Is it finally time for telemedicine? Experts say there are opportunities, but no rush

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You may have good reasons to wait on adopting telehealth, experts say, but if you're prepared to take advantage of specific opportunities that can make telehealth cost-effective and even profitable, you should explore them now.

Recently the Medical Group Management Association (MGMA) surveyed practice leaders and 26% said their organizations offer telehealth services — a mere 3% more than the year before. Just 15% said they plan to offer the services in the future, and 39% said they were not planning on implementing telehealth services in 2018. These results conform with previous surveys on the subject (*PBN 4/1/17*).

One of the factors the MGMA poll named, along with physician resistance and perceived lack of relevance, was reimbursement — providers couldn't figure a way to make it pay.

While Medicaid programs have shown flexibility in making services available and payable, Medicare has hung onto its onerous originating-site standard that removes the major attraction of telehealth — the ability for the patient to be seen at home (*PBN blog 11/5/15*).

"Unfortunately, the limitations on reimbursement have long been an obstacle to greater expansion of telehealth services, despite patient demands for access to these services," says Amy F. Lerman of the Health Care and Life Sciences practice of Epstein Becker & Green in Washington, D.C. Some signs of improvement are in the recent budget bill signed by President Donald Trump, which loosened the originating-site and other requirements for end-stage renal disease (ESRD), stroke treatment and services under Medicare Advantage and within accountable care organizations (ACOs), but those doesn't touch most providers.

And while most states have some form of telehealth "parity" laws that require private insurers to treat telehealth services like face-to-face services in some respects, "only a handful of states with parity laws require *true* parity, in terms of equal reimbursement for telehealth and non-telehealth services," says Lerman. "The majority of states that require commercial insurers to cover telehealth services actually do not specify the reimbursement rates for such services, allowing insurers to use their own discretion. The ambiguity in many of these parity laws, coupled with insurers' discretion to implement their own policies and restrictions on telehealth reimbursement, make it difficult for health care providers and their patients to navigate the telehealth landscape."

Work with — or on — the payers

If your state has parity laws, you should treat telehealth claims like other reimbursed circumstances and challenge the payers to tell you why they shouldn't be paid, says Latisha Rowe, M.D., founder of the Rowe Network in Houston. "If you look at other professions, you can't call up an accountant and say, 'Hey, I want to talk about this issue for free tonight,'" says Rowe.

Rowe says this has worked for her in the past. "When I started out, my billing company told me they'd researched it and found I wouldn't get paid [for telehealth services]," she says. "I said, submit my claims and we'll see. And I did get paid."

In parity law states, at least, you have good legal authority for getting at least some reimbursement, says Rowe. As for the payers, Rowe thinks they will perceive that this is a savings for them in the long run: "They want [a patient] to go to your PCP [primary care provider] even on a telehealth basis rather than go to an emergency room for strep throat because it lowers their cost."

Thus, says Rowe, "you should contact your payer and tell them: 'This is what I'm doing. How do I properly file claims to be paid what is legally required?' Not *whether* you can do it, but *how*."

"For small and medium-sized organizations, it might be wise to seek a contractual relationship with payers who buy into telemedicine," says Joseph Paduda, principal at Health Strategy Associates in Madison, Conn. Have your people call around and "identify entities you can contract with who can support you from a telemedicine perspective."

For example, says Paduda, MVP Healthcare, a not-for-profit health insurer serving more than 700,000 members in New York and Vermont, started offering "'direct-to-consumer' telemedicine" coverage in 2017. The company says it will cover "non-emergency care online" for members accessing treatment from licensed, board-certified providers who sign up with

its vendor, the Online Care Group (OCG). If you can line up a few of these arrangements, you might make the reimbursement piece work.

Paduda also thinks you should look at integrated delivery systems with which you can become an affiliated care provider. Large health systems like Geisinger, Kaiser and Northwell frequently look for provider partnerships that "would involve telehealth consults for which the affiliate will be paid as part of a bundled billing or pay-for-performance arrangement," he says.

Wait or dive in?

But experts admit that the pace of change is not so rapid. Some providers may want to sit it out for a few years — but not much longer.

"I would argue that if you plan to sell out in a few years, don't worry about it," says Paduda. "But if you want to have a practice that's valuable, you're going to have to get into telemedicine."

It may be that your patient population isn't ready for the switch, either. "We're still ahead of the 'tipping point' on telehealth where consumers come to expect it rather than it being something that's so new," says Jill Angelo, CEO of women's digital health company genneve. "There's still a trust issue. When you look at the time it took for ecommerce and online shopping to become the norm, the early days were measured in single-digit uptake."

But if you have — or hope to have — younger patients, you may want to step up your adoption. "Millennials are becoming our largest population cohort, overshadowing boomers," says Maureen Williams, marketing solutions manager for electronic health record company MEDITECH. "[They're] the first generation who expect tech to be there and to work for them" in all areas, including health care. If you have a lot of them coming in, you might consider speeding up your telehealth timetable.

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