Presentations provided at the April 21 Telehealth Advisory Council meeting:

- Nicklaus Children’s Hospital School Telehealth Program Presentation
- Center for Connected Health Policy Presentation
- American Telehealth Association Presentation
Telehealth: School-Based Program Outcomes and Expansion

Evelyn Terrell, OTD, MHSA, OTR/L
Regional Director, Rehab Services and Telehealth Operations
About Nicklaus Children’s Hospital

- A not-for-profit freestanding pediatric teaching hospital
- Over 220 pediatric sub-specialists in 40+ pediatric subspecialties
- 79% of physicians are board-certified
- Ranked nationally in 8 pediatric specialties in US News and World Report
- 61 physicians on medical staff were listed in the Best Doctors in America List for 2015-2016
- Magnet™ recognized by the American Nurses Credentialing Center
- Gold-level Beacon Awards for Excellence from the American Association of Critical-Care Nurses in three specialized ICUs
- Renowned for excellence in all aspects of pediatric medical care from birth through adolescence
- Employed and private practice providers across a multitude of disciplines and specialties work together to provide, comprehensive, multidisciplinary care the patients

- Licensed beds…………………………289
- Inpatient admissions…………………10,544
- Total surgeries……………………..16,223
- Emergency department visits……..86,893
- Hospital outpatient visits………….218,945
- Off Campus Visits…………………..290,914
- Employees…………………………4,000+
- Medical staff ………………………….931
The 212,000 square-foot pavilion will house:

- The neonatal, cardiac and pediatric intensive care units
- The hematology/oncology inpatient units
- An expanded bone marrow transplant unit
- A 10-bed obstetrical unit for babies requiring immediate intervention after birth
- Family-centered amenities
Telehealth Center

- Re-imagining the healthcare experience and innovating how we support families and children at the point of illness and throughout the continuum of care
- Expanding telehealth into the retail market, partnering with insurance providers and offering wellness services for adults and children
- Support sophisticated video-conferencing, diagnostics and testing, allowing clinicians, parents and patients to consult with a team of specialists
- Our Telehealth Center brings expert care and peace of mind to families and children – wherever they are, whenever they need us

Programs:

- Primary Care/Convenient Care – Employer Groups
- Primary Care/ Convenient Care and Basic Nursing – Schools
- Subspecialist Services
- NICU Nursing – BabyCare and Lactation Services
- Dental Mobile Unit
- Rehabilitation Services
- Nutrition Services
- Mental/ Behavioral Health
- Social Services
- Child Life
- Support Groups
- Care/ Case Management
Primary Care – School Health

Settings:
- Schools

Technology:
- Mobile Solution (suitcase)

Commonly seen minor illnesses in children:
- Cold, flu, fever, sore throat, earache
- Sinus or upper respiratory infection
- Rash or skin conditions
- Eye conditions
- Allergies
- Laryngitis
- Head Lice
- Insect Bites
- Mouth and Cold sores

Financial Model:
- Partnership with the Miami-Dade County Public Schools, The Children’s Trust, private donor

Healthcare Team:
- Family ARNPs and physicians
- On site Telehealth Presenter
School Telehealth Volumes

Number of patients seen per location

<table>
<thead>
<tr>
<th>Location</th>
<th>Patients Seen</th>
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<tbody>
<tr>
<td>K-8 Airbase for International Education</td>
<td>35</td>
</tr>
<tr>
<td>Richmond Heights Middle School*</td>
<td>10</td>
</tr>
<tr>
<td>Southwest High School</td>
<td>72</td>
</tr>
<tr>
<td>W.R. Thomas Middle School</td>
<td>80</td>
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</tbody>
</table>

* Only participated during 2015-2016 pilot
School Telehealth - Chief Complaints

Chief Complaints

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th>Totals year to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>18</td>
</tr>
<tr>
<td>Fever</td>
<td>22</td>
</tr>
<tr>
<td>Eye Irritation</td>
<td>57</td>
</tr>
<tr>
<td>Congested</td>
<td>2</td>
</tr>
<tr>
<td>Derm</td>
<td>14</td>
</tr>
<tr>
<td>Ear Pain</td>
<td>26</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>57</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
</tbody>
</table>
School Telehealth
Medications Ordered

Total number of medications ordered

- Prescription: 76
- Over the Counter (OTC): 65
- Prescription & OTC: 40
- No Medication: 14
School Telehealth
Assumptions on Missed School Days

- Child likely to have gone home due to parent preference
  - 1%
- Parent/Child likely to miss school or work for 2+ days
  - 32%
- Likely to have gone home if not for Telehealth Services
  - 67%
School Telehealth
Parent and Student Satisfaction Survey Results

Your Overall treatment experience with telehealth

- 113 Very Satisfied
- 8 Satisfied
- 1 Neutral
- 0 Dissatisfied
- 0 Very Dissatisfied
Evidence – Clinical Effectiveness, Satisfaction & Cost

- Student health and educational performance are interdependent.
- A school-based telehealth clinic can bring resources and collaboration to schools located in rural, poor, and medically underserved areas (Burke et al., 2008).
- Telehealth is “increasing access to acute and specialty care for children; helping children and families manage chronic conditions; facilitating health education for children, families and school personnel; and increasing the capacity of school nurses and school-based health centers to meet the healthcare needs of students” (The Children’s Partnership, 2009).
- A study showed a 63% reduction in absence resulting from illness in urban children (McConnochie, Wood, Herendeen & Roghmann, 2005).
- “Health-e-Access was well accepted by a substantial, diverse group of patients….Convenience and convenience-related experience dominated perceptions” (McConnochie et al., 2010).
- Families evaluated an acute-care pediatric telemedicine service in urban neighborhoods and indicated 97.6% satisfaction (satisfied or highly satisfied rating) (McIntosh et al., 2014)
- “The Health-e-Access telemedicine model holds potential to reduce health care costs, mostly through replacement of ED visits for non-emergency problems” (McConnochie et al., 2009).


School Health and Telehealth Program
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TRANSFORMING HEALTH CARE WITH CONNECTED HEALTH TECHNOLOGY

TELEHEALTH STATE POLICY TRENDS

Florida Telehealth Advisory Council
April 21, 2017
We are part of the Public Health Institute, an independent, public interest organization dedicated to promoting better systems of care, improved health outcomes & provide greater equity of health access to quality, affordable care and services for all.
Telehealth technologies are valuable assets to help achieve the “Triple Aim” of improved quality of care, better health outcomes, and lowered costs.

Learn More >>
NATIONAL CONSORTIUM FORMED

CENTER FOR CONNECTED HEALTH POLICY
THE VALUE PROPOSITION FOR TELEHEALTH

Advances in telecommunication technologies can help redistribute health care expertise and resources to where and when it is needed, and create greater value among consumers, public & private payers, and health systems.
1. Timely Access to Quality Diagnosis and Treatment Care

- Primary and Specialty Care Services
- **Live Video or Asynchronous Store & Forward**
- Episodic, Trauma, & Chronic Care
2. Enhanced Consultation/Communication

• Patient/Consumer ↔ Health Care Team
  – Uses secure portal for email communication or live video using smart phone, tablet or computer

• Promotes Care Coordination between Primary Care Provider and Specialist
PRIMARY TO SPECIALIST CONSULTATION

- **eConsult**: a web-based system that allows PCPs and specialists to securely share health information and discuss patient care—NOT “warm handoff”
- Improves **timely access** to specialist while enhancing the PCP knowledge and services
- **Web-based, asynchronous**
3. VALUE OF TELEHEALTH

Remote Monitoring

- Management of Chronic Conditions
- In Home-Aging in Place
- Acute Intensive Care (Tele-ICU)
- Bluetooth or broadband connected
CMS reimbursement policy for Medicaid:

“States may reimburse for telehealth under Medicaid so as long as the service satisfies federal requirements of efficiency, economy, and quality of care.”
TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

The Center for Connected Health Policy helps you stay informed about telehealth-related laws, regulations, and Medicaid programs. We cover current and pending rules and regulations for the U.S. and all fifty states.

Laws, Regulations, Pending Bills State & Federal

Interactive Policy Map

CENTER FOR CONNECTED HEALTH POLICY
KEY POLICY AREAS OF ANALYSIS & REFORM STATES SHOULD CONSIDER

- **Definition**: Telemedicine or telehealth?
- **Reimbursement**: by modality (live video, Store and forward, remote patient monitoring)
- **On-line Prescribing**: In-person exam required?, who is eligible, and what type of drugs)
- **Consent**: (written, verbal, none?)
- **Cross-state licensing**: conditional practice, FSMB compact
- **Private Payer Parity**: (parity of service, payment, conditioned to terms of policies?)
- **Location of Service**: originating site requirements
- **Site Transmission Fee**: yes, no?
44 states (and DC) have a definition for telemedicine

33 states (and DC) have a definition for telehealth

2 states Alabama and New Jersey have no definition for either

As of March 2017
MEDICAID REIMBURSEMENT BY SERVICE MODALITY

Live Video
48 states and DC

Store and Forward
Only in 13 states

Remote Patient Monitoring
22 states
PARITY IN PAYMENT WITH IN-PERSON

34 states and DC have telehealth private payer laws

Some go into effect at a later date.

This is the most common policy change at the state level

Parity is difficult to determine:

- Parity in services covered vs. parity in payment
- Many states make their telehealth private payer laws “subject to the terms and conditions of the contract”
HIGHLIGHTS OF INDIVIDUAL STATES
California Advancement Act 2011

- Replaced “telemedicine” with “telehealth”, and defined it broadly enough to include Store & Forward and RPM.
- Definition is also broad enough to include email and phone, although not explicit.
- Removed limits on the location where telehealth services take place.
- Includes all CA licensed professionals as telehealth providers.
- Requires telehealth reimbursement by private payers and Medicaid, subject to the terms and conditions of the contract.
MISSISSIPPI SB 2646 (2014)

- Requires all health insurance and employee benefit plans to cover store-and-forward telemedicine and RPM, in addition to live video.
- Store and forward must be reimbursed to the same extent as if performed in-person. RPM reimbursement must include a minimum daily rate of $10.
- Prohibits geographic restrictions.
MINNESOTA

• **Live Video Reimbursement**: Telemedicine consults shall be paid at the same rate as in-person services

• **Store and Forward**: Store and forward technology includes telemedicine consults that do not occur in real time, and that do not require a face-to-face encounter with the patient for all or any part of the consult

• **Remote Monitoring**: There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs
Telehealth Definitions
Minnesota

- **Medicaid Program definition**: “Telemedicine” is “the use of telecommunications to furnish medical information and services. Telemedicine consultations must be made via two-way, interactive video or store-and-forward technology.”

- **Live Video Reimbursement**: Telemedicine consultations shall be paid at the same rate as in-person services.

- **Store And Forward**: Store and forward technology includes telemedicine consultations that do not occur in real time, and that do not require a face-to-face encounter with the patient for all or any part of the consult.

- **Remote Monitoring**: There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs.
“Telehealth means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site.” - (HI Statutes § 431:10A-116.3)

New 2016 law requires coverage by Medicaid and private insurers of “telehealth”. (Implementation pending State Plan Amendment)
When Is a State Medicaid Plan Amendment (SPA) Required?

• States are not required to submit a state plan amendment (SPA) to offer coverage of telemedicine if coverage and reimbursement is comparable to in-person services (https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/telemedicine.html)

• However this does not automatically let a state add coverage for a presenting site facility fee because there is no direct in-person equivalent-SPA needed

• Also, any new service offered by telehealth not previously covered for in-person requires a SPA
STATE POLICY BEYOND LEGISLATION:

- **Regulatory** and administrative actions still needed to fully implement legislation
- **Courts** also play a role in interpretation of legislative policy
- Professional **licensing** boards can limit the benefits of legislation
1. MOVING FROM VOLUME TO VALUE

Volume-based
- Pay for service (volume)
- Cost-based reimbursement
- Hospital/physician independence
- Inpatient focus
- Stand-alone care systems
- Illness care

Value-based
- Pay for results (quality/efficiency)
- Shared risk
- Partnerships and collaborations
- Continuum of care
- Community health improvement (HIT)
- Wellness care
THANK YOU-FOR MORE INFORMATION
PLEASE VISIT OUR WEBSITE:
WWW.CCHPCA.ORG
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
21st Century Landscape
States with Parity Laws for Private Insurance Coverage of Telemedicine (2017)

States with the year of enactment:

States with proposed/pending legislation:
- In 2017, Idaho, Iowa, Kansas, Massachusetts, Nebraska, New Jersey, North Carolina, and West Virginia

*Coverage applies to certain health services.
Parity Policy Reforms

- Coverage and reimbursement
  - Service covered
  - Patient setting
  - Eligible provider and provider location
  - Approved technology/modality
  - Type of insurance
  - Additional requirements for informed consent or telepresenter
SB 2052 (ENACTED)

- Private insurance parity and amends state employee health plan coverage
- Allows for payment and coverage of telehealth to be negotiated between providers and payors
- Telehealth includes interactive audio, video or other technologies including S&F; Does not allow the use of audio-only telephone, electronic mail, or fax transmissions
- No provider or patient setting limits
- Health care providers: Physicians, podiatrists, chiropractors, RNs, APRNs, optometrists, PT, OT, SLP, audiologists, dentists, psychologists, LCSWs, respiratory care providers, dietitians, nutritionists, addiction counselors, counselors, naturopaths, and genetic counselors
- Model language:
  - (Consumer protection) An insurer may not deliver, issue, execute, or renew a policy that provides health benefits coverage unless that policy provides coverage for health services delivered by means of telehealth.
  - (Payment) Payment or reimbursement of expenses for covered health services delivered by means of telehealth under this section may be established through negotiations conducted by the insurer with the health services providers in the same manner as the insurer establishes payment or reimbursement of expenses for covered health services that are delivered by in-person means.
Telemedicine Parity Words With Friends

Co-pay, coinsurance, deductible parity

On the same basis

Comparable to

Prohibits prior in-person or face-to-face encounter

Limit coverage to in-network providers

Prohibits annual or lifetime dollar maximum

May not deny coverage/payment

Prior authorization

Prohibits patient setting restrictions

Utilization review

Authorize payor to undertake utilization review

Reimbursement shall be equivalent

To the same extent

On the same basis

Co-pay, coinsurance, deductible parity


Telehealth Parity in Your State

Hawaii

- Telehealth parity law enacted in 1999
- Parity law applies to self-funded state employee health plans offered under HMO
- Updates to law in 2014 and 2016 includes reimbursement parity and inclusion of other health care providers
  - “Reimbursement shall be equivalent”
  - “Prohibits prior in-person/face-to-face”

Oklahoma

- Telehealth parity law enacted in 1997
- 1 of 4 states with 20 years experience with telehealth parity
- Parity law applies to state employee health plans
- 2016 legislation removed informed consent requirements
  - “Prohibits prior in-person/face-to-face”
Crypto Parity in Your State

**Oregon**
- Telehealth parity law enacted in 2009
- 1 of 3 states that cover interactive audio-video only as a condition of their parity law
- 2015 legislation includes parity for self-insured state employee health plans and removed originating site restrictions
- Reimbursement is subject to contract terms
- Parity law authorizes payor to undertake utilization review

**New York**
- Telehealth parity law enacted in 2014 and amended in 2015
- Parity law applies to state employee health plans
- “May not deny coverage”
- “Co-pay, coinsurance, deductible parity”
- Parity law authorizes payor to undertake utilization review
- 2017 legislation introduced to require reimbursement parity (SB 834 and AB 1421)
## Interstate Licensure Models

<table>
<thead>
<tr>
<th>National Reciprocity</th>
<th>Expedited</th>
<th>Mutual Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>No bills pending</td>
<td><strong>Federation of State Medical Boards (Interstate Medical Licensure Compact)</strong> – 18 states joined</td>
<td><strong>National Council for State Boards of Nursing (Enhanced NLC)</strong> – 14 states joined</td>
</tr>
<tr>
<td></td>
<td>Pending: D.C., Georgia, Michigan, Nebraska, Rhode Island, Tennessee, Texas, and Washington</td>
<td>Pending: Colorado, Georgia, Illinois, Iowa, Maryland, Massachusetts, Montana, Nebraska, Nevada, New Jersey, North Carolina, North Dakota, South Carolina, Texas, and West Virginia</td>
</tr>
<tr>
<td></td>
<td>Pending: Iowa, North Dakota, and West Virginia (APRN Compact) – 2 states joined</td>
<td>Pending: Illinois, Missouri, New Hampshire, Rhode Island, and Texas</td>
</tr>
<tr>
<td></td>
<td><strong>Association for State and Provincial Psychology Boards (PSYPACT)</strong> – 2 states joined (Needs 7 states)</td>
<td><strong>Federation of State Boards of Physical Therapy</strong> – 9 states joined (Needs 10 states)</td>
</tr>
</tbody>
</table>

*American Telemedicine Association*
Telemedicine Opportunities

- Telehealth parity for all state-regulated health plans
- Network adequacy
- Specialty Networks
  - Telestroke
  - Mental & Behavioral
- Screenings
- Managing chronic and complex medical conditions
- Workforce shortages and provider availability
- Home-Based Care
- High-Risk Pregnancies
- School-Based Care
- Emergency Disaster Response/Preparedness
- Corrections
- Criminal Justice Reform and Victims’ Services
- Broadband Infrastructure and Connectivity
ATA State Policy Resources

http://www.americantelemed.org/policy-page/state-policy-resource-center

• 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
  o Telemental and Behavioral
  o Remote Patient Monitoring and Home Video Visits
  o Store-and-forward
  o School-based
  o Managed Care
  o Telestroke
  o High-risk Pregnancies
  o Telerehabilitation