



OUR TELEHEALTH JOURNEY

Preamble

- Philosophical Underpinnings
 - Democratization
 - Consumerism
 - Our Mission
- Our Philosophy
 - The North Country team and patients are our customers
 - Tools
 - Stewards and change agents
 - Embrace Technology, but be conscious to avoid the syndrome of solutions trying to find a problems

North Country History and Mission

- Northern Arizona AHEC- 1987
- Flagstaff Community Free Clinic- 1991
- North Country HealthCare- 1996

To provide accessible, affordable, comprehensive, quality primary healthcare in an atmosphere of respect, dignity and cultural sensitivity.

The health and well-being of patients and community alike are promoted through direct services, training / education, outreach and advocacy.

North Country HealthCare

Access Points

23 Access Points

- Flagstaff- 5 Clinics
- Ash Fork
- Seligman
- Grand Canyon
- Winslow
- Holbrook
- St. Johns
- Round Valley
- Kingman
- Lake Havasu City
- Show Low
- Integration Clinics
- Virtual Clinic
- Bullhead City
- Williams
- Payson



North Country Services

Clinical

- Primary Care Medical Services (FM, IM,OB/Gyn, Peds)
- Dental
- Behavioral Health
- Prenatal Care
- Breast & Cervical Cancer Screening
- Diabetes Management Program
- Integrative Medicine
- Pharmacy

Community Health

- ▶ Well Woman & Fit At Fifty Health Check Programs
- ▶ Prenatal & Well Child Programs
- ▶ Diabetes Management
- ▶ RESEP
- ▶ HIV/AIDS Program
- ▶ NACASA
- ▶ Hermosa Vida

Educational

- ▶ Youth Academic Preparedness, College Readiness, and Health Professions exploration
- ▶ Health Professions Student Education and Training
- ▶ Medical Education
- ▶ Health Professional Continuing Education Programs
- ▶ Community Health Education
- ▶ Research

Key Drivers for NC Telehealth

- Extend services to patients and communities
- Cost saving efforts and new payment models
- Value-based care and population management incentives
- Patient access and workforce limitations
- Expanding technology capabilities
- Provider Acceptance and demand
- Consumer adoption and demand

NC Telehealth

Vision- To be a leader in using Technology to create healthier communities by serving as the primary care provider of choice and ensuring no person is without access to convenient primary care.

- Rationale
 - Simply put, it was to extend services
 - 2 Primary Drivers
 - 1) Bring in new services
 - 2) Extend existing services
- Overarching uses
 - Administrative
 - Education
 - Research
 - Clinical

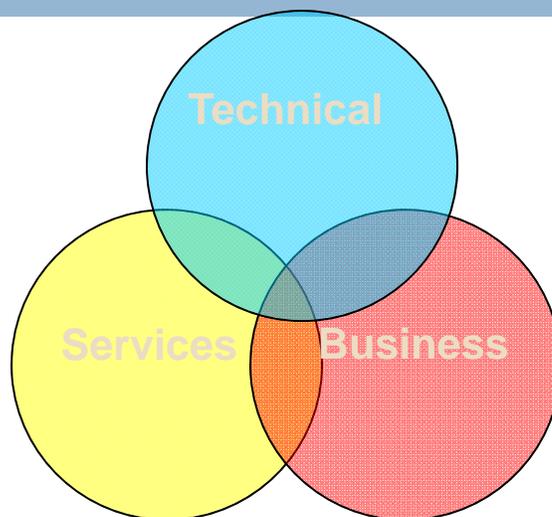
System Challenges: Things to Consider

- Strategic prioritization and planning are critical
- Clinician does not physically touch patient
- Evolving payment models (from no, to limited, to full)
- Lack of outcomes research, practice standards
- Business model not yet well understood
- Significant workflow and care model disruption
- Disagreement on metrics
- Scalability and PM/EHR integration issues
- Privacy/security, regulatory, legal issues
- Health care consumer must be willing and able to engage

Challenges: Past and Present

- Bandwidth (Past)
- Financial/ business models
- No On-site technical support at most clinics
- Integrating telemedicine into “regular” clinical services
- Equipment Replacement
- Communication
- Staff turn over
- Infrequent telehealth services at some locations
- Consistent education & training
- Covered services

The 3 Legs of the Stool



ATA Guidelines

Virtual Clinic

□ Telehealth

□ Is an *ACTUAL* (virtual) clinic

■ Has needs similar to other NCH clinics

- Clinical
- Coordination
- Budget
- Space
- Network
- Tools
- Ongoing training and support
- Scheduling and billing

■ Unique challenge is that this clinic is enmeshed within existing clinics

Technology Adoption Guiding Principles

□ Our guiding principles for any technology we use internally or via vendor products are:

- Ease of use – intuitive use by physicians, clinicians, staff and patients
- Compatibility – interfaces between multiple end users and facilities, both technically and operationally
- Drives Access – increases use of Telehealth and utilization of services
- Industry Standard – complies with industry protocols
- Promotes Sustainability – cost effective; contributes to increased revenues or costs avoidance

Current Clinical

- Primary Care
- Behavioral Health
- Diabetes
- Hepatitis C
- HIV
- INR Clinic
- Nutrition Services
- Pharmacy
- Care Management
- ECHO (more on this later)
- Convenient Care, in development

Current Stats

- Overall Teleconferencing 2017
 - 365 occurrences (Admin, Education, Patient Care)
 - 815 hours
 - Direct patient care
 - 46.5 hours
 - Reimbursement rates parallel non telemed visits

The Evolving Market

	Patient-Centered Care 2010 - 2016	Consumer Engagement 2014 - 2020	Science of Prevention 2010 - 2025
Market	Shift to Value-Based Care ACO's / ARRA	Population Health Assuming Risk Moving to Value Growth of Consumerism	Health & Wellness Focused Personalized Care Genomics
Delivery Systems/ Physicians	Massive EHR investments MU2 Pursuit Clinicians challenged with technology adoption	Population Health Strategies Moving to anywhere/anytime Virtual Care Any-device access	Personalized Therapies 100% Accurate Diagnosis Genomic linked Life Plan
Patients/ Consumers	Overwhelmed	Engaged	Empowered

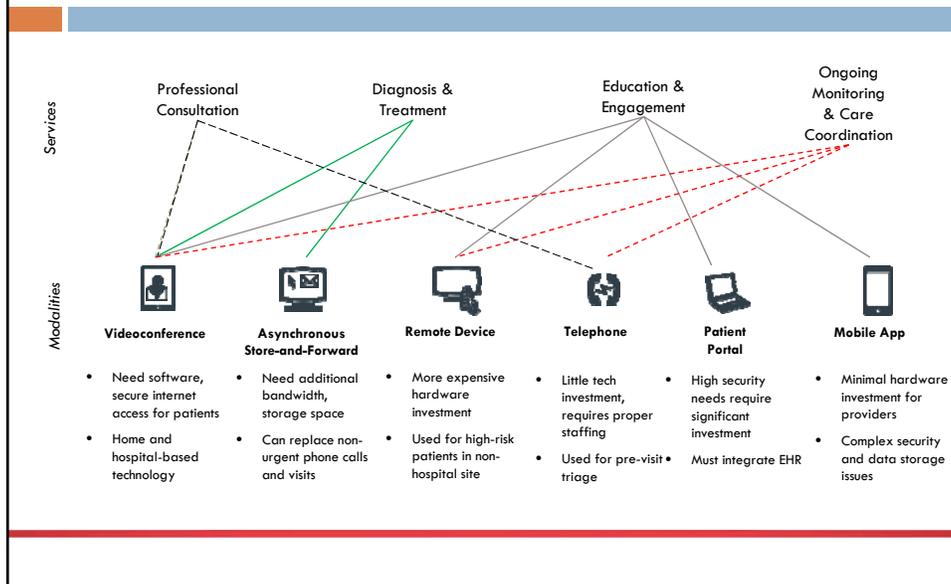
A connected World

Online & Mobile Access is **Increasing Rapidly**

- **81%** of the US population uses the Internet
- **71%** of online US adults age 65+ access the Internet in a typical day
- **64%** of Americans have smartphones
- **62%** use their smartphone to "get Health Information"
- **92%** of ALL smartphone users, text



Telehealth



Tips for a Successful Program

- ❑ Create champions
- ❑ Change management
- ❑ Every t-health experience
- ❑ etc

The Future

- The proliferation of technology will grow exponentially
- Patient Engagement
- “Tele” will eventually be removed from the vernacular



Let the fun begin

- Axiom- Telehealth is here, is rapidly evolving, and exponentially growing, embrace it as a strategic opportunity

