Telehealth Provides Opportunities & Challenges to Enhance Access to Care in the West

Telehealth is the delivery of health care services and health care related information using equipment that can allow for communication between patients and healthcare providers to provide better access to healthcare services.¹ Using technology like the Internet, satellite, or smart phones this work can take place in many situations, including hospitals, clinics, homes and nursing facilities.² In essence, telehealth serves as another option for receiving care from a provider.

Telehealth helps eliminate barriers to care, namely saving travel time and less waiting for health care services. Millions of patients use telehealth to monitor their vital signs, remain healthy, and stay out of hospitals and emergency rooms. While it may not be appropriate for all clinical situations, telehealth has increasingly grown and many employers now offer it as an added benefit in their health insurance plans.³ In fact, according to a recent report from FAIR Health, an independent nonprofit that collects data for and manages the nation’s largest database of privately billed health insurance claims, “from 2014 to 2018, use of non-hospital-based provider-to-patient telehealth grew 1,393 percent, from 0.007 percent to 0.104 percent of all medical claim lines.”

For a vast region like the West that encompasses many rural areas, telehealth has the capability to serve as an important tool to provide access to care. Interestingly, while the accessibility of health care service in rural areas of the country are more limited than urban areas, according to the FAIR Health Report, the use of telehealth grew more

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¹ Washington State Hospital Association website, *Frequently Asked Questions about Telehealth: A patient’s guide*
² Washington State Hospital Association website, *Frequently Asked Questions about Telehealth: A patient’s guide*
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rapidly in urban areas rather than in rural areas. In urban areas, the use of telehealth services grew 1,227 percent over 4 years while this increase was 897 percent in rural areas.4

The report also found noteworthy trends in the utilization of telehealth services by age. Younger individuals, ages 18-35, tend to use telehealth services more frequently than older generations. This age group accounted for 21 percent of all claims. For older generations, individuals over the age of 80 accounted for 37 percent of patients who had an in-person visit for the same diagnosis within 15 days of a non-hospital-based provider-to-patient telehealth visit for heart failure in 2018.5

As technology continues to advance at a rapid pace and telehealth opportunities evolve, it is important for policy-makers to understand the challenges and opportunities of telehealth. During the 72nd CSG West Annual Meeting in Big Sky, Montana, the Westrends Board addressed this issue which allowed participating lawmakers to hear from experts and engage on a robust conversation.

Dr. John Scott, Director of Telehealth Services at the University of Washington Medicine, provided an overview of the benefits from the perspective of patients, employers, payers, small hospitals, large provider organizations and clinically integrated networks. He also outlined one of the challenges for telehealth providers regarding the conditions for reimbursement as defined by the Centers for Medicare and Medicaid Service (CMS), which is part of the U.S. Department of Health and Human Services. According to Dr. Scott, the requirements for telemedicine reimbursement by CMS are technology (live, face to face interactive video), geographic restrictions (must be

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4 State of Reform website, “Use of telehealth rapidly increased according to FAIR Health Report.” [Link to Page]
5 Fair Health, “A Multilayered Analysis of Telehealth: How Emerging Venue of Care is Affecting the Healthcare Landscape.” [Report Link]
deemed a rural area) and originating sites. Once these conditions are met, Medicare telehealth services are paid as through the service was performed in-person.

Dr. Scott stated that in 2018 thirty-nine states and the District of Columbia passed legislation focused on telehealth. A significant number of the bills where aimed at addressing the payment and service parity. Payment parity refers to paying the same amount for telemedicine visit as in-person visit. According to Dr. Smith, the arguments for payment parity is that it takes the same amount of time for a clinician, there are other kinds of overhead costs (IT, technology), less efficient than in-person, that there are no incentives to provide same care at a lower-costs, and that it avoids a facility fee. On the other hand, arguments against service parity is that telehealth is not reducing cost of care, avoiding nurse and use of an exam room, and that it’s not equivalent visit to in-person care.

Another challenge are the barriers for safety net providers to provide telehealth services. According to Jennifer Stoll, Executive Vice President of Government Relations & Public Affairs for OCHIN, a nonprofit health care innovation center designed to provide knowledge solutions that promote quality, affordable health care, these barriers include start-up and maintenance costs, reimbursements, transformation challenges, risks of value-based care, health care centers being ineligible for reimbursement at distance site if provider is there, and access to reliable, secure broadband. She also relayed that to be successful, telehealth must be integrated into the electronic health records, and that states must support primary care and health centers financially integrate virtual care.

Ms. Stoll stated that broadband support is foundational for effective telehealth delivery. She recommended that broadband be community-based and thoughtfully deployed for future needs, reach the home, be affordable, redundant and secure. Finally, she offered policies that lawmakers should consider, including changes in Medicaid reimbursement
policies, state strategic development of broadband into rural communities, solving for specific purposes, supporting eConsults, and supporting evaluation and research.

Finally, another issue that was addressed in the Westrends session was the variation of telehealth policies and laws across states as it relates as to who can provide telehealth services. For instances, states have different requirements whether the physician or nurse providing the telehealth services needs to be licensed, as well as whether they can prescribe medications or need to be included in a business registry. These policy variations place burdens on the ability of health care providers to provide telehealth services across state lines.

As technological advances continue to make healthcare more accessible via telehealth, state leaders will need to continue to assess their policies and laws to further its deployment while removing barriers and challenges that currently impact the availability and effectiveness of telehealth.

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6 Dr. John Scott, PowerPower Point presentation at CSG West 72nd Annual Meeting