

Supporting the Business of Orthopaedics

May 2018

Telemedicine

Patient access to care is a critical component of providing quality care. Telemedicine is an exciting new frontier in extending specialty specific care to areas and patient populations that have traditionally suffered from a lack of access to care (i.e. rural communities, homebound patients). AAOE supports the use of telemedicine in the Medicare program.

What is Telemedicine?

Telemedicine is a virtual way for a clinician to treat a patient. The technology allows clinicians to evaluate, diagnose, and treat patients at a distance through telecommunications technology. Telemedicine is frequently used for follow-up visits, management of chronic conditions, medication management, specialist consultation, and other clinical services that can be safely and securely provided remotely.

Because telemedicine involves a virtual visit, it is frequently more cost-effective for the patient and the clinical provider. Both expend fewer resources in getting to and conducting the appointment. On average, a primary care telehealth visit costs \$79 compared to an average of \$302 for an orthopaedic office visit. Additionally, the expansion of telemedicine in the Medicare program would assist with the program's transition to value-based payments. Some orthopaedic practices and hospitals participating in CMMI's Bundled Payments for Care Improvement (BPCI) model are utilizing telemedicine to lower the costs of their clinical episodes and provide greater convenience to their patients.

Current Medicare telemedicine policy lags behind the private sector's adoption of the technology. Current policy requires the patient receiving telemedicine services to travel to an "originating site" such as a hospital or physician's office in order for the visit to be covered by Medicare. Many private insurers now offer the convenience of telemedicine visits from the comfort of a patient's home using a cellular device. This is particularly important for patients who have just had surgery and are unable to drive and/or homebound seniors.

AAOE Recommends

- Expand Medicare reimbursement to include any telemedicine-ready service currently covered by Medicare to be reimbursed when provided via telemedicine platforms by appropriately licensed and/or credentialed providers otherwise eligible for Medicare reimbursement. These services should be reimbursed at market rates.
- Telemedicine reimbursement should be site- and delivery platform-neutral (this includes Medicare reimbursement of store and forward technologies).
- A federal medical liability safe-harbor should be implemented for providers practicing via telemedicine.
- Any legislation or regulation should allow the provider to use his/her discretion in selecting patients for telemedicine visits.
- Remove the requirement that Medicare patients must receive telemedicine visits at an originating site.
- Separate billing procedures and code modifiers should be eliminated.