

Telehealth: A tool for the 21st century

A view from the trenches

2013

Karen S. Rheuban MD
Center for Telehealth
University of Virginia
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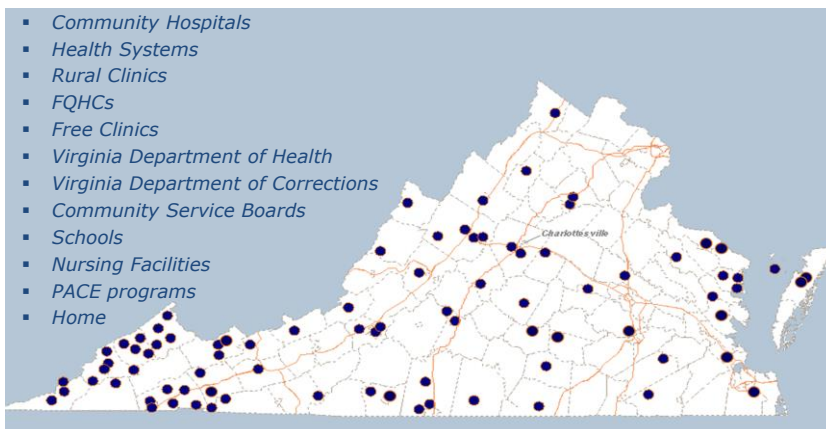
Benefits of telehealth:

- **Patients**
 - Timely access to locally unavailable services
 - Vulnerable populations, homebound
 - Spared burden and cost of transportation
 - Improvement in quality of care
- **Health professionals (workforce shortages)**
 - Access to consultative services
 - Access to continuing education
- **Communities**
 - > 90% of patients remain in the local setting
 - Drive broadband adoption
 - Enhanced healthcare/economic empowerment

UVA Center for Telehealth: Services

- *Videoconferencing for patient care*
- *Store and forward applications*
- *Remote patient monitoring- "C3"*
- *Access to clinical trials*
- *Distance learning*
 - *health professionals*
 - *patients*
 - *students*
- *Workforce development: Certified telehealth technologist program*

UVA Telemedicine Partner Network 108 sites





Dedication beyond measure.

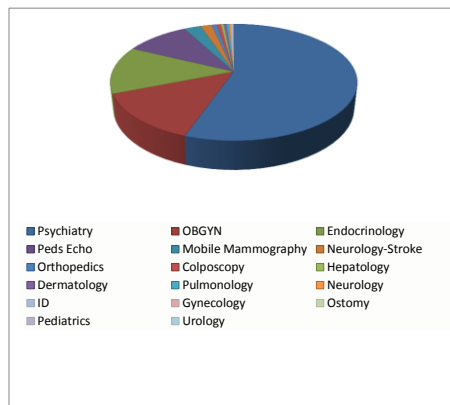
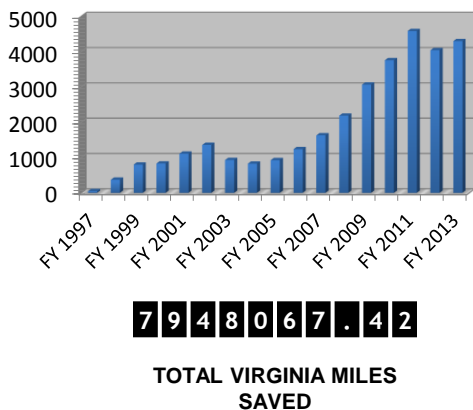
Technologies : Interoperability imperative



Dedication beyond measure.

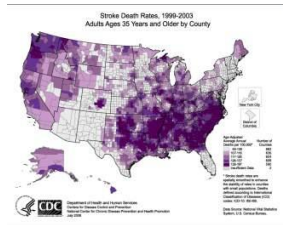
Office of Telemedicine Dashboard

40 specialties participate



Need based, outcomes and metric driven program (examples)

- *High risk obstetrics telemedicine – HRSA funded*
 - *Partnership with FQHCs and health departments*
 - *Reduced preterm delivery by 25%*
 - *Reduced missed appointments by 63%*
- *Telestroke program – HRSA funded*
 - *Rural community hospital and Critical access hospital*
 - *Increased use of TPA from 0% to 17% of stroke patients*



Remote monitoring and Home telehealth

- *Effective tool for chronic disease management*
- *PPACA – Penalties for readmissions*
- *VA Care Coordination and Home Telehealth*
 - *53% reduction in hospital days*
- *Sentara CHF pilot – reduced readmissions by 95% ER visits by 90%*
- *NC Medicaid pilot (FQHC) reduced readmissions by 70%, and emergency visits by 80%*
- *UVA – Care Coordination Center “C3”*

Commonwealth : Commitments to Telehealth

- *Virginia Medicaid coverage 2003*
 - *2013 CMS dual enrollee contract landmark opportunity*
- *Virginia Department of Health*
- *State Stroke Systems of Care Task Force*
- *Tobacco Indemnification and Revitalization Commission*
- *Joint Commission on Health Care*
 - *2009 specialty workforce analysis, 2012 Policy options*
- *Virginia General Assembly mandate*
- *VHRI – HBE, other enhancements*
- *Virginia Health Workforce Development Authority*

Federal Commitments to Telehealth Grants, Connectivity, Payer, Research

- *Grant funding (HRSA, USDA, Commerce, NIH, AHRQ)*
 - *Mid Atlantic Telehealth Resource Center*
- *Medicare Reimbursement*
- *Rural healthcare support mechanism (FCC)*
- *Indian Health Service*
- *Department of Veteran's Affairs*
- *Department of Defense*
- ***2012 IOM Workshop on Telehealth***

**16 federal agencies with some involvement in telehealth*

Improve Federal Payment Mechanisms

Medicare reimbursement of telehealth services remains low!

- 2011: CMS reported <\$6 million dollars in reimbursements nationwide to distant site providers
- Rural requirement for originating site
- Rural requirement for ACOs
- Changing definition of rural limits sustainability models and more importantly, access to care for our seniors
- Rural definition is poorly aligned with specialty workforce shortages

Important issues:

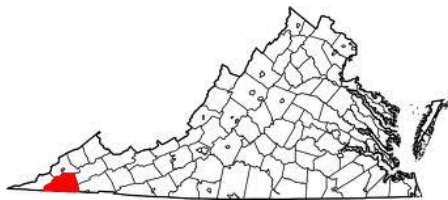
- Reimbursement
 - Rural (non MSA) requirement for Medicare
 - Private payers stepping up
 - Medicaid programs
- Credentialing and privileging
- HIPAA
- Licensure portability
- Malpractice
- Stark and Anti-kickback
- Telecommunications venue/costs (FCC)
- Integration with EMRS/HIE
- Standards for interoperability
- Interagency alignment related to policies

Opportunities

- **NOBEL women advancing state mandates (19 states)**
- **Telehealth Enhancement Act of 2013 (Harper)**
 - Expand eligible originating sites
 - Add incentive for fewer Medicare hospital readmissions
 - Create new Medicaid optional package for high-risk pregnancy and birth networks
 - Cover telehealth services under Medicare payment bundles for post-acute care
 - Allow ACOs to use telehealth like Medicare Advantage plans
 - Facilitate home-based kidney dialysis
- **VETS Act, H.R. 2001 (Rangel)**
 - Expand the “one state license” model at VA
- **Telemedicine for Medicare Act of 2013 (Nunes-Pallone)**
 - Expand licensure across state lines
- **Expansion (or elimination) of the rural definition**

Urban areas?

- Scott County VA
 - 1 FQHC



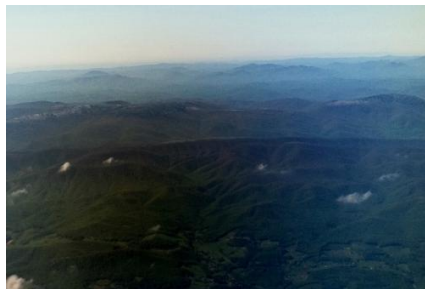
Urban areas?

- Giles County, VA
 - 1 Critical Access Hospital



Urban areas?

- Washington County VA:
 - 1 Community hospital, 3 FQHCs



Urban Areas?

- The Grand Canyon, AZ



Thank you!!
Questions?
Krheuban@virginia.edu

