CALIFORNIA HEALTHCARE FOUNDATION

Innovations In Health Care Delivery: Telehealth

Examining Health Care Competition

Federal Trade Commission

March 20, 2014

Overview

- What is Telehealth?

- Telehealth Policy, with a Focus on California

- Types of Telemedicine/Telehealth

- Deeper Dives into a Few Examples

- Issues and Challenges Ahead

What is Telehealth?

- The Institute of Medicine defines **<u>telemedicine</u>** as "the use of electronic information and communication technologies to provide and support health care when distance separates the participants"

- Telemedicine is associated with direct patient clinical services

- Tele*health* is often associated broader definition of remote healthcare and is sometimes also perceived to be more focused on other health related services

A doctor's diagnosis "by radio" on the cover of the February, 1925 issue of Science and Invention magazine

Policy Across the States

- Every state has its own unique set of telehealth policies

- Some states have incorporated policies into law, while others have addressed issues such as definition, reimbursement policies, licensure requirements , etc. in their Medicaid Program Guidelines

Telehealth Resource Centers

Expanding Our Reach »
Telehealth Resource Centers are located across the country.

TelehealthResourceCenter.org

- Established in 2006, funded by the Office for the Advancement of Telehealth

- Twelve regional centers

- One national technology assessment center

- One national policy center

- Collectively form a network of telehealth program expertise and experience

- Independently serve a designated region

Natl. Telehealth Policy Resource Center

NTPRC Searchable Database

CA Policy Activity – AB415

- AB 415:
  - Removes ban on email & telephone
  - Removes restrictions on locations where telehealth may take place
  - Removes CA Medicaid rule that providers document barrier to in-person services before using telehealth
  - Replaces written, telehealth-specific patient consent form with verbal consent

- AB415 Does not:
  - *require* telehealth use by public or private insurers
  - change scope of practice for any licensed CA health professional
  - change any interstate licensure laws

Telehealth and the Triple Aim – CCHP

- Report to the field to be published in June 2014
  - Meta analysis of telehealth studies done to date classified by Triple Aim goals
 - Profiles of maturity for teledermatology and tele-mental health
  - Short and long term recommendations to accelerate adoption
- State focused telehealth conference in CA Winter 2014 with an aim to provide a model for other states
- Telehealth Research Conference Spring 2015
- Catalogues of research classified by Triple Aim objectives, including:
  - Peer Reviewed Meta Analysis Research to date
  - Teledermatology and Tele-mental health Research to date
  - Projects in the field

Telehealth Technologies

- **Store & Forward**

- **Live video**

- **Remote patient monitoring**
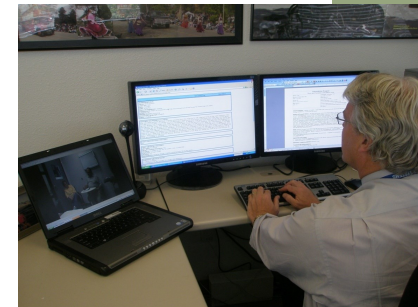
Store & Forward
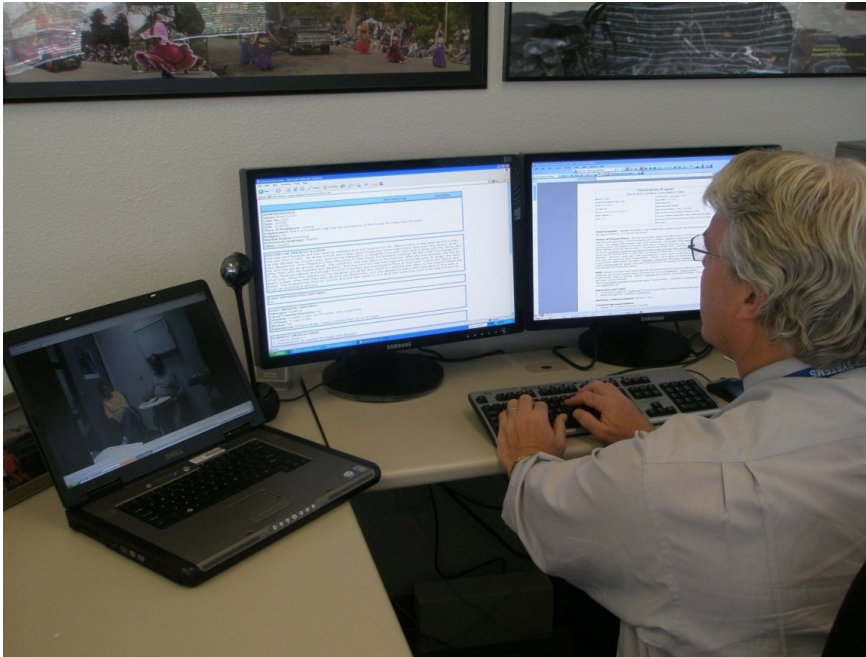
- Often low bandwidth, still images, can store video clips

- Most used in Dermatology, Ophthalmology, Pathology, Radiology

- Evolving uses in Psychiatry, Endocrinology, Hepatology, Orthopedics, etc.

Store & Forward technologies electronically transmit patient information between primary care providers and medical specialists. Information could include digital images, X-rays, video clips and photos

Real Time Video Consultation

× *Variety of high-speed digital telecom platforms*

× *Outpatient or Inpatient specialty consultation*

Live Video is used for real-time patient-provider consultations, provider-to-provider discussions, and language translation services.

Remote Patient Monitoring (RPM)

- Hospital emergency departments and intensive care units
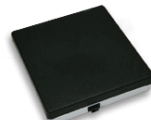- At-home management of patients with chronic conditions

RPM uses telehealth technologies to collect medical data from patients in one location and electronically transmit it to health care providers in a different location, either real-time or store and forward

Tele-Dermatology Overview

- Treatment is provided in patient's primary care "medical home"

- Primary care provider or medical assistant takes picture of skin condition

- Uploads photo and sends w/patient info to dermatologist via secure email

- Dermatologist reviews image and patient info; sends back treatment advice

![DIRECT DERMATOLOGY]

- Providers and patients can use off-the shelf cameras; program is turnkey

- Software is HIPAA compliant

- Pay per use pricing model

- **Reduces patient wait times from 3-12 months to within 48 hours**

- $85 per consult vs. $150 to $400 per consult

HOW DIRECT DERMATOLOGY WORKS

Three Easy Steps
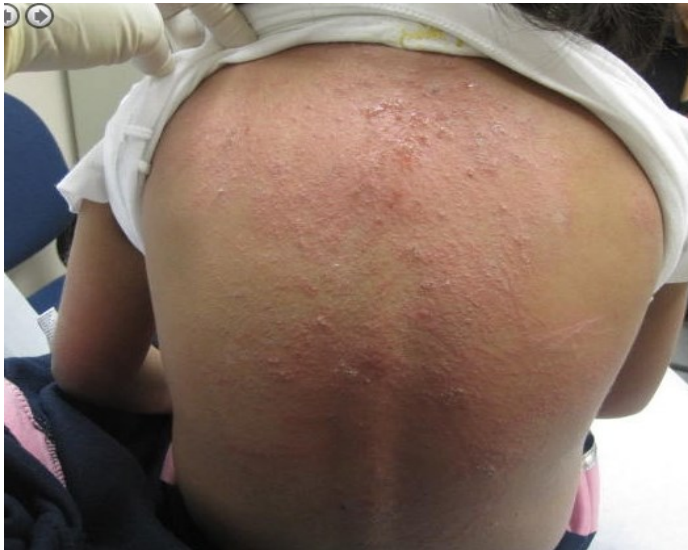
1. Describe problem

2. Upload pictures

3. Get answers

Online access to **board-certified dermatologists.**

Learn about Direct Dermatology in our 3 minute video.

02:31   HD

Case Example: 12-year old girl

Before DirectDerm

Two weeks after DirectDerm

8 PCP visits for same problem spanning 6 months
10 prescriptions given; no improvement

DirectDerm saw patient in: 1 day
Diagnosis: Contact dermatitis
Two weeks after follow up: Complete resolution

Pediatric Clinical Care Telemedicine

- UC Davis Pediatric Critical Care Department connects with remote sites across the state
- Offers remote clinicians access to academic medical center resources
- Allows patients to be treated near home and support system

Mental/Behavioral Health Consults

Mental/Behavioral Health Consults

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Telepsychiatry in Correctional Facilities: Using Technology to Improve Access and Decrease Costs of Mental Health Care in Underserved Populations

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Abstract

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Growth of mental health services in state adult correctional facilities, 1988 to 2000. [Psychiatr Serv. 2004]

Telepsychiatry and e-mental health services: potential for improving access to mental health care. [Psychiatr Q. 2006]

Prison telemedicine and telehealth utilization in the United States: state and federal perceptions of benefi [Telemed J E Health. 2004]

[Forensic telepsychiatry in Portugal: a few reflections]. [Acta Med Port. 2011]

Empirical evidence on the use and effectiveness of telepsychiatry via videoconferencing: implications for forer [Behav Sci Law. 2008]

See reviews...

See all...

Links ▲

RPM – Propeller Health

- Asthma and COPD are the 5th and 6th most costly conditions in the US – est. cost of $50 billion annually each

- Improved self management reduces the cost of treating asthma and COPD by eliminating unnecessary hospitalizations, ED and office visits

- Providers who *remotely* monitor asthma and COPD symptoms and the use of medications by their patients can better identify those in need of additional attention
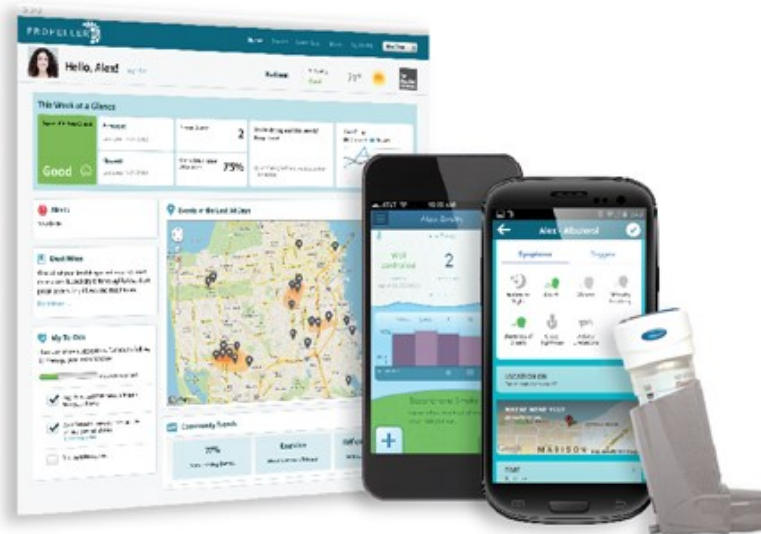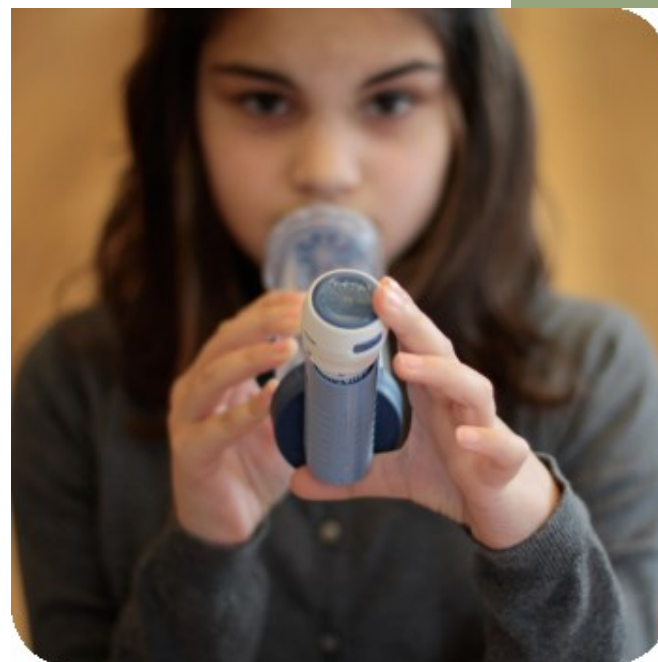
Looking Ahead

Issues and Challenges

- EHR integration (or lack thereof) – how does the evolving EHR landscape impact telehealth?

- Evolving reimbursement models :

  - How do we reimburse for a specialist to PCP "cognitive consult"

  - When do we expect the shift from FFS to capitated models to be widespread enough to encourage prevention-focused efforts?

- Taking advantage of mobile – how do telehealth programs evolve to incorporate mobile platforms and technologies?

Contact information and resources:

- Margaret Laws, Director, Innovations for the Underserved, California HealthCare Foundation, mlaws@chcf.org

- Center for Connected Health Policy: http://cchpca.org/

- ROI of RPM Calculator for Heart Failure Monitoring: http://www.telemedroi.com/#home