



THE EAGLE TELEMEDICINE PLAYBOOK:

# What to Look for When Choosing a Telemedicine Provider

## SIX TIPS FOR SUCCESS

BY ROBERT ANNAS, CHIEF OPERATING OFFICER



The Association of American Medical Colleges estimates that by 2030 there will be a shortfall in excess of 120,000 doctors, creating an ever-growing physician shortage, particularly on the inpatient side.

### Telemedicine is a Partnership

*Telemedicine is a booming industry. Hundreds of companies are providing virtual physician visits via videoconferencing technology to individuals in their homes and their workplaces. The companies who, like Eagle, provide telemedicine services exclusively for inpatient care in hospitals are significantly smaller in number, but the list is growing.*

*If you're a hospital executive or clinician considering telemedicine services for your patients, or if you're dissatisfied with your current telemedicine service and are considering a change, how do you know which partner is right for you? Here are six key things to look for.*



#### 1 Small, Focused Teams of Virtual Providers

*Why is it Important? More Consistent, Personalized Care*

Some telemedicine companies might have dozens of physicians on call across the country to serve the range of their hospital customers. The problem isn't that they are well qualified. They probably are. The problem is that patients in those hospitals might never see the same telemedicine physician twice during their stay. How does that work?

Often, not very well, according to many hospital clinicians and executives who come to us wanting a more personalized approach. These hospitals want a telemedicine program to create better, closer relationships among their patients and their onsite doctors and nurses.



678.441.8529

[info@eagletelemedicine.com](mailto:info@eagletelemedicine.com)

[www.eagletelemedicine.com](http://www.eagletelemedicine.com)



**25% of the U.S. population lives in rural areas, while only 10% of U.S. physicians practice there.**

Nurses, in particular, have commented that when telemedicine companies furnish “a different doctor a day” or “a different doctor for every call,” it makes it really, really hard to build a long-term relationship, get to know them and drive better patient care forward. Nurses are an invaluable cog in the wheel of any hospital inpatient program. You need to listen to them.

At Eagle, we listen. When we sign on a new hospital for our services—whether the program is general inpatient care such as TeleHospitalists or more focused services with TeleICU, TeleCardiology, TeleStroke or other specialties—we always assign a small team or “pod” of virtual physicians exclusively credentialed for a particular site. Typically, about six to eight doctors work on a rotating basis to fill a hospital’s schedule in any given month. Over time, they all become an integral part of a hospital’s clinical team, deeply familiar with a hospital’s specific services, procedures and people.

These smaller telemedicine teams develop closer relationships with a hospital’s patients and staff. It means improved continuity of care, which produces better outcomes with patients, such as lower readmission rates. At the end of the day, no matter how thorough a doctor’s notes are, they can only convey so much to the next doctor in charge. It is much better to have doctors visiting patients whom they have seen before (whether virtual or on the ground), who understand their plans of care, know their conditions, the names of their family members, and know how to respond to the concerns they express.



## **Telemedicine Physicians with On-Site Experience**

***Why is it Important? Reduced Transfer of Patients Who Could Be Retained Locally***

Some telemedicine companies staff with family practice, internal medicine or specialty-boarded physicians who may not have been in the inpatient environment in recent years or present with little inpatient experience. This lack of experience can contribute to continued patterns of transfers from the Emergency Department (ED). Local patient retention would be higher if more experienced providers and/or specialists were on hand to provide telemedicine care.

Eagle takes a different approach. We staff with telemedicine physicians who have had previous on-site, on the ground experience. Ninety percent of them are internal medicine trained and our specialty providers are all board-certified in their respective specialty. With this experience, we find retained patient volume grows in our partner hospitals. In addition, through the development of clinical workflows in collaboration with on-site clinicians and the nursing team, Eagle can support retaining a higher level of patient disease acuity.

Let’s take a TeleHospitalist program for example. A typical small, rural hospital with an average daily census (ADC) of six to eight patients and ED visits of 18,000 per year experiences transfers of 140 to 160 patients from the 7 p.m. to 7 a.m. shift



**THE EAGLE TELEMEDICINE PLAYBOOK:**  
What to Look for When Choosing  
a Telemedicine Provider

**SIX TIPS FOR SUCCESS**





**Patients 65 and older  
are expected to increase  
46% by 2025.**

annually. A high-level look at the ED transfer log usually reveals that our remote hospitalists are comfortable with keeping potentially 35 to 40 percent of those patients, depending on specialist availability such as general surgeon, orthopedic surgeon, etc.

By reviewing with our partner hospitals the historical ED transfer log from recent months, we can mutually agree upon diagnoses as potentially clinically appropriate for patients to be treated effectively “in-house.” The results are surprising. In the above case of the small hospital with approximately 150 transfers annually, if 35 percent of those transfers can be safely retained in the community, the financial impact of 52 patients retained with an estimated average payment of \$7,000 (based on estimated DRGs) would yield \$364,000 additional in gross patient revenues. Additional revenue is often captured with follow-up ancillary testing that is now done locally.

The picture supporting the use of inpatient telemedicine does not get much clearer than that.

### **3 A Lighter Upfront Administrative Burden**

*Why is it important? A Faster, Easier Start*

When it comes to credentialing, telemedicine physicians are no different from physicians who practice onsite at hospitals. Each of them, no matter how limited their interaction with patients, must be credentialed members of the medical staff to practice there.

The credentialing process is complicated, and it can be an overwhelming—and costly—burden on hospital staff, especially when you consider that some of the doctors might only be working a few shifts over several months’ time. Where is the cost benefit in that?

At Eagle, we lighten the load by limiting the number of telemedicine physicians who have privileges at each of our partner hospitals. As mentioned earlier, the telemedicine “pod” assigned to practice at a hospital usually consists of no more than six to eight dedicated physicians. Those physicians will be spending considerable time “virtually” at the hospitals where they are credentialed, so the hospitals working with them get significant value from all the time and effort they spend—getting the applications approved through the hospital’s credentialing committee, the medical executive committee and ultimately the board of directors.

By taking a lean, focused approach, we simplify the effort involved in credentialing, and bring additional value to our partner hospitals in the process.



**THE EAGLE TELEMEDICINE PLAYBOOK:**  
What to Look for When Choosing  
a Telemedicine Provider

**SIX TIPS FOR SUCCESS**





There is a movement from fee-for-service to value-based care, driving a need for better outcomes and increasing the need for 24/7 care options.



## Ongoing Program Management Focused on the Long Term

### Why is it important? **Sustainable Success**

You know how it feels when you call your phone or cable company and get passed along to two or three or more individuals before your problem is resolved? Sadly, the same can happen with some telemedicine companies.

They might get a program started at a hospital and then say goodbye, with little attention paid to following up on customer issues after the “go live” date. They might be in the business of using telemedicine as a solution to staffing issues and not much else. They might not be dedicated to managing the program and ensuring its success for the long term.

That doesn't happen with us. At Eagle, we are there to manage telemedicine programs at each of our hospital partners—for the long term, from the ground floor up. Our hospital partners know they have one clear point of contact at Eagle, a team member who leads implementation of the program and handles all operational and clinical issues in coordination with hospital staff going forward. That person is available 24x7, whether in the office or on call. And, if by chance, he or she is unreachable, there is always a back-up in place. Even if you're a hospital system that has eight or 10 hospitals in our program, you're going to be talking to one Eagle team member managing your programs. Again, there is consistency with us.

In addition, we continually drive a hospital's telemedicine program, monitor it and adjust when necessary, identify areas of improvement, and expand areas that are delivering a true benefit. We work with our partner hospitals to determine metrics to track on a monthly or quarterly basis to ensure we're maintaining top performance levels.

The metrics could include such factors as door-to-needle time for a TeleStroke program, transfer reduction for a Tele-ID (infectious disease) program, or improved average daily census for a standard TeleHospitalist program. We also have weekly huddles with clinical teams onsite so we can pinpoint any trouble spots and fix them.

Our goal is to help you build your ROI, track the results of your program and continually measure the return you are getting. This approach is one of the reasons we have kept so many clients for more than a decade now—as long as we have been in the telemedicine business. Our hospital partners know our steady commitment to their success is not just talk. They've seen it in action year after year.



### THE EAGLE TELEMEDICINE PLAYBOOK:

What to Look for When Choosing  
a Telemedicine Provider

SIX TIPS FOR SUCCESS



**IT'S ALL ABOUT THE 5Ps:**  
**People, Performance, Partnership,**  
**Platform, Perspective**



Inpatient specialty coverage continues to suffer, forcing costly hospital transfers.

5

## The Flexibility to Work on Any Technology Platform

*Why is it important? The Last Thing You Need is a Technology Dictator*

Some telemedicine companies align with a particular technology platform. They often require hospitals—many of which might already have some type of telemedicine technology in use—to move to their platform.

That's not us. The best telemedicine companies don't dictate; they adapt. Of course, we can recommend technology platforms to hospitals looking to provide telemedicine care to their patients. There are many good ones out there. But we're not limited to just one. If you already have a platform set up, we can run with it because we have the technology platform to support it.

That's why we say we provide technology-enabled care. We are not in the business of selling technology. At Eagle, technology does not lead but facilitates the pathway to superior inpatient care.

In fact, we have created a proprietary software portal called ETHOS—Eagle Telehealth Operating System—that helps our physicians transition quickly from one site to another and one technology platform to another, so they can smoothly access hospital schedules, doctors and nurses onsite or on call, as well as details about the unique operational procedures of each hospital, and securely make updates to each patient's EMR.

The bottom line is that ETHOS provides a higher level of efficiency for our physicians no matter how many different platforms they access during a shift. They see more patients while they're on duty. And our small teams deliver greater value to our hospital partners because of it.

6

## An Ingrained Understanding of Hospital Medicine

*Why is it Important? It's the Best Way to Get Results*

Some telemedicine companies started out as technology pure plays. They saw the opportunity and dived into inpatient telemedicine with little experience in the discipline that it requires. As mentioned earlier, some of these companies think of themselves as providers of staffing services via computer and an internet connection. They aren't equipped to manage a program that meets all the challenges facing hospitals today. They don't really understand how hospitals work.

Unlike these providers, Eagle began as a hospitalist management company founded and led by physicians with deep experience in inpatient medicine. We started in the late 1990s with a contract with one hospital to manage its onsite hospitalist program.



**THE EAGLE TELEMEDICINE PLAYBOOK:**  
What to Look for When Choosing  
a Telemedicine Provider

**SIX TIPS FOR SUCCESS**





**Reimbursement barriers are beginning to fall, with 32 states having parity laws and 48 states allowing reimbursement via Medicaid. CMS rules related to Medicare reimbursement recently dropped Healthcare Provider Shortage Area (HPSA) restrictions for TeleStroke coverage.**

Through the years, we grew into one of the larger hospitalist management companies in the United States. As we grew, we began to see how telemedicine could support our existing programs, particularly in hospitals that were struggling to maintain night coverage and were transferring too many patients because they didn't have specialists within easy reach.

So, we came into telemedicine organically as a company that is well versed in hospital medicine. In the hospitals where we put it into practice, we demonstrated again and again how it could augment existing clinical teams and fill the gaps that were hurting hospitals the most. At a time when the physician shortage—especially in specialized practice areas—is only going to get worse, it made sense for us to focus solely on telemedicine. Through it all, we know that the core of our business is our ingrained understanding and capabilities in providing inpatient care. You could say it's in our blood. At our core, we are a technology-enabled, inpatient practice management company.

And it's the reason we've expanded our telemedicine program to currently serve 150+ hospitals nationwide. The reason we enjoy 95 percent and above patient and nursing satisfaction scores. The reason we continually "move the needle" with our hospital partners' clinical priorities and metrics.

**Let us do the same for you. Contact Eagle for an evaluation of your pain points with our clinical team.**

#### **ABOUT ETM**

*Eagle Telemedicine was one of the first companies to emerge in the telemedicine physician service arena, and is still pioneering the industry a decade later, providing telemedicine programs to acute care hospitals, microhospitals and long-term acute care hospitals (LTACHs). Eagle's solutions help facilities offer specialized care to underserved communities, eliminate locum support costs, prevent burnout, manage coverage gaps, reduce unnecessary transfers, and increase census. Multiple specialties include Hospitalist Medicine, Stroke and Acute Neurology, Psychiatry, Critical Care, Cardiology, Infectious Disease and a range of other specialties in a wide variety of service models. For more information, visit [www.eagletelemedicine.com](http://www.eagletelemedicine.com).*



**THE EAGLE TELEMEDICINE PLAYBOOK:**  
What to Look for When Choosing  
a Telemedicine Provider

**SIX TIPS FOR SUCCESS**

**678.441.8529**

**[info@eagletelemedicine.com](mailto:info@eagletelemedicine.com)**

**[www.eagletelemedicine.com](http://www.eagletelemedicine.com)**