



## TELEMEDICINE

### Recommendation

The American Academy of Family Physicians (AAFP) supports expanded use of telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care. Payment models should support patient freedom to choose how they wish to receive services. Additionally, payment models should support the physician's ability to direct the patient toward the appropriate service modality in accordance with the current standard of care.

AAFP recommends streamlined licensure processes for obtaining several medical licenses that would facilitate the ability of physicians to provide telemedicine services in multiple states. The AAFP encourages states to engage in reciprocity compacts for physician licensing, especially to permit the use of telemedicine. Within a state licensure framework, the AAFP strongly believes that patients with an established relationship, who are traveling, should be allowed to be treated by their primary care physician, so long as the physician is licensed in the state in which the patient receives their usual care.

The AAFP believes current reimbursement policies warrant increased standardization among payers, especially in regard to eligible originating and distant sites, and use of asynchronous store-and-forward technology. The current variability in policies among payers leads to administrative complexity and burden for physicians and patients.

### What is telemedicine?

Telemedicine is the practice of medicine using technology to deliver care at a distance, over a telecommunications infrastructure, between a patient at an originating (spoke) site and a physician or other practitioner licensed to practice medicine at a distance (hub) site. Telehealth refers to a broad collection of electronic and telecommunication technologies and services that support at-a-distance healthcare delivery and services.

### Licensure

With the increase in prevalence of telemedicine, governments are working to create a modified licensure process. Currently, every state imposes a policy that makes practicing medicine across state lines difficult. Licensure for telemedicine is on a state-by-state basis but can take many forms—a telemedicine-specific license, state reciprocity, or endorsement.

State boards can issue a special purpose license, telemedicine license or certificate, or license to practice medicine across state lines to allow for the practice of telemedicine. These special types of licenses typically allow physicians to provide services remotely across state lines, but under specified terms. For example, Texas has created a designated Out-of-State Telemedicine License. A physician under this license is limited to two services. They may provide follow-up to a patient where the majority of patient care was rendered in another state; or they can provide interpretation of diagnostic testing but they must report the results to a fully licensed physician practicing in Texas. The holder is subject to Texas's Medical Practice Act and is subject to the same rules of the board as a person holding a full Texas medical license. This includes paying the same fees and meeting all other requirements for issuance and renewal of the license. The holder is not authorized to physically practice medicine in the state of Texas.

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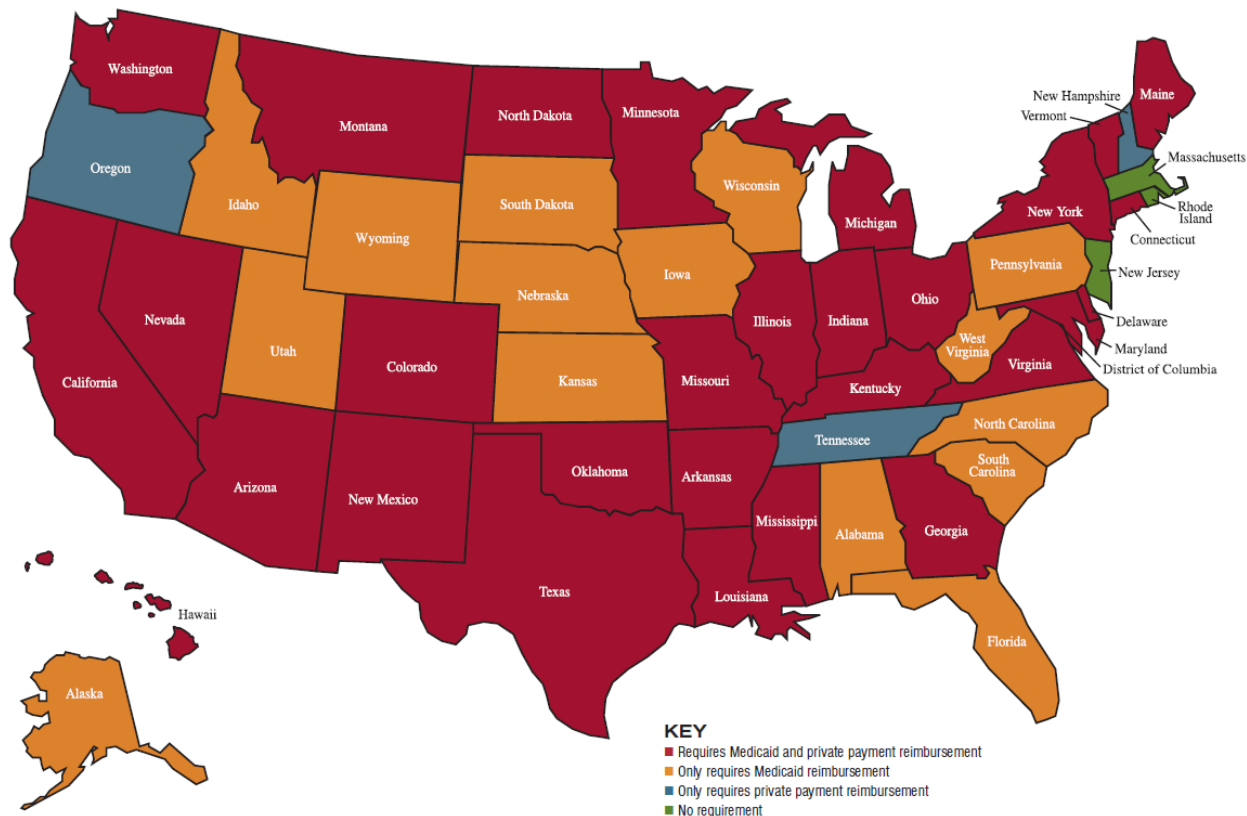
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Licensure by endorsement grants licenses to out-of-state providers whose states have equivalent standards. Many health professionals must apply for a license by endorsement from each state in which they seek to practice. State reciprocity requires authorities of each state to negotiate or enter into agreements to recognize licenses issued by the other state without further review of individual credentials. A license valid in one state provides privileges to practice in all other states with which the home state has agreements. Three states (MD, NY, and VA) and D.C. provide reciprocity to bordering states.

Interstate compacts are another route for out-of-state licensing that may promote and expand telehealth. Currently, 17 states (AL, AZ, CO, IA, ID, IL, KS, MN, MS, MT, NH, NV, SD, UT, WI, WV, and WY) have enacted the Interstate Medical Licensure Compact. The compact enables full licensure authority. The goal of the compact was to increase access to care through telehealth.

## Reimbursement



Payment for telemedicine is not consistent across all states. Currently, 29 states and the District of Columbia require both Medicaid and private insurance reimbursement for telemedicine services. However, only 15 states require Medicaid reimbursement while three require private insurance reimbursement for telemedicine. At this time, three states (MA, NJ, RI) do not mandate any reimbursement for telemedicine.

## Robert Graham Center Research

Although the prevalence of telemedicine is increasing, there are still obstacles. In 2014, the Robert Graham Center published a survey regarding physicians' attitudes toward telehealth.<sup>1</sup> Five thousand family physicians were surveyed and 1,557 responses were received. The survey reported that only 15% of family physicians used telehealth services in the previous 12 months. The survey found that 78% of family physicians agreed or strongly agreed that telehealth improves access to care and 68% also agreed or strongly agreed that telehealth improves the continuity of care. Family physicians reported that lack of training and lack of reimbursement were among the top barriers to the use of telehealth.

<sup>1</sup> Moore M, etc. Only 15% of FPs Report Using Telehealth; Training and Lack of Reimbursement Are Top Barriers. *Am Fam Physician*. 2016 Jan 15;93(2):101. Retrieved from: <http://www.graham-center.org/rgc/publications-reports/publications/one-pagers/FPs-telehealth-2016.html>