

Fee Models Desperately Need Improvement for Telehealth Care



Leading telehealth provider, the [University of Mississippi Medical Center \(UMMC\)](#) has said that as healthcare moves towards value-based care, the national reimbursement framework has to improve for telehealth in general and Remote Patient Monitoring (RPM) in particular

“Remote patient monitoring allows providers a way to educate, engage and empower patients to improve their overall health status,” Michael Adcock of UMMC told HealthManagement.org. “The move towards value based care will drive more focus to these types of technology enabled programs. Until then, improvements under the national fee for service models are needed.”

Mississippi has been in the spotlight for having some of the highest diabetes rates in the country as well as being amongst the highest spenders on care for this disease.

Addock said limited access to healthcare services in parts of the state and poor nutrition had exacerbated the high figures until a viable telehealth programme was introduced to fight the trend.

See Also: [Solution ER Overcrowding: Tele-triage](#)

One of the sticking points was the limitation on telehealth in the U.S. when it comes to reimbursements for [care which takes place at the patient's home](#), a venue insurers do not always regard as legitimate. But with strong backing from UMMC, in 2014 Mississippi introduced a law in 2014 requiring insurance parity for both “store-and-forward telemedicine and remote patient monitoring”. The law applies to both Medicaid and commercial insurance.

Telehealth was scaled up for diabetes patients and a trial of 100 patients conducted earlier this year showed a 96 percent compliance rate on diets prescribed to battle the condition.

The success has spawned expansion into other diseases. “We are actively enrolling patients with congestive heart failure, adult and pediatric asthma, and hypertension,” Addock said. “We also are working with our providers to build content for other diseases that could be managed remotely that aren't being reimbursed such as kidney transplant and bone marrow transplant.”

Multiple other chronic diseases that are in development, include asthma, COPD, and others. “We will use the same basic RPM framework for these, but will use additional peripherals and disease specific education and health sessions.”

Source: HealthManagement.org Interview, [MedCityNews](#)

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