

NORTHEAST TELEHEALTH⁺
RESOURCE CENTER
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Telehealth and Kids: A Natural Fit – Innovative Programs in the Northeast and Beyond

Spring Maine AAP Conference
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TelehealthResourceCenters.org

2 National Resource Centers

12 Regional Resource Centers

About Us

NORTHEAST TELEHEALTH⁺
RESOURCE CENTER
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MCD Public Health
Insight Innovation Impact
www.mcdph.org

THE University of Vermont
MEDICAL CENTER
www.uvmhealth.org

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Who do we serve?

✓ Individual Providers	✓ Critical Access Hospitals (CAH)
✓ Community & Urban Hospitals	✓ Primary Care Clinics
✓ Academic Institutions	✓ Ambulatory Care Centers
✓ National, State, or Regional Associations	✓ Nursing Homes
✓ Federal, State, Regional, or Local Government Agencies	✓ Schools
✓ Legislators/Policy makers	✓ Vendors
✓ Health Systems	✓ <i>and many others!</i>
✓ Rural Clinics	
✓ Federally-Qualified Health Centers (FQHC)	

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We provide:

- ✓ Short and long term technical assistance services for organizations
- ✓ Education for the telehealth workforce
- ✓ Access to educational materials
- ✓ Access to specialized tools + templates
- ✓ Access to telehealth experts willing to share their experiences
- ✓ Monthly newsletter updates and other alerts on telehealth in the northeast
- ✓ Support for collaboration that fosters a favorable environment for telehealth

And more!



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Key Resources

Join our newsletter!

- [Telehealth Resource Library](#)
 - Over 2,200 publicly available journal articles and other resources
- [Find Telehealth Providers](#)
 - Maps telehealth in the northeast – upgrades coming soon!
- [Telehealth Basics Curriculum](#)
 - Developed with the Veterans Rural Health Resource Center- Eastern Region as training for telepresenters
- [Personalized Toolkits](#)
 - We are available to create toolkits with resources to fit your needs!



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Where is telehealth?

- Academic Medical Center
- Airplane
- Boat
- Celebrity Tour Bus
- Coal Mine
- Community Health Center
- Community Mental Health Center
- Disaster Zone
- FQHC
- Home
- Hospital



- Public Health Dept.
- Public Library
- Nursing Home
- Oil Rig
- Prison
- Refugee Camp
- Retail Pharmacy
- Rural Health Center
- Public School
- Space Ship
- *And Many More!*

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Telehealth Uses

- Behavioral Health
- Burn
- Cardiology
- Dentistry
- Chronic Care Management
- Dermatology
- Education / Grand Rounds
- Emergency Services / Trauma
- Family Planning
- Genetics
- Home health
- Infectious Disease
- Medication Adherence
- Neurology /Stroke care
- Obstetrics and Gynecology
- Oncology
- Ophthalmology
- Pain Management
- Pathology
- Pediatrics
- Palliative Care
- Primary Care
- Psychiatry
- Radiology
- Rehabilitation
- Rheumatology
- Surgical
- Wound Care
- *And more!*

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Benefits of Telehealth

Increased patient access to providers (travel)

Timelier access to providers

Improved continuity of care and case management

Reduced ER Utilization

Improved access to training and other educational services

Cost savings in care delivery

Reduction or prevention of complications, decreased readmissions

Patient Satisfaction





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Challenges for Telehealth

- Start-up costs and connection fees
- Availability of broadband or other
- Need for training and workforce development
- Increase in staffing demand in some instances
- Provider push back
- Slow/confusing legal and regulatory landscape

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National Updates

- Medicare reimbursed a total of **\$17.6 million in Calendar Year 2015** (< 0.003%), up from \$61,302 in Calendar Year 2001. 
- Telehealth often discussed as a tool in alternative payment models and value-based care (see Next Generation ACO). 
- The Department of Veterans Affairs requested **\$1.2 billion for telehealth programs in FY 2017**, treated 677,000 veterans through telehealth in fiscal year 2015. 
- AMA adopted a **new policy** on June 12, 2016 that outlines ethical ground rules for telehealth. 

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National Updates

- 18 States have enacted legislation to join the **Interstate Medical Licensure Compact**, which is expected to help streamline the licensure process. 
- AHRQ review (June 2016) found that the largest volume of research on telehealth available produced **positive results for chronic conditions and behavioral health**, and when providing counseling and monitoring/management, while additional research in other areas is needed. 
- Federal DHHS Report to Congress (August 2016) cited that **61% of health care institutions currently use some form of telehealth**. 

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Reimbursement for Telehealth

Reimbursement depends on the state and payer:

Medicare: has set specific (limiting) requirements

- Patient site must meet rural eligibility requirements – see Medicare [Payment Eligibility Analyzer](#)
- Covered services expand each year, however key limitations remain: [Telehealth Services Fact Sheet 2017](#)

Medicaid: reimbursement and requirements vary greatly state by state – 48 states cover in some form (Ø MA, RI)

Private Payers: laws governing reimbursement by private insurers in 35 states and Washington D.C., but language varies significantly, and not all mandate coverage


[2017 State Telehealth Laws & Reimbursement Policies](#)
Center for Connected Health Policy

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Telehealth Policy in the Northeast

Current Regional Policy:

- Private payer parity:
CT, ME, NH, NY, RI (2018), VT
- Medicaid coverage:
CT, ME, NH, NY, VT
- Increased activity in MA and NJ, but still lacking parity laws



*See Appendices for additional detail on state specific policy activity

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Telehealth Policy: MaineCare

MaineCare: Telehealth reimbursement through legislative rulemaking process

- Updated [MaineCare telehealth rules](#) went into effect April 2016 - significant changes include removing prior approval process, originating site fee, and adding telemonitoring services
- Requires secure, HIPAA “compliant” equipment and patient choice/consent
- Also established new limitation for FQHCs regarding use of encounter rate for telehealth services; strongly contested among stakeholders - amended language in progress [10-144-101 Ch. II, Sec. 40](#)

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Telehealth Policy: ME Private Parity Law

- **Enacted in 2009** – ME and NH first in the northeast
- Mandates **coverage of live audio/video**, not store and forward or remote patient monitoring
- Language includes **coverage parity**, but not payment parity
- Does not specify eligible providers or eligible originating sites (patient location)
- **LD949** – would expand current private payer law to include asynchronous and telemonitoring; also requires insurers to provide professional liability insurance which covers services provided via telehealth

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Telehealth Policy: Implications and Challenges

Enacted December 2016: Telemedicine Standards of Practice adopted: ME Boards of licensure for [Medicine](#) and [Osteopathic](#)

Continued Challenges Across Payers:

- Inconsistent interpretation and/or implementation
- Limitations on covered services and modalities – i.e. no reimbursement for store-and-forward/asynchronous (yet)
- Coverage versus payment parity potentially problematic

In 2017 – 44 states have introduced over 200 pieces of telehealth related legislation!



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In the Northeast, Telehealth Gets Creative With Good Results



<http://mhealthintelligence.com/news/in-the-northeast-telehealth-gets-creative-with-good-results>


School-based Telepsychiatry

Athol Hospital/Heywood Healthcare (MA):


- Critical access, non-profit acute care hospital serving 9 Communities in North Quabbin Region.

Program Description/Setup:

- Collaborative program between hospital, school district, and behavioral health, supported by grant funds.



Photos courtesy of AMD Global Telemedicine



Launched one school last year – funding from MA HPC to expand to 2 new sites this year!

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School-based Telepsychiatry

Business model: HRSA Network Development grant; contracts; future telehealth parity reimbursement?

Implementation Approach: Goal to increase access to child psychiatry services for treatment/medication management for students with BH needs

Initial Outcomes:

- ↓ travel time for students/families; ↓ lost work time
- Less disruption in student routines
- Increased access to psychiatric services leading to appropriate med management and improved patient outcomes

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Pediatric Teledentistry

Finger Lakes Community Health (NY):

- Community/Migrant Health Center (FQHC) with 9 sites.

Program Description:

- Uses point-to-point telehealth network to connect clinic pediatric patients in rural NY with dental providers in Rochester, NY.
- Benefits include:
 - Decreased travel time for patient/families and Health Liaisons
 - Treatment and follow-up compliance rates > 90%





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Telegenetics in New England

Regional Telegenetics Efforts:

- CT:
 - Community Health Center, Inc.
 - Yale – Cancer (remote site w/Penn Medical)
- MA:
 - MassGeneral – Cancer (CMMC)
- ME:
 - **Maine Medical Partners – Pediatric (Caribou)**
 - Maine Medical Center – Cancer
- NH:
 - Dartmouth-Hitchcock – Genetic Counseling



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Telegenetics Program Highlights


- [Kansas-Arkansas Telegenetics Project](#)
 - Dr. Bradley Schaefer – Geneticist (Univ. of Arkansas)
 - Shobana Kubendran – Genetic Counselor
- Evaluates peds patients every other week (8 to 10 patients per month)
- Of 267 patients 151 patients were seen by the geneticist by televideo, 80 were seen by the pediatrician and genetic counselor and 36 patients saw the pediatrician and the geneticist

A novel approach in telegenetics services – geneticist, pediatrician and genetics counselor team
AAP Annual Conference Oct. 2014

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Kansas-Arkansas Continued

- Greater than 90% of patients were highly satisfied.
- Telemedicine visits were reimbursed, but at different rates based on insurance.
- The average wait time for patients referred for a first tier genetic evaluation for non syndromic developmental delay, congenital anomalies or autism decreased from 6 months to 6 weeks.
- Genetic testing ordered during first tier evaluation by pediatrician and genetic counselor was reviewed and determined to be appropriate. Diagnostic concurrence between pediatrician and geneticist consistent across all referral



Telegenetics at work with the Kansas-Arkansas project. Credit: Amiga Hilly
Source: Arkansas Children's Hospital

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Primary Care by Boat

Maine Seacoast Mission (ME):

- 110 years old with history of spiritual and medical care provided by nurses visiting the islands.

Program Description:

- Telemedicine started 14 years ago to four islands visited by Sunbeam - going off island for a medical appointment can be a 2- 3 day trip.
- Room on 74 foot Sunbeam made into a medical office with Polycom. Connection was ISDN and now NETC. Equipment includes: AMD Ootoscope, stethoscope and Gen camera
- Primary Care provided on 5 islands, 3 by Sunbeam and two land-based units operated by trained medical assistants.



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Primary Care by Boat

Business Model/Sustainability

- The Mission does not charge for services: Providers bill for their services
- Also relies on endowment, grants and donations

Outcomes:

- Increased medical care and health to island residents both primary care and behavioral health; presentations on topics such as smoking cessation, nutrition and addiction
- Having providers to work with on each island allows nurse (Sharon) to offer other services: flu clinic, screening clinics, lab draws, prenatal checks, education

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Teleretinal Screening

Finger Lakes Community Health (NY):

- Community/Migrant Health Center (FQHC) with 9 sites

Program Description:

- Primary care providers identify patients who need Diabetic Retinopathy Screening. Images are taken using the EyePACS system and an EyePACS eye specialist will read/grade image.
- Significantly increased screening rates allowed FLCH to negotiate incentive payments with their ACO.

Business model: public and private payers, managed care, ROI via improved patient outcomes, grants

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Teleretinal Screening

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Continuous Monitoring

Continuous glucose monitoring (CGM) provides accurate, real-time glucose readings every five minutes for people with type 1 or type 2 diabetes.

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mySugr Diabetes Logbook

“A diabetes app that allows patients to record their lifestyle habits and blood glucoses, as well as integrates gamification; enabling users to ‘tame’ their diabetic monster in the quest to better manage their disease”

Recommended rating (80/100) by RankedHealth.com

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Teledermatology

University of Vermont Medical Center (VT):

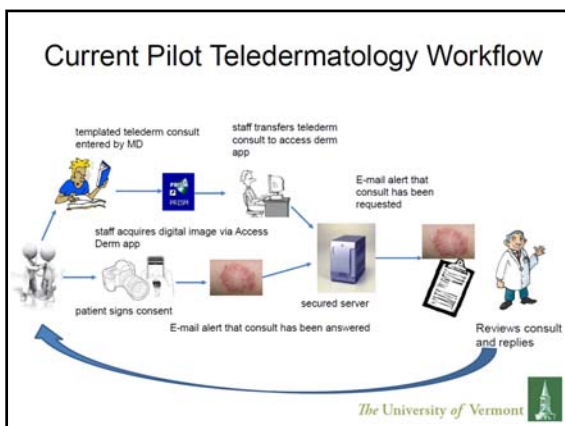
- Academic medical center with a five-hospital network in VT and northern NY.

Program Description/Setup:

- Uses Access Derm, a free, HIPAA compliant application sponsored by American Academy of Dermatology to facilitate referrals from primary care providers for remote dermatology consults using mobile devices and the internet (store and forward).
- Outcomes of pilot included:
 - Post-implementation: 44 SAF consults
 - Average response time of SAF consult: 9.2 hrs
 - Average wait for appointment: 12.9 days vs. 60.2 days for traditional consults (78.6% reduction)



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New England Innovation

eConsultation Pilot in Connecticut:
[Community Health Center, Inc. \(CHC\)](#) worked with CT DSS to submit successful proposal to CMS, to establish a structure for reimbursement of eConsults for Medicaid patients, specific to cardiology. Initial pilot shows promising results:

- Thirty-six primary care clinicians participated in study, referring 590 patients. In total, 69% of e-consultations were resolved without a visit to a cardiologist.
- Days to a review for electronic consultation vs a visit for control patients were 5 and 24, respectively.
- Review of 6-month follow-up data found fewer cardiac-related emergency department visits for the intervention group.

[J. Nwando Olayiwola, MD, MPH, FAAPP, et al. Electronic Consultations to Improve the Primary Care-Specialty Care Interface for Cardiology in the Medicare Underinsured. Ann Fam Med. March/April 2016; vol. 14 no. 2 133-140](#)

Project ECHO - Medical education model focused on enhancing capacity of rural primary care providers to manage complex patients locally, through specialty support - lots of interest in New England - limited networks at present:


- CHC - [Weitzman Institute Project ECHO](#) modules include: Chronic Pain, Hepatitis C, HIV, Substance Abuse, Complex Care, **Pediatric/Adolescent Behavioral Health**, LGBT Health, QI

Tips to Get Started

- Find a **champion**
- Think big, **Start small**
- Focus time, effort and \$ on **program development and a sustainable business model** – technology is the easy part!
- **Keep technology simple** when possible – what fits your needs and budget?
- **Reach out** to folks who have already done this!
- **Lead advocacy efforts** for program development and policy growth

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Tip of the Iceberg!



Questions that NETRC receives include:

- Reimbursement
- Program development
- Strategic planning and market analysis
- Licensing & credentialing
- Malpractice & liability
- Regulations & other legal considerations
- Internet prescribing
- Technology selection
- Security, privacy, & HIPAA compliance
- Workforce development and training
- Best practices and networking
- Tools, sample forms, templates, etc.
- Program evaluation
- Research and Supporting Evidence
- *And more!*

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Save the Date!

**Taking
Telehealth Mainstream**
Northeast Regional Telehealth Conference

May 23-24, 2017
Amherst, MA

Join us for hands-on workshops, nationally recognized plenary speakers, a variety of breakout sessions featuring regional programs, and lots of networking opportunities!

For more info/to register: www.netrc.org/conference

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Questions? Contact Us



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Resources

- Northeast Telehealth Resource Center
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- National Telehealth Resource Centers
www.telehealthresourcecenters.org
- Center for Connected Health Policy
www.cchpca.org
- Telehealth Technology Assessment Center
www.telehealthtechnology.org
- American Telemedicine Association
www.americantelemed.org
- Center for Telehealth & e-Health Law
www.ctel.org
- *And many great regional programs willing to share!*

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Appendices

1. Additional State Specific Policy Activity Across the Northeast
2. Today's Telehealth Landscape – Key Recent Articles and Resources

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Northeast Policy Updates

Connecticut:

- [CMS approved](#) state plan to reimburse for eConsults. DSS updated eConsult policy after pilot program ended 7/1/16. Awaiting approval from CMS on updated policy.
- [SB298](#) was signed by the Governor in June 2016, which requires Medicaid coverage for “telehealth” as defined in [SB467](#) (set standards and private payer reimbursement in 2015).

Massachusetts:

- The MA Telemedicine Coalition continues efforts to pass telemedicine parity legislation in the 2017 session. [HB 2434](#) and several others
- [Massachusetts Health Policy Commission](#) recently funded 4 projects (>\$1M) to advance access and quality through telehealth.

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Northeast Policy Updates

New Hampshire:

- Became the first state in the northeast to join the [Interstate Medical Licensure Compact](#) in May, 2016.
- [SB 237](#) Allows medical providers who practice in metropolitan areas to be reimbursed by Medicaid for telehealth services.

New Jersey:

- The legislature held hearings in September and November 2016 on a bill, [SB291](#), related to telehealth parity and standard of care. No significant legislative activity in New Jersey in 2017.

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Northeast Policy Updates

New York:

- Despite a payment parity bill passed last year ([AB2552](#)), Excellus BCBS notified providers that they would begin reimbursing for telemedicine services at 50%. A bill was introduced [SB 834](#) during the 2017 legislative session to require insurers to reimburse telehealth providers at the same rate as they would if the services had been provided in person.
- NYS Office of Mental Health adopted an [updated regulation on telepsychiatry services](#) in August 2016.
- [SB 3293](#) Amends the Public Health Law; authorizes the delivery of telehealth services at any elementary or secondary school, or child care program or center within the state.

And many other bills submitted in NY this legislative session.

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Northeast Policy Updates

Rhode Island:

- The [Telemedicine Coverage Act](#) (HB 7160B) was signed into law by Rhode Island Governor Raimondo on June 28, 2016 .
- [SB 269](#) enacts the Interstate Medical Licensure Compact.

Vermont:

- [HB 118](#) and [SB 50](#) relates to insurance coverage for telemedicine services delivered in or outside a health care facility.
- [SB243](#) (signed by the Governor on June 8, 2016) requires VT Dept. of Health Access to develop a telemedicine pilot to provide addiction treatment.

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Today's Telehealth Landscape

A Review of the Headlines



AHA: Limited coverage, geographic restrictions pose major barriers to telehealth adoption

FierceHealthcare



<http://www.fiercehealthcare.com/aha-limited-coverage-geographic-restrictions-pose-major-barriers-to-telehealth-adoption>

