

# Rural Telehealth Service Delivery

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By working together, we all get better.



- ✓ A recent study indicated that U.S. employers could save up to \$6 billion a year through telehealth
- ✓ Per the American Telemedicine Association, more than half of all U.S. hospitals now offer some form of telehealth service
- ✓ Leading analysts estimate that global revenue for telehealth will reach \$4.5 billion by 2018
- ✓ Number of patients using telehealth services will rise to 7 million by 2018

**DEMAND = GROWTH**



# OVERVIEW



# TELEHEALTH

- Medical Provider Education/Distance Learning
- Phone call (telephonic care management)
- EMR sharing data
- Telepharmacy
- Teleradiology/PACs
- ED coverage
- Telestroke
- Tele ICU
- Teleconconcussion
- Patient Remote Monitoring
- Wearable devices
- Teletrauma - LifeBot

Telemedicine = live interactive encounter



# Telemedicine Services

- **Provider/Patient consultations**

May be:

- live, interactive audio/video connection
- email-type interaction
- telephonic nurse interaction



# Who at Altru?

- MD's
- Nurse Practitioner
- Physician Assistant
- Dieticians
- Clinical Social Worker
- Clinical Nurse specialists
- Speech Therapists

- Oncology Navigators
- Prosthetics/Orthotics
- Diabetes Nurses  
Educators



# What do they provide?

- Psychiatry
- Infectious Disease
- Dermatology
- Nephrology/Renal
- Urology
- Allergy/Asthma
- Mental health
- Wound care
- Occupational Health
- Pulmonology
- Diabetes
- Neurology
- Oncology
- Orthopedics
- Medical Nutrition Tx
- GI
- Interventional Pain
- Post-Surgical



# Provider Economics

- Increased physician utilization by eliminating more than 400 hours of travel time per year for specialist consultations that can be accomplished remotely
- Reduced patient wait times for specialist appointments and outpatient services
- Decreased the need to transfer patients from regional hospitals to tertiary centers with telemedicine inpatient consultations



# Improved Patient Care

The purpose of a telehealth encounter is to get the **right care** to the **right person** at the **right place** and at the **right time**

- Resulting in early diagnosis and treatment
- Leads to efficient care and reduced costs





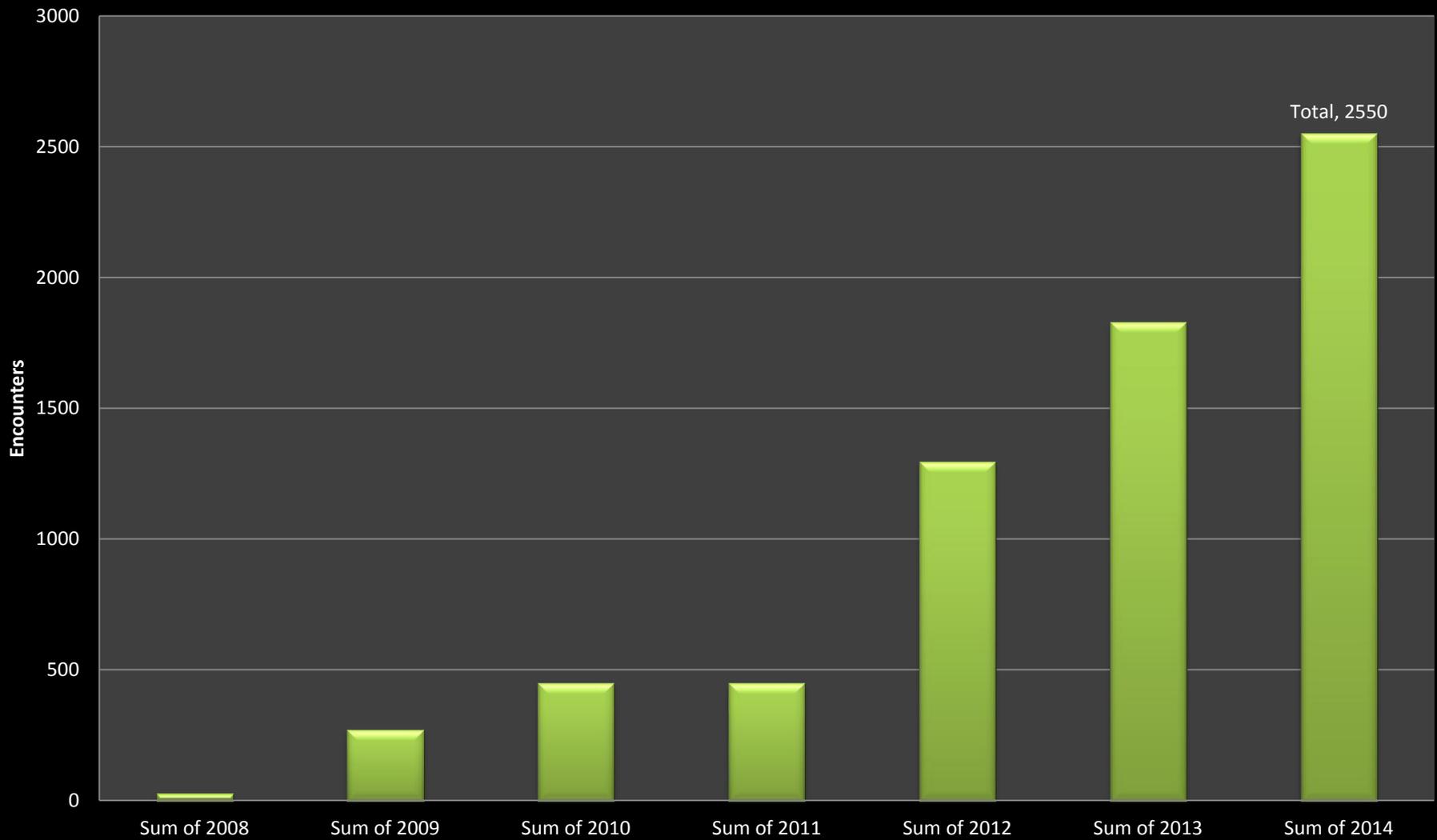
65 Providers  
connecting to  
more than 40  
Rural Sites

Telemed  
Rooms:  
6 centralized  
locations  
and  
40+ desktops  
or mobile  
applications





# Altru Telemedicine 2008-Present



# Telemed built into the Workflow

- Schedule  EMR
- Notify Arrival  EMR
- Connection point  EMR
- Patient clinical info  EMR
- Documentation  EMR
- Coding  EMR
- Billing  EMR



# Rural Side Resources

- Connectivity
- Space
- Equipment
- People
  - Administrative support
  - Physician support and referrals
  - Telemed presenter
  - People interested in seeing it succeed



# Telehealth originating site facility fee

HCPCS Q3014 in  
2014 = \$24.63



<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh t.pdf>



# Why should Rural side be interested?

- Support organizational mission
- Provide competitive advantage
- Requested by patients and providers
- Keep patients in your beds and in your facility and in your community = \$\$\$\$
- Patients use your services = *labs, radiology*
- Are you the local 'medical provider'?



# Rural Side realities

- Clinical shortages
- Misdistribution of providers
- Rural/urban underserved
- Aging Population
- Travel time, cost & hardships
- Delayed treatment



# The State of Telemedicine in North Dakota





# CHALLENGES

Photograph by Eugene Richards  
Belfield, N.D.



# Connectivity

- Statewide Systems : Montana, Nebraska, Arkansas, Mississippi
- Private funded networks: ND Dept of Health, Insurers; Employers
- University Based Systems
- Regional Systems
- Independent Health Care Organizations

Altru Region:

rural clinics

rural hospitals

skilled nursing facilities

residential facilities

schools



# RULES AND REGS



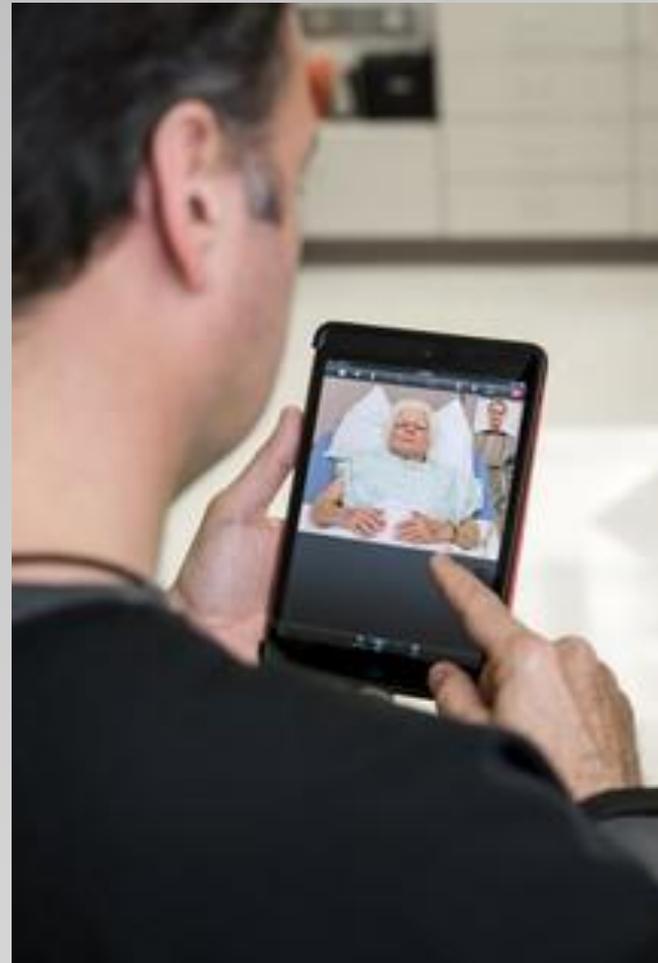
# ND Century Code for Telepharmacy

- North Dakota uses federal definitions for "internet" and "practice of telemedicine" set in the Ryan Haight Online Pharmacy Consumer Protection Act of 2008.
- "Telemedicine means the practice of medicine by a practitioner, other than a pharmacist, who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system."

Source: [\*Ryan Haight Online Pharmacy Consumer Protection Act of 2008 \[Pub. L. 110-425; 21 U.S.C. 802-803\].\*](#)

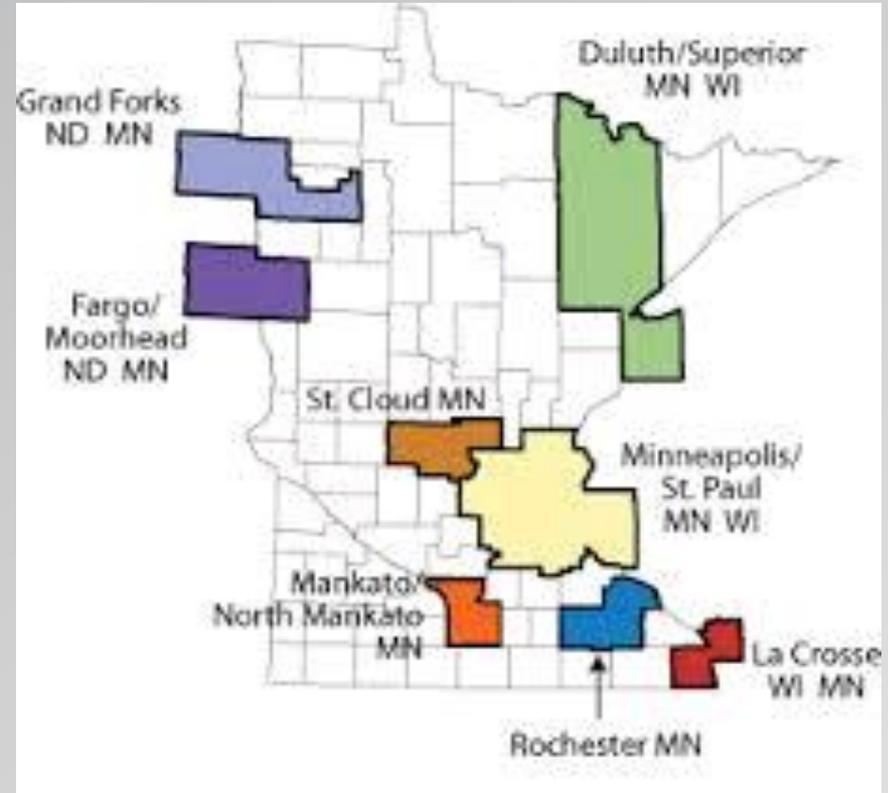
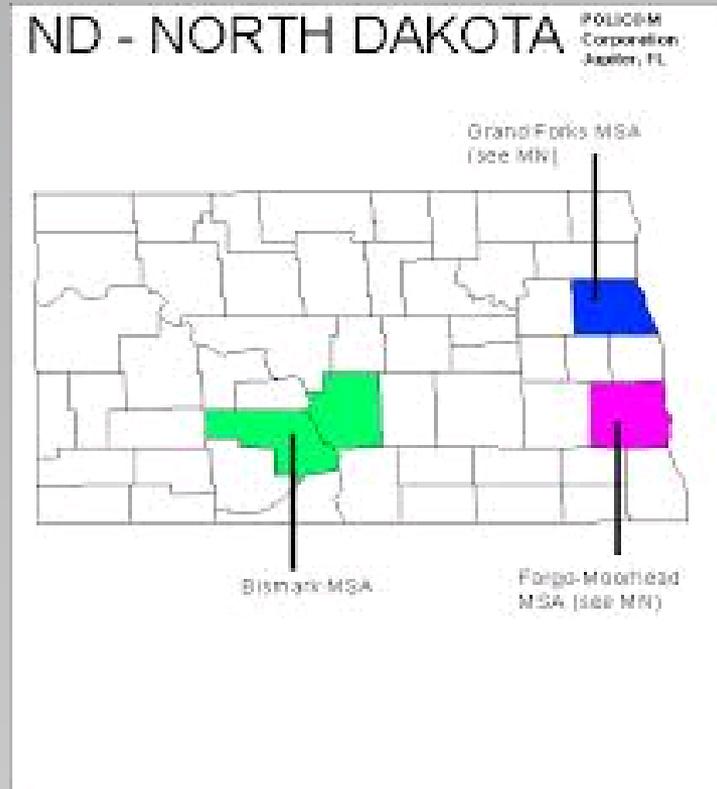


# HIPAA





# Condition of payment



Metropolitan Statistical Areas



# Federal Medicaid level:

*"Telemedicine is viewed as a cost-effective alternative to the more traditional **face-to-face** way of providing medical care. States are encouraged to create innovative strategies that incorporate telemedicine technology. "*

Retrieved April 2014 from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>



# ND MA Telemedicine Policy

Telemedicine is the use of interactive audio-video equipment to link practitioners and patients at different sites.



# ND MA Policy

The originating and distant sites of telemedicine services cannot be in the same facility or community.

The distant site must be a **sufficient distance** from the originating site to provide services to patients who do not have readily available access to such specialized services allowed/reimbursed by ND Medicaid via telemedicine.

- A **designated room** at the originating site must have **secure and appropriate equipment** to ensure confidentiality, including camera(s), lighting, transmission and other needed electronics.
- Appropriate **medical office amenities** must be established in both the originating and distant sites.
- **Skype or other unsecure web cam devices are not acceptable** or allowed to be used for telehealth services.



# ND MA Codes

- 99201-99215 New and established Office and Other Outpatient E/M services
- 90785 Interactive complexity
- 90791-2 Psychiatric Diagnostic Eval
- 90832-8 Psychotherapy
- 92507 Speech Therapy, Individual
- 99307-99310 Subsequent nursing facility care services
- G0425-8 Telehealth consultation, emergency department or initial inpatient
- Modifier(s) GT Via interactive audio and video telecommunication systems
- Diagnosis(es) Must support medical necessity and coded to the highest



# Minnesota MA

- **Reimbursement is the same** as for covered services furnished in the conventional, face-to-face manner
- Minnesota's Medical Assistance Program reimburses for services delivered through the **store and forward technology**.
- “**telehomecare**” devices: if the patient qualifies for the MN Alternative Care Program

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LATESTRELEASED&dDocName=dhs16\\_160257](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LATESTRELEASED&dDocName=dhs16_160257)

## Behavioral Health Manual:

- Conduct a risk analysis
- Develop a risk management plan
- Employ strategies to minimize vulnerabilities in technological equipment and systems
- Create **safe and private** accommodations for recipients receiving services by telemedicine
- Ensure procedures are in place to prevent system failures that could lead to a breach in privacy or cause exposure of recipient mental health records to unauthorized persons
- Use **high quality** interactive video and audio communications systems and equipment
- Be prepared administratively, operationally, and technologically



# Telemedicine Parity

- A health benefit plan may not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would be covered were it provided in-person. Coverage for health care services provided through telemedicine must be determined in a manner consistent with coverage for health care services provided in-person.
- 21 states and DC, covering over 130 million Americans, have adopted mandates for the coverage of telemedicine with 14 more States proposed
- Neither North Dakota or Minnesota is pursuing Parity



# ND BCBS

“Telemedicine is the use of interactive video equipment to link practitioners and patients in different sites. ”

- Originating and distant sites of telemedicine services **shall not be in the same facility or community**, and the distant site shall be of a sufficient distance from the originating site to provide services to patients who do not have readily available access to such specialty services.
- No Provider-to-Provider consultations, such as telephone consultations, will be reimbursed.
- A designated room with appropriate equipment, including camera(s), lighting, transmission and other needed electronics and the appropriate medical office amenities, shall be established in both the originating and the distant site. An on-site visit may be made to the originating telemedicine facility to address quality issues.



# ND BCBS

Reimbursable services are those professional office or outpatient services such as:

- Evaluation and Management Services
  - Psychiatric diagnostic interviews
  - Individual psychotherapy services
  - Diabetes education
  - Speech therapy services
- Only those services currently reimbursable in an office or outpatient setting will be allowed for payment.
  - Reimbursement will be based on the current fee schedule in place at the time services are rendered.
  - All services provided must be medically appropriate and necessary.
  - Documentation to support the service must be included in the clinical record.



# What's coming.....

Population Health Management

Patient –Initiated / Direct to Consumer

MOBILE AND CONSTANT!



# New CMS 2015 Codes

- 99490 Chronic care patient management
- +  
• 99091 – Collection and interpretation of physiologic data (ECG, BP, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the QHCP 30 min.



## BIG DEAL!

- CMS admits data collection is a valuable service and part of chronic care management

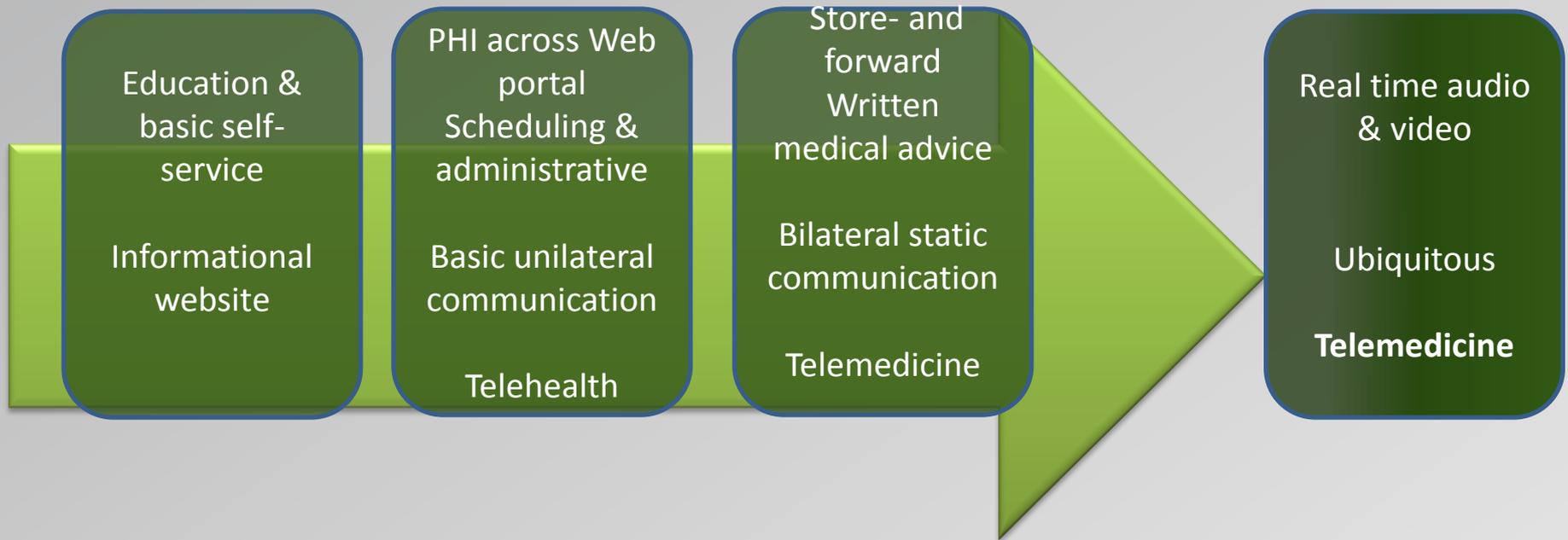


# Technology is changing Patient Behavior

- mHealth is driving consumer demand
- Technologically sophisticated patient
- Duke & Stanford are planning trials for chronic disease patients using Apple HealthKit
- Brand loyalty/engagement – “stickiness”



# Patient Engagement across the Digital Spectrum



# There's an app for that: Chunyu Yisheng

- Smartphone mobile app
- 30 million users to reach 40,000 physicians
- Raised over \$50 million in funding
- Free for physicians/patients
- Revenues raised through advertising from insurance companies, pharmaceutical companies and private hospitals.





# Direct to Consumer concerns

- Overprescribing – CDC noted inappropriate antibiotic prescribing
- Lack of access to a patient's medical record
- No ability to Document E-Visit into a Patient's record
- No follow up care
- Quality of Care

What does this MEDICAL SERVICE ACCESS do for Rural Clinics trying to survive?

*JAMA Intern Med.* 2013;173(1):72-74. doi:10.1001/2013.jamainternmed.305.





NORTH DAKOTA

**MOVING FORWARD....**



# NDHIN Telehealth Domain Workgroup

- Approved in July 2014 by ND HITAC
- Use tele-health when available to improve access to medical and health services
- Leverage the clinic, hospital, LTC, health care and public health systems' current connections to the ND communities to educate and treat patients
- Consistent and frequent communications and education about the process



# Workgroup areas of responsibility

- Review state, federal, and other pertinent regulations/guidance
- Develop recommendations and resources for the use of telehealth including recommendations utilizing the services of the NDHIN
- Recommend future additional services/functionality required by the NDHIN
- Recommend applicable changes to HITAC policies and procedures
- Coordinate with other HITAC workgroups, including those states that share our borders.



# Outcomes

Key deliverables and expected outcomes from the Telehealth Workgroup are as follows:

- Recommendations for how Telehealth in the ND will be supported and used
- Recommendations for changes to North Dakota laws to meet federal standards and guidelines
- Recommendations to the IT domain workgroup regarding Telehealth business process changes for their incorporation into the technology platform
- Develop best practices for Telehealth in ND.

*Join us in developing Telehealth in North Dakota !*



# Telemedicine is not a program

- It is one of the ways we “connect” to deliver quality patient care
- **PATIENT'S GET BETTER CARE WHEN USING TELEHEALTH**
- Patients and Providers like using Telehealth



# Resources:

- American Telemedicine Association
- Ctel <http://ctel.org>
- gpTRAC <http://www.gptrac.org/>
- HRSA <http://www.hrsa.gov/ruralhealth/about/telehealth/>
- [Memo to Survey staff: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter11\\_32.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter11_32.pdf)
- CAH emergency services and telemedicine:  
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-38.pdf>
- Federal Register Participating Conditions  
<http://www.gpo.gov/fdsys/pkg/FR-2011-05-05/html/2011-10875.htm>



Access to quality care, close to home.

**Discover Altru's Telemedicine Services >>**



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