

Telehealth and specialty access



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Newer Technologies and Strategies in Telehealth

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Why Telehealth Helps

- Access to specialist care and specialist willingness to see safety net is limited by availability, reimbursement cuts and high no show rates
- Remote locations are further hampered by travel time and gas expense

Live Video Telehealth

- Medical consultations
- Patient education
- Doctor to doctor discussions
- Continuing medical education and core training

ODCHC Telehealth Program



Why Create a Specialty Center? Retaining Local Resources

Millions of Healthcare Dollars

Healthcare dollars being exported

Small retention of healthcare dollars,
big economic consequences

Retention of local dollars rather than
attracting new dollars

Recruiting Specialists

- ✓ Per diem employees, not actually independent contractors
- ✓ Insured by wraparound malpractice insurance policy
- ✓ Clinic absorbs overhead, including no-shows

FQHC Rules

- Clinic contracts with the specialist as an individual, not with their office or corporation, and payment goes directly to the specialist, if clinic has to provide malpractice coverage (best for local individual specialists)

Specialty Care Considerations

- HUB: Prioritizing referrals
- SPOKE: Dealing with pre- and post-visit costs to patient

Current Costs of Telehealth

- **At least .5 FTE** telemedicine coordinator
- **Conferencing equipment:** 25k purchase
- **Monthly costs:** Depends on your existing location and non profit status. From \$300/mo for a T1, to \$10,000/mo+ for a “big pipe” (45-100+ MBPS). USAC can reduce non profit costs by 80-90%
- **CTN** (CA Telemed Network) is here, which should provide a secure low-cost, high-speed backbone

Reimbursement Models

- Third-party payer reimburses the FQHC specialist site directly at their PPS rate (our model)
- Patient site can also bill for “medically necessary encounter” same day
- FQHC clinic contracts with remote specialist by the hour or flat fee, and bills third-party payer at PPS rate

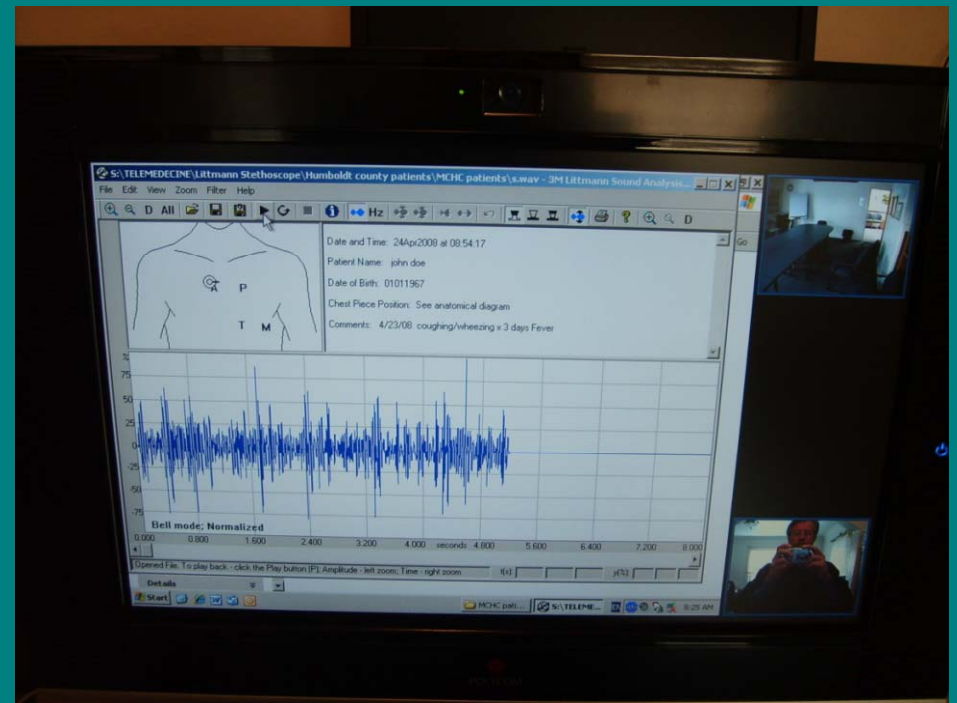
If You Build It, They Will Come

- ODCHC Telemed usage up by **300%** in 4 years
- Shasta CHC program has doubled in 12 months

HARDWARE AND SOFTWARE

- A BRIEF REVIEW OF VIDEOCONFERENCING AND TELEMEDICINE EQUIPMENT

Hi-Def Desktop Provider Station





T-ADMIN-1176A

EDC
1400 Santa Di Estrella CA 95050
408.738.5800 FAX 408.738.5810
TVSC
1400 Santa Di Estrella CA 95050
408.408.1844 FAX 408.408.1844

POLYCOM
TVSC ROOM 5

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Mobile Wireless TM Cart

- High definition
- Smaller footprint
- Flexible

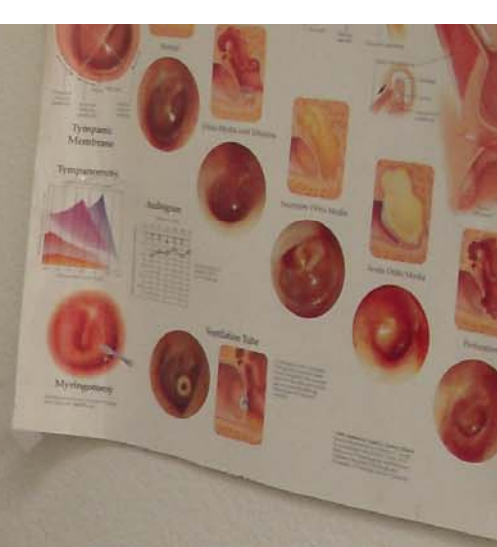
Web
Camera →

HiDef monitor

Remote
control →

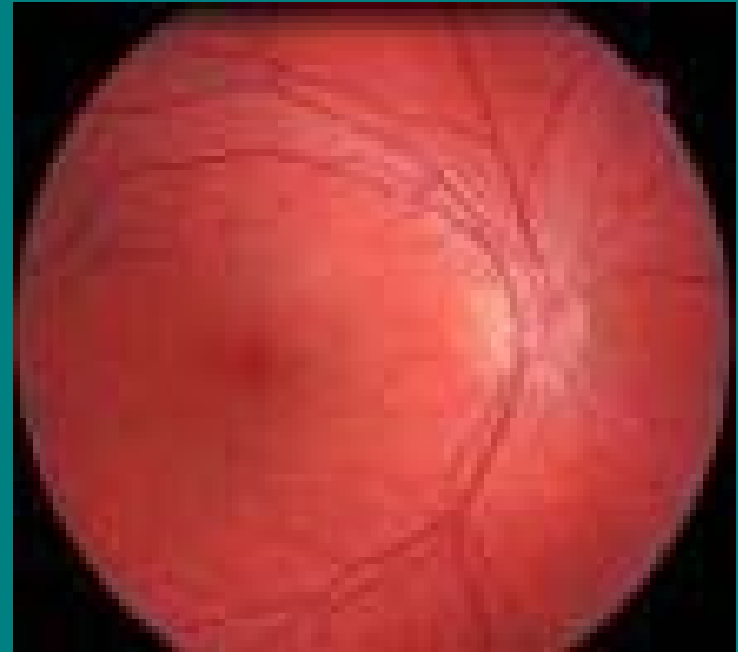
3M Littmann® Electronic Stethoscope
Model 3210 With Ambient Noise Reduction
2 Year Warranty

Littmann



Retinal Cameras: 15-20K
Grants available, some with
usage quota requirements





“Store and Forward” Uses

- Retinal screening for diabetic retinopathy detection
- Your employed specialist reads the scans
- An outside specialist reads

Specialties Available at TVSC

- Diabetes Education / Management
- Behavioral Health / Counseling (LCSW or Psych.D. provider)
- Ophthalmology (Retinal Scan reading)
- Pulmonology
- Behavioral Health and other Pediatrics
- Orthopedics
- HIV / Hepatitis C Treatment
- Cardiology
- Psychiatry

Future Just Around the Corner

Technology in every office

The virtual home visit

Constant online monitoring

Migration into our homes

Virtual home health

Internet support groups

Why not **LEAD** rather than follow

Why not **NOW** rather than later

Progress



Can you see the future?

Take a Closer Look!

