TELEMEDICINE:

An Effective Way to Save Money and Improve Patient Outcomes

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Although most long-term care nursing administrators might be hard-pressed to find anything positive associated with the pandemic, one upside is the increased use of telemedicine, which can help prevent unnecessary hospitalizations and emergency room visits and catch health problems in residents sooner.

"COVID-19 has essentially forced us to become comfortable with this technology," says Dr. Alexis Hugelmeyer, the medical director of a Texas-based in-patient telemedicine program. "We've been implementing it slowly... now, with COVID, bam, all of a sudden, everybody needs to use it and get comfortable with it." Telemedicine (a word which is sometimes used interchangeably with telehealth) is much

more efficient than face-to-face visits, she says, adding that physicians can't always see residents in-person, especially if they're covering multiple facilities or are needed after hours. "The convenience and the relatively quick access for the physician to be able to see the patient is much greater with telemedicine than if a physician were to have to get in their car and drive to the facility," she says

The timely care that physicians can provide when using telemedicine improves both clinical and financial outcomes in skilled nursing facilities, which are increasingly being called upon to prevent avoidable hospitalizations, notes Dr. Richard Stefanacci, Senior Physician at Mercy LIFE program. "In a nursing home setting, if we're able to treat somebody and avoid them going to the emergency room at the hospital, that's a big savings." (In fact, according to a study reported in The American Journal of Managed Care in 2018, the use of dedicated virtual after-hours physician coverage at a skilled nursing facility in Brooklyn resulted in 91 prevented admissions at a savings of $1.55 million.)

This summer Stefanacci, who is also a professor at Jefferson College of Population Health in Philadelphia, used an iWatch and FaceTime to diagnose his 90-year-old father with AFib. He then arranged for him to be taken to the emergency room for a cardioversion, averting a potential stroke. "Without telemedicine we would have been completely in the dark. We wouldn't know what his cardiac rhythm was, what his pulse ox was. Without any of that, he probably would have sat around the house all day, rather than getting treated for his cardiac condition."

Nurses Play Crucial Role

When conducting a virtual physical exam, physicians rely on nurses to touch the patient and to rely information, such as, whether the right leg is warmer than the left, in the case of a suspected blood clot or cellulitis, says Hugelmeyer. Historically, nurses have used telemedicine carts equipped with real-time audio-visual capabilities, an HD camera and devices (including digital stethoscopes, otoscopes, dermatoscopes, electrocardiographs, and ophthalmoscopes), which are connected by USB to the cart. Nowadays, the nurse may simply use a smart phone or an iPad with a stand. Unless a patient needs to have a medical procedure, such as an intubation, telemedicine can be used for most visits, including regular check-ins as well as visits with specialists, which are often hard to book in-person. It's also easier for physicians to coordinate virtual visits with other healthcare providers social workers and wound care

nurse educators, where they can work together and develop a more cohesive plan.

Even when residents are agitated or showing signs of sundowning, telemedicine can still be used if you individualize the approach, says Stefanacci. For instance, the video may have to be turned off if a resident with dementia gets more agitated when seeing the physician on the screen. He also says it's best to set up the virtual visit in the resident's room, using a camera on a cart as it is easier to position. (For more on adapting telemedicine for patients with dementia, check out this interview with Dr. Jessica Zwerling, Associate Director, Center for the Aging Brain, Montefiore Medical Center.)

Implementing a Telemedicine Program

Sometimes, though, it's not residents who are uncomfortable with virtual visits, but healthcare professionals. As Hugelmeyer points out, some physicians prefer doing face-to-face visits, so you need to ensure consulting physicians are onboard before implementing telemedicine services.

Before setting up a telemedicine program, your first step should be to develop a detailed plan and process for both the rehab and the long-term care sections of your facility, says Stefanacci. Analyze the last dozen or so unplanned emergency room or hospitalizations and come up with a needs assessment to figure out exactly what system to put in place and what pieces of equipment are needed, he says. "One place that people go awry is that they think that they have to do something in the telemedicine space, so they just get involved in it and hope for the best. It's not really based on anything that they really need or it's going to improve their outcomes."

Investing in training is another essential step. It's imperative that nurses be trained on effectively using the different digital medical equipment as well as relaying information to the physician, says Hugelmeyer. In addition, staff should be trained on policies, practices and protocols for using telemedicine services, according to this article from the Centers for Disease Control and Prevention (CDC). This includes appointment scheduling, documentation and billing, referral processes for specialty care, urgent and emergent care, medical equipment and follow-up visits.

Of course, having a reliable high-speed Internet connection (and possibly a secondary network line in case of unexpected data outages) as well as a good webcam is also a priority. But a frozen screen or a lost connection is not the only issue that could interfere with a virtual visit. Concrete or tiled rooms create echoes, though you

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can remedy this with soundboards on the walls, points out the *Telemedicine During COVID-19: Benefits, Limitations, Burdens, Adaptation* article. Poor lighting can also detract from the visit, as discussed in this *Tips for Telemedicine Care: Prepping Your Virtual Exam Room* blog post.

Relaxed Regulations

Traditionally, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), has been perceived as a potential barrier to a wider adoption of telehealth, though

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Stefanacci thinks concerns about security have often been overblown. "Prior to COVID we had used that as a barrier... but it was an easy kind of excuse," he says. Since the pandemic, regulations surrounding telehealth coverage have been relaxed and penalties will not be imposed for HIPAA violations that occur during the good faith provision of telehealth during the COVID-19 emergency. Although you can now use platforms that are not HIPAA compliant, such as Facetime or Skype, Hugelmeyer recommends using a HIPAA compliant telemedicine platform with a secure connection. As she points out, not only are patient privacy and security of utmost importance, but the rules will change back at some point.

Do make sure to keep abreast of HIPAA and COVID-19-related announcements from the Office for Civil Rights at the Department of Health and Human Services, and stay up-to-date on federal and state regulations and restrictions and temporary mandates and directives. Likewise, you will also need to communicate with insurers/payers to understand the availability of covered telehealth and telemedicine. (As this STAT article mentions, it is unclear whether government and private insurers will continue to pay for virtual visits at the same rate as in-person care over the longer term.)

Although virtual visits have dropped off – accounting for just 21 percent of total encounters by mid-July, down from 69 percent in April, according to data from Epic electronic health company – telemedicine may be better understood and more accepted because of the pandemic, says Hugelmeyer. Still, she doesn't think that telemedicine will replace in-person visits. For his part, Stefanacci, who sees nursing home residents both in-person and remotely,

prefers to have end of life discussions and first-time patient visits face-to-face. "It's always easier to do telemedicine after you establish a relationship," he says, adding that he does not think we will ever return to the past which was predominantly in-person for all visits.

In his view, a mix of virtual and in-person visits can often be the most effective way to proceed. When treating a patient with a skin lesion, for example, he sets up a telemedicine visit with a dermatologist who follows up with the patient for an in-person procedure, if needed. (Dermatology appointments are particularly well-suited to telemedicine as it is especially difficult to obtain an in-person dermatologist visit; as well, physicians can use the camera to zoom in on skin conditions, which gives them a better view, he says.)

Whatever happens in the future, it's clear that telemedicine offers significant benefits to the healthcare system, physicians and nurses, and, above all, elderly patients. "The more that you can... [bring the care to them], the greater that chance that you're going to reduce their rate of readmission to the hospital, you're going to reduce emergency department visits. You're going to reduce falls and injuries because you have people who are able to follow up closely with the patient at the patient's convenience," says Hugelmeyer. ⚕

More Resources

- Center for Connected Health Policy – State Telehealth Laws and Reimbursement Policies: https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehalth%20Laws%20and%20Reibmursement%20Polici es%20Report%20Fall%202019%20FINAL.pdf
- Medicare Telemedicine Health Care Provider Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine¬health-care-provider-fact-sheet
- National Consortium of Telehealth Resource Centers.: Telehealth Resources to Address COVID-19 https://www.telehealthresourcecenter.org/covid-19-resources/
- Telehealth Start-Up and Resource Guide: https://www.healthit.gov/sites/default/files/telehealthguide_final_0.pdf
- University of Arizona: Directory Service Provider Telemedicine & Telehealth https://telemedicine.arizona.edu/servicedirectory
- Washington State Guidebook, includes checklist for implementing a new telehealth system: https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/DSHSTelehealth Guidebook.pdf

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