

Telehealth



HIMSS North America

HIMSS Recommendation

The Healthcare Information & Management Systems Society (HIMSS) recommends removal of restrictions surrounding the use of telehealth services in the Medicare Program that will result in expanded access to high quality care for patients while lowering costs in our healthcare system.

Background

HIMSS believes that better utilization of telehealth, including remote patient monitoring technologies, is vital to improving care and value for patients. Telehealth can remove barriers to patients getting the right care at the right time (especially those in rural and underserved areas) and can promote more active participation by patients in their health and healthcare. This can lead to lower costs for beneficiaries and for the Medicare program as well as increase greater patient satisfaction.

A strong body of research points to the impact of telehealth and remote patient monitoring on improving value in both public and private healthcare delivery. For example, fiscal year 2013 data from the Veterans Health Administration (VHA) showed a 59 percent reduction in bed days and a 35 percent reduction in hospital admissions resulting from use of home telehealth. Use of telehealth by VHA also resulted in high patient satisfaction and an annual savings of \$2,000 per patient.¹ In another recent study on the use of remote patient monitoring, patients at St. Michael Health System had an average cost of care of \$12,937 prior to enrollment in the remote monitoring program compared to just \$1,231 post enrollment.²

Yet, in 2015, Medicare reimbursed only \$17.6 million for telehealth services due to limitations on the types of technologies and sites where telehealth can be utilized, and the reimbursement mechanisms available for these services. In addition, barriers related to clinician licensure remain a significant challenge.

HIMSS Position

We urge Congress to amend current law or, where appropriate, direct HHS to remove barriers to deployment and to encourage utilization of broader types of technologies that will address issues of cost, quality, and access.

Our policy recommendations include:

1. Allow greater use of “store and forward capability” – currently only Alaska and Hawaii may use for federal demonstration projects. There is a need to expand “store and forward processes,” which aid in long-term passive monitoring of chronic diseases.
2. Expand modalities beyond live (real-time) voice and video to active monitoring between clinicians, patients and care providers. (Asynchronous vs. Synchronous)
3. Amend the allowable originating sites of care beyond those currently stipulated by CMS to include interactions with patients from wherever the patient is located, including the home, where cost effective and medically appropriate.
4. Eliminate the geographic restrictions on telehealth (i.e., currently limited only to Health Professional Shortage Areas and not in metropolitan statistical areas).
5. Update Current Procedural Terminology (CPT; maintained by the American Medical Association) and Healthcare Common Procedure Coding System (HCPCS; maintained by CMS) to cover in-home monitoring or clinician/patient non-centralized exchanges, including shared decision making.

¹ Darkins, Adam. “Telehealth Services in the United States Department of Veterans Affairs.” 2014. PowerPoint Presentation.

² Use Case Study: Christus Health - Improving Health at Home: Remote Patient Monitoring and Chronic Disease; September 2013.

6. Address the challenges of licensing clinicians to serve patients in other states including high cost, paperwork, differing criteria, etc.

Current restrictions overlook the value of information that is not gathered during a traditional video-based telemedicine visit. Patient-generated health data is routinely highlighted as an important enabler of patient-centered care models.

Additionally, affordable and reliable broadband, particularly in rural and underserved areas, is critical for the deployment of telehealth services to expand access to high-quality care. However, too many health care providers today do not have access to affordable broadband to support the use of new and innovative technologies.

HIMSS anticipates the reintroduction of the CHRONIC Care Act, which was developed by the Senate Finance Committee, and the CONNECT for Health Act, which HIMSS formally endorsed in the 114th Congress. We believe this bill takes a thoughtful and comprehensive approach to addressing many of our policy recommendations, and enjoys strong bipartisan support.

Legislative History from the 114th Congress (2015-2016) (indicates bill has been reintroduced in 115th Congress)**

House Bills:

- **H.R. 2066 - Telehealth Enhancement Act of 2015** was introduced by Rep. Gregg Harper (R-MS) in April 2015 and referred to the House Ways and Means and Energy and Commerce Committees.
- **H.R. 2516 - Veterans E-Health & Telemedicine Support (VETS) Act of 2015** was introduced by Rep. Rangel (D-NY) in May 2015 and referred to the House Veterans Affairs Committee.
- **H.R. 2725 - 21st Century Care for Military and Veterans Act** was introduced by Rep. Scott Peters (D-CA) and referred to the House Armed Services and Veterans Affairs' Committees.
- ****H.R. 2799 - Furthering Access to Stroke Telemedicine (FAST) Act** was introduced by Rep. Morgan Griffith (R-VA) in June 2015 and referred to the House Ways and Means and Energy and Commerce Committees.
- **H.R. 2948 - Medicare Telehealth Parity Act of 2015** was introduced by Rep. Mike Thompson (D-CA) in July 2015 and referred to the House Ways and Means and Energy and Commerce Committees.
- **H.R. 3081 - the TELE-MED Act** was introduced by Rep. Devin Nunes (R-CA) in July 2015 and referred to the House Ways and Means and Energy and Commerce Committees.
- **H.R. 4155 - Telehealth Innovation and Improvement Act of 2015** was introduced by Rep. Diane Black (R-TN) in December 2015 and referred to the House Ways and Means and Energy and Commerce Committees
- **H.R. 4442 - Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act** was introduced by Rep. Diane Black (R-TN) in February 2016 and referred to the House Ways and Means and Energy and Commerce Committees

Senate Bills:

- ****S. 1465 - Furthering Access to Stroke Telemedicine (FAST) Act** (companion bill to H.R. 2799) was introduced by Senator Mark Kirk (R-IL) in May 2015 and referred to the Senate Finance Committee.
- **S. 1549 - Care Planning Act of 2015** was introduced by Senator Mark Warner (D-VA) in June 2015 and referred to the Senate Finance Committee.
- **S. 1778 - the TELE-MED Act** (companion bill to H.R. 3081) was introduced by Senator Mazie Hirono (D-HI) in July 2015 and referred to the Senate Finance Committee.
- **S. 2170 - Veterans E-Health & Telemedicine Support (VETS) Act of 2015** (companion bill to H.R. 5216) was introduced by Senator Joni Ernst (R-IA) in October 2015 and referred to the Senate Veterans Affairs Committee.
- **S. 2342 - Telehealth Innovation and Improvement Act** (companion bill to H.R. 4155) was introduced by Senator Cory Gardner (R-CO) in December 2015 and referred to the Senate Finance Committee.
- **S. 2484 - Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act** (companion bill to H.R. 4442) was introduced by Senator Brian Schatz (D-HI) in February 2016 and referred to the Senate Finance Committee.
- **S. 3504 - Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2016** was introduced by Senator Orrin Hatch (R-UT) in December 2016 and referred to the Senate Finance Committee.