Q1 Please provide your contact information below.

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Q2 Please describe your company or organizations overall goals and mission.

eHealth Systems & Solutions was founded in 2005 to provide telemedicine design, implementation, and management services to hospitals, health plans, and physicians interested in offering virtual consults to patients. Since its inception, eHealth Systems & Solutions has worked with integrated healthcare delivery systems, academic medical centers, FCC funded Rural Pilot Projects, and physician group practices to explore the potential of creating a sustainable business strategy that offers cost and clinically effective telemedicine services for a wide range of patients. Our goal and mission is to design and implement telehealth solutions that engage both clinicians and patients using available technology to facilitate appropriate treatment and better overall outcomes.

Q3 Please indicate which category your organization falls under.   **Technology Solutions**

Q4 Innovation Executive Summary. Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scaleability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

Telehealth and telemedicine is the provision of healthcare services using communication technology to treat patients physically removed from the clinician's location. Telehealth reduces the barrier to access for patients in remote, rural communities lacking local clinical resources. This low cost technology supports population health initiatives and facilitates routine patient engagement resulting in greater awareness and personal responsibility regarding lifestyle management choices.

Health care education is critical throughout life. Learning about and understanding personal responsibility is imperative to maintaining a healthy lifestyle. Many patients may have had little formal health education and may lack critical thinking skills when assisting their physician in developing and carrying out a treatment plan. Language proficiency and communication skills, including translation

services for those needing assistance are necessary to fully understand health benefits and how to achieve lifetime personal health goals.

Telehealth tools and resources can be broadened to incorporate educational and training support for patients, staff, clinicians, and employers all seeking to improve community health and individual outcomes.

There are numerous opportunities for training future technicians and clinicians using video based interactive courses that can be offered to high school students and community college campuses. It is anticipated that over the next several decades there will be a significant shortage of doctors, nurses, therapists, and technicians. Telehealth can begin to address these career opportunities through distance learning programs that support local initiatives.

In order for telehealth to succeed, it must rely on the extended family and circle of care givers, who need to coordinate their efforts for patients going through recovery and rehabilitation.

Having an electronic virtual assistant to manage all correspondence, scheduling and follow-up is critical for long term success and sustainability. Engaging all community stakeholders insures widespread adoption and utilization resulting in better treatment outcomes. Social organizations and civic associations must be active participants and leaders if telehealth is to succeed.

Correctional care telemedicine has long been an effective care delivery tool for jails & prisons. It has significantly reduced the cost and risk of prisoner transports to see physicians and has demonstrated success in managing diabetic and other chronic conditions that require routine monitoring. Telepsychiatry has become an invaluable tool in managing inmate mental health and as part of an overall health and rehab program, virtual counseling and therapy is available to inmates.

By deploying both consumer facing and institutionally driven telemedicine services, organizations are dramatically improving access to all levels of care. Many large healthcare delivery systems and insurance payers are providing access to telemedicine services as a way of directing patients to the most appropriate level of care by contracting with physician networks that recruit local doctors to participate and treat their own patients. Telehealth should be designed to serve and support patients locally, help community clinics and hospitals retain treatment revenue, improve clinical productivity, and coordinate population health efforts.

All points of patient contact (doctor's office, urgent care clinic, hospital ER, pharmacy, nursing home/assisted living facility) should be able to offer basic levels of telehealth services. Interacting with patients in real-time contributes to their sense of engagement and ongoing health and wellness and should be incorporated into the practice management strategy. With the transition from fee-for-service to value based, outcome driven contracts, deploying telehealth becomes imperative and requires the active involvement of both staff and patients.

1. Potential Return on Investment
The cost of implementing a telehealth program can be minimal depending on the scale and scope intended. With the addition of high grade digital cameras and monitors, most practices can recoup their investment quickly by performing either (or both) high volume/low reimbursement (primary care screenings) or low volume/high reimbursement procedures (telestroke). With fee-for-service insurance reimbursement and value based contracts, telehealth can ultimately be a revenue generating service that also improves practice productivity (refined work flows for nursing staff can redirect clinical resources to supporting patients wanting/needed to discuss their condition). By decreasing the number of no-show appointments, specialists can better manage their scheduling gaps and fill them with virtual visits.

2. Scalability
Telehealth as a practice based solution, scales well depending on the size and intent of the organization interested in offering these services. Small practices can offer both synchronous and asynchronous services that can resolve most health conditions without the need for urgent or emergency care. Larger practices or hospitals can offer a wider range of clinical services depending on clinical capacity to meet the demand and the existing communication infrastructure to support a more robust level of video driven data. As a means for reducing readmission rates, post discharge home based monitoring can be achieved using low cost devices that measure and transmit vital sign data. The cost of providing this services is minimal compared to the cost of readmitting a patient because they were

not being tracked.

3. Feasibility

Highly feasible based on low cost implementation with a high potential number of users. PPS' can use telehealth to manage and engage patients that otherwise might not follow through on many of their health efforts. Limiting factors include: access to smartphone/tablet, adequate broadband connectivity, health literacy, and technical competence.

4. Evidence-based support for innovation

Telemedicine has been utilized for over 40 years and has been federally funded since the early 1990s. During that time there have been: hundreds of peer reviewed articles and case studies documenting proof of concept, clinical efficacy, and cost; thousands of industry white papers addressing network infrastructure, broadband connectivity, work flow, staff and patient education, reimbursement options; and dozens of clinical & technical best practice guidelines, policies, and procedures published by the AMA, AHA, ATA, state medical boards, and the insurance industry to insure appropriate and successful utilization. There have been large scale, long term research demonstrations conducted at leading academic medical centers, large integrated care delivery systems, and tertiary hospitals evaluating different applications and equipment for specific populations using commonly available technology.

5. Relevance to the Medicaid Population

The Medicaid population presents some unique challenges to healthcare delivery, specifically communication and transportation. Many patients have a difficult time keeping appointments if they have to travel far during inclement weather. Telehealth eliminates time and distance barriers. If treatment can be rendered successfully with a virtual visit, why make patients come in-person? As more consumers have access to smartphones, tablets, and wi-fi, and with much of our personal life now conducted online, the introduction of low cost telehealth services both complements practice based care while reducing the need for unnecessary in-person visits. Telehealth services can be available from nearly every medical specialty, in many locations, supporting a wide range of conditions.

6. Speed to market (how quickly could the strategy be launched)

Telehealth services can be quickly and easily deployed depending on: which patients are being targeted, what services are being offered, how those services are being delivered, how are these services being compensated. Most of the equipment and technology necessary to conduct appropriate and effective virtual consults may already be available and all that is needed is a work flow adjustment to incorporate new technology and patient engagement strategies. There are numerous third party vendors that can install and support a branded telehealth platform, which is linked to a patient portal for scheduling and EHR data sharing.

Q5 Was your innovation implemented? If so, please explain when, the number of people impacted, and the

results.

Yes (please specify when and the estimated number of people impacted):

Several clients and technology partners have implemented numerous applications treating thoussands of patients in hundreds of locations with primary and specialty care providers resulting in fewer missed appointments, better treatment plan compliance, fewer readmissions, and lower cost prer episode of care.

Q6 Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

Education,

Health and Health Care

Q7 I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

I consent to have my innovation shared