Care Delivery Using Telehealth and mHealth

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Preview

• Overview of Kansas Telehealth and mHealth
  • Applications and components
  • Lessons learned

• Kansas Hospital Heart and Stroke Collaborative
  • Acute telemedicine
  • Impact on patient care and payment model

• Engaging patients via patient portal
  • Intersection of telehealth and EHR
  • E-visits
Overview of Kansas Telehealth and mHealth

• First implemented in 1991 with one hospital

• Primarily facilitated by interactive videoconference

• Program has expanded into more hospitals, schools, nursing homes, and clinics

• Cardiology, mental health, oncology, pediatrics, many others
Reimbursement

- Medicare (2001)
- Most large, private insurers in Kansas (mid-2000s)
- Blue Cross/Blue Shield of Kansas was one of first insurers in nation to cover telemedicine (1995)
Mobile, multi-point connection with additional clinicians or other stakeholders

TELEPRESENCE ROOM

TABLET

SMARTPHONE

CLINICAL INFORMATICS INSTITUTE
Home Parenteral Nutrition

- Bypasses the GI tract in bowel disease
- Life long twice daily Infusion of solutions via pump in home
- Risk of infections and complications
- Current study with 80 families in U.S.
- RNs observe care from a distance
- Limits social life, work, meals; depression common

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Kansas Heart & Stroke Collaborative

• Produce measurable improvements in rural Kansans’ heart health and post-stroke survival

• Reduce total cost of care for heart disease and stroke in target population

• Implement *transitional* payment model to incentivize collaboration among rural providers

• Develop *transformational* payment model to ensure continued access to care in rural communities
Kansas Heart & Stroke Collaborative Participants

- KUH
- KUMC
- Hays Medical Center
  - Great Bend Healthcare Center (Barton County)
- First Care Clinic
  - FQHC in Hays, KS

- Western KS critical access hospitals
  - Cheyenne
  - Norton
  - Phillips
  - Thomas
  - Sheridan
  - Gove
  - Trego
  - Russell
  - Ness
  - Pawnee
Cheyenne County Hospital
Norton County Hospital
Phillips County Hospital
Sheridan County Hospital Complex
Citizens Medical Center
Gove County Medical Center
Trego County-Lemke Memorial Hospital
Hays Medical Center
Russell Regional Hospital
The First Care Clinic
Ness County Hospital District 2
Hays Med Great Bend Healthcare Center
Pawnee Valley Community Hospital
The University of Kansas Hospital

KANSAS
Target Population

• Residents of rural Northwest Kansas counties at risk of or have suffered heart attack or stroke

• Approximately 13,000 Medicare and Medicaid beneficiaries

• One in four Kansans die from CV disease or stroke

• Proven strategies to improve outcomes
Three-Legged Stool

• Integration
  – Teamwork

• Interventions
  – Fieldwork

• Incentives
  – Rewards for teamwork and fieldwork
Intervention Field Work

• Deployment of collaboratively-developed guidelines and pathways

• Expanded use of telehealth

• Leverage IT and data analytics for population health management

• Develop “regional hubs” for preventive services and care management
Intervention
Field Work

Telemedicine
Providing Remote Expertise in real time
Technology
Service as Solution - PSO
Anticipated Outcomes

• Reduce total cost of care for target population by $13.8 million (1.9 percent savings)

• Reduce deaths from CV disease and stroke by 20 percent
Engaging Patients through a Patient Portal
Recognizing the Shift

• Medicare is recognizing the opportunity to provide care through alternative methods. Examples:
  – Chronic Care Management
  – Transitions of Care
  – Meaningful Use

• Patient Centered Medical Home also promotes usage of electronic capabilities to engage patient
Patient Portal Statistics

• Enrollment
  – 42,136 active MyChart users (19%)

• Breakdown:
  – Female - Highest volume: 51-60 age range
  – Male - Highest volume: 61-70 age range
  – Lowest activation: 18-30 and 81+

• Support calls range from 150-200/week
Implementing the Patient Portal

• Current state:
  – Past appts./After visit summaries
  – Labs/Meds/Allergies
  – Patient entered flowsheets
  – Secure messaging
  – Inpatient Admissions
  – Download Continuity of Care document
  – Preventive care needs
Promoting Engagement

• In Process:
  – New portal look/feel
  – Patient History Questionnaires

• Outstanding Opportunities:
  – E-visits
  – Scheduling/Bill pay
  – Additional self-management capabilities/device integration
  – Bulk communications/outreach
E-visits

• Functionality will be available to enable e-visits via EHR and patient portal

• Items for Consideration:
  – Identify conditions/symptoms
  – Questionnaires for identified conditions
  – Response protocols
  – Resources/technology necessary
    • Upload images
    • Video visits
  – Handling billing/payment
E-visits

• CPT codes for online medical evaluation
  – 99444- Online evaluation and management service with physician or other qualified health care professional who may report E & M services provided to an established patient
  – 98969- Online assessment and management service provided by qualified nonphysician health care professional using internet or similar electronic communications network

• Payor specific re: reimbursement for e-visits
Lessons Learned

• Successes:
  – In-clinic sign-up/providing access codes
  – Secure message for gaps in care
  – Patient preventive care reminders

• Challenges
  – Resources
  – Engaging healthy population
  – Straddling two methods for triaging patients
  – Not able to perform bulk communication
Questions?