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Telemedicine Could Hold Answer to Lower Hospital Readmission Rates for SNFs

By Elizabeth Jakaitis | August 17, 2017

As skilled nursing facilities feel the pressure to reduce readmission rates and manage costs, recent studies point to a technology that SNFs can outsource to achieve both.

Telemedicine, which connects specialized doctors with skilled nursing residents through video conferencing, prevents unnecessary transfers from SNFs to hospitals, according to a recent study by the TRECS Institute (Targeting Revolutionary Elder Care Solutions), a nonprofit organization founded in 2004 to improve care for seniors while reducing health care costs.

“In the next three to five years, every nursing home that cares about quality will be using a virtual physician service,” John Whitman, executive director at TRECS, told Skilled Nursing News.

Telemedicine in the Clinical Study Spotlight

The TRECS study found that one virtual service provider, TripleCare, was able to avert 91 instances of hospital admissions or readmissions. Financially, this resulted in more than $1.3 million in Medicare savings and increased net revenue for the study facility, according to a press release.

“We’ve achieved decreased readmission rates at as much as 50%,” Mary Jo Gorman, M.D., CEO of the New York-based TripleCare, told SNN. “With today’s penalties for both skilled nursing and hospitals with high readmission rates, being a skilled nursing facility that is a good partner to referring hospitals is critical.”

Starting in October of next year, the Centers for Medicare and Medicaid Services (CMS) will begin withholding 2% of SNFs’ Medicare funding as a way to promote lower readmission rates and improve other quality standards; providers can earn that money back by meeting certain admission benchmarks.

As part of the push toward the new system, CMS is currently conducting another one-year study, led by TRECS and with virtual physician services provided by TripleCare. The study will further evaluate the cost effectiveness of telemedicine-based virtual physician services in SNFs and assess to what extent telemedicine can improve hospital readmissions rates.

The study, funded by CMS and Florida’s Agency for Health Care Administration under the agency’s Civil Money Penalty Grants Program, are being conducted in three Florida SNFs: Braden River Rehabilitation Center in Bradenton, Tiffany Hall Nursing and Rehabilitation Center in Port St. Lucie, and Moultrie Creek Nursing and Rehab in St. Augustine.

The CMS portion of the funding comes from facilities that have paid financial penalties for poor performance. Once that money becomes available, CMS uses it to conduct studies on ways to improve patient outcomes and telemedicine is one of the areas on which the agency has focused its studies, Gorman said.

“Seventy percent of skilled nursing residents that are sent to the hospital never should have gone,” Whitman told SNN. “That’s what retrospective reviews show. These unnecessary transfers cost our health care system an estimated $1 billion each year. That’s why we’re doing these studies: to avoid unnecessary admissions that are risky for residents and costly for nursing homes and the entire health care system.”

Virtual Physician Services Explained

TripleCare’s telemedicine services begin by providing a facility with a cart that carries a camera, screen, microphone, stethoscope and other tools needed for nurses to video conference physicians and work with them on examining a resident.

“One of the things that we know about skilled nursing facilities is that the nurses work very hard and don’t have a lot of extra time,” Gorman said. “So we’ve made it as simple as possible for the skilled nursing staff to be able to utilize it.”

TripleCare charges a setup fee that includes the equipment, training, and any other setup efforts. SNFs then pay a flat monthly fee, tiered based on the size of the facility, which Gorman contends is lower than the amount a third-party physician staffing service would charge.

At this point, Medicare does not offer reimbursement for telemedicine services, Whitman pointed out. However, he said it is still cost-effective to implement because by keeping patients in place, SNFs can benefit from more Medicare-billable days.

“The real benefit to the facility is that they get this critical after-hours gap met with qualified physicians,” Gorman said. “By treating the patient in the building, in the cases when virtual physicians are able to keep the patient in their bed, SNFs’ costs are reduced because they don’t have to experience the loss of the patient to the hospital, they don’t have to pay for transportation, and they also have better general clinical outcomes because they have real-time intervention when there’s a change in condition.”

Written by Elizabeth Jakaitis

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