



# Telemedicine Primer for MASA

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Kellogg Conference Center



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# Telemedicine – Why now? Just the beginning...

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1. Increased patient demand
2. PCP shortage
3. Less mobile, aging population but accessibility to mobile devices

# Telemedicine – Why now? Just the beginning...

4. Repeal of sustainable growth rate for physician fee schedules:
  - Transitioning from fee for service to fee for value
  - MIPS established consolidates components of 3 existing programs (Physician Quality Reporting Systems, Physician Value Based Payment Modifier and Medicare Electronic Health Record Incentive Program for Eligible Professionals)

# REIMBURSEMENT IS IMPROVING

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# BLUE CROSS

1. Provider must be licensed in Michigan
2. Telemedicine may not be preferred method of delivery in certain scenarios, for example suicidal ideation or unstable angina
3. Ongoing treatment of chronic condition requiring more than 5 seizures before condition resolves may require hosted visit or face to face encounter during active treatment and should not be considered for “online visit”.

# BLUE CROSS

4. Online visit must meet the following:
  - A. Avoid visual online communication
  - B. Patient initiates the medical or behavioral health encounters
  - C. Low complexity, straight forward decision making encounter that addresses urgent but not emergent clinical conditions
  - D. Not anticipated that follow up is required.

# BLUE CROSS

5. Use of secure channel
6. Eligible providers include:
  - A. MD/DO
  - B. Certified nurse midwife
  - C. Clinical nurse practitioner
  - D. Clinical psychologist
  - E. Clinical social worker
  - F. Physician Assistant

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- There are a number of exclusions such as:
    1. Store and forward
    2. Telemonitoring
    3. E-mail only communication
    4. Facsimile communication
    5. Text only
    6. Request for medication refills
    7. Reporting of normal tests
    8. Provision of education materials



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9. Scheduling of appointments
  10. Registration
  11. Reminders
  12. Referrals
  13. Online visit resulting in office visit on same day
  14. Online visit for same condition originating from office visit urgent care or emergency care encounter within previous 7 days.

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15. Online visit occurring during post operation period.

## ESTABLISHING CODES

- Must have “GT” monitor appended.  
Certain
- Codes do not require “GT” monitor

# MEDICARE REIMBURSEMENT

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- Medicare is reimbursing many applications of telehealth

# LEGISLATION IS ADDRESSING LICENSING ISSUES

- Michigan Legislation moving its way through legislature, *i.e.*, the “Compact”
- HB 4583 would enact Interstate Medical Licensure Compact
  - Establishes process that allows physicians to become licensed in multiple states
  - Legislation does the following:

# HB 4583

- Licensed physician who designates a Compact member state as “state of principal license” and meets other eligibility criteria to apply for expedited license to practice in all other member states
- Fee charged for an expedited license issued or renewed through the Compact in that state

# HB 4583

- Prescribes conditions for renewals
- Establishes database of all applicants for expedited licensure as well as physicians have been granted an expedited license to facilitate sharing with member states regarding complaints, disciplinary actions against licensees and applicants
- Authorizes joint investigations
- All licenses automatically revoked or surrendered if done by one member state

# Who/What Regulates Telemedicine?

1. Office of Civil Rights Under HIPAA, all state attorney generals for state privacy issues and aspects of HIPAA.
2. Federal Trade Commission
3. Federal Communications Commission
  - Regulates certain devices as communication devices not medical devices
  - FCC and FTC collaborate
4. Telephonic Consumer Protection Act covered by FCC – Recent declaratory ruling in *CVS Pharmacy v Robo Calls* (ATDA)

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5. Food and Drug Administration

6. Medical Staff Bylaws, State Medical Boards, Dental Boards, Pharmacy Boards, etc.



# Usage of Telemedicine

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- Used now for controlling diabetes and blood pressure issues and suitable as being used for psychiatry especially in areas where practitioners are scarce.

CVS model is going from just dispensing medication to prescribing and dispensing

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- Robots

# DIRECT TO CONSUMER MARKET AND WEARABLE TECHNOLOGIES

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# AMERICAN WELL EXAMPLE

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# SECURING MOBILE HEALTH DEVICES

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# SOME OTHER USES OF MOBILE TECHNOLOGY

1. Support clinical decision making
  - Practitioners can quickly research dosages and up to date medications
  - Lab recommendations
  - Contents of alternative remedies
  - Epocrates is a very popular app.

## 2. Enhance Practice Workflow

- Clinicians can work their inbox
- Document patient encounters
- View schedules
- View patient records
- Prescribe medications
- Complete dictation

### 3. Coordination of Care

- Allows for faster real time communication about patient condition from others servicing the patient
- Security of the devices is a key issue
- Employees and others must be trained and be security aware
- Prevent security breaches



## 4. Engage Patients

- Mobile devices are pervasive – PEW Internet reports 90% of U.S. adults own a cell phone and 60% own a smart phone.

- PATIENT PORTALS CAN ENHANCE
- PATIENT-PROVIDER COMMUNICATION AND ALLOW PATIENTS TO:
  - Check test results
  - Refill prescriptions
  - Review medical record
  - View education materials
  - Check appointments

# PATIENT COMPLIANCE

- Increased use of mobile devices to monitor and improve patient compliance – Apple, Google, Adidas, Samsung, Verizon, Sprint, Garmin and others are all developing devices which collect information and then upload to store in clinician databases.

# MAKING THE MOST OF MOBILE TECHNOLOGY

1. Secure and HIPAA compliant
2. Focused on efficiency and measurable results
3. Integrated with patient communication and EHR systems
4. A source of clinical support for better health outcomes
5. Ease of use
6. Strong platform for patient engagement
7. Flexible to accommodate new uses and changes



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# CONCLUSION