The Expansion of Centura Health at Home’s Telehealth Program and Telehealth Policy Discussion

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About CCHP

- Research & policy organization exclusively focused on promoting telehealth technologies in CA
- Conduct objective policy analysis & research, develops non-partisan policy recommendations, and operates telehealth demonstration projects.
- Telehealth Model Statute project—spawned AB 415.
Telehealth Advancement Act of 2011
AB 415 (Logue)

OPPORTUNITIES FOR INNOVATION IN TELEHEALTH
AB 415 Background

- Telemedicine Development Act of 1996 put CA at nat’l forefront
- Telehealth advances made law obsolete—created barriers
- Early pioneers—UC Davis, FQHCs & rural hospitals
- CA Medicaid program progressive on telehealth
- Telehealth use still not widespread
AB 415 Background

- CCHP convened Telehealth Model Statute Work Group
- Model Statute Report—Feb. 2011, yearlong process
- AB 415 Sponsor—CA State Rural Health Assn
- AB 415 Author—Asmbly. Dan Logue (R-Chico)
- CCHP provided technical support to author & sponsor
What AB 415 Does

- Updates CA telehealth law—removes restrictions, provides flexibility for the future
- All licensed CA health professionals OK to use telehealth
- Removes policy & practice barriers to telehealth use
Updates CA Telehealth Law

• Replaces obsolete legal definition of “telemedicine” with “telehealth”
• Telemedicine: practice of medicine via live video or “data communications”
• Telehealth: technology-enabled delivery of services
• Non-prescriptive—does not block innovation, allows for future technological advances.
New Definition of Telehealth

Telehealth is the *mode of delivering* health care *services* and public health *via information and communication technologies* to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care *while the patient is at the originating site and the health care provider is at a distant site*. Telehealth facilitates patient self-management and caregiver support for patients and *includes synchronous interactions and asynchronous store and forward transfers*. 
All Health Professionals Can Use Telehealth

Old Law—Limited # of Providers

- Physicians
- Surgeons
- Dentists
- Podiatrists
- Clinical psychologists
- Marriage, family and child counselors
- Dentists
- Ophthalmologists
- Optometrists (in limited scope)
All Health Professionals Can Use Telehealth

AB 415—All Providers*

- Pharmacists
- Nurse Practitioners
- Physician Assistants
- Registered Nurses
- Licensed Vocational Nurses
- Dental Hygienists
- Physical Therapists
- Occupational Therapists
- Speech & Language Pathologists
- Audiologists
- Psychologists
- Osteopaths
- Naturopaths

*Partial List
Removes Policy & Practice Barriers

- Removes ban on email & telephone
- Removes restrictions on locations where telehealth may take place
- Replaces written, telehealth-specific patient consent form with verbal consent
- Removes CA Medicaid rule that providers document barrier to in-person services before using telehealth
What AB 415 Does Not Do

- No mandates—creates opportunities for innovation
- Does not require telehealth use by public or private insurers
- Does not change scope of practice for any licensed CA health professionals.
- Does not change any interstate licensure laws.
Impacts of AB 415

- Triple Aim—Access, Quality, Cost Effectiveness
- Moves telehealth closer to parity w/in-person care
- Removes Barriers to New Technologies
- Removes Barriers on Locations of Telehealth Use
- Removes Barriers to Provider Use of Telehealth
- Removes Restrictive Telehealth-Only Regulations
- Creates a Platform for Innovation
- Raises Awareness & Clarifies Misconceptions
The Federal Landscape

How California Can Impact Federal Policy
Medicare & Medicaid

Medicare

- Rural Restrictions/Health Prof’l Shortage Area
- Live video only
- Limits on types of facilities for telehealth
- Restrictive list of appv’d telehealth services

Medicaid

- Individual states have discretion on reimbursement issues
Reimbursement Issues

• FQHC’s
  • Telehealth not eligible for PPS rate increase—cannot recoup costs
  • New specialty services must be covered w/existing PPS rate
  • Can only bill for 1 visit per day

• CA governor proposes elimination of PPS rate in 2012 budget

• ACA/new payment systems
National Policy Opportunities

**National Rural Health Association**
- Expand geographical eligibility to patients living in or receiving care in a Metropolitan Statistical Area county with less than 30,000 residents.
- Remove geographical patient requirement of living in or receiving care in a Health Professional Shortage Area.

**American Telemedicine Association**
- Proposal to broaden technology-enabled physician services in Medicare
- Improve Medicare process for adding new telehealth services
- Include telehealth in federal health benefit plans
Other State Efforts

- Virginia – SB 675 (2010) mandates health plans to cover services provided via telemedicine
- Texas – SB 293 (2011) includes “telehealth” w/already existing “telemedicine” references in law
- Maine - LD 1073 (2009) mandates health plans to cover services provided via telemedicine
Lessons from CA Experience

• AB 415, like 1996 law, can be a model
• Broad definitions for telehealth that foster innovation and growth, flexibility for the future
• Avoid mandates—build positive regulatory climate
• Build broad coalition of supporters
• Do research and analysis on issues
• Education is crucial to success
National Telehealth Vision

- Seek parity in Medicare for in-person and telehealth services—no distinctions
- Expand providers who can use telehealth—more mid-levels
- Make all facilities/locations OK for telehealth
- MD interstate/nationwide licensure
Contact Information

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Questions?

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Consumer eHealth Affinity Group

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