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Technology offers many benefits to medical practices. In this newsletter we look at telemedicine, answering some of the questions we are most frequently asked by practices considering a telemedicine implementation. We'll talk about potential benefits and challenges, reimbursement by public and private payers, and share information about healthcare organizations that are already using telemedicine.

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USING TELEMEDICINE IN YOUR PRACTICE

1. What is *telemedicine* and how does it differ from *telehealth*?

Although the terms telemedicine and telehealth are often used interchangeably, they differ. Telemedicine is the older of the two phrases. Telehealth, which encompasses but is not limited to telemedicine, is rapidly gaining acceptance.

Telemedicine is the practice of caring for patients remotely when the provider and the patient are not physically present with each other. By using HIPAA-compliant video-conferencing tools, physicians and other providers can provide medical consultation for patients who may lack convenient access to care and/or who choose the remote consultation. Clinicians can also share patient medical information with each other. In general, telemedicine is considered to be the clinical application of technology.

Telehealth, the more inclusive term, includes a broad array of applications, some but not all of which are clinical. The use of telehealth crosses many disciplines such as dentistry, counseling, physical therapy, home health, etc. Telehealth can go beyond traditional diagnostic and monitoring activities to also include consumer education, professional education, and administrative meetings.

2. What is the origin of telemedicine?

Telemedicine, or "healing from a distance" as defined by the World Health Organization (WHO), is a concept that dates back to the mid-1800s. During the 20th century, both the military and space industries began using it. Given the fact that much of the technology that is available today was not in existence, the WHO developed its own broad definition: "The delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities."

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3. What are the potential advantages of telehealth and telemedicine?

Both telemedicine and telehealth have many potential advantages. An important one is access to care, particularly for patients living in rural areas and who may live far from convenient healthcare. Another potential advantage is enhancing provider communication with both other providers and with patients. Given the growing importance of payment for value, tools that enhance provider teamwork are extremely helpful in care coordination. Patient engagement is another potential advantage. Good outcomes depend not only on proper diagnosis and treatment plans, but also on patient compliance. Finally, telemedicine has the potential to reduce the cost of care. At this stage of the game, it's fair to say that proof of any of these results is inconclusive.

4. What are the challenges in implementing telehealth?

Broadly speaking, telehealth involves creation of a plan, development or purchase of software that supports the goals, and marketing and educating both providers and patients. Educating providers and patients is the most challenging aspect. Some providers resist the concept, fearing that like electronic health records, learning new technology will be time-consuming and unlikely to contribute to better and less expensive patient care.

5. What are the major types of telemedicine?

There are three major categories of telemedicine: remote patient monitoring; store-and-forward care; and live video:

a. **Remote patient monitoring**, also called *telemonitoring*, allows healthcare providers to track patient vital signs and activities at a distance. The approach works well for high-risk patients, for patients who have recently been discharged from the hospital, and for patients with chronic conditions. For example, remote patient monitoring can track glucose levels in diabetic patients. Elderly patients who live at home or in assisted living facilities also benefit from remote monitoring.

b. **Store-and-forward care**, often called *asynchronous telemedicine*, allows healthcare providers to share patient medical information like lab reports, imaging studies, videos, and other records with providers at another location. Built-in security features ensure patient confidentiality. Healthcare providers can review the information at their convenience. Especially when providers are in different time zones, this function is most helpful. Patients benefit from having information available to a team of providers who may not be at the same location. Specialties that commonly rely on store-and-forward care are dermatology, ophthalmology, and radiology.

c. **Live video** allows patients and providers to use video conferencing software to hear and see each other. Live video can be used as an alternative to a visit to the physician's office. It is particularly effective for primary care, urgent care, follow-up visits, and the management of medications and chronic illness. The technology used must protect patient privacy and meet HIPAA requirements. Facetime and Skype are not appropriate.

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6. Do public and private insurers pay for telemedicine?

Many of the large private insurance companies do cover telemedicine. Although Medicare has recognized telemedicine services since 2001 and now has telemedicine CPT codes, coverage varies by the type of Medicare program.

- The national Medicare Chronic Care Management Program allows practitioners to provide monthly telemedicine care to patients with two or more chronic conditions. There are no restrictions with respect to patient location or facility.
- Medicare is far more restrictive on the use of telemedicine for other conditions. For example, only the following providers can legally provide telemedicine services to patients: physician, nurse practitioner, physician assistant, nurse midwife, clinical nurse specialist, clinical psychologist, social worker, registered dietitian, and nutrition professional.
- Medicare reimburses the three major types of telemedicine – remote patient care, store-and-forward care, and remote patient monitoring – but not *mHealth* (i.e. mobile health). Medicare also has specific requirements with respect to the patient's geographic location, limiting reimbursement to those who live in rural and certain non-urban zones. Moreover, telehealth requires an initial face-to-face appointment, and patients must travel to *qualified originating sites* such as physician offices and designated health clinics before telehealth begins.
- Effective January 1, 2019, Medicare has expanded reimbursement opportunities for communications-based services, including telephone interactions, patient-submitted photos, and interprofessional consultations. Because CMS differentiates these services from Medicare telehealth services, the services are not subject to the statutory restrictions described in the previous paragraph.

Medicaid coverage varies by state. Currently, nine states have Medicaid programs that pay for store-and-forward telemedicine in some form. Sixteen programs cover remote patient monitoring.

7. What are examples of telemedicine and telehealth programs?

One size doesn't fit all telemedicine programs. Engaging providers and effectively marketing the service to patients and employees varies. Here are examples.

- **Beacon Health System (https://www.beaconhealthsystem.org/)**: Beacon Health Systems has locations in Indiana and Michigan's Lower Peninsula. In 2017 the system formed a governance group of key stakeholders to develop and implement a system-wide telemedicine program. Implementation was rolled out in several phases. A provider test group representing many different specialties was an important component.
- **Southwest Medical Associates (www.smalv.com)**: Southwest Medical Associates is one of Nevada's largest multi-specialty groups. In 2014 it partnered with American Well to launch its telehealth services, called SMA NowClinic. The program had four goals: (1) to improve the

patient experience; (2) to improve population health; (3) to reduce per capita costs; and (4) to improve the provider experience. The provider training program began well in advance. After an initial 3-month pilot program, SMA launched a second pilot NowClinic to 3,000 Nevada UnitedHealth employees. The employee test had no co-pays, and employee comments and feedback enabled SMA to enhance the program before offering it to patients.

- **North Carolina Statewide Telepsychiatry Program (NCSTeP) (http://www.ncdhhs.gov/)**: Overseen by the Office of Rural Health, the program was developed so that an individual with an acute behavioral health crisis who presents at a hospital emergency department lacking a psychiatric staff can receive a timely specialized psychiatric assessment via video conferencing technology. Data from State Fiscal Year 2018 showed a $21,675,000 cost savings from overturned involuntary commitments. The savings benefitted state psychiatric facilities, hospitals, law enforcement agencies, Medicare, Medicaid, and other stakeholders.

8. From a provider perspective, what is an efficient use of telemedicine?

Allen Wenner, MD is a Family Physician in South Carolina who has been involved in medical software development for many years and has been using telemedicine since 1998. He speaks highly of a practice that is common in Europe for non-emergency care. Every patient first completes a structured pre-visit interview online (like an electronic visit). After reviewing the patient information, the physician determines which patients should come to the office for a face-to-face appointment and which patients can be handled by the nurse giving advice, an email and a prescription, or a video appointment.

Dr. Wenner recommends that physicians here in the United States use the same approach to increase revenue. By treating low acuity visits (99213) online as electronic visits (99444) or video visits (using GQ modifier), they can free up the office to accommodate more complex (higher level) patients. Similarly, patients who call after-hours expecting unreimbursed (free) phone care can be handled the same way. He recommends that physicians first ask patients to complete the electronic interview online and then follow up with one of four options: (1) emailing the patient with the treatment sent to the pharmacy; (2) calling the patient; (3) having a video chat; or (4) scheduling an office visit.

9. What's the outlook for increasing access to telemedicine?

The political climate for increasing access to telemedicine is favorable. In two pieces of legislation, the 21st Century Cures Act, signed into law during the final days of the Obama administration, and the Medicare Access and CHIP Reauthorization Act (MACRA), Congress requires government agencies to study the prevalence of telemedicine and suggest ways to encourage it. Telemedicine appears to have bipartisan support at the national level.

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More Information About Medical Practice Management

For more information on medical practice management, contact us at **Margie@satinskyconsulting.com** or **919.383.5998** or visit our website at **www.satinskyconsulting.com**.

We provide services to start-up and established medical practices. These previous newsletters provide insight into just a few of the many issues with which we can assist.

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