Remote Programming of Cochlear Implants: Access Challenges and Opportunities

Tom Walsh, MBA
Director, Business Strategy and Health Policy
Tom Walsh
Employee, Advanced Bionics
Growing recipient base...

BUT...only 50% of US pediatric candidates received CI

AND...only 6% of US adult candidates received CI

YET...audiology capacity shrinking by ~3% annually

Remote programming may help improve access

Sources: AB internal information; Sorkin & Buchman 2015; Windmill & Freeman 2013
Feasibility

- Feasibility of remote programming generally indicated by statistically similar stimulation levels and objective measures.
- Environmental challenges remain for speech perception testing
- Some technology issues persist but improving
- Overall, patient and clinician satisfaction with remote programming experience was highly positive.

Remote Programming Challenges

- Technology
- Security
- Privacy
- Liability
- Acceptance

- Reimbursement
  - Coverage
  - Coding
  - Payment

- Regulatory
- Licensing (interstate)
Medicare

• Beneficiary geography – HPSA, rural
  – 21% beneficiaries, 9% providers
• Originating site – only MD office or hospital
• Provider types – does not include audiologists
• Procedures – no audiology procedures
• Technology – synchronous only

Sources: Medicare Benefit Policy Manual, Pub 100-02, Chapter 15.
• Remote clinician
  – Bills same code and receives same payment as for face-to-face procedure
  – Add modifier (GT synchronous or GQ asynchronous) to indicate remote service
• Originating site (patient location)
  – Bills code Q3014 Telehealth originating site facility fee ($25.40)
• Telehealth coding/payment system may change in the future

Sources: Medicare Benefit Policy Manual, Pub 100-02, Chapter 15.
Reimbursement: States

- Many states mandate telehealth coverage
- BUT... coverage parity ≠ payment parity

States with Parity Laws for Private Insurance Coverage of Telemedicine (2017)

Regulatory Challenges

- FDA approval needed for on-label remote use
- CI programming involves active stimulation vs. video observation and passive monitoring
- Technology performance gap concerns, re: impact on service delivery and patient safety
- Cybersecurity concerns for medical devices
Interstate Licensing

- Licensing is a state-level authority
- Very little consistency across states
  - **Three states** (MD, VA, NY) and DC allow reciprocity with bordering states
  - **Eight states** (LA, MN, NV, NM, OH, OR, TN, TX) allow conditional or telemedicine license from out of state physicians
  - At least **18 states** have enacted laws adopting the FSMB compact which enforces an expedited license for out of state practice

Legislative Opportunities

• Several pending Federal legislative bills proposing to remove coverage restrictions on telehealth services and improve access

• Medicare Access to Telehealth Act of 2017
  – Phase 1: includes **Audiologists** and MSA <50k
  – Phase 2: includes **Home** as originating site; MSA 50-100k
  – Phase 3: new payment methodology; MSA >100k

• Shows increasing Congressional support for and understanding of telehealth benefits

CI remote programming is technologically feasible with outcomes generally similar to face-to-face services

Regulatory/legal challenges must be addressed for remote programming services to become reality

Collaborative partnership between clinicians, specialty societies and manufacturers is needed and has been successful in past advocacy efforts