



December 2014 Briefing Summary

Telemedicine: A Prescription for the Future of Health Care?

Briefing Materials are available at: <http://uwphi.pophealth.wisc.edu/programs/health-policy/ebhpp/events/index.htm>

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Introduction to telemedicine and policy in Wisconsin

Nina Antoniotti from Marshfield Clinic provided an introduction to the practice of telemedicine, its current state in Wisconsin, and the ways it can be affected by policy.

- There is no universal definition of “telemedicine” or “telehealth,” largely because it is hard to stay ahead of the rapid pace of technological development in the field. For this reason, it would be unwise to put a definition into statute. In general, however, it includes health care services in which the patient and provider are in separate places.
 - Telehealth includes actual telemedicine visits between patients and providers, remote patient monitoring, and “store and forward” services (the transmission of medical images for diagnosis).
 - All components of a patient exam can now be handled by telehealth.
- The least efficient way to provide health care is to require providers and patients to drive to meet each other. Telehealth is not really about the technology, but about the relationship between provider and patient. Improved convenience is especially important as people are increasingly being called on to care for their own family members.
- Wisconsin is currently one of the leaders in telehealth nationally, but there are still policy changes we should make to do better, such as adding coverage in ERs and eliminating in-person requirements.
- There is no evidence that any extant telemedicine services are inferior to their in-person counterparts, nor is there any case law holding that patients have been harmed by telehealth care.
- Some telemedicine services show the ability to *improve* outcomes versus in-person services.
 - Some diagnostics, such as ear exams with fiber-optic otoscopes, are actually *more* accurate through telemedicine than their in-person counterparts.
 - The convenience of telemedicine increases patient take-up of recommended care.
 - Remote monitoring is very effective at improving patient health behaviors.
 - Telemedicine receives higher satisfaction marks from Marshfield patients than in-person care.

Dr. Justin Sattin from the UW Health Comprehensive Stroke program demonstrated how telemedicine benefits his field, showing a video of a “telestroke” patient evaluation.



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- Making a timely, correct evaluation of ischemic stroke patients' need for a treatment called tPA is crucial to preventing disability. Many hospitals lack the stroke specialists to perform these evaluations.
- Telestroke provides 98% accuracy in these evaluations and adds quality years to patients' lives.
- Acute care treatment via telestroke produces outcomes similar to those with treatment at tertiary care centers, and better than those non-telestroke community hospitals.
- Wisconsin could follow Illinois's lead in considering legislation to mandate that EMS route stroke patients to stroke-capable hospitals, thereby taking better advantage of telestroke's benefits.

Potential for improvement in program design and policy

Bill Appelgate of the Iowa Chronic Care Consortium noted the challenges in caring for Medicaid populations, then presented four promising Medicaid telehealth programs.

- AmeriChoice in TN delivers behavioral, dermatology, perinatal, and pediatric care.
- HRSA's Office for the Advancement of Telehealth has pioneered programs in several states for patients with chronic conditions using telephone contact, remote monitoring, and self-care support.
- Carena in WA and CA provides 24/7 provider connections for when a patient's own primary care provider is unavailable.
- Patients in ICC's telehomecare model report on their condition through a web-based interface and connect to care coordinators and coaches over the telephone.
- These programs save money, time, and travel, improve clinical outcomes, improve patient efficacy, and enjoy high patient satisfaction.

Gary Capistrant of the American Telemedicine Association discussed, via videoconference, opportunities for state policy improvement. He argued that states can best support telemedicine by not establishing any regulations that could limit the development of the field.

- The ATA gives WI relatively high marks for Medicaid coverage (although gaps exist for certain provider types, technologies, and services) but low ones for private insurance and state employee health plans.
- Both Appelgate and Antoniotti stressed the importance of establishing insurance parity (paying the same telemedicine as for face-to-face visits). Mr. Capistrant advocates for legally mandated parity, while Dr. Antoniotti believes the insurance industry will see the wisdom of adopting this policy itself. About half the states require private-payor parity for telemedicine, and more are joining them.

Payor perspectives

Brian Collien from Unity Health Insurance discussed his company's representative experience with telehealth.

- Insurers are adapting to a new world of global (as opposed to fee-for-service) payment. Technology helps in this because providers can leverage it to meet the quality metrics that now drive financing. Unity supports the development of any telehealth usage.
- Unity now includes e-visits in all its plan designs. Even in its high-deductible plans, it charges only about \$30. Unity is also rolling out telemedicine dermatology visits; it does not make them directly billable, but believes they are a good option for capitated payments.

Dave Stepien from DHS's Division of Health Care Access and Accountability discussed coverage for telemedicine services in Wisconsin's Medicaid program, Forward Health. This coverage began in 2004.

- Many services are covered, but reimbursement is limited to synchronous face-to-face encounters that have high fidelity and thorough documentation.
- Reimbursements for telemedicine services are a very small proportion of all Medicaid payments.
- Future challenges: the development of universal standards and definitions; keeping up with ever-changing technologies, such as adding store-and-forward coverage; coordinating coverage with other state agencies such as OCI, ETF, DPI, and the Department of Corrections; and dealing with broadband access problems that persist in several geographic (largely rural) areas.

Licensure portability

Jonathan Jagoda from the Federation of State Medical Boards discussed, via videoconference, FSMB's proposed interstate licensure compact, which would expedite cross-border licensure for physicians in all signatory states. The policy is intended to boost health care access for underserved populations by easing provider licensure portability across state lines—both physically and via telemedicine. The policy has been endorsed by 14 medical boards so far, including WI's, but becoming part of the compact requires legislative approval.