

Telehealth and Children With Special Health Care Needs

Improving Access to Care and Care Coordination



Telehealth Webinar
October 8, 2014
Family Voices of California

Jacob Vigil, MSW

Program Associate
The Children's Partnership

Mei Wa Kwong, JD

Senior Policy Associate
Center for Connected Health Policy

James Marcin, MD, MPH

Professor and Chief of Pediatric
Critical Care
UC Davis Children's Hospital

About The Children's Partnership



The Children's Partnership is a nonprofit children's advocacy organization working to improve the lives of children—especially underserved children.

About this Project

- Grant from the Lucile Packard Foundation for Children's Health to research and produce an issue brief that:
 - Outlines how telehealth can be used to better meet the needs of CSHCN.
 - Clarifies current policy related to how providers can use telehealth to meet the needs of CSHCN.
 - Documents any barriers to wider adoption of telehealth to better meet the needs of CSHCN.
 - Provides recommendations for policy change to facilitate wider adoption of telehealth to improve the health of CSHCN.

How?

- Research and document current state CCS policy regarding telehealth
- Interview stakeholders: CCS programs, advocates, parent groups, families, state agencies, providers, hospitals

Presented by:
Mei Wa Kwong, JD
Senior Policy Associate &
Project Director
Center for Connected
Health Policy

Disclaimers

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services to be discussed at this program.

Center for Connected Health Policy

We develop and advance telehealth policy solutions that promote improvements in health and health care systems

- Created with funds from the California HealthCare Foundation in 2008
- Federally designated National Telehealth Policy Resource Center
- Program under the Public Health Institute

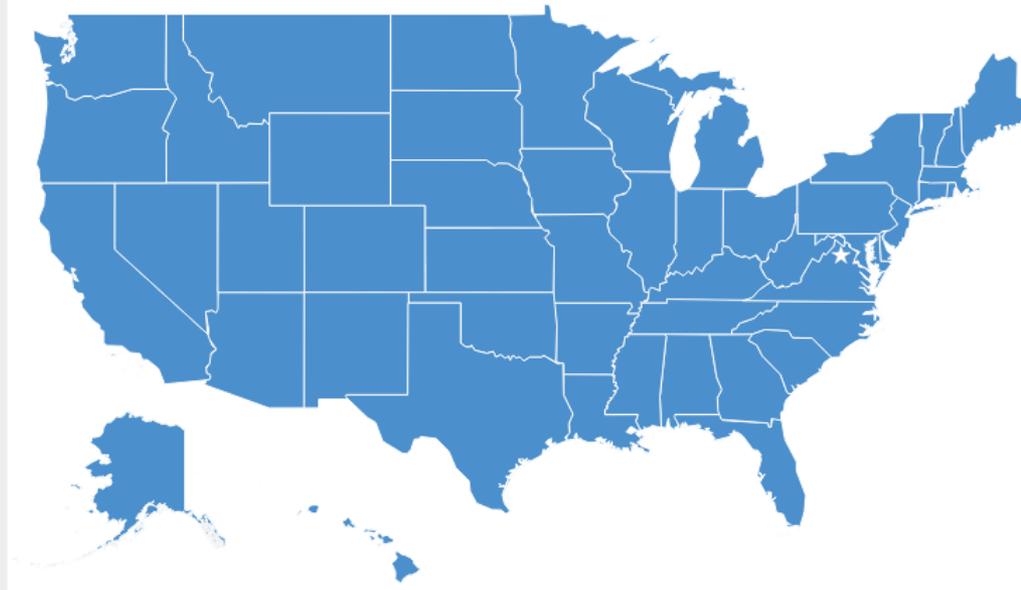


National Telehealth Policy Resource Center

- Provides thorough, accurate, and current information on telehealth policy and issues
- Provides telehealth policy tracking, analysis, and technical assistance for twelve regional telehealth resource centers (TRCs)
- Independent, nonpartisan national resource on telehealth policy issues

State Laws and Reimbursement Policies

Select a state to view telehealth-related laws, regulations, and Medicaid programs. You can also view a list of [pending laws](#) or do an [advanced search](#).



Agenda

- What is telehealth?
- Brief history of telehealth policy
- How is it used?
- Telehealth on the federal level
- Telehealth in California



A doctor's diagnosis "by radio" on the cover of the February 1925 issue of *Science and Invention* magazine

What is Telehealth?



Telehealth is a **means** for enhancing health care, public health, and health education delivery and support using telecommunication technologies.

Telehealth Modalities



Live Video

Variety of high-speed digital telecommunications

Outpatient or inpatient specialty consultation

Most commonly used mode at this time



Store-and-Forward

Often low bandwidth, still images, can store video clips.

Best used in dermatology, ophthalmology, pathology, and radiology.

Exploring new avenues, such as psychiatry

Telehealth Modalities



Remote Patient Monitoring

Hospital emergency departments, intensive care units, and skilled nursing facilities

At-home management of patients with chronic conditions

Keeping people healthy and at home

Mobile Health (mHealth)

Health care, public health, and health education

Supported by cell phones, tablet computers, PDAs, and other mobile communication devices

Can be targeted (promoting healthy behavior and disease management) to wide-scale (disease outbreak alerts)

What Can Telehealth Do?

- Improve access & quality
- Provide support to providers
- Keeps it in the community/home
- Provide a variety of other services that may be difficult to obtain
 - Translation
 - Education
 - Support groups



History of Medicare Telehealth Policy

Balanced Budget Act 1997

- Medicare beneficiaries in rural HPSAs may receive care via telehealth
- Practitioner required to be with patient during consult
- Consulting and referring physicians shared fee (75/25 respectively)

Benefits Improvement & Protection Act 2000

- Now included non-MSA sites
- Eliminated fee-sharing
- Expanded services

Medicare Improvements for Patients & Providers Act 2008

- Expanded list of types of facilities that may act as an originating site

CMS - Medicare

- Social Security Act 1835(m) or 42 USC 1395m
 - Only Live Video reimbursed
 - Store & Forward (Asynchronous) only for Alaska & Hawaii demonstration pilots
 - Specific list of providers eligible for reimbursement
 - Limited to rural HPSA, non-MSA, or telehealth demonstration projects
 - Limited types of facilities eligible
 - Limited list of reimbursable services, but CMS decides what can be delivered via telehealth and reimbursed

Federal Telehealth Policy - Medicaid

- The Centers for Medicare and Medicaid Services (CMS) **allows each state** the flexibility to define its own telehealth policies
 - But must also satisfy federal requirements of efficiency, economy, and quality of care.
 - Allows for flexibility to create innovative payment methodologies for services that incorporate telehealth technology.



Current State Telehealth Policy

41 states have a definition for “telemedicine”

18 states have a definition for “telehealth”

2 states have no definition for either

44 states reimburse for live video

13 states reimburse for remote patient monitoring

10 states reimburse for store-and-forward

Most common reimbursements: consultations, mental health, and radiology

Most common providers reimbursed: physicians and nurses

Most states have some form of reimbursement by Medicaid for telehealth delivered services, but **NO TWO STATES ARE ALIKE!**

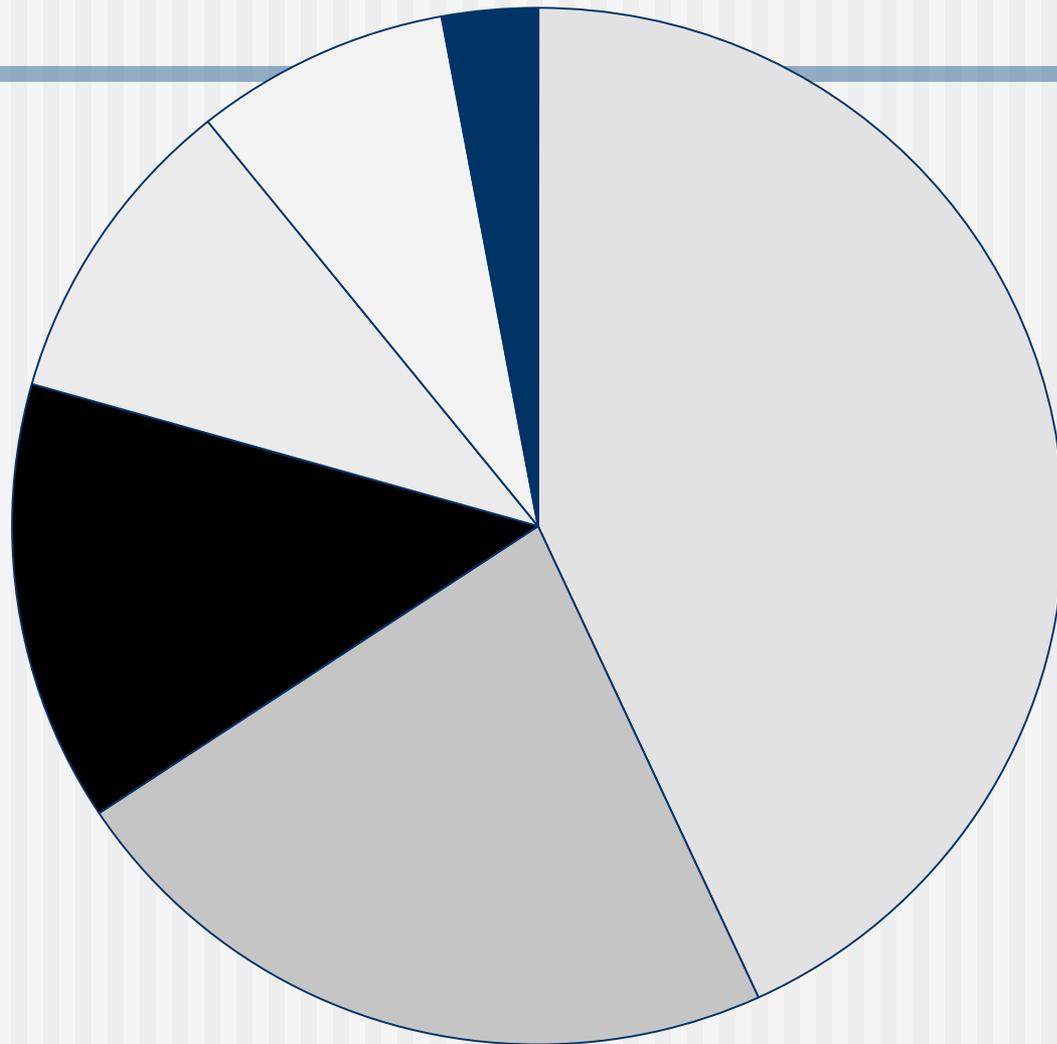
Current State Telehealth Policy

28 states require informed consent in statute and/or Medicaid policy
23 states have some special law that applies to cross-state licensure
21 states (and DC) passed laws that impact private payers

8 states have geographic limitations
7 states include SNFs and LTCs as eligible sites
18 states include a specific list of facilities as eligible sites
23 states are silent about location

Unique reimbursement services: home health, dental, speech-language pathology
Unique reimbursement providers: Physician assistants, physical therapists, speech pathologists, dieticians, genetic counselors

2014 STATE LEGISLATION: 192 BILLS*



- Reimbursement
- Pilots, councils, workgroups
- Mental health services
- RPM, home monitoring, chronic diseases
- Licensing
- Patient-provider relationship, e-prescribing

*As of Apr. 2014

Telehealth in California pre-2012

- Called “telemedicine” in law and was defined as the “practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data and education via interactive” technologies
- Providers limited list of eligible providers
- In Medicaid needed to document barrier to in-person services before telehealth could take place
- Explicit restriction on types of facilities telehealth interaction could take place

AB 415 – California Telehealth Advancement Act of 2011

- Updates Telemedicine Development Act of 1996
 - Removes restrictions, provides flexibility for the future
- **Replaces obsolete legal definition of “telemedicine” with “telehealth”**
 - **Telemedicine: practice of medicine via live video or “data communications**
 - **Telehealth: technology-enabled delivery of services**
- Removes policy and practice barriers to telehealth use
- No mandates; creates opportunities for innovation

AB 415: ALL Health Professionals Can Use Telehealth

Eligible Telehealth Providers After AB 415

Physicians*	Physician assistants
Surgeons*	Registered nurses
Dentists*	Licensed vocational nurses
Podiatrists*	Dental hygienists
Clinical psychologists*	Occupational therapists
Marriage, family, and child counselors*	Respiratory therapists
Dentists*	Dieticians
Ophthalmologists*	Osteopaths
Optometrists*	Naturopaths
Pharmacists	Social workers
Nurse practitioners	<i>And this is just a partial list...</i>

*Health professionals allowed to use telehealth in old 1996 law

Telehealth and Medi-Cal Today



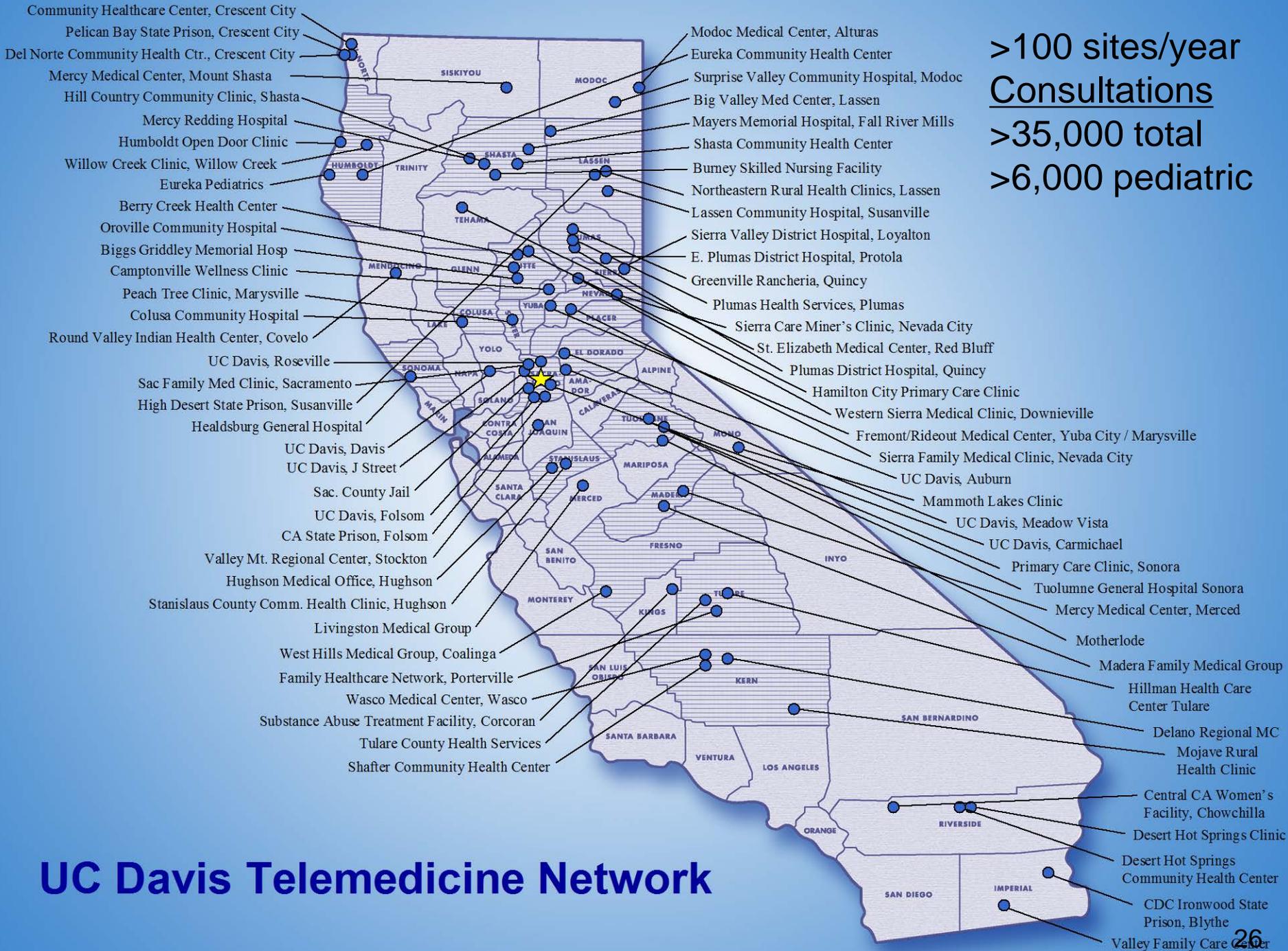
You can build the stadium, but will anyone show up to play? 23

Telehealth and Medi-Cal Today

- Medi-Cal provider manual update issues Sept 2013
- CCS program letter issued December 31, 2013
- Still some conflicting information
- Appears to expand the provider list
- Location of where telehealth can take place still debated
- Unwillingness to expand reimbursement for modalities

Clinical Applications for Children with SHCNs

- Jim Marcin, MD, MPH
- Pediatric ICU
- UC Davis Children's Hospital
- jpmarcin@ucdavis.edu
- 916-734-4726



>100 sites/year
Consultations
>35,000 total
>6,000 pediatric

UC Davis Telemedicine Network

Outpatient Telemedicine



- Patient centered
- Increased quality
- Educational
 - Increased capacity
 - Reduced referrals
- Increased efficiency
- Reduced costs
 - Fewer tests

Interpretation of Services

- Tele-radiology: care
- Cardiac ultrasound
 - Cyanotic Congenital Screening
- EEG interpretation
- Retinopathy screening
- Pathology second opinions



Inpatient Telemedicine

- Community Hospitals
 - Access to subspecialists
- Nighttime coverage
- Chronic Care Facilities



Telemedicine for Home Health

- Health & Disease management
 - Diabetes, Seizures, Ventilation, CHD



Training, Mentoring, Education

- Inherent to telemedicine model
- Remote provider and family education
- Shared educational videos
 - Providers
 - Patients



Advance Practice Providers

- Audiologist services
- Lactation consultations
- Behavioral Health
- SART
- Speech Language Therapy
- OT/PT



Barriers to Utilization

- Costs of equipment, telecommunications
- Licensing practitioners
- Credentialing practitioners
- Reimbursement
- Alignment of payment with delivery of quality of care

Conclusions & Thank You

- Many Pediatric Specialists trying to use telemedicine to reach children with SHCN
 - Reduced access
 - Multiple specialists
 - Tenuous medical conditions
- Models of care using telemedicine can result in significant cost savings

Thank You

- Jim Marcin, MD, MPH
- UC Davis Children's Hospital
- Sacramento, CA
- jpmarcin@ucdavis.edu
- 916-734-4726

Goals of the Project

- Inform stakeholders and the public about the benefits of telehealth in improving care and care coordination for CSHCN
- Identify any barriers at the state or local level to the wider use of telehealth to address the needs of CSHCN and their families
- Identify and develop recommendations to facilitate wider adoption of telehealth to meet the needs of CSHCN and their families

What We've Learned

- Many providers and community stakeholders are not aware of telehealth or its benefits for CSHCN
- Those who have used telehealth see great benefits
- There is great interest in telehealth as an option for expanding access to care and care coordination for CSHCN

Contact Information

Jacob Vigil, MSW

The Children's Partnership

310-260-1220

jvigil@childrenspartnership.org

www.childrenspartnership.org

Mei Wa Kwong, JD

Center for Connected Health
Policy

916-285-1860

meik@cchpca.org

www.cchpca.org

James Marcin, MD, MPH

UC Davis Children's Hospital

916-734-4726

jpmarcin@ucdavis.edu

www.ucdmc.ucdavis.edu