Telehealth in Maine: Overcoming Challenges, Enhancing Access and Impact

Maine Quality Counts Webinar
December 15, 2015
Today’s Agenda

- Brief Introduction to NETRC
- Brief Introduction to Benefits and Challenges
- MaineHealth - Telestroke
- Acadia Hospital – Telemental Health Services
- Maine Seacoast Mission – Primary Care
- Summary
- Q & A
Benefits of Telehealth

- Increased patient access to providers (travel)
- Timelier access to providers
- Improved continuity of care and case management
- Reduced use of institutional care
- Improved access to training and other educational services
- Cost savings in care delivery
- Reduction or prevention of complications, decreased readmissions
- Patient Satisfaction
Challenges for Telehealth

- Start-up costs and connection fees
- Need for training and workforce development
- Increase in staffing demand in some instances
- Provider (or patient) push-back
- Slow/confusing legal and regulatory landscape
Telehealth in Maine: MaineHealth’s Telestroke Program

Corey Fravert, MHPM, Director of Neurosciences, fravec@mmc.org

Tho Ngo, MPH, Program Manager, ngot@mainehealth.org
Maine Medical Center:
• Licensed for 637 beds
• Employing more than 6,000 people
• Provides a wide range of primary, specialty, and subspecialty care delivered through a network of more than 40 locations throughout greater Portland

Telesstroke:
• Jabber
• Live video
• Tandberg and Cisco
• MacBook Air
• iPhone for hotspot

• Barriers:
  • Audio, WiFi network and connectivity quality, training providers and nurses
  • People – limited # of providers; most failures are people related, not the technology
Telestroke Business Model

• Annual contract cost based on tiered fees for participating hospitals based on number of ED visits per year.
• Payment for neurology call coverage and response to activations.
• Special purpose fund – start-up
• No grants yet

Telestroke Implementation Approach:

• Provide emergent consults to physicians at Partner Hospital (ED and Inpatient) concerning patient with acute symptoms of stroke under consideration for tPA via the Telestroke Network.
  ➢ Partner Hospital  ☎️ REMIS  ☎️ Telestroke Neurologist - Partner Hospital video
• Epic – one platform for documentation
• IMPAX – all scans
• Regional collaboration and clinical partnerships among all Partner Hospitals and physicians.
• Continuous performance improvement and education that is inclusive of all participants.
Telestroke Outcomes

• Increased access

• Quality assurance monitoring through data feedback and clinical feedback from the Medical Director

• Increase use of tPA for ischemic stroke at Partner Hospitals (ex. Miles 4% in 2014 to 13% in 2015)
  
  ○ 48% of ischemic stroke patients receive tPA through the Telestroke Program

• 18 exceptions / 56 calls (audio, user errors, and WiFi network quality)

• Giving tPA safely – no hemorrhages
# Telestroke Program - Key Performance Indicators (KPIs) Scorecard 2015: Quarter 1-4 (Nov)

<table>
<thead>
<tr>
<th>Category</th>
<th>KPIs</th>
<th>Goal</th>
<th>Total</th>
<th>Q1 Feb-Mar</th>
<th>Q2 Apr-Jun</th>
<th>Q3 July-Sept</th>
<th>Q4 Oct-Dec</th>
<th>Remarks</th>
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<tr>
<td>Overview</td>
<td>Total Activation (call to telestroke network via REMIS)</td>
<td>53</td>
<td>5</td>
<td>11</td>
<td>23</td>
<td>14</td>
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<td></td>
<td>Total Videoconference Consult</td>
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<td>4</td>
<td>7</td>
<td>15</td>
<td>6</td>
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<td></td>
<td>Total tPA</td>
<td>13</td>
<td>0</td>
<td>3</td>
<td>7</td>
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<td>Total Endovascular Treatment</td>
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<td>0</td>
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<td></td>
<td>Total Transfers</td>
<td>19</td>
<td>2</td>
<td>2</td>
<td>11</td>
<td>4</td>
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<td>Operations</td>
<td>Door-to-Activation (avg)</td>
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<td>34 min</td>
<td>37 min</td>
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<td></td>
<td>Activation-to-Call Back (avg)</td>
<td>5 min</td>
<td>4 min</td>
<td>11 mins</td>
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<td></td>
<td>Activation-to-Video Initiated (avg)</td>
<td>20 min</td>
<td>14 min</td>
<td>20 min</td>
<td>12 min</td>
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<tr>
<td>Quality</td>
<td>NIHSS Documented</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td></td>
<td>Mortality Before Discharge</td>
<td>25%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>7%</td>
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<tr>
<td></td>
<td>Door- to - CT Completed (avg)</td>
<td>25 min</td>
<td>18 min</td>
<td>20 min</td>
<td>25 min</td>
<td>15 min</td>
<td>19 min</td>
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<tr>
<td></td>
<td>Door - to - Needle (avg)</td>
<td>60 min</td>
<td>63 min</td>
<td>no tPA</td>
<td>73 min</td>
<td>50 min</td>
<td>77 min</td>
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<td>Symptom Onset-to-ED (avg)</td>
<td>1 hr 56 min</td>
<td>1 hr 43 min</td>
<td>3 hr 58 min</td>
<td>1 hr 11 min</td>
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<td>Symptom Onset-to-Needle (avg)</td>
<td>2 hr 29 min</td>
<td>no tPA</td>
<td>3 hr 15 min</td>
<td>1 hr 45 min</td>
<td>3 hr 10 min</td>
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<td>tPA Administration Rate: total tPA /total ischemic vol</td>
<td>48%</td>
<td>0%</td>
<td>50%</td>
<td>70%</td>
<td>43%</td>
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<td></td>
<td>Rate of Symptomatic Intracranial Hemorrhage</td>
<td>0%</td>
<td>NA</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<td>Patient Feedback</td>
<td>will implement in Dec 2016</td>
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**LEGEND:**
- Needs Attention
- Meets Goal

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**MaineHealth**

Updated: 12/01
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<th>Measure</th>
<th>Goal</th>
<th>MaineGeneral</th>
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<td>Total Video Consult</td>
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<td>5</td>
<td>8</td>
<td>9</td>
<td>32</td>
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<td>Total tPA</td>
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<td>Door-to-Activation (avg)</td>
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<td>38 min</td>
<td>40 min</td>
<td>28 min</td>
<td>34 min</td>
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<td>Responsible parties: ED team</td>
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<td>Responsible parties: Telestroke providers</td>
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<td>Door-to-Needle (avg)</td>
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<td>75 min</td>
<td>57 min</td>
<td>62 min</td>
<td>63 min</td>
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<td>Responsible parties: ED team and Telestroke providers</td>
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**LEGEND:**
- Needs Attention
- Meets Goal
- Inpatient Stroke

**Update Date:** Updated 12/01
Telehealth in Maine: Acadia Hospital’s Telemental Health Services

Scott Oxley, soxley@emhs.org
Vice-President and Chief Operating Officer

Rick Redmond, rredmond@emhs.org
Director of Planning and Business Development
Telemental Health Services

- Rural E.D.’s
- Inpatient Medical Hospital (Pilot)
- PCP/Specialty Practices
- Residential Care Facilities
- County Jail
- Private Settings
  - Tele-Court
  - Inpatients and Outpatients at Acadia
Technology

A Continuum of Secure Platforms:
• Mobile Units
• Video Software
• Conferencing Software
Telemental Health Implementation

• Service Model
  – Extending Existing Services
  – Quality

• Business Model
  – Value Proposition
  – Sustainability
  – Infrastructure Investment
Looking Ahead

• Opportunities
  – Lower Cost Options
  – Improved Connection Quality
  – Mainecare Telehealth Revisions

• Challenges
  – Regulatory Barriers
  – Broadband in Maine
  – Extra Processes
Maine Seacoast Mission

Presented on behalf of Sharon Daley, RN
Director of Island Health Services

sdaley@seacoastmission.org
Primary Care by Boat

Background

- 110 years old with history of spiritual and medical care provided by nurses visiting the islands
- Telemedicine started 14 years ago to four islands visited by Sunbeam
- Going off island for a medical appointment can be a 2-3 day trip. Cost of ferry or plane plus hotel room and missing work makes it difficult

Program Description/Setup:

- Program started to offer access to medical care for the islands where there was none
- Meetings were held on each island to determine interest and choose providers who had interest and connection to that island
- Room on 74 foot Sunbeam made into a medical office with Polycom. Connection was ISDN and now NETC. Equipment includes: AMD Otoscope, stethoscope and Gen camera
- Primary Care provided on 5 islands, 3 by Sunbeam and two land-based units operated by trained medical assistants
Docked – low tide
Primary Care by Boat
Primary Care by Boat
Primary Care by Boat

Business Model/Sustainability
• The Mission does not charge for services: Providers bill for their services
  Also relies on endowment, grants and donations

Outcomes:
• Increased medical care and health to island residents both primary care and
  behavioral health; presentations on topics such as smoking cessation, nutrition
  and addiction
• Having providers to work with on each island allows nurse (Sharon) to offer
  other services: flu clinic, screening clinics, lab draws, prenatal checks, education

Challenges:
• Scheduling with several islands and providers – tides and weather
• Challenging to get hospital IT folks interested in small program
• Small population means difficulty with: measuring outcomes, getting grants
Primary Care by Boat

Business Model/Sustainability
• The Mission does not charge for services: Providers bill for their services. Also relies on endowment, grants and donations.

Outcomes:
• Increased medical care and behavioral health; presentations on topics such as smoking cessation, nutrition and addiction.
• Having providers to work with on each island allows nurse (Sharon) to offer other services: flu clinic, screening clinics, lab draws, prenatal checks, education.

Challenges:
• Scheduling with several islands and providers.
• Tides and weather.
• Challenging to get hospital IT folks interested in small program.
• Small population means difficulty with: measuring outcomes, getting grants.

Lessons Learned:
• MUST have dedicated providers and office staff for this to work, particularly with scheduling.
• Islanders are very open to technology; more of a learning curve for providers.
• Islanders’ comfort level with boat and nurse has made it easier for people to ask for counseling etc.
Challenges/Lessons Learned

• **Start small** with an evaluation model to develop/familiarize with equipment and flow

• Develop a **community partnership model** with like-minded organizations

• **Reach out** to folks who have already done this!

• Focus time, effort and $ on **program development and a sustainable business model** – technology is the easy part!
Strategies for Sustainability

- **Lead advocacy efforts** within local health system for contract negotiation with private payers
- **Incorporate monitoring reimbursement** in payment system for private and state payers
- **Develop business plan** for private pay options
- **Integrate** health system protocols and practice guides in telehealth practice
- Develop and diligently **monitor resource utilization**
- Advocate for **uniform platform across providers**
- Identify system opportunities for **grant awards**
Special Note about MaineCare

• Proposed rule for telehealth services released November 10, comments due December 17!

• Major components include:
  1. **Removes the prior approval** process for use of telehealth;
  2. Allows telehealth for **all medically necessary services** that can be delivered remotely at comparable quality;
  3. Provides for an “**originating site fee**” to be paid to the site housing the patient, while the remote, or provider site, bills for the services rendered;
  4. Provides for visual/audio, or, if video/audio is not available, the provision of telephonic services;
  5. Requires providers to use secure, HIPAA compliant equipment; and;
  6. Requires member choice, written informed consent, and member education.

Resources

- Northeast Telehealth Resource Center
  www.netrc.org
- National Telehealth Resource Centers
  www.telehealthresourcecenters.org
- Center for Connected Health Policy
  www.cchpca.org
- Telehealth Technology Assessment Center
  www.telehealthtechnology.org
- American Telemedicine Association
  www.americantelemed.org
- Center for Telehealth & e-Health Law
  www.ctel.org
- And many great regional programs willing to share!
# Contact Us

## MaineHealth

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
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<tr>
<td>Corey Fravert, MHPM</td>
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<td><a href="mailto:fravec@mmc.org">fravec@mmc.org</a></td>
</tr>
<tr>
<td>Tho Ngo, MPH</td>
<td>Program Manager, Telestroke</td>
<td><a href="mailto:ngot@mainehealth.org">ngot@mainehealth.org</a></td>
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## Acadia Hospital

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<td>Rick Redmond</td>
<td>LCSW, Director of Business Development</td>
<td><a href="mailto:rredmond@emhs.org">rredmond@emhs.org</a></td>
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## NETRC

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<tr>
<td>Danielle Louder</td>
<td>Program Director</td>
<td><a href="mailto:dlouder@mcdph.org">dlouder@mcdph.org</a></td>
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<tr>
<td>Andrew Solomon</td>
<td>Project Manager</td>
<td><a href="mailto:asolomon@mcdph.org">asolomon@mcdph.org</a></td>
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Questions?