

Collaborative Policy Development for Advancing Telehealth

DMAA
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Presented by:
Christine Martin, MBA, PMP, MT
Executive Director
California Telemedicine and eHealth Center



Objectives of Session

- Describe the process and value of collaborative policy development used in California Telehealth Optimization Initiative
- Provide policy recommendations developed by the Collaborative
- Discuss action items developed by the Collaborative

California's Telehealth Environment

- California has been national leader in reimbursement policy
- Foundations & Endowments have focus on telehealth development
- Development efforts increasing
- FCC grant over 850 sites
- Governor supports development

What Led To Telehealth Initiative

Current
Availability of
Telehealth

Why The Gap?

Optimal
Availability of
Telehealth



- Reimbursement?
- Business models?
- Payer reluctance?
- Clinical efficacy?
- Operational Issues?

Telehealth Optimization Initiative

- Experts, thought leaders, consumers, payers, government agencies
- Review of barriers and opportunities
- Development of policy recommendations

Desired Outcome

The desired result of this effort is the creation of reimbursement policy recommendations that support the strategic deployment of telehealth and telemedicine throughout California

What is Collaborative Policy Making?

- Solving policy issues and challenges using consensus-driven recommendations
- Participation from diverse parties affected by the solution or needed to help implement it.

Collaborative policy development often goes beyond just problem solving and outlines preferred ways of doing things.

Philosophy of Collaboration

- There is great value in the ideas offered by stakeholders
- Sustainable solutions are best crafted from a whole systems perspective
- Stakeholders have knowledge that can be collectively and meaningfully organized in support of an optimum solution
- Stakeholders are able to contribute to the solution
- Stakeholders benefit from being more knowledgeable about the whole system
- Diversity of ideas and approach is appreciated and valued

Why use collaborative methods?

- Results in higher-quality outcomes
- Easier to implement, with fewer legal challenges,
- Better utilization of available resources
- Better policy can be made when decision-makers have more data and a deeper understanding of the interests of all those involved.
- Creates shared learning and improved working relationships
- Better joint problem solving ability in the future
- Better serving the public

When should a collaborative process be considered for public policy?

Collaboration is not appropriate for all decisions.

- Routine, simple, or urgent decisions

It is effective when:

- Applied to complex policy questions that affect multiple, interdependent interests
- All the diverse parties affected have compelling reasons to engage with one another in a search for a joint policy or program outcome
- Sufficient time and resources are available to support the process

There should be at least two or more other reasons...

- Stakeholder involvement is needed
- Stakeholders want involvement
- There is rapid change or an unpredictable environment
- Isolated problem solving or individual efforts will not be enough
- There is more commitment to recommendations that people develop themselves
- The new direction needs clarification and guidelines
- There is a need for quick deployment

Right Approach for Telemedicine?

- Clear business need for engagement. Without it, unlikely recommendations will be adopted or ultimately successful
- President, Governor and others have identified a variety of business reasons to overcome current third-party payee system issues

What is involved in collaborative policy making?

Typically involves five stages:

1. Assessment
2. Organization
3. Education
4. Negotiation
5. Implementation

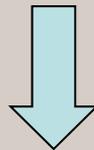
Collaborative Members

Partial List

- American Heart and Stroke Association
- Blue Shield of California Foundation
- California Association of Physician Groups
- California Healthcare Foundation
- California Hospital Association
- California Primary Care Association
- State of California
 - Health and Human Services Agency
 - State of California Department of Health Care Services
 - State of California Department of Managed Health Care
 - Business Housing and Transportation
 - Department of Public Health
- The Children's Partnership
- University of California
- Wellpoint / Blue Cross

Major Components

- Meta-analysis of available literature
- Statewide focus group
- National reimbursement trends



- Collaborative policy development

Telehealth Optimization Initiative Findings

- Piecemeal approach is not getting us to optimal telehealth use
- Will not achieve full potential until deployed across all levels of care
- Telemedicine held to higher burden of proof for clinical efficacy and cost effectiveness
- Consumer demand is critical and will help drive full deployment

Development Not Without Challenges

- Reimbursement / payment strategies and structure
- Organizational strategic integration
- Development funding
- Replicable operational models
- Sustainable business models
- Program costs
- Credentialing, privileging & accreditation

Meta-Analysis of Literature

- 21 literature reviews
- Methodology prevented conclusions on economic outcomes
- Recurring theme – telemedicine saves time and money for patients but creates additional expense and delay for providers

Meta-Analysis of Literature

- Clinical efficacy
 - Mixed bag
 - Psychiatry strong evidence of good clinical outcomes
 - 21 other specialties with good evidence

Meta-Analysis of Literature

- Barriers to Patient Demand
 - Lack of awareness
 - Lack of referrals from PCPs
 - Concerns about privacy / confidentiality
 - Discomfort with technology

Meta-Analysis of Literature

- Barriers to Provider Demand
 - Concerns about standards of care and liability
 - Interstate licensure issues
 - Lack of clinician training & recruitment
 - Reimbursement
 - limited reimbursement → limited incentives →
limited adoption → limited revision of
reimbursement levels

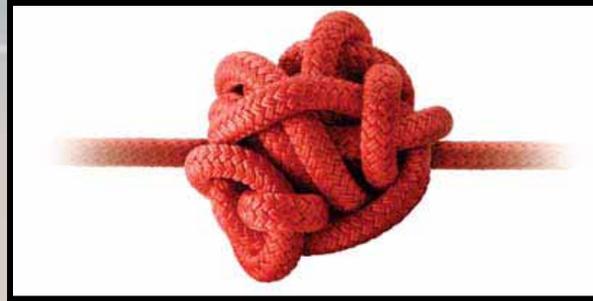
Focus Groups

- Providers, potential providers, vendors and suppliers, payers, others
 - Almost half existing providers
 - 30% potential providers
- 90 participants
- Group sessions - web based survey
Individual interviews

Focus Groups

- Payers
 - Limited utilization data
 - Limited consumer requests
 - Concerns about costs
- Existing and Potential Providers
 - Reimbursement
 - Start-up Cost
 - Laws
 - Integrating into operations
 - Sustainable business models

National Reimbursement Scan



- Some movement towards expanded reimbursement
- Laws do not ensure new practice
- Limited impetus to change status quo

Medicaid

- Covered in 35 states;
 - Psychological consultations or treatments - 12 states;
 - Home health - 2 states;
 - Case management - 2 states
 - Patient education (diabetes) - 1 state.

Other Payers

- Medicare: expanded reimbursement in January 2009
- Federal legislative proposals
- State initiatives
- Private payers

Telehealth Optimization Initiative Policy Recommendations

Use telehealth in every possible situation

Telehealth and telemedicine services should be developed and implemented in every situation where patient care, access, provider availability, efficiency or cost of service can be positively impacted.

Eliminate coverage or reimbursement restrictions

Telehealth and telemedicine should be a covered and reimbursable method for the delivery of services across the entire spectrum of healthcare services.

Telehealth Optimization Initiative

Action Steps

Institutional Support and Incentives

- Increase use and coordinate state and other government telehealth activities

Consumer Demand

- Consumers, providers and payers have limited exposure to telehealth – need information

Telehealth Optimization Initiative

Action Steps

Payers and Funders Support & Incentives

- Create incentives to encourage corporations, large employers and business developers

Provider Availability

- New reimbursement methods are needed to reflect telehealth workflows
- Assist providers to develop telehealth

Telehealth Optimization Initiative

Action Steps

Leadership, Expertise and Coordination

- Need for strategic plan, central information portal and program development support

Research and Evaluation

- Need for program evaluation, business models and outcome studies
- Review and evaluate results and impact of state telemedicine laws

Is The Initiative Working?

- One consistent set of recommendations
- Support from major stakeholders
- Report used by all
- Increased stakeholder interaction
- Policy makers are using it

Telehealth Optimization Initiative Reports

- *Optimizing Telehealth In California: An Agenda for Today and Tomorrow – Full Report & Executive Summary*
- *If You Bill It, They Will Come: A Literature Review on Clinical Outcomes, Cost Effectiveness and Reimbursement for Telemedicine*
- *Telehealth Optimization: Summary of Focus Group Methodology and Responses*
- *National Telemedicine Reimbursement Scan*

Available Online at www.cteconline.org

California Telemedicine & eHealth Center

Christine Martin, MBA, PMP, MT

Executive Director

cmartin@calhealth.org

www.cteconline.org

(916) 552-7679