

2014 TELEMEDICINE TASK FORCE FINANCE AND BUSINESS MODEL ADVISORY GROUP

The Telemedicine Task Force Clinical Advisory Group has identified four innovative telehealth use cases. The following table outlines the use cases and includes discussion items regarding financial and business model challenges of the use cases and potential solutions.

| Innovative Telehealth Use Case | Financial and Business Model Challenges | Potential Solutions |
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| <ol style="list-style-type: none"> 1. Improve transitions of care between acute and post acute settings through telehealth 2. The use of telehealth to manage hospital Prevention Quality Indicators 3. Incorporate telehealth in hospital innovative payment and service delivery models through ambulatory practice shared savings programs 4. Require payor-based patient centered medical home programs to factor in reimbursement for telehealth by primary care providers and specialists | <ul style="list-style-type: none"> • Available hospital funds to establish a program that includes performance goals and quality metrics sizable enough to be of interest to ambulatory practices <i>(use cases 1, 2, and 3)</i> • Challenges associated with scheduling a health care provider to be available at the hospital for consultations <i>(use cases 1, 2, and 3)</i> • Funding health care providers to be available at the hospital for consultations <i>(use cases 1, 2, 3, and 4)</i> • Human resource (staffing, training, etc.) <i>(use cases 1, 2, and 3)</i> • Practice transformation and redesign <i>(use case 3 and 4)</i> • Reimbursement methodology (i.e. how are services billed in innovative payment models? Current fee-for-service CPT and ICD-9 codes will not work) <i>(use cases 1, 2, 3, and 4)</i> • Risk management and mitigation <i>(use cases 1 and 2)</i> • Technology investment and maintenance <i>(use cases 1 and 2)</i> • Constantly evolving technology. When is the right time to invest? | <ul style="list-style-type: none"> • Centers of Excellence Networks – tiered networks that includes increased provider payments and decreased patient co-payments <i>(use case 4)</i> • Shared savings programs <ul style="list-style-type: none"> ○ Hospitals ○ Long-term care facilities ○ Ambulatory physician practices <i>(use cases 1 and 2)</i> • Hospitals incentivize health care providers for select availability timeframes to support remote monitoring post-discharge as needed <i>(use cases 2 and 3)</i> • Long-term care facilities join at-risk financial payment models <i>(use case 1)</i> • Telehealth payments based on select quality measure performance, etc. <i>(use cases 3 and 4)</i> • Purchasing of provider block time for remote participation <i>(use cases 3 and 4)</i> • Other |

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