

MEDALOGIX TOUCH

Triage for Telehealth
Services by Identifying
Risk via Data Science



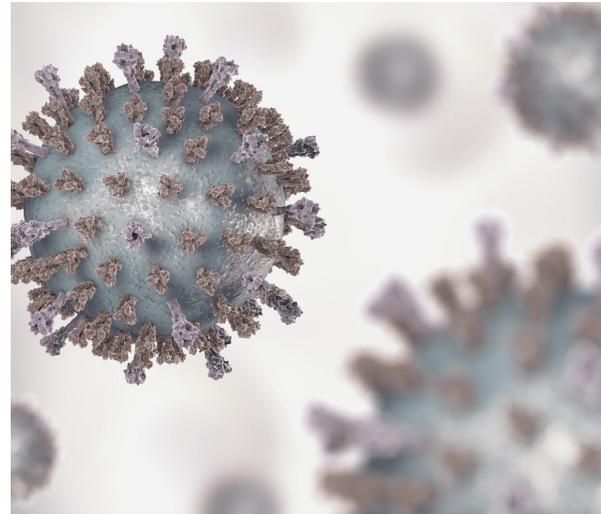
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MEDALOGIX

Triage for Telehealth Services by Identifying Risk via Data Science

On March 17, 2020, CMS issued a fact sheet on the expansion of telehealth services as a response to the Coronavirus (COVID-19) pandemic. In it, CMS explains "...with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need."

Although telehealth has been widely used in the home health industry for decades and historically recognized by CMS as a valued service, its application has been limited in scope and payment. It's taken a world-wide pandemic and a significant threat to the US healthcare system for CMS to further recognize the potential of telehealth as a valuable intervention during this crisis.



At Medalogix, we recognize the power of telehealth, but know the constraints on utilization of these valuable resources. Medalogix Touch, our premier hospitalization prevention tool, is uniquely positioned to deliver a technical solution combined with data-driven insights to identify your most vulnerable patients.

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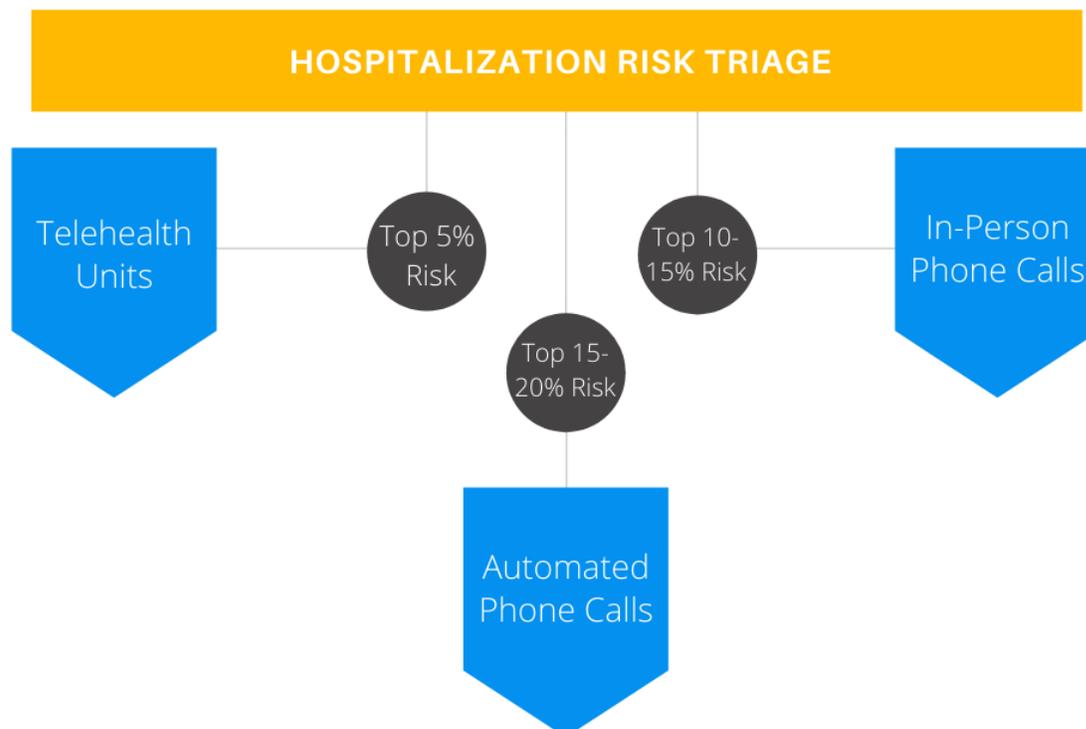
Medalogix Touch: Here's How It Works

Medalogix Touch risk stratifies the patients on your census every day. Once identified, the patients at highest risk can be enrolled in our proprietary automated calling system – a kind of low-tech telehealth that uses voice calls to check in with patients between in-person visits – and incorporate the intervention into the plan of care.

If you're currently using telehealth units from another vendor, as over 50% of our current Medalogix Touch customers do, we can help you implement a program that leverages Medalogix's data insights to ensure your valuable telehealth units are being placed with the right patients at the right time. Think of it as a data-driven triage system – those at highest risk receive the highest level of technological intervention.

Telehealth Triage

Sample POC Usage



Does Medalogix Touch Really Prevent Hospitalizations?

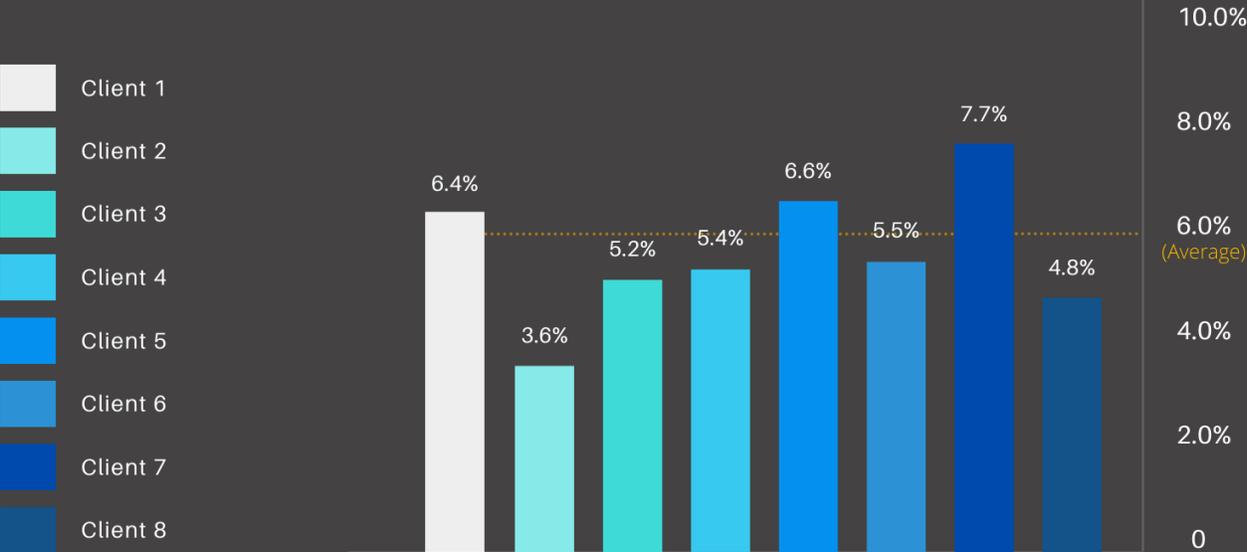
We know it works because we've analyzed the data using a propensity score methodology (risk adjustment) and validated the results through peer-reviewed studies. Specifically, we studied the use of the telephonic intervention and its impact on 30-day and 60-day TIF rates. In the chart below, we've highlighted eight separate implementations and the impact on rehospitalizations.



The weighted average for all client studies combined is ~6%, or the reduction of 682.88 hospitalizations. If a hospitalization costs payors \$11,000 on average, this reduction represents a cost savings of \$7.4m or \$662.70 for all beneficiaries enrolled in all studies (n=11,169).

HOSPITALIZATION REDUCTION

Eight Client Implementations & the Impact on Hospitalization Reduction



Medalogix Touch Can Help

The data is clear – Medalogix Touch has a proven record of preventing hospitalizations. But during the Coronavirus pandemic, Medalogix Touch becomes a valuable tool in efficiency and allocation of strained resources. In the Interim Final Rule for the COVID-19 Public Health Emergency, CMS states:

While we remain statutorily-prohibited from paying for home health services furnished via a telecommunications system if such services substitute for in-person home health services ordered as part of a plan of care and for paying directly for such services under the home health benefit, for the duration of the PHE for the COVID-19 pandemic, we are amending the regulations at § 409.43(a) on an interim basis to provide HHAs with the flexibility, in addition to remote patient monitoring, to use various types of telecommunications systems (that is, technology) in conjunction with the provision of in-person visits. (<https://www.cms.gov/files/document/covid-final-ifc.pdf>).

How can you take advantage of these interim regulatory changes?

CMS is still not allowing for substitution of an in-person clinician visit with a telehealth connection, but by using the triage method, you can clearly identify your highest risk patients and determine the best technological intervention. This approach will help:

- Maximize your available field staff so that highest risk patients are prioritized for in-person visits
- Maximize your quarantined field staff whose skills can be used to triage patients and perform telephone visits from their homes
- Inform telehealth/remote monitoring device placement in an effort to keep all units in use for the highest risk patients
- Screen patients for COVID-19 symptoms or exposure via automated calling and disease-specific questions
- Send customized phone messages to your entire patient population to keep them informed and remind them to call for assistance if needed

The use of telehealth and telecommunications systems as a response to the Coronavirus pandemic provides a unique opportunity for the home health industry to convey value to CMS. This is the time for healthcare and technology come together to shine. We can't just hope CMS permits this expanded use of telehealth after this pandemic is over. Let's prove its value together – that it's a valuable intervention – and positively influence a CMS decision that both allows the interim changes to be permanent and adds the additional ability for billable telehealth visits.

Visit [medalogix.com/covid-19](https://www.medalogix.com/covid-19) to learn more.

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