

PRESENTERS

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WHY TELEHEALTH?

- Telehealth has great value. It increases access to care, can reduce the stigma of receiving certain types of treatment like mental health care or STDs, and in today's busy world, makes it easier to get in and out of a provider's visit quickly.
- But, like any new and fast-growing industry, there are pitfalls for the unwary.

WHO IS PROVIDING TELEHEALTH IN KENTUCKY?

- All types of providers, from MDs to art therapists
- CHFS/DCBS grant programs for in-home care and early childhood intervention
- Reputable out of state providers
- A whole lot of other folks and entities!!!

PAYMENT FOR CARE

- *Medicaid coverage* – Medicaid requires that anyone billing Medicaid or an MCO be licensed in Kentucky and credentialed with Medicaid.
- *Medicare* – Requires licensure and credentialing
- *Commercial insurance* – Often there are much more limited restrictions on who can provide care
- *ERISA Plans/Employer funded care* – Contracts for coverage may be specific to the particular employer or plan
- *Patient paid care* – No restrictions apply in most cases

WHAT TYPE OF PROVIDER CAN OFFER CARE VIA TELEHEALTH?

- This is almost anyone, from primary care through optometry and dental care.

ACCOUNTABILITY

- One of the issues that arises is that providers from out of state can come into Kentucky to offer telehealth and if that care is not paid for by Medicaid, that provider may not have a Kentucky license.
- No license in KY = Nobody in the state regulating that care

COMPLETENESS OF PATIENT RECORDS

- The provider communications requirements in Kentucky law and administrative regulation require some providers in Kentucky to communicate with each other. An example is that an AODE/BHSO treating persons with addiction is required to communicate with that patient's primary care provider at least annually, so that the PCP knows what care the patient is getting.
- Another example is the referral and communication between a hospital and physicians, or a PCP and a specialist.
- With an out of state telehealth provider, there may not be any communication at all between the telehealth provider and the patient's regular physician.

RISKS OF LACK OF COMMUNICATION

- Drug/drug interaction
- Missing critical disease progressions
- Catching health concerns in children in time to remedy them
- Lack of complete picture of patient health

RECENT ISSUE IN PRIMARY CARE

Current American Academy of Otolaryngology–Head and Neck Surgery guidelines (AAOHNS guidelines) advise that **children with 7 bouts of tonsillitis in 1 year, 5 annual bouts for 2 years, or 3 annual bouts for 3 years may benefit from tonsillectomy while those having fewer bouts will not.**

RECOMMENDATIONS FOR TYMPANOSTOMY TUBES IN CHILDREN

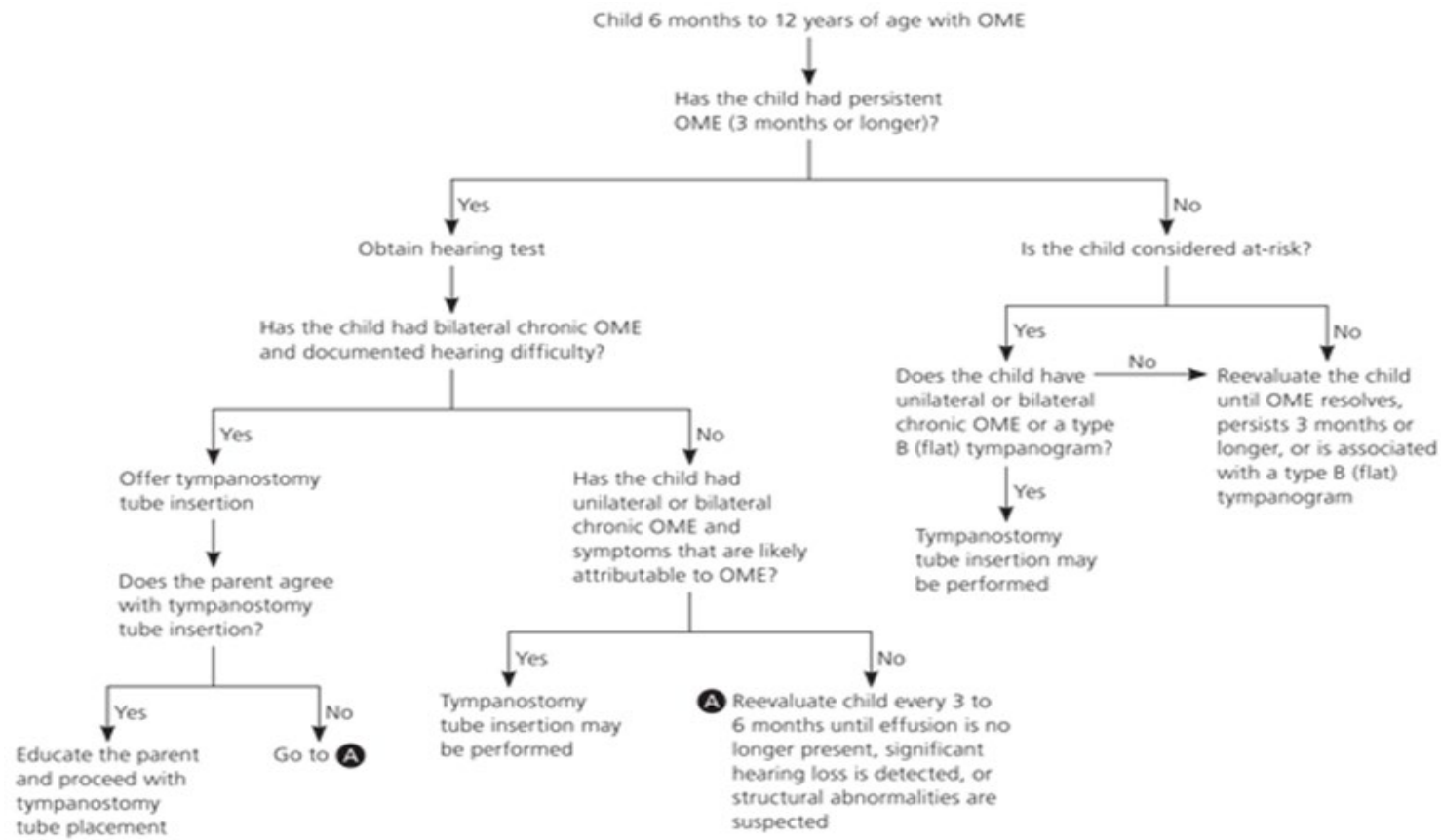


Figure 1.

Algorithm to assess the need for tympanostomy tubes in children. (OME = otitis media with effusion.)

Adapted with permission from Rosenfeld RM, Schwartz SR, Pynnonen MA, et al. Clinical practice guideline: Tympanostomy tubes in children. *Otolaryngol Head Neck Surg* . 2013;149(1 suppl):S27.

COST

- Patient payments are not always (ever?) attributed to deductibles or co-pays
- Patient pays for services that their insurer might cover
- Specialist care may require patient history and proof of earlier care, which is not available from some telehealth only providers

OVERPRESCRIBING

- HIMS/HERS: Men's health and then women's health entities. Online only, Address a variety of issues including ED, hair loss, sexual wellness, skin care, and even anxiety and depression.
- Same found then launched CEREBRAL, with a famous Olympic gymnast as a spokesperson
- Website state "Get prescriber visits"
- Very little health analysis
- Almost 100% received prescriptions and "supplements"
- Now no longer prescribing at all, after an FDA and DEA investigation

CHAIN STORES CAPTURING THE MARKET WITHOUT PROVIDING COMPLETE CARE

- Walmart Health – Mostly online care. Not much of traditional video telehealth
- No communication with the patient's in-state providers
- Diabetes care program: Remote care for a dangerous chronic illness is less than optimal

DENTAL CARE

- Ill-fitting devices to straighten teeth
- Home bleaching/drug reactions or weakening teeth
- Medication for infections without referral to a dentist to deal with abscess or infection

VISION CARE

- Remote camera eye tests don't catch all vision needs
- Glaucoma and diabetes complications are not diagnosed remotely
- Permanent injury can result from missing serious issues

GOOGLE, TIK TOK, AND WEB MD

- Self-diagnosis
- Ability to easily access medications via online programs
- Risks of adverse reactions or drug/drug (or even drug/grapefruit juice) interactions
- No continuity of care

COMPETITION

It is a factor too. Can our brick-and-mortar care providers compete, and should they?

- Medical board and licensure boards need to discuss
- Providers need to assess the positive and negative effects of telehealth on their population
- Discussion with patients is essential

SHOULD THE STATE STEP IN?

Do we need laws or administrative regulations governing who can provide telehealth in Kentucky or what that care is appropriate for?

- Care must be patient specific
- Patient consent is required for telehealth
- Completeness of records: Some sort of KHIE or other records participation appropriate?

Questions?