Telehealth in the Northeast: *Enhancing Access, Efficiency and Outcomes*

*Healthcare Financial Management Association*  
*Maine Chapter – Spring Symposium*  
*April 28, 2017*

Danielle Louder, Program Director  
Northeast Telehealth Resource Center  
Co-Director - MCD Public Health
Who do we serve?

- Individual Providers
- Community & Urban Hospitals
- Academic Institutions
- National, State, or Regional Associations
- Federal, State, Regional, or Local Government Agencies
- Legislators/Policy makers
- Health Systems
- Rural Clinics
- Federally-Qualified Health Centers (FQHC)
- Critical Access Hospitals (CAH)
- Primary Care Clinics
- Ambulatory Care Centers
- Nursing Homes
- Schools
- Vendors
- and many others!
We provide:

- Short and long term technical assistance services for organizations
- Education for the telehealth workforce
- Access to educational materials
- Access to specialized tools + templates
- Access to telehealth experts willing to share their experiences
- Monthly newsletter updates and other alerts on telehealth in the northeast
- Support for collaboration that fosters a favorable environment for telehealth

And more!
Key Resources

• **Telehealth Resource Library**
  – Over 2,200 publicly available journal articles and other resources

• **Find Telehealth Providers**
  – Maps telehealth in the northeast – upgrades coming soon!

• **Telehealth Basics Curriculum**
  – Developed with the Veterans Rural Health Resource Center- Eastern Region as training for telepresenters

• **Personalized Toolkits**
  – We are available to create toolkits with resources to fit your needs!
Where is telehealth?

- Academic Medical Center
- Airplane
- Boat
- Celebrity Tour Bus
- Coal Mine
- Community Health Center
- Community Mental Health Center
- Disaster Zone
- FQHC
- Home
- Hospital
- Public Health Dept.
- Public Library
- Nursing Home
- Oil Rig
- Prison
- Refugee Camp
- Retail Pharmacy
- Rural Health Center
- Public School
- Space Ship
- And Many More!
## Telehealth Uses

- Behavioral Health
- Burn
- Cardiology
- Dentistry
- Chronic Care Management
- Dermatology
- Education / Grand Rounds
- Emergency Services / Trauma
- Family Planning

- Genetics
- Home health
- Infectious Disease
- Medication Adherence
- Neurology / Stroke care
- Obstetrics and Gynecology
- Oncology
- Ophthalmology
- Pain Management
- Pathology
- Pediatrics

- Palliative Care
- Primary Care
- Psychiatry
- Radiology
- Rehabilitation
- Rheumatology
- Surgical
- Wound Care

*And more!*
Benefits of Telehealth

- Increased patient access to providers (travel)
- Timelier access to providers
- Improved continuity of care and case management
- Reduced ER Utilization
- Improved access to training and other educational services
- Cost savings in care delivery
- Reduction or prevention of complications, decreased readmissions
- Patient Satisfaction
Challenges for Telehealth

- Start-up costs and connection fees
- Availability of broadband or other
- Need for training and workforce development
- Increase in staffing demand in some instances
- Provider push back
- Slow/confusing legal and regulatory landscape
National Updates

• Medicare reimbursed a total of **$17.6 million in Calendar Year 2015** (< 0.003%), up from $61,302 in Calendar Year 2001.

• Telehealth often discussed as a tool in alternative payment models and value-based care (see Next Generation ACO).

• The Department of Veterans Affairs requested **$1.2 billion for telehealth programs in FY 2017**, treated 677,000 veterans through telehealth in fiscal year 2015.

• **AMA adopted a new policy** on June 12, 2016 that outlines ethical ground rules for telehealth.
National Updates

- 18 States have enacted legislation to join the Interstate Medical Licensure Compact, which is expected to help streamline the licensure process.

- AHRQ review (June 2016) found that the largest volume of research on telehealth available produced positive results for chronic conditions and behavioral health, and when providing counseling and monitoring/management, while additional research in other areas is needed.

- Federal DHHS Report to Congress (August 2016) cited that 61% of health care institutions currently use some form of telehealth.
Reimbursement for Telehealth

Reimbursement depends on the state and payer:

**Medicare:** has set specific (limiting) requirements
- Patient site must meet rural eligibility requirements – see Medicare [Payment Eligibility Analyzer](#)
- Covered services expand each year, however key limitations remain: [Telehealth Services Fact Sheet 2017](#)

**Medicaid:** reimbursement and requirements vary greatly state by state – 48 states cover in some form (Ø MA, RI)

**Private Payers:** laws governing reimbursement by private insurers in 35 states and Washington D.C., but language varies significantly, and not all mandate coverage

[2017 State Telehealth Laws & Reimbursement Policies](#)
[Center for Connected Health Policy](#)
Telehealth Policy in the Northeast

Current Regional Policy:

• Private payer parity:
  CT, ME, NH, NY, RI (2018), VT

• Medicaid coverage:
  CT, ME, NH, NY, VT

• Increased activity in MA and NJ, but still lacking parity laws

*See Appendices for additional detail on state specific policy activity
MaineCare: Telehealth reimbursement through legislative rulemaking process

• Updated **MaineCare telehealth rules** went into effect April 2016 - significant changes include removing prior approval process, originating site fee, and adding telemonitoring services

• Requires secure, HIPAA “compliant” equipment and patient choice/consent

• Also established new limitation for FQHCs regarding use of encounter rate for telehealth services; strongly contested among stakeholders - amended language in progress 10-144-101 Ch. II, Sec. 40
Telehealth Policy: ME Private Parity Law

- **Enacted in 2009** – ME and NH first in the northeast
- Mandates **coverage of live audio/video**, not store and forward or remote patient monitoring
- Language includes **coverage parity**, but not payment parity
- Does not specify eligible providers or eligible originating sites (patient location)
- **LD949** – would expand current private payer law to include asynchronous and telemonitoring; also requires insurers to provide professional liability insurance which covers services provided via telehealth
Telehealth Policy: Implications and Challenges

Enacted December 2016: Telemedicine Standards of Practice adopted: ME Boards of licensure for Medicine and Osteopathic

Continued Challenges Across Payers:
• Inconsistent interpretation and/or implementation
• Limitations on covered services and modalities – i.e. no reimbursement for store-and-forward/asynchronous (yet)
• Coverage versus payment parity potentially problematic

In 2017 – 44 states have introduced over 200 pieces of telehealth related legislation!
In the Northeast, Telehealth Gets Creative With Good Results

mHealth Intelligence

Primary Care by Boat

Maine Seacoast Mission (ME):
• 110 years old with history of spiritual and medical care provided by nurses visiting the islands.

Program Description:
• Telemedicine started 14 years ago to four islands visited by Sunbeam - going off island for a medical appointment can be a 2-3 day trip.
• Primary Care provided on 5 islands, 3 by Sunbeam and two land-based units operated by trained medical assistants.
School-based Telepsychiatry

Athol Hospital/Heywood Healthcare (MA):
• Critical access, non-profit acute care hospital serving 9 Communities in North Quabbin Region.

Program Description/Setup:
• Collaborative program between hospital, school district, and behavioral health, supported by grant funds.
• Benefits: ↓ time away from school/work; ↓ student disruption; ↑ quality
• Launched one school last year – funding from MA HPC to expand to 2 new sites this year

Photos courtesy of AMD Global Telemedicine
Telepsychiatry in Nursing Homes

University of Vermont Medical Center:
• Academic medical center – telemedicine network links 16 hospitals and three nursing homes in VT and NY with services in: pediatric critical care, teledermatology, and NH telepsychiatry; implementation of palliative care, maternal and fetal medicine, teleneurology, and teleortho
• Telepsychiatry program serves nursing homes in VT and upstate NY

Primary Contact:
Terry Rabinowitz, MD, DDS  terry.rabinowitz@uvmhealth.org  (See recent article in Psychiatric Times: Telepsychiatry for Vulnerable and Underserved Populations)

Program Description/Setup:
• Workflow includes: 1) Pre-consultation review of patient history, meds; 2) Case Synopsis w/RN; 3) Full Psych Assessment and other studies as needed; 4) Follow up: MD consult note, medications, care approaches
• Collaborative model with nurse, social worker and family/caregivers on site with patient
• Technology: point-to-point, live video with PTZ camera
### Cost (USD) and Time Estimates for Face-to-Face and Telepsychiatry Services for 278 Encounters for 106 Nursing Home Residents

<table>
<thead>
<tr>
<th>Year</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Travel Time (hr)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td>28</td>
<td>106</td>
<td>154</td>
<td>177</td>
<td>133</td>
<td>134</td>
<td>111</td>
</tr>
<tr>
<td>Total</td>
<td>843 (35.1 days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Travel Distance (mi)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td>1456</td>
<td>5480</td>
<td>7976</td>
<td>9034</td>
<td>6806</td>
<td>6812</td>
<td>5632</td>
</tr>
<tr>
<td>Total</td>
<td>43,196</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fuel costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td>73</td>
<td>286</td>
<td>526</td>
<td>709</td>
<td>691</td>
<td>684</td>
<td>778</td>
</tr>
<tr>
<td>Total</td>
<td>3,747</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Range of personnel costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient-to-physician travel</td>
<td>33,739-67,477</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician-to-patient travel</td>
<td>84,347-253,040</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Telepsychiatry costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Videoconference unit, line charges, hardware, service contract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td>14,045</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VT</td>
<td>10,381</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>24,426</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Range of total potential cost savings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient-to-physician travel</td>
<td>13,060-46,798</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician-to-patient travel</td>
<td>63,668-232,361</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Summary:
- You can diagnose and treat delirium, depression, and disruptive behaviors from a distance — …and these conditions get better!
- Residents accept the modality and understand it — “It’s pretty cool.” “It saves you a trip, Doctor.”
- Family and staff really like it!
Acadia Hospital – Telemental Health

Acadia Hospital (ME):
• Non-profit acute care hospital and community mental health agency serving children, adolescents, and adults with mental health and chemical dependency problems
• Provide Telemental Health services for: Rural E.D.’s, Inpatient Medical Hospital (Pilot), PCP/Specialty Practices, Residential Care Facilities, County Jail, Private Settings, Tele-Court, Inpatients/Outpatients at Acadia

Primary Contacts:
Scott Oxley, soxley@emhs.org - Vice-President and Chief Operating Officer
Rick Redmond, rredmond@emhs.org – Director, Planning/Business Development

Program Description/Setup:
• Technology Includes Continuum of Secure Platforms: Mobile Units, Video Software, Conferencing Software
• Programs extend services and quality of care for patients across rural Maine who would likely not otherwise have access
• Challenges: regulatory, broadband, new workflow/processes
Pediatric Teledentistry

Finger Lakes Community Health (NY):
• Community/Migrant Health Center (FQHC) with 9 sites.

Program Description:
• Uses point-to-point telehealth network to connect clinic pediatric patients in rural NY with dental providers in Rochester, NY.
• Benefits include:
  – Decreased travel time for patient/families and Health Liaisons
  – Treatment and follow-up compliance rates > 90%
Diabetic Retinopathy

Finger Lakes Community Health (NY):
• Community/Migrant Health Center (FQHC) with 9 sites.

Program Description:
• Primary care providers identify patients who need Diabetic Retinopathy Screening. Images are taken using the EyePACS system and an EyePACS eye specialist will read/grade image.
• Increased screening rates allowed FLCH to negotiate incentive payments with their ACO.
Teledermatology

University of Vermont Medical Center (VT):
• Academic medical center with a five-hospital network in VT and northern NY.

Program Description/Setup:
• Uses Access Derm, a free, HIPAA compliant application sponsored by American Academy of Dermatology to facilitate referrals from primary care providers for remote dermatology consults using mobile devices and the internet (store and forward).
• Outcomes of pilot included:
  – Post-implementation: 44 SAF consults
  – Average response time of SAF consult: 9.2 hrs
  – Average wait for appointment: 12.9 days vs. 60.2 days for traditional consults (78.6% reduction)
Eastern Maine Medical Center (ME):

• 411-bed medical center - medical staff of more than 450 physicians provides three-quarters of the primary-care services offered in the Bangor area, as well as specialty and intensive services to northern two-thirds of the state

• WOW! Program: Way to Optimal Weight - tiered program for children and adolescents (age 4-19), with body mass index (BMI) at or above 85th percentile - designed for children who are at higher risk for weight-related health problems

Primary Contact: Dr. Valerie O'Hara, FAAP - vohara@emhs.org

Program Description/Setup:
Multidisciplinary visits via WebEx (live videoconferencing):
- One way invitation from provider’s office to patient
- MSW, clinician, nutritionist: take turns on same WebEx
- Provides program access to patients in some of Northern and Eastern Maine’s most rural communities; patient and family satisfaction high
Remote Patient Monitoring

Home Health Visiting Nurses (ME):
• Fully licensed not-for-profit provider of home health care (nursing, PT, OT, speech, home health aide, and counseling services) 24/7 throughout 3 counties.

Program Description:
• 4G tablet with pre-loaded software and peripherals (scale, pulse oximeter, BP monitor, etc.) at patient home
• Algorithms highlight patients at ↑ risk for readmission
• Served 474 Patients (CHF, COPD, Diabetes) 4/2015 – 4/2016;
  – Patient Adherence: 85%;
  – 75% reduction in overall 30-day readmission rate (4.2% compared to state average of 16.6%)
Regional Telestroke Programs

Other Regional Networks:

- CT: 1 hub serving 2 spokes
- MA: 3 hubs serving 37+ spokes in 3 states (MA, ME, NH)
- NH: 1 hub serving 1 spoke with 7 in queue state-wide
- NJ: 2 hubs serving 4+ spokes
- NY: 8 hubs serving 20+ spokes state-wide

- MaineHealth/MMC spoke sites (live video)
- MGMC spoke sites (live video)
- EMHS spoke sites (telephone consults only)
- Hospitals with no known telestroke service
MaineHealth Telestroke Program

MaineHealth – Telestroke Network
- Maine Medical Center, MMP Neurology, Pen Bay Neurology: MMC hub with 6 spoke sites

Primary Contact:
- Corey Fravert, Director – Neurosciences Institute; FRAVEC@mmc.org

Technology used:
- Point-to-point Live Video platform with CISCO Jabber
- Tandberg and Cisco carts on premises; MacBook Air and iPhone hotspot for off-site connections
- Barriers:
  - Sustainability of telestroke provider coverage, back-up coverage.
  - Audio, WiFi network and connectivity quality, training providers and nurses
MaineHealth Telestroke Program

Payment/Business Model:
• Annual contract cost based on tiered fees for participating hospitals based on number of ED visits per year
• Payment for neurology call coverage and response to activations
• Special purpose fund for start-up

Outcomes/Lessons Learned:
• Increased access
• Quality assurance monitoring through data feedback and clinical feedback from the Medical Director (Dr. Jane Morris)
• Increased use of tPA for ischemic stroke at Partner Hospitals (ex. 4% in 2014 to 13% in 2015 for one hospital site)
  – 48% of ischemic stroke patients receive tPA through the Telestroke Program
• 28 exceptions/177 calls (audio, user errors, and WiFi network quality)
• Giving tPA safely – no hemorrhages
Regional Telegenetics Efforts:

- **CT:**
  - Community Health Center, Inc.
  - Yale – Cancer (remote site w/Penn Medical)

- **MA:**
  - MassGeneral – Cancer (CMMC)

- **ME:**
  - Maine Medical Partners – Pediatric (Caribou)
  - Maine Medical Center – Cancer

- **NH:**
  - Dartmouth-Hitchcock – Genetic Counseling
Telegenetics Program Highlights

– **Kansas-Arkansas Telegenetics Project**
  - Dr. Bradley Schaefer – Geneticist (Univ. of Arkansas)
  - Shobana Kubendran – Genetic Counselor

– Evaluates peds patients every other week (8 to 10 patients per month)

– Of 267 patients 151 patients were seen by the geneticist by televideo, 80 were seen by the pediatrician and genetic counselor and 36 patients saw the pediatrician and the geneticist

A novel approach in telegenetics services – geneticist, pediatrician and genetics counselor team

AAP Annual Conference Oct. 2014
Kansas-Arkansas Continued

- Greater than 90% of patients were highly satisfied.
- Telemedicine visits were reimbursed, but at different rates based on insurance.
- The average wait time for patients referred for a first tier genetic evaluation for non syndromic developmental delay, congenital anomalies or autism decreased from 6 months to 6 weeks.
- Genetic testing ordered during first tier evaluation by pediatrician and genetic counselor was reviewed and determined to be appropriate. Diagnostic concurrence between pediatrician and geneticist is consistent across all referral categories.

Telegenetics at work with the Kansas-Arkansas project Credit: Image: Kelly Cooper, Arkansas Children’s Hospital
New England Innovation

**eConsultation Pilot in Connecticut:** Community Health Center, Inc. (CHC) worked with CT DSS to submit successful proposal to CMS, to establish a structure for reimbursement of eConsults for Medicaid patients, specific to cardiology. Initial pilot shows promising results:

- Thirty-six primary care clinicians participated in the study, referring 590 patients. In total, 69% of e-consultations were resolved without a visit to a cardiologist.
- Days to a review for electronic consultation vs a visit for control patients were 5 and 24, respectively.
- Review of 6-month follow-up data found fewer cardiac-related emergency department visits for the intervention group.

**Project ECHO** - Medical education model focused on enhancing capacity of rural primary care providers to manage complex patients locally, through specialty support - lots of interest in New England - limited networks at present:

- CHC – **Weitzman Institute Project ECHO** modules include: Chronic Pain, Hepatitis C, HIV, Substance Abuse, Complex Care, Pediatric/Adolescent Behavioral Health, LGBT Health, QI

J. Nwando Olayiwola, MD, MPH, FAAFP, et al. Electronic Consultations to Improve the Primary Care-Specialty Care Interface for Cardiology in the Medically Underserved; Ann Fam Med; March/April 2016 vol. 14 no. 2 133-140
Tips to Get Started

• Find a champion
• Think big, Start small
• Focus time, effort and $ on program development and a sustainable business model – technology is the easy part!
• Keep technology simple when possible – what fits your needs and budget?
• Reach out to folks who have already done this!
• Lead advocacy efforts for program development and policy growth
Tip of the Iceberg!

Questions that NETRC receives include:

- Reimbursement
- Program development
- Strategic planning and market analysis
- Licensing & credentialing
- Malpractice & liability
- Regulations & other legal considerations
- Internet prescribing
- Technology selection
- Security, privacy, & HIPAA compliance
- Workforce development and training
- Best practices and networking
- Tools, sample forms, templates, etc.
- Program evaluation
- Research and Supporting Evidence
- And more!
Resources

- Northeast Telehealth Resource Center
  www.netrc.org
- National Telehealth Resource Centers
  www.telehealthresourcecenters.org
- Center for Connected Health Policy
  www.cchpca.org
- Telehealth Technology Assessment Center
  www.telehealthtechnology.org
- American Telemedicine Association
  www.americantelemed.org
- Center for Telehealth & e-Health Law
  www.ctel.org
- And many great regional programs willing to share!
Save the Date!

Northeast Regional Telehealth Conference

May 23-24, 2017
Amherst, MA

Join us for hands-on workshops, nationally recognized plenary speakers, a variety of breakout sessions featuring regional programs, and lots of networking opportunities!

For more info/to register: www.netrc.org/conference
Questions? Contact Us

Danielle Louder
Program Director, Northeast Telehealth Resource Center
Program Manager, MCD Public Health
Email: DLouder@mcdph.org
Phone: 207-622-7566 ext. 225

Andrew Solomon, MPH
Project Manager, Northeast Telehealth Resource Center
MCD Public Health
Email: ASolomon@mcdph.org
Phone: 207-622-7566 ext. 266
Appendices

1. Additional State Specific Policy Activity Across the Northeast
2. Today’s Telehealth Landscape – Key Recent Articles and Resources
Northeast Policy Updates

Connecticut:

- CMS approved state plan to reimburse for eConsults. DSS updated eConsult policy after pilot program ended 7/1/16. Awaiting approval from CMS on updated policy.
- SB298 was signed by the Governor in June 2016, which requires Medicaid coverage for “telehealth” as defined in SB467 (set standards and private payer reimbursement in 2015).

Massachusetts:

- The MA Telemedicine Coalition continues efforts to pass telemedicine parity legislation in the 2017 session. HB 2434 and several others
- Massachusetts Health Policy Commission recently funded 4 projects (>1M) to advance access and quality through telehealth.
New Hampshire:

- Became the first state in the northeast to join the [Interstate Medical Licensure Compact](https://www.netrc.org) in May, 2016.
- **SB 237** Allows medical providers who practice in metropolitan areas to be reimbursed by Medicaid for telehealth services.

New Jersey:

- The legislature held hearings in September and November 2016 on a bill, **SB291**, related to telehealth parity and standard of care. No significant legislative activity in New Jersey in 2017.
Northeast Policy Updates

New York:

• Despite a payment parity bill passed last year (AB2552), Excellus BCBS notified providers that they would begin reimbursing for telemedicine services at 50%. A bill was introduced SB 834 during the 2017 legislative session to require insurers to reimburse telehealth providers at the same rate as they would if the services had been provided in person.

• NYS Office of Mental Health adopted an updated regulation on telepsychiatry services in August 2016.

• SB 3293 Amends the Public Health Law; authorizes the delivery of telehealth services at any elementary or secondary school, or child care program or center within the state.

And many other bills submitted in NY this legislative session.
Northeast Policy Updates

Rhode Island:

• The Telemedicine Coverage Act (HB 7160B) was signed into law by Rhode Island Governor Raimondo on June 28, 2016.
• SB 269 enacts the Interstate Medical Licensure Compact.

Vermont:

• HB 118 and SB 50 relates to insurance coverage for telemedicine services delivered in or outside a health care facility.
• SB243 (signed by the Governor on June 8, 2016) requires VT Dept. of Health Access to develop a telemedicine pilot to provide addiction treatment.
Today’s Telehealth Landscape

A Review of the Headlines
AHA: Limited coverage, geographic restrictions pose major barriers to telehealth adoption

AMA Adopts Ethical Guidelines for Telemedicine

http://www.forbes.com/sites/brucejapsen/2016/06/13/ama-adopts-ethical-guidelines-for-telemedicine/#41b5c7be3237

AMA: Telemedicine training should be core part of med school

http://www.fiercehealthcare.com/it/ama-urges-for-telemedicine-training-med-school
NPAF Encourages Telehealth Services for Patients with Transportation Needs

http://cqrcengage.com/npaf/app/document/9545176
HHS report outlines problems, potential of telemedicine

http://www.mobihealthnews.com/content/hhs-report-outlines-problems-potential-telemedicine
Telehealth Provides Benefits, AHRQ Review Shows

Feds support Teledoc challenge to Texas telemedicine rules

http://www.modernhealthcare.com/article/20160912/NEWS/160919987
Examining payment parity in telehealth laws

CMS Reducing Barriers to Telehealth Reimbursement

Center for Connected Health Policy

http://us9.campaign-archive1.com/?u=c9fa99b7520aedfca5c453103&id=0437407571
Is the Interstate Medical Licensure Compact Good or Bad for Telehealth?

http://mhealthintelligence.com/news/is-the-interstate-medical-licensure-compact-good-or-bad-for-telehealth
More Than Half of Kaiser Permanente’s Patient Visits Are Done Virtually

http://fortune.com/2016/10/06/kaiser-permanente-virtual-doctor-visits/
Preventive Care for Susan
Cervical Cancer Screening
DUE Dec 21, 2015
Letter from your doctor
1 more

Appointments for Tracy
Video Visit
MON Dec 21 3:30 pm
2 more

Personal Doctors
Timely Tips
Allergy Season
4
Email Your Doctor
2

For members in:
Northern California

Appointments

- Tracy
  - Today
    - Amy Kane, MD
    - 2:00 PM
    - Video Visit
- Susan
  - Tomorrow
    - Elizabeth Blumenthan, MD
    - 9:00 AM
    - Telephone Visit
- Tracy
  - TUE Jan 12
    - 1:00 PM
    - Office Visit

Compose Message

From: Susan Miller
To: Eric Williams, MD - Dermatology
Subject: Skin Rash
Attachments:
- shoulder.png (678K)

Hello,

Last week, I realized that there was a small rash on my right shoulder. It has become larger over the past week. Please advise what should I do next?

Thank you,
Susan

www.netrc.org
Walgreens Adds Dermatology Line As Telehealth For Skin Care Grows

Skip the waiting room
SEE A DOCTOR
$49 per visit

Next time skip the waiting room. Video chat with a U.S. board-certified physician who can treat common illnesses like sinus and ear infections, sore throats, and skin problems, 24/7. Doctors can even write prescriptions, if necessary.¹

Available only in select states at this time.
New Gadgets That Could Give Telemedicine a Boost

The Wall Street Journal

http://www.wsj.com/articles/new-gadgets-that-could-give-telemedicine-a-boost-1474855442
Your doctor will see you now – in this telemedicine kiosk

http://www.usatoday.com/story/news/2016/06/18/kaiser-how-far-telemedicine-has-come/86084092/
The Future of Medicine is Here Now

75% of large companies will offer telemedicine benefits.

Source: American Telemedicine Association

"Telemedicine" trend: the doctor is always in.

The $54 million hospital without any beds

Project ECHO Poised to Become a National Telehealth Model
How telemedicine is helping the VA address its access crisis

http://www.mobihealthnews.com/content/how-telemedicine-helping-va-address-its-access-