

## Telemedicine for Improving Diabetes Care

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## Added Features

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

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## Strong Consumer Wants

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

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## Overview

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

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## Drivers

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

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## Telemedicine is NOT

- New
- Clinically different
- A service
- Rural
- About technology

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## Telemedicine Methods

- Video conferencing  
(real-time, synchronous)
- Store-and-forward  
(some delay, asynchronous)
- Remote patient monitoring
- Robotic

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## Applications Vary in Use

- Most established
  - Examples: radiology, pathology
- Moderate
  - Examples: stroke diagnosis, ICU, mental health counseling
- Newer
  - Examples: home-based services, remote patient monitoring

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## Public Policy Goals

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

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## Synergies

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

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## 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

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## Major Government Roles

- Rendering
- Reimbursement
- Regulation
- Research
- Resources
- Readiness and recovery

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**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

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**Medicare for Tele-diabetes**

- 99490
- No home
- No RPM

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**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

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**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

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**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

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**Medicare Prospects**

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

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### 50 State Medicaid 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

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### 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

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### For Questions

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