

OTCC Telehealth Committee
Report to the Council
10/25/02

Background

In 1989 the Oregon Health Plan was created. It was the culmination of years of work by Governor, then State Senator, Kitzhaber. His goal was to “ensure access to affordable healthcare for all Oregonians”. In 1997 this theme resonated with the Oregon Telecommunications Forum Council (OTFC). The Council adopted as one of its goals to “increase the quality of local healthcare available in all areas of the state through telecommunications”.

This Council created the a telehealth workgroup made up of telehealth providers, hospitals, state healthcare boards, state health care associations, healthcare payers and many interested others. This group identified the following telehealth issues and developed the accompanying premise statements as part of their report:

- Issue: Maximize the availability of healthcare
Premise statement: To every extent possible, quality healthcare should be available to all Oregonians in their home communities.

- Issue: Access to improved quality of healthcare
Premise statement: To assure that all Oregonians have the best access possible to quality healthcare, telemedicine should be considered as an appropriate tool for the delivery of services.

- Issue: Cost effectiveness
Premise statement: To the extent that it can reduce healthcare costs while maintaining quality of service, telemedicine should be considered as an appropriate tool for the delivery of services.

The workgroup developed and was successful in convincing the 1999 legislature to pass SB 600, a bill creating telemedicine licensure in the State. Although the outcome was not completely satisfactory, the effort represented the first time representatives from all avenues of healthcare and telecommunications had collaborated to create a solution to one of the barriers to the successful application of telehealth. Unfortunately the OTFC and subsequently the telehealth workgroup were disbanded in 1999.

In the meantime, telehealth continued to grow in Oregon. Samaritan Hospitals, Asante Health System, the Veterans Hospitals, Oregon Health Sciences University and North Lincoln Hospital District joined the early adopters such as Rodeo Net and St Charles Hospital in eastern and central Oregon. Many other groups began to consider the use of telehealth as a means to improve access to and quality of healthcare. They included healthcare payers and managed care organizations, hospitals, the Oregon tribes and the State of Oregon.

In 2001, the legislature created the Oregon Telecommunications Coordinating Council. In its consideration of committees needed to accomplish its tasks, the Council agreed that a telehealth committee needed to be established. Many of the same people and organizations involved in the previous workgroup agreed to participate in the new committee. They also agreed to continue to build on the work of the previous workgroup.

The committee determined that currently the biggest barrier to the successful application of telehealth was that of reimbursement and that the first task of this committee should be to develop a solution to this barrier. The second task would be to develop the Oregon Telehealth Alliance so that the work of creating successful telehealth services in Oregon would not be dependent on the existence of the Council. These tasks will now be described in detail.

Reimbursement

The committee was concerned about creating legislation that might have unintended consequences for payers and providers, as they learned this had been an issue in other states. The committee decided to create a policy that could be approved by a joint resolution of the legislature and that the governor could implement with an executive order establishing state policy. The committee recommended that the procedures for reimbursement should be negotiated between payers and providers in keeping with their contract procedures. The committee created definitions and premises to be used by payers and providers.

Definitions:

Telehealth is the practice of healthcare delivery using telecommunications technology including but not limited to diagnosis, consultation, treatment, transfer of medical data, and education, and dissemination of public health alert(s) and/or emergency updates. Telemedicine is the use the telecommunications technology to deliver clinical diagnosis, services and patient consultation.

Telemedicine Reimbursement Premises:

1. Providers reimbursed for in person services should be reimbursed for the same services provided via telemedicine.
2. Any clinical service/diagnosis that can be reimbursed on an in person basis and that can be delivered appropriately with telecommunications technology should be reimbursed.
3. With the exception of medically appropriate use of “store and forward” technology to deliver clinical services/diagnosis, reimbursable services should include clinician to patient services, not clinician to clinician services.
4. A specific informed consent document should be used for telemedicine services. This document should contain the specific components outlined in the model informed consent document to be developed by this committee.
5. A patient should have the right to choose either telemedicine or in person services when both are available.
6. Payers should consider reimbursing transmission costs for telemedicine services.

Policy Statement

It is the policy of the State of Oregon that healthcare payers providing service in the state should reimburse for telemedicine according to the definition and premises outlined above.

Oregon Telehealth Alliance

The committee members agreed that there should be a permanent organization to assist with the successful deployment of telehealth throughout the state of Oregon by:

- helping to remove barriers to successful deployment
- supporting and encouraging new telehealth endeavors
- creating a forum for discussion among interested parties

To this end the committee

- created an Oregon Telehealth Alliance listserv with the support of the Association of Telehealth Service Providers
- is seeking grant funding for the creation and initial operation of the Alliance
- recommends that the OTCC requests the OTA continue the work of the OTCC telehealth committee