Telehealth Implementation and Integration: Strategies for Success

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Our Goals:

• Understand the terminology
• Understand the value proposition of telehealth
• Understand the current NYS regulatory and reimbursement landscape
• Understand the proper steps for successful implementation
• Group Exercise – What are your barriers to implementing or expanding telemedicine?
North Country Telehealth Partnership

The North Country Telehealth Partnership, a joint venture of Adirondack Health Institute (AHI) and Fort Drum Regional Health Planning Organization (FDRHPO), is northern New York’s leading agency focused on increasing access to health care through the innovative use of telehealth and telemedicine technology. The Partnership is funded through a Rural Health Network Grant through the New York State Department of Health.
The University of Vermont Health Network

University of Vermont Medical Center
Central Vermont Medical Center
Champlain Valley Physicians Hospital
Alice Hyde Medical Center
Elizabethtown Community Hospital and Ticonderoga Medical Village
Porter Medical Center

**Academic Medical Center:** The University of Vermont Medical Center, Burlington, VT

**5 Community Hospitals:** Central Vermont Medical Center, Berlin, VT
Champlain Valley Physicians Hospital, Plattsburgh, NY
Elizabethtown Community Hospital, Elizabethtown, NY
Alice Hyde Medical Center, Malone, NY (regulatory review)
Porter Medical Center, Middlebury VT

**Home Health:** Home Health & Hospice
UVMHN Telehealth Programs

- Tele-Psychiatry
- Palliative Care
- Otolaryngology
- VNA – RPM
- Primary Care Visits
- Sleep Center Counseling
- Genetic Counseling
- Pediatric Behavioral Health
- Project ECHO HEP-C
- eConsults - Dermatology
- eVisits - MyChart
- Tele-Stroke
- Endocrinology
- Infectious Disease
- Neurology/Epilepsy
- Senior Living Outreach
Telehealth versus Telemedicine

- NYS definition of Telehealth
- NYS definition of Telemedicine
- Hub (Distant/Provider Site)
- Spoke (Originating/Patient Site)
Most Common Types of Telehealth Delivery

- Two way live audio-video (Synchronous)
- Store and forward (Asynchronous)
- Remote Patient Monitoring
Less Common Types of Telehealth Delivery

mHealth – Mobile Health

Provider to Provider Consult
Why Telemedicine?

**Patients**
- Create access for patients
- Convenience for patients
- Provide better outcomes for patients

**Providers**
- Create access for providers
- Convenience for providers
- Create competitive services

**Hospitals**
- Expand service offerings for communities
- Create competitive services for patients
Common Clinical Areas for Telemedicine

- 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!
The Telehealth Landscape

**Drivers**
- Aging Population
- Consumer Demand
- Expanding Reimbursement
- Provider Shortages
- Payment Reform
- Readmission Penalties
- Competitive Forces

**Barriers**
- Access to Broadband/Technology
- Cost
- Licensure
- Limited Reimbursement
- Privacy and Security Concerns
- Resistance to Change
- Legal/Regulatory Questions
Measuring the ROI of Telemedicine

How do providers or payers make an investment decision on telemedicine? What is the right ROI measurement?

The National Quality Forum (NQF) released a framework for measuring the quality and impact of telehealth services. This framework focuses on four areas: patient access to care, financial impact, patient and clinician experience, and effectiveness of clinical and operational systems.

ROI is not always measured on revenue generation, but rather on cost containment, outcomes, reducing length of stay, and driving referrals from community hospitals for specialty work.
Business Drivers of Telemedicine

Why are health care organizations investing in telehealth?

1) Meet new mandates and payment models – the shift to value-based care under capitated rates.

2) Increase market share by retaining current patients and attracting new ones – health care is becoming more consumer driven.

3) Decreasing costs while increasing efficiencies within a system (such as decreasing doctors and patients travel time).
Reimbursement for Telehealth

Reimbursement depends on the state and payer:

**Medicare:** Specific requirements, with significant changes proposed for CY 2019
- Originating site (patient location) generally must be a health care facility that meets rural eligibility requirements, but there are a few exceptions.

**Medicaid:** Policy depends on state – 49 states cover some form of live video, 20 for remote patient monitoring, and 15 for store and forward services.

**Private Payers:** Laws govern reimbursement by private insurers in 38 states and Washington D.C. (including Maine), but language varies and most do not require payment parity.
Proposed Changes to Medicare PFS

• **Remote Evaluation of Pre-Recorded Patient Information** – Would create a specific new code to describe remote professional evaluation of patient-transmitted information conducted via pre-recorded “store and forward” video or image technology (FQHCs/RHCs may specifically be able to bill).

• **Brief Communication Technology-based Service, e.g. Virtual Check-in** - Would include check-in services used to evaluate whether or not an office visit or other service is necessary (FQHCs/RHCs may specifically be able to bill).

• **Interprofessional Internet Consultation** - Would cover consultations between professionals performed via communications technology such as telephone or Internet.

• Additionally, CMS adds new codes to the Medicare telehealth list, as well as new codes for chronic care management and remote patient monitoring and expands telehealth reimbursement for end stage renal disease and acute stroke based on requirements in the Bipartisan Budget Act of 2018.

• **Key Resources:**
  • Center for Connected Health Policy [Infographic](#) and [Fact Sheet](#)
States with Telemedicine Parity Laws


[Map showing various states with different colors indicating telemedicine parity laws, partial parity laws, proposed parity bills, and no parity legislative activity.]
Telemedicine Parity Laws

What is the difference between coverage parity and payment parity?

Coverage parity laws require health plans to cover services provided via telehealth to the same extent the plan already covers the services if provided through an in-person visit.

Payment parity laws require health plans to pay providers for telehealth services at the same or equivalent rate the health plan pays the provider when the service is provided in-person.
Examples of Telehealth in NYS

Finger Lakes Community Health:
• 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%
Examples of Telehealth in NYS & VT

University of Vermont Medical Center:
• 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)
Examples of Telehealth in NYS

Adirondack Health
• Hospital with a grant to deploy remote patient monitoring units in the North Country.

Program Description:
• 4G tablet with pre-loaded software and peripherals (scale, pulse oximeter, BP monitor, etc.) at patients home.
• Algorithms highlight patients with abnormal readings and allow primary care provider and nursing team to intervene.
• Served 161 patients since March 2017 (18-month period) – primarily CHF, Hypertension, and COPD patients. Of the 161, only 18 (11.46%) were readmitted within 30-days!
Steps to take when Implementing Telehealth

1. Evaluate needs – Conduct a needs assessment and/or readiness assessment.
2. Develop care services plan – Do you have the right providers and patients for this?
3. Develop business plan & complete appropriate paperwork – Do you need a NYS waiver?
4. Plan technology & equipment – Do your research!
5. Train personnel, test equipment, select a start date!
6. Pilot the program!
7. Evaluate outcomes – how will information and data be collected?

Things to address in your planning:

- Program Definition and Purpose
- Workflow
- Technology
- Licensure and Credentialing
- Security, Informed Consent and Compliance
- Billing and Scheduling
- Documentation and Communication
- Testing and Rehearsal
- Training and Education
- Support
Don’t be afraid of the technology!

For video visits, pick a HIPAA compliant cloud based video conference platform.

- HIPAA compliant and secure;
- Works on PC’s, tablets, and mobile devices;
- Easy to use;
- $14.99/mo/host.
Peripherals
Telemedicine Carts
Questions?

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Group Exercise – What are your Barriers?
What are your Barriers?

As a group identify your top barriers for starting a telemedicine program within your organization.

- Individually use 10 minutes listing barriers you believe exist in your organization.
- As a group use the next 10 minutes to discuss and choose the top 3 in your group.
- As a group use the next 10 minutes to develop strategies to overcome those barriers.
- Choose a member of the team to report out findings.