How to Prove the Value of Modern Telehealth and Use it to Grow Your Patient Census

Jarrett Bauer CEO, HRS
Rich Curry MS, PT, MBA
ABOUT US

Jarrett Bauer CEO, HRS
Rich Curry MS, PT, MBA

Rich Curry MS, PT, MBA
VP of Business Development
Health Recovery Solutions

Jarrett Bauer
CEO, Health Recovery Solutions
The Value of Modern Telehealth

Presentation Learning Objectives

• Supporting Successful Telehealth Programs
• Measuring Program Success
• Expanding Remote Patient Management
• Discuss Return on Investment
• Referrals, Payors, and Where is Reimbursement
The Value of Modern Telehealth

The Groundwork

Units are Not a Telehealth Program

Telehealth is a Skill and a Tool

Remote Patient Management \textit{not} Remote Patient Monitoring

Culture is everything
Define Success

1. Defining Success Measures (clinical, financial, operational)
2. What are the primary goals?
3. What are the secondary and any additional goals?
4. Brainstorm a Roadmap
Determining Monitoring Structure

- Triaging and video visits
- Centralized vs Decentralized vs Hybrid model
- What does the communication structure look like
- Organize Physician Order Tracking
- 24/7 coverage or not? Determine staffing needs, available resources
Know Your Patient Population

High Risk, High Acuity (10-20%)

Diagnosis can determine use approach and use of features

Not everyone is appropriate

Data should drive addition of new groups

Have a process in place to add new patients & populations

Involve clinical and non-clinical in key decisions
Define Staff Roles and Key Players

- List out all staff positions, coordinating roles, and responsibilities
  - Intake
  - Program Coordinator
  - Inventory Management
  - Installation
  - Education & Monitoring
  - Telehealth Manager/Nurse
Successful Telehealth

Program Development, Growth, & Maturity

- 30, 60, 90-day reviews
- Document reviews, share at PAC meetings
- Telehealth nurse at staff meetings
- Coordinated marketing efforts
- Document patient refusals and follow up
Measuring Success
Telehealth Return on Investment

Know the Total Costs First

- Getting monitors is not the final price
- Inventory, cleaning, delivery
- Telehealth nurse and administrative costs
- Implementation for new program or new offices
- Policy, procedure development, educational materials, staff education
- The value of vendor participation, support, marketing, & logistics is critical
Telehealth Return on Investment

True Utilization Calculation

- True telehealth unit utilization

  The total number of active days for all patients, divided by the total number of units * total number of days in the report period.
Measuring Success

For the Patients, the Agency, and Referrals

Clinical
- Reduce hospital readmissions
- Decrease ER utilization
- Increase patient & family satisfaction
- Medication save
- Mortality save
- More touches

Financial
- Decreased cost of care
- Increased referrals
- Private Pay
- Preferred partner
- MIPS/MACRA
- Chronic Care Management CPT
- RPM CPT

Operations
- Decreased number of skilled nursing visits
- Improved care plan adherence
- Physician contact
- Education reinforcement
- Staff evaluation
Improved Visit utilization

- Decreasing nursing visits (improved visit utilization for any clinician involved)
  - Videoconferencing can decrease nursing visits if a video call can help visually inspect
  - Allows for distance learning, education that can be done via a video call rather than an in person visit (i.e. inhaler training)
  - For a true ROI include travel time/mileage/tolls/transportation fares can be
  - For a per diem rate of $60 per SN visit, decreasing 2-3 SN visits can put a telehealth program in the black (with more touches via videoconferencing)
Increasing Referrals and Talking to Payors

- There are ways to measure if referrals are coming from telehealth—so let’s track it.
- Aetna and the Blues are being more innovative looking at year-long payments for medium to high-risk patients.
- A $5k ER avoidance can pay for 5 or 6 of their customers.
- We have some new clients because hospitals are requiring telehealth for some patients.
MIPS/MACRA, CPT billing

- MIPS: 2019 is the first full year of reporting
- MIPS: 2018 not reporting (-5% in 2020)
- MIPS: Quality Score is 50%, Clinical Practice Improvement is 15%.
  In 2019, Resource Use will be 30%
- CCM 99490, 99487, 99489
- 2018- CPT RPM Code 99091 for Physicians
INNOVATION IS NO LONGER AN OPTION

Healthcare Anywhere

Connecting Everyone
ANY QUESTIONS?

“...We are made wise not by the recollection of our past, but by the responsibility for our future.”