Telehealth Finds a Niche in Improving Long-Term Care

By Michael Stone | Dec. 30, 2016

In long-term-care settings — where help with the everyday is needed by the disabled and chronically ill but especially older adults — health care costs tend to boom.

On top of the $248 daily price tag as of 2012 for a private room in a nursing home, for example, the frequent visits from doctors that come with age or chronic ailment send costs high in the sky — for the residents and their nursing homes, as well as the families, hospitals and insurers.

But telehealth, or bringing the doctor to the patient remotely via audio-video interaction, is growing in its potential to put a plug in the long-term-care money drain.

Long-term care joins other health care areas in which telehealth has been shown to offer noticeable help: connectivity for rural patients, accessibility to out-of-town and international physicians, and more broadly, lower costs and improved quality.

"The premise of telehealth has always been that you can provide either as good or

maybe better care more cost effectively," said Neil Charness, a psychology professor at Florida State University, director of its Institute for Successful Longevity and a teleheath researcher, "and particularly when it comes to chronic care because maybe 90 percent of health care costs in the U.S. are essentially incurred by those people with chronic-care conditions."

To examine telehealth's potential in long-term care and explore how it works, one could turn to a more well-known program in the field: the University of Pittsburgh Medical Center's Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents, or RAVEN.

Started in 2012 from a Centers for Medicare and Medicaid Services grant, RAVEN's objectives have been to improve care and reduce avoidable hospitalizations at 18 partner nursing homes in Pennsylvania.

Though RAVEN comprises several components — including staff training and improved assessments and management of residents' health — telehealth specifically has emerged as a major benefit, said Dr. Steven Handler, who serves as director of geriatric telemedicine programs at the university, among other positions.

The process is: On nights and weekends, a nurse practitioner is available from her or his home via pager and is contacted as needed by employees at the partner nursing homes. The conversation starts telephonically and, if necessary, moves to a Skype-like interaction through a video screen on a medical cart.

Other items, like an otoscope and a Bluetooth stethoscope, are available on the cart for the employee to guide at the request of the nurse practitioner, who then offers feedback and guidance.

These expert reassurances often stop a trip to the hospital when one isn't needed, said Handler, who also serves as chief medical and innovation officer for RAVEN's new offshoot company, Curavi Health.

"There's the colloquial remark 'When in doubt, send them out' and not take the time to do much thinking," he said. "But we believe that telemedicine … is a transformative technology that allows the bedside nurse to collaborate with that [off-site] physician in such a way that they become partners.

"And it allows them to practice at the highest levels of their license."

In RAVEN's first three years, potentially avoidable hospitalizations in general were reduced by almost 25 percent, potentially avoidable emergency-room visits fell by 40-plus percent, and Medicaid and Medicare saved more than $5 million, according to a report earlier this year from the Center for Medicare and Medicaid Services.

Few other efforts exist in the way of crafting telehealth for implementation specifically in long-term-care settings.

Modern-day telehealth's precursors date back decades, emerging out of 20th-century telecommunication itself, so it hasn't been technology that's kept it from taking root in long-term care, Handler said. Rather, it has been the lack of health care focus there overall.

"There have been some experiments in doing" long-term-care telehealth before, he said. "But I think … there just hasn't been a lot of focus in general in medicine on the … long-term-care space and its importance in the way in which we provide health care."

But Handler added that he's glad to see it finally coming about.

"There's a real clinical need, and there's an understanding that treating patients effectively in this environment needs to take on new forms of modality," he said.

While much of the discussion on telehealth focuses on broad analytical perspectives, mainly financial efficiency, Charness noted how the individual patient level is also important to consider. For example, he said, nursing home patients are often open to telehealth but not as a full replacement — regardless of how much money could be saved.

"Older adults in particular report that they don't want telehealth to substitute for human contact [but] want it to augment human contact," he said. "So if they can get more attention, they feel more comfortable that someone's monitoring their conditions, but they still like the idea of human contact."

Nevertheless, telehealth remains as a large begetter of cost reduction, especially as technological advancements grow in scale and thus drop in price, Charness said.

"If the equipment costs more than the visit would have cost, you haven't got savings, but we're on this wonderful tele-function curve with respect to cost of technology," he said. "So things get introduced, they're very expensive to start with, and then they come way, way, way down, just like computers did."

"We're probably going to see more substitution of tele-visits … for actual in-person visits," he added, "just because of the cost factor."