

# These Slipp Could Save

Telehealth will revolutionize health care for aging patients—if states can get out of the way.



# ers Your Life!

By Dylan Scott

**T**his exists: a pair of house shoes, equipped with pressure sensors and a special pedometer, that can sense when the wearer is about to stumble and send out an instant message to that person's doctor. Developed by AT&T in 2009, the slippers monitor the gait of the person wearing them and can alert a physician if there's anything unusual. That early notification might prevent a dangerous fall and a costly trip to the emergency room.

Seem crazy? How about a doctor's visit that takes place entirely through video conferencing? Or an in-home blood-pressure monitor that instantly relays a patient's stats to her doctor's office? Or glucose meters that constantly upload information to a password-protected website, allowing a diabetic patient's daughter to track her mom's health online?

It still sounds a little like science fiction for senior health care: Jetsons Age technology for a generation that grew up on "The Jetsons." But it's part of the very real, very rapidly growing telehealth industry, which is expected to triple in size to \$27.3 billion by 2016, according to projections by BCC Research, a market research firm.

It could be a cost-saver too. Some industry analysts have said remote monitoring could lead to savings of 20 to 40 percent by reducing unnecessary hospitalizations and catching chronic problems early. Others have cited pending doctor shortages—a national gap expected to reach 130,000 by 2025, as the baby boomer retirement wave crests—as reason to embrace remote health-care technology.

But state policies must first catch up.

Regulations set by state medical boards can make it difficult for doctors to practice telemedicine, Gary Capistrant, senior director of public policy at the American Telemedicine Association, told *Kaiser Health News* in May. State boards often require an existing doctor-

patient relationship or a prior in-person exam—severely limiting for an industry that frequently crosses state lines. Just two years ago, in a ruling that was decried by telehealth advocates, the Texas Medical Board expressly prohibited physicians from treating new patients virtually without an initial face-to-face exam (or a referral from another doctor who had met with the patient in person).

The national Federation of State Medical Boards convened in March 2011 to examine the relationship between regulation and telemedicine. Members voiced concerns over maintaining quality of care and providing adequate tech training for physicians. But there was an acknowledgment that telemedicine offers an important opportunity. "We have scarce resources, and there is recognition that life has changed when it comes to how best to ensure access to medical care for those in need," Dena Puskin, a senior adviser at the federal Human Resources and Services Administration, told the group.

Some states are embracing telehealth. The New Mexico Medical Board, for example, will issue a telemedicine license to any health-care provider outside the state who is licensed in any other state or territory in the United States. At least nine other state boards have modified their licensing requirements to allow some kind of telehealth practices across state lines. But with the other 40 states maintaining in-state licensing requirements, telehealth advocates say more action is needed.

"The best thing we could do is get rid of the term 'telemedicine,'" said Jay Sanders, president and CEO of the Global Telemedicine Group, at the 2011 conference. "When we started using CAT scans we didn't call it 'CAT-scan medicine,' and when ultrasounds came in we didn't call it 'ultrasound medicine.' It's medicine, period." **G**

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