

Technology Breakfast Round Table
May 8, 2008, Vail Marriott Mountain Resort & Spa, Vail, Colorado

Attendees were asked to speak “off the top of the head” on anything that came to mind with regard to the evolving development of telemedicine. The following is in summary format, ordered in subject areas, basically as spoken. Individual attribution is omitted. We consider these ideas as those generated by the group:

Trends and Directions:

THE ISSUE OF REIMBURSEMENT FOR TELEMEDICINE:

- - - Time and again, the question comes up, “How are we going to pay for it (technology equipment)” . . . because of the “how to pay for it issue,” vendors need to look at partnering, not just “vending” and may have to give more with agencies.

- - - Historically, the home health agencies put the money in up front and significantly reduced emergency visits as a result. The hospitals and emergency rooms said, “Wonderful. Great Savings. Thank you.” And that has been it. No reimbursement even though much was saved. A different model must be developed, perhaps a model of partnering.

- - - The home health care industry has tended to use money and the reimbursement issue as a smoke screen to justify putting technology aside. What is needed is more attention to the overall cost benefits to the agency, especially in light of emerging trends in “pay for performance.”

- - - In California, managed care embraces technology in California. Why? Because managed care views health care as a whole and not just in episodes and visits. The cost of telemedicine is part of the overall care package, not just a part of the “visit” or trip to the ER. (Actually, managed care embraces telemedicine more than conventional care everywhere, because of the business model.

- - - It is really not about “technology,” but rather the benefits and savings that might come from it. Technology has got to be a part of the entire treatment process.

- - There are financial models that show how it pays the agency to utilize telemedicine by reducing overall costs, thus increasing margins. These models have to be examined and sold.

- - - From a baby boomer perspective, one of the goals of telemedicine has to be ensuring that there will be money left over for health care when he or she gets to the age and point of need.

THE COLORADO SCENE:

- - - The current Colorado telemedicine bill is good in that it does not pay for devices or equipment. It leaves options wide open in addressing treatment. This might help change people’s

thinking that telemedicine and its devices need to be viewed as part of the overall process and not simply items that can be billed separately.

- - - Colorado might be considered one of the top two users and pioneers in telemedicine for home care.

NEED FOR CHANGE OF MINDSET:

- - - Overcoming the mindset of providers who are resistant to technology in general is still a challenge. Agencies should ask, “what are we doing to fundamentally provide 24/7 care – that is providing the right care at the right time.” Telemedicine monitoring devices help in meeting the right care at the right time goal.

- - - We have to make sure that providers know the broadness and scope of the possibilities. There is a wide range of telemedicine devices and options. We have to apply more urgency to phasing people into more extensive use of technology.

- - - Telemedicine has proven with diabetics that diabetics who are watched or monitored behave better (as in taking meds, watching diet). Simple monitoring devices enhance good health by guiding behavior modification.

- - - In the future, if you don’t want nursing by telemedicine you probably won’t have nursing care at all (due to the growing shortage of nurses versus the growing population of elderly and people needing nursing care and attention)

- - - The number of telemedicine devices has grown rapidly. It is now possible to classify devices within groups (such as TV based, remote monitoring, centralized alert services), which further promotes understanding and acceptance. Proprietary systems were the pioneers and in many areas were the only option for telemedicine systems and devices. This has been changing rapidly. The attention has to be focused on “sharing” what is available and how, overall, home care can benefit from telemedicine. More attention should be paid to “partnering” between vendors and agencies for the purpose of improving health care while reducing costs.

NEED FOR AGENCY POINT PERSON OR CIO:

- - - Agencies have to be “light on their feet” as new technology emerges. Someone should be watching trends. Each agency should have a CIO contact person, preferably an RN. Every agency needs a “point person” to report to the rest of the agency staff. Perhaps the HCAC should be encouraging the appointment of a telemedicine point person (CIO) and coordinate communications between them.

Attending the meeting were: Ginny Brady, Delta Health Technologies, LLC, Altoona, PA; Fred Caruso,,Home Care Association of Colorado, Centennial, CO; Judy DeVore, Home Care of the Grand Valley, Grand Junction, CO; Judy Fye, Colorado Foundation for Medical Care

Englewood, CO; Diane Huerta, Colorado Department of Health Care Policy and Finance, Denver, CO; Sean-Casey King, Colorado Dept of Health Care Policy and Finance, Denver, CO; Tim Rowan, Home Care Automation Report, Colorado Springs, CO; Jeremy Rowan, Home Care Information Network, Colorado Springs, CO; Mary Spisak, Interactive Medical Developments, Lake Stevens, WA, and Jan Wuorenma, American TeleCare, Inc., Eden Prairie, MN.

Table moderator was Fred Caruso, HCAC staff.

Breakfast sponsor was Ginny Brady, Delta Health Technologies, LLC, Altoona, PA.

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