Maryland Telemedicine Taskforce

Update from the Advisory Groups

Maryland Health Quality and Cost Council

September 26, 2011

Telemedicine Taskforce

- **Previous efforts to look at the role of telemedicine focused on acute stroke care**
- **In late 2010, Secretary Colmers proposed two state agencies, MIEMMS and MHCC, direct a broader Telemedicine Task Force, to include other specialty needs in addition to stroke, via use of three advisory groups: clinical, technical, and financial**
- **Final report with recommendations to the Maryland HQCC on December 16, 2011**

Clinical Advisory Group

- Chaired by Robert Bass, MD
- Tasked with defining clinical needs
- 30 participants including clinicians, hospital administration, public health, rural health, and other interests
- Four meetings to date
  - July 7 and 21, August 4 and 18

Clinical Advisory Group

- July 7
  - Mission and timeline
  - Current and potential uses of TM
- July 21
  - Dr. Karen Reuban, UVA, discussed Virginia's experience with TM
  - Key drivers of TM development: reimbursement and state leadership
- August 4
  - Further discussed uses
  - Dr. David Finney – CRISP and the interface with telemedicine
- August 18
  - Dr. Claudia Baquet, discussed UMD experience with TM
  - Dr. David Winn, changes in CareFirst reimbursement
  - Virginia Rowthorn, JD, UMD Law School white paper on legal issues
- Next meeting September 15
  - Begin to formulate recommendations

Technology Solutions and Standards Advisory Group

- Chaired by David Sharp, PhD
- Tasked with making recommendations regarding the standards that are required to support interoperable telemedicine in Maryland
- Approximately 30 participants consisting of hospital Chief Information Officers, representatives from the state designated health information exchange, clinicians, local health departments, and technology vendors
- The first meeting (June 20, 2011)
  - Members discussed the current functionalities of the technology available to implement telemedicine
  - Standards supporting interoperability from other industries was discussed
- The second meeting (July 20, 2011)
  - The committee drafted principles for interoperable standards
    1. Acute care hospitals should support interoperable telemedicine networks using Internet transport protocols
    2. The standards should define a minimum technology to be in place
    3. Information related to telemedicine consults should be able to be imported into an electronic health record
    4. An interoperable telemedicine infrastructure should support resource management or directory services
    5. An interoperable telemedicine infrastructure should be affordable, scalable, and support open standards
  - Two telemedicine vendors, MedVision and System Source, overviewed their technology

Technology Solutions and Standards Advisory Group

- **The third meeting (August 24, 2011)**
  - The American Telemedicine Association provided an overview of updates to telemedicine policy at the national level
  - Members were provided with an update on the various telemedicine activities underway in Maryland
  - Members discussed various standards and criteria that needs to be adopted statewide to support interoperability of telemedicine to build on existing health IT initiatives

- **Next Steps**
  - Harmonize vocabulary to define everyday technology terms
  - Identify key technology requirements and criteria to support interoperability
  - Evaluate opportunities to coordinate telemedicine adoption with existing health information exchange and electronic health record initiatives
  - Develop a flow chart of telemedicine networks and connections in Maryland

Financial and Business Model Advisory Group

- **Chaired by Ben Steffen**
- **Tasked with defining reimbursement requirements and financial support for telemedicine**

<u>Key Assumptions:</u>

- **Financial and Business Model discussions need to be informed by recommendations**
  - **Clinical Advisory Group**
  - **Technical Solutions and Standards Advisory Group**
- **Look to experience of early adopters**
  - **Virginia – January 1, 2011 established a requirement that carriers reimburse providers for care delivered using telemedicine which has now been expanded to Maryland**
  - **Medicare has longstanding policies on reimbursement of services delivered via telemedicine.**
    - **Telemedicine is limited under Medicare by location of originating care**
    - **Aligned with other HHS policies related HPSAs, these definitions are not beneficial to the rapid diffusion of telemedicine**

Financial and Business Model Advisory Group

Key questions that the Advisory Group will resolve

- **The Advisory Group is currently gathering information and data regarding:**
  - **Types of services to be covered,**
  - **Financing the technical infrastructure to support telemedicine,**
  - **Approaches to covering telemedicine services, e.g., limiting telemedicine to rural areas or populations with limited access,**
  - **Carrier business rules that need to change,**
  - **Challenges to integrating distance providers into standard clinical care, and**
  - **Approaches to ensure that patients covered under fully insured (individual, small, and large group) and self-insured contracts can benefit from telemedicine.**

The Financial and Business Model Advisory Group

Areas where we hope to provide recommendations

- **Types of services (CPT codes) to covered,**
- **Approaches to funding the needed infrastructure,**
- **Scope of coverage for telemedicine,**
- **Carrier and practice business and operating rule changes that need to occur, and**
- **Approaches to support rapid diffusion of telemedicine including provider and patient education.**