

HIMSS¹⁹ CHAMPIONS OF HEALTH UNITE

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The Real Challenges of Telehealth Adoption

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Conflict of Interest

S. David McSwain, MD MPH has no real or apparent conflicts of interest to report.



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Agenda: Telehealth Adoption Barriers

- Integration and Alignment
- Provider Engagement
- Process Management
- Data gaps
- Program Evaluation and Research
- Regulations and policy
- These challenges are all interwoven
 - They can't be addressed individually
 - Making HIMSS slides flow by categories is hard
 - Apologies to our HIMSS session mentor!



Learning Objectives

- Define the key barriers that limit the broad adoption of telehealth
- Differentiate between barriers to technology adoption and barriers to practice change in healthcare
- Adapt your approach to telehealth development and dissemination to address barriers to provider adoption and utilization of telehealth services
- Integrate an understanding of provider adoption, data and outcomes, and collaborative development into advocacy efforts to promote the advancement of telehealth



NOT Telehealth Adoption Barriers

- Technology
- Patient engagement
- Great ideas
- Funding
- Reimbursement?



Data Gaps

Program Evaluation

Process Management

Research

Integration and Alignment

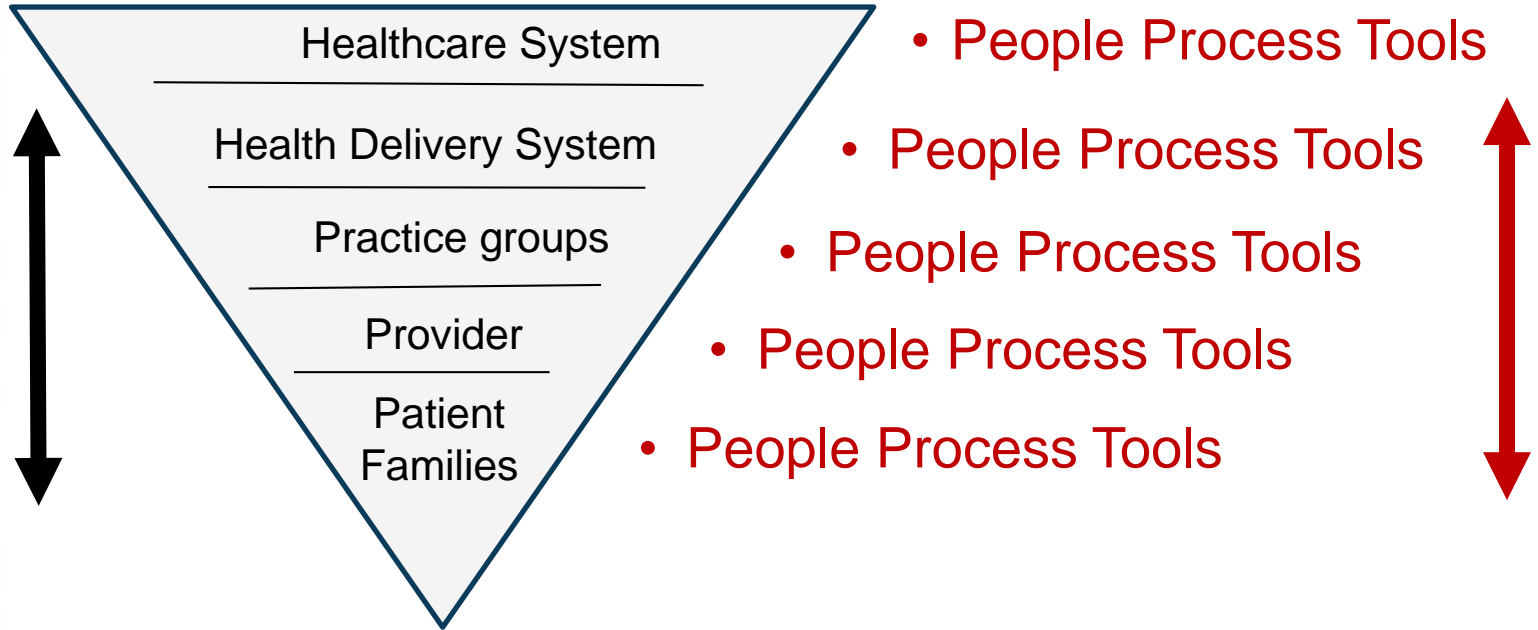
Provider Engagement

Policy

Regulations

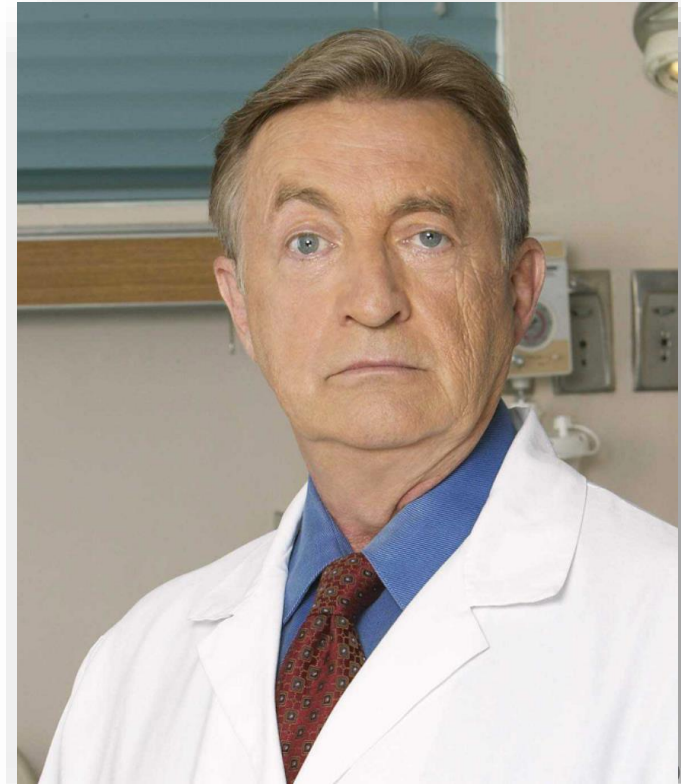


Effective, Efficient Systems:



Alignment with Leadership

- Understand the goals of your institution
 - Are they looking to grow?
 - Are they looking to reduce costs?
 - Do they need to fill beds? Do they need to empty beds?
 - Are they in a competitive environment?
 - Are they in a fee-based or value-based payment model?



Aligning vision and strategy



Understand Your Community

Large, Growing Market

- **1 of 9 children** in U.S. live in Texas.
- 1 in every 5 children in North Texas lives in poverty.
- 7 out of every 10 public school children in Dallas County eligible for free and reduced-price meals.
- The rates of uninsured children in North Texas are 2X the national average.
- Nearly 50% of children in Dallas County are enrolled in Medicaid.
- Only 31% of Texas physicians accept new Medicaid patients (down from 42% in 2010)



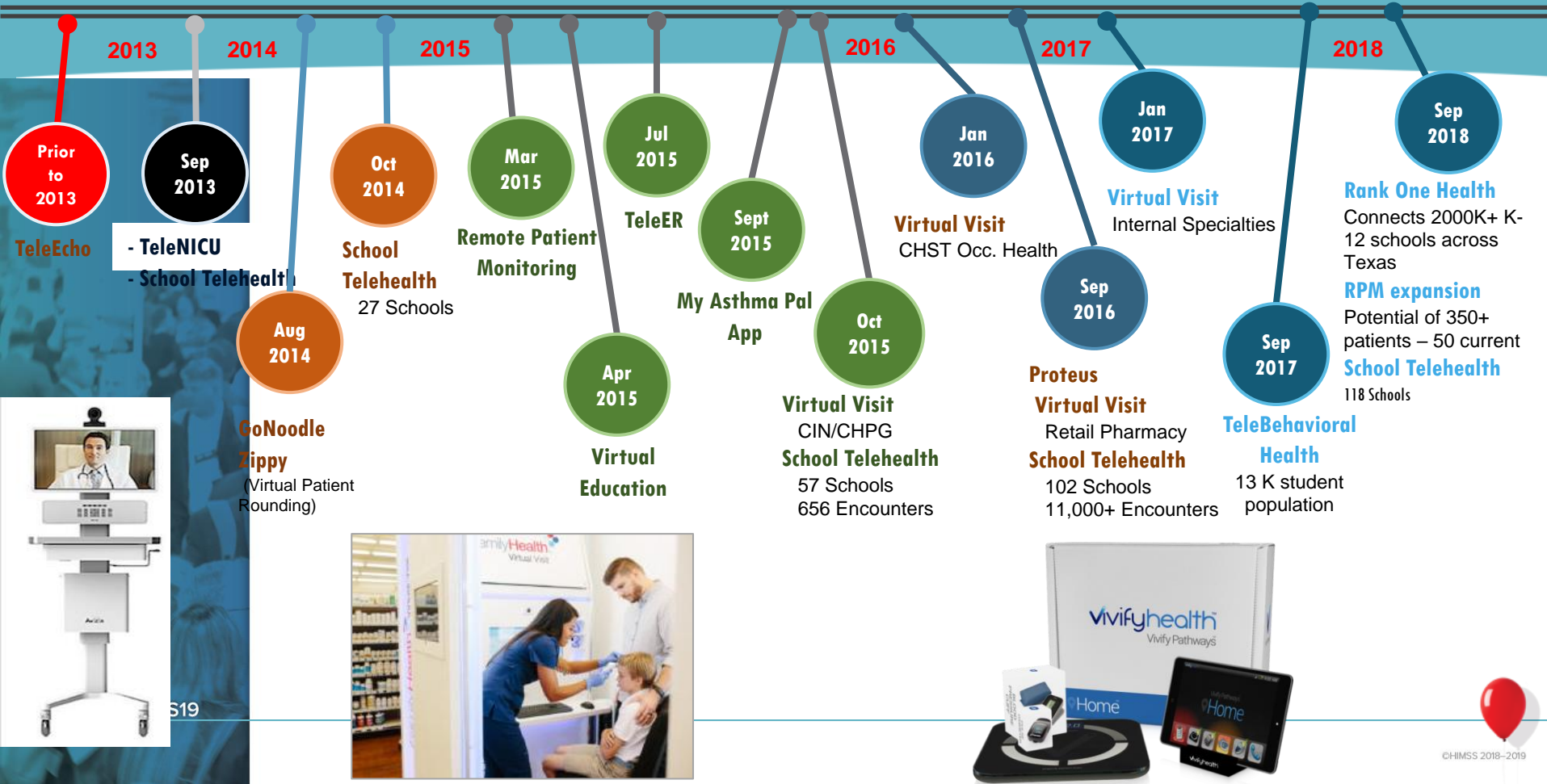
Significant Pediatric Medical Needs

- **More than 90,000** children in North Texas have asthma
- **36%** of Dallas County kids are overweight or obese
- **28%** of Dallas County children are **malnourished**
- **30%** of toddlers **not fully immunized**



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Virtual Health at Children's



Shifting Focus from Patient to Consumer

PATIENT



CONSUMER



POPULATIONS



Sources: Valence Health, Lori Palminteri



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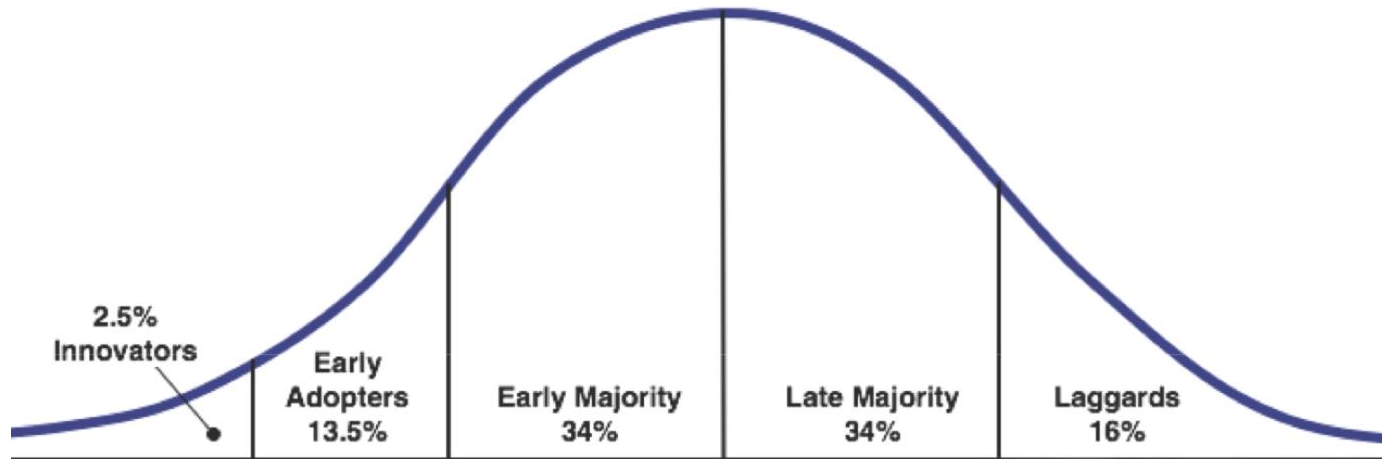
Integration and Alignment



Provider Engagement

Providers still drive healthcare.

- Understanding what drives the providers will help you drive your program
- Provider Adoption
 - Providers have been trained for years on evidence-based medicine
 - Lack of an evidence base inhibits adoption
 - Need evidence to get past early adopter phase



Challenges of Provider Adoption

Healthcare providers face ever-increasing challenges and demands on their time

- Revenue generation
- Patient throughput
- Complex documentation
- Competitive forces
- New demands

Many providers rightly see telehealth as a THREAT, not an opportunity

- Programs target “bread and butter” patient populations
- Not focusing on the real opportunities
 - Chronic disease, complex patients, care coordination



Provider Adoption of Telehealth Services

Well designed telehealth programs can improve provider efficiency and engagement and improve provider and patient satisfaction.

- Fit within existing workflows
- Provide demonstrable benefit
 - Identify target metrics
 - Communicate anticipated impact clearly
- Focus on ease of use
 - Minimize disruption
 - Support services
- Robust training and education programs



Regulations

Program Evaluation

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Process Management Policy

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Process Management

- Knowledge management
 - A hoarder of knowledge is a single point of failure
- OHIO (Only Handle It Once)
 - “We’re only doing this one time.”
 - Doing something once and handling something once are two different things
 - Handling it means creating a repeatable, easily disseminatable process that can be referenced and applied in future situations.
- Effective education and training depends on the establishment of clear, documented processes and workflows!



Build in Appropriate Incentives

- Even well-designed programs may not generate significant provider adoption without aligning incentives for the provider
- Potential Incentives
 - Financial (bonus, stipend, on-call pay, etc)
 - Time (FTE)
 - RVUs
- ALIGN incentives to address challenges to adoption and sustainability
 - Completion of encounters
 - Documentation of encounters
 - Adherence to established workflow
 - Appropriate billing
 - Completion of service evaluation tasks
 - Patient satisfaction



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Operating Procedures for Pediatric Telehealth

- Initial literature search: > 1000 articles
- Limited search: 700 articles
- Review of articles
 - Many involved telephone services and web portals
 - Most were program descriptions, feasibility studies, or satisfaction surveys
 - Very limited number of controlled trials
- “Guidelines” became “pediatric telehealth operating procedures.”



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Overlooked Aspect of Telehealth Development

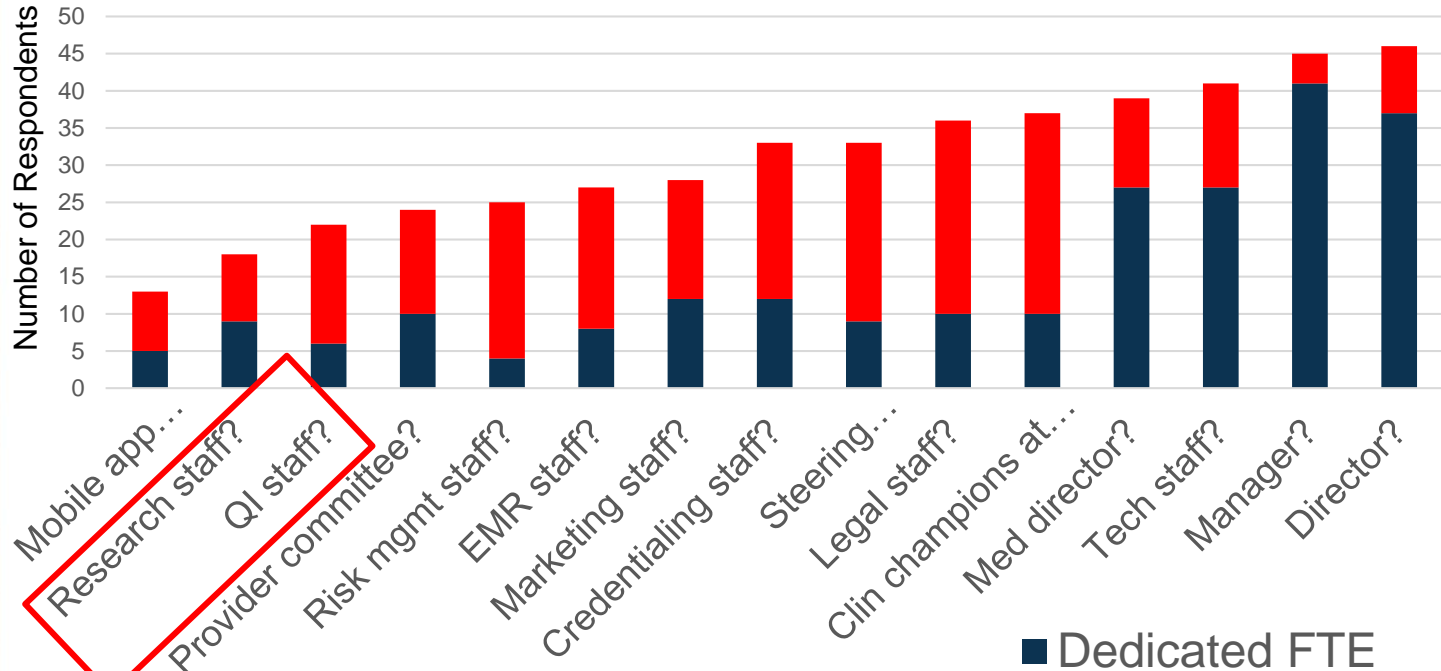
- Early focus of program development is on technology, workflows, and administrative support.
- Program evaluation plan often deferred until “later.”
 - Reaching a “steady state” with a program can take years.
 - Developing the evaluation plan can facilitate and improve other development
 - Technology
 - Communication
 - Workflow
 - Early data collection provides baseline data for future demonstration of impact and clinical trials
 - Describing what you hope to accomplish will help gain support



Barriers to Research

- Insufficient numbers
- Unstable environment
 - Rapidly evolving technology
 - Program workflows and personnel change
- Variability across the country





Process Management

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Approach to Policy Makers

- Not all policy decisions are data-driven
- But data (and the lack thereof) can still be a powerful driver of policy
 - The Congressional Budget Office has stated that they were unable to score many telehealth-related bills due to a lack of meaningful, unbiased outcomes data.
 - Research and program evaluation data increases the impact of educational and advocacy materials
 - Legislators and other policy-makers respond very positively to UNDERSTANDABLE scientific data
 - Must present easily digestible sound bites and talking points



Federal Legislation

Bipartisan Budget Act of 2018, signed into law by the President on February 9, 2018.

- The bill introduces some of “the most significant changes ever made to Medicare law to use telehealth,” according to Senator Brian Schatz, a longtime sponsor and proponent of federal telehealth legislation.
 - (1) expanding stroke telemedicine coverage;
 - (2) improving access to telehealth-enabled home dialysis oversight;
 - (3) enabling patients to be provided with free at-home telehealth dialysis technology without the provider violating the Civil Monetary Penalties Law;
 - (4) allowing Medicare Advantage (MA) plans to include delivery of telehealth services in a plan’s basic benefits; and
 - (5) giving Accountable Care Organizations (ACOs) the ability to expand the use of telehealth services.



TeleStroke

- Under Section 50325 of the new bill, beginning Jan. 1, 2019, the geographic and facility-type requirements on originating sites will no longer apply for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke when delivered at certain originating sites.



Telehealth Dialysis

- Under Section 50302 and effective January 1, 2019, an individual with end stage renal disease (ESRD) receiving home dialysis may choose to receive monthly ESRD-related oversight visits from their home via telehealth if the patient receives a “face-to-face” visit (in this context, meaning in-person) at least once a month during the initial 3 months of home dialysis and then, after the initial 3 months, at least once every 3 consecutive months.
- Free equipment for individuals for at-home dialysis.



Medicare Advantage Plans Can Finally Include Telehealth Services as a Basic Benefit

- MA plans have not been as quick to cover telehealth services compared to Medicaid managed care plans.
- Section 50323 of the bill gives MA plans the ability to offer telehealth services as part of their basic benefit package (i.e., as if the telehealth services were benefits under the original Medicare fee-for-service program option). However, exactly what telehealth services will qualify as a “basic benefit” have not been fully defined.
- Comments in November of 2018 and go into effect in 2020.

The Patient's Home is an Eligible Originating Site for Accountable Care Organizations

- Accountable Care Organizations (ACOs) have even more flexibility to use telehealth services. Beginning January 1, 2020, the patient's home qualifies as an eligible originating site for telehealth services provided by a physician or practitioner participating in certain ACOs (Next Generation, MSSP Track II, MSSP Track III, and certain two-sided risk models). No payment may be made for telehealth services CMS deems to be inappropriate to furnish in the home setting (e.g., inpatient hospital services).
- the law eliminates the rural geographic area requirements for ACOs (i.e., the originating site need not be located in a rural health professional shortage area or a non-metropolitan statistical area).
- No facility fee.



Opioid Package

- The Special Registration for Telemedicine Clarification Act
- The legislation lifts the requirement that physicians must first establish an in-person relationship before using telemedicine to treat opioid addiction. By allowing physicians to offer MAT via telemedicine, patients in underserved or rural areas would have access to additional treatment options.
- Pediatrics – Medicaid ; for example a school is not recognized as a DEA site.



Legislation and Expansion

"The demand to expand telehealth practice and coverage is high from all types of providers, from primary care physicians who are looking to help their patients manage chronic diseases to specialists caring for high-risk, high-cost patients," according to the briefing. "Telehealth also holds significant potential for fields like behavioral health, where patient populations are often high-risk and can see significant benefits from remote, easy-to-access care.

As for the patients, their voices offer "the strongest, or perhaps most decisive, push. As health care becomes a much more consumer-driven field, providers, policy makers, and payers ... will have to respond to meet patient demands, including the demand for access to health care services provided via telehealth as a cost-effective way to engage the health care system."



Legislation and Expansion

- Texas 84th Legislature; House Bill 1878
 - Any provider can bill in a school based telemedicine program.
- Texas 85th Legislature; Senate Bill 1107
 - Addressed physician – patient relationship.

NEW Texas Telemedicine Rules

Texas physicians and lawmakers worked together in 2017 to expand patient access to high-quality care through telemedicine by improving the reimbursement process, and establishing clear-cut policy and regulations. With the passage of a new state law in August 2017, Texas physicians and telehealth providers can operate as they would when seeing patients face-to-face in a traditional visit.

Get Answers



Legislation and Expansion

<image001.gif>

Hello all,

I wanted to let you know that the notification for the Medicaid telemedicine and telehealth services benefit policy updates related to S.B. 1107 (85th Legislature, 2017) is now available on the TMHP website:

http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

I've also attached a copy of the notification. The implementation date for the policy updates is October 1, 2018.

I am also in the process of scheduling a Medicaid telemedicine and telehealth services webinar. The webinar will cover the procedure codes, provider types, modifiers, and other coding requirements specific to these services. I will send out a separate email once a date has been finalized for the webinar.

Please feel free to reach out to me if you have any questions about the notification.

Home as a Billable Site



When it goes right...



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Questions?

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- Please complete online session evaluation

