

S. 88 – An act relating to a pilot program for telemedicine outside of a health care facility

Supportive Organizations: Bi State, Vermont Medical Society, Dartmouth Hitchcock, Fletcher Allen Health Care, Vermont Association of Hospitals & Health Systems, Planned Parenthood of Northern New England

Our Position on what the Senate Passed

Expanding telemedicine outside of a health care facility is the next logical step and ensuring reimbursement will be the necessary vehicle for providing health care providers like ourselves with the operational support to expand health care access. We are very interested in the pilot program suggested by the Senate and believe it to be a compromise. As we explore innovative ways to knock down barriers to health care, it is important that we know we share a vision with the state.

We do ask that language be added that will help keep momentum going on this important issue:

SUGGESTED LANGUAGE:

Sec. 1. TELEMEDICINE PILOT PROJECTS

Notwithstanding 8 V.S.A. chapter 107, subchapter 14, the Department of Vermont Health Access and the Green Mountain Care Board shall ~~consider implementation~~ one or more pilot projects using telemedicine in order to expand access to health care services in a cost-efficient manner as part of payment and delivery system reform. In designing pilot projects, the Department and Board shall consider the appropriate scope of services that should be provided through telemedicine outside of a health care facility, the potential costs and changes in access to those services relative to current service delivery, and safeguards to ensure quality of care, patient confidentiality, and information security needed for the pilot projects.

Sec. 2. TELEMEDICINE REPORT

A report from the Department of Vermont Health Access and the Green Mountain Care Board to the House Health Care & Senate Health & Welfare Committees on the progress of the pilot program(s) and recommendations for policy changes in addressing a framework for the development of telemedicine outside of a health care facility.

Sec. 3 EFFECTIVE DATE

This act shall take effect on July 1, 2013

What is Telemedicine: “Telemedicine” also known as “Telehealth” as defined by Act 107 means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 .

Last year, the governor signed a law which ensures telemedicine services are covered by insurance plans and Medicaid, but restricts it to use within health centers.

What we want: Like other health providers in the state, we'd like to position ourselves to fully implement a telemedicine program in order to eliminate distance barriers and improve access to medical services that would often not be consistently available in rural communities. While the possibility of pilot programs for the development of telemedicine outside of a health center is intriguing, ultimately, the best way for the State to embrace the potential benefits of telemedicine would be to secure for reimbursement outside of a health center.

Why this should happen: Telemedicine is widely considered an easy to improve care, safety and maximize cost efficiency for health provides. Expanding telemedicine to include coverage outside of a health center will reach some of the most rural Vermonters and ensure that as many people as possible get access to essential health services. Vermonters unable to access public transportation and those without licenses will benefit from this expansion and reimbursement will make it possible to provide this service which many Vermonters will utilize

Current Law:

Sec. 1. 8 V.S.A. chapter 107, subchapter 14 is added to read:
Subchapter 14.

§ 4100k. COVERAGE FOR TELEMEDICINE SERVICES

(a) All health insurance plans in this state shall provide coverage for telemedicine services delivered to a patient in a health care facility to the same extent that the services would be covered if they were provided through in-person consultation.

Telemedicine gets boost from new rules

By WILSON RING

The Associated Press | January 02, 2013

MONTPELIER — Residents at the Helen Porter Healthcare and [Rehabilitation](#) Center in Middlebury who need to see a doctor are sometimes wheeled down the hall to a special room, where lights are turned down low and the doctor comes in via a television hookup with Fletcher Allen Health Care in Burlington.

Were it not for the telemedicine connection, few of the Porter patients would be able to see the psychiatrist on the other end, who is frequently able to offer diagnoses or treatment suggestions and even consult with family members without having to leave the Burlington hospital. Patients get to stay in the environment where they are most comfortable.

“We explain to them beforehand what’s going to happen, that there’s going to be a doctor and he’s going to be on this television screen, but it’s really like you’re going into his office to talk to him,” said Leslie Orelup, an advance practice registered nurse who works at Porter. “You’d think that because they would be older folks it would be a difficult thing for them to understand, but it’s not at all. They do really well.”

Telemedicine isn’t new. In some forms it’s been going on for decades, but the ever-improving technology has been given a boost by new Vermont [insurance](#) regulations that make it easier for physicians to be reimbursed for services performed via telemedicine.

“Now that we have the law that says reimbursement is going to be required, more people are going to avail themselves of a telemedicine approach for delivering some of their health care,” said Dr. Terry Rabinowitz, the psychiatrist on the other end of the Porter connection. Rabinowitz is the director of telemedicine at Fletcher Allen and a professor at the University of Vermont College of Medicine. “There may be others who actually may opt for telemedicine even if face-to-face health care is available.”

Leigh Tofferi, a spokesman for [Blue Cross Blue Shield](#) of Vermont, the state’s largest health insurer, said the telemedicine insurance regulations, which took effect Oct. 1, are so new his company hasn’t had much experience with them.

“Obviously technology is changing rapidly so I think we are going to see more of this in the future,” Tofferi said. “I think the challenge for everybody in the system is to ensure it’s used constructively and efficiently and enhances medical care for patients.”

Since 2000, physicians in remote parts of Vermont and upstate New York have been able to consult Fletcher Allen physicians via a telemedicine [hookup](#). At first the system focused on having Fletcher Allen’s trauma specialists helping doctors at community hospitals cope with seriously injured patients.

Not long after the system began operating, it began to pay dividends when the expertise of the specialists helped save the lives of distant patients. Even with the now-quaint dial-up technology,

the physicians could control the cameras in the other room and offer lifesaving advice.

The first system was dubbed “teletrauma” by the health care professionals who worked with it. The original program has ended, but it was one of the founders of that system, Dr. Michael Ricci, who recruited Rabinowitz to assume the role of telemedicine director in addition to his regular duties.

Now there are 70 health care locations in Vermont, including hospitals, health centers and a variety of other locations, and a dozen in New York’s north country — all connected with Fletcher Allen.

Psychiatry is one of the specialties that make use of telemedicine. Others include dermatology, an in-demand specialty, and emergency consultations for severely injured children.

“The way we do telemedicine varies from specialty to specialty,” Rabinowitz said. “Sometimes not touching you is just fine. Other times I may need someone at the distant site to maneuver a limb or to put a piece of paper in front of you with a complex pattern on it that I want you to reproduce to test your cognitive status. There may be other times all I need to do is have you in front of the video camera and talk with you and that may be enough.”

NY, Vt. hospitals join in telemedicine network

By Judy Simpson

WCAX. 10/22/2013

BURLINGTON, Vt. -

Health care facilities in northern New York and the hospital in Burlington will share a new [fiber network](#) for telemedicine and telehealth services starting January first.

"It is going to allow us to improve the care, improve safety and maximize cost efficiency," said CVPH's Stephens Mundy. "So many times tests are done over here and when the patient goes across the lake and the physician wants to access the results it is difficult at times and they get repeated."

The Adirondack-Champlain Telemedicine Information Network, called ACTION, has been in the works for five years. Almost 9 million dollars in [grant money](#) was secured to pay for the project which covers eight counties in New York and Fletcher Allen Health Care. It will link eight hospitals in the region, plus 40 primary care facilities and the St. Regis Mohawk Tribe Health Services.

"Although the ACTION network started out as a technology project to connect hospitals and medical centers, its real success will come when we leverage the network to more easily share patient information, reduce duplicate medical testing and have greater collaboration on patient

care," said Joel Benware with the Alice Hyde Medical Center in Malone, NY.

Patient records and information is being sent between hospitals over the Internet, but that can take a lot of time depending on [Internet traffic](#).

"What that really means is the trauma patient who has been seen at the ER at Interlakes, whose images are on their way to FAHC while the patient was in transfer, were competing with Youtube, are now on a dedicated reliable high speed network," said Fletcher Allen's Dan Davis.

Davis used this example -- a trauma head CT scan can take as long as 45 minutes to send across a secured Internet connection. With the new connection it will take only 15 minutes. This also allows patients to stay in one hospital and been seen by a physician located in another hospital in the system -- no travel involved.

"These days information is massive in both amount and speed with which you need to push it, so it will allow us to seamlessly integrate that data which is so critical for patient care. It's exciting to be a part of it," said Fletcher Allen's Adam Buckley.

The ACTION grant will cover the next four years. After that it will be up to participants in the network to figure out funding alternatives and strategies.

NY Congressman Bill Owens, State Senator Betty Little and Assemblywoman Janet Duprey all played a role in getting funding for the project

Additional Resources:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>

<http://www.americantelemed.org/get-involved/public-policy-advocacy/policy-issues/2013/01/24/mississippi-passes-telemedicine-mandate-bills-il-mt-and-md-introduce-new-bills>.

www.atawiki.org