



# Finger Lakes

COMMUNITY HEALTH

Telehealth in a  
Community Migrant Health Center

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# Learning Objectives:

Participants will be able to:

- Identify what telehealth is and how it works.
- Understand the major components for a successful telehealth program.
- Identify the benefits of telehealth and how technology and care coordination can improve health outcomes.
- Understand the benefits of telehealth regarding consumerism.



*Learning Objectives*

# Finger Lakes Community Health

- Community & migrant health center (FQHC)
- 9 clinical sites, several part time sites (dental)
- 27,356 patients seen in 2017 (UDS)
- 60% of patients request their services in a language other than English
- ~230 Employees – 51% bilingual/ bicultural
- 1 LCSW FTE and .5 Registered Dietitian FTE



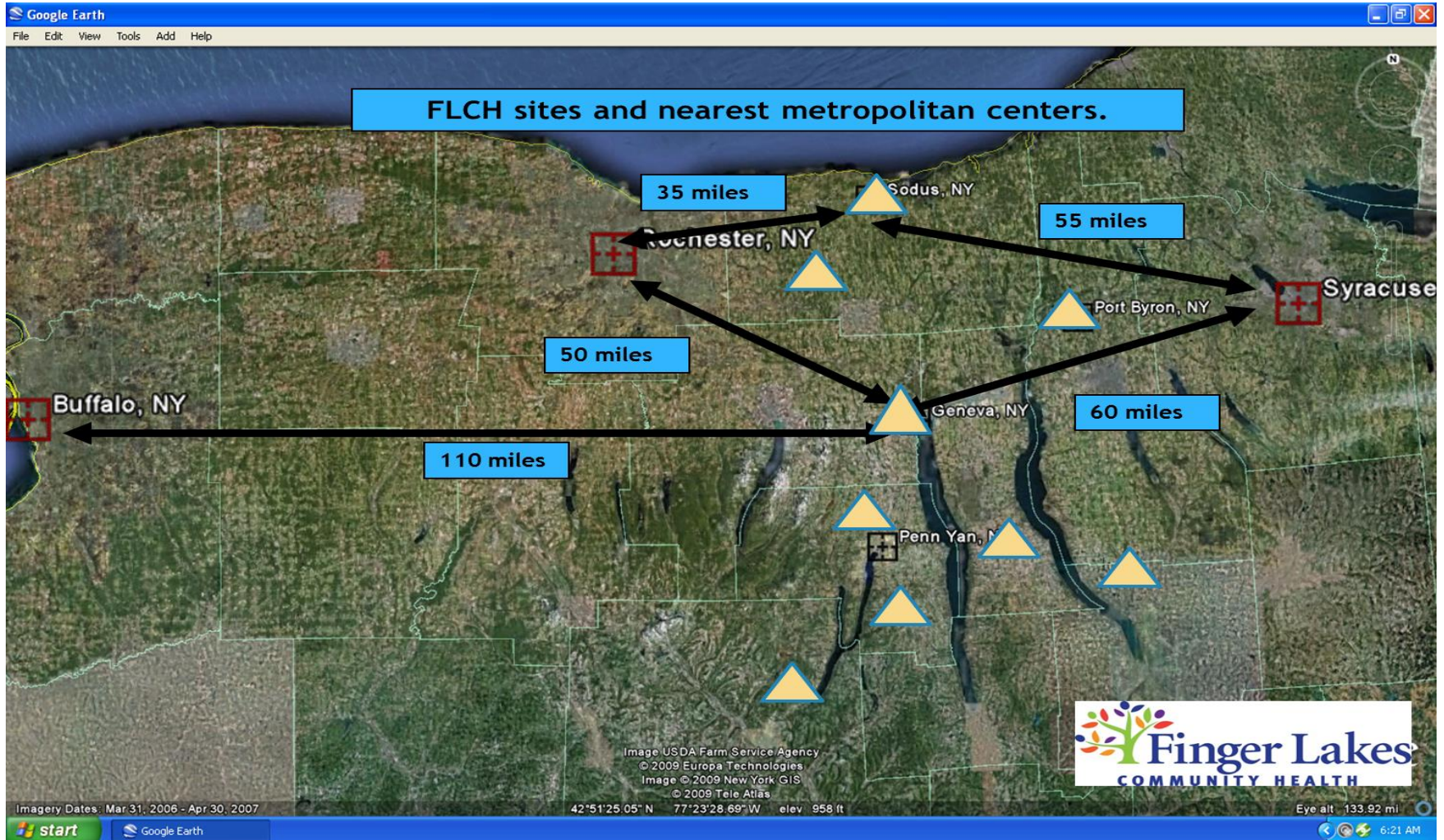
# Why Telehealth?

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



# Geographical Barriers





# Challenges in Providing Care to Rural Communities

- Transportation barriers
- Language differences
- Cultural beliefs
- Cost of health care services
- Uninsured/Underinsured
- Lack of trust in health care system
- Poverty
- Migrant lifestyle



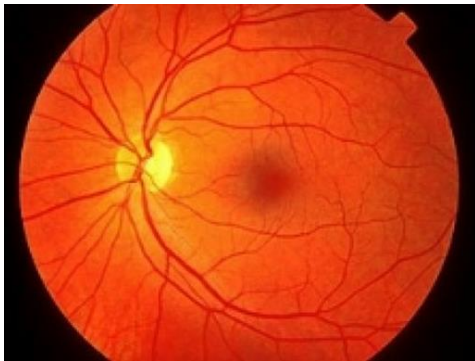
# Telemedicine vs. Telehealth

**Telemedicine** generally refers to the provision of clinical services from a distance. The Institute of Medicine of the National Academy of Science defines telemedicine as “the use of electronic information and communication technologies to provide and support health care when distance separates the participants.”

**Telehealth** refers to a broader scope of services that includes telemedicine, but also includes other services that can be provided remotely using communication technologies. The Office for the Advancement of Telehealth describes telehealth as including telemedicine and a variety of other services.

# Telehealth Modalities

Store & Forward  
(Asynchronous)



Real Time Live Video  
(Synchronous)





# Asynchronous (Store and Forward)

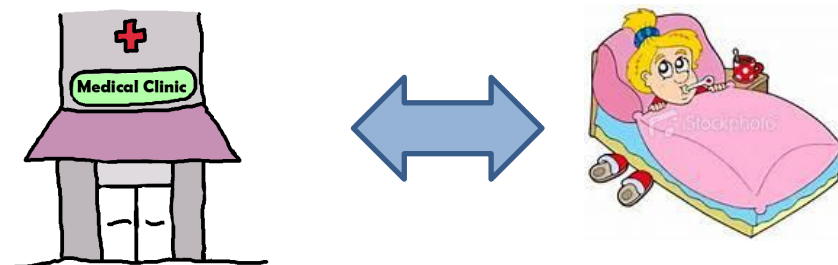


# Synchronous (Live Video)

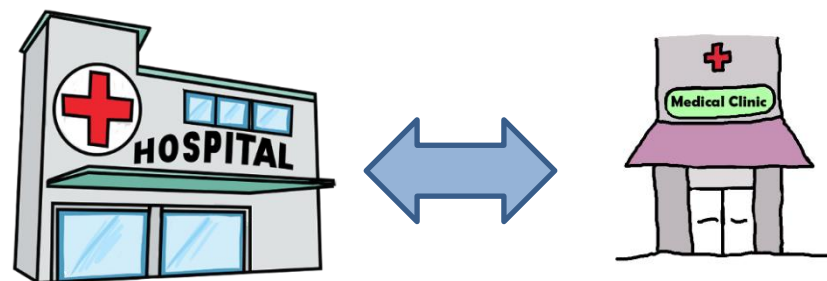


# Hub/Distant site and Spoke/ Originating site

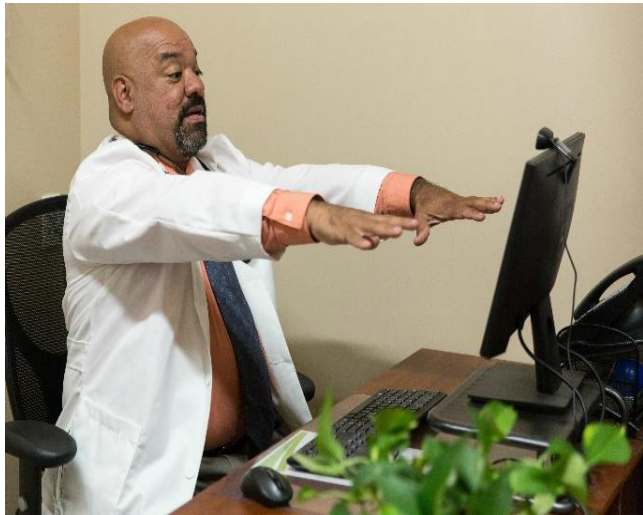
- **Originating/ Distant site:** Originating site refers to where the patient is physically located while receiving services via telehealth technology. Distant site is defined as the site where the medical provider or specialist is seeing the patient at a distance.



- **Hub & Spoke Model:** Refers to a larger hospital or specialty care group (hub) that provides care via telehealth to primary care or other sites (spokes) that lack access to those services.



# Typical Clinical Set Up



**Provider Side**



**Patient Side**





# Key Components for Successful Telehealth Programs

## Care Coordination:

- Scheduling
- Pre-Visit Requirements
- Concurrent Chart Review
- Coordinate with PCMH Team/Specialty Team
- Quality Assurance Reports

## Case Conferencing:

- Providers, Care Managers, Patient Navigators

## Quality Improvement Activities:

- Data Collection
- Monitor and Report Outcomes
- Continuous Quality Improvement
- Regularly Evaluate Program



# Our Telehealth Team

- **Director of Special Programs**  
admin support
- **Telehealth Clinical Coordinator**  
clinical link and care coordination
- **Telehealth Support Specialist**  
equipment, workflow support,  
scheduling, referral and medical  
records support



# The Benefits of Telemedicine

## Patients /Families

Reduced stigma

Reduced travel

Timely appointments

Services in their  
community

Additional support

## Providers

Direct patient interaction

Expanded Services

Access to other experts

Can serve as a mini  
residency

## Health Care Systems

Improved access

Improved outcomes

Resources utilization

Cost and Time efficient

Triple Aim





# Telehealth Programs at FLCH

- TeleAIDS Care
- TeleHCV
- TeleInterpreting
- TelePrimary Care
- TeleMental Health
- TelePediatric Neurology
- TelePediatric Dentistry
- TelePediatric Psychiatry
- TelePsychiatry
- TeleRegistered Dietitian
- TeleTAC
- Digital Retinopathy
- TeleLGBTQ
- TelePrEP



# TeleHIV

N= 34

## TeleHIV Performance Measures – 2017

Performance Measure %

<b>% who had (2) CD4 counts in calendar year</b>	<b>92%</b>
<b>% with undetectable viral load</b>	<b>88%</b>
<b>% who had viral load checked in 6m period</b>	<b>100%</b>
<b>% who had annual RPR screening</b>	<b>60%</b>
<b>% who had annual GC screening</b>	<b>44%</b>
<b>% screened for Hepatitis B infection</b>	<b>96%</b>

# TeleHIV Throughout the Years

Performance Measure	Goal	2013	2014	2015	2016	2017
CD4 >500	50%	29%	64%	56%	50%	53%
CD4 >200	85%	86%	91%	94%	86%	81%
Negative viral load	50%	29%	67%	64%	73%	88%
HCV Screening	85%	57%	100%	88%	68%	55%
Cervical PAP	85%	66%	100%	100%	60%	43%
Anal PAP	85%	0%	33%	80%	23%	25%
Colon cancer screening	85%	86%	50%	100%	82%	75%
Annual Lipid Screen	85%	100%	100%	89%	82%	56%
STD Screen	85%	86%	92%	61%	95%	%

# TeleHCV

Measure	National Stat	Sample Local GI	TeleHCV 2016	TeleHCV 2017
Documented RNA	27%	Not Found	100%	93%
Access to specialist	59%	43%	74%	75%
Started treatment	16%	25%	57%	79%
Completed Treatment	Not Found	45%	69%	84%
Achieved SVR	9%	Not Found	75%	100%



# Teledentistry

- Reduced the number of visits to Eastman Dental from 4 or 5 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.
- Children with completed treatment plans now at 94%.



# TeleDental Throughout the Years

**2010:** 10 kids total

**2011:** 61 kids total

**2012:** 65 kids total

**2013:** 110 kids total

**2014:** 122 kids total

**2015:** 118 kids total

**2016:** 151 kids total

**2017:** 196 kids total

**Total Number of Kids who have COMPLETED Treatment: 706**

# Direct to Consumer



# Consumerism and Telehealth

In the “Telehealth Index: 2015 Survey”, 76% of patients said that they prioritize access to health care services over the need for human interactions with health care providers.

The same poll found that 70% of patients are comfortable communicating with their health care providers via text, email or videos, in lieu of seeing them in person.

Harris 2015





# What do consumers think about telehealth?

CVS Health piloted a capacity management solution using telehealth in select 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.

# How Will Telehealth Change Healthcare?

## From the Wall Street Journal:

- Telemedicine is also shaking up traditional relationships between providers and payers and fueling the rise of medical “megabrands” whose experts are increasingly competing for patients in each other’s backyards.
- Insurers such as Anthem and UnitedHealth Group are offering their own direct-to-consumer virtual doctor-visit services, rather than simply paying for plan members to use those from web-based vendors. Major health systems are making their physicians available for virtual follow-ups and chronic-disease management, as well as urgent-care visits, to new and existing patients.
- Johns Hopkins Medicine, Stanford Medical Center, Harvard-affiliated Partners HealthCare and other academic centers are all offering remote consultation services. American Well, which supplies software for many hospitals’ telemedicine programs, hopes to become what CEO Roy Schoenberg calls “the Amazon of health care,” offering a marketplace of branded telemedicine programs from top hospitals
- The Cleveland Clinic is working to create a “Cleveland Clinic in the Cloud” that would allow patients across the country to access its physicians without going to Ohio. Dr. Rasmussen also foresees joining with local pharmacy clinics, labs and imaging centers to provide in-person exams as needed. “This will open up a world of relationships across a spectrum of health-care providers that we haven’t seen to date,” he says.

# Things to Consider...

- Licensure and Portability
- Malpractice
- Contracts
- Credentialing
- Reimbursement
- Sustainability
- Encrypted Connectivity
- Workflow at Remote Site
- Care Coordination
- Ongoing Quality Improvement



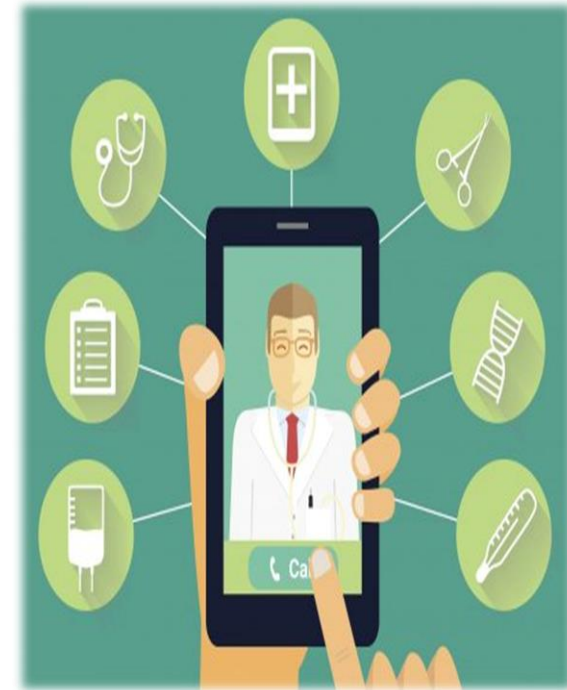
# Telehealth Reimbursement in NYS

- The Governor of NYS signed the telehealth parity law, effective Jan. 1, 2016. New York is one of the few states that has telehealth legislation that allows for reimbursement for both live video consults as well as store/forward events
- NYS Law states that insurance companies cannot deny payment on a telehealth claim if they would normally reimburse for that same visit as in person or “face to face.” Unfortunately, they are not all paying the same rates for virtual visits vs. face to face (Excellus)
- Several of our insurers are now covering telehealth consults
- **New! In the NYS 2019 Budget:** the definition of originating site (where the patient is located) has been expanded to “include the patient’s residence within New York State, or temporary location either within or outside New York State.” Additionally, the Department of Health, the Office of Mental Health, the Office of Substance Abuse Services, and the Office of People With Developmental Disabilities are required to develop a coordinated document that clearly identifies any differences in telehealth regulations and policies, including those on reimbursement, between the agencies.

**However, do not wait until reimbursement for telehealth finally gets settled. In a value based care world, it won’t matter. It will be about outcomes, which is what telehealth can help deliver.**

# Sustainability

- The biggest cost with telehealth technology is the initial investment in the equipment needed (we bought good equipment since we knew we needed it to last).
- We conducted extensive due diligence about what equipment was really needed for a successful program (learn from others who have done this).
- Our patients give us high satisfaction scores for our telehealth programs, and in many cases, request services via telehealth.
- 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 that will offer our patients and staff cutting edge technology.





# Administrative Uses with Technology



# More Resources Available

American Telemedicine Association  
[www.americantelemed.org](http://www.americantelemed.org)



Telehealth Resource Centers  
<http://www.telehealthresourcecenter.org/>



- Educating and engaging government, payers, and the public about telemedicine
- Provide information and services for both newcomers and experienced professionals
- Promoting research, innovation, and education
- Developing and disseminating policies and standards
- Creating consumer awareness and support

# Questions?



# Thank you!

## **Sirene Garcia**

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