

Value Based Care and Telemedicine

Executive Summary:

- Telemedicine is a disruptive innovation
- Telemedicine includes virtual visits, email consults and patient portals
- The use of telemedicine is being used in a variety of ways, including at ICU's and ED's
- Reimbursement for virtual visits are not broad yet
- There are 7 guides to implementing telemedicine at your site

~~~~~

A cardiac patient had been readmitted to the hospital four times within a short time span. His physician could not figure out why this was happening. It so happened that the cardiologist could create a video link to the patient at home on his tablet. So, the two met online; the doctor asked the patient to show him the kitchen and kitchen cupboards. What did the doctor find? High risk foods such as potato chips were plentiful in the kitchen. The root cause of the readmissions had been found.

This is an example of the advent of telemedicine as described recently on the Modern Healthcare website in an article titled *Using Telehealth to Advance Value-Based Care*. Telemedicine involves many different means of connecting patients and physicians through internet based devices and programs. Among these are patient portals, email consults, video conferencing, remote monitoring devices, including Apple's iWatch, and the many apps available online. Keep in mind that patient access to portals is required under the new MACRA reimbursement model.

It seems that video conferencing is one element of telehealth that is drawing a great deal of attention. According to the Modern Healthcare article there is a great deal of interest in using this technology in rural areas as it increases access to specialty physicians who are usually only found in urban areas. According to the article, "Telemedicine has some of the highest adoption in some of the nation's most remote areas: The three states with the highest telemedicine adoption rates are Alaska (75%), Arkansas (71%), and South Dakota (70%), according to the Center for Connected Health." Using video conference is also helping drive down costs. At the present time reimbursement for teleconferencing does not cover many activities; Medicare only reimburses providers for services provided in rural areas and only at special sites, not in the home. However, hospitals are willing to provide this access as it drives down readmissions, thus saving them from penalties. Some employers are willing to pay for this service as it improves productivity for them; employees' absences are driven down by using this technology.

An ICU nurse in a rural town (Berlin, Maryland) suspected that a patient had necrotizing fasciitis, the flesh-eating disease. This condition is very hard to diagnose. Even experienced intensive care physicians rarely see it. Fortunately, this hospital, Atlantic General Hospital, had remote access to a critical care doctor 125 miles away through high-speed data lines which provide video conferencing and remote monitoring of vital signs as well as transmission of x-rays and other tests. This remote physician confirmed the nurse's diagnosis and arranged for transfer of the patient to a site where an operation could be performed to remove the affected flesh.

The above story was reported by Kaiser Health News in the article *Telemedicine Bolsters ICUs in Maryland*. The telemedicine is provided by Maryland eCare which is located at the University of Maryland. It has 20 experienced intensive care physicians that provide consulting services to rural hospital ICUs in Maryland. Each of the hospitals pay a fee for access to the service. The client hospitals with this service have decreased the average patient stay in their ICUs.

The article *Telehealth: Seven Strategies to Successfully Implement Disruptive Technology and Transform Health Care* found in the February 2014 issue of *Health Affairs* gives advice on implementing telehealth. It terms innovations ‘disruptive’ if they displace prior ways of doing things. Such an innovation is ATMs. Below are brief summations of the seven strategies. You can find more details in the article itself.

**A. Understanding Patients and Providers Expectations.** Patients are using more apps to monitor their own health and are researching medical conditions online. Patients who are willing to connect with their own physicians and other providers want to be assured that their personal health data is secure.

Providers expect to make more use of technical innovations. They expect these innovations to easily integrate the data from the apps into the patient health record. They want the patient data to be analyzed to spot any future health issues.

**B. Untethering Telehealth from Traditional Revenue Expectations.** Those using telehealth understand that there will not likely be reimbursement for using this technology in the near future. Rather, providers see it as an experiment in driving down health care costs in a reimbursement environment based upon outcomes and bundled payments.

**C. Deconstructing the Traditional Health Care Encounter.** A health care encounter is composed of many parts, both clinical and administrative. Providers should apply tools such as value stream mapping to see where telehealth can be used. An example of replacing some of the human encounter at registration is to use electronic kiosks. Organizations should enable clinicians to adopt user-friendly mobile technology in their workflow.

**D. Being Open to Discovery.** Health care organizations need to be open to new technology that has been proven to be safe and effective. For example, video visits can often replace follow up visits when physicians are monitoring a patient’s adherence to a treatment routine. Another example is the use of Maryland eCare from above.

**E. Being Mindful of the Importance of Space.** Organizations must be mindful of whether a virtual visit can replace human interaction. Research needs to be done to see under what circumstances telehealth can replace face-to-face interaction. Health care organizations should collect data comparing virtual visits to ‘real’ visits to compare effectiveness. Such data may indicate that some clinicians are more effective in using telehealth.

**F. Redesigning Care to Improve Value.** Telehealth innovations should focus on meeting the goals outlined in Institute of Medicine’s report, *Crossing the Quality Chasm*. Namely, telehealth should focus on care that is safe, effective, patient-centered, timely, efficient and equitable.

**G. Being Bold and Visionary.** Health care organizations should look to adopting telehealth to solve problems of access to care, especially to clinical specialists. Telehealth can certainly increase access to specialists in rural service areas. Organizations should see how telehealth care can be used to advance medical homes and accountable care organizations.

I believe that telehealth will continue to evolve and expand, replacing some care processes where it can be proven to be effective and safe, increase patient satisfaction, drive down costs and improve health at the population level. That is, it will be employed to improve hitting the Triple Aim of Healthcare. In my local area, Colby Crittenden, projects manager of Answer Health, shared Answer's way forward in telehealth: "Answer Health on Demand is dedicated to delivering the community with comprehensive, convenient, and coordinated online care via a collaboration of independent providers. Answer Health on Demand offers instant face-to-face web conversations with providers via computers or mobile devices. It's virtual medical advice the moment it's needed. As a collaboration of Independent Physicians we are not idly going by the book, but writing a new one so that we aren't just staying ahead of the curve, we're setting it."

~~~~~

Bryant's is skilled at training in the areas of population level health management, business process management, risk assessment and continuous quality improvement. Contact Bryant's to find out about more about onsite training for your group. Please contact Bryant's at 616-826-1699 or email at t.bryant@alumni.utexas.net . Visit www.bryantsstatisticalconsulting.com to learn more about Bryant's services.

Bryant's can help with analyzing data and providing dashboards that can be used by providers at your site to improve care, that can be used to demonstrate the quality of care to new patients and that can be used in negotiating value-based contracts with payers.