TELEHEALTH UPDATE: MONTANA AND BEYOND

Telehealth

Telehealth is the delivery of health-related services via telecommunications technologies

Clinical Applications

- Allergy
- Cardiology *
- Dermatology
- Oncology *
- Pulmonary
- Nephrology *
- Neurology
- Rheumatology *
- Infectious Disease
- Physical Medicine and Rehabilitation *
- CV Surgery Follow-up
- Endocrinology
- Remote Monitoring
- Tele home care
- Remote Diagnostics
- REI
- Genetics Counseling *
- Mental Health
- CD Treatment
- Diabetes Care
- Dietician Services
- Sleep Study Follow-up
- Geriatric Assessments
- EAP
- Burn Care
- Telepharmacy
- Wound Care
- Tele – stroke
- Pediatrics
- Telehospice
- Teleradiology
Education and Administrative Conferencing

- MHA educational programs
- F Chip meetings
- EMS Live
- Statewide Coding workshop
- Statewide Medicaid Meeting
- Legislative session
- MHN meetings

New Projects

- Primary care pilot – Ekalaka, Circle, Terry, Glendive and Billings
- Pediatric Intensivist
- FAhRM Project
- EHR and HIE

FAhRM Project
Frontier Access to Healthcare in Rural Montana

FCC Pilot Project

Montana Health Research and Education Foundation

- Montana Telehealth Alliance
- Maximum support: $1,957,652
- Statewide telecommunications backbone for health information technology
- Connecting 6 hubs PHTN (Billings), EMTN (Billings), REACH (Great Falls), HIEM(Kalispell), St Patricks and Community Medical Center(Missoula)
Vision of the project

- Laying the train tracks
- Transmission of data and video
- End points to hub
- Hubs to cloud

Project Status

- Contract signed
- Paper work at USAC
- Construction this summer
Technology Advancements

- High definition video conferencing – improved picture definition and clarity and improved motion handling critical to patient examination
- Improved audio quality
- Electronic Stethoscope – improved signal quality critical to clinical adoption
- Medical peripheral
- Network convergence – Voice, Video and Data supports the availability of all clinical information necessary to conduct remote patient assessment

Technology

- Physician utilize high definition desktop video conferencing unit
- Patient site utilize high definition clinical cart designed for patient examinations and easy integration of medical peripherals

Barrier to implementing Telehealth

- Cost of equipment and communications
- Lack of providers
- Reimbursement
- Credentialing and Privileging
- Licensure
- Human Factors

Reimbursement - Medicare

- Patient must be presented from an originating sites located in either a rural health professional shortage area (HPSA) or in a county outside of a MSA
- Originating sites – hospital, critical access hospital, provider office, rural health clinic, FQHC, or any federally funded Telehealth program in existence as of December 31, 2000 in a non-metropolitan statistical area
- CPT Codes 99241-99275, 99201-99215, 90801, 90809 and 90862 and HCPCS codes G0308, G0309, G0311, G0312, G0313, G0317 and G0318 (for ESRD-related services) and use a GT modifier
- Eligible provider - Physician, nurse practitioner, Physician Assistant, Nurse midwife, Clinical Nurse Specialist, Clinical Psychologist and Clinical Social Worker, Registered Dietician.
- Facility fee can be charged at the patient site. Fee set every year by CMS
- Process to petition for new codes every year
- Allows for payment of store-and-forward consultation in demonstration projects in Alaska and Hawaii
Reimbursement – Montana

Medicaid
- Covers visits in the same manner as face to face consults
- GT modifier is used to indicate interactive video conferencing
- If the requesting provider is present to provide an additional Medicaid covered service at the time of the consult, Medicaid will reimburse that service

Private payer
- We have few if any denials from private payers for telemedicine services in Montana. Blue Cross, New West, EBMS and others cover telemedicine services on a regular basis
- Encounters are billed using the same CPT code that would be used for an outpatient visit

Credentialing and Privileging

- Effective July 1 CMS will enacted changes to the CoP's as they pertain to the credentialing and privileging of telehealth providers.
- Provision will allow the originating site (pt site) to rely upon and accept the credentialing and privileging decision of the distant site entity (provider location)
- The originating site (pt site) governing body can grant privileges based on its medical staff recommendation, which would rely on the information provided by the distant site hospital.

Health Care Transformation Implications for Telehealth

- Coverage Expansion
- Payment Reform
- Delivery System Reform and Accountable Care

Impact

- Pressure for health systems to be as efficient as possible - information management
- Investment in the infrastructure required for a high-performance health system
Opportunities
Systems of care must become more accountable and improve efficiencies

- Remote Primary Care
- Remote monitoring
- Information Management
- Engaging consumers in their own health
- Informed technically savvy consumer
- “House Calls return”

Future

- Distribution of Resources
- Virtual Presence
- Remote Monitoring Devices
- Going Mobile
- Smart Homes
- Luxury Telemedicine