

Telemedicine 2.0: It's All About Access and Wellness

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I wrote many articles on telemedicine when it was “fashionable” to discuss telemedicine and healthcare. This dates back to well over 10 years ago when physicians and other providers touted the benefits of telemedicine, not to mention the profits that could be gained from a more streamlined process of delivering healthcare. Now, with the ratification by the Supreme Court of the Patient Protection and Affordable Care Act (PPACA) and the alignment of Accountable Care Organizations (ACOs), telemedicine is again fashionable, although in a much different and more progressive way than 10 years ago. And now, proposed legislation for 2013 could bode well for telemedicine in this new landscape of healthcare reform.

My articles on telemedicine over the years have focused on the utter complexities in the regulatory environment for setting up telemedicine companies and delivering healthcare via telemedicine. Countless numbers of regulatory issues acted as a barrier to proper licensure of physicians for telemedicine and varied considerably by state. Back then, there were many calls for reform by physicians asking for a more streamlined regulatory environment regarding telemedicine licensure; but years later, even today, the regulatory environment for telemedicine is mired with complexities.

As recently as January 15, 2013, a new study showed that remote telemedicine visits by monitor, called e-visits, tend to be just as effective as office visits when treating patients for sinus infections and urinary tract infections.¹ This recent article led me to ask the question: Have there been any reports that telemedicine services are bad for patients or somehow detrimental to patient health? I'm convinced that the answer is no, and that all we hear about in the use of telemedicine is improved access as well as improved healthcare for the patients who participate. After all, telemedicine, even if not effective, provides additional care to those who need it, provides higher quality care to those who need it, or provides care to those that would not have had any medical care without it.

With all the touted benefits of telemedicine over the years, still no uniform system of telemedicine has been developed in the law that would approve physician licensure and the promotion of telemedicine across state lines. This regulatory barrier to telemedicine has admittedly prevented the nation from embracing widespread use of telemedicine. All that was developed in the law was a recent Centers for Medicare & Medicaid Services (CMS) rule regarding provider reimbursement.

On May 5, 2011, CMS published a final rule entitled “Medicare and Medicaid Programs: Changes Affecting Hospital and Critical Access Hospital Conditions of Participation: Telemedicine Credentialing and Privileging” that implemented a new credentialing and privileging process for physicians and other practitioners providing telemedicine services.² The final rule modifies the Medicare conditions of participation to permit hospitals to rely on the credentialing and privileging determinations of another hospital or telemedicine entity, rather than make an individualized decision based on the practitioner's credentials and record. The final rule reduced the burden of the traditional credentialing and privileging process for Medicare-participating hospitals and Critical Access Hospitals (CAHs) in order to improve access to specialty services for patients while further reducing the regulatory burden imposed on hospitals and CAHs. But while CMS notably supported better access to telemedicine by making it easier for hospitals to use and get paid for telemedicine services through its rule, the rule did nothing to amend the overall regulatory/licensure problems among states' laws that still exist for telemedicine.

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But now the landscape in healthcare has provided fertile ground for a renewed attempt to promote telemedicine. Healthcare reform focuses on ACOs as the bastion of wellness, while placing 30,000,000 uninsured Americans more

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actively into our healthcare system. As I have discussed over the years, the PPACA increase in *access* to healthcare for Americans will have a concomitant negative effect on the *quality* of healthcare. The age-old proverb of access versus quality in healthcare still applies: if you increase access to healthcare, quality must decrease. It's a simple supply-and-demand issue such that healthcare providers cannot spend more time with fewer healthcare provider staff members to cover the millions of additional Americans who will have health insurance coverage under healthcare reform.

Telemedicine streamlines the process by which patients can receive health services.

This dynamic of increased access cries out for telemedicine support and development. What easier way to provide healthcare to millions of Americans with fewer physicians available than by using telemedicine? After all, telemedicine streamlines the process by which patients can receive health services, and that benefit could prove profitable for telemedicine providers coming into the age of PPACA.

Furthermore, PPACA's encouragement of ACO development is important for telemedicine as well. ACOs attempt to gather various healthcare providers together in order to serve a defined patient population. ACO success is premised on keeping people out of the hospital, keeping them well, and keeping them away from the healthcare system as much as possible to save resources for others coming into the healthcare system. The whole shared-savings program under ACOs is dependent on the promotion of wellness, as opposed to traditional reactionary medicine that focuses on fixing the problem after it becomes a problem. In fact, one author pointed to three specific ways that telemedicine can help ACOs flourish in this new age of healthcare reform:

1. Telemedicine provides patients with an avenue to receive unlimited access to a medical professional.
2. Telemedicine offers ACOs a means of monitoring patient populations and reducing readmissions.
3. Telemedicine advances the legislative intent of ACOs to provide evidence-based medicine and engage patients.³

With PPACA, never before has there been a collision of interests, both increased access and the promotion of wellness, on such a large scale in the United States. This collision of interests begs for the need of a streamlined telemedicine system.

But the new telemedicine is nothing like the original concept of years ago. Technology has changed the face of healthcare, and the new mobile health (m-health) initiative is spreading like wildfire.⁴ Why m-health? Because

m-health helps to answer all of the interests promoted by healthcare reform: increased access and wellness.

Now telemedicine has turned from physicians providing care through a video screen to physicians being able to monitor, 24 hours a day, 7 days a week, the wellness of each patient through the use of m-health applications or other mobile wellness devices. In essence, m-health takes the provision of healthcare away from the physician and places it into the patient's own hands, just with physician monitoring. This dynamic promotes m-health as a way to solve the challenges presented by PPACA.

The time has never been so right for the newly proposed Telehealth Promotion Act of 2012 (H.R. 6719) to tackle directly the two burdens on telemedicine today: 1) licensure; and 2) reimbursement. The proposed legislation, introduced December 30, 2012, is groundbreaking because not only does it remove barriers with CMS for provider reimbursement, but it also provides for a new standard of medical licensure for telemedicine. Under this legislation, providers would need to be licensed only in the state of their physical location and would be free to treat eligible patients anywhere in the nation. This is what telemedicine experts have been waiting for, a truly streamlined mechanism to allow able and willing physicians to treat patients remotely through telemedicine without worrying about violating current state laws that may restrict the ability of a physician licensed in one state to treat any patient outside of the physician's state.

The bill proposes many obvious fixes to the current laws on telemedicine that industry devotees have been promoting for years to advance telemedicine. The bill also proposes a series of improvements in existing Medicare and Medicaid programs, all of which would significantly augment the role and impact of telemedicine. These changes include:

- Incentivizing hospitals to lower readmissions with telemedicine, by offering them a share of the total cost savings;
- Expansion of the "Medical Home" coordinated-care option;
- Exempting ACOs from telehealth fee-for-service restrictions and allowing ACOs to use telemedicine as an equivalent substitute for in-person care;
- Launching new pilot programs for remote patient monitoring for up to 10 Department of Health and Human Services-designated conditions;
- Adjusting reimbursement timelines for home health to better facilitate remote patient monitoring; and
- Creating a telemedicine service option in Medicaid to treat high-risk pregnancies.⁵

According to Jonathan Linkous, chief executive officer for the American Telemedicine Association, "his bill represents a panacea for federal involvement in telemedicine, eliminating archaic barriers and expanding opportunities

for remote healthcare. If passed, this bill will almost instantly make our Federally-funded health system more effective and more efficient.”⁵

The time for rapid telemedicine development has arrived in the United States.

With all the focus on wellness and increased access to care, the time for rapid telemedicine development has arrived in the United States. As we see technology advancing telemedicine into telehealth and m-health, with new devices and monitoring apps on phones and beyond, the nation’s healthcare program can only benefit from these innovations. Whether it is pill bottles that light up and text patients to remind them to take their medications, or

remote physician monitoring, or e-visits, the time for telemedicine has finally come. Now it is up to U.S. lawmakers to develop and coddle this age of health innovation to foster the efficient promotion of healthcare in our nation. ■

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