



TELEMEDICINE: HOME IS WHERE THE HEALTHCARE IS

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Gary Capistrant's expertise in health policy is based on over 30 years of experience with Medicare, Medicaid, and national health reforms. Mr. Capistrant's knowledge of health policy has led him to become a trusted advisor to associations, innovative health providers and Wall Street investment analysts. He is also the former Director of Congressional Relations for the American Health Care Association, Staff Director of the State Medicaid Directors Association and Health Legislative Assistant for former Rep. Jim Corman.

Mr. Capistrant earned a MA in Public Affairs from the Humphrey Institute at the University of Minnesota and he also earned a BA from the same University.

OBJECTIVES:

Participants should be better able to:

1. Understand the current landscape of telehealth policy;
2. Understand the major policy opportunities and barriers to telehealth.

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***Telemedicine:
Home is Where the Health Is***

**Gary Capistrant
March 4, 2016**

Mr. Capistrant has declared no conflicts of interest related to the content of his presentation.

Strong Consumer Wants

24 / 7 / 365

On-demand

Convenience

Ease

Choice

Control

Direct



Drivers

Aging population

= greater demand & costs

= provider shortages

Consumer technology savviness

Provider experience & acceptance

Ubiquity of telecommunications



Major Telemedicine Means

Video/audio conferencing

(real-time, synchronous)

Store-and-forward

(some delay, asynchronous)

Remote patient monitoring

Robotic



Overview

Multiple terms

variations of tele-, e-, m-, i-, remote
vs. EHR, HIT

Goal is simply “health”

Range of apps

Solutions, not tech



Telemedicine is NOT

New

Clinically different

A service

Rural

About the technology

Barriers

**Remove and oppose
artificial government barriers**



Major Government Roles

Rendering

Reimbursement

Regulation

Research

Resources

Readiness and recovery



Major Public Payors

Medicare - NO

1834(m)

Physician services

CMMI

Medicaid - GO

No federal law or reg restrictions

Common requirements

Statewideness

Comparability



Medicare Today

33.1M in fee-for-service

21 Next Generation ACOs

16.3M in Medicare Advantage

2.0M in Special Needs Plans

13 specifically for chronic lung failure



QUESTION #1

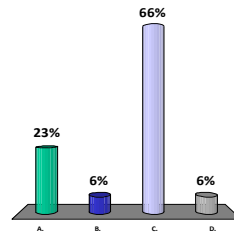
How many Medicare special needs plans are specifically for chronic lung failure?

- A. 0
- B. 7
- C. 13
- D. 50

QUESTION #1

How many Medicare special needs plans are specifically for chronic lung failure?

- A. 0
- B. 7
- C. 13
- D. 30



Medicare FFS Barriers

Limited live video

- Only rural counties (20% of beneficiaries)
- Limited originating sites – not a home
- Limited providers – not RT
- Only specific procedures

No “store & forward” (recorded)

No phone, fax, email

No remote patient monitoring for chronic conditions



QUESTION #2

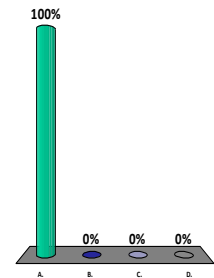
Under fee-for-service Medicare, what is the telehealth coverage to a beneficiary at home?

- A. None
- B. Only for rural beneficiaries
- C. Only for those “homebound”
- D. Full

QUESTION #2

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Medicare Bills

CONNECT for Health Act

S. 2484: Sen. Brian Schatz (D-HI)

H.R. 4442: Rep. Diane Black (R-TN)

Telehealth Enhancement Act

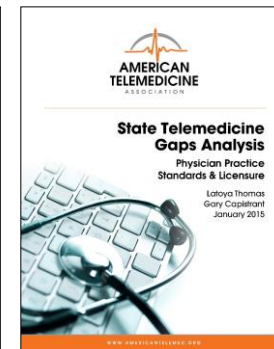
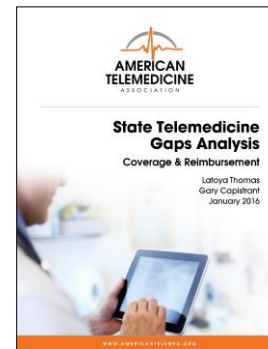
H.R. 2066: Rep. Gregg Harper (R-MS)

Medicare Telehealth Parity Act

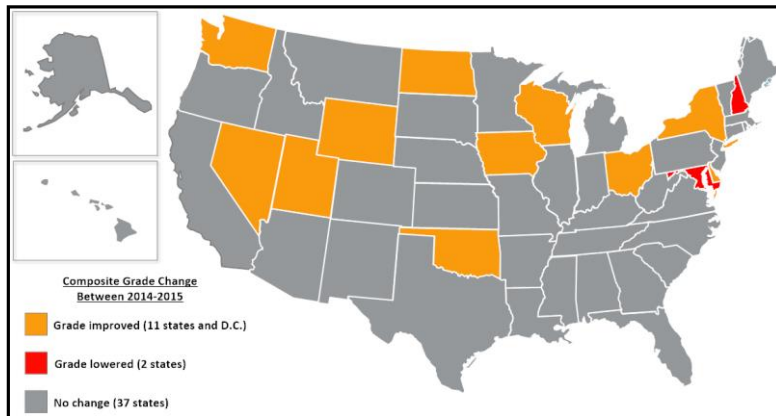
H.R. 2948: Rep. Mike Thompson (D-CA)



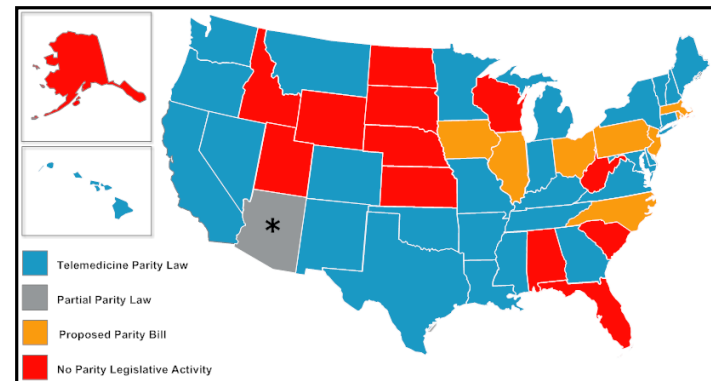
ATA State Gaps Analyses



States' Overall Coverage



Parity for Private Insurance



50 State Medicaid Today

All cover imaging

48 states cover something

36 home telehealth

17 remote patient monitoring

12 store-and-forward

**Managed care, esp. comprehensive
risk-based**



QUESTION #3

**How many state Medicaid plans now
cover remote patient monitoring?**

A. 0

B. 7

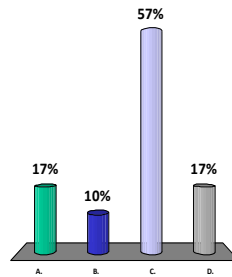
C. 17

D. 50

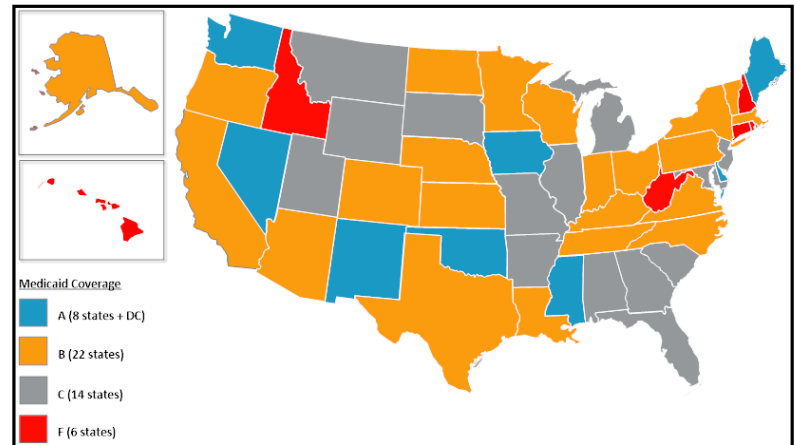
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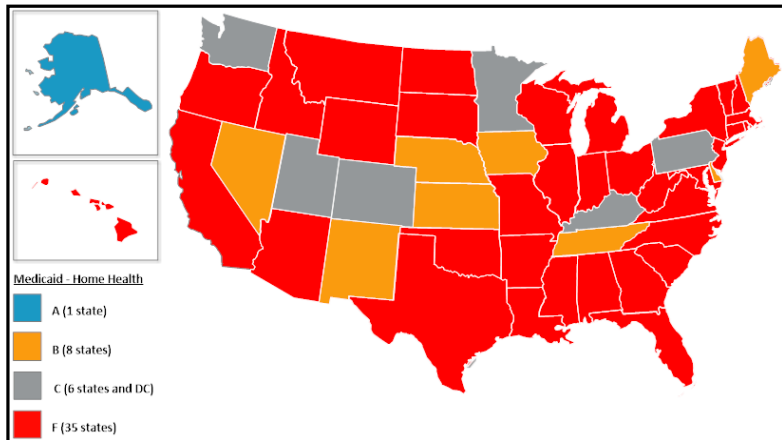
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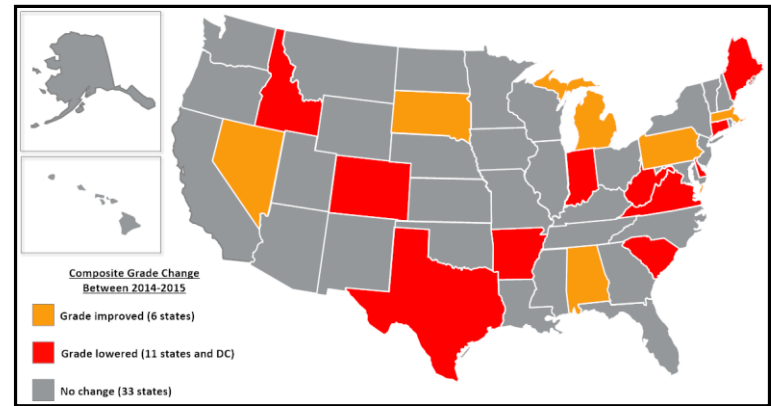
States' Medicaid Coverage



States' Medicaid Home Health Coverage



States' Physician Practices



License at Both Ends

Multi-state licensure compacts

Expedited

physicians

Reciprocity

nurses

psychologists

physical therapists

“One state license” model



“One State License” Bills

For Medicare

TELEmedicine for MEDicare Act

S. 1778 by Sen. Hirono (D-HI)

H.R. 3081 by Rep. Nunes (R-CA-22)

For Department of Veterans Affairs

VETS Act

S. 2170 by Sen. Ernst (R-IA)

H.R. 2516 by Rep. Rangel (D-NY-13)



QUESTION #4

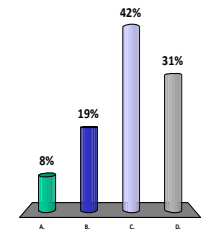
For interstate telehealth, is there any legal basis for the Federal Government not to follow state laws?

- A. Yes, because of federal sovereignty
- B. Yes, because of the “interstate commerce” clause
- C. Yes, both
- D. No, because of states’ right in the 10th Amendment to the Constitution

QUESTION #4

For interstate telehealth, is there any legal basis for the Federal Government not to follow state laws?

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Delivery Problems

Address care delivery problems
Cost, access, quality, productivity



Some Problems Addressed

Barriers of time and distance
Professional shortages
Disparities in access to care
Quality of care
Hospital readmits, ER overuse
Costs of delivery
Convenience and patient choice



Opportunities

Increase patient choice, outcomes,
convenience, satisfaction

Promote “value-based” innovative
payment and service



Innovative Pay Models

Tweaks

Value-based purchasing

Pay for performance

Reforms

Bundling (services, time)

Case-mix

Sharing (risk, savings, gains)

Salary-based

Reference pricing, indemnity



Medicare Prospects

Payment innovations

ACOs, bundles, medical homes
Medicare Advantage
Community health centers

FFS

Stroke
Chronic care



Medicaid Prospects

Parity

Urban
Homes

Managed care flexibility

Remote patient monitoring

Focused initiatives

Specialty – at-risk pregnancies, autism
Chronic - health homes
Sites – school-based





AmericanTelemed.org
ATAwiki.org

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