

Telemedicine Debate Continues...

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Telemedicine is becoming popular in the healthcare industry. There are more than a dozen telemedicine companies that are already working with doctors and patients and seen virtually for their non-emergency visits. Telemedicine is also playing an important role for chronic disease management. After the patient comes for a doctor's visit for the first initial complete evaluation, follow up care can be done virtually.

At centers like Joslin Diabetes Center, doctors have started using virtual visits for follow-up appointments with out-of-state patients. Medicare, Medicaid, some United Health Care plans, some Humana plans and a few more have approved payments for telehealth services. As telemedicine is trending upward, other insurance carriers will soon come on board. Are we ready for this new model?

Clearly there are some advantages of telemedicine:

- Reduced health care costs
- Easy access to referring physicians and specialists
- Easily accessible to patients - reduces travel time and related stresses for the patient, makes healthcare accessible to people, especially to those living in remote areas

However, problems facing telemedicine are many and need to be resolved before telemedicine becomes widespread.

- Added cost for fast reliable broadband connections, technical training and equipment
- Complicated policies and reimbursement rules
- Quackery (how to verify a doctor's credentials on the Internet)
- Special Licensing requirements
- Decreased in-person visits can lead to misdiagnosis
- Decreased personal care and missing opportunities to hold hands and develop psychological consultation on some other family issues.

According to CMS, "Telemedicine seeks to improve a patient's health by permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment."

"Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid. This definition is modeled on Medicare's definition of telehealth services." (42 Code of Federal Regulations 410.78)

"As CMS gets ready to pay primary care physicians on a different model starting in 2017, from a fee-for-service to a monthly fee for managing patients, provider practices will be able to participate in two ways. In Track 1, the agency will pay a monthly fee to practices that provide specific services. That fee is in addition to the fee-for-service payments under the Medicare Physician Fee Schedule for care. In Track 2, practices will also receive a monthly care management fee, and instead of full Medicare fee-for-service payments for evaluation and management services, they will receive reduced Medicare fee-for-service payments and up-front comprehensive primary care payments. This hybrid payment design will allow greater flexibility in how practices deliver care outside of the traditional face-to-face encounter, the agency said. For example, practices might offer telemedicine visits or simply provide longer office visits for patients with complex needs. Practices in both tracks will receive upfront incentive payments that they might have to repay if they do not perform well on quality and utilization metrics."

I feel that there is a need to preserve the sanctity of a patient-physician relationship. Part of our problem is not responding to the evolving trends and leading the way, rather than being pointed out, complaining and wondering why we are losing ground.

Telemedicine can be used as a valuable add-on service to enhance patient care rather than replacing much needed face-to-face interaction. In-person, face-to-face interaction between a physician and patient allows physicians to handle many complex social and psychological issues pertaining to the patient and their family members which cannot be achieved by telemedicine. Telemedicine lacks the "touch" which has the power of healing.

For more information on telehealth services, please visit the CMS website.

Centers for Medicare & Medicaid Services (CMS) Policy (visit www.cms.gov/medicare/medicare-general-information/telehealth/index.html).

The State of Texas Medical Board has answers to frequently asked questions pertaining to telemedicine at www.tmb.state.tx.us/TelemedicineFAQs.