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

- Community Hospitals
- Health Systems
- Rural Clinics
- FQHCs
- Free Clinics
- Virginia Department of Health
- Virginia Department of Corrections
- Community Service Boards
- Schools
- Nursing Facilities
- PACE programs
- Home
Technologies: Interoperability imperative

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