

Lunch with ATA Mentors

Monday, May 16, 2016

12:00-1:00 PM

Experience Zone



Legal & Regulatory (Alexis Gilroy, JD)

"Laws and policy impacting digital health are quickly evolving across the US and globally. Ms. Gilroy works on multi-jurisdictional (US federal/state and international) compliance strategies, negotiates transactions, and counsels a variety of industry participants on the various laws and policy issues impacting telehealth providers, platforms, and devices, and will be available to generally discuss best practices for evaluating and managing multi-jurisdictional laws and regulations while scaling your digital health business. She is also available to discuss reimbursement related laws and regulations and lessons learned for engaging with health regulators (e.g. state medical boards, CMS, FDA, and others).



Acute Care and Direct to Consumer (Michael Bess, MD, MHA)

Acute Care Telemedicine has continued to grow at a rapid pace in the United States and is gaining more visibility in the mainstream market as well. Americans are becoming more technologically savvy and are increasingly reliant on their smartphones and computers to manage many aspects of their lives. Telemedicine offers people the opportunity to address common medical issues in an efficient, timely and professional manner, using their smartphones, computers and other devices. As telemedicine services increase in number and more people utilize such services, it is important to assess their impact on patient outcomes, assure quality, and delivery of appropriate scope of services. Our discussion will include evolution of the acute care telehealth market, current environment for various stakeholders, and potential future developments.



Integrating Sustainable Virtual Health Businesses (Edwin 'Win' Vaughan, MBA)

Sustainable virtual health businesses within integrated delivery systems must align with overall organizational priorities, provide value to participating customers and generate revenue to offset cost of operations. Business models for virtual services are often complex and require comprehensive business planning, economic technology investments and a commitment to customer experience, quality and satisfaction.



Entrepreneurship (Yulun Wang, PhD)

Taking a new idea and creating a business around it requires a great deal of effort spanning many areas. Creating a business plan, capitalizing your business, hiring talent, selling your product/service, and providing on-going customer support, are just a few of the areas one needs to think about. This session will be a discussion centered around the barriers that need to be overcome to launch and build a new business.



Payment Innovations (Nina Antoniotti, BS, DrPH, MBA, RN)

Payment policies for reimbursement for services delivered via TeleHealth have evolved over the last two decades since Medicare started paying for services delivered via telemedicine. Traditional fee-for-service arrangements are still highly used, however, more innovative payment models are being implemented across the country with good results. TeleHealth should expect to be paid at the same rate and frequency as services delivered in-person. This table discussion and mentoring will review payment strategies to maximize reimbursement and revenue under traditional and new models of health care compensation.



Health Informatics (Roy Schoenberg, MD, MPH)

What does it take these days to be an “informatician”?. Historically it was about legacy clinical systems, coding lexicons and hierarchical database querying. Today -- it’s a mishmash of business savviness, electronic devices, data exchange, user experience and various interpretations of the terms “marketing” and “adoption”. If it makes your head spin, you may need to eat something. Join us for lunch.



Remote Monitoring and Chronic Care Management (Bonnie Britton, MSN, RN, ATAF)

Come lunch with Bonnie Britton, an ATA Fellow and remote monitoring expert to explore how your organization can implement Medicare’s new Chronic Care Management services to increase your organization’s revenues to offset the cost of remote patient monitoring. For 19 years, remote patient monitoring has proven to be an essential tool for health systems, health plans, payors, federally qualified health centers, home health agencies, and ACO’s in reducing hospital readmissions and ED visits and significantly lowering health care costs while increasing patient engagement, satisfaction and quality outcomes. January 1, 2015, CMS released CPT Code 99490 for Primary Care Physicians to be reimbursed for providing 20 minutes of non-face to face care coordination for Medicare beneficiaries with 2 or > chronic conditions. In a report by *Modern Healthcare* in October 2015, CMS estimated that of the 25.4 million eligible patients that qualified for Chronic Care Management in 2015, only 100,000 of these received care. Come learn how to change

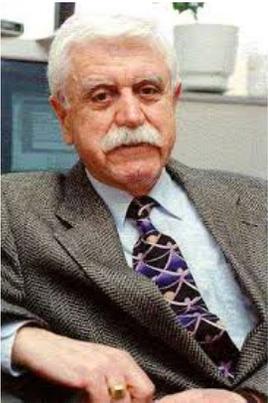
your organization's conversation and approach to financially supporting innovation. This conversation changes everything!



Virtual Care Central Program Design (Richard Bakalar, MD)

Many large and small health systems have adopted one or several pilot Telehealth or Telemedicine projects. The common challenge for most providers is how to scale their promising proof of concept projects, increasing patient and provider adoption, and establish a sustainable business model. During this informal luncheon setting we will discuss successful approaches and strategies from the US and international

case studies.



Telemedicine Research (Rashid Bashur, PhD)

Despite numerous decades of development and phenomenal growth in telemedicine and a voluminous research literature, there continues to be strong claims among policy and decision makers in health care that more research is needed before telemedicine can be accepted in mainstream medical care, especially whether it should be reimbursed as an appropriate modality of health care delivery. Regardless of the validity of or justification for this claim, robust scientific research may be the only path to establish the kind of evidence that convinces the critics and those on the sidelines of its merit. Scientific research is nothing more than the search for the truth, the kind of truth that is verifiable, replicable, and meaningful. The discussion in this session will

focus on research methodologies applicable to the study of telemedicine interventions and their effects. Methodologies include randomized clinical trials, quasi experiments and surveys. Issues include requirements for valid research: sample size, statistical power, missing data, data imputation, and fidelity of intervention. Evidence is an essential foundation of modern medicine. Evidence is likely to determine the future role of telemedicine in health care.