Telemedicine

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This alert is different from others that we have previously provided – it is about the future of one of the innovative aspects of health care technology. Specifically, we wanted to alert our subscribers to some of the telemedicine issues, trends and opportunities. We are co-authoring this specific alert with Susie Vestevich, Esq. an advocate for Michigan-based JEMS Telehealth, manufacturer of emergent telemedicine hardware/software solutions. *JEMS provides the available technology to obtain care for patients in emergency situations. Providing quick information to medical professionals can reduce the recovery times for strokes, heart attacks, and other conditions.

The field of mental health services is another area where great use can be made of telemedicine services. Patients with behavioral or mental health issues are often the least likely to obtain care, or be compliant with the care prescribed. Mental health professionals and counselors are often not readily available in many areas. So, in addition to the consultative capability of telemedicine, patients can receive information and therapy for behavioral and mental health, and be tracked for compliance.

Some of the obstacles to implementing telemedicine include: Licensing of professionals, reimbursement issues, provider buy-in, and disruptive technology.

Licensing

Since telemedicine is such a broad area, we will be devoting a number of alerts to this topic. With this alert, we begin by discussing several of the obstacles to utilizing telemedicine. One such obstacle is in the interstate licensing of medical professionals.

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A physician or other licensed professional in one state is not always able to provide services in another state. Medical professional licensing is determined state by state and although similarities exist, each state has its own manner of licensing Physicians and other medical professionals. Michigan and a number of other states have pending legislation under what is called a "Compact" which, if passed, would allow services provided by qualified telemedicine professionals to work across state borders. House Bill No. 4583 introduced in May of last year would provide for Michigan to join the growing number of states in the Interstate Medical Licensure Compact. The proposed Act provides that care is rendered where the patient is located at the time of treatment and requires that the Physician be under the jurisdiction of the state medical board at the patient's location. The Act would allow for expedited licensing if a Physician meets the eligibility requirements. The Act also allows for the creation of the Interstate Medical Licensure Compact Commission to administer the Interstate Compact.

The issue of interstate licensing is one of the obstacles to the advancement of telemedicine. The Interstate Medical Licensure Compact and the pending House Bill, if passed, should advance the use of telemedicine.

IT Infrastructure

Health care organizations have an existing IT infrastructure that can make adding a telemedicine technology very burdensome and costly. As an example, recently a hospital acquired a telemedicine system – only to learn that the cost to upgrade the existing IT infrastructure to accommodate the system was 7x the cost of the telemedicine technology.

This issue has been addressed by Michigan-based *JEMS Telemedicine. JEMS is unique in the field of telemedicine manufacturers, setting itself apart by being a true plug-n-play technology that works on a data agnostic basis (meaning it can utilize a signal from multiple sources, including 3G, 4G, Wi-Fi, LTE, satellite, etc.), thereby avoiding the infrastructure dilemma.

Provider Buy-In

We all have our daily routines. Health care practitioners follow routines as well. Trying to introduce new routines and devices to busy, already burdened physicians creates push-back. Ultimately the technology gets ignored.

It is imperative for widespread adoption that the health care practitioners are able to use existing devices on their person, and use them with ease.

In 2010, JEMS Telemedicine pioneered easy to use telemedicine on smart-devices the health care practitioners already own (the first to do so, worldwide).

Reimbursement

As recently as 2011, only 11 states had telemedicine parity laws, which require that insurers reimburse telemedicine providers exactly as they would for an in-person visit. Today, 29 states and the District of Columbia (including Michigan) have parity laws. Additionally, 48 states now reimburse for telemedicine (every state but Connecticut and Rhode Island).

While 48 of the 50 states reimburse for telemedicine there is still confusion as to what service lines get reimbursed. Reimbursement is based on the type of provider and may vary among Medicaid, Medicare, private insurance, etc.

The momentum continues to build in regards to reimbursement for telemedicine. More than 200 telemedicine bills were introduced in state legislatures in 2015. Not all of them passed, but is has "given an indication that the time has come to have [telemedicine] conversation," says Jonathan Linkous, CEO of the American Telemedicine Association.

Additionally, on the federal level, in February, the newly proposed Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S. 2484) calls for telehealth to provide basic benefits in Medicare Advantage plans and lets all Medicare patients with certain chronic conditions be eligible for remote monitoring services. If passed, this would expand telemedicine coverage for Medicare enrollees.

Thus, while work remains to be done, on both a state and federal level the landscape of reimbursement has improved, and continues to improve as legislation moves toward widespread adoption of telemedicine.

Disruptive Technology

Any new medical technology is considered to be a disruptive technology until it is fully accepted, as it is "disruptive to the system" – whether disruptive to daily routines, protocols, or reimbursement practices. As such, just as with provider buy-in, implementation of telemedicine will initially create push-back by administrators within health organizations.

Clinical usage has to drive the decision toward technology, never the reverse. Additionally, the technology has to be invisible within the existing processes and protocols, according to Michael Adcock, COO, Center for Telehealth, University of Mississippi Medical Center.

In summary, it is imperative that any telemedicine technology implemented into an existing system be done with minimal disruptions.

More information

Look for our future alerts as we continue to explore telemedicine issues. If, in the course of this series, you have specific issues and questions, please let us know so we can address them.

**Please note that although we are co-authoring this Alert with JEMS, Butzel Long is not endorsing any particular vendor and those looking into incorporating telemedicine technologies into their delivery system should perform their own due diligence.*

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