Telemedicine – Common Beliefs, Myths, Comments, Feelings, Emotions, Concerns and Boogie Boos

- It’s EHR all over again…I’m being forced to do this.
- Nobody pays for this.
- MY patients only want to see me in the office.
- I’m not looking for ways to work more.
- It is sub-par medicine.
- I can’t document these visits effectively.
- I need to see the patient for the best diagnosis.
- It is a HIPAA violation/threat.
Telemedicine VS EHR

Electronic Health Record

- Government
- Patient
- Physician
Telemedicine

Industry Movement
Telemedicine Growth

16 million virtual visits in 2015

10% of patients are willing to switch

Telemedicine Usage and Preferences

64% of Americans would be willing to have a video visit with a doctor

70% of consumers would prefer an online video visit to a physical one in order to obtain a prescription

67% of medical professionals are either using some form of telemedicine now, or are planning to in the coming years

Source: Centric Digital LLC 2015
Industry Trends

- 75% of mobile subscribers have a smartphone
- $2.9 trillion total national health expenditures
- 29 states and DC require private insurers to cover telemedicine
- 28% of people with employer-based insurance skipped seeing a doctor
- $20 million awarded to telemedicine programs by USDA
- Over 50% of all U.S. hospitals now use some form of telemedicine
- $5 billion savings from eVisits compared to cost of in-office physician visits
- 1 in 6 doctor visits will be virtual this year
- 247 million Health care app downloads
- 148 million Health care app downloads
- 75% of mobile subscribers have a smartphone
- 385 million Health care app downloads
- 247 million Health care app downloads
- 247 million Health care app downloads

Sources: Center for Disease Control and Prevention; American Telemedicine Association; Becker's Health IT & CIO Review; Computerworld

Will continue to grow...

- 350,000 in 2013
- Projected 7,000,000 in 2018
- Global market to hit $34 Billion by 2020

Source: IHS Technology
Regulatory Environment

Licensure
Interstate Medical Licensure Compact

Enactments: 12  Introductions: 14

Source: http://www.licenseportability.org/
South Carolina

Telemedicine in South Carolina

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- Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine.
- Requires full license and allows P2P exemption.

North Carolina

Telemedicine in North Carolina

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- Last policy revision: November 2014
- Allows telemedicine in lieu of an in-person examination and to establish a physician-patient relationship.
- Requires full license and allows P2P exemption.
Reimbursement

Let me predict your next question…
Payers are starting to pay...BCBSNC

Telehealth
96150, 96151-Health behavior assessment
98969, 99444-Online evaluation and management, established patient
99212, 99213, 99214, 99215-Established outpatient evaluation and management
99221, 99242, 99243, 99244, 99245-New outpatient consultation evaluation and management
99499-Unlisted evaluation and management
G0108, G0109-Diabetic training
G0406, G0407, G0408-Inpatient telehealth consult
G0425, G0426, G0427-Telehealth consult ED
0188T, 0189T-Diabetic real time critical care evaluation and management
Modifier GQ—(Via asynchronous telecommunications systems). Service codes noted above will not be
allowed when modifier GQ is appended.
Modifier GT—(Via interactive audio and video telecommunications systems). Service codes noted above
will be allowed when modifier GT is appended, and when the provisions under telemedicine and online
medical evaluation reimbursement guidelines in this policy are met.
See also Corporate Reimbursement Policy titled, "Modifier Guidelines"

Online evaluation and management services:
G7040, G7041-Modifier is not required for online medical evaluations for established patients, reported by CPT
codes 99444, 99445.
Online evaluation and management (online medical evaluations) for new patients should be reported with
an Unlisted evaluation and management code (CPT 99499) with modifier GT appended to indicate the
telehealth service.
Online evaluation and management (online medical evaluations) should not be reported with New
outpatient evaluation and management (CPT 99201-99205, Established outpatient evaluation and
management (CPT 99221-99245), or Office consultation codes (99241-99245) unless an intervening
provider is present with the patient.


SC...Interesting approach...

Blue CareOnDemand is provided using telehealth technology available from
American Well® (www.americanwell.com), a company headquartered in
Boston. American Well is an independent company that administers Blue
CareOnDemand on behalf of BlueCross and BlueChoice.
Medicare

- Beginning to authorize reimbursement for more specialties
- Currently focused on rural medicine
- Reimbursement is based on originating site of provider being in a HPSA
- Several types of visits are reimbursable

Expense Control
Expense Concepts

• Opportunity Costs

• Maximizing Use of Resources (Capital, Facilities, HR)

• Maximizing Profitable Services

Consider this...your practice is a business.
Managing Profit

Revenue Side
- Commonly being covered by Employers
- Insurers beginning to recognize coverage as well
- High Deductible plans...think volume over price

Expense Side
- Lower labor costs
- Maximize use of resources
- Lower potential opportunity costs associated with no shows

Other Business Thoughts
Strategy, Marketing, and Customer Service
**Strategy**

- **SWOT Analysis – Particularly External Analysis**
  - What are the threats in your area?
    - Hospitals
    - Retail Clinics
    - Urgent Care Centers
    - Other providers
  - What are the Opportunities in your area?
    - Population Growth
    - Customer Analysis

**Marketing Concepts**

- Complementary Service – Enhancing what the practice has to offer
- Patient Engagement – Give them what they want
- Technology Edge
- **Not consumer…CUSTOMER**
Trends…Now and To Come

- Demographics are changing
- Technology is driving new expectations of *convenience*…yes, even in healthcare
- Facilitative Model of Care – Patient Engagement
- High Deductible Plans continue to mature
- Employers continue to drive *value* for dollars spent
- Bundled and Risk (merit) based models

Key to this in the end…

See and think differently
Telemedicine…

...a spectrum of opportunities

Thank You