Telehealth: Integration into New Payment and Care Delivery Models; Regulatory Flexibilities and Opportunities
Navigating Rapidly Evolving Opportunities and Challenges

THURSDAY, JUNE 16, 2016
1pm Eastern    |    12pm Central   |   11am Mountain    |    10am Pacific

Today’s faculty features:

Sarah T. Hogan, Partner, McDermott Will & Emery, Boston
Lisa Schmitz Mazur, Partner, McDermott Will & Emery, Chicago
Dale C. Van Demark, Partner, McDermott Will & Emery, Washington, D.C.

The audio portion of the conference may be accessed via the telephone or by using your computer’s speakers. Please refer to the instructions emailed to registrants for additional information. If you have any questions, please contact Customer Service at 1-800-926-7926 ext. 10.
Tips for Optimal Quality

Sound Quality
If you are listening via your computer speakers, please note that the quality of your sound will vary depending on the speed and quality of your internet connection.

If the sound quality is not satisfactory, you may listen via the phone: dial 1-866-819-0113 and enter your PIN when prompted. Otherwise, please send us a chat or e-mail sound@straffordpub.com immediately so we can address the problem.

If you dialed in and have any difficulties during the call, press *0 for assistance.

Viewing Quality
To maximize your screen, press the F11 key on your keyboard. To exit full screen, press the F11 key again.
Continuing Education Credits

In order for us to process your continuing education credit, you must confirm your participation in this webinar by completing and submitting the Attendance Affirmation/Evaluation after the webinar.

A link to the Attendance Affirmation/Evaluation will be in the thank you email that you will receive immediately following the program.

For additional information about continuing education, call us at 1-800-926-7926 ext. 35.
Telehealth

INTEGRATION INTO NEW PAYMENT AND CARE DELIVERY MODELS; REGULATORY FLEXIBILITIES AND OPPORTUNITIES.

Thursday, June 16, 2016

Sarah T. Hogan
Partner, McDermott Will & Emery

Lisa Schmitz Mazur
Partner, McDermott Will & Emery

Dale C. Van Demark
Partner, McDermott Will & Emery
Agenda

- Introduction
  - Defining Telehealth
  - Telehealth’s Potential Value Proposition
- Reimbursement
- New Payment Models – Value Opportunities
- Telehealth Technology Development and Deployment
Introduction
Introduction: Defining Telehealth
## Introduction: Defining Telehealth

<table>
<thead>
<tr>
<th><strong>Telemedicine:</strong> “the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.”*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Generally involves a provider to patient or provider to provider encounter.</td>
</tr>
<tr>
<td>• Telemedicine is a tool in the delivery of care – it is <strong>NOT</strong> a separate medical specialty.</td>
</tr>
<tr>
<td>• Examples include telestroke, second opinion, direct-to-consumer programs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Big Data:</strong> the use of large amounts of data and appropriate analytic tools to identify health trends in populations, more effective treatment options and other improvements in care delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Big data tools rely on the collection of large amounts of data and the development of effective analytics tools.</td>
</tr>
<tr>
<td>• Big data tools are rarely direct-to-consumer; rather, they assist health care providers and managed care organizations to improve their offerings.</td>
</tr>
</tbody>
</table>

Introduction: Defining Telehealth

**Consumer Health Tools**: products and services used by consumers to obtain health information, manage and improve their health, and intelligently choose and access health care solutions.

- Consumer health tools include mobile medical apps, and specialty devices to capture, store and communicate information.
- Consumer health tools also include on-line scheduling, on-line provider reviews and nutrition and weight-loss tools.

**EHR and Health IT**: products and services used by providers and consumers to collect and communicate a patient’s medical information.

- Traditional EHR tools and patient portals, but also other types of tools that enable providers to communicate medical information.
- Examples include computerized alerts, reminder systems to notify patients about preventative or follow-up care, and prompts to provide patients with test results.
The telehealth tools of today will look very different from the telehealth tools of tomorrow due to innovation in:

- Technologies
- Care delivery models
- Consumer awareness and demand
- Coverage and reimbursement
- Other areas
Introduction: Telehealth’s Potential Value Proposition – Payment in Transition

Fee For Service

- Reward unit cost
- Limited focus on care efficiency and patient centeredness
- Limited alignment with quality
- Siloed practitioners & isolated patients
- Focus on “cures and treatments”

New Payment Models

- Reward health outcomes
- Lower cost, improve patient experience
- Improve quality, safety and access
- Physician and patient engagement
- Focus on total patient “health”

You Are Here
Introduction: Telehealth’s Potential Value Proposition – Demand for Change

- Self Pay
- Government Programs
  - Medicare
  - Medicare Advantage
  - Medicaid
  - Medicaid MCOs
- Commercial Payors
  - Insurance
  - Employer Plans

Increasingly demanding risk sharing, higher quality and greater efficiency

New Payment Models
Introduction: Telehealth’s Potential Value Proposition – Demand for Change

Example: CMS Taxonomy of Payment Reform

Category 1: Fee for Service; No Quality Link
- Limited; majority of Medicare payments now linked to quality

Category 2: Fee for Service; Quality Link
- Hospital VBP
- Physician VBM
- Readmissions, Acquired Condition Programs

Category 3: Alternative Payment Models Built on Fee-for-Service Architecture
- ACOs (MSSP, Pioneer, CEC)
- Medical homes (CPC, MAPCP)
- Bundled pmnts (BPCI, OCM, CJR)

Category 4: Population-Based Payment
- Eligible Pioneer ACOs (Yrs 3-5)
- Next Generation ACO Model (PBP and capitation)
- Maryland All-Payer Model

By 2016: 85% FFS payments tied to quality and value | 2018: 90%
End of 2016: 30% FFS payments in APMs | End of 2018: 50%
Introduction: *Telehealth’s Potential Value Proposition?*

Pathway to Value-Based Purchasing and Population Health Management
Introduction: *Telehealth’s Potential Value Proposition*

**Access**
- Reduces ER visits
- Access to needed specialists
- Access for isolated patient populations

**Quality**
- Needed specialties at the right time
- Greater connectivity between patients and provider
- Better manage chronic conditions

**Cost**
- Can be lower cost option
- Long-term value (chronic conditions)
- More and better information to drive diagnosis and treatment decisions

**Service**
- Better communication between provider and patient
- Consumer empowerment and control
- Care when and where wanted

*Telehealth*
Reimbursement
Reimbursement: *Expansion*

- **Medicare**
  - Traditional high barrier to reimbursement
  - Slow but steady expansion

- **Medicaid**
  - Experimentation
  - Scattered and inconsistent requirements for reimbursement

- **Commercial**
  - Initial resistance
  - Steady expansion of acceptance

- **Self Pay**
  - Increased investment by consumers
  - Direct to consumer and managed care experience creating acceptance
  - Information technology tools increasing demand

- **Payment Reform**
  - Benefits of telehealth tools being proven
  - Direct reimbursement may be elusive, but economic value exists

*Telehealth*
Integration into New Payment and Care Delivery Models; Regulatory Flexibilities and Opportunities.
# Reimbursement: Medicare

## CMS Conditions of Coverage Medicare Reimbursement Requirements (42 C.F.R. § 410.78)

| Practitioner | • Physician, nurse practitioner, clinical psychologist, clinical social worker, etc., and  
|              | • Licensed to furnish the service in the state where the beneficiary is receiving treatment |
| Delivery Method | • Delivered via an interactive telecommunications system |
| Originating Site | • Physician office, critical access hospital, rural health clinic, hospital, skilled nursing facility, etc., and  
|                | • Located in a rural health professional shortage area or in a county not included in a Metropolitan Statistical Area |
Reimbursement: Medicare

Reimbursement to Distant Provider and Originating Site
Reimbursement to the health professional = same as the current fee schedule.
Originating Site is eligible to receive a facility fee (does not include patient’s home).
Use appropriate CPT code for the service and the telehealth modifier “GT.”
Reimbursement: Medicare Advantage

The ~14 million beneficiaries in Medicare Advantage (MA) plans have flexibility in using telehealth - as long as their provider offers the service.

Currently, Humana, Anthem and the University of Pittsburgh Medical Center Health Plan offer telemedicine to MA beneficiaries.
Reimbursement: *Medicaid*

48 states have some form of public reimbursement for telehealth services

- Usually no geographical restriction (like Medicare) – but may limit eligible provider and facility types
- Live video most reimbursed form (RPM and store and forward reimbursed in a much smaller number of states)
Reimbursement: *Commercial Payers*

- Policy and approach varies from payer to payer
- More than half of the states have adopted laws that **require** private insurers to cover and/or reimburse providers for certain telemedicine services.
- These laws are referred to as “Telehealth Payment and/or Coverage Parity Laws”.
Reimbursement: Commercial Payers – Coverage Parity Laws

Require health plans to cover services provided by telehealth to the same extent the plan covers the services if provided through an in-person visit.

- Do not mandate the health plan develop or provide new service lines or specialties.
- Scope of services in the member benefit package remain unchanged.
- Frequently include language to protect patients from cost-shifting.
- Prohibits health plans from imposing different co-pays, deductible or maximum benefit caps for telehealth services.
Reimbursement: Commercial Payers – Payment Parity Laws

- For example, if a health plan agrees to pay a physician $100 for each patient examination, the health plan must pay the physician the same or equivalent rate - regardless of whether she provides the service in-person or via telehealth
- Doctor’s services must still be appropriately documented and medically necessary in order to be paid
- Do not (nor are they intended to) hinder opportunities for cost savings opportunities
- Plans and providers may still voluntarily contract for APMs

Require health plans to pay providers for telehealth services at the same or equivalent rate the health plan pays the provider when the service is provided in-person.
Reimbursement: Commercial Payers

Consider the following when reviewing Telehealth Payment and/or Coverage Parity Laws:

• Does the law cover services provided via telehealth to the same or a lesser extent than in-person services?
  • Recent example of NY Health Plan
• Does the law limit the technologies used?
  • Does it cover interactive services only OR additional telehealth-based services?
• Does the law include other restrictions that limit its effectiveness and usefulness to telehealth providers?

These laws should not be viewed as a replacement or hindrance to provider-payer negotiations.
Reimbursement: *Commercial Payers – “If…. then…”*

- Often of limited utility, but better than nothing
- Example: Illinois: **If** a policy of accident or health insurance provides coverage for telehealth services, **then** it must comply with certain prohibitions (e.g., can’t require in-person contact for services to be provided through telehealth, can’t require use of telehealth if provider has determined not appropriate, etc.).
Reimbursement: *Self-Pay*

**Why popular:**

- Patients increasingly investing time and money into improving their health, and seek convenience
- High deductible health plans

**Considerations:**

- Medicare assignment rules, which require Medicare enrolled physicians to accept payment from the Medicare program
  - Even if the service is not covered by Medicare, consider providing a patient who is or likely to be a Medicare beneficiary with a notice of non-coverage (ABN) to sign before the service is rendered.
- Whether the provider is in network with the patient’s commercial health benefit plan to determine if there are any applicable benefit assignment provisions in the payor’s contract.
  - Some payor contracts prohibit direct billing, especially for in-network providers.
- State laws and regulations related to the direct billing of insureds in certain kinds of plans
New Payment Models – Value Opportunities
New Payment Models: Value Opportunities

Direct Reimbursement

Revenue Enhancement / Protection

Telehealth
New Payment Models: *Value Opportunities*

- MACRA
- Chronic Disease Working Group
- CHIP/MMC
- CONNECT for Health
- Maryland All-Payer Model
New Payment Models: **MACRA**

**Pre-MACRA**
- Uncertainty over annual SGR update
- FFS dominant payment method
- Multiple disconnected physician quality programs

**Post-MACRA**
- Period of stable payments
- Increased portion of payment at risk
- Consolidation of various physician quality programs into one program

Clinicians must choose to participate in Merit-Based Incentive Payment (MIPS) or certain Alternative Payment Models (APM)
Clinician compensation under MIPS is evaluated under multiple categories.

One category is “Clinical Practice Improvement Activities” (CPIA).

CPIA includes care coordination, “such as . . . . use of remote monitoring and telehealth.”* §101(c)(2)(B)(iii)(III)

APMs are highly evolved, specific programs (including ACOs).

Requirements of APMs can be specific.

But: MACRA does not prohibit APM from including non-reimbursed telehealth services.* §101(z)(5)

*§101(z)(5)
New Payment Models: MACRA – General Support of Telehealth Value Proposition

MIPS and APMs are designed to incentivize efficiency and quality.

Telehealth tools can help providers achieve efficiency and quality and provide value regardless of direct reimbursement.
New Payment Models: *Chronic Disease Working Group*

- On December 18, 2015, the Senate Committee on Finance released a Bipartisan Chronic Care Working Group Policy Options Document.

- Document proposes:
  - Increasing telehealth for MA *and* permitting MA plans to include certain telehealth services in their annual bid amounts
  - Waiving geographic location requirements for Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (MSSP) ACOs in two-sided risk models
  - Remote patient monitoring in ACOs
  - Telehealth for stroke and ERSD services.
New Payment Models: Medicaid and Children’s Health Insurance Programs (CHIP) Final Rule

Key Provisions

Focuses on network adequacy standards - both in terms of state responsibilities and Medicaid managed care plans - and advises states to contemplate telemedicine, e-visits, and/or other evolving and innovative technological solutions.

Suggests that telehealth should be incorporated to meet network adequacy standards in the context of Medicaid managed care.

Aligns with the separate CMS Rule from 2015.

Why it Matters

NAIC released proposed model legislation for states that also includes telehealth as a way to meet network adequacy standards.

CHIP Final Rule and NAIC Model legislation illustrate a trend toward streamlined efficiency that is reliant on technology remedies a common problem associated with narrow networks: namely, inadequate access to care.
New Payment Models: CONNECT for Health Act

Key Provisions

Removes certain geographic and payment restrictions for telehealth (and RPM) services provided to Medicare beneficiaries.

Creates a “bridge” telehealth demonstration project (expanding providers’ use of telehealth in anticipation of MACRA).

Provides payments to APMs for RPM services and expands use of RPM for certain patients with chronic conditions and recent hospitalizations.

Proposed positive changes to MA plans designed to increase telehealth use.

Potential Impact

Expected to lower federal spending by $1.8 billion over a 10-year timeframe.

Expected to improve patient access to services.
**New Payment Models: Maryland All-Payer Model – General Incentives**

Hospitals operate under an annual, global budget for all inpatient services for all payers.

Reimbursement model incentivizes care coordination, population-health based strategies to reduce inpatient visits.

Telehealth tools can be utilized to achieve better care-coordination, implement population-health based strategies and reduce inpatient visits.
New Payment Models: Observation on Telehealth Value Over Time

Direct Reimbursement

Revenue Enhancement

MACRA

Maryland All Payer

ACOs and other Shared Savings

Trend – Quality & Efficiency

Some specific legislation

Telemedicine
## New Payment Models: *Other Federal Legislation (House)*

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Sponsor</th>
<th>Title</th>
<th>Short Summary</th>
<th>Longer Summary</th>
<th>Cosponsors</th>
</tr>
</thead>
<tbody>
<tr>
<td>H.R. 2948</td>
<td>Rep. Mike Thompson (D-CA)</td>
<td>Medicare Telehealth Parity Act</td>
<td>To provide for an incremental expansion of telehealth coverage under the Medicare program.</td>
<td>Phases in the expansion of telehealth services by: 1) removing the geographic barriers under current law and allowing the provision of telehealth services in rural, underserved, and metropolitan areas; 2) expanding the list of providers and related covered service that are eligible to provide telehealth services to include respiratory therapist, physical therapist, occupational therapist, speech language pathologist, and audiologist; 3) expanding access to telestroke services; 4) allowing for remote patient monitoring; 5) allowing the beneficiary's home to serve as a site of care for home dialysis, hospice care, eligible outpatient mental health services, and home health services.</td>
<td>53 -- 15 R, 38 D</td>
</tr>
<tr>
<td>H.R. 4155</td>
<td>Rep. Diane Black (R-TN)</td>
<td>Telehealth Innovation and Improvement Act</td>
<td>To require the Center for Medicare and Medicaid Innovation (CMMI) to test the effect of including telehealth services in Medicare health care delivery reform models.</td>
<td>Requires CMMI to test the effect of including telehealth services in Medicare delivery reform models. CMMI would review and evaluate (via an independent entity) the telehealth models for cost, effectiveness, and improvement in quality of care. If successful, then the model would be covered through the larger Medicare program.</td>
<td>None</td>
</tr>
</tbody>
</table>
# New Payment Models: Other Federal Legislation (Senate)

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Sponsor</th>
<th>Title</th>
<th>Short Summary</th>
<th>Longer Summary</th>
<th>Cosponsors</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. 1465</td>
<td>Sen. Mark Kirk (R-IL)</td>
<td>Furthering Access to Stroke Telemedicine (FAST) Act</td>
<td>Expands access to stroke telehealth services under the Medicare program.</td>
<td>Provides for Medicare reimbursement for telestroke evaluations, regardless of where a patient is located. (Coverage is currently limited to patients in rural areas).</td>
<td>1 -- 1 R</td>
</tr>
<tr>
<td>S. 2343</td>
<td>Sen. Cory Gardner (R-CO)</td>
<td>Telehealth Innovation and Improvement Act</td>
<td>To require the Center for Medicare and Medicaid Innovation (CMMI) to test the effect of including telehealth services in Medicare health care delivery reform models.</td>
<td>Requires CMMI to test the effect of including telehealth services in Medicare delivery reform models. CMMI would review and evaluate (via an independent entity) the telehealth models for cost, effectiveness, and improvement in quality of care. If successful, then the model would be covered through the larger Medicare program.</td>
<td>1 -- 1 D</td>
</tr>
</tbody>
</table>
Telehealth Technology Development and Deployment
Telehealth Technology Development

- Combinations of telehealth and technology will be critical to achieving value-based care objectives
  - Data access is critical
    - Collecting data through a technology solution and delivering it remotely to provider allows:
      - More complex and urgent conditions to be diagnosed and treated through telehealth
      - Enhanced care coordination
      - Remote monitoring and intervention

- Limitless opportunity for (quality) new development
- Driving increased collaboration between traditional technology companies, healthcare providers, insurers, device manufacturers, pharmaceutical companies and other players
Telehealth Market: *Growth Projections*

- Globally, the telehealth technologies market is predicted to grow to **$34 billion** in 2020. (Mordor Intelligence, 2015).
- Domestically, annual investment in “on-demand” health services will quadruple from $250 million to **$1 billion** by 2017. (Accenture, 2015).
- The global internet of things (IoT) healthcare market is expected to grow from $32.47 billion in 2015 to **$163.24 billion** by 2020 (Markets and Markets, 2015).
Telehealth Technology Development: Preliminary Considerations

- Regulatory Environment
- Intellectual Property Rights
- Deployment Strategies
- Liability Issues
Telehealth Technology Development: Regulatory Considerations
Telehealth Technology Development: Mobile Health Apps Interactive Tool

Telehealth Technology Development: Mobile Health Apps Interactive Tool

1. Do you create, receive, maintain, or transmit identifiable health information?
   - YES
     GO TO QUESTION 2 to determine if HIPAA applies.
   - NO
     GO TO QUESTION 3 to see if HIPAA applies.

2. Are you a health care provider or health plan?
   - YES
     GO TO QUESTION 3 to see if HIPAA applies.
   - NO
     GO TO QUESTION 4 to see if HIPAA applies.

3. Do consumers need a prescription to access your app?
   - YES
     GO TO QUESTION 4 to see if HIPAA applies.
   - NO
     GO TO QUESTION 4 to see if HIPAA applies.

4. Are you developing this app on behalf of a HIPAA covered entity (such as a hospital, doctor’s office, health insurer, or health plan’s wellness program)?
   - YES
     You likely are a HIPAA business associate, subject to the HIPAA Security Rule and specific provisions of the HIPAA Privacy and Breach Notification Rules.
     GO TO QUESTION 5 to see if the FD&C Act also applies.

Telehealth Technology Development: Myriad of Intellectual Property Rights in Telehealth Tools

- **Patents**
  - Device specifications
  - Methods of manufacture
  - Software processes

- **Copyright**
  - Software code (object and source code)
  - Compilations of data
  - Look and feel

- **Trade secrets**
  - Software code (object and source code)
  - Software algorithms
  - Manufacturing processes
  - Back-end technology

- **Trademark rights**
  - Product name
  - Taglines
Telehealth Technology Development: Intellectual Property Rights Issues

- Understand IP landscape
- Outsourced development
  - Ensure ownership of IP developed
  - Control use of developer’s IP and third party IP (including free and open source software)
- Development collaborations
  - Avoid default IP ownership rules by contractually establishing ownership of:
    - Existing technology
    - Improvements and modifications
    - New technology
  - Joint development committee to establish and implement IP strategy
Telehealth Technology Development: Deployment Strategies

Direct to consumer
• Designed for consumer use but can be used to send data to provider for telemedicine consult

Provider to Patient
• Comprehensive telehealth tools with integrated functionality to collect and deliver data to providers
• IoT devices or mobile apps available by prescription from physician

Provider to Provider
• Tools allow data sharing for remote consultations between providers
Telehealth Technology Development: Liability Issues

**Potential Liabilities**
- Malpractice
- Product liability
- Breaches of privacy and security
- False/deceptive advertising

**Risk Mitigation**
- Allocate risk among parties given their roles in development/deployment
- For mobile apps, effectively use terms of service and privacy policies.
Telehealth Technology Development: 
Telehealth App Terms of Service

- Terms of Service = legally binding agreement between App publisher and App user.
- Provide clear, concise terms that are easily understood by the user.
- Establish:
  - “Rules of the road” relating to access and use of App
  - App capabilities and limitations
  - Limits of App publisher’s liability
  - Privacy/security obligations and expectations through an incorporated Privacy Policy
  - App store required terms.
License to user to access and use App for a specific purposes (e.g., personal or business use)
- Note that the user rights may be very different for a health care provider and a patient

App usage rules:
- Age
  - At least 13 unless compliance with COPPA
- Prohibited conduct
- Treatment of passwords
- Rules for using content included in the App

Establish data usage rights for App publisher if desired
Telehealth Technology Development: Telehealth App Terms of Service - Legal Liability Issues

- Courts have generally affirmed App publishers’ rights to include certain important protections provided that *clear, unambiguous notice* is provided.

- Warranty disclaimers:
  - App is merely facilitating communications between health care providers and patients and does not itself provide medical advice.
  - Patients are encouraged to seek health care provider advice in interpreting information provided by the App.
  - Health care providers should ensure they are appropriately licensed.

- Limitations of liability:
  - App publisher not responsible for indirect, consequential damages.
  - App publisher not liability for damages above a specified cap.
Telehealth Technology Development:  
*Telehealth App Terms of Service - Legal Liability Issues (cont’d)*

- Governing law and venue
- Waiver of jury trial
- Agreement to arbitrate claims
- Class action waiver
- Limitation on time to bring actions
Telehealth Technology Development: Updating Telehealth App Terms of Service

- Terms of Service should be regularly reviewed and kept up to date
- Consider how terms may be modified over time:
  - Notice is required to user
    - Best practice to provide advance notice and a method for user to terminate in the notice period
  - Avoid blanket statements that the terms can be modified at any time *without* notice or consent
Telehealth Technology Development: Telehealth App Privacy Policies

- Privacy Policy should clearly and accurately describe:
  - Who is the data collector (App publisher or health care provider)?
    - Does HIPAA apply?
      - If not, notify patient
  - What/how information is collected:
    - Personal information (name, address, email address or SSN)
    - Protected Health information (PHI)
    - Location data
    - Data from a wearable or other IoT device
Telehealth Technology Development:
*Telehealth App Privacy Policies (cont’d)*

- **How information is used:**
  - To provide services to the user
  - To improve products and services or to develop new products
  - To aggregate and de-identify information for benchmarking and analysis or “for any purpose permitted by law”

- **How information is shared:**
  - Information sent to providers or interfaced with EHR system
  - Information available to be accessed by other providers on individual’s treatment team
  - Social media sharing
Contact Information

Sarah T. Hogan (bio)  
Shogan@mwe.com  
(617) 535-3911  
LinkedIn

Lisa S. Mazur (bio)  
Lmazur@mwe.com  
(312) 984-3275  
LinkedIn

Dale Van Demark (bio)  
Dcvandemarck@mwe.com  
(202) 756-8177  
LinkedIn
Telehealth
INTEGRATION INTO NEW PAYMENT AND CARE DELIVERY MODELS; REGULATORY FLEXIBILITIES AND OPPORTUNITIES.

Thursday, June 16, 2016

Sarah T. Hogan
Partner, McDermott Will & Emery

Lisa Schmitz Mazur
Partner, McDermott Will & Emery

Dale C. Van Demark
Partner, McDermott Will & Emery