Trends in Telehealth: Metrics, Pilots Underscore Technology’s Role in Care Management

From the ICU of a busy urban hospital, to a sparsely equipped federally qualified health center (FQHC) in a rural town, to the home of a solitary elderly frail person, telehealth is becoming a go-to care management solution, with its ability to cut costs while increasing patient satisfaction and care.

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800 State Highway 71, Suite 2, Sea Girt, NJ 08750
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Update: Medicare Reform Removes Barriers to Telehealth

In a May 2014 announcement, the Centers for Medicare and Medicaid Services (CMS) endorsed a final rule easing restrictions on telehealth.

A key provision in the final rule reduces the burden on very small critical access hospitals, rural health clinics and FQHCs by eliminating the requirement that a physician be held to a prescriptive schedule for being onsite.

This provision addresses the geographic barriers and remoteness of many rural facilities, and recognizes telemedicine improvements and expansions that allow physicians to provide many types of care at lower costs, while maintaining high-quality care.

Study: Benefits of Telehealth in ICUs Outweigh Cost

Another study from Marshall University and published online in the journal *Telemicine and e-Health* found that the benefits of telehealth in ICUs outweighed the costs.

Researchers found that adopting telehealth technology for ICUs could cost as much as $100,000 per bed, but the cost was offset by the significant decreases in ICU length of stay, patient mortality rates, and total costs.

Other findings from the report:

- Patients being treated at a telehealth-equipped ICU were 26 percent more likely to survive their ICU care than those treated at a standard ICU.
- Patients being treated at a telehealth-equipped ICU were 16 percent more likely to survive their hospitalization than those at standard ICUs.

Top Health Targets of Telehealth

![Top Health Targets of Telehealth](chart)

*HIN Telehealth in 2013 Survey
June, 2013*
Telehealth Pilots Ease Care Transitions

Nine out of 10 Americans prefer to age at home. To help plan members live independently and age gracefully at home, Humana, which has over 30 years experience in the Medicare program, and over 2.5 million Medicare Advantage members, launched the Humana Chronic Care Program (HCCP).

Once Humana patients go home from the hospital or post-acute care, telehealth technologies help to aid the transition. Strategies such as remote monitoring allow the elderly to remain in their homes while firmly connecting them to care management.

According to a recent webinar from the Healthcare Intelligence Network, Integrating Mobile Health Remote Patient Monitoring with Telephonic Care Management for Improved Care Coordination Results, more Americans are living longer and suffering fewer deaths from acute illness. But they are also developing more chronic illnesses and functional limitations, which are often the costliest to manage.

Humana recently launched several pilots to address these concerns, employing everything from home sensors that monitor daily motion and sleep abnormalities to video visits for patient education.

When integrated with a telephonic care management program, these remote monitoring technologies also helped Humana to avert medical emergencies and preventable hospitalizations among individuals with serious medical and functional challenges, says Gail Miller, vice president of telephonic clinical operations in Humana’s care management organization, Humana Cares/SeniorBridge.

The pilots are part of a continuum of care aimed at improving health outcomes, increasing satisfaction and reducing overall healthcare costs with a more holistic approach.

Humana’s Remote Monitoring Pilots

✓ (mPERS): Personal cellular device for people living alone or with limited caregiver support
✓ ADL Monitoring: Sensors monitoring activities of daily living
✓ IVR: Self-reported symptoms and biometric readings to monitor lower-risk individuals:
  - CHF IVR: Heart condition monitoring
  - CHF Biometric IVR: Vital signs monitoring for high-risk chronically ill CHF patients
  - Well Check IVR: Well-being monitoring
  - Diabetes IVR: Medication Management
✓ Video Visits: Two-way audio and video with sickest members as adjunct to home visits

Excerpted from: Remote Patient Monitoring for Enhanced Care Coordination: Technology to Manage an Aging Population
Central Maine Medical Center Supplements Home Visits with Telehealth

Supplementing home visits with telehealth was key to a Central Maine Medical Center program focused on heart failure readmissions with telehealth monitoring.

By expanding a team already focused on outcomes improvement for 30-day readmissions to include providers, nurses, home care and hospice, the innovative work also led to other home-based interventions that were not always restricted to individuals identified by Medicare as homebound, says Susan Horton, DNP, APRN, CHFN, executive director of Central Maine Heart and Vascular Institute.

“This was important because we are looking at all-cause readmissions. If a heart failure patient living in an unsafe situation trips and falls and gets readmitted with a head injury, that’s still going to be a black mark for heart failure readmission. It’s all-cause readmission.

“We felt that we needed to assess what was going on in the home. Who was there for the patient? What were they doing in terms of support? Could they take their medication? Did they have a scale? Could they read the scale? And we would offer telehealth.”

Live Calls vs. Interactive Voice Response (IVR) in Outbound Case Management

Telehealth technologies engage patients in chronic disease improvement programs, setting the scene for care management and behavior change.

Q: From your experience in research, are live telephone calls or interactive voice response (IVR) calls more effective? What data you can share?

A: (Dr. Randall Williams, CEO, Pharos Innovations)

We’ve had an opportunity to participate in randomized trials of the Tel-Assurance® technology in settings where it’s been randomized versus live outbound case management or call center interventions. We’ve seen a doubling of the impact by using this type of daily self-reported inbound technology enabled monitoring approach as opposed to live outbound.

In addition, we know from literature that this particular technology-enabled approach works quite effectively in a broad variety of populations. Everything from younger and mobile populations to homebound individuals from individuals who are from socio-demographically challenged populations to those who are more affluent. It doesn’t seem to differ much in its effectiveness across those different approaches.

Excerpted from *Telemedicine in Population Health: Case Studies in Patient Engagement and Remote Monitoring*
HINfographic: Telehealth Powers Population Health Management

Healthcare is hanging up land lines and plugging into videoconferencing, virtual visits and smartphones to fortify care management and expand reach to remote populations. This infographic from the Healthcare Intelligence Network details the top five clinical applications, technology and devices most utilized by telehealth, how organizations plan to take advantage of telehealth provisions in the ACA, and more.

Data source: HIN 2013 Telehealth & Telemedicine survey.

Watch the Video: One-Minute Metrics on Telehealth & Telemedicine

About The Healthcare Intelligence Network

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Contact us:
Healthcare Intelligence Network
800 State Highway 71, Suite 2
Sea Girt, NJ 08750

Phone: (888) 446-3530
Fax: (732) 449-4463
E-mail: info@hin.com

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