New Tennessee telemedicine law grows health care access

Bill Frist 5 p.m. CST February 6, 2015

Despite the promises of the Affordable Care Act, the rollout of the health law has only enforced what we feared to be true: Access to health insurance does not equal access to health care.

A 2011 Center for Disease Control study (http://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf) showed that 80 percent of adults who visited the emergency room and weren't admitted did so because they didn't have another provider to turn to.

At about $1,500 per visit, the ER makes for expensive and inefficient non-emergency care. Walk-in retail clinics and urgent care centers bridge some of the gap, but clearly not enough.

By 2025, the problem will have grown to a shortage of at least 50,000 physicians.

The solution, surprisingly, is not to train more doctors. Instead, it is time to change the way we deliver care by harnessing modern technology. Telemedicine, or "telehealth," provides remote access to a doctor via phone or videoconference. Telehealth is appropriate for many basic health concerns like the flu or ear infections.

Around the country, telemedicine is exploding in popularity and use. It is especially valuable in rural and remote locations, where it has demonstrated quality outcomes comparable to in-person office visits. Telemedicine has been shown to be convenient, affordable and of high quality.

Telemedicine is in its infancy in Tennessee. Specialists at our university medical centers provide remote consultations and conduct virtual patient examinations. School nurses in rural counties use secure telemedicine links for consults. But it is vastly underused where the need is the highest: in the delivery of primary care.

Telemedicine can prevent an ER visit on a Saturday night and keep a busy Monday morning on track. Patients can avoid travel time, last-minute child care arrangements and a lengthy stay in the waiting room.

Telemedicine does not replace the need for a relationship with a family physician, but it does serve as a convenient, affordable and high-quality alternative to an unnecessary ER visit.

Last year, Tennessee became the 21st state to enact "telemedicine parity" legislation requiring that insurers reimburse licensed health care providers for services delivered remotely just as they would for in-person visits.

The legislation removes the wasteful financial incentive to having patients make a trip to an emergency room when a telemedicine consult would suffice. In both cases, the reimbursement to the provider would be the same. Tennessee's parity law also includes TennCare, the state's managed Medicaid program. The law was signed by Gov. Bill Haslam in April and became effective Jan. 1.

It's a good first step, but Tennessee must go further. We need two additional assurances.

First, the law should establish the same standard of practice for services delivered in person or remotely. This means the law would recognize that the questions and images a doctor needs to adequately diagnose and treat a condition are the same whether they are gathered in person or over the phone.

This would clearly distinguish telemedicine as a tool with which to practice medicine, not the practice of medicine itself.

Second, the law should prevent the establishment of more restrictive licensing requirements for delivering services via telemedicine.

Rules requiring in-person visits before or after a telemedicine encounter, or the presence of care facilitators during an encounter, create barriers to convenient and high-quality telemedicine health delivery.

As a doctor from a family of doctors, I am well aware that our profession has traditionally balked at change, especially when it involves new technology that alters how we interact with our patients. But the evidence is in from study after study.
Telemedicine works. It is affordable and convenient for the patient. It expands access to excellent care to every community and every neighborhood across the state.

Providing Tennesseans with accessible, affordable care is going to require a new strategy. Telemedicine can, should and quite frankly will be a part of that strategy. If we want to continue to be a state that boasts a "health care capital" in our capital city of Nashville, we and our elected officials need to honor where medicine has been while embracing where it is going.


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