Developing Telemedicine Partnerships for Rural Healthcare

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Developing Telemedicine Partnerships for Rural Healthcare

Featured Presenters

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Global Director of Strategic and Partner Development
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Director of Telemedicine
Children's Mercy Kansas City
Developing Telemedicine Partnerships for Rural Healthcare

What We Will Cover

- How to fill gaps in your healthcare services.
- How to partner with academic medical centers to leverage their services.
- Key considerations when starting a telemedicine program.
- Effective practice models and workflows.
- Telemedicine business models that make the most sense for rural healthcare providers.
Three Key Things to Consider When Developing your Telemedicine Program

Ron Emerson RN BSN, Global Director of Strategic and Partner Development
Why These Key Three points?

At some point I/you will have to validate these key points...

What were they?

I. Patient/Clinician satisfaction and experience

II. Clinical efficacy

III. Cost Effectiveness and ROI
Patient Satisfaction

- Most studies show patient satisfaction rate above >90% when using Telemedicine

- Clinicians Satisfaction rates are lower but satisfactory (Generally above 86%)

- As would be expected, there are factors determining satisfaction rates such as technology used, clinical presentation...etc.


Clinical Efficacy

- Mostly comparison studies

- Larger amounts of research literature in Telemental health, neurology (study below) and dermatology

- Comparison studies have shown the diagnosis is the same in person or over Telemedicine (in certain specialties more data in others little data)

Source:
Efficacy of site-independent telemedicine in the STRoKE DOC trial: a randomized, blinded, prospective study
Brett C Meyer, MD
Correspondence information about the author MD Brett C Meyer
Email the author MD Brett C Meyer
, Rema Raman, PhD, Thomas Hemmen, MD, Richard Obler, MD, Justin A Zivin, PhD, Ramesh Rao, PhD, Ronald G Thomas, PhD, Patrick D, Lyden, MD, Published: 03 August 2008

A randomized trial comparing the efficacy of cognitive–behavioral therapy for bulimia nervosa delivered via telemedicine versus face-to-face

Author links open overlay panel
James E. Mitchell, Ross D. Crosby, Stephen A. Wonderlich, Scott Crow, Kathy Lancaster, Heather Simonich, Lorraine Swan-Kremeier, Christianne Lysne, Tricia Cook Myers

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Cost Effectiveness

How do we increase revenue or decrease cost?

- Increase revenue and market share
  
  “The average number of patients transferred per year to the children’s hospital increased from 143 pre-telemedicine to 285 post-telemedicine. From these patients, the average hospital revenue increased from $2.4 million to $4.0 million per year, and the average professional billing revenue increased from $313,977 to $688,443 per year. (http://www.healthleadersmedia.com/technology/how-telemedicine-drives-volume-revenue#)

- Decrease cost
  
  - EMR, Telemedicine Saves Texas $1B
  
  - Reduce hospitalizations/capitated rates/ population health
  
  - Increase efficiencies (http://www.healthcareitnews.com/news/emr-telemedicine-saves-texas-1b)
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ROI and Revenue Drivers for Telehealth

❖ Rural Facilities

❖ Increase access to specialty services for your patients
❖ Improves your image and brand - Market your program!!!!
❖ Don’t automatically lose your patients to the larger facility
❖ Lab work, pharmacy, and other ancillary tests stay within your facility or the local community

❖ Center of Excellence

❖ Increase market share through relationships with patients and rural providers
❖ Patients come to their facility for in-patient and ancillary services and not their competitors.
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Telemedicine Business Models and Best Practices

Morgan Waller, MBA, BSN, RN
Director of Telemedicine, Children’s Mercy Kansas City
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How To Fill Gaps In Your Healthcare Services

- Recruit & Hire
- Refer patients out of town, county, state
- Or
Contract for Virtual Expertise

- Help your providers deliver better care to their patients locally
- Support them, engage them with academic resources and professional collaboration
- Keep your providers’ patients in your facility
- Keep patients in their medical home
- Make your patients and providers very happy
Just Because

I put RedBull in my coffee this morning instead of water

And now I can see noises.
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Telemedicine Today

- More than 15 million Americans received some kind of medical care remotely last year, according to the American Telemedicine Association, a trade group, which expects those numbers to grow by 30% this year.

- Kaiser Permanente conducted 52% of its visits virtually in 2017.

WSJ & ATA
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Telemedicine Today

WHAT IS THE MARKET SHOCK?

Virtual Visits Will Be the Primary, Preferred Access Point for Routine, Low-Acuity Care

76% of patients prioritize access over human interaction with providers

Virtual visits are clinically viable remote patient-to-provider interactions for diagnosis and treatment

Surveys show that patients are eager for virtual access to care

Resolution rate for virtual visits—no follow-up care needed after visit

72% Consumers who said they would see a doctor via video

Advisory Council, 2017
Telemedicine Today

- Regulatory Changes - somewhere nearly everyday

  - (CHRONIC) Care Act
    Improve flexibility for telehealth use under Medicare Advantage plans, and allow nationwide reimbursement for telestroke care and home dialysis treatment

  - Missouri & HB1617
    Standard of Care determines method of healthcare delivery
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Telemedicine Today

The percentage of providers that have telemedicine programs

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Physician groups</th>
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<tbody>
<tr>
<td>72%</td>
<td>52%</td>
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The percentage of large employers offering telemedicine benefits

<table>
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<tr>
<th>2015</th>
<th>2016</th>
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<td>48%</td>
<td>74%</td>
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https://www.wsj.com/articles/how-telemedicine-is-transforming-health-care-1466993402
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OK...You Get It!

- Telemedicine is real.
- Its “out there”.
- Its not a fad.
- We better do something!
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How To Partner With Academic Medical Centers

- What are the unmet needs of the patients you serve?

- From each unmet need identified, how many patients are going without or receiving low quality care? Volume of patients.

- Is your organization’s administration completely and totally “in”?

- Is your organization’s staff “in”?
How To Partner With Academic Medical Centers

- Do you have nurses who would be excited about facilitation?
- Are your technologists game for getting specialized training?
- Do you know of someone who can be your program coordinator? It has to be EASY for the providers.
- Do you have a private, well-lit space with appropriate technology and internet service for ambulatory patients?
Telemedicine Partnership Proposal

- Has your contract person ever heard of telemedicine?
- Has your credentials committee heard of CMS & JACHO telemedicine credentialing by proxy? & patient site OPPE?
- Is your billing team familiar with telemedicine facility fee charges?
- Can you exchange medical records through an HIE or secure electronic file transfer?
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Telemedicine Models

1. Access Hospitals ↔ Academic Medical Centers
2. EMS ↔ Academic Medical Centers
3. Facility ↔ Facility (within same organization)
4. Home ↔ Academic Medical Centers
5. Patient Anywhere ↔ Provider Anywhere
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Care Delivery

❖ Asynchronous
  - Store and forward (radiology, dermatology, EKGs, etc...)
  - E-mail/electronic communication
  - Web-based management

❖ Synchronous/Real-Time
  - Medical visits on demand
  - Remote monitoring (hospitalists, ICU, ED, Transport
  - Remote/virtual patients
Care Delivery (cont’d)

- Facilitated and Non-facilitated/Direct to Consumer/On-demand
  - Depending on available diagnostic exam devices and facilitator’s level of expertise, facilitated encounters can replicate quality and outcomes of specialty in-person appointments.
  - Non-facilitated telemedicine encounters rely on the patient or a family member and the provider alone to ensure effective communication and assessment and often no ancillary devices are used to assist with exam.
Contracts

- Distant Provider Site bills provider fees
- Near Patient Site bills facility fees

- Reassignment of billing rights
  - Monthly invoice for call time
  - Monthly invoice for actual time
  - Combination of two

FMV
TeleStroke

- Study 'undeniably proves' telestroke care saves lives and money
- If a program costs <=$50,000 per quality-adjusted life year is it consider cost-effective (telestroke costs less than $2,500)

Telemedicine At Children’s Mercy Kansas City
Access to “Super” Specialists

- 11/14 American Board of Pediatrics (ABP) Subspecialties
- 4/5 of ABP Co-sponsored Subspecialties
- 27 Specialties & Subspecialties Combined
Children’s Mercy
Sub-specialty Telemedicine

- Adolescent Medicine
- Allergy, Asthma & Immunology
- Cardiology
- Child Abuse & Neglect
- Children & Youth Special Healthcare Needs
- Dermatology
- Developmental & Behavioral
- Endocrinology
- Ears, Nose & Throat
- Gastroenterology
- Genetics
- General Surgery
- Hematology/Oncology
- Hepatology
- Infectious Disease
- Neurology
- Nephrology
- Nutrition
- Orthopaedic Surgery
- PHIT Kids (Weight Management)
- Plastic Surgery
- Pulmonology
- Radiology
- Rehabilitative Medicine
- Rheumatology
- Social Work
- Sports Medicine
- Urology
Patient/Family Quotes

“Thank you so much for working with me and providing this service.”

“Everyone & everything was wonderful”

“Excellent Visit!! Everyone here was amazing and great with my daughter.”

“Was a great experience and everyone was so friendly:) Thank You!”

“I wish we had done this 3 years ago!”

“I loved the telemedicine. Excellent, thank you for the convenient options.”
Did We Cover?

- How to fill gaps in your healthcare services, with highly specialized clinical telemedicine

- How to partner with academic medical centers to leverage their services and extend your ability to treat more patients.

- Key considerations when starting a telemedicine program.

- Effective practice models and workflows.

- Telemedicine business models that make the most sense for rural healthcare providers.
How To Expand Your Telemedicine Offerings

Once you have a vision/mission defined & a relationship established, expansion is the easy part!
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Here to Help!

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Thank You for Attending

- Archived presentation will be available in next few days.
- Follow up email will include link