

Telemedicine Provides Local Public Health a Unique Opportunity to Innovate Service Delivery

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Telemedicine is growing in its role in providing health care services particularly in rural areas where providers are scarce or a long distance away. This expanding way of providing services is also applicable for use by local public health. During the 2018 legislative session, the Local Public Health Association advocated for a bill, which made small changes to the current telemedicine statute to support the expansion of treatment and control of infectious diseases such as tuberculosis (TB).

Active Tuberculosis (TB) cases in MN have increased over the past several years in MN with 178 cases in 2017. Local public health agencies are responsible for the case management of TB cases which includes daily visits by public health staff to deliver medications for the duration of their six to nine month treatment, often referred to as directly observed therapy (DOT). This is very labor intensive for public health and disruptive for the client. The intent of DOT is to increase the chance that treatment is successful and completed on time, prevent transmission to others, and decrease the risk of drug-resistant TB.

The staff time and travel-related expenses associated with this type of treatment add up quickly. Public health agencies in the metro-area struggle with high volumes of cases and strain on staff time. In rural areas of the state, geographic distance and workforce shortages pose additional challenges to treatment.

Telemedicine provides local public health a unique opportunity to innovate service delivery by allowing qualified staff to witness DOT virtually. By eliminating the need for daily travel, public health staff save money on travel expenses and free up time to see other clients. Scheduling becomes more convenient for clients, too.

These benefits, however, are limited by the current telemedicine statute, which restricts the number of billable visits to three per week per enrollee. It also excludes certified community health workers, who are key service providers.

Local public health providers are already able to bill up to seven days per week for these services that are provided in person to treat and control infectious disease, and certified community health workers are currently eligible to bill Medical Assistance for in-person services.

In this way, the bill does not change what services are billed or by who - just how they are being provided. These small legislative changes would promote cost efficiencies and reduce barriers to treatment that would better support local public health's efforts to prevent the spread of infectious disease.

The bill proposed during the 2018 legislative session removed the three telemedicine visits per week coverage limit for services provided for the treatment of tuberculosis. It did not affect billing limits for other infectious diseases and it did not add certified community health workers to the list of eligible providers. The proposed changes were included in the Supplemental Omnibus Budget Bill, but was eventually vetoed.

In the upcoming 2019 session, advocating for changes to the telemedicine statute will continue to be a top priority for the Local Public Health Association. Being allowed to fully use telemedicine for this type of work not only will help the client but will make the work of local public health more effective and efficient. ■



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