



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

September 21, 2020

# Introducing Our Presenters

## *Facilitator*



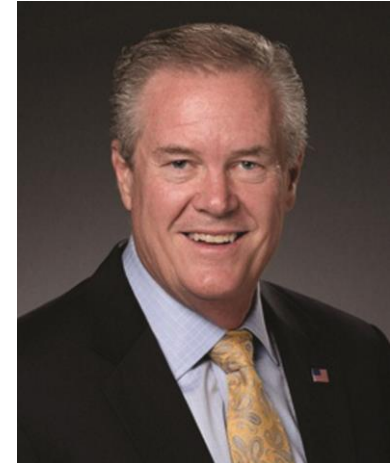
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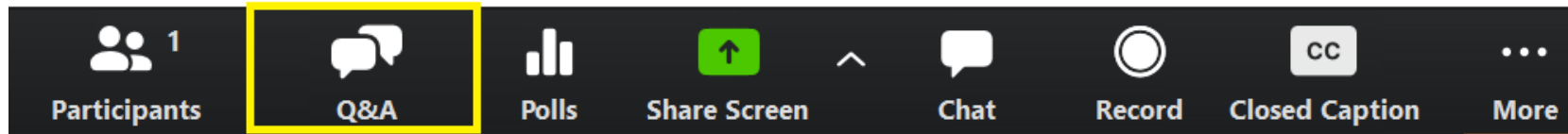
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# Housekeeping

- Please enter questions through the Q&A feature in Zoom (screenshot below), and we will answer questions at the end
  - You may also email questions directly to [info@copehealthsolutions.com](mailto:info@copehealthsolutions.com)



- Attendees will receive a PDF copy of the presentation, a link to the recording and a written Q&A
- After the presentation, COPE Health Solutions will send out a brief survey—we'd greatly appreciate you sharing any comments or feedback!

# Agenda

1. Covid-19 Trends and Drivers
2. Physician & Patient Adoption
3. Operational Considerations
4. Kaiser Permanente Case Study
5. Question & Answer

# Covid-19 Trends and Drivers

## Rapid and Inconsistent Regulatory Response to Telehealth Needs

- Today a patchwork of **waivers and relief bills** has paid for telehealth capacity building and reimbursement
- Regulatory and market intelligence indicates permanent **telehealth reimbursement reform** is imminent
- Existing regulations and reimbursement have **not yet aligned to meet patient needs** (e.g., telephonic visits not yet allowable under Medicare)

## Market and Utilization Trends

- Covid-19 impacts on utilization and cost have been **varied regionally** for the last 6 months
- At a national level, it appears that most acute care hospitals and health systems are back to **~90-95% of pre Covid-19 revenues and utilization rates**
- Today, we see:
  - Ongoing significant **reduction in ED utilization**, at a time when many hospitals have been expanding and modernizing EDs
  - **Increased telehealth activity** and a lack of return to pre-Covid levels of in person ambulatory utilization
  - **Expanded use of home based monitoring, hospital at home and other types of remote care** likely signaling an ongoing transition from acute care and post acute admissions

## Continued Transition to Value-based Payment (VBP)

- CMS continues to incentivize providers to **move into advanced payment models** both for Medicare Advantage and Medicare fee-for-service (FFS)
- Physician groups and health systems have seen **capitated agreements weather the Covid-19 pandemic better** than FFS, but many hospitals and health systems are not ready to move away from lucrative FFS contracts
- Physician groups and IPAs without acute care facilities are more **aggressively pursuing risk today**

# Integrating Telehealth into Your Future Care Model



## Physician & Patient Adoption

- Telehealth tools for communication and care delivery must be easy to adopt for both patients and physicians
- Incentives need to be in place to encourage uptake and enable care model enhancements



## Operational Considerations

- Implementation and scaling of telehealth models will have impacts across the entire care continuum
- Workflows, systems, and staffing must consider reimbursement and regulatory requirements




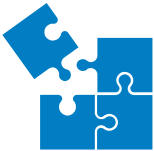
## Case Study: Kaiser Permanente

- Overview of Kaiser Permanente telehealth programs and lessons learned
- Discuss patient and physician perspective, as well as expansion and sustainability considerations

# Physician and Patient Adoption

# Linking the Business Model to the Care Model

Existing trends have been aiming to advance both VBP and value-based care. Volume-driven episodic care can more effectively and sustainably evolve toward value-driven longitudinal care with aligned payment models

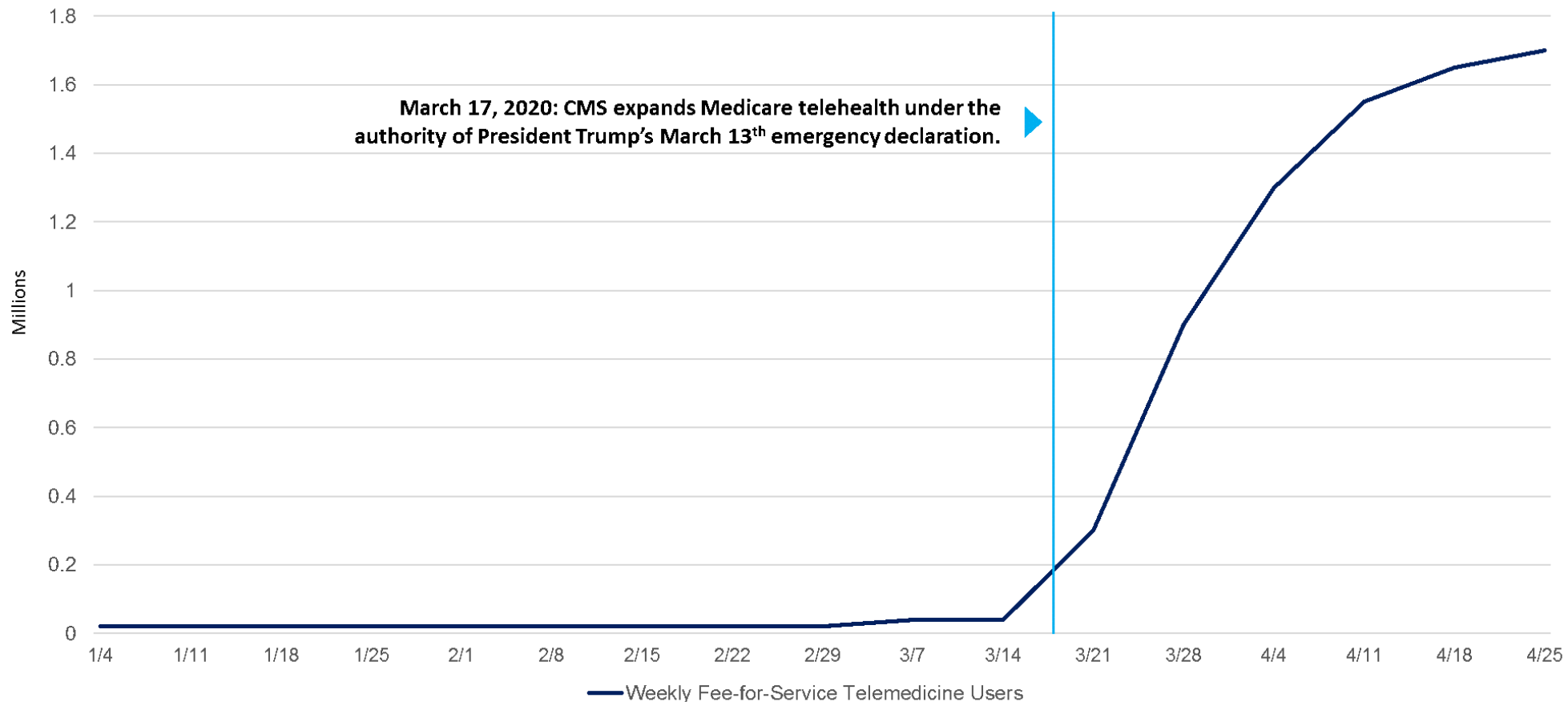
Trend	Implication
 <b>Managed Care Transition</b>	<ul style="list-style-type: none"><li>• Managed Medicare and Medicaid continue to be main growth areas, with direct-to-employer catching on, even in markets in which ASO relationships have been blockers.</li><li>• Less fee-for-service (FFS) and more risk/capitation – accountable care organizations (ACOs) and alternative payment model (APMs) are just gateways to managed care/capitation.</li><li>• Providers, particularly hospitals, still have “one-foot-in-each-canoe,” with respect to revenue and EBITDA, between FFS and VBP.</li><li>• Providers with risk arrangements better weathered the Covid-19 outbreak</li></ul>
 <b>Care Delivery Integration</b>	<ul style="list-style-type: none"><li>• Increasingly rapid migration of care from traditional facilities to home and community care, sparked by necessity and new financial incentives.</li><li>• Home and community monitoring, direct-to-member communication and management, telehealth all growing rapidly, even before Covid-19 – which only accelerated this trend.</li><li>• Continued provider and payer consolidations with more integrative relationships.</li></ul>

*Full Capitation allows episodic care to evolve towards communicative longitudinal care*



# Covid-19 Accelerated Both Payment Reform and Uptake

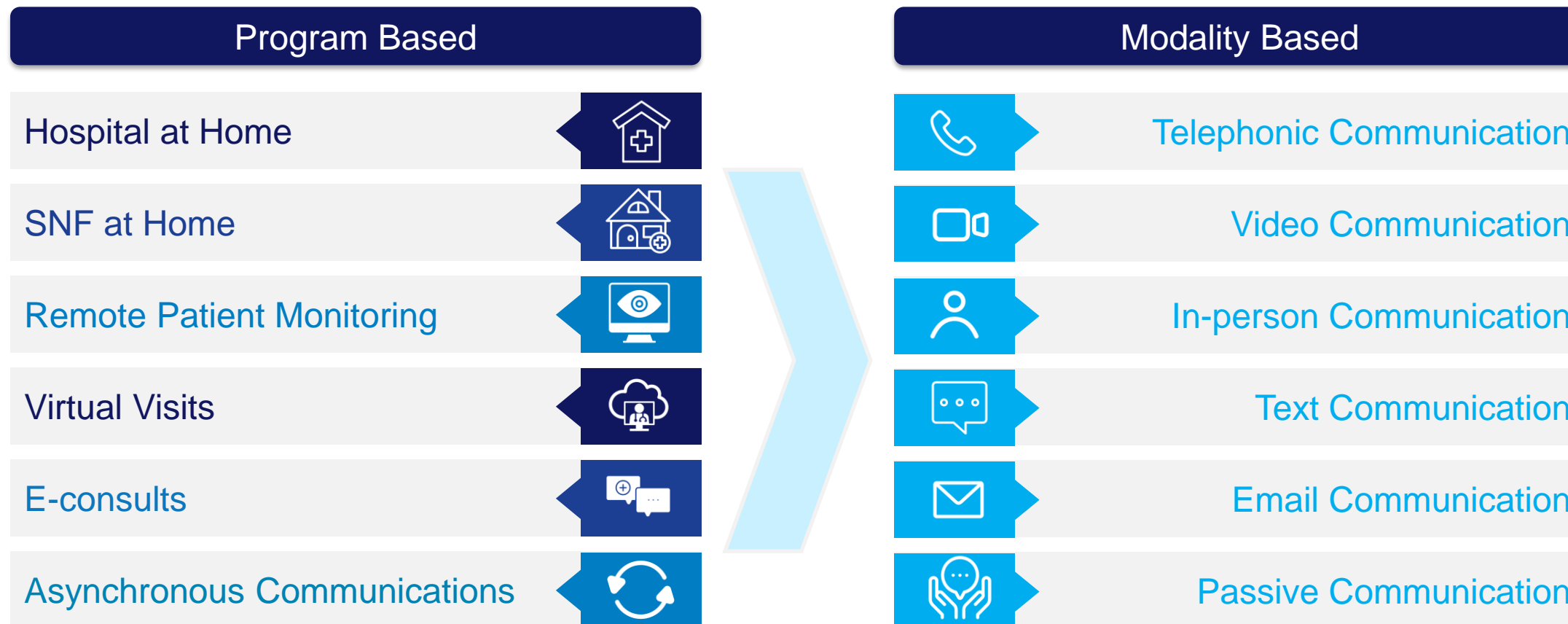
**Figure 1. Number of Medicare FFS beneficiaries receiving telemedicine per week**



Source: Health Affairs Internal CMS Analysis of Medicare FFS Data March 17, 2020 through June 13, 2020  
<https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/> Accessed July 25, 2020.

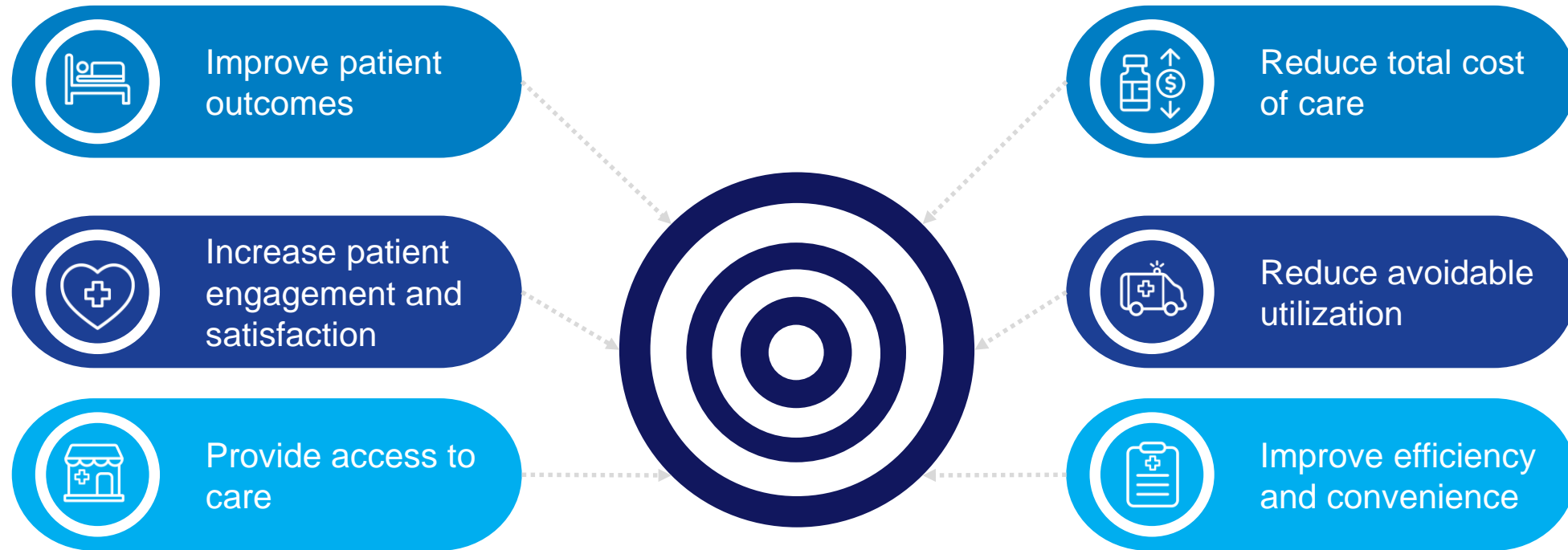
# Defining Telehealth in the Context of Care Delivery

Telehealth is a set of communication modalities to support care delivery. While the market has embraced these tools, there is a risk of treating them like siloed programs, limiting the full benefit. The largest constraint is reimbursement and related regulatory requirements.



# The Continued Mandate to Deliver Value




Although telehealth may be disrupting the healthcare industry; the clinical, financial and operational goals remain the same. Both payers and providers must deliver high value care while maintaining a sustainable business model.



# Telehealth Facilitates Physician-Patient Communication

Communication is central to longitudinal care, and telehealth lowers the barrier for more frequent communication. For physicians and patients to adopt telehealth as a preferred modality, it must be easy, helpful and effective.

## Telehealth Communication Modality

	 Physician	 Telehealth	 Patient
Easy	Program fits easily into workflow	Platform or program utilizes appropriate systems	Experience is intuitive for the patient
Helpful	Program integrates both business and care model	Platform or program offers data insights	Experience is convenient and positive
Effective	Model facilitates meeting quality outcomes	Platform or program is consistent and reliable	Patient needs are understood and met without extra hassle

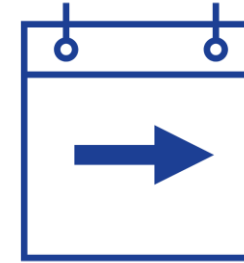
# Looking Forward

Telehealth meets the immediate need to serve patients where they are during Covid-19 and beyond: deployed models should be incorporated into the current care and reimbursement models while thinking about flexibility and scalability for the future



## Today

- Telehealth sustainability aligned to current reimbursement and care models
- Prioritize patients and populations with most immediate need
- Consider flexibility for future potential



## Tomorrow

- Incorporate telehealth into VBP Roadmap
- Aligned payment models
- Seamless use of optional telehealth modality across care settings and programs

# Process Operational Considerations

# Impact on Care Continuum

A variety of telehealth programs have been deployed across the care continuum and provided at home. This has led to a proliferation of platforms and tools to provide the appropriate level of care.



## Acute Care



## Post-Acute Care



## Ambulatory

### Care Continuum

- Hospital at home
- Observation at home
- ICU at home

- SNF at home
- Virtually assisted home health visits
- Virtual adult care

- Virtual visits (phone, video)
- Physician-to-Physician eConsults
- Remote chronic disease management

**Remote Patient Monitoring (RPM) has a variety of use cases across care settings in the home**

# Opportunities and Risks

Given the rapid deployment of telehealth programs in response to Covid-19, speed to market was prioritized at the expense of early program optimization opportunities



## Opportunities

- Lower cost of care setting
- Appropriate level of care without delay of building/bed availability
- Increased access to care
- Increased patient satisfaction
- Individualized patient care and staff efficiency
- Opportunity to rehabilitate patient in the home environment and understand conditions impacting their health

## Risks

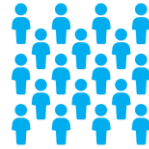
- Patient safety, identification and selection criteria for program inclusion
- Elimination of initial triage/other facility based interactions (e.g., screenings, nurse time)
- Verification and documentation of multidisciplinary competency/credentialing
- Privacy risk for patients and providers
- Risk of cyberattacks and protected health information (PHI)
- Unknown risks due to speed to market
- Effective and efficient disaster planning



# Operational Considerations for Success

## Population Eligibility Criteria

- Define goals of programs and plan for future
- Consider and plan target patient population
- Conduct risk stratification through analytics
- Financial modeling for opportunity definition



## Workforce

- Integrate appropriate disciplines into the care model
- Consider length of relationship
- Identify appropriate staff based on credentialing, licensure and capacity



## Documentation and Billing

- Limit administrative burden
- Ensure appropriate documentation for reimbursement
- Determine balance between care model and financial realities
- Consider scaling potential based upon analytics



## Policies and Procedures

- Define and identify operational best practices
- Incorporate evidence-based practice into processes of care
- Define metrics to monitor program compliance, adherence and performance (Clinical, Operational and Financial)



# Considerations for Scaling a Telehealth Model

While the vision is for telehealth to be a cross continuum modality available in multiple care settings, programs must meet client demand, have a sustainable business model and sustain a network that enables high quality care delivery



## Community Need

- Rural health
- Covid-19 risk mitigation
- Individuals without family support and or resources
- Areas that are medically underserved



## Reimbursement Model

- FFS vs. VBP
- Payer-Provider collaborations
- Telehealth reimbursement requirements (e.g., video)



## Care Models

- Value-based vs. volume-based
- Longitudinal vs. episodic care
- Hybrid remote care/follow up in assisted living or nursing home



## Network Management

- Hospital system and or independent hospital partnerships
- Preferred provider networks and leakage management
- Include current access to home resources (e.g., EMT, IT support and sitter programs)

# Kaiser Permanente Case Study

# Kaiser Permanente Telehealth Programs

A variety of telehealth programs have been deployed at Kaiser Permanente and occur across the care continuum

Acute Care Hospital at Home	Remote Patient Monitoring	Ambulatory Care Virtual Visits
<ul style="list-style-type: none"><li>• Goal to facilitate better access to care, given KP Riverside's vast geographic region</li></ul>	<ul style="list-style-type: none"><li>• Covid-19 safety and capacity concerns led to the development of RPM program</li></ul>	<ul style="list-style-type: none"><li>• While telehealth has been available, Covid-19 led to increased patient demand for virtual visits</li></ul>
<ul style="list-style-type: none"><li>• Patients with conditions that are easily treated in home (e.g., cellulitis) are recruited for participation</li></ul>	<ul style="list-style-type: none"><li>• Patient population is composed of Covid-19 positive and patients under investigation</li></ul>	<ul style="list-style-type: none"><li>• Virtual visits are available for the general population seeking care; proactive targeted outreach conducted to 100% of patients with scheduled elective surgeries</li></ul>
<ul style="list-style-type: none"><li>• Today, about 400-500 patients are served annually</li></ul>	<ul style="list-style-type: none"><li>• 40-70 participants enrolled at a time</li></ul>	<ul style="list-style-type: none"><li>• Today, virtual visits account for about 60% of total visits</li></ul>
<ul style="list-style-type: none"><li>• Program was originally staffed by hospitalists but is now staffed by geriatricians.</li></ul>	<ul style="list-style-type: none"><li>• Program is staffed by nurse practitioners</li></ul>	<ul style="list-style-type: none"><li>• Physicians utilize virtual visits to communicate with patients in their homes</li></ul>
<ul style="list-style-type: none"><li>• Documentation in EPIC</li></ul>	<ul style="list-style-type: none"><li>• Trapolla/m.care, thermometer and pulse ox</li></ul>	<ul style="list-style-type: none"><li>• Utilize video call platforms and also offer appointments via telephone</li></ul>

# Physician Involvement

In order to ensure a successful implementation of a telehealth model, buy-in from physicians and other clinical staff is essential



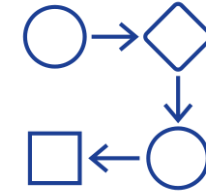
## Staffing Structure

The hospital at home program was originally absorbed by hospitalists, but have been replaced by geriatricians during home rounding. Nurse practitioners staff the Covid-19 remote patient monitoring program.



## Training and Socialization

Socialization and buy-in were key to launching a successful hospital at home program. The program was designed, implemented and operated by physicians.



## Workflow Design

Current workflows are designed in order to make the experience as seamless as possible for patient and physician. Workflows need to enable the physician to provide the best possible care for the patient.

# Patient Perspective

Patient satisfaction is also at the center of a successful telehealth program. Patient outreach must be proactive, and ongoing support should be in place to make the program easy and effective.



## Patient Identification

For hospital at home and RPM programs, patients are identified most often through emergency department (ED) visits and enrolled in applicable programs upon discharge.



## Education and Outreach

Patients can learn about telehealth programs through online patient portal, through website or through additional advertising on social media and billboard ads.



## Ongoing Tech Support

Patients often experience connectivity issues or difficulty launching video visits. Staffing is in place to complete “tech checks” around the clock for immediate support.

# Operational Considerations for Scaling



Impact on quality metric performance and care gaps



Telehealth & cost savings

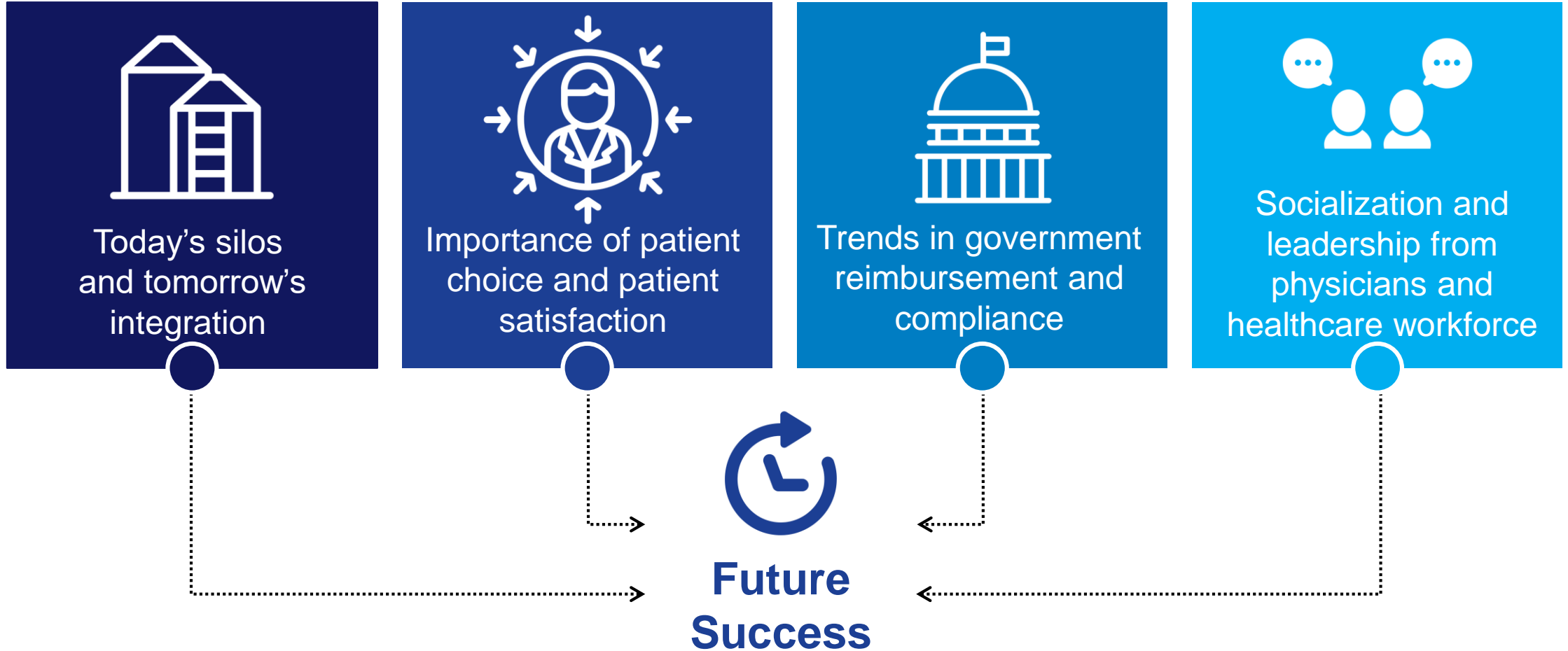


Reimbursement rate parity



Workforce identification and capacity

# Critical Considerations for Future Success





# Key Takeaways

# Key Takeaways on What Drives Telehealth Adoption

1

More holistic telehealth reimbursement reform is essential in order to meet patient needs, truly integrate into overall care model and ensure long term financial sustainability.

2

Return on investment and cost savings can be all about perspective, line of business and a payer or provider's "position in the premium food chain."

3

In order for telehealth programs to be sustainable, they must be integrated across the care continuum and be easy to adopt and use for both patients and physicians.

4

While telehealth utilization may fluctuate in years to come, it will continue to play a larger role than in years past and must be incorporated into the current care and reimbursement models while thinking about flexibility and scalability for the future.

# Questions & Answers

For more information on how COPE Health Solutions can provide quick, prepared and valuable services during a critical time of need, please contact our team at [info@copehealthsolutions.com](mailto:info@copehealthsolutions.com) or [213-259-0245](tel:213-259-0245).

[www.copehealthsolutions.com](http://www.copehealthsolutions.com)



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