

## How these 4 specialties used telemedicine to save nearly \$600,000

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The Connecticut Medicaid program saved almost \$579,000 after a federally qualified health center with 200 locations across the state instituted a program where, in some instances, electronic consultations were used instead of a referral for a face-to-face visit to physicians in four high-demand specialties, according to a Health Affairs report.

Community Health Center (CHC) cares for about 150,000 patients with almost 70 percent being covered by Medicaid. Researchers with CHC's Weitzman Institute for studying primary care delivery tracked patients referred to dermatologists, endocrinologists, gastroenterologists and orthopedists from 2014 to 2016.

As part of its leadership role in digital health, the AMA advocated for—and the Centers for Medicare & Medicaid Services has accepted—five new Current Procedural Terminology (CPT®) codes for 2019 that will allow physicians to be paid for their delivery of health care services using virtual technologies.

These include two CPT codes for e-consults with a physician or other qualified health professional. These interactions are also called “Interprofessional Internet Consultations,” and they do not involve physician-to-patient communication. The other three codes involve remote patient monitoring.

For patients whose primary care physicians had an e-consult with specialists, CHC's costs per month were \$84 lower on average than for the patients who were referred for a face-to-face visit, according to the report. This equals annualized savings of nearly \$579,000 and sped access to treatment as e-consultants typically had a turnaround response time of less than four days.

The CHC researchers noted that the savings could be due to the following:

- Avoided specialist visits.
- Fewer diagnostic tests and procedures.

- Faster initiation of treatment that possibly cut costly downstream complications and hospitalizations.
- Patients waiting for a specialist visit may otherwise have sought treatment at an urgent care center or emergency department.

## A different form of shared savings

Savings to patients, which weren't calculated, could include reduced travel or childcare expenses and fewer lost wages from time off work.

Savings to CHC locations included fewer staff resources needed for labor-intensive tasks such as scheduling, tracking and specialist-visit follow-up.

The authors also noted that the savings could be substantially higher for patients covered by commercial insurers. They also wrote that specialists may receive additional pay when e-consults are part of an established protocol rather than an informal internal process or via "curbside consultations and thus not explicitly paid for."

The study builds upon earlier CHC research published last year in the Journal of Managed Care that found e-consults for cardiology results in lower total average adjusted costs of \$466 over a six-month period.

Additionally, CHC has initiated e-consult programs for neurology, pulmonary, rheumatology and psychiatry specialists.

## Pushing the program nationwide

CHC has also invited others to implement similar programs.

"The numbers drawn from our state's Medicaid department were clear and striking about the cost savings to the system," Mark Masselli, CHC President and CEO, wrote in a LinkedIn post. "CHC has launched a national e-consult program serving safety net providers around the country and is helping organizations facilitate the adoption of e-consults at their health centers, based on our work and experiences."

The authors defined e-consults as secured asynchronous electronic communication involving laboratory or imaging test results, chart notes or photos that results in a consult note or document that becomes part of the patient record.

Most primary care cost-reduction strategies involve improving access, care coordination and post-discharge care to avoid more costly emergency department visits, hospitalizations and readmissions.

“Less attention has been paid to finding strategies to reduce the need for specialty consultation despite the fact that a decision to refer to a specialist is one of the most common, and likely most expensive, decisions made by primary care providers each day,” the authors wrote.

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