Telehealth: Connecting People-Centered Care

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 21 states. We are building a People-Centered Health System to put the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high quality, people-centered care for all.

Telehealth leads to Better Health, Better Care and Lower Costs

- Demonstrating positive outcomes by reducing use of acute services—especially for those with multiple chronic diseases, such as congestive health failure (CHF), stroke, and chronic obstructive pulmonary disease (COPD).2
  - Reduced hospital admissions, readmissions, and emergency department visits.
  - Improved patient outcomes—patients served via hub-and-spoke telestroke network were more likely to be discharged home3.

What Can Telehealth Achieve?

Telehealth includes a wide range of technologies, including videoconferencing, internet-based applications, store-and-forward imaging, streaming media, and phone and wireless communications1. Telehealth has demonstrated a wide-range of positive outcomes across settings of care and between providers and consumers, including:

- Better access—providing patients the opportunity to get care no matter where they are.
- Increased patient satisfaction, and improved patient engagement in community-based settings.
- Facilitation of communication with providers.
- Reduced costs by moving care to lower cost, more appropriate settings.

What Can Policymakers Do?

Use Telehealth to Build a People-Centered Health System and Achieve Population Health Goals

Recommendations:

- Encourage use of telehealth to promote health and well-being across outpatient, inpatient and community-based settings.
- Focus expansion of telehealth on high-need areas that are critical to managing population health in communities
  - Leverage telehealth to provide coordinated, team-based care, to address behavioral health workforce shortages, and to more effectively care for those with co-morbid behavioral health conditions

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- Expand use of telepharmacy, which includes drug utilization review, prescription verification and patient counseling, to address access issues in rural areas, improve medication adherence and decrease medication-related errors.
- Permit providers to remain in each stage of Meaningful Use (MU) for at least three years.

Ensure Telehealth Provides High-Quality Care to Consumers

**Recommendations:**
- Apply quality measurement and standards to ensure adequate safeguards and protections for consumers; metrics could include:
  - Consumer/patient experience and satisfaction.
  - Changes in access to care.
  - Changes in utilization of acute services.
  - Impacts on medication adherence, compliance with care guidelines, and self-management of conditions.

Promote Continuity of Care by Facilitating Use of Telehealth within and Across State Lines

**Recommendations:**
- Update licensing regulations – especially for systems operating across state lines.
  - Eliminate requirements for out-of-state providers to have special licenses to provide telehealth care across state lines.
  - Create an all-purpose license that applies to all telehealth care across state lines in order to harmonize licensing and credentialing requirements.
- Support the Interstate Physician Licensure Compact to improve license portability and increase patient access to care.
- Promote use of telehealth in medically underserved areas – including both rural and urban geographies – to reduce health disparities.

Advance Adoption of Telehealth by Harmonizing Use and Payment Across Payers and Programs

**Recommendations:**
- Public and private payers should provide telehealth payment regardless of origination site.
- Include waivers for telehealth payment in value-based payment initiatives (e.g. accountable care organizations (ACOs), patient-centered medical homes (PCMHs), bundled payments) in Medicaid and Medicare, and in Medicare Advantage.
- Use consistent definitions for telemedicine and telehealth in Medicare and Medicaid.
- Align payment across settings of care, especially for remote monitoring technologies.
- Maintain continuity of care and provider choice by allowing for use of eVisits regardless of consumer’s location.
- Promote standardized documentation of telehealth encounters without narrow mandates on methods.

Ways Telehealth is Helping Build a People-Centered Health System across Trinity Health

- Improved access for those in rural areas.
- Better, more informed clinical decision making in a timely manner.
- Decreased readmissions for CHF, preventable admissions for chronic disease.
- Increased capacity to serve patients.
- Increased productivity from providers.
- Greater ability for patients to engage in self-management.
- Better ability to monitor patients remotely, make adjustments in nutrition, medication to prevent downstream problems.

Digital Access: [http://advocacy.trinity-health.org/](http://advocacy.trinity-health.org/) • [advocacy@Trinity-Health.org](mailto:advocacy@Trinity-Health.org) • #TeleHealth #TeleMedicine #PeopleCentered

**Mission:** We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

**Core Values:** Reverence • Commitment to Those Who Are Poor • Justice • Stewardship • Integrity