



## NURSE HELPLINES & TELEMEDICINE – A STRONG RX FOR SELF-INSURERS’ RISING HEALTHCARE COSTS

— Written By Deborah Allwes Largoza, RN, MBA, MPH, President, Amalgamated Medical Care Management

**E**ven before the pandemic, the use of telemedicine was increasing, however, COVID-19 proved a catalyst for its widespread application. According to the American Hospital Association, as of February 2019, 76% of U.S. hospitals have been connecting with patients and consulting practitioners using video and other technology.

In February of 2020, the Centers for Disease Control and Prevention (CDC) issued guidance through which it recommended that healthcare providers in areas where the Coronavirus was reported offer clinical services through virtual means such as telehealth and that individuals rely on these services.

The CDC's recommendations regarding telehealth were consistent with those issued by other healthcare agencies, insurers, and policymakers, all designed to help prevent the spread of COVID-19. The use of telehealth services during a pandemic notwithstanding, telemedicine including nurse helplines, telehealth calls, and other integrated platforms offer a strong value proposition during non-pandemic periods as well.

This is especially true for self-insurers who, faced with steadily rising healthcare costs, must take every measure available to reduce their costs without compromising their health plan members' well-being.

## TELEMEDICINE TAKES OFF

Over the past decade, telemedicine has grown considerably. Talking to a doctor live over the phone or in a video chat, sending and receiving messages via secure messaging, patient portals and emails are now commonplace.

Also, in wide use as part of telemedicine is the use of remote patient monitoring through which doctors can check on patients at home and learn of their vitals via various electronic medical devices.

Similarly, using nurse helplines and information resources, individuals can call into a dedicated toll free number and speak with an experienced Registered Nurse (RN) regarding a current health episode and/or simply ask a question regarding their (or a family member's) medical condition.

These nurse helplines are available on a 24/7/365 days/year basis and facilitate a telephone triage and healthcare counseling for accessing health status, health information and/or direction to the appropriate healthcare

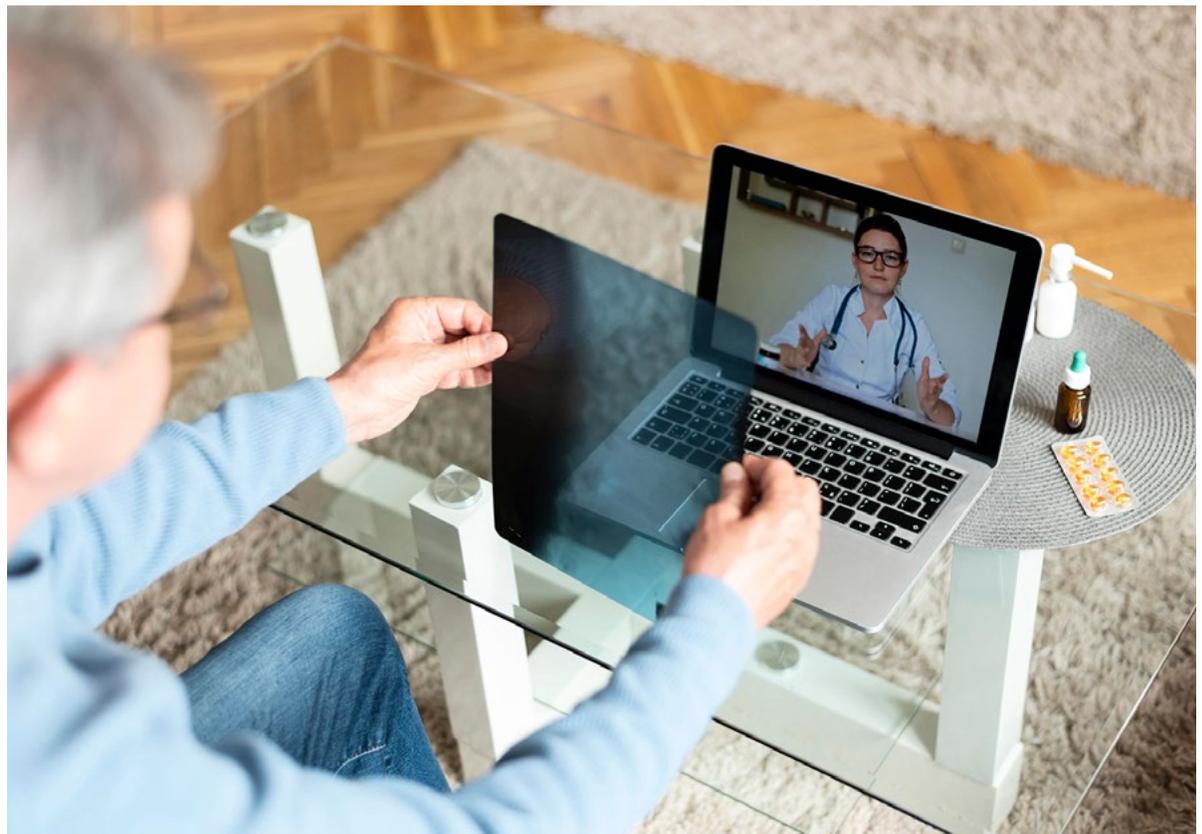
provider (i.e., a primary care doctor, specialist, hospital, urgent care facility, etc.).

Both the telemedicine and nurse helpline/health information services give individuals access to information on a wide range of medical conditions drawing on the RNs' deep clinical expertise in disciplines ranging from emergency medicine, critical care and intensive care, to psychiatric care, maternity care and pediatric care.

Relying on their experience and nationally-recognized clinical data, these skilled nurses can address questions relating to general health matters, prescriptions, urgent care matters (e.g., back pain, urinary tract infections, allergic reactions, etc.), mental health episodes, as well as eye, hearing and skin problems.

More recently, we have seen the rise of next generation telemedicine platforms. These platforms offer fully-integrated nurse helplines and telemedicine services, through which individuals with a medical problem or question can call into a dedicated toll-free line staffed by experienced RNs based in United States.

These experienced nurses would then conduct a virtual intake, recording all contact information, symptoms, and reasons for the call. They would update the patient's Electronic Health Record, and then triage the call by either assisting the individual directly or transitioning the call through the online platform to the next level of medical support, either to a physician, health advocate or behavioral health professional.



## TELEMEDICINE INCREASING

Currently, telemedicine is used by self-insured and fully-insured plans in diverse industries. One bank, for example, reported in 2019, that its workers completed over 1,200 telemedicine appointments averaging 10 minutes a call and, 1,000 calls which resulted in their members receiving needed prescriptions much faster.

In a survey conducted in conjunction with America's Health Insurance Plans (AHIP), the Peterson Center on Healthcare KFF (Peterson-KFF) reviewed private insurers' responses to the pandemic with a focus on telehealth usage and specifically: waiving of cost-sharing for specific telehealth services, offering or expanding mental health and/or substance use telehealth services, and establishing provider payment parity for telehealth.

Among its findings were that over 30 million individuals were in plans that waived cost-sharing for all telehealth services, and 15 health plans expanded access to mental health and/or substance use via telehealth services.

Following the AHA's lead, hospitals across the nation such as NYU Langone, the Cleveland Clinic, the Medical University of South Carolina and Oregon Health Sciences University are instructing patients with potential Coronavirus symptoms to use telemedicine first before heading to a physician's office, urgent care facility or hospital.

The federal government too is introducing programs that support the expanded use of telemedicine. With 34 million Americans lacking broadband access, the Federal Communications Commission's (FCC) Rural Health Care Program is taking measures to make broadband more accessible to rural areas.

Additionally, almost all of the states' Medicaid programs have some coverage for telehealth services and the Medicare program recently expanded telehealth coverage to include stroke and substance abuse patients.



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## TELEHEALTH USER DEMOGRAPHICS

According to data collected by the CDC, from January to March 2020, 93% of telehealth patients used telehealth services for conditions other than COVID-19.

As concern over the Coronavirus grew, more users of telehealth services began citing concern over potential infection as at least one of the reasons for their use of telehealth services. In 2019 and 2020 respectively, 66% and 69% of telehealth encounters involved adults age 18 to 49 years with females representing 63% of those individuals in both years.

## TELEMEDICINE AND SELF INSURERS

Based on data published by Statista Research Department on October 13, 2020, 61% of U.S. workers are covered by self-funded health insurance plans. Organizations elect to self-insure as a way to contain their healthcare costs. Rather than paying premiums to an insurance carrier, they are responsible for paying their plan members' healthcare claims.

The self-insurers' savings are a direct function of how many claims must be paid. Using telemedicine, self-insurers can reduce their healthcare costs by giving their plan members more efficient, lower cost healthcare options such as a nurse helpline, telehealth physician consultation and/or the use of an integrated telemedicine platform.

It is estimated that 70% of all in-person physician visits can be avoided using one of these options and, perhaps and more importantly, 90% of telemedicine calls result in the elimination of an in-person physician, Emergency Department or urgent care facility visit. By eliminating unnecessary healthcare provider visits, lower co-pays, and coinsurance costs result.

To illustrate the potential savings, the Society of Human Resource Management (SHRM) reported on the success of the National Rural Electric Cooperative Association (NRECA) with its telemedicine program. It found that for every dollar spent, its telemedicine program saved \$6 based on employees surveyed at the end of every telemedicine visit, who said they would have gone to an urgent care facility or the Emergency Department if they did not have the telemedicine option.

For self-insurers with so-called "frequent flyers" (i.e., individuals who rush to the doctor's office or urgent care facility frequently), telemedicine can really deliver significant savings.

In addition to these benefits to both the self-insurer and plan members, nurse helplines, telehealth physician consultations and online telemedicine platforms also have been shown to reduce employee absenteeism by giving employees a fast and convenient way to address a health concern before symptoms worsen and a medical condition becomes a more serious matter requiring time off.

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Rather than having to make an in-person appointment, which often takes longer to schedule, employees can access a nurse helpline immediately and then, if needed, schedule a telehealth call with a physician, and be directed to a hospital Emergency Department only if necessary.

Given that the average wait time in an Emergency Department is four hours and that 75% of physician practices close their offices by 6 PM on weekdays with no weekend hours, telemedicine options are clearly more convenient and efficient.

## INCREASING YOUR TELEMEDICINE ROI

To gain the maximum return from the use of a nurse helpline/health information service, telehealth and online telemedicine platform, self-insurers should take measures to optimize their programs, including:

-Seek out the right partners. For nurse helpline services, make sure that the service is staffed by experienced RNs (minimum of 20 years clinical experience) with expertise across a wide range of clinical disciplines, and nurses who demonstrate both clinical competency, as well as key human traits, including patience,

compassion and the ability to effectively communicate.

-Educate plan members about the role of each telemedicine tools (i.e., nurse helpline, telehealth physician consultant, online platform) and, when and how to use them. Make sure they understand that using telemedicine does not mean they do not have the option of also having in-person healthcare provider appointments, but rather that telemedicine can often eliminate a less convenient in-person visit. Advise them as to how telemedicine is an extremely effective tool for managing chronic illnesses on an ongoing basis. Raise their awareness as to how telemedicine reduces their costs, as well as the plan's costs.



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-Survey plan members on a regular basis (monthly, quarterly, semi-annually, and annually) to measure their use of the nurse helpline, telehealth physician calls and/or online platform, and to gauge their satisfaction with the service. If adjustments need to be made, act promptly to address plan members' concerns, problems with these options or to correct any misconceptions.

## CLOSING REMARKS

One telemedicine provider estimated that for a 1,000-employee company, telemedicine can redirect employees away from 44% of urgent care visits and 35% of doctor visits. Then, using its average of 140 telemedicine calls per 1,000 employees over the winter season, the employer would save \$15,000 during the winter.

For this same group of 1,000 employees, who would average approximately 70 telemedicine calls during the spring, the savings would be an estimated \$14,728. Similarly, savings due to avoiding unnecessary physician appointments and/or urgent care of Emergency Department visit-related savings could be gained over the summer and fall months.

The Huron Consulting Group estimates that the number of telemedicine consultations will reach 160 million cases by 2020; a 700% increase from 2015. The pandemic has likely increased this projection.

With telehealth virtual consultation savings averaging \$100 per visit and generating significant savings for both plan sponsors and their members, it is likely that more self-insurers will begin relying on these extremely cost-effective, convenient, and responsive health services. ■

As President of Amalgamated Medical Care Management, Deborah Allwes Largoza oversees all aspects of the company's business operations and clinical services which include Utilization Management, Disease Management, Case Management, Nurse Helpline/Health Information and Independent Review Organization. She brings extensive clinical and business expertise to the role and experience managing healthcare utilization for large member groups applying claims analyses, benchmarking, member interventions and strategic partnerships.

