

Fast Forward: Integrated Telehealth—Better Care with a Kickin' ROI

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In this recent “Fast Forward” blog series, I’ve been noting industry advancements and events that will fast forward healthIT and its transformational benefits of enabling better patient care while lowering costs. And I’m noting how that relates to the federal health care environment and healthIT market and what vendors need to do. This week the focus is on telehealth happenings.

Several articles and announcements this week drove home the value proposition of telehealth—if done right. [Healthcare IT News](#) reported that industry executive panelists at the recent American Telemedicine Association 2012 Conference made the point that a significant impact on *improving the quality of care* in the healthcare system can be made using telehealth, if existing healthIT solution silos are broken down. However, they lamented the fact that it isn't happening, and noted the poor conference attendance by EHR and other healthIT providers.

Today in a [blog in Computerworld](#), [Ravi Krishnan](#), executive director of Kaiser Permanent’s IT PMO, states that “care interactions are happening in an increasingly wide range of locations: hospitals, rural clinics, mobile health vans, homes, or even during the course of a person’s daily activities.” He advises fellow IT strategists in the healthcare industry that “the most effective way to frame a mobile strategy is as an ecosystem comprised of multiple components that work together to enable *mobile behavior*” and to envision a health care environment “where *physical boundaries are immaterial*—even *irrelevant*.”

One of the major value propositions of the combination of EHRs, mobility, and telehealth solutions is that it can be a force multiplier enabling, on average, physicians to see one more patient per day. This makes them more efficient and expands their reach without compromising the quality of the care provided. The combination can produce a fantastic ROI—if done correctly—and nowhere is that more evident than in mental health where most of the cost is healthcare personnel.

VA Case In Point

Treating post traumatic stress syndrome at MHS and VA has been rising dramatically for the last 10 years or more and the increasing suicide rate of soldiers returning from the war is alarming. According to the VA, since 2007, it has experienced a 35% increase in the number of Veterans receiving mental health services. This portends to be a massive problem for individuals, families, and US society for some time to come and a costly one for taxpayers. Moreover, VA reports that since 2009 the VA has increased the mental health care budget by 39%!

Most of that increase is surely attributable to the professionals needed to address mental health, which has also been increasing in VA. Since 2007, VA reports experiencing a 41% increase in mental health staff! And in April, Shinseki announced VA would add approximately 1,600 mental health clinicians and nearly 300 support staff to its existing workforce of 20,590 to meet the increased demand for mental health services.

To address this multitude of issues, just today VA Secretary Shinseki stated in a [press release posted on the VA site](#) a goal to increase telehealth services 30% in FY12 by conduct more than 200,000 clinic-based, telemental health consultations in fiscal year 2012, up from 140,000 in fiscal 2011. Complementing this, few weeks ago, Shenski did a great thing for vets (and to boost the telehealth adoption rate) when he announced that VA would no longer charge Veterans a copayment when they receive care in their homes from VA health professionals using video conferencing. Clearly, he gets it—telehealth works for all.

In the statement, Shenseki said, “telemental health provides veterans quicker and more efficient access to the types of care they seek. We are expanding the reach of our mental health services beyond our major medical centers and treating veterans closer to their homes. We are leveraging technology to reduce the distance they have to travel, increase the flexibility of the system they use, and improve their overall quality of life.”

Vendor Recommendations

Vendors can also benefit from the trend if they have a *healthcare process* perspective rather than a technology approach to their solution strategy and build out their suite to make “seamless multi-modal care anywhere” their value proposition.

- Partner or acquire companies that expand and compliment your offering;
- Integrate components by building interfaces and, if tightly integrated even same-look-and-feel GUIs for ease of use by healthcare practitioners;
- Get involved in industry associations that enable dialogue with other vendors and don't shy away from co-opetition;
- Use all means (customer visits and surveys, focus groups, “birds of a feather” sharing groups, conference speaking engagements) to listen to healthcare practitioners to understand their processes, pain associated with current HIT solutions, and especially their wish-lists. They are anxious to help you develop solutions to help them and are proving to be innovative in that.
- Same tried and true mantra: Talk benefits to providers customers and prospects rather than modules, feature, and functions.

If vendors take such an approach, with market adoption mobility and telehealth becomes a win-win proposition, not just for federal agencies, health care providers, and patients, but for *vendors as well*.