Telemedicine vs. Telehealth

- Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients’ health status.

- Telehealth The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Source: Health Resources Services Administration
Telemedicine vs. Telehealth

Telemedicine is real time two-way audio video communications and includes the application of video conferencing and store-and-forward.

Telehealth is delivering healthcare services using telephones remote patient monitoring devices or other electronic means.
To facilitate the assessment, diagnosis, consultation, treatment, education, and self management of a patient's healthcare.
Disruptive Technology

New ways of doing things that disrupt or overturn the traditional business methods and practices

- Uber vs. Taxi
- Amazon vs. Retailer
- Netflix vs. Blockbuster
- Telemedicine vs. Clinic

Competition

Patients demand convenience
Price Transparency
Telemedicine Price Transparency

Physician Office

- Medicare = $68.52
- Average = $75.00

Telemedicine

Telemedicine Applications

[Images and logos of various telemedicine companies]
Telemedicine Platforms

- Most offer a monthly subscription fee for providers to use.
- Can be a resource for established patients
- Can be used within the global period
- Supplement to existing practice

Telemedicine Trends

- Expanding reimbursement and payment Opportunities
- Continued momentum at the state level
- Retail clinics and employer onsite health clinics on the rise
- Increased adoption in ACOs
Telemedicine Growth

- Patients will increase from 350,000 in 2013 to 7 million in 2018
- 22% of employers with 1,000 or more employees offer telemedicine services and another 37% planned to by the end of 2015
- >50% of hospitals have a telemedicine Program
- Projected to grow at a compound annual growth rate of 14.3% from 2014 to 2020
- 2016 legislative session, 44 states have introduced over 150 telehealth-related pieces of legislation

Sources: Public Health Institute Center for Connected Health Policy, Beckers Hospital Review

Employers Covering Telemedicine

Growth in Offerings of Telemedicine Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Telemedicine Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>18%</td>
</tr>
<tr>
<td>2015</td>
<td>30%</td>
</tr>
<tr>
<td>2018</td>
<td>50%</td>
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</tbody>
</table>

SOURCE: Mercer’s National Survey of Employee-Sponsored Health Plans
Technology Adoption

- 64% American adults own a smartphone
- 32% Users have a healthcare app on their phone
- 42% American adults own a tablet computer
- 64% Patients willing to have video visits with Physician
- 59% Adults 65+ use the internet
- 97% Patients frustrated with wait times
- 53% Adults 65+ say health information is the top reason for getting online
- 74% Patients prefer easy access to healthcare services over in-person interactions with providers

Source: Pew Research Center

Why Telemedicine?

- Convenience/Access
- Patient Engagement
- Remote Patient Monitoring
- Patient Compliance
- Reduced Hospitalization/ER Visits
- Time Management
- Decreased cost to patient and healthcare system
- Weather related conditions
Telemedicine – Triple Aim

<table>
<thead>
<tr>
<th>Improved Quality Care</th>
<th>Better Patient Experience</th>
<th>Lower Healthcare Costs</th>
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</table>

Telemedicine Challenges

- Privacy/Security
- Face to Face visit
- Technology Limitations
- Documentation
- Reimbursement
- Equipment
- Regulations
Telemedicine Technology & Application

- Synchronous
- Asynchronous
- Remote Monitoring
- Mobile Health

Definition of Interactive

- Two-way, real-time (live) interactive communication between the patient and the distant site (consulting) practitioner via audio/video (Polycom or VTC) equipment.
Definition of Store and Forward

Store and Forward is:
asynchronous (not live) transmission of medical information to be reviewed at a later time by a health care provider at the distant (consulting) site.

Telemedicine Application

Remote
- Diagnoses, treatments follow reliable standard protocols based on evidence-based medicine
- Suggested therapies are nearly always effective
- Physical exam not required, visual exam adds nominal value

In-Person
- Diagnoses, treatments more complex, may vary within disease category
- Therapies may need careful selection and monitoring
- Physical exam or diagnostic test required to correctly identify issue and select treatment
- Intervention required (i.e., immunization)

Emerging Areas for Virtual Care
- Diagnosis, Treatment
- Self-guided interventions

Prescription refill
Urinary Tract Infection
Minor Cough & Cold
Complex Infection
Physical Exam
Cut Sprain Fracture
State Physician Practice Standards

<table>
<thead>
<tr>
<th>State</th>
<th>Requires Established Relationship</th>
<th>Allows Examination to be established via telemedicine</th>
<th>Site Restriction</th>
<th>Informed Consent</th>
<th>Parity Law</th>
<th>State statutes/code/policy</th>
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<tbody>
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<td>VA Board Guidelines</td>
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Are Telemedicine visits reimbursable?

- **Yes**
  - As long as you meet the payor requirements
  - Some telemedicine companies are a self pay only program

- **No**
  - Texting, email, and fax are not reimbursable
  - Check state regulations to see what types of telemedicine is reimbursable
Telemedicine Self Pay

- May have patients sign a waiver to bill self pay for telemedicine
- May be attractive to patients in high deductible plans
- May be able to use Healthcare savings account

Telemedicine Reimbursement Considerations

- Payors are starting to pay
- 30 States and the District of Columbia have parity law
- Payors are partnering with telemedicine platforms
- Employers are providing coverage for telemedicine
- Site restrictions are still an issue
Coverage by State

State Ratings – Medicaid Policies for Telemedicine Coverage

Source: American Telemedicine Association

Coverage by State

State Ratings – Parity Laws for Private Insurance Coverage of Telemedicine

Source: American Telemedicine Association
CMS Coverage Guidelines

Geographic Location
- HPSA Area
- A county outside of a MSA.

Originating Sites
- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)

Practitioners
- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs).
- Registered dietitians or nutrition professionals

As a condition of payment, you must use an interactive audio and video telecommunications system that permits real-time communication between you, at the distant site, and the beneficiary, at the originating site.

Professional Service Billing
- CPT or HCPCS code for the professional service along with the telehealth modifier GT

ORIGINATING SITE FACILITY FEE
- HCPCS code Q3014
Connect for Health Act

- Expand the use of telehealth and remote patient monitoring services in Medicare
- Potential to bridge MACRA
- Remove some of the site restrictions for Medicare

Telemedicine Coding

- Telemedicine is not a service provided, it is a mode of delivery
- The originating site is the location of the patient at the time the service is being furnished.
- The distant site is the site where the physician or other licensed practitioner delivering the service is located.
- Originating site use HCPCS code Q3014
- Distant site add modifier GT
Telemedicine Privacy and Security

- Only authorized users should have access to ePHI.
- A system of secure communication should be implemented to protect the integrity of ePHI.
- A system of monitoring communications containing ePHI should be implemented to prevent accidental or malicious breaches.
- Business Associate Agreement (BAA)

Patient Confidentially

- Data Management Issues - Information may be in formats not previously part of the medical record (audio and visual recordings)
- Increased number of people who have access
- Interruptions in connectivity mid operation or procedure
- Potential for unauthorized users (hacking/viewing)
- Must provide visual and auditory privacy.
Telemedicine Malpractice

- Obtain written assurances from their insurer that medical malpractice liability insurance policies cover telemedicine malpractice.
- May create telemedicine policy
- Consider state lines

Telemedicine Documentation

- Documentation requirements same as that any face-to-face patient encounter, with the addition of the following:
  - A statement that the service was provided using telemedicine;
  - The location of the patient;
  - The location of the provider; and
  - The names of all persons participating in the telemedicine service and their role in the encounter.
Telemedicine Considerations

- Telemedicine is still a complex area with individual state rules and regulations.
- Consult with a healthcare attorney who is versed in telemedicine in your state.
- There are different rules when telemedicine is provided across state line.
- Federal Laws
- Capital Investment
- Speed, Clarity, and Security

Questions

Michael D. Cash, MHSA, FACMPE
Medical Practice Consultant
michaelc@svmic.com
O 615.846.8353  M 479.601.3644

101 Westpark Drive, Suite 300 • Brentwood, TN 37027
P 800.342.2239  F 615.370.1343  SVMIC.com