Welcome to
Lessons Learned from States Using Telehealth to Expand Access to Care

Presented by ASTHO and the Health Resources & Services Administration
Objectives of the call:

- Provide a snapshot of telehealth activities ongoing in states from a national perspective.
- Describe the policy framework necessary for public health agencies to support the infrastructure of a successful telehealth program.
- Describe Hawaii and Alaska’s telehealth initiatives.
- Discuss with audience members about the use of telehealth by state health departments.
Speakers

- Latoya Thomas, Director, State Policy Resource Center, American Telemedicine Association
- Lorrin Kim, Chief, Planning and Policy, Hawaii Department of Public Health
- Jill Lewis, Deputy Director, Alaska Division of Public Health
- Christiann Stapf, Telehealth Program Manager, Alaska Department of Health and Human Services
Lessons Learned from States Using Telehealth to Expand Access to Care

Latoya S. Thomas
August 25, 2016
About ATA

The American Telemedicine Association (ATA) is the leading international resource and advocate promoting the use of advanced remote medical technologies.

ATA and our members work to fully integrate telemedicine into transformed healthcare systems to improve quality, equity and affordability of healthcare throughout the world.

- Established in 1993
- Over 8,000 members world-wide
About ATA

Convener
- 13 Special Interest Groups (SIGs)
- 3 Regional Chapters
- 4 Corporate Councils
- 51 State Forums
- Telehealth Conferences
  - Annual Meeting: Orlando – April 2017
  - Telehealth Capitol Connection (TCC) Congressional Briefing Series

Accreditation Program

Practice Guidelines
- 14 e.g. urgent care, mental, rehabilitation, diabetic retinopathy

Public Policy
- Multi-state
- Federal
- International
Telemedicine’s Value

- 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
Opportunities & Goals

• Knock down government barriers
• Promote “value” innovative payment and service models
• Address care delivery problems: Cost, access, outcomes, productivity
50 State Medicaid Models Today

- All cover imaging
- 49 states cover something
  - 49 telemental health
  - 36 home telehealth
  - 17 remote patient monitoring
  - 12 store-and-forward
## Telemedicine Service Coverage Gaps: Medicaid vs. Medicare

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States with Parity Laws for Private Insurance Coverage of Telemedicine (2016)


**States with proposed/pending legislation:** In 2016, Illinois, Iowa, Massachusetts, New Jersey, North Carolina, Ohio, and Pennsylvania

*Coverage applies to certain health services.*
Interstate Licensure Models

• **National Reciprocity**
  – Department of Defense
  – Department of Veterans Affairs (S 2170 and HR 2516)
  – Medicare (S 1778 and HR 3081)

• **Expedited**
  – Federation of State Medical Boards (*FSMB*) – 17 states joined

• **Mutual Recognition**
  – National Council for State Boards of Nursing (*Enhanced NLC*)
    – Arizona, Florida, Idaho, Missouri, New Hampshire, Oklahoma, South Dakota, Tennessee, Virginia, and Wyoming
    – Idaho and Wyoming joined the *APRN Compact*
  – Association for State and Provincial Psychology Boards (*PSYPACT*) – Needs 7 states
    – Arizona
  – Federation of State Boards of Physical Therapy – Needs 10 states
    – Oregon and Tennessee
The State of Telemedicine in Your Professional Board

• Hold telemedicine to the same standard as in-person care
  – Remote supervision of other health professionals
  – Establishing a provider-patient relationship
  – Initial and follow-up visits
  – Telepresenter/facilitator
  – Patient informed consent
  – Provider and patient location
  – Technology allowed
  – Prescribing and Dispensing
Leveraging Broadband to Build Networks

- National Health Service Corp Loan Repayment Program
- Rural Health Care Program: Funding for telecommunications and broadband services
  - Healthcare Connect Fund (Rural/Non-rural)
  - $3 billion unspent 2005-2013
- Universal Service Fund – Discounted broadband rates
  - HR 2066

21st Century Landscape
ATA State Policy Resources

www.americantelemed.org/policy/state-policy-resource-center

- 2016 ATA Policy Priorities
- State Policy Toolkits
- State Gaps Analyses
- State Legislative Matrix
  - (Members Only)
    - State Legislative and Regulatory Trackers
    - Monthly State Webinar
- State Policy Checklist
- ATA Wiki
- Telemedicine Practice Guidelines

- State Medicaid Best Practices
  - Telemental and Behavioral
  - Remote Patient Monitoring and Home Video Visits
  - Store-and-forward
  - School-based
  - Managed Care
  - Telestroke
  - High-risk Pregnancies
  - Telerehabilitation
The uniqueness of Hawaii

Demographics
- 1.4 million residents
- Minority-majority state
- 18% foreign-born resident rate
- 10% Native Hawaiian/NH-mixed rate
- Longest living average population – 81.3 years

Geography
- 2,500 from nearest continent and world’s most remote population center
- 7 inhabited islands, four political counties

Fun Facts
- Highest per capita consumption rate of Spam
- Only state to grow coffee, cacao, and vanilla
- Endangered species capital of the world
Hawaii’s Public Health Environment

Single state agency
- Traditional public health
- Environmental management
- Behavioral health

94% insured rate
- 1974 Hawaii Pre-Paid Healthcare Act
- 25% Medicaid

Estimated 2,800 out of 3,500 practicing physician FTE supply
- <5% telehealth adoption rate

Native Hawaiian Health System
Hawaii’s Telehealth Market

Private sector
  ◦ Hawaii Telestroke Network
  ◦ Shriners Hospital for Children

Federal government
  ◦ VA Pacific Islands Health Care System
  ◦ Department of Defense

Hawaii Department of Health
  ◦ Child and Adolescent Mental Health Division*
  ◦ Family Health Services Division
    ◦ Genetic counseling*
    ◦ Medically fragile home monitoring
    ◦ Project ECHO

* Particular program expertise or leadership
Advancing Telehealth Policy 2014

Act 159 (2014): Requires equivalent reimbursement for services, including behavioral health services, provided through telehealth as for the same services provided via face-to-face contact between a health care provider and a patient.

- Primary care, mental health, and oral health
- APRN, psychologists, and dentists
- Requires existing provider-patient relationship and presence of two providers and a patient
A Missed Opportunity for Medicaid, but...
Advancing Telehealth Policy 2016

2016 Telehealth Policy Workshop

Act 226 (2016): Requires the State’s Medicaid managed care and fee-for-service programs to cover services provided through telehealth.

- No restrictions on originating site requirements, including patient home or work
- Requires malpractice coverage for telehealth equivalent to face-to-face coverage
- Specifically includes store and forward, remote monitoring, live consultation, and mobile health
- Requires existing provider-patient relationship and presence of two providers and a patient
- Permits provider-patient relationship to be established through telehealth by referral
- Requires written disclosure of telehealth benefits

ASTHO Technical Assistance, May – June 2016
- As a direct result of ASTHO, telehealth became a Hawaii DOH strategic priority
Advancing Telehealth Policy 2017+

CONNECT for Health Act
- S. 2484/H.R. 4442
- Introduced by Senators Schatz (Hawaii), Wicker, Cochran, Cardin, Thune, and Warner and Representatives Black, Welch, Harper, and Thompson
- Expand the use of telehealth and remote patient monitoring services in Medicare

Interstate Medical Licensure Compact
- To create a comprehensive and streamlined licensure process that complements existing licensing and regulating authority of state boards vs. one license for multiple states, reduce burden on providers
- Minimum of 7 States must agree to participate and enact into law the proposed language and create a “Medical Licensure Compact Commission”
B1: Invest in telehealth to improve health access

Plan

The State of Hawaii lacks clear objectives regarding telehealth, this despite recent increasing proliferation of cost-effective technology and supportive public policy. The DOH will work with community to establish governance and accountability in assuring telehealth as a sustainable, if not preferred modality for specialty provider shortages, long waitlists for specialists, geographic barriers, improve access to certain kinds of care, and to support specialty consultation to primary care practices. Community Paramedics is a developing venue for Telehealth.
Implementation Opportunities

Establish full-time Statewide Telehealth Coordinator
◦ Convene Hawaii State Telehealth Council

Pilot “tipping point” projects with public and private health systems, to include the Hawaii Legislature
◦ Virtual dental homes
◦ Rural medical center, satellite clinic, and critical access hospital specialist access
◦ Home visitation
◦ SBIRT
◦ Planned Parenthood apps
◦ Community paramedicine

Focus on enforcement and surveillance of telehealth regulations
Leverage healthcare purchasing to increase penetration rate and adoption as a community standard of care
References

University of Hawaii, John A. Burns School of Medicine
Pacific Basin Telehealth Resource Center (pbtrc.org)
Department of Business, Economic Development, and Tourism
American Telemedicine Association
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“CREATE A 21ST CENTURY HEALTH SYSTEM THAT IMPROVES ACCESS, TREATMENT, AND AFFORDABILITY FOR ALL HAWAI‘I RESIDENTS, BEGINNING WITH OUR CHILDREN, HONORING OUR ELDERS, AND INCLUDING RURAL COMMUNITIES ON ALL ISLANDS.” – GOV. DAVID IGE
Using Telehealth to Expand Access to Care for Rural and Underserved Communities

Jill Lewis, Deputy Director, Alaska Division of Public Health
Christiann Stapf, Medical Assistance Administrator, Alaska Health Care Services
ASTHO Health Transformation Presentation, August 25, 2016
Alaska is ...

LARGEST CITIES
1. Anchorage (298,900)
2. Fairbanks (32,100)
3. Juneau (33,300)
4. Sitka (8,900)
5. Wasilla (8,500)

- 17 of 20 highest peaks in U.S
- 100,000 glaciers & 3 million lakes

55% of the area and 11% of the population have no local government

If everyone lived as densely as ALASKA we’d need **108 Earths** to fit us all.

More than CA, OR & WA combined

20% of the area of the U.S.
586,412 sq. miles
738,400 residents
Convened at the request of Senator Ted Stevens

Funding of the Alaska Federal Health Care Access Network (AFHCAN)

Co-chaired by the Department of Health and Social Services Commissioner and the Chief Executive Officer of the Alaska Native Tribal Health Consortium

Council had a budget, a designated facilitator, and staff

Subgroups were formed to address legal issues, fiscal issues, communication policy, professional development, and oversight.

Met from 1999 through 2007
Key Leaders From:

- State Agencies
- Tribal Health
- Telecommunications
- University
- Public Utilities

- Healthcare Systems
- Primary Care Association
- Alaska State Medical Association
- Alaska Nurses Association
- Veteran Affairs
1. Explore and document the potential for and challenges to telehealth development in Alaska, using the best professional information available.

2. Propose a framework for rational development and deployment of statewide capacity for telehealth/telemedicine systems.

3. Establish core principles to ensure a coordinated, cost-effective, and integrated approach to telemedicine in Alaska.

4. Consider ways to assess effectiveness, efficiency, and whether or not telemedicine is improving equity of access to health services for all Alaskans.

5. Recommend a long-term process for addressing issues as they emerge with changing technologies and practice patterns.
1. Any entity that becomes engaged in statewide telehealth in Alaska should ensure equal access, when financially realistic, to all Alaskans who would benefit from this technology.

2. All entities participating in telehealth must assure that their systems meet inter-connectivity and inter-operative standards and participate in the coordination of other telehealth efforts in the State of Alaska.

3. All telehealth applications should be acceptable to both the patient and the provider and be easy to use.

4. All entities that participate in telehealth must determine their financial viability for the long term, including the provision of professional capacity and development and training as an ongoing component of operating expenses.

5. All participants in telehealth in Alaska should engage in a needs assessment and evaluation of services.
• Robust tribal telehealth network
  – Alaska Native Tribal Health Consortium pioneered store-and-forward in Alaska in 1999
  – Connects 1,500 providers, 200 small rural health centers, 30 regional hubs, 9 community health centers and 6 hospitals
  – 43,000 telehealth cases annually via live video teleconference and store-and-forward
  – Nearly $11 million in travel costs avoided
• Alaska tribal telehealth specialty care clinics

- Oncology
- Cardiology
- Pediatric Endocrinology
- Speech Language Pathology
- Pulmonology
- HIV/Early Intervention
- General Internal Medicine
- Sleep Lab
- Infectious Disease
- Neurology
- Dermatology
- Emergency Department Services
- Gastroenterology
- Hepatitis
- Nephrology
- Diabetes
- Maternal Fetal Medicine
- Palliative Care
- Rheumatology
- Ear, Nose, Throat
- OB/GYN
- Primary Care
- Adolescent Medicine
- Breast Cancer Screening
- Pediatric Neurology
• 150,000 Alaska Native/American Indian people
• 228 of 556 (40%) Federally-recognized tribes
• Telehealth use in the private sector
  – A few community health centers and hospitals use telehealth but there is little interest from private practice
  – Medicaid reimbursement same as in-patient visit
  – State of Alaska uses telehealth for behavioral health treatment, long-term care health assessments, and distance learning
  – Concerns over cost, competition, bandwidth, and privacy
Budget Shortfall

- 90% of state general funds are from oil revenues
- Operating budget is $4.5 billion GF but only have $1 billion GF in revenues
Health Care Reform Bill (Ch 25 SLA 16)

- Senate Bill 74, passed in 2016, expands use of telehealth
  - Medicaid must increase use for primary care, behavioral health and urgent care & may provide incentives
  - New Telemedicine Business Registry
  - Allow out of state providers licensed in Alaska
  - Prohibit provider sanctions for using telehealth
  - Annual report on cost-effective expansion of telehealth
In addressing the expansion of a statewide telehealth system, the plan will seek to identify:

- targeted population health needs that could be measurably impacted by telehealth;
- professional development needs in order to encourage and support the use of telemedicine;
- infrastructure needs, including technological and bandwidth capacities;
- available platforms and resources;
- existing barriers to expanded use of telemedicine.
THANK YOU !
Questions & Open Discussion

- Please type your question into the Chat Box located on your screen or raise your hand if you would like to ask a question via the phone lines.
THANK YOU!

Please take a few moments to fill out our brief evaluation, which will appear on your screen at the conclusion of the call.

If you have additional questions or comments, contact:

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