Ensuring Long-term Sustainability of Your Telehealth and Remote Patient Monitoring Strategy

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Question 1: How do we address barriers for the underserved populations (e.g., Wi-Fi connectivity or device access)?

While some may lack access to Wi-Fi or high-speed internet or face additional barriers, access is more available than is generally perceived. In fact, some studies show adult Medicaid beneficiaries owning smartphones and tablets at similar rates to those that have commercial insurance.

One step to ensure barriers are addressed is to perform technology checks. Technology checks have increased the success of accessibility exponentially and implemented additional patient tech-support steps, such as giving the patient a phone call or sending an email prior to a visit.

Additionally, it is necessary to convert phone calls to video-to-home visits to in-person when needed. These decisions require discretion from a physician or other care providers and establishment of protocols as well as best practices that align to patient preferences and needs.

For populations that do not have access to technology (e.g., cell phones, iPads), many programs opt to invest in these resources to disseminate to populations in order to ensure patient engagement and compliance. With the technology that exists today, many have cellular data enabled within the device itself, further reducing barriers for connectivity. This is also a cost that can be covered for populations where cellular data fees and call minutes are limited.

Question 2: How can we begin to move on this work and not have technology be the barrier? What can be done to move in the right direction?

The best way to ensure we are moving in the right direction is to integrate goals and align outcomes. For example, from a funds flow perspective, the financial incentives must be aligned for physicians to use the modality, and provide excellent patient care. It is important not to let perfect be the enemy of good. Starting small and simple with targeted focus allows challenges to be taken step-wise given budgets and staff capacity, and gives the opportunity to learn and optimize. Many different technologies exist that provide low-tech solutions with simple implementations. Starting with something simple offers time to focus on reimbursement, workflows and other aspects of a successful program.

Question 3: How could virtual health be beneficial for Social Determinants of Health (SDOH)?

Telehealth is quickly gaining traction as a go-to-way of engaging and communicating with patients, meaning there are potentially endless ways to create a telehealth program that fits into existing or new care models and aligns to fit patient needs. It is critical to identify the community need and tailor the function and structure to support this need.

As an example, patient access to care can be a barrier for those with transportation issues. Some programs use mobile apps and/or conference calling simply to provide rides to patients to get them where they need to go. This is a simple yet innovative way to increase patient engagement and access to care. Similarly, telehealth presents a way to treat people at home or provide home-based monitoring, which may achieve the same outcomes, but through a different form of communication and a different model of delivery. Behavioral health providers are using tele-psych to expand their reach, decrease wait time and increase the number of patient's that have access to psychiatric care. Another example is identifying pediatric patients at high-risk in public schools' health office. As children present to the nurses office telehealth visits can be initiated and simple testing done there in the nurses' office. Lastly, asynchronous features in telehealth tools allow for self-reported SDOH screenings, which is a simple way to collect data on social needs. It is also a useful tool for

navigators and coordinators to support identification of community resources and providing them to patients and caregivers without requiring in person consultation.

Question 4: Which specialties have fared best with the rise of telehealth?

Two specialties that have been successful with telehealth and remote patient monitoring are psychiatry and pediatrics/pediatric endocrinologist. Psychiatry is difficult to access for many reasons. Telehealth across the care continuum in outpatient behavioral health and emergency department consults has significantly increased access to the appropriate level of psychiatric care. For behavioral health needs, texts and short surveys can be used to screen for symptoms and detect exacerbations earlier to prevent acute episodes.

The type 1 and high-risk type 2 diabetic communities have also been using and increasingly innovating around remote patient monitoring. Multiple brands of continuous glucose monitors, hybrid loop insulin administration and closed loop insulin administration are commonly used with Bluetooth connections to send information to care givers/family members, dietitians and providers.

Question 5: How do we ensure financial incentive alignment in telehealth models? How does this work with my managed care contracts?

Compensation models are one of the key levers to empower and to influence care delivery. Incentives are typically offered to motivate a particular activity or increase its adoption. With telehealth, being a communication modality and not itself a care intervention, there will be times where it is most efficient and other times where in person visits are clinically indicated or simply preferred. This sort of decision should be in the hands of providers and informed by clinical needs, patient social and behavioral considerations and patient preference. For this reason, rather than incentivizing telehealth, compensation models that empower physicians to choose telehealth when it is appropriate are best suited. This currently includes working with managed care plans to strive for reimbursement parity independent of communication modality, whether in person, telephonically or video enabled. However, it has also become evident that capitation better lends itself to point-of-service innovation, as overall care is emphasized over transactional tasks.

To ensure the right balance of in-person and virtual care is achieved, couple this with appropriate financial emphasis on outcomes. If telehealth uptake is low at your organization during the current Covid-19 environment where demand has otherwise skyrocketed (aside from reimbursement challenges), other barriers to adoption include workflow and platform challenges and patient adoption challenges. Incentives may not be the best solution in this instance to truly address the root issue and may only incrementally increase the number of providers willing to wrestle with the issue. They can, however, serve as a temporary tool to bridge current realities with a more mature steady state of value-based care.