Hawai`i Telehealth Update

Christina Higa, University of Hawai`i
Hawaii State Rural Health Association Annual Conference
“Telehealth Solutions for Rural Hawai`i”
October 23, 2014
Sheraton Kauai Resort-Poipu Beach
Presentation Outline

• Snapshot of some Hawaii Telehealth Initiatives
• Policy Updates – Good News/ Bad News
  ✓ Reimbursement
  ✓ Malpractice
  ✓ Licensure
Snapshot Highlighted Initiatives

What’s Working and Why?
Best practices in our State.
Hawaii Highlights

• Shriners Hospital for Children/ Hawaii Emergency Medical Services for Children (EMSC)
• VA Pacific Islands Health Care System
• DOD Tripler Army Medical Center
• Department of Health - Genetic Counseling
• Department of Health – Children and Adolescent Mental Health Division (CAMHD)
  ♦ Hawaii Stroke Network
  ♦ Home Outreach Program and eHealth (HOPE)
  ♦ UH JABSOM Continuing Medical Education
Hawaii Stroke Network
(Dr. Matthew Koenig)

Need: ED need access to neurologist to determine tPA administration, Hawaii below average for best practice

Use Case:
• Stroke patient → ER
• Establish time of on-set (tPA must be given within 3-hours)
• Patient to CT Scan (bleeding or clotting)
• Notifies Queens transfer hotline
• Physician logs-on HSN
• Within 5-min Physician views CT image and examines patient
• Makes determination if patient is qualified for tPA
• Patients gets drug or not
• EHR note sent to local medical record
• Patient stays or gets transferred to Queens

✓ <2% received tPA – Hawaii*
✓ 6% received tPA – US Ave.
✓ 20% - Best Regional
(*2010 - 3,096 were discharged with acute ischemic stroke)

Current Network Sites:
✓ Queens Medical Center
✓ Molokai General Hospital
✓ Hilo Medical Center
✓ Wahiawa General Hospital

“Amazing results...many patients would not have had access to tPA as the ED physicians might not feel comfortable or it was too late...”
Website - WWW.PBTRC.ORG
Hawaii Outreach Program and eHealth (HOPE)  
(Dr. Steven Berman & Dayna Minatodani)

Background – Home Monitoring
• 2008 Established - DOD (3 yrs), Queen’s Medical Center and HMSA (3 yrs), current CMS Health Care Innovation

Goal: To prevent re-admission in high-risk chronically ill 30-days after hospital discharge, increase quality of care, reduce overall costs

Prevention of 1-year Hospitalization Criteria:
• 1 hospitalization in the past 12 months
• Requires considerable assistance with activities of daily living (ADLs) and frequent medical care

Reduction of <30-Day Hospital Readmission Criteria: Patients highest risk for <30-day readmission - Admission Diagnosis of:
• Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF), Pneumonia, End Stage Renal Disease> (ESRD – must be on hemodialysis [HD] or peritoneal dialysis [PD]), COPD

Program
• Free to patients – Federal Grant Funded
• Reduces cost 50% via telehealth nurse overnight
• Bio-metrics: BP, oxygen, weight, - nurse reviews
• Data helps doctor – improve patient care, financial incentives – hospital transition of care bonus, etc.

Current Network Status:
✓ Honolulu
✓ Big Island
✓ 350 Patients (current)
✓ 7 Nurses – Honolulu
✓ 2 Nurses – Hilo
Free!
Recruiting Patients!
www.hopehawaii.org

Tele-home Monitoring Cost Analysis Tool - WWW.PBTRC.ORG
## Continuing Medical Education

**(Dr. Cynthia Heu, UH JABSOM)**

University of Hawai‘i, John A. Burns School of Medicine
Department of Medicine Continuing Medical Education
Tuesdays, 12:30 pm – 1:30 pm. October 2014

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<thead>
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<th>Title</th>
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<th>Site Telecast</th>
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| October 7 | **Running aMOC**                                | Gurdev Singh, MD  
Assistant Clinical Professor  
Department of Medicine, JABSOM | Faculty                                                                 | UT 706 Blackboard Collaborate |
| October 14 | **APDIM Fall 2014 Update**                       | Reid Ikeda, MD  
Assistant Professor  
Department of Medicine, JABSOM | Faculty                                                                 | UT 706 Blackboard Collaborate |
| October 21 | **Inflammation and Cardiovascular Disease**     | Nehal Mehta, MD, MSCE, FAHA  
Lasker Clinical Research Scholar,  
Chief Sect of Inflamm & Cardiomet Dis,  
NHLBI, NIH, Bethesda, MD | Faculty, Practitioners, Residents, Students | QCC Auditorium STAN |
| October 28 | **OxyElite Pro: The other purple pill. Lessons learned from the outbreak** | Marina Roytman, MD, Clinical Asst. Prof. of Medicine  
Linda Wong, MD, Prof. of Surgery  
Peter Bryant-Greenwood, MD, Asst. Prof. & Vice Chair of Pathology | Faculty, Practitioners, Residents, Students | QCC Auditorium STAN |
Continuing Medical Education  
(Dr. Cynthia Heu, UH JABSOM)

Interested in learning how to connect?  
Please check “YES” on survey…I’ll call you!  
Schedule on Website - WWW.PBTRC.ORG

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Challenges
Reimbursement, Licensure, Malpractice
Reimbursement

How do you get paid?
Report on Telehealth & Reimbursement Laws
September 2014 Update

• September 2014 Report
• By Center for Connected Health Policy
• Review of 50 States & DC Telehealth Laws and Reimbursement Policies
• Updated at www.telehealthpolicy.us

On Website - WWW.PBTRC.ORG
Summary of 50 States & DC:

- 21 states enacted laws requiring that services provided via telehealth must be reimbursed if the same service would be reimbursed when provided in person. (6 more from 2013)

21 states currently mandating coverage for telehealth services are:

- California
- Colorado
- Georgia
- Hawaii
- Kentucky
- Louisiana
- Maine
- Maryland
- Michigan
- New
- Hampshire
- Oklahoma
- Oregon
- Texas
- Vermont
- Virginia

From: September 2014 Report by Center for Connected Health Policy
21 States with Parity Laws

States with Parity Laws for Private Insurance Coverage of Telemedicine (2014)

American Telemedicine Association 2014
Summary:

- Telehealth reimbursement equivalent to rates of in-person services
- Requires prior patient relationship with one of the health care providers
- Patient needs to be accompanied by a treating health care provider (except for behavioral mental health services)
- Health care provider: primary care provider, mental health, oral health, physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists
- Statutory references to “telemedicine” changed to “telehealth for consistency”
Clarifications needed:
• “Medical and health care services means medical research, clinical trials, and telehealth, but not routine medical treatment or services” (?)
• References to telework and PUC definitions of telecommunications services (?)

Opportunities:
• AHEC/ PBTRC Roundtable on Reimbursement – Interpretation of the Law (TBA)
• Provider Guidebook on Telehealth including Reimbursement policies: HMSA, Alohacare, United Health Care (in progress), Others
Reimbursement

Medicaid Payment for Telehealth

State Ratings – Medicaid Policies for Telemedicine Coverage

Medicaid Coverage:
- A (3 states + DC)
- B (19)
- C (18)
- D
- F (3)

American Telemedicine Association
2014
Reimbursement

Medicare Payment for Telehealth

• Services Covered
  Real Time
  • Interactive audio & video telecommunications
  • Patient must be present and participating
  Store and Forward
  • Video clips, still images, x-rays, MRIs, EKGs, EEGs lab results, audio clips, email with images
  • Physician/practitioner reviews case without patient present
  • Must be part of Hawaii/Alaska Federal Demonstration Project

• Distance Site Practitioner: Physicians, Nurse Practitioner, Physician Assistants, Nurse Midwives, Clinical Nurse Specialists, Clinical Psychologists and Clinical Social Workers, Registered Dietitians or Nutrition Professionals

• Originating Site Location (beneficiary)
  • Facility - Hospitals, CAHs, RHC, FQHCs, Hospital-based or CAH-based Renal Dialysis Centers, SNF, CMHC

  • Geographic Location – SEE NEXT SLIDE

• Billing -- See CPT Codes and Definitions on DHS & CMS Fact Sheets and GT Modifier for interactive audio and video
Reimbursement

Medicare – Bad News: Reimburses for Telehealth

Medicare 2013 Data:

• Alaska:
  – $25K telehealth services
  – $500 was for Store and Forward

• Hawaii:
  – $1194 total telehealth reimbursements
  – no store and forward payments

Why so few?

• Data?
• There is little to no incentives for physicians to use modifiers because they get paid at the same rate - with our without telehealth services.
• You must have a medical license in the State where the patient is located.
• Policies not clear – and was not fair for some rural areas
• Who’s eligible?
Old Rule

• Metropolitan Statistical Area (MSA) NOT eligible include Maui, Kalawao, Honolulu Counties!
• ‘Rural’ health professional shortage area (HPSA) under section 332(a)(1)(A) of the Public Health Service Act (PHSA); poor definition of rural.

New Rule (as of Jan 2014)

• Lanai, Molokai, Maui county now eligible (some)!
• HPSAs in rural census tracts as determined by the Office of
• Rural Urban Commuting Areas (RUCAs) designated 4-10 even if in MSA
• Geographical eligibility annual review.
• Are you rural website? (Website - WWW.PBTRC.ORG)
Need Clarity:

• Medicare Provider Claims Manual: Eligible sites include those participating in a federal telemedicine demonstration project as of December 31, 2000 – urban & rural eligible (?) Tracking this..

• Store-Forward Reimbursement Hawaii/Alaska Federal Demonstration Project – mystery process and interpretation?

Good news on the way...
Dr. David Wong, MD, PhD has received Medicare Reimbursement for Store-and-Forward Services in Hawaii!

- Dr. Wong provides Tele-derm services to Lanai Community Health Center
- First provider that we have found to confirm this process!

The Process
✓ Provide service to beneficiary in Hawaii (or Alaska)
✓ Bill using telehealth/store and forward "GQ" modifier -- certifies that the asynchronous medical file was collected and transmitted to distant site from a Federal Demonstration Project in Alaska or Hawaii
✓ Medicare sends a certification form to provider
✓ Sign form and send back to Medicare
✓ Hopefully get paid...

Pacific Island Chapter of American Telemedicine Association President
Dwong@directderm.com
Licensure for Telehealth

• 10 states’ medical boards issue special licenses or certificates for telehealth.
• Allows out of state providers to render services via telemedicine into a state if certain conditions are met (such as agreeing that they will not open an office in that state.)

✓ Alabama
✓ Louisiana
✓ Montana
✓ Nevada
✓ New Mexico
✓ Ohio
✓ Oregon
✓ Tennessee
✓ Texas
✓ Oklahoma (2014)

From: September 2014 Report by Center for Connected Health Policy
Federation of State Medical Boards: Interstate Medical Licensure Compact Language

- September 2014 FSMB released draft compact language
- Purpose -- To create a comprehensive and streamlined licensure process that complements existing licensing and regulating authority of state boards vs. one license for multiple states, reduce burden on providers
- Minimum of 7 States must agree to participate and enact into law the proposed language and create a “Medical Licensure Compact Commission”
- Outline of Process (Principal License and Secondary Licenses)
  - One time primary source verification (medical education, exam results, etc.)
  - Possible additional fees to Medical License Commission
- Joint Investigations and Discipline
- State boards will have to review and consider. Requires legislation.
Liability
Malpractice Insurance
Who covers Telehealth?

**MIEC – Medical Insurance Exchange of California**
- 1,100 provider accounts in Hawaii
- Policies for coverage – summary:
  - Principal place of practice and notice if you move
  - Acts (or non-Act) within state of principal place of practice as declared in policy
  - Inform MIEC in writing regarding services provided via telehealth

**H.A.P.I**
- 550 providers in Hawaii
- Prior established relationship between doctor and patient (in person)
- Telehealth can be used for follow-up with reasonable professional judgment based on ‘facts and circumstances’
- In general, service covered same as other medical services should be within providers medical specialty, for the good of the patient

**The Doctors Company**
- Standard policy – service via Internet or media excluded from policy (not covered) if no prior relationship established between doctor and patient
- IF prior relationship established, need to contact TDC underwriter to provide specific info (patient location, services, etc.). TDC will make determination
Looking forward to NEW success stories next year!

Mahalo!
Christina HIGA
christina@tipg.net
PACIFIC BASIN TELEHEALTH RESOURCE CENTER

Thank you for completing the survey!

www.pbtrc.org