Telemedicine: A robust LSUHSC-HCSD Partnership & TEAM EFFORT*

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Overview

- Why Telemedicine?
- LSU Background/Experience
- How to get started
- Security
- Regulations and laws
- Billing/reimbursement

- * references available

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Why telemedicine?

- Access to services not available locally
- Comprehensive care under one roof
- Efficiency for patients/providers
- Strengthens the medical home

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Medical Economics › Practice Management

Telemedicine: Patient demand, cost containment drive growth

Joining the trend may not be as expensive or time-consuming as you think, experts say

February 10, 2013 | By Beth Thomas Hertz

Topics: Health Information Management | Telehealth & e-Health

Patients using telehealth services to hit 7 million by 2018

January 17, 2014 | By Dan Bowman

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The number of patients worldwide using telehealth services will rise from less than 350,000 in 2013 to roughly seven million in 2018, according to a new report published by IHS Technology.

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Topics: Telehealth & e-Health

Global telemedicine market forecast: 18.5% growth rate through 2018

December 16, 2013 | By Susan D. Hall

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The shortage of physicians in rural areas combined with continuous development of telecommunications capabilities are a boon to the market for telemedicine services, according to a new report from Research and Markets.

The global telemedicine market, which stood at $14.2 billion in 2012, will have a compound annual growth rate of 18.5 percent through 2018, according to the report.

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expanding the future of broadband

Broadband Expanded

BROADBAND & TELEMEDICINE
STATS, DATA & OBSERVATIONS
January 2013

- **Enables Cost-Savings and Other Economic Impacts**
  - Remote monitoring in particular could significantly reduce healthcare expenditures
    - A major study from 2008 estimated that "a full embrace of remote monitoring alone could reduce healthcare expenditures by a net of $197 billion (in constant 2008 dollars) over the next 25 years with the adoption of policies that reduce barriers and accelerate the use of remote monitoring technologies."[68]
    - If employed on a daily basis to address chronic illness, remote online monitoring may save hospital, drug, and outpatient costs by 30 percent and also improve the quality of care and quality of patients' lives.[69]

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LSU Health licine Experience

- Started 17 years ago in 1997
- Over 36,000 telemedicine encounters
- Annual Average of 5,000 encounters over last 3 years
- 25+ clinical specialties
- One of the largest operators of telemedicine in Louisiana

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LSU Telemedicine Technically robust

- **Telemedicine Network**
  - High speed dedicated WAN connectivity
- **Deployed endpoints**
  - Over 150 telemedicine endpoints in production
- **Endpoint equipment**
  - Industry Standards and fully supported
- **Telemedicine Technical Team**
  - Well developed technical, management and support processes

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Specialty Telemed Clinical Services (current/past)

- Cardiology
- Cardiology (Heart Failure)
- Dermatology
- Diabetic Foot Care
- Endocrinology
- ENT
- Gastroenterology
- Genitourinary
- General Surgery
- Hematology/Oncology
- Infectious Disease
  - HIV
  - Hep C
- Nephrology
- Neurology
- Neurosurgery
- Ophthalmology
- Oral Maxillofacial Surgery
- Orthopedics
- Physical Medicine and Rehab
- Psychiatry
- Pulmonary
- Rheumatology
- TeleStroke

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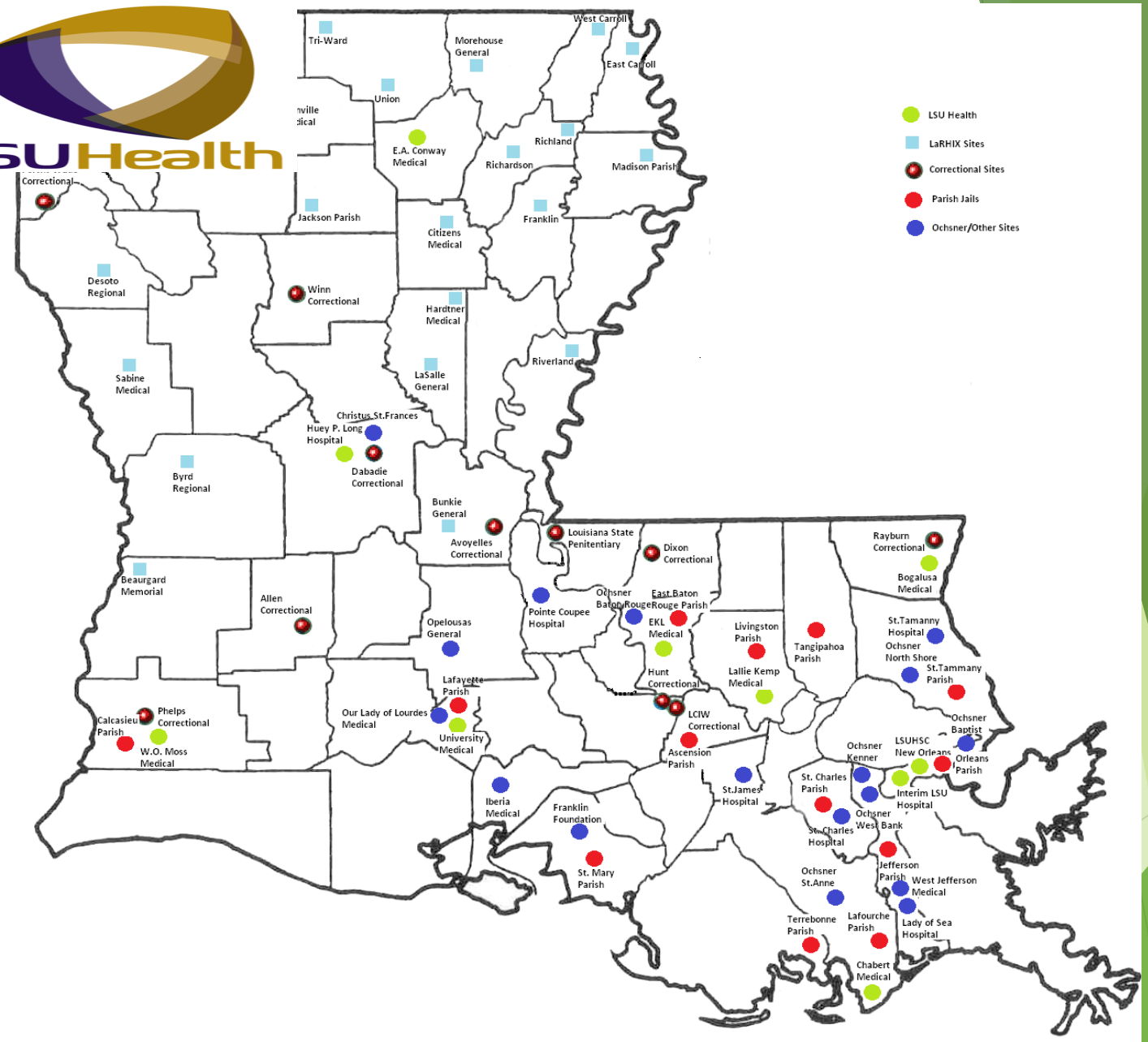

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How to get started?

- Know what services you need
- Know the landscape
  - State/federal regulations
  - Agreements/contracts
  - Connectivity
  - Billing/Reimbursement
  - Security
  - Scheduling
  - Documentation

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First things first…

- Buy in and dedication from the entire team
  - **Providers**
  - Nursing
  - **Billing**
  - Legal
- Skilled telemedicine team
- Connection/Equipment
- Contracts/Agreements
- Assessment of needs

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Clinical Site Readiness Assessment

BACKGROUND

This Clinical Site Readiness Assessment Tool will be used to determine your site's readiness to provide clinical telemedicine (TM) services as well as identify any gaps in your current clinical telemedicine program. It is based on best practices identified in Accreditation Canada Telehealth standards, the National Initiative for Telehealth Framework of Guidelines, (NIFTE), and the American Telemedicine Association (ATA) guidelines.

The Clinical Readiness Assessment evaluates your organization for:

- The level of Senior Leadership support for TM;
- Existing organizational TM policy and procedures
- The physical space being made available for the provision of clinical TM;
- Human Resource requirements to support clinical TM;
- The potential for TM program expansion.

The Clinical Readiness Assessment Tool will help identify the impact clinical telemedicine can have on your organization. This is not a pass/fail exercise and it is important to indicate areas not currently meeting the standard in order to identify opportunities for improvement. Please work with the clinical leadership and/or telemedicine team(s) at your organization as well as your OTN Regional Manager, to complete the assessment.

Organization Name: _____ Site Name: _____

Team / Persons completing: _____

Signature of Clinical Telemedicine Program Manager/Lead: _____

Print Name: _____ Position: _____

Date: _____
DD/MM/YYY

LEADERSHIP	Yes	No	Unsure	Comments / Details
We are aware of our OTN Membership Agreement and Technical Service Level Agreement (TSLA) obligations.	☐	☐	☐	
We have senior administration support for TM.	☐	☐	☐	
We have organizational buy-in for TM.	☐	☐	☐	
We have a communication strategy in place to promote our TM services to stakeholders.	☐	☐	☐	
We have projected goals and a strategic plan for our TM services.	☐	☐	☐	
We know our OTN Regional Manager and understand the support s/he can offer our organization with its TM program.	☐	☐	☐	
We know how to access other OTN members.	☐	☐	☐	
Comments:				

HUMAN RESOURCES	Yes	No	Unsure	Comments / Details
We currently have a designated clinical TM Coordinator (TMC).	☐	☐	☐	
A back-up TMC is in place.	☐	☐	☐	
We have an assigned Administrative contact (i.e. scheduler which may be the TMC or another admin support person).	☐	☐	☐	
We have an assigned Technical contact.	☐	☐	☐	
All staff supporting TM has had appropriate OTN training.	☐	☐	☐	
We know that a regulated health professional should support all clinical events when a patient is present.	☐	☐	☐	

What services do you need?

- Think about your top 3 needs
- Assess your population
  - Look at data to identify top diagnosis
  - Most frequent referrals
  - Most difficult to obtain specialties

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Contracting with a provider

- Price structures
  - Hourly rate
  - Flat monthly rate
  - Based on pro billing
- Clinic cancellations
  - If you cancel or patients don't show you may still be responsible for cost
  - Write in notification period. Ex. "Cancellations 2 weeks prior to clinic date will not result in a charge for said date"
- Responsibilities of each site

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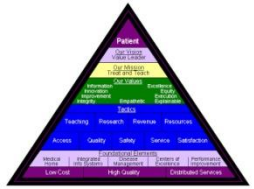
Equipment

Video System

PC/Mac

Tablets/Smartphone

Carts



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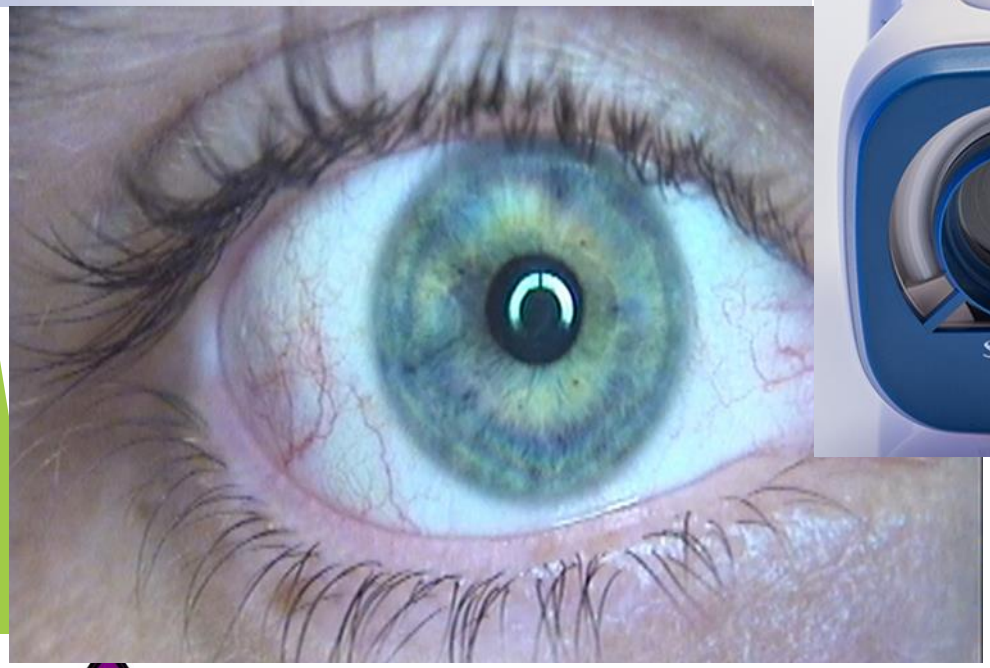

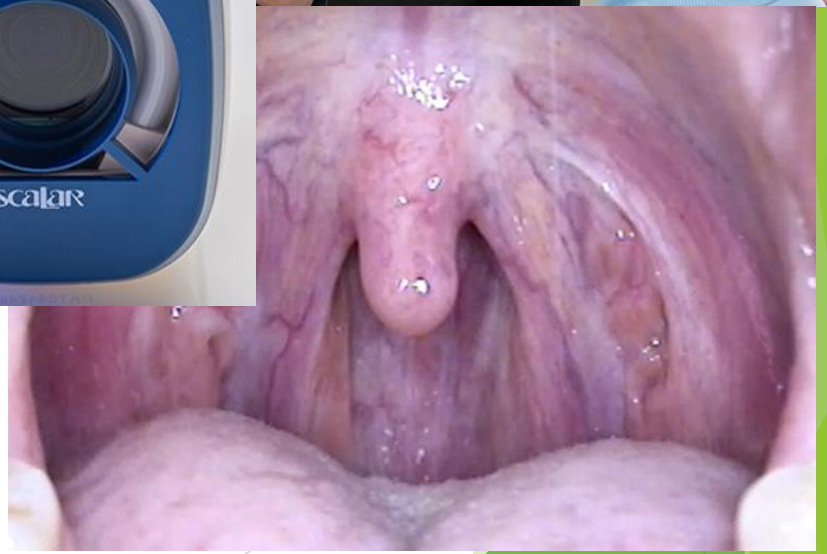

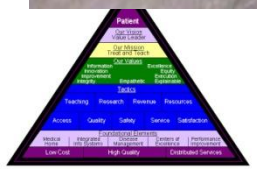

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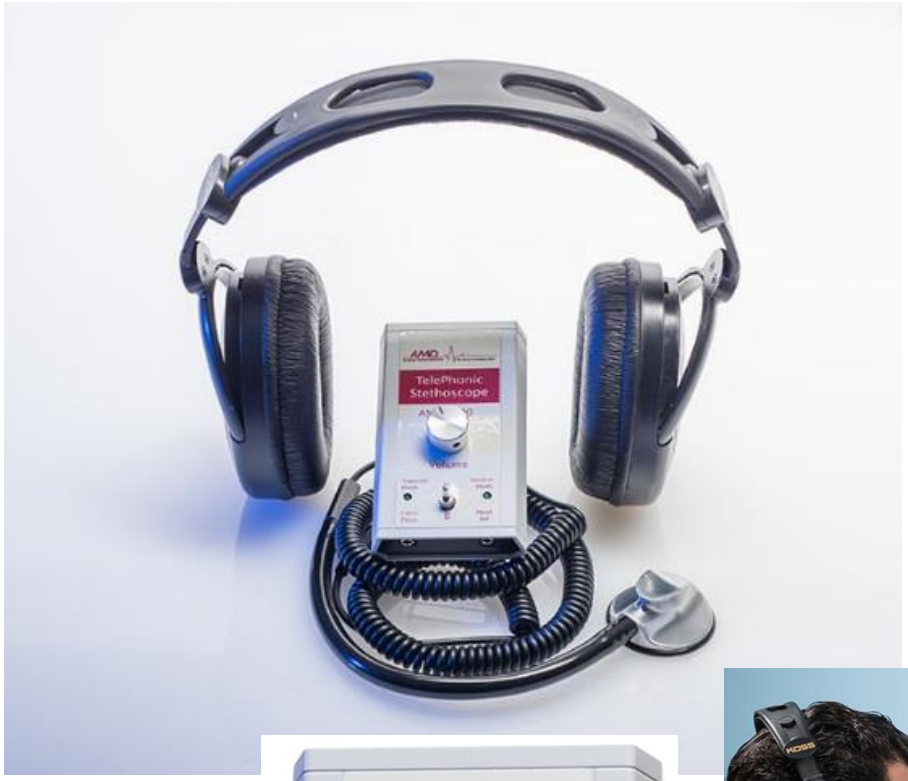

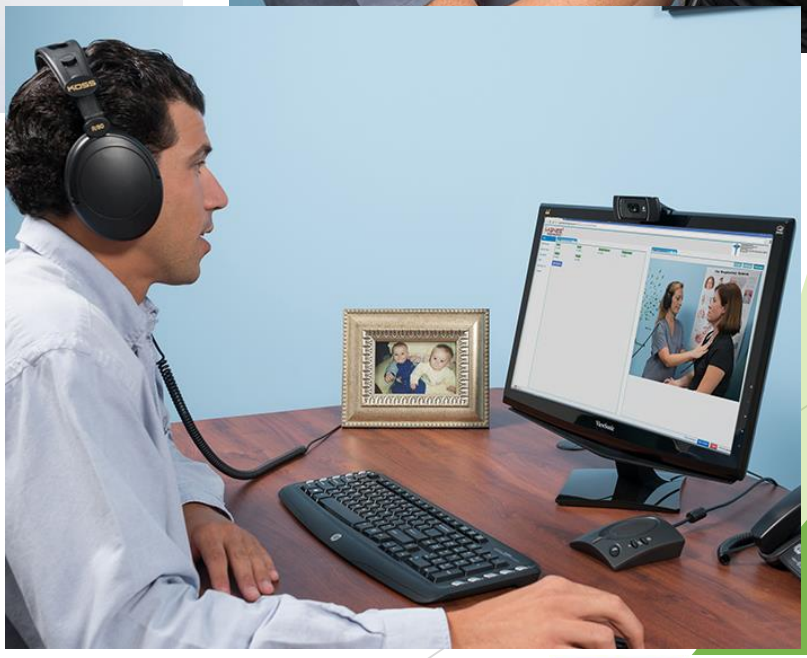

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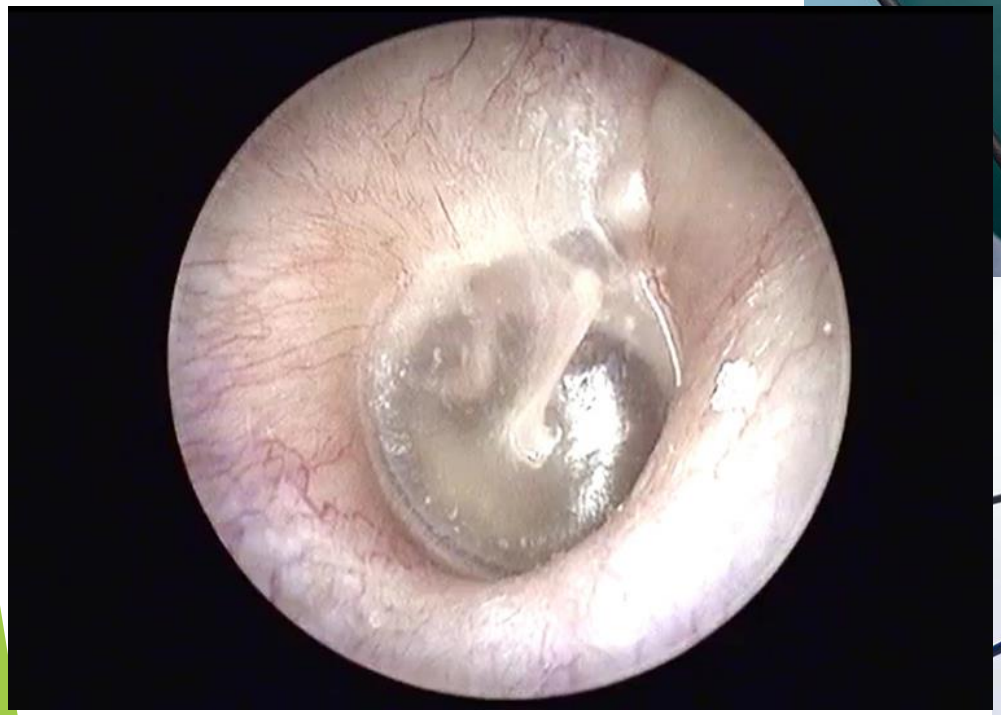

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Making the most of telemedicine visits

- Scheduling appointments
  - Reminders
  - Show rate usually better than traditional appointments
- Preparations
  - Documents
  - Fax numbers
- Shuffling the camera
  - Mainly a support service

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Evidence-based Specialist-defined Referral Guidelines

- Key element for efficient specialty consultation
- Clinical situations in all specialties lend themselves to telemedicine
- Guidelines include 3 concepts
  - Referral reasons (conditions)
  - Condition-specific tests/studies required prior to consult
  - Conditions that don't lend themselves to distance between provider and patient
- Specialists often realize more can be managed telemedically than originally perceived

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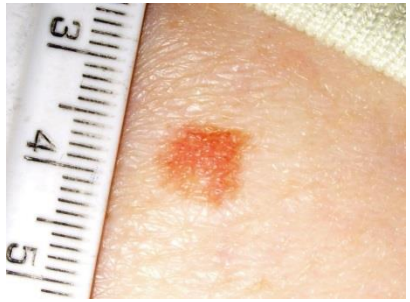
Example Referral Guideline Tele-Dermatology



- Clinical conditions:
  - Skin cancers
  - Ulcers
  - Pruritic dermatoses
  - Disorders of hair and nails
  - Skin lesions associated with acute arthritis
  - Dermatologic emergencies
- Condition specific considerations or tests/studies prior to consult
  - Some conditions require in-person evaluation by dermatologist in follow-up to the telemedicine consult or require further diagnostic procedures be performed by the primary care provider. These include KOH examinations, TZANCK preparations, and skin biopsy for diagnostic purposes.
- Conditions difficult to evaluate via teledermatology
  - Cutaneous symptoms without cutaneous findings
  - Subcutaneous conditions such as nodules or tumors
  - Atypical pigmented lesions

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Telemedicine Billing/ Reimbursement

- Medicare and Medicaid reimburse for telemedicine services similar to those delivered face-to-face
  - “The use of a telecommunications system may substitute for a face-to-face, hands on encounter”
  - Initial and follow-up consultations, office visits, individual psychotherapy and pharmacologic management
  - “Reimbursement is the same as the current fee schedule amount for the service provided face-to-face”
- Utilize CPT codes, HCPCS codes and modifiers to generate charges

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CY 2014 Medicare Telehealth Services

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425 – G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406 – G0408
Office or other outpatient visits	CPT codes 99201 – 99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231 – 99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307 – 99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150 – 96154
Individual psychotherapy	CPT codes 90832 – 90834 and 90836 – 90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802 – 97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443
Annual depression screening, 15 minutes	HCPCS code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	HCPCS code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge) (effective for services furnished on and after January 1, 2014)	CPT code 99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge) (effective for services furnished on and after January 1, 2014)	CPT code 99496

For ESRD-related services, at least one "hands on" visit (not telehealth) must be furnished each month to examine the vascular access site by a physician, NP, PA, or CNS.

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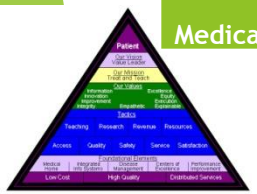
Payer Cat	% of Charges	CPT Volume	Charges	Payments	Avg Chg / CPT	Avg Pmt / CPT
Indigent	45%	432	50,671	0	117	
Medicare	16%	93	17,731	4,241	191	46
Medicaid CCN	9%	47	9,706	3,059	207	65
Self-Pay	6%	61	7,235	0	119	
BCBS	5%	26	6,095	1,024	234	39
Magellan Medicaid	5%	18	5,900	972	328	54
GNOCHC Free Care	4%	21	4,916	0	234	
Dept of Corrections	3%	25	2,799	87	112	3
Medicaid	2%	16	2,686	574	168	36
PHN	1%	7	1,514	87	216	12
Humana	1%	6	1,184	181	197	30
United	1%	3	743	189	248	63
Other	0%	2	322	10	161	5
Medicare Risk	0%	1	94	0	94	



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Proposal - Medicare Telehealth Parity Act H.R.5380 — 113th Congress (2013-2014)

- Medicare Telehealth Parity Act of 2014 - Amends title XVIII (Medicare) of the Social Security Act with regard to payment for telehealth services to include in the term "originating site" additional sites, including any **FEDERALLY QUALIFIED HEALTH CENTER** and any **RURAL HEALTH CLINIC**.
- Authorizes **ADDITIONAL TELEHEALTH PROVIDERS**, including a certified diabetes educator or licensed respiratory therapist, audiologist, occupational therapist, physical therapist, or speech language pathologist.
- Extends Medicare coverage to **REMOTE PATIENT MANAGEMENT SERVICES** for certain CHRONIC HEALTH CONDITIONS.
- Authorizes **HOME** telehealth sites as additional originating sites.
- After enactment gradual planned implementation next 4 years…
  - 6 months after the date of the enactment any site in a county within a Metropolitan Statistical Area with a population of fewer than 50,000 individuals
  - 2 years after the date of the enactment any site in a county within a Metropolitan Statistical Area with a population of at least 50,000 individuals but fewer than 100,000 individuals
  - 4 years after the date of the enactment any site in a county within a Metropolitan Statistical Area with a population of at least 100,000 individuals

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Billing requirements for an Originating Site to bill Medicare for a Telemedicine Facility Fee

- The Medicare beneficiaries are eligible for tele health services only if they are presented from an originating site located in: A rural Health Professional Shortage Area, either located outside of a Metropolitan Statistical Area (MSA) or in a rural census tract, as determined by the Office of Rural Health Policy within the Health Resources and Services Administration (HRSA); or A county outside of a MSA.
- To determine eligibility for this requirement access HRSA's website tool to determine a potential originating site's eligibility for Medicare tele health payment at http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth on the Centers for Medicare & Medicaid Services (CMS) website.

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Billing requirements for an Originating Site to bill Medicare for a Telemedicine Facility Fee

The patient seen from one of the Originating Sites

- The office of a physician or practitioner
- Hospital-based or Critical Access Hospital Based Renal Dialysis Center
- Critical Access Hospital (CAH)
- Skilled Nursing Facility (SNF)
- Community Mental Health Center
- Hospital
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)

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Billing requirements for an Originating Site to bill Medicare for a Telemedicine Facility Fee

- The encounter was performed at the distant site by one of the following:
  - Physician
  - Nurse Midwife
  - Clinical Psychologist
  - Registered Dietician
  - Nutritional Professional
  - Nurse Practitioner
  - Physician Assistant
  - Clinical Nurse Specialist
  - Clinical Social Worker

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New Louisiana Telemedicine Legislation – August 1, 2014

New Louisiana Telemedicine Legislation effective August 1, 2014

While the final bill does not address telemedicine reimbursement by insurers it did result in the following new rules that became effective August 1, 2014

- The new legislation did amend R.S. 37:1276.1(B) (2), eliminating the current requirement that a licensed healthcare professional be present in the examination room for every telemedicine encounter.
- The new measure, which becomes effective August 1, 2014, also states that "the physician practicing telemedicine shall not be required to conduct an in-person patient history or physical examination of the patient before engaging in a telemedicine encounter.
- Further, the legislation prohibits a physician practicing telemedicine from prescribing any controlled dangerous substance prior to conducting an appropriate in-person patient history or physical examination of the patient.
- New law requires any physician practicing telemedicine use the same standard of care as if the Healthcare services were provided in person.
- New law further provides that a telemedicine provider shall not be required to conduct an in-person patient history or physical examination of the patient before engaging in a telemedicine encounter if all of the following conditions are met:

  (1) The physician practicing telemedicine holds an unrestricted license to practice medicine in La.

  (2) The physician practicing telemedicine has access to the patient's medical records upon consent of the patient.

  (3) The physician practicing telemedicine maintains a physical practice location within the state of La. or executes an affirmation with the LSBME that the physician has an arrangement with another physician who maintains a physical practice location.

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Definitions to know

LSBME Definition

Telemedicine—the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data by a physician using interactive telecommunication technology that enables a physician and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither a telephone conversation, an electronic mail message between a physician and a patient, or a true consultation constitutes telemedicine for the purposes of this Part.

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Definitions to know

- **Distant site** – physical location of the telemedicine provider, or provider side of a two-way telemedicine encounter
- **Originating site** – physical location of the patient, or patient side of a two-way telemedicine encounter
- **Endpoint /End site** – a physical location on or connectable to a telemedicine network having at least the basic equipment setup to support administrative videoconferencing

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Definitions to know

- **Telehealth**
  - Used to encompass a broader definition of remote healthcare that does not always involve clinical services.
  - Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.

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Important LSBME points

- **Must have access to portions of patients medical record**
- **Must have appropriate staff who:**
  - Are trained to conduct the visit
  - Available to assist in orders implementation, transmit records generated by the visit, provide or arrange back, follow up and emergency care to the patient
  - Provide or arrange testing/maintenance of telemed equipment

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Important LSBME points
Components of the visit

- Verify the patient
- Evaluate the patient - HPI, ROS, PMHx, labs, etc…
- Diagnosis through normal means of compiling info for decision making. Diagnosis must be fully documented in the patients record
- Treatment Plan must be established, documented and discussed with the patient
- Follow up care must be documented and provided to patient

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Important LSBME points
Medical Records & Consent

- Medical Records
  - Must be maintained at the physicians primary practice and at the location of where the visit was conducted
- Consent
  - Follow state and federal laws
  - Best to consent the patient for the telemed visit
    - Inform of the relationship between the telemed physician and patient
    - Inform that patient may decline to receive or withdraw from telemedicine care at any time

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Important LSBME points *Prohibitions*

- Must have a license in Louisiana OR
- Have a permit issued by the board
- Can't use for
  - Non cancer related chronic or intractable pain
  - Treatment of obesity
  - Prescribing narcotics or amphetamine – exceptions…
  - Providing care out of state without authority by the state

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Telemedicine Credentialing and Privileging

- JCAHO requires credentialing of telemedicine providers at the originating site, if site is JC accredited
- Check the regulatory agencies you fall under for latest guidelines

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Challenges and Options

- PRO Fee at distant site and compensation and structure thereof
- Facility Fee at origination patient site
- Infrastructure support cost
- Technical Support cost : front end and maintenance
- Getting the logistics to converge with contracts and compensation modules
- Various models of set up : independent or 3rd room concept; Scale of efficiency ; Piggyback with current structure
- FFS & global contract
- Shared Savings contract with payers

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Question: Knowing what we know , where we have been and can go, should we move ahead?

Thank you!

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