Telehealth Model Statute Frequently Asked Questions

1. What is telehealth/telemedicine?

- Telehealth is the use of digital technologies—such as telecommunications, health information, and videoconferencing—to deliver medical, health education, and public health services, by connecting multiple users in separate locations.

- Telehealth encompasses a broad definition of technology-enabled health care services. This definition includes telemedicine, which is the diagnosis and treatment of illness or injury. Telehealth services consist of diagnosis, treatment, assessment, monitoring, communications, and education.

- Telehealth is another tool utilized by health care professionals to provide the best possible treatment to patients.

2. What are some of the uses of telehealth?

Telehealth medical services are delivered in three main ways:

- **Live video conferencing**, which is used for real-time patient-provider consultations, provider-to-provider discussions, and language translation services. For example, primary care providers and patients in remote, rural communities can receive specialty care from urban medical center specialists, via a secure, high-quality video hookup.

- **Store and forward technologies**, which electronically transmit pre-recorded videos, digital images such as X-rays and photos, and electronic copies of test results, between primary care providers and medical specialists. For example, primary care providers can take photos of patient skin conditions, and email the photos and test results to dermatologists, via a secure, high-speed network; the dermatologists, in turn, can review the case at their convenience and email back diagnoses and treatment plans.

- **Patient monitoring**, in which electronic devices transmit patient health information to health care providers. For example, patients with chronic conditions, such as diabetes, can check their vital signs with “smart” monitoring devices, which automatically deliver the information to their health care providers, via a secure, high-speed network; providers, in turn, can stay in close contact with their patients, keeping them healthy and avoiding costly medical services.

3. Why does the current law need to be updated?

- California’s Telemedicine Development Act of 1996 (TDA) was groundbreaking legislation. However, the TDA needs to be updated, to accommodate technology advances in health care over the past 15 years, encourage more consistent payment policies, reduce administrative burdens on providers, and incorporate telehealth more fully into state workforce laws.

- We now know that telehealth improves access to care and quality of care, and increases efficiencies in health care delivery. Modernizing the TDA will provide California with a platform for innovation in telehealth, and move us once again to the forefront nationally in this important health care arena.
4. How does telehealth improve access for patients and providers?

- Telehealth increases access to care for patients in medically underserved communities, both urban and rural—care that otherwise might not be obtainable.

- Telehealth helps remove socioeconomic barriers to care, such as families missing work/pay to travel to provider offices, families not having access to affordable transportation, or having to pay for child care to accommodate travel time.

- Telehealth makes more effective use of limited specialist time because specialists can use telehealth to assess patient conditions before in-person visits.

- Telehealth reduces the isolation of providers in remote areas by providing a means of consulting with distant specialists, while also offering those providers educational opportunities.

5. How does telehealth make services more cost-efficient?

- Telehealth patient monitoring programs help keep patients with chronic diseases healthy, and avoid unnecessary medical costs, such as hospitalizations and nursing home care.

- Hospital-based telehealth specialty programs, which connect community hospitals with major medical centers, improve patient outcomes and lower the cost of treatment.

- Telehealth services can lower the need for patient transportation and provider travel.

6. Is the quality of care in telehealth as good as an in-person visit?

- Numerous studies have shown that the quality of telehealth services equals or exceeds that of in-person consults.

7. How are resources kept in the community with telehealth?

- By not traveling to see specialists, patients and their resources remain in their own communities.

- Telehealth programs allow local hospitals and clinics to perform services, such as lab tests and x-rays, that they otherwise would lose to specialists in other communities.

- Community hospital telehealth specialty programs, which connect local facilities with major medical centers, keep patients in their communities for treatment, instead of requiring transfers to other medical centers.

8. Is telehealth vulnerable to fraud and abuse?

- Fraud and abuse can be found in all areas of California’s health care system. However, after 15 years of experience in California with the TDA, there has been no indication that fraud is any more pervasive in telehealth services than with in-person services.

- Efforts on the federal level, such as the joint efforts of the Department of Justice (DOJ) and Health and Human Services through the Health Care Fraud Prevention & Enforcement Action Team (HEAT), are providing models on how to combat fraud and abuse for all components of the health care system.

- There are no indications in Medicare that telehealth is more susceptible to fraud and abuse than health services delivered in-person.