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Reaching Out With Technology:
Meeting the Triple Aim with Telehealth

Mary Zelazny, CEO

Can Telehealth Help Meet the Triple Aim?

- Improve Access:
  - Increased access to specialists, primary care docs, behavioral health providers, remote home monitoring.

- Better Care:
  - Reduced readmissions
  - Better access to clinical data more quickly (remote monitoring)
  - More clinical educational opportunities, expertise sharing

- Lower or Stabilized Costs:
  - Lower utilization rates of ambulatory care
  - Remote monitoring enable patients to be monitored at home

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FLCH Telehealth Guidelines

1. Telehealth/telemedicine is a tool.

2. Program Management can uncover strengths & weaknesses in operations of your Centers.

3. Quality Improvement is FOREVER!

4. Management of telehealth by facts = DATA

5. Need to see cost benefits from different perspective.

6. Keep a sense of humor!

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Telemedicine as a tool…

- Identify gaps in services
- Tap the resources
- Champions (provider/staff) are your best friend!

IT'S NOT ABOUT THE GADGETS, IT'S ABOUT THE CARE

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Program Planning

- Administration – IT-Clinical- Operations-Quality
- Spend time with the specialty care provider
- Pay attention to details
- Document the clinical workflow
- Always do a pilot – start small, think big
- The goal is to integrate into current operations of a PCMH
- Use Change Theory

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Quality Improvement

- Data collection

- Monitor and report outcomes

- Continuous Quality Improvement (PDSA's)

- Regularly evaluate the program(s)

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Manage by Facts

- Data, data, data!!!

- Facts can trump emotion

- Facts = outcomes

As our Telehealth Clinical Coordinator tells us:

A Vision Without a Plan is a Hallucination!

Cost Benefit is Not Always in Real $$$

- Saved travel time/gas for families and enabling staff
- Less lost work time for families
- Increased volume of visits to PCMH
- More relationships between primary care and specialty care
- PCP job satisfaction and morale
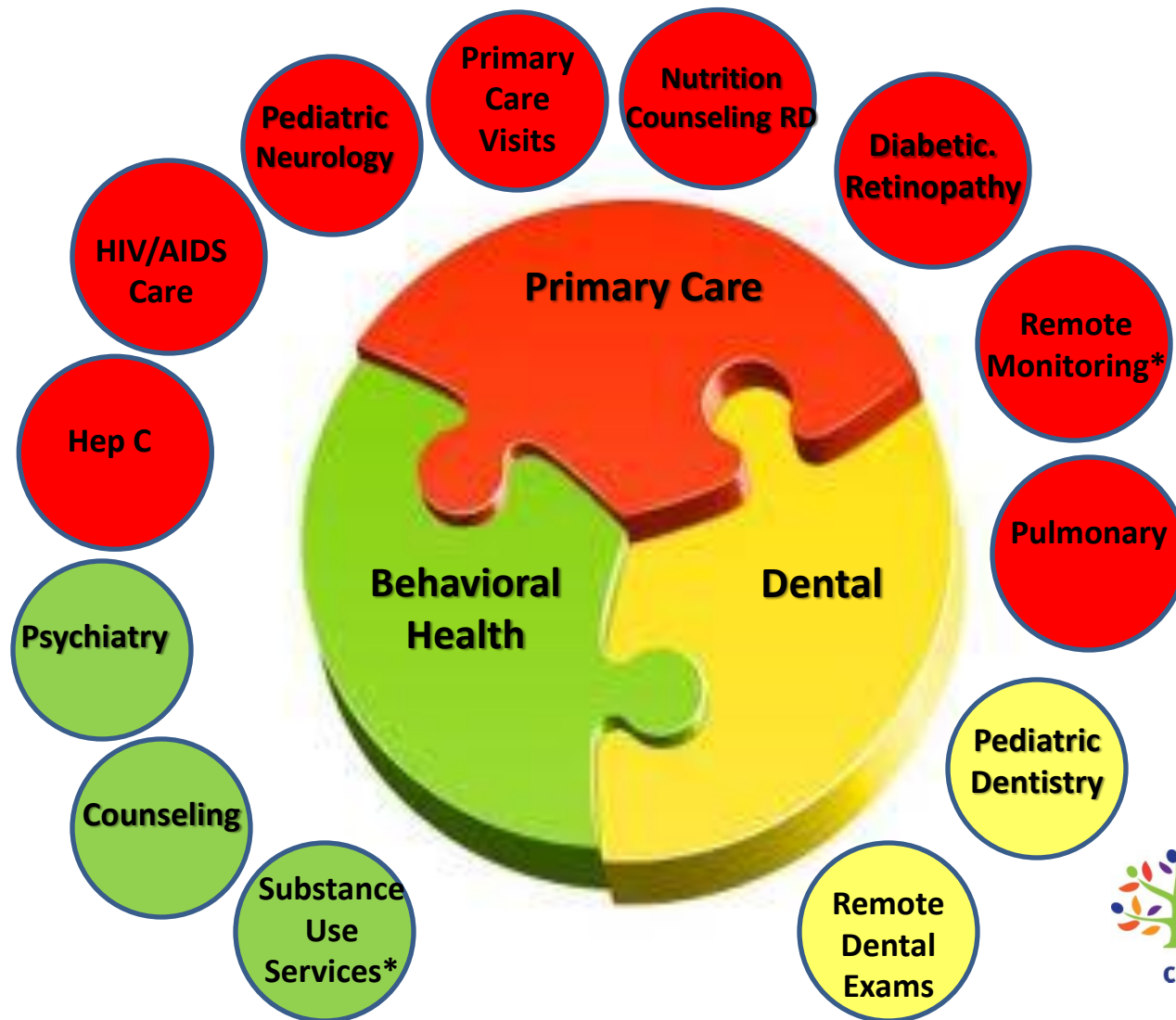- Changing health care delivery system and policy (DSRIP!)

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Keep a Sense of Humor!

- Start small, think big

- Communicate for success & celebrate victories

- Pause points: what is working? What isn't working? What could be done better?

- Identify and deal with fears/concerns

- Keep decision makers in the loop

- Keep process moving down the track
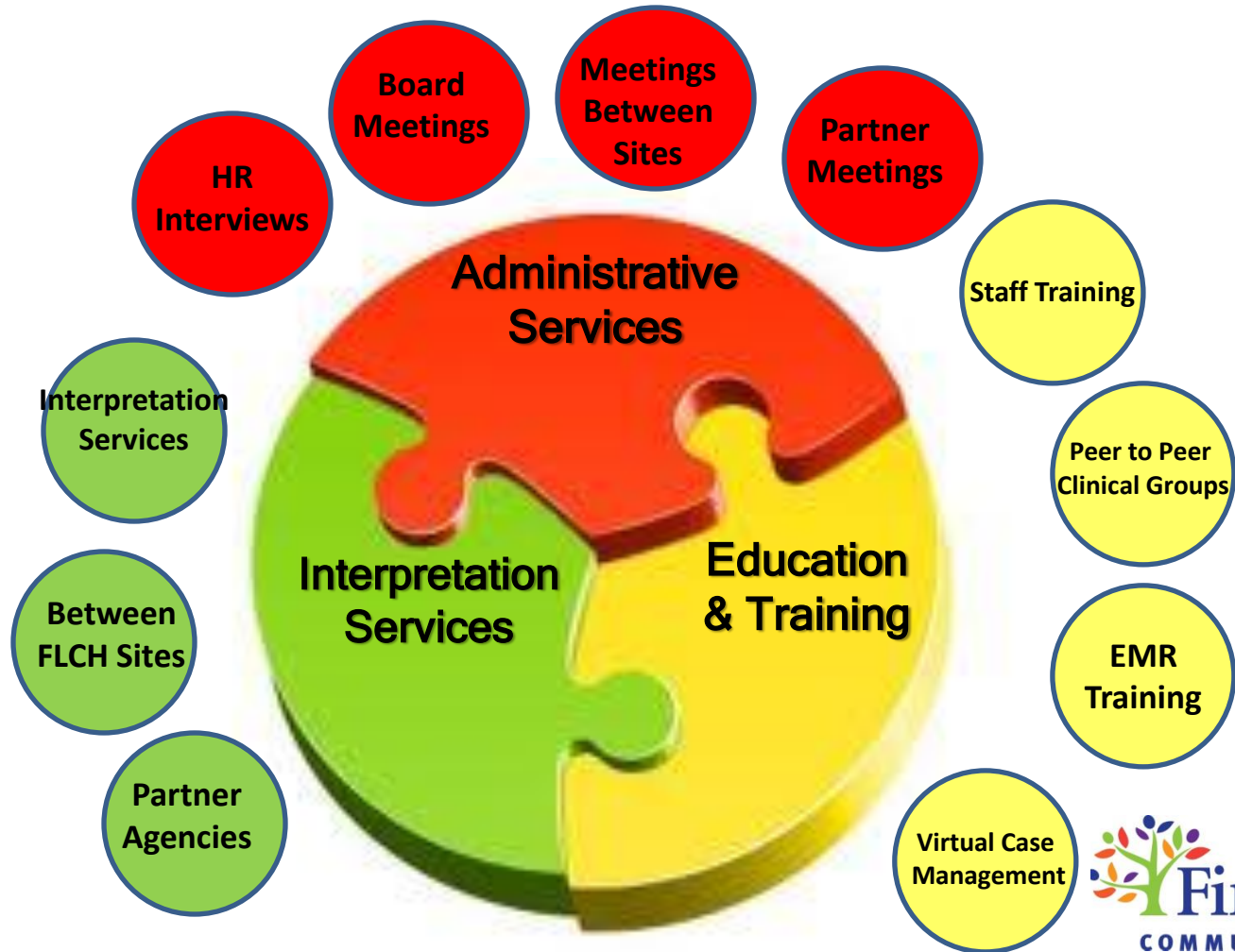
- Give feedback (timelines, performance measures)

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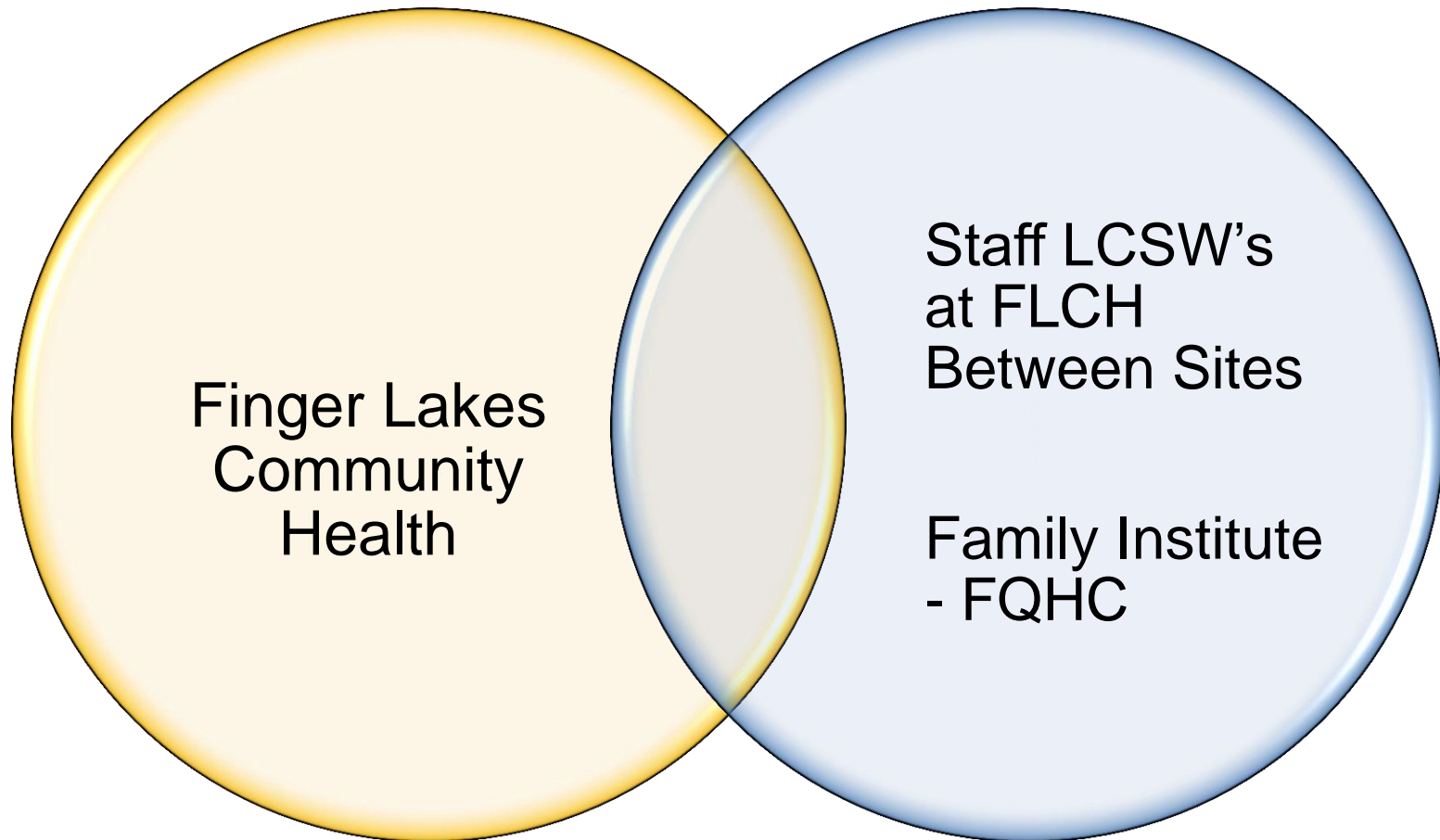# FLCH: An Integrative Model of Care

Clinical Telehealth @ FLCH ...

Administrative Telehealth @ FLCH ...

TeleBehavioral Health

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Staff LCSW's at FLCH Between Sites

Family Institute - FQHC

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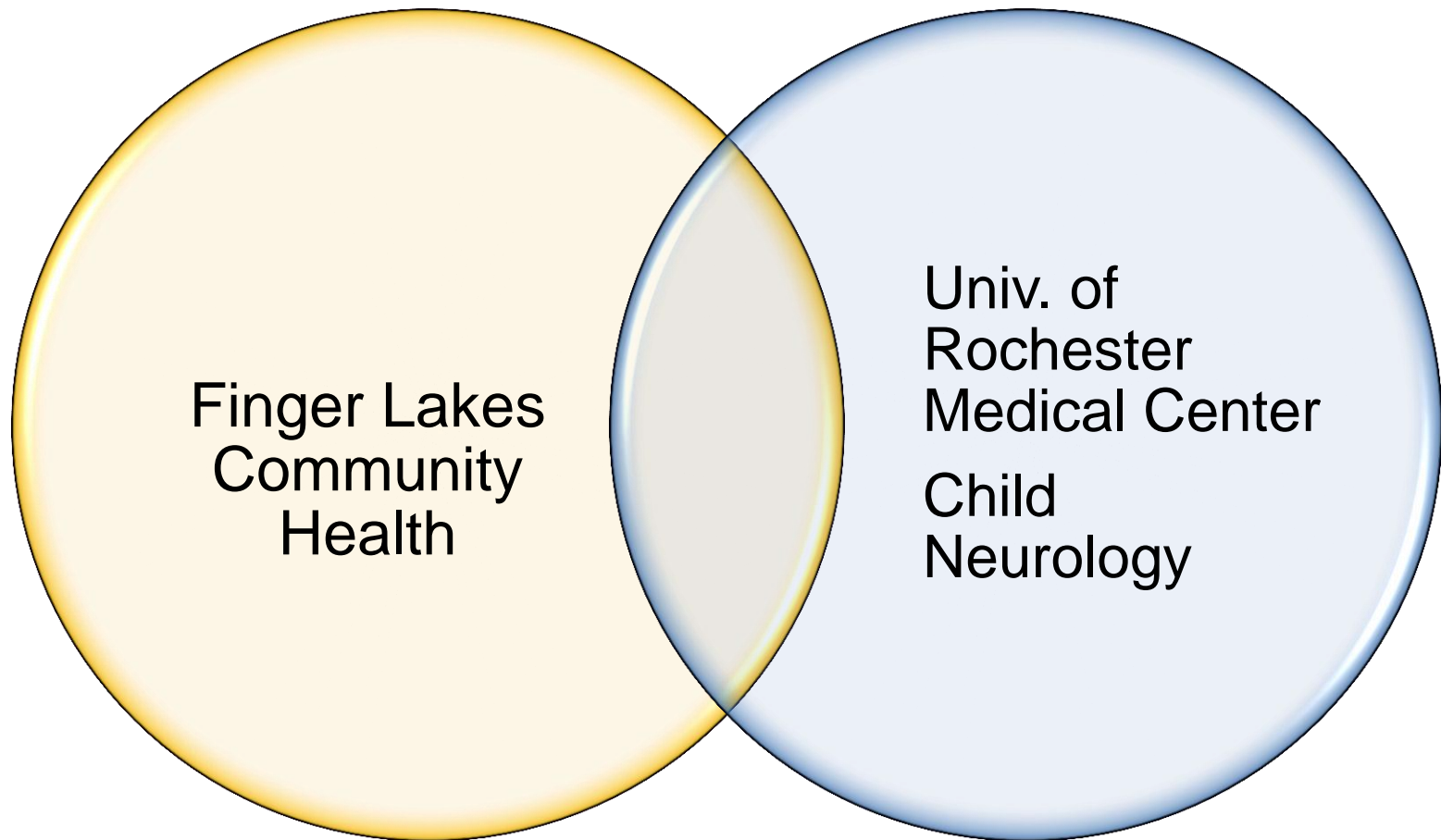
Tele-psychiatry Outcomes 2010-2013

- 55% had decrease in PHQ9 (Depression) scores

- Mean time to consult = 19 days

- Mean time to treatment = <24 hours

- 0% referred to Emergency Room

- 17% referred to higher level of care

- Increased interaction between primary care and psychiatrist

High patient and provider satisfaction!

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TelePeds Neurology

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Univ. of Rochester Medical Center

Child Neurology

Tele-Pediatric Neurology

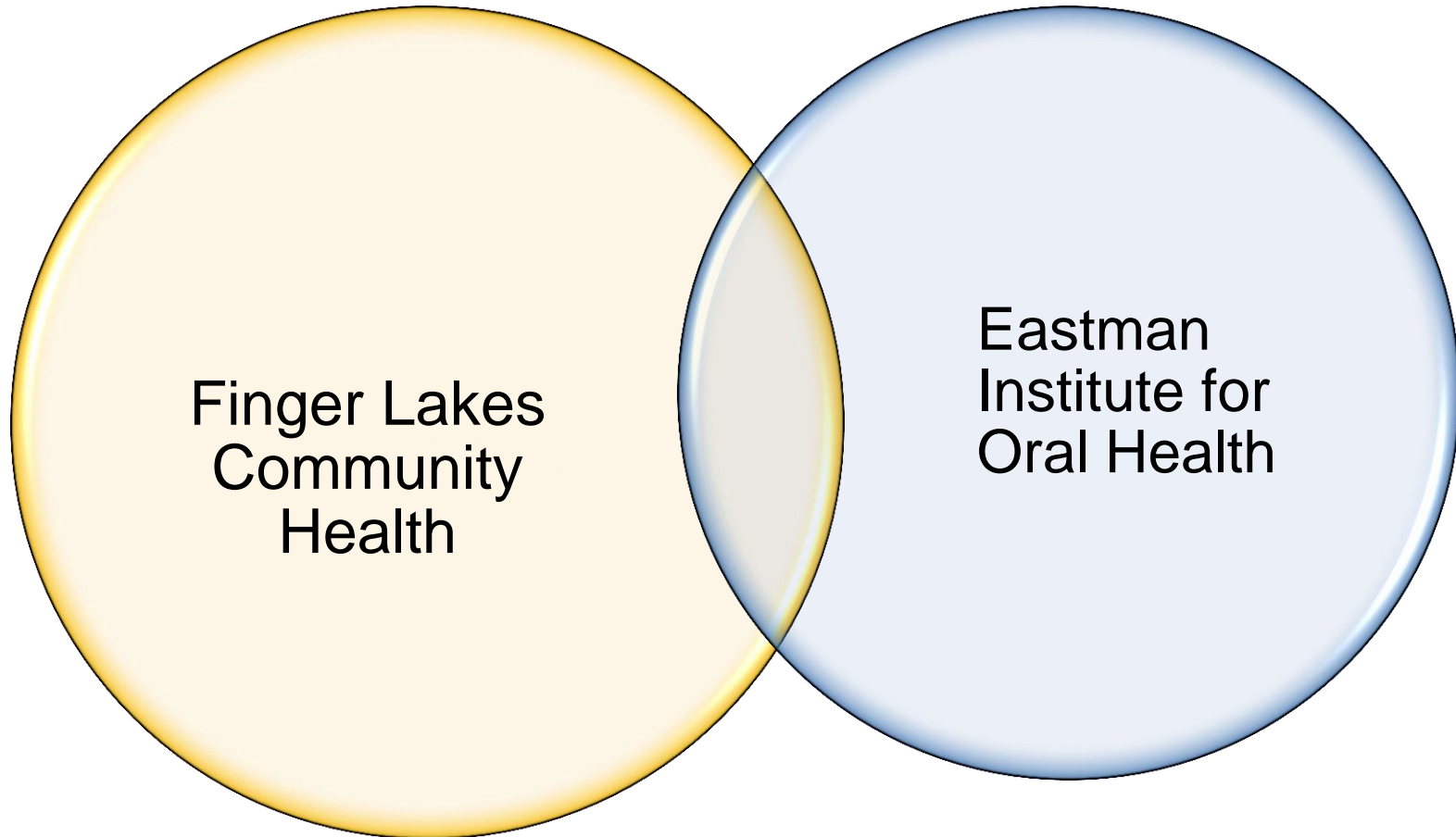Focus Population: children with poorly controlled symptoms of ADHD

2013 Outcomes:

- Decreased time to treatment (38 days vs 60 days). Exceeded national averages on NCQA performance measures

- 75% had changes or additions to their med regimens

- 87.5% diagnosed with mental health co-morbidity

- 100% referred to behavioral health

- 63% showed improvement in function at school and home

High patient and provider satisfaction!

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TeleDentistry

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Eastman Institute for Oral Health

Pediatric TeleDentistry

4/1/2010 – 4/1/2014

N = 290 consults with Pediatric Dental Specialist

Outcomes:

- Decreased travel to Specialist (54 miles each way). From 5 visits down to 2 visits in person. Other visits done remotely.

- Decrease in "no show" rates by 76%

- Improved access to care: 94% of children referred had all treatment completed.

- Increased interaction between dental providers and Dental Specialist

- Children's 1st appointment wait time went from 8 months to current level of 3 weeks.

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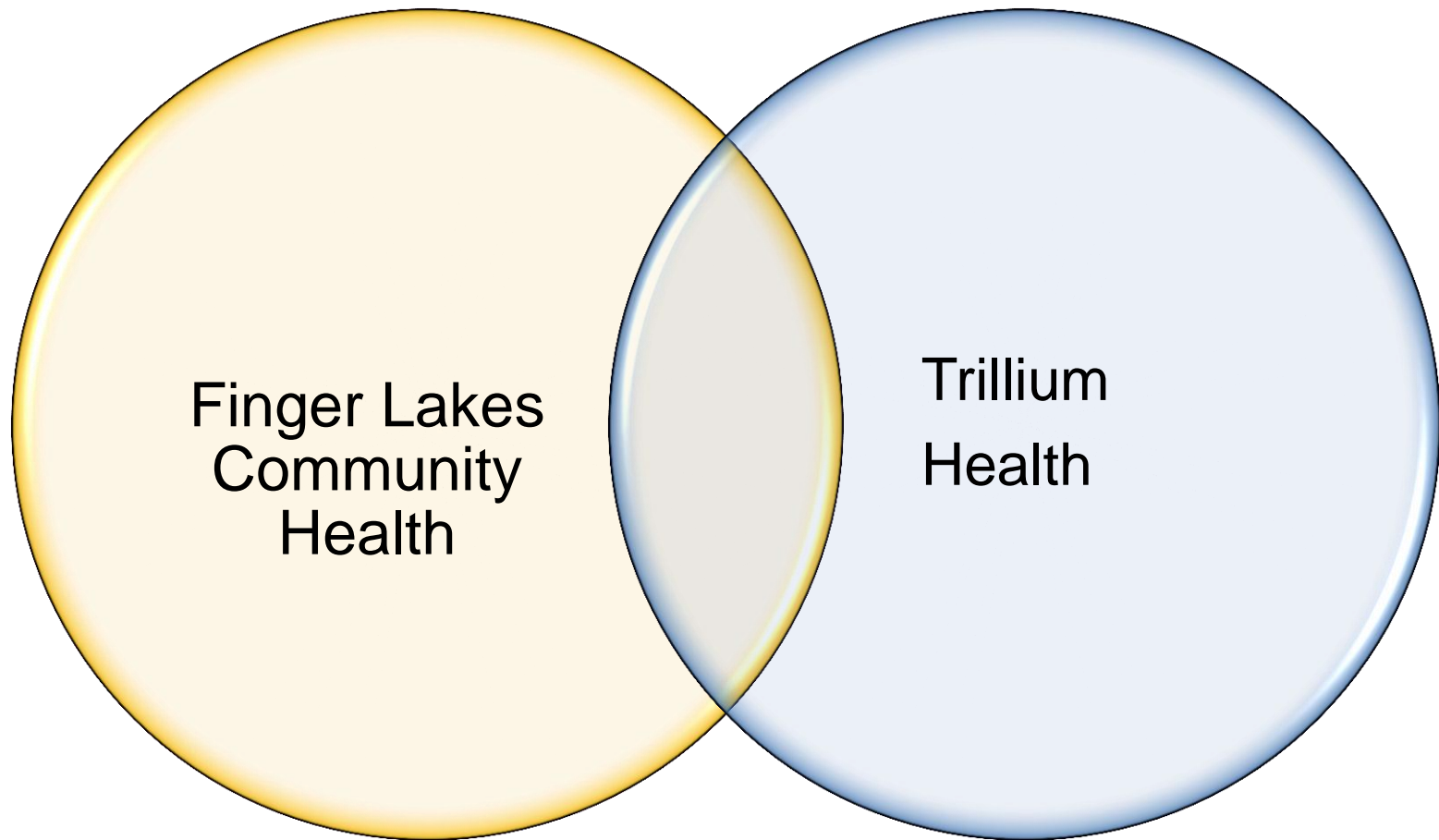
TeleAC (AIDS Care)

- Adherence to HIV appointments: from 86% to 100%.

- Adherence to PCP appointments: from 57% to 91%.

- Negative Viral Load: 29% of patients to 67% of patients.

- PHQ 9 screenings: from 30% to 80% of HIV patients.

- Cervical PAP: 66% up to 100% for HIV patients

- HCV Screening: 57% up to 100% for HIV patients.

Data demonstrates the benefit of offering specialty HIV services within the primary care setting
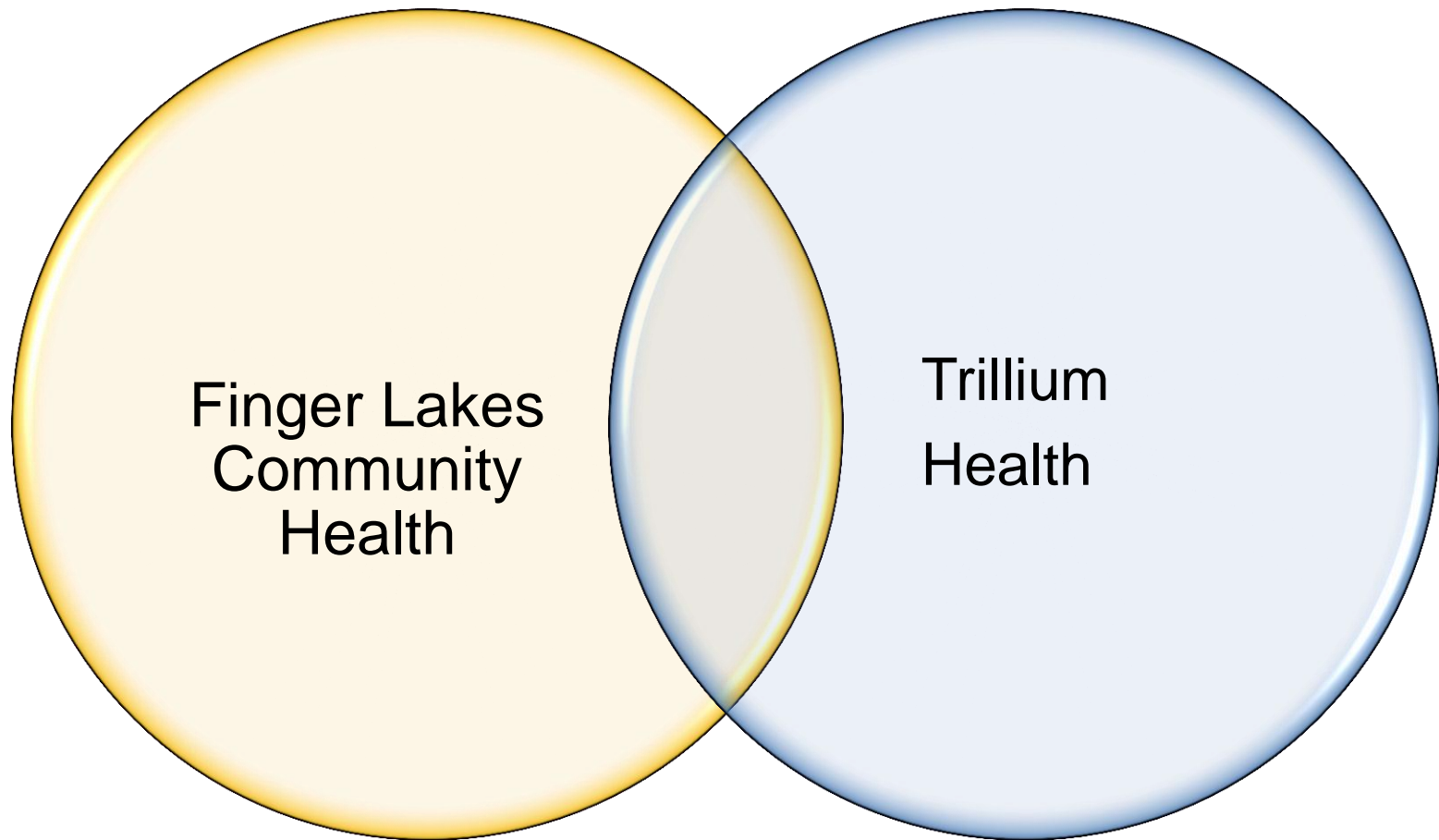
TeleHCV

- **Telehealth Collaborative with (6) FQHCs patterned after Project Echo**

- **2012-2013 - FLCH focus was on screening, diagnostic workup, harm reduction**

- **2014 - Expanding to Integrating HCV Care In Primary Care and Tele-Consults with bilingual Infectious Disease Specialist @ Trillium**

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Finger Lakes Telehealth Network (FLTN)

A community based network of collaborating providers dedicated to using telehealth as a tool to meet the triple aim of better access to care, reducing costs and better population health.

Finger Lakes Community Health provides administrative support, bridge access, and training for partners on the FLTN network.

Funding Opportunities to Build FLTN

Broadband

- FCC Rural Healthcare Broadband Fund
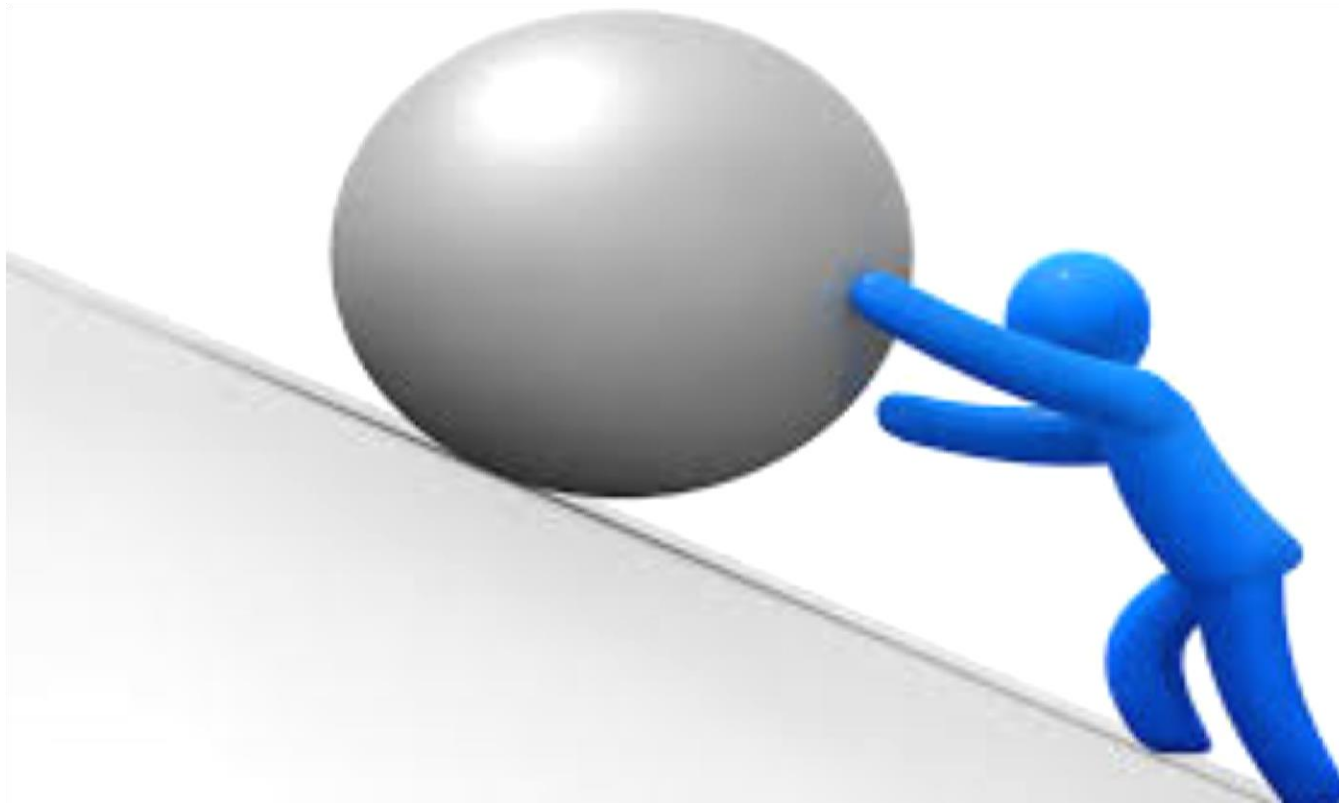
Infrastructure and end-user equipment

- USDA Distant Learning Grant Program
- DSRIP

Program Development and Clinical and Educational Applications

- HRSA Rural Network Development Grant

There Are Still Challenges…

Challenges: reimbursement, licensure issues…

- **Lack of consistent telemedicine reimbursement policies between Federal, State and private payers**

- **Lack of State-supported Telemedicine Infrastructure**

- **Cross-State license issues for providers**

- **Credentialing/accreditation issues with providers**

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Steps to Success

Two thoughts to remember…

***Telehealth is not about fancy equipment and technology. It's a <u>TOOL</u> to improve access and enhance quality of care.

***Implementing telehealth is a <u>process,</u> not a destination*

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