Policy Workshop on Telehealth Opportunities in Hawaii "Reimbursement and Malpractice





Matthew Koenig, MD, FNCS Medical Director of Telehealth The Queen's Healthcare Systems

Assistant Professor of Medicine The John A. Burns School of Medicine



Stroke and tPA

- Stroke is the #1 cause of chronic disability in adults, the #3 cause of death in Hawaii
- IV tPA (clot buster) is the only FDA-approved treatment for acute stroke
- IV tPA must be administered within 4.5 hours of symptom onset
- Standard of care is initiation of IV tPA within 60 minutes of patient arrival to the ER



HHIC Database

AHA/ASA Scientific Statement

A Review of the Evidence for the Use of Telemedicine Within Stroke Systems of Care

A Scientific Statement From the American Heart Association/American Stroke Association

The American Academy of Neurology (AAN) affirms the value of this paper as an educational tool for neurologists.

Lee H. Schwamm, MD, FAHA, Co-Chair; Robert G. Holloway, MD, MPH, Co-Chair;
Pierre Amarenco, MD, FAHA; Heinrich J. Audebert, MD; Tamilyn Bakas, RN, DNS, FAHA, FAAN; Neale R. Chumbler, PhD; Rene Handschu, MD; Edward C. Jauch, MD, MS, FAHA;
William A. Knight IV, MD; Steven R. Levine, MD, FAHA; Marc Mayberg, MD, FAHA; Brett C. Meyer, MD; Philip M. Meyers, MD, FAHA; Elaine Skalabrin, MD;
Lawrence R. Wechsler, MD, FAHA; on behalf of the American Heart Association Stroke Council and the Interdisciplinary Council on Peripheral Vascular Disease

Abstract—The aim of this new statement is to provide a comprehensive and evidence-based review of the scientific data evaluating the use of telemedicine for stroke care delivery and to provide consensus recommendations based on the available evidence. The evidence is organized and presented within the context of the American Heart Association's Stroke Systems of Care framework and is classified according to the joint American Heart Association/American College of Cardiology Foundation and supplementary American Heart Association Stroke Council methods of classifying the level of certainty and the class of evidence. Evidence-based recommendations are included for the use of telemedicine in general neurological assessment and primary prevention of stroke; notification and response of

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Class I Recommendation

 It is recommended that a stroke specialist using HQ-VTC provide a medical opinion in favor of or against the use of intravenous tPA in patients with suspected acute ischemic stroke when on-site stroke expertise is not immediately available (Class I, Level of Evidence B).

Tele-Stroke Program



Staffing Model

- Five QMC-employed neurologists on call
- 24/7/365 teleconsultation for acute stroke
 Remotely review the CT scan
 - Examine the patient via web camera
 - Identify contraindications/indications and discuss risk/benefit of IV tPA
 - Recommend for or against IV tPA
 - Triage whether patient needs transfer or can remain at originating site





HAWAII STROKE NETWORK

Welcome mkoenig95! [Log Out]

Home About Support

How to use ICARE:

- 1. Click "allow" at right to show your video.
- 2. Click an iCare ExamCam to see the patient

ICARE EXAMCAMS

Hilo ED Camera (use 1st 8 characters of PW) 808-930-9832



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Telestroke Calls to Date



75 treated patients x \$45,000 cost savings per treated patient = \$3.375 million

Problem #1 Medicare/Medicaid Reimbursement

CURRENT LAW

An originating site, under Medicare, must be located in a rural health professional shortage area; in a county that is not included in a Metropolitan Statistical Area; or from an entity that participates in a federal telemedicine demonstration project.

Originating sites must also be one of the following types of facilities:

- Physician or practitioner's office
- A critical access hospital
- A rural health clinic
- A federally qualified health center
- A hospital
- A skilled nursing facility
- A hospital based or critical access hospital based renal dialysis center
- A community mental health center



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HRSA	U. S. Department of Health and Human Services Health Resources and Services Administration	Enter Keywords SEARCH HRSA Data Warehouse HRSA.gov
Powered by the HRSA Data Warehouse		

Medicare Telehealth Payment Eligibility Analyzer

Definition of Rural Area	(Input location: 91-2141 Fort Weaver Rd, Ewa Beach, Hawaii 96706)
Medicare Telehealth Information	Start over with a new query by address
Shortage Designation Home	Is the address provided eligible for Medicare telehealth payment?
	NO – The address provided is not eligible for Medicare telehealth payment.
	The Medicare Telehealth Payment Eligibility Analyzer uses a combination of data from the Rural Health Grants Eligibility Analyzer and Find Shortage Areas: Health Professional Shortage Areas (HPSAs) Eligible for the Medicare Physician Bonus Payment tools to determine eligibility for Medicare telehealth payment. For additional details on these analyses, please see the results associated with the links below.
	Go to detailed results for rural analysis
	Go to detailed results for health professional shortage area analysis
	Please note that, for the purposes of Medicare telehealth payment, providers in Geographic Mental Health HPSAs can provide other clinical services besides Mental Health. In addition, providers in Geographic Primary Care HPSAs can provide other clinical services besides primary care.



		Looking For	Topic Areas	Tools	Data	FAQs & Resources	Aboul
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Home > Tools > Analyzers > HPSA Find > HPSA Find Results

HPSA Find Results

Search Criteria

Click on a column heading to sort the results in ascending or descending order.

State: Hawaii

County: Honolulu County

Discipline: Primary Care

Metro: All

Status: Designated

Type: All

Date of Last Update: All Dates

HPSA Score: From 0 To 26

Collapse All

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	County Name 0	HPSA ID 0	HPSA Name 0	HPSA Discipline Class ()	Designation Type ()
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	Honolulu County	1159991528	Ko'Olauloa Community Health and Wellness	Primary Care	Comprehensive Health Center
	Honolulu County	1159991523	Kalihi-Palama Health Center	Primary Care	Comprehensive Health Center
	Honolulu County	1159991522	Kokua Kalihi Valley Comprehensive Family	Primary Care	Comprehensive Health Center
	Honolulu County	1159991521	Waimanalo Health Center	Primary Care	Comprehensive Health Center
	Honolulu County	1159991519	Waikiki Health Center	Primary Care	Comprehensive Health Center
	Honolulu County	1159991515	Waianae Coast Community Health Center	Primary Care	Comprehensive Health Center
	Honolulu County	1159991512	Halawa Correctional Facility	Primary Care	Correctional Facility
	Honolulu County	1159991513	Womens Community Correctional Center	Primary Care	Correctional Facility
	Honolulu County	1155758653	Federal Detention Center-Honolulu	Primary Care	Correctional Facility

Problem #2 Private Insurance Reimbursement

THE SENATE TWENTY-SEVENTH LEGISLATURE, 2014	S.B. NO. ²⁴⁶⁹ S.D. 2
STATE OF HAWAII	H.D. 3 C.D. 1

A BILL FOR AN ACT

RELATING TO TELEHEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

• The Hawaii "parity law" (Act 159) requires equivalent reimbursement by private insurance companies for telehealth services but ...

Code	Description	Eligiible	
G0425	Inpt/ed teleconsult; 30mins	112.15	
G0426	Inpt/ed teleconsult; 50mins	152.90	
G0427	Inpt/ed teleconsult; 70mins	224.90	
0188T	Videoconf crit care 74 min	212.50	
0189T	Videoconf crit care addl 30	95.40	
99291	Critical care first 30-74 mins	283.30	$\langle -$
99292	Critical care addl 30 min	127.20	

SECTION 3. Section 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via faceto-face contact between a health care provider and a patient. There shall be no reimbursement for a telehealth consultation between health care providers unless a health care provider-patient relationship exists between the patient and one of the health care providers involved in the telehealth interaction [-] and the patient is accompanied by a treating health care provider at the time telehealth services are provided by the consulting health care provider; provided that when behavioral health services are provided, a second health care provider shall not be required to accompany the patient.

Problem #3 Provider Malpractice Coverage

 As an employee of QMC, my malpractice insurance is provided by Queen's Insurance Exchange and includes coverage of telemedicine services but...





- · Group Term Life: Provides \$20,000 coverage in the event of death.
- · Group Disability: Provides up to \$2,000 a month for up to 24 months.
- CyberRisk: Provides \$50,000 protection against potential paper and electronic data breach, including privacy liability, computer information security, electronic medical liability, patient and regulatory notification, and regulatory fines and penalties.
- MedGuard Plan: Reimburses up to \$25,000 per year in legal expenses arising from disciplinary
 proceedings brought by the medical board, allegations of Medicare and Medicaid fraud and abuse,
 or allegedly regulatory non-compliance.

Click here to take a look at an example cost schedule



- MIEC Medical Insurance Exchange of California
 - 1,100 provider accounts in Hawaii
 - Policies for coverage summary:
 - Principal place of practice and notice if you move
 - ✓ Acts (or non-Act) within state of principal place of practice as declared in policy
 - Inform MIEC in writing regarding services provided via telehealth
- H.A.P.I
 - 550 providers in Hawaii
 - Prior established relationship between doctor and patient (in person)
 - Telehealth can be used for follow-up with reasonable professional judgment based on 'facts and circumstances'
 - In general, service covered same as other medical services should be within providers medical specialty, for the good of the patient

The Doctors Company

- Standard policy service via Internet or media excluded from policy (not covered) if no prior relationship established between doctor and patient
- IF prior relationship established, need to contact TDC underwriter to provide specific info (patient location, services, etc.). TDC will make determination

Another Real World Illustration...



High Tech NeuroPace for Epilepsy at QMC



Alan Stein, MD, (front left) points out the NeuroPace device with Eliza Cristina Hagen, MD (right). Behind them are Steven Glazier, MD, Leon Liem, MD, and Natalie Morgan-Romain, APRN.

one unprovoked seizure," Dr. Glazier explained." In adults, about two-thirds of all epilepsy patients respond positively to medication. The remaining one-third are refractory, needing more complex medications or a combination of meds. This is the group we evaluate for possible surgical solutions. NeuroPace is for a unique group of patients. Prime candidates are those where we can pinpoint the source of the seizures within the brain and those who are nonresectable, those who traditional surgical options cannot help." Dr. Glazier was a participant in the initial studies that led to FDA approval of the device. Though originally from Kailua, O'ahu, Dr. Glazier spent the past 25 years on the mainland attending college and medical school and then professionally as a neurosurgeon.

"Minat's walls qualities" added Du

Virtual Home Visits For Epilepsy Patients

- Epileptics cannot legally drive in Hawaii unless they are seizure-free for at least 6 months
- Most follow-up appointments for patients with epilepsy only require limited physical examination and could be performed by a virtual home visit



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