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Telemedicine

Modern society requires modern medicine. The United States should welcome telemedicine as a way to improve healthcare quality and access while reducing healthcare costs. Telemedicine is a remote way of providing healthcare services and clinical information to patients who are not physically in the same place as their provider and can also be used to keep medical outsourcing to a minimum. Telemedicine is being used in lieu of expensive hospital visits and allows rural communities access to medical providers outside their geographical location. However, there are licensing and policies hindering telemedicine from expanding, specifically regarding interstate medicine and elder care to rural residents (ATA.org). These policies must be amended to reflect the modern changes from telemedicine and to adequately address the needs of the growing healthcare industry and the industry specific competition that has emerged.

The United States is aging and the demand for healthcare is stronger than ever before. Telemedicine began as a way to reach rural patients and now has expanded as a way for patients, regardless of geographical location, can reach specialists and conveniently access care using modern technologies such as video-conference and email diagnosis (ATA org). There are elder Americans who are in assisted living units, often without 24/7 medical care. When the nurse or physician is off-duty and an emergency emerges, the elder is often brought to the emergency room. The emergency room is not only cost ineffective, but it also leads to additional ailments (Rust et al). As healthcare costs continue to grow, policy makers must look at all possibilities to reduce costs. Telemedicine reduces costs while increasing competition and improves access to care (ATA). Telemedicine requires specific technical standards and has guides to ensure safe and cost-effective care.

Interstate Licensing

Every state in the United States has an individual medical board. Each board has specific licensure requirements for physicians and their practice policies. Hiemanz et al conducted a study cross-referencing all 50 states' medical board regulations finding that medical licensure was heterogeneous. Thirty-two states allow border consultations, five states specifically prohibit out of state physicians from consulting patients (Hiemenz et al). In some rural areas, the closest physician is in a different state. Providers must be able to provide medical care regardless of patient state residence.

Telemedicine is Cost-Effective and Efficient

Telemedicine addresses the impending "mismatch of supply and demand" and alleviates the rising costs of healthcare (Kvedar et al). *Health Affairs* reviewed case studies to assess the cost-effectiveness of telemedicine. For example, the "store and forward" method used by dermatologists incorporates primary care physicians taking pictures of the skin ailment and then sending the photo to a dermatologist. In one case, dermatologists at Kaiser Permanente in San Diego saw up to 50% more patients than if

they were only taking face-to-face cases (Health Affairs). Even more advanced, now some patients take their own photo from their mobile device and send the image directly to their dermatologist, saving their own time, their dermatologists time and removing the primary care physician entirely. This cuts down on costs from the primary care visit entirely. Grabrowski and O'Malley compared similar nursing facilities with and without telemedicine finding telemedicine reducing hospitalization rates of the nursing home residents by 9.7 percent. Not only was quality of care improved (fewer hospitalizations) but Medicare saved an average of \$151,000 at intervention facilities (Grabowski and O'Malley).

Interstate Differences and Outdated Policies Hinder Telemedicine

Each state has a medical board with individual policies and provisions. The federal government also has policies and procedures regarding medical care. However, both state and federal policies have not been adequately updated to reflect the move towards telemedicine. Congress currently has a bill to encourage a "one-license" rule where one medical license will suffice to provider services nationwide (ATA). However, with no bill approved, telemedicine still does not have adequate support from policies and will continue to be underutilized. State medical boards are moving towards requiring more and more licensure to practice in individual states. It can be hypothesized this is to keep doctors at home and keep patients in-state.

Healthcare Costs are Reduced Using Telemedicine

The United States spends one and a half more times per person on healthcare than any other comparable country (Gupta). Telemedicine can be used to reduce costs by leveraging physician's ability to see more patients in shorter amounts of time and for individuals to see physicians without travelling far away. Telemedicine can also improve quality by increasing the ability to see specialty physicians without the extra travel expenses. The ATA found in a case study that emergency room visits, if telemedicine were used properly, would be reduced by approximately 850,000 transports per year. For nursing home residents, the ATA found that there would be a reduction of 2.7 million transports every year (ATA.org)

Policy Options

The first option is to encourage federal coordination of telemedicine. Congress has already moved towards encouraging telemedicine. The next step would be to pass a bill that will broaden the regulations and allow for all licensure to be used in all states regardless of which state the license originated. This movement would incorporate specific current state policies. States would work together to write an amended telemedicine policy and license. By improving current policies, telemedicine would grow allowing for more interstate telemedicine. States utilizing other States' telemedicine practices would be participating in interstate trade. The Federal Trade Commission has an acute need to standardize telemedicine in order to regulate fair trade between states.

The second option is to encourage the federal government to pass a bill that requires a universal license to practice telemedicine. Any physician from any state would be able to apply for a license to practice. The application would be easy to attain after state

licensing. With health workers having so many licensing requirements, this is not an immediate solution. If the license requires additional mal practice insurance, or even additional fees, health workers might choose to forgo acquiring a telemedicine license.

The last option is to encourage inter-state or regional telemedicine contracts. If health systems feel they are losing patients to other states can choose to exchange telemedicine to specific states. Each individual state works within itself to find partners within the surrounding states. States outside of the continuous 48 states can choose based on convenience.

Recommendation: Federal Coordination for Telemedicine Improvement

The United States must move towards reducing overall healthcare costs by modernizing current policies regarding telemedicine. To modernize, the federal government must step in to update current practices. Improving federal coordination of telemedicine includes: updating policies regarding video-conferencing, email diagnosing and movements of EMR. Many current policies do not include modernized technology and many providers are unsure as to how and when telemedicine is appropriate. Encouraging the federal government to update their policies regarding telemedicine will set a standard for not only individual state medical boards but also sets the standards for all medical practitioners in the United States. Setting standards regarding telemedicine will encourage telemedicine from within the United States. Currently, many telemedicine comes from abroad such as India, Spain and Australia (McLean et al). Encouraging domestic trade in lieu of international will help keep medicine within the United States. Reducing outsourcing of telemedicine will increase usage of United States practitioners. Lastly, federal regulation of telemedicine will encourage competition among providers. Costs will be reduced as competition increases: this will ultimately slow down healthcare costs reducing disparity between the US and other countries healthcare spending.

Citation

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