



# HYBRID CARE MODELS

THE MAYO CLINIC APPROACH

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**PATIENT NAME: BOB\***

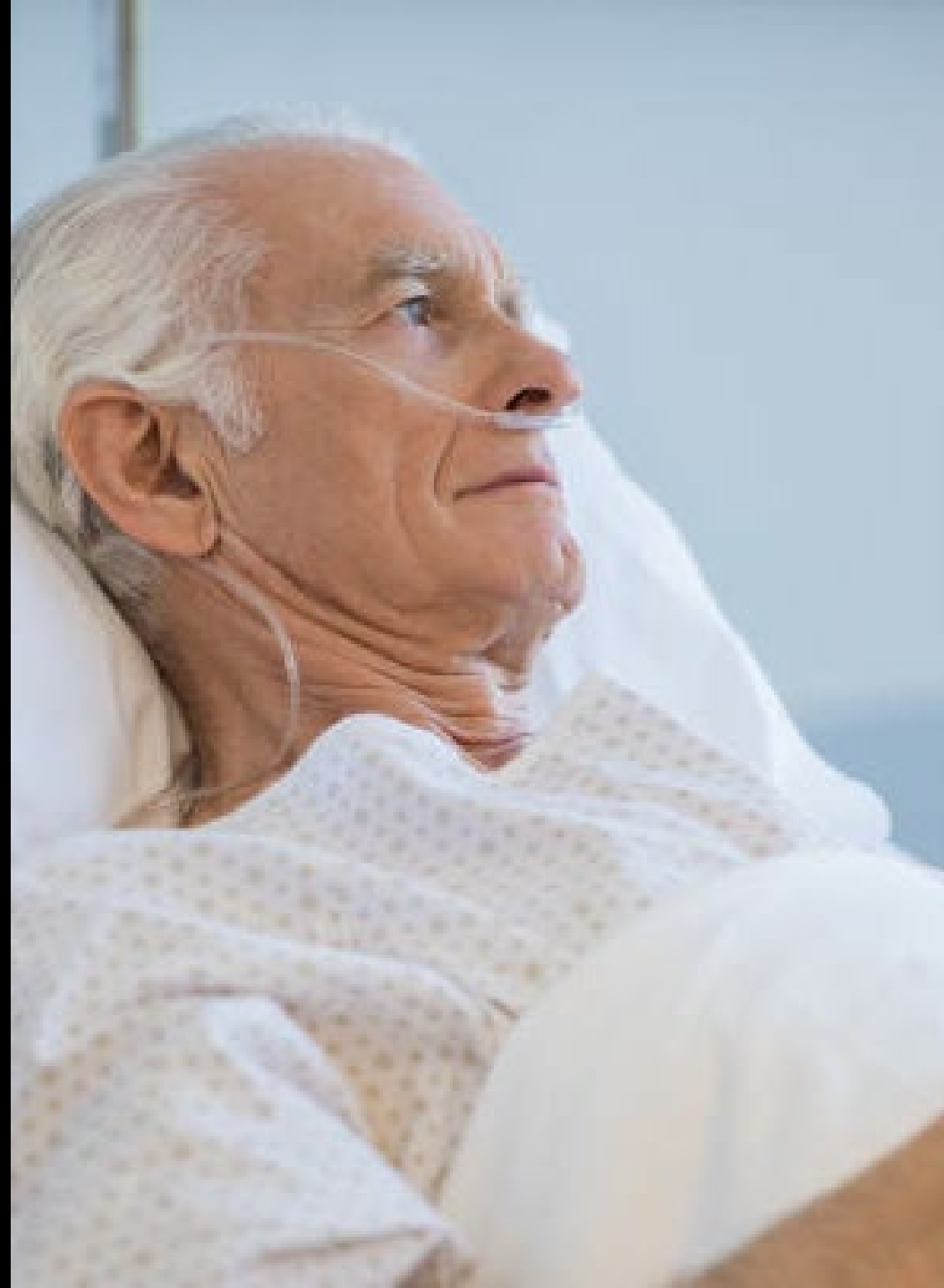
**AGE: 68**

**-HAD KNEE SURGERY LAST WEEK**

**-NEEDS INPATIENT-LEVEL WOUND  
CARE**

**-NEEDS MONITORING FOR ATRIAL  
FIBRILATION**

\*Not a real patient



MORE PATIENTS  
THAN EVER  
BEFORE CAN  
CHOOSE *WHERE*  
THEY RECEIVE  
CARE

- At Home
- In the Hospital
- With Hybrid Care



## WHAT IS HYBRID CARE?

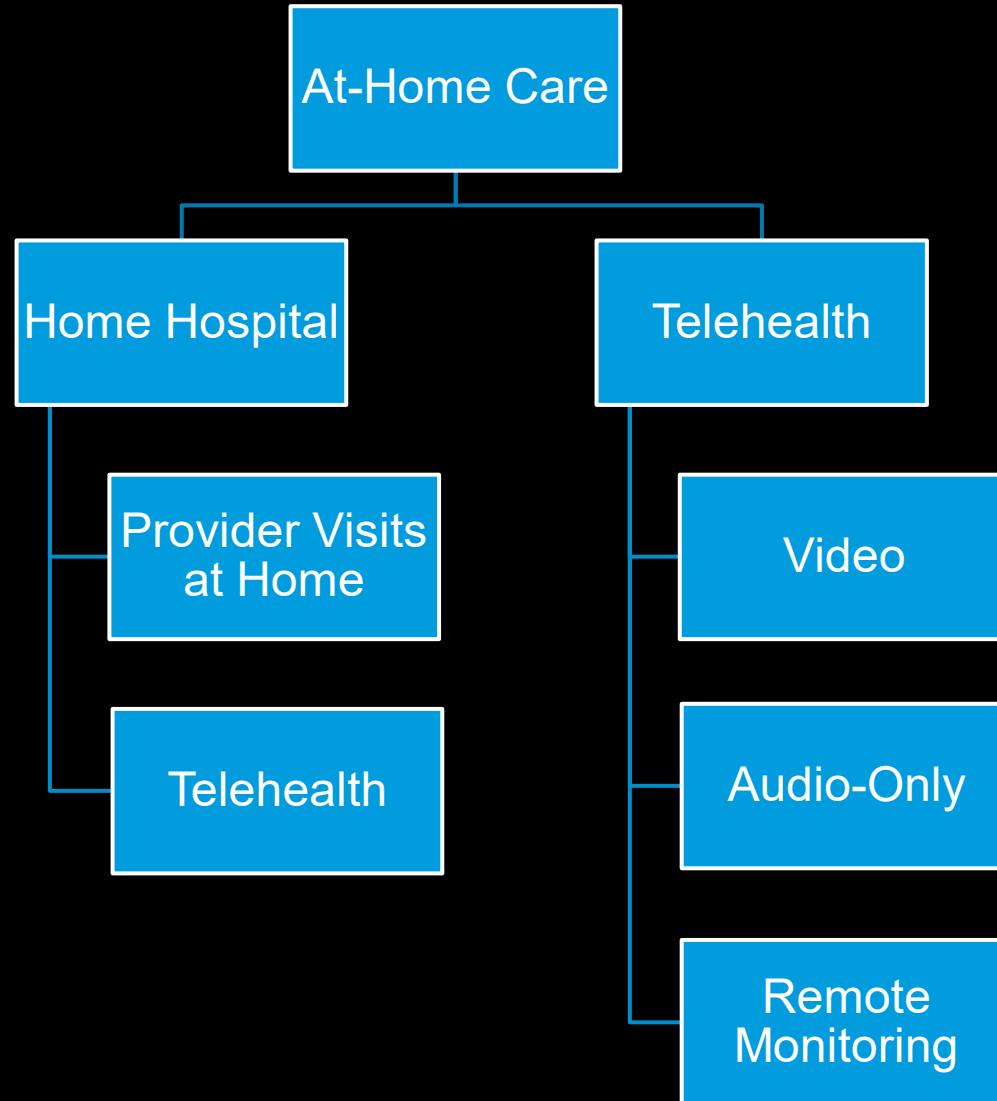
*The delivery of flexible, continuous health care by blending traditional in-person visits and procedures with telehealth at home*

# ONE MAYO CLINIC MODEL



# ONE MAYO CLINIC MODEL

## OUR HYBRID APPROACH



# ONE MAYO CLINIC MODEL

## ADVANCED CARE AT HOME

- Patients in AZ, FL, and WI
- Command Center in FL
- Staffed 24/7 by RNs
- Routine in-person visits at home
- Oversight by Mayo Clinic providers
- Daily rounding on patients via telehealth



# HYBRID CARE

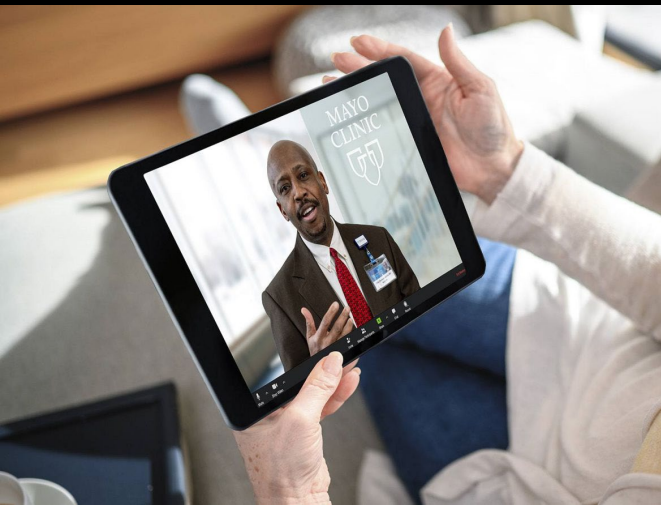
*For post-surgical wound care*

**A NURSE CAN  
PROVIDE AT-HOME  
WOUND CARE**



*For atrial fibrillation monitoring*

**A PHYSICIAN CAN USE A  
TELEHEALTH VISIT TO  
DISCUSS WEARABLE HEART  
MONITOR READINGS**





**HYBRID CARE CAN TRACK  
SYMPTOMS IN REAL-TIME AND  
DELIVER MORE TIMELY  
INTERVENTIONS**



# WHAT REFORMS SUPPORTED HYBRID CARE?

- FDA expanded access to digital health apps, software, and wearable/remote monitoring devices
- HHS offered a HIPAA waiver for all licensed healthcare providers in the U.S. to expand telehealth access
- Congress enacted three crucial pieces of legislation to remove barriers to telehealth
- With executive orders and legislation expanding access to telehealth since 2020, Arizona has become a leading state for telehealth and hybrid care innovation

# KEY FEDERAL REFORMS SUPPORTING OLD ADULTS

- CMS updated statutory definitions to allow smartphones for telehealth
- CMS waived in-person patient-physician relationship requirements for telehealth
- CMS waived location restrictions for telehealth so patients could receive care while at home
- CMS waived out-of-state licensure requirements
- CMS reimbursed for telehealth visits at the same amount as in-person services

# CHALLENGES TO HYBRID CARE



## REIMBURSEMENT UNCERTAINTY

dependent upon which pandemic flexibilities are made permanent



## ACCESS TO DIGITAL TOOLS

varies by state policies and patient demographics



## CARE TRANSITIONS

from inpatient- to outpatient-level care is complicated by state telehealth regulations that specify services and tools eligible for reimbursement\*

\*Home hospital care is specific to patients whose condition meets inpatient-level requirements. Once patients transition from inpatient-level care, they transition from home hospital to telehealth

# WHY IS THIS IMPORTANT FOR ARIZONA?

- Arizona is a top retirement destination
- Advanced age is a key risk factor for leading causes of death, like heart disease and stroke
- Delays in treatment and care coordination are associated with poor patient outcomes
- Costs associated with common conditions like heart disease and stroke will increase as the population ages

# DEMOGRAPHIC CONSIDERATIONS

- Younger generations are more comfortable using telehealth, with 70% of patients under 65 preferring telehealth to in-person visits due to its perceived convenience.
- Patients 65 and older, regardless of race or ethnicity, reported “lack of access to computers and to high-speed Internet, along with a lack of knowledge on use,” as barriers to telehealth.
- While multiple surveys report that the majority of Hispanic and African-American patients are interested in telehealth, research suggests that they are less likely to use telehealth than others.
- Patients of all ages who lack technical skills or English proficiency encounter additional barriers to telehealth

# UTILIZATION CONSIDERATIONS

- Exactly how many telehealth visits can replace in-person visits remains unclear.
- Findings published in *Journal of Medical Internet Research* from a survey sampling U.S. physicians, the majority of whom reported treating Medicare patients, suggest that over 44% of current in-patient visits could be delivered effectively using telehealth.
- Although telehealth use has increased across specialties, the conditions for which it was most frequently used during 2020 and 2021 by Medicare, Medicaid, and commercially insured patients were related to mental health, including depression and anxiety.



# MEDICAL SPECIALTY CONSIDERATIONS

- A study in *Journal of the American Geriatrics Society* reviewing telehealth experiences in the U.S. during fall 2020 found that telehealth replaced in-person visits for primary and geriatric care while it mostly supplemented emergency room care.
- Remote patient monitoring (RPM) use surged in cardiology and endocrinology, with 63.3% of cardiologists and 41.6% of endocrinologists reporting that their practice had integrated RPM by 2020.
- Currently, comprehensive analyses about telehealth delivery by ancillary health professionals during the pandemic are limited and primarily qualitative in nature.



# THE FUTURE OF HYBRID CARE REMAINS UNCERTAIN

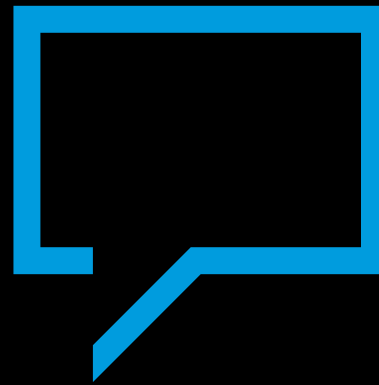


*Temporary reforms created a regulatory climate favorable for hybrid care during the COVID-19 Public Health Emergency*

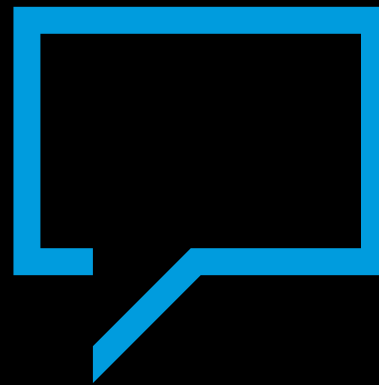
# SUPPORTING HYBRID CARE AFTER COVID-19

- Incentivize providers to deliver the most valuable clinical service, regardless of modality
- Make permanent reforms that eliminate in-person and location-based restrictions for patients receiving telehealth
- Make flexible statutory definitions as well as scope of practice and standard of care laws, whenever applicable, to facilitate telehealth
- Remove barriers to provider communication and collaboration across state lines

**THANK YOU**



# QUESTIONS & ANSWERS



# FEDERAL REFORMS TO SUPPORT AT-HOME CARE

## FOR ALL HEALTHCARE PROVIDERS

- Waived HIPAA compliance

## FOR ALL MEDICARE PATIENTS

- Clarified that patients could use smartphones for telehealth\*
- Waived site-specific requirements for telehealth
- Waived in-person pre-existing patient-physician relationship requirements
- Expanded its lists of eligible telehealth services and providers

## FOR HOSPITALS DELIVERING INPATIENT-LEVEL CARE TO MEDICARE FFS & NON-MANAGED MEDICAID BENEFICIARIES

- Waived §482.23(b) and (b)(1) of the Hospital Conditions of Participation, allowing 24/7 and on-site care to be delivered at-home and with telehealth

\*permanent change

# STATE REFORMS TO SUPPORT AT-HOME CARE

## POLICIES REGULATING AT-HOME CARE, TELEHEALTH, AND HOME HOSPITAL PROGRAMS VARY BY STATE, INSURANCE COVERAGE, AND PROGRAM

**All 50 states and D.C.** introduced reforms to expand access to telehealth at home.

**Many states** expanded access to medical emergency alert systems, home health care, and daily living assistance.

**Major private payer plans** expanded access to at-home care within the bounds of individual states' specific regulations, frequently offering payment parity and cost-sharing waivers for telehealth.