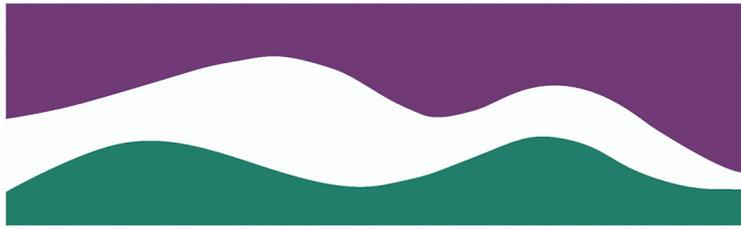


# BI-STATE PRIMARY CARE ASSOCIATION



## SERVING VERMONT & NEW HAMPSHIRE

A nonprofit 501(c)3 organization | [www.bistatepca.org](http://www.bistatepca.org)

**Our vision is healthy individuals and communities with quality health care for all.**

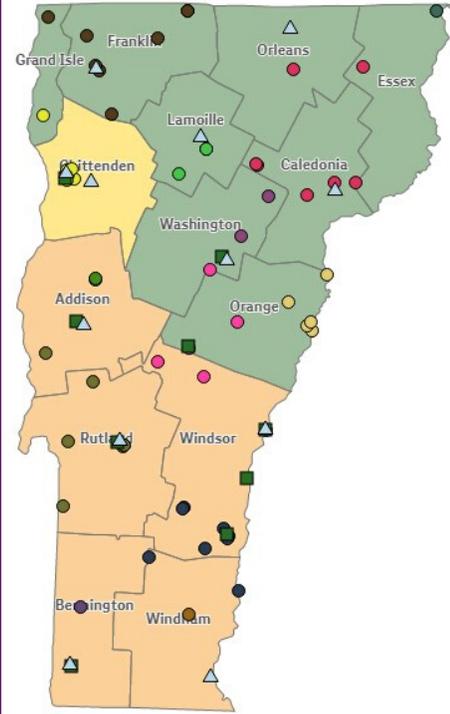
Our members include Federally Qualified Health Centers, clinics for the uninsured, rural health clinics, Planned Parenthood clinics, and Area Health Education Centers in Vermont and New Hampshire.

Since 1986, Bi-State has provided technical assistance, data analysis, workforce development, policy leadership, and collaborative partnerships at the regional and federal levels.

In Vermont our members have 88 sites in all 14 counties.

Our members serve 1 in 3 Vermonters, who made over 800,000 visits in 2018.

We serve 41% of VT Medicaid enrollees, 38% of VT Medicare, and the majority of uninsured Vermonters



Numbers reflect 2018 UDS data

## Spotlight On: Telehealth

Telehealth is a critical tool for rural regions to respond to health care needs. The ability to deliver services remotely allows us to reduce transportation burden on patients, offer flexibility to clinicians with long commutes, share expertise across health care providers, offer professional development opportunities to our workforce, reduce stigma, connect with younger generations, and in some cases provide services that wouldn't be possible without technology, such as remote patient monitoring.

So, what is telehealth? Most definitions recognize four general categories of care:



### Telemedicine

Live video interactions between patients & their providers.



### Store & Forward

Patient information shared between two providers for evaluation, not a live feed.



### Remote Patient Monitoring

Also called telemonitoring. Monitoring physiology and/or behavior for review by providers.



### Mobile Health

"mHealth", sometimes included in Store & Forward. Patients & providers exchange medical information, not through a live feed.

It is important to note that even if a service is recognized as part of "telehealth" that does not mean it is reimbursed by every (or even any) payer. Two other important terms are **Originating Site**, which is where the patient is, and **Distant Site**, which is where the provider is.

# Telehealth in Vermont

The Center for Connected Health Policy provides an up to date overview of all state Medicaid & Commercial payer rules: [cchpca.org](http://cchpca.org)

For Vermont Medicaid, any service delivered through a live video feed that is equivalent to a face-to-face meeting is reimbursed as if it were in-person, with a small facility fee available for the site hosting the patient. Vermont recognizes the home as an originating site and does not distinguish between urban and rural geography. All states reimburse for live video feed telemedicine, although some may place more restrictions than Vermont.

Vermont reimburses for Store and Forward, although only for teledermatology and teleophthalmology. 18 states have laws to reimburse for store and forward, 14 have implemented reimbursement. Not every state restricts for specialty or for the same specialties as Vermont. Vermont reimburses for Remote Patient Monitoring (RPM), restricted to a Congestive Heart Failure diagnosis. 24 states recognize RPM, 22 have implemented reimbursement. Vermont does not recognize mHealth specifically, but includes asynchronous provider-patient connections in Store & Forward.

Medicare reimbursement has greater limitations than Medicaid or commercial payers, and many of the restrictions are specific to FQHCs. A major limitation experienced elsewhere in the country is a geographic restriction to a rural originating site. Our two urban FQHCs participate in the ACO for their Medicare population, and so are exempted from this restriction through the ACO Next Generation waiver. However, this waiver does not address our other significant concern, reimbursement for services as a Distant Site, which are currently not allowed for any FQHC.

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**When Vermonters can't access health care they need, 31% say difficulty reaching the location is a significant factor.** This is more than the national average, where only 23% said travel was a barrier to care. **Even when we remove specialists, nearly 10% of Vermonters have trouble traveling to their regular primary care location. Telehealth can help.**

Data from 2019 VPR / PBS and Robert Wood Johnson Foundation Rural Life Surveys

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## Reimbursement Is a Barrier to Telehealth

All telehealth programs have an initial cost to set up, whether it's equipment, clinician training, integrating into workflow, helping patients understand telehealth, or simply technical support to ensure everything flows smoothly. The ultimate benefits of the program, plus assistance from outside groups and grants, can help offset these costs. However, disparities in reimbursement rates often make telehealth a net loss for FQHCs and small rural providers. Changes that could help include:

### Expand Specialties Reimbursed for Store & Forward By VT Medicaid

We recommend adding teledentistry, which matches practices in other states, and exploring an expanded "eConsult" list that allows broader access to specialists and experts for reviewing medical information.

### Find a Solution for Medicare Distant Site Exclusion of FQHCs

Medicare does not reimburse FQHCs clinicians for providing telehealth services. This outdated rule in no way reflects how FQHCs utilize telehealth today & inhibits care for the 39% of VT Medicare patients using FQHCs.

### Expand Diagnoses Eligible for Remote Patient Monitoring Under VT Medicaid

Other states, such as NY and Maine, do not place diagnosis restrictions. We recommend following their experience to remove VT restrictions.

### Review the Economics of Telehealth for Vermont Providers & Payers

We believe that opening up telehealth reimbursement policy can increase quality of care without increasing costs for payers, and that enough national & local data is available to predict fiscal impacts of different policies.

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**Nationally, in rural communities, 46% of FQHCs provide a telehealth program (NACHC, 2018). From 2015 to 2018 there was a 340% increase in physicians adopting telehealth and the majority of remaining physicians said they were likely to begin (American Well, Telehealth Index). Telehealth is important to the future of health care, and it's important that we get the framework right to develop this resource for primary care providers.**