The future of Health IT is here. Turn it on.
About GA-HITEC

GA-HITEC is Georgia’s only federal and state-endorsed expert to assist providers in achievement of Meaningful Use of EHR technology.

Located at Morehouse School of Medicine, National Center for Primary Care
In compliance with ACCME guidelines, none of the following speakers have financial or other relationships with the manufacturer(s) of any commercial services(s) discussed in this educational activity.

Theo Harvey
CEO, SynsorMed

Amin Holmes, MS, EE
COO, SynsorMed
Principal, Ambit Consulting LLC

Jennifer Fennell, Psy.D
Renewed Serenity LLC
Objectives

• Provide attendees with the latest info on Telehealth.

• Guide attendees in the process of starting their own Telehealth programs.

• Give real-world clinical examples from a provider on the use of Telehealth.
Overview

• Introduction to Telehealth

• Q&A from a Provider Perspective

• Telehealth Benefits, Disadvantages, Challenges, Barriers

• Telehealth Future Trends
Telemedicine to Telehealth to mHealth

Telemedicine (literally, “medicine at a distance”) emerged more than 40 years ago. It was principally focused on providing diagnostic and health monitoring services to patients living in remote or rural areas.

Initial Benefits for patients: reduced travel time and costs, and access to specialist consultation services not available locally.
Definition

American Telemedicine Association (ATA)

The use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools, and other forms of telecommunications technology.

http://www.americantelemed.org/
# Telemedicine vs Telehealth

<table>
<thead>
<tr>
<th>Telemedicine</th>
<th>Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entered Vocabulary First</td>
<td>Term evolved as medical model has expanded to include managing health as well as disease</td>
</tr>
<tr>
<td>Used when healthcare industry was about “sick care”</td>
<td></td>
</tr>
<tr>
<td>Used to describe information transmitted for diagnosis or treatment</td>
<td></td>
</tr>
</tbody>
</table>

Both terms refer in general to using telecommunication devices to transmit information related to health care and can be used interchangeably.
## Services Provided by Telehealth

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
</table>
| Primary care and specialist referral services            | May involve a primary care or allied health professional providing a consultation with a patient or a specialist assisting the primary care physician in rendering a diagnosis.  

This may involve the use of **live interactive video** or the use of store and-forward transmission of diagnostic images, vital signs, and/or video clips along with patient data for later review. |
## Services Provided by Telehealth

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary care and specialist referral services</strong></td>
<td>May involve a primary care or allied health professional providing a consultation with a patient or a specialist assisting the primary care physician in rendering a diagnosis. This may involve the use of <strong>live interactive video</strong> or the use of store and-forward transmission of diagnostic images, vital signs, and/or video clips along with patient data for later review.</td>
</tr>
<tr>
<td><strong>Remote patient monitoring, including home telehealth</strong></td>
<td>Uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation. Such applications might include a specific vital sign, such as blood glucose or heart ECG or a variety of indicators for homebound patients. Such services can be used to supplement the use of visiting nurses.</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Primary care and specialist referral services</td>
<td>May involve a primary care or allied health professional providing a consultation with a patient or a specialist assisting the primary care physician in rendering a diagnosis. This may involve the use of live interactive video or the use of store and-forward transmission of diagnostic images, vital signs, and/or video clips along with patient data for later review</td>
</tr>
<tr>
<td>Remote patient monitoring, including home telehealth</td>
<td>Uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation. Such applications might include a specific vital sign, such as blood glucose or heart ECG or a variety of indicators for homebound patients. Such services can be used to supplement the use of visiting nurses</td>
</tr>
<tr>
<td>Consumer medical and health information</td>
<td>Includes the use of the Internet and wireless devices for consumers to obtain specialized health information and online discussion groups to provide peer-to-peer support</td>
</tr>
</tbody>
</table>
## Services Provided by Telehealth

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
</table>
| Primary care and specialist referral services | May involve a primary care or allied health professional providing a consultation with a patient or a specialist assisting the primary care physician in rendering a diagnosis.  
This may involve the use of **live interactive video** or the use of store and-forward transmission of diagnostic images, vital signs, and/or video clips along with patient data for later review |
| Remote patient monitoring, including home telehealth | Uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation. Such applications might include a specific vital sign, such as blood glucose or heart ECG or a variety of indicators for homebound patients. Such services can be used to supplement the use of visiting nurses |
| Consumer medical and health information | Includes the use of the Internet and wireless devices for consumers to obtain specialized health information and online discussion groups to provide peer-to-peer support |
| Medical education                     | Provides continuing medical education credits for health professionals and special medical education seminars for targeted groups in remote locations |
Telehealth: Meeting the Needs of Underserved Populations

Brings health-care services, especially specialty medical care consults, to rural, remote, and underserved populations in the USA

Approximately 25 % of the US population resides in rural areas that are medically underserved

Gives hospitals the opportunity to provide specialty medical care that is cost effective and convenient to rural patients
Telehealth: Meeting the Needs of Underserved Populations

Alaska – Extensive Telehealth Policy. Allows for Store and Forward as well as live interactive video

UnitedHealthcare joined with Cisco in implementing its new “Connected Care” program which connects patients in underserved areas with primary care physicians, specialists, and hospitals

Georgia Partnership for Telehealth – nonprofit organization with a network available to provide health services in rural Georgia
Jennifer Fennell, Psy.D
Licensed Psychologist
Telehealth Disadvantages and Challenges

Logistics

Provider liability issues

Loss of healing hands
Telehealth Benefits

Access to needed services

Cost savings

Improved quality

Patient interest
Telehealth Barriers

Interoperability

Licensure

Reimbursement

Privacy / HIPAA
Current federal law is extremely restrictive on how telehealth is paid for—resulting in a disincentive to provider adoption

Social Security Act Section 1834(m) defines the conditions for payment for telehealth services under Medicare

Patient must present at a rural, clinical originating site in order to receive care via telehealth

Extremely low Medicare reimbursement for telehealth encounters, with only a reported $11.8 million for CY 2013

- 2014 $13.9M
- 2015 $17.6M

Almost every state has a Medicaid plan that covers at least some sort of telehealth services, coverage across states varies greatly and many states follow Section 1834(m) in its restrictive language.

According to the American Telemedicine Association (ATA), 29 U.S. states and Washington DC currently have telemedicine parity laws. Telemedicine parity laws require private payers in that state to reimburse the same way they would for in-person medical treatment.

GA has had the Parity Law in place since 2006.
Telehealth Reimbursement – Medicare

**Distant** or Hub site: Site at which the **physician** or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.

**Originating** or Spoke site: Location of the **patient** at the time the service being furnished via a telecommunications system occurs. Tele presenters may be needed to facilitate the delivery of this service.

**HPSA:** Health Professional Shortage Area. Primary Care HPSAs are based on a physician to population ratio of 1:3,500. In other words, when there are 3,500 or more people per primary care physician, an area is eligible to be designated as a primary care HPSA.

- **Primary Care HPSAs** 6100
- **Dental HPSAs** 4900
- **Mental Health HPSAs** 4000

**MSA:** Metropolitan Statistical Area a geographical region with a relatively high population density at its core and close economic ties throughout the area.

Link to find out if you live in one: [http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx](http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx)
Medicaid in GA

Medicaid imposes restrictions on the patient settings, covered services and designates eligible distant site providers and provider settings as a condition of payment.

Includes school-based clinic as an originating site.

Medicaid also places frequency limits on some covered telemedicine services.

Coverage for interactive audio-video only.

Requires written informed consent and provider on the premises.
Telehealth Reimbursement – Private Payer

Typically Healthcare Providers can negotiate with Private Payers to pay for any and all Telehealth services

Private Payers are required to reimburse for telemedicine visits from anywhere
Chronic Care Management (CCM)

Compensates providers approximately $42 per month for coordinating the care of Medicare patients with 2 or more chronic medical conditions

Some Restrictions:

- Physicians and other eligible providers must explain what CCM is and receive the patient’s written consent, including authorization for data sharing with other treating providers.
- Patient Co-Pay of 20% ($8) involved
- Only one provider can bill that patient

Telehealth Services Make it easy to implement
MACRA Merit-based Incentive Payment System (MIPS)

<table>
<thead>
<tr>
<th>Quality</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replaces PQRs.</td>
<td>New category.</td>
<td>Replaces the Medicare EHR Incentive Program also known as Meaningful Use.</td>
<td>Replaces the Value-Based Modifier.</td>
</tr>
</tbody>
</table>
MACRA Merit-based Incentive Payment System (MIPS)
Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR technology for at least one unique patient seen by the MIPS eligible clinician during the performance period.
## Telehealth MACRA MIPS – Improvement Activities

<table>
<thead>
<tr>
<th>Expanded Practice Access</th>
<th>Beneficiary Engagement</th>
<th>Population Health Management</th>
<th>Care Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection and use of patient experience and satisfaction data on access</td>
<td>Engagement of patients through implementation of improvements in patient portal</td>
<td>Chronic care and preventative care management for empanelled patients</td>
<td>Care coordination agreements that promote improvements in patient tracking across settings</td>
</tr>
<tr>
<td>Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record</td>
<td>Use of tools to assist patient self-management</td>
<td></td>
<td>Care transition documentation practice improvements</td>
</tr>
<tr>
<td>Use of telehealth services that expand practice access</td>
<td>Engage patients and families to guide improvement in the system of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidenced-based techniques to promote self-management into usual care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MACRA Resources

AMA Tool:


CMS TOOL:

https://qpp.cms.gov/
Like the four horsemen, the major pieces that govern what you do and how you do it.

HIPAA Privacy Rule

HIPAA Security Rule

HIPAA Enforcement Rule

HIPAA Breach Notification Rule

Technical and Physical safeguards are outlined in the Security Rule

Is Telehealth covered under HIPAA?
The Privacy Rule covers a health care provider whether it electronically transmits these transactions directly or uses a billing service or other third party to do so on its behalf.

Strict regulations if Privacy Rule is violated
Amended HIPAA and greatly expanded the definition of who needed to be HIPAA compliant

Previously, only *covered entities* (such as doctors, hospitals, and insurers) were required to be HIPAA compliant

With the rule change however, all entities that store, manage, record or pass Protected Health Information (we'll just call it PHI from now on) to and from covered entities are also required to be HIPAA compliant

These entities, called **Business Associates (such as vendors or subcontractors who have access to PHI)** who were previously exempt from HIPAA, now fall under its governance
Business associate is a person or organization, that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involve the use or disclosure of individually identifiable health Information

When a covered entity uses a contractor or other non-workforce member to perform "business associate" services or activities, the Rule requires that the covered entity include certain protections for the information in a business associate agreement
Patients are living longer, the number of patients with chronic illness is growing

Caring for these patients will be costly unless technology enables new channels for delivering telehealth services

Greater Acceptance by among patient population is increasing
Summary

Introduction to Telehealth

Q&A from a Provider Perspective

Telehealth Benefits, Disadvantages, Challenges, Barriers

Telehealth Future Trends
Discussion & Questions
Contact Information

• GA-HITEC
  877-658-1990
  support@ga-hitec.org

• SynsorMed
  info@synsormed.com
Telehealth Current and Future Implementations from a Provider Perspective

www.ga-hitec.org

The future of Health IT is here. Turn it on.