



State of North Carolina

NC Telehealth 2018

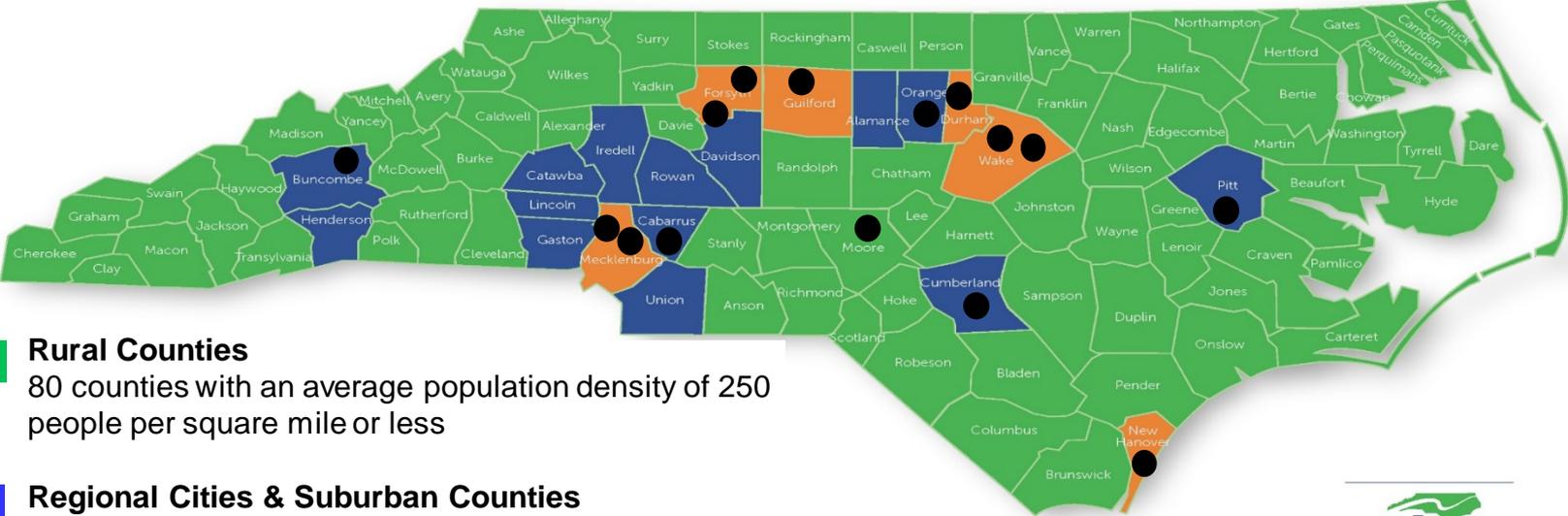
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This presentation is a general overview meant to provide members of the SHCC with basic information. Any data errors present are unintentional. Nothing said during this presentation should be construed as either an endorsement or a criticism of the providers, agencies, or regulations mentioned.

NC Counties & the “Big 15” Hospitals



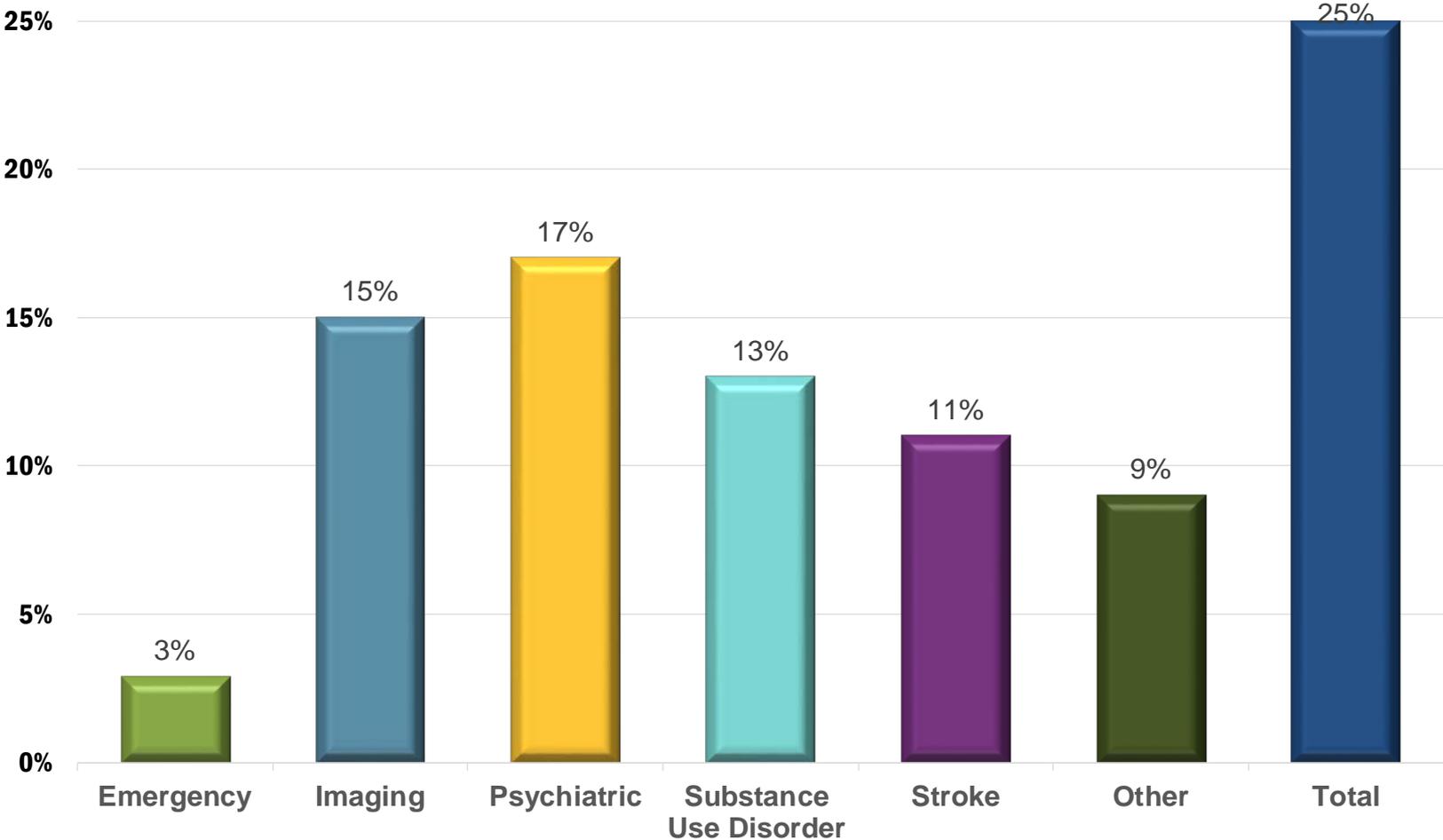
- Rural Counties**
 80 counties with an average population density of 250 people per square mile or less

- Regional Cities & Suburban Counties**
 14 counties with an average population density between 250 and 750 people per square mile

- Urban Counties**
 6 counties with an average population density that exceeds 750 people per square mile.

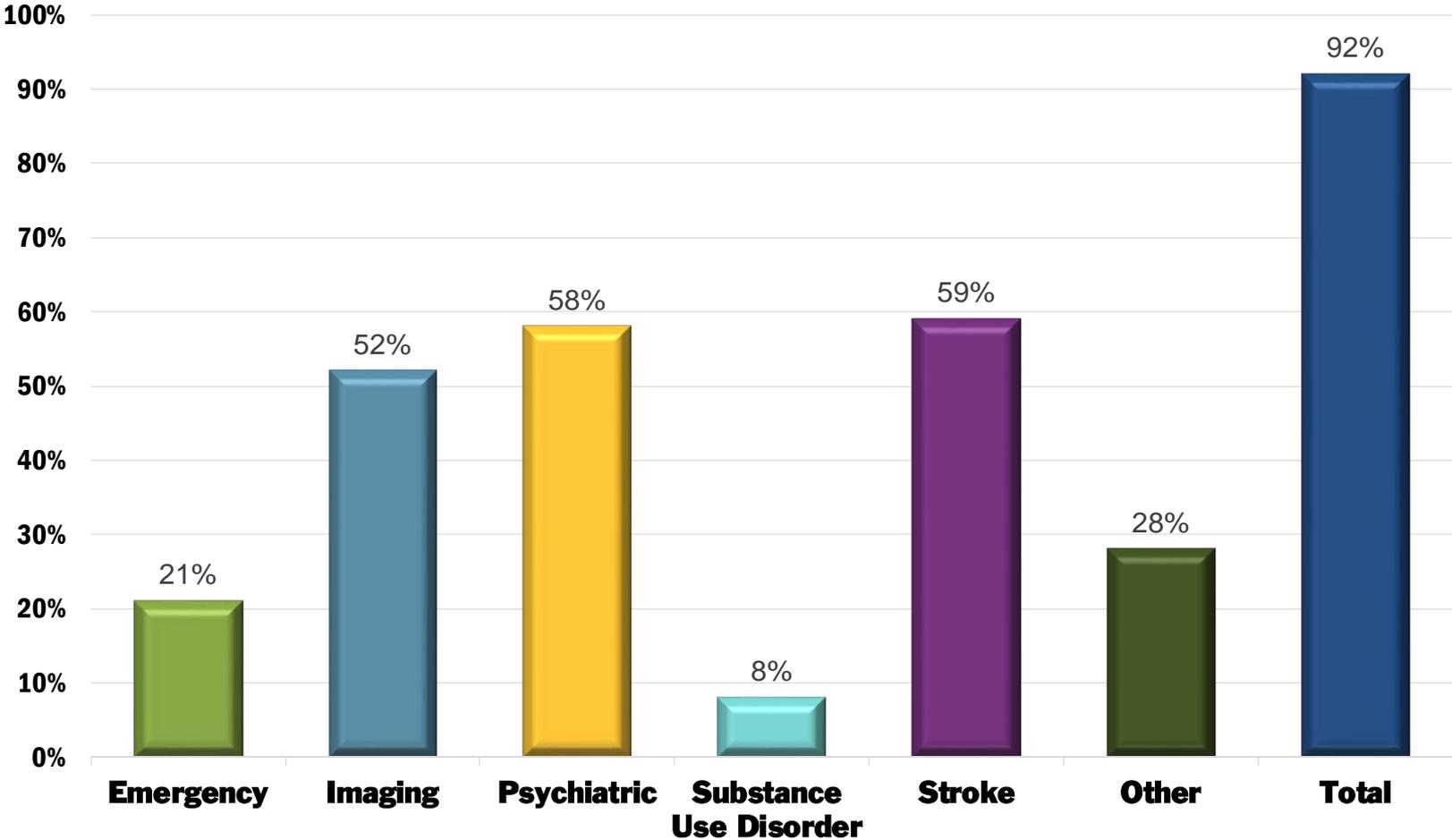


Hospitals That Provide Telehealth Services to Other Facilities



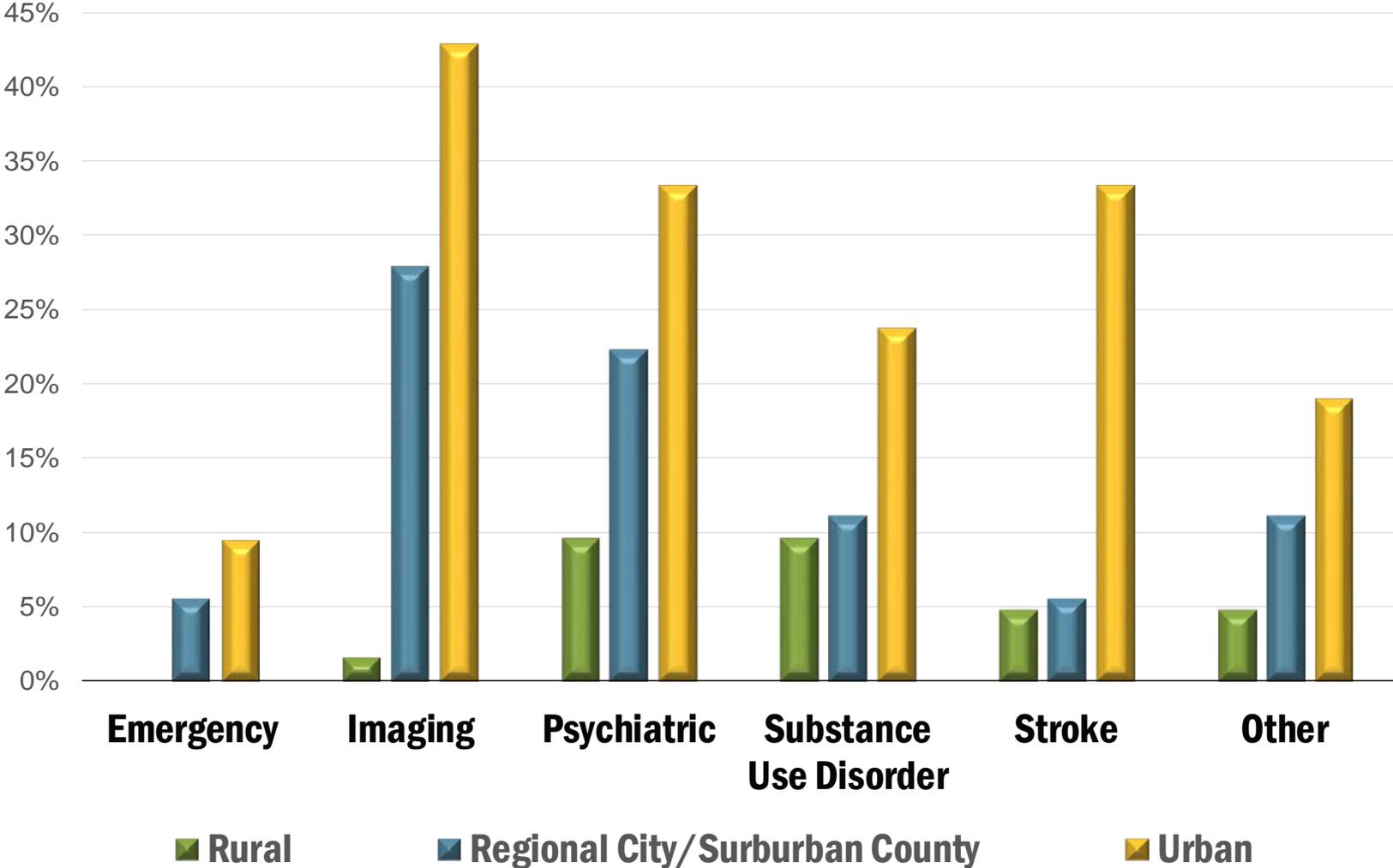
SOURCE: 2018 Hospital License Renewal Applications

Hospitals That Receive Telehealth Services from Other Facilities



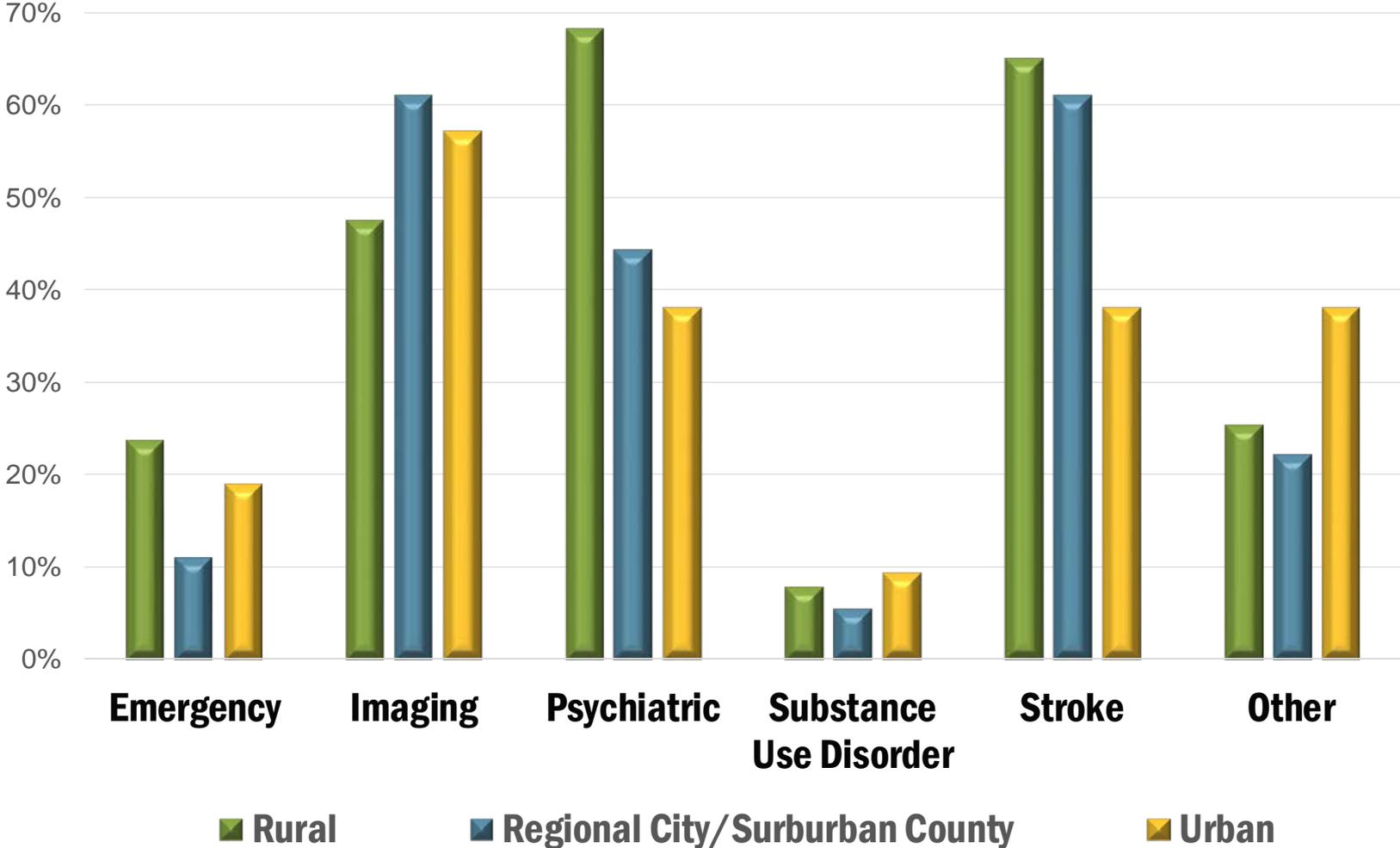
SOURCE: 2018 Hospital License Renewal Applications

Hospitals that Provide Telehealth Services to Other Facilities



Source: 2018 Hospital License Renewal Applications

Hospitals that Receive Telehealth Services from Other Facilities



Source: 2018 Hospital License Renewal Applications

Advisory Board – National Telehealth Survey

- **The following six slides could be considered of necessity “ill-defined.” The resulting composite ratings reflect this uncertainty.**
- **NC DHHS personnel disagree with several of the characterizations in the Advisory Board study. Where appropriate, these differences will be noted in red text.**

North Carolina Support for Telehealth Remains Limited: Evaluation Criteria

- **Medicaid Reimbursement**
 - Telehealth services eligible for Medicaid reimbursement
- **Commercial reimbursement**
 - Parity for private payers to cover range of telehealth technologies
- **Geographic & Patient Setting Requirements**
 - Lack of restrictions on originating and receiving sites eligible for reimbursement
- **Licensure & Eligible Practitioners**
 - Ease of cross-state licensure and spectrum of eligible provider types

Source: The Advisory Board, 2018

North Carolina Support for Telehealth Remains Limited: Evaluation Criteria

- **Patient Informed Consent & Telepresenter**
 - Sufficient but not overly burdensome patient information requirements
- **Prescribing & Practice Standards**
 - Comparability of in-person and virtual practice standards
- **Care Innovations**
 - State-wide networks or coverage for progressive programs

Evaluation Key:

- ✓+ Very supportive (few barriers to adoption)
- ✓ Somewhat Supportive (few/decreasing barriers to adoption)
- ✗ Not Supportive (many barriers to adoption)

Source: The Advisory Board, 2018

Telehealth Reimbursement Profile-NC



Store and Forward



Live Virtual Interactions



Remote Monitoring

	Store and Forward	Live Virtual Interactions	Remote Monitoring
MEDICARE	<p>✗ Does not reimburse, except for CMS demonstration programs in Alaska and Hawai'i</p>	<p>✓ Will reimburse for real-time audio and video interactions between eligible providers and patients at select, predominantly rural, care sites.</p>	<p>✓ Will reimburse for 30 minutes or more of monthly remote patient monitoring services per patient.</p>
MEDICAID	<p>✗ NC Medicaid does not reimburse</p>	<p>✓ NC Medicaid reimburses for live video and tele-psychiatry services for select provider types and diagnoses with prior approval; no Medicaid parity laws.</p>	<p>✗ NC Medicaid does not reimburse.</p>
COMMERCIAL	<p>✓ May reimburse for store-and-forward services.</p>	<p>✓ May reimburse for live video interactions; no telemedicine parity laws in effect to require coverage.</p>	<p>✓ May reimburse.</p>

Source: The Advisory Board, 2018

Telehealth Policy Profile in NC

Outlook	Evaluation
Geographic & Patient Setting Requirements	<ul style="list-style-type: none">• Medicaid required the distant site of the service to be “of a sufficient distance” from the originating site to provide services to a beneficiary who does not have readily available access to specialty services. NC does not monitor distance.• National Policy: No Medicaid reimbursement if patient is located in a jail
Licensure & Eligible Practitioners	<ul style="list-style-type: none">• Requires full state license but has physician-to-physician consultation exemption• Providers eligible for Medicaid reimbursement include physicians, nurse practitioners, midwives, physician assistants, advanced practice psychiatric nurse practitioners and clinical nurse specialists, licensed clinical psychologists, licensed clinical social workers, and community diagnostic assessment agencies

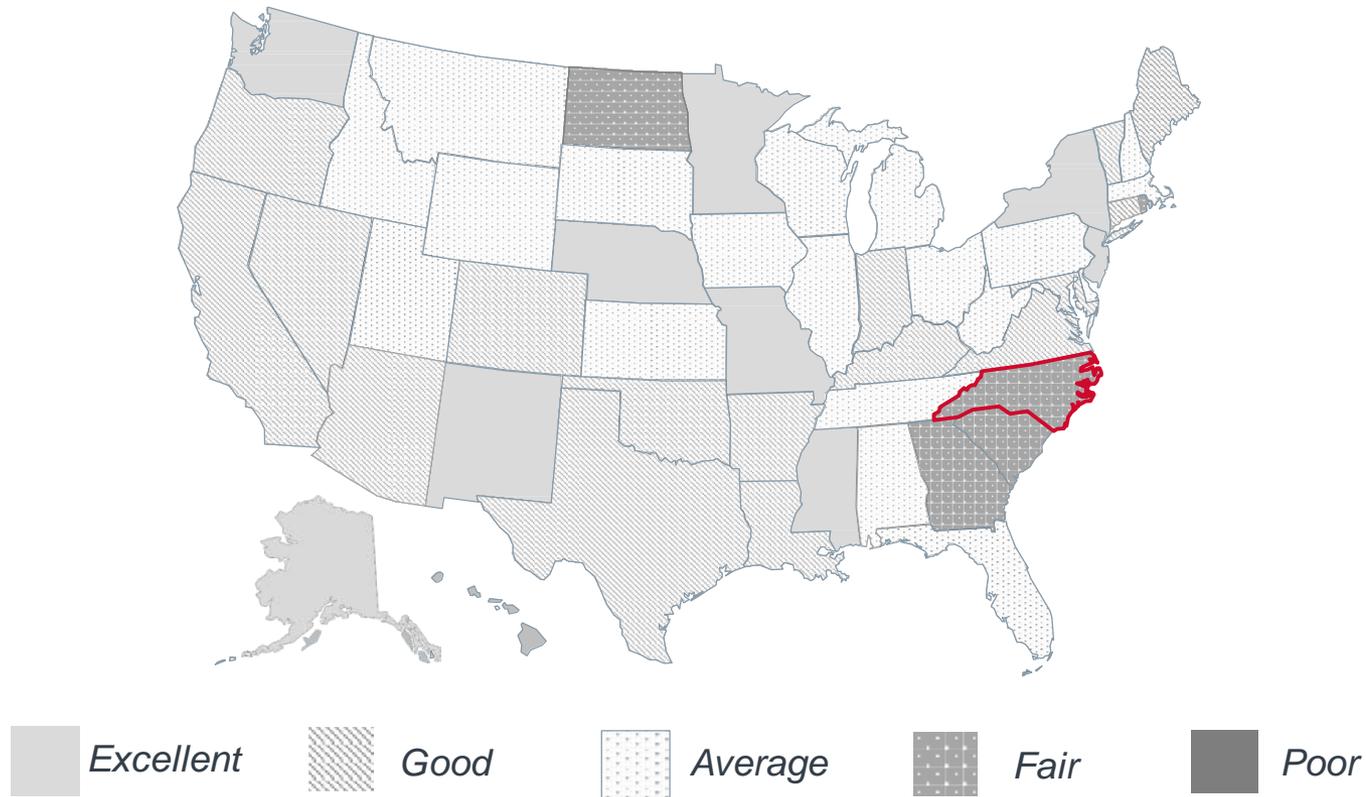
Source: The Advisory Board, 2018

Telehealth Policy Profile in NC

Outlook	Evaluation
Patient Informed Consent & Telepresenter 	<ul style="list-style-type: none"> • Requires telepresenter on the originating site premises. NC Requires a facility staff member to assist. Patient consent required.
Prescribing & Practice Standards 	<ul style="list-style-type: none"> • Telehealth may establish physician-patient relationship
Care Innovations 	<ul style="list-style-type: none"> • House Bill (HB 283) signed in July 2017 requires the NCDHHS to study and recommend a telehealth policy for the state that addresses informed consent, online prescribing, licensing, and/or private payer reimbursement standards • The Office of Rural Health and Community Care oversees the establishment of a statewide telepsychiatry program

Source: The Advisory Board, 2018

NC Support for Telehealth Remains Limited



Source: The Advisory Board, 2018

My Telehealth Personal View

- **The NC Medical Board and other governing boards need to have full licensure authority for all providers.**
 - **Licensure standards should be reasonable and uniform for both on-site and telehealth providers.**
- **The originating site (patient) is the location of responsibility and liability.**
 - **The telehealth provider needs to be accredited, credentialed, and accountable just as a local provider would be, including local quality review and reporting, and medical staff discipline.**
 - **The venue of medical liability is determined by the originating site and/or the patient location, not the provider. No venue shopping.**

My Telehealth Personal View

- **Telehealth services usually work best within integrated care networks.**
 - Multiple, independent non-integrated service providers have many more opportunities for care failure.
 - 86% of NC hospitals already have hospital system affiliations.
- **Originating site facility fees are needed to maintain and expand patient access across all of NC. NC Medicaid provides facility fees.**
- **Many telehealth service agreements require monthly retainer fees to provide service access. This fixed cost model will likely limit access for many lower acuity services.**

My Telehealth Personal View

- **The SMFP and CON are not impediments to telehealth adoption and access. Telehealth medical services may impact SMFP-regulated facilities as practice patterns adjust.**
- **Telehealth services are appropriate in all 100 NC counties.**
 - **Virtual visits, patient portals, etc. are already becoming widely available.**
 - **Urban areas also have transportation and facility location issues.**
 - **New payments are already needed for eCare services. These are becoming time-consuming but often not properly paid for.**

Summary

- **NC has ample opportunities for improving telehealth access. The issues are complex. Appropriate regulation is needed.**
- **While telehealth is largely not an SMFP issue, it can substantially impact the SMFP-regulated services.**
- **Advancing technology is enabling a paradigm shift to a 21st century healthcare delivery system.**

Discussion

