“Increasing Mental Health Access for Underserved Populations with Telehealth: Rural Medicaid, Veterans and Veterans Family Services”
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“Past, Present, and Future of Telemedicine”

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History of Telemedicine

Teleradiology (1959)

Telepsychiatry (1959)

Telemedicine Practice (1968)
Boston Logan International Airport Medical Station – Connecting to the Massachusetts General Hospital

First Case - April, 1968
Where to start?

>> Courtesy of Nancy Rowe, ATP Staff
Assess Your Market & Need → Establish Your Vision → Build Your Financial Plan

Form Your Partnership & Workflows ← Do Your Due Diligence ← Find Your Partner

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)
Mental health
Strokes

Haemorrhagic (13%)
Blood begins to fill the space inside the brain
Caused by blood vessel rupture.

Ischemic (87%)
Caused by blockage of blood vessel.
Photograph depicting the bedside National Institutes of Health Stroke Scale (NIHSS) assessment scenario.

Demaerschalk B M et al. Stroke 2012;43:3271-3277
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!**
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
Assess Your Market & Need

Establish Your Vision

Build Your Financial Plan

Form Your Partnership & Workflows

Do Your Due Diligence

Find Your Partner

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Market Your Service

Evaluate Your Program
Establish Your Vision
Establish a Vision Aligned with Your Mission

Establish a Vision of the Delivery Model
Establish Your Vision
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.
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?
Assess Your Market & Need → Establish Your Vision → Build Your Financial Plan

Form Your Partnership & Workflows ← Do Your Due Diligence ← Find Your Partner

Train Your Staff ← Market Your Service ← Evaluate Your Program
Find the Right Partner(s)
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?
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
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
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 the user ends (client org staff, health care provider org staff, and patients)
  - 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

• Do some dry runs (i.e., mock trial 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

Form Your Partnership & Workflows
Assess Your Market & Need

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Do Your Due Diligence

Form Your Partnership & Workflows

Train Your Staff

Market Your Service

Evaluate Your Program
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
Assess Your Market & Need

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Evaluate Your Program
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
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Evaluate Your Program
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
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https://ihealthlabs.com/wireless-scales/ihealth-core/

Images intended as examples of technology and not as an endorsement of companies or products.
Mobile Telehealth

Case Study

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

While Smith and his daughter, Rita Yazzie, used to drive as often as twice a month from their home in the Navajo Nation to Flagstaff Medical Center, nearly two hours away, Mr. Smith is living with congestive heart failure, with symptoms so severe he’s been hospitalized frequently. But Mr. Smith was introduced to the telehealth program that has improved the life of his father with congestive heart failure.

The program involves regular visits and check-ins by phone, along with crisis management and remote monitoring. "Care Beyond Walls and Wires," a partnership between Northern Arizona Healthcare and Arizona Telemedicine Program, uses remote monitoring and technology to help patients like Mr. Smith avoid hospitalization and improve their quality of life.

Mr. Smith says the program is a "godsend," and his daughter Rita has testified to its effectiveness. "Care Beyond Walls and Wires is the best thing ever for me, and the best thing for my dad." — Rita Yazzie
Direct-to-Consumer Telehealth
• GET GREAT CARE YOU NEED
• Cold & flu symptoms
• Allergies
• Pink eye
• Ear infections
• Respiratory infection
• Sinus problems
• Skin problems
• ... and more
When you don’t want to wait to feel better

BeWellNow, Northern Arizona Healthcare and PacificWestHealth’s virtual urgent care service, is a faster, easier way to see a doctor. BeWellNow lets you talk with a doctor from the comfort of your own home or on the go. It’s easy to use, free to enroll, and the cost is just $45 per visit.

BeWellNow offers:
- Unlimited video visits with a doctor from the comfort of your smartphone, tablet or computer
- Peace of mind with a doctor “on call” 24/7 to provide quality care to you and your family
- Prescriptions, referrals, and more

You can use BeWellNow any time, day or night. It’s perfect when your doctor’s office is closed, when you’re too sick or busy to see someone in person, or even when you’re traveling.

Sign up now:
1. Download the BeWellNow app or sign up on the website:

   - App Store
   - Google Play
   - Website: www.nahealthcare.com/be-well-now

Tucson, AZ

Flagstaff, AZ
Register for Virtual Visits now to save time later.

See a doctor whenever, wherever.
Get registered for Virtual Visits now, so you're ready for cold and flu season — and can see the doctor without having to leave home.

Start feeling better faster.
A Virtual Visit lets you see and talk to a doctor on your mobile device,* tablet or computer. The doctor can give you a diagnosis and even write a prescription** if needed. No appointment necessary — it's available 24/7. And, with your UnitedHealthcare plan, your cost is $50*** or less.
Direct-to-Consumer Telehealth
United HealthCare Virtual Visits

https://www.youtube.com/watch?v=gnVmHZRSOnQ
Direct-to-Consumer Telemedicine

American Well

https://www.youtube.com/watch?v=sBryMAxi5tE
Physicians, Non-physician Clinicians, and other Health Workers
1850-2010

Adapted from Kendix and Getzen, and the Bureau of Labor Statistics
Physicians, Non-physician Clinicians, and other Health Workers
1850-2010

Adapted from Kendix and Getzen, and the Bureau of Labor Statistics
Project ECHO Programs

(Extension for Community Healthcare Outcomes)
Thank you!

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