

# Today's Telemedicine:

## Fundamental Benefits for Providers and Patients

Even though telemedicine has been around for a few years now, it's time to take another look at this rapidly changing clinical technology. It is being embraced as an effective way to reduce costs, increase patient satisfaction, improve overall outcomes and increase patient throughput – specifically in chronic disease patients. Since efficient long-term management of chronic disease is one of the greatest challenges facing today's healthcare system, the advantages in leveraging telemedicine are greater than ever.

### Virtual Services and Patient Care

Virtual visits can help providers deliver convenient, routine patient evaluations outside the confines of a physical office space, adding flexibility and convenience to the clinical process. In addition to the advantages offered by telephonic consultations, wearables and smartphone technologies have now progressed to the point where they can serve as useful tracking tools for monitoring vitals and adherence, and can also send alerts when a care plan is disrupted or not producing treatment goals. With this in mind, smartphones and other technologies are likely to become an integral part of the healthcare monitoring of many – if not most – chronic disease patients.

While the adoption of technology can sometimes come with a learning curve, the potential advances in provider/patient communications and resulting improvement in outcomes are likely to far outweigh initial implementation challenges. Providers should begin investigating how telemedicine can fit into and enhance their current practices.



Chronic diseases and conditions – **such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis** – are among the most common and costly of all health problems.<sup>1</sup>

**50%** OF ALL ADULTS

Currently, about half of all adults – **117 million people** – have one or more chronic health conditions.

**7** OF THE TOP TEN  
CAUSES OF DEATH

Seven of the top 10 causes of death are related to **chronic diseases**.



**DIABETES**

**Diabetes alone** is the leading cause of kidney failure, lower-limb amputations (other than those caused by injury) and new cases of blindness among adults.

## Provider Advantages in Adopting Telemedicine Technologies

There are a number of areas in which telemedicine can be beneficial to providers involved in the care of chronic disease patients, including:<sup>2</sup>

- **Improved Access** – Telemedicine can improve the frequency and timeliness of care access for patients, but just as importantly it also allows physicians and health facilities to expand their reach and patient volumes. Given increasing demands of providers' time, telemedicine has the unique capacity to improve provider efficiency and thereby enable them to serve more patients.
- **Cost Efficiencies** – Reducing or containing the cost of healthcare is a fundamental driver of the emerging reimbursement model. Telemedicine has been shown to reduce healthcare costs and increase efficiency through improving management of chronic diseases, enabling more efficient professional staffing, reducing travel times and shortening hospital stays.
- **Improved Quality** – Studies have shown that the quality of healthcare services delivered via telemedicine is as good as that provided through traditional in-person office visits. In some settings, such as ICU care, telemedicine has also been associated with increased patient outcomes and satisfaction.
- **Patient Demand** – Consumers want telemedicine. Indeed, the greatest positive impact of telemedicine is on the patient and families or caregivers. Telemedicine by nature reduces travel time, stress and inconvenience for the patient. Tele-services can also offer patient access to providers who might not otherwise be available to them – or at least offer initial access to these specialists in an expedited manner.

## Telemedicine can offer fundamental benefits to both providers and patients

### Providers:

- Cost efficiencies
- Improved quality of care, especially in chronic disease
- Increased overall patient volume
- Reduced emergency department utilization and patient readmissions
- Faster access to specialists when required

### Patients and Caregivers:

- Enhanced and faster access
- Increased convenience
- Reduced wait time for appointments and follow-up
- Reduced out-of-pocket costs, e.g. travel expenses



## Exploring and Evaluating Telemedicine:

### Taking the First Steps

As providers begin to evaluate their virtual care options, a number of key factors should be considered.

- **First**, providers should gauge the need and urgency for telephonic services in their specific market, and then craft a strategic plan to best address the proposed new offerings.
- **Second**, providers should assess capacity for any new patients they hope to recruit. Shifting patients who are historically high utilizers to a mix of in-person and virtual visits will likely expand patient load capacity.
- **Finally**, as providers look to incorporate new technologies, they must become familiar with all aspects of the new technologies – or bring in outside expertise to help navigate both the technology itself and the methodologies and safeguards that must be employed in terms of patient privacy, billing practices, etc.

## Chronic Disease Telehealth Services and Reimbursement

Because telehealth is in its relative infancy, reimbursement for these services has been historically limited – though more recently, private and public payers have been expanding coverage for chronic disease management. In January 2015, Medicare began reimbursing telehealth providers for remote chronic care management (CCM) under CPT code 99490. Eligible providers include physicians and select non-physician practitioners. The CCM billing code can be used for services relating to care plan development, communication and coordination with other treating health professionals, and medication management. The code may be billed once per month for qualified patients.

## Billing Requirements for CCM

### Code 99490<sup>3</sup>

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- ▶ Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
- ▶ Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation or functional decline
- ▶ Comprehensive care plan established, implemented, revised or monitored
- ▶ Assumes 15 minutes of work by the billing practitioner per month

## Kindred's Approach to Telemedicine

Recognizing the critical need to track patients after they leave a care setting, Kindred developed its AfterCare Program to maintain personal, consistent and compassionate communication with patients post-discharge from any line of Kindred services. Trained nurses call patients at regular intervals – 14, 30, 60 and 90 days – after discharge to track patient progress, answer ongoing questions, identify any new care needs and ensure a positive patient experience.

While not reimbursed under the Medicare telemedicine program at this time, this personalized, individual touch is valuable in preventing a decline in patient condition and helping prevent costly rehospitalizations. For patients with multiple chronic conditions, the follow-up calls provide additional value with trained clinical professionals familiar with their personal situation helping to monitor their ongoing condition management and well-being.

## Sources:

1. Center for Disease Control; Chronic Diseases: The Leading Causes of Death and Disability in the United States; <https://www.cdc.gov/chronicdisease/overview>; accessed 4/06/2017.
2. American Telemedicine Association; <http://www.americantelemed.org/>; accessed 4/06/2017.
3. Chronic Care Management Services; Department of Health and Human Services; <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement>; accessed 4/07/2017.



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