



A Position Statement on Telehealth Services

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Davis Vision/Superior Vision support telehealth services to improve access and quality of care while reducing costs.

Background

Healthcare reform in America remains at the forefront of national discussion. As medical costs continue to rise, employers and insurers must share more costs with employees/patients. As a result, American citizens are more engaged than ever before in the debate about how and where they receive medical services. The healthcare industry, like many others, is realizing a paradigm shift from being provider-controlled to consumer-driven, which, demands that the delivery system adopt a more consumer focused approach. Furthermore, due to an increase in the aging population, the number of U.S residents with impaired vision could more than double over the next three decades¹ (Prevent Blindness America, 2013). This will only serve to compound the need for greater access to initial vision screenings and real-time patient-provider communication.

Introduction

The Federal Health Resources Service Administration (HRSA) defines Telemedicine as "...the use of electronic information and telecommunications technologies to support and promote long distance clinical healthcare, patient and professional health related education, public health and health administration." The term "Telehealth" is commonly used interchangeably with "telemedicine²".

Davis Vision/Superior Vision embrace the opportunities for telemedicine to improve access, lower costs and improve the quality of care. We also recognize the responsibility of managed care organizations, professional societies and government agencies to serve the best interests of patients by strictly overseeing matters of safety, privacy, security and professional practices.

Policy Considerations

The advances in telemedicine and related technologies³ are supported by the rapid rise in utilization and acceptance by both providers and consumers⁴. Studies⁵ indicate outcomes utilizing telemedicine technologies alone, or in coordination with "usual care" were similar or better than outcomes with "usual care" alone.

The standards of CMS/Medicare, The Health Resources Service Administration (HRSA), The Food and Drug Administration (FDA), The National Conference of State Legislatures, the Federation of State Medical Boards and The National Academies of Science, Engineering and Medicine were utilized in developing Davis Vision | Superior Vision criteria for reimbursable telemedicine services. They are :

1. The technology must support the doctor patient relationship as that is understood in traditional medical practice.
2. The technology must authenticate the location and identity of the requesting patient.
3. The technology must disclose and validate the identity and appropriate training of the professional rendering care.



4. Appropriate informed consent must be obtained referencing the advantages, limitations and alternatives of these technologies.
5. The patient must have access to the record documenting the care received
6. The professional providing care must be appropriately licensed and the telemedicine services must be approved by both the jurisdiction extending the professional license and the jurisdiction in which the patient is resident.
7. The licensed professional providing telemedicine services is responsible for the supervision of any non-physicians involved in patient care.
8. The physician must have liability insurance specifically referencing telemedicine services.
9. The standard of care for telemedicine services **shall be the same** as traditional medical care.
10. The telemedicine service organization and professional must have policies and procedures assessing patient satisfaction, safety, privacy and security of the medical record consistent with federal and state regulations
11. The technology must be validated by publication in the peer reviewed literature

Coverage Considerations

Davis Vision | Superior Vision will follow the telemedicine reimbursement policies of CMS/Medicare as they apply to covered beneficiaries. Current Procedures and Terminology 4 of the American Medical Association (CPT 4) recognizes the modifiers -GQ and -GT as descriptors of telemedicine services. The modifier-GQ references asynchronous store and forward technologies such as those used in screening for diabetic retinopathy. The modifier -GT describes services offered "via interactive audio and video telecommunications system" that are real time direct doctor patient interactions with standards of security and privacy consistent with federal and state regulations. Under current CMS/Medicare regulations the -GT modifier may only be used for eligible "Originating" sites. CMS Medicare has specific codes that are eligible for use with the -GT modifier. Any code not specifically approved by CMS Medicare will not be approved.

Davis Vision/ Superior Vision will follow telemedicine reimbursement policies for state jurisdictions where we do business. These relate to Medicaid and commercial populations. Except as noted by federal waivers, reimbursement policies for dual eligible members will be governed by federal policy.

Mark C. Ruchman MD
Chief Medical Officer

References:

1. Prevent Blindness America (2013). *Vision Problems in the U.S.* Retrieved from https://www.preventblindness.org/sites/default/files/national/documents/state-fact-sheets/VPUS%2BCOV_FS_US.pdf
2. "Telehealth." HRSA Rural Health Glossary. Accessed November 17, 2014. <http://www.hrsa.gov/ruralhealth/about/telehealth/glossary.html>
3. There are now 237.6 million smart phones in the United States-Statistica/Google Search
4. 52% of over 100 million patient encounters at Kaiser Permanente now occur remotely- Paul Lee MD,JD at FDA Workshop on Digital Eye Care October 23,2017
5. Telemedicine Impact on Health Care Cost and Quality (2015), The American Telemedicine Association. A review of 93 randomized clinical trials utilizing telemedicine technologies