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WHERE **THE WORLD** CONNECTS FOR HEALTH

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A Framework to Support Measure Development in Telehealth

Session 14, March 6, 2018

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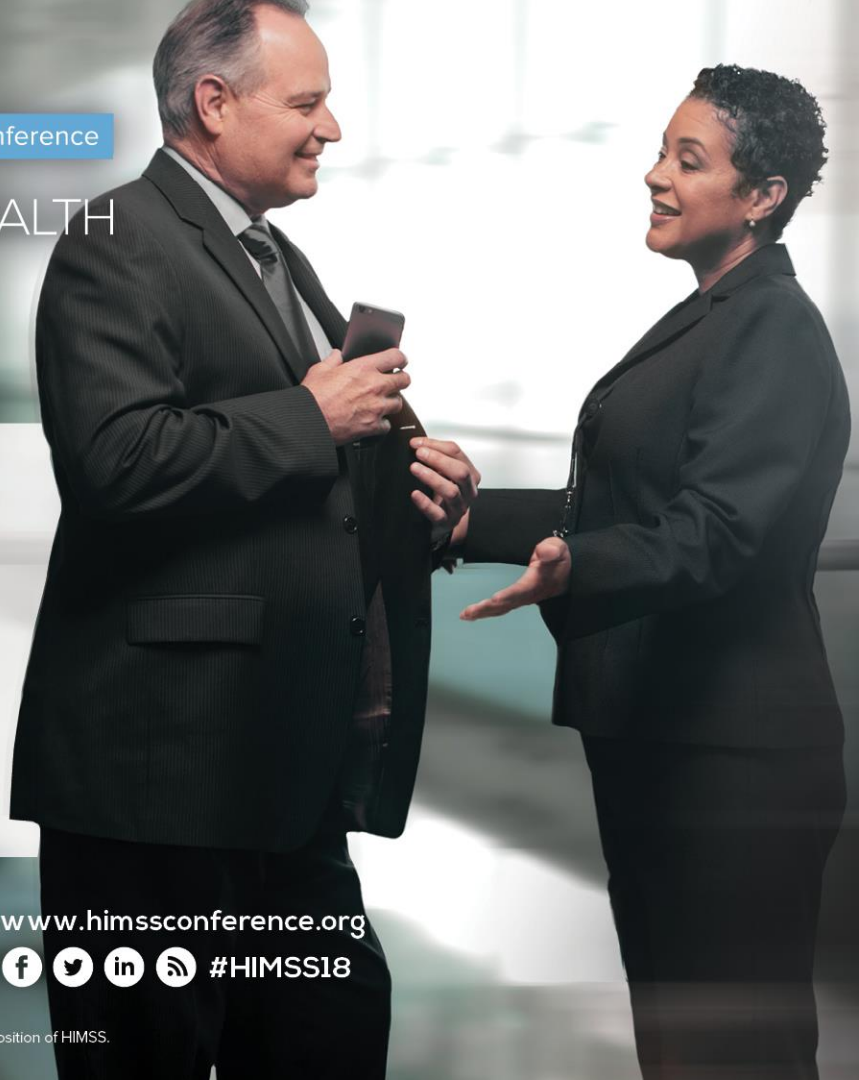

COMMITMENT

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Your Hosts For Today

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Conflict of Interest

Jason C. Goldwater, MA, MPA

Has no real or apparent conflicts of interest to report.

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Agenda

- Why Measurement in Telehealth Is Necessary
- The NQF Telehealth Measurement Framework
- Moving from Measurement to Acceptance
- Using the Framework: Thomas Jefferson Hospital

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Learning Objectives

- Recognize the different modalities of telehealth and their impact on access, quality and cost of care
- Develop a number of measure concepts within the framework into measures to assess the impact of telehealth on access, cost, and effectiveness of care as well as how it engages patients and caregivers
- Classify various measure concepts into areas that specifically assess the value of telehealth, including access to care, cost, effectiveness and patient/provider engagement
- Integrate the measure concepts of the framework into their telehealth network to evaluate its effectiveness and determine its impact on quality of care
- Interpret both the measure concepts and measures outlined within the framework to see how they would affect patients and consumers of telehealth services

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Why Measurement in Telehealth Is Necessary

Creating Measures For Accountability

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Barriers of Telehealth

01 Regulatory

02 Financial

03 Acceptance

04 Accountability

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Context for the Framework

Delivering a Guide for Measure Development.

Encounters

Assumed that telehealth encounters are as effective as in-person encounters

Modalities

Expected that the clinical outcomes for patients would be the same independent of the modality of care

Measures

Which existing clinical measures assess or could be used to assess the overall quality of telehealth interventions

Future-Setting

Need an approach that takes into numerous challenges

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Costs

How to the costs of telehealth compare to in-person care delivery?

Access

Does telehealth provide more timely access to appropriate health services?

Experience

What is the experience of patients and clinicians with the services provided through telehealth?

Overall Health

How does telehealth affect patients' health and well-being compared to the alternatives?

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Purpose and Objectives

Foundation of Framework Development

Identification

Facilitate the identification of the most appropriate way to ensure clinical measures are applied to telehealth encounters

Gaps

Identify measurement gaps

Committee

Conduct a multistakeholder review of existing and potential telehealth metrics

Framework

Develop a measure framework and set of guiding principles for future telehealth measurement

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The NQF Measure Framework

The Pathway to Measure Development for Telehealth

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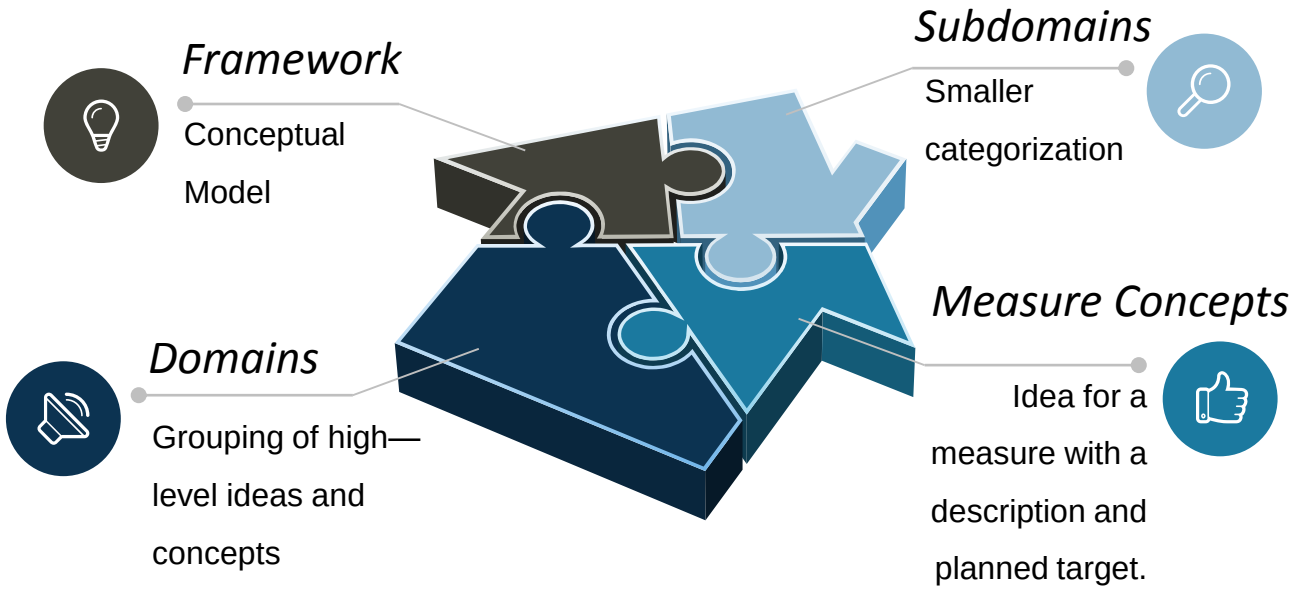
What Is a Measurement Framework?

Importance of Each Element



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01 Step One
Environmental Scan

02 Step Two
Forming A Committee

03 Step Three
Identifying Appropriate Measures

04 Step Four
Review MACRA

05 Step Five
Create Measure Concepts

06 Step Six
Framework Development

07 Step Seven
Feedback and Fine Tuning

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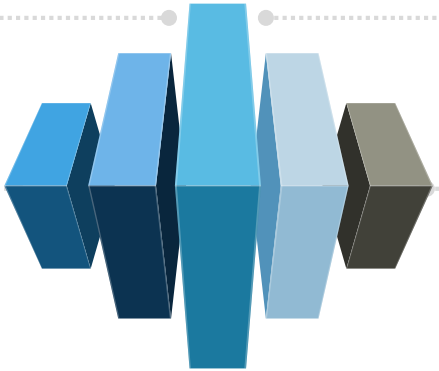
Domains and Subdomains

Telehealth Measurement Framework

Access to Care
Patient, Family Care Team, Information

Experience
Patient, Family, Care Team, Community



Financial Impact/Cost
Patient, Family, Care Team, Health System, Payer, Society

Effectiveness
System, Clinical, Operational, Technical

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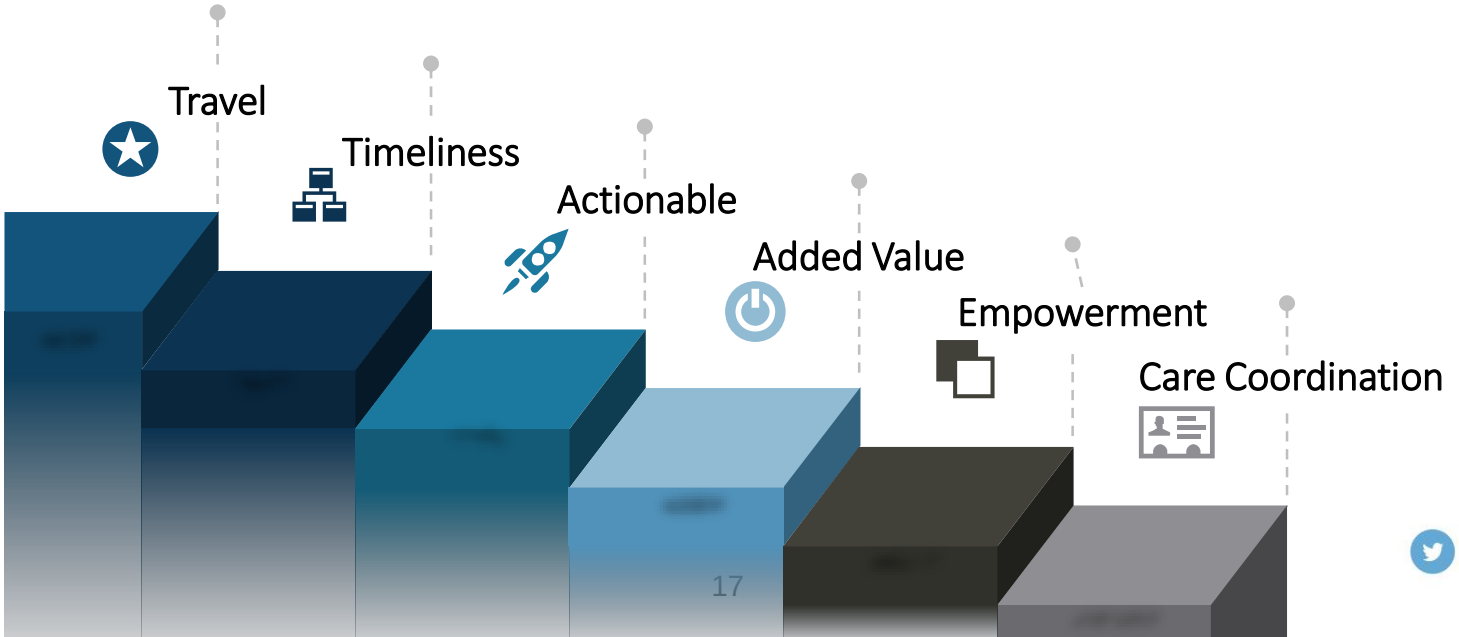
Priority Areas for Measurement

Narrowing Down the Pathway To Facilitate Development



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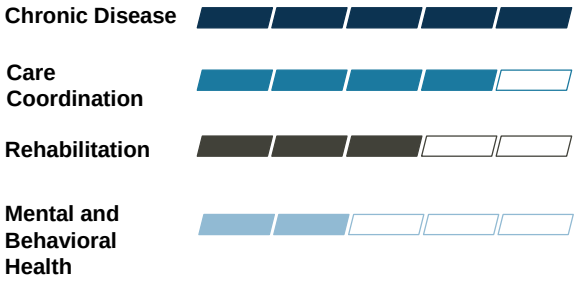
Measures By Clinical Area

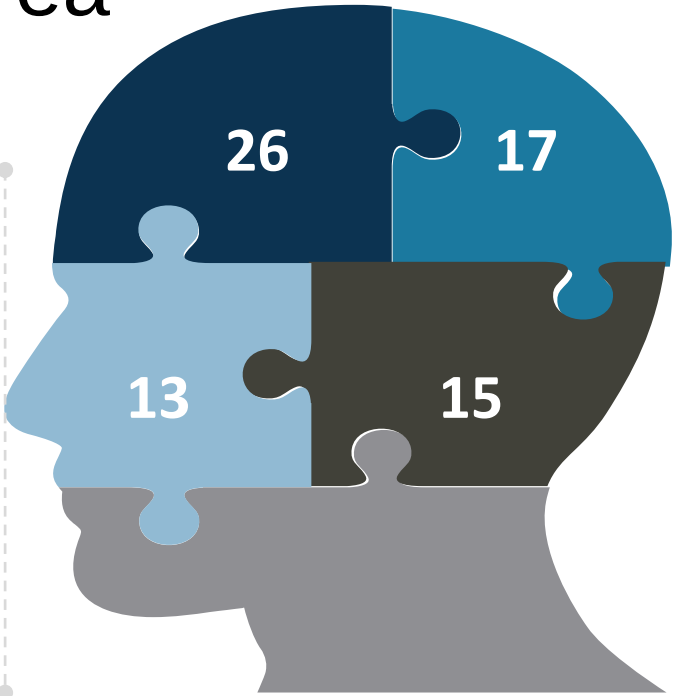
A Foundation to Build Upon

- Chronic Disease
- Care Coordination
- Rehabilitation
- Mental and Behavioral Health

NQF Endorsed Measures

Evidence-Based, Valid, Feasible and Usable





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Moving from Measurement to Acceptance

Driving Accountability Leads to Greater Acceptance

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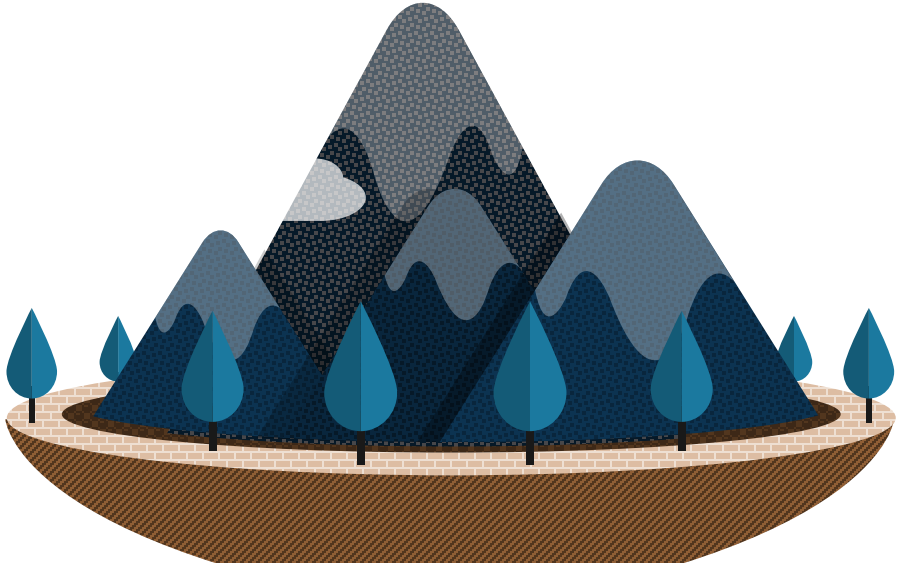
The first step toward change is awareness. The second step is acceptance.”

- Nathaniel Branden



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Telehealth Is NOT a Unicorn

It is Another Form of Care Delivery

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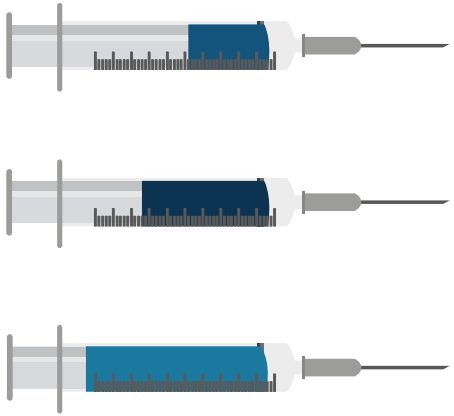
Intersecting Teleheath with Measurement

How Measurement Becomes Valuable and Useful



Aligning Policy Initiatives

Supporting value-based initiatives through telehealth while reducing misalignment

Aligining Measures

Identifying core measures for telehealth that benefit both patients and providers

Driving Outcomes

Outcome metrics have little to no variation based on care modality

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Using the Framework

Quality and Value in Healthcare Through Thomas Jefferson Hospital

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Level Setting

- What are the two most important things to all of you personally?
- Which of you will be successful lobbying the state to get payment parity and fair reimbursement?
- What is right comparator for success of telemedicine?
- Actionable information is more important than diagnostic accuracy

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Challenges

- Most programs are just beginning
  - Focus on adoption (and proxies for future adoption)
    - Downloads
    - Registrations
    - Visit volume
    - Patient satisfaction
- Few programs have reached the next level
  - Outcomes
  - Quality
  - Methods to improve care

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Questions

- Use this as your last slide
- Add speaker contact information (email, Twitter handle, LinkedIn address, if available)
- Organization logo(s) can be placed on this slide
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Where is the evidence?

What can I use this for? When?

Is this safe and private for my patient?

How does it affect our workflow?

Will this work for my OS?

Will this work for my disease?

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Evidence Base (Gap)

	Current Status	Evidence Gap	Examples
Improves Patient Access	Hypothesized, limited evidence, but growing	High	• RAND Study Teladoc (2014)
Improves Quality and Outcomes	Handful of specific use case examples exist with compelling evidence	High	• Remote monitoring in Heart Failure (2012) • Live teledermatology improves outcomes (2012)
Generates Cost Savings	Quantitative modeling and economic assessment suggest high likelihood. A limited, but growing evidence base of outcomes	High	• Economic Impact of eICU Implementation (2007) • Integrated telehealth for Medicare Patients
Drives Patient Satisfaction	Evidence base is strong and will continue to grow	Low-Moderate	• Patient Satisfaction with Telemedicine (2000)
Best Practices and Evidence Based Guidelines	With limited history of use, guidelines and best practices are in infancy	Very High	ATA Guidelines

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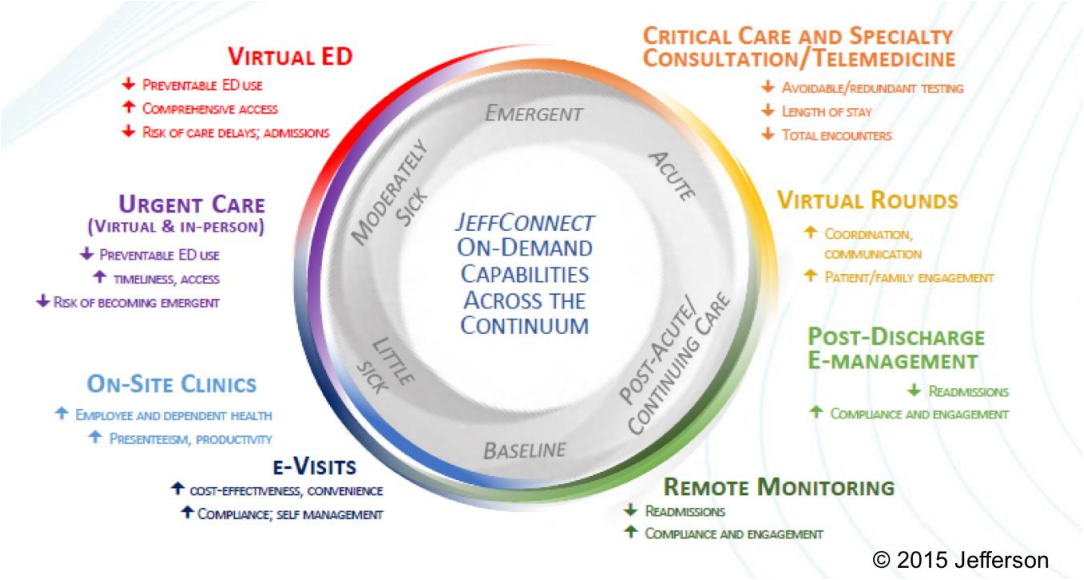
JeffHealth: Base Program



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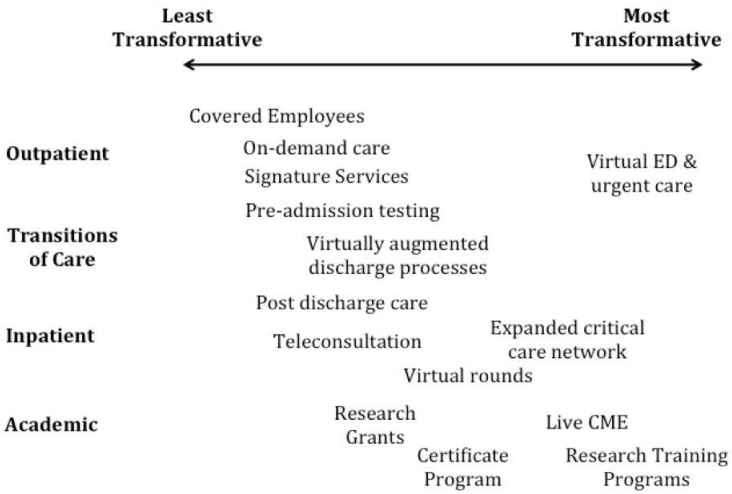
JeffHealth: Original Framework



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On-Demand (Direct to Consumer) Care

- Access To Care (24/7/365 Jefferson providers)
  - 40% of visits new patients
  - 83% would have sought care elsewhere
- Financial Impact/Cost
  - Savings of approx $100 per encounter
- Experience
  - Net Promoter Score > 70
  - Time saved over one hour = 87%
  - *Already* recommended JeffConnect = 81%
- Effectiveness
  - Antibiotic stewardship for sinusitis equal or better than ED/UC
  - Health complaint addressed as hoped > 90%
  - 74% received no further care (2/3rd sent to ED admit or procedure)

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Scheduled Appointments (including Post Discharge)

- Access To Care
  - Over 1000 providers trained; Same level of care as in-person visit = 83%
    - >400 providers regularly engaged
- Experience
  - Net promoter score = 59
  - 85% reported time savings > 1 hour
  - 86% said they were better able to receive care when/where needed
  - *Already* recommended JeffConnect = 43%
- Effectiveness
  - Same level of care as in-person visit = 83%

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Neurosurgery Network

- Access To Care
  - > 30 hospitals w 12 minute response time
- Financial Impact/Cost
  - Varied based upon what being measured
- Experience
  - > 80% left in community (was only 56%)
  - Provider education experience
- Effectiveness
  - Increased rate of expert consultation
  - Increased rate of tPA administration (55% increased)
  - Better functional outcomes at 3 and 6 months

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Pre-Admission Testing

- Access To Care
  - Less time spent in overall testing evaluation
- Experience
  - Outstanding patient satisfaction
  - Excellent provider satisfaction
- Effectiveness
  - Non-inferior case cancellation rate relative to standard care

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Questions?

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