Building a Successful Telemedicine Program

Ronald S. Weinstein, MD

Founding Director, Arizona Telemedicine Program

First Telemedicine Case
Massachusetts General Hospital
April 21, 1968

ARIZONA TELEMEDICINE PROGRAM

- **Warren Street Clinic (Tucson)**
- **T-Health Institute (Phoenix)**
- **Southwest Telehealth Resource Center (SWTRC)**

1996

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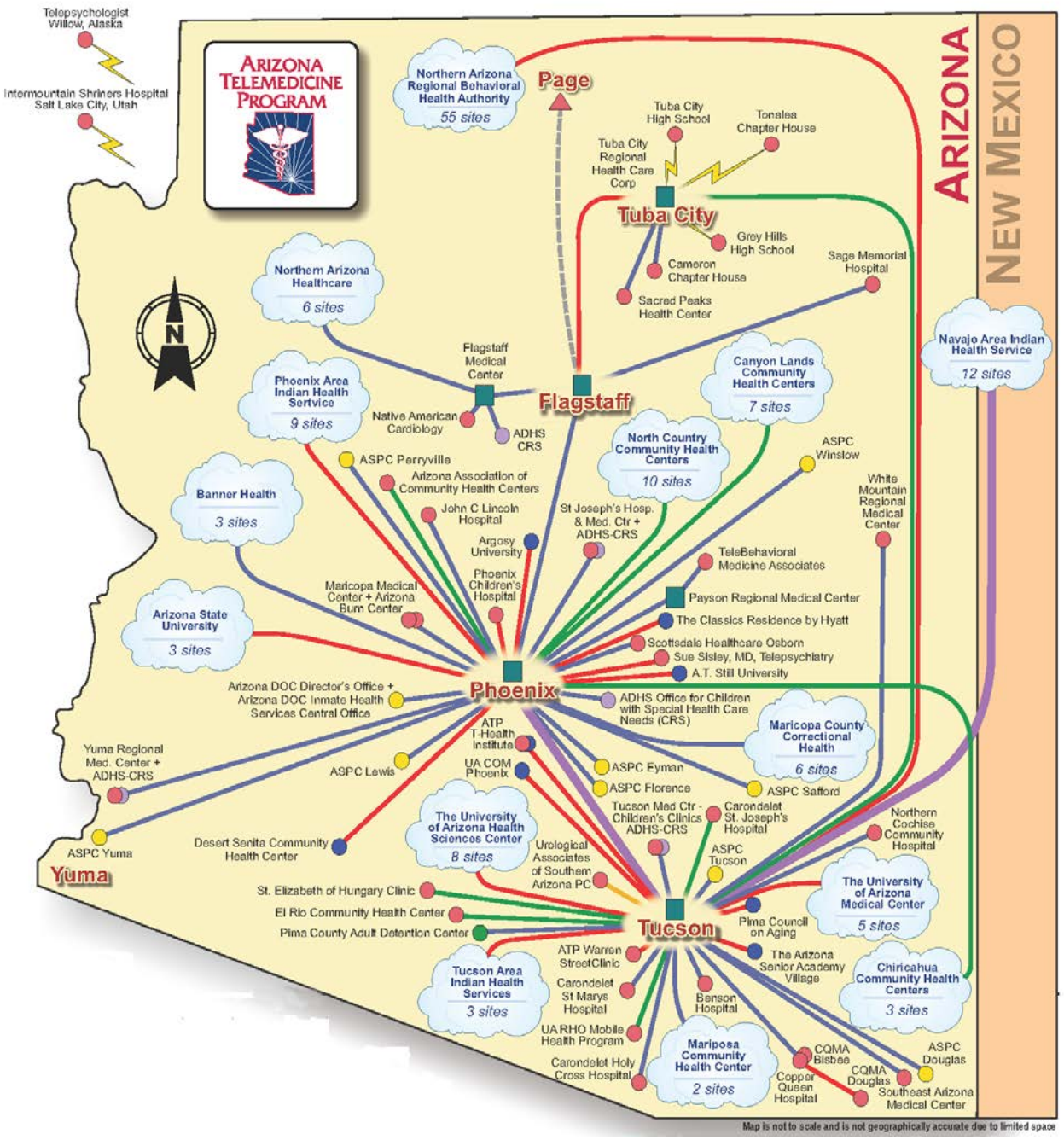
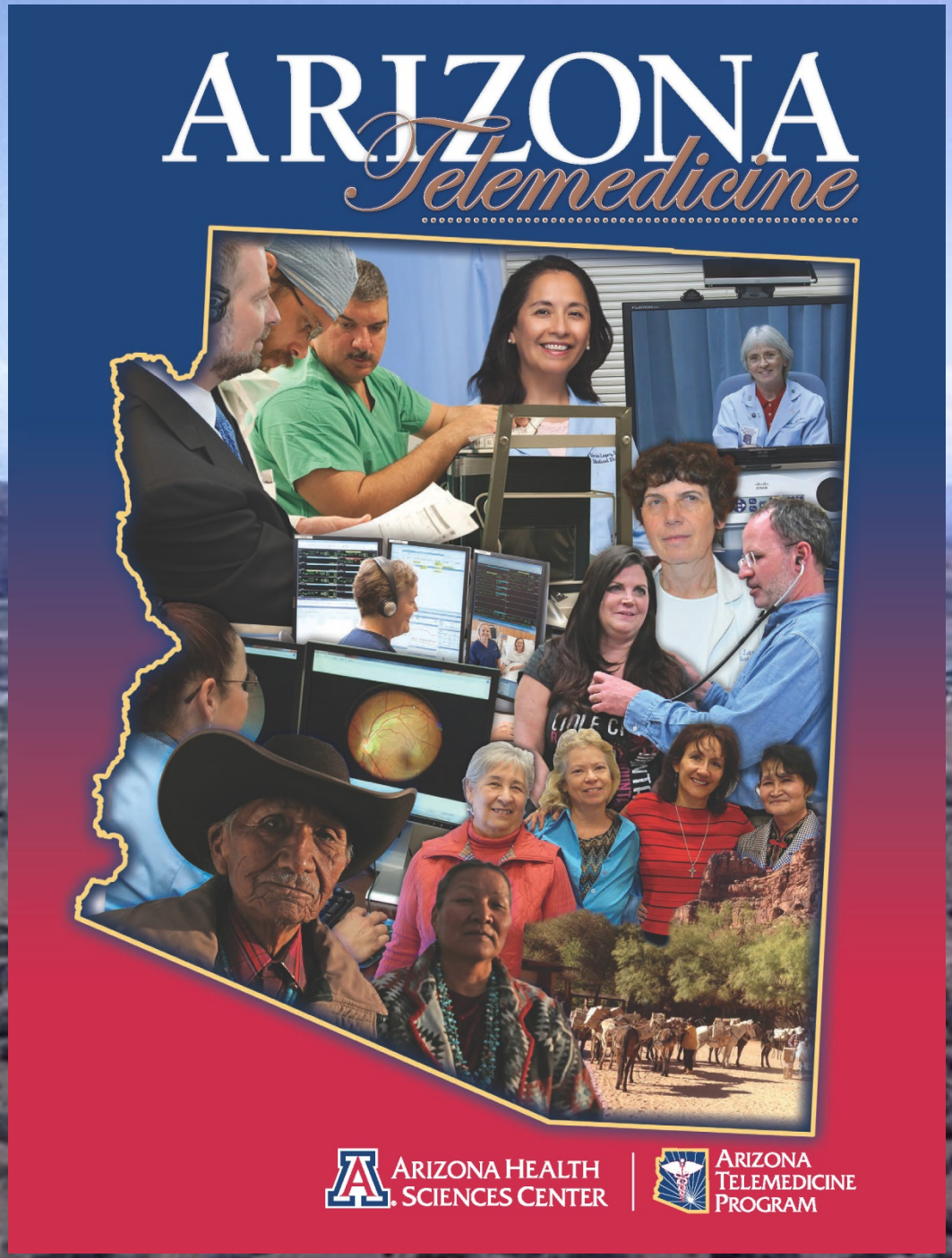
Arizona Telemedicine Network



ARIZONA TELEMEDICINE PROGRAM

Telemedicine/Telehealth Applications

- Teleradiology
- Telecardiology
- Teleopthamology (diabetes screening)
- Telepsychiatry
- Teledermatology
- E-ICU
- In-home telemonitoring
- others – 65+ subspecialties



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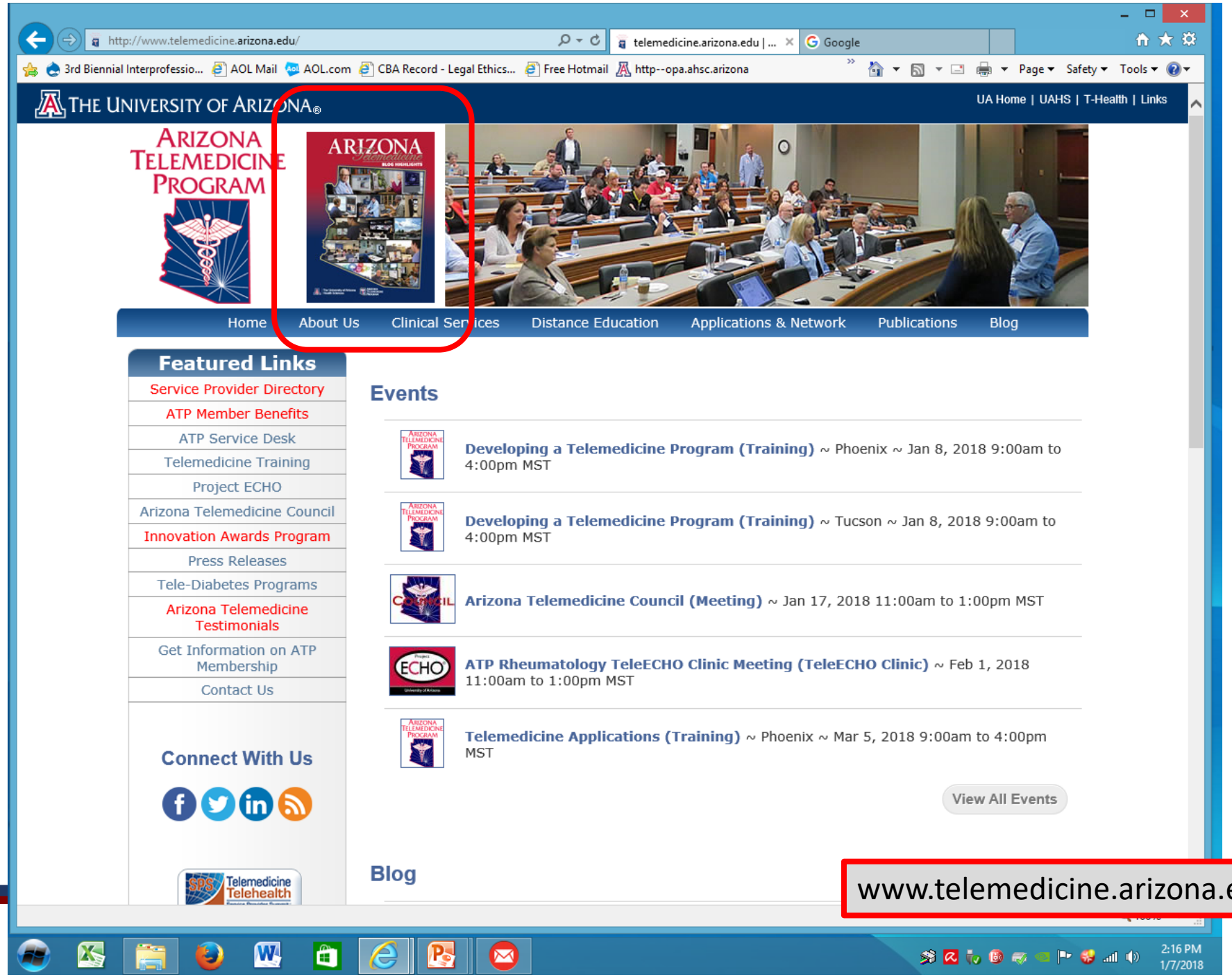

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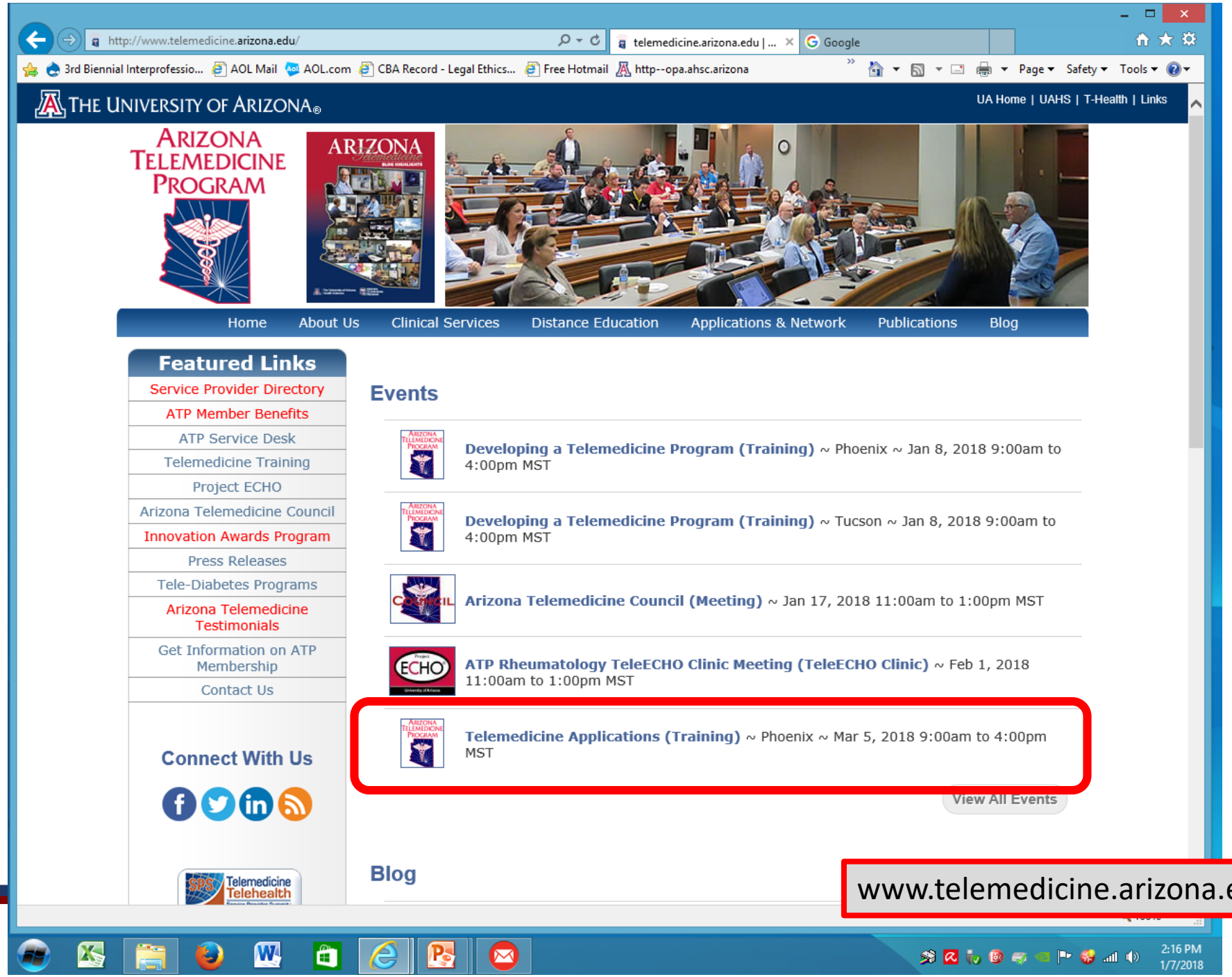
SOUTHWEST TELEHEALTH RESOURCE CENTER TRC



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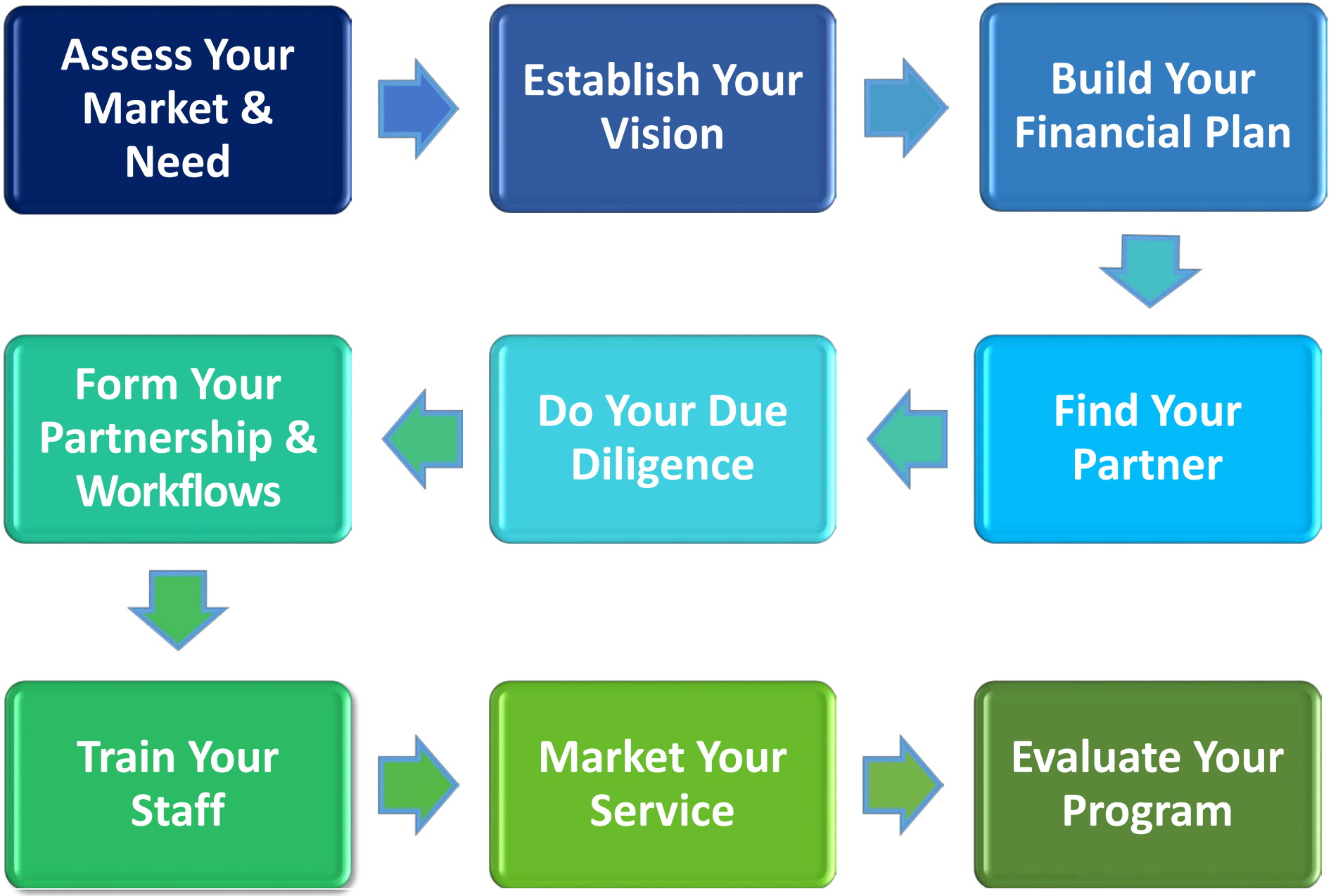
Where to start?


Assess Your Market & Need
Establish Your Vision
Build Your Financial Plan
Find Your Partner
Do Your Due Diligence
Form Your Partnership & Workflows
Train Your Staff
Market Your Service
Evaluate Your Program

Assess Your Market & Need

Involve Stakeholders in All Phases of Decision-making

- Internal stakeholders:
  - Administrators & business office
  - Clinical (all healthcare professionals, not just physicians)
  - Support staff (e.g., case coordinators)
  - IT
  - Legal
- External stakeholders:
  - Patients & patient groups/representatives
  - Other healthcare providers (e.g., local medicine man)

What Is Needed in Your Community?

- **Look at patient data & outcomes (e.g., # diabetics, # diagnosed with late stage diabetic retinopathy)**
  - **For your community**
  - **For your hospital/system**
- **Look at local physician coverage gaps (e.g., ? no neurologists)**
- **What healthcare services are patients having to travel or be transported for?**
- **Look at regulations (e.g., penalties for readmission)**

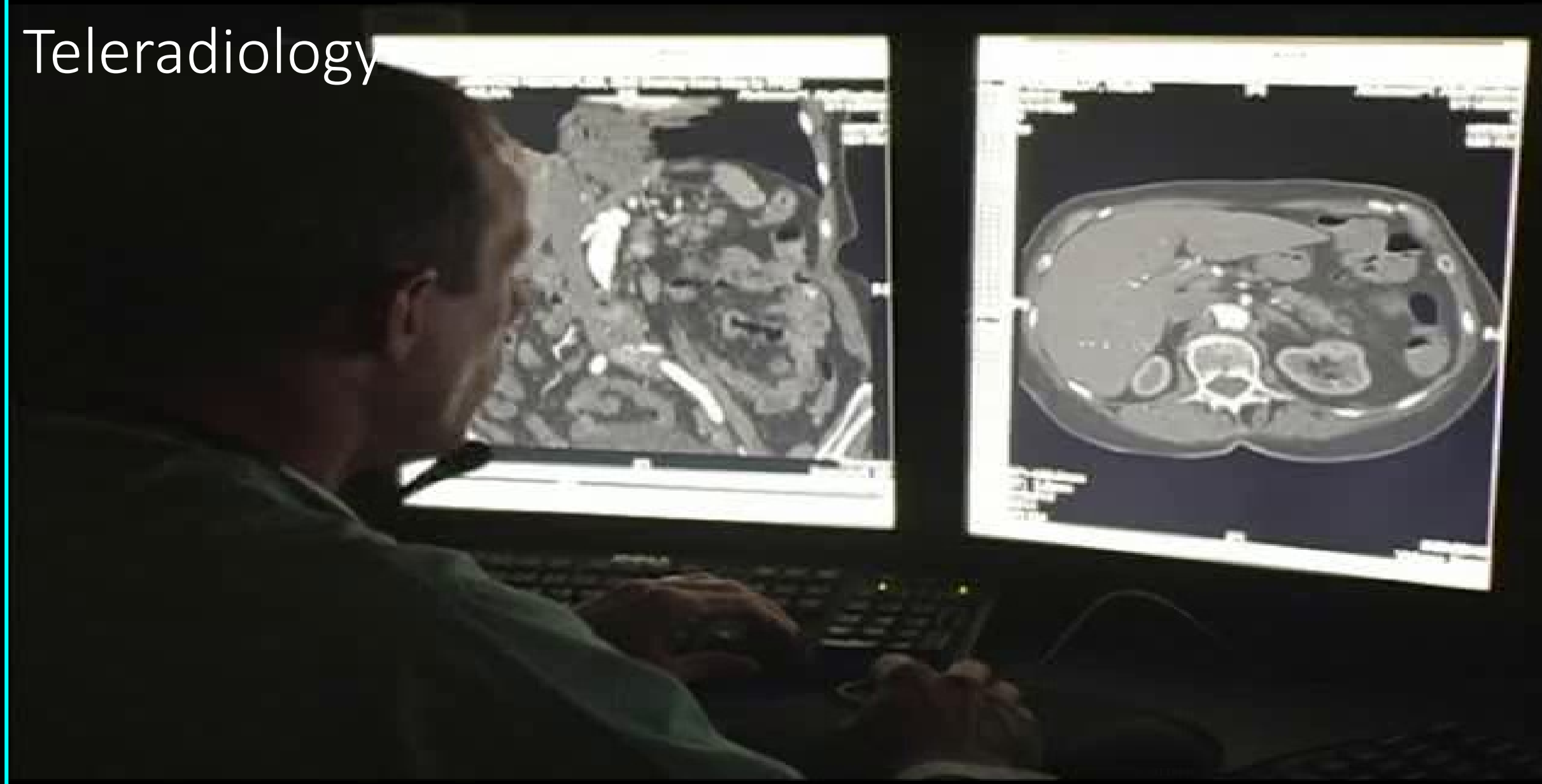
How Will Telemedicine Tie into Your Practice?

- **Complement/expand your clinical offerings or substitute when your providers are unavailable?**
- **What specialty services?**
- **What hours will telemedicine be offered?**
- **Personnel requirements?**
- **What are service goals? Provider-patient? Provider-provider?**
- **Where are you connecting? Provider office? Telemedicine clinic? Patient home?**

How Will Telemedicine Tie into Your Practice?

- ***Recommended approach:***
  - ***Choose one or two of the most important services and start with them***
    - ***Don't take on too much at one time***
  - ***Expand upon initial service; build program incrementally***
    - ***Figure out process for integrating 1-2 services effectively & efficiently, then expand***
- **"Tele-everything"** **Disaster!**

Teleradiology



Stroke

is the third leading cause of death in the United States and the leading cause of adult disability.

Approximately 795,000 strokes occur each year, and delays in diagnosis contribute to the mortality and disability associated with stroke.

TeleStroke

supports community hospitals by providing:

- 24-hour on-call stroke specialist
- Emergency department acute stroke consultation
- Bedside follow-up (depending on site needs)
- Stroke follow-up appointments (depending on site needs)

WHEN STROKE BEGINS, EVERY SECOND COUNTS

Stroke is a medical emergency that requires early assessment and early treatment. Rapid identification of acute stroke patients enables the timely administration of effective and appropriate stroke therapies that can improve patient outcomes. It also allows for initiation and coordination of strategies to prevent stroke progression, recurrent stroke, and common complications.

and transportation barriers with reliable technology that allows immediate access to stroke experts who can provide consultation with on-site providers to manage acute stroke as needed.

Keep stroke patients close to home.

With TeleStroke, community hospitals can provide stroke care to

HOW TELESTROKE WORKS

COMMUNITY HOSPITAL

1. Doctor reviews patients status, determining need for stroke evaluation
2. Telestroke mobile unit brought in to patient
3. Patient speaks directly to the TeleStroke doctor and follows examination instructions
4. If necessary, hopital staff prepares patient for AirMed transport

TELESTROKE DOCTOR

A. 24-7 on-call TeleStroke doctor receives call or page

B. Doctor begins video conferencing and evaluates patient data

C. Exam given via TeleStroke system to evaluate presence or severity of stroke

D. Consultation with community hospital on best treatment plan for patient

TELE-HOME HEALTH CARE:

‘Care Beyond Walls and Wires’ Enhances Life for Patients with Congestive Heart Failure

Case Study

More than 5 million people in the U.S. suffer from congestie heart failure (CHF), accordi… Disease Control and Prevention (CDC). The annual cost is estimated at more than $32 bi… …rvices, medications, and lost earnings, the CDC says. Northern Arizona Healthcare’s “Care Beyond Walls and Wires” can improve CHF patients’ health and reduce health care costs.

Woody Smith and his daughter, Rita Yazzie, used to drive as often as twice a month from their home on the Navajo Reservation to Flagstaff Medical Center, nearly two hours away. Mr. Smith is living with congestive heart failure, with symptoms so severe he required frequent hospitalizations.

But Mr. Smith can no… months without ha… the hospital. His … has resulted fro… called Care Bey… telemedicine-en… program that ha… improve the hea… with congestive …

The program als… room visits and … readmissions, a… stay for those w…

“It’s phenomena… registered nurse… for Flagstaff-bas… Healthcare, whi… Walls and Wires… Flagstaff Medica… Medical Center …

Ms. Yazzie says … Wires “is the be… best thing for my… two hospital readm… the program more tha…

And at 90, Mr. Smith has been able to return to his favorite activity: riding his horse.

Care Beyond Walls and Wires provides patients with a backpack containing the equipment they need to check their blood pressure, measure their oxygen level, and check their weight daily; the latter because patients with CHF can gain and drop weight suddenly. The data are automatically transferred to a smart phone that transmits the information to Northern Arizona Healthcare’s care coordination office, which provides the smart phone, monitoring equipment and backpack to every patient enrolled in Care Beyond Walls and Wires.

Some of the program’s patients have no electricity at home, so they also are given …

“Care Beyond Walls and Wires is the best thing ever for me, and the best thing for my dad.”

Rita Yazzie

perspective, the idea for Care Beyond Walls and Wires originated with the National Institutes of Health Office of Public and Private Partnerships, which was looking for better ways to monitor patients with CHF who live in rural areas. The goal was to provide better care while keeping the patients out of the hospital, thus reducing health-care costs.

The San Diego telecommunications company Qualcomm was chosen to lead the project, with Maryland-based Zephyr Technology and Verizon providing software, smart phones and remote-monitoring hardware.

Northern Arizona Healthcare agreed to conduct a pilot project involving 50 patients. …ect got under way in …

…the study if you lived …amily support,” Ms. …could live in Supai …and Canyon) or on …on. Our patients …Hispanic, and white, …to early 90s.”

…Care Beyond Walls …hen it ended on …Arizona Healthcare …tinuing the program.

… around $650, … Ms. Sorenson says, …ell phone charges.

…h the investment,” …atients benefiting, …e penalizes hospitals …onditions, including …, are readmitted …g discharged.

…endous patient … Patients like the feeling that they have more control over their health,” Ms. Sorenson says. “We couldn’t have asked for anything more. It’s a global win.”

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Reasons to Partner with a Service Provider

- **Capability to deliver clinical services without interruption**
  - **Recruit & retain practitioners**
  - **Large networks of credentialed healthcare providers**
- **Partner can handle back-office functions (reports and billing)**
- **Partner can manage or co-manage program**
- **Experience/expertise**
- ***Support***
  - **Help desk**
  - **Legal & regulatory**
  - **IT**
  - **Administrative**
  - **Marketing**

Establish Your Vision

Establish a Vision Aligned with Your Mission

Establish a Vision of the Delivery Model

Establish a Vision Aligned with Your Mission

- **Vision statement: Define the optimal desired future state; provide guidance & inspiration**
  - ***"Our vision is to fully incorporate telehealth technologies into the routine business and practices for the provision of health care in our County and throughout Arizona."***
- **Mission statement: Identify and understand the objective(s) the telemedicine service will accomplish – what it does, who does it, how it does what it does**
  - ***"Our mission is to improve the health of citizens in our county through the development and evaluation of innovative health care and education services supported by health information technologies."***

Establish Your Vision

Reality Testing

The Physician-Patient Relationship

- **Generally, once a physician affirmatively acts in a patient's case by examining, diagnosing, treating, or agreeing to do so, and the patient accepts, a relationship exists**

- **Must establish an appropriate physician-patient relationship in order to prescribe**

Know the Legal and Regulatory Landscape

- **All the laws still apply regardless of whether it's in-person or via telemedicine: HIPAA, privacy & security, licensing, anti-kickback, liability, standard of care.**

Know the Legal and Regulatory Landscape

- **Informed consent & education:**
  - **Mitigates risk**
  - **Informed consent is required by AZ law**
    - **For Behavioral Health under AHCCCS (administered by ADHS/DBHS) informed consent must be obtained by at least 1 year BH experience—also, separate informed consent required for recording a video session.**
  - ***Even if informed consent not required*, should educate patient about unique aspects of telemedicine compared to traditional visit**
- **Arizona does not require an in-person exam to establish Provider-Patient Relationship: Video technology must be adequate to conduct history and physical exam remotely**
- **Medicare also allows video substitute for in-person exam**

Stark & Anti-Kickback Statutes

- Stark Law prohibits physicians from referring patients for designated health services to an entity with which the physician has a financial relationship.
- AKS prohibits offering or soliciting anything of value, directly or indirectly, in return for patient referrals.
- Telemedicine may be subject to fraud and abuse laws if the use directly or indirectly generates reimbursement from a federal health program.
- Equipment leases or the provision of free telemedicine equipment to referral sources should be evaluated under fraud and abuse laws.

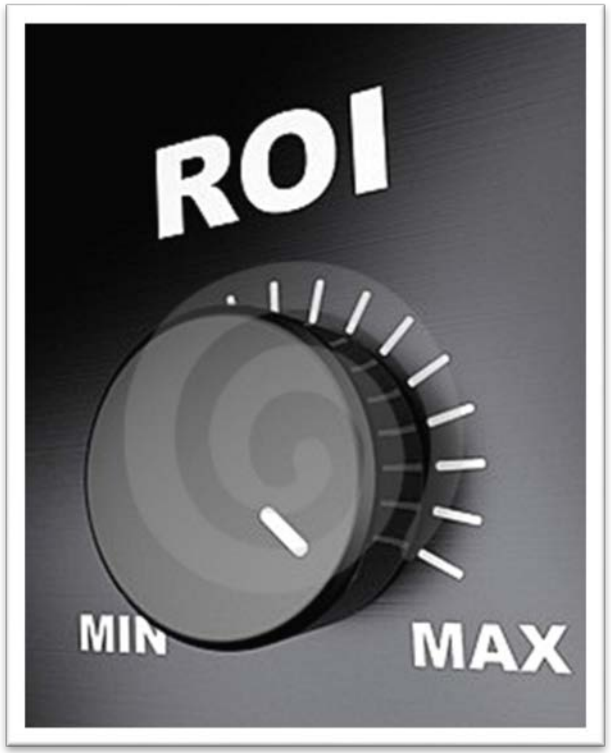
Credentialing & Privileging of Tele-providers

- ***CMS Proxy Credentialing Rule:***
  - *Allows medical staff of hospital where patient is being treated via telemedicine to rely on the credentialing and privileging done at the Medicare-certified hospital where the telemedicine practitioner is located and credentialed*
  - *Written agreement required*
  - *Streamlined: Obtaining medical staff privileges at a hospital takes 2-3 months*
  - *May require hospital bylaw amendment*
- ***Or, retain complete credentialing of all telemedicine providers using existing credentialing process***

Build Your Financial Plan

Build Your Financial Plan

- Return on investment
  - Savings
  - Revenue
  - Strategic contribution
  - Penalty avoidance
- Payment for services
  - Subscription
  - Fee-for-service
  - Direct from patient
  - Who will do the billing?



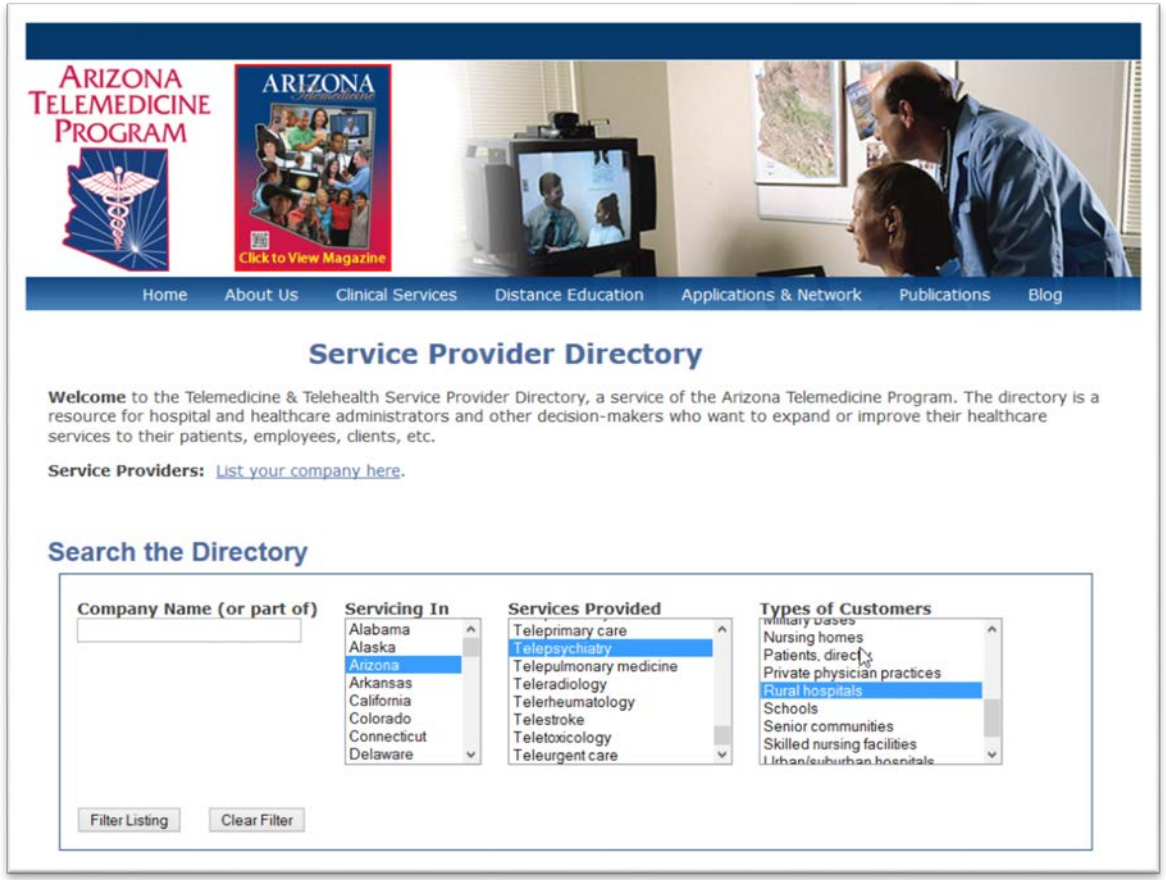
Find the Right Partner(s)

Where to Look for Service Providers

- ATP National "**Telemedicine & Telehealth Service Provider Directory**"

  - **Focused on clinical & ancillary service providers only (not platform vendors or consultants)**

  - **Offers detailed filters and comparisons**



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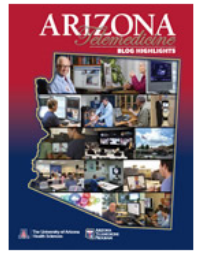

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Featured Links

- Service Provider Directory
- ATP Member Benefits
- ATP Service Desk
- Telemedicine Training
- Project ECHO
- Arizona Telemedicine Council
- Innovation Awards Program
- Press Releases
- Tele-Diabetes Programs
- Arizona Telemedicine Testimonials
- Get Information on ATP Membership
- Contact Us

Connect With Us

Events

Developing a Telemedicine Program (Training) ~ Phoenix ~ Jan 8, 2018 9:00am to 4:00pm MST

Developing a Telemedicine Program (Training) ~ Tucson ~ Jan 8, 2018 9:00am to 4:00pm MST

Arizona Telemedicine Council (Meeting) ~ Jan 17, 2018 11:00am to 1:00pm MST

ATP Rheumatology TeleECHO Clinic Meeting (TeleECHO Clinic) ~ Feb 1, 2018 11:00am to 1:00pm MST

Telemedicine Applications (Training) ~ Phoenix ~ Mar 5, 2018 9:00am to 4:00pm MST

View All Events

Blog

www.telemedicine.arizona.edu

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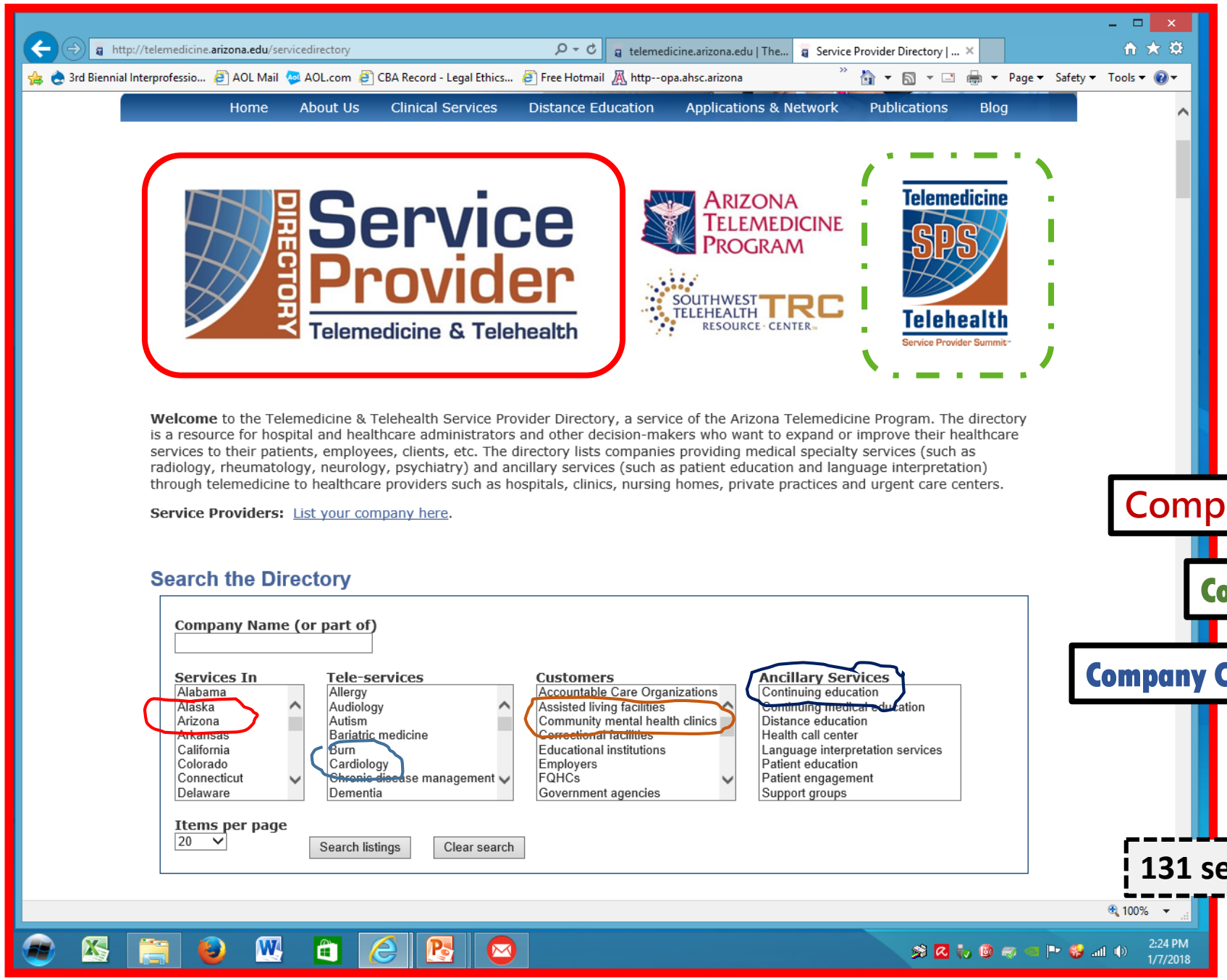


Company A

Company B

Company C

Company D

131 service companies

Questions to Start With

- **Does their history and implementation plan sync with your organization and goals (mission & vision)?**
- **Number of years in telehealth business**
  - **If they're a startup, who are their investors and how committed are they?**
  - **Who are their customers? Will they provide references?**
- **How strong is their management team?**
  - **Expertise and experience**
  - **Healthcare experience or only IT and technical?**
- **Where are the located – headquarters, providers, tech support?**

Past Performance

- **Number of sites potential partner has taken live**
- **Number of customers – past & present**
- **How many telemedicine cases have they done? What kind?**
- **What is their growth rate?**
- **Can they provide data to back up their claims?**
  - **Clinical**
  - **Financial**

Questions to Start With

- **Do they have experience with the coverage and capability you need?**
  - **Hours of availability**
  - **Wait times for consults**
- **Are they willing to work with your organization's size and number of consultations?**
- **Do they have a robust implementation plan?**
  - **In writing**
  - **Proven, battle-tested**

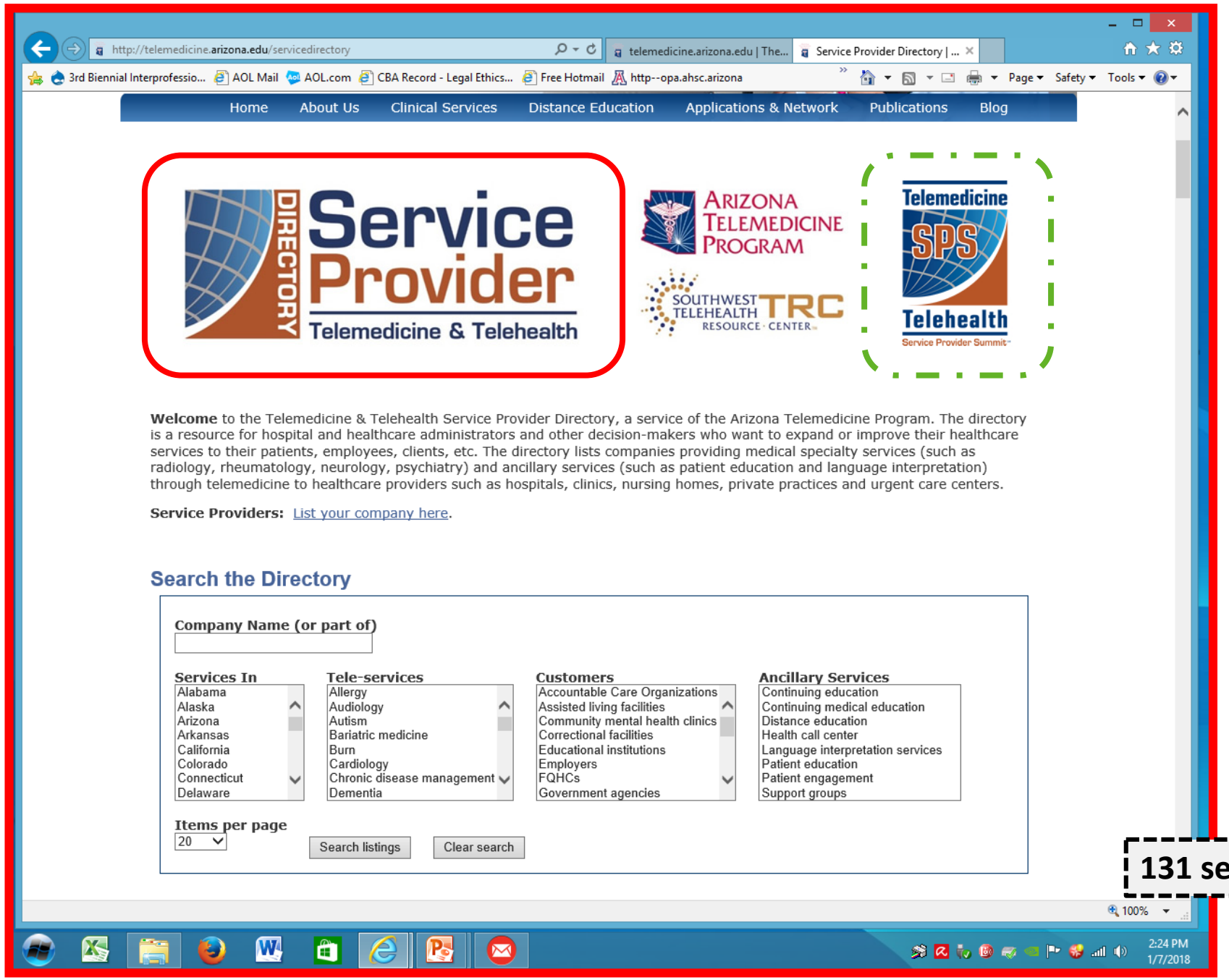
How Strong is their Clinical Team?

- **Number of physicians/providers in the specialty you need, at the level you need (# and qualifications), and licensed in Arizona (or your state)**
- **Clinical experience, training, degrees, board certification, lawsuits**
- **If academic institution: faculty, fellows or residents?**
- **How strong is their clinical team?**

What Technology Platform Do They Use?

- How strong is their platform?
  - Does it meet standards?
  - FDA-approved devices?
  - HIPAA compliant?
  - Reliable, easy to use? How many clicks/how much training is required?
  - What is the failure rate?
  - Interoperability?
  - Connections to EHRs? PACS? Does it work with your EHR and your PACS? Costs to integrate?
- Or, will they use whatever platform you provide?

Find the Right Partner(s)



131 service companies

Telemedicine & Telehealth Service Provider Summit

October 8-9, 2018

Glendale, Arizona

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Due Diligence, Documentation & Your Contract

Due Diligence: Background Check

- Do they have proper licensure, etc.?
- What is their malpractice history and insurance?
- Do they have third-party credentials (e.g., Joint Commission, American Telemedicine Association, Office of the National Coordinator for Health Information Technology certified HIT)?
- What is their BBB rating?
- Have they had trouble with IRS?
- Have they been in trouble with medical organizations?
- Have there been lawsuits against them?

Due Diligence: References

- Request a customer list/references and contact them
  - Are you happy with this company?
  - What have they provided to you?
  - What have your challenges been with this company?
- Find and interview customers not given as references
  - Search the web
  - Go to trade shows & conferences
  - Look for user groups

The Contract

- Ensure they have appropriate medical malpractice insurance, liability insurance
- Who will own the data? What data? Who will have rights to retain copies of the data? To license it, to sell it? For how long?
- Who will be responsible for continuity of care?
- Consider annually renewable contract
- Cover expansion

Form Your Partnership & Integrate Telemedicine into Your Workflows

Form a Partnership

- Telemedicine service programs are not one-sided, turnkey programs
- Requires effort on both sides:
  - putting together a program and educating at the user end
  - integrating workflows
- Collaborate with partner on what program will look like; form unity of vision for what you are trying to accomplish

Recognize You Are Changing the Status Quo

- Identify and leverage the proponents/champions: CMO, CNO tend to be important sponsors
- Identify and embrace the outliers: Reach out, make them part of the process, hear and address their concerns
  - e.g., “Big Brother”: eICU does not mean you are being watched 24/7; just that trends are being identified that need your attention
  - e.g., Will I have to become a technical expert?
  - e.g., Will my patients receive care as good as in person?

Agree on an Implementation Timeline

- Technical implementation is not what takes time
- Most time is spent working with the staff:
  - ensure messaging and impact is well understood
  - invaluable for successful implementation and ongoing relationship
  - Make sure everyone (not just providers) is trained
- Don’t rush
- Try some dry runs with simulated patients before doing any actual cases

Communicate Internally & With Partner

- Project goals and plan, team members
- Site review by partner
- Tele-providers need to respect the pre-existing relationships and transfer arrangements in the community
- Reasonable and measurable expectations
- Trackable & well-defined metrics to measure telemedicine progress
- Standards and guidelines to be used for this service

Standards and Guidelines

- ATA Practice Guidelines:
  - Multiple specialties including telepathology, teleICU, telemental health, teledermatology, telerehabilitation, home telehealth, diabetic retinopathy
  - Also primary and urgent care, telepresenting, and core operational guidelines
  - Remote healthcare data management
  - others

Train Your Providers & Staff

Train Your Providers & Staff

- **Telemedicine is an integrated component of your institution or practice and should be part of the normal position expectations**
- **Determine who needs to be trained (usually everyone)**
- **Determine content &extent of training needed for each position involved**
- **Determine how to provide the training & how often (for new users as well as refresher training)**
- **Evaluate training results**

Market Your Service

Marketing Internally

- **Let people & stakeholders know what your results are**
  - **Consult numbers**
  - **Patient outcomes**
  - **Patient satisfaction**
  - **Staff satisfaction**
- **This is a team process; be transparent**
- **Invite input/suggestions**
- **Tell them in more than one way (meetings, website, emails, etc.)**

Marketing Externally

- **Let your community know there is a new service available**
  - **Press release**
  - **PSA**
  - **Website and web content marketing (SEO)**
  - **Blog with email updates/sign-up**
  - **Letter to patients**
  - **Success stories**
  - **Social media**
- **Cite partner experience & successes**

Evaluate Your Program

Evaluation: How to Start

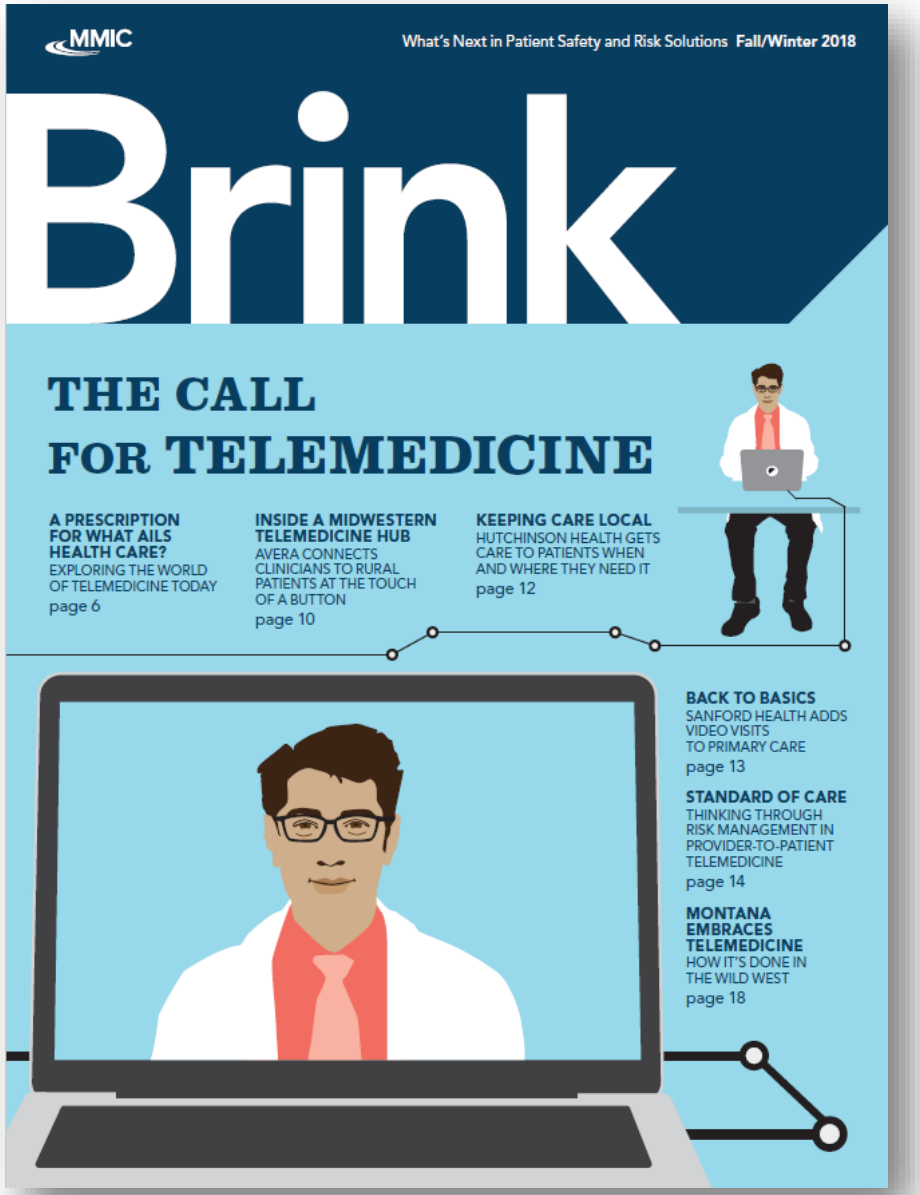
- View transition on a relative basis:
  - Have we improved?
  - In what ways?
  - To what extent?
- Use measurable, objective data – choose metrics in advance
- What are you concerned with?

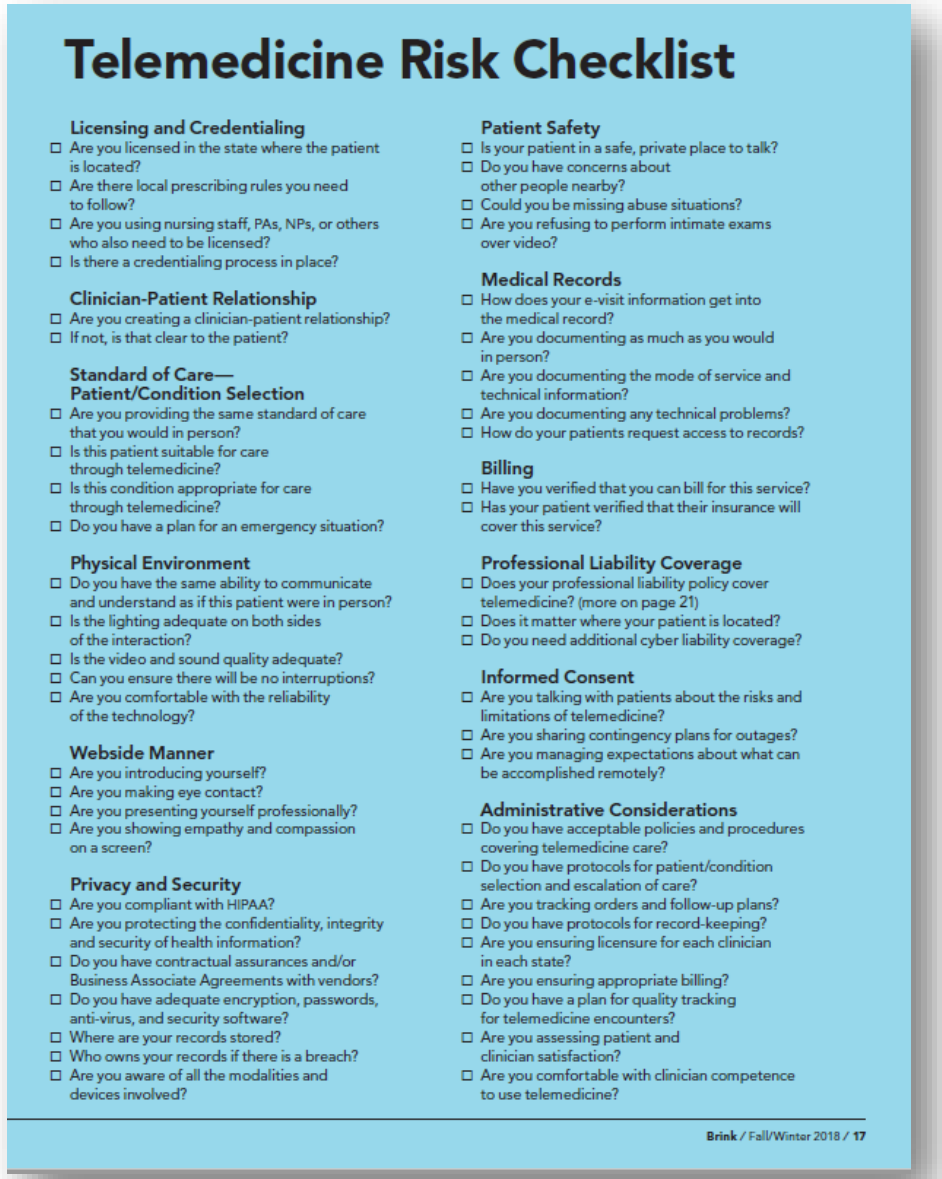
What to Measure

- Patient-centered outcomes (e.g., clinical markers, reduced hospital stays)
- Provider-centered outcomes (e.g., diagnostic accuracy, efficiency & efficacy)
- Business outcomes (e.g., increased profits, reduced travel costs)
- Technical outcomes (e.g., faster network, more reliable communications, redundancy, better peripheral technology)
- Program outcomes (e.g., more sites added to network, number of consults, is the program growing)

Evaluation Resources

- Southwest Telehealth Resource Center Online Learning Module: Evaluation
- Telehealth Resource Centers Toolkits





Telemedicine Risk Checklist

Licensing and Credentialing
- ☐ Are you licensed in the state where the patient is located?
- ☐ Are there local prescribing rules you need to follow?
- ☐ Are you using nursing staff, PAs, NPs, or others who also need to be licensed?
- ☐ Is there a credentialing process in place?

Clinician-Patient Relationship
- ☐ Are you creating a clinician-patient relationship?
- ☐ If not, is that clear to the patient?

Standard of Care—Patient/Condition Selection
- ☐ Are you providing the same standard of care that you would in person?
- ☐ Is this patient suitable for care through telemedicine?
- ☐ Is this condition appropriate for care through telemedicine?
- ☐ Do you have a plan for an emergency situation?

Physical Environment
- ☐ Do you have the same ability to communicate and understand as if this patient were in person?
- ☐ Is the lighting adequate on both sides of the interaction?
- ☐ Is the video and sound quality adequate?
- ☐ Can you ensure there will be no interruptions?
- ☐ Are you comfortable with the reliability of the technology?

Webside Manner
- ☐ Are you introducing yourself?
- ☐ Are you making eye contact?
- ☐ Are you presenting yourself professionally?
- ☐ Are you showing empathy and compassion on a screen?

Privacy and Security
- ☐ Are you compliant with HIPAA?
- ☐ Are you protecting the confidentiality, integrity and security of health information?
- ☐ Do you have contractual assurances and/or Business Associate Agreements with vendors?
- ☐ Do you have adequate encryption, passwords, anti-virus, and security software?
- ☐ Where are your records stored?
- ☐ Who owns your records if there is a breach?
- ☐ Are you aware of all the modalities and devices involved?

Patient Safety
- ☐ Is your patient in a safe, private place to talk?
- ☐ Do you have concerns about other people nearby?
- ☐ Could you be missing abuse situations?
- ☐ Are you refusing to perform intimate exams over video?

Medical Records
- ☐ How does your e-visit information get into the medical record?
- ☐ Are you documenting as much as you would in person?
- ☐ Are you documenting the mode of service and technical information?
- ☐ Are you documenting any technical problems?
- ☐ How do your patients request access to records?

Billing
- ☐ Have you verified that you can bill for this service?
- ☐ Has your patient verified that their insurance will cover this service?

Professional Liability Coverage
- ☐ Does your professional liability policy cover telemedicine? (more on page 21)
- ☐ Does it matter where your patient is located?
- ☐ Do you need additional cyber liability coverage?

Informed Consent
- ☐ Are you talking with patients about the risks and limitations of telemedicine?
- ☐ Are you sharing contingency plans for outages?
- ☐ Are you managing expectations about what can be accomplished remotely?

Administrative Considerations
- ☐ Do you have acceptable policies and procedures covering telemedicine care?
- ☐ Do you have protocols for patient/condition selection and escalation of care?
- ☐ Are you tracking orders and follow-up plans?
- ☐ Do you have protocols for record-keeping?
- ☐ Are you ensuring licensure for each clinician in each state?
- ☐ Are you ensuring appropriate billing?
- ☐ Do you have a plan for quality tracking for telemedicine encounters?
- ☐ Are you assessing patient and clinician satisfaction?
- ☐ Are you comfortable with clinician competence to use telemedicine?

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Licensing and Credentialing

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- **Is there a credentialing process in place?**

Clinician-Patient Relationship

- **Are you creating a clinician-patient relationship?**
- **If not, is that clear to the patient?**

The Physician-Patient Relationship

- **Generally, once a physician affirmatively acts in a patient's case by examining, diagnosing, treating, or agreeing to do so, and the patient accepts, a relationship exists**

- **Must establish an appropriate physician-patient relationship in order to prescribe**

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Standard of Care— Patient/Condition Selection

- **Are you providing the same standard of care that you would in person?**
- **Is this patient suitable for care through telemedicine?**
- **Is this condition appropriate for care through telemedicine?**
- **Do you have a plan for an emergency situation?**

Physical Environment

- **Do you have the same ability to communicate and understand as if this patient were in person?**
- **Is the lighting adequate on both sides of the interaction?**
- **Is the video and sound quality adequate?**
- **Can you ensure there will be no interruptions?**
- **Are you comfortable with the reliability of the technology?**

Webside Manner

- **Are you introducing yourself?**
- **Are you making eye contact?**
- **Are you presenting yourself professionally?**
- **Are you showing empathy and compassion on a screen?**

Privacy and Security

- **Are you compliant with HIPAA?**
- **Are you protecting the confidentiality, integrity and security of health information?**
- **Do you have adequate encryption, passwords, anti-virus, and security software?**
- **Where are your records stored?**
- **Who owns your records if there is a breach?**
- **Are you aware of all the modalities and devices involved?**

Medical Records

- **How does your e-visit information get into the medical record?**
- **Are you documenting as much as you would in person?**
- **Are you documenting the mode of service and technical information?**
- **Are you documenting any technical problems?**
- **How do your patients request access to records?**

Billing

- **Have you verified that you can bill for this service?**
- **Has your patient verified that their insurance will cover this service?**

Professional Liability Coverage

- **Does your professional liability policy cover telemedicine?**
- **Does it matter where your patient is located?**
- **Do you need additional cyber liability coverage?**

Informed Consent

- **Are you talking with patients about the risks and limitations of telemedicine?**
- **Are you sharing contingency plans for outages?**
- **Are you managing expectations about what can be accomplished remotely?**

Administrative Considerations

----Ten Commandments

- Do you have acceptable policies and procedures covering telemedicine care?
- Do you have protocols for patient/condition selection and escalation of care?
- Are you tracking orders and follow-up plans?
- Do you have protocols for record-keeping?
- Are you ensuring licensure for each clinician in each state?
- Are you ensuring credentials for each clinician in your system?
- Are you ensuring appropriate billing?
- Do you have a plan for quality tracking for telemedicine encounters?
- Are you assessing patient and clinician satisfaction?
- Are you comfortable with clinician competence to use telemedicine?

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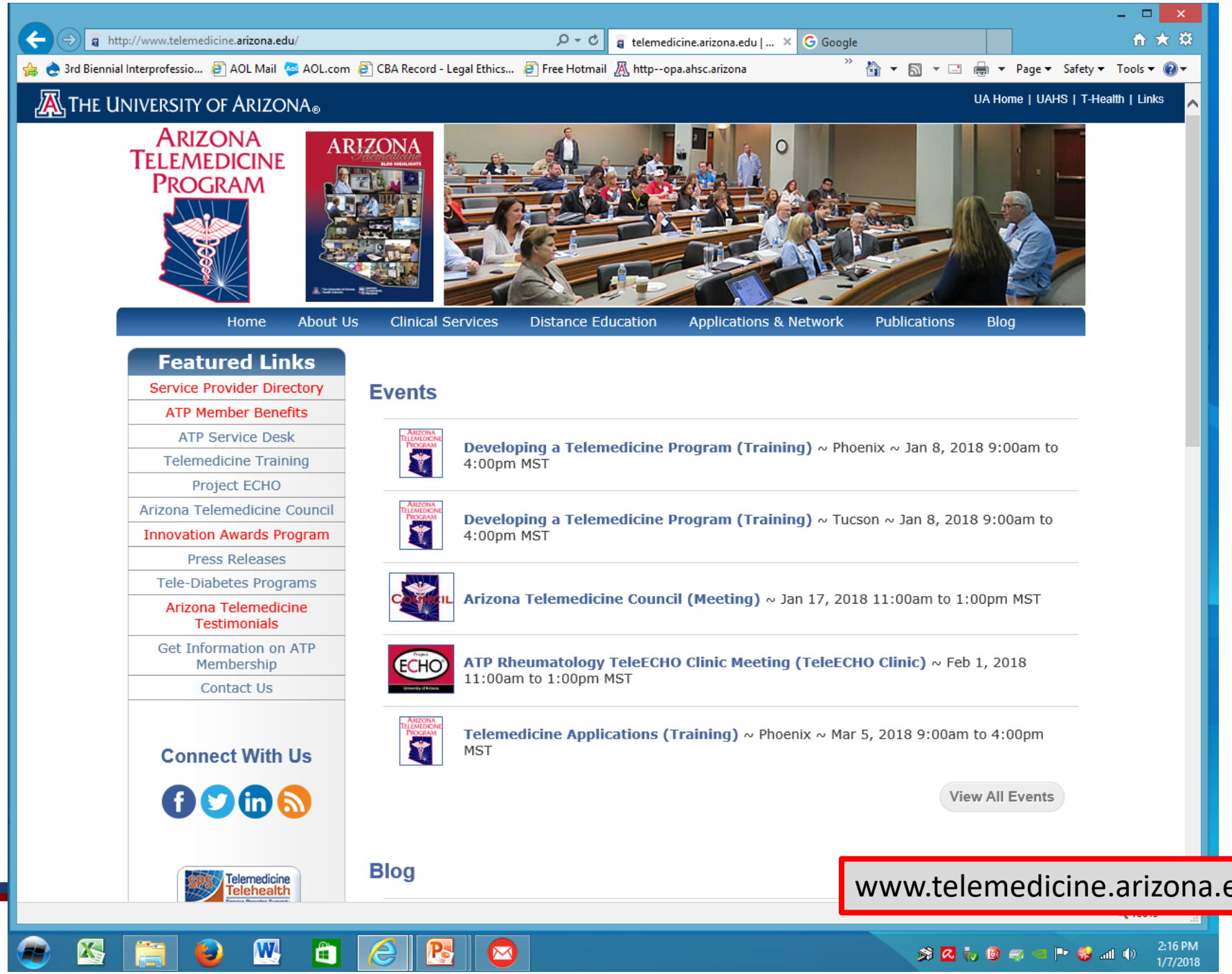

www.telemedicine.arizona.edu

- **1.4 million ATP cases since 1997**
- **~20 million cases the US in 2018**
- **90% of large companies said yes**

Thank you!

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