

## FACTS

# Telehealth: Embracing CVD Healthcare in the 21<sup>st</sup> Century

### OVERVIEW

The United States finds itself at a pivotal moment in the history of medicine, when the annual growth in U.S. health care spending increased to 5.3 percent in 2014, up from 2.9 percent in 2013, after five consecutive years of historically low growth.<sup>1</sup> Spending on federal health care programs continues to grow significantly.<sup>2</sup> Regardless, the need to provide high quality care continues. Over 92 million Americans (36.6% of the US population) suffer from cardiovascular disease (CVD), and nearly 7.2 million (2.7%) are stroke survivors. CVD and stroke cost the US health care system over \$320 billion and \$33 billion respectively each year, and by 2030, annual costs of CVD and stroke are projected to balloon to nearly \$1 trillion.<sup>3</sup> Now more than ever, strategies are needed to increase the value of healthcare by increasing quality of care and lowering costs.

Enhancing patient access to care via telehealth is one important strategy to help address this challenge. **Telehealth** is the use of medical information exchanged from one site to another via electronic communications in order to improve a patient's clinical health status. Two-way video, email, smartphones, wireless tools, and other forms of telecommunications technology can be used to deliver high-quality health care through telehealth. Telehealth is a new method of enabling care delivery that has the potential to help transform the healthcare system, reduce costs, and increase quality and patient access.<sup>4,5,6</sup> This is especially true for vulnerable cardiovascular disease or stroke who – because of their geographical location, physical disability, advanced chronic disease, or difficulty with securing transportation – may not otherwise access specialty health care services.<sup>5</sup>

### TELEHEALTH: CONNECTING THE EVIDENCE

Telehealth supported by evidence-based research. According to research, telehealth leads to the following benefits:

- *Improving cardiovascular disease outcomes and costs.* Telehealth can contribute to significant reductions in blood pressure, decreased all-cause and heart failure related hospitalizations, reduced all-cause mortality and improved quality of life.<sup>7</sup> Telehealth has also demonstrated an ability to reduce health care costs.<sup>4</sup>
- *Increasing Access to Care.* Telehealth services may increase patient access to medically necessary services such as emergency department care, specialty care, and intensive care monitoring.<sup>8,9,10</sup>
- *Enhancing Patient Engagement.* Telehealth can provide an effective platform for patients to be involved in their own decision-making.<sup>11</sup>
- *Enhancing Provider-to-Provider Communication.* Telehealth can improve delivery systems of care by streamlining the flow of information vertically from patient to primary care provider and specialist, and horizontally between practitioners.<sup>12</sup>
- *Reducing Transportation Costs.* Rural or low-income populations may struggle with the significant transportation costs, time, and effort required to visit practitioners at healthcare facilities; telehealth (especially home-based) can be an affordable alternative to meet the healthcare needs of vulnerable populations who have multiple comorbid conditions requiring frequent healthcare services.<sup>13</sup>
- *Improving Medication Adherence.* Telehealth programs can reduce non-adherence to medication protocols, a common cause of preventable harm in CVD and stroke.<sup>14</sup>

### TELEHEALTH: LEGAL AND REGULATORY BARRIERS:

Despite these benefits, telehealth is underutilized when treating patients with CVD and stroke, and many legal and regulatory barriers exist for Americans seeking these services. Geography plays a big role in promoting access to this type of care. Currently, care for CVD patients can only be reimbursed by Medicare for telehealth services if

patients live in a rural area of the United States and if the communication is in real time. Other obstacles include the lack of private insurance coverage for telehealth, the lack of interstate medical licensure, and ensuring health care professionals can master the digital learning curve and the costs associated with obtaining telehealth technologies.

## THE AHA ADVOCATES

The American Heart Association urges policymakers to support the following policy recommendations for telehealth:

- Support passage of the Furthering Access to Stroke Telemedicine (FAST) Act (S.1465/H.R. 2799), which would remove a reimbursement barrier to telestroke, specifically Medicare's rural originating site requirement.<sup>15</sup>
- Support passage of the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S.2484), which would expand the use of telehealth under Medicare.<sup>16</sup>
- Ensure Medicare and Medicaid provide benefits coverage for all evidence-based telehealth services for cardiovascular and stroke care.
- Require third party insurers to cover evidence-based telehealth services to the same degree as in-person visits in all states (parity).
- Ensure that all properly trained providers are deemed eligible providers for telehealth interventions, without restricted networks that would limit reimbursement by provider;
- Encourage the development of simpler, less expensive technology platforms that allow for inter-operability between systems and keep the patient burden and costs for healthcare systems as low as possible;
- Ensure that large electronic health record systems incorporate telehealth and make it compatible with traditional health records to promote a single integrated health record for all patients;
- Encourage the development of improved education for providers to simplify the process of delivering telehealth and increase adoption among providers;
- Ensure that adoption of telehealth does not sacrifice quality in the name of cost-savings, such as by restricting patient access to limited networks of telehealth specialists rather than in-person specialty care, and promotes high quality care delivery.

<sup>1</sup> Martin AB, et al. National Health Spending In 2014: Faster Growth Driven By Coverage Expansion And Prescription Drug Spending. Health Aff (Millwood). 2016 ;35:150-60.

<sup>2</sup> The Budget and Economic Outlook: 2016 to 2026. Committee on the Budget, US House of Representatives (2016) (testimony of Keith Hall, Director Congressional Budget Office).

<sup>3</sup> Benjamin, EJ et al. Heart Disease and Stroke Statistics—2017 Update. A Report From the American Heart Association. Circulation. 2017;135:00–00.

<sup>4</sup> Baker, LC., et al. Integrated telehealth and care management program for Medicare beneficiaries with chronic disease linked to savings. Health Aff (Millwood). 2011. 30(9): 1689-1697.

<sup>5</sup> Bashshur, RL., et al. The empirical foundations of telemedicine interventions for chronic disease management. Telemed J E Health . 2014. 20(9): 769-800.

<sup>6</sup> Kvedar J, et al. Connected health: a review of technologies and strategies to improve patient care with telemedicine and telehealth. Health Aff (Millwood). 2014;33:194-9.

<sup>7</sup> Purcell, R., et al. Telemonitoring can assist in managing cardiovascular disease in primary care: a systematic review of systematic reviews." BMC Fam Pract. 2014. **15**: 43.

<sup>8</sup> Ward MM, et al. Systematic review of telemedicine applications in emergency rooms. Int J Med Inform. 2015;84:601-16.

<sup>9</sup> Vimalananda VG, et al. Electronic consultations (e-consults) to improve access to specialty care: a systematic review and narrative synthesis. J Telemed Telecare. 2015;21:323-30.

<sup>10</sup> Lilly CM, et al. Hospital mortality, length of stay, and preventable complications among critically ill patients before and after tele-ICU reengineering of critical care processes. JAMA. 2011;305:2175-83.

<sup>11</sup> Jia H, et al. Long-term effect of home telehealth services on preventable hospitalization use. J Rehabil Res Dev. 2009;46:557-66.

<sup>12</sup> Shea S. Health delivery system changes required when integrating telemedicine into existing treatment flows of information and patients. J Telemed Telecare. 2006;12 Suppl 2:S85-90.

<sup>13</sup> Pan E, et al. The value of provider-to-provider telehealth. Telemed J E Health. 2008;14:446-53.

<sup>14</sup> Molloy GJ, et al. Interventions to enhance adherence to medications in patients with heart failure: a systematic review. Circ Heart Fail. 2012;5:126-33.

<sup>15</sup> Furthering Access to Stroke Telemedicine Act, H.R.2799, 114<sup>th</sup> Congress, 2015.

<sup>16</sup> Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act S. 2484, 114<sup>th</sup> Congress