Update on Telemedicine Research

Florida Medical Director's Association's 2022 Annual Meeting

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

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Meet Gertie

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**

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

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.

Impact of Telemedicine in SNFs

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

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

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"

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

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**

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

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.

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 finding were used to identify the final number of avoided hospital admissions as a direct result of the telemedicine intervention.

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

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

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)
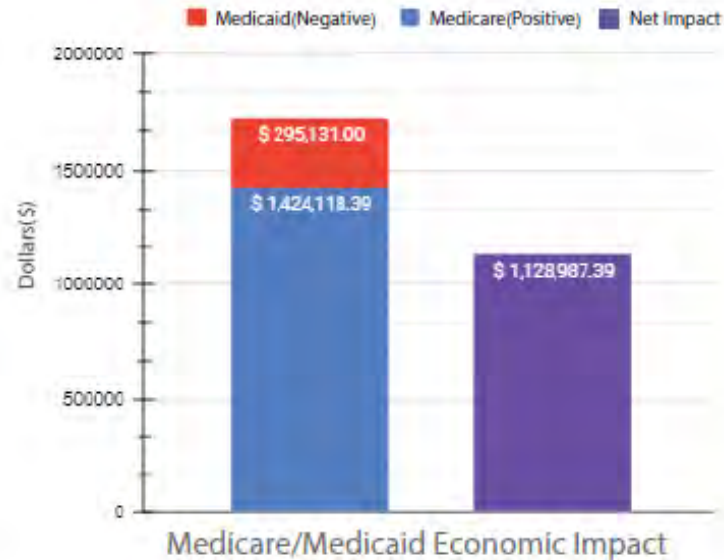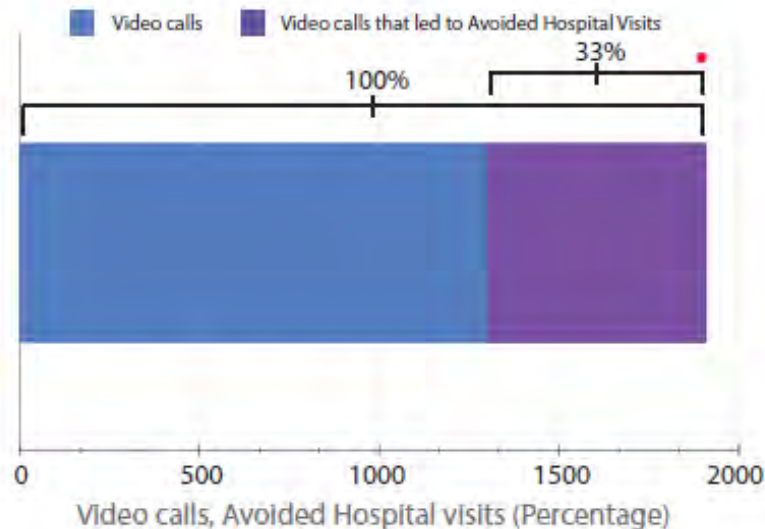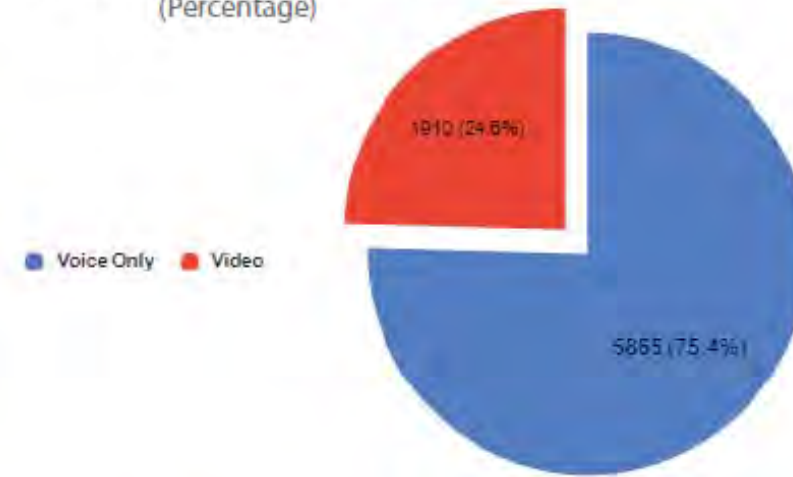 - Support from local PCPs
- **Select a proven telemedicine practice**
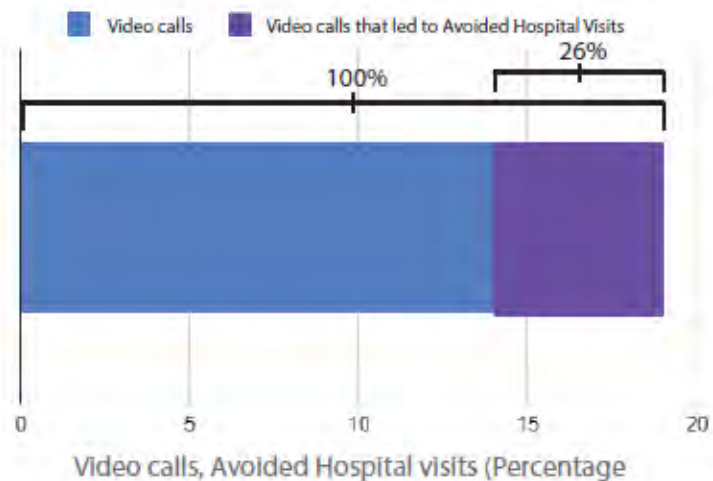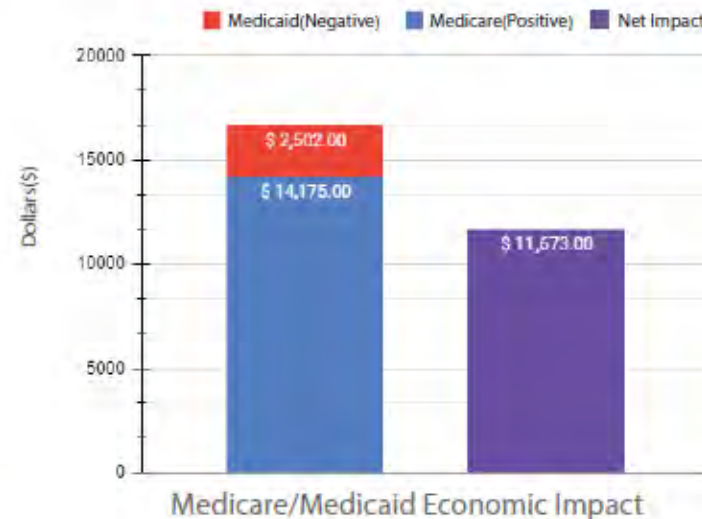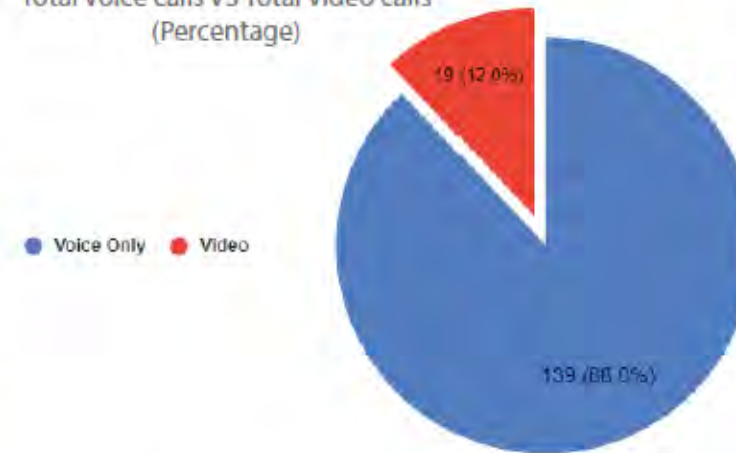 - Responsive and communitive with MD & PCPs

Cumulative Results

Facility Specific Findings

Arbor Trail Rehab & Skilled Nursing Center (shcm/PCC) (Grant)

Total calls by type
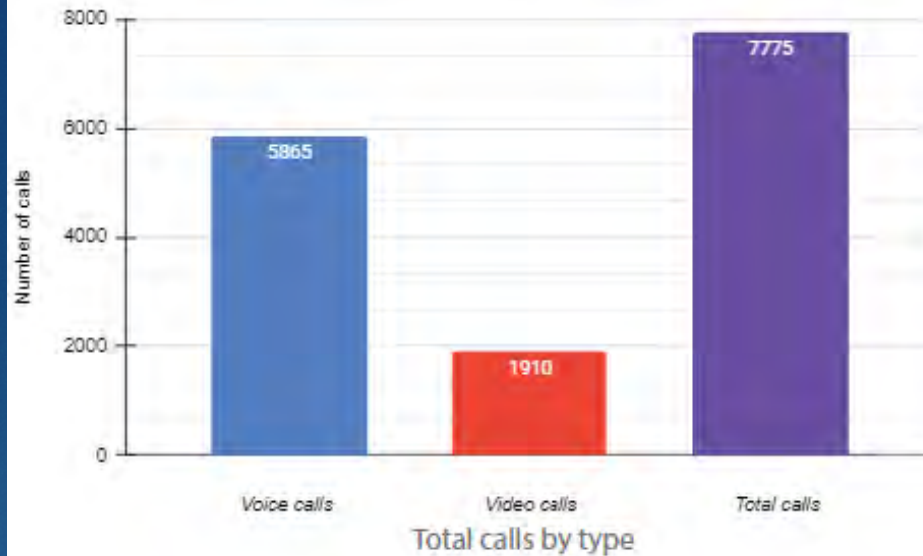
Total Voice calls VS Total Video calls (Percentage)

Video calls, Avoided Hospital visits (Percentage)

Medicare/Medicaid Economic Impact

The TRECS Institute

Video Call and Video Call Preventing Admission

Complete Data Sheet

Video calls, Avoided Hospital visits

The TRECS Institute

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

Telemedicine Services in SNFs

Questions? Please reach out to me!

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