Actualizaciones de Telemedicina: Después de la emergencia de salud pública (PHE)

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SOUTHEASTERN telehealth RESOURCE CENTER

Un Miembro del Consorcio Nacional de los Centros de Recursos de Telesalud

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- Siempre consulte con un asesor legal.

- SETRC no tiene intereses financieros relevantes, arreglos o afiliaciones con ninguna organización relacionada con los productos o servicios comerciales discutidos en esta sesión.

Objetivos

1. Infórmese sobre los Centros de Recursos de Telesalud y los servicios.
2. Conocimiento de los cambios en la política federal de telesalud
3. Discutir los cambios en la política de telesalud después de la emergencia de salud pública

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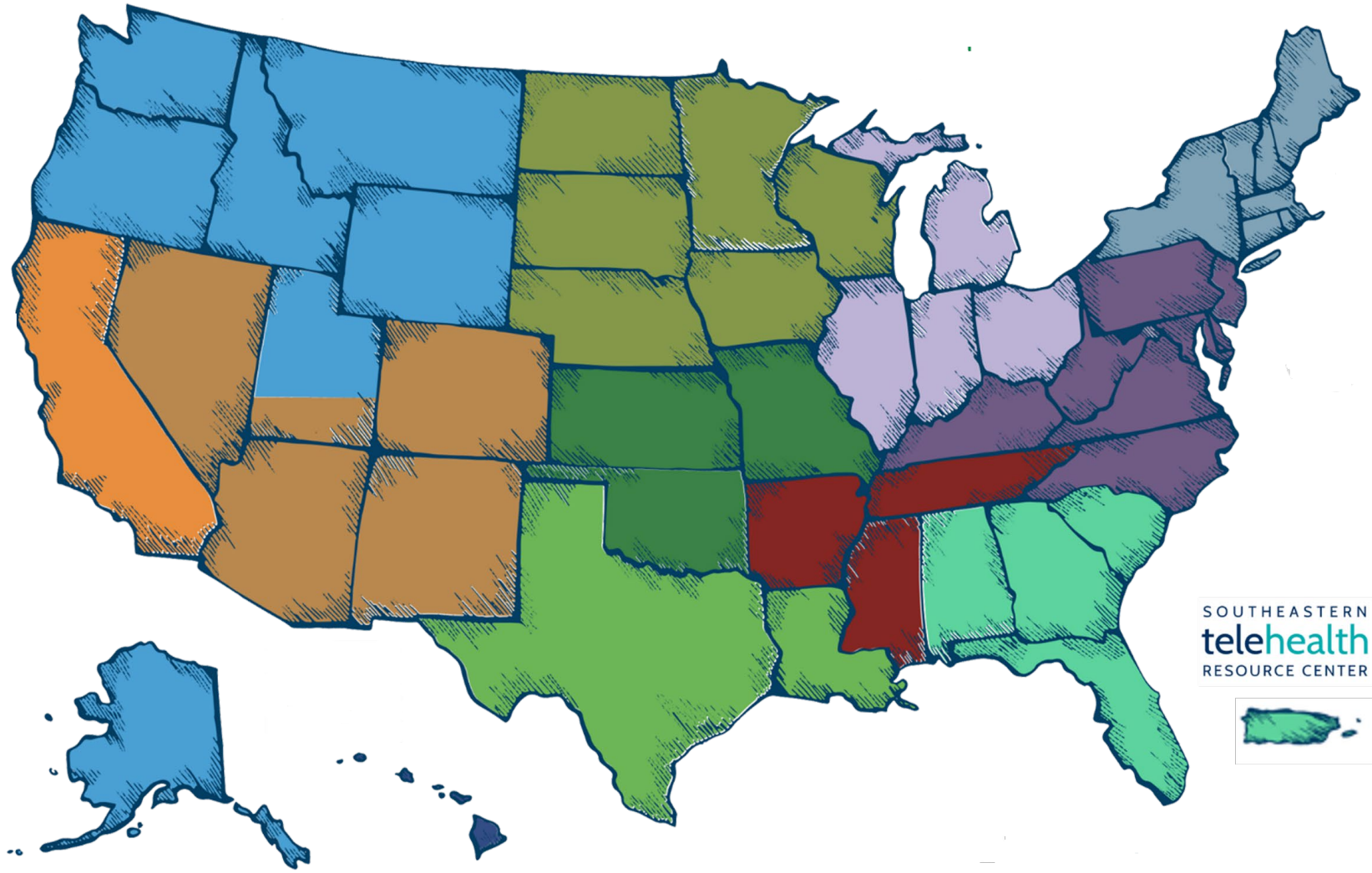
Centros de Recursos de Telesalud (TRC) Regionales

www.telehealthresourcecenter.org



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 REGIONAL RESOURCE CENTERS

TTAC TelehealthTechnology.org

CCHP

2 NATIONAL RESOURCE CENTERS

SOUTHEASTERN telehealth RESOURCE CENTER

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

¿Qué servicios brinda el equipo de SETRC?

SETRC es un Miembro del Consorcio Nacional de los Centros de Recursos de Telesalud (NCTRC) lo cual es una colaboración de 12 Centros de Recursos de Telesalud (TRC) regionales y 2 nacionales.

Como programa financiado por el gobierno federal, los TRC ayudan con:

- Asistencia Técnica
- Conferencias
- Desarrollo de programas e implementación
- Poliza y Reembolso
- Modelos de negocio
- Selección de equipos
- Pautas de práctica
- ¡Mucho más!

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Mobile TLC

Cambios en la política de telesalud (COVID)

FEDERAL	
MEDICARE ISSUE	**CHANGE**
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

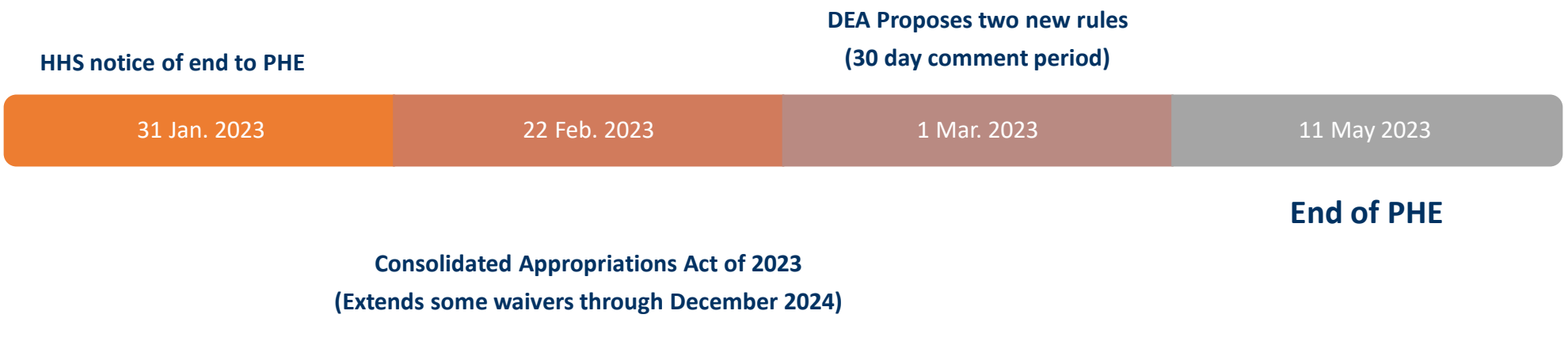
•DEA – PHE prescribing exception/allowed phone for suboxone for OUD
•HIPAA – OCR will not fine during this time

STATE (Most Common Changes)	
MEDICAID ISSUE	**CHANGE**
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- **Private payer** orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some **health information protections**

Reference: Center for Connected Health Policy/Public Health Institute

Fin de la Emergencia de Salud Pública Federal (PHE)



Reference: Center for Connected Health Policy/Public Health Institute

Áreas de política Federal de telesalud

MEDICARE

PRESCRIPCIÓN

HIPPA

Reference: Center for Connected Health Policy/Public Health Institute

Desarrollo de Política de Telesalud

Legislation → [Consolidated Appropriations Act of 2023]

Administrative/ Regulatory →
- Physician Fee Schedule
- CMS Fact Sheets
- OCR FAQ
- DEA Proposed Regulations

Reference: Center for Connected Health Policy/Public Health Institute

Áreas de política Federal de telesalud

MEDICARE

Reference: Center for Connected Health Policy/Public Health Institute

CMS - Medicare

COVID-19 POLICY	ENDS W/PHE	EXPIRES DEC 31, 2023	EXPIRES DEC 31, 2024	MADE PERMANENT
Suspended location requirements (geographic & site)			X	
Temporarily allowed audio-only to be used for some services			X	
Allows all eligible Medicare providers to use telehealth deliver services (Including FQHCs & RHCs) *			X	
Some services temporarily allowed to be provided via telehealth		X (2024 PFS)		
Suspend in-person visit requirement prior to providing services via mental health if not trying to meet location requirements			X	

** From the Consolidated Appropriations Act of 2023, though clarification made in CMS Fact Sheet*

Reference: Center for Connected Health Policy/Public Health Institute

CMS - Medicare

COVID-19 POLICY	ENDS W/PHE	EXPIRES DEC 31, 2023	EXPIRES DEC 31, 2024	MADE PERMANENT
Allow remote evaluations, virtual check-ins and e-visits to be provided to new and established patients	X (for established only)			
Allow remote physiological monitoring services to be furnished to new and established patients	X (for established only)			
Subsequent SNF visit could be furnished via telehealth w/o limitation	X (now once every 14 days)			
Flexibilities to Stark Laws	X			
HHA may provide more services to beneficiaries using telecommunications technology within the 30-day care period as long as it's part of the patient's plan of care and does not replace needed in-person visits.				X

CMS - Medicare

COVID-19 POLICY	ENDS W/PHE	EXPIRES DEC 31, 2023	EXPIRES DEC 31, 2024	MADE PERMANENT
When a physician or nonphysician practitioner, who typically furnishes professional services in the hospital outpatient department, furnishes telehealth services to the patient's home during the COVID-19 PHE as a "distant site" practitioner, they bill with a hospital outpatient place of service, since that is likely where the services would have been furnished if not for the COVID19 PHE. The hospital may bill under the OPPS for the originating site facility fee associated with the telehealth service.	X			
During PHE Providers are allowed to provide services via telehealth from their homes without reporting the home address.		X		

Reference: Center for Connected Health Policy/Public Health Institute

Áreas de política Federal de telesalud

PRESCRIPCIÓN

Reference: Center for Connected Health Policy/Public Health Institute

DEA – Normas propuestas para la prescripción

WHAT IS CURRENT LAW	WHAT THE PROPOSAL WILL DO
Under current federal law, seven exceptions exist that allow the use of telehealth to prescribe a controlled substance without an in-person evaluation taking place first. These exceptions are: 1. Treatment in a DEA-registered hospital or clinic 2. Treatment in physical presence of a DEA registered practitioner 3. Treatment by Indian Health Services or Tribal practitioners 4. Treatment by a practitioner who is on a special registry (**not created yet**) 5. During a public health emergency 6. Treatment by a VA practitioner during a medical emergency 7. Other circumstances specified by HHS & DEA	Relying on #7, the DEA proposes to create other narrow exceptions which are: • A DEA-registered **practitioner may prescribe a 30-day supply of non-narcotic Schedule III-V medication without an in-person evaluation** OR meeting one of the 6 exceptions listed in current law OR if it was a VA practitioner prescribing. • In order to continue to prescribe to that patient, the telehealth provider must either have completed an in-person evaluation of the patient, meet one of the six exceptions in current law, OR have a qualified telemedicine referral. • A **qualified telemedicine referral** is where a DEA-registered provider has an in-person evaluation with the patient and sends in their referral to the telehealth provider all of the information all necessary information regarding the patient, the exam, etc. Look at it as an asynchronous option to existing exceptions.
There is nothing in current law or regulations stating what happens to relationships formed entirely in a PHE and no in-person visit has taken place.	DEA proposes to address this by providing 180-day grace period to practitioners to meet this requirement by either completing an in-person evaluation, meeting one of the six exceptions in current law OR having a qualified telemedicine referral.

Reference: Center for Connected Health Policy/Public Health Institute

Las dos reglas propuestas

- DEA proposed two new rules
  - Expansion of induction of buprenorphine via telemedicine encounter
  - Telemedicine prescribing of (non-narcotic) controlled substances when the practitioner and patient have not had a prior in-person medical evaluation

- Published in Federal Register March 1, 2023

Reference: Center for Connected Health Policy/Public Health Institute

Ampliación de inducción de buprenorphine vía encuentro de telemedicina

Expansion of induction of buprenorphine via telemedicine encounter

- Requires an in-person medical exam within 30 days of prescribing buprenorphine via telehealth. The exam requirement can be met by:
  - The prescribing practitioner or the practice conducts it
  - Prescribing practitioner conducts the exam when another DEA registered practitioner is physically with the patient at the time of the exam and it's done via live video OR
  - Qualified telehealth referral prior to prescribing- The referring provider conducted an in-person exam and refers to the prescribing provider who writes the prescription.
  - Review of the Prescription Drug Monitoring Program (PDMP) data
  - Recordkeeping requirements

Reference: Center for Connected Health Policy/Public Health Institute

Ampliación de inducción de buprenorphine vía encuentro de telemedicina

Telemedicine prescribing **of (non-narcotic) controlled substances** when the practitioner and patient have not had a prior in-person medical evaluation

- Only for non-narcotic Schedule III-V drugs (Exception: if prescribing practitioner received a qualifying telemedicine referral from referring practitioner who has conducted in-person medical evaluation or was there.
- 30-day supply limit if prescribed via telehealth and have not YET conducted in-person exam/eval (or one that meets that requirement). Also an exception if it was a VA practitioner prescribing.
- If relationship was formed during the PHE, have a 180-day grace-period to meet the in-person exam/eval requirement.
- The exam/eval requirement can be met with a qualifying telemedicine referral
- **If the provider is outside of the US or territories when conducting telehealth visit, cannot prescribe.**
- Certain recordkeeping and documentation requirements.

Reference: Center for Connected Health Policy/Public Health Institute

PRESCRIPCIÓN: ¿Qué sigue?

- 31 de marzo de 2023 finalizó el período de comentarios públicos.
- DEA recibió más de 35.000 comentarios
- 3 de mayo de 2023 DEA anunció que, debido al gran volumen de comentarios, no tuvieron tiempo de responder a todos ellos y solicitarán una demora para permitir que los médicos continúen recetando como lo hubieran hecho durante el PHE durante 6 meses adicionales hasta el 11 de noviembre de 2023. DEA Statement
- Del 12 de noviembre de 2023 al 11 de noviembre de 2024, los profesionales que hayan establecido relaciones durante el PHE de COVID y en el período de gracia de 6 meses en 2023 tendrán este tiempo para cumplir con su obligación de un examen en persona. Federal Register

Reference: Center for Connected Health Policy/Public Health Institute

Recursos / Referencias: Reglas propuestas por DEA

Para pacientes:

- Controlled Substance Guidance for Patients - DEA
- Non-Controlled vs. Controlled Medication List – DEA

Para los proveedores:

- Telemedicine Proposed Rules Summary – DEA
- Proposed Rules Highlights for Medical Practitioners – DEA
- Full Text: Proposed Rules – DEA
  - Expansion of Induction of Buprenorphine via Telemed
  - Telemed Prescribing of Controlled Substances
- DEA's Proposed Rules on Telemedicine Controlled Substances Prescribing after the PHE Ends – A Legal Guide, prepared by Foley and Lardner

Reference: Center for Connected Health Policy/Public Health Institute

HIPAA y otra acción federal

HIPAA

HIPAA y otra acción federal

- OCR FAQ – HIPAA exercise of discretion ends with PHE.
  - The Notification of Enforcement Discretion will remain in effect until the Secretary of HHS declares that the public health emergency no longer exists, or upon the expiration date of the declared public health emergency, including any extensions, whichever occurs first. OCR will issue a notice to the public when it is no longer exercising its enforcement discretion based upon the latest facts and circumstances.

- CMS issued letter noting Medicaid programs can cover eConsult, but it is not mandated.

Reference: Center for Connected Health Policy/Public Health Institute

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¡Vienen más cambios!

Recursos adicionales

SETRC Website: https://setrc.us/

Únase a nuestro (Working Group) grupo de trabajo y/o nuestra lista de correo: https://setrc.us/contact/

Center for Connected Health Policy: www.cchpca.org

Medicare Telehealth Service List (Through CY 2023): https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes

¡Gracias!

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