

7 Ways to Start Your Telemedicine Program

Strategic insights for health system executives considering ways to establish or expand upon their telemedicine offerings.

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Introduction

As a hospital or health system administrator, you may be feeling pressure around telemedicine. Whether you've established pilots or are exploring options, making telemedicine work can be challenging. At CareClix, we know how to build a successful telemedicine program. We've helped more than 4 million patients through 30+ large-scale custom telemedicine implementations.

Along the way, we've identified **Seven Ways to Start Your Telemedicine Program**. In this executive whitepaper, we've outlined these seven ways and how you can use these as various inter-related entry points to fit telemedicine into your organization's care offerings. These include:



1 - Urgent Care Virtualization

Provide immediate 24/7 urgent care to your patients online by establishing a virtual urgent care center for common conditions.



3 - Chronic Care Management

Provide your senior patients with multiple chronic conditions with a safe, convenient and simple way to manage and improve their health.



5 - Virtual Triage

Implement a patient triage system to direct your patients to the most convenient and effective healthcare setting.



7 - ACOs & Risk Management

Use telemedicine to achieve greater cost savings across your health system.



2 - Primary & Specialty Care Access Extension

Build programs to enable more convenient virtual access to primary and specialty care, while improving patient engagement.



4 - Remote Patient Monitoring For Readmission Reduction

Monitor your patients from the comfort of their home using a variety of virtually-integrated devices to prevent adverse outcomes and readmissions.



6 - Staff Load Balancing

Ensure optimal staffing by using telemedicine providers to enhance provider capacity for in-person consultations.



1 - Urgent Care Virtualization

Urgent care revolutionized the healthcare model by enabling consumers to receive treatment quicker. While emergency departments are restricted to hospitals, urgent care centers are closer to patients at multiple commercial locations. They are the convenient brick and mortar option for healthcare delivery, a microcosm of a proliferation of consumer-facing healthcare options.

For many healthcare organizations, urgent care centers are competitors. Hospitals and health systems have responded by acquiring or building their own urgent care centers, branded under their health system's name.¹

More than half of all clinic, urgent care, and ER visits could be handled safely and effectively over the phone or video.

These urgent care centers made it more convenient for patients to get care. People were forgoing care to avoid a long wait in the emergency room. With urgent care centers placed closer to home, patients enjoy better access stemming from lower wait times, easier transit options, and lower costs. Yet if the goal is improved access, a brick and mortar option still represents an obstacle.

Telemedicine both advances and changes the current urgent care paradigm. According to a JAMA study, "more than half of all clinic, urgent care, and ER visits could be handled safely and effectively over the phone or video."² With telemedicine, providers can now treat patients wherever they are, and health systems can achieve cost savings. "At UPMC (University of Pittsburgh Medical Center), on average, \$86.64 is saved every time a patient receives primary care or urgent care online versus going to an ER or urgent care clinic."³ Telemedicine also provides patients with the added convenience of seeing their own provider rather than whoever is staffing an urgent care center.

\$86.64
saved
per visit

Using CareClix, hospitals and health systems seeking to build a virtual urgent care center have a clear path forward. With our white-labeled platform and pre-configured Urgent Care module, we can help you stand up and staff your virtual urgent care center in days. CareClix also provides you the flexibility to use your own physicians or enhance your capabilities through our network of PCPs and specialists, thereby enhancing patient engagement with your organization.



2 - Primary & Specialty Care Access Extension

Improving access to primary and specialty care for patients in rural areas sparked the origins of telemedicine. Yet limited access to healthcare is not just a rural issue. In many parts of the country, there is a vast separation between the demand for primary care services and the supply of primary care physicians. According to HRSA, “Even though 56 percent of visits to physicians’ offices are for primary care, only 37 percent (287,000) of physicians practice primary care medicine.”⁴ It is a problem that necessitates innovation and out-of-the-box thinking.

Telemedicine bridges this gap by adding capacity within primary care offices and bringing specialty care to patients regardless of their location. For both patients and providers, telemedicine allows a simpler connection. For example, rather than having to travel back to the doctor’s office for a post-surgery consult, a provider meets with a patient virtually to follow-up on his/her recovery, thereby saving each other time. The CareClix platform is built to adapt to the use case most relevant to our partners. CareClix successfully launched our telemedicine platform throughout the Howard County School System (Maryland’s first in-school telemedicine program) with support from providers based at the Johns Hopkins and University of Maryland hospitals. This telemedicine program reduced the percentage of students unnecessarily sent home from 15 percent to less than three percent. CareClix managed to decrease emergency visits, better manage chronic conditions, and decrease their school absences. Understanding your target population is important. For schools and youth organizations, telemedicine brings increases access and helps parents avoid unnecessary trips to the doctor.

40 percent of patients surveyed at UPMC said they would have forgone care to avoid travelling if not for a telemedicine option

It is important to look at your population, figure out the use cases that will make the most influential impact on patient outcomes and cost savings, and design a telemedicine strategy that will be well-utilized. 40 percent of patients surveyed at UPMC said they would have forgone care to avoid travelling if not for a telemedicine option.⁶

This number is indicative of how telemedicine protects patients and produces revenue potential for health systems. Revenue could derive from telemedicine expanding the geographic reach of a provider organization. You don’t need to rely on clinic proximity to reach patients. You only need an internet connection that streams clear video between the provider and patient. Part of the CareClix vision and implementation strategy is to help our partners customize their telemedicine programs. CareClix works with clients in primary and specialty care settings (e.g., schools, worksite vendors, independent and employed medical groups) to help build scheduling platforms and training programs to support telemedicine implementation. Without telemedicine, it is more likely that patients will use alternative care settings outside of your organization’s control. Access is a derivation of the triple-aim, and enhancing access will remain instrumental to improving healthcare outcomes across the country.

3 - Chronic Care Management

Telemedicine enables patients to self-manage their chronic conditions and complements health systems' efforts to sustain care coordination programs. From connected devices providing real-time biometric data to frequent virtual check-ins, telemedicine patients are equipped to manage their chronic conditions. Limited literature suggests telemedicine is an equal substitute, if not better, to in-person care for people with chronic conditions. [Studies demonstrate improved outcomes for patients with CHF or who suffered a stroke.](#)⁷ Recognizing the growing importance of Chronic Care Management (CCM), [Medicare now offers reimbursement for non-face-to-face encounters using CPT code 99490.](#)⁸ Medicare also mandates that a CCM program **contain four key service elements:**

-  **A Certified EHR** - An EHR Certified to 2011 or 2014 standards is required for key information such as patient demographics, medications, and allergies.
-  **Access to Care** - 24/7 Access to care to care management services is required through non-face-to-face mechanisms such as telephone, secure messaging & video.
-  **A Comprehensive Care Plan** - A patient-centered care plan is required, including proposed approaches for items such as symptom management, treatment goals and expected outcomes.
-  **Managed Care** - Systematic assessments of patient needs, including medication reconciliation and review of adherence as well as follow-ups in the event of ER visits or hospitalization.

For organizations lacking the capacity to manage their own CCM programs, CareClix also provides a white-labeled, turn-key CCM service. This enables even the smallest community hospitals to provide CCM services for their seniors. Caring for the patients most-at-need requires vigilance and improved access. Telemedicine is a care delivery platform that enables 24/7 access to a care team. The CareClix difference is significant. Our network of providers includes more specialists than our competitors, our platform easily integrates with our partners' EMR systems, and we have a team that includes practicing physicians and experienced implementation experts.

At CareClix, we believe this is a turning point for telemedicine. These reimbursement rules enable healthcare organizations to open additional revenue channels while improving senior health. However as highlighted above, implementing and managing a CCM program requires much more than just a traditional telemedicine platform with videoconferencing. To address these challenges, our platform includes a comprehensive Chronic Care Management module. This includes out of the box integration for 200+ devices, covering 10 key vital signs used in CCM.

4 - Remote Patient Monitoring For Readmission Reduction

While chronic care management focuses on a comprehensive and over-arching care plan for patients with multiple chronic conditions – remote patient monitoring more precisely targets patients' vital signs and behaviors. This is especially crucial during the post-discharge period when patients need to be managed and engaged. This precision is achieved by having patients wear or routinely use medical devices that transmit data in real time. This enables providers to maintain constant contact with patients and utilize this data to help:



Prevent Readmissions



Increase Treatment Adherence



Shorten Patient Stays



Improve Post-Discharge Planning

For recently-discharged patients, RPM is an essential tool that supports post-discharge planning and helps patients adhere to treatment. This constant monitoring results in an overall drop in patient readmissions (and penalties), which improves patient outcomes and saves the health system money. Medicare's withholding of payments will reach over half a billion dollars over the next year. Affecting providers, hospitals, and health systems around the country, it is important to implement well-designed programs, like the CareClix telemedicine platform, to avoid unnecessary hospitalizations and readmissions.

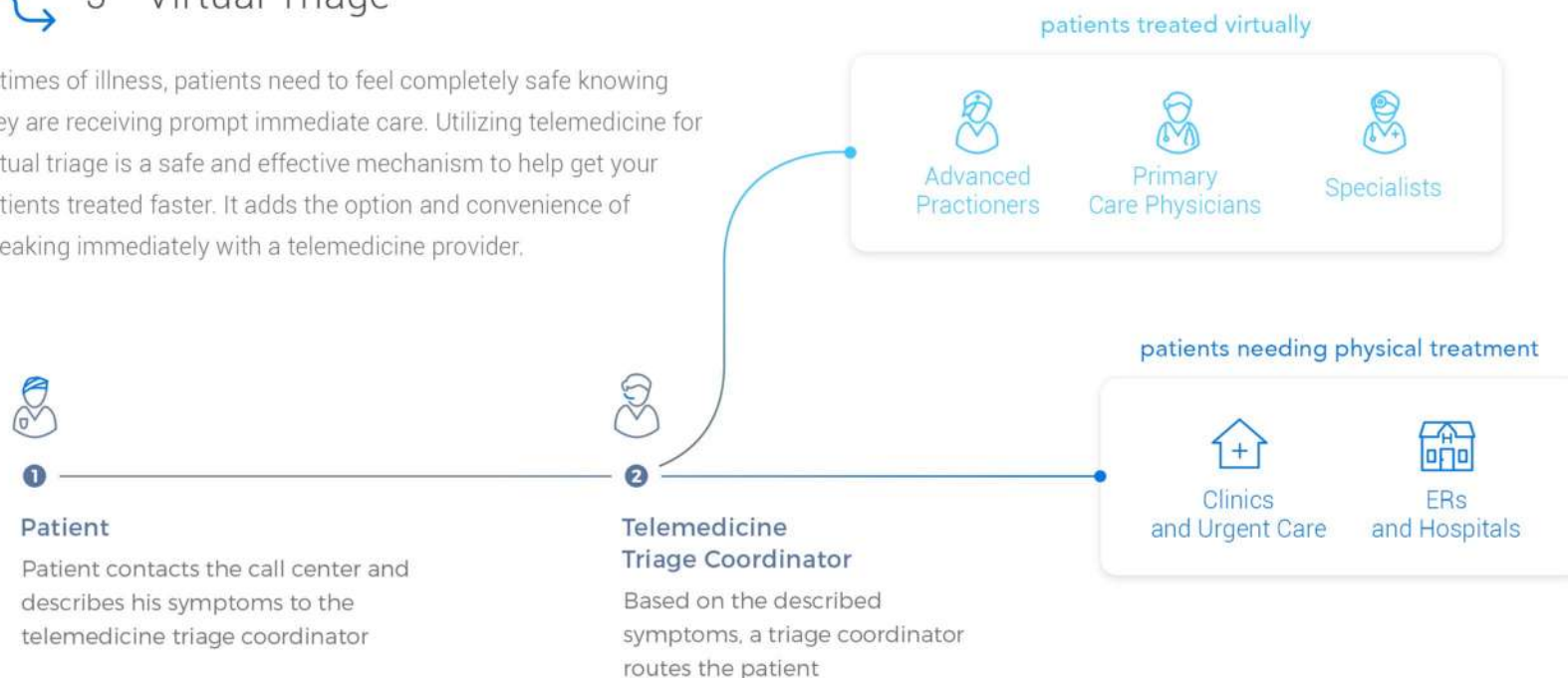
RPM cannot exist in a vacuum though. Wearing an activity tracker like a Fitbit doesn't maintain healthy behavior and keep patients out of the hospital. The patient's care team needs to actively monitor patient data and adjust the patient's treatment as needed. As more consolidation occurs between health systems, hospitals, and payers, and as risk-based payments become a higher percent of total revenue, it is vital that organizations invest in technology and care teams to improve patient outcomes and keep costs down. This also includes using advanced RPM programs to shorten patient stays and release patients earlier, knowing that they will still be safely and securely monitored while away from the hospital.

CareClix supports 200+ RPM devices

The CareClix platform comes included with an advanced Remote Patient Monitoring Module, with support for over 200+ medical devices covering 10 key vital signs. This out of the box device support enables you to expand your telemedicine program using remote monitoring devices you have previously purchased. CareClix can work with your organization to implement a program that combines RPM with your care team optimization, including customization of rules when to take action based on your patient's data. In addition, if your organization is interested in RPM but does not yet have the staff manage it, CareClix can provide white-labeled, turn-key RPM for your organization.

5 - Virtual Triage

In times of illness, patients need to feel completely safe knowing they are receiving prompt immediate care. Utilizing telemedicine for virtual triage is a safe and effective mechanism to help get your patients treated faster. It adds the option and convenience of speaking immediately with a telemedicine provider.



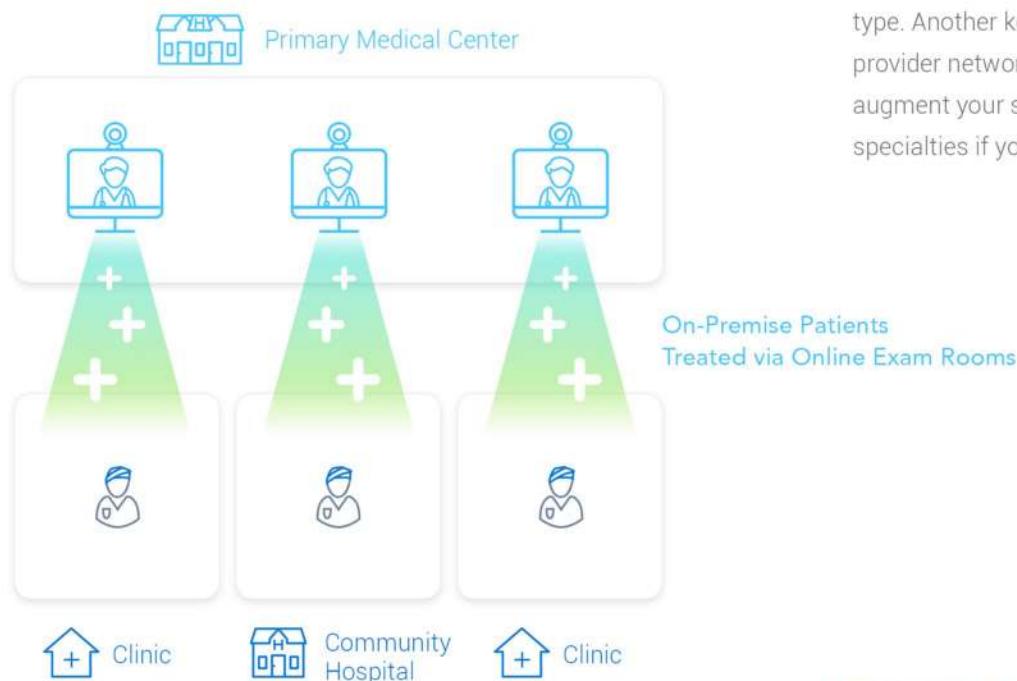
Virtual triage begins by connecting the patient with a telemedicine triage specialist through a virtual exam room. Depending on the patient's principal complaint, they are then routed for virtual or physical treatment. Virtual Triage enables cost efficiencies during this routing process by assigning the patient with the safest most-cost effective treatment option. For example, patients with minor conditions may be seen virtually by advanced practitioners, while those experiencing shortness of breath may be routed directly to the ER. Virtual triage is the next generation of an emergency room fast track system, but without the travel, waiting, and proximity to diseases.

The Co-Founder of CareClix, Dr. Sunil Budhrani, actually developed the protocols utilized for virtual telemedicine triaging⁹, using his experience in directing several emergency departments and urgent care centers. When building your virtual triage capability with CareClix, we will work with you to leverage these protocols and implement a program that works best with your organization and staffing capabilities. This includes our white-labeled Virtual Triage service, which includes 24/7 remote access to our physicians and specialists.

6 - Staff Load Balancing

Another way to use of telemedicine is to "load balance" staff across your network. This enables your primary care physicians and specialists at your primary medical center to be virtually distributed throughout your health system on-demand using online exam rooms to treat patients that are already on premise.

In addition to this traditional hub and spoke model depicted below, more advanced load balancing models can also be utilized. These rely on utilizing doctors from all locations in your network. In the event one of your locations is currently overloaded – your load balance model would alert underutilized physicians and direct them to start seeing patients virtually.



To effectively accomplish load balancing, a comprehensive plan outlining your treatment routing decisions and protocols must be developed. CareClix's platform includes load balancing capabilities that can help you monitor current usage and help you virtually re-direct your physicians to where they are needed. In addition, our open platform includes support for all major telemedicine carts for over 200+ associated peripherals. This enables you to leverage the telemedicine equipment you may have already purchased and put it to work to help load-balance your staff.

If you currently do not have telemedicine carts at your organization – CareClix also provides a variety of carts, kiosks and mobile cases. These can be custom built or pre-configured for a specialty type. Another key benefit of using CareClix is our white-labeled provider network. For small and large health systems - we can help augment your staff by providing on demand care for various specialties if you need help dealing with a surge in patient demand.



7 - ACOs & Risk Management

Accountable care organizations (ACOs) focus on building a team of providers to care for and manage patients. The idea centers on using a team of coordinated providers and hospitals to give coordinated care that is not duplicative and unnecessary and leads to avoidable hospitalizations and ED visits. Members within an ACO share in any cost savings that arise from improved care management. Unlike a chronic care management program, ACOs combine resources across hospitals and health systems. If a provider was conducting a virtual visit with a patient using our platform, they could "invite" a specialist from another hospital to join the call if needed. This expert consultation would be welcome by both organizations, as it improves the accuracy of diagnosis or treatment and potentially saves the ACO from an avoidable hospitalization.

With ever rising medical costs, many new forms of payment for medical services are emerging that are turning away from the fee-for-service based reimbursement model and moving toward a risk- or value-based approach. MACRA (Medicare Access & CHIP Reauthorization Act of 2015) is intended to place greater risk upon participating provider organizations and health systems. **By putting their own revenues at risk, participating organizations are willing to benefit from system-wide cost savings or get penalized from negative patient outcomes, expensive care, a lack of practice improvement, and from not fully implementing electronic medical records.**¹⁰

Telemedicine needs to be part of the risk management discussion. As more organizations shift their operational strategies to include value-based care arrangements, keeping patients healthy and out of the hospital becomes more imperative

Patient behavior remains an integral part of better managed care, particularly patients with chronic conditions. Telemedicine needs to be part of the risk management discussion. As more organizations shift their operational strategies to include value-based care arrangements, keeping patients healthy and out of the hospital becomes more imperative. Telemedicine is the most convenient method to monitor patients, and it helps reduce avoidable hospitalizations.

CareClix works with health systems and payers of all types, and our operations and implementation teams evaluate and predict how joining a value-based system like ACOs will impact your business and care delivery goals.

Conclusions and Next Steps

These **Seven Ways to Start Your Telemedicine Program** should provide some ideas and structure to guide your strategic conversations about how to fit telemedicine into your organization's care offerings. In the coming months, CareClix will be releasing additional content covering each of concepts in greater detail.

After reading this guide, please feel free to contact us anytime if you would like to learn more about any of the concepts featured in this whitepaper or if you'd like to learn more about how CareClix can help your organization. We can be reached by phone anytime at **1(855) CARECLX** or by email at info@careclix.com.



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About CareClix

CareClix provides comprehensive, integrated and white-labeled telehealth applications, technology and services to health systems, health insurance companies, governments, physician practices, and corporations.

As the only open telemedicine platform, CareClix provides out of the box support for the most popular telemedicine carts, EHRs, and over 200+ medical devices. We've used this platform to help our customers implement the concepts from this whitepaper into their telemedicine programs impacting over 4 million patients a year and counting.

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sources

- 1 - <http://www.wsj.com/articles/traditional-providers-get-into-the-urgent-care-game-1458525877>
- 2 - <http://thehealthcareblog.com/blog/2015/09/02/value-based-telemedicine/>
- 3 - <http://acsh.org/news/2016/01/18/virtual-doctors-visits-the-promises-of-telemedicine>
- 4 - <http://content.healthaffairs.org/content/29/5/799.full>
- 5 - <http://www.emhs.org/Community-Benefit/EMHS-Telehealth.aspx>
6. - <http://acsh.org/news/2016/01/18/virtual-doctors-visits-the-promises-of-telemedicine>
- 7 - <https://www.ncbi.nlm.nih.gov/pubmed/24968105>
- 8 - <http://www.healthcareitnews.com/news/chronic-care-management-cms-built-it-did-providers-come>
- 9 - <http://thesource.americantelemed.org/docs/default-source/standards/core-operational-guidelines-for-telehealth-services.pdf?sfvrsn=6>
- 10 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>