

Telemedicine and Reducing Policies that Impede Access to Care

“I am a student at Columbia University. However, this comment to the Federal Trade Commission reflects my own personal opinions. This is not representative of the views of Columbia University or the Trustees of Columbia University.”

Executive summary

Telemedicine is technology that has the potential to address many problems that affect the current healthcare system. The use of technology to remotely provide care to patients can decrease costs, increase competition and create a new way to treat the growing number of chronically and acutely ill patients faster and easier (Americantelemed). However, there are several barriers that affect access to these services in the United States; these include state regulations, licensing and credentialing, issues with malpractice, and inadequate private and public reimbursement policies (Rogove et al, 2012). Evidence has shown that these regulatory and reimbursement restrictions are the main issues to the adoption of telemedicine. Evidence has also shown that the use of telemedicine can lower costs and increase access to care (Grabowski et al, 2014). Of the policy options proposed, the one that is the most plausible is to create interstate regulatory agreements to address these barriers, encourage competition and provide the most efficient and cost effective care to patients.

Background

The Affordable Care Act was enacted in order to increase access to healthcare at an affordable price. However, increases in access to healthcare will increase the number of patients that need to be treated by healthcare professionals. Unfortunately, there is already a scarcity of

primary care providers, therefore increasing those with access to care may create an additional burden on the healthcare delivery system. Additionally, there are increases projected in chronic illnesses and non-communicable diseases. Those concerned including policy makers, payers, providers and patients are all looking for solutions to these potential issues (Kvedar et al, 2014). One solution that is being considered is encouraging more widespread use of telemedicine. According to the American Telemedicine Association telemedicine is “the use of medical information exchanged from one site to another via electronic communications to improve a patients clinical health status” (Americantelemed). This includes using technology to offer remote healthcare including diagnosis, consultation, education and more (Americantelemed). The goal of expanding these services through technology is to improve access to quality and cost-effective healthcare. In the United States there has been significant growth in the use of telemedicine. More than half of all the hospitals use some form of telemedicine (Americantelemed). However, there have been several regulatory and financial barriers to using this technology (Rogove et al, 2012). Currently, each state has had different regulations for practicing telemedicine. This includes criteria for licensing, credentials and public and private payments and reimbursements (telehealthpolicy). This has affected the competition, access to care and ultimately the quality of care received. It is important to continue expanding access to telemedicine in order to offset the primary care shortages, offer remote care to rural areas, offer expertise and encourage competition (Linkous, 2014).

Evidence

There are several different studies that were conducted that demonstrate the regulatory differences between states, the barriers that affect access to and use of telemedicine and its services, and finally the reasons why it is important to encourage and promote the growth of

telemedicine use nationally. A comprehensive study titled “State Telehealth Laws and Reimbursement Policies” conducted by the Center for Connected Health Policy offers a current summary of telehealth related policies and regulations for all US states and the District of Columbia (telehealthpolicy). This study demonstrates that there is no national definition of telemedicine and what it entails, nor is there any national regulation. For example 46 states have some sort of policy on Medicaid reimbursement, however each state has its own definition and policy regarding the parameters of Medicaid reimbursement and regulations for the telemedicine patients and providers. Policies across all states are different, as expected because each state has differences in general Medicaid laws and policies, but these differences create confusion when practicing telemedicine across state borders (telehealthpolicy).

A study titled “Barriers to Telemedicine: Survey of Current Users in Acute Care Units” discusses barriers to access and use of telemedicine. The study was a survey conducted among emergency and critical care remote presence telemedicine users. This survey revealed that regulatory issues are the main barriers to use of telemedicine. The regulatory issues include licensing, malpractice liability, medical staff credentials, and reimbursement limitations as main concerns that impede the use of telemedicine (Rogove et al, 2012). Specifically, the survey respondents indicated that reimbursement by both private and public insurers is the most important barrier to the implementation of telemedicine (Rogove et al, 2012). Lastly, a study supported by the commonwealth fund found that nursing homes using telemedicine to provide care for patients afterhours had reduced rates of hospitalization and therefore lowered Medicare costs. Specifically, hospitalization rates decline 9.7% among the nursing homes that received the telehealth intervention compared to only 5.3% in the comparison groups, however these results were not statistically significant (Grabowski et al, 2014). After calculating the cost of the

telemedicine service and the savings from using the service, the study found that there could be a potential net savings for Medicare of \$120,000 per year per nursing home (Grabowski et al, 2014).

Problem

The regulations concerning telehealth are not uniform throughout the country; this has lead to decreased competition as well as decreases in potential cost savings and patient access to care (Linkous, 2014). The American Telemedicine Association has stated that restricting and conflicting licensing, regulatory and credentialing requirements for providers have become substantial barriers to both patient access to care and a professional's ability to provide care. This has lead to higher costs, as shown in the nursing home evidence, and limited choices by inhibiting competition. The current system of creating licensing and telemedicine regulations by state has had a limiting effect on the healthcare provided and on a patient's choice of provider. These policies have created restrictions that may inhibit patients from receiving care that they need (Linkous, 2014).

Policy options:

1. Creating national telemedicine licensing regulations (Linkous, 2014). The establishment of a national telemedicine license would be a plausible option to solving this problem (Rogove et al, 2012). This would address the issue by creating a standard license by which all professionals practicing across state borders will be required to have. This option would encourage competition by increasing the patient's choice of provider and creating a system where patients have access to the best care (Linkous, 2014). However, even though this addresses one of the barriers that effects access to telemedicine services and programs, it does not address the problem of malpractice as this still requires there to be regulations between states concerning

these potential problems. Additionally, this may interfere with a state's autonomy to decide for itself the standards by which they will be holding their healthcare providers.

2. In order to reserve the right of each state to regulate its practicing professionals, the second solution includes a model to create permits for healthcare professionals to obtain telemedicine credentialing and interstate licensing (Linkous, 2014). States, with the encouragement and support of the federal government and the Federal Trade Commission, should work together to create acceptable interstate licensing agreements that specifies and allows appropriate telemedicine practice between states (Rogove et al, 2012). This would include addressing issues such as malpractice.

3. Create changes to Medicaid, Medicare and private payer reimbursements. Specifically, the way in which payments are reimbursed for telemedicine services should be changed to include more comprehensive services through Medicaid, Medicare and private payers (Rogove et al, 2012). In particular, it should cover not only the costs of the services but of the initial expenditures needed to install telemedicine technology This is important because it addresses an essential barrier to access of these services (Rogove et al, 2012).

Recommendation

The best solution would be to encourage interstate reciprocity and encourage interstate regulations that allow for telemedicine practices across state borders. This addresses the issues without interfering with a state's autonomy in deciding the standards for their healthcare professionals. However this solution may experience resistance from providers as the new technology may threaten the existing patient-provider dynamic (Linkous, 2014). This is the most plausible solution because this option has recently been given attention and been supported by the Joint Commission as well as the Center for Medicare and Medicaid Services (Rogove et al,

2012). The Federal Trade Commission in order to protect competition should encourage states to negotiate and create such regulations. However, these agreements do not mean that there will be lower standards for the medical professionals or the delivery of the medical services, on the contrary, the interstate credentials and regulations should have the same standards as in-person medical care (Linkous, 2014). This option should also address the issue of malpractice, as the states within the agreements and regulations will discuss and set the policies surrounding that issue. Lastly, in order for this option to be effective, it must be adopted by all states within a certain time limit as the solution depends on reciprocity and collaboration between states (Linkous, 2014).

Works Cited

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