



HEI Shared Experiences Forum

Bridges between population management and telemedicine

Population health by means of telemedicine

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[Link to Fera's story](#)

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On the journey to transition from a fee for service reimbursement model to a model that assumes both risk and reward for managing a specified population, Avera Health has found a significant benefit in using telemedicine tools and telemedicine business models to improve care, outcomes, and cost efficiency in targeted populations.

Avera eCare has established services in 14 states with a track record of lowering labor costs, transportation costs, improving outcomes and leveraging scarce professional skill sets in multiple population settings. This includes settings that are institutional, payer, and disease specific.

Key drivers of sustainable business models that emphasize maximization of licensure, cross-disciplinary consultation, national and international network connectivity, multiple EMR's, and innovation test-beds will be discussed.

Examples will include emergency services, urgent care, senior care, employee care, pharmacy services, school and correctional unit services, direct to consumer, and behavior health care delivery models.

One story of the power of linking telemedicine to a rural population is that of little girl, Fera Heckman, in Montana on a 4H trip in 2016.

After the ATV she was riding on with a friend rolled over she was pinned underneath and unresponsive.

The group was in the middle of nowhere. An hour from the hospital and 20 minutes from the highway. They were able to pull the ATV off of her and then drive as they could to the highway where an ambulance was waiting for them as Fera gasped for air. It would be another 30 minute drive to Sheridan Memorial Hospital in Plenty, MT.

By the time the ambulance arrived at the hospital, staff at Sheridan had connected to Avera eCare eEmergency where emergency medicine specialist Dr. Brian Skow was waiting on the other end of a video monitor.

While Fera had multiple injuries, her collapsed lungs were the most critical. The Montana team, assisted by Skow, were able to stabilize her. She was then able to be flown to St. Vincent Healthcare in Billings, MT where she stayed for two weeks and was treated for numerous injuries

Avera was able to bring our level one trauma center to Fera in Plentywood, some 700 miles away. Fera survived this accident only because of the skill of the staff at Sheridan and the ability of Dr. Skow to direct the MT staff through our telemedicine platform.

Questions? Contact Jim Veline