Introduction to Telehealth and Its Use Serving Pregnant Women

December 11, 2018

EPIC

Supporting communities to give every child a Healthy Start.

Healthy Start EPIC Center

Welcome and agenda

Welcoming Remarks	**Dawn Levinson**, Division of Healthy Start and Perintal Services (DHSPS) *E-mail: dlevinson@hrsa.gov*
Expert Presentations	**Jonathan Neufeld, PhD**, Great Plains Telehealth Resource & Assistance Center (gpTRAC.org) **Mary Zelazny, CEO,** Finger Lakes Community Health
Q/A and Discussion	All

Pretest

- Two types of technologies that are used in providing telehealth services are:
  a) Live video & translation
  b) Remote monitoring & live video
  c) Store and forward & e-mail

- True/False: Telehealth is regulated by federal laws, state laws and state licensure of clinicians. (true)

E P I C
Supporting communities to give every child a Healthy Start.
Healthy Start EPIC Center

Welcoming Remarks Division of Healthy Start and Perinatal Services and Expert Speakers

Dawn Levinson
HRSA/MCHB/DHSPS

Jonathan Neufeld, PhD
Great Plains Telehealth Resource Assistance Center

Mary Zelanzy, CEO
Finger Lakes Community Health

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Telehealth: A Conceptual Overview

Jonathan Neufeld, PhD, HSPP

December 11, 2018

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gpTRAC
Great Plains Telehealth Resource & Assistance Center

gpTRAC and the National Consortium of TRCs

NATIONAL CONSORTIUM OF

TELEHEALTH

RESOURCE CENTERS

TelehealthResourceCenters.org

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

Home | Telehealth Resources | Request Assistance

WHO ARE WE?

THE NATIONAL CONSORTIUM

Our 12 regional and 2 national TRCs are expertly staffed. We've come together under one consortium to forefront the advancement and accessibility of telehealth with a focus in rural healthcare. As a consortium, we are committed to helping your organization/practice advance telehealth education, overcome barriers, and provide you with the adequate resources. More about us >>

Welcome to the Consortium of Telehealth Resource Centers

Telehealth Resource Centers (TRCs) have been established to provide assistance, education and information to organizations and individuals who are actively providing or interested in providing health care at a distance. Our simple charter from the Office for Advancement of Telehealth is to assist in expanding the availability of health care to underserved populations. And because we are federally funded, the assistance we provide is generally free of charge.

LEARN MORE

Who's your TRC?

Find a Provider

View Resources

View Webinars

National Resource Centers

National Telehealth Policy Resource Center
Serving all Telehealth Resource Centers and All States
Phone: 877-707-7172
Direct: 916-285-1860

National Telehealth Technology Assessment Resource Center
Serving All Telehealth Resource Centers and All States
Phone: 877-885-5672
Direct: 907-729-4703

Regional Resource Centers

TexLa Telehealth Resource Center
Serving Texas and Louisiana
Phone: 877-391-0487
Direct: 806-743-4440

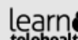
Mid-Atlantic Telehealth Resource Center
Serving Virginia, West Virginia, Kentucky, Maryland, Delaware, North Carolina, Pennsylvania, Washington DC, and New Jersey [shared]
Phone: 855-MATRC4U (628.7248)
Direct: 434-906-4960

Upper Midwest Telehealth Resource Center
Serving Indiana, Illinois, Michigan and Ohio
Phone: 855-283-3734

Southeastern Telehealth Resource Center
Serving Georgia, South Carolina, Alabama, and Florida
Phone: 1-888-738-7210

Pacific Basin Telehealth Resource Center
Serving Hawaii and Pacific Basin
Phone: 808-956-2897

Heartland Telehealth Resource Center
Serving Kansas, Missouri and Oklahoma
Phone: 877-643-HTRC (4872)



South Central Telehealth Resource Center
Serving Arkansas, Mississippi and Tennessee
Phone: 855-664-3450

Southwest Telehealth Resource Center
Serving Arizona, Colorado, New Mexico, Nevada and Utah
Phone: 877-535-6166
Direct: 404-712-3868

Northwest Regional Telehealth Resource Center
Serving Washington, Oregon, Idaho, Montana, Utah, Wyoming and Alaska
Phone: 888-662-5601

Great Plains Telehealth Resource & Assistance Center
Serving North Dakota, South Dakota, Minnesota, Iowa, Wisconsin and Nebraska
Phone: 888-239-7092

California Telehealth Resource Center
Serving California
Phone: 877-590-8144

NorthEast Telehealth Resource Center
Serving New England (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey [shared], New York, Rhode Island, and Vermont)
Phone: 800-379-2021

gpTRAC Provides (like all TRCs)

Resources

- www.gptrac.org (toolkits, assessments, sample forms)

Contacts

- A national network of telehealth programs, and close relationships with many programs in the Great Plains region.

Training (virtual and on-site)

- Clinician effectiveness with video and other technologies
- Site evaluation and readiness
- Resource for discussions/decision making

TELEHEALTH

Conceptual Framework

TELEHEALTH IS A DELIVERY MECHANISM, NOT A SERVICE

- Providers may need skills or training, but no new certification or credentials (usually)
- All regulations regarding traditional healthcare services apply equally to telehealth

ANALOGY

- Urban University Hospital vs CAH vs MASH Unit
- Skills are the same, but some adjustment needed for context

Four Domains of Telehealth

- **Remote Specialty & Hospital Care**
  - Specialists see and manage patients remotely
- **Integrated Primary Care**
  - Specialists (often MH) integrate services into primary care environment
- **Remote Monitoring and Management**
  - Physiological monitoring and care coordination to maintain best function in least restrictive, least expensive, or most preferred environment
- **Direct to Consumer Services (Primary/Urgent Care)**
  - Convenient access to needed/desired services; younger, busier, and generally healthier patients; not recommended for chronic disease care

Four Technologies of Telehealth

- **Live Video**
  - Secure; real-time (“synchronous”)
- **Store & Forward**
  - Image (or video clip) recording and transfer for later evaluation (“asynchronous”)
- **Remote Monitoring**
  - Physiological and behavioral monitoring to maintain best function in least restrictive, least expensive, or most preferred environment
- **mHealth (mobile apps)**
  - *Why not just use a cell phone for everything?*

Three Hard Lines of Telehealth

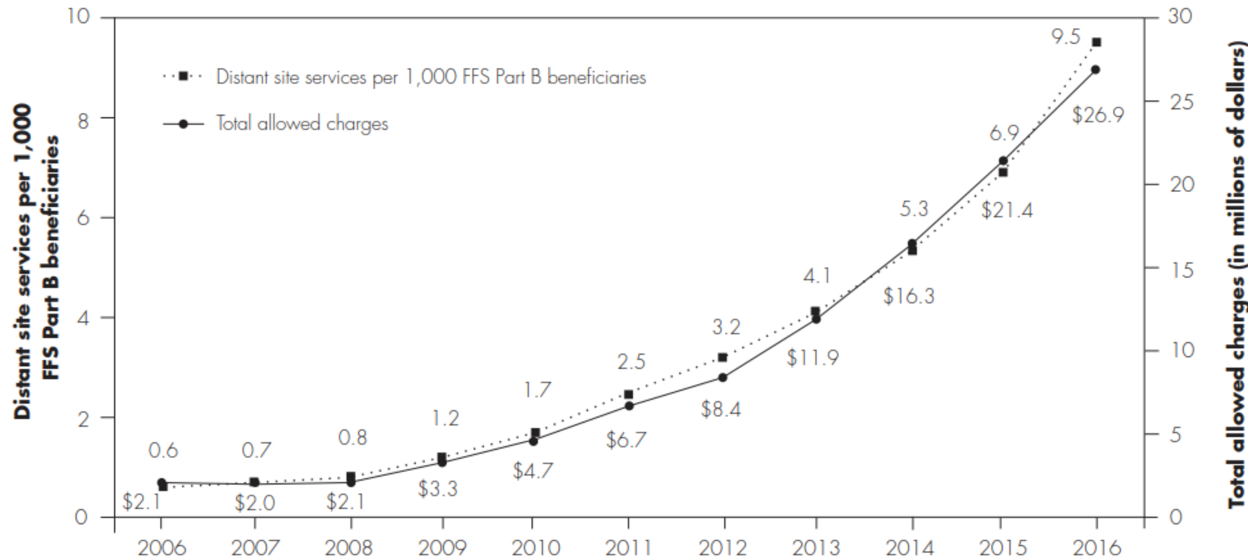
1. Live video vs Other (Store & Forward, Remote Monitoring)
2. Clinic-based vs Direct-to-Consumer (home)
3. Encounter-based vs Management (Monthly) Payment

Five Perspectives on Telehealth

- Patient/Family
- Provider
- Clinic/Hospital/Health System
- Payer
- Community/Society

A telehealth program may "work" (or not) from any, many, all, or none of these perspectives. And they may not all agree.

Telemedicine is Growing - Medicare



- 40%-plus growth for 10 years
- Mental health is largest patient group

Telehealth is Covered - Medicaid

TABLE 2-1. State Coverage of Telehealth Modalities in Medicaid, October 2017

Modality	Number of states	States
Live video	50	All states and the District of Columbia, except Massachusetts, cover live video.
Remote patient monitoring	21	Alabama, Alaska, Arizona, Colorado, Illinois, Indiana, Kansas, Louisiana, Maine, Minnesota, Mississippi, Missouri, Nebraska, New York, Oklahoma, South Carolina, Texas, Utah, Vermont, Virginia, and Washington
Store-and-forward	15	Alaska, Arizona, Connecticut, California, Hawaii, Illinois, Maryland, Minnesota, Mississippi, Missouri, New Mexico, Nevada, Oklahoma, Virginia, and Washington

Note: Reflects state coverage of telehealth modalities in fee-for-service Medicaid as of October 2017. Massachusetts covers some telehealth services under managed care, but telehealth services are not covered in fee for service (ATA 2017).

Source: ATA 2017, CCHP 2017a.

Regulatory Environment

FEDERAL REGULATIONS

- Prescribing Controlled Substances (Ryan Haight Act)
  - In person visit required before prescribing controlled substances (or consultation model)
  - Telemedicine exemption (undefined)
- HIPAA/HITECH (General Healthcare Regulations)
- Medicare (reimbursement, "conditions of payment")

Regulatory Environment

STATE REGULATIONS

- Licensing Boards (many are silent regarding telehealth)
- State-level definitions
- Medicaid (definitions & reimbursement)
- Commercial payer regulations (parity or other regulations)

Medicare Billing - MLN Fact

TELEHEALTH SERVICES

Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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- Updated annually as needed
- 12 pages
- Provides all eligible provider types, originating sites, and billing codes
- Eligibility Lookup Tool http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx

CY 2018 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90963
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90964

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CY 2018 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90965
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	CPT code 90966
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90967
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2-11 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90968
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12-19 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90969
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older (effective for services furnished on and after January 1, 2017)	CPT code 90970
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802–97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443

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Medicare Learning Network

CMS

CY 2018 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
Annual depression screening, 15 minutes	HCPCS code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	HCPCS code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	CPT code 99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	CPT code 99496
Advance Care Planning, 30 minutes (effective for services furnished on and after January 1, 2017)	CPT code 99497
Advance Care Planning, additional 30 minutes (effective for services furnished on and after January 1, 2017)	CPT code 99498
Psychoanalysis	CPT code 90845
Family psychotherapy (without the patient present)	CPT code 90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	CPT code 90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	CPT code 99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	CPT code 99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	CPT code 99356

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CY 2018 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	CPT code 99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	HCPCS code G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	HCPCS code G0439
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)	HCPCS code G0508
Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)	HCPCS code G0509
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making (effective for services furnished on and after January 1, 2018)	HCPCS code G0296
Interactive Complexity Psychiatry Services and Procedures (effective for services furnished on and after January 1, 2018)	CPT code 90785
Health Risk Assessment (effective for services furnished on and after January 1, 2018)	CPT codes 96160 and 96161
Comprehensive assessment of and care planning for patients requiring chronic care management (effective for services furnished on and after January 1, 2018)	HCPCS code G0506
Psychotherapy for crisis (effective for services furnished on and after January 1, 2018)	CPT codes 90839 and 90840

For ESRD-related services, a physician, NP, PA, or CNS must furnish at least one “hands on” visit (not telehealth) each month to examine the vascular access site.

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Billing Procedures (Standard)

Provider/Medical Group (Medicare "Distant Site"):

- Bill covered CPT code with modifier 'GT' (via live video)
- Use POS code '02' (Place of Service = Telemedicine)

Clinic/Patient Site (Medicare "Originating Site"):

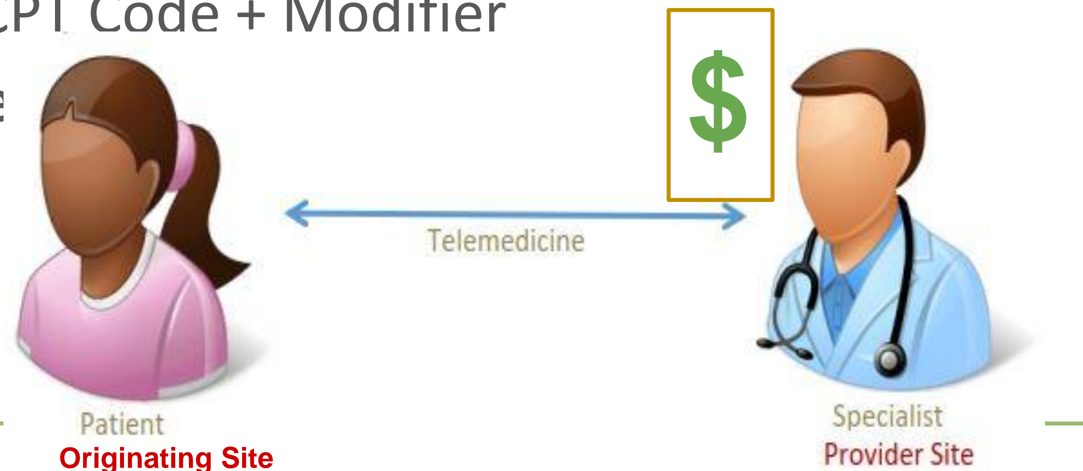
- Bills CPT code 'Q3014' (telemedicine facility fee, $24)
  - NO Modifier; all Telehealth is Part B
- Use regular POS code

***CMS assumes telemedicine occurs between 2 separate entities!**

Standard Billing/Reimbursement

Widespread availability (Medicare, almost all Medicaid, many commercial payers); Separate payment for each side of the call:

- **Professional Fee:** CPT Code + Modifier
- **Originating Site Fee**



Most Telehealth is NOT STANDARD

REASONS:

- Hard to sustain on the spoke/rural end (poor reimbursement)
- Hard to interest hub/urban providers (busy enough already)
- Organizations already have providers, just poorly distributed

INSTEAD:

- Internal resources are re-deployed (majority of programs)
- Internal value generation is targeted (good, but difficult)
- External resources are engaged via contracts

Telehealth Changes and Variations

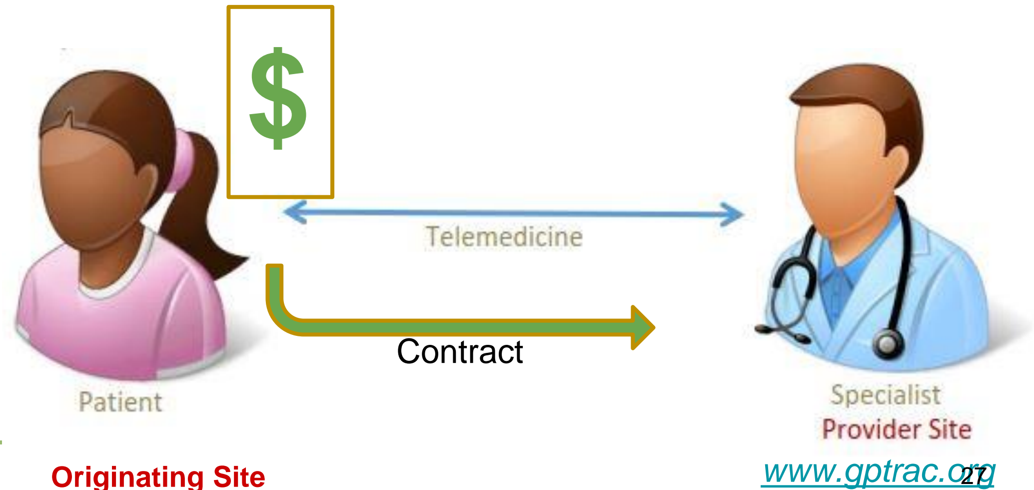
1. Telestroke services will be available anywhere in 2019
   a. FAST Act is part of 2018 Budget, allows any originating site (maybe even home)
2. RHCs may bill telehealth services out of a CAH rather than RHC
   a. Standard or Method II billing OK
   b. Method II has benefits of assignment, assumes distant site is the CAH (no address on the claim)
3. Next Gen ACOs have many more options
   a. Any originating site can be used, including urban areas and patient homes
4. Quality-based contracts - any contractual goal

Alternative Arrangement (TH + Assignment)

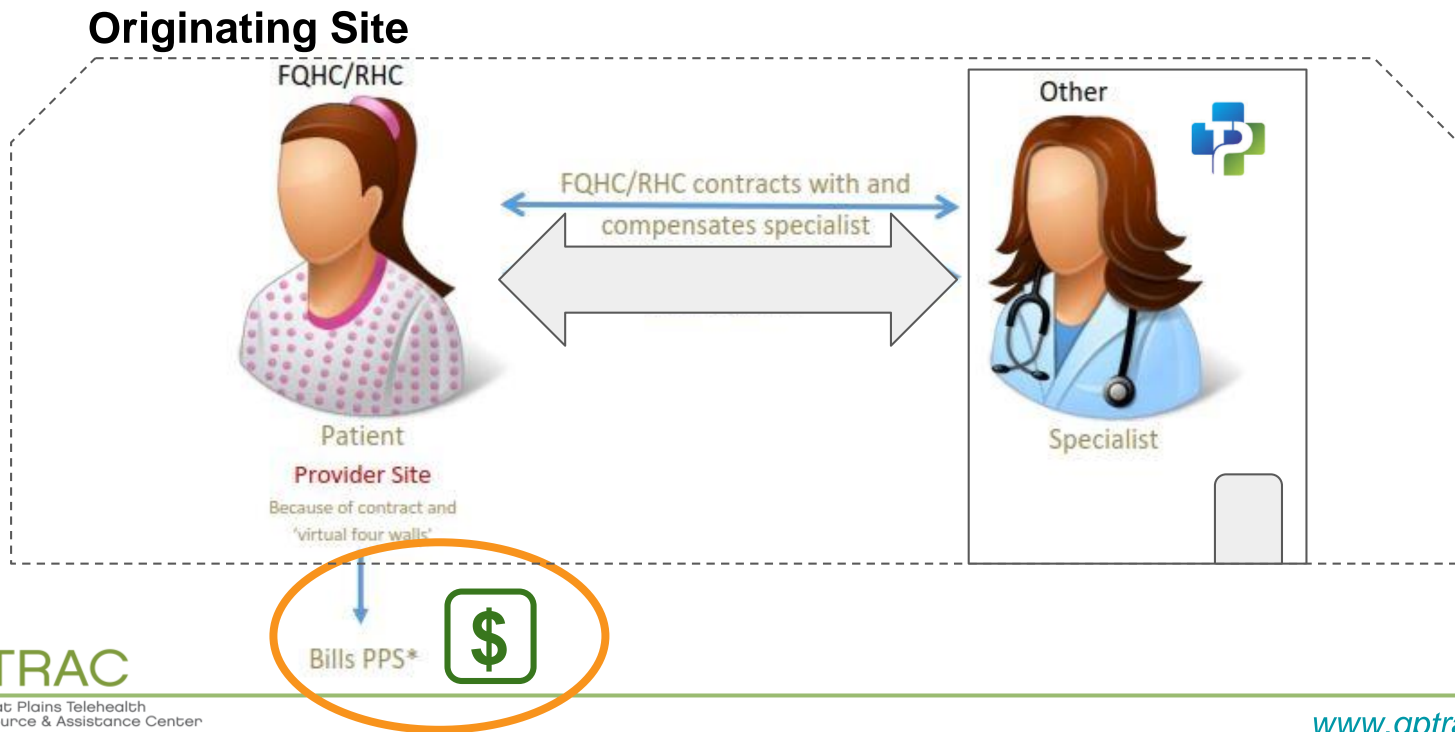
Many commercial payers allow, some Medicaid (not Medicare):

- **Provider Site:** Paid via hourly contract; billing assigned to site
- **Patient Site:** Bills according to standard procedures

Sometimes called "telecommuting"



Virtually "Entering the Four Walls"



A Successful Telehealth Service

FOUR NECESSARY COMPONENTS

- **Services** (Assessing Need, Defining the Service, Finding Providers, Developing and Structuring the Program)
- **Reimbursement & Sustainability**
- **Policies & Procedures**
- **Technology**

Common Challenges (in order)

- Value generation & monetization
  - Doesn't serve any monetizable need, or value isn't realized
- Generating internal interest, utilization
  - Lack of champions among thought leaders and executives
- Technical (or policy) decisions made too early, inflexibly
  - Inadequate information
  - No unified vision OR inability to develop/support local vision(s)

**** These are management issues, not telehealth issues ****

Contact Information

Jonathan Neufeld, PhD

jneufeld@umn.edu

(574) 606-5038

http://gptrac.org

http://telehealthresourcecenters.org

REACHING OUT WITH TECHNOLOGY

MARY ZELAZNY, CEO

Who We Are...

- Community & Migrant Health Center
  - Serving mostly rural communities

- Agricultural Worker Voucher Program in 42 Counties of NYS

- 8 Health Center Sites
- Community Portable Dental
- Mobile Medical Program
- Integrated BH services

- 2017 Stats:
  - 27,346 Total Users
  - 9,200 Ag Workers
  - 60% of patients want to be seen in a language other than English

Finger Lakes
COMMUNITY HEALTH

Who We Serve

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What's the buzz about telehealth?

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Telemedicine will become the core methodology of healthcare delivery in the future. That is where we are going to get the efficiencies we need to provide affordable care.

Yulun Wang, Past President American Telemedicine Association

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Why Telehealth?

Integrating telehealth technologies into the FQHC model of care allows us to:

- Eliminate geographical barriers by bringing many specialty care providers into our health centers virtually – reduction of transportation issues
- Addresses workforce shortages – sharing providers between sites
- Reduce stigma (Integration of BH and Physical Health)
- Allows for more collaborative care between primary care team and specialists. New relationships between providers/specialists
- Extensive educational opportunities for our providers
- Care management reach is greatly expanded
- **Will be a key player in sustainability of healthcare organizations**

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What do consumers think about telehealth?

CVS Health piloted a capacity management solution using telehealth in some of their MinuteClinics. Patients at busy MinuteClinics were given the option to use telehealth to connect with a provider in another MinuteClinic rather than wait for an in-person visit. The study is unique because participants were already standing at a location with a practitioner and were given a choice to use telehealth.
Of the more than 1,700 respondents who used the telehealth option:

- 33% liked telehealth better than an in-person visit
- 57% liked it just as well
- 10% weren't sure
- 1% found it worse.

More than 95% of respondents were highly satisfied with the quality of care they received, the ease with which technology was integrated into the visit, and the timeliness and convenience of their care.

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Is the Healthcare Industry Ready for Millennials?

- Biggest generation (born 1980 – 1995)
- Make up 25% of the U.S. population
- 27% of consumer discretionary purchases (over 1 trillion $$)
- 37% of millennials state that they are willing to purchase a product or service to support a cause they believe in, even if it means paying a bit more
- Millennials are more than 2.5 times more likely to be early adopters of technology than any other generation
- 56% of millennials report that they are among the first group to try out new technology
- For millennials, new technology must serve a purpose in order to be considered

millennialmarketing.com

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How Is Telehealth Changing Healthcare?

Telemedicine is also shaking up traditional relationships between providers, patients, and payers. It also is increasing access, lowering costs and helping to address workforce issues.

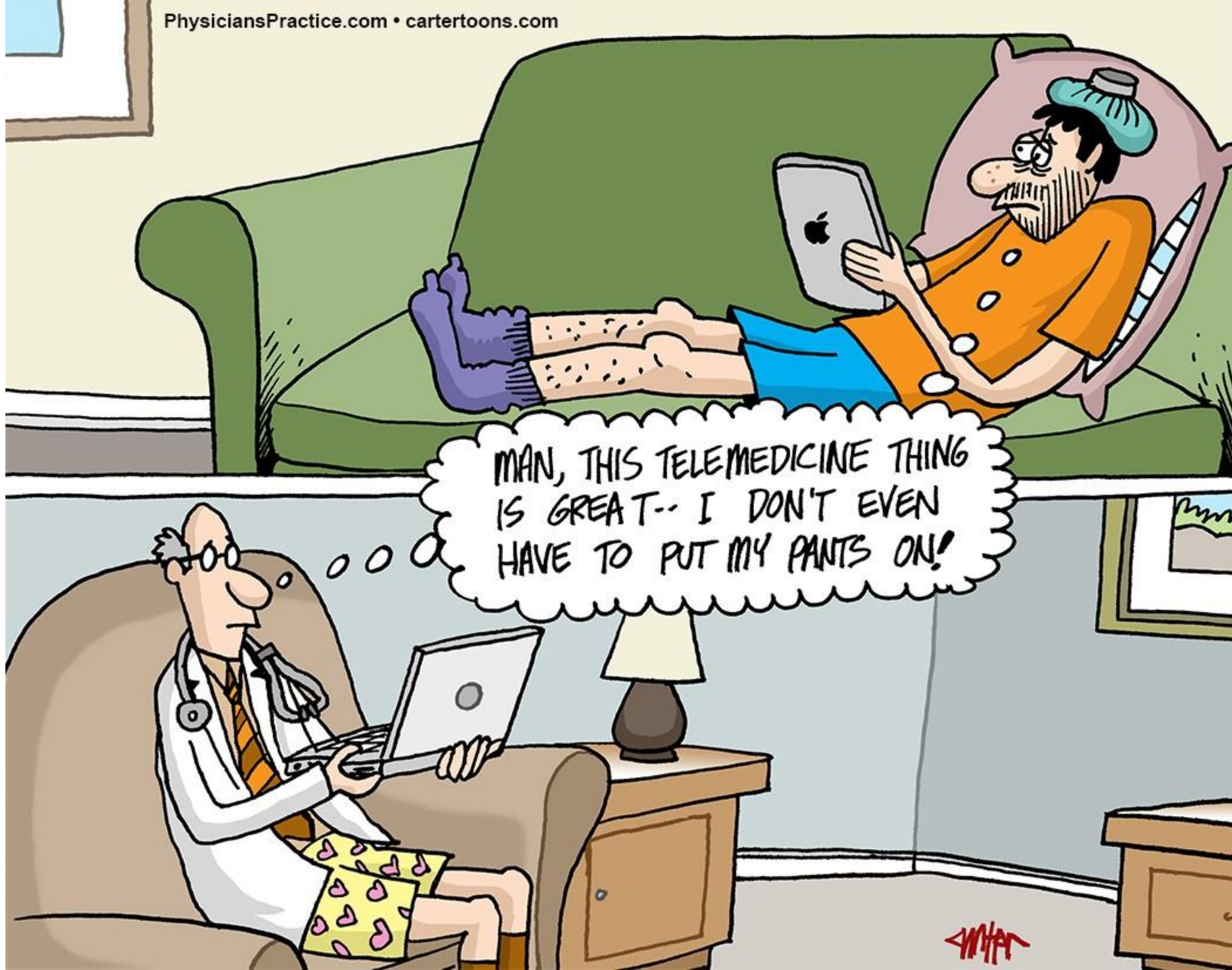
- **Patient Portal access:** offering patients ready access to a secure communications portal with their provider(s) for:
  - Making appointments
  - Prescription requests
  - Review of records/labs
  - Sending messages to provider/nurse

- **Virtual Appointments:** e-visits with a variety of providers, care managers, nutritionists, counselors, etc.

- **Remote Monitoring:** technology that allows the patient to use devices to track health levels and send the information to their provider via phone or internet

- **Curbside Consults:** Provider to provider consults – great learning opportunities for providers

- **Health Apps:** Ex: Fitbit, Doula Labor Coach – records vital signs, record physical activity, track caloric intake, apps helping patients through health events, EKG, atrial fibrillation, etc.


PhysiciansPractice.com • cartertoons.com
MAN, THIS TELEMEDICINE THING IS GREAT-- I DON'T EVEN HAVE TO PUT MY PANTS ON!

- Telehealth must be integrated fully into your existing processes in order to be sustainable, both financially and clinically.

- Our work in telehealth has helped us to develop some great partnerships with other healthcare providers, and community-based organizations.

- Our data shows that providing care using telehealth technologies has led to:
  - Better patient outcomes, with more access to care outside our own walls
  - Our providers have developed added skills by learning from specialists
  - Reduced costs for care by keeping our patients in the primary care setting

Care management combined with technology is our "sweet spot"!

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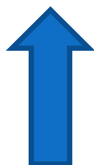
Cost Benefit Analysis

For Patients/Community:

Decreased:

*transportation issues/costs
*lost work/unpaid time
*Emergency Dept. visits
*time to treatment
*Stigma

Increased:



*Continuity of care
*Access to behavioral health services
*Simultaneous communicate with PCP and Specialist
*Access to Language Services via video
* High patient satisfaction!

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4 Buckets to Consider

- **Broadband (Internet):** Do you have enough? What other processes in your shop are utilizing your broadband?

- **Equipment:** what platforms are available to connect, what peripherals will you want/need?

- **Program Development:** This is where you'll spend the most time and effort as it is the most critical piece to a successful telehealth program. Are you prepared to make the appropriate commitments of staff and investment of time?

- **Regulatory/Legal:** Do you understand the rules of the road? Are you clear on what reimbursement your state allows? Are you paying attention to legal issues with telehealth?

Broadband

Equipment

Program Development

Regulatory/Legal

Telehealth Program Development at FLCH

TelePediatric Dentistry

Telepsychiatry – Adult & Child

TeleCounseling

Retinopathy Screening

TeleRD (Nutrition)

TelePeds Neurology

TeleAC (HIV/AIDS)

TeleHCV (HepC)

Primary Care Visits

Medication Adherence Therapy (MAT)

TelePrEP (**Pr**e-**E**xposure **P**rophylaxis)

TeleLGBTQ (Hormone Therapy)

Language Interpretation Services

Care Management Services

Provider Precepting

In development:

Home Monitoring

After Hours Care

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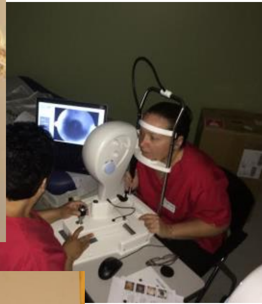
Telehealth and Care Management

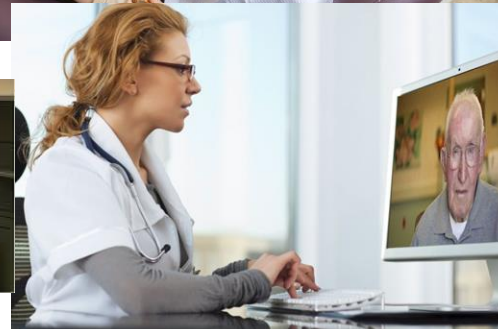
The use of telehealth technologies to facilitate care management can:

- Enhance patient education opportunities
- Allow a Care Manager to be the link between the provider and the patient by eliminating travel:
  - Follow up from inpatient treatment with 24-36 hours of patient going home
  - Medication reconciliation via video
  - Addressing acute concerns more quickly
  - Access to primary care providers on demand – reduce use of emergency department

- Case conferencing allows the full care team, including the specialist, primary care provider, care management and (potentially the patient or care giver) meet virtually to discuss and manage patient care. Allows for new collaborative relationships.

A Case for Telehealth & Care Management





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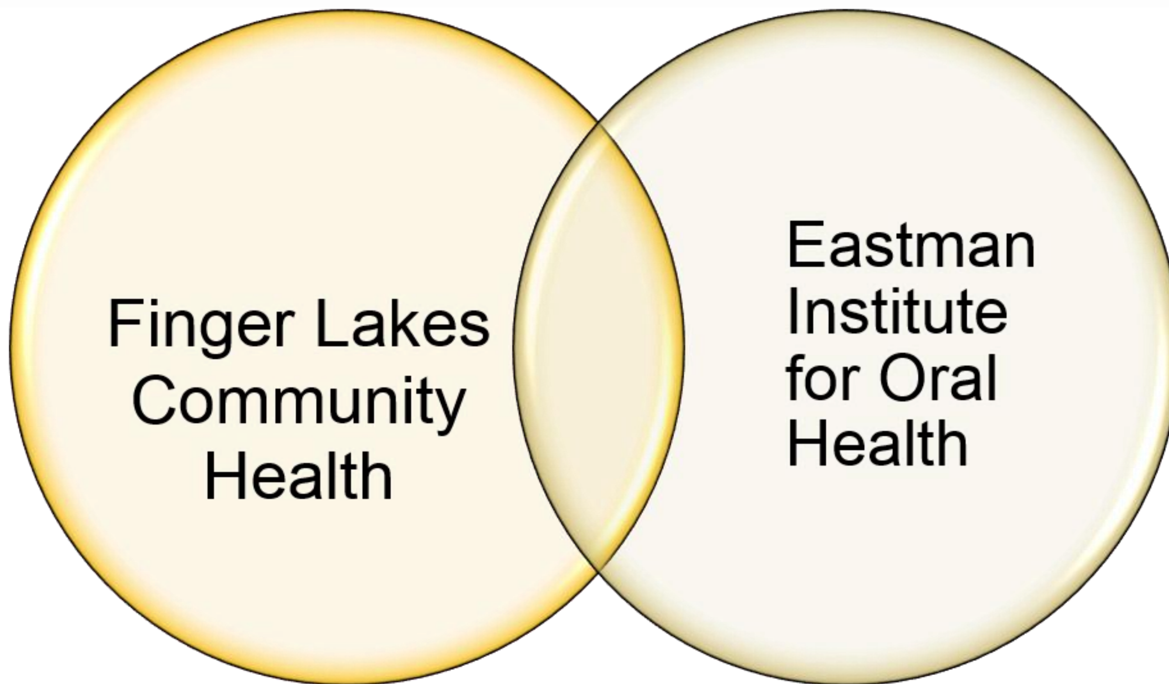
TelePeds Dentistry



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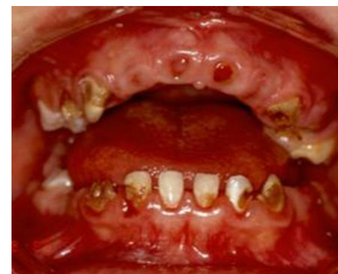
FLCH Tele-Peds Dental – The Problem

- **Identify the problem:** FLCH patients from 3-10 yrs old were referred, but not able to access Pediatric dental services in Rochester (Eastman Dental). Several barriers to care.
- **Baseline data:**
  - Our data showed that about 38% of children in Head Start & school based dental programs that we served had caries, many with severe decay.
  - Initially, we found that there was a **15% completion rate** of treatment on children referred to pediatric dentistry program in Rochester.
  - Wait time from consult with Eastman to treatment day was 7-8 months
  - Transportation was a major barrier to accessing care at Eastman Dental.



What strategies would address this problem and help get these children treatment?

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Our Approach…

- ✓ Dental consults done through telemedicine
- ✓ A Community Health Worker (CHW) was assigned to each patient:
    - Assisted with scheduling of appointments
    - Followed up with parents when children missed appointments
    - Assisted with navigating between different health systems
    - Provided interpretation services if needed
    - Provided insurance enrollment and assistance
    - Provided referral to, or actual transportation to Rochester for care
- ✓ Monthly case conferences with Eastman Dental, our Dentist and CHW's.
- ✓ Use of a dental registry to track data and outcomes.

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Outcomes for Tele-Peds Dental Program

- Reduced the number of visits to Pediatric Dental Center from 4 or 5 visits down to 1 or 2 visits.
- Current wait time for treatment – about 3 weeks.
- Our dental team has increased its ability to treat children in house due to coaching and peer to peer learning through this program.
- **Most importantly - Children with completed treatment plans now at 94%.**

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Patients Seen for Tele-Peds Dental

2010: 10 children total

2011: 61 children total

2012: 65 children total

2013: 110 children total

2014: 122 children total

2015: 118 children total

2016: 151 children total

2017: 205 children total

Total Number of Kids who have COMPLETED Treatment: 706

192 children in process - 2018

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Challenges Continue in Telehealth Adoption

The "R" Word:

- **R**eimbursement, both government and private, continues to create the most significant obstacles to success, accounting for the top four unaddressed challenges to telemedicine.
- Challenges related to EMR systems also create significant obstacles to success.
- In spite of the ongoing challenges related to reimbursement and EMR systems, healthcare providers continue to actively plan, implement and expand telemedicine programs.

2017 U.S. Telemedicine Benchmark Survey - REACH

2017 U.S. Telemedicine Benchmark Survey Data

Challenges (cont.)

- Determining ROI continues to be elusive for many organizations even though 73% of respondents identified reducing cost of care as one of their Top or High priorities for telemedicine.
- Physician compensation remains relatively high on the list of challenges, possibly related to parity law challenges, noted as one of the greatest challenges to telemedicine programs.
- Amidst other telemedicine challenges faced by healthcare providers, patient acceptance continues to be consistently ranked as one of the least challenging.

2017 U.S. Telemedicine Benchmark Survey - REACH

Some Lessons Learned…

- The largest expense with telehealth technology is the initial investment in the equipment needed – **beware of consultants, as they are very eager to spend your money on things you may not need!**

- Conduct extensive due diligence about what is needed for a successful program **(learn from others who have adopted telehealth programs or form a collaborative)**

- **Patients give high satisfaction scores for services via telehealth**. They like to convenience and reduction of time spent in a waiting room.

- **Our patients are becoming more empowered consumers**. With higher out of pocket costs, patients will demand better quality, high value, convenient care and a good patient experience.

- **In a value-based world, telehealth will be an important tool for improving quality and access to care.**

- **Don't wait for reimbursement for telehealth to be in place…in a value-based world, it won't matter.**

- **Telehealth will allow us to reach out to our patients where they are at!**

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Additional Resources

Consortium of
Telehealth Resource Centers

TelehealthResourceCenters.org

NRTRC
gpTRAC
HTRC
Heartland
NORTHEAST TELEHEALTH
Telehealth
Mid-Atlantic Telehealth
telehealth
learn telehealth
TexLa
SOUTHWEST TRC TELEHEALTH
PACIFIC BASIN TELEHEALTH RESOURCE CENTER
TTAC
Center for Connected Health Policy
2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

Final Thoughts

Telehealth will radically change the way that we provide and receive healthcare and other allied services. The question is not whether it is beneficial to adopt telehealth, as well as other artificial intelligence technologies into our organization, but rather, what do we need to do to move forward on this. These tools are critical to the sustainability of a healthcare organization, and our best chance at making the current healthcare system more efficient and viable for the long run.

- More access to care, reduction of geographic barriers, and convenience for patients
- Better patient outcomes
- Reducing the use of emergency rooms
- Preventing hospital readmissions
- Better patient experiences
- Reduction of costs
- Ability to expand the healthcare team (care management)
- Peer to peer educational opportunities
- **Taking care to the patient where they are at!**

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Thank You!!!

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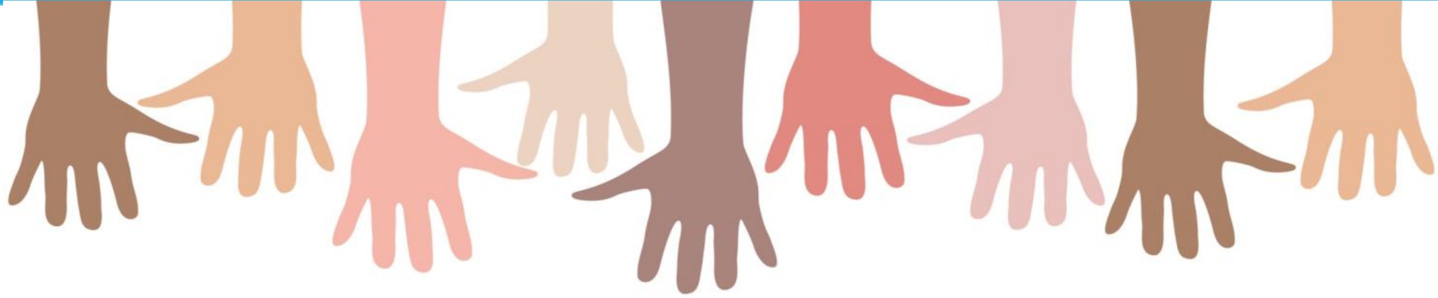
What’s Next



Questions?

Postest

- Two types of technologies that are used in providing telehealth services are:
  a) Live video & translation
  b) Remote monitoring & live video
  c) Store and forward & e-mail

- True/False: Telehealth is regulated by federal laws, state laws and state licensure of clinicians. (true)

Wrap Up and Reminders

Upcoming Webinar:

January 17, 2019 - 3-4:30pm ET: Sustainability and Transition Planning

February 21, 2019 – 3-4:30pm ET: Case Management/Care Coordination Model : Healthy Start CoIIN

EPIC Center website: http://www.healthystartepic.org

Includes all recorded webinars, transcripts, and slide presentations

AStEPP Resources

EPIC
Supporting communities to give every child a Healthy Start.
Healthy Start EPIC Center