Telehealth is a critical tool for rural regions to respond to health care needs. The ability to deliver services remotely allows us to reduce transportation burden on patients, offer flexibility to clinicians with long commutes, share expertise across health care providers, offer professional development opportunities to our workforce, reduce stigma, connect with younger generations, and in some cases provide services that wouldn’t be possible without technology, such as remote patient monitoring.

So, what is telehealth? Most definitions recognize four general categories of care:

**Telemedicine**
Live video interactions between patients & their providers.

**Store & Forward**
Patient information shared between two providers for evaluation, not a live feed.

**Remote Patient Monitoring**
Also called telemonitoring. Monitoring physiology and/or behavior for review by providers.

**Mobile Health**
"mHealth", sometimes included in Store & Forward. Patients & providers exchange medical information, not through a live feed.

It is important to note that even if a service is recognized as part of “telehealth” that does not mean it is reimbursed by every (or even any) payer. Two other important terms are **Originating Site**, which is where the patient is, and **Distant Site**, which is where the provider is.
Reimbursement Is a Barrier to Telehealth

All telehealth programs have an initial cost to set up, whether it’s equipment, clinician training, integrating into workflow, helping patients understand telehealth, or simply technical support to ensure everything flows smoothly. The ultimate benefits of the program, plus assistance from outside groups and grants, can help offset these costs. However, disparities in reimbursement rates often make telehealth a net loss for FQHCs and small rural providers. Changes that could help include:

Expand Specialties Reimbursed for Store & Forward By VT Medicaid
We recommend adding teledentistry, which matches practices in other states, and exploring an expanded "eConsult" list that allows broader access to specialists and experts for reviewing medical information.

Expand Diagnoses Eligible for Remote Patient Monitoring Under VT Medicaid
Other states, such as NY and Maine, do not place diagnosis restrictions. We recommend following their experience to remove VT restrictions.

Find a Solution for Medicare Distant Site Exclusion of FQHCs
Medicare does not reimburse FQHCs clinicians for providing telehealth services. This outdated rule in no way reflects how FQHCs utilize telehealth today & inhibits care for the 39% of VT Medicare patients using FQHCs.

Review the Economics of Telehealth for Vermont Providers & Payers
We believe that opening up telehealth reimbursement policy can increase quality of care without increasing costs for payers, and that enough national & local data is available to predict fiscal impacts of different policies.

Nationally, in rural communities, 46% of FQHCs provide a telehealth program (NACHC, 2018). From 2015 to 2018 there was a 340% increase in physicians adopting telehealth and the majority of remaining physicians said they were likely to begin (American Well, Telehealth Index). Telehealth is important to the future of health care, and it’s important that we get the framework right to develop this resource for primary care providers.