

Telemedicine

Support SB 857 P.N. 1347

Health care consumers are demanding more convenient and accessible care and the Pennsylvania hospital community wants to deliver on the promise of providing the right care, at the right place, at the right time.

HAP supports [Senate Bill 857 P.N. 1347](#), introduced by Senator Elder Vogel (R-Beaver) that:

- Defines telehealth
- Offers guidelines outlining who is able to provide health care services through telehealth technology
- Prohibits insurers from denying reimbursement for health care services provided via telemedicine, solely because it is done via telemedicine

What is Telemedicine?

Telemedicine, or telehealth, is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. It is not a separate service in health care, but instead is a tool for diagnosis management and health education that helps patients access high-quality, specialized care, saving them time and money.

\$6 BILLION ANNUALLY:
The estimated savings from widespread implementation of telemedicine in the health care industry

*Telehealth Connects Patients and Doctors in Real Time.
AHIP Issue Brief, October 21, 2017*

Popular examples of telehealth strategies that enable high-quality health care delivery include two-way video, smartphone applications, wireless tools (such as blood pressure monitors or high-definition cameras), and other forms of telecommunications technology.

Telepsychiatry: Evidence indicates that telepsychiatry yields outstanding clinical ratings with substance use disorder—particularly important during the **current opioid crisis**—as well as many other conditions, including depression, anxiety, and psychosis.¹

Impact of Telehealth in Pennsylvania: Increased patient access to specialists in urban, suburban, and rural areas

Telehealth can be used to connect a specialist to a patient at a distance and address specialty shortages that some areas experience. It can be used to deliver life-saving as well as routine care in a timely, cost-effective manner and can range from mobile patient-centric applications to complex clinician interactions.²

Thirty-nine states and the District of Columbia have laws governing private insurers' reimbursement policy. Pennsylvania hospitals believe that now is the time for action to support telehealth in the commonwealth.³



Patients in rural areas can use telehealth to access specialists, saving patients from extensive travel times and costs. About 27 percent of the state’s 12.8 million residents—nearly 3.4 million people—lived in Pennsylvania’s 48 rural counties during 2017.⁴

In urban and suburban areas, telehealth also expands access—particularly when patients are unable to secure convenient appointment times or need to quickly see high-demand specialists—particularly when in a health care emergency.

Telemedicine can help all Pennsylvanians by enabling hospitals to expand their care offerings and address regional specialty shortages. It also increases access to patients for whom transportation is a barrier to care, including those with difficulty traveling to a provider due to distance, illness, disability, or age.

Telestroke: When it comes to a stroke, seconds count. Each minute care is delayed, a stroke victim can lose 1.9 million brain cells.⁵

Employing telehealth with stroke victims means patients receive faster care, increasing survival rates and improving quality of life.⁶

Primary care: Telemedicine can reduce costs, improve health outcomes, increase access to primary and specialty care, and enable preventive care and chronic condition monitoring and management.⁷

Teledermatology: Patients often have to wait months to schedule in-person dermatology appointments in Pennsylvania.⁸ With teledermatology, a patient can take a photograph of the skin issue, send it to the specialist, and receive diagnosis and a treatment plan within minutes—offering patients an opportunity to obtain cheaper and faster diagnoses.⁹

References

¹ Hilty DM. [Clinical Outcomes in Telepsychiatry](#). American Psychiatric Association.
² Wilson LS, Maeder AJ. [Recent Directions in Telemedicine: Review of Trends in Research and Practice](#). Health Inform Res. 2015 Oct; 21(4):213-222.
³ [State Telehealth Laws & Reimbursement Policies: A Comprehensive Scan of the 50 States and the District of Columbia](#). Center for Connected Health Policy. Fall 2018.
⁴ U.S. Census Bureau, 2017.
⁵ Harpaz D, Eltzov E, et al. [Point-of-Care-Testing in Acute Stroke Management: An Unmet Need Ripe for Technological Harvest](#). Biosensors
⁶ [Detailed Technology Analysis Tele-Stroke](#), New England Healthcare Institute, June 2009
⁷ Daniel H, Sulmasy LS. (2015) [Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: American College of Physicians Position Paper](#). Ann Intern Med. 163(10):787-789.
⁸ Messenger, E., Kovarik, C. L., & Lipoff, J. B. (2016). [Access to inpatient dermatology care in Pennsylvania hospitals](#). Cutis, 97(1), 49.
⁹ Landow S, Mateus A, Korgavkar K, Nightingale D, Weinstock M. [Teledermatology: Key factors associated with reducing face-to-face](#)