Telehealth Resource Centers:

Providing Valuable Technical Assistance in Rural Areas

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

HRSA
Health Resources & Services Administration

Speakers

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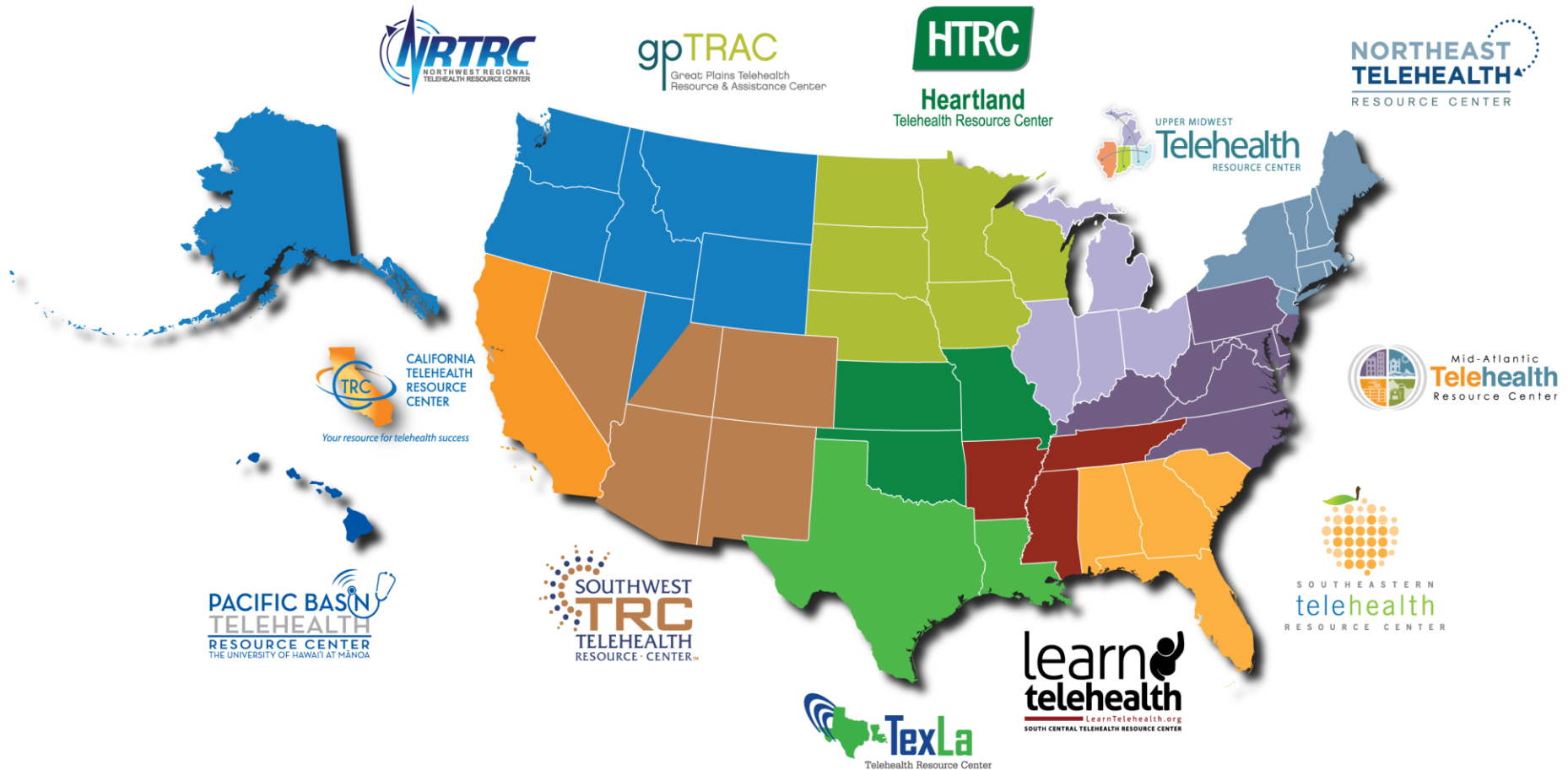
Telehealth Resource Centers (TRCs)

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

2 National Resource Centers

12 Regional Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

<u>telehealthresourcecenters.org</u>

- 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**

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TRC Technical Assistance Training

# of trainings/TA

Period	Value
9/1/12-2/28/13	1,447
3/1/13-8/31/13	1,214
9/1/13-2/28/14	1,869
3/1/2014-8/31/2014	2,101
9/1/14-2/28/15	2,037
3/1/15-8/31/15	953
9/1/15/2/28/16	1564
3/1/16-8/31/16	3,859
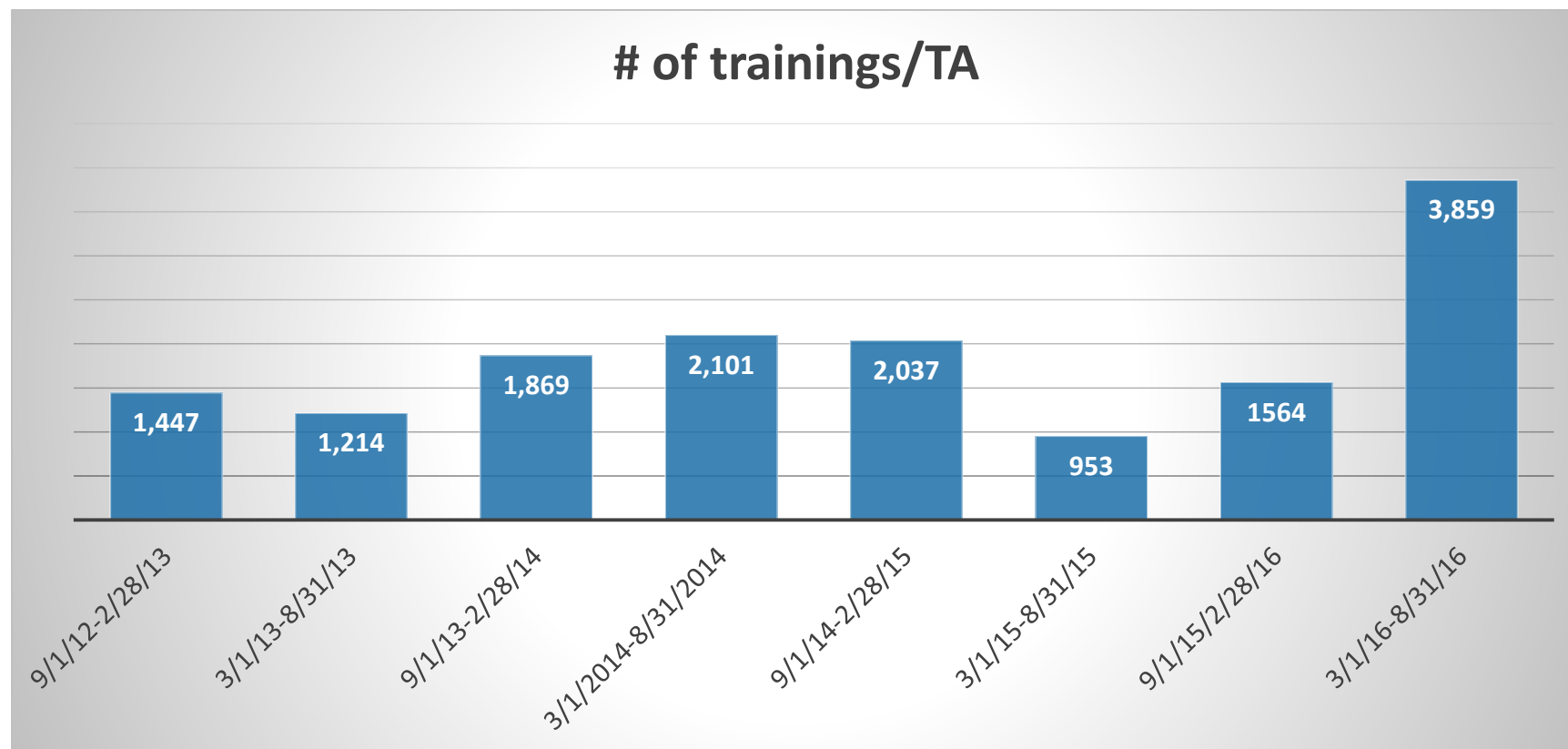
Number of Telehealth Requests

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

Period	Number
9/1/12-2/28/13	858
3/1/13-8/31/13	1,332
9/1/13-2/28/14	1,393
3/1/2014-8/31/2014	1,512
9/1/14-2/28/15	1,543
3/1/15-8/31/15	1,251
9/1/15/2/28/16	1,242
3/1/16-8/31/16	1,978

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Upper Midwest TRC

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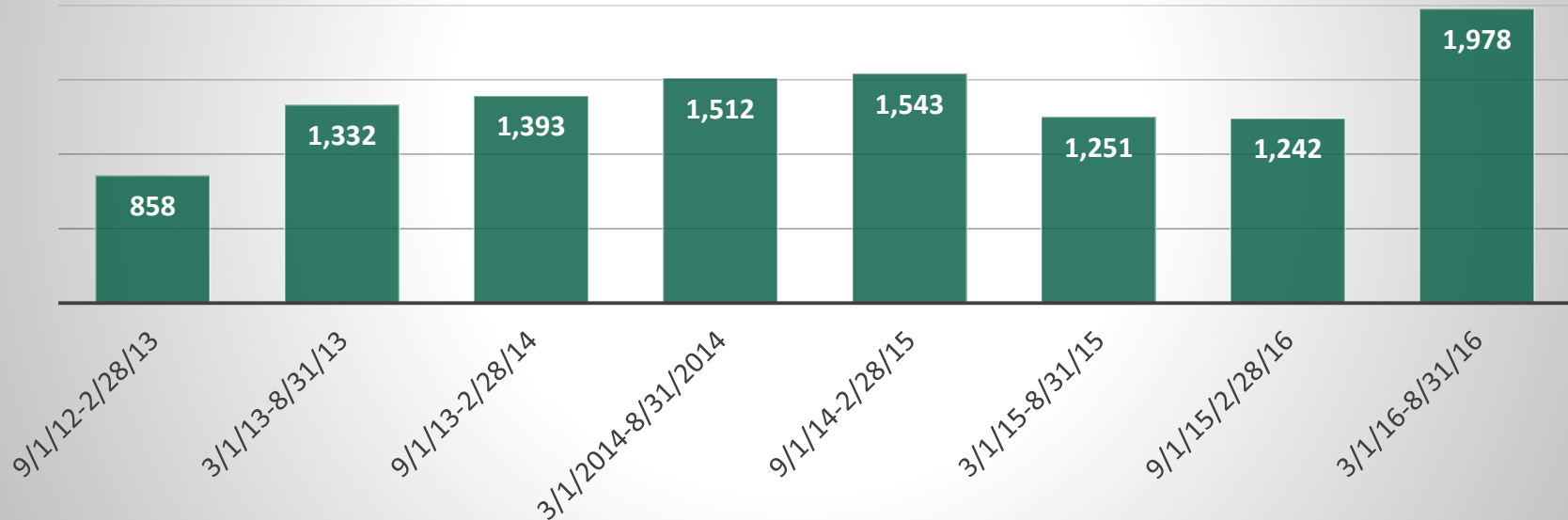
UMTRC Services

- **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."**

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Medicare Reimbursement

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

Medicare Learning Network
Official Information Health Care Professionals Can Trust

Open a Text-Only Version

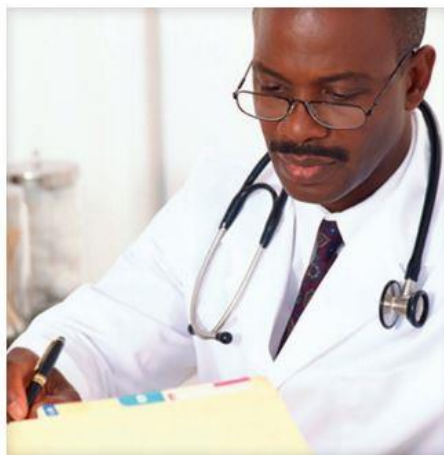## Telehealth Services

RURAL HEALTH SERIES

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Learn about these calendar year (CY) 2017 Medicare telehealth services topics:

❖ Originating sites
❖ Distant site practitioners
❖ Telehealth services
❖ Billing and payment for professional services furnished via telehealth
❖ Billing and payment for the originating site facility fee
❖ Resources
❖ Lists of helpful websites and Regional Office Rural Health Coordinators

When "you" is used in this publication, we are referring to physicians or practitioners at the distant site.

Medicare pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter.

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

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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

National Telehealth Policy Resource Center

- 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

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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 <u>rural</u> and underserved areas

- to monitor outcomes

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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

Project ECHO®
University of Kansas Medical Center

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/999999999
  - 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

Project ECHO®
University of Kansas Medical Center
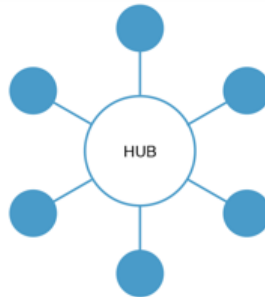
Potential Benefits Community

- 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
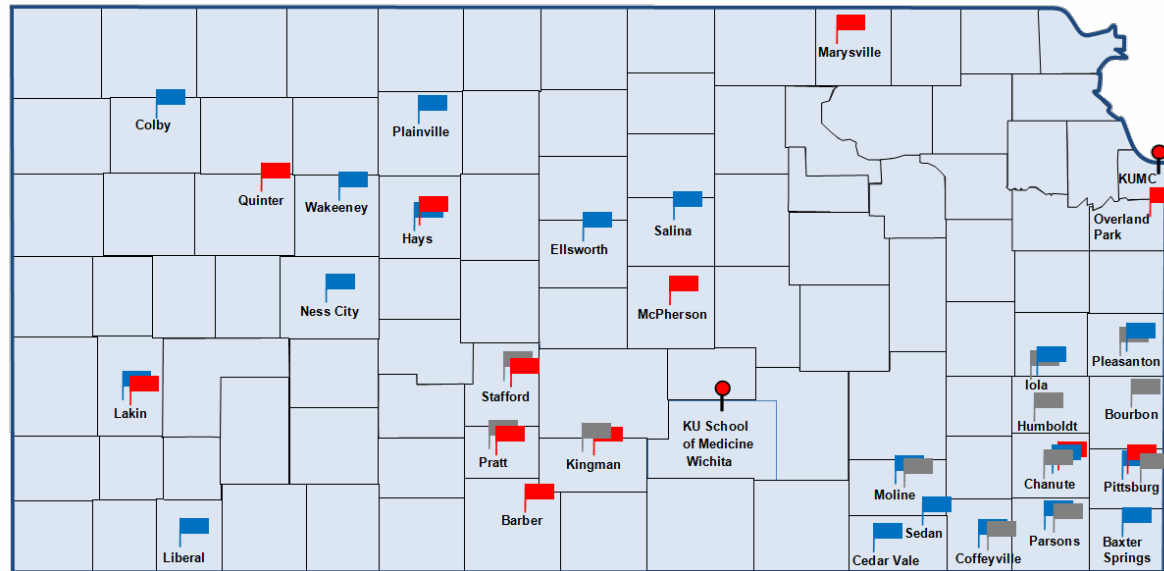
KUMC Research into Outcomes

- 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=niqLQwNeXl8

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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.

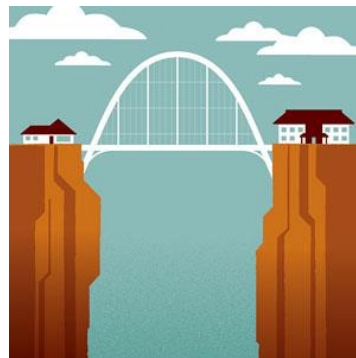**We have state funding, grant funding, and membership funding.**

Missouri Telehealth Network
University of Missouri- School of Medicine

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.

Missouri Telehealth Network
University of Missouri Health

M T N

S T A F F

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Mary Beth Schneider, Education Specialist	Lindsey Beckmann, Replication Coordinator	Danny Myers, Assoc Dir-Operations	Gwen Ratermann, Assoc Dir-Outreach
	Rachel Mutrux, Director	Karen Edison, Medical Director	

Show-Me ECHO
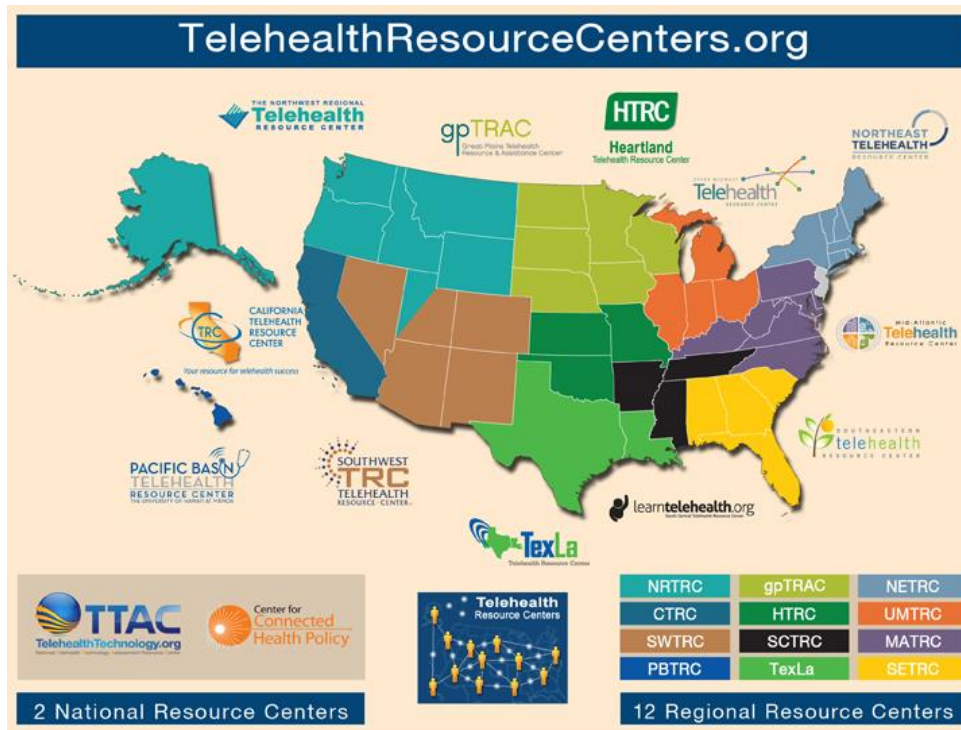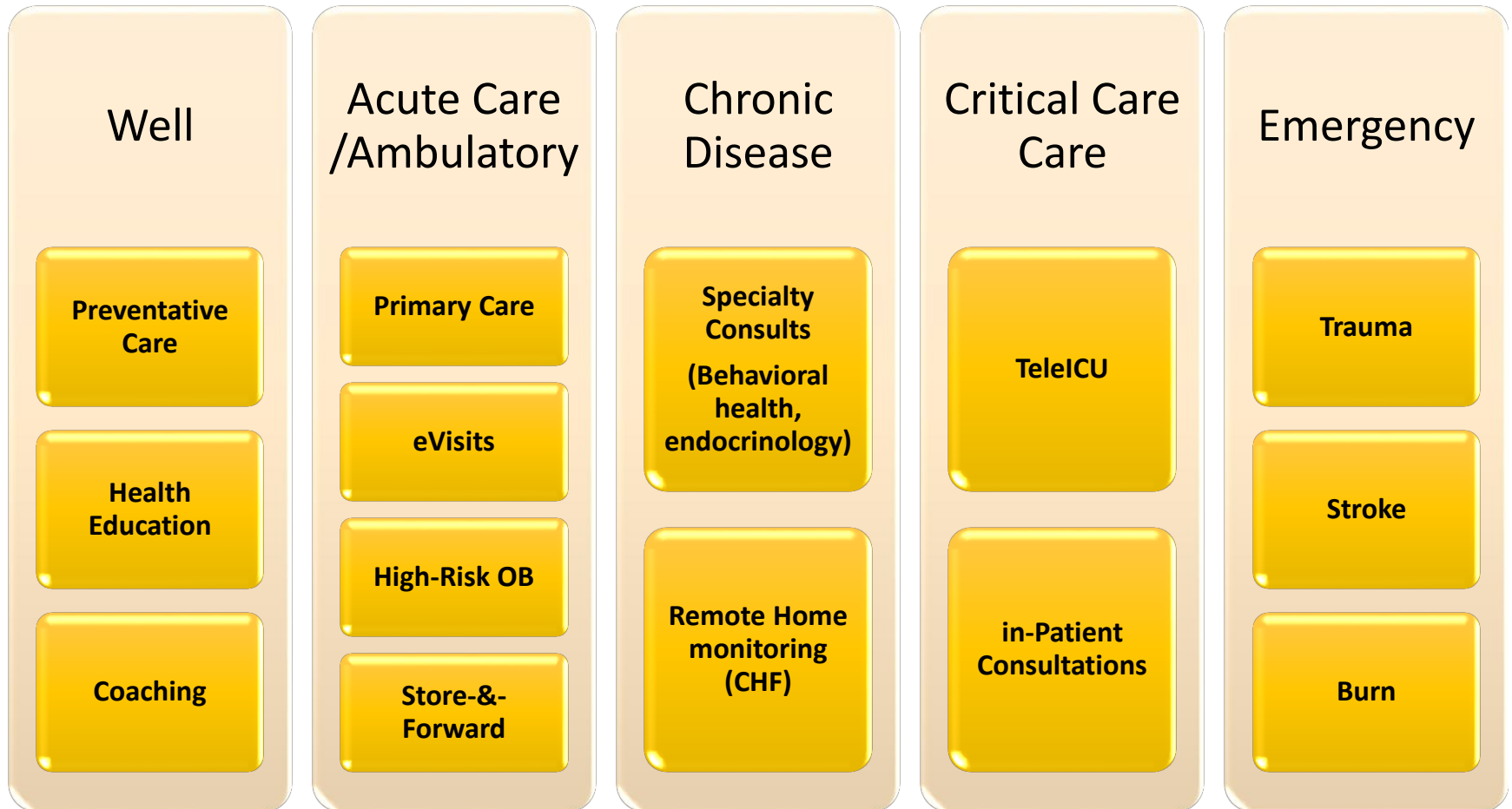
Telehealth Training Conferences
Twice each year in Columbia, MO
5 domains of a telehealth program

- **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?

Contact information:

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Questions?

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