Telehealth 301: Beyond the Basics

Session #55, February 12, 2019

Children's Mercy KANSAS CITY
Morgan Waller, MBS, BAPsy, BSN, RN
Director of Telemedicine Business & Operations

InTouch Health
Pat Huchko, RN, BS, CNOR
Director of Clinical Services

Conflict of Interest

Morgan Waller, MBS, BAPsy, BSN, RN
Has no real or apparent conflicts of interest to report

Pat Huchko, RN, BS, CNOR
Salary from InTouch Health

Agenda

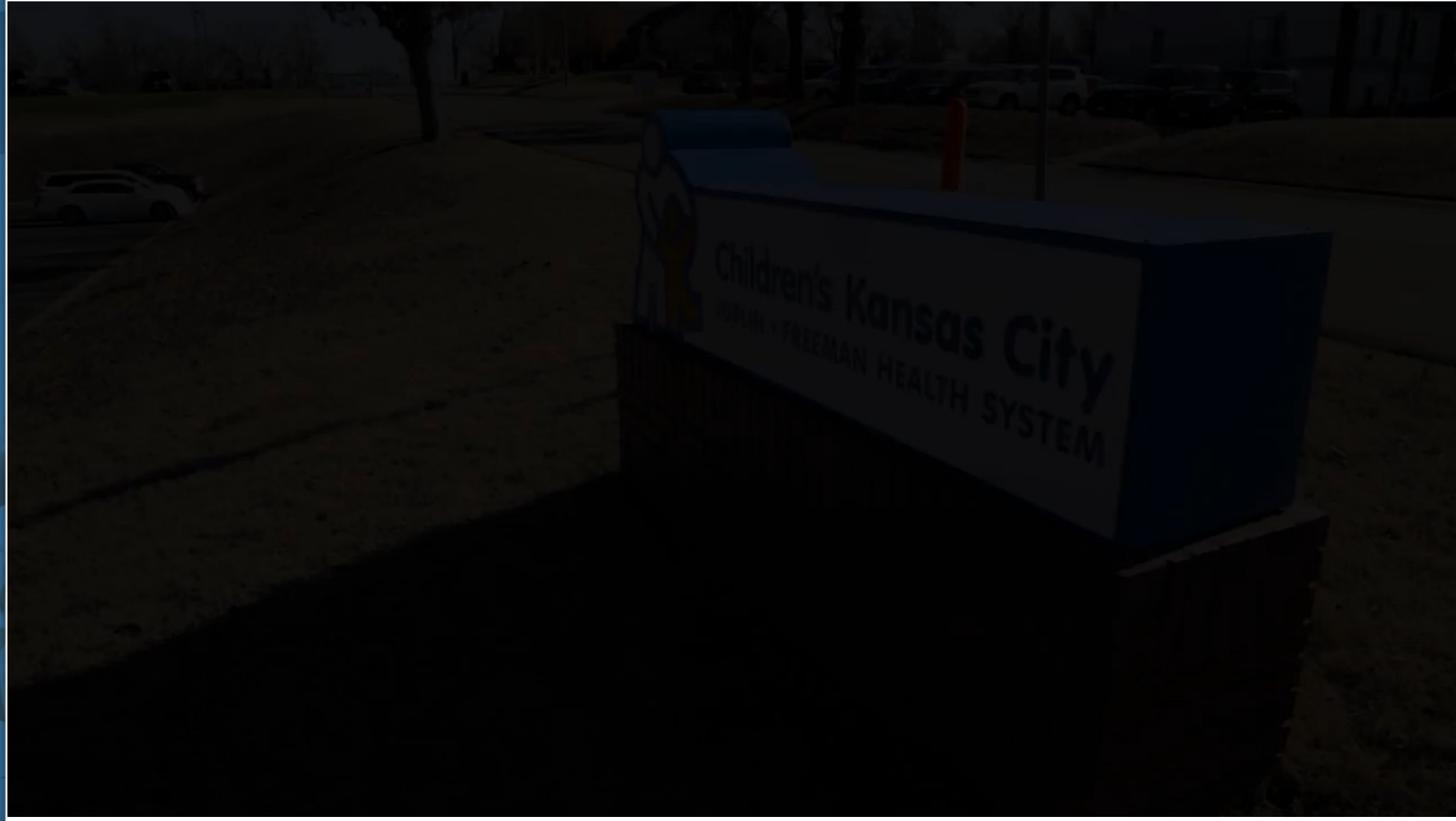
7 Years in TM, a Veteran Makes

Extensive clinical experience plus a career in information systems, an MBA and general distaste for being told “no” are the perfect credentials for leading a telemedicine program.

- First, we will talk about the successful & sophisticated TM program at Children’s Mercy in Kansas City
- Second, we will briefly cover a few types of TM & their definitions. (this is TM 101, so one slide)
- Third, we will get into the objectives and hopefully what you find to be mid-level TM ideation…hence the 301

Learning Objectives

- Discuss barriers preventing providers from improving the patient experience and describe tools and strategies that support and increase access to care
- Show how administrators can empower clinicians to champion new technology
- Demonstrate how technology can improve access and care quality



https://www.youtube.com/watch?v=X7T8oEiKn8k

Poll Question 1

How many telemedicine encounters did your organization complete last year?

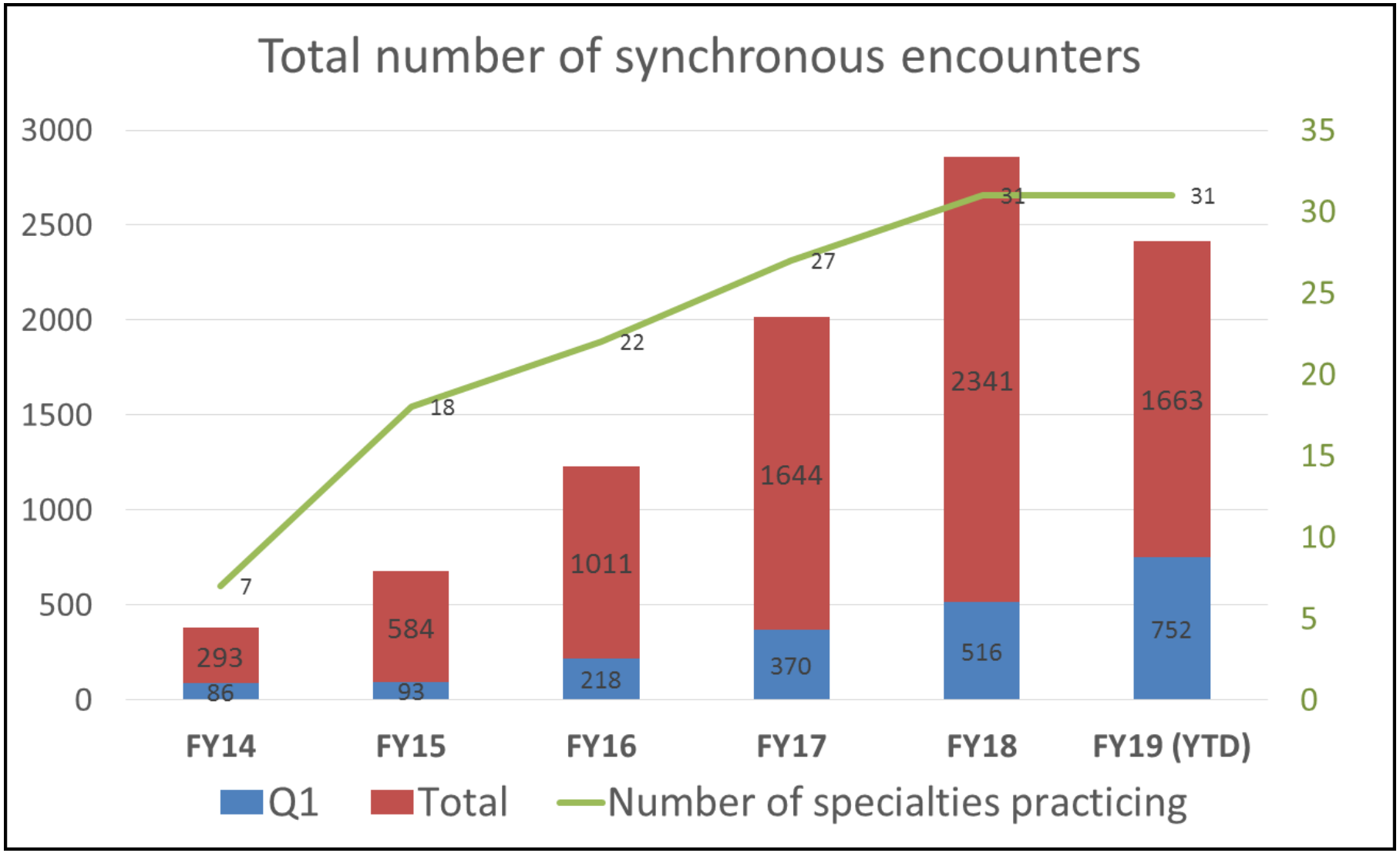
a) 0-50

b) 51-200

c) 201-500

d) 500+

2012 "I" Inherited One Patient, One Sub-specialty



Poll Question 2

Does your organization offer facilitated, level four telemedicine?

a) Yes

b) No

c) I don't know

Rural

What Does a TeleSpecialty Program Look Like?

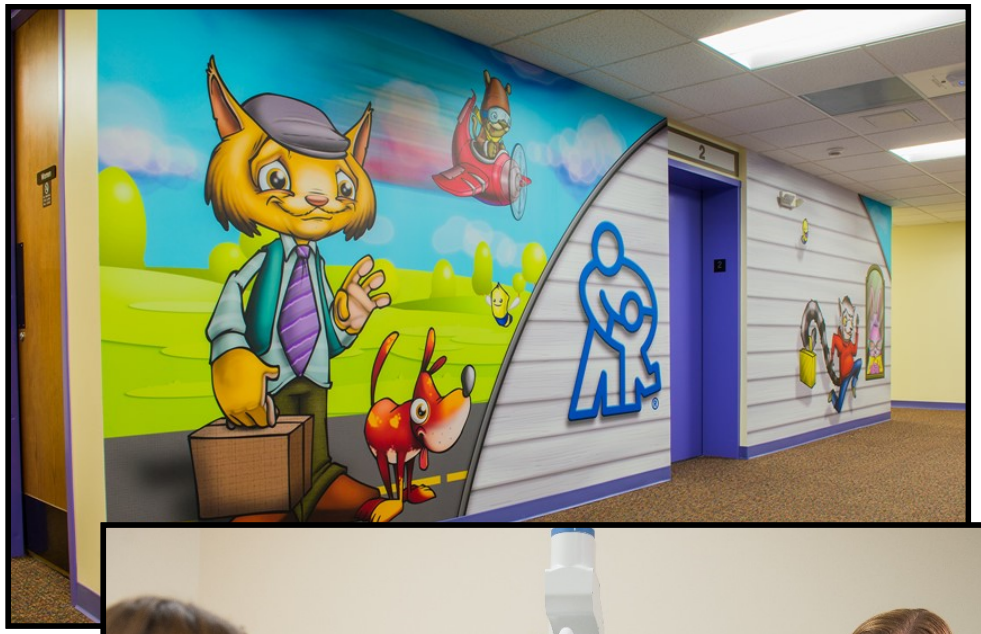
It looks like a specialty clinic on the outside and inside. Access reps, care assistants, RN telefacilitators and Lites or Vicis.

- Both patient and provider sites owned/operated by medical center
- Live, interactive, two-way A/V with ancillary exam devices & facilitators allow for the delivery of standard of care, if needed, up to the highest level (5) of clinical encounters

What Does a TeleSpecialty Program Look Like?

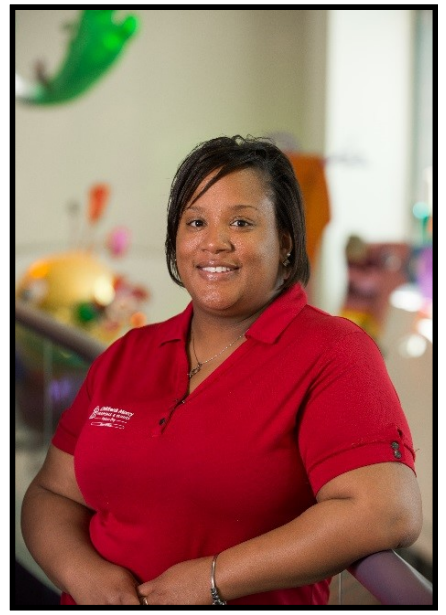
How Does a TeleSpecialty Program Operate?

- Centralized Model
- Section reports to CMIO & Executive Medical Director*
  *a provider full-service team that creates the most patient-centered experience possible!
- BSN, RN telefacilitators w/min 5 yrs experience, report to section of TM & are virtually supported/led/part of the team.



Section of Telemedicine Positions

- PT Medical Directors
- Clinical Telefacilitators
- Care Assistants
- Clinical & Training Manager
- Manager
- Training Coordinator
- Scheduling Coordinator



- PT Research Coordinator
- Director of Business & Operations
- Asynchronous Coordinator
- Sr. Network & Video Analyst
- Network & Video Analyst
- AV Design Engineer

Second: Some Definitions TM 101

Telemedicine Types

Asynchronous: not live or in real-time

- Store and forward (retinal screens, radiology, dermatology, EKGs, etc…)
- E-mail/electronic communication
- Web-based or APP management (glucose uploads)

Synchronous: simultaneous two-way

- Virtual patient visits/consults
- Continuous remote monitoring eICU

RPM can be either asyn or sync

Facilitated: with help

- Depending on available diagnostic exam devices and facilitator's level of expertise, facilitated encounters can replicate quality and outcomes of specialty in-person appointments

Non-facilitated/Direct to Consumer /On-demand: patient & provider

- Non-facilitated telemedicine encounters rely on the patient or a family member and the provider alone to ensure effective communication and assessment and often no ancillary devices are used to assist with exam.

Third: Objectives of TM 301

This is my "True North" and luckily it complements the Vision of the organization that signs my paycheck!

"Driving an independent, not-for-profit organization to achieve unprecedented connectedness by matching telemedicine technologies and clinical staff with the level of assessment and communication required to meet or exceed national standards of care and patient/family expectations."

Morgan L. Waller

Why Telemedicine?

1. ACCESS: All kinds of barriers to access.
   QUALITY: Extreme shortages of specialists
2. Enhance the Patient Experience/Patient Centered Care
3. Decrease Cost of Healthcare
4. **Enhance the Provider Experience**

http://www.annfammed.org/content/12/6/573.full
https://cipherhealth.com/the-quadruple-aim-in-healthcare/

Niche Technology to Standard of Care

Over 50 Years of Advancements in Telemedicine

1960s

NASA and others undertake telehealth research initiative to remotely monitor astronaut health

1970

"Telemedicine" coined as a term

1973

The American Journal of Psychiatry publishes major article on telepsychiatry

Late 1980s

US Military implements telemedicine technology in several natural disasters and conflicts

1993

American Telemedicine Association is founded

2015

Major telehealth vendor conducts one millionth virtual visit

2016

Kaiser Permanente conducts more than half of all patient encounters virtually

Source: "Telemedicine From NASA's Beginnings," *Aerospace technology Innovation,* May 1997, available at: http://ipp.nasa.gov/innovation/Innovation53/telembeg.htm; Dwyer T, "Telepsychiatry: Psychiatric Consultation by Interactive Television," *The American Journal of Psychiatry,* August 1973, available at: http://ajp.psychiatryonline.org/doi/abs/10.1176/ajp.130.8.865; Natoli S, "ATA Accreditation: A Guide for Health Systems," *American Well* 2015, available at: https://www.americanwell.com/ata-accreditation-a-guide-for-health-systems/; "Teladoc conducts 1 millionth telehealth visit," Oct. 2015, available at: https://www.teladoc.com/news/2015/10/20/teladoc-conducts-1-millionth-telehealth-visit/, Kokalitcheva K, "More Than Half of Kaiser Permanente's Patient Visits Are Done Virtually," *Fortune,* Oct., 2016, available at: http://fortune.com/2016/10/06/kaiser-permanente-virtual-doctor-visits/; Planning 20/20 research and analysis.

WHAT IS THE MARKET SHOCK?

Virtual Visits Will Be the Primary, Preferred Access Point for Routine, Low-Acuity Care

Virtual visits are clinically viable remote patient-to-provider interactions for diagnosis and treatment

94% *Resolution rate for virtual visits–no follow-up care needed after visit*[1]

Surveys show that patients are eager for virtual access to care

72% *Consumers who said they would see a doctor via video*[2]

How? Final Thoughts - Telemedicine Strategy

- **Strategy**: the art of devising or employing plans – or strategems – toward a goal
- **Strategic**: of great importance within an integrated whole or to a planned effect

"Strategic planning isn't strategic thinking. One is analysis, and the other is synthesis."

https://www.merriam-webster.com/dictionary/strategy
https://www.merriam-webster.com/dictionary/strategic
https://hbr.org/1994/01/the-fall-and-rise-of-strategic-planning

Strategic Planning vs. Thinking

- "Strategic thinking, in contrast, is about *synthesis*. It involves **intuition and creativity**. The outcome of strategic thinking is an integrated perspective of the enterprise, a not-too-precisely articulated vision of direction..."
- "They (integrated perspectives/visions) must be **free to appear at any time and at any place** in the organization, typically through **messy** processes of **informal learning** that must necessarily be carried out by **people at various levels** who are deeply **involved with the specific issues** at hand."
- "Real strategic change requires **inventing new categories, not rearranging old ones."**

https://hbr.org/1994/01/the-fall-and-rise-of-strategic-planning

The Grinch thought…

- We have done a lot of strategic thinking & I have no patience for strategic plans as just defined
- Ideally, TM doesn't really need its own strategy... “perhaps it is much more :)” TM strategy is really to help patients and providers achieve their strategy.
- But... we (as a society) are not yet at a place where TM can default to the strategies of providers and patients

Last Time You Started a New Service Line…

- With one half-time provider
- No nurse manager
- Borrowed nurses
- No care assistants
- No access reps
- No lab, radiology, RT
- No social work, PT/OT
- No interpreters
- No schedulers
- No marketing

Just like you cannot skimp on your technology...

You can't treat staffing differently than other service lines.

Would you start your Fetal Health Center without a dedicated full-time Director who knows nothing about mothers and babies?

Identify Areas of Need

Example

- The obstacles experienced by patients/families to access specialty healthcare in the **REGION** (remember the map) are distance and cost associated with travel
- The outreach efforts of the past are not sustainable (specialty teams traveling 2-8 hrs round trip to host clinics in rented spaces)
- Build Clinics throughout the **REGION**

You MUST identify a sizable and/or frequent need and a value!
No practice, no need, no value, no adoption, no sustainability.

Barriers Preventing Success

- Limited Knowledge of TM
- Time
- Misconceptions
  - Limitations of exam
  - Patients' preferences
  - Increased liability
  - Reimbursement

- Bad Experiences with Technology
- Preferences
- Organizational strategy

Tech as a Barrier

"I can hear you & **see** you every time!" With specialty TM, see via the otoscope, dermascope or opthalmascope, the patient, the room, the family, the interpreter…without issue!

When we do get a poor rating on an patient/family experience survey, it is either because they didn't know their appointment was going to be virtual (happens) or there was a connectivity/technical issue.

You absolutely cannot sacrifice the quality of your technology. It's hard to imagine unless you have seen it...a provider on the fence about TM may take years to try again after experiencing just one connectivity issue.

How Virtual is Your Organization Presently?

- So much depends on the familiarity of leaders and provider leaders and providers' understanding of telemedicine
- Is video conferencing widely available?
- Are staff comfortable with video conferencing and joining meetings remotely?

You Don’t Want to Support TM??

- Then hire your own staff that is excited about what TM can do, that like technology, that are CALM, that are flexible!
- Build a virtual care management model to recruit and retain the necessary staff to help your program succeed

With Each Hurdle, You Get a Bigger *Hammer* - oops Ladder!

Mine came from my CMIO!!!

- CM started with trained RN telefacilitators to support multi-specialty clinics
- You don't trust RNs' assessments? OK, she/he will be with you and your clinic nurses for at least the next two weeks. "Teach her/him everything you feel she/he needs to know and keep her/him until you are comfortable working together." BAM!
- Super nurses!!! We hire extraordinary nurses for an expanded nursing role!!
- They flock to us because we are so cool!

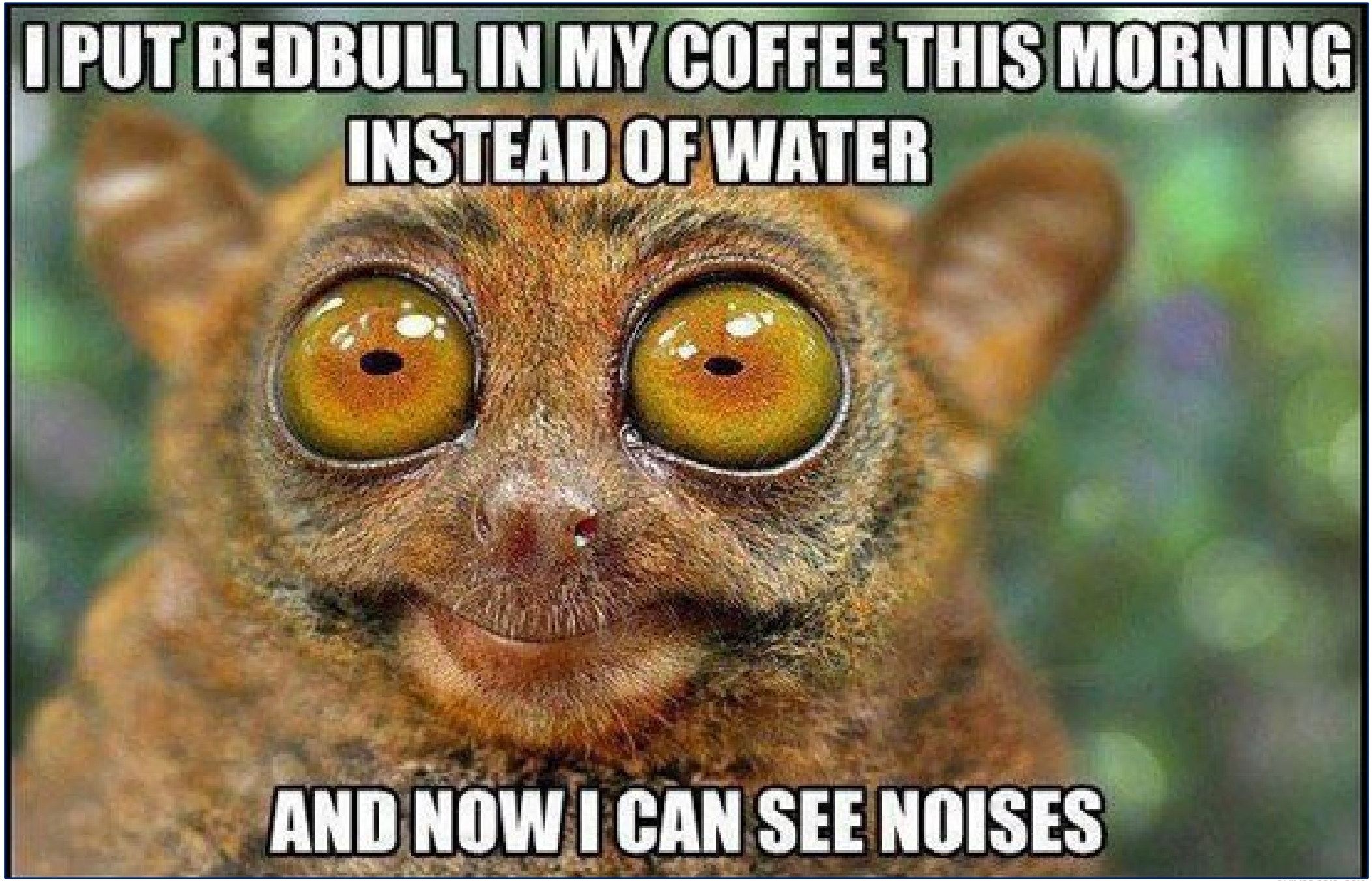
"Don't Beat On a Wall Hoping it Will Change into a Door" *-Coco Chanel*

Don't waste time with providers who resist. Find providers who want to do this!

They are out there & excited about providing easily accessible, excellent care to patients??

It is basic adoption science… the adopters and laggards will come around eventually.

HIMSS19



#HIMSS19

Remove Barriers—Make it EASY

1. Improving access to care by being where there is need—Run reports that show providers how many of their existing patients are traveling from outside the metro
2. Delivering higher quality by providing the right care provider in a setting with an integrated care team that offers all of the same interventions and resources as Children's Mercy traditional clinics
    a. It's more than standard of care to us…its CM "Extraordinary Every Time"
    b. The volume of healthcare information available contemporarily makes it impossible for any provider to be up-to-speed on all specialties. Specialists can't pay their student loans if they live in Junction City, KS. This is how TM improves quality of care. Not to mention the patient-centric qualities of TM
        - When and Where you need it
        - Often takes advantage of being "good and fresh", not replicating same clinic process established 50 yrs ago. My bad.
3. Make it so all the provider has to do is show-up/log-in.

Empower, Autonomy, Trust, Information

Administrative considerations when implementing telehealth:

- Don't create unnecessary work! MO stated it perfectly… you must meet standard of care. That's what we tell our providers. It is up to you how you incorporate TM as a method of care delivery as long as you are able to meet the standard of care and same quality you provide in person. Now! Isn't that simple.
- Reimbursement and ROI: If leaders expect billing and coding experts to work with TM program leaders, and these leaders follow the rules (and there are sooooo many!), you will get reimbursed. Reimbursement nationally is largely a yes or no, not a partial payment.
- State & Federal laws are changing (rapidly for legislative processes…TM thus far is mostly not affiliated with any party politics.)

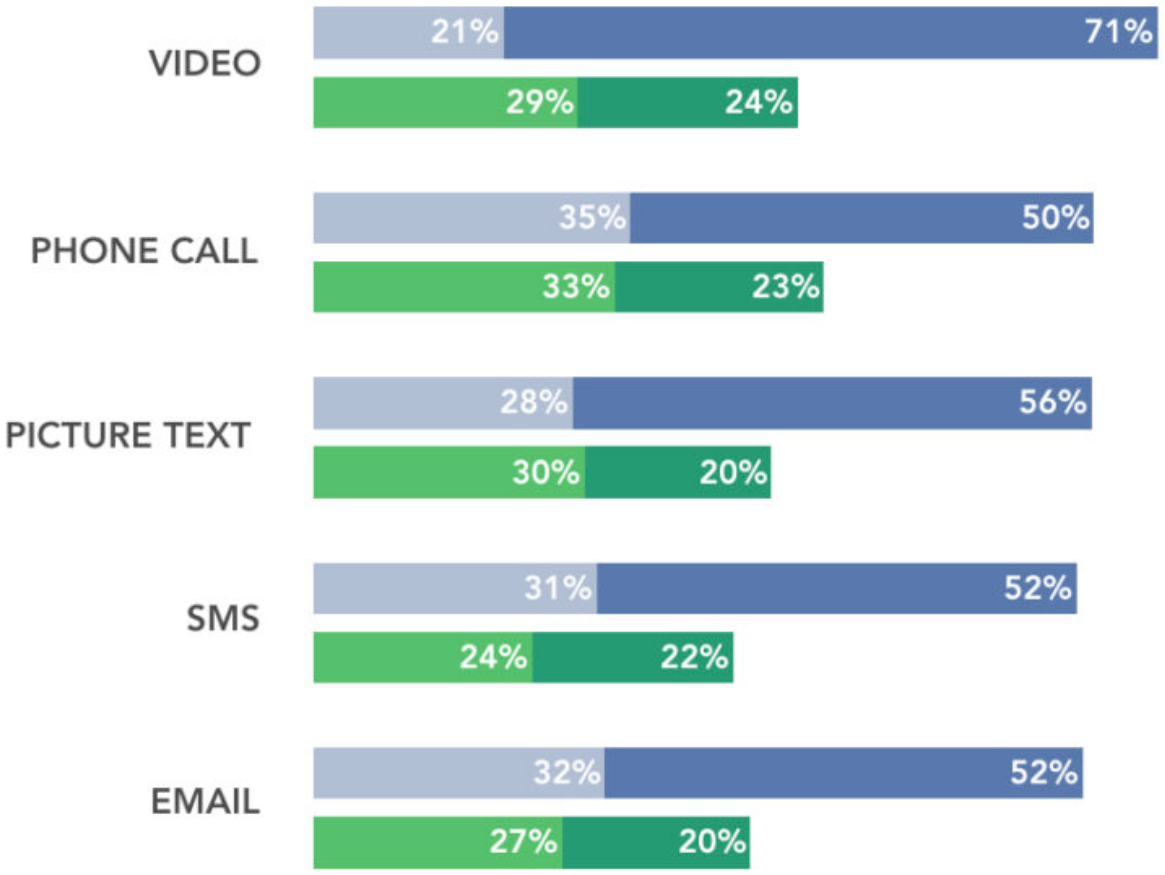
Designed your encounters to get reimbursed – in-line with reimbursement for in-person provider billing (both commercially and w CMS)

Stickiness AKA Brand Loyalty

CONSUMER SATISFACTION WITH TELEMEDICINE, BY CHANNEL

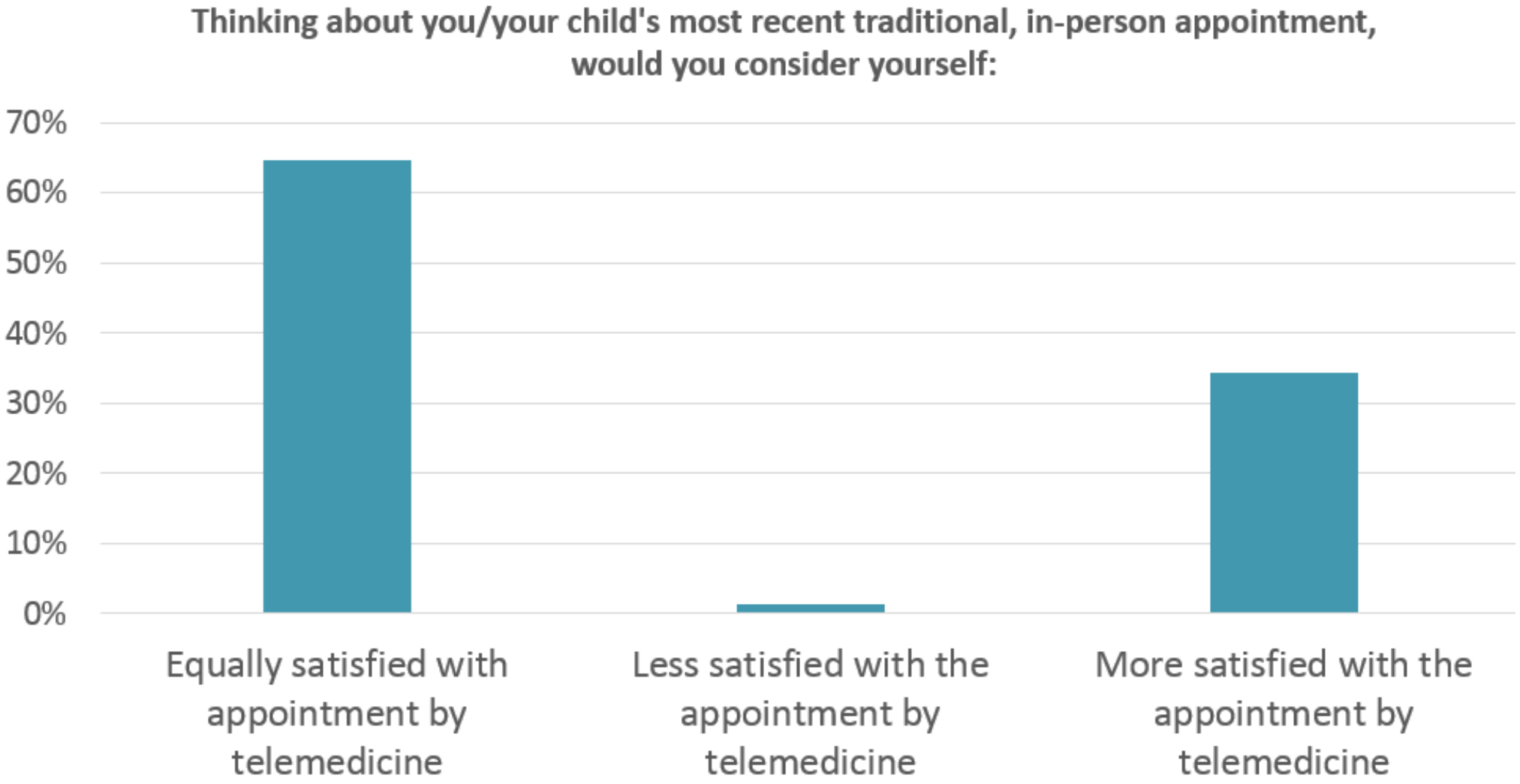
For those with prior in-person visit vs. those without, 2017

ROCK HEALTH



LEGEND

- Had a previous in-person visit with telemedicine provider, moderately satisfied
- Had a previous in-person visit with telemedicine provider, extremely satisfied
- No previous in-person visit, moderately satisfied
- No previous in-person visit, extremely satisfied



Patients love the service – hard to measure downstream revenue and brand loyalty. With high satisfaction rates, their experience likely correlates to brand loyalty, especially with the added convenience

Patient/Family Quotes

It is wonderful to be able to see his doctors without driving forever.

Telemedicine has helped us in so many ways.

Today was just to try and see if we liked telemedicine, and we loved it and are very excited to continue care by telemedicine.

Thank you so much for working with me and providing this service.

I wish we had done this 3 years ago!

I loved the telemedicine. Excellent, thank you for the convenient options.

Excellent visit!! Everyone here was amazing and great with my daughter.

One of the best Dr. appointments that I've experienced.

Very impressed with this new way of communicating with doctors without having to travel that far away!

Was a great experience and everyone was so friendly:) Thank You!

Absolutely wonderful program!

This is a good thing on so many levels.

This is soooo good for the community. Thank you for coming here.

I lead with the memory of every bad customer experience I have had fueling my passion to protect patients and providers from ever having one of those b/c of TM.

Results

1. **Patient Access & Quality Increased:** **90%** of parents surveyed said that telemedicine improved their child's access to specialist care that they would not have had otherwise. Additionally, **82%** of parents said their child could see a specialist sooner via telemedicine solutions: improving both access and quality of care.
2. **Patient Satisfaction:** An overwhelming **99%** of patients surveyed shared that they were equally or more satisfied with their telehealth encounter as they were with in-person physician encounters.
3. **Clinician Satisfaction:** After starting with one clinical specialty champion, identifying more physician champions and creating a painless process for providers, the telemedicine team now supports more than 30 pediatric specialties and receives inquiries weekly from additional providers.

Advantages for Providers

- Treat more patients with fewer resources? True or False
- Access to more new patients? Maybe
- Fewer missed appointments and cancellations? True or False
- Charge for services you already provide for free? Maybe
- Offer weekend/after hours appointments from your home (Offer NBH appointments from your home!)
- Recruitment & retention of providers
- Improved convalescence of at risk patients
- Improved maintenance of chronic conditions
- Happier patients/families = happier doctors & nurses!

Provider Satisfaction & Burnout

- Corey A. Siegel, MD, MS tells us in AGA, The Opinion Magazine of the American Gastroenterologists, that TM meets the Quadrupel Aim b/c for providers its *low burden and fun*.
- Burnout among surgeons is increasing at an alarming rate with current reports exceeding 50%.
- Burnout has documented association with multiple adverse consequences including depression, suicidal ideation, decreased quality of life, and increased likelihood of medical errors.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4884544/

Why Do We Wait Until Symptoms Are Problems

- Suicide rates are higher for doctors than for any other profession!
- One doc/day “dies by suicide” Brodsky. 2X the rate of the general population
- Interventions have been targeted toward coping
- What about fixing the things that make providers have to cope in the first place?
- Here’s where TM should be considered. We are asking all providers wanting to add TM to their practice to take the standardized Maslach Burnout Inventory (MBI) before they start and after at 6 months and 12 months.

https://www.healthcare-informatics.com/news-item/report-mhealth-telemedicine-could-turn-around-physician-burnout

https://www.webmd.com/mental-health/news/20180508/doctors-suicide-rate-highest-of-any-profession#1
Beth Brodsky, PhD, associate clinical professor of medical psychology in psychiatry at Columbia University and the Irving Medical Center, New York

Children's Mercy Sub-specialty Telemedicine

- Adolescent Medicine
- Allergy, Asthma & Immunology*
- Cardiology
- Child Abuse & Neglect
- Children & Youth Special Healthcare Needs
- Dermatology
- Developmental & Behavioral
- Endocrinology
- Epileptology
- Ears, Nose & Throat
- Gastroenterology
- Genetics
- General Surgery*
- Hepatology
- Hematology/Oncology
- Infectious Disease
- Neurology*
- Nephrology
- Nutrition
- Orthopaedic Surgery
- PHIT Kids (Weight Management)
- Plastic Surgery
- Pulmonology
- Radiology
- Rehabilitative Medicine
- Rheumatology
- Sleep
- Social Work
- Sports Medicine
- Toxicology
- Urology

Language Services
should be involved from beginning!

Questions

Morgan Waller, MBS, BAPsy, BSN, RN
Director of Telemedicine Business & Operations
mwaller@cmh.edu

Pat Huchko, RN, BS, CNOR
Director of Clinical Services
phuchko@intouchhealth.com

Please remember to complete online session evaluation