

# Consumer eHealth Affinity Group



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

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# The Center for Connected Health Policy

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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 a landmark—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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