A Quick Overview of General Trends: Telemedicine

by

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Friends of Indiana Mental Health Centers
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Benefits to Telemedicine

• Reach new patients
• Improve the quality of patient care
• Improve access to healthcare services
• Benefits to both rural and urban based physicians

New England Journal of Medicine (May 17, 2013)
Indiana Needs Telemedicine for Mental Health Services

In 2014 in Indiana:
• Eight counties have no mental health providers
• Twenty-three counties have no psychiatrist
• Indiana has 462 psychiatrist; Federal guidelines call for 600

Telemedicine can bridge gaps in Indiana’s mental-health services, panel told Modern Healthcare, Sept. 26, 2014
Telehealth: Legal Considerations

- State licensure
- Patient privacy
- Electronic communications with patients
- Electronic medical records (EMR)
- Physician-patient relationship
- Prescribing medications
- Reimbursement
- Informed consent
- Technology & equipment (license/lease/purchase)
The Practice of Medicine

The practice of medicine includes providing diagnostic or treatment services to a person in Indiana where the diagnostic or treatment services:

- Are transmitted through electronic communications.
- Are on a regular, routine, and nonepisodic basis or under an oral or written agreement to regularly provide medical services.
Prescribing to Persons Not Seen by a Physician

You must personally physically examine and diagnose a patient prior to prescribing or dispensing medication unless you fall into one of several exceptions.
Prescribing to Persons Not Seen by a Physician

Exceptions:

- Institutional settings
- On-call situations
- Cross-coverage situations
- Nurse practitioners
- Consultation with colleague (non-controlled substances only)
Prohibition on Online Questionnaires

Treatment, including issuing a prescription, based solely on an online questionnaire or consultation is prohibited under Indiana law.
Telehealth Services Pilot Program

“This rule establishes standards and procedures to implement a telehealth services pilot program utilizing telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, treatment, supervision, and information across a distance.”

www.in.gov/legislative/iac/T08440/A00050.PDF
Telehealth Services Pilot Program

**Credentials**
“All telehealth services must be provided by a physician licensed in good standing under IC 25-22.5 who has an established physical practice in Indiana.”

**Confidentiality**
“Each patient’s medical record shall be considered a health record as defined at IC 16-18-2-168 and be subject to all confidentiality requirements associated with a health record.”

**Confidential Use of Technology**
“All technology must be secure and comply with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1938 (1996) and 45 CFR Parts 160 and 164).”
Telehealth Services Pilot Program

*Prescription Limitations*
“Prescriptions may not be issued for a controlled substance or an abortifacient”

*Non-Emergent Care Limitation*
“Services provided under the pilot program shall include primary, urgent, and nonemergent care and may not include emergency care.”

*Geographic Limitation*
“The geographic area that will be served under the pilot program shall be limited to the state of Indiana.”
Telehealth Services Pilot Program

**Authenticity Requirement**
“Telehealth shall not include any encounter in which the patient is assured that any outcome, including the issuance of a prescription, will be issued as a quid pro quo for the payment of the provider's consultation fee or solely on the basis of an online questionnaire.”

**Volume Requirement**
“The pilot program shall consist of at least two (2) months of actively treating patients and must include:
- a minimum of two hundred (200) visits; or
- no less than one hundred (100) visits that include the issuance of a prescription.”
Telehealth Services Pilot Program: Patient Consultation Requirements

**Information Availability**
“Encourage the availability of patient medical information.”

**Evaluation**
“Include a documented patient evaluation including history and discussion adequate to establish a diagnosis and identify underlying conditions or contraindications to the treatment recommended.”

**Continuity of Care**
“Allow each patient upon conclusion of the encounter the ability to forward documentation to selected care providers to uphold patient's continuity of care.”
Telehealth Services Pilot Program: Patient Consultation Requirements

Thoroughness
“Not be based exclusively on the basis of an online questionnaire.”

Ancillary Tools/Peripherals
“Require participants to address what, if any, tools or peripherals are available to assist in the initial history and physician examination of the patient.”
Telehealth Services Pilot Program: Survey Measures

- Satisfaction of patient and physicians
- Efficacy of visits
- Whether follow-up is needed
Reimbursement: Medicaid

Reimbursement for telemedicine services is available to the following regardless of distance:

• Federally qualified health centers
• Rural health clinics
• Community mental health centers
• Critical access hospitals
Reimbursement: Medicaid

- Hub and spoke model
- Real time, interactive and face-to-face communication
- Inpatient, outpatient or office setting
- Required documentation is critical
Telehealth Resources

• Center for Connected Health Policy: http://cchpca.org/
• American Telemedicine Association: http://www.americantelemed.org/
• Telehealth Resources Center: http://www.telehealthresourcecenter.org/
• Health Resources and Services Administration: http://www.hrsa.gov/ruralhealth/about/telehealth/
• Indiana Telehealth Network: http://www.indianaruralhealth.org/irha-programs/indiana-telehealth-network/
Questions?

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