

# Episodic Telehealth vs. Remote Care Management

Innovation in health information technology, coupled with challenges presented by the COVID-19 pandemic, provides an opportunity for hospitals and health systems to use telemedicine to support patient care. Health care organizations can use two complementary types of telemedicine to staff shortages and keep patients away from the hospital during this public health emergency: episodic telehealth and remote care management, with the potential engagement and utilization of family members and other caregivers.

Hospitals and health systems can use a remote care management system to manage at-risk patients with chronic conditions outside the hospital. Meanwhile, episodic telemedicine allows for immediate diagnosis and clinical recommendations to lower-risk individuals in self-quarantine. Both approaches will be vital as COVID-19 continues to spread, giving telemedicine the ability to improve access to care and reduce costs to the health care system. Episodic telehealth and remote care management solutions vary by health care resource utilization, patient acuity, access and quality of care and benefit to health care system and providers. The table below discusses the variations between the two solutions.



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**Table 1: Variations in Uses for Episodic Telehealth and Remote Care Management**

	<b>EPISODIC TELEHEALTH</b>	<b>REMOTE CARE MANAGEMENT</b>
<b>Health Care Resource Utilization</b>	Episodic telehealth providers are usually in-house physicians (MD/DO) who are able to make a diagnosis and write a prescription.	Remote care management uses external providers, who are not physicians: resident nurses, care managers, etc.
<b>Patient Acuity</b>	Episodic telehealth will be useful to low-acuity patients self-quarantining during the COVID-19 pandemic, particularly low-acuity COVID-19 patients or patients without COVID-19 who need ongoing care but need to stay home to avoid exposure.	High-risk patients without acute symptoms should receive remote care management services while they remain in their homes to avoid exposure to COVID-19.
<b>Access and Quality of Care</b>	Allows patients to see physicians without leaving their home while maintaining connection with their normal provider.	Integrates the caregiver into the care management team allowing for consistent management, timely escalation and prioritization of clinical engagements.
<b>Benefit to Health Care System &amp; Providers</b>	Reduces provider burden by implementing proper interventions for episodic and on-demand care for low-acuity patients who do not require in-person engagements.	Reduces health care system burden by deploying additional resources for non-urgent but high-risk cases, such as caregivers and non-clinical care team members.

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Integrating a remote care management into the home for targeted patients is aligned with many organizations’ existing patient engagement and avoidable admission reduction strategies. It is also responsive to trends in telehealth, community and home-based care and evolves rules in data integration across the continuum. Deploying such telehealth services will mitigate immediate crisis pressures and prepare organizations for the ongoing management of at-risk patients.

For more information about remote care management or episodic telehealth, please contact Shanah Tirado, Manager, at [stirado@copehealthsolutions.com](mailto:stirado@copehealthsolutions.com) or 213-369-7415 or Medha Tandon, Consultant, at [mtandon@copehealthsolutions.com](mailto:mtandon@copehealthsolutions.com) or 646-265-0559.