NEW YORK STATE | Department of Health | Medicaid Redesign Team
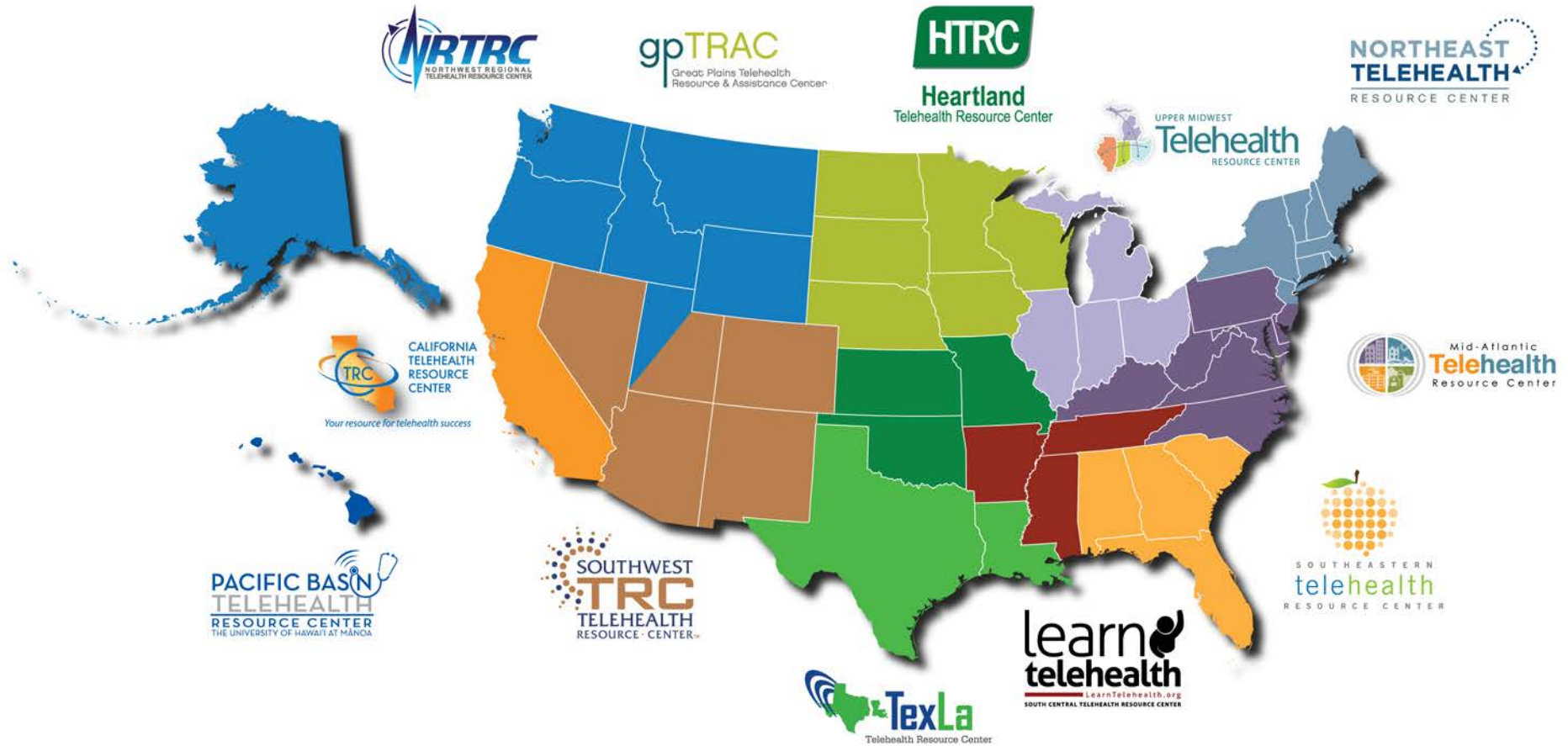
Breakout C:
Telemedicine Innovations

Telemedicine Innovations: An Introduction

New York DSRIP 2016 Statewide Learning Symposium
September 21, 2016

Andrew Solomon, MPH
Project Manager
NETRC, MCD Public Health

TelehealthResourceCenters.org

NRTRC
NORTHWEST REGIONAL
TELEHEALTH RESOURCE CENTER

gpTRAC
Great Plains Telehealth
Resource & Assistance Center

HTRC
Heartland
Telehealth Resource Center

NORTHEAST
TELEHEALTH
RESOURCE CENTER

UPPER MIDWEST
Telehealth
RESOURCE CENTER

CALIFORNIA
TELEHEALTH
RESOURCE
CENTER
TRC
Your resource for telehealth success

Mid-Atlantic
Telehealth
Resource Center

PACIFIC BASIN
TELEHEALTH
RESOURCE CENTER
THE UNIVERSITY OF HAWAI'I AT MĀNOA

SOUTHWEST
TRC
TELEHEALTH
RESOURCE · CENTER

SOUTHEASTERN
telehealth
RESOURCE CENTER

TexLa
Telehealth Resource Center

learn
telehealth
LearnTelehealth.org
SOUTH CENTRAL TELEHEALTH RESOURCE CENTER

TTAC
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

Center for
Connected
Health Policy
The National Telehealth Policy Resource Center

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

About Us

www.netrc.org

www.mcdph.org

www.uvmhealth.org

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!

Taking Telehealth Mainstream

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!

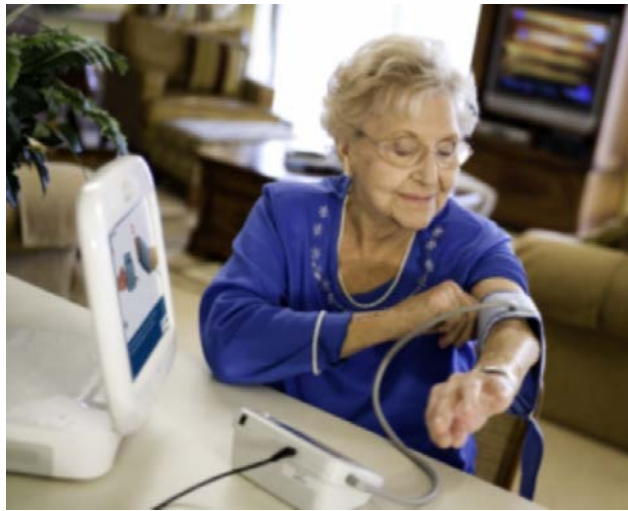*www.netrc.org/conference*

www.netrc.org

Historical Background

*The Teledactyl (*Gernsback, Science and Invention Magazine, 1925)

A doctor visits the Jetson's home by video in 1962 (Smithsonian.com)

Telehealth Today

Where is telehealth?

- Academic Medical Center
- Airplane
- Boat
- Celebrity Tour Bus
- Coal Mine
- Community Health Center
- Community Mental Health Center
- Disaster Zone
- FQHC
- Home
- Hospital

- Public Health Dept.
- Public Library
- Nursing Home
- Oil Rig
- Prison
- Refugee Camp
- Retail Pharmacy
- Rural Health Center
- Public School
- Space Ship
- *And Many More!*

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
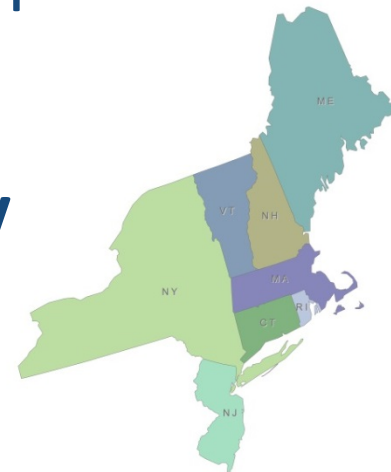
Telehealth in New York

- 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 <u>Small</u> 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!


Photos courtesy of AMD Global Telemedicine

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%
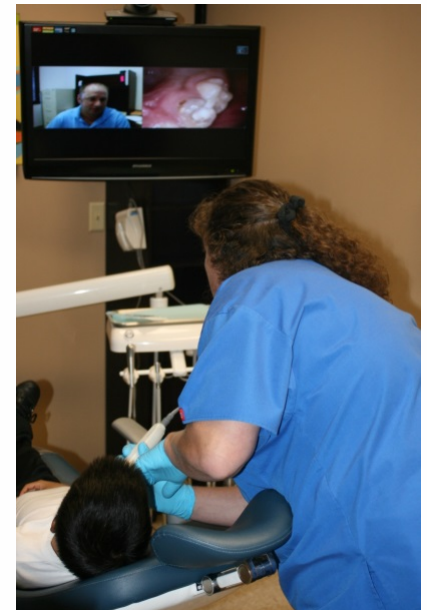
Teledermatology

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**)
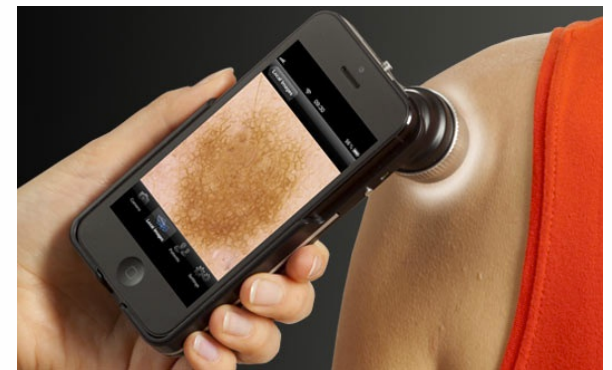
Remote Patient Monitoring

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.
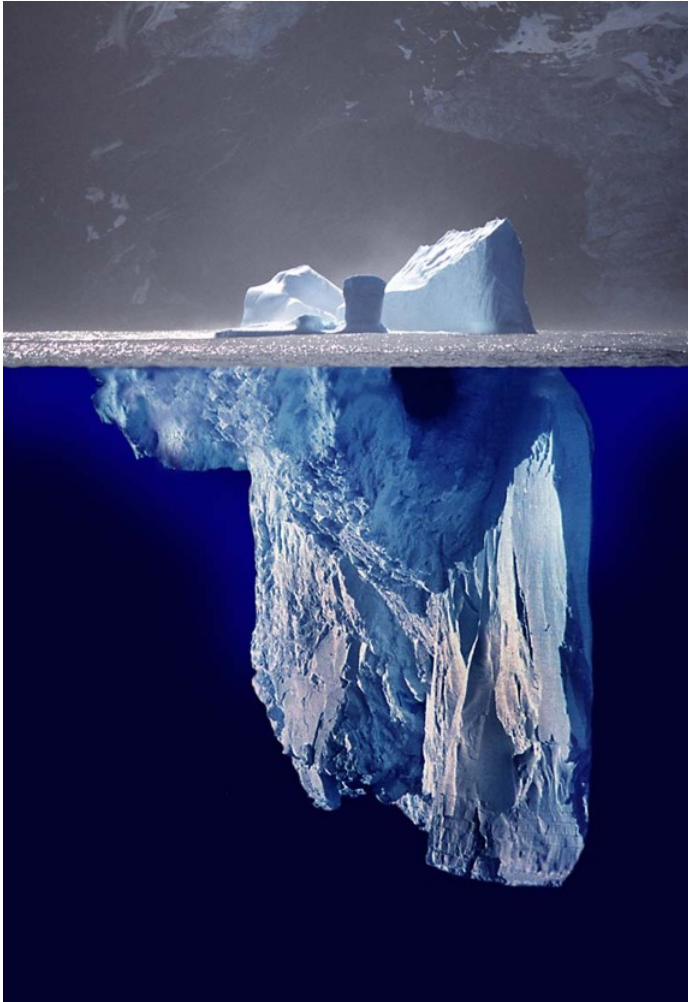
Program Description:

- 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

- **National Telehealth Resource Centers** www.telehealthresourcecenters.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

- *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
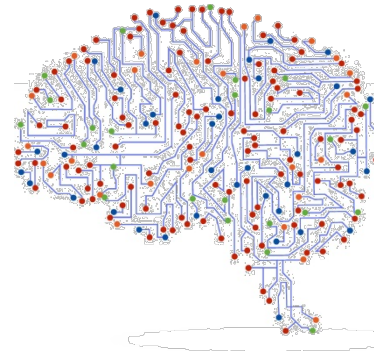
Future Expansion Opportunities

- ## 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
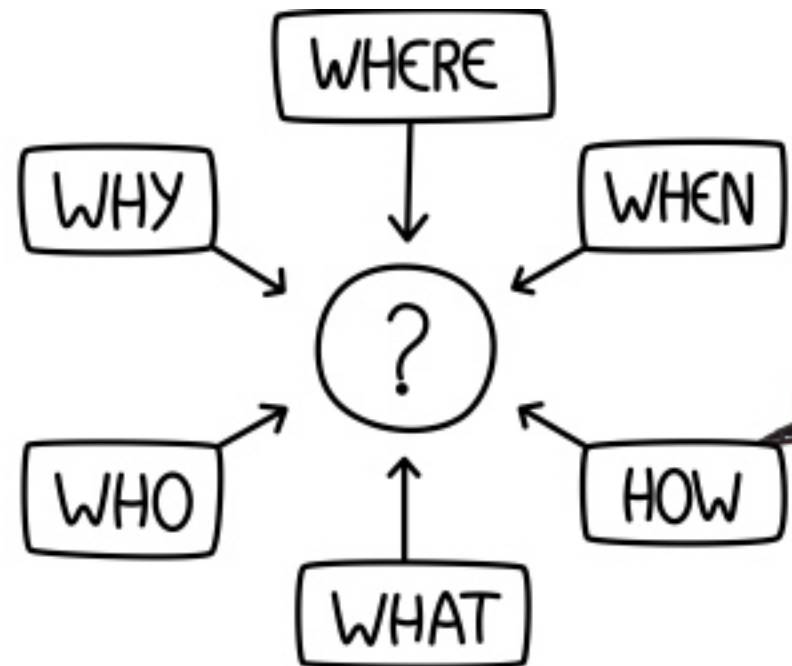
Contractual Agreements

- 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
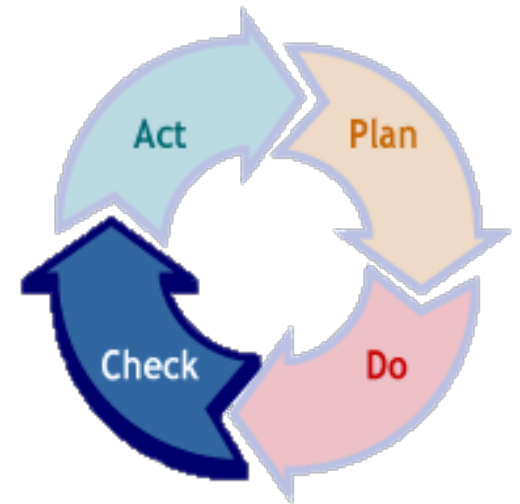
Challenges

- 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
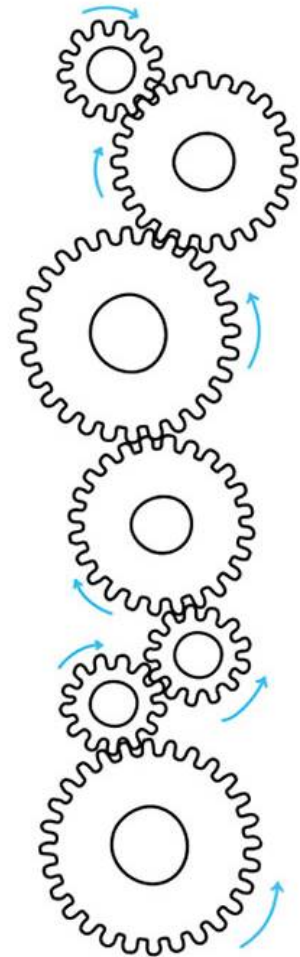
Thank you!

- Questions?
- More information at wnycommunitypartners.org

The Telemedicine Experience at WCA Hospital

Dan Johnson
September 21, 2016

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.

WCA
HOSPITAL

The Telemedicine Experience at WCA Hospital

▸ Go LIVE for Acute/Emergency and Routine Teleneurology

January 21, 2016

WCA HOSPITAL

The Telemedicine Experience at WCA Hospital

Since inception of WCA Hospital Telemedicine Program:

90 Teleneurology Consults

The Telemedicine Experience at WCA Hospital

- Training Completed/Onsite Visit
  - April 12, 2016

TRAiNiNG

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 difficulities.

- ### 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
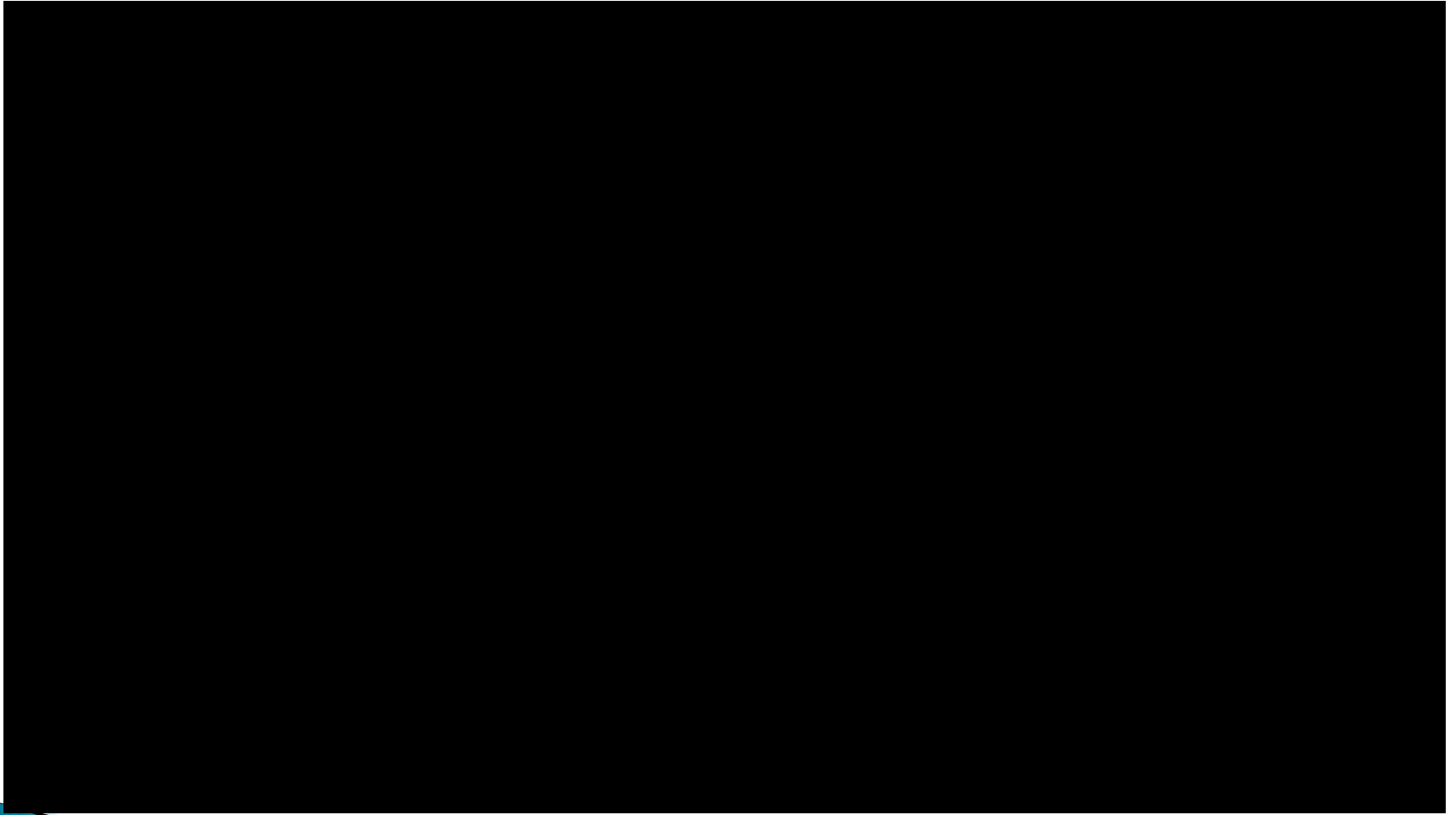
Thank you

Q&A and Discussion

NEW YORK STATE | Department of Health | Medicaid Redesign Team