Using Telehealth to Increase Patient Engagement

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Outline

1. Intro to TRCs
2. Framework for Telehealth
3. Equipment & Procedures
4. Limitations
5. Discussion
National Consortium of Telehealth Resource Centers

TelehealthResourceCenters.org
OUR PURPOSE
Connecting specialty health care to the community

Telehealth continues to connect rural communities with specialty providers. The Telehealth Resource Centers forefront the advancement of telehealth. We serve to expedite programs and guide them through telehealth.

Get Connected >>

Welcome to the Consortium of Telehealth Resource Centers

Telehealth Resource Centers (TRCs) have been established to provide assistance, education and information to organizations and individuals who are actively providing or interested in...
TRC Services

➢ Virtual Librarians
   ○ Individual Consultation
   ○ Technical Assistance
   ○ Connections with Other Programs

➢ Presentations & Trainings
   ○ Project Assessments
   ○ Updates on Reimbursement Policy and Legislative Developments
TELEHEALTH
Conceptual Framework
Conceptual Framework

TELEHEALTH IS A DELIVERY MECHANISM, NOT A SERVICE

- Providers may need skills or training, but no new certification or credentials (usually)
- All regulations regarding traditional healthcare services apply equally to telehealth

ANALOGY

- Urban University Hospital vs CAH vs MASH Unit
- Skills are the same, but some adjustment needed for context
Four Domains of Telehealth

● Hospital & Specialty Care
  ○ Various specialty and sub-specialty services, tele-hospitalists, and tele-ICU

● Integrated Primary Care
  ○ Bringing specialty services (MH and others) into primary care environment

● Remote Monitoring for Transitions and Maintenance
  ○ Physiological and behavioral monitoring to maintain best function in least restrictive, least expensive, or most preferred environment

● Direct to Consumer Services (Primary/Urgent Care)
  ○ Convenient access to needed/desired services; popular among younger, busier, and generally healthier patients; not recommended for chronic disease care

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Four Technologies of Telehealth

● Live Video
  ○ Secure; real-time (“synchronous”)

● Store & Forward
  ○ Image (or video clip) recording and transfer for later evaluation (“asynchronous”)

● Remote Monitoring
  ○ Physiological and behavioral monitoring to maintain best function in least restrictive, least expensive, or most preferred environment

● mHealth (mobile apps)
  ○ Why not just use a cell phone for everything?
Telemedicine is Growing - Medicare

- 40%-plus growth for 10 years
- Mental health is largest patient group

**Figure 16-1**
Utilization of Medicare physician fee schedule distant site telehealth visits per 1,000 FFS Part B beneficiaries and total allowed charges for telehealth visits, 2006 to 2016.

Note: FFS (fee-for-service).

Source: CMS Carrier file claims data.

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# Telehealth is Covered - Medicaid

**TABLE 2-1. State Coverage of Telehealth Modalities in Medicaid, October 2017**

<table>
<thead>
<tr>
<th>Modality</th>
<th>Number of states</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live video</td>
<td>50</td>
<td>All states and the District of Columbia, except Massachusetts, cover live video.</td>
</tr>
<tr>
<td>Remote patient monitoring</td>
<td>21</td>
<td>Alabama, Alaska, Arizona, Colorado, Illinois, Indiana, Kansas, Louisiana, Maine, Minnesota, Mississippi, Missouri, Nebraska, New York, Oklahoma, South Carolina, Texas, Utah, Vermont, Virginia, and Washington</td>
</tr>
<tr>
<td>Store-and-forward</td>
<td>15</td>
<td>Alaska, Arizona, Connecticut, California, Hawaii, Illinois, Maryland, Minnesota, Mississippi, Missouri, New Mexico, Nevada, Oklahoma, Virginia, and Washington</td>
</tr>
</tbody>
</table>

**Note:** Reflects state coverage of telehealth modalities in fee-for-service Medicaid as of October 2017. Massachusetts covers some telehealth services under managed care, but telehealth services are not covered in fee for service (ATA 2017).

**Source:** ATA 2017, CCHP 2017a.
Telehealth is Common and Growing
FEDERAL REGULATIONS

● **Prescribing Controlled Substances** (Ryan Haight Act)
  ○ In person visit required before prescribing controlled substances (or consultation model)
  ○ Telemedicine exemption (undefined)

● **HIPAA/HITECH** (General Healthcare Regulations)

● **Medicare** (reimbursement, “conditions of payment”)

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*www.gptrac.org*
Regulatory Environment

STATE REGULATIONS

- Licensing Boards (many are silent regarding telehealth)
- State-level definitions
- Medicaid (definitions & reimbursement)
- Commercial payer regulations (parity or other regulations)
Hierarchy of Considerations

Federal Regulations
State Regulations
Licensing Boards
Payer Policies
Medicaid/330 Grants
Medicaid Policy

There Is No Standard Set of Coverage Policies for Medicaid

➢ NACHC Telehealth Report
  ○ http://www.nachc.org/telehealth-fact-sheet-1-3-19/

➢ CCHP 50-state Policy Summary

**Some policies are “unofficial”**
Varieties of Medicaid Coverage

1. **Originating Site Only**
   a. Mirrors Medicare, most conservative, but generally no “rural” requirement
   b. CHC can bill or Originating Site Facility Fee (~$24) only
   c. Remote site can bill Medicaid Fee Schedule only

2. **PPS for Intra-Site (Internal) Services**
   a. Your doctor, your patient, your sites

3. **PPS for Any Telehealth Services**
   a. Your (contracted, remote) doctor, your patient, your site
Legal location of telehealth services

“Standard” Arrangement (Medicare)
Clinic A
Clinic B
Patient location matters

“Contracting” “Assignment” “Telecommuting”
Clinic B
Clinic A
Provider location (usually) doesn’t matter

Patient location matters

Provider location (usually) doesn’t matter
Equipment and Services
Equipment

- Equipment and Program/Services **Interact!**
Equipment

- Equipment and Program/Services Interact!
Equipment

- Equipment and Program/Services Interact!
Equipment (and Services)

- Wide range of capabilities available
- Both “comprehensive” and “function-specific” products
- Consider who needs to be reached with what services, then find equipment to enable those services
- Seek guidance and exemplars
Basic Equipment

- Live Video - computer/phone and software ($200-500/yr)
- General exam scope - $1,000-3,000
- Remote stethoscope - $500-1,500
- TytoCare all-in-one device (consumer grade) - $299
Programs
Atlanta - Mercy Care

Street Medicine

● Preventive Care
● Chronic Care
● Screenings
● Behavioral Health
● Substance Use Treatment
● Peer Support
● Pediatrics
Mobile Team Offers Comfort Care To Homeless At Life’s End

By Jooliet Alegio | JANUARY 12, 2017

REPUBLISH THIS STORY

Nurse practitioner Jee Hufford takes the blood pressure of Michael J. Reece on Dec. 12, 2016, in Seattle. Reece meets with a nurse every other Monday through the Mobile Palliative Care for the Homeless program. (Jovelle Tamayo for KHN)

Mobile Palliative Care

- Medications and support
- $170,000 Grant Program
- Reduced unnecessary ED visits by 25%
- Allows clients to remain out of hospital, avoid unnecessary or unwanted care

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Omaha - Open Door Mission

Primary Care in Shelter

- Telehealth providers fill coverage gaps in on-site primary care clinic
- Medications arranged through shelter clinic
- No longer operating?
Other Current Applications

Virtual Med Checks
● Street staff connect patients to psychiatrists/NPs by video

SMS/Text Follow Ups & Reminders
● Daily reminders about taking meds, appointments, health promoting activities/harm reduction

Site-based Services
● Clinics hosted in Shelters, Community Centers, Churches, etc., can offer even greater efficiency (on provider side)
Limitations

1. Funding and Service Coverage
2. Management & Staffing
3. Service Availability
4. Information & Imagination
The Future of Healthcare

Stephen Kropp (Saint Luke’s Medical Center, Kansas City):

“The future of healthcare belongs to organizations that can learn to use the tools of the digital era to communicate real empathy.”
Expanding Our Reach

Those we can reach (virtually)

Those we can get to

Those who can get to us

www.telehealthresourcecenters.org
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