CARE MOVES CLOSER HOME

HEALTHCARE
PURPOSE-DRIVEN, RESILIENT & ADAPTABLE

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Abstract

To date, there have only been a handful of crises that have afflicted the entire world population the way the COVID-19 pandemic has. From individuals and governments to public institutions and businesses, the pandemic has resulted in a cascade of changes. However, these changes have also inadvertently transformed the way the world operates. It has given us a chance to amend our actions, adapt to new realities, and revamp our path for a more resilient and stronger civilization. This white paper discusses the ways healthcare sector, in particular, has embraced telehealth in an effort to bring about a paradigm shift to care delivery.
Ease of use:
Albeit a slow evolution, the health IT infrastructure was maturing; but patient engagement remained low, owing to poor user experience and low-end functionalities.

Reimbursement:
Restrictions on reimbursement for care services and concerns over quality made healthcare providers hesitant to adoption.

Interoperability:
The absence of widespread interoperability with EHRs that would allow easy sharing of data further nullified many of telehealth’s digitalization benefits.

The crisis has brought to center the notion that healthcare is no longer restricted to the doctor’s office. Telehealth has re-emerged as the need of the hour, democratizing care delivery for the digital age.

Towards Increased Telehealth Adoption

Given the dire need for a tool like telehealth in light of the pandemic, regulatory agencies on their part have amended the coverage for telehealth services, thus incentivizing providers and patients to increase adoption of telehealth. This also offers a resolution to various setbacks that payers and providers are facing due to the pandemic. These include cost pressures due to membership closures, premium payment extensions, and the impending increase in medical care ratio.

The loss in membership may be offset to some extent by the rise in individual health plans and Medicaid support later this year. All of this makes it imperative that payers accelerate adoption of telehealth services for chronic care management and member engagement to help them control costs.
Regulatory Changes by CMS to Drive Telehealth Adoption

In 2019, Medicare included coverage for brief communications or virtual check-ins. Medicare Part B also started paying clinicians for non-face-to-face interactions initiated for online patient portals. In addition to these, several recent amendments were made:

- The Centers for Medicare & Medicaid Services (CMS), which had previously limited the ability of providers to be paid for telemedicine services, increased its coverage for such services.

- Both state and federal governments are relaxing one of healthcare’s most puzzling restrictions: the requirement that physicians have a separate license for each state in which they practice.

- Medicare beneficiaries can access services, such as common office visits, mental health counseling, and preventive health screenings through virtual delivery models.

- The Health & Human Services (HHS) Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against providers that serve patients in good faith through everyday communication technologies, such as FaceTime or Skype.
Further, governments have also come forward to provide purpose-driven incentives for adopters of telehealth practices:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded USD 450 million to improve community-based mental and behavioral healthcare access, as well as respond to the coronavirus pandemic.

- The Federal Communications Commission has established the COVID-19 Telehealth Program that provides funding of USD 200 million. Made available as a part of the CARES act, this funding will facilitate eligible healthcare providers to offer services to patients.

- To increase telehealth access further, HHS has offered funds worth USD 20 million for providers to help populations prevent and respond to COVID-19. The funds will assist telehealth providers with cross-state licenses for improving access to care during the pandemic.

Meanwhile, commercial insurance giants on their part – including Cigna, Aetna, and UnitedHealthcare – have each announced temporary benefit changes allowing providers to bill for most therapy codes delivered through telehealth. Unlike CMS, which is permitting coverage for some services furnished remotely by providers – including e-visits, virtual check-ins, remote evaluation of recorded video or images, and telephone assessment and management services – the commercial benefit changes represent a key upgrade. They provide reimbursement for services using interactive video that allows clinicians and patients to see and hear each other in real-time.
A Better Telehealth Solution

With the barriers to adoption being brought down due to need and convenience, a huge opportunity for telehealth solution providers is coming to the fore. Accordingly, they will have to explore and understand the use cases and build a feature-rich solution for the future. Some of the key elements they should consider include:

**Informative:**
Remind patients about upcoming visits, regimens, protocols, and other critical healthcare recommendations, by integrating with EHR and operating like a CRM for healthcare.

**Intuitiveness:**
Navigate seamlessly to search for information, schedule appointments, and securely exchange text.

**Interoperability:**
Integrate patient data from multiple EHRs and consumer devices such as fitness trackers.

**Action plans:**
Provide practical and effective recommendations from the patient’s physician and follow-up treatment guides from the web.

Bonus points if telehealth solutions can deploy appealing technologies such as:

- AI-enabled self-management and self-diagnostic tools.
- Ability to initiate and conduct a virtual visit with a simple click.
- GPS-powered connections to local support groups or communities for patient-specific health conditions or wellness concerns.
- Chatbots, gamification, and other virtual engagement technologies compliant with security guidelines to drive further adoption.
Several countries in the developed world have ageing populations with an estimated 1.2 billion people over the age of 60 by 2050. The health ecosystem will need to be strengthened with alternate care settings at home, assisted living, and skilled nursing facilities backed by technology.

With long-term care homes becoming hotspots of endemic spreads in recent times, the future of chronic therapy and elder care lies in homecare and remote monitoring. Some countries like Singapore have already adapted a telehealth elder-care model successfully, leveraging ecosystem stakeholders – patients, providers, payers, Med Tech – to offer end-to-end connected health services.

Assisted living solutions help people in need by combining sensor-based internet of things technology with data analytics. This helps people to age in place using a community caregiver ecosystem to provide last-mile human touch. Providers can use remote patient monitoring to follow elders diagnosed with chronic conditions in their homes, monitoring their vital signs, glucose levels and other medical data with connected devices, scheduling home health visit or changing prescriptions before they require inpatient care.

From receiving discharge care plans from emergency room departments to consulting with home health nurses, this kind of 360-degree visibility can optimize care coordination and health outcomes across acute-cate and ambulatory settings. By inserting telemedicine at the right touchpoints, providers can stay apprised of the changing conditions of the elderly individuals and other doctors.
Telehealth Opportunities

In addition to the opportunities for telehealth interventions in elder care, there are many other circumstances where telehealth provides a preferable alternative to established in-person hospital visits. There are multiple grounds for this including geography, as discussed in the previous sections.

Care for Remote Populations

In India, telehealth is utilized by populations living in remote regions. Similarly, states with sparse populations in the US, like Hawaii, Arkansas, and Utah are early adopters of telehealth solutions. There are still cohorts living in many parts of the world with no access to healthcare essentials, giving telehealth solution providers areas to expand service.

Shift to Telehealth Care Teams

According to WHO, medical care from doctors, healthcare practitioners, labs, and drugs contribute to only 20 percent of the determinants of health. This demonstrates that care can be delegated to a team of health advocates, coaches, pharmacists, and nurses who can interact with patients through telehealth solutions, thereby reducing hospital visits.
Self-Management and Self-Diagnosis

Point of Care (PoC) devices can be used to produce lab-quality test results that can be transferred automatically to an information system or a remote caregiver for consultation. Providers can work with pharmacies to market home test-kits, thereby enabling customers to order tests online, package their samples at home, and mail them to a nearby lab.

Population Health Management

Population health management strategies assume increased significance in the pandemic situation. Telehealth-based risk assessment tools can help segment member populations into cohorts based on risk scores and plan for engagement accordingly.
Remote Monitoring for Chronic Diseases

Sensors, wearable solutions, and AI-enabled videoconferencing apps can provide vital signs, measurements, and alerts. Empowering broader surveillance of patients in a hospital’s intensive care unit with as many as 100 beds through continuous monitoring by nurses and intensivists accounts for real-time tracking of patient condition.

High-Acuity Care

For high-acuity patients with unpredictable needs, a team of advanced practitioners and nurses can be designated. When powered with real-time clinical data and two-way audio-visual capabilities, these high-acuity telemedicine solutions can deliver patient-centered care with consistent intensivist collaboration and coverage.

Mail-Order Purchases for Chronic Conditions

The market has seen a shift from retail stores to mail orders for medications. Patient-facing telemedicine solutions can be embedded with facilities for home-delivery refills of prescription drugs, thus strengthening customer satisfaction.
Conclusion

It is essential to note that these policy changes and the enabling environment will push telehealth’s cause only so much as long as all the links in the process are seamless and providers see the incentive in terms of both ease of reimbursement and extent of coverage. Regulatory agencies and insurers have to come together to make their policies and coding standards to procedures consistent, in order for telehealth to evolve into the default mode of care delivery. With COVID-19 bringing in a tumultuous shift to the entire care delivery paradigm, telehealth has received the right nudge to adoption. The times to come will stabilize this shift and make further room for enhancements along the way.
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