BEST PRACTICES IN TELEHEALTH

Development and Implementation

Live tweet - #telehealth2015
Best Practices in TeleHealth

- Define Goals & Perform a Needs Assessment
- Confirm your Organizations Readiness
  - Education, “Buy-In” and Support
- Create a Detailed Program Plan
  - Define your program
- Establish Implementation Process
  - Develop Protocols, Guidelines, Policies
  - Get the Right Staff & “Train, Train, Train”
  - Get the Right Specialists
  - Get the Right Equipment
  - Build Redundancy in the System
- Develop an Evaluation and Monitoring plan
  - Establish Short and Long term Performance Goals
- Go Slow, Be Flexible and Make Changes when needed “PDSA
Seven Clinics
- Barstow
- Grand Terrace
- Banning
- San Jacinto
- Anza
- Thermal
- Temecula

- 15,000 + Patients
- 45% Uninsured or Underinsured

- Outpatient Primary Care
- Limited Specialty Services
Best Practices in TeleHealth

Step 1

- Define Goals & Perform a Needs Assessment
Meeting Our Strategic Mission Goals

- Increase Access to Specialty & Primary Care
- Improve Health Outcomes
- Improve Continuity of Care
- Increase Patient Satisfaction
- Increase Provider Satisfaction
- Cost Reduction
- Decrease need to travel outside of clinic area (Patients & Staff)
➢ Rationale for Program
- Need to decrease Geographic Barriers
- Need for more Specialty Care
- 45% Uninsured or Underinsured

➢ Potential Telehealth Opportunities
- Telemedicine Patient Visits to Increase Access to Care
- Teleconferencing Medical and Administrative staff meetings
- Teleconferencing Medical Staff Education
The Primary Care Provider can’t be an expert in every field

Therefore, Telemedicine benefits the Primary Care Provider, the Patient and the Specialist

**Referring PCP Benefits**
- Diagnosis & Treatment support from Specialist
- Immediate Expert Response
- Revenue retention

**Patient Benefits**
- Access to Specialists
- Team approach to care
- Continuity of Care
- Familiar Environment

**Specialist Benefits**
- Relationship building
- Teaching reduces the need for future referrals
Reducing Costs

Specialty rates Traditional vs. Tele-Visit

– Endocrinology
  • Specialist A $250-$350/hr
  • Specialist B $120-$150/hr

Who would you choose if both were equally qualified?
Best Practices in TeleHealth

Step 2

- Confirm your Organization’s Readiness
  ✓ Education, “Buy-In” and Support
Assess Organization Needs

- Telehealth Program Funding
  - Equipment
  - Specialty Services (Block Time vs. Hourly)
  - Program Staffing

- Broadband Upgrade Coordination
  - High Speed, HIPPA Compliant

- Equipment Training and Troubleshooting
  - IT Support

- Education for Administration & Medical Staff
  - From CEO to Nursing Staff

- Dedicated Telemedicine Rooms
Staff “Buy-In”

- Administration ** Important for leadership and stability
- Providers
- Nursing Staff
- IT Staff

Patient Education
- Helping Patients to feel comfortable with technology

Marketing
- Introducing the Program
Step 3

➢ Create a Detailed Program Plan

✓ Define your program: different types of telehealth, select the right kind(s) for your particular practice
Telemedicine

Telemedicine is the use of Electronic Communications to provide Direct Clinical Care or Exchange Medical Information from a distance:

- **Two-Way Video Clinical Visits**
- **Health Information Exchange**
- **Patient Portals**
- Smart Phones
- Wireless Tools and Apps
- **Direct Messaging**
Remote Patient Monitoring

- Public Health Nursing Outreach management of patients with chronic conditions
Telehealth

Telehealth is a more global term, which includes Telemedicine and other uses of communication technology:

- Health Professional Video Education or Meetings
- Disaster Response
- Public Health
- Patient Education (Diabetes, Nutrition, etc.)
- Evaluation Research
- Regional Health Information Sharing
- Administrative Video Conferencing
Site to Site Patient visits:

1. In-house Specialist & Primary Care Consultations
2. Nutrition Consultations and Education
3. Diabetes Education and Case Management
4. Behavioral Health Services

Outside Specialists Visits

1. Endocrinology
2. Cardiology
3. Psychiatry
4. Dermatology
5. Pulmonology

Teleconferencing Meetings and Education for All Departments
Best Practices in TeleHealth

Step 4

- Establish Implementation Process
  - Develop Protocols, Guidelines, Policies
  - Get the Right Staff & “Train, Train, Train”
  - Get the Right Specialists
  - Get the Right Equipment
  - Build Redundancy in the System
- Staff Workflow Guidelines
- Patient Tele-Referral Process
  - May vary by Specialist
- Visit Protocols
- Staff Video Meet and Greet with Specialist
- Billing and Coding Guidelines
- Specialist Contracting, Privileging & Credentialing
  - Must be Consistent with In-House Providers
- Policies and Procedures
  - Align with your Bylaws & Organization’s Policies
Key Dedicated Staffing
## Critical - Telehealth Team Components

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinician Champion:</strong></td>
<td>Maintains overall control of the program&lt;br&gt;Brings partners to the table - respected member of the clinician community&lt;br&gt;Incorporates TH into practice - teach the value to other clinicians</td>
<td>• <strong>Goal:</strong> Quality and efficiency of medical service</td>
</tr>
<tr>
<td><strong>Telemedicine Coordinator:</strong></td>
<td>Program Promotion, Coordination &amp; liaison duties between patients, providers and specialty sites&lt;br&gt;Patient care scheduling &amp; coordination&lt;br&gt;Education &amp; outreach&lt;br&gt;Technology management</td>
<td>• <strong>Goal:</strong> Program efficiency, Patient &amp; provider satisfaction</td>
</tr>
<tr>
<td><strong>Technical Support:</strong></td>
<td>Telecommunications, networking planning &amp; maintenance&lt;br&gt;Equipment selection, installation, training and troubleshooting&lt;br&gt;Equipment reliability and functionality – Videoconferencing, Store and Forward software, &amp; Medical peripherals</td>
<td>• <strong>Goal:</strong> Maintain reliable, user-friendly, technology</td>
</tr>
</tbody>
</table>
Establishing Partnerships
(for Specialty Services)

- Other Indian Health or FQHC Partner Clinics
- Private Specialists in Local Community
- Specialty Service Vendors
- University Health Systems
- Health Plans
Our Telemedicine Carts & Peripherals
Realistic Implementation Timeline

“It takes 6 months to implement a program.... ... And 10 years to become an overnight success!”
Dean Germano, CEO Shasta Community Health Center, Redding, CA
Best Practices in TeleHealth

Step 5

- Develop an Evaluation and Monitoring plan
  - Establish Short and Long term Performance Goals
- Specialist Evaluations & Peer Review
- Patient Satisfaction Evaluation
  ✓ Grievance or Complaint Process
- Primary Care Satisfaction Evaluation
- Monitoring Benchmarks and Health Outcomes Data
  ✓ GPRA, A1c, Cholesterol, LDL, HDL, Blood Pressure, Chemistry, etc.
Best Practices in TeleHealth

Step 6

- Go Slow, Be Flexible and Make Changes when needed
  “PDSA”
RSBCIHI Telemedicine Plan
Do Study Act
Phase 1

- Eight month Endocrinology Pilot Program
  - One half day per week (Soboba, Morongo, SM)
  - Initial Visit: 60 minutes
  - Follow up Visit: 30 minutes
  - Diabetes Template in EHR
  - Tele-Endocrinology Referral in EHR
  - Endocrinology Lab Protocols established
  - Monitoring A1C Improvement
Feedback

- **Patient Satisfaction: High**
  - Visit Convenient
  - Provider Very Knowledgeable
  - Visit Seemed Natural

- **Provider Satisfaction: High**
  - Specialist Available and Immediate Response
  - Ease of Consultation
  - Improved Patient Care
  - Increased PCP Knowledge

- **Health Outcomes: Improved**
  - A1C, LDL & BP improved in 60% of Patients
Phase 2

- Adding Tele-Cardiology Services
- Site to Site Primary Care Pilot (Anza)
Phase 3

- Expand Tele-Specialties
  - Psychiatry
  - Pulmonology
  - Gastroenterology
  - Dermatology

- Expand Site to Site Services over the system
Telemedicine Set To Motion