aTouchAway™
by Aetonix

Edition #5
October 1st

REMOTE CARE INTEL

Note

Welcome to the 5th edition of Remote Care Intel (RCI). Into our second month now, one can notice a pattern of intel emerging that consists of a few major themes. The run-of-the-mill news consists of the following four dominant categories. Partnerships between providers, academia and the industry to experiment with new technologies to improve all aspects of patient care. Telehealth vendors announcing new products or features via press releases. Providers building resources to be better equipped to capture the virtual care market. Journalist's and expert's reporting and opining of the changes in laws respectively, which affect the remote care landscape. This week's edition is no different. As you read the report, watch out for the four mentioned categories. If a similar pattern continues in the future, we might shelve the calendar format of reporting, and opt for a more categorical approach where narratives will be updated and built on each front. But as of now, by offering original takes on each story, and juxtaposing them at the end to summarize the feel for that 14-day cycle, we are still noticing a difference from one cycle to the next. First-time readers, you are welcome to check out all prior versions of the RCI. Regular readers skip to this edition's timeline.

Introduction

After the word telehealth entered mainstream lexicon, most hospitals offer services remotely in some shape or form. But its implementation is taking many twists and turns, that is dependent not just on a hospital's internal situation, but a host of external factors as well from the legal and technological landscape. Remote Care Intel (RCI) is a bi-weekly news report on everything remote care that keeps you updated on what's happening in the industry on matters of digital care. It includes coverage of all components of remote care management such as patient engagement, care coordination, HIPPA compliant messaging, documentation and execution of clinical workflows, patient monitoring, chronic care management, and everything else that gets added to the mix.

Purpose

The information presented on RCI is best suited for those who want to stay up to date with the latest insight on remote care. Unlike our other content, it is not published on our website but distributed to individuals who are in a position to affect patient care management using telehealth. The distribution channels are exclusively email and relevant social media. We hope that readers find the content useful in discerning the ins and outs of remote care, figure out to make it work for them, and stay one step ahead in cognizing its future development.

WHO SHOULD READ THIS?

We think all stakeholders in healthcare who are eying remote care closely would stand to benefit from such aggregated knowledge. Particularly those inside a provider organization may find it especially helpful due to the time efficiency it offers. In an industry as dynamic as healthcare, it is crucial to be briefed on the latest intel. RCI brings it all together in one place. The following positions below will find RCI's content right up in their wheelhouse.
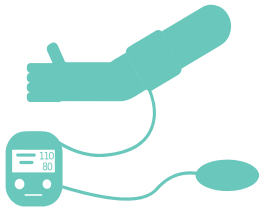
Responsible for implementing remote care on the ground. Have direct contact with patients, and thus are in the best position to evaluate what is working and what is not.

Responsible for overseeing the deployment of remote care. Have to run the program, and thus are in the best position to understand the various factors that help or hinder the program's execution.

Accountable for remote care in their organizations. Have a bird's eye view of the successful piloting, monitoring and updating of remote care delivery, and thus are in the best position to formulate strategy.

RN, Telehealth	Primary Care Transformation Manager	Chief Patient Engagement Officer
RN, Chronic Care Management	RN, Care Manager	Chief Executive Officer
Advisor, Complex Chronic Care	Director Telehealth	Chief Medical Officer
Telehealth Coordinator	Director of Care Coordination	Chief Innovation Officer
Outpatient Therapist	Patient Care Manager	Chief Medical Information Officer
Chronic Care Coordinator	RN, Case Manager	Chief Nursing Informatics Officer

SEP 16th

The virtual visits giant, Doctor on Demand has joined the Patient-Centered Primary Care Collaborative. The PCPCC is a coalition to advance a health system built on a foundation of primary care and patient-centered medical home model. While such concepts may have been new in 2006 when the coalition was first formed, most of the public know these things to be part of patient centric value-based care today. Doctor on Demand becomes the first virtual care provider to join the PCPCC. Earlier this year, Doctor on Demand had partnered with the health insurance firm Humana to launch Synapse, a virtual platform for providing comprehensive primary care, complete with ongoing visits, an expanded care team, low monthly premiums and no copay.

RCI Takeaway: *It is surprising that no telemedicine company had joined PCPCC before. Changing the healthcare model to be more patient centric fits well with the strategic intent of such telemedicine companies. They too strive to empower the patient whereby they have more choices and quicker access to care, right from their smart phones. In the wake of Doctor on Demand, other companies in the telehealth space, not just restricted to virtual visits, but remote patient monitoring as well, may join the coalition. As PCPCC specifically focuses on primary care, the telehealth vendors perhaps did not want to be pigeon-holed into just one primary care, especially as it represents just 5% of total Medicare spending. But capturing this market is important because it's a crucial entry point to a new segment of patients who are being introduced to healthcare for the first time.*

Sometimes we get so caught up in talking about digital remote care solutions, that we forget a crucial element that is needed for any such program to be a success, i.e., patient engagement. Once, a formidable standalone market by itself, its core functionalities have since been assumed by other sectors emerging out of health IT. Such as: patient portals, RPM, patient analytics etc. There is more focus on outpatient care in recent times, however the fee for service model by its very nature would want people coming in through the hospital doors. But as with all industries, rise of consumerism have resulted in a lot of changes. In a recent report from Ernst & Young, it was found that three quarters of large employers are offering telehealth coverage. More than half of patients and physicians say that smartphones will be the main conduit of healthcare in the coming years. More than half of patients are willing to visit nontraditional care centers for non-urgent needs.

SEP 19th

RCI Takeaway: *The introduction of the three new remote physiological codes in 2019 was a big deal, and it can be argued that the care organizations still have not gotten used to it. There is a period of aftershock as people adjust and plan for the new billing opportunities. So it will be very interesting if this proposed rule is finalized and put into place by CMS in the 2020 Physician Fee Schedule. Expect to see a flurry of articles on this subject from all players in the industry, as the new rules makes it an even a more attractive proposition to bill for remote care.*

SEP 23rd

As fee for service payment model is still dominant, it ultimately boils down to the CPT codes. Countless of articles have tried to raise awareness on the three new CPT codes introduced this year, which allow chronic care remote physiological monitoring to be reimbursed. We also addressed this in our article on how physicians can get reimbursed for providing remote care using these new codes. What is less discussed is how these rules came to be finalized. There was an uproar about the codes not being a part of Incident To billing, which allows the same reimbursement for non-physician services as physician services. So it was modified to such that the RPM services could be reimbursable if auxiliary personnel were under direct supervision of the physicians. However, other chronic management codes allowed reimbursement for chronic care services under general supervision, which does not require the physician and auxiliary personnel to be in the same building. To resolve this contradiction, there is a proposed rule for the 2020 Physician Fee Schedule that would delegate the general supervision status to the existing RPM codes.

RCI Takeaway: *The introduction of the three new remote physiological codes in 2019 was a big deal, and it can be argued that the care organizations still have not gotten used to it. There is a period of aftershock as people adjust and plan for the new billing opportunities. So it will be very interesting if this proposed rule is finalized and put into place by CMS in the 2020 Physician Fee Schedule. Expect to see a flurry of articles on this subject from all players in the industry, as the new rules makes it an even a more attractive proposition to bill for remote care.*

SEP 24th

Jeff Gorke is an experienced healthcare consultant who has been vouching for the use of telehealth. His latest article is a wonderful short read for anyone who have not opened their eyes to telehealth yet. He does a good job describing what it is, and the three mediums that are under the banner of telehealth, namely: telemedicine, store and forward technology, and remote patient monitoring. As highlighted in the previous versions of RCI, he too cites the lack of quality broadband connection in rural areas and the lack of equal payment parity in all states as disadvantages of such programs. Regarding advantages, he cites the usual positives of telehealth which include increasing care coverage, growing patient revenue and reducing unnecessary admissions and readmissions. He also highlights one aspect of revenue growth most don't consider, which is follow up visits. Telemedicine could be the first point of contact with physicians, for patients who are in immediate need for an answer. It could be used as a relationship building tool as well. On the negative side of things, Jeff reminds us of an important scandal that we may have missed earlier this month, where a telemedicine CEO pleaded guilty to a Medicare fraud scheme.

RCI Takeaway: *Introductory articles to telehealth are still very common. Despite telehealth existing for quite some time now, because it is so dynamic, not everyone is bothered to keep tabs on all recent developments. As a result, the list of pros and cons for going remote continue to evolve. A post capturing the breadth of all such reasons is currently in the works. Certainly, telehealth platforms can be great touchpoint of care for the patient. It ties back to our point earlier on primary care, where there is a demand from the new generation to avail primary care remotely. Going forward, one must also be wary of fraudulent schemes that involve vendors working out deals with physicians to order unnecessary procedures to defraud insurance companies. One must proceed cautiously.*

aTouchAway™
by Aetonix

NEJM Catalyst is one of the best sites out there that create a healthy confluence of thought leadership from healthcare executives and clinicians alike. In a survey they conducted recently, 80% of healthcare organizations say they are proactive in treating chronic diseases. But less than a quarter of them say they use telehealth programs to treat chronic diseases. More surprisingly, only 52% of these organizations say that these programs are effective, which leaves almost one half of the users not seeing the value of it. The article cites examples of where telehealth has worked, and each case involves changing the culture and building the necessary infrastructure. Oschner Medical center improved their chronic disease care by introducing the digital hypertension program. It resulted in 79% of patients reaching goal blood pressure in 30 days. The Children's Hospital Colorado has also developed a centralized program, to treat asthma. They hope to get more responsive feedback regarding the correct inhaler technique. Delaware's Christiana Care is working to standardize care for a variety of chronic care diseases, namely: hypertension, diabetes, substance abuse, COPD and heart failure.

RCI Takeaway: *Wherever providers are adopting telemonitoring programs, its success is backed by adequate centralization and standardization. For organizations who are not seeing value, it may be a case of not going all in, that is not focusing on population health, not developing the right infrastructure and education around the systems in place, and not changing their workflows to account for greater responsibilities certain care providers may have to accept. Organizational change management is not easy. But there are plenty of examples of providers who have set up remote care for success and not allowed it to be an added hindrance. As laws and consumers alike push for more remote care options, it is incumbent upon providers to make the necessary adjustments.*

In this edition, we see the growing role primary care is set to play in healthcare conversations in years to come. After all, in a value-based system, every patient is to be treated in one continuum of care throughout their life. They themselves are more willing to be engaged process if such engagement efforts are being reciprocated by hospitals. Regarding the actual implementation of virtual care however, challenges are aplenty. There is the need for proper integration of new CPT codes to optimize the revenue cycle. There is a need for greater transparency. Most important of all, there is need for greater standardization, so the full benefits of any telehealth program can be realized.

What's Next?

The next RCI will be released on Tuesday, October 15th. It will build a report using articles from September 30th to October 11th. If you are a subscriber, rest assured, it will be delivered to your inbox. But to be doubly sure, please make sure you opt in here.

We will also be circulating this report on our social media channels. If you are receiving this on Twitter, LinkedIn or Facebook, please make sure you subscribe to our list by clicking here. It will allow us to maintain a more direct relationship with you.

If you know someone who will benefit from this report, please do share.For any questions regarding RCI, please email the editor at rahat.haque@aetonixsystems.com