

Developing Telemedicine Partnerships for Rural Healthcare



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Featured Presenters



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What We Will Cover

- ❖ How to fill gaps in your healthcare services.
- ❖ How to partner with academic medical centers to leverage their services.
- ❖ Key considerations when starting a telemedicine program.
- ❖ Effective practice models and workflows.
- ❖ Telemedicine business models that make the most sense for rural healthcare providers.



Three Key Things to Consider When Developing your Telemedicine Program

Ron Emerson RN BSN, Global Director of Strategic
and Partner Development



Why These Key Three points?

At some point I/you will have to validate these key points...

What were they?

I. Patient/Clinician satisfaction and experience

II. Clinical efficacy

III. Cost Effectiveness and ROI

Patient Satisfaction

- ❖ Most studies show patient satisfaction rate above >90% when using Telemedicine
- ❖ Clinicians Satisfaction rates are lower but satisfactory (Generally above 86%)
- ❖ As would be expected, there are factors determining satisfaction rates such as technology used, clinical presentation...etc.

Source: Susan S. Gustke, David C. Balch, Vivian L. West, and Lance O. Rogers. Telemedicine Journal. July 2004, 6(1): 5-13. <https://doi.org/10.1089/107830200311806>

Michelle Glaser, Tom Winchell, Patty Plant, Wayne Wilbright, Michael Kaiser, Michael K. Butler, Matthew Goldshore, and Manya Magnus. Telemedicine and e-Health. May 2010, 16(4): 472-479. <https://doi.org/10.1089/tmj.2009.0169>

Clinical Efficacy

- ❖ Mostly comparison studies
 - ❖ Larger amounts of research literature in Telemental health, neurology (study below) and dermatology
 - ❖ Comparison studies have shown the diagnosis is the same in person or over Telemedicine (in certain specialties more data in others little data)

Source:

Efficacy of site-independent telemedicine in the STRoKE DOC trial: a randomized, blinded, prospective study

Brett C Meyer, MD Correspondence information about the author MD Brett C Meyer [Email the author MD Brett C Meyer](#)

, Rema Raman, PhD,, Thomas Hemmen, MD,, Richard Obler, MD,, Justin A Zivin, PhD,, Ramesh Rao, PhD,, Ronald G Thomas, PhD,, Patrick D, Lyden, MD, Published: 03 August 2008

A randomized trial comparing the efficacy of cognitive-behavioral therapy for bulimia nervosa delivered via telemedicine versus face-to-face [☆](#)

Author links open overlay panel [James E. Mitchell^{ab}](#) [Ross D. Crosby^{ab}](#) [Stephen](#)

[A. Wonderlich^{ab}](#) [Scott Crow^a](#) [Kathy Lancaster^b](#) [Heather Simonich^{ab}](#) [Lorraine Swan-Kremeier^{ab}](#) [Christianne Lysne^{ab}](#) [Tricia Cook Myers^{ab}](#)

Cost Effectiveness

How do we increase revenue or decrease cost?

❖ Increase revenue and market share

- ❖ *"The average number of patients transferred per year to the children's hospital increased from 143 pre-telemedicine to 285 post-telemedicine. From these patients, the average hospital revenue increased from \$2.4 million to \$4.0 million per year, and the average professional billing revenue increased from \$313,977 to \$688,443 per year.*
(<http://www.healthleadersmedia.com/technology/how-telemedicine-drives-volume-revenue#>)

❖ Decrease cost

- ❖ EMR, Telemedicine Saves Texas \$1B
- ❖ Reduce hospitalizations/capitated rates/ population health
- ❖ Increase efficiencies

(<http://www.healthcareitnews.com/news/emr-telemedicine-saves-texas-1b>)

ROI and Revenue Drivers for Telehealth

❖ Rural Facilities

- ❖ Increase access to specialty services for your patients
- ❖ Improves your image and brand- Market your program!!!!
- ❖ Don't automatically lose your patients to the larger facility
- ❖ Lab work, pharmacy, and other ancillary tests stay within your facility or the local community

❖ Center of Excellence

- ❖ Increase market share through relationships with patients and rural providers
- ❖ Patients come to their facility for in-patient and ancillary services and not their competitors.



Telemedicine Business Models and Best Practices

Morgan Waller, MBA, BSN, RN

Director of Telemedicine, Children's Mercy Kansas City



How To Fill Gaps In Your Healthcare Services

- ❖ Recruit & Hire
- ❖ Refer patients out of town, county, state
- ❖ Or





Contract for Virtual Expertise

- ❖ Help your providers deliver better care to their patients locally
- ❖ Support them, engage them with academic resources and professional collaboration
- ❖ Keep your providers' patients in your facility
- ❖ Keep patients in their medical home
- ❖ Make your patients and providers very happy

Just Because





Telemedicine Today

- More than 15 million Americans received some kind of medical care remotely last year, according to the American Telemedicine Association, a trade group, which expects those numbers to grow by 30% this year.
- Kaiser Permanente conducted 52% of its visits virtually in 2017.

WSJ & ATA



Telemedicine Today

WHAT IS THE MARKET SHOCK?

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

76% of patients prioritize **access** over human interaction with providers

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

Surveys show that patients are
eager for virtual access to care

94% Resolution rate for virtual
visits—no follow-up care
needed after visit¹

72% Consumers who said they would
see a doctor via video²

Advisory Council, 2017



Telemedicine Today

❖ Regulatory Changes -somewhere nearly everyday

❖ (CHRONIC) Care Act

Improve flexibility for telehealth use under Medicare Advantage plans, and allow nationwide reimbursement for tele stroke care and home dialysis treatment

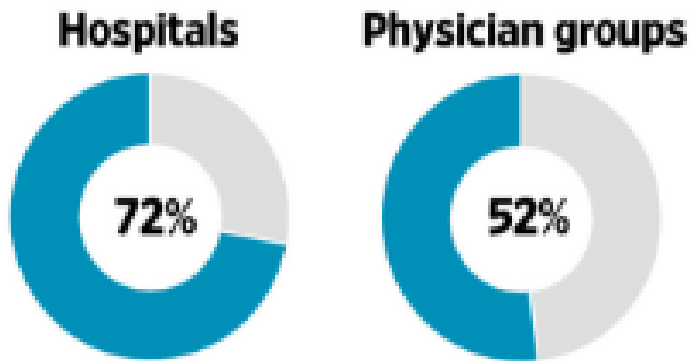
❖ Missouri & HB1617

Standard of Care determines method of healthcare delivery

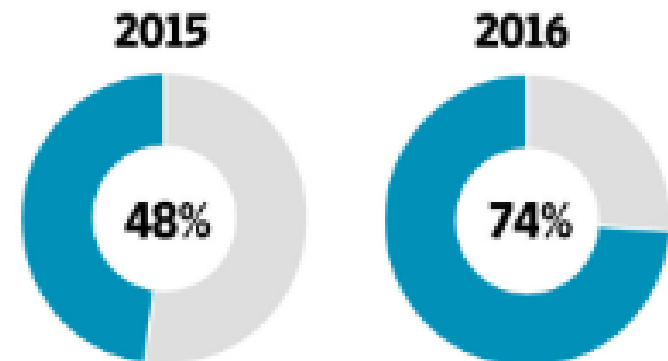


Telemedicine Today

The percentage of providers that have telemedicine programs

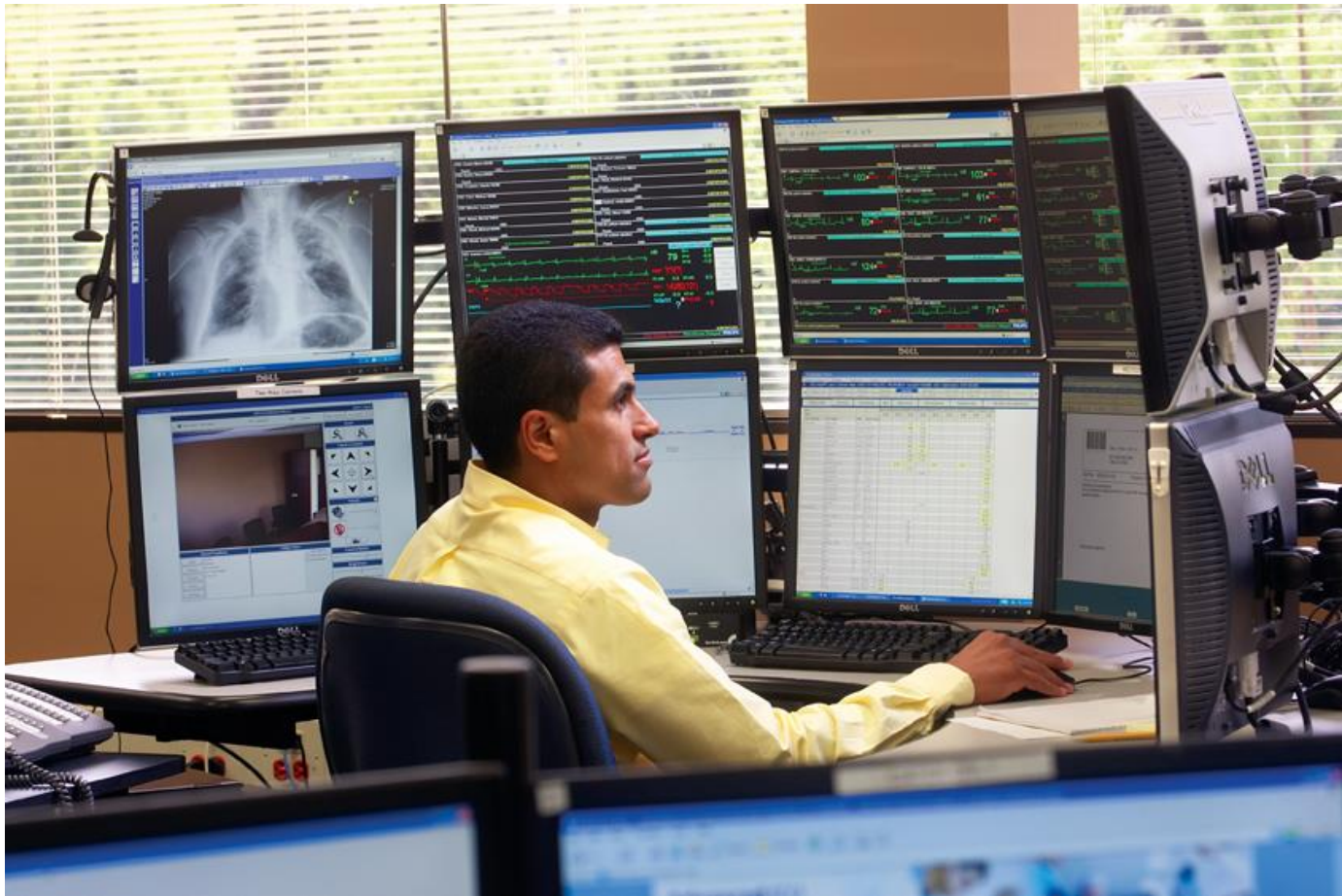


The percentage of large employers offering telemedicine benefits



<https://www.wsj.com/articles/how-telemedicine-is-transforming-health-care-1466993402>

Tele-ICU





Patient

1: Johnson, Terry R.

Vehicle ID:



Camera Controls

Fine Control:



Presets:
(CTRL-Click to Set)



Zoom:

In

Out

Current Camera:

Overhead

Sonogram

Pt Right Side

Pt Left Side

Current Video Settings:

Quality: 7: 640 x 480 at 60:1

Rate (fps): 6.7 Avg Size (KB): 7.69

Outgoing Vitals / Waveform

Go to Patient Vitals Panel

Log Vitals

Auto

5

min.

Log ECG

Auto

3

min.

B / P Resp Pulse Sa O₂ Sat.
120 58 12 80 97 %

LIVE



System

ePCRRecord

Video/Vitals

Map Tracking

Information

Triage

Admin





OK...You Get It!

- ❖ Telemedicine is real.
- ❖ Its “out there”.
- ❖ Its not a fad.
- ❖ We better do something!





How To Partner With Academic Medical Centers

- ❖ What are the unmet needs of the patients you serve?
- ❖ From each unmet need identified, how many patients are going without or receiving low quality care? Volume of patients.
- ❖ Is your organization's administration completely and totally "in"?
- ❖ Is your organization's staff "in"?





How To Partner With Academic Medical Centers

- ❖ Do you have nurses who would be excited about facilitation?
- ❖ Are your technologists game for getting specialized training?
- ❖ Do you know of someone who can be your program coordinator? It has to be EASY for the providers.
- ❖ Do you have a private, well-lit space with appropriate technology and internet service for ambulatory patients?



Telemedicine Partnership Proposal

- ❖ Has your contract person ever heard of telemedicine?
- ❖ Has your credentials committee heard of CMS & JACHO telemedicine credentialing by proxy? & patient site OPPE?
- ❖ Is your billing team familiar with telemedicine facility fee charges?
- ❖ Can you exchange medical records through an HIE or secure electronic file transfer?



Telemedicine Models

1. Access Hospitals ↔ Academic Medical Centers
2. EMS ↔ Academic Medical Centers
3. Facility ↔ Facility ↔ Facility
(within same organization)
4. Home ↔ Academic Medical Centers
5. Patient Anywhere ↔ Provider Anywhere



Care Delivery

❖ Asynchronous

- Store and forward (radiology, dermatology, EKGs, etc...)
- E-mail/electronic communication
- Web-based management

❖ Synchronous/Real-Time

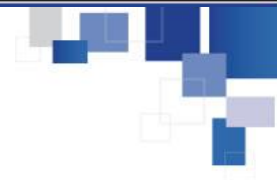
- Medical visits on demand
- Remote monitoring (hospitalists, ICU, ED, Transport)
- Remote/virtual patients





Care Delivery (cont'd)

- ❖ Facilitated and Non-facilitated/Direct to Consumer/On-demand
 - 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 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.



Developing Telemedicine Partnerships for Rural Healthcare

Contracts

FMV

- ❖ Distant Provider Site bills provider fees
- Near Patient Site bills facility fees

- ❖ Reassignment of billing rights
 - ❖ Monthly invoice for call time
 - ❖ Monthly invoice for actual time
 - ❖ Combination of two



TeleStroke

Ethics

- ❖ **Study 'undeniably proves' telestroke care saves lives and money**
- ❖ If a program costs $\leq \$50,000$ per quality-adjusted life year is it consider cost-effective (telestroke costs less than \$2,500)

- <http://www.healthcareitnews.com/news/study-undeniably-proves-telestroke-care-saves-lives-and-money-undeniably-proves-telestroke-care-saves-lives-and-money>
- http://www.todaysgeriatricmedicine.com/news/ex_051712.shtml

Telemedicine At Children's Mercy Kansas City

Access to "Super" Specialists

- ❖ 11/14 American Board of Pediatrics (ABP) Subspecialties
- ❖ 4/5 of ABP Co-sponsored Subspecialties
- ❖ 27 Specialties & Subspecialties Combined



Children's Mercy

Sub-specialty Telemedicine



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

Patient/Family Quotes

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

"Everyone & everything was wonderful"

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

"I wish we had done this 3 years ago!"

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

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

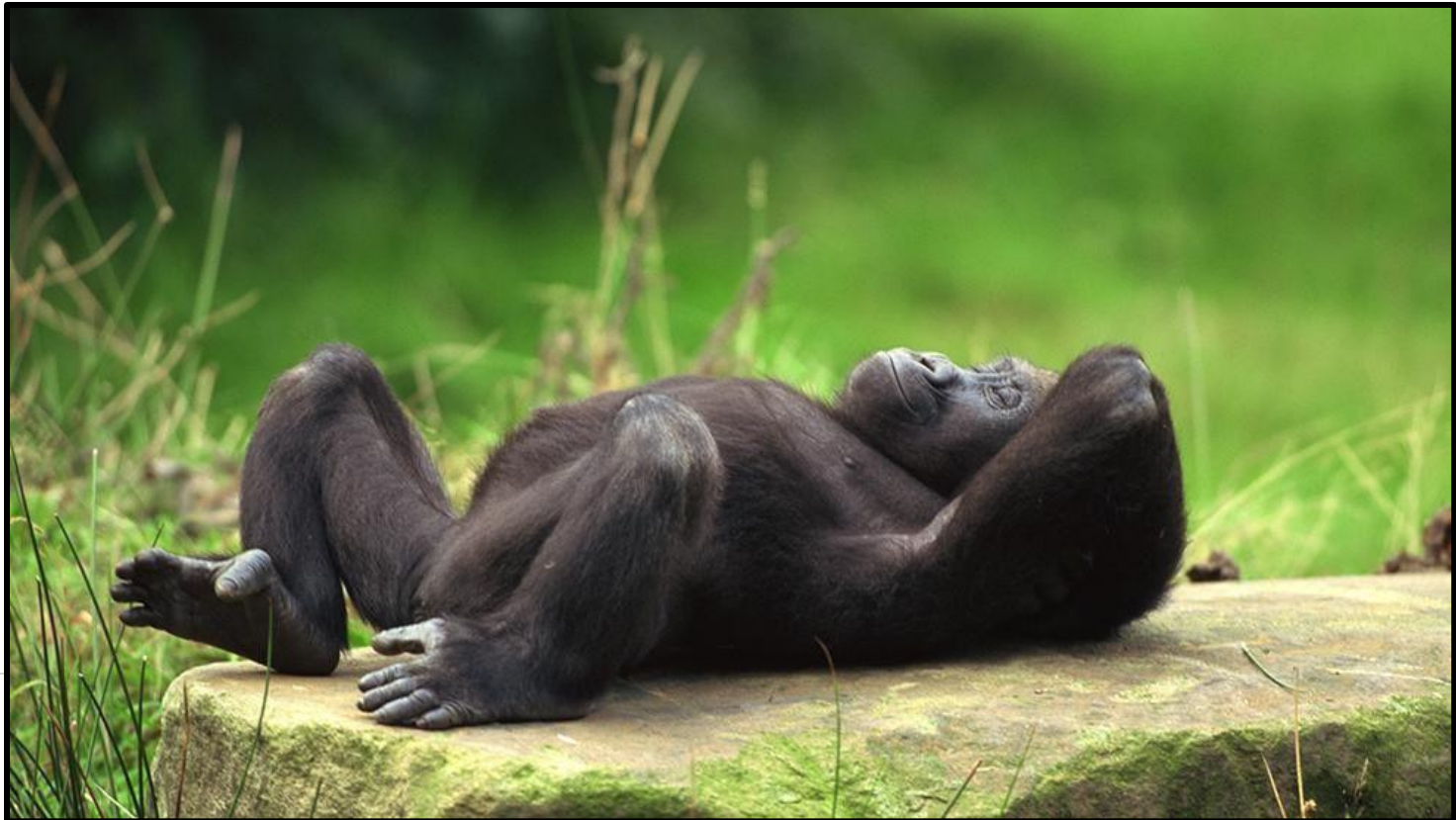
Did We Cover?

- ❖ How to fill gaps in your healthcare services, with highly specialized clinical telemedicine
- ❖ How to partner with academic medical centers to leverage their services and extend your ability to treat more patients.
- ❖ Key considerations when starting a telemedicine program.
- ❖ Effective practice models and workflows.
- ❖ Telemedicine business models that make the most sense for rural healthcare providers.



How To Expand Your Telemedicine Offerings

Once you have a vision/mission defined & a relationship established, expansion is the easy part!



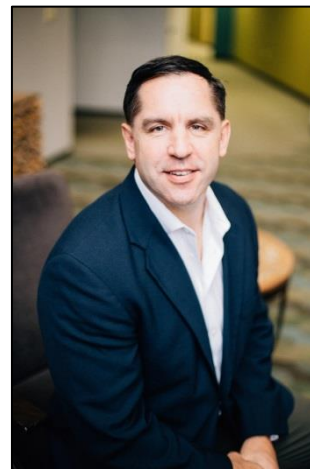
Here to Help!



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Thank You for Attending

- ❖ Archived presentation will be available in next few days.
- ❖ Follow up email will include link

