

CMS Targets Telemedicine in Study to Curb SNF Hospitalizations

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Three skilled nursing facilities in Florida will use telemedicine in a CMS study to determine if off-hours virtual care can reduce hospitalizations and rehospitalizations.



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By [Eric Wicklund](#)

August 14, 2017 - Three skilled nursing facilities in Florida are launching a telemedicine platform in a federal study to determine the cost-effectiveness of an off-hours virtual care service.

The study could help the Centers for Medicare & Medicaid Services target one of its biggest cash drains: post-acute care, responsible for some \$11 billion in lost savings in less than a decade.

The three SNFs are taking part in a year-long project developed by CMS and coordinated by the non-profit TRECS (Targeting Revolutionary Elder Care Solutions) Institute. The goal is to determine whether a virtual care platform set up for nights and weekends can curb hospital admissions and readmissions in post-acute care settings.

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“Studies show that approximately 60 [percent to] 70 percent of all nursing home transfers to the hospital are unnecessary,” John Whitman, executive director at Pennsylvania-based TRECS Institute, said in a press release. “Sending a vulnerable senior to the hospital only increases their exposure to a wide range of other proven, adverse effects.”

TRECS Institute officials said a 2015 study found that an off-hours telemedicine service averted 91 hospital admissions or readmissions over the course of a year at the Cobble Hill Health Center, a 360-bed SNF in New York, saving the SNF more than \$1.3 million in Medicare costs and improving clinical outcomes for the patients.

Funding for the new study is being provided by CMS and Florida's Agency for Health Care Administration through its Civil Money Penalty Grants program.

The SNFs – the 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 – will use a telemedicine platform developed by TripleCare.

“Changes in patients' conditions often occur in the off hours when physicians are not physically present at SNFs - this is precisely the time when TripleCare's virtual physician services kick in,” Mary Jo Gorman, chief executive officer at the New York-based telehealth company, said in the release. “As a result, these virtual visits are reaping considerable financial savings for SNFs and our nation's healthcare system. We also afford SNF patients and their families a better care experience and peace of mind.”

Whitman says telemedicine can be an important tool for an post-acute care industry going through significant turmoil. Speaking at the TREC-sponsored [National Summit on the Future of America's Nursing Home Industry](#) earlier this year, he noted the number of nursing homes in the US dropped by 9 percent from 2000 to 2009, while construction of nursing home units dropped by a third from 2007 to 2011.

“The changes this industry is being hit with every day are massive and significant in terms of economic realities,” said Whitman.

Telemedicine, he added, “can be a huge piece” in helping to prevent avoidable hospitalizations.

“So, the 85-year-old patient is taken to the ER where, in most cases, he or she is admitted and spends three or four days there,” he said at the March summit. “We know seniors, when admitted to the hospital, often become confused, have an increased likelihood of developing skin breakdown, incontinence and even delirium” and are susceptible to hospital infections. “And all of this generates unnecessary costs for the healthcare system.”

CMS has been historically stingy in reimbursing healthcare providers for telemedicine and telehealth, [but the agency is coming under pressure](#) from Congress, provider groups and others interested in expanding avenues of care to curb healthcare costs, reduce waste and improve outcomes.

This past March, the Medicare Payment Advisory Commission (MedPAC) [singled out post-acute care for payment reform](#), reporting that Congressional and CMS inaction had resulted in some \$11 billion in lost savings since 2009.

Medicare spending on post-acute care services reached \$60 billion in 2015 partly because aligning Medicare reimbursement rates with actual post-acute care costs is a challenge for all healthcare stakeholders, the commission stated.