



Telemedicine and Patient Safety

Nora Cox

CEO

Texas e-Health Alliance

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Background

Nora Cox

- 20+ years in public policy with an emphasis on health care technology
- Senior leadership roles in Texas Medicaid and the Governor's Office
- Won computer programming contest in the 1980s and still has the trophies





Background

TeHA

- What is the Texas eHealth Alliance?
- State's leading advocate, from local communities to the national level, for the use of health information technology to improve the health system for patients
- 501(c)6 nonprofit started in 2009 and serves as a trade association for HIT companies
 - As such, cannot recommend or endorse specific products or companies



Presentation Outline

- Telehealth Definitions and Modalities
- Texas Legislative Activity
- COVID Impact
- Case Studies
- Closing Thoughts



Telemedicine Definitions and Modalities

Every state defines it differently! Texas uses the following:

- Telemedicine medical service a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.
- Telehealth is all other services outside the definition of a telemedicine medical service.
- Remote patient monitoring is often classified as telemedicine or telehealth but is treated as a separate service by CMS.
 - One-way transmission of patient data to the provider to review.

Telehealth has promise for hospitals, IDNs and their communities



Three Modalities of Telehealth for provider and patient interaction

Real-Time	<p>Provider and patient communicate via live videoconferencing.</p> <p>Used often in telepsychiatry, telehomecare, telecardiology and remote consults (teleconsults) with specialists, primary care physicians, counselors, social workers and other health care professionals.</p>
Store and Forward	<p>Digital images, video, audio, clinical data are captured and stored on a patient's computer or mobile device and then transmitted securely to a provider for later study or analysis.</p> <p>Used often in teledermatology and telepathology.</p>
Remote Monitoring	<p>Patient uses a system that feeds data from sensors and monitoring equipment to an external monitoring center so that health care professionals can monitor a patient remotely.</p> <p>Used to monitor chronic conditions such as heart disease, diabetes and asthma.</p>

Hospital-based Telehealth Platforms

Telestroke	Remote evaluations, diagnoses and treatment recommendations are transmitted to emergency medicine doctors at other sites using advanced telecommunications technologies.
Teleradiology	Images and associated data are transmitted between locations for the purpose of primary interpretation or consultation and clinical review.
Tele-ICU	Networks of audiovisual communication and computer systems are linked with critical care physicians and nurses to ICUs in other, often remote hospitals.
Telemental health	Mental health and substance abuse services are provided from a distance (e.g. using videoconferencing and other advanced communication technologies).
Telepathology	The practice of pathology is performed at a remote location by means of video cameras, monitors, and a remote-controlled microscope.
Cybersurgery	Surgeons use surgical techniques with a telecommunication conduit connected to a robotic instrument to operate on a remote patient.
Remote monitoring	Patients are subject to continuous or frequent periodic clinical monitoring via advanced communication technologies.
Telepharmacy	Pharmaceutical care for patients (or supervision to technicians) is provided at a distance using advanced telecommunications technology.
Consultations	Remote consults are conducted with remote specialists, primary care providers, counselors, social workers and other health care professionals.



Texas Legislative Activity

The Texas legislature has made three major expansions in the use of telemedicine and telehealth:

- SB 1107 in 2017 allowed direct to consumer telemedicine, must meet the same standard of care
- SB 670 in 2019 expanded Medicaid coverage to require health plans to pay claims at coverage parity
- HB 4 in 2021 made the “tele” flexibilities from COVID-19 permanent in public programs

COVID Happened and then...

The role of the patient in terms of expectations for virtual care has been permanently changed by COVID-19.



Case Study

Van Horn, Texas

- Hospital in Van Horn is a 6-bed critical access hospital on an isolated stretch of I-10 that was struggling with meeting the state's required staffing levels to be part of the trauma system
 - In 2018, the hospital added a telemedicine component to their ER to add physician support, nurses, and documentation.
 - This allowed them to count telemedicine staffing towards their participation requirements for the state trauma system.
 - The hospital's medical director testified to the benefits of this system during the 2019 session, which led to the passage of HB 871 (Price) allowing hospitals in counties under 30,000 in population to use the same model.

Case Study

Online Prescribing

- The Ryan Haight Act requires practitioners issuing a prescription for a CS to conduct an in-person medical evaluation or conduct a video/audio communication in a DEA-registered facility at a minimum of once every 24 months.
- As part of the response to the public health emergency, the Drug Enforcement Administration waived several requirements around the prescribing of controlled substances. The most significant of these changes removed a requirement that a patient be seen in-person before certain prescriptions can be written.
- Controlled substances are not limited to pain management. This category also includes medications that treat conditions like Attention Deficit Hyperactivity Disorder. Online prescribing platforms proliferated during the pandemic, which increased access to these medications, but also created a set of risks around patient care that resulted in negative impacts to patients.
- The DEA is now reviewing over 30,000 comments on a proposed rule that will reimpose in-person visits, so this landscape is still in motion.

Closing Thoughts

The future is a combination of in-person and virtual care, and the best models will include both.

- Virtual care can increase access to needed services like mental health care and speciality care.
- The home as a site of service will become more important as the Baby Boomers reach their high utilization years.
- Virtual care has the potential to be efficient and bring more people into care earlier but patient safety must always be addressed.



Questions?

Nora Cox

CEO

Texas eHealth Alliance

nora@txeha.org

(512) 802-7828