Telehealth Resource Centers:
Providing Valuable Technical Assistance in Rural Areas

NRHA 2017
Federal Office of Rural Health Policy
Office for the Advancement of Telehealth
Speakers

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Telehealth Resource Centers (TRCs) assist health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations.

HRSA’s Federal Office of Rural Health Policy, Office for the Advancement of Telehealth, supports 12 Regional TRCs and two National TRCs, one focusing on policy and the other on technology.
telehealthresourcecenters.org

- Links to all TRCs
- National Webinar Series
- Reimbursement, Marketing, and Training Tools
TRC Topic Areas for Technical Assistance

• Telehealth reimbursement
• Telehealth policy
• Selection of telehealth technologies
• Telehealth education
• Telehealth research
• Physician and nurse licensure
• Credentialing and Privileging
TRC Technical Assistance Training

# of trainings/TA

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Number of Telehealth Requests

# of unique requests made for TRC services around developing and/or implementing telehealth

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Upper Midwest TRC
UMTRC Services

- Presentations & Trainings
- Consultation
- Technical Assistance
- Connections with other programs
- Program Design and Evaluation
- Information on current legislative and policy developments
Flavors of Telehealth

• **Hospitals & Specialties**
  • Specialists see and manage patients remotely
    • Telestroke, TeleICU

• **Integrated Care**
  • Mental health and other specialists work in primary care settings
    • Primary Care Medical Homes, Accountable Care Organizations

• **Transitions & Monitoring (Chronic Care Management)**
  • Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care
    • Technology captures patient data and transmits to primary care
    • Community Paramedicine

• **Primary Care in Schools**
  • Students access care during the school day without leaving campus
Federal Telemedicine Law & Policy

- Professionals are regulated at the state level (doctors, nurses, counselors, etc.)

- Medicare: Pays for certain outpatient professional services (CPT codes) for patients accessing care in rural counties and HPSAs in rural census tracts.

- *No regs; only conditions of payment.

- Medicaid: Telemedicine is “a cost-effective alternative to the more traditional face-to-face way of providing medical care...that states can choose to cover.”
Medicare Reimbursement

Published Annually
8 pages
All allowable codes, providers, and locations
Many services can be billed multiple ways
Most basic services usually allowed
Many screening and prevention services allowed

Remote care services are becoming more common, and Medicare is adapting to include these services in its reimbursement guidelines. This guide is a valuable resource for healthcare providers looking to bill for remote services under Medicare.

Remote care services include services provided to beneficiaries via a telecommunications system, such as audio-only telephone consultations, video consultations, and virtual visits. These services are covered under Medicare Part B, and the reimbursement rates are based on the complexity of the service.

When using this guide, it is important to ensure that the services provided meet Medicare's criteria for remote care. This includes ensuring that the beneficiary is willing and able to participate in the telehealth visit.

The guide also provides information on how to bill for remote care services, including the use of CPT codes specific to remote care visits. This is especially important for providers who are new to billing for remote care services.

In addition to the CPT codes, the guide provides information on other codes and billing options that may be useful for remote care services. This includes coding for services provided to beneficiaries in other settings, such as skilled nursing facilities.

Overall, this guide is a valuable resource for providers who are looking to offer remote care services under Medicare. It provides clear and comprehensive information on how to bill for these services, ensuring that providers can be reimbursed for the care they provide.
2017 New Telehealth Codes

90967-90970 End-Stage Renal Disease related services for dialysis less than a full month of service, per day. The proposed fee schedule notes that there is a required clinical examination of the catheter access site which must be furnished face-to-face “hands on”.

- 90967 for patients younger that 2 years of age; 90968 for patients ages 2-11
- 90969 for patients ages 12-19; 90970 for patients ages 20 and older

99497-99498 Advance Care Planning including the explanation and discussion of advance directives such as standard forms, by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), or surrogate.

- 99497 first 30 minutes; 99498 additional 30 minutes

G0508-G0509 Telehealth Consultation, critical care, physicians typically spend 60 minutes communicating with the patient and providers via telehealth.

- G0508 initial 60 minutes; G0509 subsequent 50 minutes
In the past, providers report the POS code of the originating site for telehealth services.

CMS has adopted a new telehealth specific POS code (02), that starting January 1, 2017, will be used by providers at the distant site to indicate that the service took place via telehealth.

CMS indicates that it is their hope the new POS code will help “track telehealth utilization and spending”.

CMS also indicated that since the new POS code would serve to identify telehealth services under 1834(m) of the Social Security Act, they believe that they should consider eliminating the required use of GT and GQ telehealth modifiers, and will revisit this question through future rulemaking.

They will use the facility PE RVUs to pay for the telehealth services reported by physicians or practitioners with the telehealth POS code. CMS does not anticipate that this will result in a significant change in the total payment for the majority of services on the telehealth list.

But they also state that they will consider the concerns and monitor telehealth utilization, and welcome information from stakeholders regarding any potential unintended consequences of the payment rate.

The POS code would not apply to originating sites billing the facility fee. Regulatory changes consistent with this include:

- Change to regulation Section 414.22(b)(5)(i)(A) addressing the PE RVUs – amends section to specify that the facility PE RVUs are paid for practitioner services furnished via telehealth under 410.78.
- Delete Section 414.32 that refers to the calculating of payment for certain services prior to 2002.

http://www.cchpca.org/sites/default/files/resources/CY%202017%20Final%20Fee%20Schedule%20Fact%20Sheet.pdf
Navigating Rural Health: How Telehealth Resource Center Benefits Rural Communities
Project ECHO
(Extension for Community Healthcare Outcomes)

Carla Deckert, MA, PMP
The University of Kansas Medical Center
Project ECHO Director
ECHO’s Mission

Expand the capacity to provide best practice care
• for common and complex diseases
• in rural and underserved areas
• to monitor outcomes
Moving Knowledge
not patients
ECHO’s Goal:

Improved outcomes for Kansas patients
Project ECHO in action

- Collaborative virtual learning – built on existing technology
- Utilizing case-based learning to master complexity
- Promotes evidenced-based best practices
- Proven method to enhance Workforce Capacity
ECHO - Tele-mentoring via the Internet

• Receive an e-mail invitation
• Sign into https://Zoom.us to download the app
• Join from a PC, Mac, iPad, iPhone or Android device:
  • E-mail will include “Please click this URL to start or join. https://zoom.us/j/9999999999
  • Meeting ID: 999 999 999
• Join from a dial-in phone line
History of ECHO in 80 seconds: https://youtu.be/VAMaHP-tEwk
Project ECHO Focus

• Patients – right care, right place, right time
• Providers – new knowledge, treat rather than refer
• Community – reduce disparities, retain providers, keep patients local
• System – access, quality, cost
Potential Benefits to Providers

• CMEs and CNEs – mix of work & learning
• Professional interaction with colleagues
• Access to interdisciplinary specialty consultation
  ✓ Tele-curbsiding
  ✓ https://www.youtube.com/watch?v=b8VKzLpxvq0
Potential Benefits

Patients and Families

- Decreased wait times for access to specialty input
- Decreased cost of travel & testing
- Enhanced care coordination
- Improved Outcomes
Potential Benefits

Community

• Reduce Disparities
• Retain Providers
• Keep Patients Local
Potential Benefits
System

• Increase Access
• Improve Quality
• Reduce Cost
ECHO Outreach

- Partnerships
- Photos
- Videos
- Mailings
- Newsletter
KUMC ECHO’s

• Behavioral Health – Pediatric Psychopharmacology 2016 (HRSA funding through Telehealth ROCKS)
• Pain Management – 2 Cohorts during 2017
• Asthma – February 2017
• Behavioral Health – ADHD April 2017 (HRSA funding through Telehealth ROCKS and Telehealth ROCKS School Projects)
ECHO Impact

• Interprofessional Attendees: 12 different professions
• Sites – 60
• Sessions – 48
• Attendees – 500+
• Visitors - >30
KUMC Participant Sites
KUMC Research into Outcomes

• **Quality Improvement Initiatives**
  - Practice Change
  - Provider Enhancement
  - Patient outcomes

• **Data Gathering Initiatives**
  - Survey’s – pre & post ECHO
  - Comparison between ECHO and webinars
Post ECHO Comments

• I found the focus on best practices and improvement of diagnostic skills refreshing and enlightening
• Great idea to screen everyone for other comorbid disorders
• The connection with other practitioners was validating
• The ECHO was really amazing and the people involved were wonderful in the way they talked with everyone
• Nirvana [https://www.youtube.com/watch?v=niqLOwNeXI8](https://www.youtube.com/watch?v=niqLOwNeXI8)
Heartland Telehealth Resource Center and ECHO Superhub

May, 2017
Rachel Mutrux, Director
Missouri Telehealth Network
University of Missouri- School of Medicine

Started in 1994

We educate and train people interested in starting their own telehealth program.

We hold training conferences and meetings.

We have technical, clinical, operational, legal & regulatory expertise in telehealth.

We have state funding, grant funding, and membership funding.
Mission Statement:

Missouri Telehealth Network exists to develop, study, and use telehealth solutions that improve access by providing high-value, patient-centered health care and medical education in Missouri and beyond.
HRSA funded Regional Telehealth Resource Centers

Website: Heartlandtrc.org
Phone: 877.643.HTRC
Telehealth Training Conferences

*Twice each year in Columbia, MO*

*5 domains of a telehealth program*

- **Technical**
  - equipment, connectivity, data storage and transfer, room set-up
- **Clinical**
  - guidelines, training, support
- **Legal/Regulatory**
  - state vs. federal, licensing, credentialing, reimbursement
  - contracts, baa’s, consents
- **Operations**
  - staff, job descriptions, protocols, training, testing
- **Program evaluation**
  - Scholarship opportunities, ROI, satisfaction
Telehealth Training Conferences, cont

- Hands-on training
- Hear from providers who have telehealth clinics
- Discuss and assist in planning projects

We just had our 20th training program in April!
We have trained more than 600 participants
Show-Me ECHO

2014 MTN begins ECHO program
Show-Me ECHO in statute
State funding for ECHO

2016 MTN becomes ECHO Superhub
We can train folks to start ECHOs
1 of 7 worldwide!

ECHO Ingredients:

- Expert Hub team that wants to share knowledge
- Spokes that want to learn and share
- Operations team
- Technology - video, database, storage
- Database to track outcomes
Show-Me ECHO Clinics

- Impact Asthma ECHO
- ECHO Autism
- Chronic Pain Management ECHO
- Derm ECHO
- ENDO ECHO
- Hep C ECHO
- Child Psych ECHO
- Substance Use Disorder ECHO
- Community Health Worker ECHO
MTN is ECHO Superhub
ECHO Training Conferences

ECHO 101 Webinar- monthly

Introduction- 1 day
  UMKC- ATTC
  Rhode Island
  Nebraska

Immersion- 2 days
  Columbia, MO
    Sept, 2016
    Feb, 2017
    Aug, 2017

Topics: steps to start, roles/responsibilities, recruitment, budgeting, strategic planning, curriculum development
Lessons Learned

Learn from others mistakes!

People are more important than technology.

It works best in augmenting established referral relationships.

If it’s not fun- you’re not doing it right!
Thank you!
Questions?

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Questions?
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