

PUBLICATION

First Stand Alone Telemedicine Legislation Close to Becoming Law [Ober|Kaler]

2016

The Expanding Capacity for Health Outcomes (ECHO) Act (S.2873) was sent to the President for approval on December 8, 2016. The ECHO Act was passed by the House on December 6, 2016, and prior to that, by the Senate on November 29, 2016. The ECHO Act was first introduced this spring. The ECHO Act supports the expansion of Project ECHO, a current telemedicine model, to a national model for serving underserved rural areas. Project ECHO was first launched in 2003 at the University of New Mexico's academic medical center. It connects highly trained specialists at academic medical center "hubs" with primary care and other community-based providers in mostly rural areas, the "spokes," for training purposes. Through interactive videoconferencing, specialists and primary care providers participate in weekly tele-ECHO™ clinics, which are like virtual grand rounds, combined with mentoring and patient case presentations.¹

Specialists serve as mentors and colleagues, sharing their medical knowledge and expertise with primary care clinicians. Essentially, Project ECHO creates ongoing learning communities where primary care clinicians receive support and develop the skills they need to treat a particular condition.² While Project ECHO first started with a focus on treating Hepatitis C patients, it has grown to address more than 40 health conditions. Further, the number of ECHO hubs and ECHO Superhubs (locations other than the University of New Mexico qualified by Project Echo to train a hub) has expanded nationwide as well as around the world (currently in 10 countries). The touted result of Project ECHO is the ability for local providers to provide comprehensive, best-practice care to patients with complex health conditions, right where they live.³

Sponsors of the bill, Senators Brian Schatz and Orrin Hatch, assert that only about 10 percent of the nation's physicians practice in rural areas which are home to almost 25 percent of the population. They maintain these areas have difficulty recruiting health care providers as professional development opportunities are slim compared to more populated urban areas.⁴ Further, rural area populations tend to have higher rates of chronic diseases and practice challenges that hinder access to health care, such as lack of transportation, connectivity and isolation. According to Congressman Burgess, a supporter of the legislation, "[the Echo Act] offers a means by which to evaluate successful models in the private sector and identify and opportunities to build upon then and adopt them if successful."⁵

The ECHO Act requires HHS to examine the models' impact on the following: (1) addressing mental health and substance use disorders, chronic disease and conditions, prenatal and maternal health, pediatric care, pain management and palliative care; (2) addressing provider capacity and workforce issues; (3) implementation of public health programs; and (4) the delivery of health care services in rural areas and other shortage or underserved areas (HPSAs and MUAs). HHS must issue a report on its findings within two years. The report must contain an analysis of:

- Providers' use of the models
- Impact of the models on provider retention
- Impact of the models on the quality of and access to care for patients located where the model is already in operation
- Barriers faced by health care providers, states and communities in adopting the models

- The impact of such models on the ability of local health care providers and specialists to practice to the full extent of their capacity (education, training, licensure, etc.) – including patient wait time for specialty care
- The report must also contain: (1) a current list of the Project Echo models in place during the five years preceding the report; (2) recommendations to reduce barriers for using the models and opportunities for expanding use of the models; and (3) recommendations regarding the role of these models in providers' continuing medical education and lifelong learning.

This could be the first stand-alone telemedicine bill to receive a vote on the Senate floor, as opposed to being wrapped up in a larger health bill.

Recent government publications, such as MedPac's 2016 report, "Telehealth Services and the Medicare Program," and the Final Medicare 2017 Physicians Fee Schedule, have acknowledged the potential benefits offered by telehealth. However, they have also cited a need for more research and evidence on the benefits of telemedicine before Medicare will consider significant expansion of coverage policies. The Passage of Project ECHO may be just what is needed to generate such evidentiary support for expansion of telehealth in federal programs, as well as private insurers and elsewhere.

¹ <http://echo.unm.edu/about-echo/model/>.

² <http://echo.unm.edu/about-echo/model/>.

³ <http://echo.unm.edu/about-echo/>.

⁴ 114 Cong. Rec. H7198–7199 (2016) [PDF].

⁵ Id.