Audio Report Transcript

Headline: Telemedicine Poised for Growth, but Barriers Hinder Widespread Adoption

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Advocates say telemedicine is primed for wider adoption, but regulatory and reimbursement problems are getting in the way.

This is a report for iHealthBeat, a daily news service of the California HealthCare Foundation. I'm Kenny Goldberg.

Larry Friedman oversees the clinical telemedicine program for the University of California-San Diego Health System.

The program provides telemedicine services across a number of specialty areas, including neurology, stroke and psychiatry. It also offers home-based telemedicine to established primary care patients who have mobility problems.

Friedman says video conferencing and other forms of telemedicine work extremely well.

(Friedman): "Technology is not a problem in telemedicine. Who's going to pay for it and setting up the proper processes are a problem with telemedicine."

Friedman and other advocates say until those issues are resolved, the potential of increasing access to care through telemedicine won't be fully realized.

That's especially important at a time when millions of Americans have become newly insured through the Affordable Care Act.

Mario Gutierrez is executive director of the Center for Connected Health Policy. His organization aims to promote changes in regulations to allow telehealth to maximize its potential.

(Gutierrez): "The policy, both the federal government, as well as within state governments, has been slow to keep up. In fact, I would say most of the laws are outdated."

For example, Medicare covers only an extremely limited set of telehealth services. It restricts the type of providers who can offer them, as well as the location of the patients who can receive them.
(Gutierrez): "Medicare in particular is one that needs sweeping reform, and we're living with language that was adopted in the 70's. And yet here we are in the 21st century, where we have real opportunity for using telehealth practices within the Medicare program, and there's just very little room for reimbursement."

Gutierrez's center has released an analysis of telehealth policies in all 50 states and the District of Columbia.

The report shows a wide variation.

(Gutierrez): "Some states have a very progressive aspect of what they do, but then may be restrictive in how they define telehealth."

The American Medical Association recently weighed in on the issue.

During its annual meeting in June, the AMA approved a set of guiding principles designed to ensure appropriate coverage and payment for telemedicine services.

The guidelines contain a directive that the provision of telehealth services must include care coordination with the patient's doctor, and that patients seeking services must have a choice of provider.

Jonathan Linkous, executive director of the American Telemedicine Association, thinks the policy is a step forward. But he has a problem with the provision that requires doctors to be licensed in the state where the patient lives.

(Linkous): "I draw the equivalence to say, driving. You're located in California, you can drive anywhere in the country, as long as you have a valid California license. Well, why can't we do something similar for health care?"

Thanks to Congress, Department of Defense providers now need to be licensed in only one state to practice anywhere in the country. Pending legislation would extend that privilege to providers in other federal health care programs.

There's also a bipartisan effort to get Medicare to loosen its restrictions on telehealth reimbursement.

Linkous is more encouraged by what's happening on the state level.

(Linkous): "This last year, 31 states had legislation proposed to expand telemedicine. Now, not all of them passed it. But that gives
you an idea of the activity in state legislatures. They've really come on, and been a very positive force."

Linkous says despite spotty reimbursement from insurers in California, the state has some of the nation's most advanced telehealth policies.

The California Medical Association wants the state to go even further. The organization is pushing a bill that would require insurers to pay providers for telephone consultations.

CMA President Richard Thorp says right now, doctors talk with patients on the phone on their own time.

(Thorp): "Basically, you do that because you have a relationship with those patients and you want to try and provide good service to them. But more and more, with the increasing number of folks asking for care, it becomes increasingly difficult just to find time to do that stuff."

Gutierrez is encouraged by all of the activity on the state and federal level to expand adoption and payment of telehealth services.

Ultimately though, he thinks consumer demand will drive the changes needed to make telemedicine an integral part of our health care system.

(Gutierrez): "I think once consumers, particularly the elderly, see the benefits of telehealth, and the ability to be able to stay in their own homes, to be able to receive care outside the four walls of a traditional institution, that there's going to be a real sea change."

This has been a report for iHealthBeat, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you’d like to have addressed, please email us at IHB@chcf.org. I'm Kenny Goldberg. Thanks for listening.