Can Telemedicine Solve the Healthcare Access Problem for Rural America’s Elderly and Poor?

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Barriers to Expansion of Telehealth

* Licensing rules restrict use of telemedicine services across state lines
* Lack of treatment guidelines by specialties constrains access to telehealth services
* Lack of reimbursement restricts access to telehealth services
17% of Population scattered across 72% of land mass
Cared for by 10% of Country’s physicians
Primary Care Provider more likely NP or PA
Births more likely attended by Nurse or Lay Midwife

RuralHealthweb.org, What’s different about Rural Health Care? 2014
Rural Americans

- Older and poorer than urban counterparts
- More likely to self-report health as fair or poor
- Lower per capita health expenditures
- Less use of specialists, axillary services
- Youth have higher rates of tobacco usage, alcohol abuse, and suicide
- More likely to die as result of MVA or trauma
Critical Access Hospitals

- 1,326 across US
- Few specialists on staff
- Clinical staff lack training/ proficiency in critical healthcare procedures
- Higher provider turnover
- High percentage of Foreign Medical Graduates
Approximately 3800 Nationwide

Rural Health Clinic Services Act of 1977

Located in federally designated or certified shortage area

Employ a PA or NP who must be present at least 50% of time clinic open

Not a Federal Qualified Health Center

Rural Health Fact Sheet Series, Centers for Medicare and Medicaid Services: January 2013
Rural Healthcare Program

*Telecommunications Act of 1996*

Support for and access to advanced telecommunication and informational services

Funded through Universal Service Fund
Rural HealthCare Pilot Program of 2007

* $400 million for 3-year pilot
* Develop Telehealth consortiums across US

* 2012 FCC Staff report
  * More success than failures
  * Initial cost savings
  * Improvements in patient outcomes and satisfaction

* FCC Commission Document DA 12-1332 Evaluation of Rural HealthCare Pilot Program, Staff Report
HealthCare Connect Fund 2013

- Cont. support for establishing and subsidizing broadband connections to rural health sites
- Funding capped at $400 million
- Consortiums must have rural majority of members
- 2014 Skilled Nursing Facilities Pilot Program

Current Status of Telemedicine Uses

High speed video with audio

Digital X-rays
Electronic stethoscopes

Ultrasound

Digital otoscope and ophthalmologic cameras
Emergency Department Consultations

Neurology telestroke teams

Telepsychiatry
Teleobstetrics with Neonatal Resuscitation Systems

Provide onsite training

Remote oversight and team leading

High risk consultation
Stakeholders

* National Rural Healthcare Association
  * Favor elimination of separate billing procedures for telehealth services
  * Favor expanding reimbursement to axillary providers PT, RT, Speech Therapist and social workers
  * Favor additional study on Quality Measures and the effects on recruiting and training clinicians

Stakeholders

- American Telemedicine Association
  - Supports use of Telemedicine Practice Guidelines
  - Vision: telehealth will be fully integrated into the healthcare system to improve the quality, access, equity, and affordability of healthcare throughout the world

Stakeholders

- American Public Health Association
  - Telehealth is a means to achieve one of the goals of Healthy People 2020
    - Use of health communication strategies and health information technology to improve population health outcomes, to improve health care quality, and to achieve health equity

Stakeholders

- The American Osteopathic Association
  - Technology should be used to increase access to care for patients, while not diminishing its quality or its patient-centeredness
  - Need to provide a broad framework establishing recommendations to address telemedicine at a national level, while providing enough flexibility for states to incorporate their own policies that meet the healthcare needs of their citizens

- AOA Telemedicine Policy Statement provided to House Energy and Commerce Committee, Health Subcommittee May 5, 2014
Yes, Telemedicine can be a tool to help solve the healthcare access problem for rural America's elderly and poor
Recommendations

- Use the Healthcare Connect Fund to explore the width of healthcare services that are appropriate for remote tele-delivery.

- Individual states should align their licensing and credentialing policies for telemedicine in accordance with recent recommendations from the Federation of State Medical Boards.
Specialty Boards and Associations should develop treatment guidelines for the appropriate use of telehealth in their practice area.

MedPac and the RUC should be tasked with developing appropriate work and expense values for Telehealth Services as a tool in delivering total patient care.