

Accountable Care NEWS The monthly newsletter for professionals interested in accountable care... [SUBSCRIBE NOW](#)

SPONSOR MESSAGE

Quote of the Month

"The Oncology Care Model hasn't reached the hoped-for results — savings with stable or improved quality — that would allow CMS to expand it nationally. That means CMS needs to take what they learned from OCM and develop and test new models."

Nancy Keating, MD, MPH, Professor of Health care Policy and Medicine, Department of Health Care Policy, Harvard Medical School

Healthsprocket

Rock Health: Consumer Telemedicine Adoption, by Modality, 2021 versus 2020

1. Live video call: 51% in 2021 (43% in 2020)
2. Live phone call: 45% in 2021 (47% in 2020)
3. Health app/website: 37% in 2021 (32% in 2020)

Read more on page ... 10

Source: [Rock Health](#), December 13, 2021

Factoid

18% Surveyed Have Not Implemented Automation Technology

- Have not acquired or implemented automation technology: 18%

Read more on page ... 9

Source: Guidehouse, [2021 Risk-Based Healthcare Market Trends](#), May 26, 2021

In This Issue

Featured Story

Guide to Telehealth - Then, Now, Tomorrow 1

News round the web

Feature stories making news as reported from key web sites, and compiled by MCOL 2

Blogs

A mission statement must be more than a PR tactic 3

The State of Telehealth as We Slide into 2022 5

The Eisenhower Principle 7

Factoids

18% Surveyed Have Not Implemented Automation Technology 9

Hospital Supply Chain Optimization Status: Survey Results 9

healthsprocket | HealthExecSnapshot

Sprocket: Rock Health: Consumer Telemedicine Adoption, by Modality, 2021 versus 2020 10

Snapshot: NCHS: Rate of Cesarean Deliveries Rises with Maternal BMI 10

iHealthFlix

MCOL PremiumPlus members have access to iHealthFlix 11

Quoted

MCOL's Quotes of the Week from last month 12

Podcast

[2021 Third Quarter Health Plan Financial Reports](#)

[2021 Value Based Care Financial Results](#)

Featured Story



Guide to Telehealth - Then, Now, Tomorrow

By Rebecca Chi, Chief Client Experience Officer at [AristaMD](#)

Healthcare providers have employed various forms of telehealth since long before the start of the coronavirus pandemic. Telehealth delivers knowledge and expertise to people and places that need it. A movement that largely began as a way to improve access to healthcare in rural communities saw explosive growth in 2020.

Today, telehealth is in wide use and here to stay.

What is telehealth?

The US Health Resources and Services Administration defines telehealth as any electronic information and telecommunications technology that is used to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration. Telehealth technologies benefit providers, healthcare organizations and patients.

The importance of telehealth

The key to maintaining population health and lowering expenditures is delivering timely access to high-quality care.

The US is struggling to improve the quality of healthcare and make the needed shift to value-based models. Innovative telehealth solutions that addressed our country's worsening healthcare access problem reached the point of widespread adoption in 2020, when the pandemic pushed the healthcare system to its limits.

Telehealth increases convenience of care and access while decreasing costs and maximizing physician time. Providers, payers and employers are increasingly adopting various and connected types of telehealth solutions to improve healthcare operations and patient outcomes. Patients embrace the convenience, safety, accessibility and flexibility of telehealth options.

What can telehealth do

Several types of telehealth technologies are either in use or under development. These include:

- mHealth (or mobile health)

- Video and audio technologies

- Digital photography

- Remote patient monitoring (RPM)

- Store and forward telehealth technology (commonly referred to as asynchronous telehealth) such as electronic consultations (eConsults).

Telehealth technology providers are expanding telehealth system offerings to address physician/specialist shortages, patient engagement and satisfaction, and provider communication, education, and satisfaction.

How telehealth works

Many types of telehealth platforms in use broadly facilitate communication. Digital communication between providers, healthcare organizations, supporting staff, and patients increases the speed of conveying information which can be documented and tracked in a scalable way.

Text messages, instant messages, email and video/phone conferences enable physicians and patients to connect when it is convenient for them. Alternative modes of communication also improves access to providers for patients in rural and remote communities.

How telehealth saves money

Telehealth is the linchpin of value-based care, enabling healthcare organizations to effectively allocate resources, facilitate access to care, and reduce patient and provider exposure to COVID-19 and other contagions. Video and messaging telehealth platforms make it possible for healthcare providers to triage patients and ensure they're seen in the most effective care setting.

Remote patient monitoring (RPM) systems allow patients and their providers to proactively monitor conditions. This reduces unnecessary visits and optimizes time spent with physicians. In 2018, RPMs were projected to save global healthcare systems \$200 billion in healthcare costs over the next 25 years.

eConsults transform healthcare

Healthcare delivery was already in the midst of transformation prior to the pandemic. COVID-19 simply accelerated this trend. The CDC reported that 30 percent of weekly health center visits occurred via telehealth in November 2020.

eConsults transforms healthcare in important ways:

eConsults **provide more patient options**: Healthcare is becoming more consumer-centric, driven by an increased demand in patients' expectations for high quality, convenient, and affordable care.

(continued on next page)

@monthly | news round the web

Feature stories making news as reported from key web sites, and compiled by MCOL

[1 in 5 physicians, 2 in 5 nurses intend to leave practice within 2 years, AMA-led study finds](#)

The healthcare workforce is on the brink of experiencing high staff turnover rates, indicative of what is being deemed the "Great Resignation," a new American Medical Association-led study suggests.

Becker's Hospital Review
Thursday, December 16, 2021

[Use of alternative payment models up 23% over 5 years, report finds](#)

About 41 percent of U.S. healthcare dollars involve alternative payment models — a 23 percent increase over five years, according to a report from the Health Care Payment Learning & Action Network.

Becker's Hospital Review
Thursday, December 16, 2021

[Court revives health worker COVID-19 vaccine mandate in 26 U.S. states](#)

A federal appeals court on Wednesday revived in 26 U.S. states a COVID-19 mandate issued by President Joe Biden's administration requiring millions of healthcare workers to get vaccinated if they work in facilities that receive federal dollars.

Reuters
Wednesday, December 15, 2021

[Moody's: Outlook stable for insurers in 2022, but COVID-19's effects could linger](#)

The outlook for insurers is stable heading into 2022, particularly as the ongoing impacts of COVID-19 recede, according to a new report from Moody's Investors Service.

FierceHealthcare
Wednesday, December 15, 2021

[Huge variance in state costs for complex hospitalizations from COVID-19, analysis finds](#)

There's an almost \$80,000 difference between the highest and lowest in-network costs for complex COVID-19 hospitalizations in different U.S. states, illustrating the stark disparities in health prices depending on where a patient lives, according to a new analysis of private claims data.

Healthcare Dive
Wednesday, December 15, 2021

[HHS warns of healthcare cyberattack risk tied to Log4j vulnerability](#)

The HHS Cybersecurity Program has issued a letter warning of a software vulnerability that puts healthcare providers across the country at risk of a cyberattack.

Becker's Hospital Review
Wednesday, December 15, 2021

[Nearly one-third of Americans skipped care in past three months due to cost: poll](#)

Almost one-third of Americans skipped necessary medical care in the past three months because they could not afford it, according to a poll released Tuesday.

The Hill
Tuesday, December 14, 2021

[Health systems reap big rewards by acquiring practices, but physicians aren't sharing in those benefits, study finds](#)

While the increasing acquisition of physician practices is profitable for hospitals and health systems, a new study indicates that doctors may not derive higher earnings from relinquishing ownership.

FierceHealthcare
Tuesday, December 14, 2021

[HHS releases \\$9B in provider relief payments](#)

HHS is distributing \$9 billion in payments to healthcare providers affected by the COVID-19 pandemic. The funds will be split among more than 69,000 healthcare providers.

Becker's Hospital Review
Tuesday, December 14, 2021

[Senate passes bill to delay nearly 10% in Medicare cuts expected to start in January](#)

The Senate passed legislation late Thursday that delays nearly 10% in Medicare cuts set to take effect next year, giving providers a major boost.

FierceHealthcare
Friday, December 10, 2021

(continued on next page)

@monthly | Blog

Entry from MCOLBlog.com, appeared in last month's MCOL Weekend e-newsletter

A mission statement must be more than a PR tactic

By Dr. Seleem R. Choudhury, December 2, 2021

Each one of us has deeply held beliefs that motivate us to action. This is part of what it is to be human. It is embedded in our humanity to pursue virtue, or a habitual and firm disposition to do good. Our character is inextricably linked with virtue, because good character is built through the practice and habituation of virtues (Newstead, Dawkins, & Martin, 2019).

It is no wonder, then, that mission-driven organizations have become so desirable to today's workforce. Working for a mission-driven organization offers a powerful avenue for the exercise of virtues through the expression and implementation of positive contributions to society (Maciariell, 2006).

I recently transitioned from NYC Health and Hospitals to Adventist HealthCare. During this transition process, it became abundantly clear that the organization's mission is a determining factor before working in any organization. Both organizations have mission statements that align with my personal values and virtues. [NYC Health and Hospitals](#), the largest public health care system has the mission "to extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity, and respect," and [Adventist HealthCare](#), is a faith-based health system providing Christ-centered care to meet the need of quality and accessible healthcare for the local community by "extending God's care through the ministry of physical, mental and spiritual healing" (NYC Health and Hospitals, 2021; Adventist HealthCare, 2021).

The importance of a compelling mission statement

At its best, an organization's mission "defines and upholds" what an organization stands for (Craig, 2018). Several studies suggest that there is a positive correlation between mission statements and organizational performance. In fact, the highest performing organizations are often the ones with more comprehensive mission statements—speaking to corporate philosophy, self-concept, public image, and financial performance (Kadhium, Betteg, Sharma, & Nalliah, 2021; Bartkus, Glassman, & McAfee, 2006; Rarick & Vitton, 1995; Desmidt, Prinzie, & Decramer, 2011; Ranasinghe, 2010).

The mission statement of a healthcare organization is an essential strategic tool that captures an organization's "enduring purpose, practices, and core values" (Trybou, Gemmel, Desmidt, & Annemans, 2017; Bart & Hupfer, 2004). Individuals are attracted to an organization as their personal motivation aligns with the mission and intrinsic factors meet individual interests. A compelling shared mission keeps everyone's focus on the greater primary purpose and goal of the work they are doing. It also provides guardrails and direction for decision-making in times of unpredictability or conflict (Ansary, 2019). Collaborating between leadership and staff on how to unite and put into practice the organization's mission is a sign of a truly mission-driven, successful and healthy organization (Trybou, Gemmel, Desmidt, & Annemans, 2017).

Finding the "why"

Simon Sinek, leadership guru and founder of SinekPartners, states: "*The value of our lives is not determined by what we do for ourselves. The value of our lives is determined by what we do for others*" (Sinek, 2014).

A mission statement should articulate *why* you are doing what you are doing. For example, NYC Health and Hospitals is "committed to the health and well-being of all New Yorkers" (NYC Health and Hospitals, 2021). This statement expresses the importance of community and how being part of a community can make us feel as though we are a part of something greater than ourselves. NYC Health and Hospitals' *why* is to create a healthy community. By starting there, the *how* of building a healthy community—social-connectedness, overall well-being, satisfaction in life, work, and play—all become clearer (Caulfield, 2015).

Adventist HealthCare's mission focuses upon faith, desiring to "extend God's care through the ministry of physical, mental and spiritual healing" (Adventist HealthCare, 2021). It is faith that "gives people a sense of meaning and purpose in life," or as discussed above, their *why* (Moll, 2019). A faith-based care approach understands the wholeness and health of a person through the ministry of physical, mental, and spiritual healing.

Relationships are important to humans and a mission that supports connectedness speaks to the *why*. Close connection to the people, activities, etc., that we love yields feelings of happiness, contentment, and personal satisfaction with our lives (Sharry, 2018). There is more than sufficient scientific evidence to show that involvement in social

(continued on next page)

A mission statement must be more than a PR tactic...continued

relationships have a benefit upon health (Umberson & Montez, 2010). In healthcare, a mission statement's emphasis on relationships, whether through community or faith, creates a connection and gives the organization a strong *why*.

The benefit to organizations

A clear, inspiring mission statement is essential to the health of an organization. Without it, strategic planning of any kind is impossible (Alegre, Berbegal-Mirabent, & Guerrero, 2019). Mission statements also show the intent and purpose of an organization, providing a roadmap and an element of predictability concerning whether opportunities should be pursued or services offered, and making expectations clear for executives and staff within the organization (Salehi-Kordabadi, Karimi, & Qorbani-Azar, 2020). It also determines what criteria would be most effective to measure achievement (Bryson & Alston, 2005).

Furthermore, the mission imbues the work of every single employee with meaning and purpose. It helps them see how their job fits into the bigger picture and gives them a *why* that will inspire them (Sinek, 2009). This inspiration is a core component of organizational performance. Data shows that the design of mission statements are crucial for organizations' growth, profitability, and shareholder equity.

However, studies also indicate that "almost 40 percent of employees do not know or understand their company's mission" (McMillan). This suggests that leaders must embrace the task of helping employees view their work in light of the mission and understand how it contributes to the organization's larger efforts.

A mission statement is essential to communicate the purpose and goals of an organization, and is crucial to success in effective strategic management (Hieu & Vu, 2021; Bart, Bontis, & Taggar, 2001). To be effective and inspiring, it should define the basic question of why the organization exists and what it hopes to achieve. A strong mission statement is a guiding light for the strategy and operations of the organization, attracting individuals whose virtues and motivation aligns with the organization, and paving the way for organizational success.

Reference

- Alegre, I., Berbegal-Mirabent, J., & Guerrero, A. (2019). Mission statements: what university research parks tell us about timing. *Journal of Business Strategy*.
- Bartkus, B., Glassman, M., & McAfee, B. (2006). Mission statement quality and financial performance. *European Management Journal*, 24(1), 86-94.
- Bart, C. K., & Hupfer, M. (2004). Mission statements in Canadian hospitals. *Journal of Health Organization and Management*.
- Bart, C. K., Bontis, N., & Taggar, S. (2001). A model of the impact of mission statements on firm performance. *Management Decision*.
- Beaton, E. E. (2021). No margin, no mission: How practitioners justify nonprofit managerialization. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 32(3), 695-708.
- Bryson, J. M., Alston, F.K. (2005). *Creating and implementing your strategic plan*, San Francisco: Jossey-bass.
- Craig, W. (2018). The importance of having a mission-driven company. *Forbes*.
- Desmidt, S., Prinzie, A., & Decramer, A. (2011). Looking for the value of mission statements: a meta-analysis of 20 years of research. *Management Decision*.
- Hieu, V. M., & Vu, N. M. (2021). Linking Mission Statements Components to Management Effectiveness. *Webology*, 18(Special issue on Management and Social Media), 39-48.
- Lilja, T. M. (2021). Far Away on an Important Mission: Considerations on Branch Manager Regulation. *Copenhagen Business School, CBS LAW Research Paper*, (21-03).
- Maciariell, J.A. (2006). Peter F. Drucker on Mission-Driven Leadership and Management in the Social Sector. *Journal of Management, Spirituality & Religion*, 3(1-2).
- McMillan, A. *Mission and Vision Statements*. Reference for Business.
- Newstead, T., Dawkins, S., Macklin, R. and Martin, A. (2020a), "We don't need more leaders – we need more good leaders. advancing a virtues-based approach to leader (ship) development", *The Leadership Quarterly*, pp. 1-11.
- Newstead, T., Dawkins, S., Macklin, R. and Martin, A. (2020b), "The virtues project: an approach to developing good leaders", *Journal of Business Ethics*, pp. 1-18.
- Ranasinghe, D. N. (2010). Impact of formality and intensity of strategic planning on corporate performance. In *Proceedings of International Conference on Business Management (Vol. 7)*.
- Rarick, C. A., & Vitton, J. (1995). Corporate strategy: Mission statements make cents. *Journal of Business Strategy*.
- Salehi-Kordabadi, S., Karimi, S., & Qorbani-Azar, M. (2020). The Relationship between Mission Statement and Firms' Performance. *International Journal of Advanced Studies in Humanities and Social Science*, 9(1), 21-36.
- Trybou, J., Gemmel, P., Desmidt, S., & Annemans, L. (2017). Fulfillment of administrative and professional obligations of hospitals and mission motivation of physicians. *BMC health services research*, 17(1), 28. <https://doi.org/10.1186/s12913-017-1990-0>
- Umberson, D., & Montez, J. K. (2010). Social relationships and health: a flashpoint for health policy. *Journal of health and social behavior*, 51 Suppl(Suppl), S54–S66.

The State of Telehealth as We Slide into 2022

By Clive Riddle, December 10, 2021

A HHS 34-page study released this week by ASPE (Office of the Secretary for Planning and Evaluation) entitled [Medicare Beneficiaries' Use of Telehealth in 2020: Trends by Beneficiary Characteristics and Location](#) says the bottom line on telehealth in the first year of the pandemic was “Medicare telehealth flexibilities mitigated declines in in-person visits during the pandemic in 2020, but there is also evidence of disparities by race/ethnicity and for rural populations.”

The ASPE report found that “the share of Medicare visits conducted through telehealth in 2020 increased 63-fold, from approximately 840,000 in 2019 to 52.7 million. States with the highest use of telehealth in 2020 included Massachusetts, Vermont, Rhode Island, New Hampshire and Connecticut. States with the lowest use of telehealth in 2020 included Tennessee, Nebraska, Kansas, North Dakota and Wyoming.”

Other key findings included:

- Despite the increase in telehealth visits during the pandemic, total utilization of all Medicare FFS Part B clinician visits declined about 11% in 2020 compared to levels in 2019.
- Most beneficiaries (92%) received telehealth visits from their homes, which was not permissible in Medicare prior to the pandemic.
- Prior to the pandemic, telehealth made up less than 1% of visits across all visit specialties but increased substantially in 2020. Telehealth increased to 8% of primary care visits, while specialty care had smallest shift towards telehealth (3% of specialist visits).
- Visits to behavioral health specialists showed the largest increase in telehealth in 2020. Telehealth comprised a third of total visits to behavioral health specialists.
- While data limitations preclude clear identification of audio-only telehealth services, up to 70% of these telehealth visits during 2020 were potentially reimbursable for audio-only services.
- Black and rural beneficiaries had lower use of telehealth compared with White and urban beneficiaries, respectively. Telehealth use varied by state, with higher use in the Northeast and West, and lower in the Midwest and South.

At the same time, CMS released a [Medicare Telemedicine Data Snapshot Overview](#), highlighting claims data between March 1, 2020 and February 28, 2021. In the CMS telemedicine world, they provide these definitions of services that they summarize in their snapshots:

- *Telehealth Visits*: Routine office visits provided via video (requires synchronous, real-time audio and/or video communication) with new or established patients. In this snapshot, we group audio-only telehealth in this service category.
- *Virtual Check-ins*: Short patient-initiated communications with a healthcare practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed.
- *E-visits*: Non-face-to-face patient-initiated communications with a healthcare practitioner through an online patient portal.

Here's a peek at two of the seven sections they provide in the overview; they also provide a link to the entire data snapshot file:

(continued on next page)

@monthly | Blog

The State of Telehealth as We Slide into 2022...continued

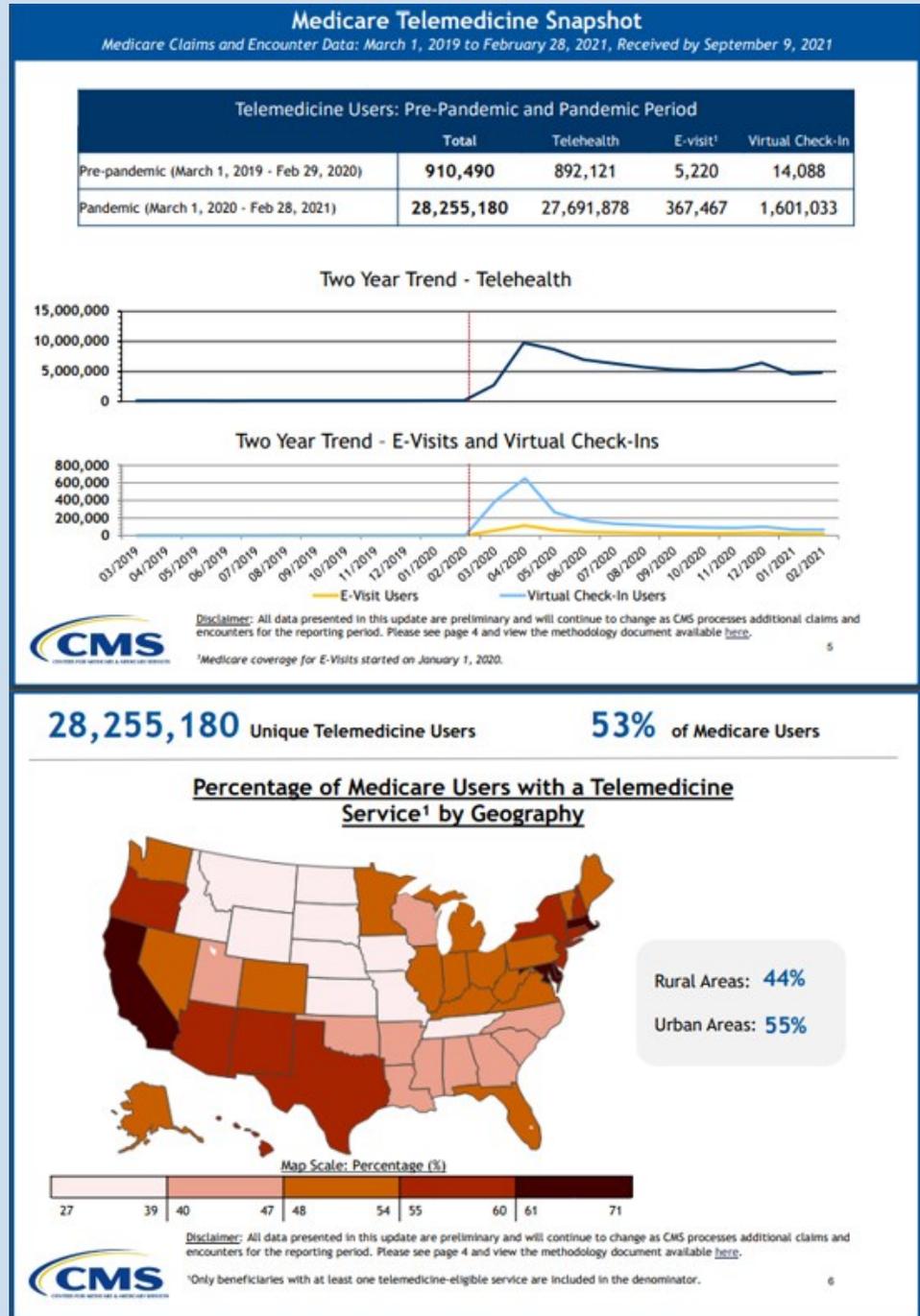
Last week, RAND released a new study published in JAMA: [Assessment of Patient Preferences for Telehealth in Post-COVID-19 Pandemic Health Care](#), which 'found that people who preferred video visits were more sensitive to out-of-pocket costs than those who preferred in-person visits, as a \$20 increase in cost was associated with more people switching from video visits to in-person care.'

RAND reports that "when faced with a choice between an in-person visit or a video visit for a nonemergency health issue, survey participants generally preferred in-person care. Those who were younger, had higher incomes, and had more education were more likely to opt for video visits. Experience with telehealth was associated with a preference for future video visits. Just 2% of those who previously had a video visit were unwilling to do so again.... About 34% of participants did not see any role for video visits in their medical care. These people were generally older, had lower incomes, lived in more-rural areas, and had lower education levels."

Last month, GoodRx, in collaboration with the American Telemedicine Association released a new report: [The State of Telehealth](#), examining the role the COVID-19 pandemic has played in reshaping virtual care and patient-provider interactions. The report is based on a survey of over 1,000 patients and more than 600 healthcare providers. The key takeaways summarized in their report are:

1. The COVID-19 pandemic spurred telehealth use, and now both consumers and healthcare providers find value in virtual visits. Both report increased interaction and better outcomes.

(continued on next page)



The State of Telehealth as We Slide into 2022...continued

2. Many consumers find value in a hybrid model of care, which combines both in-person visits and telehealth.
3. No-show rates for telehealth visits may be a pitfall for providers.

Other findings in their report included:

- About 40% of consumers reported they interacted more with providers because of telehealth appointments
- 40% of consumers noted that they spend more time with their providers
- Over 70% of providers said continuity of care was better or much better with telehealth
- More than 40% of providers reporting it was better than in-person care
- Before the pandemic, 17% of consumers had used telehealth
- Now, over 60% of consumers plan on using a hybrid model that combines in-person and telehealth visits
- More than 80% of providers plan to continue offering telemedicine to patients
- 60% of providers said telehealth has improved medication adherence and resulted in better conversations about healthcare costs with patients
- 45% of providers indicated that no-show rates for telehealth appointments were higher or much higher than that of in-person rates

(continued on next page)

The Eisenhower Principle

By Kim Bellard, December 17, 2021

I've finally come to understand why the U.S. healthcare system continues to be such a mess, and I have President Dwight Eisenhower to thank.

I've been paying close attention to our healthcare system for, I hate to admit, over forty years now. It has been a source of constant frustration and amazement that – year after year, crisis after crisis – our healthcare system doesn't get "fixed." Yes, we make some improvements, like ACA, but mostly it continues to muddle along.

Then I learned about President Eisenhower's approach to problems: That's it! All these smart people, all these years; they didn't know how to solve the problem that is our healthcare system, so they all took the Eisenhower approach: enlarge the problem.

If a problem cannot
be solved, enlarge
it.

Dwight D. Eisenhower



(continued on next page)

The Eisenhower Principle...continued

Let our healthcare system get so bad that not addressing it no longer is possible.

If, indeed, there is such a point.

The **actual Eisenhower quote** is more nuanced than the above version. It was: Whenever I run into a problem I can't solve, I always make it bigger. I can never solve it by trying to make it smaller, but if I make it big enough, I can begin to see the outlines of a solution.

I guess we're not yet at the point when the outlines of a solution are clear (Bernie Sanders notwithstanding).

Instead, we've been chipping away at the problem, trying to make it smaller. For example:

- Employer-sponsored health insurance tax preference (WWII)
- Hill-Burton Act (1946)
- Medicare/Medicaid (1965)
- Federal HMO Act (1973)
- Stark Physician Self-Referral Law (1989)
- DRGs (1983) & RBRVS (1992)
- CHIP (1997)
- Medicare Modernization Act (2003)
- Affordable Care Act (2010)

I could add a plethora of non-legislative efforts, largely private sector driven. Each was well-intentioned, each was expected to make a dent in a problem, and each was subsumed into the maw of our healthcare system.

But we still pay way more than any developed country for our healthcare system, for health outcomes that put us, at best middle of the pack. Yes, some of the best care in the world can be found here, but most people shouldn't expect to receive it

One might have thought that a global pandemic would make the problem big enough. Yet still the outlines of a solution continue to elude us. It seems there is no health problem so big that we can't turn into a political issue, not even a pandemic.

Even before the pandemic, we were facing epidemics of chronic diseases, such as diabetes and obesity, as well as gun violence, opioid addiction, and mental health. In Gen Z's lifetimes, much less those of millennials or Baby Boomers, the problems in our healthcare system have grown from huge to unfathomable. When it comes to healthcare, we've let the problem get big enough. It's been enlarged to the point it is hurting us, our economy, and our futures.

Yet here we are, still fumbling for solutions.

By now, we shouldn't just have shadows of solutions. By now, the problem is so big that solutions should be crystal clear to everyone. But they're not.

We shouldn't be surprised. We're very good at kicking the can down the road.

Our infrastructure is aging, brittle, and outdated, but even the recent Infrastructure and Investment Jobs Act is much smaller than it really needed to be. The racial wealth gap is a consequence of shameful historical patterns, yet continues to widen; it is not survivable for a democracy.

We've learned only half of Eisenhower's adage: we've got the letting the problem get bigger part down, but we've forgotten the part about how/when to come up with solutions.

Where's Eisenhower when we need him?

This post is an abridged version of the [original posting in Medium](#). Please follow Kim on Medium and on Twitter([@kimbellard](#))

@monthly | Factoids

Selected Factoids from the MCOL Daily Factoids e-newsletter

18% Surveyed Have Not Implemented Automation Technology

A recent survey of 112 provider chief financial officers and financial and revenue cycle executives; surveyed between January - February 2021, asked "Where is your organization on its automation journey?"

- Have not acquired or implemented automation technology: 18%
- Have acquired or designed/built and are testing automation technology: 32%
- Have deployed automation technology and are actively monitoring results: 31%
- Have driven positive results from our investments to date and are expanding automation capabilities: 19%

Source: Guidehouse, [2021 Risk-Based Healthcare Market Trends](#), May 26, 2021

Hospital Supply Chain Optimization Status: Survey Results

A recent survey from Syft of 100 hospital and supply chain leaders found:

- 65% said better supply chain management could improve margins by 1-3%, with 23% of respondents believing margins can improve by more than 3%.
- 94% agreed that supply chain analytics can reduce supply chain costs. 76% said it can improve quality.
- 24% said their organizations identify supply standardization opportunities very well.
- 32% said it would cost their organizations more than \$500,000 annually to meet new supply chain regulations like California Assembly Bill 2357.

Source: [Syft via. PRNewswire](#), December 8, 2021

healthshare tv

your home for healthcare videos
www.healthsharetv.com

from mcol ✨

@monthly | healthsprocket | HealthExecSnapshot

Selected healthsprocket lists from the healthsprocket.com

Fact Based List:

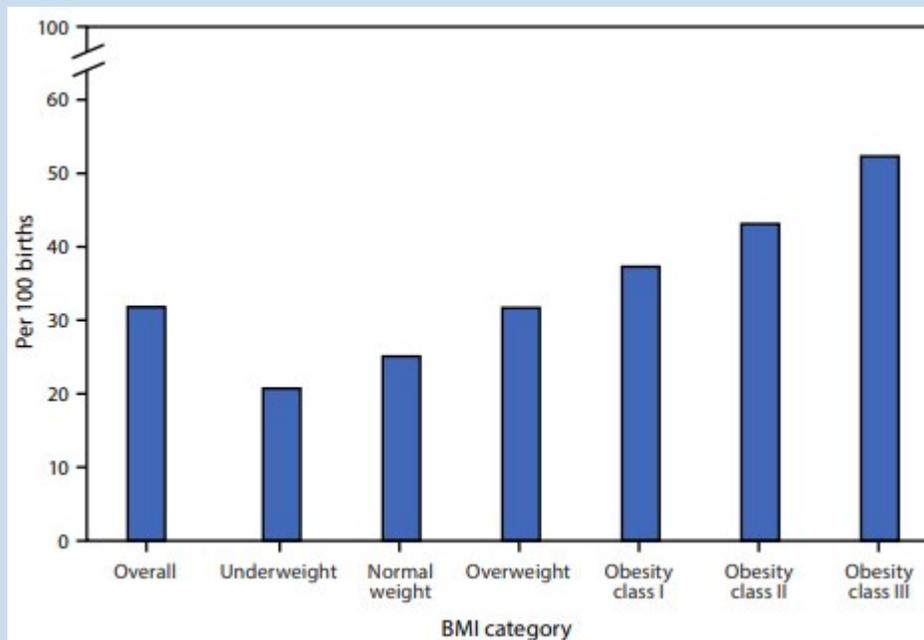
Sprocket: Rock Health: Consumer Telemedicine Adoption, by Modality, 2021 versus 2020

1. Live video call: 51% in 2021 (43% in 2020)
2. Live phone call: 45% in 2021 (47% in 2020)
3. Health app/website: 37% in 2021 (32% in 2020)
4. Email: 34% in 2021 (38% in 2020)
5. Text message: 28% in 2021 (27% in 2020)
6. Picture/video: 25% in 2021 (23% in 2020)

Notes: From a report entitled, "Consumer adoption of telemedicine in 2021," based on 7,080 survey responses.

Source: [Rock Health](#), December 13, 2021

Snapshot: NCHS: Rate of Cesarean Deliveries Rises with Maternal BMI



Notes: Abbreviation: BMI = body mass index. * BMI = weight (kg)/height (m²). BMI categories are underweight (<18.5), normal weight (18.5–24.9), overweight (25.0–29.9), obesity class I (30.0–34.9), obesity class II (35.0–35.9), and obesity class III (≥40.0).

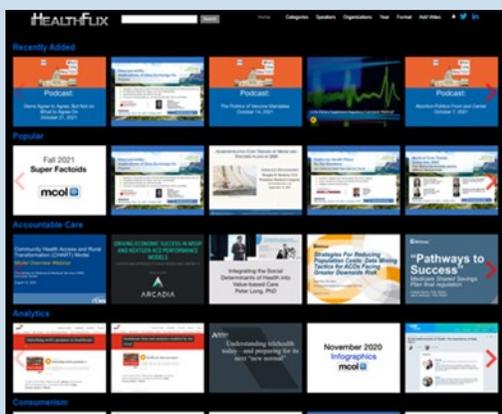
According to [data](#) from the National Center for Health Statistics, 31.8% of live births in 2020 were cesarean deliveries. The rate of births by cesarean delivery rose according to the mothers' pre-pregnancy Body Mass Index, or BMI (where BMI equals weight in kilograms divided by height in meters). One fifth (20.7%) of the women who were underweight (with BMI of less than 18.5) prior to pregnancy experienced cesarean deliveries, while a quarter (25.1%) of normal weight women (BMI 18.9 to 24.9) did so. The rate of cesarean deliveries continued to increase as BMI increased, until over half of the women (52.3%) with pre-pregnancy BMI greater than 40 experienced cesarean deliveries.



MCOL PremiumPlus members have access to iHealthFlix, the new healthcare business streaming video subscription service serving as a comprehensive and easy to use 24/7 on-demand resource.

Videos include premium healthcare webinar presentations, such as MCOL's library of HealthcareWebSummit events, plus training videos, podcasts, interviews and more from MCOL and a spectrum of prominent national content partners. Users can browse and select any time from 500+ videos for immediate streaming and viewing, with new videos and topics being continuously added.

iHealthFlix provides robust search and navigation features. In addition to scrolling through titles by topic and keyword searches, you can search or scroll by speaker, organization, presentation date, and more. Subscribers can also send queries to participating speakers. You can browse all available titles, and login online at <https://ihealthflix.com/>



Featured Video

[Key Drivers of ACO MSSP Results - What Predictive Analytics Can Tell Us](#)

In this session, Milliman experts present their findings that the drivers of recent success are quite different and, in some cases, the opposite of what they were in 2015. With Pathways to Success, CMS endeavored to reshape the MSSP by adjusting incentives, encouraging greater accountability in ACOs, and offering options specific to each ACO's ability to take on risk. Their analysis gives early indication that these changes are rewarding ACOs for attained efficiency levels, possibly enhancing the attractiveness of the program. Furthermore, the authors also see evidence of at least some correlation between tracks with downside risk and higher gross savings, supporting CMS's case for accountability as a policy priority, though voluntary track selection may also be playing a role. Lastly, the authors see some indication that ACOs strongly emphasizing primary care are having greater success than their peers.

It's time to login to iHealthFlix

MCOL PremiumPlus subscribers can login from the [home page](#), or from any individual video page. If you need to reset your password, the link is just below the login button. You can also change your password anytime by logging in and clicking the account icon in the upper corner, then select "My account" and click the edit tab.

@monthly | Quoted

From MCOL's Quotes of the Week last month

“The Oncology Care Model hasn't reached the hoped-for results — savings with stable or improved quality — that would allow CMS to expand it nationally. That means CMS needs to take what they learned from OCM and develop and test new models.”

Nancy Keating, MD, MPH, Professor of Health care Policy and Medicine, Department of Health Care Policy, Harvard Medical School

“Notwithstanding the consistency in the average share of revenue from fee-for-service over the 2012 to 2020 period, physicians were in practices that increasingly engaged in APMs. The results for ACOs were mixed, as participation in commercial and Medicaid ACOs continued to rise through 2020 while participation in Medicare ACOs appears to have plateaued.”

Apoorva Rama, PhD, American Medical Association

“The institutional dynamics of the US health care system create barriers to obtaining data to measuring prices. While recent policies open the door to some progress, significant barriers to price information continue to exist for patients, purchasers, and researchers.”

Christopher M. Whaley, PhD, Associate Policy Researcher, RAND Corporation

Featured Story



Guide to Telehealth - Then, Now, Tomorrow...continued

eConsults **create more resources and addresses healthcare shortages**: eConsults equip healthcare facilities with a suite of tools that facilitate access to PCP and specialists while meeting patients in settings that make the most sense. There is a severe shortage of providers nationwide, and we must utilize the right tools at the right time to match patients to the right resources in the right place.

eConsults **addresses systemic inequities**: The COVID pandemic exposed significant inequities in our healthcare infrastructure, particularly for vulnerable and underserved populations. eConsults help close gaps in care by improving access for poor, rural, and minority communities. Telehealth holds the promise to provide culturally and linguistically appropriate access to care through expanded networks and to help close gaps in care and address social determinants of health.

The CDC's own data has shown that region and urbanicity are strongly associated with telehealth use. A February [survey](#) of over 750 healthcare leaders by the Medical Group Management Association found that 65 percent of respondents plan to either maintain or increase telehealth usage, with just 35 percent planning to decrease usage.

Patient demand combined with convenience are the main reasons that 31 percent of healthcare leaders planned to increase telehealth utilization.

eConsults improve patient outcomes

eConsults improve outcomes by refining and enhancing the way healthcare organizations deliver care. Tools like eConsults and video/audio platforms allow healthcare organizations to more easily allocate resources, continuously improve processes, and maintain ongoing channels of communication in an unprecedented way.

eConsults also present patient benefits:

eConsults **can help mitigate the looming nursing shortage**: [Over 500,000](#) RNs will retire by 2022, right at the time when a demand for care increases because of an aging population. eConsults help mitigate a shortage in nursing staff by giving patients remote and immediate access to nurses via clinics, offices, and even within nurses' homes.

eConsults **save time**: In a survey by healthcare measurement and analytics platform, SPH Analytics, [70 percent of patients](#) said they preferred virtual over in-person visits. The reason was not because it kept them safer from COVID-19, but because it saved them time. Avoiding sick people was the second most cited reason that patients preferred telehealth visits.

eConsults **offer flexibility**: Convenience and safety are at the top of the list of patient-focused benefits for eConsults, but flexibility is another key advantage.

HIPAA compliance and telehealth platforms

The Office for Civil Rights, a division of the DHH, is responsible for overseeing and enforcing HIPAA regulations. DHH has stated that COVID-19 is a nationwide public emergency and, as such, covered health care providers can use any audio or video technology to provide telehealth services to patients during the COVID-19 pandemic.

Per the DHH, "OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately."

Complete details about telehealth and HIPAA enforcement during COVID-19 can be found at [HHS.gov](#). The website also provides a list of vendors that represent that they provide HIPAA-compliant video communication products.

Telehealth services covered by Medicare

Medicare-covered telehealth services include office visits, psychotherapy, consultations, and certain other medical or health services from an eligible provider who isn't at your location using an interactive 2-way telecommunications system (like real-time audio and video).

In 2019, Medicare updated telehealth coverage to include virtual check-ins and e-visits. This includes remote patient monitoring, video conferencing and asynchronous platforms such as eConsults.

Telehealth services covered by Medicaid

Medicaid.gov [defines](#) telemedicine as a service that "seeks to improve a patient's health by permitting two-way, real-time interaction between the patient, and the physician or practitioner at the distant site."

Beyond this broad definition, Medicaid.gov does not list specific covered services, but gives each state the flexibility and discretion over whether to cover telemedicine and what types of telemedicine to cover. Other state-by-state variables, per Medicaid, include:

Where telehealth can be covered in the state

How telehealth is provided/covered

What types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are "recognized" and qualified according to Medicaid statute/regulation

(continued on next page)

Featured Story



Guide to Telehealth - Then, Now, Tomorrow...continued

How much to reimburse for telemedicine services providing payments do not exceed Federal Upper Limits

As of Fall 2020, The Center for Connected Health Policy's 50-state survey of state telehealth laws included the following coverage highlights:

50 states and DC provide reimbursement for some form of live video in Medicaid fee-for-service.

18 states provide reimbursement for store-and-forward.

4 jurisdictions (HI, MS, NH, and NJ) have laws requiring Medicaid reimburse for store-and-forward but do not have an official Medicaid policy indicating this is occurring.

21 state Medicaid programs provide reimbursement for remote patient monitoring.

2 Medicaid programs (HI and NJ) have laws requiring Medicaid reimburse for RPM but did not have an official Medicaid policy when we conducted our research.

16 states limit the type of facility that can serve as an originating site.

32 state Medicaid programs offer a transmission or facility fee when telehealth is used.

43 states and DC currently have a law that governs private payer telehealth reimbursement policy.

Will telehealth continue after COVID-19?

The year 2020 was a tipping point for healthcare innovation, forcing healthcare organizations to pivot in the face of the pandemic. Numerous organizations rose to the challenge, successfully speeding up the adoption and implementation of effective solutions to improve the provision of care.

Doximity's [2020 State of Telemedicine Report](#) examines patient and physician adoption of telemedicine solutions since the COVID-19 pandemic. Key findings reveal that:

From 2019 to 2020, the number of physicians reporting telehealth as a skill increased 38 percent.

Since the coronavirus pandemic began, the number of Americans participating in at least one telemedicine visit increased 57 percent.

The financial value of telemedicine visits is projected to be \$106 billion by 2023

The future of telehealth

We have a severe shortage of providers in the U.S. Telehealth supplies providers with the right tools at the right time to match patients to the right resources. As healthcare becomes more consumer-centric, more patients seek options like telehealth that deliver fast, convenient and affordable care at the highest quality.

As we adapt our care delivery models in the future, we need to keep an eye on reducing the stark inequalities that the pandemic has spotlighted. Modalities like telehealth hold the promise to close this care gap by providing culturally and linguistically appropriate access to care.

We've turned a page to the next chapter in healthcare delivery for the U.S. Telehealth presents a new delivery system that enables providers to safely and efficiently allocate our precious healthcare resources, while keeping the patient at the center.