



Public DSRIP Project Group

Telemedicine

Patients may not have access to needed healthcare services due to patient characteristics, travel distance, and/or specialty scarcity. With the emphasis that New York State has placed on connectivity, as well as other advances in telehealth, these needed services can now be made available to more patients. Telemedicine is using interactive telecommunications equipment to support direct, active communication between providers and patients.

We hope that any challenges discussed or questions posed can be considered and addressed by our active and supportive community of DSRIP Mixers! What strategies has your PPS taken to begin implementing projects with telemedicine components, or what are some best practices currently being utilized by your PPS? Join this conversation thread!



Message by [NYS DSRIP Team](#)

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On October 21, 2015 at 09:16 - 189 views, 14 replies, 6 followers incl. you

Within AHI's PPS there are organizations already utilizing telemedicine. At AHI we are entering a new phase of collaboration, being the catalyst to bring everyone together, not just in our PPS but in our neighboring PPSs as well.

For us, the biggest lesson to remember is we do not need to reinvent the wheel when it comes to telemedicine! AHI is utilizing all of our workforce, the already established Adirondack Champlain Telemedicine Information Network (ACTION), and other PPSs that have experience with telemedicine to help bring organizations together. That truly is the biggest challenge, to take all of these hundreds of organizations and connect with each and share their knowledge and skill. There are many challenges, ideas, and best practices involved when it comes to telemedicine, but I believe at its core, it comes down to collaboration not competition. AHI is utilizing telemedicine to enhance and support the various projects as they move forward. This ranges from supporting integration with primary care and behavioral health to remote patient monitoring to assist in the hospital to home project.

In order to support through collaboration we need to bring everyone together. AHI is hosting our first North Country Telemedicine Conference on November 12, 2015 in Lake Placid. We are bringing together our PPS and organizations that work with Fort Drum Regional Health Planning Organization to kick off a telemedicine celebration and begin the work of creating a more regional telemedicine initiative. If you are interested in attending, please visit the link below for more information.

<http://www.ahihealth.org/section/ahipps/ahi-to-bring-together-partners-from-1...>

I would like to know, how other organizations are collaborating to help create telemedicine initiatives within their own PPSs.

By [Caitlyn Huntington](#), 4 months ago

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In our experience, most telehealth encounters operate like a typical referral to a specialist. Specialists send a CCD back to primary care physicians who are making the referrals.

By [David Johnson](#), 16 days ago

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Thanks David. I assume then that it doesn't get widely communicated or is available to the care team until your RHIO gets updated by the primary care physician?

By [Richard Rupert](#), 16 days ago

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Hi Richard, let me get a better sense about what you are asking. How are your extended care teams informed when a referral to a specialist is made without using telemedicine? RHIO? Or, is there another method you are suggesting?

By [David Johnson](#), 16 days ago

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It is the same question, telemedicine or not, but telemedicine might provide yet another unique challenge depending on whether it's an outsourced arrangement or otherwise lacking data integration to a central source. If your RHIO is your only method, and that lag-time is days/weeks, how do you get needed visibility into a central record on a timely basis, as one important example, to affect a reduction in readmissions in acute/chronic cases?

By [Richard Rupert](#), 16 days ago

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We haven't seen a "unique challenge" for telemedicine in what you describe above.

By [David Johnson](#), 16 days ago

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So the lag-time is the same as any other RHIO-involved lag-time and you can manage within that? What is that lag-time for you?

By [Richard Rupert](#), 16 days ago

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Richard, are you asking about how a video conference encounter is being documented into the patient's chart and then available on the RHIO? If that is the case, my understanding is most video conference platforms allow a PDF file to be uploaded in the EHR and it is alike any other documentation in the patient's chart. There are also some EHR vendors who are incorporating telemedicine into their platforms.

By [Caitlyn Huntington](#), 16 days ago

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Typical lag time is within a few days of the visit.

By [David Johnson](#), 16 days ago

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Got it. Thanks.

By [Richard Rupert](#), 16 days ago

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