Telemedicine In The Heartland: Managing Acute/Chronic Care From Afar

Innovations in Telemedicine / Telehealth
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Telemedicine in the Heartland Among the Amish and Plain Communities: Increasing Access to Care
Family Practice

Ability to live either among your patient population or in an area close enough to interact while still living the lifestyle that best fits you and your family or loved ones.
“You are already your own doctor.”

Tom Ferguson, M.D., 1985

Our interactions with the healthcare system are only the tip of the iceberg.

Self-care is and has always been our predominant form of health care.
Telehealth and Telemedicine

INTERCHANGEABLE?

- Telemedicine = billable interactive clinical services (OCN, HealthSpot)
- Telehealth = Broader field of distance health activities.
  - CME
  - Clinical remote monitoring – often at home
Telehealth Types

• Hospitals & Specialties - Specialists see and manage patients remotely
• Integrated Care - Mental health and other specialists work in primary care settings (e.g., PCMH’s, ACO’s)
• Transitions & Monitoring - Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care
Federal Telemedicine Law & Policy (USA)

- Professionals are regulated at the state level (doctors, nurses, counselors, etc.)
  - Medicare: Pays for certain outpatient professional services (CPT codes) for patients accessing care in rural counties and HPSAs in rural census tracts. No regulations; only conditions of payment.
  - Medicaid: Telemedicine is “a cost-effective alternative to the more traditional face-to-face way of providing medical care...that states can choose to cover.”
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| • **CMS-1612-P – Proposed Rule; Comment Period through 9/2/2014**  
  • The rule adds procedures to the telehealth list and includes provisions for a separate payment for chronic care management services. |
CMS Billable codes

- CPT code 90845 (psychoanalysis)
- CPT code 90846 (family psychotherapy without the patient present)
- CPT code 90847 (conjoint family psychotherapy with patient present)
Ohio Medicaid Regulations

- Prescribing to Persons Not Seen by the Physician.
  - 1999 - Rule 4731-11-09 *Prescribing to Persons Not Seen by Physician* developed to promote legitimate physician/patient relationship when prescribing.
  - 2001 - Definition of “practice of medicine” amended to include: use of any kind of communication, including oral, written, or electronic.
  - 2001 - Telemedicine certificate created for out-of-state physicians who provide care to patients in Ohio. The physician has to be licensed in another state and comply with the CME requirements in that state; they don’t have to comply with the CME requirements in Ohio. A physician with a telemedicine certificate cannot come into Ohio and physically exam a patient without obtaining either a full license or a special activities certificate.
  - 2010 - Rule 4731-11-09 amended to recognize “tele-psychiatry” and set standards for this type of practice. It only applies to non-controlled substances.
Medicaid (cont)

- 2012 - Medical Board issued Position Statement on Telemedicine
- 2012 - Medical Board issued Interpretive Guideline on Rule 4731-11-09 based on advances in technology
- 2014 - Rule 4731-11-09 updated to incorporate information from the Interpretive Guideline
  - Established requirement to personally physically examine and diagnose patient prior to initial prescribing with certain exceptions.
  - Incorporates expanded definition from the Interpretive Guideline to allow for situations where a physician can remotely examine a patient.
  - Maintains higher standard for prescribing of controlled substances as a result of additional risk factors (abuse, addiction, diversion, polypharmacy).
Physically Examine?

- In general, the type of models we are looking at today (OCN/HealthSpot) would qualify for an evaluation because the physician is able to have diagnostic equipment.
- Having diagnostic medical equipment is key in the interpretation guidelines and will be incorporated into the Medicare amendment.
Mainstream?

• **Anthem**
  • first national health plan to provide benefit coverage for telehealth visits
    • regardless of reimbursement mandates in any given state
    • using contracted and credentialed physicians
    • A telehealth solution which meets 100% of the Federation of State Medical Board guidelines for safe and effective telehealth.
    • Decision based on the recognition of the great need for and benefit of making care available and reimbursable via proper telehealth technologies – a recognition shared by the American Medical Association in its Report: Coverage of and Payment for Telemedicine.
Products/Devices

- ECG check
- Welch Allyn – Panoptic attachment
- Blue Tooth Stethoscope – Telesteth
- Blue Tooth – Ophthalmoscope/Otoscope
- HeathSpot/OCN
- Digital X-rays
- Helo LX
PM10 Portable ECG ($50)

https://youtu.be/CJHSm6_t_Z
4?t=28s
ECG check for Iphone ($139)

- [https://www.youtube.com/watch?v=s7Hei1Fi-O8&feature=em-share_video_user](https://www.youtube.com/watch?v=s7Hei1Fi-O8&feature=em-share_video_user)
Normal result

Tap here to view full report

Duration: 43 seconds

January 08, 2015 04:15 PM

Heart Rate (BPM)
Min 69 Max 85 Avg 75

Notes
None
iExaminer($11)
Blue Tooth for iPhone ($200)
Maternity/Infant care
Fracture Care
TeleSteath Littman ($400+)

https://www.youtube.com/watch?v=_nOD_V5Z77c
Blue Tooth Stethoscope Head
Rash
Cellscope ($300)
Cellscope
Cellscope
Why did HealthSpot fail? The telemedicine industry weighs in
Patient View
Helo LX

- https://youtu.be/pSLvh8Fk6TY
• If you are 18 years or older, you are cordially invited to share your opinion about what can be used to measure an individual’s health status (as opposed to disease status). Your perspective will help to provide a foundation for the more consistent, accurate, and convenient measurement of preventive services. It should take 10 - 20 minutes to complete the survey. You are more than welcome to share the link with your friends and family. We look forward to your input!

• https://ohio.qualtrics.com/jfe/form/SV_1TBjXjjcgXHbSMB

• For any questions or comments about the survey or project, please contact Dr. Xia Jing at jingx@ohio.edu.

• Thank you in advance for your time and participation!
• Invitation to complete a survey on "Clinical decision support systems (CDSS) rule management and maintenance survey for primary care providers (PCP)"

• The objective of this survey is to assess the technical needs for CDSS rule management and maintenance in limited technical support PCP settings. The survey link is https://ohio.qualtrics.com/jfe/form/SV_007kudvL0q5LeCh. Please feel free to share the link with your PCP peers. The results will be analyzed, aggregated, and reported anonymously. Your participation will contribute to future improved primary care facilitated by consistent and updated CDSS services.

• Any suggestions, comments, or questions, please send emails to Xia Jing (PI), jingx@ohio.edu.

• *Project expert panel*: Dean F. Sittig, Adam Wright, Kensaku Kawamoto, Joan S. Ash, Paul Biondich, David Robinson, Christian Nøhr, Arild Faxvaag,

• *Physician consultant*: Tim Law

• *Technical consultant*: Lonnie Welch

• *Statistical consultant*: Lina Himawan
REFERENCES

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• http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1612-P.html
• www.umtrc.org
• Federation of State Medical Boards Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine: ratified April, 2014
• American Medical Association, REPORT 7 OF THE COUNCIL ON MEDICAL SERVICE (A-14) Coverage of and Payment for Telemedicine: Finalized June, 2014