
- One state reimbursement requirement is limited to only private insurers



POLICY INFORMATION FROM THE FEDERATION OF STATE MEDICAL BOARDS

❖ Standard of Care

- 29 boards require the same standard of care be applied to telemedicine encounters as face-to-face

❖ Physician-Patient Relationship

- Four states require in-person exam prior to telemedicine encounter, and three require in-person follow-up

❖ Informed Consent

- 19 states have informed consent requirements

❖ Other telemedicine-specific provisions

- Prohibit the prescribing of controlled substances
- Specifically exclude “audio only”



CONTINUED BIPARTISAN FEDERAL EFFORTS TO EXPAND TELEHEALTH COVERAGE

- Medicare Telehealth Parity Act
- Telehealth Enhancement Act
- Telehealth Modernization Act
- Telehealth Innovation and Improvement Act
- CONNECT for Health Act
- 21st Century Cures Act



FEDERAL LEGISLATIVE PROPOSALS

- **CONNECT for Health Act** - promote cost savings and quality care under the Medicare program through the use of telehealth and remote patient monitoring services
- **National Defense Authorization Act** – addresses telehealth services in the military health system and Tri-care; redefines the practice of medicine as occurring at the location of the provider, rather than the patient (for reimbursement, licensure and professional liability)
- **TELEmedicine for MEDicare Act** - allows a physician to treat Medicare beneficiaries via telemedicine in another state without having to be licensed where the patient is located
- **Veterans E-Health & Telemedicine Support Act** -allows a covered health care professional (including contractors) of the Department of Veterans Affairs to practice from any location in any state, the District of Columbia, or a commonwealth, territory, or possession of the US, regardless of where such health care professional or the patient is located, if the health care professional is using telemedicine to provide treatment to an individual



2 NATIONAL RESOURCE CENTERS:

TelehealthTechnology.org
Center for Connected Health Policy

12 REGIONAL RESOURCE CENTERS:

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

KEY POLICY AREAS OF ANALYSIS & REFORM STATES SHOULD CONSIDER

- **Definition:** telemedicine or telehealth?
- **Reimbursement:** by modality
- **On-line Prescribing:** in-person exam required?, who is eligible?, and what type of drugs?
- **Consent:** written, verbal, none?
- **Cross-state licensing:** conditional practice, FSMB compact
- **Private Payer Parity:** parity of service, payment, conditioned to terms of policies?
- **Location of Service:** originating site requirements
- **Site Transmission Fee:** yes, no



THE VALUE PROPOSITION FOR TELEHEALTH

*Advances in telecommunication technologies can help **redistribute** health care **expertise and resources** to where and when it is needed, and create greater **value** among consumers, public & private payers, and health systems*



1. Timely Access to Quality Diagnosis and Treatment Care

- Primary and Specialty Care Services
- Live Video or Asynchronous Store & Forward
- Episodic, Trauma, & Chronic Care



2. Enhanced Consultation/Communication

- Patient/Consumer ↔ Health Care Team
 - *Uses secure portal for email communication or live video using smart phone, tablet or computer*
- Promotes Care Coordination between Primary Care Provider and Specialist



PRIMARY TO SPECIALIST CONSULTATION

- **eConsult:** a web-based system that allows PCPs and specialists to securely share health information and discuss patient care - NOT “warm handoff”
- Improves timely access to specialist while enhancing the PCP knowledge and services
- Web-based, asynchronous



3. Remote Monitoring

- Management of Chronic Conditions
- In Home-Aging in Place
- Acute Intensive Care (Tele-ICU)
- Bluetooth or broadband connected



QUESTIONS / DISCUSSION

