CTAC-AHIP COLLABORATION

Leveraging Telehealth to Support Aging Americans
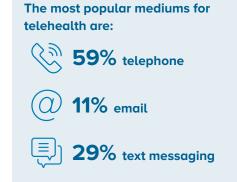
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Key Takeaways

- About one in seven Americans (15.2 percent) is older than the age of 65. Approximately 80 percent of these individuals have at least one chronic condition; 77 percent have at least two.

- Telehealth can improve affordable access to quality care by removing traditional barriers, such as distance, mobility, and time constraints. It has been shown to be as effective as in-person visits for certain conditions.

- Recognizing telehealth can be a valuable tool for providing convenient health care services to patients, health plans are working closely with vendors to expand access to these services.

Telehealth has long been viewed as a game-changer for health care service delivery. When fully embraced and executed, telehealth can expand and enhance the delivery of health care services to geographically disadvantaged or underserved populations. Consumer groups, providers, employers, and health plans all see the expanded use of telehealth as means to give patients more convenient access to high-quality, affordable health care. Beyond promoting remote care that could be provided in the patient's home, telehealth can also help avoid unnecessary and costly emergent or acute care, with an estimated savings of more than $6 billion annually.
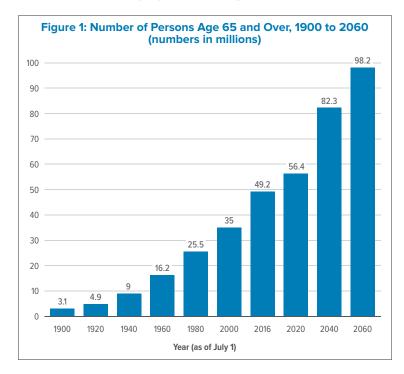
Virtually all (96 percent) **of the nation's large employers** (500 or more employees) will provide medical coverage for telehealth in 2019, and utilization rates are on the rise.

The most popular mediums for telehealth are:

59% telephone

11% email

29% text messaging

Needs of An Aging Population

In their 2018 Report, The Administration for Community Living reported that the population aged 65 and over increased from 37.2 million in 2006 to 49.2 million in 2016 (a 33 percent increase) and is projected to almost double to more than 98 million in 2060 (see Figure 1).

Telehealth holds promise for people as they age, when complex care needs, mobility issues, social isolation, and lack of transportation can hinder a person's ability to make it to medical appointments. A common misconception is that older Americans may reject technological interventions in their health care because they may be less experienced with technology or have motor or cognitive impairments that may hinder their ability to use technology. However, surveys show that most older Americans are open to using newer technology. An Associated Press-NORC Center for Public Affairs poll found that nearly 9 in 10 adults aged 40 and over would be comfortable using at least one type of telemedicine for themselves or an aging loved one. However, concerns regarding quality issues remain, with 50 percent of respondents were very concerned that telemedicine could lead to lower-quality care.

For those with complex or chronic conditions (e.g., diabetes, heart failure, COPD, atrial fibrillation), remote patient monitoring has been growing in popularity among doctors and health insurance providers alike. Those with chronic conditions are often older Americans. A 2017 survey from the Commonwealth Fund reported that 36 percent of adults over the age of 65 in the United States live with three or more chronic conditions.

Figure 1: Number of Persons Age 65 and Over, 1900 to 2060 (numbers in millions)

Year (as of July 1)	Number
1900	3.1
1920	4.9
1940	9
1960	16.2
1980	25.5
2000	35
2016	49.2
2020	56.4
2040	82.3
2060	98.2

Telehealth can also meet the needs of those who would rather receive care in their home. This is particularly important for Americans who are considering their care preferences at the end of life. A 2017 Kaiser Family Foundation study concluded that when given the choice, 71 percent of respondents would prefer to die at home rather than a hospital, nursing home, or hospice location.

Remote Patient Monitoring

Remote Patient Monitoring (RPM) allows for continuous tracking of a patient's health care data from the home or in another setting. Though the last decade has seen a boom in the market for different remote monitoring devices and technologies, remote monitoring programs were first introduced during the Space Race in the 1960s, when NASA physicians faced concerns regarding whether the human body could function in space. The first animals sent into space were attached to remote monitoring devices to track circulatory and respiratory health. As the space program matured and grew, newer technologies were introduced to assist with monitoring biometric data for astronauts in flight.

While the technology has vastly evolved over the years, the opportunity for remote monitoring remains the same – to allow health care providers to monitor the health status of a patient from a different setting.

By promoting patient-centered care, real-time monitoring of patients in their homes has reduced hospitalizations and readmission rates. Specifically when deployed among aging patients with chronic conditions, RPM can be used to monitor well-defined vitals and targets that allow health care professionals to quickly identify unusual activity or indicators outside of expected parameters. As a result, RPM can help ensure that health care resources are deployed to those patients most in need.

Federal Policy Landscape of Telehealth Services

Numerous efforts are underway to incorporate telehealth services into both public and private health insurance coverage to further increase access for consumers. While the Department of Veterans Affairs has been a leader on telehealth, TRICARE, Medicaid, and commercial plans have been increasingly making telehealth services available over the last several years. Medicare has been an outlier, as it has had to operate under statutory requirements that restrict the availability of services to those who meet very specific criteria. However, during the summer of 2018, the Centers for Medicare & Medicaid Services (CMS) issued proposed rules (Medicare Part B; Home Health Prospective Payment) outlining plans to expand access to telehealth services and remote monitoring programs.

The Bipartisan Budget Act (BBA) of 2018 expands telehealth coverage under Medicare Advantage (beginning in 2020). CMS will be developing and issuing guidance on the expanded telehealth services coverage under the Medicare Advantage program. Additionally, the BBA provides Accountable Care Organizations (ACOs) with more flexibility in the use of telehealth and expands the use of telehealth for Medicare enrollees with end-stage renal disease (ESRD) and stroke.

State Policy Landscape of Telehealth Services

Increasingly, state Medicaid programs are establishing reimbursement policies for telehealth-related services. While some states have approached this through changes to state laws and regulations, others are working through reimbursement policies, licensure requirements, or changes to program guidelines. However, coverage policies vary depending on type of service (with live video being the most predominantly reimbursed modality). A 2018 report by the Center for Connected Health Policy found that 49 states have some Medicaid reimbursement for telehealth. Twenty state Medicaid programs provide reimbursement for remote patient monitoring, though there are often many restrictions associated with its use (e.g., types of monitoring devices, types of information that can be collected, types of clinical conditions that may be monitored, etc.).

Health insurance providers and health care provider groups are partnering with vendors to expand access to telehealth services for their members. Examples of these kinds of collaborations are described below:

Health Insurance Provider Best Practices

CASE STUDY 1: GEISINGER HEALTH PLAN: REMOTE MONITORING PROGRAMS TO IMPROVE HEART HEALTH

Serving more than 2.6 million people across Pennsylvania and New Jersey, Geisinger Health Plan is leveraging remote monitoring technology and redesigning care models to improve vascular care delivery for its members.

In 2008, Geisinger launched a telemonitoring program to improve care, reduce hospital readmissions and the cost of care for members diagnosed with heart failure. At-risk members received Bluetooth scales with Integrated Voice Response (IVR) technology pre-programmed with a list of questions designed to detect changes that warranted follow-up with a case manager or provider (shortness of breath, swelling, appetite changes).

The availability of real-time data allowed case managers to coordinate with the primary or specialty care teams to ensure timely follow-up when triggered. Further, automated data collection allows case managers to spend more time on direct patient care. Since Geisinger initially launched the program a decade ago, they have enhanced the program to reflect emerging technologies, such as a new portable vest using high-tech radar that can detect fluid build-up inside the lungs that can lead to hospitalizations. By leveraging radar technology, providers can remotely monitor the amount of fluid accumulation in a patient's lungs and make treatment adjustments as needed to prevent unnecessary hospitalizations.

The results are impressive — Geisinger's telemonitoring program has led to significant drops in hospital admission and readmission rates, saving Geisinger $3.30 for every $1 spent to implement this program.

CASE STUDY 2: UPMC HEALTH PLAN: REMOTE MONITORING REDUCES ER UTILIZATION AND HOSPITAL READMISSIONS

The second largest health insurance provider in western Pennsylvania, UPMC Health Plan provides health care coverage for more than 3.4 million members. For the insurance provider, remote monitoring and innovations in telehealth services is an effective way to reach patients at home and improve disease management outcomes. To support the effort, UPMC worked with Vivify to provide patients with a tablet that connects to their mobile phone. Vivify, a telehealth and remote monitoring vendor, provided a call center portal, equipment monitoring, EHR integrations, and reporting features.

To leverage the system, patients and caregivers simply log into the Vivify platform and monitor alerts, patient survey questions, and bio-parameters. Health care staff can triage and guide virtual care, often times conducting live video visits with patients at their home. Remote monitoring was specifically focused on congestive heart failure, advanced illness care, tobacco treatment services, and inflammatory bowel diseases.

After 18 months of the program, the insurance provider is seeing results — UPMC is seeing fewer congestive heart failure patients being placed in observation units. And results were even more telling for Medicare members. Medicare members enrolled in Vivify were 76 percent less likely to be readmitted to the hospital.

CASE STUDY 3: MVP HEALTH CARE

In January 2018, Schenectady, NY-based MVP Health Care expanded its telehealth offerings to include psychiatry services, which allow members to access behavioral health care through a mobile device or computer and web cam 24/7 from anywhere within the United States. The health plan, which covers 700,000 lives in New York and Vermont across commercial, Medicare, Medicaid, and marketplace options, seeks to improve the overall health of communities by expanding access to the best possible care in the most convenient settings possible.

Starting in January 2017, MVP Health Care launched the myVisitNow platform across all product lines (e.g., commercial, Medicaid, Medicare) to give members access to physicians, behavioral health therapists, nutritionists, and lactation consultants, among other providers. In 2018, the plan expanded the suite of services to include psychiatry, thereby expanding access to appropriate behavioral health treatment for all fully-insured members.

Among seniors, behavioral health can be overlooked, and telehealth can be a perfect solution. Accessing virtual care can mitigate issues with limited availability of in-person appointments, transportation and mobility issues, or a reluctance to seek help in an office due to a perceived stigma about behavioral health care.

Thus far, MVP has seen a steady increase in the number of patients utilizing the services month-over-month. Members who used the services were overwhelmingly satisfied, as well—94 percent gave the experience 4 or 5 stars (out of five) and 97 percent rated the provider with 4 or 5 stars.

CASE STUDY 4: BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

As the largest insurer in Massachusetts, Blue Cross Blue Shield of Massachusetts (BCBSMA) serves more than 2.8 million members across the state. Recognizing that its employer customers wanted new ways to help employees access health care, BCBSMA insurer launched telehealth capability. Starting in 2016, BCBSMA partnered with *American Well* to provide on-demand video appointments for members seeking non-emergency medical assistance. Through this partnership, BCBSMA has also expanded on-demand telehealth to include psychotherapy, allowing treatment to be provided when and where it's convenient for members. BCBSMA is continually looking at ways to expand access and promote telehealth use among members.

Building on this work, in April 2018, BCBSMA launched its Emerging Solutions platform, targeting self-insured plans with at least 1,000 members, to curate market-leading digital health solutions and provide advice to employer customers on which solutions could best help improve their employees' health. Currently, BCBSMA's offerings include Livongo (the leading consumer digital health platform that empowers people with chronic conditions to live better and healthier lives), Omada (a digital provider of the Diabetes Prevention Program that provides tools for patients to improve their lifestyle, behavior, and overall health), and Ovia Health (uses technology and predictive coaching to support women from preconception and pregnancy through return-to-work and parenthood.) As the Emerging Solutions platform continues to grow, BCBCMA will serve as a trusted advisor to its employer customers, expanding its offerings to include other digital health programs that address specific healthcare pain points.

Health Care Provider Group Best Practices

CASE STUDY 5: CAPITAL CARING: INCORPORATING TELEHEALTH INTO AN ESTABLISHED MODEL OF CARE

In 2011, Capital Caring launched a program designed to enhance the quality of hospice care by using technology to create additional contact with people receiving care and their families.

The TeleCaring program has served over 15,000 people across Washington, D.C., Virginia, Maryland, and West Virginia. Through proactive telephone calls from care providers, the program helps to identify potential issues without requiring the provider or patient to travel for an appointment. Using a script to ensure consistency, TeleCaring Specialists address any concerns from the patient or caregiver. If a patient has a clinical need, the call is escalated to a TeleCaring Nurse who can ensure that needs are met. Hospice patients can receive calls up to twice daily, depending on their preference.

A 2015 Capital Caring analysis of the TeleCaring program found that participants had 51 percent fewer on-call urgent visits, 47 percent fewer physician visits and 41 percent fewer phone calls directly related to patient care. The analysis also reported that the number of miles driven per patient-day fell by 22 percent. Simultaneously, Capital Caring saw a rise in family satisfaction.

More recently, the TeleCaring program has expanded to communicate with patients via video conference technology. While this approach is currently only available for patients in Capital Caring's inpatient units, the organization plans to branch out to the homes of people receiving care.

CASE STUDY 6: RESOLUTIONCARE NETWORK: PROVIDING CARE IN RURAL AREAS THROUGH TELEHEALTH

Currently providing care for 165 people in rural northern California, ResolutionCare Network uses video conferencing technology to engage with those who might otherwise be difficult to reach.

Palliative care physician Dr. Michael Fratkin launched ResolutionCare Network in January 2015 as a mechanism to create more capacity in the face of skyrocketing demand. Without the resources needed to treat a rural population exclusively through in-person clinical visits, Dr. Fratkin began using telehealth as a tool for communicating with patients in their homes. He estimates that ResolutionCare Network has served approximately 1,200 people since it began operation.

Taking an interdisciplinary approach to care, ResolutionCare Network's staff features social workers, nurses, chaplains, and palliative care providers who regularly correspond with patients and their families via video conference to address concerns and discuss treatment options. The team also includes community health workers who can follow up with patients when in-person contact is needed.

In 2017, ResolutionCare Network conducted a survey of 26 people receiving care through the program. 23 of 26 respondents said that they liked the video conferencing format, with some specifically noting that they preferred it over a telephone call. For others, communicating with a provider using the Zoom video platform allowed them to avoid the anxiety brought on by trips to the doctor's office. Overall, the survey found that nearly 90 percent of patients liked the convenience of video conference visits.

CASE STUDY 7: SHARP HEALTHCARE: CONNECTING WITH PATIENTS THROUGH A VARIETY OF CHANNELS

Since 2014, Sharp Rees-Stealy Medical Group, which is part of Sharp HealthCare, has offered alternative methods of communication for patients and care providers in California's San Diego County in an effort to provide more efficient and effective treatment. The multispecialty medical group's telehealth program began with telephone calls but has since expanded to include a variety of channels including secure email messaging, text messages, and video appointments.

Physicians and providers can suggest video or phone visits to their patients — they are ideal for follow-up appointments — as well as refer patients for other remote monitoring options. Patients may also request a telehealth visit. These visits save time and, in many cases, the costs associated with an in-office appointment. This is a particularly effective service for people living with serious or advanced illness, who may be unable to travel. Communicating via video conference and telephone call can also empower caregivers to provide treatment, guided by instructions from the provider.

In addition to video and phone visits, Sharp Rees-Stealy also uses text messaging programs for a variety of patients. One program enables recently discharged patients to communicate with nurses via text message. Through the Welcome Home program, patients receive daily text messages reminding them to adhere to their post-discharge medication plans and to maintain a healthy diet.

These innovative approaches have yielded tangible results. Sharp Rees-Stealy observed a 40 percent reduction in hospital readmissions among senior citizens who participated in the Welcome Home text message program over those who did not participate in the program.

CASE STUDY 8: BLUESTONE PHYSICIAN SERVICES: USING TECHNOLOGY TO CONNECT INTERDISCIPLINARY CARE TEAMS

Bluestone Physician Services uses health technology to provide expert care to patients in Minnesota, Wisconsin and Florida, reaching them in their homes.

Bluestone Physician Services developed the Bluestone Bridge, which allows care providers working in a variety of settings to share information about a patient's health. Designed for people living with advanced illness, who often receive care from a team of providers and family caregivers working independently from one another, the Bluestone Bridge breaks down silos between providers and families. In assisted living facilities, a nurse who observes cognitive decline in a resident can communicate with a doctor via the Bluestone Bridge and receive instructions for care.

In Minnesota, Bluestone Physician Services also employs care coordinators who visit patients in their homes and can relay concerns about patients to a clinician through the Bluestone Bridge. There are currently 1,000 active facilities and homecare partners and over 12,400 active patients.

While the Bluestone Bridge facilitates communication among care providers, Bluestone Physician Services also uses video conference technology to communicate directly with patients living with dementia. Whether the patient is in their home or an assisted living facility, they can hold a virtual appointment with their primary care provider. These appointments allow physicians to monitor patients remotely, reviewing progress and ensuring that their medications are being properly managed.

Through the Bluestone Bridge and its use of video conferencing, Bluestone Physician Services is using technology to empower people living with advanced illness and their loved ones.

CASE STUDY 9: ASPIRE HEALTH CASE STUDY: LEVERAGE TELEHEALTH TO SERVE LARGE POPULATIONS

Aspire Health, the nation's largest advanced illness care provider, uses a combination of telephone calls and video conference technology to supplement its home care and remotely support patients in a variety of settings. Operating in 67 cities across 25 states, Aspire Health partners with over 20 health plans and has served over 50,000 patients since launching in 2013. Aspire uses telehealth technology in two ways.

The first way is in Aspire's home-based palliative care program, where video conference technology is used to virtually assist Aspire physicians in supporting other Aspire clinicians who are visiting patients in the home. In this model, the Aspire clinician who is in the home (often a nurse practitioner or social worker) sets up a video visit with Aspire's palliative care physician. The physician can then conduct a virtual visit with the patient and give instructions to the in-home Aspire clinician. Aspire's video conference technology can also be used to remote in family members for family meetings and advance care planning discussions.

The second way Aspire uses telehealth technology is in a full telehealth program in which a patient accesses virtual visits without an Aspire clinician ever being present in the home. Aspire's full telehealth program is most common for patients living in rural areas or skilled nursing facilities. These virtual visits are conducted by an Aspire Health social worker and focus on helping ensure patients understand their disease trajectory and assisting with advance care planning. If clinical issues arise during a virtual visit, Aspire's social workers can escalate patients to Aspire's physicians, nurse practitioners and nurses who can also provide care via telephone and video. Given that Aspire's average patient is over 80 years old, Aspire Health CEO Brad Smith noted that participants in the full telehealth program tend to prefer telephone calls to video conferencing, but noted that generational change could spur a shift in this preference.

Aspire Health has assessed the effectiveness of these programs and found them to be successful so far, completing approximately 900 telehealth visits since program inception with 78 percent of eligible patients choosing to enroll in the program, 71 percent of patients engaging in advance care planning discussions, and a 54 percent reduction in hospital admissions.