House Rural Development Council

CONSIDERATIONS FOR TELEMEDICINE IN RURAL GEORGIA NURSING CENTERS

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Georgia Health Care Association | Georgia Center for Assisted Living

A Webinar for All Skilled Nursing Facilities

Discussing

The Realities of Offering Telemedicine in Your SNF

Designed for both Urban & Rural Nursing Facilities discussing the realities of utilizing telemedicine to improve access to care, increase billable days and decrease expenses.

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Today's Objectives

- Telemedicine in Skilled Nursing Facilities - An Overview
- Results from CMS & Samuels Foundation Studies
- Telemedicine Expansion to include Rural SNFs
- Key Differences between urban and rural programs
- Critical Success Factors for both urban & rural SNFs
- Self Evaluation Form

What is "Telemedicine"

"The practice of medicine when the doctor and patient are widely separated using two-way voice and visual communication"

Means a lot of different things to a lot of people

- Remote weight and blood pressure checks
- Blood sugar levels
- Cardiac monitoring
- Basic primary care
- Medication management
- Rural emergency rooms
- Ambulances

Telemedicine

- Started in the military
- Been around for over 40 years
- Two major components:
  - TeleHealth
    - Remote monitoring for weight, blood pressure, etc.
  - Telemedicine
    - Care provider over a distance, through the use of telecommunications technology
    - Live streaming
    - Real time

America's Skilled Nursing Facilities

- 15,655 SNF's in America
  - **11,300+ Urban (70% +/-)**
  - **4,300+ Rural (30% +/-)**
- 70% Medicaid
- Physician presence in SNFs (limited at best)
  - Sporadic day time in most urban
  - 2-3 hours per week/month in many rural facilities

Majority of care decisions made over the phone

Georgia Demographics

- 366 SNF's in Georgia, 349 Medicaid Certified
  - Nursing Centers (Medicaid Active)
    - Urban 207 Centers 25,485 Beds
    - Rural 138 Centers 13,071 Beds
- Medicaid Occupancy – (Freestanding)
  - Overall 73%
  - Urban Nursing Centers 70%
  - Rural Nursing Centers 80%

Data Source – FYE 6/30/17 Medicaid Freestanding Medicaid Cost Reports (345 centers reporting)

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Key Challenges For Skilled Nursing Facilities

- Much sicker patients
- Lower reimbursement
- High staff turnover
- Smaller pool of patients (hospital's census down)
- Increased regulatory oversight and compliance pressure
- Clinical outcomes matter – STAR ratings and $ penalties
- Families and patients have increased expectations
- Litigation concerns are always there
- Clinicians are hard to find and no one wants to work after hours

"The Default Factor"

As a System, we lack the ability utilizing "phone medicine" to effectively differentiate which nursing facility residents need to be sent to the hospital and which residents can and should remain and be cared for in the SNF!

Documented Risks for Vulnerable Seniors Admitted to the Hospital

- Increased morbidity
- Increased confusion
- Incontinence
- Skin breakdown
- More medications
- Exposed to "hospital acquired" infections

And the added cost of responding to the risks that materialize!

Telemedicine … The Ability To Differentiate Resident's that Truly Need Hospitalization

- Two way video interaction
- Digitally enhanced stethoscope
- Zoom camera
- Otoscope
- Pillow speaker & privacy phone
- No log in/key board
- Multi-hour battery life

How Most Telemedicine Services Work

1. The facility nurse calls and connects directly to a telemedicine physician or nurse practitioner.
2. The clinician examines the patient with the nurse through the telemedicine unit and treats in place when possible.
3. Full notes and orders are faxed securely to the nurse to update the patient's record.
4. The clinician communicates with the attending on the episode and treatment plan and with the family

Telemedicine At Its Core

- Improves access to care (Both urban and rural)
- Cost effective way of focusing advanced and preventive care
- Early Detection - Monitoring allows the SNF to focus on residents before they require hospitalization
- Virtual onsite care allows a limited workforce to be virtually present when needed (on demand)

Common Concerns about Telemedicine Voiced by SNF Physicians

- Will this impact my billing?
- Will this increase my liability exposure?
- What's to keep the virtual physician from "stealing" my patients?

Your Physicians are one of the most critical success factors to determine if telemedicine will be successful in your facility

Telemedicine is not for every SNF

- **Need consistent internet access**
- Need access to IT Technical Support Services
- Need full support from:
  - NHA
  - DON & nursing staff
  - Medical Director
- Need support from other physicians

Will not be successful without this level of support!

GHCA Supports Telemedicine

We believe strongly that enhancing Telemedicine in Georgia's Rural communities can make a difference in quality of care provided to the Nursing Center residents when it is used effectively.

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Why We Need Telemedicine in Rural Skilled Nursing Facilities

- Availability of physicians in rural nursing facilities is often extremely limited (2-3 hours per week/month)
- Availability of psychiatric services often limited or not available
- Specialty consults are difficult to schedule:
  - Takes weeks or more to secure an appointment
  - Requires transport to specialist – miles away
  - Requires nursing staff member to accompany resident
- Additional opportunities to improve care
  - Physiatrist for requesting additional coverage when needed

Rural Telemedicine Services Provide Access To:

- **Primary Care Services (**Multi Specialty Medical Practice)
  - Nurse Practitioners and Specialty Clinicians
  - Daily Rounds when local physician not available
  - For changes in medical condition
  - 9 hours per day and or 24/7 models
- **Behavioral/Psych Services**
  - Scheduled
  - As needed including 24/7 emergency care
- **Specialty Consults Services**
  - **Scheduled and as needed**
  - Dermatology, Cardiology, Pulmonology, Nephrology, Endocrinology, Physiatry and more
- **Wound Care & Continence Care**

Rural "Primary Care" Services

- Clinician available 9 hours a day to see patients on demand (8 am to 5 pm, Monday through Friday)
- Daily Rounds (5 days per week) with facility's nurses
- Available on demand to see patients when there is an acute change in condition
- Communicates and integrates with the attending
- Communicates with families
- Assists with Advanced Care Planning
- Documents visits

Rural "Behavioral/Psych" Services

Monthly Behavioral Visits (or as often as clinically required)

- Residents with:
  - Depression, Bipolar, Schizoaffective disorders
  - Dementia with behavioral manifestations
- Medication De-escalation and monitoring
- Behavioral – Milieu Management
- Family Communication and Support
- Acute change of condition and 24/7 support

Staff training and support

F Tag response

Rural "Consultative Specialists" Services

- Providing Consultation via Telemedicine
  - Scheduled and Urgent Visits

Dermatology	Gastroenterology
Cardiology	Endocrinology
Pulmonology	Urology
Infectious Disease	Neurology
Physiatry	Orthopedic Surgery

- Integrates with the attending
- Communicates with the family
- Provides consultative note

Common Telemedicine Episodes

Chief Complaints

- Shortness of breath
- Fever
- Change in mental status
- GI symptoms
- Chest pain
- Falls with injuries
- Behavior changes

Common Diagnosis

- CHF
- Pneumonia
- COPD
- Hypovolemia and/or hypotension
- Urosepsis

Clinical and Social Impact

- Early Treatment of Conditions
- Reduced Emergency Room Transfer
- Reduced Hospitalizations
- State Survey Assistance
- Medication Stewardship
- Advanced Care Planning
- High Nurse Satisfaction
- Onsite Experiential Nurse Training
- High Patient and Family Satisfaction
- High Attending Integration and Satisfaction

Other Benefits

Nursing Staff:

- "When I call the doctor, he answers the phone!"
- Increased skills and confidence level

Families:

- Knowing Mom gets immediate care
- Not going to the hospital

Physicians:

- Gets my patients the care they need
- Makes my day easier
- Eliminates a lot of the "noise!"

Financial Case Study - Urban

One Year Study in New York City – Samuels Foundation

- 350 bed facility
- 91 Avoided admissions in one year
  - $1.3 million dollars savings for Medicare
  - $132,000 additional revenue for SNF

Better Care for Seniors

Reduced System Costs

Increased Financial Performance for SNF

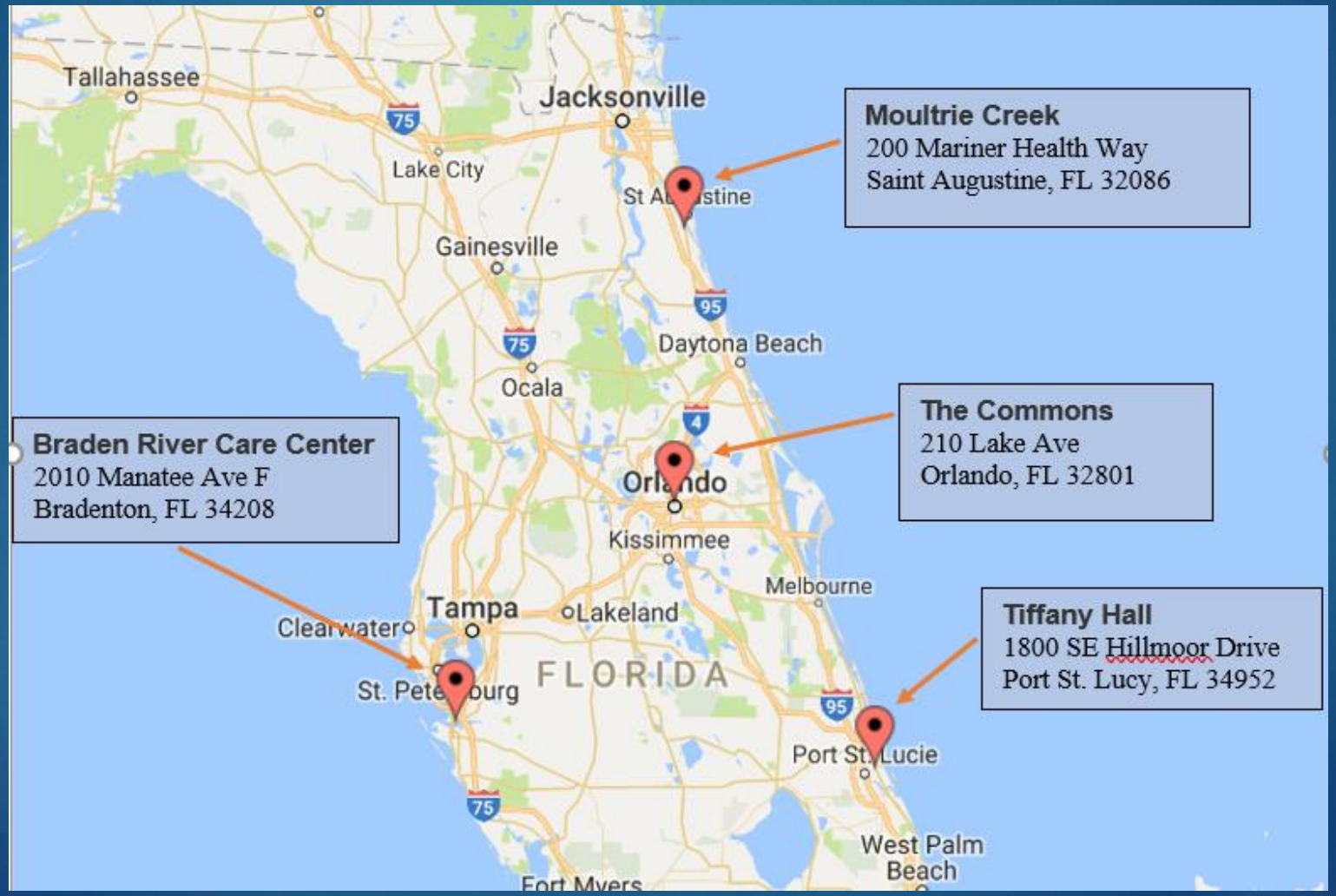
AHCA Grant No. GFA061

Virtual Physician Services in SNFs to Prevent Avoidable Hospital Admissions

- Official start date: January 11, 2017
- Four skilled nursing facilities included
- Two virtual physician practices included
- 8 months of actual services

AHCA Grant No. GFA061

Final Four SNFs Selected



AHCA Grant No. GFA061

Study Goals

- To evaluate the ability to reduce avoidable SNF to hospital admissions and readmissions during off hours;
- To evaluate the economic impact for Medicare, the participating SNFs and the state Medicaid Program;
- To evaluate two separate virtual physician companies and identify key success characteristics
- To evaluate four SNFs and identify key success characteristics

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Findings from the Clinical Perspective

- Ability to provide bedside evaluations (not phone medicine)
- Ability to prevent unnecessary hospitalizations
- Ability to utilize local ER when needed – but get resident back
- Nursing staff noted improved clinical skills and confidence
- Early detection of issues to prevent escalation/hospitalization
- Very effective in securing Advanced Directives
- Very effective at preventing "End of Life" hospital transfers
- Overall - Better care for the resident
- Lower costs for our health care system

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Findings – From the SNF Perspective

- Economics can be very positive in both urban & rural SNFs
- SNFs are turbulent organizations
- Sometimes difficult to change the "Status Quo"
- Critical to gain NHA and DON's commitment
- Critical to gain Medical Director's commitment
- Critical to gain nursing staff's commitment
- Need for regular discussions/review/education
- Tremendous Marketing Differentiator
- Hospitals respond well to reduced readmissions

AHCA Grant No. GFA061

Findings – Virtual Physician Companies

- The quality of the physician is everything!
  - Must be clinically sound and comfortable with SNF care
  - Must be excellent communicators
    - With nursing staff, physicians and families
- Must answer the phone directly
- Must keep good records
- Equipment must be easy to use – Simplicity is the key!
- Must have plan for equipment breakdown (it is technology!)

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Findings – From a Financial Perspective

Two of the four facilities were financially successful in CMS Study

- Increased revenue exceeded cost of telemedicine service

Two of the four facilities were not financially successful

- Increased revenue did not exceed cost of the service
- Problems at both the SNF level and the virtual physician level

Medicare was financially successful in all facilities

- Should Medicare be paying for telemedicine services?

Medicaid actually pays more when admission of Medicaid resident is prevented… Should Medicare be sharing the savings with Medicaid?

Final Thoughts On Study

- Telemedicine is good for the resident – dramatically improves access to care when needed most
- Telemedicine contributes significantly to Medicare savings
- Telemedicine is not for every SNF – Certain critical success characteristics must be present
- Not all physicians will buy into telemedicine …in the short term … but will need to in the long run
- Not all virtual companies will be successful.. There are specific success characteristics they need

Critical Success Characteristics

- Telemedicine is not for every SNF – Certain critical success characteristics must be present
  - **Internet that is accessible and reliable**
  - **IT Technical Support to keep the system on line**
  - **Infrastructure Issues**
    - Resident rooms
    - Telemedicine Room
  - **Nursing Center Leadership is supportive of Telemedicine**
    - Nursing Home Administrator and Director of Nursing
    - Medical Director and Attending Physicians
  - **Engaged Licensed Nursing Staff**
    - Enhanced Clinical Capability
    - Increased need for additional Direct Care Staff

Georgia Reimbursement

- Medicare Reimbursement
  - Reimbursement – for clinicians (Medicare Part B) for Rural settings based on the Part B Fee Screen
  - Reimbursement for Nursing Center - Originating Fee ($25.76 per visit) meant to cover I.T. readiness and equipment costs
- Georgia Medicaid Reimbursement
  - Reimbursement – for clinicians, Urban or Rural settings – based on Georgia Medicaid's 2018 Physician Fee Schedule
  - Reimbursement for Nursing Centers, Urban or Rural setting – Originating Fee $20.52 per visit per Georgia Medicaid's July, 2018 Physician Fee Schedule

Preliminary Recommendations

- Medicare should be reimbursing for telemedicine in urban and rural skilled nursing facilities
- CMS should allow virtual telemedicine visits to meet the 3 day evaluation requirement and 30/60 day reviews
- CMS should consider allowing the requirement for medical director to be fulfilled with a virtual physician with once a month or as needed on site presence
- GHCA is taking an active role in encouraging members to evaluate telemedicine for their residents
- GHCA is working with organizations to help the State to secure CMP Grants for telemedicine

Recommendations and Challenges

Recommendation

- Access to Stable and Reliable Internet
- IT Resources available locally
- Multi faceted Physician Practice available and willing to work via Telemedicine with Rural Centers
- Engaged Licensed Nursing Staff at Nursing Center

Challenge

- Many Rural Counties do not have sufficient Internet access
- Need to evaluate where IT Technical Support is available in Rural Counties and cost
- Availability of willing Physician Practices that are capable of providing a variety of specialties needed for the Nursing Center's population
- Adequate funding to hire and retain adequate licensed nursing staff in the Nursing Center

Useful Resources on Telehealth

- Telehealth – General Reference https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/
- Telehealth - Workforce Shortage https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses/index.html
- Telehealth Section from Ch. 12 Medicare Claims Processing Manual https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
- Georgia Medicaid Telemedicine Policy and Procedure Manual https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default. aspx

Thank You!

Questions?

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