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 lead 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.

**FRIDAY, MARCH 4, 2016 8:00 AM**
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
**Medicare Bills**

**CONNECT for Health Act**
- S. 2484: Sen. Brian Schatz (D-HI)

**Telehealth Enhancement Act**

**Medicare Telehealth Parity Act**
- H.R. 2948: Rep. Mike Thompson (D-CA)

**ATA State Gaps Analyses**
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
**QUESTION #3**
How many state Medicaid plans now cover remote patient monitoring?

A. 0  
B. 7  
C. 17  
D. 50
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
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

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**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