



North Carolina Pediatric Society

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RE: Potential Changes to Clinical Coverage Policy No. 1H:
Telemedicine and Telepsychiatry

Dear Ms. Pierce:

Thank you for the opportunity to comment on Medicaid and Health Choice Clinical Coverage Policy No: 1H Telemedicine and Telepsychiatry. Telehealth is an important strategy to supplement and improve health care for North Carolinians. It is critical that telemedicine complement and supplement – not supplant or replace - the medical home. Any changes should be made with all due consideration for the State's planned change to Managed Care.

Children

EPSDT: All publicly insured children should be provided with the **full-range** of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. These are proven interventions to help children develop appropriately. Furthermore, if both Medicaid and Health Choice are combined into one plan through a PHP, as proposed in the 1115 waiver, then having two tiers of care could further increase administrative burden. (For example, modify 2.2.)

Use telehealth for all ages as appropriate: Children 0-5 should also be able to access telehealth services when services and facility are appropriate for the condition. The American Academy of Pediatrics (AAP) endorses *"Telehealth services should not be provided to children under two years of age in their home or other non-clinical setting except when the provider or their surrogate has a previously established in-person relationship with the patient or when the PCMH has referred them for subspecialty consultation. Telehealth services provided to children in their home, administered through or in coordination with the PCMH, may have particular benefit for the management of chronic diseases and medically complex children, even for children less than two years old."** (For example, modify 2.2) Specific examples could include neurology consulting on a young child or a pediatric ophthalmologist deciding how urgently a young child needs to come in for a visit.

Equipment should be appropriate: *"Equipment used for provision of pediatric telehealth services should be appropriate to the age, size, and developmental stage of the child, including size, comfort, accuracy, and validity of measurements,"** according to the American Telemedicine Association and endorsed by the AAP.

Dental

Telehealth options should be permitted for dental and oral health care, when appropriate and properly administered. (For example, add dentists to 6.1 and the new CDT codes for teledentistry.)

Payment

Facility fee: A facility fee should be provided to all involved sites, including the originating site and consulting site. Facility should offer appropriate privacy and other patient considerations. (For example, modify 6.3)

Payment should be made for services taking time or direct costs: Telephone, email, store-and-forward, etc. all take the time of the provider. Both the referring and consulting provider should be reimbursed in such instances. (For example, modify sections 4 and 5.)

Originating sites: Criteria should be considered for allowing appropriate other sites, such as schools or homes (when facilitated by a home health agency personnel) to be an originating site.

Payment parity: Telehealth consults should be reimbursed at rates of parity with other consults. The AAP through a policy statement - *The Use of Telemedicine to Address Access and Physician Workforce Shortages* - recommends that “physicians who deliver health care services through telehealth care should receive equitable payment for services in order to increase the availability of pediatric health care services for all children.” ^

Other

A pre-existing relationship with a patient-centered medical home is key: Telehealth should supplement, not supplant, care. Telehealth consults for minor conditions (such as an ear infection) should not be permitted unless there is an established primary care relationship that includes a prior in-person physical exam. The AAP recommends “use of telemedicine services for episodic care should be done within the context of the medical home, because such care offers continuity, efficiency, and the prudent use of health care resources.” ^

Broadband and other infrastructure is essential: Appropriate supports should be made available.

Providers should be appropriately trained, specifically in telehealth: The American Telemedicine Association recommends, for example, “*Providers shall follow relevant practice guidance developed by the specialty societies as they relate to both in-person and telehealth practice.*”*

Reduce barriers to telemedicine: The AAP recommends minimizing barriers to telehealth. One concrete example would be to make requirements of 5.2 uniform across all PHPS. This is especially important given the upcoming changes through the 1115 waiver, as it is essential to reduce administrative burden to the maximum extent possible, including relating to telehealth.

Patient privacy and consent remains important: Patients should maintain their expectation of privacy and confidentiality. Prior to the initiation of the encounter (except in the case of a true emergency), the provider or designee should inform the patient or parent about the nature of telemedicine services.

Additional resources:

*Operating Procedures for Pediatric Telehealth, American Telemedicine Association endorsed by American Academy of Pediatrics and AARC, April 2016,
<https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/618da447-dee1-4ee1-b941-c5bf3db5669a/UploadedImages/NEW%20Practice%20Guidelines/ATA%20Pediatric%20Telehealth.final%20with%20endorsements.pdf>

AAP Technical Report, Telemedicine: Pediatric Applications, 2015, Vol 136:
<http://pediatrics.aappublications.org/content/pediatrics/136/1/e293.full.pdf>

^ AAP Policy Statement, The Use of Telemedicine to Address Access and Physician Workforce Shortages, 2015: <http://pediatrics.aappublications.org/content/pediatrics/136/1/202.full.pdf>

Thank you again for the opportunity to make these comments. Please let us know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. St. Clair', with a period at the end.

Scott St. Clair, MD, FAAP, Chapter President
North Carolina Pediatric Society (NCPeds)

Cc: Elizabeth Hudgins, MPP, Executive Director of the NC Pediatric Society