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With the passage of the Affordable Care Act, millions of previously uninsured Americans have gained coverage and the ability to access a regular source of primary care. Payors and health care providers alike have had to scramble to accommodate the influx of new patients while adapting to new payment models. All of this comes at a time when physicians are in short supply and the country is projected to face a shortage of between 46,000-90,000 by 2025¹. Given that, payors and providers have to strategically innovate in figuring out how to do more with fewer resources to survive in the future delivery system.

Telemedicine represents an increasingly viable opportunity to do more with less. Broadly defined, telemedicine is the use of electronic communications to exchange medical information from one location to another. Though it has been around since the 1970s, more recently its various applications have moved into mainstream adoption with both public and private payors in many states now recognizing it as a reimbursable service. For the purposes of this article, the term “telemedicine” refers to real-time patient consultations with a provider via videoconferencing (though in practice telemedicine encompasses a broad array of other modalities, such as remote patient monitoring, store and forward transmission and mobile health). While nothing may ever replace the experience of face-to-face interaction with a health care provider, telemedicine programs give payors and providers the opportunity to realize a multitude of benefits, especially in today’s technologically advanced market where high resolution cameras, monitors and audio products are available to mimic a live in-person experience. Direct advantages of telemedicine include²:

- Improved access to care and convenience for patients in rural or distant locations
- Assists in addressing shortages of health care providers by leveraging shared staffing and reduction of overhead
- Improved cost efficiencies through better management of chronic diseases, reduced travel times, improved no-show rate and fewer hospital stays
- Improved quality of care and patient satisfaction in both hospital and outpatient clinic settings

¹ IHS Inc., The Complexities of Physician Supply and Demand: Projections from 2013 to 2025. Prepared for the Association of American Medical Colleges. Washington, DC: Association of American Medical Colleges; 2015.

² UTMB Health. Benefits of Telemedicine in Remote Communities & Use of Mobile and Wireless Platforms in Healthcare.

Making the Business Case

To make a sound business case for investing in telemedicine, an organization should first assess and identify the unmet needs of its practice, which involves an in-depth, data-driven look of current service lines, productivity, patient demand, utilization and wait times. This analysis results in a solid understanding of the scope of an organization's service needs and a foundation for planning. For instance, the use of telemedicine is especially useful to help ease the gap in accessing high demand specialty services such as psychiatry (where wait times can be onerously lengthy due to the national shortage of psychiatrists) or for patients living in rural areas where physician supply is limited.

Once an organization has identified and prioritized the specific areas or service lines that would benefit most from telemedicine, leadership should plan how telemedicine delivery will be paid for and sustained in the long term – either through direct reimbursement for services from payors (coverage criteria varies by state and by service) or a combination of other revenue streams. For example, health care organizations have a unique opportunity to potentially leverage federal dollars to stand up telemedicine programs in states that have an approved Delivery System Reform Incentive Payment (DSRIP) program as part of the 1115 Waiver – a pay-for-performance program that incentivizes health care delivery transformation. As part of the DSRIP program in Texas, COPE Health Solutions partnered with the Community Care Collaborative and CommUnityCare, the largest FQHC provider in Travis County, to implement a telepsychiatry expansion project. This project has expanded psychiatry services from two to 10 clinics, making it easier for patients living in far regions to access the service. Demonstration or pilot waivers can be viewed as short-term “seed funding” to put the right people, processes and resources in place with the ultimate goal of sustaining the program through traditional or evolving alternative payment models.

As for most novel/innovative care models today, securing reimbursement over the long term remains the biggest challenge, as there is no national consensus on criteria for telemedicine reimbursement rates through government or commercial payors.

Key Success Factors

Successfully standing up a telemedicine program in a clinic or hospital setting requires detailed planning and strong leadership. Special attention should be paid to frontline clinic staff whose daily workflow will be most impacted by the implementation. As the ultimate stewards of the service, frontline staff engaged early in the planning process will facilitate a smoother roll out and transition. Important considerations and operational best practices during planning and implementation include:

- Conducting comparative assessments on telemedicine vendors and vetting them appropriately – e.g., ensuring that the contracted physicians are authorized and licensed to practice in your state – is key to finding a vendor that will be best suited to meet the needs of the organization. This assumes that the organization either does not have or will not be using in-house providers and is contracting out for the service with a third party.
- Performing a current assessment of your organization's existing information technology infrastructure and network capabilities at all participating sites is necessary to determine what resources will be needed – considerations include ensuring adequate bandwidth, internet speeds, installation of network drops, translator services and identifying needed equipment and associated technical specifications.
- Developing structured and user-friendly protocols, workflow diagrams or standard operating procedures (SOPs) for all aspects of telemedicine service delivery must be done – from the point of referral to intake and through patient discharge. These materials should clearly define the roles and responsibilities for

clinic staff that are involved in service delivery, in addition to describing the communication processes throughout each step to avoid clinical errors or misunderstandings.

- Establishing a robust training plan and onboarding process for telemedicine staff is a key success factor to align the team's understanding of the workflow as well as what is expected of their role. Integrating ongoing refresher training to account for staff turnover will also support consistent service delivery, especially if there are multiple sites delivering the service.
- Designating a telemedicine champion at each site responsible for overseeing patient/provider synchronization and day-to-day operations provides a single point of contact when issues, questions, or scheduling changes arise. The telemedicine champion is considered an advocate and expert in operating the telemedicine equipment, and will most likely be a clinical staff member directly involved in service provision, such as a medical assistant, medical admitting clerk or nurse.

Bridging the Gap

When planned and executed appropriately, telemedicine expands access to care and extends the reach of critical service lines at a fraction of the cost of other approaches. As payors increasingly recognize the value of telemedicine in a comprehensive system of care, it is becoming more sustainable. We at COPE Health Solutions support our clients participating in the delivery system reform in standing up telemedicine programs, guiding them through the process of identifying and prioritizing program requirements, developing clear protocols and policies and establishing ongoing staff training.

For more information, please contact consulting@copehealthsolutions.org.

