telehealth
what is it, who regulates it and who pays for it?

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Telehealth? Telemedicine? What’s the difference?

- Telehealth is commonly used interchangeably with telemedicine and describes delivery of clinical services (American Telemedicine Association, 2012; Institute of Medicine [IOM], 2012).

- Telemedicine is the delivery of health care by a physician to a patient using interactive video technology when distance separates doctor and patient. Telemedicine is part of telehealth, a term that involves the use of additional technologies, other types of health providers and distance education.
Telehealth and the Affordable Care Act

*Triple Aim*

1. Improving the individual experience of care
2. Improving the health of populations
3. Reducing the per capita costs of care for populations
1. Improving the Care Experience

- Improves access to care and specialists
- Prevents delays in care caused by personnel shortages, travel
- Facilitates care coordination and communication
- Reduces hospital admissions and readmissions
- Fosters care in the community

2. Population Health

- Physiological factors (blood pressure, cholesterol etc.)
- Behavioral factors (tobacco and alcohol use, physical activity)
- Social, economic and physical environments,
- Personal health practices,
- Developmental screenings and assessments, early intervention, rehabilitation etc.
3. Affordability of Care

- Access to care and services in home vs. in a hospital or long term care can reduce health care costs
- Research funded by the Agency for Healthcare Research and Quality (2008) demonstrated that telehealth can improve patient safety, quality of care, and care coordination.
Telehealth and OT

“Telehealth is a service delivery model within the existing scope of occupational therapy practice. As permitted by laws and regulations, occupational therapy practitioners use telehealth as a service delivery model for evaluation, intervention, consultation, monitoring, and supervision.”

What is Telehealth Occupational Therapy?

- Telehealth is a delivery model for providing health-related services at a distance using telecommunication technology.

- It includes the “application of evaluation, preventative, diagnostic, and therapeutic services via two-way or multipoint interactive telecommunication technology”

Frequently Asked Questions

1. Do I have to be licensed in the state where I am delivering OT?

Yes, it is the location of the client that determines the state in which the OT must be licensed

2. Who decides whether you can use telehealth as a service delivery model?

- The state licensure board within the state where a practitioner plans to practice should be regarded as the leading authority on the use of telehealth as a service delivery model within the state.

Kansas

- No statute or regulations specific to OT and telehealth, but Board reports it is allowed, must follow same practice as in-person.

- Most insurance providers cover interactive telemedicine consultations, including Medicare, Kansas Medicaid, and most private insurance companies in Kansas. Patients may still be responsible for a co-pay or deductible, the same as a traditional in-person visit.
An occupational therapist licensed under AS 08.84 and this chapter conducting telerehabilitation by means of an interactive telecommunication system

(1) must be physically present in the state while performing telerehabilitation under this section;

(2) must interact with the patient maintaining the same ethical conduct and integrity required under 12 AAC 54.800;
(3) must comply with the requirements of 12 AAC 54.810 for any licensed occupational therapist assistant providing services under this section;

(4) may conduct one-on-one consultations, including initial evaluation, under this section; and

(5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information.

AOTA State Affairs Group, 2/1/16,

12 AAC 54.825. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY OCCUPATIONAL THERAPIST
North Carolina

Statute

1. An occupational therapy practitioner may deliver evaluation, treatment, and consultation through telecommunication and information technologies.

1. An occupational therapy practitioner is required to be licensed in North Carolina if the practitioner provides occupational therapy services to a client who is in North Carolina.

1. An occupational therapy practitioner who is in North Carolina and does not provide occupational therapy services to clients in North Carolina does not need to be licensed in North Carolina.
4. An occupational therapy practitioner who is in North Carolina but provides occupational therapy services to clients in a state other than North Carolina is required to follow the laws and regulations of the state where the client is receiving the services.

5. An occupational therapy practitioner licensed in North Carolina may provide occupational therapy services to a client in North Carolina even if the occupational therapy practitioner is in another state.

6. An occupational therapy practitioner may provide supervision requiring direct contact through video teleconferencing.

21. N.C.A.C. 38, Rule .0103(21)
Frequently Asked Questions

3. Can services delivered through telehealth be billed the same way as services provided in-person?

- Practitioners are encouraged to contact the reimbursement entity prior to engaging in telehealth to determine if and how services delivered through telehealth are reimbursed.

Telemedicine:

- means the use of telecommunications technology to provide, enhance, or expedite health care services, as by accessing off-site databases, linking clinics or physicians’ offices to central hospitals, or transmitting x-rays or other diagnostic images for examination at another site.
Kansas Medicaid

- Kansas Medical Assistance Program under the Division of Health Care Finance

- Telehealth may cover office visits, individual psychotherapy and pharmacological management services

- Patient must be at the originating site - doesn’t recognize consultation codes
<table>
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<th>Legislative Parity for Private Coverage</th>
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<td>Proposed</td>
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<td>HB 2270 - Amends Medicaid policies for telehealth; HB - 2321 Expands the definition of charitable health care providers to include certain use of telemedicine (STATUS: CARRYOVER TO 2016 Session)</td>
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American Telemedicine Association  
2016 State Telemedicine Legislation Tracking  
Kansas
Frequently Asked Questions

4. Will professional malpractice insurance cover services delivered through telehealth?

- Malpractice policies for services delivered through telehealth vary by carrier.

Frequently Asked Questions

5. Does a sole practitioner need to abide by HIPAA regulations?

- Telehealth is a service delivery model. Services rendered through telehealth must comply with the same rules, regulations (federal, state, institutional) and practice stipulations that apply to services delivered in-person.

Exceptions: DOD and Veterans Health Administration

- Have their own licensing requirements and credentialing and privileging process because they operate on federal property (military installations, VA hospitals, etc.).

- Practitioners must hold a license in one of the US states, District of Columbia, or US territories, and be credentialed. A practitioner using telehealth can engage in inter-state practice if the client is located on federal property at the time of service delivery.
How do I learn more?

- American Telemedicine Association – Telerehabilitation Special Interest Group
- Center for Telehealth and e-Health Law
- AOTA Member Forums: Telehealth
- Telehealth Resource Center/Heartland Telehealth Resource Center