FCC Healthcare Workshop
Building Sustainable Adoption:
Role of the Federal Government

UNIVERSITY of VIRGINIA HEALTH SYSTEM

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Telehealth applications

- Videoconferencing for patient care
- Store and forward applications
- Telepharmacy
- Remote monitoring and home telehealth
  - m-Health
- Health information exchange
- Emergency preparedness/disease surveillance
- Distance learning

- Academic-community hospital linkages
- Departments of Defense, Veterans Affairs
- Rural clinics (FQHCs, Veteran's clinics)
- Free clinics
- Health departments
- Correctional facilities
- School health
- Nursing homes
- Home telehealth
- Workplace
- Medical offices
- Retail clinics

Enhancing access

Patients

- *Timely access to locally unavailable services*
- *Improved triage when patient transfer required*
- *Improved quality of care*
- *Reduced readmission for same diagnosis*
- *Improved chronic disease management*
- *Spared burden and cost of unnecessary travel*

Benefits of telehealth

Health professionals

- Access to consultative services
- Each consultation is inherently educational
- Access to continuing medical education
- Reduces sense of isolation

Rural communities

- >85% of patients remain in local community
- Care in the community (lower cost) environment
- Enhanced healthcare and local economic development

Society

- Lower cost of care
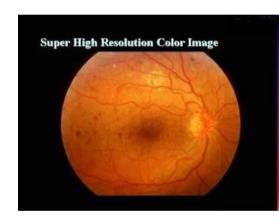- Improve outcomes
- "Green" technology

- *Infant mortality*
  - *Arkansas Angels*
    - Improve access to prenatal care
    - Reduce neonatal mortality, premature delivery (26% decrease)
  - *Virginia Productivity Investment Fund*
- *Congenital heart disease*
- *Childhood asthma*
- *Childhood obesity*
- *School health and daycare applications*
  - *Reduced ER visits, parental time away from work*

Innovative → mainstream applications

- *Tele-ophthalmology*
  - *Screening for diabetic retinopathy*
  - *Retinopathy of prematurity*
- *Tele-dermatology*

  Store forward/live interactive
- *Tele-mental health*
  - *Critical shortage of mental health providers*
- *ATA and specialty society standards*

Super High Resolution Color Image

Innovative ➡ mainstream applications

- *Acute stroke*
  - **Time is brain!**
  - *TPA administered in < 3hrs*
  - *Increased use from 4-23% in rural hospitals*
  - *AHA/ASA consensus statement*
- *Mobile digital mammography*
  - *Increase access to screenings*
  - *Early diagnosis/ lower cost*
- *Remote access to clinical trials and community based participatory research*

Chronic disease management Remote monitoring and home telehealth

- *Need*
  - *Medicare data: ($17.4 billion) unplanned hospitalizations*
  - *Hospital readmissions within 30 days - 20%, within 90 days - 34%, within 1 year 56%*
  - *MedPAC - $7,200 dollars per readmission deemed preventable*
- *Remote monitoring/home telehealth can reduce costs*
  - Congestive heart failure, Diabetes, Chronic obstructive pulmonary disease
- *Veterans Affairs - Care coordination/home telehealth*
  - 19% reduction in hospital admissions
  - 25% reduction in hospital days

- *Funding of telehealth systems and projects*

  - **The federal government has invested billions of dollars in telemedicine networks, technologies and research**

- *Reimbursement: current status*

  - *Medicare: non-MSA counties, only covers 21% of Medicare beneficiaries*

  - *Total expenditures over 5 years = $2 million/year*

  - *Store and forward only for Alaska and Hawaii demo projects*

  - *Medicaid: no federal mandate*

  - *Other payers: VA, DoD, limited private pay mandate*

- *Alignment of federal policies and definitions*
    - Different definitions of rural (Medicare, USDA, FCC)
    - Medicare "conditions of participation standards for hospitals" (CMS) require credentialing and privileging at each site
    - Counter to the Joint Commission (JCAHO) telehealth standards, 2004

- *Eliminate the rural requirement under Medicare*

- *Fund remote monitoring and home telehealth*

- *Fund store and forward telehealth in lower 48*

- *Eliminate the credentialing barrier under Medicare*

- *Ensure Medicaid coverage across the states*

- *Ensure that any plan receiving federal dollars covers telehealth*

Role of the federal government Issues/solutions/challenges

- *Licensure is state determined (HRSA BHPR)*
  - *DoD, VA*

- *Telecommunications venue/costs (FCC, USDA, NTIA)*
  - *Universal service fund plays critical role*
  - *Rural healthcare program and pilot still underutilized*
  - *Regular program: 12 years , $249 million total, 63% to Alaska*
  - *Pilot Program: In third year of program, only 1.4% of funds awarded disbursed*

- *Fund research projects related to telehealth* (NIH)

- *Cost effectiveness and savings* (ONC, AHRQ)

- *Industry standards* (NIST)

  - ATA Practice guidelines

  - Continua Health Alliance – vendors pledge interoperability

Future of telehealth

- *Demonstration projects* (ARRA)
  - *Sustainability of federal investment*
- *Sound federal policies to facilitate sustainability*
- *Integration into mainstream medicine*

A coordinated federal strategy is needed