

## Telehealth Successes in VA Have National Implications for Healthcare



If you announced that telemedicine was a very good thing for

healthcare, you wouldn't get an argument. But for those who prefer quantifiable specifics with their pronouncements, testimony at a recent subcommittee hearing by the U.S. Senate offers solid evidence for how and why telehealth can provide invaluable benefits to patients.

Dr. Karen Rheuban is Medical Director for the Office of Telemedicine and co-founder and Director for the Center for Telehealth at the University of Virginia (UVA). Earlier this month, she presented testimony before the Senate Committee on Commerce, Science and Transportation's Subcommittee on Communications, Technology, Innovation and the Internet. The hearing was on the Federal Communications Commission's (FCC) Universal Service Fund and the Rural Healthcare Program (RHC).

Rheuban began by pointing out that telehealth is not a new phenomenon, nor is it meant to be limited to one facet of medicine, but rather, it exists to expand healthcare access to those patients who might have gaps in care otherwise, as well as ease the burdens of often understaffed and overwhelmed rural hospitals and clinics.

### Readmission rates slashed across a wide range of conditions

Rheuban presented a striking series of successes — indicative of the advantage of telehealth — demonstrated by the UVA program: the reduction of 30-day hospital readmission rates by 40% for patients with stroke, pneumonia, joint replacement, acute myocardial infarction, chronic obstructive pulmonary disease, and heart failure.

“Telemedicine has been demonstrated to effectively mitigate the significant challenges of workforce shortages, geographic disparities in access to care, while improving patient triage and timely access to care by the right provider at the right time,” she said.

In addition to reducing hospital stays, the UVA Center for Telehealth conducted more than 100,000 remote radiology consults as well as consults between providers supported by EPIC Electronic Health Records (EHR). With more than 60 clinical specialties under the UVA telemedicine umbrella, the program used high definition video technology to conduct over 65,000 patient-provider visits, including the at-home monitoring of around 3,000 patients. Further, over 2,500 diabetic patients received screening for retinopathy, a condition that can result in loss of vision.

And if those numbers aren't impressive enough, 17 million should quirk eyebrows. That's the number of travel miles

UVA's Center for Telehealth spared state residents living in rural areas. Apart from the the miles themselves, patients were also spared the financial costs that traversing the distance from home to major healthcare facility would have required.

The UVA collaborates with 153 sites across the state — beyond hospitals and clinics to include federally qualified health centers, community service boards, physician practices, correctional facilities, health departments and dialysis facilities; therefore, the network can reach patients that might be underserved otherwise.

Rheuban also touched on how dramatically pre-natal and neo-natal care was improved for rural women and infants:

“Our high-risk obstetrics telemedicine program serves rural high risk pregnant women,” Rheuban said. “We, like others, have documented a reduction in NICU hospital days for the infants born to these patients by 39 percent compared to control patients, reduced patient no-shows by 62 percent and reduced patient travel by these pregnant women by 200,000 miles.”

## Rural Healthcare Program vital to telemedicine's health

And yet, in presenting this positive evidence to the subcommittee, Rheuban was not implying the UVA Center worked in a vacuum. Rather, she spoke about the underlying structure that makes these remote healthcare victories possible and that needs to continue for telehealth to take hold more predictably on a national level: **“Absent the Rural Healthcare program, our ability to provide these services would be severely constrained.”** [emphasis Rheuban's]

Rheuban's testimony included a view of the obstacles that keep telemedicine from being more widely implemented across the country, hurdles that the RHC program should address in order for outcomes like those in the UVA Center to become the norm rather than the exception nationwide. Those challenges include reimbursement issues for Medicare and Medicaid, reliable broadband services in remote areas of the country, and expanding eligible provider funding to include paramedics and emergency care practitioners.

Rheuban brought her testimony to a close with these remarks: “[T]elehealth affords patients enhanced access, lowers the overall cost of care, and improves efficiency, quality, clinical outcomes and population health. The Rural Healthcare Program is a critical underpinning of a modernized healthcare delivery system in the digital era and as such must be continued, expanded and further modernized to fulfill the promise of healthcare in the digital era.”

This blog post is provided for educational purposes only and is not offered as, and should not be relied on as, legal advice. Any individual or entity reading this information should consult an attorney for their particular situation. For more information/questions regarding any legal matters, please email [info@nelsonhardiman.com](mailto:info@nelsonhardiman.com) or call 310.203.2800.