Breakout C: Telemedicine Innovations
Telemedicine Innovations: An Introduction

New York DSRIP 2016 Statewide Learning Symposium
September 21, 2016

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Project Manager
NETRC, MCD Public Health
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!
Save the Date!

NETRC’s Regional Telehealth Conference

May 23-24, 2017
Amherst, MA

Join us for hands-on workshops, engaging plenary sessions, a variety of breakout presentations from regional programs, and plenty of networking!

www.netrc.org/conference
A doctor visits the Jetson’s home by video in 1962 (Smithsonian.com)

The Teledactyl (Gernsback, Science and Invention Magazine, 1925)
Telehealth Today
<table>
<thead>
<tr>
<th>Academic Medical Center</th>
<th>Public Health Dept.</th>
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<td>Airplane</td>
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<td>Boat</td>
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<td>Community Health Center</td>
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<td>FQHC</td>
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<td>Home</td>
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<td>Hospital</td>
<td>And Many More!</td>
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## Select Telehealth Uses

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

- Increased patient access to providers (travel)
- Timelier access to providers
- Improved continuity of care and case management
- Reduced use of institutional care
- Improved access to training and other educational services
- Cost savings in care delivery
- Reduction or prevention of complications, decreased readmissions
- Patient Satisfaction
Challenges for Telehealth

- Start-up costs and connection fees
- Availability of broadband or other
- Need for training and workforce development
- Increase in staffing demand in some instances
- Provider pushback
- Slow/confusing legal and regulatory landscape
National Updates

• Medicare reimbursed a total of $17.6 million in Calendar Year 2015 (< 0.003%), up from $61,302 in Calendar Year 2001.

• Telehealth often discussed as a tool in alternative payment models and value-based care (see Next Generation ACO).

• The Department of Veterans Affairs requested $1.2 billion for telehealth programs in FY 2017, treated 677,000 veterans through telehealth in fiscal year 2015.

• AMA adopted a new policy on June 12, 2016 that outlines ethical ground rules for telehealth.
National Updates

- 17 States have enacted legislation to join the **Interstate Medical Licensure Compact**, which is expected to help streamline the licensure process.

- AHRQ review (June 2016) found that the largest volume of research on telehealth available produced **positive results for chronic conditions and behavioral health**, and when providing counseling and monitoring/management, while additional research in other areas is needed.

- Federal DHHS Report to Congress (August 2016) cited that **61% of health care institutions currently use some form of telehealth**.
Telehealth in the Northeast

- Programs and policy traditionally more active in northern, rural parts of region, but conversations about urban access grows

- Increasing interest in home telehealth services, including Direct-to-Consumer

- Increasing interest from private practitioners, many providing behavioral/mental health services

- Significant policy and regulatory activity throughout the region
Telehealth in New York

• One of the most active NETRC states!

• The NYS Board of Professional Medical Conduct charged a Special Committee to draft an ethical statement on the practice of telehealth in 2000.

• NYS Medicaid began reimbursing for specialty consultations via telemedicine in 2006, most recent update was in March, 2015 (see Sept. 2011 and Mar. 2015 Medicaid Updates).

• Governor Cuomo signed into law AB 2552 in March, 2015, requiring coverage of telehealth services by private payers and Medicaid (AKA the Telehealth Parity Law).

• NYS Office of Mental Health adopted an updated regulation on telepsychiatry services on August 31, 2016.
Telehealth Programs in the Northeast: a Small Sampling
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:
- Telemedicine started 14 years ago to four islands visited by Sunbeam- going off island for a medical appointment can be a 2-3 day trip.
- Primary Care provided on 5 islands, 3 by Sunbeam and two land-based units operated by trained medical assistants.
School-based Telepsychiatry

Athol Hospital/Heywood Healthcare (MA):

- Critical access, non-profit acute care hospital serving 9 Communities in North Quabbin Region.

Program Description/Setup:

- Collaborative program between hospital, school district, and behavioral health, supported by grant funds.
- Benefits include less time away from school/work
- Connected to one school last year and expanding this year!
Pediatric Teledentistry

Finger Lakes Community Health (NY):
- Community/Migrant Health Center (FQHC) with 9 sites

Program Description:
- Uses point-to-point telehealth network to connect clinic pediatric patients in rural NY with dental providers in Rochester, NY.
- Benefits include:
  - Decreased travel time for patient/families and Health Liaisons
  - Treatment and follow-up compliance rates > 90%
Teledermatology

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)
Remote Patient Monitoring

Home Health Visiting Nurses (ME):
• 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%)
Tips to Get Started

• Find a champion
• Think big, start small
• Focus time, effort and $ on program development and a sustainable business model – technology is the easy part!
• Keep technology simple when possible – what fits your needs and budget?
• Reach out to folks who have already done this!
• Lead advocacy efforts for program development and policy growth
Tip of the Iceberg!

Questions that NETRC receives include:

- Reimbursement
- Program development
- Strategic planning and market analysis
- Licensing & credentialing
- Malpractice & liability
- Regulations & other legal considerations
- Internet prescribing
- Technology selection
- Security, privacy, & HIPAA compliance
- Workforce development and training
- Best practices and networking
- Tools, sample forms, templates, etc.
- Program evaluation
- Research and Supporting Evidence
- And more!
Resources

- Northeast Telehealth Resource Center [www.netrc.org](http://www.netrc.org)
- National Telehealth Resource Centers [www.telehealthresourcecenters.org](http://www.telehealthresourcecenters.org)
- Center for Connected Health Policy [www.cchpca.org](http://www.cchpca.org)
- Telehealth Technology Assessment Center [www.telehealthtechnology.org](http://www.telehealthtechnology.org)
- American Telemedicine Association [www.americantelemed.org](http://www.americantelemed.org)
- Center for Telehealth & e-Health Law [www.ctel.org](http://www.ctel.org)
- And many great regional programs willing to share!
Contact Us

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www.netrc.org | 800-379-2021
Community Partners of WNY PPS

Telemedicine Project Implementation: Strategies and Lessons Learned

DSRIP Statewide Learning Symposium
Dr. Carlos Santos
9-21-16
CPWNY PPS Telemedicine Project Team

• Erie County
  – Carlos Santos, MD – CPWNY; DSRIP Medical Director; Project Lead
  – Mark Gburek – CPWNY; Program Administrator

• Chautauqua County
  – Dan Johnson – Women Christian Association (WCA) Hospital; Director of Rehabilitation Services
  – Dan Tota – WCA Hospital; Director of Physician Services
Project Overview

• CPWNY & WCA Hospital Partnership
  – Vendor Selection
  – Contractual Agreements
  – First Pilot Location

• Clinical Areas of Focus
  – Inpatient Neurology
  – Outpatient Neurology
  – Acute Critical Care
Future Expansion Opportunities

• Behavioral Health
  – Triaging Intellectually/Developmentally Disabled (I/DD) population
  – Partnering with People Inc. and 24/7 Online Care
  – Other opportunities

• Maternal Fetal Medicine
  – Partnering with WCA Hospital on project
  – Identified service need in rural area
  – Professional vs technical component

• Others... TBD
Pilot Project: ED Triage for Intellectually and Developmentally Disabled (I/DD) Population

- I/DD services comprise 1.5% - 2.5% of total Medicaid population in NYS
- I/DD population consumes 12% - 18% of total NYS Medicaid budget
- ED utilization is significant factor; 2x greater use than general Medicaid population
- Care of I/DD population is highly regulated; neglect factor
- Use of telehealth for triage of preventable ED visits
- Reinforces PCP relationship rather than ED reliance
- Potential cost savings
Vendor Selection

• Criteria for selection
• RFP process
• Credentialing issues
• Licensing Issues
• Area of expertise
• Outpatient/Inpatient
• Billing Issues
Request For Proposal (RFP) Process

• Strength and stability of contracted vendor
  – Financial performance
  – Customer service results
  – Timeliness of response

• Strategic direction
  – Support of PPS’s goals

• Exclusivity of services
  – Non-compete agreements
Contractual Agreements

• Vendor Contracts: identify responsible party
• Vetting Process
• Legal responsibilities of each party
  • Compliance with state and federal laws and regulations
• Potential of hidden costs
• Scope of contract
  • Pro-forma estimation of utilization
  • Equipment maintenance
  • Connectivity with redundancy
  • Staff training
NY Telehealth Parity Law (Article 29-G PHL)

- Effective January 1st 2016

- Defined broadly as: “the use of electronic information and communication technologies by a health care provider to deliver health care services to an insured individual while such individual is located at a site that is different from the site where the health care provider is located”

- Specific details of services covered governed by type of policy

- For NYS Medicaid “the use of synchronous, two-way electronic audio visual communications to deliver clinical health care services, including the assessment, diagnosis, and treatment of a patient, while such patient is at the originating site and a telehealth provider as at a distant site.”
NY Telehealth Parity Law (Article 29-G PHL)

- Approved Patient Locations
  - Licensed Art 28 and or 40 facilities
  - Mental health providers
  - Private physician office
  - Within NYS
  - Nurse Practitioners eligible to provide services
  - Patient cannot be at home
Pilot Projects

- Identification of areas of need
- Internal versus external use of resources
- Documentation of encounters
- IT platforms
- Measurement of results
Challenges

• Engagement
  – Lack of understanding by care providers
  – Educational opportunities

• Contractual Agreements
  – HIPPA Compliance
  – Credentialing Issues

• Collaboration of Multiple Parties

• IT
  – Connectivity
  – Disparate EMR communication

• Cost
  – Billing and reimbursement
Thank you!

- Questions?
- More information at wnycommunitypartners.org
The Telemedicine Experience at WCA Hospital
Goal of the program:

- To improve access to specialty care previously limited or unavailable to patients in our community.
- Provide care close to home.
The Telemedicine Experience at WCA Hospital

- SOC provides 24/7 access to board-certified, fellowship-trained neurologists/intensivists
  - 30 minute response for urgent cases.
  - Same day response for non-urgent cases.

- WCA Hospital has credentialed:
  - 24 teleneurologists
  - 17 teleintensivists
The Telemedicine Experience at WCA Hospital

Interdisciplinary Team Created at WCA Hospital for Teleneurology/Intensivists Programs:

- WCA Administrative Co-leaders
- Medical Director of WCA Emergency Department
- Medical Director of Hospitalist Program
- Nursing Department (VP Nursing, ED and ICU Nurses Managers)
- IT
- Radiology
- Credentialing
The Telemedicine Experience at WCA Hospital

- September 2015 – Weekly Conference Calls With SOC Lead/WCA Team Began (Neurology)
The Telemedicine Experience at WCA Hospital

How the Process Works:

- Need for teleconsult identified.
- Informed consent obtained.
- SOC contacted, information shared, urgency determined.
- Specialist connects to telemedicine cart, interviews/examines patient with assist from physician/nurse.
- Specialist discusses impression with patient along with recommendations/discusses with attending physician.
- Consult is faxed within an hour.
The Telemedicine Experience at WCA Hospital

- Go LIVE for Acute/Emergency and Routine Teleneurology

January 21, 2016
The Telemedicine Experience at WCA Hospital

Since inception of WCA Hospital Telemedicine Program:

90 Teleneurology Consults
The Telemedicine Experience at WCA Hospital

- SOC Conference Calls With WCA Team Began for Intensivist Program
  - February, 2016
The Telemedicine Experience at WCA Hospital

- Training Completed/Onsite Visit
  - April 12, 2016
The Telemedicine Experience at WCA Hospital

Since inception of WCA Hospital Telemedicine Program:

6 Intensivist Consults
The Telemedicine Experience at WCA Hospital

WCA Overall Experience:
- SOC has been a very good partner.
- SOC has been very responsive to WCA’s needs.
- Very few technical difficulties.

Program Challenges:
- Credentialing significant number of specialist physicians has proven very time-consuming.
- Tele-intensivist Program has been slow to evolve/taking initiative to engage physicians.
21st Century Medicine at WCA: Telemedicine Video
Thank you
Q&A and Discussion