12 Essential Steps to Building a Telemedicine Program

August 17, 2016. Start time is 3:00 PM EST (2:00 EST)

What We Will Cover

- ❖ How to get started with telemedicine and easily grow your program (12 steps).

- ❖ What it takes to be a remote provider of telemedicine services.

- ❖ Understand the full potential and impact telemedicine makes at a rural facility for stroke patients.

Featured Presenters

David C. Johnson
Telemedicine Program Coordinator
**Fort Drum Regional Health Planning
Organization**

Julius Gene S. Latorre, MD, MPH
Medical Director
**Upstate University Hospital
Comprehensive Stroke Center**

How to Implement Telemedicine Programs

David C. Johnson
Telemedicine Program Coordinator
**Fort Drum Regional Health
Planning Organization**

❖ About FDRHO, population served

❖ Specialties addressed with telemedicine

❖ Application areas served with telemedicine

❖ From 1 to 22! How progress was made to expand telemedicine projects (12 steps)
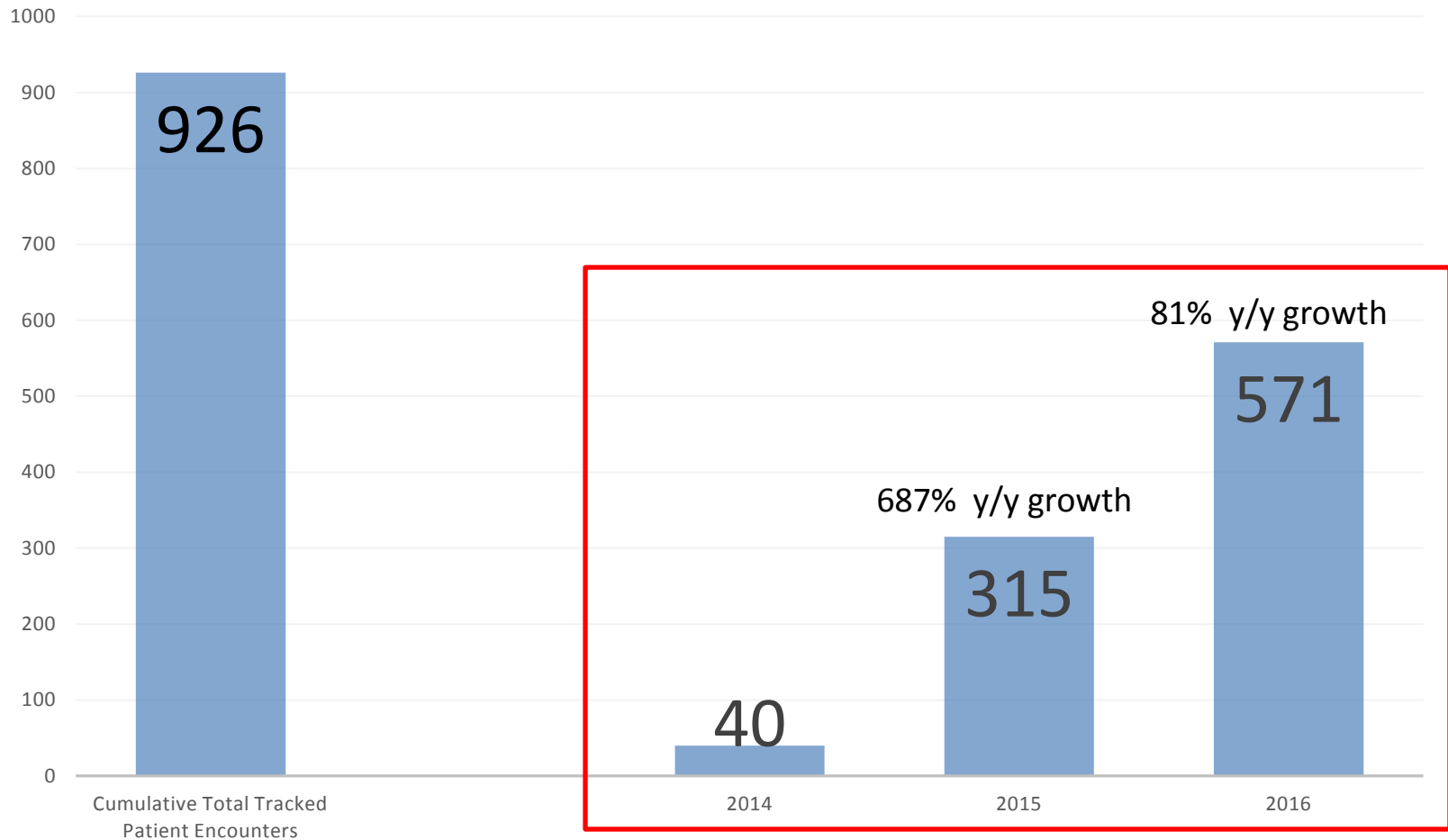
The North Country Infrastructure
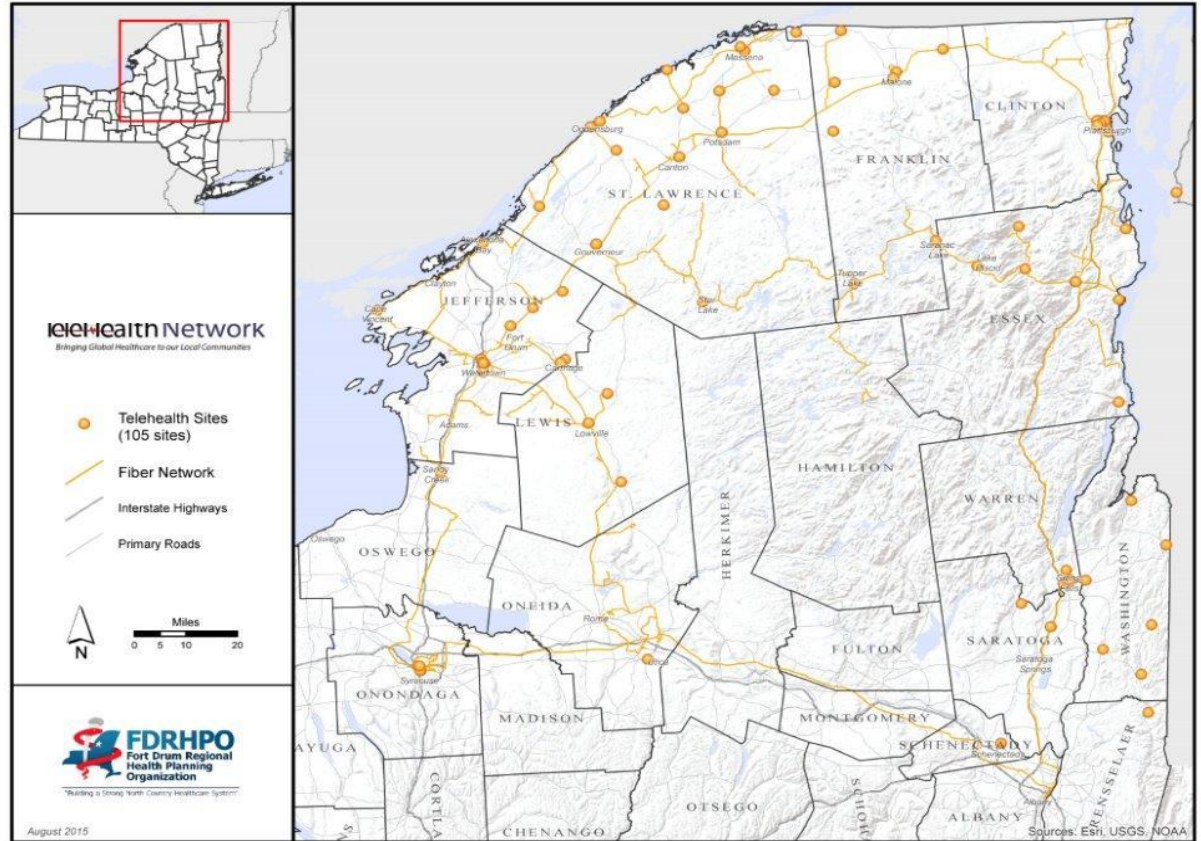
22 Active Current Projects

- ❖ Telepsychiatry
- ❖ Telepsychology
- ❖ Teleneurology – Parkinson's Disease
- ❖ TeleMedication Reconciliation
- ❖ TeleVocational Counseling
- ❖ TeleStroke
- ❖ Remote Patient Monitoring

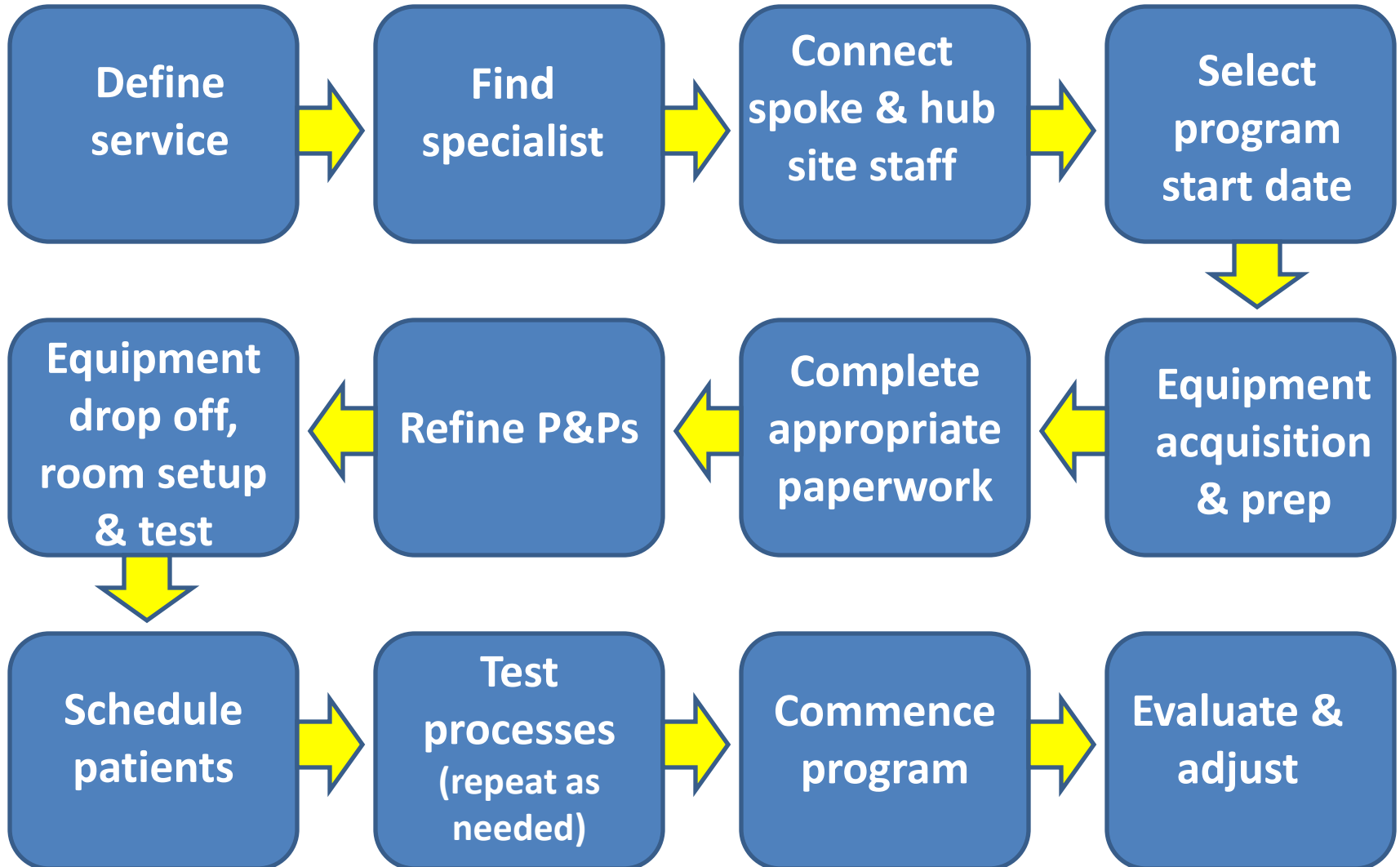# Program Expansion – from 40 to 926!
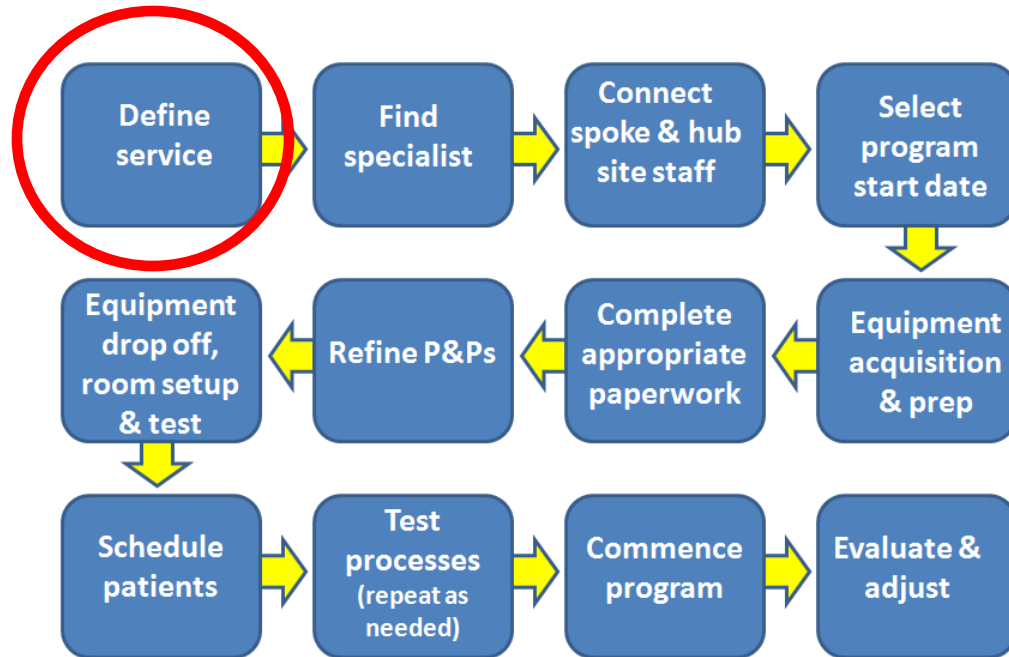
Tracked Patient Encounters

12 Step Program

Define service → **Find specialist** → **Connect spoke & hub site staff** → **Select program start date**	

Define service → **Find specialist** → **Connect spoke & hub site staff** → **Select program start date** ↓

Equipment drop off, room setup & test ← **Refine P&Ps** ← **Complete appropriate paperwork** ← **Equipment acquisition & prep**

↓

Schedule patients → **Test processes (repeat as needed)** → **Commence program** → **Evaluate & adjust**
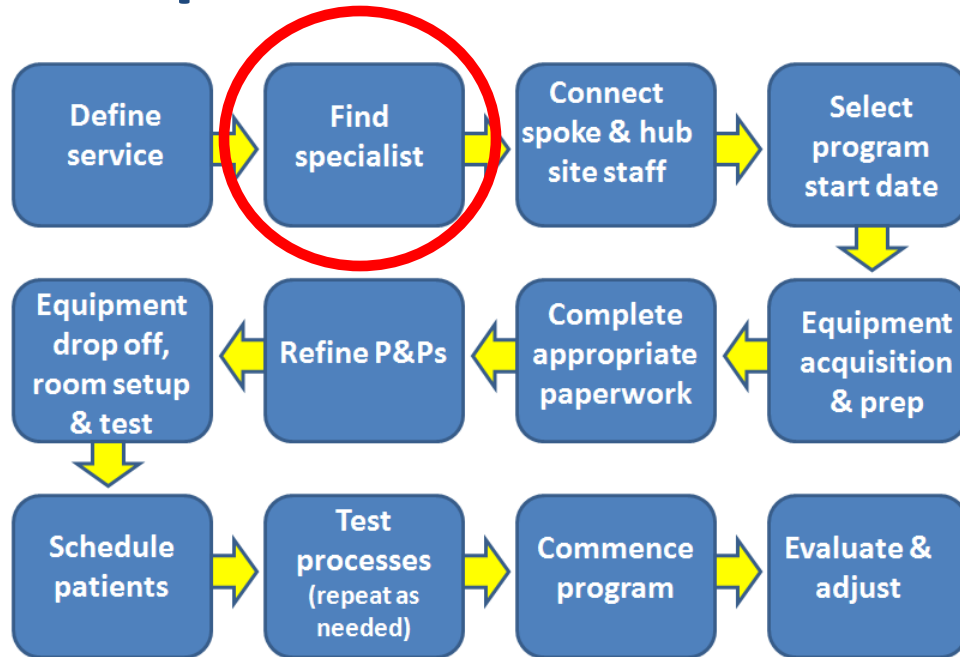
Step #1 – Define Service

❖ What does your healthcare practice **need**?

❖ What **can** your healthcare practice provide?

Step #2 – Find Specialist

Flowchart:

Row 1: Define service → Find specialist (circled) → Connect spoke & hub site staff → Select program start date

Row 2: Equipment drop off, room setup & test ← Refine P&Ps ← Complete appropriate paperwork ← Equipment acquisition & prep

Row 3: Schedule patients → Test processes (repeat as needed) → Commence program → Evaluate & adjust

❖Willing parties

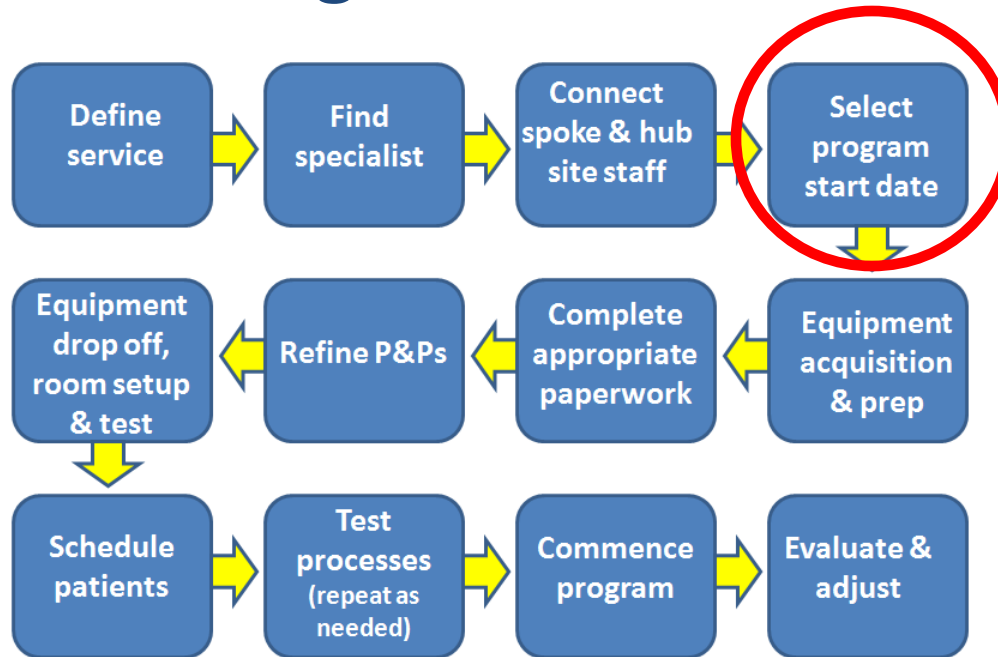❖Who has capacity to take this on?

❖Outside service providers

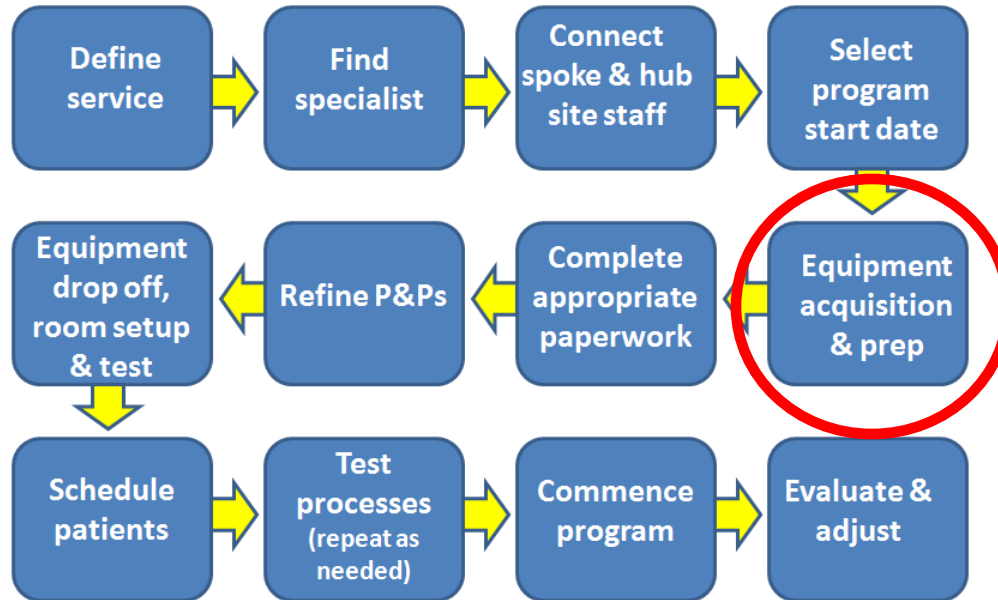# Step #3 – Connect Spoke & Hub Site Staff
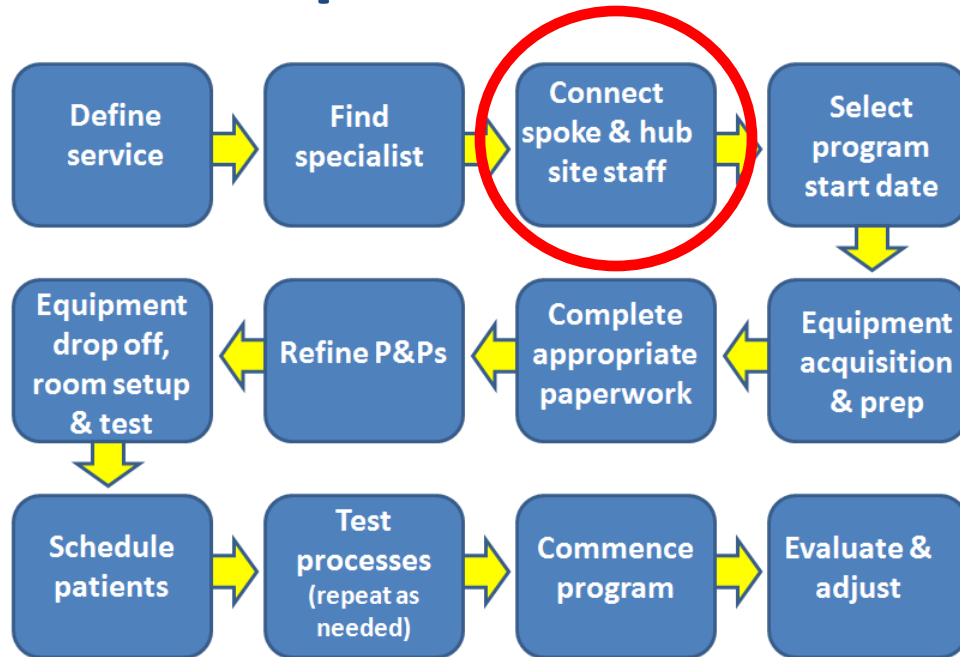
❖Involve 3 major champions:

- Clinical

- IT

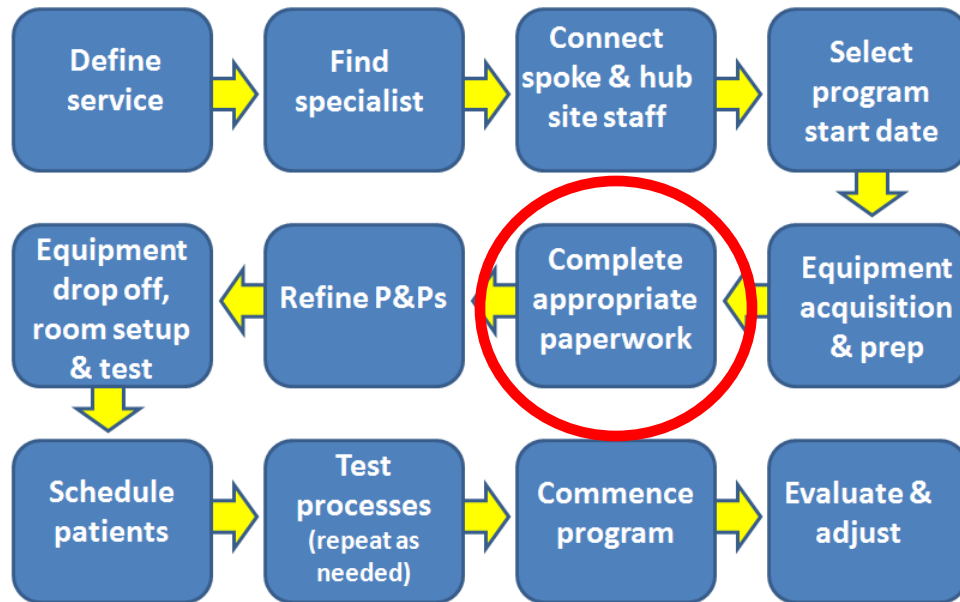- Administrators

Step #4 – Select Program Start Date

❖ When do you want to see everything accomplished?

❖ 4-6 months to implement

Step #5 – Equipment Acquisition & Prep

❖What will it take to accomplish our service goals?

❖What medical peripherals will you need?

Step #6 – Complete Appropriate Paperwork

❖Credentialing
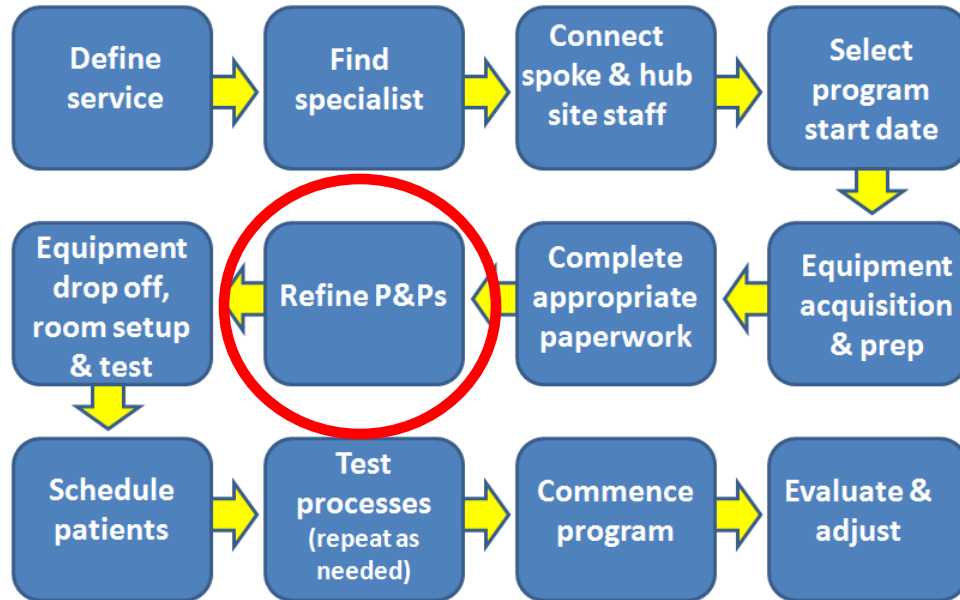
❖Requirements of Dept. of Health

❖MOUs

Step #7 – Refine Policies & Procedures

- ❖ How does it work?
- ❖ Clinical considerations
- ❖ What types of patients you will see
- ❖ Referrals
- ❖ Emergencies

Step #8 – Equipment Drop Off, Room Setup & Test
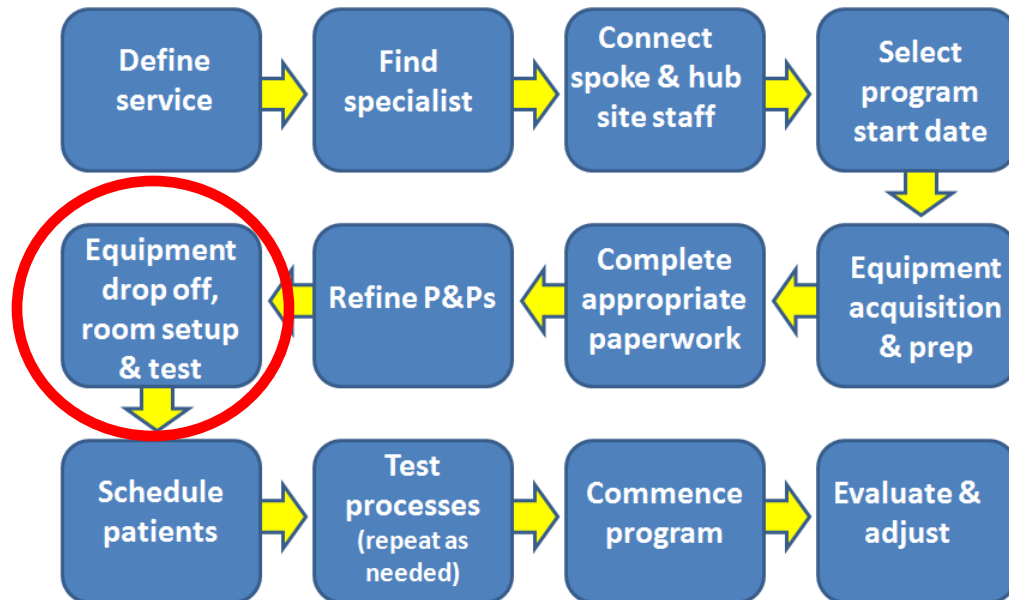
❖Know what you are going to do with it before it arrives

Step #9 – Schedule Patients
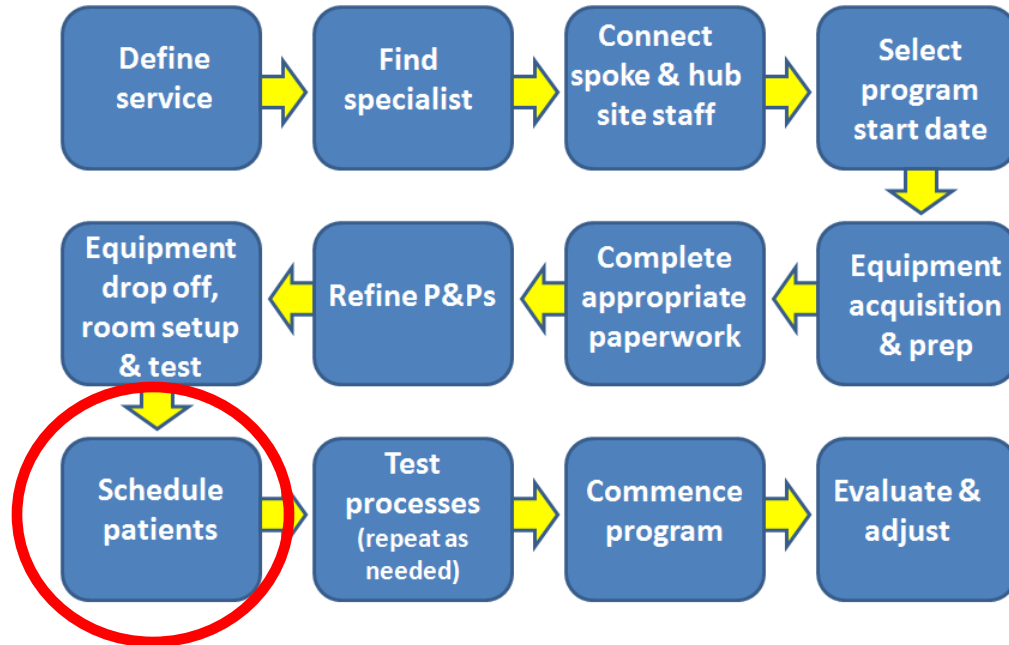
❖Test patients

❖Get used to the technology

Step #10 – Test Processes

❖Test!

❖Test!

❖Test!

Step #11 – Commence Program

❖Go live

❖Market telemedicine services

Step #12 – Evaluate & Adjust

❖Bring back champions

❖What's working

❖What's not

❖What to do next

12 Step Program

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┌──────────────┐      ┌──────────────┐      ┌──────────────┐      ┌──────────────┐
│   Define     │  →   │    Find      │  →   │   Connect    │  →   │    Select    │
│   service    │      │  specialist  │      │ spoke & hub  │      │   program    │
│              │      │              │      │  site staff  │      │  start date  │
└──────────────┘      └──────────────┘      └──────────────┘      └──────────────┘
                                                                          │
                                                                          ↓
┌──────────────┐      ┌──────────────┐      ┌──────────────┐      ┌──────────────┐
│  Equipment   │  ←   │ Refine P&Ps  │  ←   │   Complete   │  ←   │  Equipment   │
│  drop off,   │      │              │      │ appropriate  │      │ acquisition  │
│ room setup   │      │              │      │  paperwork   │      │   & prep     │
│   & test     │      │              │      │              │      │              │
└──────────────┘      └──────────────┘      └──────────────┘      └──────────────┘
       │
       ↓
┌──────────────┐      ┌──────────────┐      ┌──────────────┐      ┌──────────────┐
│  Schedule    │  →   │    Test      │  →   │  Commence    │  →   │  Evaluate &  │
│  patients    │      │  processes   │      │  program     │      │   adjust     │
│              │      │ (repeat as   │      │              │      │              │
│              │      │   needed)    │      │              │      │              │
└──────────────┘      └──────────────┘      └──────────────┘      └──────────────┘
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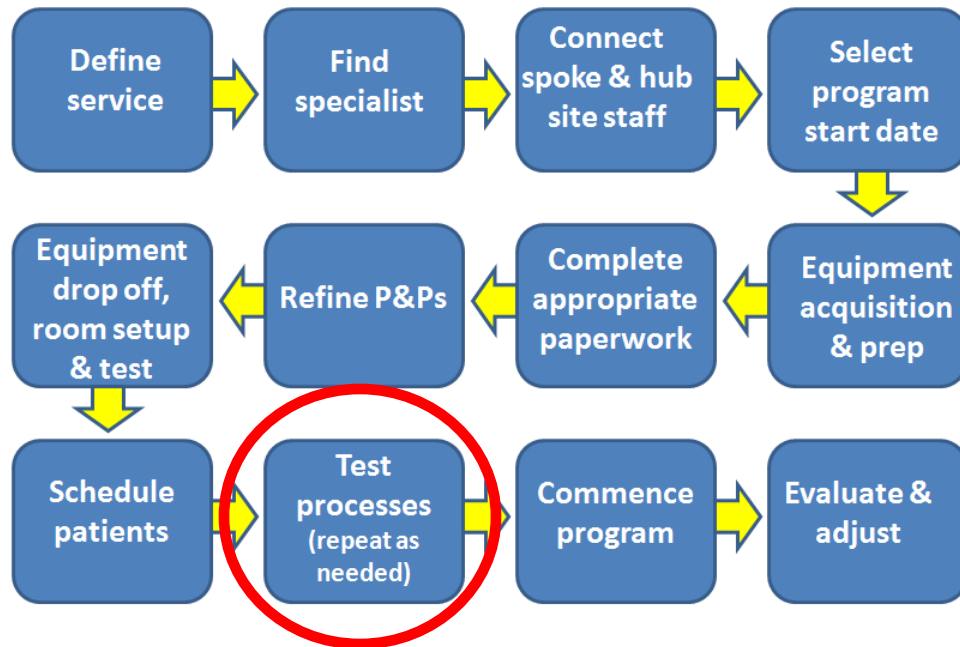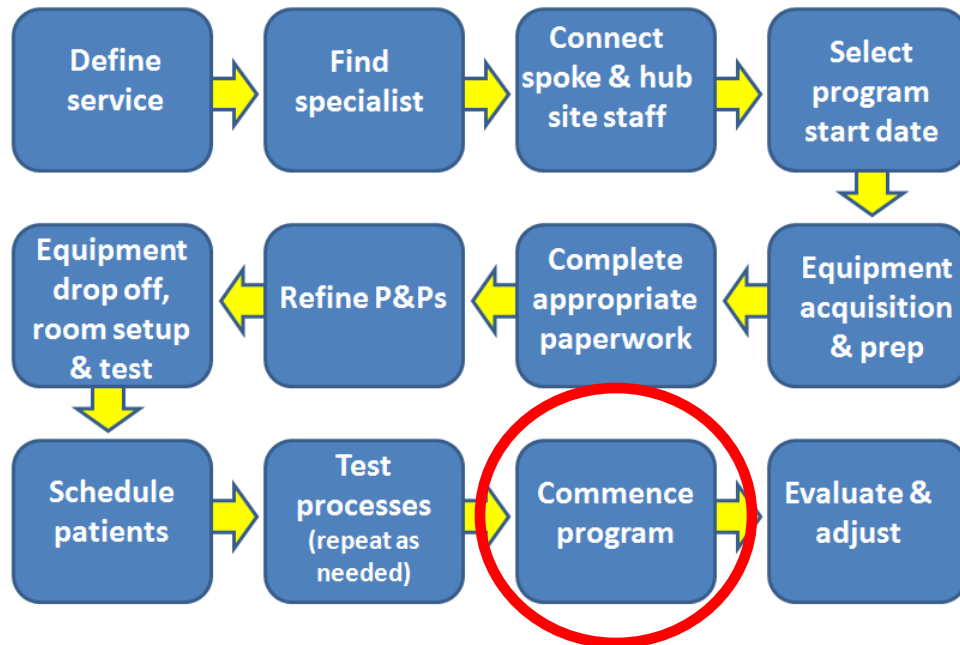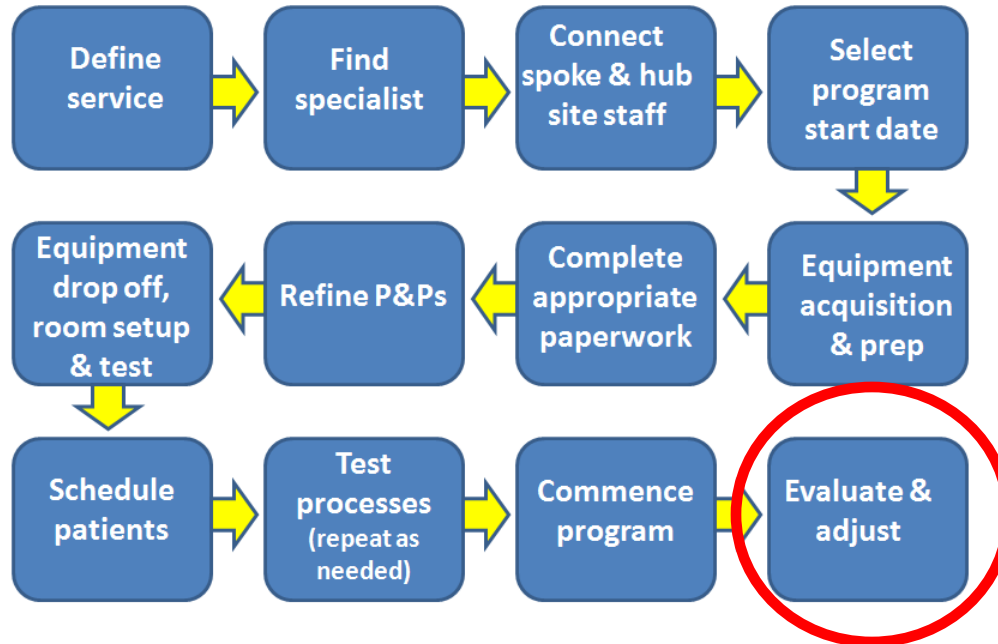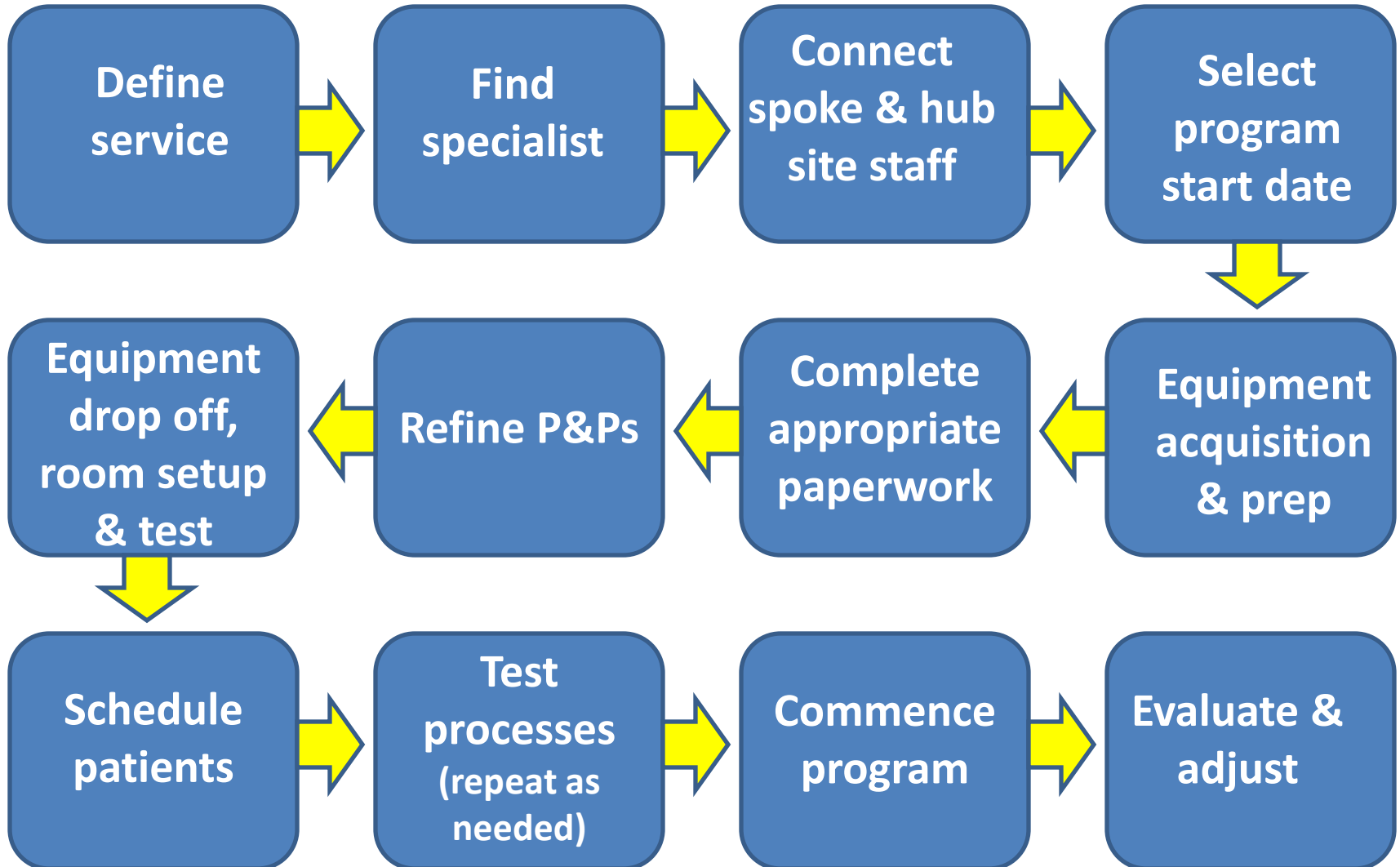
Telemedicine Saves Lives

Julius Gene S. Latorre, MD, MPH
Medical Director
**Upstate University Hospital
Comprehensive Stroke Center**

❖ Types of consults that are appropriate for telemedicine consults

❖ What it takes to be a remote provider of telemedicine services

❖ How telemedicine has saved lives (stroke patient story)

Telestroke Consult Criteria

❖ Currently limited to 0-6 hour Acute telestroke consultation

❖ Consult criteria

  ▪ Last Known Well (LKW) within 6 hours
  ▪ CT brain negative for hemorrhage
  ▪ Persistent symptom (NIHSS > 0)

❖ Patients not meeting criteria will have regular phone consultation

Being a Remote Provider

- ❖ 24/7 availability when on call

- ❖ Off-HUB: Carries a laptop with mobile broadband

- ❖ In-HUB: within 5 minutes of Telestroke station

- ❖ During consultation

  - ▪ Access spoke patient imaging

  - ▪ Access telemedicine cart for televideo consultation

  - ▪ Access Hub EMR for consult documentation, routing to spoke

Patient #1 Story

87 F w diff talking/R weak

5/29

18:50 Px developed difficulty talking with R sided weakness

19:39 Arrived at Spoke Hospital (River)

20:02 Telestroke consultation

20:24 IV-TPA recommended

21:03 **IV-TPA started**

22:25 Patient left for HUB (Upstate)

5/30

01:00 Arrived at Upstate, work-up started

6/07

11:00 Discharged to rehab, improved

Patient #1 Outcome

87 F w diff talking/R weak

Patient #2 Story

66M with speech diff/L side w

7/16

11:30 Telestroke consultation

Px deemed NOT TPA candidate due to >4.5 hours time window

Emergency transfer via Air Med transport

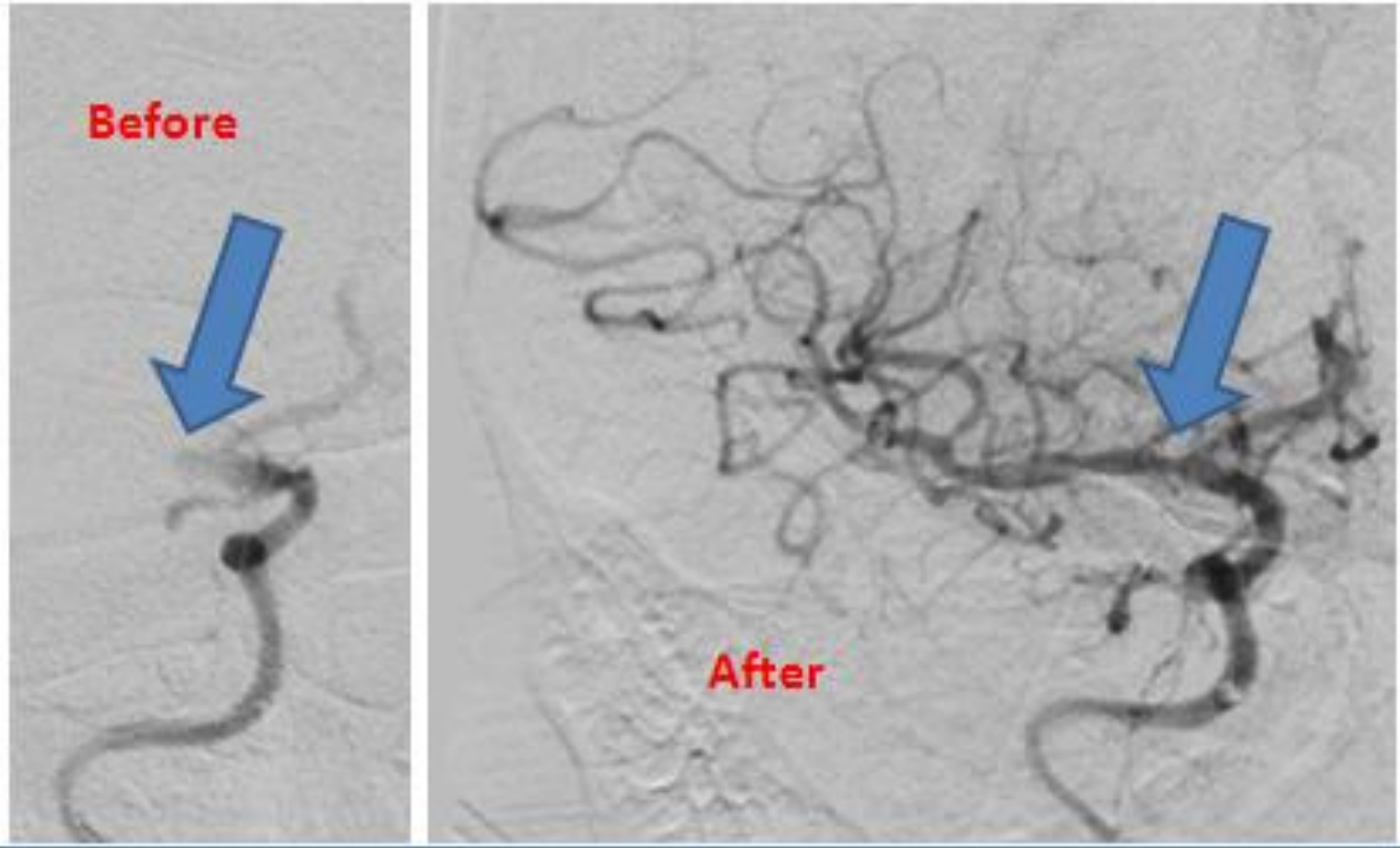13:23 Arrived at Hub (Upstate)

Large vessel occlusion identified

Patient had Mechanical thrombectomy

7/28

- Discharged to Rehab, improved.

Patient #2 Outcome

66M with speech diff/L side w
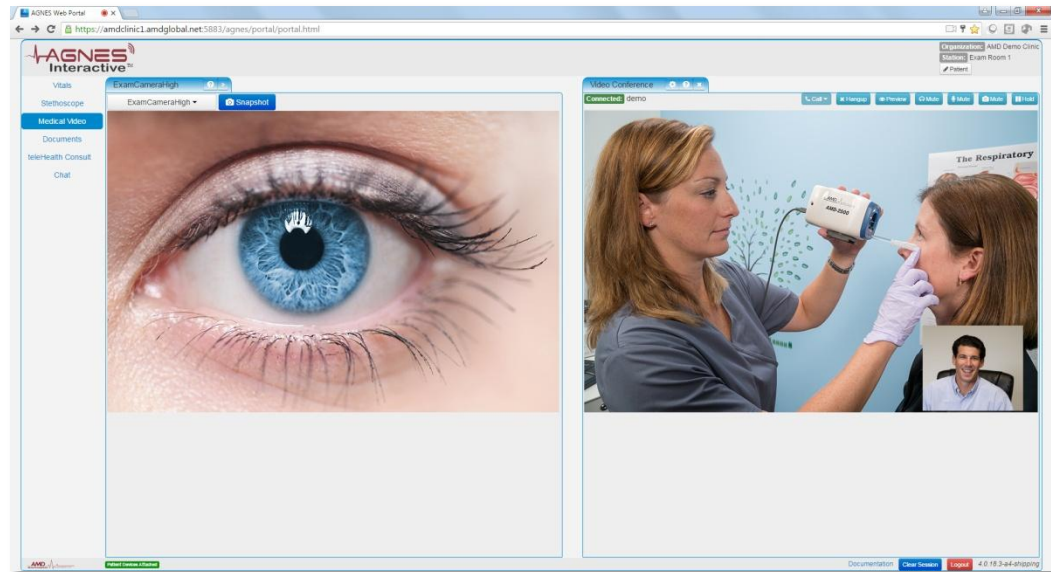
Equipment & Technology Preparation

Types of Technology & Equipment Available

Types of Technology & Equipment

Encounter Management Software

# Types of Technology & Equipment

Medical Devices & Equipment

Types of Technology & Equipment

The Packaging:
Mobile Carts,
Portable Cases,
Wall Mount Units,
Desktop Set Ups

Important Considerations

❖ Medical specialties servicing

- What will it take to accomplish your service goals?

- What medical peripherals do you need?

❖ Training required of users

❖ Integration w/ existing IT infrastructure

❖ Connecting to your EMR

❖ Environment of equipment
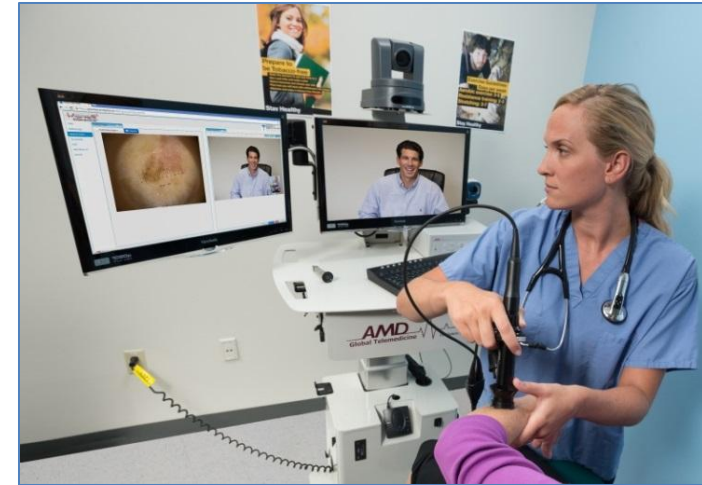
Contact Information

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