
TELEHEALTH AND HEALTHCARE REFORM: A WHITE PAPER

How Telehealth Impacts Healthcare Reform

Executive Summary: The U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications to support long distance clinical healthcare, patient and professional health-related education, public health and health administration.¹

In conjunction with electronic medical records (EMRs), telehealth implementation will impact healthcare reform as accountable care organization (ACO) models are established, subsequently decreasing hospital readmissions. For hospitals that want to accept Medicare and Medicaid, these reforms are mandated.

In reviewing Meaningful Use, ACOs and reducing readmission, it is important to examine how each concept factors into the larger initiative of healthcare reform. Ultimately, telehealth is an integral part of the ACO model, as the establishment of the model brings about reduced readmissions leading to lower costs and improved population health.

MEANINGFUL USE

There are three main elements of meaningful use and how it relates to telehealth. The American Recovery and Reinvestment Act of 2009 established three components: use of a certified EMR in a meaningful manner; use of certified EMR technology to submit clinical quality and other measures; and lastly, the need for providers to demonstrate they are using certified EMR technology in ways that can be measured in quantity and quality.²

One of the main issues under Meaningful Use is the acquisition of data, says Ed Collins, vice president and chief information officer, Martin Memorial Health System in Stuart, FL. Patients, especially in the primary care setting, must be reminded and encouraged to capture their personal health data so information can feed into their EMR, especially after they are released from the hospital. One example, cites Collins, is establishing an online portal where patients can enter their blood glucose levels. Implementing telehealth can streamline the process of data collection to enable physicians and care providers to access this data, which improves patient oversight.

Telehealth is a vital component after patients are released from the hospital. “We can use telehealth to follow up with patients after they are discharged,” says Collins. “We have to make sure they are doing the right thing because continual follow up is critical in the ACO model. We have to find a way to be there, even when we’re not there.”

However, telehealth implementation extends beyond patients managing their own health data. It also relates to care plan oversight (CPO), as telehealth allows for increased communication between patient, physician and care provider, especially as these parties are billing for this service. CPO is a complex process with a checklist of requirements for the physician and care provider to meet. Patients who have care plans integrated with an EMR help to streamline the CPO process, making it a more efficient process for all participants.

CareCycle Solutions (CCS) is a telehealth company that services more than 2,000 telehealth patients daily and has provided telehealth service to more than 14,000 patients over the past 6 years. Based in Dallas, TX, CCS built their own telehealth model, which is centralized, managed by critical care nurses and risk driven. CCS’s innovative program is rooted in education. “When a patient is in the hospital, all they can think about is going home,” says Georgia Brown, senior vice president of CareCycle Solutions. “After patients are released [from the hospital], we spend a lot of time educating them about diet and movement, and we review every medication with them.” This process is a proactive way to prevent high costs.

Supported by their custom proprietary data warehouse, CCS collects data and uses it to manage their patients. The company’s data-driven model has produced cost-effective results with preventative care being their number one focus. “The data is what steers our telehealth,” explains Brown. “It allows us to focus our efforts more specifically to our patients’ needs.”

ACCOUNTABLE CARE ORGANIZATION

In 2011, a new ACO was formed with the approval of an agreement between the city and county of San Francisco and Blue Shield of California. The ACO program includes

University of California, San Francisco (UCSF) Medical Center, Dignity Health and Hill Physicians Medical Group.

Telehealth plays a role in this ACO model, explains Josh Adler, M.D., chief medical officer at UCSF Medical Center and UCSF Benioff Children's Hospital. "If you're taking care of a total population, and you're at risk for their total care, you need to remove all the barriers of communication and provide care in the timeliest way possible."

At its core, telehealth removes barriers to care by improving the flow of information between the patient and care providers or taking information not normally gathered and using it to help "patients do better and improve their health," Dr. Adler says. Telehealth implementation also has the potential to "link people simultaneously." The patient and their family, primary care provider and specialist can communicate in the same time frame, he explains, which is almost impossible to do in the current healthcare system.

In a broader sense, telehealth allows every entity to view and access all data for a patient. Data is no longer siloed; exclusive only to the primary care provider or specialist, etc.

In addition to linking patients with partnering entities and increasing access, telehealth implementation improves tools for reimbursement, such as supporting the Bundled Payments for Care Improvement initiative. Without telehealth in place, Medicare and Medicaid would not be able to appropriately link multiple services in a timely manner.

REDUCING READMISSION

In many ways, explains Dr. Adler, readmission is a "microcosm of the ACO model." At UCSF Medical Center, reducing readmission in the area of heart failure has proven successful.

Dr. Adler explains that UCSF has developed a formal process to ensure a patient's transition out of the hospital is done correctly; telehealth via the telephone is one component of this process at UCSF Medical Center. Organizational roles and responsibilities also have been clearly defined to support this transition. Nurses engage the patient in their recovery and care through the teach-back method; discharge phone calls are performed and early follow up with the next provider of care is scheduled by phone.

CCS's telehealth program also has proved successful. Brown explains that customized alert parameters have been established based on patients' normal baseline health. "We're not looking for acute situations but small changes, so we can prevent a crisis," she says. In fact, CCS's hospital

readmission rate in a 30-day period is 7.3 percent or 1 in 13. According to an October 2011 report by the *Annals of Internal Medicine*, almost one in five Medicare patients discharged from the hospital are readmitted within 30 days.³

CONCLUSION

Telehealth is an important part of healthcare reform, as it joins all moving parts. All parties – the patient, hospital, primary care provider, etc. – must be cognizant of its impact and the role telehealth plays in healthcare reform.

About Honeywell HomMed LLC

Honeywell HomMed is dedicated to improving the quality of patients' lives and reducing the cost of healthcare by providing the industry's most advanced and integrated solutions – in the home and beyond.

Honeywell's telehealth and remote patient monitoring solutions improve patient safety by enabling healthcare providers with an end-to-end solution to utilize telehealth in ongoing or transitional patient care, from disease management to wellness coaching.

The Genesis Touch, a personal health device, redefines quality of care by providing patients with increased ease of use and flexibility, while delivering a richer patient/healthcare provider experience through simple video visits. All of Honeywell's patient-facing devices are integrated with the LifeStream Management Suite, which delivers robust solutions for care plan management and oversight, comprehensive analytical capabilities, and a web-based patient portal for care providers and family members.

In addition, Honeywell's solutions are supported by a managed services offering, which provides door-to-door services that address the infrastructure needs of its customers, and LifeStream Partners, an expanding group of industry-leading companies Honeywell has collaborated with to create enhanced applications and service offerings around its award-winning Genesis Touch.

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1. U.S. Department of Health and Human Services; www.hrsa.gov/ruralhealth/about/telehealth/

2. Centers for Medicare & Medicaid Services; www.cms.gov/regulations-and-guidance/legislation/EHRincentiveprograms/meaningful_use.html

3. Hansen, MD, MHS, Luke O.; Young, MD, MS, Robert S.; Hinami, MD, MS, Keiki; Leung, MD, Alicia; and Williams, MD, Mark V. "Interventions to Reduce 30-Day Rehospitalization: A Systematic Review." *Annals of Internal Medicine*. October 18, 2011.