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November 14, 2016

Dale Kleven, Administrative Rules Coordinator,
Department of Safety and Professional Services, Division of Policy Development,
1400 East Washington Avenue, P.O. Box 8366,
Madison, WI 53708-8935

Re: Comments to the Wisconsin Medical Examining Board's revised rule to create chapter Med 24 relating to telemedicine

Dear Mr. Kleven,

The Convenient Care Association ("CCA"), on behalf of its members, appreciates the opportunity to offer comments to the Wisconsin Medical Examining Board's proposed order to create chapter Med 24 relating to telemedicine. The CCA was founded in 2006 to provide a unified voice for the retail-based convenient care industry. Convenient care clinics, often referred to as "retail clinics," are healthcare facilities located inside retail locations, such as pharmacies and grocery stores. The industry is currently made up of more than 2,000 retail clinics across more than 40 states and Washington D.C. Our members have collectively provided more than 35 million patient visits, and over 90 percent of patients are satisfied with clinic services.¹ Retail clinics offer high-quality, low-cost, accessible healthcare. The care is provided by nurse practitioners and physician assistants, and encompasses basic primary care, preventive and wellness services, as well as some chronic disease monitoring and treatment. All members of the CCA are certified or accredited by national organizations, such as The Joint Commission and the Accreditation Association for Ambulatory Health Care. Research on the industry has documented time and again that retail clinics deliver high-quality, cost-effective care and adhere to evidence-based practice guidelines. The CCA represents more than 99 percent of all retail clinics currently in operation across the country.

Retail clinic services, which are convenient and affordable, help increase access to care and prevent complications that often result in costly emergency room admissions. A major study sponsored by the RAND Corporation and published in the *Annals of Internal Medicine* found that care at convenient care clinics was equivalent in quality to other settings and 40 to 80 percent less costly.²

¹ Convenient Care Association, <http://ccaclinics.org/about-us/about-cca>.

² Comparing Costs and Quality of Care at Retail Clinics with that of Other Medical Settings for Three Common Illnesses, *Annals of Internal Medicine*, August 2009.

There are currently 35 retail clinics serving thousands of patients across Wisconsin. Each clinic records approximately 20-40 patient encounters per day. The CCA fully supports the utilization of telemedicine as a means of expanding access to high quality, care for patients in Wisconsin and throughout the nation. The use of telemedicine among retail clinics in other states is growing rapidly. Ninety-five percent of retail clinic patients receiving care as part of a nationwide telehealth pilot program report that the care is as good as or better than the care received through a traditional visit.³ In addition to increasing access, telemedicine has the potential to make care more efficient and cost effective for Wisconsin's patients, as well as to lower costs for the state. However, CCA requests that the Medical Examining Board provide some additional clarification that will facilitate the adoption of telemedicine in Wisconsin's retail clinics, and ensure that retail clinic providers and patients can take full advantage of the technology.

CCA's primary point of concern regarding the revised Med 24 Telemedicine rule is listed below:

I. The Use of Telemedicine by Non-Physician Providers – Section Med 24.10 of the original proposed rule contained a section labeled Nonphysician health care providers, which gave some guidance as to how and when telehealth may be used by nonphysician providers. This section has been removed. The revised rule only mentions nonphysician providers in Section Med 24.01 Authority and scope. Subsection (5) of this section states, “the rules of this chapter may not be construed to prohibit: (5) the use of telemedicine by a Wisconsin licensed physician assistant to provide patient care, treatment, or services within the licensee’s scope of practice under Med 8.07.” The rule makes no mention of the use of telemedicine by nurse practitioners.

Wisconsin's retail clinics are primarily staffed by nurse practitioners and all of the providers participating in telehealth pilot program cited above are nurse practitioners. **CCA requests clarification as to whether the revised rule is intended to apply to nurse practitioners.** Research demonstrates that nurse practitioners have the potential to produce health outcomes that are as good as or better than the outcomes associated with other providers, while lowering costs and increasing access. In order to ensure Wisconsin's patients can take full advantage of the benefits of nurse practitioner delivered telehealth services, **CCA also requests that the following language be added to Med 24.01. The rules of this chapter may not be construed to prohibit:**

“(6) the use of telemedicine by a Wisconsin licensed nurse practitioner to provide patient care, treatment, or services within the licensee’s scope of practice as defined by state law or regulations.”

³ Hansen-Turton, T., Hughes, F. and Cohen, R., “How Embracing Telehealth and Further Innovation Will Position Nurse-Led Care as a Sustainable Model of Healthcare Delivery”. Presentation to the International Council of Nurses, September 9, 2016.

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On behalf of CCA and its members, I appreciate the opportunity to submit comments on the revised telemedicine rule. If you have any questions as to how the rule may impact Wisconsin's retail clinics, please do not hesitate to contact me at (215) 219-8857 or tine@ccaclinics.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Tine Hansen-Turton". The signature is fluid and cursive, with a large initial "T" and a long, sweeping underline.

Tine Hansen-Turton
Executive Director, Convenient Care Association