

# *Community Health Through HIT : Telehealth*



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# Who We Are...

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Finger Lakes Community & Migrant Health – a 501c3, Article 28 (NY) community-based organization and a federally qualified Community/Migrant Health Center system, as well as a Migrant Voucher Program.

Admin Office: Penn Yan, NY

Sites:           Sodus(Wayne),  
                  Geneva (Ontario),  
                  Port Byron (Cayuga),  
                  Penn Yan (Yates),  
                  Bath (Steuben),  
                  Newark (Wayne)  
                  Ovid (Seneca) late 2010

# FLMHCP CLINICS AND NEAREST METROPOLITAN CENTERS

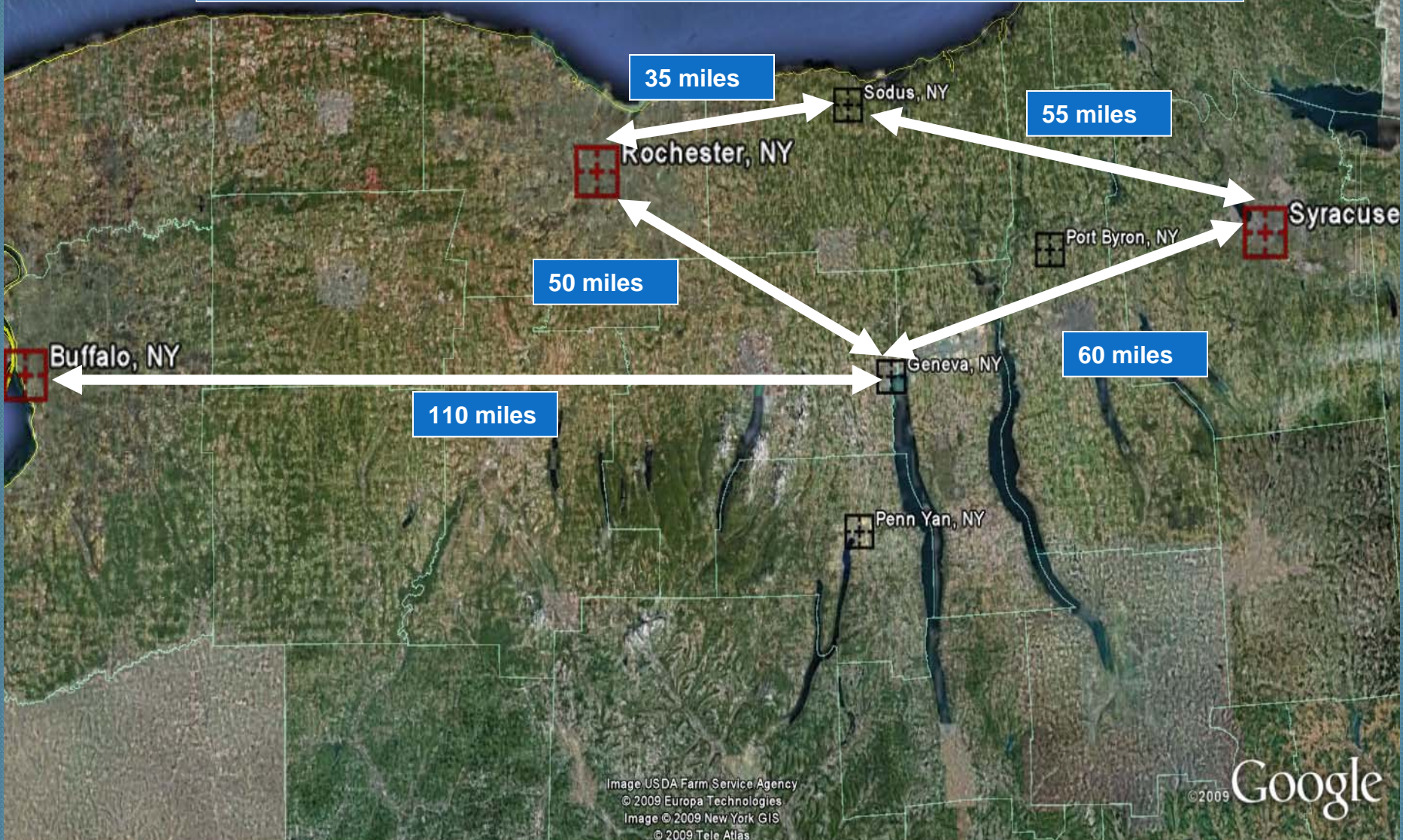


Image USDA Farm Service Agency  
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100+ FLMHCP VOUCHER SITES IN 40 OF THE 62 COUNTIES IN NY STATE



# Responsibility

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FLCMH is responsible for:

- Implementation & management of primary medical, dental and behavioral health sites
- Increasing provider participation across the State
- Implementing DV, Mental Health & Substance Abuse programs for a diverse patient demographic
- Inspiring regional round-table coalition groups, among numerous health-related initiatives

# Scope of Services

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- **Comprehensive primary medical, dental, and behavioral health services, either directly through the 6 FLCMH-run health centers, or through its 169 Voucher Site partners in 40 counties.**
- **Mobile Medical and Portable Dental Programs**
- **School-based Dental Services**
- **Other services include:**
  - **Enabling Services (Interpretation, Transport, & Case Management)**
  - **HIV Specialist at our sites**
  - **Suboxone Treatment program offered on site**
  - **Communicable Diseases Screening (STDs, TB)**
  - **Family Planning Services (Title X)**
  - **Medicaid/Child Health Plus/FPBP Enrollment**
  - **Alcohol and Substance Abuse Services**



# Challenges in Service Delivery

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- Cultural and language barriers in accessing care outside of FLCMH health center sites
- Lack of Availability of providers in rural areas
- Distance traveled to seek health care
- Coordination of access to specialty care
- Costs and Liability issues related to enabling services provided to patients
- Education & training for providers and case-workers

# Leveraging Health Information Technology (HIT)

## Telemedicine



## EMR & Practice Management Systems

**EMR**  
Intuitive EMR that is easy-to-use. Powerful solution for quality improvement and performance measures.

**Enterprise Practice Management**  
Successfully manage practice operations for all size practices—small through large.

**Patient Portal**  
Enhance patient communication via the Internet to improve the quality of care. Using Patient Portal, providers can send timely alerts and patient information.

**Electronic Health eXchange (eEHX 2.0)**  
Turn clinical integration systems into community-wide projects. This community portal facilitates a holistic view of a patient's ambulatory record with hospital system integration.



# TELEMEDICINE

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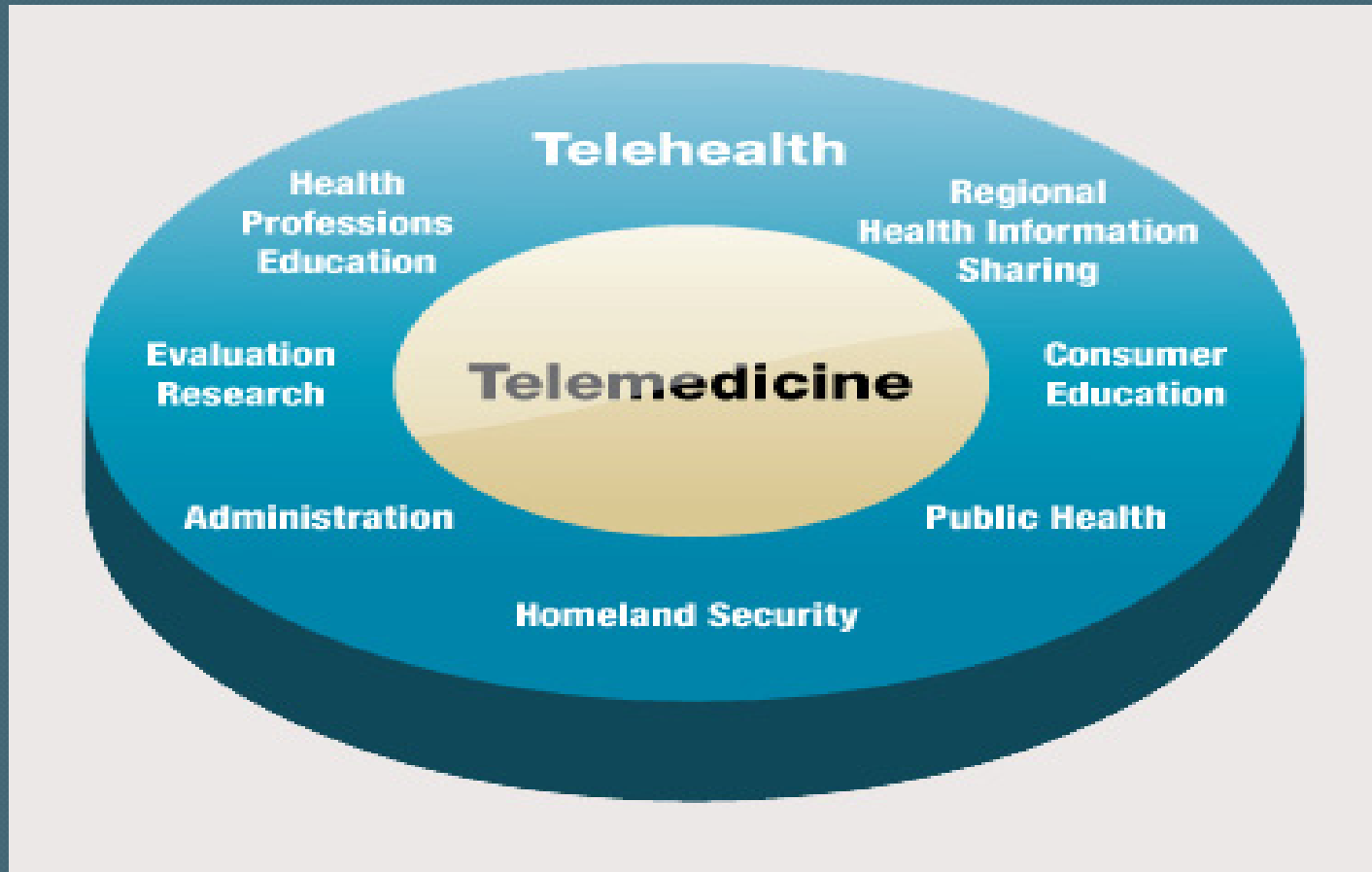
Telemedicine generally refers to the provision of clinical services from a distance.

The Institute of Medicine of the National Academy of Science defines telemedicine as “the use of electronic information and communication technologies to provide and support health care when distance separates the participants.”

## TELEHEALTH

Telehealth refers to a broader scope of services that includes telemedicine, but also includes other services that can be provided remotely using communication technologies. The Office for the Advancement of Telehealth describes telehealth as including telemedicine and a variety of other services.

# TELEMEDICINE & TELEHEALTH



Source: California Telemedicine & eHealth Center (CTEC)

# Telehealth Program Development in NYS

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## **Telemedicine for specialty care:**

- **ENT**
- **Dentistry**
- **Dermatology**
- **Psychiatry**

## **Distance Learning & Education**

- **Staff Development & Training**
- **Provider CME & Grand Rounds**
- **Chronic Disease Management Outreach**
- **Migrant Education Outreach Programs**

## **Enabling Services**

- **Interpreter Services**
- **Outreach Services**
- **Administrative Coordination**

# Leveraging Health Information Technology (HIT)

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- **Telehealth Program Development – a 3-layer strategy**
  - **Layer 1: Broadband/Internet Connectivity**
  - **Layer 2: Telehealth infrastructure and end-user equipment**
  - **Layer 3: Telehealth Program Development and Clinical and Educational Applications**

# Telehealth Program Development FUNDING

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- Layer 1: Broadband – FCC Rural Healthcare Broadband Funds & FCC Rural Universal Services Funds
- Layer 2: Infrastructure and end-user equipment – USDA Telemedicine Grant, NY State grants, ARRA funds
- Layer 3: Program Development and Clinical and Educational Applications – HRSA Network Development Grant, NY State funds, ARRA funds

# Telehealth Program Development FLCMH Grant Funding Successes

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- **Layer 1: Broadband** – Partner in the WNY Rural Broadband Healthcare Network (\$6M grant awarded to the WNY Rural Broadband Healthcare Network)
- **Layer 2: Infrastructure and end-user equipment** –USDA Telemedicine Grant - \$198K in 2008, 80K in 2009. Codian Bridge – ARRA funds.
- **Layer 3: Program Development and Clinical and Educational Applications** –HRSA Network Development Grant - \$540K over 3 years
- HRSA funding for National Telehealth Network (HCCN)

# Telehealth Program Development

## **Building the Program**

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### **Layer 1: Broadband/Internet Connection**

- Reviewed the broadband speeds at our administrative office and clinical sites.
- Upgraded services to Time Warner Business Class with a minimum of 1 Megabit uplink connection
- Anticipating connectivity to the WNY Rural Broadband Healthcare Network. Fiber now being run to sites, with a minimum uplink connection of 20 Megabit!!

# Telehealth Program Development

## **Building the Program**

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### **Layer 2: Telemedicine Equipment**

- Set up evaluation trials for the telemedicine equipment
- Submitted and secured grant funding for equipment purchase to build infrastructure (servers, codian bridge)
- Procured the telemedicine diagnostic equipment needed after staff used and approved them during trials
- Installed infrastructure and end-point systems
- Trained champion health center staff on equipment use



# Telehealth Program Development

## **Building the Program**

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### Layer 3: Program Development and Clinical and Educational Applications

- Hired Director and Clinical Specialist for the Telemedicine Program
- Developed partnerships with ENT, Dental, and Mental Health Specialists with contracts for the scope of services provided
- Developed protocols for each specialty
- Identified roles and responsibilities for program support staff
- Provided training for program personnel

# Telemedicine Consultation



INTERNET



Specialist Side

Clinic/Patient Side

# Typical Telemedicine System in Our Clinics



Telephonic Stethoscope



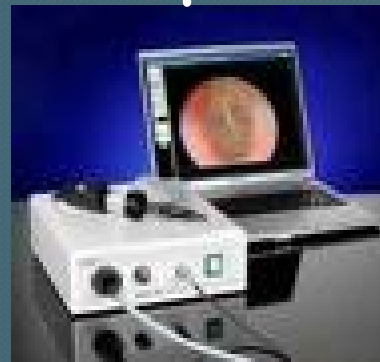
General Exam Camera



Video Conferencing with LCD Monitor



Dental Intraoral Camera




ENT Scope

**eClinicalWorks**

Best EMR solution by SEPM for four consecutive years  
Named to Inc. 500 list of fastest-growing private companies in 2007 & 2008  
Listed on Healthcare Information 100 in 2007 & 2008  
Ranked as Best in KLAS Ambulatory EMR (1-6) 2004, 2005 & 2006


**Front-Office: Appointment Scheduling**

- ▶ Visit types, duration and color codes
- ▶ Real-time connection with PDA
- ▶ Schedule in daily or weekly views



Create, view, edit calendar events.

Schedule & enter appointment details.



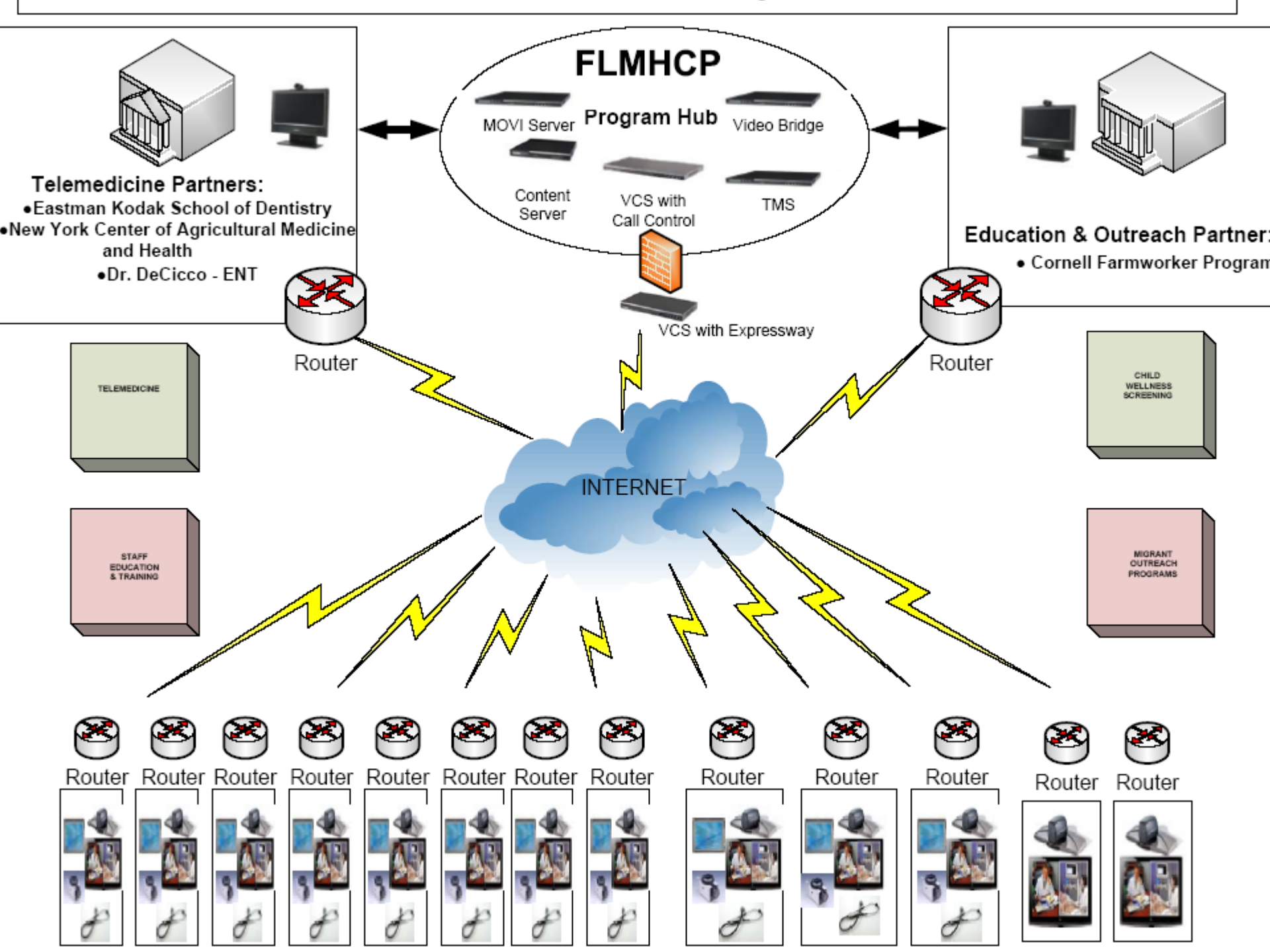
Electronic Medical Record (EMR)

# Teledentistry Consultation



# TeleENT Consultation





# Successes to date...

- Children needing pediatric dental surgery now only 1 visit to urban surgical center, not 4. Under 60 days from diagnosis to completed treatment plan.
- Patients seeing our LCSW can come back to the health center, where they are comfortable, and have a tele-visit with their Psychiatrist to help manage medications and treatment.
- Dermatology Visits using “store and forward”
- Learning opportunities for our providers when they connect via video with expert specialists
- Incredible opportunities for distance learning.
  - Training by NCFH for our Board of Directors
  - Trainings at regional conferences by national speakers
  - New partnerships with others on the network, shared resources
  - Patients love it!!! (Per patient satisfaction forms)

# Telehealth Program Development Challenges

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- Lack of consistent telemedicine reimbursement policies between Federal, State and private payers
- Difficulty in developing clinical and staff champions within the program, must see the benefits of the program for patients.
- Lack of State-supported Telemedicine Infrastructure in NY
- Seamless integration of Layer 1 – Broadband, Layer 2 – Systems & Equipment and Layer 3 – Applications and Program Development into a cohesive and sustainable model



# Telehealth Program Development

## Lessons Learned

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- Start small with an evaluation model to familiarize with equipment and process flow
- Reach out to folks who have already done this
- Develop a community partnership model with like-minded organizations
- Beware of hype!! Educate yourself and ask a lot of questions!!
- Technology is the easy part – Focus time, effort, and money on program development and on a sustainable business model
- And finally:
  - **COLLABORATION, COLLABORATION, COLLABORATION!!!**

# Next Steps...

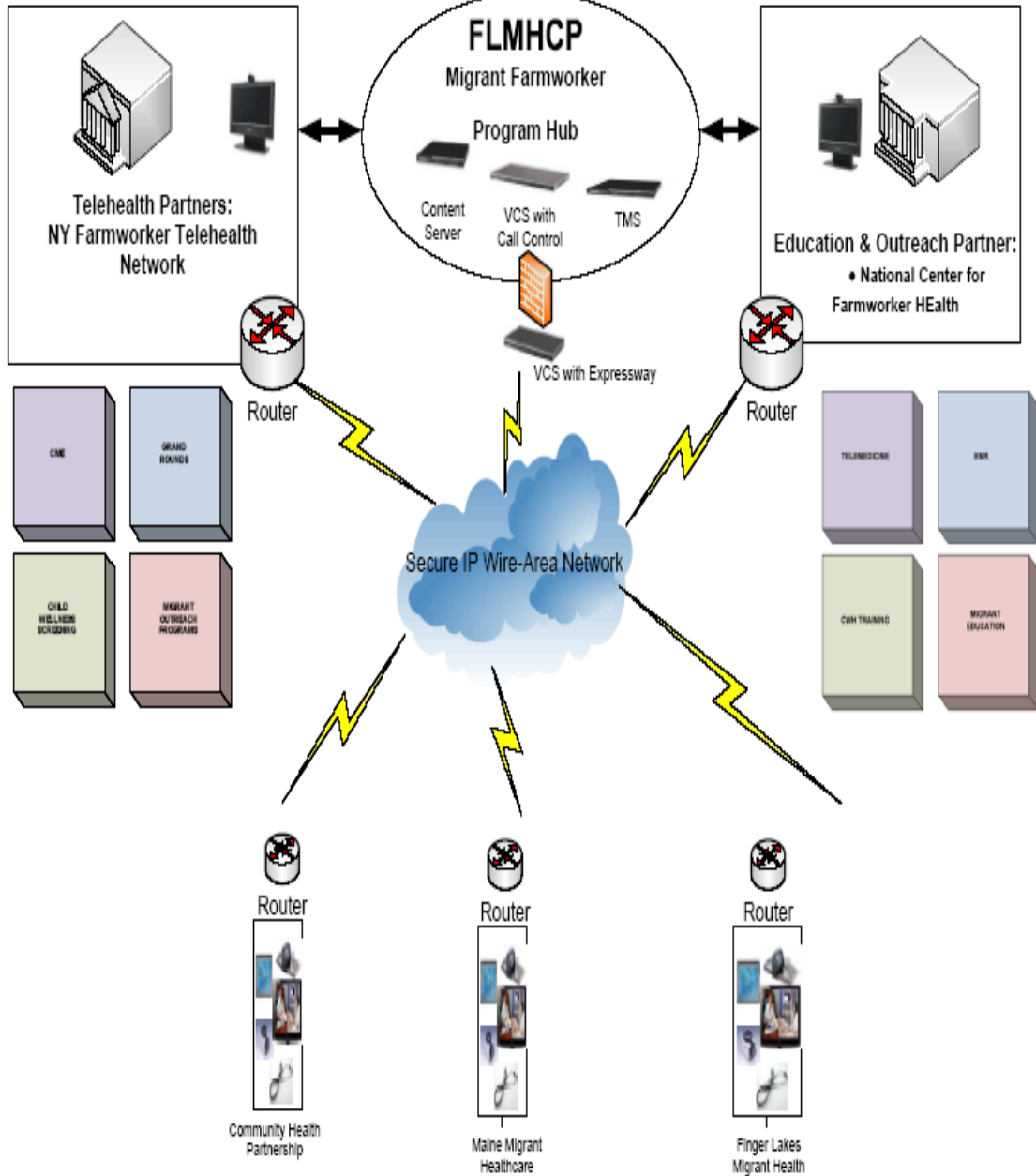
- Take what we learned and help others to bring the benefits of telehealth to their patients/consumers.
- 4 Partners joined forces nationally to develop the “National Telehealth Network”
  - Finger Lakes Community & Migrant Health
  - Nat’l Center for Farmworker Health
  - Community Health Partnership of Illinois
  - Maine Migrant Health Program

# Goals of the Nat'l Telehealth Network

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- Create a network of partners interested in using telehealth technology to improve health outcomes for patients.
- Provide training, program development and implementation as well as support to our partners as they build their own telehealth network within their catchment area.
- Share resources and educational opportunities with partners.

# Schematic of the National Farmworker Telehealth Network



# NFTN Program Development

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## 1) **Telemedicine for specialty care:**

- Diabetic Retinopathy
- Dentistry
- Dermatology
- Psychiatry

## 2) **Distance Learning & Education**

- Staff Development & Training
- Health Literacy
- Cultural Competency

## 3) **Enabling Services**

- Interpreter Services
- Administrative Coordination

# Getting Started...

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- 1. Administrative – who does what?
- 2. Technology – let's get connected!
- 3. Clinical – Can you see me?

# Administrative

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## A. Legalities of the Network

1. Should we incorporate?
2. Contracts between Network partners
3. How does the equipment purchased by the Network get booked by the lead partner?
4. Who owns the equipment?

## B. Board Structure

1. How many meetings per year?
2. Who is on the Board?
3. And most importantly...who types the minutes?

# Technology

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## A. Infrastructure of Network

1. How will upgrades be handled?
2. Who will have preference if network traffic is heavy?
3. Maintenance of servers

## B. End points (partner units)

1. Getting the appropriate unit
2. Broadband is our biggest challenge!
3. Training, training, training!



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## A. At the Health Center

1. Getting the Provider/staff to accept more technology.
2. Policies & procedures of each type of visit
3. Patient satisfaction
4. Malpractice issue

## B. The Specialist

1. How does the specialist get paid?
2. Who is in charge of maintaining the Specialist equipment?

# How are we doing?

## We have...

monthly administrative meetings

monthly clinical meetings to engage provider champions

purchased/installed the equipment for each partner (HD video conferencing unit)

Completed contracts between each partner

Clinical team now evaluating diabetic retinopathy equipment/software

Met with other HCCN's for guidance on structure

# Contact Info

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For more info...

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