Telehealth in Utah:
Past, Present, Future

National Conference of State Legislatures
Utah State Capitol, May 28, 2015

Utah Telehealth Network

It began with visionary leadership!

- Governor Mike Leavitt introduced telehealth to Utah in 1995 with a $2 million line item in his budget
- The Utah Legislature approved a more reasonable $225K
- UDOH contracted with the University of Utah to begin a program
- 1st sites: Milford Valley Memorial Hospital & Allen Memorial Hospital
  - About $100,000 each!

1990s in Utah

- Establishment of the Utah Telehealth Network
- Early telehealth adopters
  - University of Utah Health Sciences Center
  - Utah Department of Corrections
  - Shriners Hospital
  - UDOH Children with Special Health Care Needs
- Funded through state funds and federal grants
- Relied on individual champions
- Mostly pilots with lots of lessons learned

Early 2000s

- Development of infrastructure
  - T1 lines & videoconferencing equipment deployed to rural hospitals, health departments, and clinics
- Teleradiology – ubiquitous
- Clinical services established and built
  - Prison Telemedicine - Utah Department of Corrections and University of Utah
  - Teleburn and Telestroke – University of Utah
  - Diabetic Retinopathy screening – Association for Utah Community Health
- Educational programs
  - UDOH/LHDs Bioterrorism training and planning
 - UU College of Nursing PhD programs

Today   Utah Telehealth Network

- Connects 58+ member sites; 500+ endpoints & user accounts
- Administratively managed by the University of Utah
- Guided by the UTN Advisory Council with state-wide representation
- Governed by the Utah Education and Telehealth Governing Board
- Funded by UTN members & users, Utah State line item, universal service funding and grants

Members & Partners

- Rural hospitals & clinics
- Federally Qualified Community Health Centers
- Local Health Departments
- University of Utah Health Care
- Intermountain Healthcare
- Association for Utah Community Health (AUCH)
- Utah Department of Health
- Utah Department of Human Services
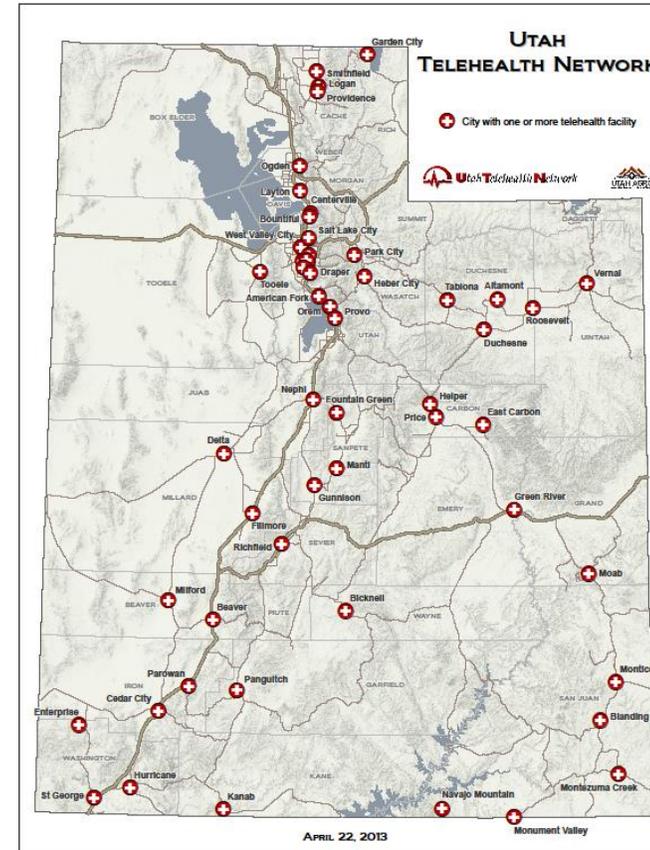
- Telehealth Development
  - Guide providers through the planning & implementation of patient care services and educational programs
- Network and IT Security
  - Provide a secure, reliable fiber-based network of healthcare facilities
  - Network & Security management – 24x7 support, HIPAA compliant security, firewall management, secure remote access, proactive monitoring
- Media Services
  - Videoconferencing, live streaming, video con demand
  - Advice on technology selection and innovative solutions

Today

- Robust telehealth programs are facilitated by these and other Utah healthcare organizations

# Telemedicine Applications in Utah
Interactive video

- Stroke
- Burn
- Adult Speech Therapy
- Mental Health
- Neuropsychology – Alzheimer Clinic
- Wound Care
- Pharmacy
- Interpretive Services

- ENT
- Ortho
- Obstetrics
- Dermatology
- Hepatitis
- Cardiology
- Neurosurgery
- Neurology
- NICU

Telemedicine Applications in Utah

Store-and-forward

- Teleradiology
- Echocardiology
- Tele-ophthalmology
- Teledermatology
- Text messaging platforms
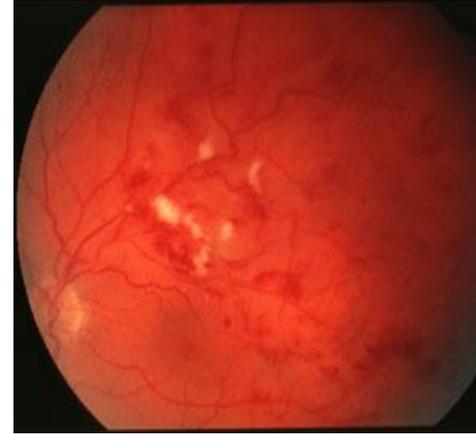
Care Management

- HCH & IHC - Cancer Treatment Planning conferences
- UUHC Project ECHO (Extension of Community Health Outcomes)
  - Behavioral Health, Chronic Pain & Headache, Hepatitis C, Immune Disorders, Liver Care

Today - New telehealth providers

- Direct to Consumer via employers, insurers, the Internet

Arches Health Plan selects TruClinic to bring healthcare into the home

July 31, 2014 · healthcare, health insurance, #ACA, utah

Recent State Legislation

2014

- HB92 Utah Education and Telehealth Network
  - Merged leadership of Utah Education Network and the Utah Telehealth Network; has creates synergies & opportunities
- Medicaid Telehealth Funding - $1M one time; $35K on-going

2015

- SB19 Digital Health Services Commission
- HB121 Interstate Medical Licensure Compact
- UTN Funding - $501,800 one-time, $142,000 increase to on-going

Utah Medicaid – Telemedicine

Provider Manual - Telemedicine (Added 1/1/15)

- Utah Medicaid covers physician and nurse practitioner services delivered via telemedicine to Medicaid members when provided by an authorized provider. The services delivered must be covered by Medicaid.

- Covered Services Utah Medicaid covers medically necessary physician and nurse practitioner services delivered via telemedicine.

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Section%20I%20-%20General%20Information%20(All%20Providers)/SECTION_I_1-15.pdf

Utah Medicaid – Home Health

4-1.10 Telehealth Skilled Nurse Pilot Project for Beneficiaries in Rural Areas

- Criteria are: beneficiary lives in identified rural areas; meets diabetes eligibility requirements; requires two or more home care nursing visits per week; and agrees to participate in Telehealth home care services; Interactive videoconferencing
- Covered Services: After Utilization Management preauthorization, the following services are covered for Telehealth home care beneficiaries:
  - Monitoring for compliance in taking medications, foot condition/assessment of wounds or inflamed areas, blood glucose monitoring
  - Education which may include a review in knowledge of the disease process, diet or nutritional counseling,
  - Exercise and activity, diet /activity adjustment in illness/stress, medication, and glucometer use evaluation.
  - Home health care has a four-hour limit for all education purposes, which may include some diabetes training.

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Home%20Health%20Agency/HomeHealth1-15.pd

Utah Medicaid Equipment Funding

In 2014 the Utah State Legislature approved one-time funding for the purchase of telehealth equipment and infrastructure to assist in the delivery of healthcare to Medicaid populations.

The Utah Dept. of Health has contracted with the Utah Telehealth Network (UTN), University of Utah, to procure, deploy, manage and support equipment purchased through these funds.

Details on the criteria and application process can be found at http://utn.org/downloads/Medicaidequipmentcriteria.pdf

Future

"The big challenge for us in five years is going to be the level of acute services we can deliver in the home. This will mean fewer handoffs to home health and extending our acute care capabilities."
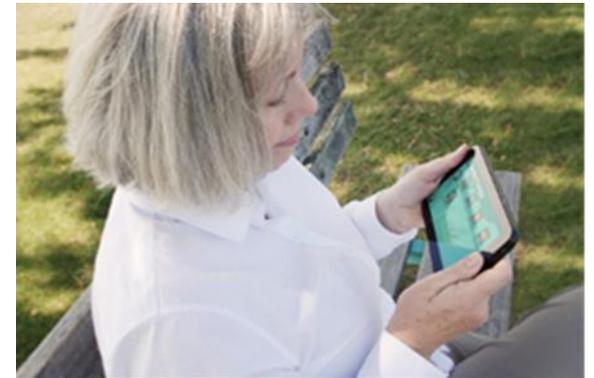
- Mark Probst, CIO, Intermountain Healthcare

Healthcare Delivery of the Future, PriceWaterhouseCoopers, 2014

Future Trends

Blockbuster → Red Box → Netflix → Smart TV

Hospital → Clinic → Kiosk → Home → Anywhere

Care delivery transformation

- Accountable Care Organizations – shared risk and incentives

- Hospital to home

- Care coordination and transition of care (discharge planning)

Hospital to Home

Emerging technologies

- Proliferation of technology
  - Better quality, more affordable, increased mobility
  - More choices
- Consumer-based technologies
- Plug & Play – ease of use
- Connectivity
 - Bandwidth, cellular service, browser-based
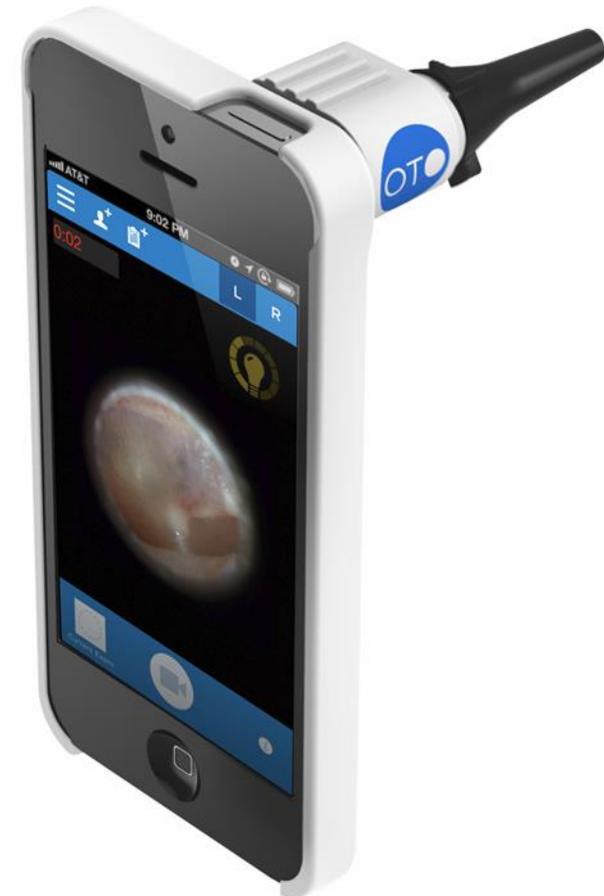
Emerging modalities

- mHealth – text messages, alerts
- Remote Patient Monitoring
- Videoconferencing to mobile devices & homes
- Videoconferencing tied to EHRs

Telehealth direct to patients

- Patient education & engagement ⟶ better health

- Improved access ⟶ better care

- Lower costs
  - Reduce
    - Health care utilization
    - ED admissions
    - Hospital length of stay
    - Hospital re-admission
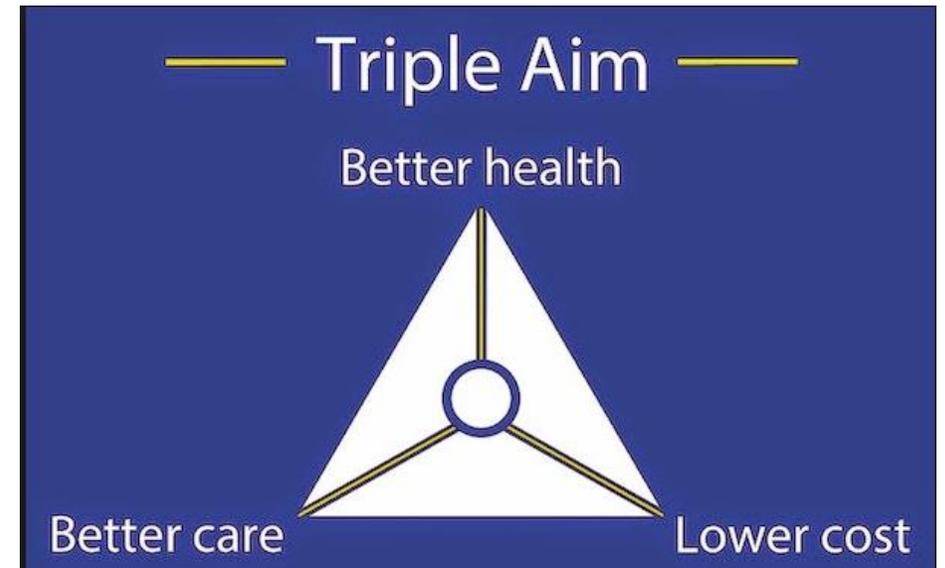
New tools and modalities require

- Thoughtful coordination with traditional care
- Integration into the workflow
- Management of data
- Responsiveness to patients
- Attention to security

Continuing need for traditional telemedicine

- Access to specialists

- Emergency telemedicine

- Crisis counseling

- Care coordination/transitions of care

Reimbursement

- Medicare
  - 1997, 2000 – structurally unchanged with a few added sites and services
  - eligibility requirement
    - Geography
    - Patient location
    - Services
    - Providers
  - originating site fee
- Medicaid
- Utah Third party Payers

Reimbursement

- Policies are inconsistent among payers
  - Providers
  - Patient location
  - Geography
  - Services
  - Modality

Recommendation
  - All Utah payers reimburse for telehealth-delivered services the same as in-person services.
    - Professional fee to provider
    - Facility fee to originating site

Reimbursement

- Innovative and emerging models of care delivery don't fit current models of reimbursement
  - Project ECHO
  - Remote patient monitoring
  - mHealth

Recommendation
  - Recognize telehealth as integral to patient-centered care and care coordination
  - Foster innovative models of care delivery

Licensure portability

- Participation in the Interstate Medical Licensure Compact is a great start. Implementation will be key.

- Application costs and time burden and medical liability are issues of concern to physicians practicing telemedicine across state lines.

Recommendation

- Convene a group of experienced telehealth practitioners to advise on implementation.

Infrastructure considerations

- Telehealth equipment, software, license fees and maintenance all have costs which create barriers to entry.

Next steps / Recommendations

- The Medicaid Telehealth Equipment Funding application process is providing an opportunity for healthcare providers to acquire equipment. Awardees will contribute a cash match.

- State procurement rules and competitive bidding processes will help keep costs down.

- Leveraging one-time state funding with healthcare facility contributions can create an affordable incentive.

Infrastructure considerations

- Healthcare facilities are requiring increasing amounts of bandwidth to support telehealth, EHRs and other health information technology, and operations.
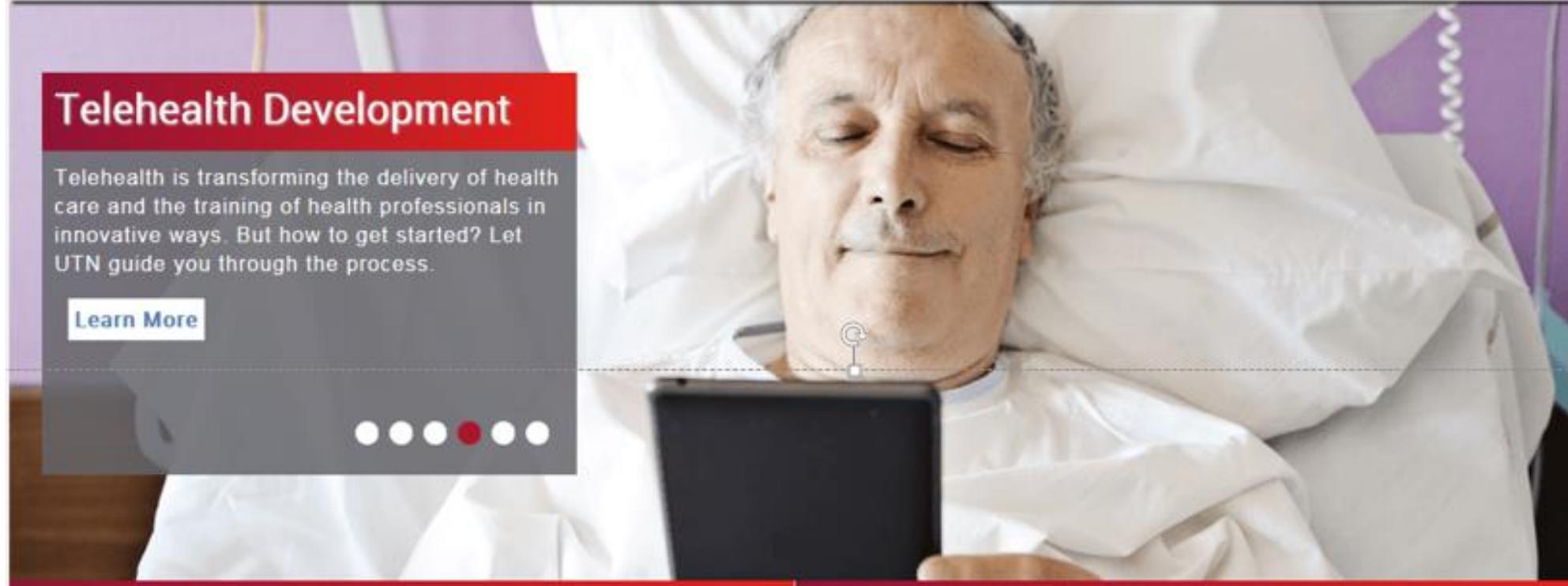
Next steps

- UTN will utilize the robust infrastructure of our new partner, UEN, to offer higher bandwidth to Utah health care facilities.

- Funding will come from the FCC's Healthcare Connect Fund (65% discounts), one time state funding approved in FY2015, and site contributions.

www.utn.org

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