ADFM Webinar Series

Telehealth: Provider Buy-in and Key Logistics

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Who do we serve?

- Individual Providers
- Community & Urban Hospitals
- Academic Institutions
- National, State, or Regional Associations
- Federal, State, Regional, or Local Government Agencies
- Legislators/Policy makers
- Health Systems
- Rural Clinics
- Federally-Qualified Health Centers (FQHC)
- Critical Access Hospitals (CAH)
- Primary Care Clinics
- Ambulatory Care Centers
- Nursing Homes
- Schools
- Vendors
- and many others!
We Provide:

- Short and long term technical assistance services for organizations
- Education for the telehealth workforce
- Access to educational materials
- Access to specialized tools + templates
- Access to telehealth experts willing to share their experiences
- Monthly newsletter updates and other alerts on telehealth in the northeast
- Support for collaboration that fosters a favorable environment for telehealth
- And more!
## Telehealth Uses

- Behavioral Health
- Burn
- Cardiology
- Dentistry
- Chronic Care Management
- Dermatology
- Education / Grand Rounds
- Emergency Services / Trauma
- Family Planning
- Genetics
- Home health
- Infectious Disease
- Managed Care
- Medication Adherence
- Neurology / Stroke care
- Obstetrics and Gynecology
- Oncology
- Ophthalmology
- Pain Management
- Pathology
- Palliative Care
- Pediatrics
- Pharmacy
- Primary Care
- Psychiatry
- Public Health
- Radiology
- Rehabilitation
- Rheumatology
- Surgical
- Wound Care
- And more!
Types of Telehealth

- Video-conferencing (Synchronous)
- Store And Forward (Asynchronous)
- Remote Patient Monitoring (RPM)
- Mobile Health (mHealth)
- Provider to Provider (eConsults, Project ECHO, etc.)
## Value Perspectives

<table>
<thead>
<tr>
<th>Patients</th>
<th>Communities</th>
<th>Primary Care Providers</th>
<th>Specialists</th>
<th>Dental Providers</th>
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</thead>
<tbody>
<tr>
<td>Accessibility: care when and where they need it</td>
<td>Keeps patients local whenever possible</td>
<td>Promotes coordinated care</td>
<td>Extends reach to patients</td>
<td>Improved access and delivery</td>
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<td>Affordability: reduces travel time, expense and time away from work/family</td>
<td>Promotes rapid diagnosis and treatment linked to improved patient outcomes</td>
<td>Maintains primary relationship with patient</td>
<td>Increases patient volume, maximizes time and efficiency, working at top of scope</td>
<td>Lower costs</td>
</tr>
<tr>
<td>Timeliness: reduces wait time to access specialists</td>
<td>Improves outcomes and therefore improves health of population</td>
<td>Promotes greater patient satisfaction</td>
<td>Reduces documentation redundancy by using common EMR platform with PCPs</td>
<td>Resource for dental consulting</td>
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<tr>
<td>Integrated and coordinated care</td>
<td></td>
<td>Generates revenue – visit reimbursement</td>
<td>Promotes coordinated care</td>
<td>Referral for specialized care</td>
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<td></td>
<td></td>
<td>Access to education</td>
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<td>Dental monitoring</td>
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<td>Working at top of scope</td>
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<td>Dentist-Laboratory Communication</td>
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<td>Continuing Education</td>
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Provider Buy-In & Culture Change

- Include providers in planning phases (e.g. technology testing/selection, workflows, etc.)
- Educate early and often!
  - Orientation, practice sessions, reinforcement of skills
  - Confidence and competence are key to success
- Share the “big picture” and outcomes – benefits, patient demand, data!
- Streamline processes to limit time away from direct patient care
  - E.g. Workflows, Billing, Built-in forms, protocols, etc.
- Make telehealth fun!
General Logistics

- Program Setup – It’s a team effort!
  - People (training, transparency); Space (comfort, flow, confidentiality); Technology (connectivity, equipment, software, security)

- Billing
  - Train and maintain in-house expertise across various payer types (use of modifiers, approved services, connections with payers, etc.)

- Troubleshooting
  - Training and mock visits
  - Easily accessible info (Cheat Sheet) and IT personnel
ROI and Sustainability

- No one-size fits all method but….  
- Define the need – use your data  
- A solid argument is key  
- Review the literature  
  - [https://www.netrc.org/resources.php](https://www.netrc.org/resources.php)  
- Develop your metrics to demonstrate outcomes  
- Decide best fit financial model & metrics  
- Know your state regulations – advocate for change if necessary/possible  
- Use existing practice guidelines & protocols
Budget Planning

Telehealth Financial Areas

- Telemedicine Reimbursement
- Reduced Readmissions / Avoided Financial Penalties
- Improved Productivity and Efficiency
- Reduced LOS
- Increased Patient Volume

Revenue & Cost Savings

- Increased Patient Population / Market Share Served
- Avoided Care Costs / Proactive Care Management
  - Population Health Management
  - Grants

Opportunities

Ongoing Expenses

- Technology
- Integration
- Infrastructure Changes
- Room Redesign / Build out
- Building & Deployment
- Training

Costs

Source: Subsidium Healthcare
Evaluation Strategy

**Indicators:** Realistic, concrete activities, products or other services measured by straightforward processes (frequency, amount of time or surveys)

Steps required to achieve:

*Performance Targets & Outcomes*

**Performance Targets:** Concrete goals will achieve a 25% increase based on individual **Indicators**

**Outcomes:** Assessments of performance targets---successful or not. Based on achieved **Performance Targets**.

**What to include?**

Where you expect telehealth to have positive or negative change
Delivery Models

• Various Models to Consider
  – PCP joins toward end of consult (e.g. Specialty consults)
  – Patient only, with later follow-up with PCP (e.g. Behavioral Health consults)
  – Contracted Provider (e.g. Specialty services via contractual relationship) Pros/Cons of Telehealth Contracting Models

• Clinical and Financial Needs Met?

• Scheduling
  – Block scheduling vs. Integration throughout the day
  – Goals: Maintain flow and productivity; effective billing/payment
Workflows

- Match your existing workflows as closely as possible
- Clearly define roles of all team members at both patient and provider sites
- Focus on patient and provider needs when designing workflows
- Ensure technology (live video, store-and-forward, etc.) fits the workflow
- Address any challenges early (e.g., data exchange, etc.)

A few resources:
- National TRC Webinar: Mapping and Designing Telehealth Clinic Workflows
- California TRC: Sample Workflows
- CTRC and NETRC: Telehealth Coordinator Training (Module 4)
Tips to Get Started

• Find a **champion(s)**
• Think big, **Start small**
• Focus time, effort and $ on **program development and a sustainable business model**, then choose technology that fits your plan
• **Keep technology simple** when possible – what fits your needs and budget?
• **Reach out** to your TRC and/or folks who have already done this!
• **Lead advocacy efforts** for program development and policy growth
Questions?  Contact Us

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Resources

• National Telehealth Resource Centers  
  www.telehealthresourcecenters.org
• Northeast Telehealth Resource Center  
  www.netrc.org
• Mid-Atlantic Telehealth Resource Center  
  www.matrc.org
• Center for Connected Health Policy  
  www.cchpca.org
• Telehealth Technology Assessment Center  
  www.telehealthtechnology.org
• American Telemedicine Association  
  www.americantelemed.org
• Center for Telehealth & e-Health Law  
  www.ctel.org
Primary Care by Boat

Maine Seacoast Mission (ME):
• 110 years old with history of spiritual and medical care provided by nurses visiting the islands.

Program Description and Outcomes:
• Telemedicine started 15 years ago to four islands visited by Sunbeam - 3 by Sunbeam and two land-based units operated by trained medical assistants

• Benefits Include:
  – Increased access to primary care and behavioral health services on 5 islands
  – Significant savings (time and $$ for patients/families)
  – Improved health outcomes and quality of life
Eastern Maine Medical Center:

- WOW! Program: Way to Optimal Weight - tiered program for children and adolescents (age 4-19), with body mass index (BMI) at or above 85th percentile designed for children who are at higher risk for weight related health problems

Program Description and Outcomes:

- Multidisciplinary visits via live videoconferencing
  - MSW, clinician, and nutritionist take turns
- Benefits Include:
  - Provides program access and health benefits to patients in some of Maine’s most rural communities
  - High Patient and family satisfaction – decreased travel time/cost
  - High satisfaction among provider team
Speech Telepractice

Waldo County General Hospital
Michael Towey, MA, CCC-SLP
Manager Speech-Language Pathology Department
Fellow of the American Speech-Language-Hearing Association

National TRC Webinar – Innovation and Impact with Speech Language Pathology Telepractice
Telepsychiatry in SNFs

University of Vermont Medical Center:

• Academic medical center links 16 hospitals and three nursing homes in VT and NY with services in: pediatric critical care, telederm, and NH telepsychiatry; implementation of palliative care, maternal and fetal medicine, teleneurology, and teleortho

• Telepsychiatry program serves nursing homes in VT and upstate NY

Program Description:

• Workflow includes: 1) Pre-consultation review of patient history, meds; 2) Case Synopsis w/RN; 3) Full Psych Assessment and other studies as needed; 4) Follow up: MD consult note, medications, care approaches

• Collaborative model with nurse, social worker and family/caregivers on site with patient

• Technology: point-to-point, live video with PTZ camera
University of Vermont Medical Center (VT):
• Academic medical center with a five-hospital network in VT and northern NY.

Program Description/Setup:
• Uses Access Derm, a free, HIPAA compliant application sponsored by American Academy of Dermatology to facilitate referrals from primary care providers for remote dermatology consults using mobile devices and the internet (store and forward).
• Outcomes of pilot included:
  – Post-implementation: 44 SAF consults
  – Average response time of SAF consult: 9.2 hrs
  – Average wait for appointment: 12.9 days vs. 60.2 days for traditional consults (78.6% reduction)
Finger Lakes Community Health (NY):
- Community/Migrant Health Center (FQHC) with 9 sites

Program Description:
- Primary care providers identify patients who need Diabetic Retinopathy Screening. Images are taken using the EyePACS system and an EyePACS eye specialist will read/grade image.
- Benefits include:
  - Significantly increased screening rates to meet HEDIS measures
  - Increased early identification and treatment of retinopathy
  - Allowed FLCH to negotiate incentive payments with their ACO
Teledentistry - Senior Living Facility

Case Study

- RDH from a local practice scheduled to provide hygiene services in local senior living facility
- Uses MouthWatch TeleDent system with laptop and intraoral camera
- Performs 50 reimbursable screenings - records patient info, individual exam details, and high-quality intraoral images during visit
  - Sessions can be live videoconferencing with dentist (synchronous) or recorded to the cloud to be reviewed at a later time by the assigned provider (asynchronous)
- Outcomes:
  - 5–10 residents schedule restorative care at affiliated dental practice
  - Practice increases revenue by providing outreach to the community without adding more chairs
School-based Telepsychiatry

Athol Hospital/Heywood Healthcare (MA):
• Critical access, non-profit acute care hospital serving 9 Communities in North Quabbin Region.

Program Description and Outcomes:
• Collaborative program between hospital, school district, and behavioral health, initially supported by grant funds
• Benefits Include:
  – Increased access to vital child psychiatric services
  – Improved medication management
  – High student, family and provider satisfaction
  – Anticipated outcomes: Decreased ED utilization and improved academic achievement

Photo courtesy of AMD Global Telemedicine

Launched 1st school in 2016 – funding from MA HPC and HRSA to expand to four more!
Remote Patient Monitoring

MaineHealth Care at Home:
• Fully licensed not-for-profit provider of home health care (nursing, PT, OT, speech, home health aide, and counseling services) 24/7 throughout 3 counties.

Program Description:
• 4G tablet with pre-loaded software and peripherals (scale, pulse oximeter, BP monitor, etc.) at patient home
• Algorithms highlight patients at ↑ risk for readmission
• Served 474 Patients (CHF, COPD, Diabetes) 4/2015 – 4/2016;
  – Patient Adherence: 85%;
  – 75% reduction in overall 30-day readmission rate (4.2% compared to state average of 16.6%)