Let’s Get Wired!

Virginia Chapter of the American College of Physicians
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Dr. Rheuban serves on the Advisory Boards of the following:

Tytocare
Virginia Medicaid
Virginia Telehealth Network
Center for Telehealth and e-Health Law
AMA Digital Medicine Payment Advisory Group
The delivery of patient care, consultations and education supported by telecommunications technologies, including:

- live interactive videoconferencing,
- store and forward technologies,
- remote patient monitoring,
- mHealth

Not a specialty in and of itself!
Benefits of Telehealth

**Patients**
- Timely access to locally unavailable services
- Improves chronic disease management
- Reduces the burden and cost of transportation for care

**Health professionals**
- Access to consultative services
- Supports team based, collaborative care delivery models

**Hospital systems**
- Facilitates appropriate transfers, keeps patients local when appropriate
- Decreases readmissions through remote patient monitoring tools

**Communities**
- Enhances partner hospital viability, and as such, supports local workforce
• Health system (including academic) classical hub and spoke models, many also extending to the home
• Veterans Health Administration
• Telemedicine services companies
  Specialty care, Remote patient monitoring
• Retail clinics
• Workplace clinics
• School based clinics
• Aging in place models
• Project ECHO models
• Direct to consumer models
  Within systems, payer developed, independent subscription services
>76,000 patient encounters in Virginia
  – Additional remote patient monitoring
  – Offer services in >60 subspecialties
  – >100 new projects in development

Telemedicine program is integrated with teleradiology, with documentation in EPIC

>3000 e-consults through CMMI grant

Remote patient monitoring program at home (Locus Health partnership)

Spared Virginians > 17 million miles of travel

Emergency (and special pathogen including ebola) preparedness
- Undergraduate Education (cross grounds)
- Undergraduate Medical Education
- Graduate Medical Education
- Continuing Medical Education
- School of Nursing/ODU NP training programs
- STAR Telehealth – Martinsville/NCI (>1200 health professionals trained)
- Patient education (e.g. Diabetes education)
- Health services research
- Remote care delivery trials of in-person services
- Device research (Remote examination tools, medication compliance models, health-promoting gamification research)
- Improve patient access to clinical trials
- Support faculty in multi-institutional research collaborations
UVA Telemedicine Partner Network (153 sites)
Community Hospitals (including CAHs)
FQHCs
Rural clinics/free clinics
CSBs
Medical practice sites
Virginia Department of Health sites
Correctional facilities
PACE programs
Dialysis facilities
Locus-Health partnerships in the home
Assisted living, skilled nursing and rehabilitation facilities
Schools
International sites
Building DTC capabilities for our employees and patients
Patients Served

HIPAA compliant, interoperable, FDA approved technologies
HIPAA compliant
Interoperable peripheral devices
• **Acute stroke intervention**
  - >1000 patients evaluated
  - Treatment rates = that in our own emergency room

• **High Risk Obstetrics**
  - >4000 encounters
  - Preterm deliveries avoided
  - 38% reduction in NICU hospital days

• **Screening for diabetic retinopathy**
  - > 3000 patients screened, 39% abnormal; 80 patients requiring intervention

• **UVA – Locus-health remote patient monitoring partnerships**
  - > 4000 patients served in readmissions prevention program
  - >40% reduction in readmissions – all cause, all payer
  - High rates of patient adoption and satisfaction
  - Transitioned to chronic care model for patients with medical complexity
  - “Building Hope” model for complex pediatric patients

• **Telepsychiatry services (including emergency, and addiction services)**
  - Number 1 request for services;
  - 30% decrease in missed appointments
  - High rates of patient satisfaction
Issues for consideration in telehealth: a host of details!

- Financial model – funding of telehealth/ROI
- Clinical models chosen
  - Replicate in-person care
  - Within the context of the medical home
- Technology choices – HIPAA compliance imperative
- Stark and anti-kickback laws
- Informed consent
- EMR integration
- Practice guidelines
- Contracts to conform to all federal and state regulations
- Credentialing and privileging
- Licensure
- Malpractice
Public policy efforts

- Congressional testimony in the House and Senate
- Advisory to Virginia Medicaid
- Private pay parity legislation in the Virginia General Assembly
- Veterans Healthcare
- Federal Communications Commission (USAC)
- Board of Medicine guidance document
- American Telemedicine Association
- Virginia Telehealth Network
- White House rural healthcare group
- AMA Digital Medicine Payment Advisory Group
• Virginia Medicaid program coverage since 2003
  – 2017 guidance document
• Telemedicine legislation 2010, 2015, 2016
  – NP Study appropriations
  – 34 states plus DC have legislated reimbursement parity
• Virginia Tobacco Region Revitalization Commission
• Mental health/substance abuse models
  – Project ECHO
  – Telemental health: prescribing of controlled substances
• Broadband expansion
• Board of Medicine guidance document
• School based services
• Virginia Department of Health partnerships
• Correctional telemedicine
• Health and Human Services (HHS)
  - HRSA grant and workforce programs
  - CMS payment for Medicare and Medicaid beneficiaries
    - FFS <$14 million in originating and distant site reimbursements in 2014
    - Medicare Advantage plans
    - Innovation center programs
    - Value based models
  - SAMHSA, CDC, NIH, FDA
  - AHRQ Evidence map

• Drug Enforcement Administration/Department of Justice

• Federal Communications Commission (FCC)

• Department of Defense

• Veterans Health Administration (new models!)

• NASA

• State Department

• NSF

• Federal employee benefit plans
• Goal: Safe, secure, sustainable care delivery models
  - Sustainability linked to reimbursement structures
  - Platform development and EMR integration critical
  - Strive for expanded Medicare, Medicaid and private pay coverage
  - Collaboration with a broad range of advocacy organizations, the states, consumers, payers, industry and telecoms
  - Protect and expand the USF programs
  - Expand the evidence base
  - Advance entrepreneurship and innovation
  - True integration into quality mainstream healthcare
Discussion
Questions?