

Fostering Telehealth Services to Improve Access in Medically Underserved Communities:

What We Know and What We Need to Know

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A Vision for America

For All of Us

NO MATTER WHO YOU ARE

OR

WHERE YOU ARE

YOU GET

THE HEALTH CARE YOU NEED

WHEN YOU NEED IT

Health Resources and Services Administration (HRSA)

- **Helps provide a safety net of health care services to 20 million people each year - about 1 in every 15 Americans. Budget of approximately \$7 billion in FY09.**
- **Six bureaus: Maternal and Child Health, HIV/AIDS, Primary Health Care, Health Professions, Health Systems, and Clinician Recruitment and Service.**
- **14 offices including Offices of Rural Health Policy, Minority Health and Health Disparities, International Health, Health Information Technology, and the Center for Quality.**

Challenges to Effective Care in US

- **Access: Persistent Geographic and Functionally Isolated Populations**
- **Aging Population: By 2030, 70 million Americans estimated to be over age 65 (20% of population)**
- **Provider Shortages: By 2020, RN nurse shortage estimated to reach 1 million**

Challenges to Effective Care in US

- **Baby Boomer Impact by 2020:**
 - Account for more than 40% of all physician visits
- **Baby Boomer Impact by 2030:**
 - 14 million will have diabetes
 - 26 million will have arthritis
 - More than 21 million will be considered obese/care will cost Medicare 34% more than for others
 - Knee replacements will increase 800% from today

Safety Net Challenges

- **According to a Commonwealth Fund 2006 survey:**
 - 23.9% of physicians providing care to non-hospitalized patients use electronic health records in some form
 - Reimbursement a barrier to Telehealth and Health IT adoption
 - Doctors who treat large numbers of Medicaid/poor patients are half as likely to have electronic health records
 - Doctors in cities are more likely to have EHRs than those in rural areas, as are doctors in larger practices and in larger health care facilities

Does Telehealth “Work”

- Answers are dependent on clinical service, setting, and implementation
- What we think we know:
 - Telehealth services can improve access in rural communities
 - Telehealth can improve quality of care for certain clinical services
 - Telehealth services do not necessarily improve productivity
 - Cost-effectiveness shown in closed systems, such as the VA, Kaiser, and limited small studies of non-closed systems - “free-world.”

Key Challenges

- **Reimbursement/Start-up Costs**
- **Re-engineering Practice/Clinical Acceptance**
- **Financial Sustainability**

All ultimately depend on showing: value-added of Telehealth

Addressing Telehealth Challenges: Demonstrating Value- Added

Improve Clinical Acceptance:

- Demonstrate efficacy in broader range of clinical services and settings

• Reengineering Practice

- Impact of Telehealth on work-flow and productivity

• Financial Sustainability:

- Cost-effectiveness/not simply reducing costs
- Alignment of incentives

• Workforce:

- Address health professions shortages and maldistribution in light of increased demand due to demographics and expanded coverage



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