

Telehealth Policy Considerations for Teleaudiology

The Future is Here

Dena S. Puskin, Sc.D.

U.S. Department of Health and Human Services
Health Resources and Services Administration
Office of Health Information Technology
Office for the Advancement of Telehealth



Vision for America

**NO MATTER WHO YOU ARE
OR
WHERE YOU ARE
YOU GET
THE HEALTH CARE YOU NEED
WHEN YOU NEED IT**

Challenges to Effective Care in US

- **Access: Persistent Geographic and Functionally Isolated Populations**
- **Aging Population: By 2030, 70 million Americans estimated to be over age 65 (20% of population)**
- **Provider Shortages: By 2020, RN nurse shortage estimated to reach 1 million**

Challenges to Effective Care in US

- **Baby Boomer Impact by 2020:**
 - Account for more than 40% of all physician visits
- **Baby Boomer Impact by 2030:**
 - 14 million will have diabetes
 - 26 million will have arthritis
 - More than 21 million will be considered obese/care will cost Medicare 34% more than for others
 - Knee replacements will increase 800% from today

Safety Net Challenges

- **According to a Commonwealth Fund 2006 survey:**
 - 23.9% of physicians providing care to non-hospitalized patients use electronic health records in some form
 - Reimbursement a barrier to Telehealth and Health IT adoption
 - Doctors who treat large numbers of Medicaid/poor patients are half as likely to have electronic health records
 - Doctors in cities are more likely to have EHRs than those in rural areas, as are doctors in larger practices and in larger health care facilities

Telehealth vs. Telemedicine

Telehealth

Telemedicine

Health
Professions
Education

Regional
Health Inform.
Sharing

Administration

Consumer
Education

Evaluation
Research

Public
Health

Homeland Security

Definitions

- **Telemedicine:** The use of Telecommunications and information technologies to provide clinical services when distance separates the participants.
- **Telehealth:** The use of telecommunications and information technologies to support health care services when distance separates the participants.

History of U.S. Involvement in Telehealth

- **Initiated telemedicine**
 - Dates back to 1880s after invention of the telephone
- **Early U.S. Telehealth/Telemedicine**
 - Nebraska Medical Center - 1955
 - Massachusetts General Hospital/Logan International Airport Medical Station - 1967
 - Space Technology Applied to Rural Papago Advanced Health Care (STARPAHC) – 1972-1975
 - Alaska ATS-6 Satellite Biomedical Demonstration – 1971
 - Texas Tech -1989

Does Telehealth “Work”

- Answer depends on clinical service, setting, and implementation
- What we think we know:
 - Telehealth services can improve access in rural communities
 - Telehealth can improve quality of care
 - Telehealth services do not necessarily improve productivity; depends on workflow design
 - Telehealth: Cost-effectiveness shown in closed systems, such as the VA, Kaiser, and limited small studies of non-closed systems - “free-world.”

Why is Implementing Telehealth Technologies Complicated?

- **Implementation can be costly, complicated, and time consuming**
- **Getting clinician buy-in can be difficult with some providers**
- **Successfully implementing and meaningfully using these technologies requires significant changes in how the medical practices operate**
- **Safety-net providers often operate on narrow financial margins and have many competing priorities, e.g., patient care, other operational initiatives**
- **There is an over-abundance of information about these technologies and few trusted resources**

Key Challenges

- Reimbursement/Start-up Costs
- Infrastructure
- Re-engineering Practice/Clinical Acceptance
- Evaluating cost/effectiveness, value-added
- Financial Sustainability
- Licensure/credentialing/scope of practice
- Integration with EHRs/Health Information Exchange at "Point of Care"
- HIPAA

Addressing Telehealth Challenges: Demonstrating Value- Added

Improve Clinical Acceptance:

- Demonstrate efficacy in broader range of clinical services and settings

• Reengineering Practice

- Impact of Telehealth on work-flow and productivity

• Financial Sustainability:

- Cost-effectiveness/not simply reducing costs
- Alignment of incentives

• Workforce:

- Address health professions shortages and maldistribution in light of increased demand due to demographics and expanded coverage

Reimbursement

- **School Contracts**
- **Medicaid**
 - 23 states
- **Private Plans**
 - Recommend obtaining advance approval
 - State Laws mandating coverage (e.g., Maine)
- **Medicare**
 - Speech Language Pathologists and Audiologists not included as eligible Telehealth Providers

Licensure/Privileging

- **Significant variability in definitions and details of regulation**
- **Current licensure language (where it exists) requires licensure in state where client receives service**

Other Policy Considerations

- **FDA Approval**
- **Telecommunications regulations**
- **Anti-kickback laws**
- **Anti-trust laws**
- **EHR/Meaningful Use**

Technical Assistance/Information

<http://www.HRSA.gov/telehealth>

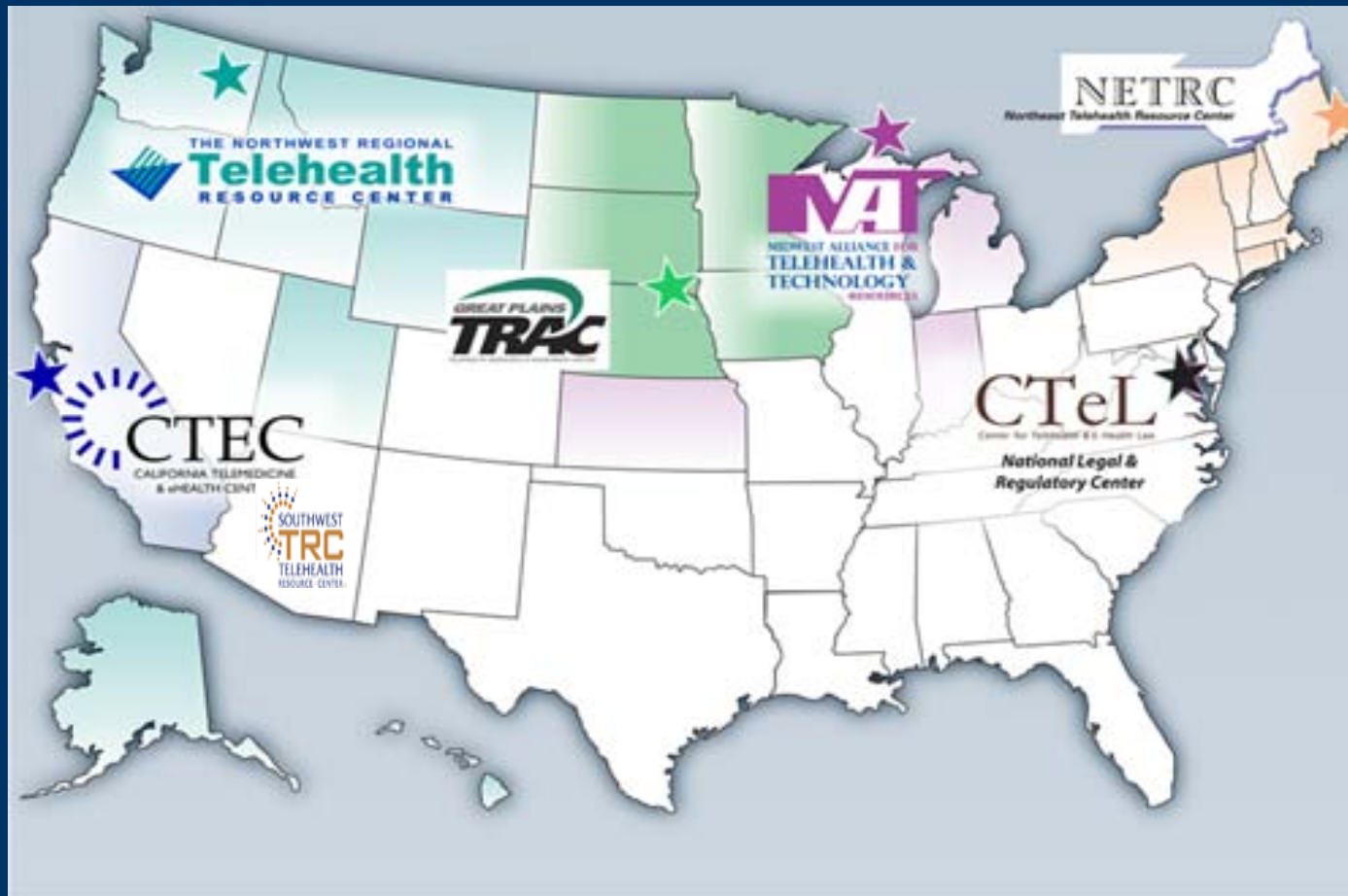
<http://healthit.ahrq.gov/>

<http://telehealthresourcecenter.org>

Grants Information

<http://www.grants.gov>

Telehealth Resource Center Map

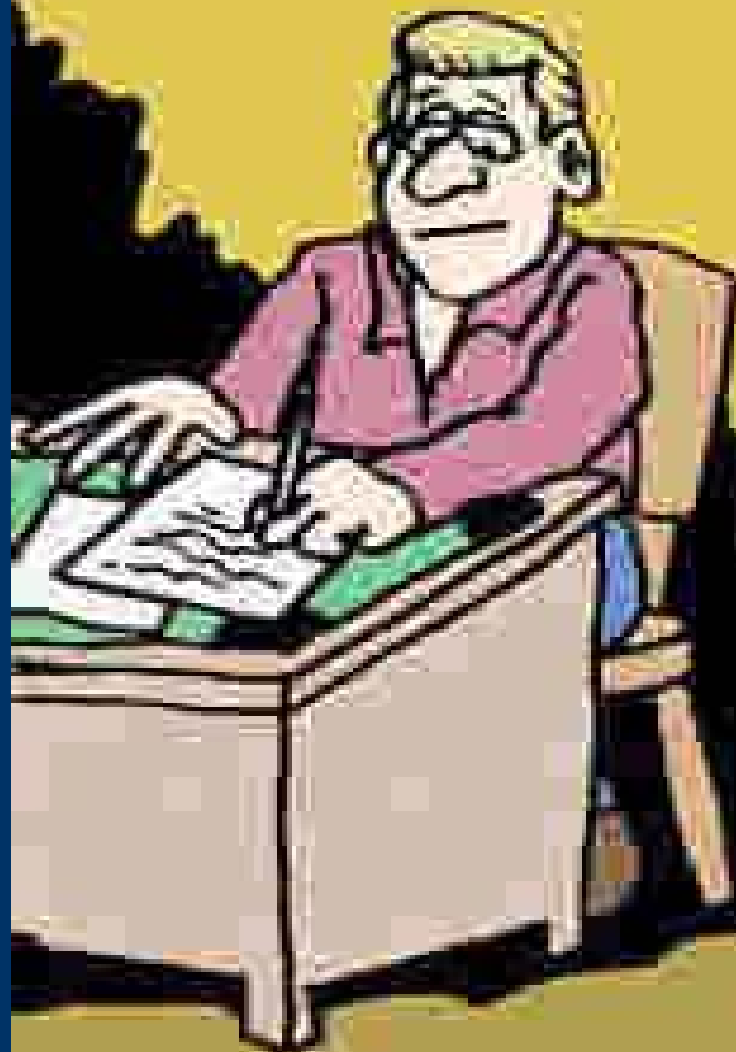


Other Resources

- **American Telemedicine Association**

<http://www.atmeda.org>

HOW THE INTERNET CHANGED MY LIFE





CONTACT US

Dena Puskin, Sc.D.

5600 Fishers Lane

Room 7C-22

Rockville, MD 20857

Phone: (301) 443-3682

Fax: (301) 443-1330 Fax

E-Mail: dpuskin@hrsa.gov

