

THE PROMISE OF TELEHEALTH, PART I IN A SERIES ADDRESSING THE ROLE OF TELEHEALTH IN THE DELIVERY OF HEALTH CARE IN NEW YORK

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In the Executive Budget released January 16, 2018, New York Governor Andrew M. Cuomo proposes to expand access to Medicaid-covered telehealth services. With improvements in telecommunications technologies, telehealth is growing rapidly in acceptance and adoption. This is the first in a series of analyses intended to familiarize providers and others with telehealth and its emerging uses.

What is Telehealth? Telehealth is the use of electronic information and communication technologies to deliver healthcare services, such as patient assessment, diagnosis, consultation treatment and education, to patients located at a different location. There are several different modalities of telehealth including:

- **Vide Conferencing**, which involves the use of synchronous (real-time) two-way electronic audio visual communications to deliver services;
- **Remote patient monitoring**, the use of synchronous or asynchronous electronic communication technologies to collect information and medical data from a patient and transmit it to a telehealth provider;
- **Store and forward technology**, involving asynchronous electronic communications to transmit a patient's health information in the form of digital images to a telehealth provider; and
- **Mobile health**, or mHealth, a general term commonly used to describe the use of wireless technology – such as mobile phones and applications, patient monitoring devices, wearable sensors – in the delivery of medical care.

What are the Benefits of Telehealth? The great promise of telehealth is the prospect of hitting the “Healthcare Trifecta”: improved access to care, healthier communities through better outcomes, and overall cost savings to the system.

- **Improved Access to Care.** An abundance of research demonstrates that telehealth improves patient access to care and convenience in obtaining care. The use of telehealth can increase access to specialty care, leverage workforce capacities, and allow patients to seek care closer to home so they do not need to travel long distances for consultations.

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- **Better Outcomes.** There is growing evidence for the clinical effectiveness of telehealth. In June 2016, the federal Agency for Healthcare Research and Quality issued a technical brief synthesizing the literature on telehealth. The analysis found a large volume of research reporting that telehealth interventions produce positive outcomes when used for remote patient monitoring, broadly defined, for several chronic conditions, and for psychotherapy as part of behavioral health. For these applications, the brief concluded, the research focus should shift to promoting broader implementation and addressing barriers.
- **Cost Savings.** There is also mounting evidence that the use of telehealth can save time and money by avoiding costly office and emergency room visits. Other potential benefits bearing on cost include timelier access to providers; decreased hospital readmissions; reduced use of institutional care; reduction or prevention of complications; improved access to patient training and educational resources; and improved continuity of care and case management.

What are the Challenges of Telehealth? As with any emerging technology, telehealth presents challenges. These include reimbursement limitations, statutory and regulatory barriers, investment costs, broadband access considerations, and privacy and security issues, to name a few.

- **Reimbursement Limitations.** Under Medicare, the individual receiving telehealth services must be located in a telehealth “originating site,” such as a physician’s office, hospital, skilled nursing facility, federally qualified health center, or other site described in the statute. State Medicaid programs may impose similar restrictions. Due to the originating site requirement, patients may need to travel long distances to receive services. According to an April 2017 Government Accounting Office Report to Congressional Committees, “Medicare models, demonstrations, and a new payment program have the potential to expand the use of telehealth and remote patient monitoring.”
- **Statutory and Regulatory Barriers.** New York and other states require the practitioner to be licensed in the state where the patient is physically located. Aside from the challenge of keeping up with interpretations in multiple jurisdictions, this is an uneasy fit when a patient travels temporarily out of state. The rules governing eprescribing and controlled substances present additional challenges for telehealth. Additionally, there are credentialing and privileging issues, because services usually involve patients and practitioners at two or more different facility sites. These are just a few of the statutory and regulatory barriers that arise with the adoption of telehealth.
- **Investment costs.** Telehealth involves investment costs. In the short term, government-sponsored initiatives, including transformative grant funding, may become available to help defray the costs of telemedicine equipment and IT support.
- **Access to Broadband.** Providers and patients need reliable access to high-speed Internet to expand the use of telehealth. In 2016, according to the Federal Communications Commission’s Broadband Progress Report, nearly 40% of rural Americans lacked such access.
- **Privacy and Security Issues.** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) applies regardless of whether providers provide treatment in person or through telecommunications technology. In addition, telehealth presents specific privacy and security challenges and vulnerabilities, which telehealth providers need to anticipate and address through risk analyses and privacy and security policies.

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How Can Telehealth Change the Delivery of Health Care?

Despite challenges, telehealth holds the potential to transform the delivery of care. Patients are increasingly willing to pay to receive health care at their own convenience and, more and more, payors are paying attention as providers begin to tap the potential.

In December 2017, New York-Presbyterian Hospital announced a partnership with Walgreens to open an urgent-care kiosk at a Duane Reade pharmacy in Manhattan, where patients can connect to emergency-medicine doctors via video conference. The kiosk is equipped with diagnostic tools, including a thermometer, blood-pressure cuff, pulse oximeter, and a dermascope for high-resolution images of the skin. These diagnostic tools expand the scope of care to allow for digital urgent care visits for low-acuity conditions and second opinions.

Earlier in 2017, the Veterans Administration, one of the largest healthcare payors and providers, announced three initiatives to expand access to health care for veterans. One authorizes VA providers, using telehealth, to serve veterans wherever the provider and veteran are located. Another provides a secure and web-enabled video service to connect veterans with providers by video on smartphones and computers. A third allows veterans to use smartphones or computers to schedule and modify appointments. These initiatives aim to connect veterans with services where they live.

In skilled nursing facilities and home care settings, telehealth offers the potential to help staff monitor resident health and safety by collecting data on vital signs, movement, and other biometric information to speed detection and response when resident conditions change. Telehealth can facilitate access to urgent care for unplanned emergencies and to specialists for scheduled visits. This may increase coordination, improve the timeliness and quality of care, avoid unnecessary off-site transports, and reduce unnecessary hospitalization.

CONTACT US

What is your vision for the use of telehealth? As you explore the many possibilities, please stay tuned for upcoming alerts from Hodgson Russ that will analyze ongoing developments and explore the emerging role of telehealth as it relates to the delivery of health care in New York.

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