



A Quick Overview of General Trends: Telemedicine

by

Stephanie T. Eckerle and David E. Jose

Friends of Indiana Mental Health Centers

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Benefits to Telemedicine

- Reach new patients
- Improve the quality of patient care
- Improve access to healthcare services
- Benefits to both rural and urban based physicians

New England Journal of Medicine (May 17, 2013)



Indiana Needs Telemedicine for Mental Health Services

In 2014 in Indiana:

- Eight counties have no mental health providers
- Twenty-three counties have no psychiatrist
- Indiana has 462 psychiatrist; Federal guidelines call for 600

Telemedicine can bridge gaps in Indiana's mental-health services, panel told
Modern Healthcare, Sept. 26, 2014



Telehealth: Legal Considerations

- State licensure
- Patient privacy
- Electronic communications with patients
- Electronic medical records (EMR)
- Physician-patient relationship
- Prescribing medications
- Reimbursement
- Informed consent
- Technology & equipment (license/lease/purchase)



The Practice of Medicine

The practice of medicine includes providing diagnostic or treatment services to a person in Indiana where the diagnostic or treatment services:

- Are transmitted through electronic communications.
- Are on a regular, routine, and nonepisodic basis or under an oral or written agreement to regularly provide medical services.



Prescribing to Persons Not Seen by a Physician

You must personally physically examine and diagnose a patient prior to prescribing or dispensing medication unless you fall into one of several exceptions.



Prescribing to Persons Not Seen by a Physician

Exceptions:

- Institutional settings
- On-call situations
- Cross-coverage situations
- Nurse practitioners
- Consultation with colleague (non-controlled substances only)



Prohibition on Online Questionnaires

Treatment, including issuing a prescription, based solely on an online questionnaire or consultation is prohibited under Indiana law.

Telehealth Services Pilot Program

“This rule establishes standards and procedures to implement a telehealth services pilot program utilizing telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, treatment, supervision, and information across a distance.”

www.in.gov/legislative/iac/To8440/A00050.PDF

Telehealth Services Pilot Program

Credentials

“All telehealth services must be provided by a physician licensed in good standing under IC 25-22.5 who has an established physical practice in Indiana.”

Confidentiality

“Each patient's medical record shall be considered a health record as defined at IC 16-18-2-168 and be subject to all confidentiality requirements associated with a health record.”

Confidential Use of Technology

“All technology must be secure and comply with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1938 (1996) and 45 CFR Parts 160 and 164).”

Telehealth Services Pilot Program

Prescription Limitations

“Prescriptions may not be issued for a controlled substance or an abortifacient”

Non-Emergent Care Limitation

“Services provided under the pilot program shall include primary, urgent, and nonemergent care and may not include emergency care.”

Geographic Limitation

“The geographic area that will be served under the pilot program shall be limited to the state of Indiana.”

Telehealth Services Pilot Program

Authenticity Requirement

“Telehealth shall not include any encounter in which the patient is assured that any outcome, including the issuance of a prescription, will be issued as a quid pro quo for the payment of the provider's consultation fee or solely on the basis of an online questionnaire.”

Volume Requirement

“The pilot program shall consist of at least two (2) months of actively treating patients and must include:

- a minimum of two hundred (200) visits; or
- no less than one hundred (100) visits that include the issuance of a prescription.”

Telehealth Services Pilot Program: Patient Consultation Requirements

Information Availability

“Encourage the availability of patient medical information.”

Evaluation

“Include a documented patient evaluation including history and discussion adequate to establish a diagnosis and identify underlying conditions or contraindications to the treatment recommended.”

Continuity of Care

“Allow each patient upon conclusion of the encounter the ability to forward documentation to selected care providers to uphold patient's continuity of care.”

Telehealth Services Pilot Program: Patient Consultation Requirements

Thoroughness

“Not be based exclusively on the basis of an online questionnaire.”

Ancillary Tools/Peripherals

“Require participants to address what, if any, tools or peripherals are available to assist in the initial history and physician examination of the patient.”



Telehealth Services Pilot Program: Survey Measures

- Satisfaction of patient and physicians
- Efficacy of visits
- Whether follow-up is needed



Reimbursement: Medicaid

Reimbursement for telemedicine services is available to the following regardless of distance:

- Federally qualified health centers
- Rural health clinics
- Community mental health centers
- Critical access hospitals



Reimbursement: Medicaid

- Hub and spoke model
- Real time, interactive and face-to-face communication
- Inpatient, outpatient or office setting
- Required documentation is critical



Telehealth Resources

- Center for Connected Health Policy: <http://cchpca.org/>
- American Telemedicine Association:
<http://www.americantelemed.org/>
- Telehealth Resources Center:
<http://www.telehealthresourcecenter.org/>
- Health Resources and Services Administration:
<http://www.hrsa.gov/ruralhealth/about/telehealth/>
- Indiana Telehealth Network: <http://www.indianaruralhealth.org/irha-programs/indiana-telehealth-network/>
- CMS, CY 2015 Medicare Telehealth Services
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>



Questions?

Stephanie T. Eckerle
David E. Jose
Plews Shadley Racher & Braun LLP
1346 North Delaware Street
Indianapolis, Indiana 46202

Stephanie T. Eckerle: 317-612-8963, seckerle@psrb.com

David E. Jose: 317-637-0704, djose@psrb.com