The Doctor Will Skype You Now?  
A Compliance Officer’s Roadmap for Telemedicine

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Taking a Road Trip into Telemedicine

• Who is on the trip?  
• Why are we moving?  
• What are the rules of the road?  
• What does the landscape look like?  
• What are the dangers?  
• How can we get there safely?
Who are we and why are we here?

GW MFA’s journey

• 1989 – started “Maritime” Program
  • Shipping, Research, Travel, Gov’t
• CareFirst Grant to work with Community Clinics
• Emergency Department follow-up Program
• Urgent Care Capacity Program
• DC Medicaid Proof of Concept Pilot
QHR’s work

**Hospital Management**
- Compliance Risk Assessment
- Contract Review

**Consulting**
- Advising organizations of various sizes and types
  - Health Systems
  - Hospitals
  - Clinics
  - Long Term Care

**Clients are using telemedicine in wildly varying degrees**
- Potential missed opportunities

So, that is us. What about you?

What kinds of telemedicine services is the audience participating in?
Always start with...

Access to Care
Access to Specialists

- Tele-Stroke
- Tele-Psych
- Tele-ICU
- Tele-NICU
- Tele-Wound Care
- Tele-Infectious Disease
- Tele-Radiology
- Others?

Customer Expectations
We live in an on-demand world

- Retail Shopping
- Banking
- Education
- Food Delivery
- Communication
- Customer Service/Support

They want it in health care too...

Highlights from GW MFA Patient Satisfaction Surveys:

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video visits are a convenient form of healthcare delivery for me</td>
<td>57.2%</td>
<td>21.4%</td>
<td>7.1%</td>
<td>0.0%</td>
<td>7.1%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Video visits save me time</td>
<td>42.8%</td>
<td>35.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.1%</td>
<td>14.2%</td>
</tr>
<tr>
<td>My privacy is protected during video visits</td>
<td>42.8%</td>
<td>35.7%</td>
<td>7.1%</td>
<td>0.0%</td>
<td>7.1%</td>
<td>7.1%</td>
</tr>
<tr>
<td>I can explain my medical problems well enough during my video visit</td>
<td>50%</td>
<td>42.8%</td>
<td>0.0%</td>
<td>7.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>A specialist can get a good understanding of my medical problem during a video visit</td>
<td>50%</td>
<td>35.7%</td>
<td>0.0%</td>
<td>14.2%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>I follow my doctor’s advice better since working with the telemedicine system</td>
<td>42.8%</td>
<td>28.5%</td>
<td>14.2%</td>
<td>0.0%</td>
<td>7.1%</td>
<td>7.1%</td>
</tr>
<tr>
<td>I am more likely to use this technology in the future</td>
<td>50%</td>
<td>35.7%</td>
<td>7.1%</td>
<td>0.0%</td>
<td>7.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>In general, I am satisfied with the telemedicine system</td>
<td>50%</td>
<td>42.8%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.1%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
It is always about the money...
Population Health

What Pop Health means for Health Care

• Branding
• Market Consolidation
  • Providers
• Narrow Networks
  • Payors
• Vertical Integration
• Steering Patients/Controlling Spend
Lessons from Retail

Who?
“An app is for your most loyal customer — it’s not for everyone. It’s maybe for 20 percent of your customers — but it’s those 20 to 30 percent that are driving 80 percent of sales.” - Maya Mikhailov, Co-Founder GShopper

And How?
• “Buy Online, Pick Up in Store (BOPUS)” vs. Delivered to your Door
  • Offering Choice
  • Bringing in those that need/want to come in NOW
  • Reducing cost of brick and mortar when possible

Rules of the Road
Always start with CMS

Key CMS Definitions

42 CFR 410.78 – Medicare definitions

• Asynchronous store and forward technologies

• Distant site

• Interactive telecommunications system

• Originating site
Bottom line for CMS:

• Patient must be as a health care facility
• That facility must be rural or in a HPSA
• Provider must be distant
• Communications must be
  • real time
  • multimedia (audio and video) – no phones, faxes or e-mail
  • interactive
• Exceptions apply

Seeing some movement...

• Final Rule for the CY 2018 Updates to the Quality Payment Program, released November 2017, effective January 2018
  • Covers more services (lung cancer, health risk assessments, psychotherapy, chronic care management and interactive complexity)
  • Still limited to remote/underserved areas
• CR 10152, released November 2017, effective January 2018
  • Non-CAH, should use “POS 02: Telehealth” (created in 2016, eff. Jan. 2017) instead of “GT” modifier
But the real action, for now, somewhere else...

Variety of Funding Sources

1. Commercial Fee For Service
2. Payor Pilot Programs
3. Grants
4. Self-Funded Initiatives
5. Employer / Insurance Company Sponsored
Jump in the money bin with a grant!

- HRSA
  - Substance Abuse Treatment
  - Evidence-Based Tele-Emergency
- USDA
  - Distance Learning and Telemedicine Program
- State Grants
- Insurance Company Grants

Variety of Settings

- Hospitals
- RHC & FQHCs
- Doctor’s Offices
- Urgent Care Centers & Other Outreach Clinics
- Community Settings
- Patient Homes/Mobile
Supporting Health Systems

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Emergency Treatment</th>
<th>Outreach Clinics</th>
</tr>
</thead>
</table>
| • Tele-consults with specialists  
  • Tele-ICU  
  • Tele-hospitalist  
  • Avoid transfer to tertiary care | • Immediate access and assessment  
  • Faster deployment of life-saving treatment  
  • Minimize boarding in the ED for psych patients  
  • Ability to discharge from ED with final radiology read | • Ability to receive specialized care without travel |

Outside the Hospital

[Image of a medical clinic and a home]
Approaching uncharted territory

Everything keeps changing

GOTTA KEEP YOUR HEAD ON A SWIVEL
Legislation, legislation everywhere....

- 34 States plus DC passed legislation in 2017 that concerned telehealth.
- 48 states plus DC (everyone by CT and MA) had either legislation or regulation that impacted telehealth
- While most expanded access/use/payments, some contracted

Interstate Medical Licensure Compact

- Creates an expedited pathway to state licensure for experienced physicians
- Passed in 22 States so far (as of March 2018)
  - 17 States allow their Boards to manage and serve as State of Principal License (SPL) – actual usage varies
  - On hold in 2 of them (PA & TN)
  - 3 states participate but won’t serve as SPL (UT, MN, ME)
  - Introduced as legislation in 7 additional states

- **Still Requires State licensure** – just makes it a more streamlined process through the National Compact.
- Under the IMLC, the location of medical practice is the state where the patient is located. All laws and regulations of the patient’s state apply.
- More details available at www.imlcc.org
But there are some constants

HIPAA

- HIPAA Training
  - Distant and Originating Sites
- Technology Provider
  - BAA
- Risk Assessment
HIPAA Security

• Secure channels of transmission
  • HIPAA Security Rule 164.312(e)(1)
    • Encryption

  Should the doctor really Skype you now?

• Monitoring communications
  • HIPAA Security Rule 164.312(b)
  • Audits

HIPAA (Continued)

• Management of PHI
  • EHR
  • Maintenance of the medical record
  • Video
    • To store or not to store

Should we store the video?
Clinical Staffing for Specialist Interactions

- Originating Site
  - Telemedicine presenter
  - Technical Support
  - Scheduling/Coordination
- Distant Site
  - Physician/Non-Physician Practitioner
  - Technical Support
  - Scheduling/Coordination

Facility Credentialing

- Provider must be licensed in originating site state
- Proxy privileging may be used
  - By-Laws must support process
  - Consider state laws
Proxy Privileging Standards

- Joint Commission and CMS

Are we ready to hit the road?
We will need our roadmap...

Compliance Officer’s Roadmap to Telemedicine

Define the Service: What are we doing?

Location: Where are the involved parties?

Payer: What do we need to do to finance this service?

Technology: What do we need and how will we deploy?

Compliance Basics: What do we need to know?
Compliance Officer’s Roadmap to Telemedicine

Location

- **Originating Site**
  - Hospital
  - Clinic
  - Off-site
  - Home (fixed location)
  - Mobile (out and about)
  - Community Location

- **Privileging**
  - By-Laws allow
  - Originating site or by proxy
  - Written agreement between sites
  - Technology provider
    - BAA

- **Distant Site**
  - State Licensing
  - Provider to Provider

Compliance Officer’s Roadmap to Telemedicine

Payer

- **CMS**
  - Medicare/Medicaid
    - Distant site enrolled
    - Rural?
    - ACO?

- **Credential**
  - Enrollment
    - Exclusion screening
    - Financial credentialing
    - All applicable payers

- **Private**
  - Third Party
    - Payer-specific rules
Compliance Officer’s Roadmap to Telemedicine

Technology

- Encryption
- SRA
- Record
- Recordings

Transmission
- Security of real-time video
- Sharing of information

Security Risk Analysis
- Originating site
- Distant site
- Technology provider

Medical Record
- Electronic health record
- Creation
- Maintenance
- Access
- Registration
  - Originating site
  - Distant site

Video
- Session recording
- Storage
  - Technology provider
  - Medical record
  - Security Rule

Compliance Officer’s Roadmap to Telemedicine

Compliance Basics

- Document
- Consents
- Auditing
- Regs

Documentation
- Integration
  - Distant site
  - Originating provider
- Support for billing
- Availability

Informed Consent
- Documented
- Non-physician practitioner
- Location acknowledgement
- Secure WIFI acknowledgement

Auditing & Monitoring
- Coding and billing
- Access to EHR
- Security incident monitoring

Regulation
- HIPAA
- False Claims Act
- Stark
- Anti-Kickback Statute
- Online Prescribing
- State Laws
  - Medical Board
  - Malpractice Liability
Q & C Words

Questions
Queries
Quibbles
Comments
Concerns