



Population Health Advisor

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Navigating the Telehealth Landscape

Strategies for Financial Viability and Regulatory Compliance

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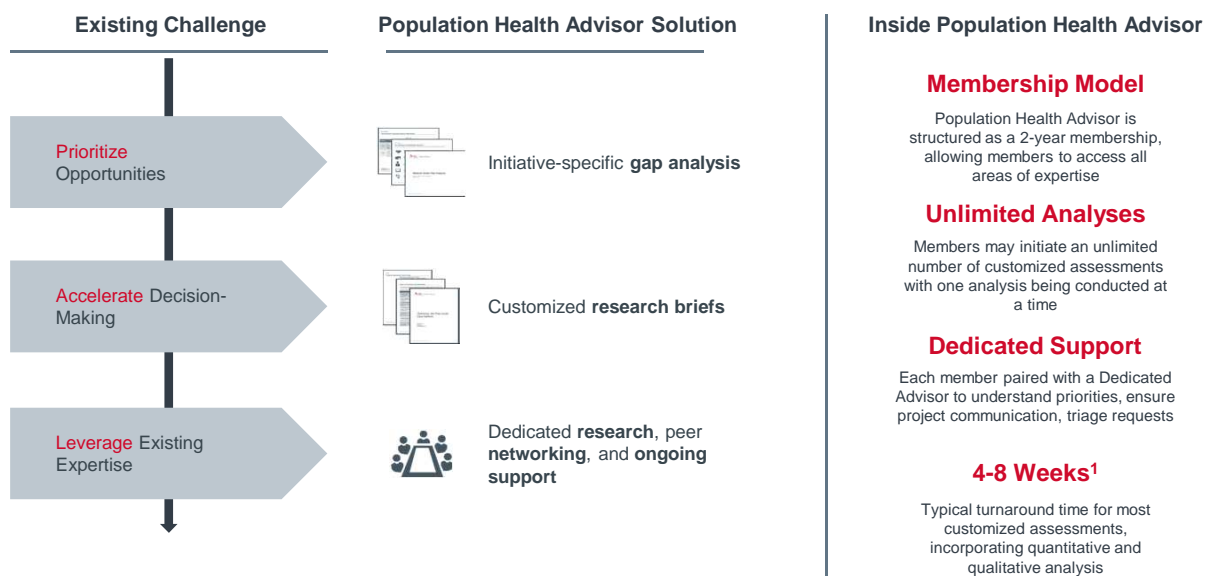
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Introducing Population Health Advisor

Customized Support for Care Transformation Leaders

Population Health Advisor

Organization-specific analyses to support prioritizing, executing, and monitoring progress of critical population health initiatives through quantitative and qualitative assessments, custom research, and access to expertise



1) Upon receipt of any requested data and completion of survey and stakeholder interviews.

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Source: Population Health Advisor interviews and analysis.

1 Rationalizing Telehealth Services

2 Telehealth Regulation and Compliance

3 Q&A Opportunity

4 Next Steps

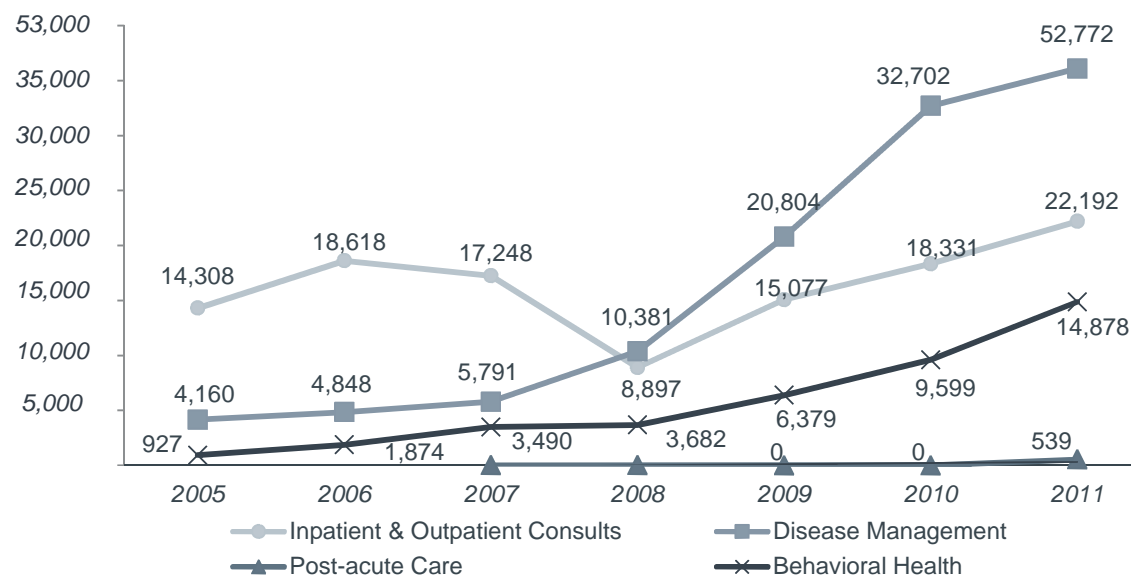
Telehealth Inclusive of Several Delivery Mechanisms

	Telehealth Category	Definitions
Established Technologies	Store and Forward	Asynchronous transmissions of images, test results, or other data
	Live Consultations	Remote, synchronous services provided via live videoconferencing
	Remote Monitoring	Real-time transmission of patient vitals or other clinical parameters
Emerging Technologies	Direct-to-consumer	Communication and data/image transfer between providers and patients via computers, tablets, and smartphones

Telehealth Encounters on the Rise Nationwide

Trends in Medicare-Billed Telehealth Encounters

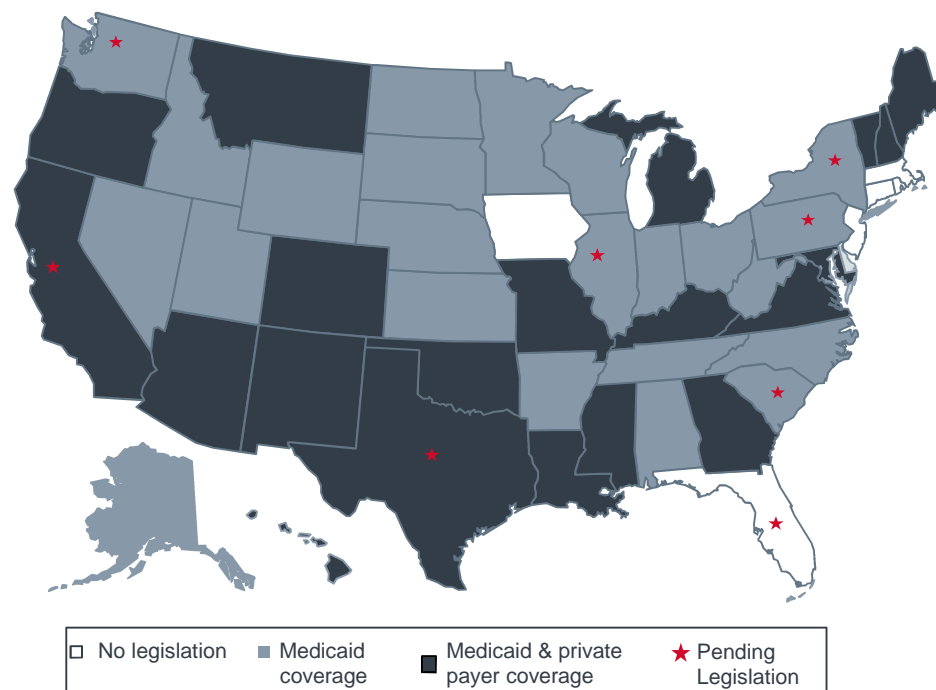
2005-2011



Reimbursement Climate Gradually Improving

Overview of Telehealth Coverage

Legislation Mandating Any Telehealth Coverage as of April 2014



Providers Pursuing Alternative Funding Models

Alternative Models Often Used Alongside Available FFS Reimbursement

Subscription-Based Services



- Often used for live consultation or monitoring programs
- Remote sites pay a given amount annually or per month for the telehealth service(s)
- Bundles can be created to encourage spokes to take on more than one consult service

“Per Click” Offerings



- Often used for live consultation or store-and-forward programs
- Remote sites or individuals pay a given amount each time a telehealth encounter takes place
- Best used with remote sites that have low demand for a particular specialty or direct-to-patient offerings

Leverage Telehealth to Meet Strategic Goals

Strategies Supported by Telehealth Deployment



Meet Community Care Needs

- Extend specialty care to rural sites
- Leverage provider expertise across large systems
- Eliminate unnecessary patient and provider travel



Capture Additional Market Share

- Offer convenient access to otherwise inaccessible offerings
- Build relationships that can lead to high-acuity patient transfers
- Defend against market disrupters

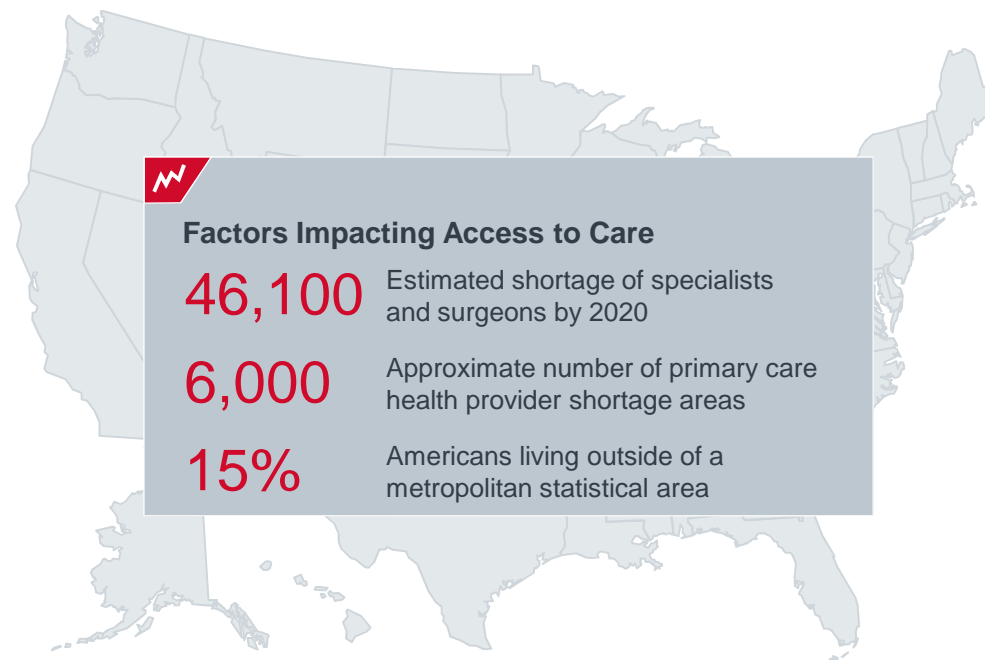


Manage Populations

- Encourage timely utilization of health services, including primary and urgent care
- Facilitate prevention and wellness through home monitoring and remote patient management

Timely, Convenient Care Still Unavailable for Many

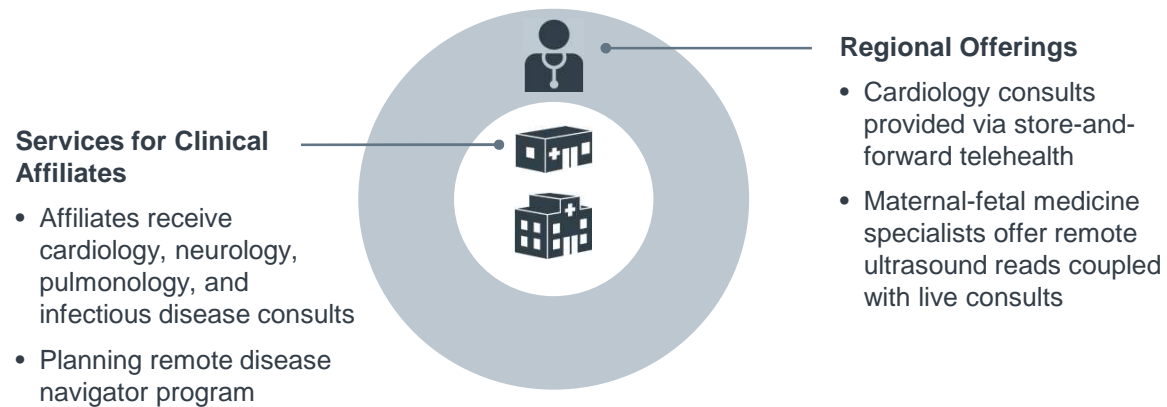
Growing Provider Shortages Limit Access



Source: Association of American Medical Colleges, "Medical Experts Say Physician Shortage Goes Beyond Primary Care," available at: <https://www.aamc.org/newsroom/reporter/february2014/370350/physician-shortage.html>; Housing Assistance Council, "2013 Rural Policy Brief," available at: http://www.ruralhome.org/storage/documents/rbriefs/rpb_omb_outside_metro.pdf; HRSA, "Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations," available at: <http://www.hrsa.gov/shortage/>; Population Health Advisor research and analysis.

State Support Enables Telehealth Development

Telehealth Offerings for Affiliated and Independent Providers



Case in Brief: Norton Healthcare

- Not-for-profit system of five hospitals, 12 Immediate Care Centers, and over 90 practices
- Began developing telehealth fifteen years ago as an access strategy for the surrounding underserved rural community
- State-mandated reimbursement and development of Kentucky Telehealth Network facilitated program growth

Network Investments Led to State-Wide Presence

Palmetto State Provider Network (PSPN) Connects 80 South Carolina Facilities



MUSC Championed Network Development

Leaders at MUSC joined three other South Carolina health systems to build PSPN with grants from the Federal Communications Rural Healthcare Pilot Program

MUSC Leverages PSPN to Offer Wide Variety of Telehealth Services

MUSC asks potential spokes connected to PSPN to identify their specialty care gaps and internally recruits physicians to provide telehealth consults



Case in Brief: Medical University of South Carolina (MUSC)

- 700-bed academic medical center with 14 primary care practices throughout the state and several specialty clinics
- Partnered with three other South Carolina health systems to develop PSPN
- Offers telehealth services in MFM, behavioral health, stroke, primary care/wellness, intensive care, and school consultations

Consumer Preferences Driving Delivery Transformation

Four Reasonable Patient Expectations

Proximity



- Access within driving, walking distance
- Located near other services, retail stores

Accessibility



- Appointments available on weekends, evenings
- Short wait times
- New patients accepted

Capability



- Knowledgeable, licensed clinicians
- Ancillary services easily accessible

Affordability



- Reasonable out-of-pocket cost
- Insurance coverage for typical services

Attracting New Volumes Through Convenient Care

Expanding From Covered Populations to the General Public

Employee Base

"Franciscan Anytime"



Improve access to reduce costs (avoidable ED visits, treatment delays)

Patient Cost

- \$19-\$35 per virtual visit
- \$85-\$90 for home visits
- Free telephonic care

Current Patients

"Franciscan After-Hours"



Extend availability of care for established patients through after-hours service

Patient Cost

- \$35 per virtual visit

General Population

"Franciscan Virtual Urgent Care"



Provide care on the patient's terms to attract new volumes, extend Franciscan brand reach

Patient Cost

- \$35 per virtual visit



Case in Brief: Franciscan Health

- Seven-hospital integrated delivery system based in Tacoma, WA
- Partnered with Carena, Inc. in 2010 to provide virtual care and house calls
- Expanding Franciscan Virtual Urgent Care to general population as new patient acquisition strategy, aiming to generate >1,450 referrals to the system in first year

Building Brand as Innovative Care Provider

Mather Health Seeking Market Differentiation through Telehealth Services

Virtual Clinics Offer Specialty Services in Suburban and Rural Settings



- Space dedicated in three facilities for telehealth consults with specialists from Mather's flagship hospital
- Offerings chosen based on community's outstanding clinical needs
- Service provided at no cost to patients

Virtual Visits Facilitate Immediate Access to Care or Connection to Established Provider



- Virtual visits offered through online portal
- Patients choose between asynchronous or live consult with a provider within 30 minutes and hearing from their own PCP within 24 hours
- Patients pay out-of-pocket or through insurance



Case in Brief: Mather Health¹

- Integrated delivery system with over 10 hospitals and 300 outpatient sites
- Transformed telehealth strategy in 2011 from service-line based independent projects to centralized program focused on expanding access to care and investing in next-generation care delivery models

1) Pseudonym.

Telehealth Encourages Right Care at Right Time

Two Common Modalities for Telehealth-Enabled Population Management



Virtual Visits

- Includes both video consults and asynchronous consults via a patient portal or email
- Often accessed from the patient's home
- Typically oriented toward urgent care or ongoing chronic disease management
- Ensures timely access to care, which supports disease management efforts and may prevent patient leakage



Remote Monitoring

- Involves placing a monitoring device in a patient's home for daily collection of biometrics
- Nurse or technician monitors data feed and connects with patient and/or care team in the event of negative trends
- Typically used for recently discharged patients or borderline high-risk patients
- May prevent readmissions and disease exacerbations

Slotting Virtual Follow-Up into Existing Downtime

Daily Schedule	
9:00	In-Person Clinical Visit <i>Chronic Disease Intake</i>
9:30	
10:00	Virtual Consult <i>Chronic Disease Follow-Up</i>
10:30	
11:00	

Offers Virtual Follow-Up Option for Ongoing Chronic Disease Management

- Both phone and video virtual visits are conducted for chronic disease management and follow-up
- In-person clinical visits booked for 60 min, typically run 30-40 min
- 10-20 min virtual consults slotted into excess time throughout the work day



Case in Brief: Massachusetts General Ambulatory Practice of the Future

- Primary care innovation pilot clinic located in Boston, MA
- Uses multidisciplinary care teams and technology to support both in-person/in-practice visits as well as virtual visits; virtual visits replace in-person visits for disease monitoring/management, weight management, blood pressure monitoring, etc.

Maximizing Impact of Telemonitoring Data

Tailor Data to Meet Needs of Providers and Patients



Case in Brief: CentraCare St. Cloud

- Not-for-profit health care system consisting of six hospitals, nursing homes and senior housing communities, and 17 clinics across Central Minnesota
- Began telemonitoring 11 years ago to reduce readmissions among heart failure patients; expanded eligibility to all home care patients based on complexity and readmission risk

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Trend Toward Streamlining Licensing Process



Current State of Telehealth Licensure Requirements

>20

Number of states requiring remote providers to become licensed and meet other state requirements

10

Number of states offering a telehealth-only license

Federation of State Medical Boards Licensure Compact Draft

Interstate Medical Licensure Compact

- Physicians designate a "home state"
- Physicians file an application for expedited licensure with the board of medicine of their home state
- Physicians complete the registration process established by the Interstate Medical Licensure Compact Commission, the body charged with administering the Compact
- Physicians pay any fees required by the board of medicine of the participating state where they are seeking licensure in addition to any other fees established by the Commission

Many Providers Face Prescribing Barriers

Wide Spectrum of Online Prescribing Privileges



Case in Brief: Virginia Prescribing Statute

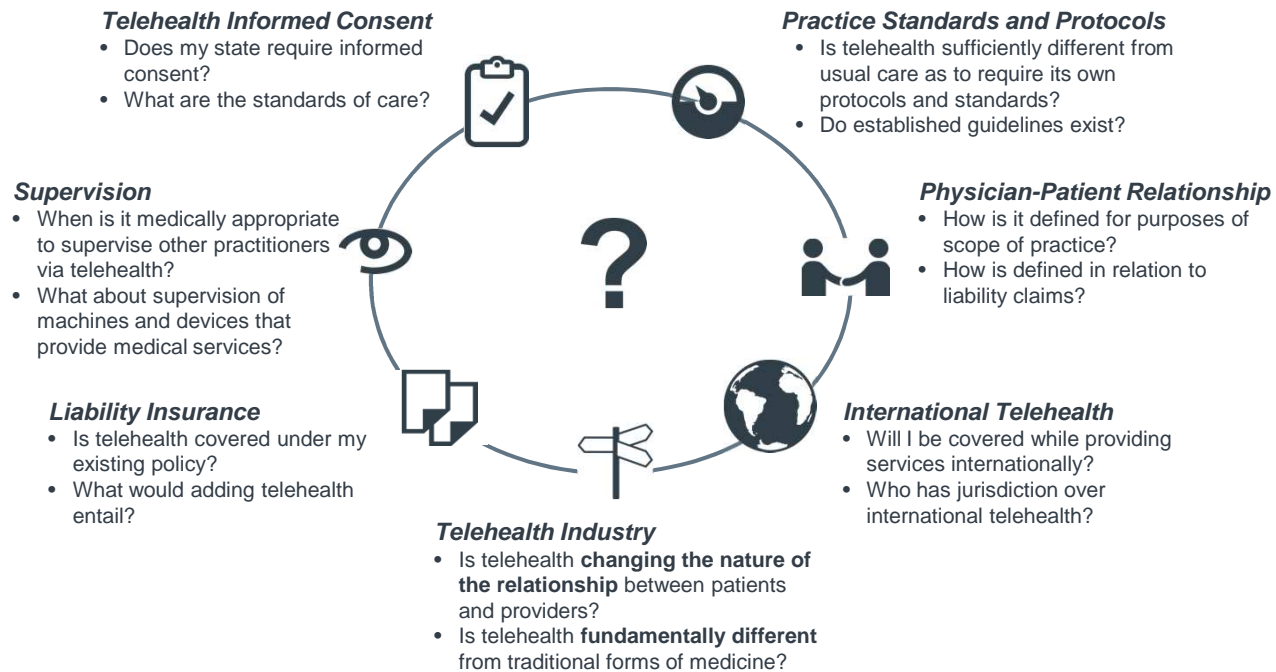
- Permits a physician to prescribe medication to a patient as long as there is a bona-fide physician-patient relationship
- Bona-fide physician-patient relationship means the physician needs to conduct a physical exam of the patient either in-person or "by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically"

HIPAA Security Considerations

- Sharing data and management responsibility with other providers
- Determining what should be maintained as part of the medical record
- Complying with privacy laws in multiple states (interstate telehealth)
- Incorporating telehealth risks into compliance program
- Web-based platforms (Skype, etc.) for delivery of treatment
- Transmission security
- Breach notification (verifying breaches)
- HIPAA privacy training and education for telehealth providers
- Business Associate Agreements with technical providers (non-covered entities) supporting telehealth services
- Presence of non-clinical personnel supporting telehealth services
- Distribution of *Notice of Privacy Practices* to telehealth patients

Liability a World of Unresolved Questions

Common Medical Liability Questions



Legislators Increasingly Addressing Telehealth

Pending Telehealth Legislation

1 Telemedicine for Medicare Act

Would allow a Medicare-participating practitioner who is licensed or otherwise legally authorized to provide a health care service in a state, to provide telemedicine services to a Medicare beneficiary in a different state in which the practitioner is not licensed

2 Veterans E-Health & Telemedicine Support Act

Would allow Department of Veterans Affairs health professionals to provide telemedicine services through the VA to regardless of where the health care professional or the patient is located

3 Medicare Patient Access and Quality Improvement Act

Includes provision requiring the US Government Accountability Office to study and report on the use of telehealth in federal programs and identify issues that can facilitate or inhibit the use of telehealth under the Medicare program

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Submit Questions Via the Question Panel

Q&A With Webinar Presenters



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Research Terrains Span Array of High-Impact Topics

Population Health Advisor Areas of Focus

Population Health Leadership	Primary Care/Medical Home	Care Management	Post-Acute Care
<ul style="list-style-type: none"> • Population health strategy diagnostic • Population health management structure and responsibilities: <ul style="list-style-type: none"> – Chief transformation officer – Directors (e.g., care management, post-acute) – Physician champions – Task forces and committees • Investment prioritization planning • Population health performance, accountability • Change management and communication strategy 	<ul style="list-style-type: none"> • Medical home 360-performance assessment <ul style="list-style-type: none"> – Leadership – Team-based care – Care coordination – Patient/family engagement – Patient access – Health IT – Staff training and support – Consistency across clinic sites • Top-of-license assessment • Medical neighborhood coordination • Behavioral health integration models 	<ul style="list-style-type: none"> • Care management staffing assessment • Care management gap analysis • High risk patient management models • Patient and family engagement • Avoidable ED utilization management • Care transition optimization • Polypharmacy management models • High-priority patient program assessments: <ul style="list-style-type: none"> – Diabetes – Geriatrics – Behavioral health 	<ul style="list-style-type: none"> • Network development and partner identification <ul style="list-style-type: none"> – Volume and referral analysis – Readmissions assessment • SNF scorecard development • PAC care transitions gap analysis • Hospice and palliative care • Home health • Partnership opportunity assessments <ul style="list-style-type: none"> – Hospital-PAC information exchange – Joint leadership and management – Staffing models – Staff education – Patient education, engagement

Next Steps from Today's Webinar

- Please remember that the content discussed today is a small excerpt of the custom assistance we provide care transformation leaders and their teams through Population Health Advisor
- You may request more information on Population Health Advisor or a one-on-one conversation in the post-webinar survey
- Both Population Health Advisor and Epstein Becker Green will follow up to discuss next steps for your organization; but please feel free to contact us directly with comments, questions, and other inquiries

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