TELEMEDICINE
IN
WISCONSIN

Who, what, where, why and why not
Defining it:

- Telehealth/Telemedicine used interchangeably in this report as “patient care at a distance”

- It is not the electronic medical record or other IT projects
Purpose of the report:

Funded by the Wisconsin Office of Rural Health (WORH), this project encompasses an expanded scouting/mapping exercise to determine the current state of Telemedicine in WI:

- Who is doing what
- What is going well
- What are the barriers
The driving needs:

1. WORKFORCE

2. QUALITY IN PATIENT CARE
Data Collected from:

- Survey, sent out to members of:
  - Wisconsin Hospital Association
  - Wisconsin Office of Rural Health
  - Wisconsin Primary Health Care Association
  - Wisconsin Health Care Association
  - Wisconsin Association of Homes & Services for Aging
  - Wisconsin Home Care Organization
53 responses included:

- 5 Community Health/Tribal Centers (0 doing TM)
- 19 Home Health Agencies (12 doing TM)
- 10 Skilled Nursing Facilities (2 doing TM)
- 14 Critical Access Hospitals (9 doing TM)
- 5 PPS Hospitals/Hospital Systems (4 doing TM)
Key Informant Interviews and exploration:

- WI hospital systems (added 6 more to “doing TM” group)
- Insurance companies
- Business & Finance group of the American Telemedicine Association
- Bureau of Substance Abuse and Mental Health Services
- Department of Regulation & Licensing
- The interviews continue...
Who’s doing what?

- http://maps.google.com/maps/ms?ie=UTF8&hl=en&msa=0&msid=108885986590397507782.00046b76575517592009f&z=7
- What they are doing?
  - Direct interactive consults in just about every area of patient care
  - EICU
  - Tele-radiology
  - Tele-monitoring, particularly in Home Health
  - Consultation between practitioners
  - Distance Education*
Are they successful?

- 75% believe they are either somewhat or very successful
- 21% somewhat unsuccessful, and only 4% very unsuccessful
What is behind the successes?

- **ALL** said patient acceptance
- Communication with partners
- Senior leader buy in
- Provider and Staff acceptance
- Good business and strategic planning
- Grant money
- Consulting services available
- Very passionate about it!
When not as successful as they would like to be:

- Infrastructure costs
- Reimbursement challenges*
- Regulatory barriers
- Staff interest/comfort with equipment
- Inability to get grants
- Patient perception
- Referring doctors won’t use it
For those programs currently in place:

- Most projects funded largely by enterprise money and grant; end user revenue for the originating sites
- A little more than one-third of the group has a current business plan for growth
- If successful in getting reimbursement, have been so by developing relationships with payers, and lots of communication and education with them
Those not doing telehealth: Why not?

- Most common barriers are high infrastructure costs and reimbursement concerns (*found both in this survey and in a report by Healthcare Information and Management Systems Society, 2008*)

Additional barriers identified:
- Some practitioners not interested
- Not a driving need identified
- Time
- Network doesn’t allow it
Reimbursement:

- Some insurance companies pay well, some don’t at all, some don’t even know what it is.
- If you want to be reimbursed, you must develop communication with the payers so that they understand what you are doing.
- EICU-end user pays the originating site for the service. Hospital cannot bill for the patient’s EICU service.
Regulatory issues:

- Practitioners must be licensed in WI to provide the service.
- Certified mental health & substance abuse programs can add tele-mental health service certification with a verification of additional policies and procedures and the proper equipment—the same as face to face. Medicaid reimburses based on these standards.
Thoughts to ponder:

- *So what now?* What’s the action we need to take now because of what we’re learning?
- “Telemedicine will solve all your problems...”
- ROI is a complex question
- Whose interests are served by expanding TM?
- What are the needs of the future that could be met by TM?
- How could a network/group help you?
- What is the vision for the future of TM in WI?
A workgroup of invited/interested TM practitioners will be convened in summer 09 to discuss the findings and plan a larger audience summit for late summer/early fall, 2009.

The group will look at the current state, barriers and challenges, and create a vision for the future.

This workgroup/summit will result in a statewide strategy to promote TM and also explore funding opportunities.