

Update on Telemedicine Research

*Florida Medical Director's Association's
2022 Annual Meeting*




*Thursday, November 3, 2022
5:20 to 6:20 PM*

John Whitman, MBA, NHA
Faculty - Wharton MBA Health CARE Management
jwhitman@wharton.upenn.edu

Executive Director
The TRECS Institute
JohnWhitman@theTRECSInstitute.org

1

Meet Gertie



2

Goals of this Session

- ▶ Discuss why "Phone Medicine, the current industry standard in long term care, is antiquated
- ▶ Review the use of telemedicine in Skilled Nursing Facilities
 - ▶ Impact on residents, staff, physicians, SNFs and local hospitals
- ▶ Review Findings of Year Long Telemedicine study conducted in 28 skilled care facilities in Florida
 - ▶ Impact on avoided admissions
 - ▶ Economic Impact on SNFs and Medicare
 - ▶ **Lessons learned – Key Success Factors**

3

Telemedicine in Long Term Care

- ▶ Catapulted forward by COVID-19
- ▶ A quality-of-care improvement for residents
 - ▶ Replaces "phone medicine" with virtual bedside visits
- ▶ Dramatically reduces unnecessary hospitalizations
- ▶ Generates added revenue for SNFs
- ▶ Can save Medicare billions of dollars each year

- ▶ **Only negative:** Can impact hospital revenue by preventing admissions & readmissions

4

Why Telemedicine in SNFs?

- ▶ Because it is the "right thing to do!"
 - ▶ For your residents
 - ▶ For physicians
 - ▶ For Medicare
 - ▶ For participating SNFs
- ▶ **Prediction:** Within the next 12 to 18 months, any SNF not offering telemedicine services will be significantly compromised from a marketing and revenue perspective.

5

Impact of Telemedicine in SNFs



6

Impact of Telemedicine on SNFs

- Reduces hospitalizations
- Reduces emergency room transfers
- Increases nurse/staff satisfaction
- Increases patient & family satisfaction
- Increases facility revenue
- Tremendous marketing differential
- Can improve medication stewardship
- Can improve advanced care planning



7

Telemedicine in Long Term Care

- ▶ Impact on Physicians
 - ▶ Can offer more timely intervention for your patients
 - ▶ Reduces unnecessary hospitalizations ("to be safe")
 - ▶ Provides additional billing opportunities
 - ▶ Convenience/Safety – Telemedicine vs trip to SNF



8

CMP Grant in Florida for Telemedicine

- ▶ Submitted by The TRECS Institute (\$328,000)
- ▶ Requested funding to implement telemedicine in 28 SNFs
- ▶ Facilities operated by Southern Health Care Management
- ▶ 15-month program
 - ▶ 2 months for implementation and training
 - ▶ 12 months of actual services
 - ▶ 1 month for full analysis and reporting
- ▶ Implemented and monitored by The TRECS Institute
- ▶ Retained a national telemedicine practice to provide evening, nights, weekend, and holiday coverage.
 - ▶ Served as the "physician on call"



9

Implementation (Phase I)

- ▶ Historical data collection from each facility
 - ▶ Average LOS in Hospital by payor group
 - ▶ Average number of Medicare skilled days by payor group
 - ▶ Percent not returning to SNF by payor group
 - ▶ Average reimbursement per payor group
- ▶ Educating/Training staff:
 - ▶ When to call for telemedicine intervention
 - ▶ How to use the equipment
 - ▶ How to contact telemedicine service

10

Implementation (Phase I) Continued

- ▶ Physician education and training
 - ▶ **Medical Director**
 - ▶ One of the "keys" to a successful program
 - ▶ Needs to reach out to PCPs
 - ▶ Designate the Telemedicine Service as the "covering service"
 - ▶ **Local primary care physicians**
 - ▶ Need to explain the program
 - ▶ Need to discuss reimbursement ramifications
 - ▶ Need to clearly outline relationship with telemedicine service
 - ▶ **Communication between Telemedicine practice and PCPs is critical for success**

11

Service Phase (Phase II)

- ▶ Telemedicine Services provided for 12-month period
- ▶ Data collected during actual telemedicine visit
- ▶ TRECS reviewed data monthly
- ▶ Regular zoom meetings with NHAs and DONs
 - ▶ Small group zoom calls
 - ▶ Individual facility zoom calls
- ▶ Regular interaction with corporate office
 - ▶ Relayed info to regional managers

12

Findings from Florida Telemedicine Study

- ▶ A total of 7,775 audio calls were received
 - Of those, 5,865 (75.4%) were audio only
 - Of those, 1,910 (24.6%) were escalated to video calls between the physician and resident
 - Of those video calls, 563, 29.4% calls and 7.2% of total calls were classified as having avoided a hospital admission as a direct result of the telemedicine intervention.

13

Avoided Hospital Admissions

- ▶ The telemedicine physicians were all experienced nursing home physicians
- ▶ The software program classified all telemedicine visits into several categories based on diagnosis and other key factors documented by the physician
- ▶ Those identified as "most likely of having avoided a hospitalization" were reviewed by a two-physician panel
- ▶ Panel's findings were used to identify the final number of avoided hospital admissions as a direct result of the telemedicine intervention.

14

Avoided Admissions Used to Estimate Financial Analysis

- ▶ Facility specific information, gathered in the Phase I applied to calculate individual facility economic impact
- ▶ Positive impact of Medicare avoided admissions
- ▶ Negative impact of Medicaid avoided admissions
- ▶ Estimated financial impact for SNFs =
Positive Impact of Medicare - Negative Impact of Medicaid

Facility can also bill Medicare for "Originating Fee" for every telemedicine call. For this project, 1910 telemedicine calls at \$20 each
= \$38,200

15

Overall Findings of Study

- ▶ Based on 563 avoided admissions, Medicare saved an estimated **\$1,137,271**
- ▶ The 28 participating facilities gained an average of **\$40,616** of "new revenue"
- ▶ Range of new revenue from **\$133,984** to **\$1,656**
- ▶ Of all 28 participating facilities, only 2 did not prevent enough avoided admissions to generate new revenue sufficient to pay the annual costs of maintaining the telemedicine service after grant funding ended

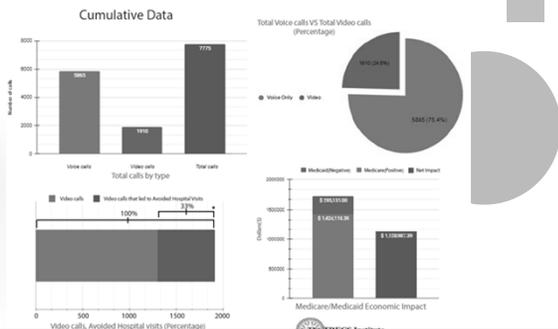
16

Key Success Factors for a Successful Telemedicine Service

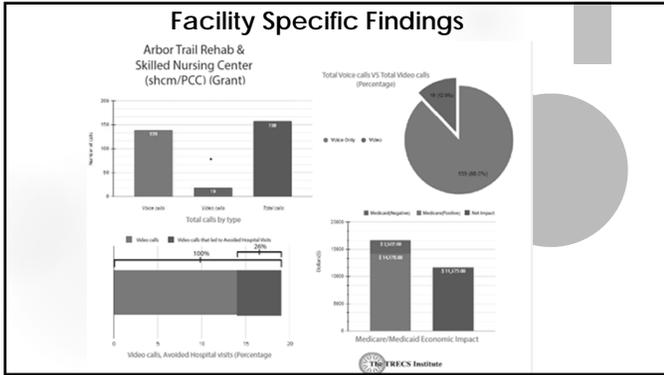
- ▶ **Corporate Level:**
 - ▶ Commitment to make telemedicine a priority
 - ▶ Corporate "Champion" to oversee
- ▶ **Facility Level:**
 - ▶ Solid management team (NHA/DON)
 - ▶ Strong and supportive Medical Director
 - ▶ Support from nursing staff (with RN Champions)
 - ▶ Support from local PCPs
- ▶ **Select a proven telemedicine practice**
 - ▶ Responsive and communitive with MD & PCPs

17

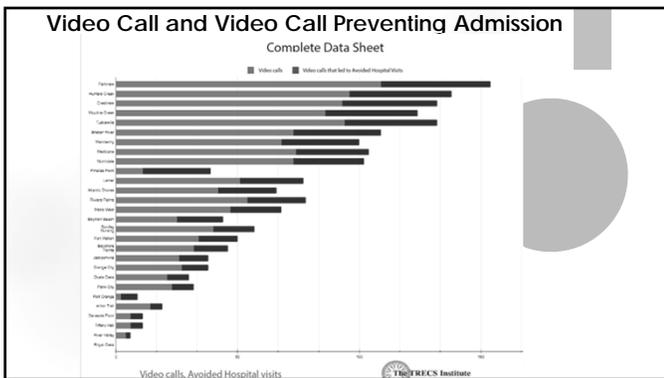
Cumulative Results



18



19



20

- ### Characteristics of Successful SNFs
- ▶ Strong Management Team
 - ▶ Checks hospital log regularly
 - ▶ Works with nursing staff to assure effective utilization
 - ▶ Assures agency nurses are trained
 - ▶ Strong Medical Director
 - ▶ Set's Facility policy that telemedicine service serves as the physician on call for all "off" hours
 - ▶ Communicates with telemedicine services and assures effective communication with PCPs
 - ▶ Strong Nursing Staff
 - ▶ Stable nursing staff
 - ▶ Telemedicine "Champions" in nursing staff

21

Telemedicine Services in SNFs

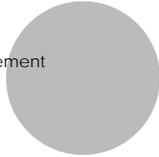


22

Questions? Please reach out to me!

John Whitman, MBA, NHA
Faculty - Wharton MBA Health CARE Management
jwhitman@wharton.upenn.edu
484-557-6980

Executive Director
The TRECS Institute
JohnWhitman@theTRECSinstitute.org



23