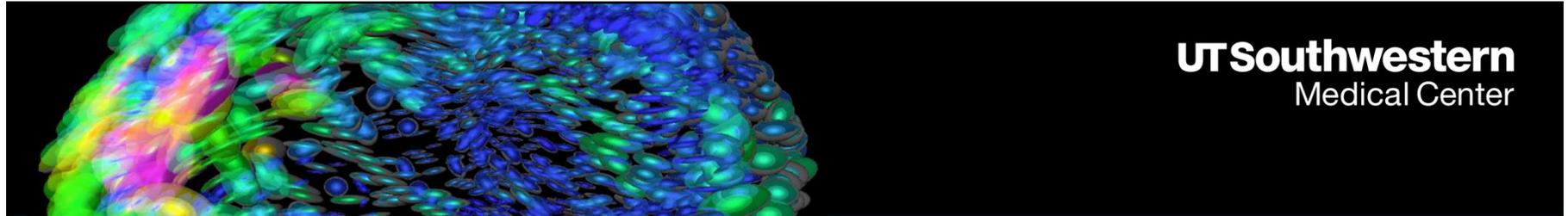




UT Southwestern
Medical Center

Brain Summit 2020 Virtual Symposium

Saturday, October 31, 2020



Telehealth in Neurology

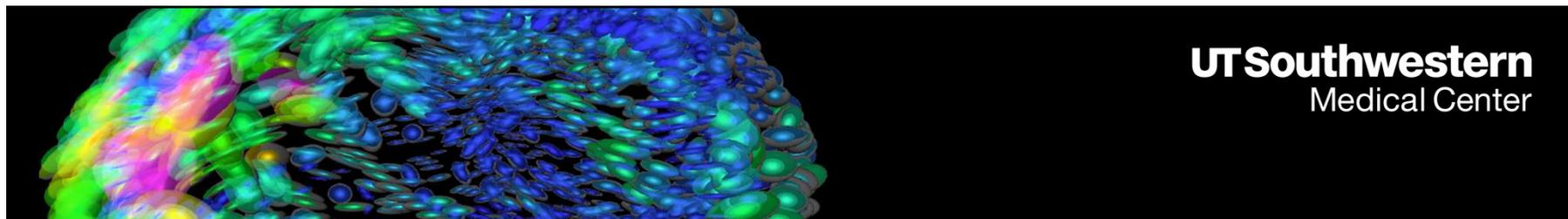
Alan Kramer, MPH

AVP, Health System Emerging Strategies
UT Southwestern Medical Center

Jaya Trivedi, MD

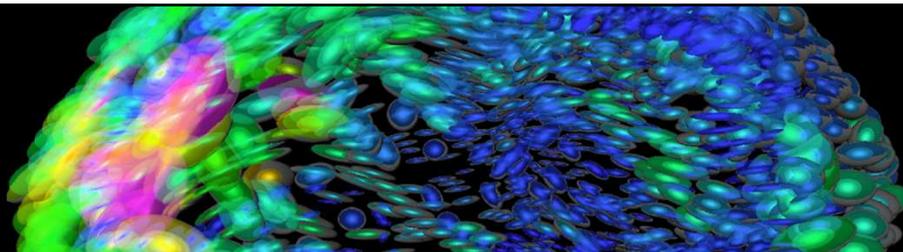
Professor of Neurology
UT Southwestern Medical Center

Saturday, October 31, 2020



Agenda

1. Virtual Care pre-Covid-19
2. Current Regulatory Environment
3. Usage of Virtual Care at UTSW
4. Virtual Care in Neurology
5. Next Steps with Virtual Care



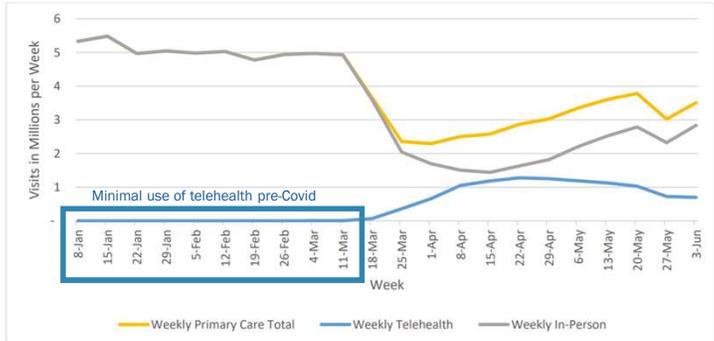
Virtual Care Pre-Covid-19

Texas Senate Bill 1107
(85th Texas Legislature, 2017)



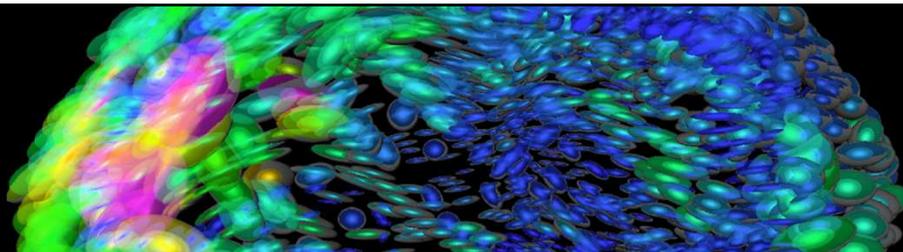
Texas moved from one of the most restrictive States for the practice of virtual care to one of the most progressive.

Medicare Use of Telehealth



Source: Medicare claims data up to June 3rd, available as of June 16.

- Geographic restrictions existed for all care except:
1. End Stage Renal Disease (ESRD)
 2. Acute Stroke
 3. Mental Health Related to Substance Abuse



Current Regulatory Environment



National Emergency Declared by
President Trump
(March 13, 2020)



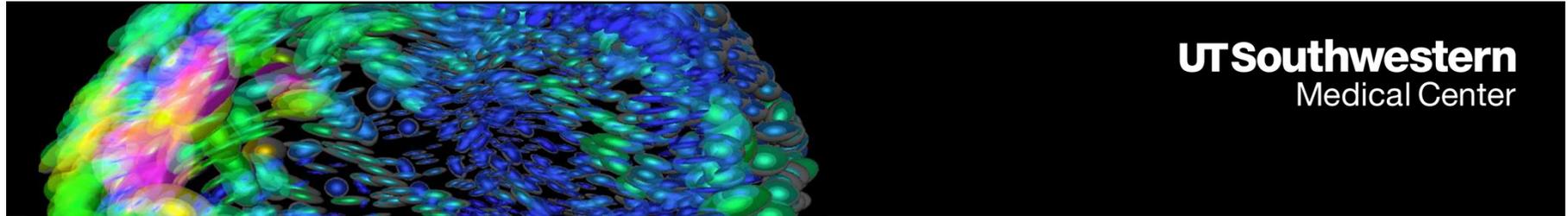
Public Health Emergency (HHS) & 1135
Waivers Removed Significant Barriers
(Current expiration: January 20, 2021)



Coronavirus Aid, Relief, and
Economic Security Act – CARES
Act
(March 27, 2020)

Relaxed regulations are in place for items
related to:

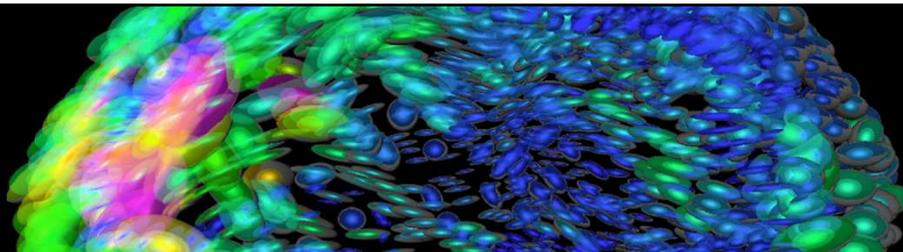
- Texas Medical Board
- State of Texas
- Centers for Medicare and Medicaid Services (CMS)
- Drug Enforcement Agency (DEA)
- Many changes with insurance company rules



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Current Regulatory Environment, Continued

- ① Medicare visits are reimbursed when the patient is at home
- ② Need to obtain telehealth privileges has been waived
- ③ Payment parity for visits completed in-person or virtually
- ④ Eligible practitioners expanded to include all providers eligible to bill Medicare for professional services
- ⑤ State-line requirements have been waived
- ⑥ Provider/Patient relationships can be established using virtual care
- ⑦ Facility fee can be billed for hospital-based clinics
- ⑧ Controlled substances can be prescribed using virtual care
(if audio/video for new patients, audio only ok for established patients)



Usage of Virtual Care at UTSW



200,000+ video visits arrived and completed



1,425+ providers have adopted video visits

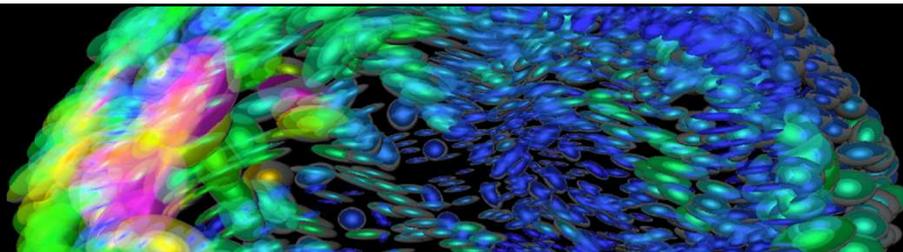


200+ sub-specialties & locations completing visits



1 in every 4 visits conducted virtually by video

Source: UT Southwestern Appointment Date: March 2020 to October 2020

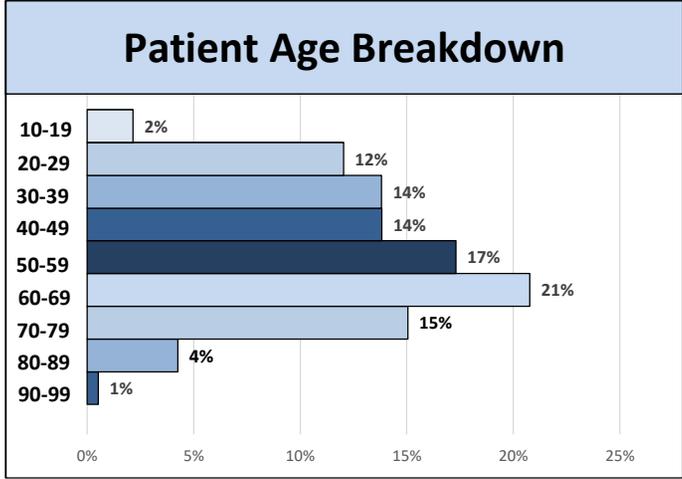


Usage of Virtual Care at UTSW

Geographic Breakdown

Video Visits Completed In:

2,035 Cities

Gender Breakdown

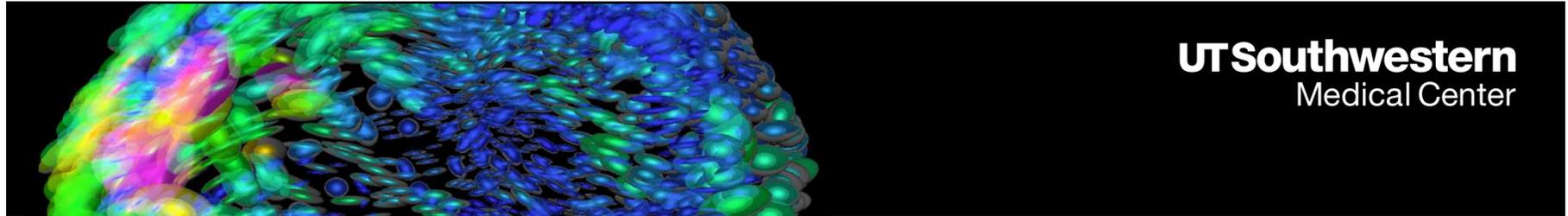


38% Male



62% Female

Source: UT Southwestern Appointment Date: March 2020 to October 2020



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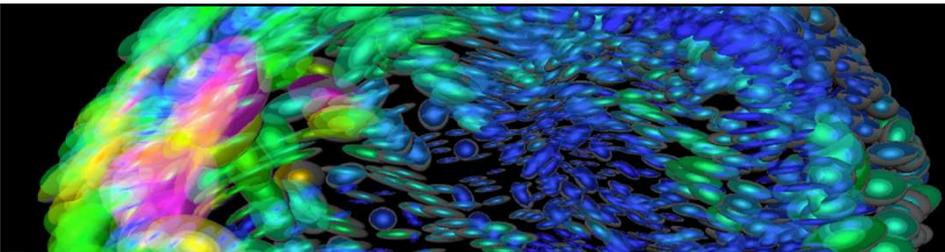
Virtual Care in Neurology

CONTEMPORARY
ISSUES

Supply and demand analysis of the current and future US neurology workforce

Dall et al, Neurology 2013

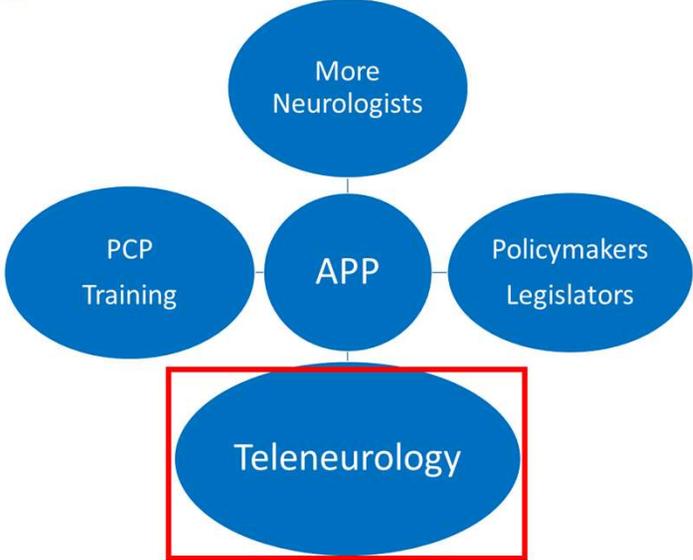
	2012	2025
Supply	16,366	18,060
Demand	18,180	21,440
Shortfall	11%	19%

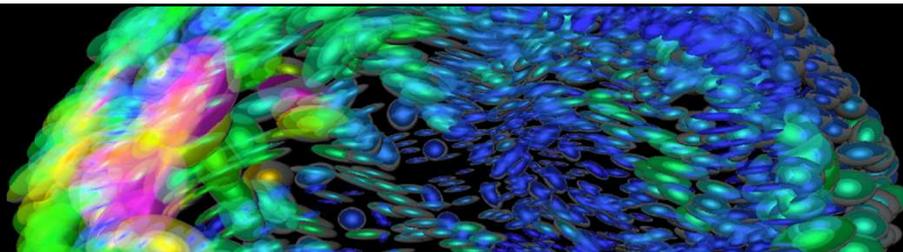


Virtual Care in Neurology

Proposed Solutions
AAN WFTF, 2013

William D. Freeman et al. Neurology 2013;81:479-486





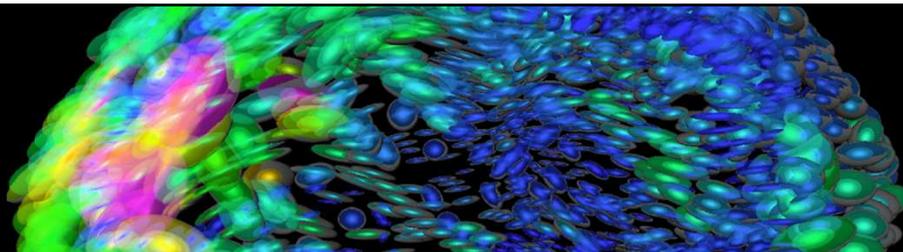
Virtual Care in Neurology

Hatcher-Martin, et al. Neurology 2020

Table 3 Summary of available data across multiple quality measures of teleneurology by subspecialty

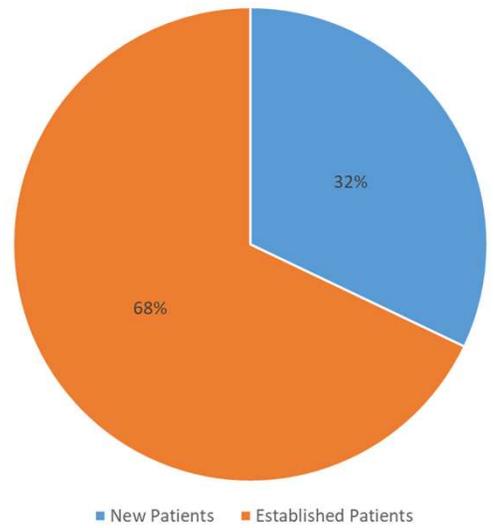
	Patient/physician satisfaction	Improved access to care ^a	Diagnostic accuracy	Improved outcomes	Cost savings (patient, health system use) ^a
Concussion/traumatic brain injury	+	+	++	++	+
Dementia	++	-	++	+	+
Epilepsy	+	+	-	++	+
Headache	++	-	++	++	+
Movement disorders	++	+	++	++	+
Multiple sclerosis	++	-	++	++	+
Neuromuscular	++	-	-	+	+
Inpatient general neurology	-	+	+	+	+

Abbreviations: + = small case series, indirect measurement; ++ = randomized controlled trial or inferiority trial, direct measure; - = no studies.
^a While it is presumed that telemedicine improves access to care and provides cost savings, few studies have formally measured this.

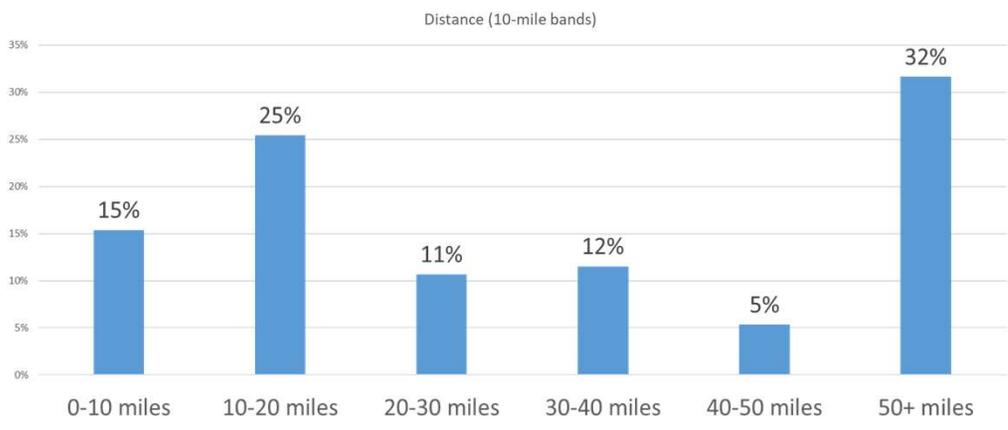


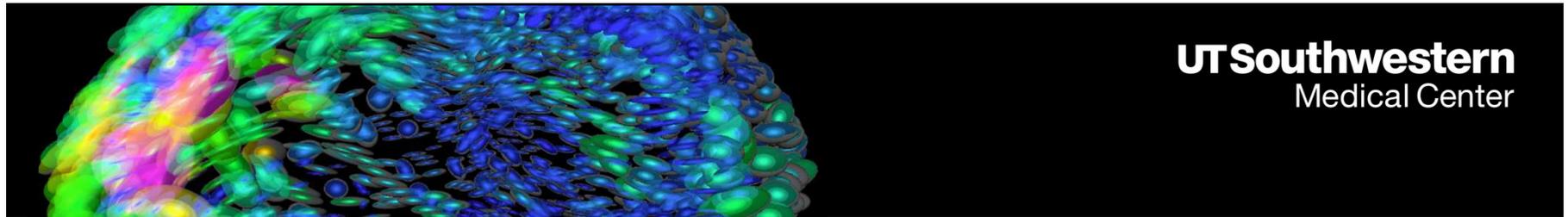
Virtual Care in Neurology

Neuromuscular Distribution of Virtual Care



Neuromuscular NEW patient Distance Saved with Virtual Care





Next Steps with Virtual Care

1. Specialty specific standard of care with virtual care
2. Maturing of federal and state regulations to support continued use of virtual care
3. Infrastructure and workflow will drive patient experience
4. Outcomes measurements comparing in-person and virtual