BUILDING INNOVATIVE TELEMEDICINE PROGRAMS

Tele-EMS Program

Kristi Iannucci, MBA

HEALTH RESOURCES & SERVICES ADMINISTRATION
RURAL HEALTH NETWORK DEVELOPMENT GRANT

RHND Program

- Supports established health oriented networks with history of collaboration
- To develop and maintain collaborative relationships
- Integrate systems of care administratively, clinically and financially

Funding Info

- 3 year funding period
- Up to 30 grantees
- Up to $300,000 per year
- Next 3 Year Funding period is July 2020-2023 (application deadline 11/25/19)

Network Components

- Consist of a minimum of 3 separately owned health providers
- Working collaboratively to develop strategies for improveing health services delivery in a rural community

OUR NETWORK

Timber Mesa

Summit Healthcare

ChangePoint

Heber-Overgaard

Pinetop Fire

Taylor-Snowflake

St. Johns

OUR INSPIRATION

OUR BIG IDEA

Mission: Delivering the right care, at the right time in the right place.

Vision: To have a sustainable mobile network of healthcare services leverage partnerships and technology.

PRIMARY PROJECT GOALS

AVOID

Lower Acuity Visits to the Emergency Room

IMPROVE

Time to Treatment for Critical Patients

REDUCE

Hospital Readmissions

Success

STRATEGIC OBJECTIVES

Telemedicine Equipment & Infrastructure

- Equipping EMS vehicles with mobile routers and video enabled devices
- Direct to consumer platform as urgent care alternative

EMS Treat & Refer

- Fulfilling training requirements and applying for AZ Treat & Refer License
- Developing protocols for Treat & Refer
- Identifying alternative transportation options

Community Paramedicine

- Start with home safety visits
- Leveraging care coordinators / case managers to refer higher risk patients for EMS home visit

Coordination of Care

- Transitional care management calls for post acute care discharges
- Care coordination calls for high risk / chronic disease population base

Education & Outreach

- Chronic disease classes and support groups
- Empowering patients to self manage conditions
- Expanding classes via telemedicine

Equipment & Infrastructure

- Cisco Infrastructure at Hospital

- Cisco DX80's, American Well Cisco SX20 Telemedicine Carts

- Iron Bow Medic Portable Exam Units

- CradlePoint IBR900 LTE Routers & Antennas

- Zoll Defibrillators

- SummitCares Direct-To-Consumer Platform (powered by Teladoc)

EMS TREAT & REFER / COMMUNITY PARAMEDICINE

EMS Funding

- Tax dollars from municipalities or fire districts
- Billable services to Medicare, Medicaid and Commercial insurers
- Private pay, collections
- Historically Medicare & Medicaid billable services are for emergency transport services to ER

Treat & Refer Movement

- Someone has called 911 but does not require ambulance transport
- Patient gets assessment and referall to a more appropriate level of care
- Treat & Refer provider must have close medical supervision and a clinical triage
- AZ Medicaid Treat & Refer
- CMS Emergency Triage, Treat and Transport (ET3) Model
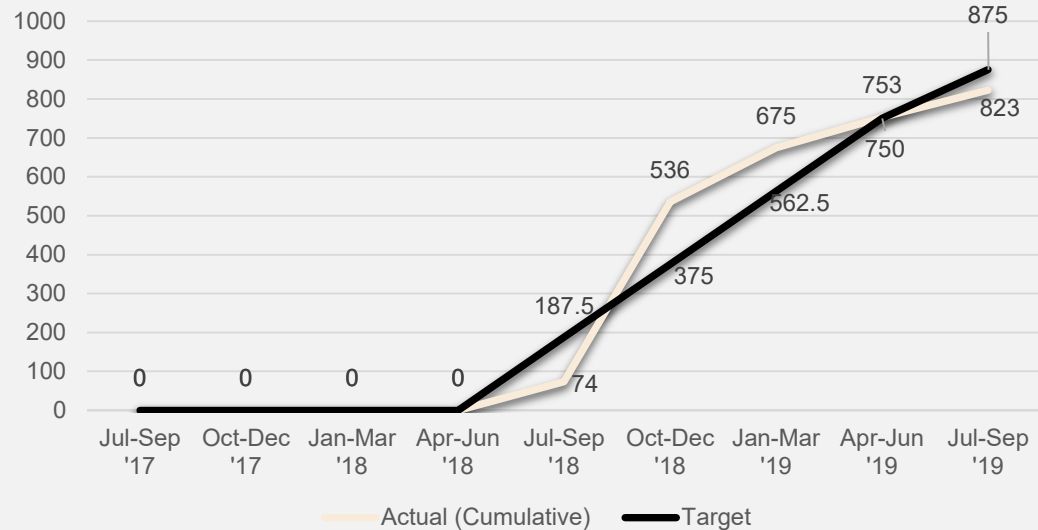
Community Paramedicine

- Mid-level practitioner billable service
- Subsidized by hospital or healthcare system
- Value-based care models
- Cost avoidance / population health management
- Leveraging telemedicine equipment to connect patients to RN Case Managers, Behavioral Health or other healthcare workers as needed
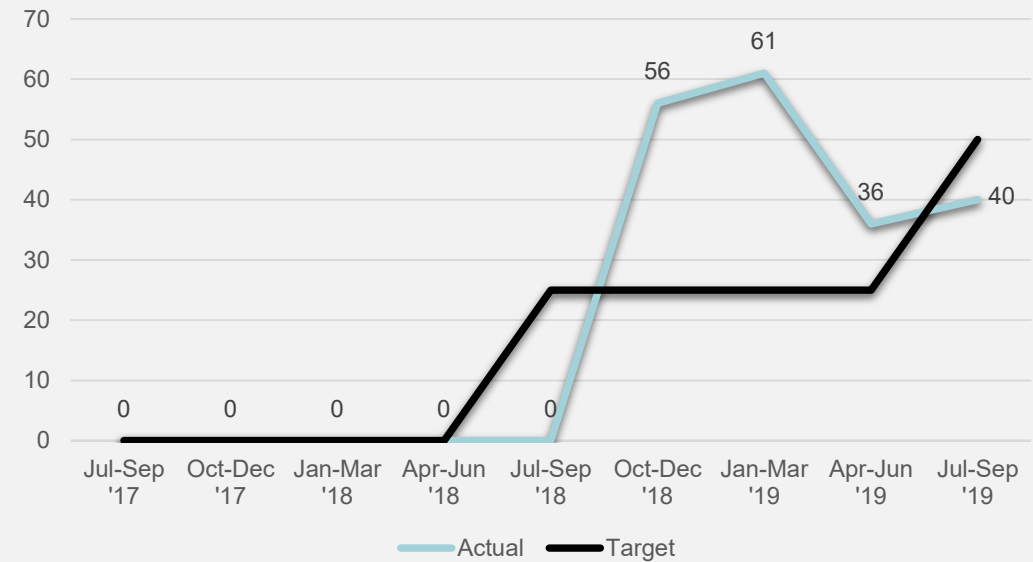
SUMMITCARES - DIRECT TO CONSUMER

Avoiding Lower Acuity Visits to The ER

	Q1	Q2	Q3	Q4	Q5
SUMMITCARES REGISTRATIONS	74	462	139	78	70
SUMMITCARES VISITS	0	56	61	36	40

Direct to Consumer Telemedicine Registrations

Direct to Consumer Telemedicine Visits
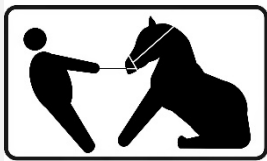
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CHALLENGES FACED

UNCHARTERED WATERS
No roadmap to follow. Best overcome by networking with others, going on site visits and trying to tap in to the knowledge and resources of others when looking to build the framework of a new program. The good news is that it is hard for someone to tell you that you're doing it wrong!

COMPETING PRIORITIES
People are more worried about the right here and now and sometimes just simply trying to get through their day. The new lofty innovative idea isn't always top priority. This year we faced competing priorities like none other with major expansion & EHR migration. PERSERVERANCE is the key!

RESISTANCE TO CHANGE
We often say change is hard and people avoid change but in reality in our day and age we like change, we just like to be in control of the change. Remember the Diffusion of Innovation Theory and find your Early Adopters!!!

THANK YOU

Kristi Iannucci, MBA

NIOREC NETWORK DIRECTOR

kiannucci@summithealthcare.net

928-537-6595