



Telehealth: Practical Considerations for Diabetes Educators Today
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Disclosure to Participants

Learners must attend the full session and complete the evaluation in order to claim continuing education credit/hours.

I have no disclosures to make.

Telehealth: Scope; growth

- Electronic and telecommunications technologies in long-distance clinical health care, patient & professional education, public health.
- Internet, videoconferencing, store-and-forward imaging, streaming media, wireless, mobile devices, sensors
- 18.5% annual US growth through 2018

Medicare-Covered Practitioners/Physicians

- Physicians
- Physician assistants; Nurse practitioners NP
- Nurse midwives; Clinical nurse specialists
- Clinical psychologists & social workers (but not psychotherapy that includes medical and management services under Medicare)
- Registered dietitians; nutrition professionals
- PT, OT, Speech therapists, Diabetic Educators as a specialty NOT INCLUDED

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Medicare:Rural or Med'I Underserved Areas

- Office of a physician or practitioner
- Hospitals; Critical Access Hospitals
- Hospital or CAH-based Renal Dialysis Centers (including satellites)
- Community Mental Health Centers Rural Health Clinics;
- Skilled Nursing Facilities ;Federally Qualified Health Centers (FQHC):

Coverage Expansion

- Annual wellness visits
 - Psychotherapy services
 - Prolonged services in the office
 - Chronic care patient management
- CPT Code 99490 [not a telehealth code] but no direct payment for data collection
79 Fed.Reg 67548 (11/13/14),67552-6.

Medicare Coverage - Newest

- Individual and group health and behavior assessment and intervention
- Individual psychotherapy, Pharmacologic management, and Psychiatric diagnostic interview examination
- Individual and group Kidney Disease Education (KDE) services;

Medicare Coverage, cont.

- Individual and group Diabetes Self-Management Training (DSMT)
- Group Medical Nutrition Therapy (MNT) services;
- Smoking cessation; substance abuse; obesity assessment and counseling
- Medicare Benefit Policy Manual (Pub 100-2) Chap 15, Section 270

Proposed Medicare Telehealth Parity Act

- Would expand coverage to include certified diabetes educators, RTs, OTs, PTs, audiologists and speech language therapists
- Expand geographic areas
- All federally qualified health centers and rural health clinics

Telehealth Enhancement Act:Proposed

- Creates "speciality" medical health home for long-term illness or medical condition, including chronic illness
- Incentive payments for reduced spending and improved quality of care
- Includes all ACOs use of telehealth to equal that for Medicare Advantage
- Remote monitoring and video OK

Reimbursement Efforts

- Chronic care management to be used with chronic care monitoring devices
- Critical care and evaluation, with physician "visualization" by telehealth
- Video visits for home kidney dialysis
- CHF and COPD monitoring codes to match re-hospitalization avoidance
- ~~ACQ and bundled services authorized~~

Barriers: Home Telehealth

Telehealth services *to the home* not Medicare reimbursed. Hospice 3d period "face to face"= no telehealth

Medicaid telehealth in only 29 States+DC at same \$ level as in-person

Provider funded; grant funded; ACA funding; private insurance pilots have shown for chronic care management: ↓ ER, re-hospitalizations

Outcomes Equivalent or Better; Cost Lower [sometimes]

- "Telehealth Program for Medicaid Patients with Type 2 Diabetes Lowers Hemoglobin A1c", Kelly D. Stamp, PhD, ANP-C; Nancy A. Allen, PhD, ANP-BC; Susan Lehrer, RN,BSN, CDE; Sofija E. Zagarins, PhD; Gary Welch, PhD, *Journal of Managed Care Medicine*. Vol 15, No.4, 2012
- "Can Telemonitoring Reduce Hospitalization and Cost of Care? A Health Plan's Experience in Managing Patients with Heart Failure" Daniel D. Maeng, PhD, Alison E. Starr, DBA, Janet F. Tomcavage, RN, MSN, Joann Scindria, RN, BSN, CCM, Doreen Salek, BSRN, and David Griffith, BS, *Population Health Management*. 2014
- "Telehealth and Hospitalizations for Medicare Home Healthcare Patients", Hsueh-Fen Chen, PhD; M. Christine Kalish, MBA, CMPE; and José A. Pagán, *PhD, Telehealth and Hospitalizations*. June 2011
- Recent teledermatology "sting" study suggesting inconsistent, inaccurate diagnoses and medication errors

Medicare Advantage Plans

- CMS permits Medicare Advantage programs to expand usage through telehealth, as an added service
- Health Professional Shortage area within rural areas are always covered for Primary, Dental or Mental Health professionals

State Legislation Good/Bad

- NY State Senate Bill 7852, signed by Gov. Cuomo on December 29 2014, requires insurance parity: insurers and Medicaid, the same for in-person covered services and with telehealth and telemedicine technology.
- GA and TX: require in-person first for Rx
- Florida Telehealth Workgroup efforts

American Telemedicine Assn .

- ATA prepares an all-State Analysis of telehealth coverage and reimbursement gaps & regulatory activities; and Report of licensure and practice scope barriers of practitioners.
- http://www.americantelemed.org/policy/state-telemedicine-policy#.VMRwr_7F9ic

ATA Report on Medicaid

- “States continue to move away from the traditional hub-and-spoke model and allow a variety of technology applications.
- D.C.+26 States do not specify patient setting
- 36 states recognize the home as an originating site, 18 states recognize schools”

Employers and Insurers now encouraging telehealth use

- 21 States require private insurers to pay for telehealth, as of Jan. 2016
- Some large insurers have telehealth in zones
- Insurers using their own employee workforce as “beta” sites
- ATA monthly webinar tracking state-based coverage

Telehealth Care Standards

- ATA has many practice guidelines in the field. Latest: Primary and Urgent Care, 12/14. [I was a Panel Member]

www.americantelemed.org/resources/telemedicine-practice-guidelines

- ATA Credentialing On-line Direct-to-Consumer Telehealth Organizations

Clinical – Policies and Procedures*

- Patient Criteria
- Monitoring Criteria
 - Setting parameters
- Admission Criteria
- Discharge Criteria
- Ordering criteria
- Transmission
- Patient privacy
- Data analytics and outcomes
- Equipment installation, removal, cleaning, maintenance
- *Slide prepared by Kathy Duckett, RN

Clinical – Quality Improvement*

- Implement Soon – Evaluate Often
- Establish QI program at beginning of process
- Establish planned review periods
 - Initially weekly
- Include stakeholders – good news/bad news
- Include all essential elements in formal QI program
- Establish database for statistics at start of program
 - If you think you might need it, get it
 - Build mechanisms for gathering data if not inherent in EMR program
- *Slide prepared by Kathy Duckett, RN

Legal Concerns

- Licensure and Credentialing
- Under-serving patients; Liability
- Consent specific to Telehealth
- Privacy and Confidentiality: Business Associate contracts
- Security Reporting breaches
- Fraud and Abuse: Kick-back concerns



Patient Acceptance of Telehealth

In general, patient acceptance of telehealth has been a positive.

Possible generational age factor concerns are now disproven, or relate more to the simplicity of IT, size of peripherals, etc.

Recent, unpublished study by UMich Kellogg Eye Center physician Sean O Hansen found demographics did not influence diabetic subjects' decisions about participating in telemedicine. But the number of years with established physician relationship decreased the patient's willingness to accept telemedicine by 5%; additional ocular comorbidity decreased perceived convenience of by 88%; and good general access factors decreased it by 20%.

Hansen concluded telemedicine should be shaped to those most likely to use it which would be those without physician-patient established relationships and those with poor access.

Managed Medicaid Proposed Rule

- CMS now encourages telehealth
- Model State Law on “network adequacy” for serious, chronic or complex health conditions:
- (8) Other health care service delivery system options, such as telemedicine or telehealth

Proposed Value Based Reimbursement Rules

MACRA

81 FR 28162[5/9/16]

- Quality
- Resource use
- Clinical practice improvement activities
- Advancing care information: meaningful use of certified health record [EHR] technology

42 CFR 414.1365(a)(3) –CPI rule

- Care coordination, such as timely communication of test results, timely exchange of clinical information to patients and other MIPS eligible clinicians or groups, and use of remote monitoring or telehealth

Rural or Remote Patients Managed

- using remote monitoring or telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic INR testing, tracking, follow-up, and patient communication of results and dosing decisions;

- For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient-self-management (PSM) program.

**Future Telehealth
Push-Back?**

OVERUTILIZATION THE RISK
FEARED BY PAYERS?

QUALITY OF CARE?

MEASUREMENTS OF
OUTCOME?

PRACTICE METHOD CHANGE?

- These were 2016 comments by David Brumley at AJMC conference
- If standards of practice are not nationally recognized and adopted, what will quality be measured by?
- Physicians continue to resist practice changes necessary for maximizing IT usage

QUESTIONS?

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