Why telehealth should focus on population health, treatment plan adherence as the model evolves

Once a novelty, telehealth has potential to ease the workflow and financial burdens placed on physicians and nurses.

Jeff Lagasse, Associate Editor

Telehealth should stop thinking of itself as telehealth.

The care model, which harnesses technology to provide remote care via video conferencing and other means, is proving to be more and more effective, especially in rural areas that lack brick-and-mortar care options. Elderly patients often find it useful since it eliminates the need for transportation.

But as the model gains traction, the focus is shifting away from the novelty of connected devices and new technology and more toward providing patients
with top notch care -- and giving providers, physicians and nurses alike, the power to deliver it effectively.

PROPOSAL

"The focus should be on treatment plan adherence," said Kagen Williams, director of Sales for Telemedicine outfit Wellbox. "If you look at telehealth, treatment plan adherence is allowing providers to make more educated decisions when they are spending face-to-face time with patients."

Indeed, the company doesn't think of itself as a telehealth company per se, but more of a population health company. According to Wellbox Director of Clinical Services Hayley Hodge, it's a mindset that's poised to change the way telehealth provides care.

"The market landscape has changed," Hodge said. "The CMS code for clinical management only came out in 2015. Everyone in the marketplace is starting around a new service, so you pivot as you need to. You need to make sure practices are paid for the work they've been doing, which is great. ... A lot of the companies that have failed to succeed have failed because they haven't focused on that component."

MEETING THE CHALLENGE

What makes telehealth potentially unique is that, since it's technology-based, it can leverage those capabilities to lend some extra support to not just the physician but nurses and support staff as well, automating processes that can prove cumbersome and detract from time spent with patients.

Nurses in particular could use the help. Much like with physicians, nursing is experiencing a shortage, and both they and the front-end billing staff could always stand to see some relief.

Vendors such as Wellbox, Teladoc and Doctor on Demand can step in and do some of the light lifting so practitioners can focus on the heavy lifting. One of the strategies that seems especially effective is alternating the way the practice reach out to patients.

One month, it's a mailing -- something to help the patient understand what their telehealth provider is doing, and to encourage them to start thinking
about questions they might have for their nurse during their virtual visit. Alternately, the nurse may call the patient directly, creating an extra level of engagement with the patient.

"That consistency in messaging, what the provider is guiding them toward as far as healthcare goals, that's something that can help a lot," said Hodge. "Really getting to know the patient, meeting that goal and partnering with them in a way where the (physician's) office may not be able to get to that level."

The approach can also foster easier collaboration between providers and patients, particularly when it comes to things such as health risk assessments.

"It could be something as simple as determining if a person is at risk for falls," said Hodge. "We work with patients on preventative health screening, and also on medication reconciliation. It's important to get an accurate list of a person's medication to the provider. You have to make sure the patient has the most updated list, but also let the provider know if they're getting those medications from others."

RESULTS

If the potential to ease workflow processes and facilitate patient care doesn't grab a provider's attention, the financial incentives might.

"One is a new revenue stream for a practice -- annuity, or small, passive income coming in each month," Williams said. "It pays about $43 on average across the country based on that code. Lung care coordination efforts and the like check several boxes in MIPS, and they get bonus payment if they perform well enough.

"The other cool thing that could be an ancillary effect … if there are other services a patient is eligible for, we're able to educate people on the things they're due for. So there could be additional volume, additional codes and fees, just because you let the patients know, 'You're eligible for a skin exam, and you're 65 and live in San Francisco and may have a need for a biopsy."

THE FUTURE

Rising costs are casting a shadow over the future of American healthcare, and many providers are scrambling to rein in their spend. Hodge thinks
telemedicine and population health efforts could be one of the key components.

"There are so many trends just around the chronic illnesses of the population, and lowering the total cost of healthcare spend in general," she said. "Paired with an aging generation, we could find America in a really sticky situation with how much it costs for healthcare. This is an effort to try to stop that."