Advocacy Action Guide for AAP Chapters

Overview

- Telehealth care technology has the potential to transform how pediatricians and other physicians practice medicine in the rapidly changing health care environment. Increased use of this technology may increase access to care and lower health care costs.

- State legislatures are currently considering bills that would address multiple policy issues related to the practice of telehealth care. States are also addressing telehealth care via regulation.

- Specific policy issues being debated include:
  - Defining telehealth care and the environments in which it can be used;
  - Coverage and Payment;
  - Establishment of the physician/patient relationship;
  - Licensure.

Why does this matter to the AAP and AAP chapters?

- Telehealth care is likely to impact access to care, especially access to pediatric medical subspecialists, as well as cost and quality of care. Removing barriers to telehealth care will extend the reach of pediatric physicians to offer care to more children.

- Telehealth care is commonly used to deliver subspecialty consultation to children and families residing in rural communities or who live long distances from large medical centers where most pediatric subspecialists practice, to expand the depth and breadth of the patient- and family-centered medical home.

- With the proliferation of direct-to-consumer telehealth care companies, it is important to ensure the safety of all patients through policies that serve to maintain standards of medical practice as well as the medical home.
Defining Telehealth Care

- There is no single, uniform definition of “telehealth care.” While “telemedicine” usually refers exclusively to clinical services, “telehealth care” can include broader health-related services, such as patient education, physician consultation or training, and remote care monitoring. However, these terms are often used interchangeably.

- State definitions vary. How a state defines telehealth care can affect what is covered and paid for by insurance carriers. For example, a definition that excludes the use of e-mail, telephone, and fax indicates that care provided by such technology would not be covered. (“Coverage and Payment” is specifically addressed below.)

- 3 types of applications are typically included in definitions of telehealth care:
  - **Real-time (live) video**—real time audio and video communication between patients and family members and physicians or nonphysician clinicians;
  - **Store and forward**—sending data, images, or video from one health care site to another to be viewed at a later time (ie, radiology, when images are sent for evaluation);
  - **Remote patient monitoring**—services when a patient’s vital signs or other data are collected at home or outside of a health care site and transferred to a physician or nonphysician clinician for monitoring (ie, monitoring patients with diabetes).

Coverage and Payment

- The AAP policy statement, *The Use of Telemedicine to Address Access and Physician Workforce Shortages*, recommends that physicians who deliver health care services through telehealth care should receive equitable payment for services in order to increase the availability of pediatric health care services for all children.

- Coverage and payment polices vary greatly across states. Coverage disparities can leave patients without access to services that may be delivered via telehealth care, while inadequate payment to pediatricians inhibits their abilities to invest in necessary technologies to provide telehealth care.

- States have great flexibility to allow for the use of and payment for telehealth care services in Medicaid and with private payers.

- State policy can dictate various factors related to telehealth care payment:
  - Mandating a certain level of payment, such as:
- **parity with in-person services**, where both coverage and payment are comparable or equal to payment for the same covered service provided in-person; or
- **payment “on the same basis” as in-person services**, where payment rates take into account potentially different facility or administrative fees than in-person services.
  - Which types of technologies (live video, store and forward, remote patient monitoring), services, and physicians and nonphysician clinicians are eligible for payment;
  - Site of service limitations: originating site (the site where the patient is located) or distant site (where the physician or nonphysician clinician is located) may be limited to specific health care settings;
  - Whether a “telepresenter” is required to be at the originating site to present the patient to the physician or nonphysician clinician (a telepresenter is often a nurse or other nonphysician clinician);
  - Geographic limitations (ie, only rural areas or areas deemed to have physician shortages);
  - Limits on certain types of physicians or nonphysician clinicians that may offer telehealth care services, or specific subsets of patients or beneficiaries that may receive telehealth care services.

- Medicaid managed care arrangements or accountable care organizations (ACOs), which often utilize capitated rates, may also cover telehealth care. Models which emphasize care coordination or incentives for positive outcomes could have the flexibility to offer and pay for telehealth care services.

- Telehealth care can also be incorporated into medical home models or potentially be included in Medicaid programs with the use of state plan amendments (SPAs) or 1115 Medicaid Waivers.

### Barriers to Payment Parity

- Some states have experienced barriers to achieving full payment parity for telehealth care services. AAP chapters should be aware of these obstacles.

- Insurance companies have advocated against parity as they argue it would increase health care costs and drive up premiums for beneficiaries. However, as discussed in the AAP’s policy statement, some models of care using telehealth care have shown a long-term overall cost savings, via reductions in duplication of medical tests, lower utilization of higher-cost tertiary care centers, and increased efficiencies in referrals and communication.

- Some states pass laws requiring payment for telehealth care services but do not require parity with in-person services. Lawmakers may need to be educated on how telehealth care works in practice to see how closely providing care mirrors in-person visits.
Private payers and Medicaid often rely on Medicare policy as a baseline to set their own policies. Medicare currently only allows for payment for certain telehealth care services when delivered via live video, and includes restrictions related to patient location. These types of restrictions can significantly reduce both patient access to care as well as the physician’s ability to provide care.

Establishment of the Physician/Patient Relationship

- Physician and patient interaction via telehealth care and direct-to-consumer telehealth care companies have brought the issue of the establishment of the physician/patient relationship to the attention of state policymakers.

- The AAP policy statement, The Use of Telemedicine to Address Access and Physician Workforce Shortages, recommends that the use of telehealth care should take place within the context of the medical home, which offers continuity of care and efficient use of health care resources.

- How to establish the physician/patient relationship via telehealth care is an issue currently being considered in states. State policy can require an initial “face-to-face” visit or exam, but decisions need to be made as to whether a face-to-face visit must be in-person or can be accomplished via live video conferencing. Chapters should consider whether or not an initial in-person visit creates a barrier to care that telehealth care is meant to alleviate.

- In many states, the use of an online questionnaire that relies solely on the patient or the patient’s family to provide a medical history does not fulfill the requirements of a patient medical exam.

- The establishment of the physician/patient relationship also relates to prescribing medication via telehealth care. Most states require a physician (or nonphysician clinician, where applicable) to conduct a medical exam prior to prescribing medication.

- Some states are also developing patient informed consent policies for telehealth care. Informed consent requirements can help patients and families understand the risks and benefits of a particular telehealth care service, as well as specific limitations. Such consent can help patients and families understand that some care may require in-person services.

- If policies are not clear, they are often left to the state medical boards for interpretation. In instances where this is the case, AAP chapters may have another opportunity for advocacy by addressing this issue directly with the state medical board.
Licensure

- Licensure of physicians is the responsibility of each state and helps to keep patients safe and hold physicians accountable for the care they provide. Currently, physician licensure is based on the location of the patient at the time of the visit. As such, pediatricians and other physicians must be licensed in multiple states to treat patients in other states via telehealth care.

- *Interstate medical licensure compacts* can be used to expedite multistate licensure for physicians. The Federation of State Medical Boards (FSMB) has developed [model language](#) to help states enact legislation enabling participation in the Interstate Medical Licensure Compact. A minimum of 7 states are required to pass enabling legislation to launch the Compact. To date, 18 states have done so.

- The AAP supports the FSMB Interstate Medical Compact and encourages AAP chapters to advocate for adoption by state legislatures. For more information on the Compact please see our [Advocacy Action Guide for AAP Chapters](#).

- States have additional options available to allow physicians to practice telehealth care in multiple states:
  - Temporary licenses;
  - Telehealth care-specific licenses;
  - Licensing reciprocity with neighboring states.

What can AAP chapters do?

- Monitor legislation in your state and engage with legislators to ensure that pediatricians are paid appropriately for providing telehealth care. Working with other medical societies can help to offset the influence of insurance companies seeking to limit payment, while also increasing access to care and maintaining appropriate standards of care for patients.

- Educate legislators to help them understand the practice of telehealth care. Chapters can ask their pediatrician members who practice telehealth care to work with legislators so they understand the level of work and preparation needed for telehealth care visits. Legislators could also visit pediatric offices that offer telehealth care so they can gain a better understanding of how those visits are like face-to-face visits.

- Ensure the medical home is maintained when telehealth care is being provided. Increasing access to care by pediatric medical specialists and subspecialists is a main goal of telehealth care, so chapters should engage specialists and subspecialists in their telehealth care efforts.
• Monitor state medical board activity to see if any rules related to the practice of telehealth care are being considered, and provide pediatric expertise as to their impacts on care for children in the state.

• Contact state legislators sponsoring bills to ensure your state’s participation in the Interstate Medical Licensure Compact and lend your support. If your state doesn’t have pending legislation, work with other stakeholders to encourage lawmakers to introduce it.

What else should we keep in mind?

• The AAP has endorsed the American Telemedicine Association document Operating Procedures for Pediatric Telehealth, which provides guidance for clinicians and administrators on the safe and effective practice of pediatric telemedicine. This document can be helpful as AAP chapters consider different aspects of telehealth care in practice.

• Direct-to-consumer telehealth care companies are working in states to establish telehealth care policies that favor their model. Such policies are not consistent with the use of telehealth care as an extension of, or supplement to the medical home.

• Some insurance plans have been developing their own telehealth care programs. AAP chapters and pediatricians should be aware of these efforts and work with plans to assure appropriate payment as well as maintenance of the medical home.

Additional Resources

• AAP Policy Statement | The Use of Telemedicine to Address Access and Physician Workforce Shortages
• AAP Technical Report | Telemedicine: Pediatric Applications
• State AdvocacyFOCUS | Telehealth Care Payment
• Advocacy Action Guide for Chapters | Interstate Medical Licensure Compact
• AAP Section on Telehealth Care
• American Telemedicine Association | Operating Procedures for Pediatric Telehealth
• The Center for Connected Health Policy
• AAP State Government Affairs