Telemedicine in Specialty Care at Refuah Health Center

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CHCANYS
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Today's Presentation

- Context: About Refuah Health Center

- Use of telemedicine
  - Dermatology
  - Mammography

- Lessons learned

Refuah Health Center: Background

- Established in 1992 to meet the health care needs of underserved populations in the area. Approved as an FQHC in 2002

- Three health centers and one sub-recipient site
  - Two centers in suburban Spring Valley
  - One center in rural South Fallsburg
  - One center in Spring Valley operated by Hudson River HealthCare as a sub-recipient to Refuah

- Five mobile medical vans to serve Sullivan County's summer surge from 80k to 300k people

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Service Area

- Suburban Rockland County

- Rural Sullivan County

- Parts of Orange and Ulster Counties
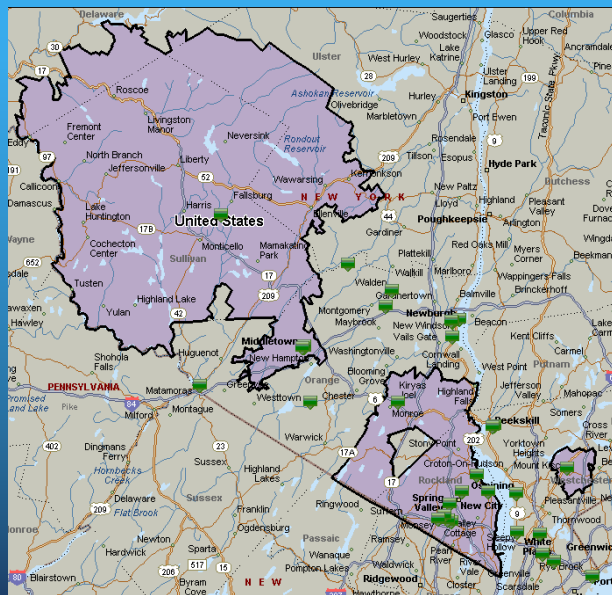
Refuah's Patient Population

- Demographics:
  - Initially primarily served the Hasidic Jewish population of New Square
  - Now serve an increasing number of Latinos and Haitian immigrants

- Volume:
  - In 2011, Refuah served 31k users with 156k visits.
  - More than a 13% increase in both users and visits from 2010.

Refuah's Telemedicine Goals

1. Improve patient access

2. Improve quality of care patients receive

Dermatology

- Dermatologists are expensive and rare

- Dermatology is a "visual" field

- Evidence exists to support diagnostic concordance and comparable clinical outcomes to conventional method

- Capitalize on referral site reputation

Mount Sinai

Eminovic N, et al. Maturity of teledermatology evaluation research: a systematic literature review. *Br J Dermatol.* Mar 2007;156(3):412-9

Pak H, et al. Store-and-forward teledermatology results in similar clinical outcomes to conventional clinic-based care. *J Telemed Telecare.* 2007;13(1):26-30.

Tele-Dermatology

http://www.ucdmc.ucdavis.edu

Tele-Dermatology Process:
"Store and Forward"

1. Patient comes to primary care with skin complaint

2. Trained nurse takes photos and completes questionnaire

3. Images uploaded to secure site

4. Dermatologist reviews images and history

5. Dermatologist develops plan of care and enters recommendations into computer

6. Nurse retrieves report

7. Primary care doctor delivers information to patient and prescribes recommended medications

Lessons Learned

- Primary care doctors found it too difficult to execute and "sell" someone else's plan

- Primary care doctors said they felt the process of calling for the assistance made them look weak

- Staff found the service disruptive to clinic workflow

- Providers ended up using the alternative referral sources

Mammography

- High incidence of breast cancer in our patient population
  (Ashkenazi Jewish)

- Poor screening rates
  - remove transportation barrier
  - remove scheduling barrier
  - remove payment barrier
  - remove cultural sensitivity barrier

Tele-Mammography Benefits

- Highly regulated field.
  - Can piggyback on existing functional processes e.g. recall
- Access to technical expertise in multiple areas:
  - IT
  - Radiologist
  - Technician
  - Billing supervisor
  - Compliance

Tele-Mammography

Conventional method of communication for screening mammograms is also via printed radiologist "report" therefore no disruption to existing patient-PCP workflows

Our mammography screening rates (up from x to y

Lessons Learned

- Behind-the-scenes workflow changes are easier to implement

- Great value in partnering with full service institution, rather than just a radiologist

- Partner institution's weak links will become yours

- Keep in mind the alternatives with which your program will be "competing"