As the world races forward with ever more sophisticated technology, the health care industry is harnessing this progress to treat patients in new and innovative ways. Telehealth involves the use of technology to provide care and seamlessly exchange health care information across locations with the goal of improving health and patient access to care while gaining efficiency in health care delivery. It encompasses a wide set of services, including video and online visits between patients and their health care providers and the remote monitoring of a patient’s health.

Members of the Alliance of Community Health Plans (ACHP) see telehealth not as a replacement for the traditional face-to-face interaction of providers with their patients, but as an auxiliary tool to help providers better manage patients’ health and provide more convenient care when appropriate. This brief features examples from six ACHP member plans of how they are using telehealth services to better serve their patients.

**Telehealth Under Medicare**

Statutory and regulatory requirements in Medicare lag behind rapidly developing telehealth technology and prevent these innovations from spreading. Widely recognized in many commercial insurance products and Medicaid programs, telehealth services are not yet fully covered by Medicare. The Centers for Medicare and Medicaid Services (CMS) interprets telehealth as a separate set of services rather than a tool to facilitate existing and already covered services. Given the outcomes ACHP organizations have seen with telehealth, ACHP and its members strongly recommend that CMS and Congress enact the policy recommendations here to expand the use of telehealth services.

**ISSUE**  The Medicare fee-for-service program reimburses only those patient telehealth visits held at a medical facility in a rural area and covers only a limited set of remote monitoring technologies. Consequently, Medicare Advantage (MA) plans must categorize most telehealth services as a supplemental benefit and are not allowed to include them in their bids. Thus, such telehealth services must be paid for with either higher premiums or rebate dollars that might otherwise reduce members’ cost sharing or enhance other benefits.

**Policy Recommendation:** Deem telehealth-enabled care equivalent to in-person care, allowing plans to include services delivered via telehealth in their MA bids. Telehealth is not a separate and distinct service, but rather a modality that enables providers to deliver already-covered care in a way that improves health and lowers the cost of care without increasing utilization.

**ISSUE**  In most cases, state licensure laws limit the use of telehealth services across state lines by preventing providers from rendering services to patients in states other than the ones in which the providers reside.

**Policy Recommendation:** Some states already have agreements allowing the practice of telemedicine across state lines. ACHP supports this, as well as exploration of similar arrangements.
Telehealth Innovations at ACHP Member Plans

Modern technology has created the expectation that people and information can be accessed almost instantly, and patients are increasingly expecting the same from their health care experience. ACHP plans are committed to using telehealth to fulfill that expectation and to enhance the patient experience. Following are examples of how six ACHP member plans are using telerehealth effectively:

Priority Health developed MedNow, an online experience that lets members connect virtually with a provider. Patients enter their health information online, and can receive care through either electronic messaging or a video visit. MedNow has saved an average of almost $50 per direct-to-consumer visit compared to in-person care.

Geisinger Health Plan uses remote monitoring technology for patients recently discharged from the hospital as well as others with chronic conditions. The plan collects a constant stream of health data on patients and uses it to significantly reduce the chances of a medical emergency or hospital admission. For patients at risk of heart failure, the odds of experiencing a hospital readmission in any given month was 23 percent lower than if they had not been in the program.

Kaiser Permanente makes extensive use of video visits and email correspondence, with 20 million patient emails annually and 40 percent of physician time spent caring for patients outside of face-to-face visits. The goal is to find the right access point for each circumstance, helping every patient seamlessly fit health care into his or her daily life.

HealthPartners’ virtuwell offers 24-hour treatment for simple conditions. The virtual clinic lowers the cost of care for both the plan and patient, while producing identical clinical outcomes to care delivered in-person and saving patients an average of 2.5 hours. Ninety-eight percent of those surveyed would recommend the program to others.

Community Care Behavioral Health Organization, part of the UPMC Insurance Division, has created a telepsychiatry program to expand access to mental health care in rural areas. Increased access can lead to improved quality of care through more timely diagnosis, treatment and monitoring of patient progress. In 2015, individuals from 23 rural counties participated in the program and the number of individuals served has grown tenfold over the past five years. In several counties, almost half of all individuals who receive psychiatric services participate in a program supported by telepsychiatry.

Presbyterian Health Plan recognized the potential to offer clinically equivalent care at a much lower cost, and decided to offer video visits at no cost for members in order to prevent any barrier to participation. Outcomes data show that members received safe and effective care through the video visit program, and were highly satisfied with their experience.

ACHP member plans integrate telehealth services into their protocols to provide consumers with the best access to care, resulting in better health outcomes and lower costs. Our policy recommendations to CMS and Congress support expanding the use of telehealth in Medicare Advantage so that these useful services can be accessed by more people.
Priority Health

For decades, patients have always had to visit the doctor on the doctor’s terms, usually at a traditional clinic and during normal business hours. Priority Health’s philosophy is to meet the needs and expectations of modern consumers by providing health care services where and when they want at the right cost. The Grand Rapids, Mich., plan’s approach is based on two categories of programs: direct-to-consumer telehealth services that improve primary care access and member experience, and specialty telehealth that improves care efficiency among 10 regional hospitals.

Priority’s direct-to-consumer program serves as a hub for the health plan and delivery system to meet all of the patient’s needs in a single space. Dubbed MedNow, the online program integrates with the patient’s electronic medical record, making all of his or her individual care needs and medical history instantly available. When a Priority Health member is sick, he or she can use MedNow to schedule an appointment or, if medically appropriate, connect virtually with a provider for an e-visit or video visit that allows the member to submit health information and symptoms online. Patients can also connect with their pharmacist, a behavioral specialist and nurse practitioners, all of whom coordinate care through the MedNow portal. This not only increases access for members, but may also decrease emergency department and urgent care visits, as members do not feel that those facilities are their only options for immediate care.

Recognizing that many people still phone their doctor when sick, Priority established a call center, staffed by physician assistants and nurse practitioners, to which all calls to a primary care physician’s office are routed. Depending on the severity of the need, the patient is then given a choice of a video visit within 30 minutes or an in-person visit at the next available time.

Through MedNow, patients pay no more than $45 for a video visit and $25 for an e-visit with secure medical messaging, compared to roughly $100 for a face-to-face visit. Given the increasing number of people on high-deductible health plans who pay much of their medical expenses out of pocket, this cost savings can be significant.

PATIENT STORY: REBECCA

Rebecca, a Priority Health member and patient of the Spectrum Health Medical Group, which is integrated with Priority Health, was teaching a film study course in Italy when she began experiencing low back pain severe enough to keep her from her job. Using the MedNow program on her smartphone, she was able to speak with a physician from Spectrum Health and receive a customized care plan based on her symptoms. Within one day, her pain was alleviated to the point that she returned to teaching and spent the afternoon walking through Milan.

“As you know, I was in tears and could not stop crying when I was face-to-face with an American physician to ask for help,” she told Priority Health. “Thank you, thank you, thank you! Now I can get back to work!”
Priority Health has also instituted a telehealth program for accessing specialists via a video visit from a local community hospital, thus reducing out-of-pocket expenses and the inconvenience of long travel. This model is ideal for patients with behavioral health conditions or those in cancer care, as many follow-up visits do not typically require a physical exam with a specific provider. After diagnostics are taken in a regional health center close to the patient, the patient connects virtually with his or her personal physician. Priority also offers this telemedicine service in cardiology, vascular care, burn care, diabetes education, infectious disease, sleep needs and wound care.

With this work, Priority Health has saved an average of almost $50 per in-home, direct-to-consumer visit compared to in-person care. Included in this is a savings of close to $350 per person for situations in which the patient avoided an emergency department visit by having his or her condition treated through MedNow rather than unnecessarily seeking care in the emergency department.
There are significant benefits to expanding telehealth into specialty care, particularly for conditions that do not require a physical exam at each appointment. Telepsychiatry is one such instance and Community Care Behavioral Health Organization, part of the UPMC Insurance Division (UPMC) in Pittsburgh, Pa., is rapidly expanding the service for its membership.

The United States has only half the mental health professionals required to serve the country’s needs. Telehealth tools can expand mental health care to a broader population and help address an array of unmet mental health issues. It can reduce the wait time for an appointment; increase patient access to psychiatrists, particularly for patients with geographic constraints; and allow doctors to use their time more efficiently by eliminating a significant amount of travel to rural locations. Most importantly, telepsychiatry can lead to improved quality of care through more timely diagnosis, treatment and monitoring of patient progress.

UPMC created its telepsychiatry program to achieve these goals and develop a model that both delivers high-quality care and is financially sustainable. The program was developed for Medicaid members, both adults and children, who live in rural areas and do not have access to the mental health care they need. Most of the individuals seen have a serious mental illness, such as major depressive disorder, schizophrenia or bipolar disorder, and require ongoing psychiatric treatment.

The patient conducts the visit from a local outpatient mental health clinic and uses video conference technology to speak with a psychiatrist who provides both an initial assessment and ongoing treatment. A case manager or therapist is also in the room with the patient during the visit to ensure that psychiatric care is coordinated with other services – such as counseling, addiction treatment or other social services – the patient receives. About 2,600 patients are seen on a quarterly basis, a significant growth since the program’s inception almost ten years ago. In 2015, individuals from 23 rural counties participated in the program and the number of individuals served has grown tenfold over the past five years. In some of these counties, almost half of all individuals who receive psychiatric services participate in a program supported by telepsychiatry.

Psychiatrists are paid at the same rate as a face-to-face appointment, and the technology allows them to use

“Expanding access to services for our members is one of the key goals for the UPMC Insurance Services Division. Community Care’s innovative telepsychiatry program has created access to excellent UPMC psychiatrists for many of our members in rural communities.”

Diane P. Holder
President of the UPMC Insurance Services Division and President and CEO of UPMC Health Plan
their time more efficiently. Previously, psychiatrists would often have to travel to rural locations to see patients, and any appointment time not filled, in addition to the travel time, was wasted.

Patients and providers have been extremely satisfied with the program. Almost all members surveyed about the program said it is as good as a face-to-face service and they are very satisfied. Providers believe that, with adequate support from the remote agency, their services are clinically effective.

Pennsylvania Medicaid regulations state that the patient has to be physically present in a licensed mental health agency to receive psychiatric care via telehealth technology. UPMC has asked the state of Pennsylvania to consider less stringent restrictions on where Medicaid patients must be located during a telepsychiatry visit. UPMC is asking for permission to initiate these visits in primary care settings, thereby further increasing patient access to psychiatric services and helping coordinate care with patients’ primary care providers. UPMC is also working to enhance telepsychiatry access for individuals with commercial insurance, who may sometimes be best served by telepsychiatry care either at a primary care office or in their own homes.

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**Presbyterian Health Plan**

On January 1, 2015, Presbyterian Health Plan (PHP) in Albuquerque, N.M., launched the option of video consultation visits for the majority of its health plan members. The plan offers services found in other video consult programs across the country, but with one critical and unique attribute: The program is entirely free for members.

Physicians at PHP are reimbursed for video visits at one-third to one-quarter the cost of a primary or urgent care visit. Recognizing the potential to offer clinically equivalent care at a much lower cost, the plan decided on a zero dollar co-pay to prevent any barrier to participation. Some initially expressed concern that because the decision significantly increases access to care, both in terms of cost and convenience, it could encourage overuse and drive up the overall cost of care. PHP examined its claims data and found that overuse of care tends to depend on the individual member rather than incentives or benefit structure, and decided that providing widespread access to low-cost, quality care was preferable to creating financial barriers for its members.

The video visits are web-based and can be performed as long as there is an available Internet connection; the patient does not need to be in a clinic. Video visits need not be initiated by a nurse or physician: Using a customer portal on the PHP website, a member can self-refer. Currently, licensure requirements dictate that the member must be in New Mexico to receive care, although PHP is working to develop a policy that will allow the plan to offer video visits to its members anywhere in the country.
Members can receive video care for a number of common conditions including flu and gastrointestinal symptoms, colds, sinus infections and headaches. To ensure that care is delivered in the safest, most efficient and cost-effective manner, PHP adopted the Choosing Wisely guidelines for the conditions treated. Choosing Wisely identifies opportunities to improve clinical efficiency and highlights common but unnecessary treatments for various conditions.

As the program is relatively new, many members are not yet aware that it is available. A review of diagnosis codes revealed that there are 300 plan members each month who, given their condition, could have used the video visit in place of in-person care. This number represents a significant cost savings opportunity for the plan and member, and PHP has developed scripts to use in call centers to alert patients that they can receive a same-day video visit if their symptoms are clinically appropriate.

Initial outcomes data found that members received safe and effective care through the video visit program: Within five days of a video visit, only 2 percent of members visited the emergency department and only 5 percent of members went to urgent care. Additionally, member satisfaction is very high. When asked to rate their video visit on a scale of 1 to 10, the average response was 9.5.

PHP intends to use video visits as a launching point for other telehealth offerings, and is continually exploring new ways to leverage modern technology, personal computers and smartphones to bring high-quality, low-cost and convenient care to its members.

“We are limited only by our imagination in terms of how we can use these technologies to improve the health of our members.”

Lisa Lujan
President, Presbyterian Health Plan
HealthPartners in Minneapolis, Minn., found that when dealing with a common and simple condition, many people prefer convenience and immediate care to taking the time to see their preferred doctor. In 2010, the plan launched virtuwell, a 24/7 online clinic designed to reinvent the diagnosis and treatment process and deliver a simple, safe and affordable health care experience. More than 50 common conditions are treated, and the online clinic can be accessed on any computer or mobile device. Each case costs $45 — or less if covered by insurance. Customers can seek follow-up care after their visit for free.

HealthPartners built virtuwell on the understanding that most people know something about their body and symptoms, and a virtuwell visit starts with a simple question: “What do you think you have?” After that, the program follows the same clinical process you would expect at a doctor’s office. As customers answer simple questions, virtuwell uses sophisticated algorithms to make sure all the right questions are asked about symptoms and medical history, and it evaluates replies against hundreds of safety protocols. If the standard of care calls for being seen in-person, that course of action is recommended and the member is not charged for the virtual visit.

After the interview is completed, a certified nurse practitioner reviews the case and writes the treatment plan. The member receives a text or email when the plan is ready, which includes a diagnosis, remedies for improvement, tips to prevent the condition in the future and, if necessary, a copy of the prescription already sent to the pharmacy.

As of August 2015, virtuwell operates in 11 states and has served more than 160,000 customers, with 99 percent saying the service is simple to use and 98 percent saying they would highly recommend it to others. Furthermore, the average person using virtuwell saves 2.5 hours of time compared to a typical in-person visit.

Claims data reveal that, on average, virtuwell is saving about $105 per episode of care, while achieving equivalent or better clinical resolution rates to in-person visits. Collectively, virtuwell has saved customers, employers and health plans more than $18 million dollars.

Using the HEDIS methodology to measure antibiotic
appropriateness for adults with acute bronchitis, HealthPartners found that virtuwell is achieving the proper treatment plan nearly 100 percent of the time.

Additionally, this increased access to care has not led to overuse of care. According to post-visit patient surveys conducted since 2010, at least 90 percent of virtuwell visits replaced in-person visits. Only about 6 percent of virtuwell cases to date have replaced a situation in which the person normally would have sufficiently treated him or herself at home without seeking medical attention.

PATIENT STORY: SARA

It’s Monday morning and Sara, a busy professional who squeezes every minute out of her day, wakes up with that familiar and unwelcome feeling – the start of a bladder infection. She doesn’t have time to be sick. A discerning shopper for everything in her life, Sara seeks out value, convenience and affordability in her health care. Using HealthPartners’ virtuwell program, she is able to receive her treatment plan on her mobile phone in less than 20 minutes and picks up her prescription, which is sent to her pharmacy of choice, on her way to work.

Geisinger Health Plan

The guiding principle behind telehealth at Geisinger Health Plan in Danville, Pa., is that technology is simply one more tool to help manage patients with complex conditions. It never replaces the intuition, experience and judgment of the health care team.

Case management is a crucial part of caring for those with chronic conditions and patients benefit when they are able to frequently interact with the care team to monitor their health status. In the early part of the decade, Geisinger staff made phone calls to patients after they were discharged from the hospital or to those patients who had heart failure. They asked a series of questions to identify post-discharge complications before they became problematic and, if necessary, were able to take immediate steps to avoid emergency department visits and re-hospitalizations. However, the program required more time and staff resources than was practical or fiscally sound, was cumbersome for patients and was ultimately discontinued.

In 2009, Geisinger recognized that technology could perform many of the basic tasks that proved unsustainable for the earlier phone-based program. In the past few years, the plan has created an expansive telemonitoring program that remotely performs routine checks of patient conditions to identify and solve potential health problems before they become adverse events leading to hospitalizations and emergency department visits. Geisinger focuses on the least-intrusive tool needed to help the patient and works to ensure it fits seamlessly into his or her life and daily routine. This technology offers an efficient means to extend care management services without
the need for daily face-to-face or phone contact by the case manager.

One of the plan’s longest-standing telemonitoring programs uses Bluetooth-enabled scales for patients with heart failure. The scale records the patient’s daily weight, sending it automatically to Geisinger’s electronic health record, and has a built-in Interactive Voice Response (IVR) system that asks a series of questions – such as whether the patient is more short of breath, or has more swelling or a change in appetite – to detect changes in physical condition. A set of algorithms helps nurse case managers flag health issues in the system; the nurses work with the patient and his or her physician to provide custom interventions if the patient shows early indications of an emerging exacerbation.

From 2012-2013, Geisinger Health Plan Medicare Advantage members in the program had a hospital readmission rate of 11.5 percent, about half the national average for similar patients. The odds of experiencing a hospital admission in any given month was 23 percent lower when enrolled in the program, and the odds of a 30-day readmission after an acute episode was 44 percent lower. This resulted in an 11 percent cost savings compared to if those members had not enrolled in the program and a $3.30 return on investment for every dollar spent on the program.

The success of this program led Geisinger to expand the use of IVR technology to most members recently discharged from the hospital. Of all Medicare hospitalizations, nearly one in five is a readmission within 30 days of discharge. Of those re-hospitalizations, 75 percent are potentially preventable. Geisinger designed IVR surveys to shepherd patients through the month following their discharge from the hospital to help avoid readmissions.

In the IVR program, a nurse case manager calls all patients 24 to 48 hours after they are discharged. He or she reconciles medications and ensures a follow-up visit with the patient’s primary care provider is scheduled and the patient understands his or her action plan should problems arise. After the initial call, the patient is enrolled in the IVR program and begins to receive an automated phone call once a week for 30 days. The questions are structured to identify issues that could lead to a hospitalization or emergency department visit and a nurse is alerted if the response indicates a problem. The use of IVR as a case management tool was associated with a 44 percent lower chance of readmission within 30 days and a 19.5 percent reduction in 30-day readmissions overall.

Kaiser Permanente, located in eight states and the District of Columbia, recognizes that many patients and families must balance life’s demands with acute or chronic health care needs. Understanding that video visits and email correspondence with physicians allow members to seek the patient-centered care they need conveniently, Kaiser Permanente created the Virtual Care Work Group two years ago to advance and...
Support telehealth and e-care technology throughout Kaiser Permanente. Kaiser Permanente avoids portraying the virtual visit as a novel or alluring technology distinct from in-person care. Instead, led by the thinking of the Virtual Care Work Group, Kaiser Permanente envisions technology as a seamless part of the overall health care experience. The term “video dial tone” was coined as the slogan for the broader goal of making video visits as common in health care as hearing a dial tone when a patient or provider picks up the phone.

Approximately 20 million Kaiser Permanente patients email their physician each year, and the organization has been conducting scheduled telephone visits for many years. Knowing those tools are in place, and that virtual interactions already account for approximately 40 percent of contacts between Kaiser Permanente patients and primary care providers, the Virtual Care Work Group aimed to shape telehealth through the lens of the member’s perspective and create a virtual health care experience that works across a person’s lifespan. More than 5,000 physicians have conducted a virtual visit, in primary care and medical sub-specialties, and more than 13,000 video visits were conducted across the organization in 2014. These numbers, while significant, are small relative to the number of secure emails and telephone visits received, so Kaiser Permanente expects increased demand for video visits over time.

Kaiser Permanente is transforming its online portal to allow seamless transitions among different virtual channels, and integrating virtual visits into existing appointment scheduling. When a member requests a visit, he or she will have a variety of options including telephone, video conferencing or in-person, depending upon the clinical appropriateness. The member’s choice is not technology-centric, but instead is about finding the right access point for his or her clinical needs and care preferences.

Kaiser Permanente recognizes that patients’ preferences about where and how to receive care are not static; preferences for an in-person or virtual visit will change depending on the circumstance. What is constant, however, is the expectation that the modality they choose is always available and will meet all of their needs. Kaiser Permanente is designing its telehealth offerings to meet these expectations. The member may not always choose a video visit when it is offered, but that is not the goal. Kaiser Permanente aims to offer telehealth options as part of its strategy to meet members where they are and extend the model of highly coordinated care that already exists across the Kaiser Permanente system.

**Patient Story: Emily**

A typical day in the Smith family household nearly turned tragic with the casual swipe of a hand. After baby Emily knocked a cup of blisteringly hot tea onto her lap, her parents rushed her to the emergency room, where she was admitted to a specialized pediatric burn unit with second-degree burns. Following discharge, Emily needed follow-up appointments with a plastic surgeon three times a week, a near-impossible schedule to maintain given both her parents’ full-time jobs.

Emily’s parents were able to access the best care possible without always having to travel to the clinic: They chose to have some follow-up visits with the plastic surgeon by video; used a smartphone to send pictures of Emily’s burns before appointments; emailed her pediatrician with specific questions; and reserved traditional in-person visits for ongoing assessment and major treatment decisions.

“Having access to her specialist via video visit helped us enormously after the accident,” Emily’s mother told the plan.
Endnotes


6 “Can Telemonitoring Reduce Hospitalization and Cost of Care? A Health Plan’s Experience in Managing Patients with Heart Failure?” November, 2014. Retrieved from http://www.amchealth.com/_files/published-outcomes/PopulationHealthManagement-GeisingerHFStudy-May2014.pdf (To measure the outcomes Geisinger Health Plan developed regression models to assess how a member’s probability of hospital admission and readmission, along with the total cost of care, change when the member is enrolled in the heart failure telemonitoring program, relative to the period when he or she is not enrolled in it.)


8 Ibid.


About the Plans

Geisinger Health Plan
Danville, Pa.

Presbyterian Health Plan
Albuquerque, N.M.

HealthPartners
Minneapolis, Minn.

Priority Health
Grand Rapids, Mich.

Kaiser Permanente
Oakland, Calif.

UPMC Health Plan
Pittsburgh, Pa.

About ACHP

The Alliance of Community Health Plans (ACHP) is a national leadership organization bringing together innovative health plans and provider groups that are among America’s best at delivering affordable, high-quality coverage and care. ACHP's member health plans provide coverage and care for more than 18 million Americans. These 23 organizations focus on improving the health of the communities they serve and are on the leading edge of innovations in affordability and quality of care, including primary care redesign, payment reforms, accountable health care delivery and use of information technology.