

# Rural Health Services Task Force

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TELEHEALTH EXCERPT

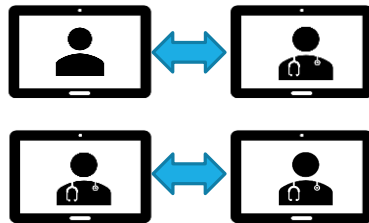


# Telehealth

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# Telehealth: Modalities

## Telemedicine “synchronous”



### Video Visit

Provider to Patient  
Providing care directly to patient at a remote location (“originating site”)

### Video Consult

Provider to Provider  
Provider to provider consultation concerning patients in emergent episodes

## Store and Forward “asynchronous”



### E-Consult

Provider to Provider  
Enables providers to provide asynchronous consultation

## Remote Patient Monitoring “telemonitoring”



### Remote Patient Monitoring (RPM)

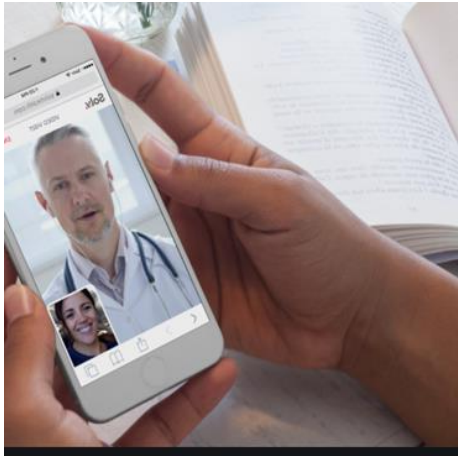
Patient to Provider  
Monitoring key patient health measure such as weight, blood pressure, oxygen, from a patient’s home

Telehealth should be used to enhance access, but not supplant face-to-face relationships between providers and patients.



# Telehealth: Examples

## Telemedicine



TelePsychiatry



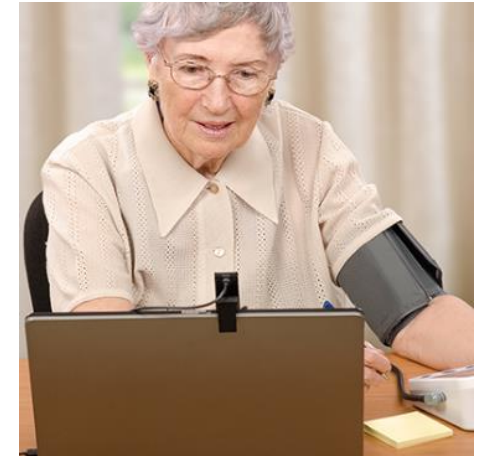
TeleEmergency

## Store and Forward



TeleDermatology  
eConsult

## Remote Patient Monitoring



Remote Blood  
Pressure & Pulse

## Telehealth in Vermont FAQs

- Parity for approved telehealth services
- Must be clinically appropriate and within the provider's licensed scope of practice

- Patient must consent (unless emergency)
- Prescriptions permitted
- Telehealth consultations are not recorded



# Telehealth: Impact in Rural Communities

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## Potential Benefits of Telehealth

- Mitigates access issues, reducing wait times for specialty care
- Cost effective follow up visits
- Mitigates costs associated with patient lost work time, transportation, and childcare
- Supports Care Management, Workforce and Financial Sustainability

## Effective Telehealth Programs for Rural Communities

- Chronic care management interventions
- Emergency Care
- Home Monitoring
- Intensive Care Units
- Long-Term Care
- Psychotherapy and remote counseling
- Interpreter services

Source: [NCSL, Increasing Access to Health Care Through Telehealth](#); [American Journal of Managed Care](#)



# Telehealth: Regional Impact & Limitations

## Regional Impact

### University of Vermont Medical Center

- No-show rates: for in-person specialty visits as high as 30% vs video visits as low as 2%
- Evaluated 561 video visits in 2018
  - 47,000 driving miles
  - 1007 hours of driving time
  - An estimated 6.6 tons of CO2 emissions avoided

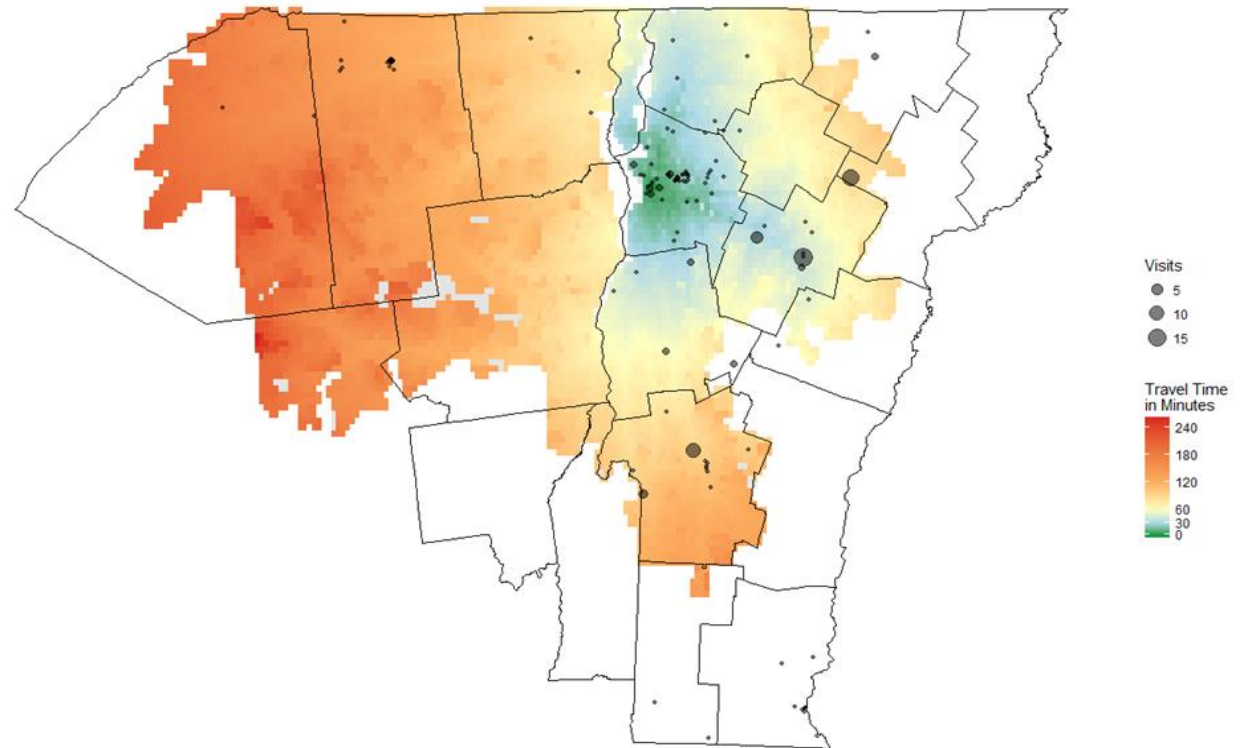
## Limitations

### There are barriers to telehealth today, including:

- Who can be paid to deliver telehealth services
- What services can be reimbursed
- What technology can be used
- Incorporating telehealth into the regular workflow

### Broadband limitations are also a factor

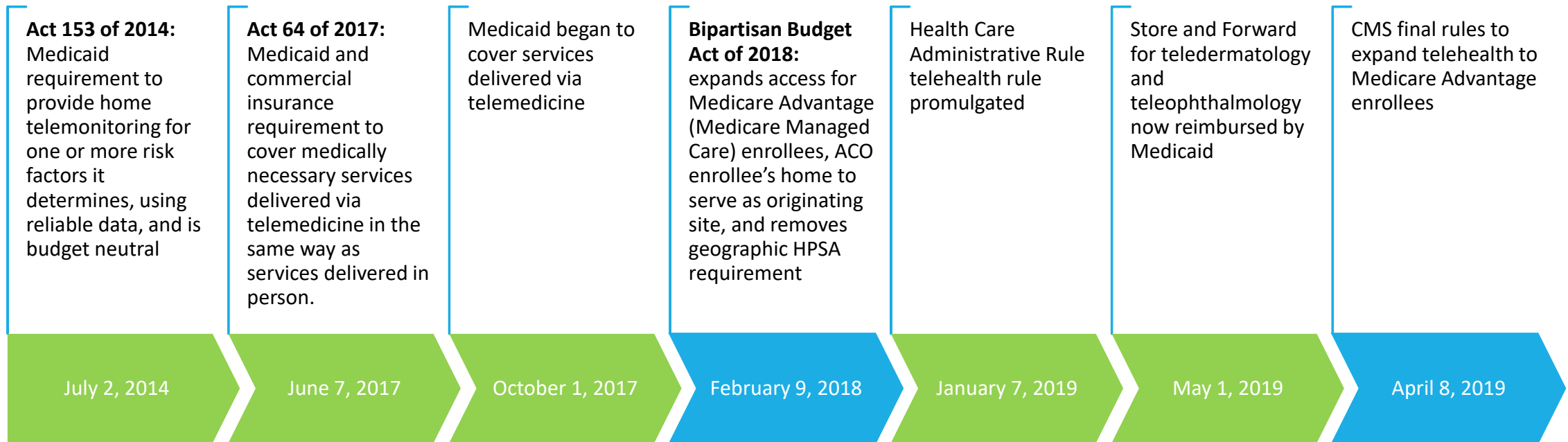
Locations of Telehealth Patients with Travel Times to UVMMC  
Patients using UVMMC Telehealth in 2018. Dot size scaled to number of visits per patient.



Source: University of Vermont Health Network



# Telehealth: in Vermont



Green: State of Vermont Initiatives  
Blue: Federal Initiatives

Source: Department of Vermont Health Access



# Telehealth Reimbursement in Vermont (DRAFT)

	<b>Commercial</b> <u>8 V.S.A. § 4100k</u>	<b>Medicaid</b> <u>Rule 3.101</u>	<b>Medicare</b>	<b>Medicare Advantage</b>	<b>Medicare- APM Telehealth Expansion Waiver</b>
<b>Patient's Home Approved Originating Site</b>	Yes	Yes	No Exemptions: substance use disorder or a co-occurring mental health disorder, end-stage renal disease home dialysis, stroke	Yes – starting in 2020	Yes
<b>Extends beyond Health Professional Shortage Area (HPSA)</b>	Yes	Yes	No	Yes – starting in 2020	Yes
<b>Qualified Provider</b>	Licensed, certified, or otherwise authorized by law to provide professional health care services in this State	Provider who is working within the scope of his or her practice and enrolled in Vermont Medicaid	Physicians, nurse practitioners, physician assistants, nurse midwives, registered dietitians, clinical nurse specialists, certified registered nurse anesthetists, clinical psychologists, clinical social workers, nutrition professionals		<ul style="list-style-type: none"> <li>Follows Medicare</li> <li>Requires that provider is part of the ACO</li> </ul>
<b>Store and Forward</b>	Insurer may cover Ophthalmology and Dermatology  E-consult: unclear	Limited to Ophthalmology and Dermatology  E-consult: Allowable	Services are not limited, starting in 2020  E-consult: Allowable, codes 99452 and 99451		Store and Forward: allows Ophthalmology and Dermatology
<b>Remote Patient Monitoring</b>	Limitations unclear	Limited to Congestive Heart Failure diagnosis	Home health agencies are not reimbursed for RPM, however, can include on their cost report	Yes	
<b>Other Limitations</b>	Commercial does not reimburse at same rate as in-person visit		Federally Qualified Health Centers (FQHCs): Medicare does not reimburse FQHCs as a distant site.		

Note: Subject to change





# Telehealth: Expansion Initiatives

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## Medicare Limitations

### CMS Initiatives

- Starting January 2019, updated Value-Based Insurance Design (VBID) model of care to give providers treating people on Medicare Advantage more access to telehealth in place of in-person checkups
- Starting 2020, Medicare Advantage members no longer restricted by geographic restrictions and homes are eligible originating sites

### Pending Federal Legislation

- H.R. 4932 “Creating Opportunities Now for Necessary and Effective Care Technologies for Health Act of 2019”: promotes expansion of Medicare telehealth services
- Reducing Unnecessary Senior Hospitalizations (RUSH) Act: aims to give skilled nursing facilities (SNFs) more incentives to use telehealth

## Store and Forward Limitations

### State Proposals

- Dental Access and Reimbursement Working Group (Act 72 of 2019): recommendation for DVHA to further study Medicaid store and forward teledentistry and include recommendation in FY2021 budget presentation

## Planning Initiatives

### Vermont

- Vermont Program for Quality in Health Care (VPQHC) facilitation of a Telemedicine Technical Assistance Working Group
  - Broad group of stakeholders
  - Established under current 9416 contract statutory funding



# Telehealth: Recommendations

Task Force Recommendation	Action Required By				
	Legislature	Administration	All Payer Model 2.0	Private	Federal
<b>Store and Forward- E-Consults</b>					
<ul style="list-style-type: none"> <li>Expand coverage to Teledentistry</li> <li>Expand reimbursement to include consultations or other services, such as between <b>primary care and specialty</b> (state samples include consultation, diagnostic, therapeutic and interpretive services, psychotherapy and pharmacological management services)</li> <li>Expand reimbursement from Medicaid and commercial insurers to align with Medicare reimbursement</li> </ul>	X	X			
<b>Remote Patient Monitoring</b>					
Expand Medicaid coverage beyond Congestive Heart Failure <ul style="list-style-type: none"> <li>Allow monitoring whenever clinically appropriate</li> <li>Examples from other states include diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding</li> </ul>		X			
<b>ACO Waiver:</b> Ensure ACO telehealth waiver supports primary care and mental health at skilled nursing facilities			X		
<b>Funding:</b> Grants for Telehealth planning and programs	X	X	X	X	X

