2020 The Year for Virtual Care Management

wellbox™

2020 was a year unlike any other.

With the onset of COVID-19, the demand for virtual care services quickly accelerated, especially as many providers found that the quick transition to adopt these solutions proved to benefit patients and practices alike. Solutions such as chronic care management (CCM) and remote patient monitoring (RPM) offered providers the ability to deliver quality care without face-to-face interactions, allowing asymptomatic patients with chronic illnesses to stay safe at home while proactively managing their conditions.

These types of solutions proved to be helpful as many providers closed their practices to non-urgent needs. Virtual care became an avenue they could use to tackle challenges the pandemic presented.

These included recovering lost revenue, providing patients with quality care, restoring patient volume, and ensuring safety when reopening.

Although telehealth has been used in the healthcare industry for years, it wasn't until the pandemic and the efforts to minimize its spread did adoption surge. In March 2020, the federal government removed Medicare conditions for virtual care visits, making it easier for both patients and providers to use it while allowing more providers to accept Medicare payments for these visits. It also granted vulnerable patients, who were at a higher risk for contracting the virus, greater access to the care they need.

These factors led to greater adoption of telehealth across the healthcare industry. In fact, "in the depths of the coronavirus shutdown, telehealth accounted for more than 40% of primary-care visits for patients with traditional Medicare, up from a tiny 0.1% sliver before the public health emergency," according to Modern Healthcare.

Prior to the pandemic, telehealth was an approximately $3 billion market. The exponential growth this year, as a direct result of COVID-19, has some experts estimating that the market could quickly grow to $250 billion, or about 20%, of what Medicare, Medicaid and commercial insurers spend on outpatient, office and home health visits.

What happens when things go back to "normal"?

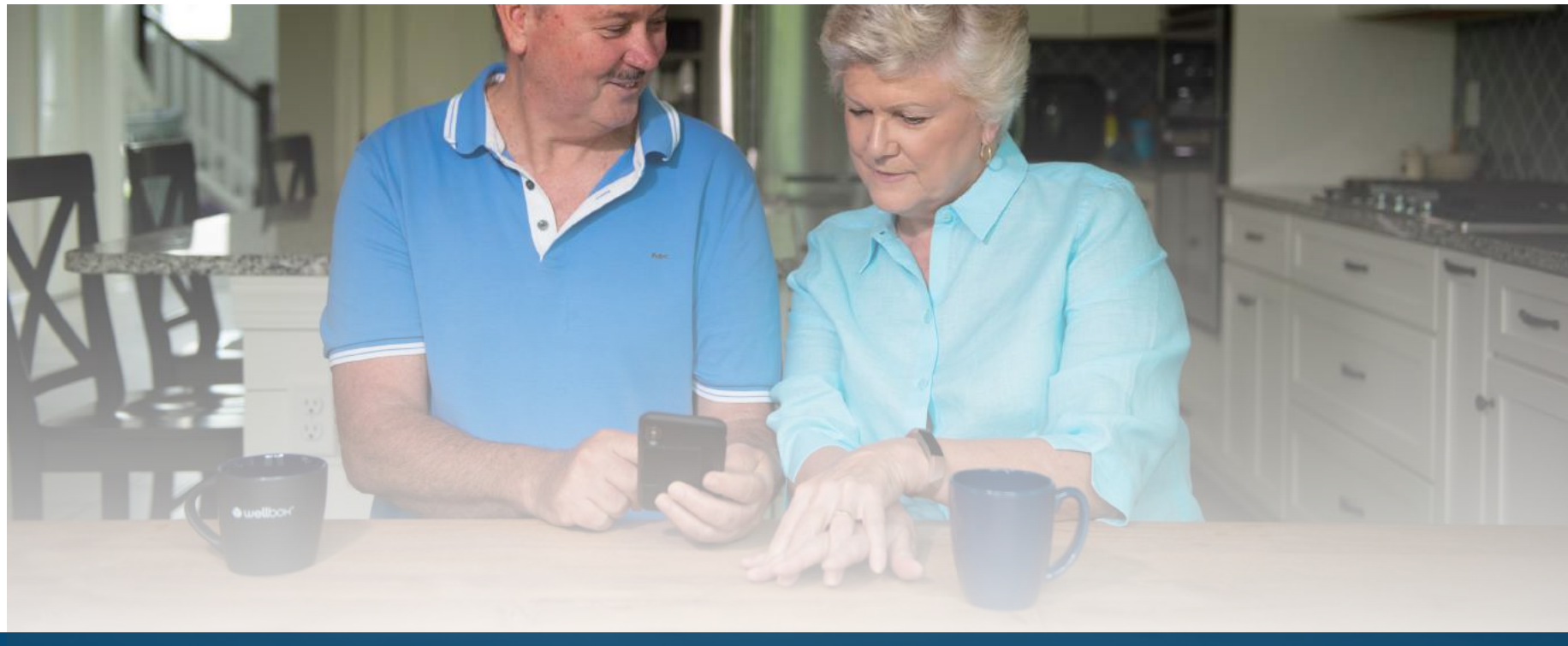
Despite the need for virtual solutions, this expansion was largely fueled by the high patient satisfaction that virtual care has enabled. A recent survey by J.D. Power of 4,300 individuals who had used telehealth in the past 12 months, indicated that the overall patient satisfaction score across all telehealth providers came in at 860 on a 1,000-point scale. This is the highest patient satisfaction scores for a healthcare services study.

While the height of the pandemic has passed, many practices are continuing to implement virtual care solutions, especially after they have proved their value.

Virtual care technology saves time and money, lowers barriers to patient engagement, and reduces emergency department and urgent care center visits.

It also allows patients to receive more one-on-one time with their healthcare team and providers to offer a higher quality of care.

Its growth in 2020 has also established a resounding idea: Telehealth solutions are here to stay.



Chronic Care Management

In January 2015, in response to data provided by the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS) took steps to address the needs of a growing population of chronically ill Medicare patients.

These patients tend to be among the highest-cost participants in the healthcare system. This is because they tend to rely more heavily on ERs and become hospitalized more often. The CDC estimated that about 85% of Federal healthcare dollars are allocated to the treatment of chronic conditions. For just the top seven most prevalent chronic diseases, the estimated cost of treatment in 2013 was $1.3 trillion.

Chronic Care Management (CCM) for these chronically ill patients has been proven to improve outcomes and reduce costs. Care plan development, medication reconciliation, coordination of care with other providers (such as specialists), arrangement for social services, remote patient monitoring and other services all benefit patients and help to contain costs. Yet, CMS only allowed physicians to bill for the time they spent with patients during office visits.

That changed in January 2015 when CMS introduced CPT code 99490 to encourage wider CCM availability to patients. Healthcare providers could now bill for non-office care given to Medicare patients with two or more chronic conditions. This solution proved to be valuable to both providers and patients alike.

Where is CCM today?

Right before the pandemic began, CMS released its 2020 Care Management provisions and, for the third consecutive year, added new codes and regulations that increased the ability for health care providers to adopt and expand their care management initiatives.

These updates to policy and additional codes are a strong indicating factor that care management is delivering on its desired results and is worthy of further investment and expansion.

In fact, the updates within CCM were especially beneficial. Additional codes could now be used in two twenty-minute increments to give care teams an opportunity to have longer, more insightful conversations. This allows up to 60 minutes of time spent on a patient without the requirement for complex decision making. This is important specifically when a patient needs a little extra care or has a change in their health status that requires additional time but does not qualify under the complex code.

Chronic Care Management (CCM) is now defined as up to 60 minutes of care provided remotely that is guided by the development and management of a care plan. CCM services also include:

- 20+ minutes call per month of clinical time
- A personalized care plan developed by a dedicated health professional
- Coordination of care between multiple providers
- 24/7 emergency access to a health care professional
- Expert assistance developing and meeting your health goals

With only 9% of Medicare fee-for-service beneficiaries receiving ambulatory care management services before 2020, this expanded access offered an opportunity to improve quality of care, patient experience and engagement for people living with chronic illness.

The Positive Impact of CCM on Patients

Managing several chronic conditions and visiting multiple providers can often be overwhelming at times. It can even make patients feel out of control over their health. CCM was created to help patients maintain and improve their current level of health and wellness. It does this by providing patients the resources needed to reach their health goals.

A few more ways to do this include:

- Consistent outreach from a dedicated registered nurse helps keep patients engaged with their own health
- Access to personalized health and wellness resources helps patients overcome any barriers they may have on their journey to wellness
- 24/7 support provides an additional resource to address questions and concerns

As the patients' care teams reach out, it should be noted that CCM lends itself to a unique approach in improving patient compliance and engagement.

This approach can often include:

- Starting with an open and honest discussion
- Understanding the emotional needs and roadblocks of the individual
- Creating a personalized treatment plan
- Leveraging staff to monitor progress and providing educational opportunities

In fact, as patients become more active in their long-term health by participating in a CCM program, they often see benefits such as avoiding hospital readmissions, improved medication compliance and more healthcare costs savings.

The Positive Impact of CCM on Providers

With 81% of physicians already describing themselves as overextended or at full capacity, introducing new programs in-house can seem like an insurmountable challenge. This can feel especially true when establishing a CCM program in-house. Yet, CCM was designed to help providers move to a value-based care model while remaining focused on their patients. When implemented properly, it can increase patient engagement and satisfaction, increase participation with preventative care measures and decrease hospitalizations and emergency room visits.

Partnering with a population health solutions provider that understands this challenge and acts as seamless extension of your practice can help. Finding the right fit in a partner and CCM solution can depend on several factors such as the ability to eliminate barriers without disruption of care.

When providers partner with a solution that supports and promotes their health recommendations to their chronically ill populations, it can lead to positive outcomes.

A successful CCM solution should be able to do the following:

- Nurses document all interactions directly into the practice EHR, which increases provider visibility into ongoing health concerns and status
- Improves compliance with value-based care measures
- Provides patients the additional support they need outside of the office, allowing healthcare providers to focus on their in-office patients
- Reinforces and increases compliance with provider treatment plans

Improving Financial and Clinical Outcomes

Mitigating total healthcare costs is a documented necessity for the healthcare system and is paramount in virtually all value-based payer contracts. However, managing costs while effecting change presents a real challenge for providers and payors alike. Established and proven CCM programs tailored to fit specific diagnoses and deliver dependable care to your patient population address this challenge.

Studies show that CCM consistently delivers real change in both healthcare utilization and total health cost of care.

In fact, the Wellbox CCM programs consistently deliver an effective savings of 5.6% in total claims costs.

Driving positive outcomes for Medicare populations isn't easy but CCM can be an effective solution in helping patients successfully manage their long-term health concerns. It grants providers greater visibility into their patients' health, helps improve practice compliance with value-based measures, and increases patients' ease of access to wellness resources.

Clinical outcomes for chronically ill patients receiving CCM include:

- An increase in preventative care measures including 3x more Flu vaccinations and 2x more Pneumo-coccal vaccinations
- A consistent participant satisfaction rate of 90-96%
- Increased patient engagement rate
- Decreased emergency room visits and hospitalizations by up to 70%
- Increased participation in preventative care measures by up to 50%
- Decreased hemoglobin levels
- Required 66% fewer hospital visits and 75% fewer nursing home visits

Creating positive healthcare experiences, enhancing patient engagement and driving better outcomes while maximizing efficiencies within pre-existing workflows and systems is essential to successful virtual care management.

70%
decrease in emergency room visits and hospitalizations at partner practices

2X
more primary care and annual wellness visits with Wellbox patients than non-participating patients

3X
more flu vaccinations with Wellbox patients than non-participating patients

10-15%
decrease in PBPM costs for participants to Medicare

50%
increase in preventative care measures for partner practices

90%+
satisfaction rate for Wellbox patients with CCM program

Leveraging Remote Patient Monitoring Technologies to Extend Access to Care

At the start of 2020, healthcare industry leaders predicted that 2020 would be the breakthrough year for Remote Patient Monitoring (RPM). It turned out they were right. RPM became a valuable alternative to in-person office visits as the demand for telehealth services increased to help minimize the spread of COVID-19.

While the highest-risk populations avoided in-office visits, they did not all forgo the care they needed to manage their conditions. Those who enrolled in RPM were able to self-report their health data in real-time. This gave providers and care teams a more comprehensive view of their patients' health while allowing them to also detect health concerns and intervene sooner on their behalf.

Yet, providers who looked to start RPM quickly during this time found that if they were not implementing the solution in-house, they needed to partner with the right provider.

Ensuring the right fit for a practice can depend on several factors including:

- Does the provider have the ability to integrate its RPM solution with your EMR?
- What type of technical and clinical support will patients receive when enrolled in the program?
- How will you receive clinical data and be alerted of potential health threats based on the data?
- What kind of devices will patients receive?
- How many patients can the solution serve?
- How is patient data secured and is it HIPAA-compliant?
- Who will be monitoring the patient data and working with the patients on their care plans?

Adopting a new technology solution like RPM can sometimes be challenging, but it could also prove to be worthwhile for both the practice and its patients. Among its many benefits, it can help drive meaningful patient engagement and improve clinical outcomes.

How RPM Can Benefit Your Patients

Before CMS released its 2020 Care Management provisions, it required healthcare providers to discuss RPM in-person. Now, general supervision is permitted. This shift from direct to general supervision allows population health solutions providers to conduct RPM services remotely and in parallel to CCM services.

By allowing RPM to be conducted outside the traditional clinical visit with remote care, it can offer providers access to more timely, accurate and consistent clinical data. This access grants care teams the ability to suggest better goals and interventions while assisting patients in achieving them in measurable ways. It also helps to better coordinate the care of the patient by alerting their healthcare provider of any concerns in the data faster and more efficiently.

"With more patient information afforded by RPM, providers can design optimal treatment plans that account for patients' medical past and present – and position them for a better medical future," according to MedCity News.

Another benefit to RPM is the ability to keep patients engaged in their personalized care plans, which is an element to successful virtual care management. If patients feel comfortable with their care plan, they are more likely to adhere to it. It's also important that the RPM solution implemented can gauge the patient's comfort level with technology and match them with the devices they will be most comfortable using.

When patients feel at ease with their solution, it can lead to a higher rate of participation and engagement than typical care and self-monitoring. This is because along with tracking their self-reported health data, which their providers can monitor in real-time, they can also communicate regularly with their care team. This can then lead to improved health outcomes.

Remote Patient Monitoring

Studies have shown that Remote Patient Monitoring can help improve patient health with several chronic conditions including hypertension, atrial fibrillation and diabetes compared to typical care and self-monitoring alone.

How RPM Can Benefit Your Practice

Throughout the height of the pandemic, many practices saw their patient volume drop about 60%, which caused a 55% decrease in revenue, according to Open Minds. These drastic changes compelled providers to adopt telehealth solutions such as RPM to retain their normal patient base.

RPM visits allow providers the ability to advance patient outcomes, keep patients engaged and increase visibility into patient and population trends. It can also help build the relationship and rapport with the highest-risk patient population as they manage their conditions safely at home.

Yet, some providers found that introducing a new program like RPM to their practice and patients in-house had its challenges. For example, depending on patients' level of comfort with technology and understanding of the program, they may have hesitated to try it.

Implementing this program in-house could also disrupt care and workflow inefficiency. This could appear as healthcare staff feeling overwhelmed to learn a new service or unintentionally missing vital patient information transferred from the RPM device, according to Med City News.

Partnering with a provider who understands these challenges and makes implementing and maintaining the solution easy for practices could be the difference in gaining the value from RPM.

Once these barriers are minimized, practices found that that RPM has been proven to have the following benefits:

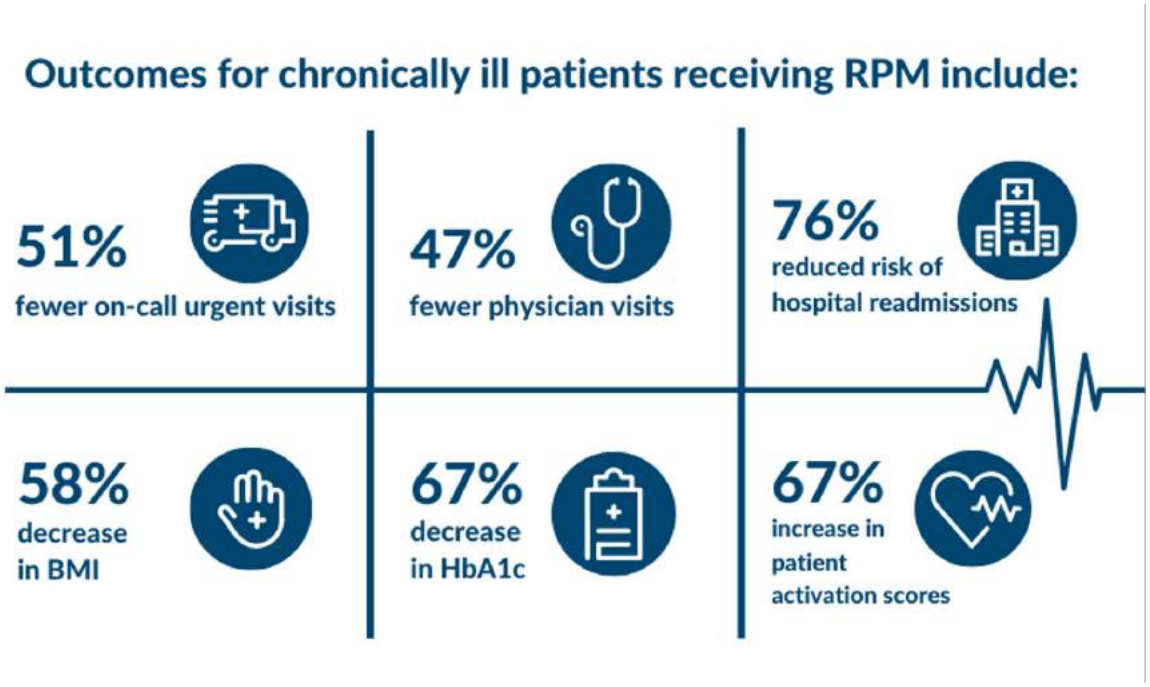
- Increase patient activation scores by 67%
- Improve patient compliance by up to 49%
- Improve care quality
- Expand access to care for patients
- Offer convenience to both patients and providers
- Optimize time for providers and nurses
- Increase practice revenue potential
- Lower healthcare costs

How RPM Improves Clinical Outcomes

Improving patient outcomes is among the most prevalent reasons to consider implementing RPM solutions. Tracking patients' specific health metrics remotely such as blood glucose levels, blood pressure, and sleep can help providers detect small signs of deterioration that can be addressed before it becomes a serious health concern. These small changes may not be noticeable to the patient, and in the absence of an appointment with a healthcare provider, would not be detected until it's too late.

In fact, a 2019 Spyglass Consulting report showed that "88% of hospitals and health have invested in or plan to invest in remote patient monitoring technologies as part of their transition to a value-based care model." Why? Studies have shown that RPM can help improve patient health with several chronic conditions including hypertension, atrial fibrillation, and diabetes compared to typical care and self-monitoring alone.

For example, one consistent clinical outcome that has been reported among the diabetic population using RPM is improved HbA1c levels. A study reported by Health Recovery Solutions states that patients who used telehealth to manage their type 2 diabetes had lower HbA1c levels and a quicker rate of decline in HbA1c levels compared to the usual care group.



How RPM Improves Financial Outcomes

With more than 90% of healthcare costs coming from treating the chronically ill patient population, these high costs are often driven by hospital-based care or emergency room visits. Although they are essential points of care when a patient needs emergency medical attention, early interventions from an RPM solution could prevent unnecessary ER visits or hospital admissions. It could also save the U.S. healthcare system potentially $6 billion in healthcare costs.

Once implemented, some of the savings associated with RPM can include reduced physical office visits, decreased transportation costs, and savings associated with decreased unnecessary emergency room visits. For example, a study conducted at the University of Berkley concluded that “remote digital diabetes management is associated with decreased medical spending…which translates into a $88 savings per member per month at one year.”

The Future of Virtual Care Management

By 2030, Medicare beneficiaries are expected to reach 79 million enrollments, according to AARP. As the number of Medicare beneficiaries grows and life expectancy continues to increase, the likelihood of health problems rises as well. This patient population will need the right tools and access to care to manage their conditions. With healthcare becoming more accessible with virtual care, these patients and more will now have the care they need when they need it.

In the past, the healthcare industry has traditionally taken time to evolve, but after 2020, it had no choice but to quickly adopt virtual care solutions. The growth has been exponential. **In fact, it is expected to take over 20-30% of healthcare processes over the next few years.** Solutions like chronic care management (CCM) and remote patient monitoring (RPM) are only the beginning for virtual care technology.

What does the future of healthcare look like?

After COVID-19 showed what needed improvement, providers have become more resilient and adaptable to potential future crises. For example, they will need an effective communication and management strategy to care for their patient populations and accommodate their needs despite the circumstances.

In a survey conducted by RAND Corp., 71% of respondents said that an even mix of people and technology is needed to drive care management success. This includes integrating virtual care solutions into practices as an essential strategy for the future.

Healthcare is also shifting its focus onto empowering patients by providing them with access to healthcare tools and the ability to better manage their health conditions. According to further results in the RAND Corp. Survey, over two-thirds of respondents believe a trusted relationship with a nurse or other clinicians is central to managing chronic conditions. This can be achieved through telehealth tools like CCM and RPM that allow a care team to work with patients outside of providers' offices.

Improving Financial and Clinical Outcomes

Continuing to provide patients with a consistent touchpoint they can access 24/7 and help them manage their health will only expand in the future. This is especially true because it's already an effective solution with a high engagement and satisfaction rate.

Patients are more than ready to take on the virtual changes to healthcare, and "telehealth can help providers better meet the needs of their patients without sacrificing the overall quality of care," according to Teladoc Health.

These factors along with support from the federal government, which led CMS to propose permanent changes to expand telehealth, will sustain its growth. The Executive Order was approved to advance efforts to improve access and convenience of care for Medicare beneficiaries. This type of acceptance will be the key to leveraging its benefits when caring for these vulnerable patient populations.

The future of healthcare is an accessible one with virtual care management. Telehealth is not only here to stay, but even with the legacy of success pre-COVID, we are officially at the startling line of broad consumer acceptance.

wellbox™

On a Mission to Improve Lives

Wellbox works with chronically ill patients and their healthcare providers to enable healthier, happier and longer lives while decreasing the financial burden of chronic illness to the healthcare system.

Wellbox is dedicated to making a profound, positive impact on chronic illness in America by;

- Empowering people living with chronic illnesses to be well,
- Enabling success for those caring for people with chronic illness and,
- Reducing the negative impact of chronic illness on our healthcare system.

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