Telemedicine for Improving Diabetes Care

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Strong Consumer Wants
- 24/7/365
- On-demand
- Convenience
- Ease
- Choice
- Power
- Direct

Drivers
- Aging population
  - greater demand & costs
  - provider shortages
- Consumer technology savviness
- Provider experience & acceptance
- Ubiquity of telecommunications

Added Features
- Wide-scale access
- Economies of scale
- Provider productivity
- Improving tech – quality, cost

Overview
- Multiple terms
  variations of tele-, e-, m-, i-, remote
  vs. EHR, HIT
- Goal is simply “health”
- Range of apps
- Solutions, not tech

Telemedicine is NOT
- New
- Clinically different
- A service
- Rural
- About technology
Telemedicine Methods
• Video conferencing (real-time, synchronous)
• Store-and-forward (some delay, asynchronous)
• Remote patient monitoring
• Robotic

Applications Vary in Use
• Most established
  o Examples: radiology, pathology
• Moderate
  o Examples: stroke diagnosis, ICU, mental health counseling
• Newer
  o Examples: home-based services, remote patient monitoring

Public Policy Goals
• Open up market and remove policy barriers
• Address care delivery problems
  o cost, access, quality, productivity
• Increase patient choice, outcomes, convenience, satisfaction
• Promote “value-based” innovative payment and service

Synergies
• Payment incentives
• Care coordination
• Electronic health records
• Broadband availability
• Online patient tools

Some Problems Addressed
• Barriers of time and distance
• Professional shortages
• Disparities in access to care
• Quality of care
• Hospital readmits, ER overuse
• Costs of delivery
• Convenience and patient choice

Major Government Roles
• Rendering
• Reimbursement
• Regulation
• Research
• Resources
• Readiness and recovery
**Innovative Pay Models**

- **Tweaks**
  - Value-based purchasing
  - Pay for performance

- **Reforms**
  - Bundling (services, time)
  - Case-mix
  - Sharing (risk, savings, gains)
  - Salary-based
  - Reference pricing, indemnity

**Medicare for Tele-diabetes**

- 99490
- No home
- No RPM

**Medicare Today**

- 39.0M in fee-for-service
- 15.7M in managed care (Medicare Advantage)
  - 2.1M in Special Needs Plans (SNPs)
    - 97 plans specifically for diabetes

**Medicaid for Tele-diabetes**

- No federal telehealth restrictions
- Home telehealth and remote patient monitoring
  - ATA’s State Medicaid Best Practices
    - “Health homes” for diabetes and other chronic care

**Medicare FSS Barriers**

- Limited live video
  - Only rural counties (20% of beneficiaries)
  - Limited originating sites
  - Limited providers
  - Only specific procedures
- No store & forward
- No remote patient monitoring

**Medicare Prospects**

- Payment innovations
  - CMMI – ACOs, bundles, medical homes
  - Medicare Advantage
  - Community health centers
- Transitional
  - Duals
- FFS
  - Diabetes educators
  - Stroke
50 State Medicaids Today

- All cover imaging
- 48 states cover something
  - 23 home telehealth
  - 17 remote patient monitoring
  - 13 store-and-forward
- Managed care, esp. comprehensive risk-based

Medicaid Prospects

- Parity
  - Urban
  - Homes
- Managed care flexibility
- Remote patient monitoring
- Focused initiatives
  - Specialty: at-risk pregnancies, autism
  - Chronic: health homes
  - Sites: home, school-based

For Questions

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