

FHCA 2019 Annual Conference & Trade Show

CE Session #23 – Using Innovations in Technology to Increase Resident Outcomes and Efficiencies

Monday, August 5 – 7:00 to 8:00 p.m.
Celebration 7-8 – Operations/Quality Improvement

Upon completion of this presentation, the learner will be able to:

- Provide a live demonstration of a mock telemedicine consult
- Provide an overview of the qualitative and quantitative results of TMH's successful telemedicine post-acute partnership program
- Share lessons learned and tips for success in implementing a success telemedicine program

Seminar Description:

This interactive session will provide an overview of telemedicine and how it is being used across the country to increase access to care, reduce readmissions, visits to the emergency room and reduce transportation and staffing costs. A live demo will be conducted with a physician showing attendees how the technology works, including a demo of a Bluetooth stethoscope, exam camera and the mobile telemedicine software. Tallahassee Memorial Health (TMH) will share how the technology is being used with orthopedic patients in a bundled pay program and how it has effectively increased resident outcomes, reduced costs and improved provider and resident satisfaction.

Presenter Bio(s):

Lauren Faison currently works with Tallahassee Memorial Healthcare (TMH) as the Service Line Administrator for Regional Development, Population Health and Telemedicine. In that role, Lauren oversees Tallahassee Memorial Healthcare's Population Health Program and Transition Center, which provides post-acute services to high-risk residents. Lauren is deploying the use of telemedicine and telehealth solutions throughout the TMH system to increase patient access, provider efficiencies and reduce unnecessary readmissions and visits to the emergency room.

The Practice of Telemedicine



Overview of Tallahassee Memorial Healthcare

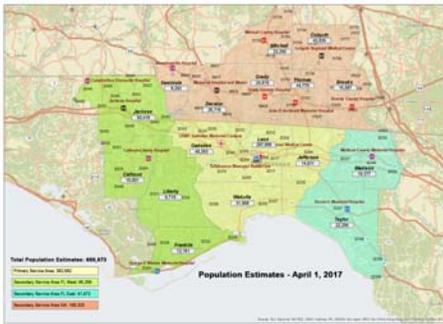


Tallahassee Memorial Healthcare

Facts & Figures

772 Beds	Serving 17 Counties	Inpatients.....29,586 Outpatients.....133,046 Emergency Care..... 122,100 Births per year.....3,800 Surgeries per year.....16,400 Employees.....4,586 Physicians on medical staff...558 Employed Physicians...175+	Not-for-profit
Partnerships with: UF Health Wolfson Children's Hospital Doctors' Memorial Hospital Weems Memorial Hospital			31 physician practices
Acute Care Hospital Psychiatric Hospital Multi-Specialty Care Centers			3 Residency Programs

TMH Regional Service Area



Challenges

1. Geography/Transportation
2. Provider Demand/Access
3. Fragmented Regional Delivery System
4. Healthcare Reform



Additional Challenges

- Transportation
- Access to Care
- Lack of Insurance
- Caregiver Support
- Motivation
- Lack of financial resources
- Health Literacy

TELEMEDICINE

Telemedicine Definition

A system that utilizes technology which allows for delivery of *quality healthcare* in a setting where the physician (or provider of higher level of care) and patient are in two different locations.

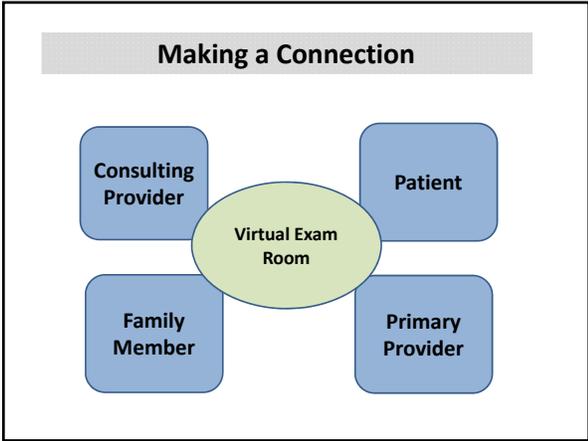


Telemedicine Maintains Quality

* Telemedicine does not change the way providers care for patients, but changes the delivery method for how the patient and provider communicate.

HOW DOES IT WORK?





Telemedicine Networks

- Mobile platforms
- Security
- Cost
- Internal vs. External Network







Telemedicine Software

- Cloud-based software
- Regional Network
- Mobile platform – works on Android and Apple Devices
- Desktop Download
- HIPAA Compliant
- Screen Share
- Multiple Participants



Telemedicine Equipment



Bluetooth Stethoscope

Telemedicine Capabilities

1. Live Audio/Video
2. Share X-Rays, CTs, MRI, other images
3. Share Educational Materials
4. View live capture of images



Prior to a Telemedicine Consent

- ✓ Test equipment, software, and connectivity.
- ✓ Update patient electronic chart to ensure that all information is ready for review.
- ✓ Ensure environment and dress are appropriate for consult.
- ✓ Obtain signed patient consent that may include the need to use medical images as part of consult.



Your Environment – “Telemediquette”

- ✓ Ample lighting is important.
- ✓ Take a look at what is captured the camera, make sure you do not have any offensive artwork, pictures, etc. hanging on the wall behind you.
- ✓ The room should be quiet so that you can hear the patient and resident clearly and they do not have any disruptions such as music, tv, dogs, children, etc.
- ✓ Appropriate dress is important – if you have a lab coat, badge, etc. it is important to wear it during the consult.
- ✓ Always leave the self view on so that you can see what you are portraying.
- ✓ Ensure privacy by not having others present in the room unless they are also participating in interaction. If there are others introduce them.

Telemedicine Presenters

- ✓ Register the patient at the presenting site.
- ✓ Begin the encounter in the EMR.
- ✓ Take vital signs.
- ✓ Facilitate signing of the telemedicine consent with the patient.
- ✓ Navigate telemedicine software connection and peripherals with patient.
- ✓ Facilitate the exam at the direction of the consulting provider.
- ✓ Activate safety protocol as appropriate.

TMH Telemedicine



Virtual Rounds



- Bedside Visits
- Discharge Planning
- Mid-Level Support

Rural Hospital Support



- Emergency Consults
- Second Opinions
- Transfer Consults
- Post-Surgical Consults

Transitions in Care

- Virtual Handoffs
- Inpatient Consults
- Chronic Disease Management



Post-Acute Facility Support



- **Post-Surgical Consults** – Rehabs, Skills Nursing Facilities, Swing Beds
- **Direct to Patient Consults** – On-call Assessment of Concerns

The Business of Telemedicine



Operational Considerations

1. HIPAA
2. Credentialing
3. Liability
4. Record-keeping
5. BAA/Agreements
6. Billing

Reimbursement

1. Medicare Medicaid Reimbursement: Medicare will reimburse for telemedicine visits at the same rate as a face to face for patients in rural communities. The presenting sites can also bill for a small fee.
2. Medicaid Reimbursement: State Medicaid and Medicaid Contractors will reimburse
3. Commercial Insurance
4. Direct to Consumer Private Pay
5. Cash contracts: ROI for investing in telemedicine services.

Florida Rules/Laws

1. Licensing: Physician must be licensed in that state where the patient is physically located. (If practicing at TMH, must be credentialed according to medical staff by-laws.)
2. A physician-patient relationship may be established via telemedicine.
3. Does not include phone calls, emails, etc.
4. Can prescribe via telemedicine, controlled substances only in treatment of psychiatric disorders and certain emergencies. Cannot recommend medical marijuana.
5. Board of Medicine Rule: telemedicine may be used but must be consistent with standard of care.
6. Telemedicine Legislation: HB 23 passed during 2019 Session.

CMS Telemedicine Providers

- **Permitted professional who may administer telehealth services** and receive payment for those covered services are:
- Physicians
- Physician assistants
- Nurse practitioners
- Nurse-midwives
- Clinical nurse specialists
- Clinical psychologists and clinical social workers
- Registered dietitians or nutrition professionals

CMS Telemedicine Coverage Area

- To qualify for Medicare coverage of telehealth services, one must be "presented from an originating site located in either a rural health professional shortage area or a **health professional shortage area** is defined in 42 U.S.C. § 254e as:
 - (A) an area in an urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area of the delivery of health services) which the Secretary determines has a health manpower shortage and which is not reasonably accessible to an adequately served area
 - (B) a population group which the Secretary determines has such a shortage,
 - (C) a public or nonprofit private medical facility or other public facility which the Secretary determines has such a shortage.

CMS Telemedicine Presenting Sites

- An **originating site** is defined by CMS as:
- The office of a physician or practitioner
- Hospital
- Critical access hospital
- Rural health clinic
- Federally qualified health center
- Hospital-based or CAH-based Renal Dialysis Centers
- Skilled nursing facilities
- Community mental health centers

Opportunities in Long Term Care



Bringing the Care to the Bedside

1. Medical Director/Midlevel Consults
2. Specialty Consults
3. Surgical Follow-Ups
4. Family Engagement
5. After Hours/Weekend Coverage
6. Transitional Care Consults

BENEFITS



Provider Benefits

1. Increased flexibility.
2. Increased productivity.
3. Increased efficiencies.
4. Increased quality of life.
5. Expanded patient base.
6. Additional revenue streams.



Payer Benefits

1. Reduced costs.
2. Increased patient compliance.
3. Increased patient satisfaction.



Patient Benefits

1. Increased access to care.
2. Decreased transportation costs.
3. Increased patient safety.
4. Continuity of care
5. Care collaboration
6. Right care, right time, right place



Post-Acute Facility Benefits

1. Reduced transportation costs.
2. Increased patient compliance.
3. Increase in nurse competencies.
4. Increase in care collaboration.



Live Demonstration

Questions??
Thank you!
