

# Telemedicine Funding & Looking Forward:

*How to Find Available Funds and Opportunities for Growth*

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# Featured Presenters



**Ron Emerson, RN BSN**  
*Global Director of Strategic and  
Partner Development,  
AMD Global Telemedicine*



**Kristin DeProspero**  
*Vertical Market and Grant  
Program Director,  
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# Topics Covered

- Trends shaping the future of telehealth
- Advancements in licensure and reimbursement
- Criteria and technologies appropriate for grant funding
- Funding outlook for 2019
- Upcoming grant forecast for telehealth projects
- Grant support services free of charge

# Looking Forward: Trends & Reimbursement



**Ron Emerson, RN BSN**  
*Global Director of Strategic and  
Partner Development,  
AMD Global Telemedicine*

- Business Drivers
- Patient Adoption
- Technology

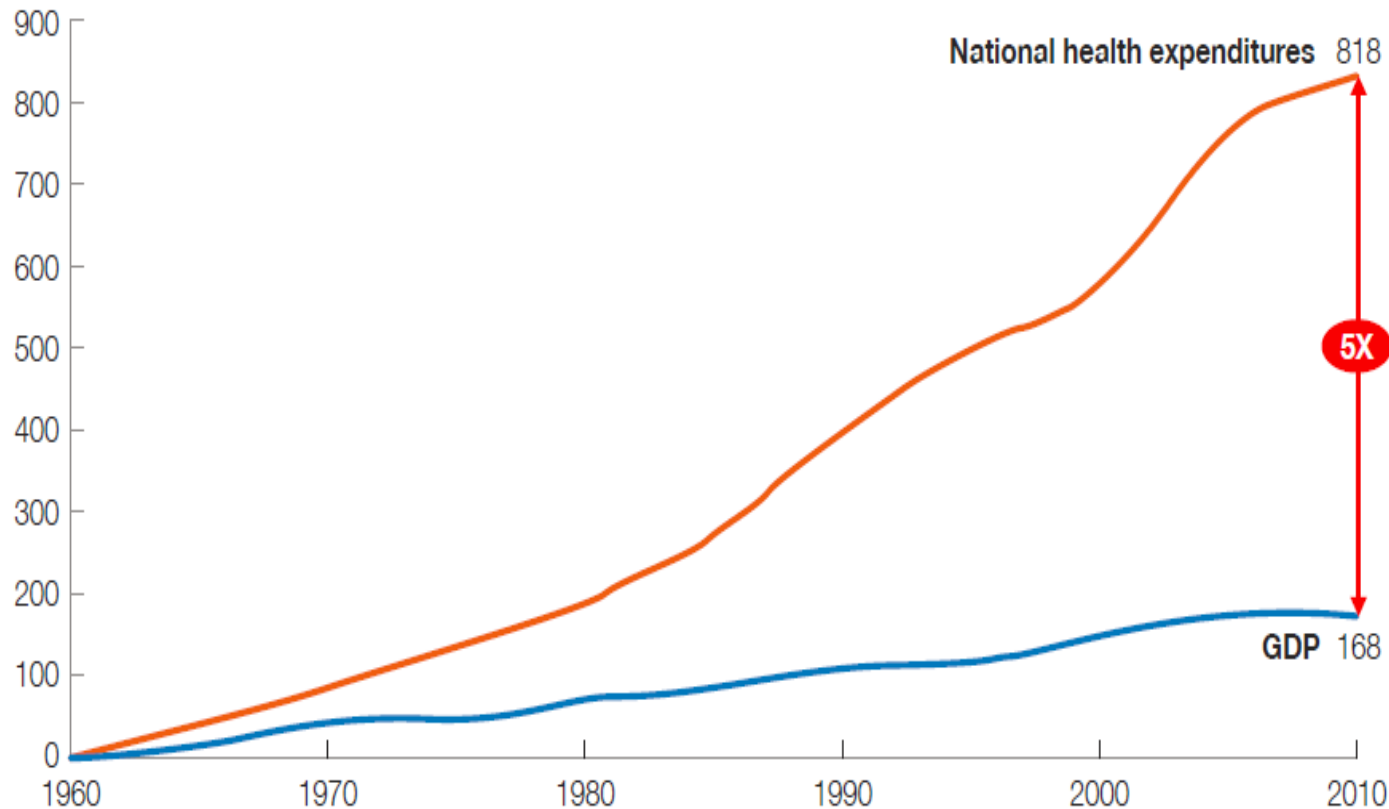




# Healthcare Disruption

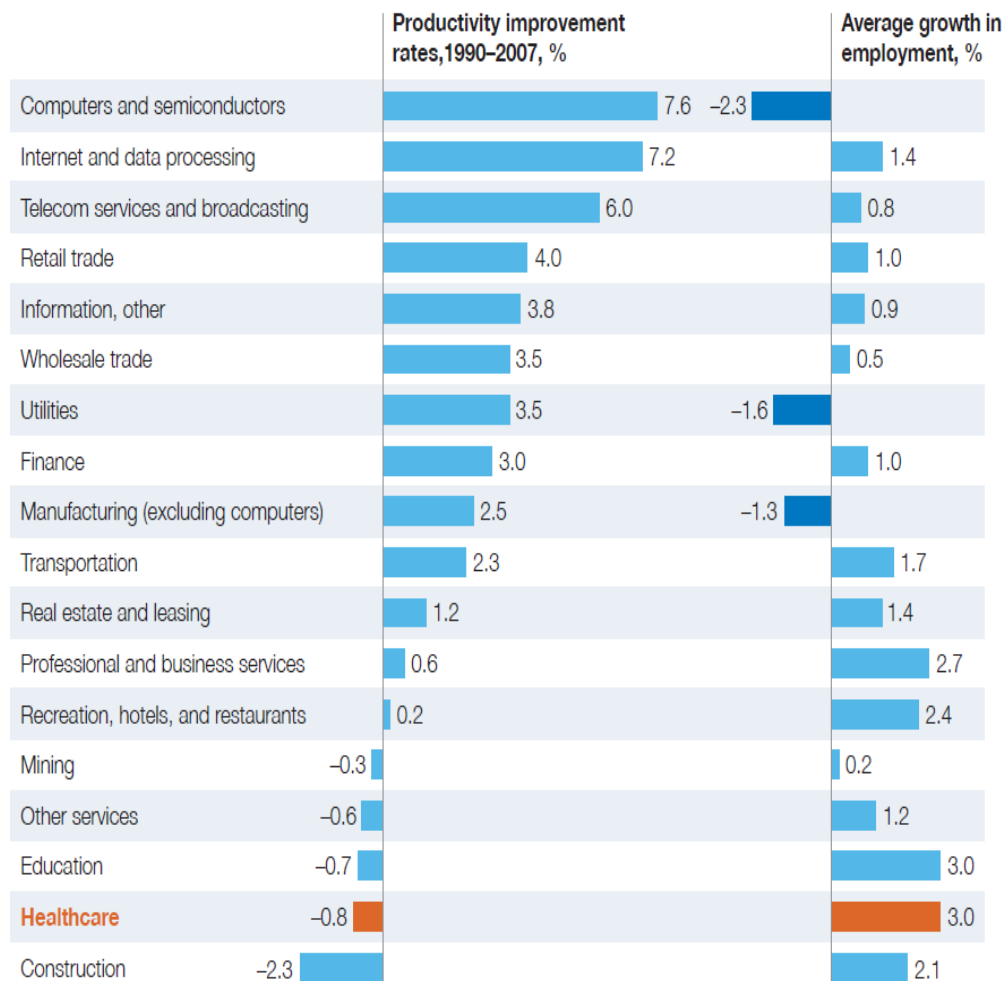
Healthcare is vulnerable to disruption  
(independent of Reform)

Cumulative real per capita growth in national health expenditures vs GDP, % growth since 1960



Source: How US  
healthcare companies can  
thrive amid disruption,  
McKinsey & Company

# Healthcare Productivity

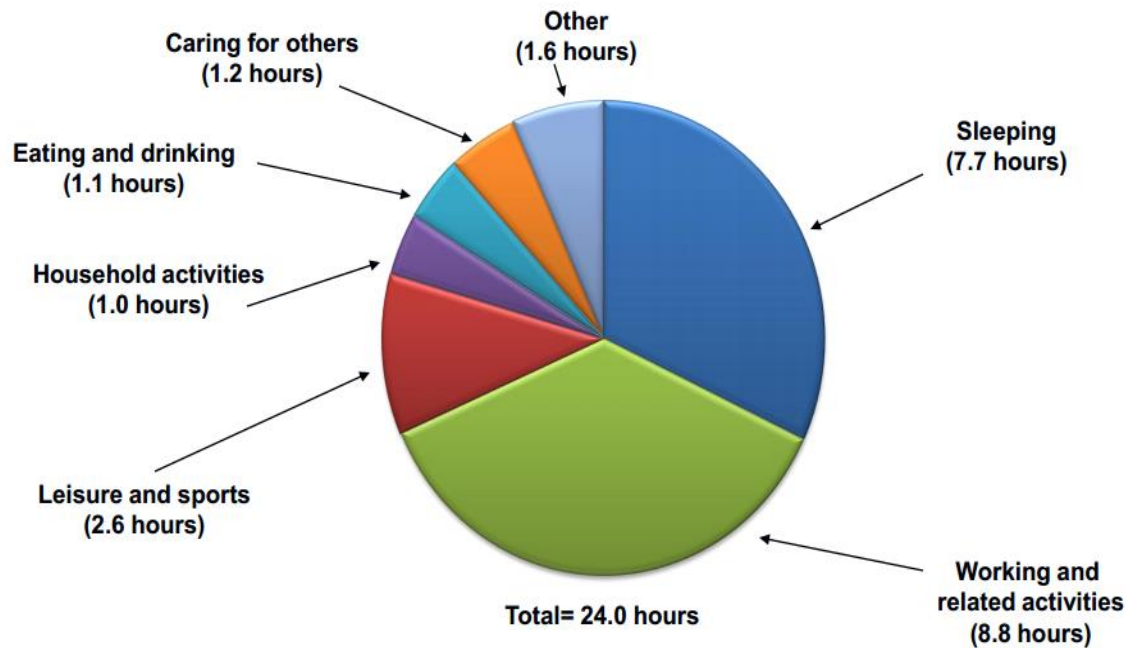


Source: Bureau of Economic Analysis; Centers for Medicare and Medicaid Services; Haver Analytics; McKinsey analysis



# Healthcare/ Telemedicine Trends...

## Time use on an average work day for employed persons ages 25 to 54 with children



NOTE: Data include employed persons on days they worked, ages 25 to 54, who lived in households with children under 18. Data include non-holiday weekdays and are annual averages for 2012. Data include related travel for each activity.

SOURCE: Bureau of Labor Statistics, American Time Use Survey

- Accountable Care Act is moving HC away from fee for service and to population health- More touch points regardless of location is critical!

### Applications:

- Telehealth
  - Healthcare organizations
  - Home
  - Work

*As incentives and reimbursement changes our delivery will too.*

# Business Trends

## Why are healthcare organizations investing in Telehealth?

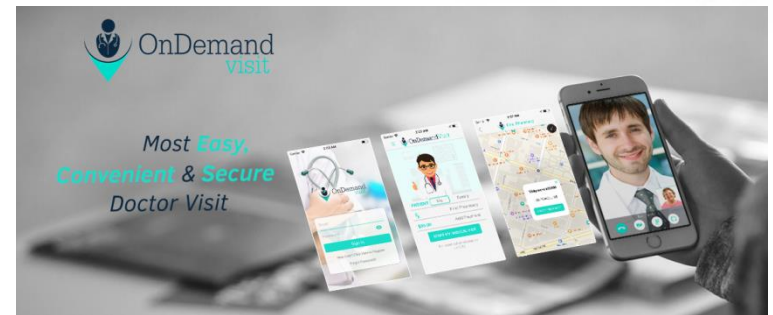
- I. Meet new mandates and payment models
  - Moving to quality based care under capitated rates
- II. Increase market Share.. Retain current and get new patients
  - Healthcare is becoming more consumer driven
- III. Decrease cost
  - Increase efficiencies within a system (e.g. decrease doctors travel time)



# Types of Telemedicine



Direct to Consumer



Diagnostic



Remote Exam



# Regulatory, Policy and Reimbursement



## Reimbursement

- *Medicare*- reimburses in all states
- *Medicaid*- 49 states reimburse
- *Privates*
- 38 States have legislative mandates
- Proposed federal legislature to cover direct to consumer connectivity

## State Licensure

- Originating Site licensure- clinician is held to the standard of where the patient is.

## Policy

- Key points to know....

# Proposed Medicare Regs

- **Brief Communication Technology-based Service, e.g. Virtual Check-in (HCPCS code GVC11):** Check-in services used to evaluate whether or not an office visit or other service is necessary. CMS proposes to pay \$14 for this service (unless it is the result of a previous appointment or leads to a face-to-face appointment).
- **Remote Evaluation of Pre-Recorded Patient Information (HCPCS code GRAS1):** CMS proposes creating a specific new code to describe remote professional evaluation of patient-transmitted information conducted via pre-recorded “store and forward” video or image technology.
- **Interprofessional Internet Consultation (CPT codes 994X6, 994X0, 99446, 99447, 99448, and 99449):** These codes would cover interprofessional consultations performed via communications technology such as telephone or Internet.

# Telehealth Funding



**Kristin DeProspero**  
*Vertical Market and Grant  
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- Funding Drivers
- Forecasts
- Support Services





# 2019 Funding Drivers



- Opioid Epidemic
- Urban/Rural Healthcare disparities
- Rapid Legislative and Policy efforts
- The “Triple Aim” shift to “Quadruple Aim”

# 5-Point Strategy from HSS for Opioid Crisis



- Improve Access to Treatment and Recovery Services
- Promoting Use of Overdose Reversing Drugs
- Promoting Better understanding of Epidemic
- Cutting edge Research on Pain and Addiction
- Advancing Better Practices for Pain Management



FEDERAL FUNDING AND  
PROGRAMS



OPIOID ADDICTION  
PREVENTION



OPIOID ADDICTION  
TREATMENT, OVERDOSE  
REVERSAL, AND RECOVERY



RESEARCH & DEVELOPMENT



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# Other Funding Details

- Legislation and Policy News
  - **Bill - H.R. 5899 School-Based Health Centers Reauthorization Act of 2018** introduced in May 2018
  - **Bill - H.R. 6 SUPPORT for Patients and Communities Act** – presented to the president (as of 10-16-18)
  - **Law – VA MISSION Act of 2018**
  - **New Farm Bill** – supports rural health care facilities
- Funding Opportunities
  - Federal
  - State
  - Local
  - Foundation

## Funding Categories:

Telemedicine Equipment and Software  
Research  
Scholarships  
Broadband  
Operations  
Personnel Costs

## Eligible Applicants

Education Institutions  
State Governments/ Agencies  
Non-profits  
For-Profits

# Funding Forecast

Grant	Due Date	Max Funding	Match
State Primary Care Offices	11/5/18	Formula Awards, Varies – typical award \$150,000	TBD
Delta Health Care Services Grant Program	11/19/18 Electronic 11/26/18 Paper App	Up to \$1,000,000,000	NONE
Rural Health Network Development Planning Program	11/30/18	\$100,000 per year	NONE
Small Rural Hospital Improvement Program (SHIP)	1/3/19	Up to \$1,000,000	NONE
USDA RUS Distance Learning & Telemedicine Grant	Q1 2019 forecasted	\$500,000	15% Match
USDA RUS Opioid Grant – (Rumored)	Q1 2019	TBD	TBD



# State Primary Care Offices



Due Date: 11/5/18

Funding: Formula Awards; Varies

Match: TBD

State or territory, State agency, or other statewide public or nonprofit entity that operates solely within a state or U.S. territories. In addition to the 50 states, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Applicants must provide state/territory-wide coverage of primary health care issues and represent or have relationships with the broad range of primary health care delivery systems and programs in the state.

# Delta Rural Health Services



Due Date: 11/19/18 E-App or 11/26/18 Paper App

Funding: Up to \$1 Million

Match: NONE

To apply for a grant, you must be a consortium of the following:

- Regional institutions of higher education
- Academic health and research institute, and/or
- Economic development entities located within the Delta Region.



# Rural Health Network Development Planning Program

Due Date: 11/30/18

Funding: Up to \$100,000

Match: NONE

The applicant organization must be a **rural** nonprofit private or rural public entity that represents a consortium/network composed of three or more health care providers. Federally-recognized tribal entities are eligible to apply if they are in a rural area. The applicant organization must be in a non-metropolitan county or in a rural census tract of a metropolitan county, and all services must be provided in a non-metropolitan county or rural census tract.



# Small Rural Hospital Improvement Program (SHIP)



Due Date: 11/19/18 E-App or 11/26/18 Paper App

Funding: Up to \$1 Million

Match: NONE

Eligible applicants are state offices of rural health (SORHs). SORHs will act as fiscal intermediaries and distribute awards to hospitals within their states.

Eligible rural hospitals that may receive subawards are nonfederal, short-term, general acute care facilities that are located in rural areas and have 49 available beds or fewer,, including faith-based hospitals.

Current and previous award recipients are eligible to apply.

Applicants may submit only one application to this program.

Previous award recipients include:

- Alaska Department of Health and Social Services
- California Department of Health Care Services
- University of Kentucky
- Florida Department of Health





# USDA RUS Distance Learning & Telemedicine Grant

Due Date: TBD

Funding: Up to \$500k

Match: 15%

## What does this program do?

The Distance Learning and Telemedicine program helps rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density.

## Who may apply?

Eligible applicants include most entities that provide education or health care through telecommunications, including:

- Most State and local governmental entities

- **Federally-recognized Tribes**

- Non-profits

- For-profit businesses



**NEW**

# USDA RUS Opioid Grant

- Rumors of a major program
- Fast tracked
- Address OUD and SUD issues
- Will encourage use of technologies including telemedicine
- Expect release before end of 2018



# ...and MORE Funding



- Connected Care Pilot Program
- Rural Health Care Program
- Telehealth Resource Center Grant
- Rural Economic Development Loan and Grant Program (REDL and REDG)
- Advanced Nursing Education Workforce (ANEW) Program
- Community Facilities Program
- Economic Impact Initiative Grants
- Patient-Centered Outcomes Research Institute

# Next Steps – How Can We Help?

- ✓ Access your grant readiness
- ✓ Free grant consultation
  - Search several private databases
  - Find, apply, win and buy
  - Funding report, 3-5 viable funding sources
  - Refer to expert telehealth grant writers
  - Assist as a coach/project manager through the application process

[Request our free consultation!](#)





# Contact Us



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A network of blue hexagonal icons connected by white lines, floating over a blurred background of a doctor at a computer. The icons include: an eye, a plus sign, a family, a test tube, a heart, a syringe, a water drop, a person in a wheelchair, a document, a brain, and a chemical formula H<sub>2</sub>O.

# Thank you!