Health Information Compliance Alert

Case Study: Telehealth Enhances Patient Care, But Is Hampered by Regulations, Research Suggests

The set-up costs can impede the success of telemedicine initiatives at Medicare practices.

With healthcare technologies coming at you left and right, it's easy to get bogged down. But telemedicine is one area of healthcare that can really improve patient care and your fiscal reserves, yet it's not being utilized as much as it could be.

CMS wants to change that.

Definition: Medicare.gov classifies telemedicine as "medical or other health services given to a patient using a communication system (like a computer, phone [with two-way visual capabilities], or television) by a practitioner in a location different than the patient's." For more CMS clarity check out www.medicare.gov/glossary/t.html.

Telehealth and telemedicine are often grouped together, but telemedicine focuses specifically on clinical services for patients while telehealth also covers non-clinical services like medical training, physician-to-physician consultation, public health initiatives, and education.

Can Telemedicine Make a Difference?

Framework: A report issued by the United States Government Accountability Office (GAO) on July 20, 2017 highlights that telehealth has the potential to invigorate patient-provider relations, but that only a small percentage of Medicare providers are actually using the technology.

"An analysis of Medicare claims data by the Medicare Payment Advisory Commission shows that about 68,000 Medicare beneficiaries ⯑ 0.2 percent of Medicare Part B fee-for-service beneficiaries ⯑ accessed services using telehealth," said the GAO research. The analysis showed that the majority of services were for evaluation and management (E/M) and psychiatric care. "Behavioral health clinicians, including psychiatrists, made up 62 percent of providers at distant sites," the study pointed out.

Advantage: The GAO study, which asked a selection of Medicare providers the pros and cons of telehealth, mentions that most practitioners agree that there are many benefits of using two-way video technology. It "alleviates provider shortages and increases convenience to [Medicare] patients," the analysis noted.

"Telehealth can help providers deliver important medical services where they are needed most, and remove barriers of time, distance, and provider scarcities," reminds **Lee Horner**, president of telehealth at Stratus Video in Clearwater, Florida. "The use of telehealth helps increase patients' ability to access timely care while reducing the inconvenience of extensive or expensive travel."

Caveat: For some Medicare providers, the culmination of setting up telehealth products and infrastructure, including training and ensuring that patients also have access to the materials needed, thwarted the success of telemedicine, the GAO commentary suggested. "Officials from the selected associations also reported several potential barriers to the use of telehealth in Medicare, including payment, coverage restrictions, and infrastructure requirements," the report stated. Other associates questioned on telehealth also maintained that providers had to contend with greater restrictions for Medicare reimbursement versus being paid by private payers for the services rendered.

Scenario: Wi-Fi problems, hardware breakdowns, server issues, and other technical components sometimes get in the way of the telehealth interactions. In one example, the study noted that "officials from one provider association and both of the selected patient associations described access to sufficiently reliable broadband internet service as a barrier to

telehealth use."

Here's Why You Should Consider It

Despite a few shortcomings outlined in the GAO analysis for Medicare providers, CMS remains committed to telehealth and will continue to invest in the technology, the study alluded. "Our report found that as of April 2017, CMS was supporting eight models and demonstrations that have the potential to expand the use of telehealth in Medicare," the GAO said. "In these models and demonstrations, CMS has waived certain Medicare telehealth requirements or restrictions, such as requirements for the locations and facility types where beneficiaries can receive telehealth services."

Federal input: And for a second year in a row, CMS proposed new code options and reduced billing measures in its Medicare Physician Fee Schedule for CY 2018, out last month (see specifics on pg. 59). "The proposed changes appear to reflect that CMS recognizes that telehealth can help healthcare providers deliver more efficient and effective care," determines Horner. "By lessening restrictions and adding more code options, CMS is supporting greater adoption and utilization of telehealth by healthcare providers and ensuring that the healthcare industry is positioning for the future."

Remember: Telemedicine is not only helpful for rural and underserved populations, where there might be provider shortages; it is also beneficial to patients in urban environments to manage care, particularly to assist homebound patients with chronic diseases, through transitional care from one healthcare venue to another, and between coordinating physicians.

"Telehealth usage in coordinating transitional care and managing chronic diseases can reduce staff's windshield time, improve productivity, and increase the number (and frequency) of patients being 'seen' via virtual visits," explains Horner. "When investing in telehealth, practices should consider an ROI which we refer to as a 'return on impact' ⬚ meaning, understanding the impact telehealth will have on the timing and quality of care delivered."

Take a look at Horner's suggestions for ways that telehealth measures can improve and positively impact your practice care and bottom line:

1. Time-to-consult fulfillment: Benchmark time duration between consult request and provider response versus less dynamic, non-video platforms such as in-person or telephone consults.

2. Diagnostic accuracy: Measure diagnostic accuracy to ensure that your platform both promotes efficiency and consistently helps providers recognize and resolve presenting conditions.

3. Readmissions rate: Measure readmissions rate to evaluate how post-discharge programs are preventing penalties, keeping patients at home, identifying when interventions are needed, avoiding care escalation, and freeing up bed space.

4. Patient adherence to treatment plan: Track patients' adherence to treatment to demonstrate how the post-hospital discharge program impacts health behavior and positions your organization for downstream cost savings.

5. Staff utilization: Measure the redistribution of staff, the load-balance resources across entire systems, and increase in patients reached with less strain on specialist resources.

6. Downstream referrals: Track revenue from downstream treatment of appropriately transferred patients and/or subsequent use of other in-network services.

7. Existing patient retention rates: Track patient satisfaction and loyalty from added ability to access care on-demand.

8. Staff attitudes and perceptions: Measure staff's rate of adoption and utilization of the platform, as well as feedback on how the platform enhances workflows/processes.

Resource: To read the GAO's release, "Telehealth: Use in Medicare and Medicaid," visit

https://www.gao.gov/assets/690/685987.pdf.