Parkinson's Action Network

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Statement for the Record of the Parkinson's Action Network
"Harnessing the Power of Telehealth: Promises & Challenges"
Special Committee on Aging
United States Senate

September 25, 2014

Dear Chairman Nelson and Ranking Member Collins,

The Parkinson's Action Network (PAN) appreciates the opportunity to submit a statement for the record as part of the Senate Special Committee on Aging's Roundtable, "Harnessing the Power of Telehealth: Promises & Challenges."

PAN is the unified voice of the Parkinson's community advocating for better treatments and a cure. In partnership with other Parkinson's organizations and our powerful grassroots network, PAN educates the public and government leaders on better policies for research and improved quality of life for the 500,000 to 1.5 million Americans living with Parkinson's disease.

For the Parkinson's community, telehealth has the potential to be a powerfully valuable service in terms of improving quality of life and better management of symptoms by increasing access to specialists. According to a recent study, 42 percent of people with Parkinson's are not seeing a neurologist for their care.[1] Yet, the study also found that seeing a neurologist increases the survival rate for people with Parkinson's by six years and reduces the risk of hip fracture, which leads to expensive hospitalizations. According to the same study, people with Parkinson's who were cared for by a neurologist or movement disorder specialist had the lowest one-year Skilled Nursing Facility placement rates compared to patients cared for by all types of primary care physicians. Another study focused on specialty care for people with Parkinson's found that expert neurologist care not only saves about 4,600 lives, but better access to this care could prevent the deaths of another nearly 7,000 people with Parkinson's disease each year in the U.S. alone.[2] Studies have also shown that telehealth can reduce hospitalization and keep people

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[1] Willis, AW, et al. "Neurologist care in Parkinson disease: A utilization, outcomes, and survival study." Neurology. 77.9 (2011): 851-7.

[2] Schmidt, PhD, Peter & Willis, MD, AW. (2014, June 10). Neurologist Care Prevents Over 4,600 Deaths Annually in Patients with Parkinson's Disease in the US: A Meta-Analysis. Retrieved June 16, 2014, from http://www.parkinson.org/NationalParkinsonFoundation/files/63/635f139e-55a8-4936-b29e-f877c47ef22e.pdf

living safely and independently for longer, which are major concerns for the Parkinson's community.[3]

Unfortunately, as discussed during the roundtable, there are many hurdles currently hindering the growth of telehealth, including Medicare reimbursement and state medical licensure. If these two hurdles are addressed, we believe telehealth will be able to organically expand to allow patients to receive the right care when and where they need it.

Medicare reimbursement

While other federal health systems like the Department of Defense and Department of Veterans Affairs have supported and expanded the use of telehealth, many hurdles still remain within the Medicare system. Congress established very strict rules for Medicare reimbursement for telehealth through the passage of the *Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000*. While provisions have been amended since 2000, many restrictions still remain, including the requirement that a patient be at an originating site for their telehealth medical visit, prohibiting them from being seen by their doctor in their own home. For many people with Parkinson's disease, as well as other movement disorders, traveling outside of the home can prove difficult, if not impossible, without the help of a caregiver. If one of the main goals of telehealth is to expand quality healthcare to those who otherwise would not have access, restricting it to only those who can travel is counterintuitive and damaging to the overall healthcare system.

Access to telehealth is not only restricted to those who can travel to an originating site, the *Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000* also restricted access to telehealth to those located in narrowly defined rural areas, health professional shortage areas, or areas participating in a federal demonstration project – less than 20 percent of Americans. Yet, health disparities do not solely exist in rural areas. For example, the state of Delaware, which is not a rural area under the established definition, does not have a movement disorder specialist in the entire state. PAN believes that everyone should have access to the best care, no matter where they live.

Another barrier to Medicare reimbursement of telehealth is that Medicare only allows for certain providers to utilize telemedicine. While Congress provided Medicare the authority to add telehealth providers annually, Medicare has yet to allow physical, occupational, and speech-language therapists to be reimbursed for telehealth services. With no cure for Parkinson's, these therapies are some of the only treatments available for maintaining quality of life. Telehealth has proven effective in delivering therapy services for people with Parkinson's, in particular speech-language therapy.[4] Given the importance of these therapies,

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[3] Darkins, M.D., Adam, et al. "Care Coordination/Home Telehealth: The Systematic Implementation of Health Informatics, Home Telehealth, and Disease Management to Support the Care of Veteran Patients with Chronic Conditions." Telemedicine and e-Health. 14.10 (2008): 1118-26.

[4] SIG 2 Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders October 2011, Vol.21, 107-119.

and the growing body of evidence on providing these services via telehealth, we believe that Congress should take action to add physical, occupational, and speech-language therapists to the list of providers who can be reimbursed for telehealth services under Medicare. Congress should also study what other providers should be added to the list of providers eligible for telehealth reimbursement.

Currently, Medicare also does not reimburse for store-and-forward telehealth services outside of Alaska and Hawaii. However, there are many examples of how store-and-forward telehealth services can be useful in both providing the right care to patients and reducing costs to the healthcare system. For example, a company called Great Lakes Neurotechnologies has developed a device to capture the symptoms of people with Parkinson's in real time. This allows doctors to prescribe more effective treatment regimens for their patients, which could ultimately reduce falls and costly hospitalizations in people with Parkinson's. Unfortunately, because this device stores information and forwards it to a provider, it is not reimbursable through Medicare. We urge the Committee to work to allow for Medicare coverage of store-and-forward technologies.

PAN also believes Congress should work with the Secretary of Health and Human Services to expand the coverage and reimbursement of telehealth services for accountable care organizations (ACOs). The legislative barriers detailed above are also currently hindering the use of telehealth by ACOs. The new care delivery models focused on coordinated care and health savings, such as ACOs, are particularly apt to benefit from the use of telehealth, and we ask that you work with Secretary Burwell to expand coverage within ACOs.

We encourage the Committee to review the recently introduced *Medicare Telehealth Parity Act* (H.R. 5380), which would gradually expand coverage of telehealth service under Medicare. We believe that it is time for Congress to act to remove these significant barriers within the Medicare system and we look forward to working with you on this issue.

State medical licensure

The current state medical licensure system, which requires doctors to be licensed in the state where the patient is located, is a significant hurdle to the expansion of telehealth. There are many people with Parkinson's who live in states with no movement disorder specialists; however, movement disorder specialists must go through the burdensome and expensive licensing process if they wish to see a patient across state lines via telehealth.

The Federation of State Medical Boards recently released an Interstate Licensure Compact for approval by state legislatures. In theory, interstate compacts work well to coordinate state rules and regulations; however, in practice they must be adopted by a majority of states to be useful. As we have seen with the Nurse Licensure Compact, it takes many years for meaningful change to occur and that change is not universal. A compact state medical licensure system that is adopted by only some states will only further the current fragmentation that is detrimental to doctors who wish to practice telehealth. Many patients don't have years to wait for access to the right care. In addition, one of the main concerns we've heard from physicians who hold multiple licenses is that it is both a costly and time-consuming process. While the Compact promises an expedited process, it does not address the burdensome fees in a meaningful way.

One small step to be considered by Congress is passage of the *TELE-MED Act of 2013* (H.R. 3077), which would remove the licensure barriers within the Medicare program. This would allow patients to see their doctors, regardless of their location, and calls for the Secretary of Health and Human Services to establish a definition 'telemedicine services.'

The use of technology in modern health care means that access is no longer logically defined by where one is located. If the current medical licensure system is not reformed, health care will continue to be fragmented by where patients live and who is able to travel. In order for patients to get the right care when and where they need it, the medical licensing system must be reformed into a system that works for patients, physicians, and regulators, and allows for the natural and safe expansion of telehealth services.

Conclusion

We appreciate the Committee's examination of this critical issue and look forward to opportunities to work with you and serve as a resource in the future. If you have any questions, please contact Jennifer Sheridan, director of policy, at jsheridan@parkinsonsaction.org.

Sincerely,

Ted Thompson

Ted Thompson
Chief Executive Officer