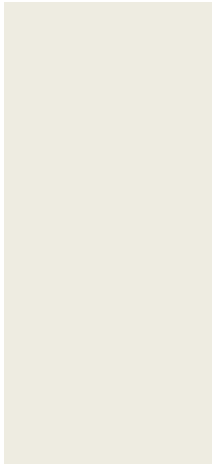


Trial by Tundra

Best Practices in Telehealth



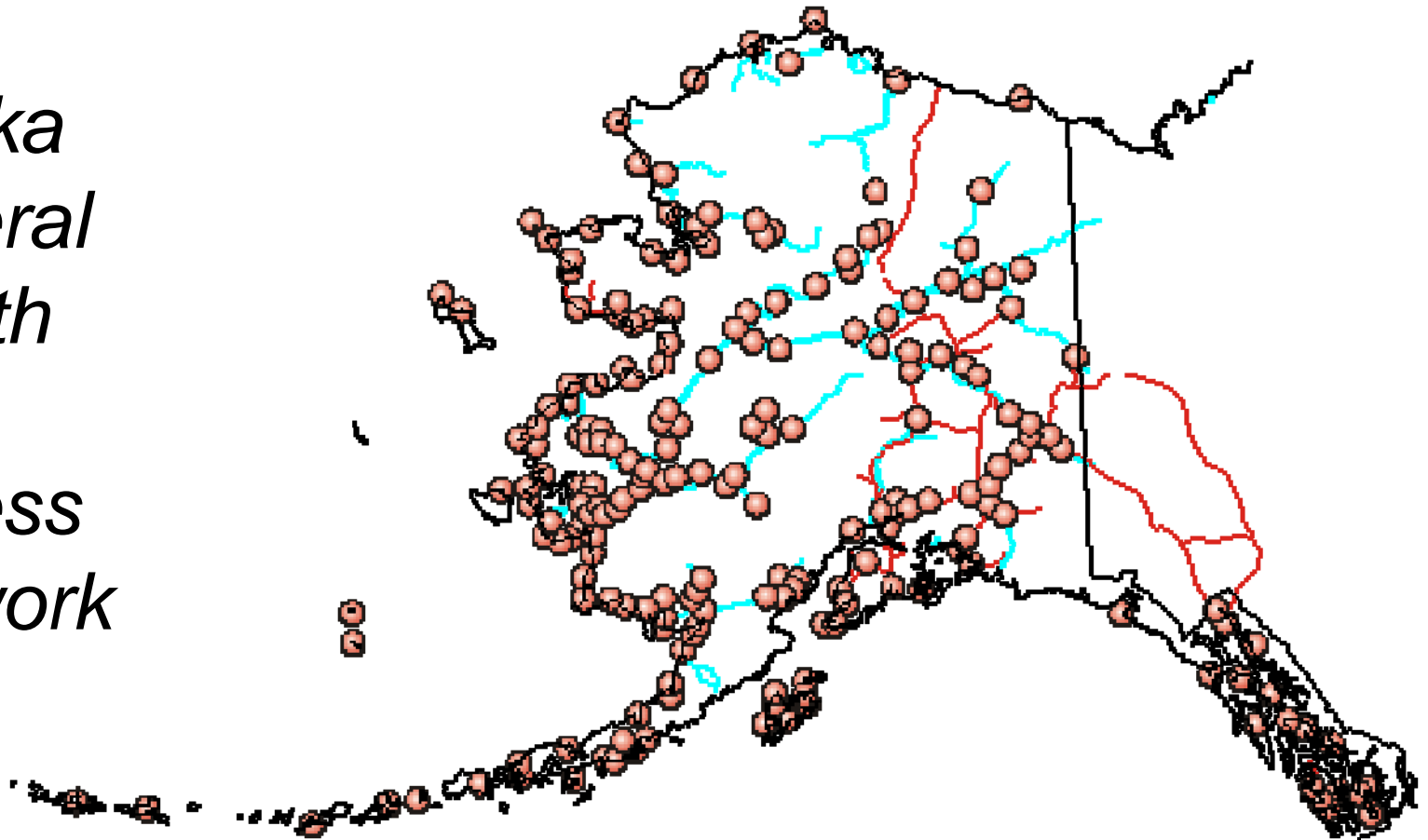
**Alaska Native
Tribal Health Consortium**

Stewart Ferguson, PhD
Chief Information Officer (CIO)
Alaska Native Tribal Health Consortium

AFHCAN MISSION

To improve access to health care for federal beneficiaries in Alaska through sustainable telehealth systems

Alaska
Federal
Health
Care
Access
Network



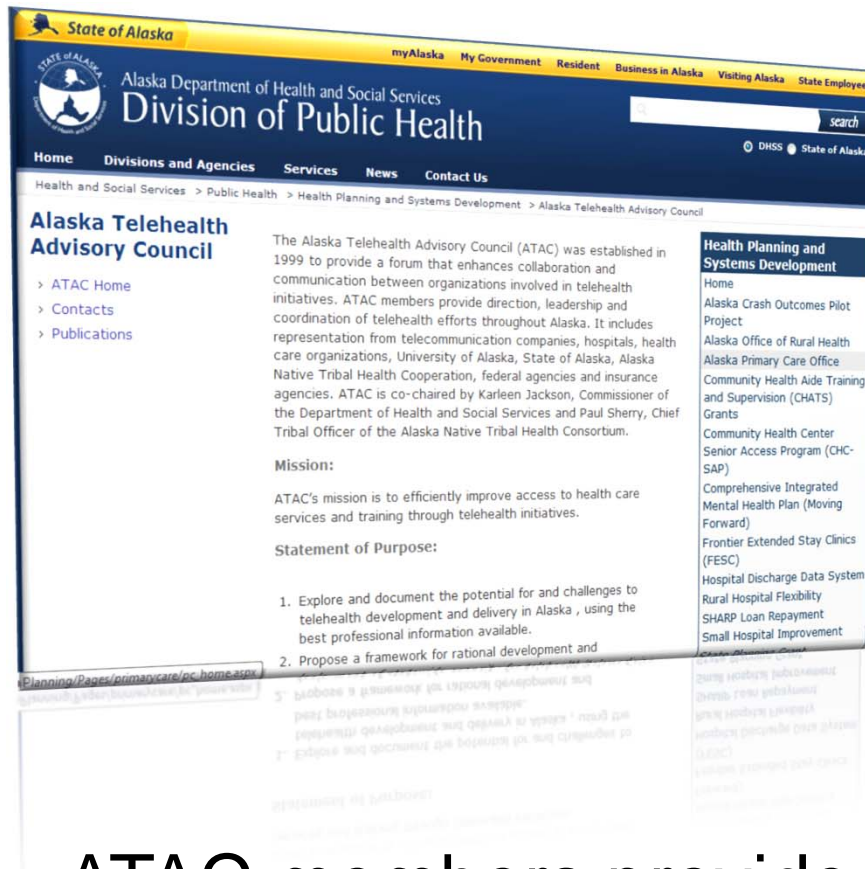


A formal, voluntary, inter-agency relationship between the DoD, DoT, IHS and VA working together by the sharing of each other's resources, talents, and experience to improve patient care throughout the state of Alaska

Alaska Federal Health Care Partnership

- Veterans Affairs
- DoD (Army & Air Force)
- DoT - (USCG)
- Indian Health Service (IHS):
 - Alaska Native Tribal Healthcare Consortium (ANTHC)





The Alaska Telehealth Advisory Council (ATAC) was established in 1999 to provide a forum that enhances collaboration and communication between organizations involved in telehealth initiatives.

ATAC members provide direction, leadership and coordination of telehealth efforts throughout Alaska.

<http://www.hss.state.ak.us/dph/Healthplanning/telehealth/atac/default.htm>



Alaska Tribal Health System

Medical Care Service Levels

- Alaska Native Medical Center tertiary care
 - Referrals to private medical providers and other states for complex care
- 6 regional hospitals
- 4 multi-physician health centers
- 25 subregional mid-level care centers
- 180 small community primary care centers



Village-Based Medical Services



Average Alaska village
→ 350 Residents

- 180 Small Village Health Centers
 - 550 Community Health Aides/Practitioners
 - 125 Behavioral Health Aides
 - 20 Dental Health Aides/12 Therapists
 - 100 Home health/personal care attendants



AFHCAN - by the numbers ...

Since 2001

2013

199,562 Cases created **36,229**

82,274 Patients served **22,982**

3,953 Providers involved **1,686**

2,335 Providers creating **914**

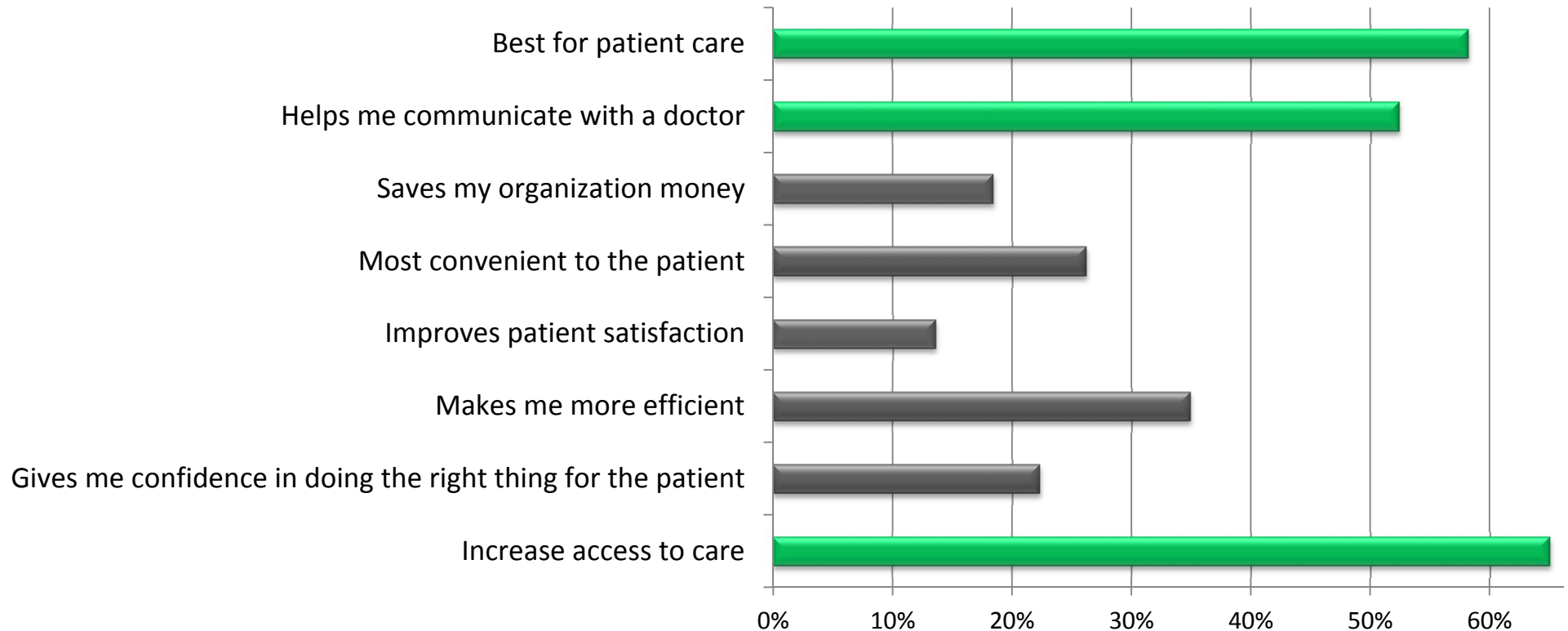




WHY DO IT?



Why do you do Telemedicine?



↑ Best for patient care

↑ Increased access for care

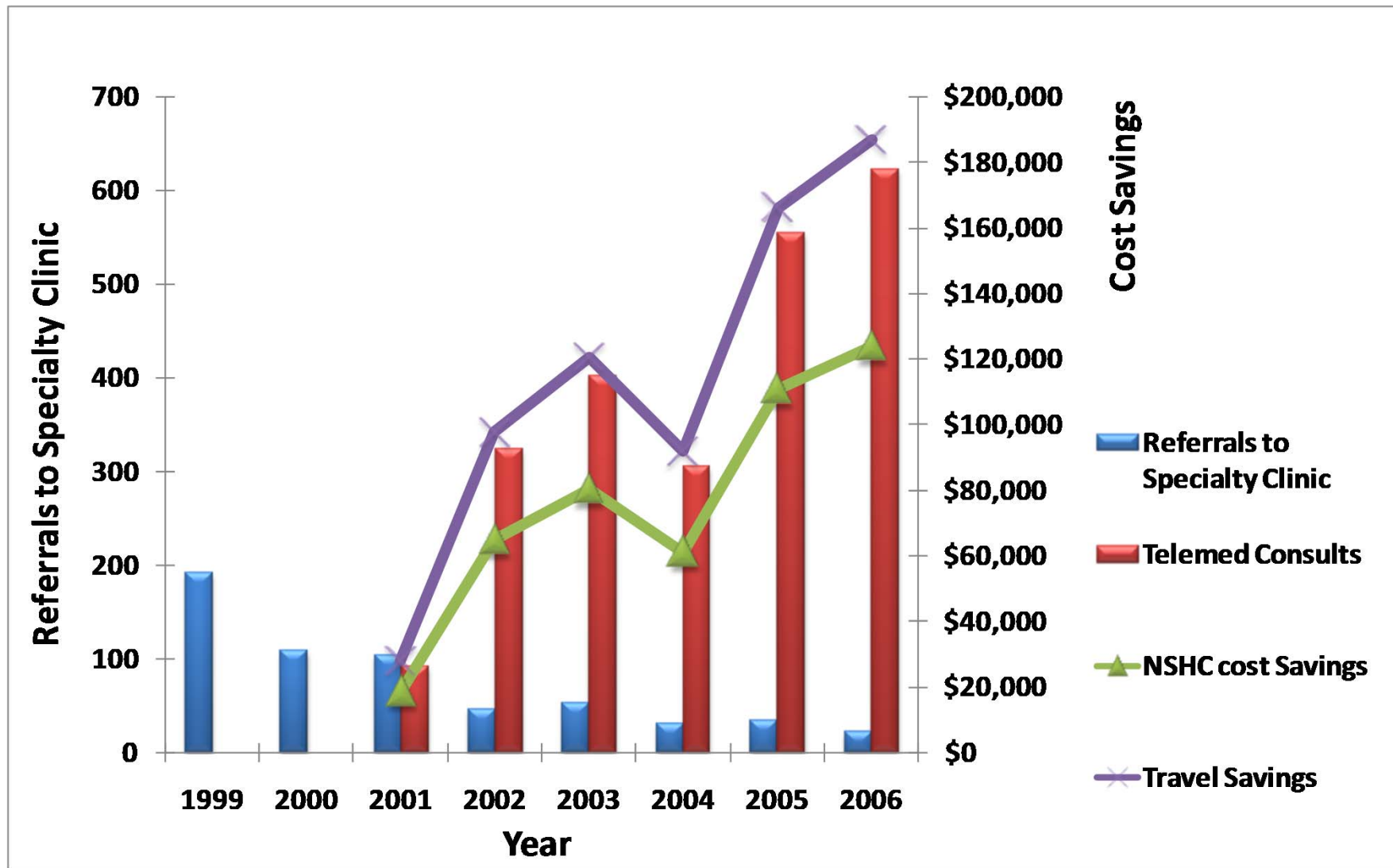




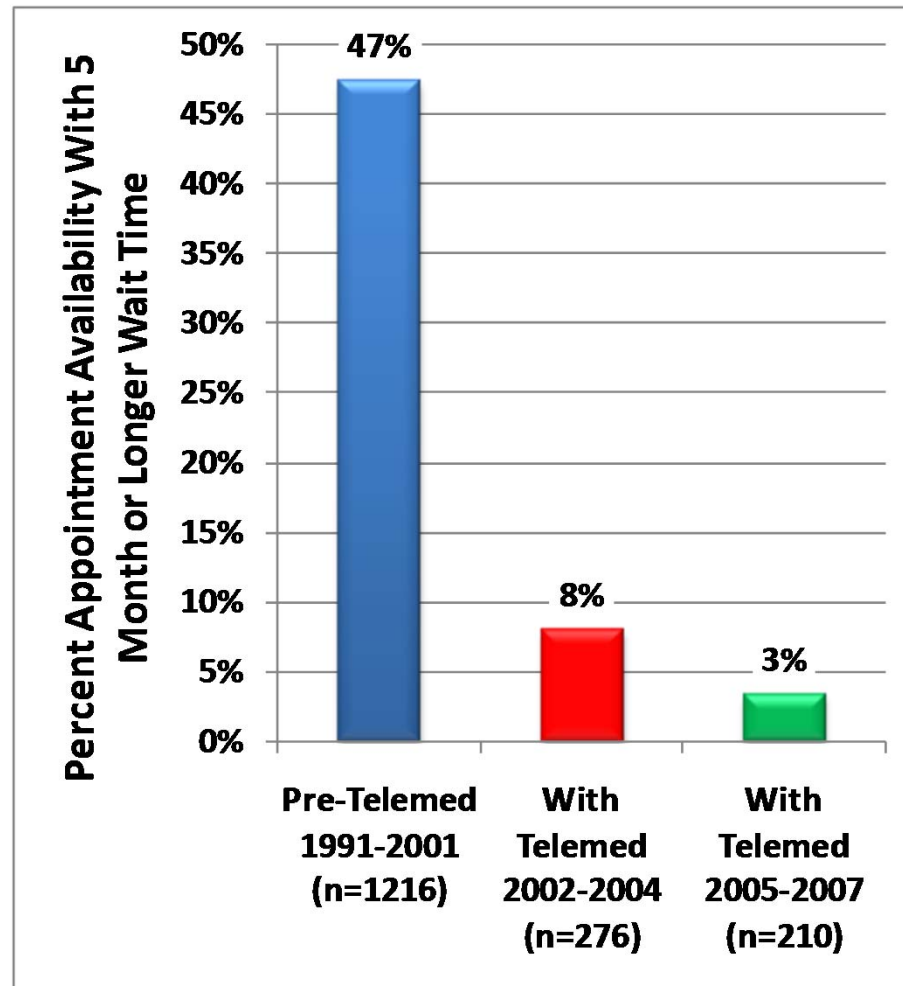
INCREASE ACCESS TO CARE BEST FOR PATIENT CARE



Access

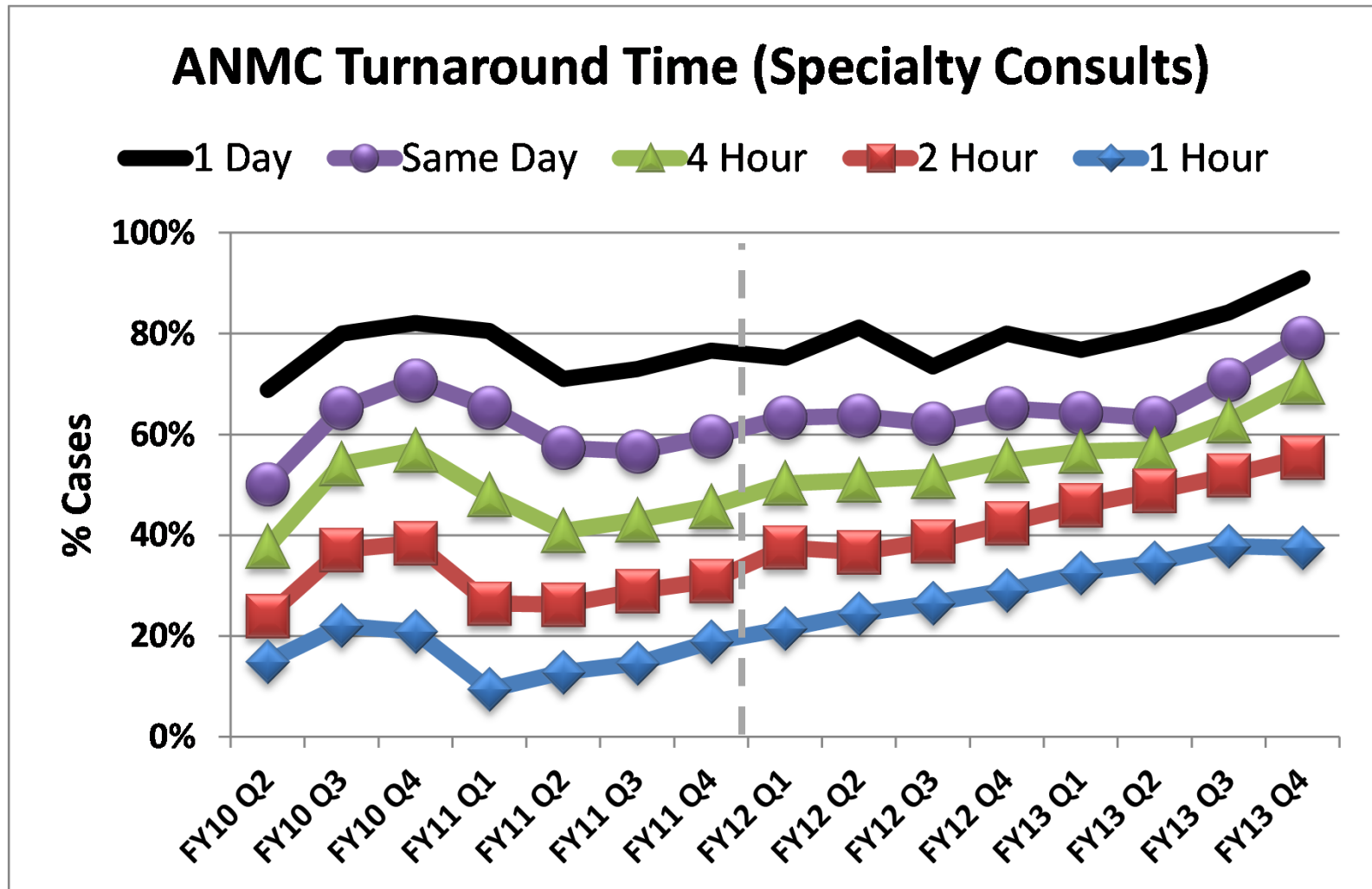


Telehealth Impact on Extended Waiting Times (> 4 months)



Data courtesy of Phil Hofstetter



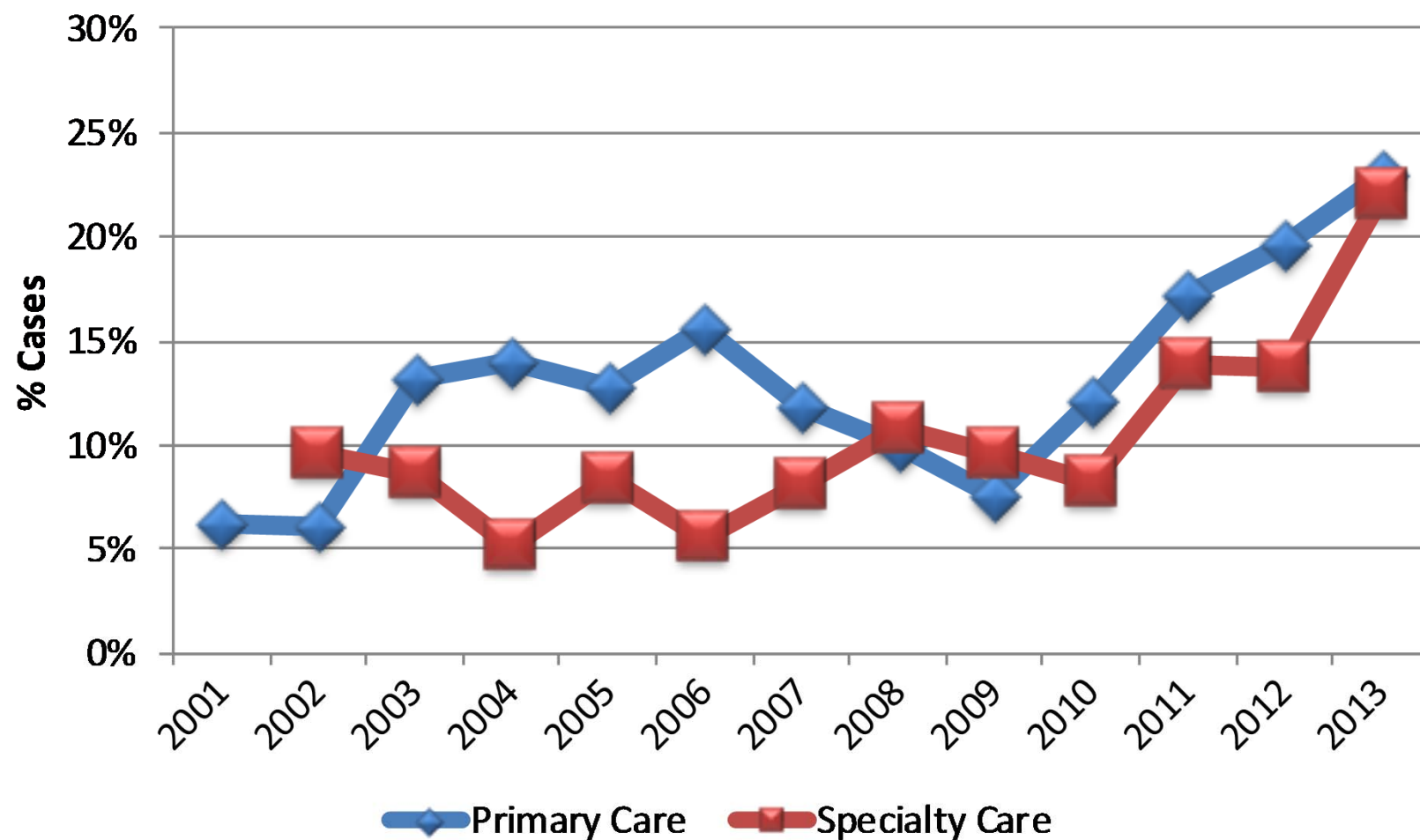


n = 11,540

43% of highly experienced users (that create telehealth cases) rated “Speed of Response” as “Extremely Important”.



Travel CAUSED (by Case Role)

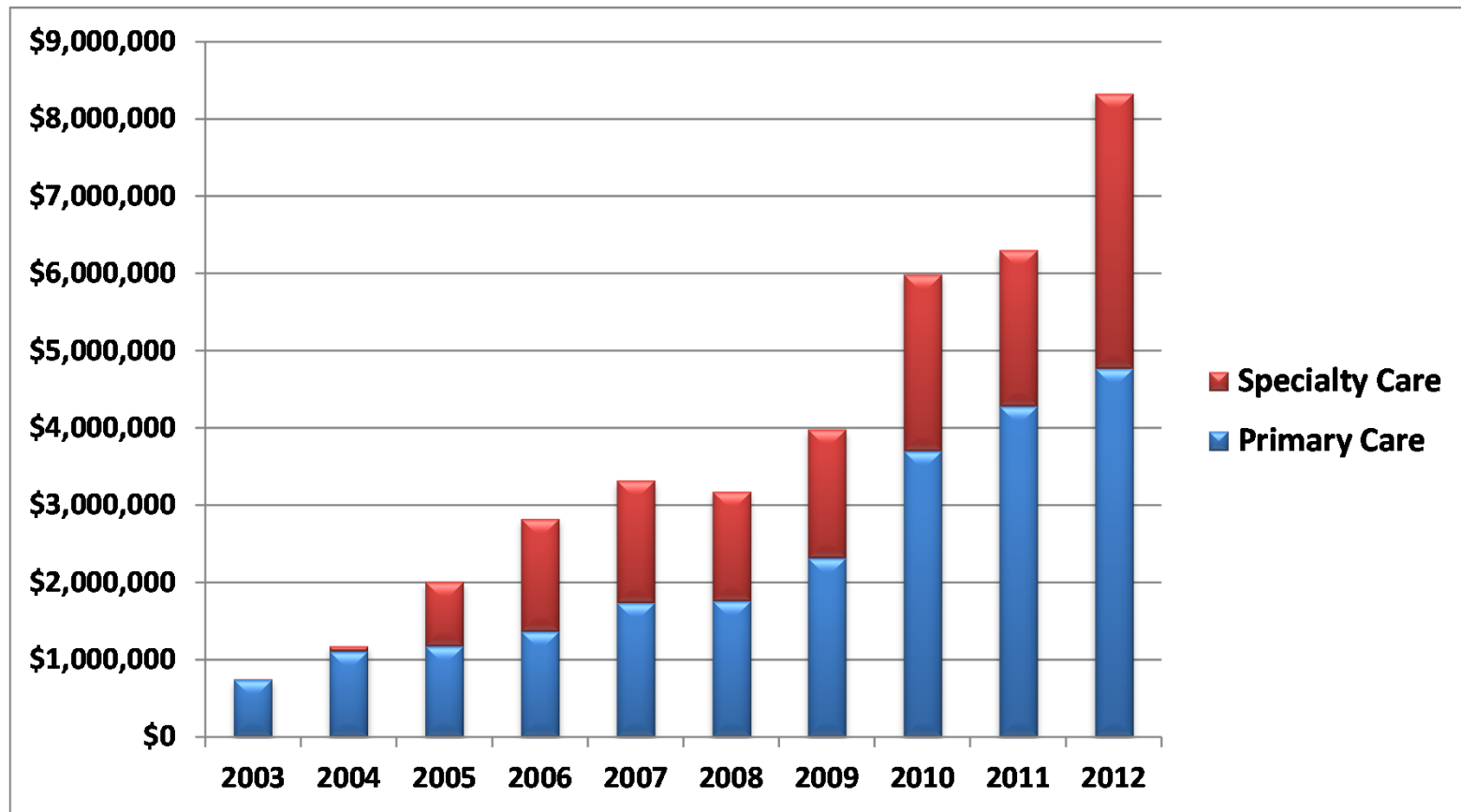




REDUCING COSTS



Estimated Travel Savings from Telehealth for **ALL** Patients



Estimated annual savings from telehealth for all patients amounts to about \$8.3m with a total savings of \$37.8m since 2003.



Telehomecare Overview



Clinician Health Coaching:

Teaching the Patient how to self-manage & meet their goals



Efficient MRP Engagement:

Clinician provides regular updates, consults as required



Patient Empowerment:

At home; Sets Personal Goals; Submits vitals/ health responses



Remote Patient Monitoring:

Weekday feeds & Alerts



Simple Technology in Home:

Tablet, BP Cuff, Scale & Pulse oximeter

How do we know it works?

2007 Phase One Pilot Program

- 8 Family Health Teams (urban and rural)
- 813 patients with COPD and CHF
- Patients were enrolled for four months on average
- Focus on patient self-management: “what matters to you?”
- External third party evaluation (Price Waterhouse*)



Program Outcomes

- 64 – 66 % decrease in hospital admissions
- 72 – 74% reduction in emergency department visits
- 33% decrease in number of primary care physician visits
- 95 – 97% reduction in walk-in clinic visits
- High levels of patient and provider satisfaction
- Best practices were developed

A summary of the evidence from other jurisdictions

QUANTIFIED

benefits



- Reduces first hospitalizations and hospital re-admissions
- Saves \$20,000/patient diverted from hospital
- Reduces emergency department visits
- Saves \$1,557 (CHF, COPD) - \$8,660 (CHF) per patient/year
- Saves \$940 (diabetes) per patient/year
- Reduces health care resource utilization across 6 conditions

DESCRIBED

benefits



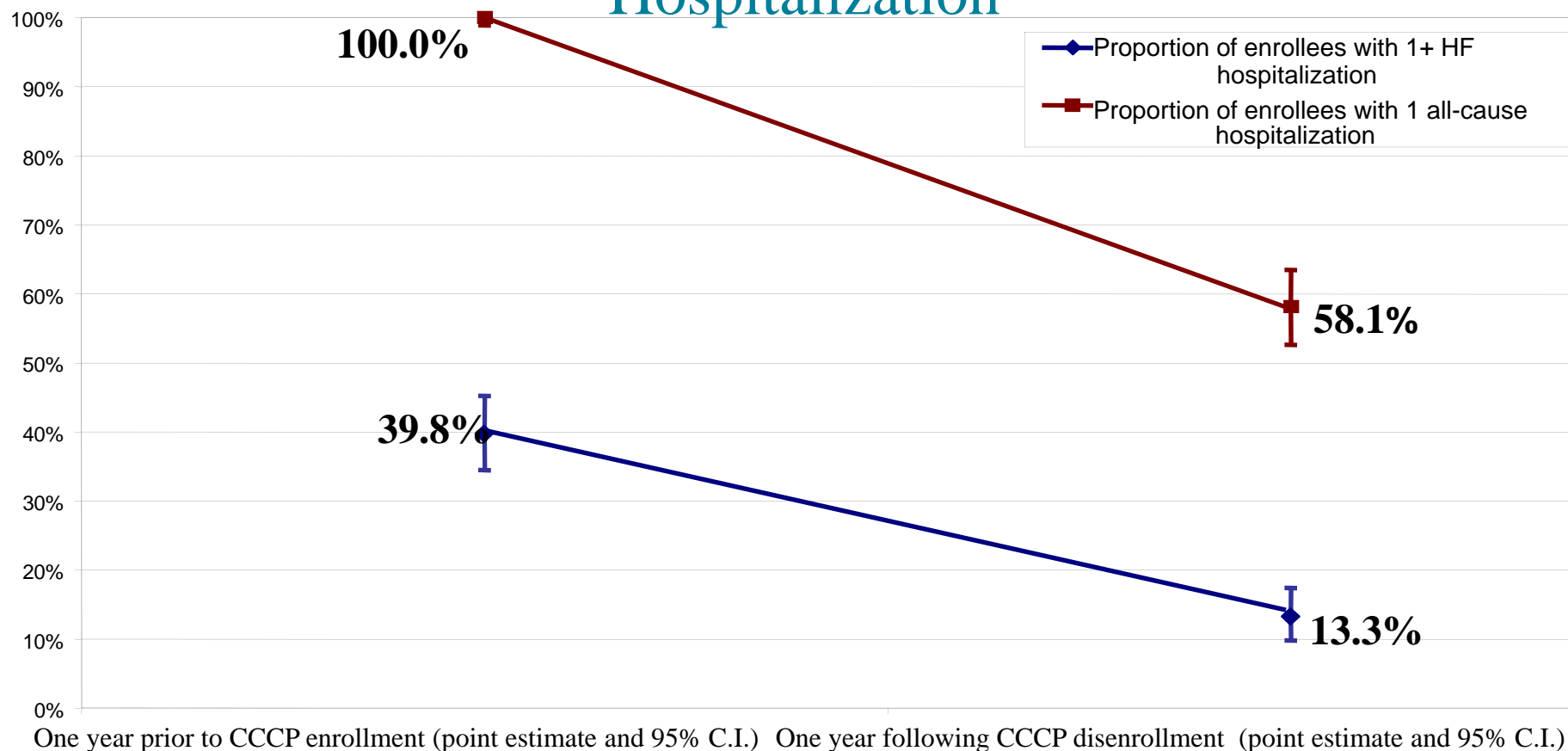
- High patient satisfaction
- More effective and confident self-care
- Improves quality of life for carers
- Less travel and disruption for routine check-ups
- Retains patient's dignity
- Increases degree of independent living

CAVEATS

- Not all evidence has been compelling; success depends on selecting the right chronic disease patients and right intervention
- Not yet proven that all the evaluation outcomes are fully generalizable beyond the short-term projects

Sources: Canada Health Infoway 2013 | Pare G et al. Home telemonitoring for chronic disease management: an economic assessment (2012) | Commonwealth Fund. Scaling telehealth programs: lessons from early adopters (2013) | Darkins A et al. Care coordination home telehealth (2008) | OTN Phase One Pilot Project 2009 | http://3millionlives.co.uk/about-telehealth-and-telecare#ccg_potential_savings_featured_at_nhs_innovations_expo | <http://beat.ottawaheart.ca/2011/02/18/innovative-home-monitoring-initiative-reaches-1000-patient-milestone/#sthash.tws5MYkS.dpuf> | <http://www.cdnhomecare.ca/media.php?mid=1683>

Proportion of CCCP enrollees with one or more Hospitalization



Data Includes 332 CCCP enrollments among 301 unique patients discharged from the CCCP program prior to July 1, 2009. Results are similar within more recent cohorts of enrollees discharged from the program prior October 1, 2009 and prior to January 1, 2010.

Find
your
strength.

Member of Partners HealthCare, founded by Brigham and Women's Hospital and Massachusetts General Hospital

PARTNERS
HEALTHCARE

AT HOME

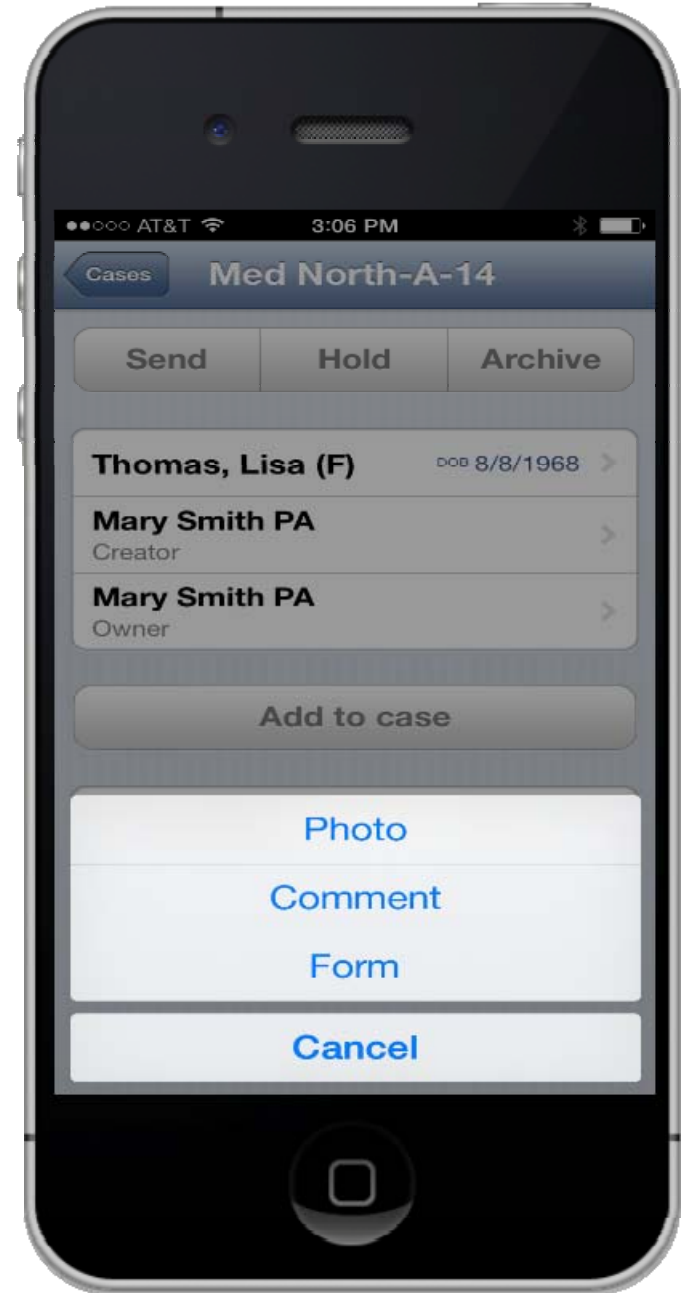
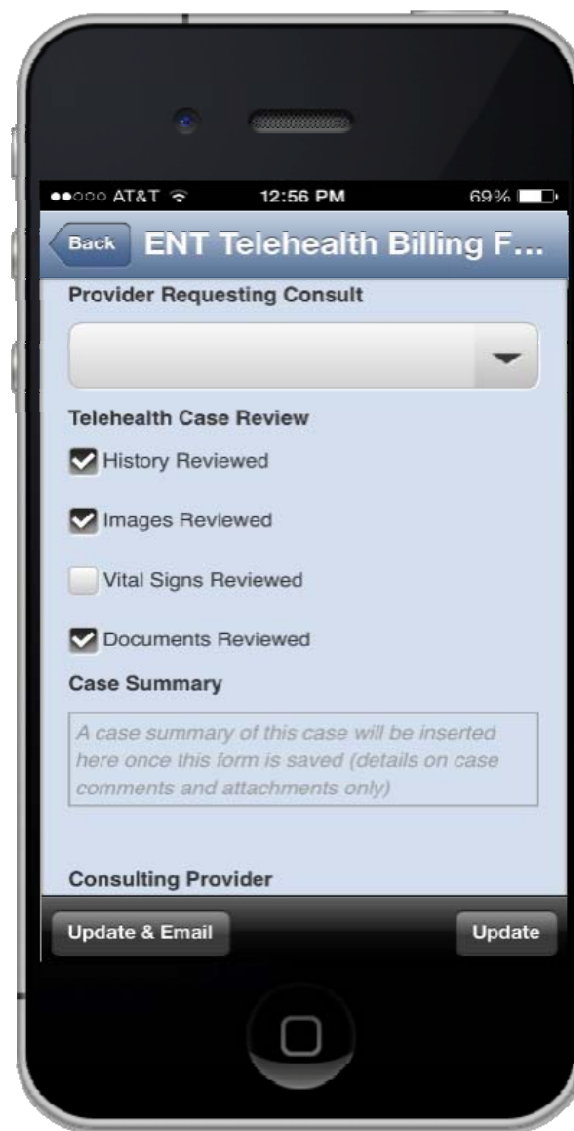
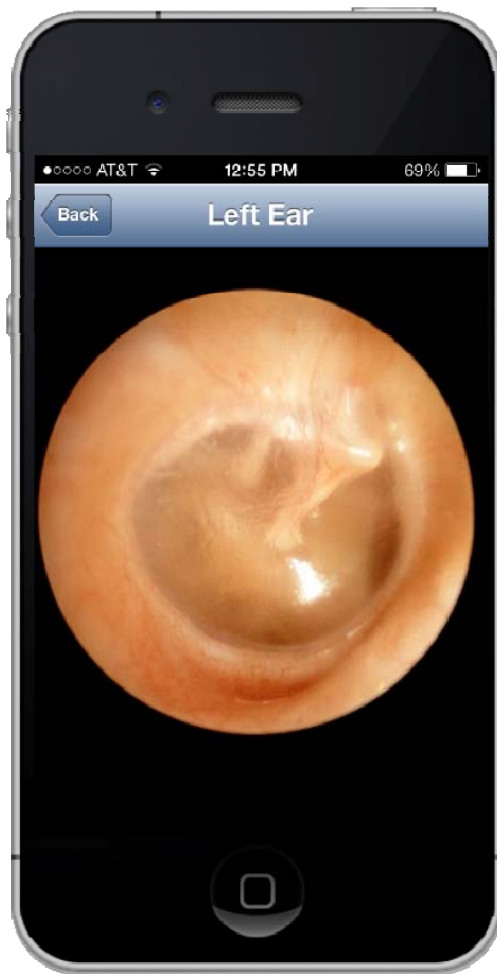
*Telemedicine is one **STRATEGY** to*
improve access, quality
& performance
and to manage
costs & risk





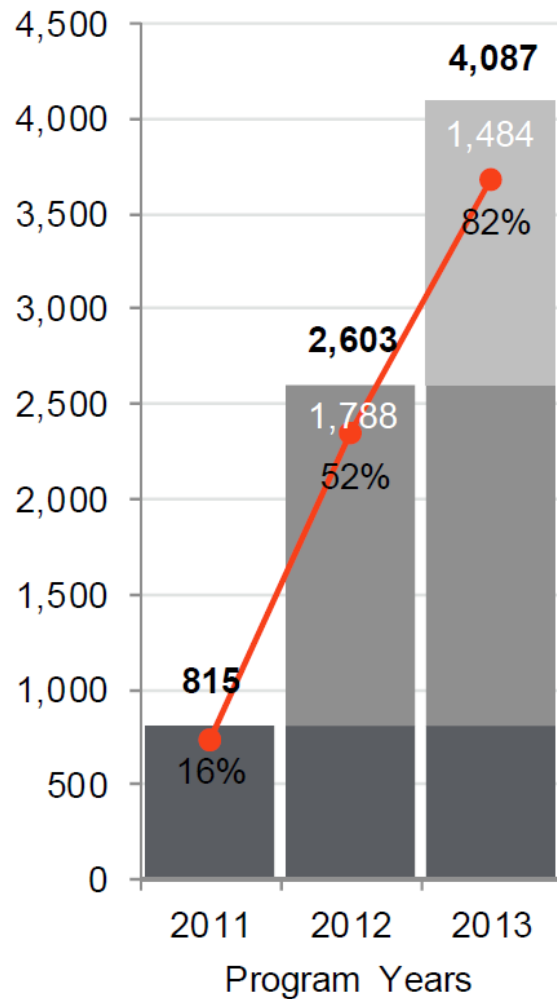
WHERE ARE WE HEADED?





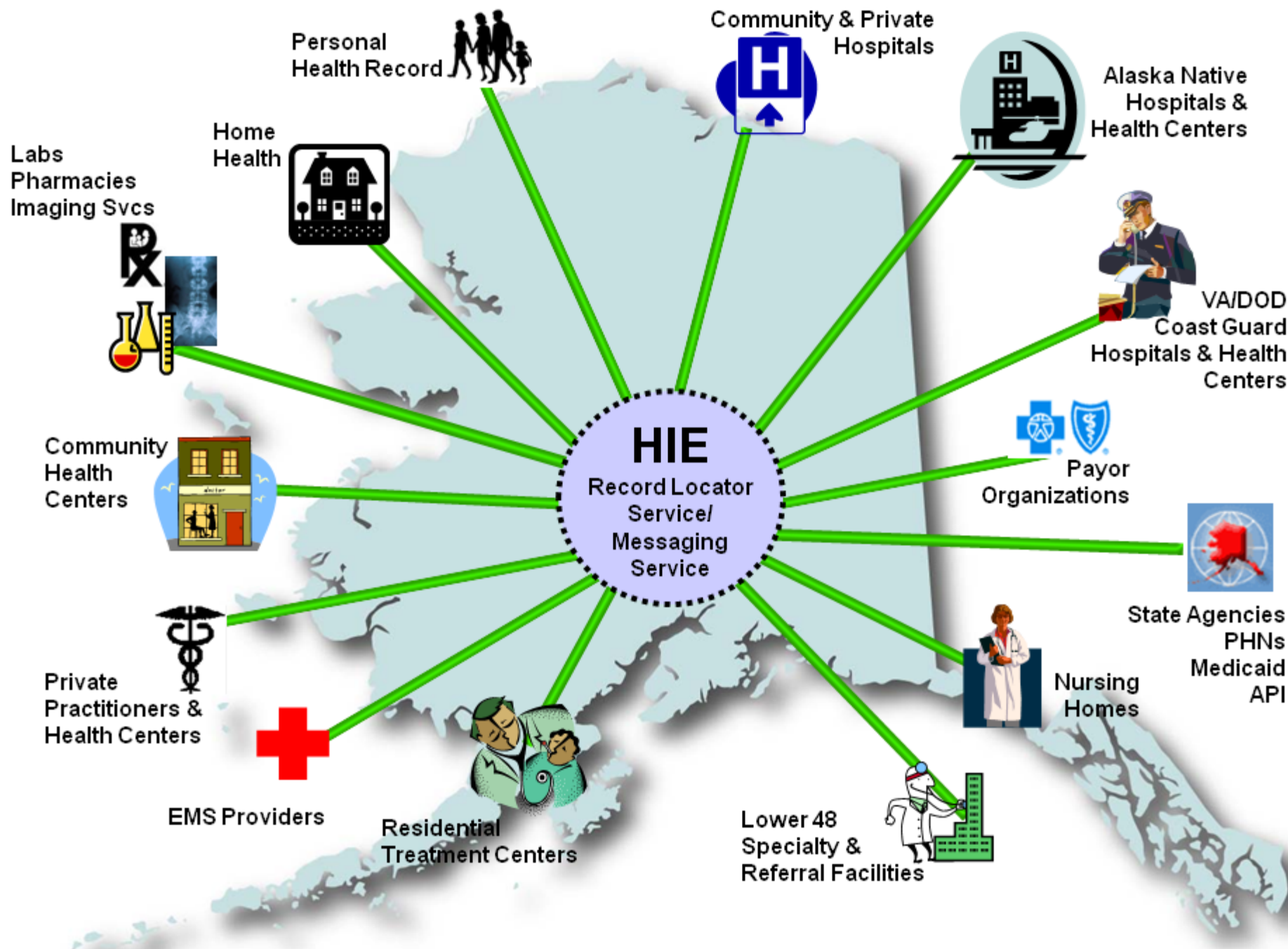
24/7 “On the Go” Telehealth

Meaningful Use Technology

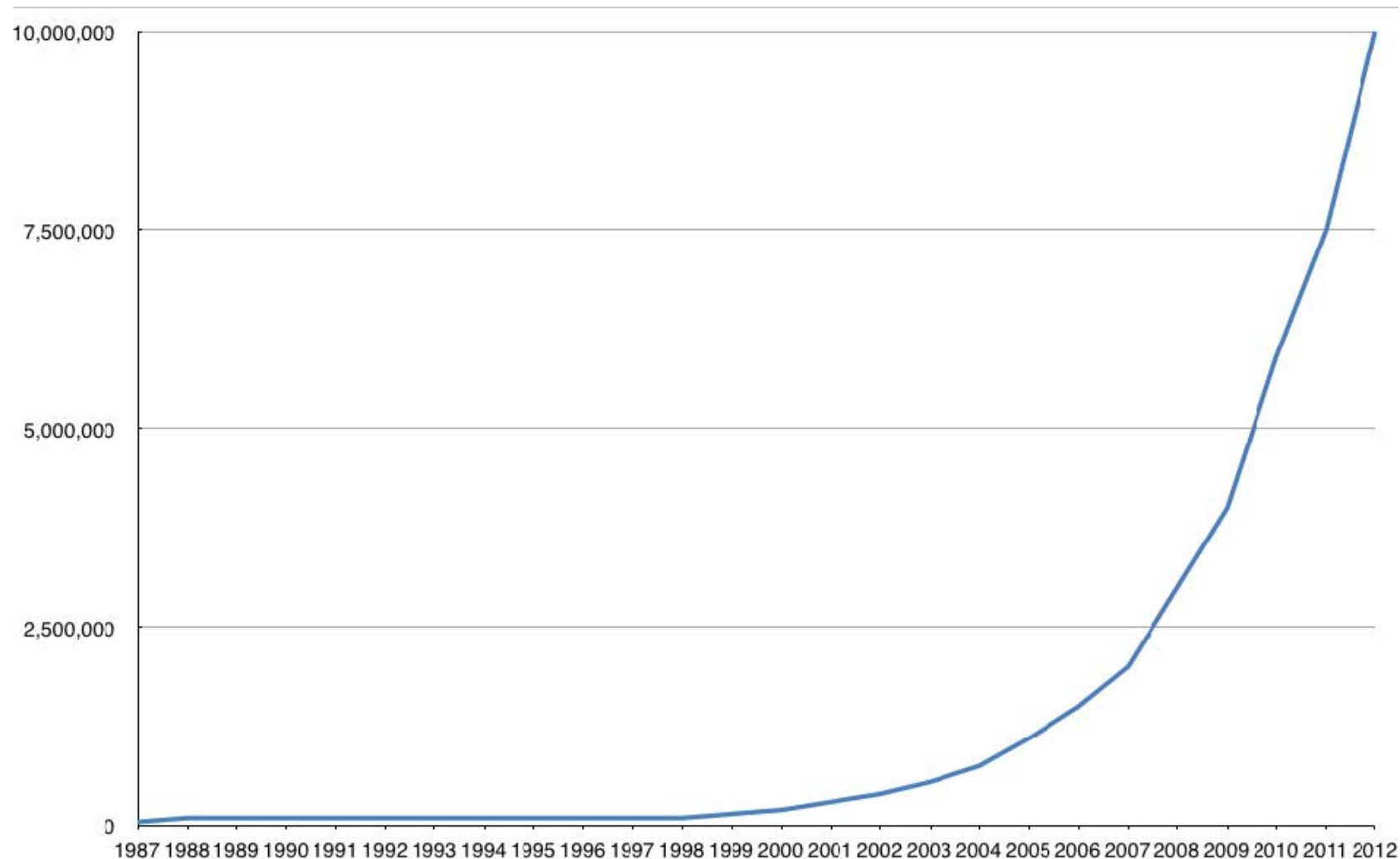


Patient
Portals

eVisits



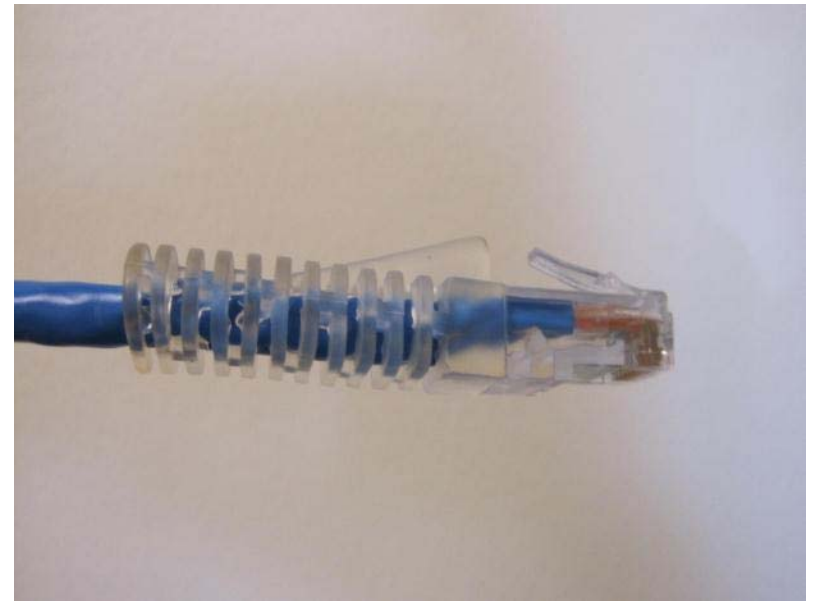
Patients Served by Telemedicine in North America



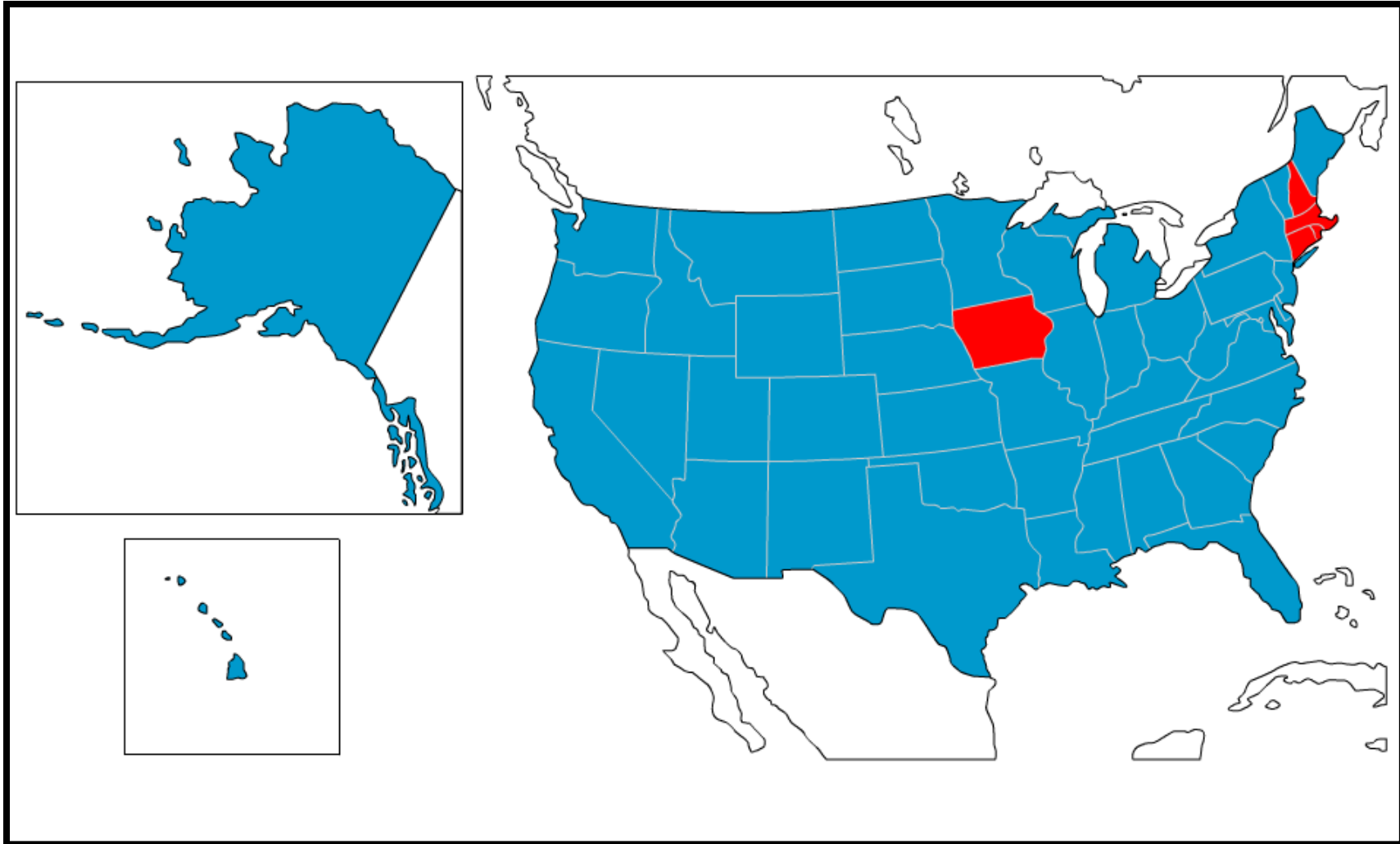
Alaska Native Tribal Health Consortium

Courtesy of Jon Linkous, ATA

The Clinician's Perspective ... the New Limiting Step



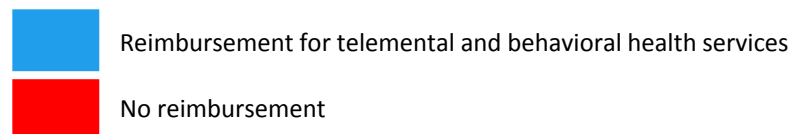
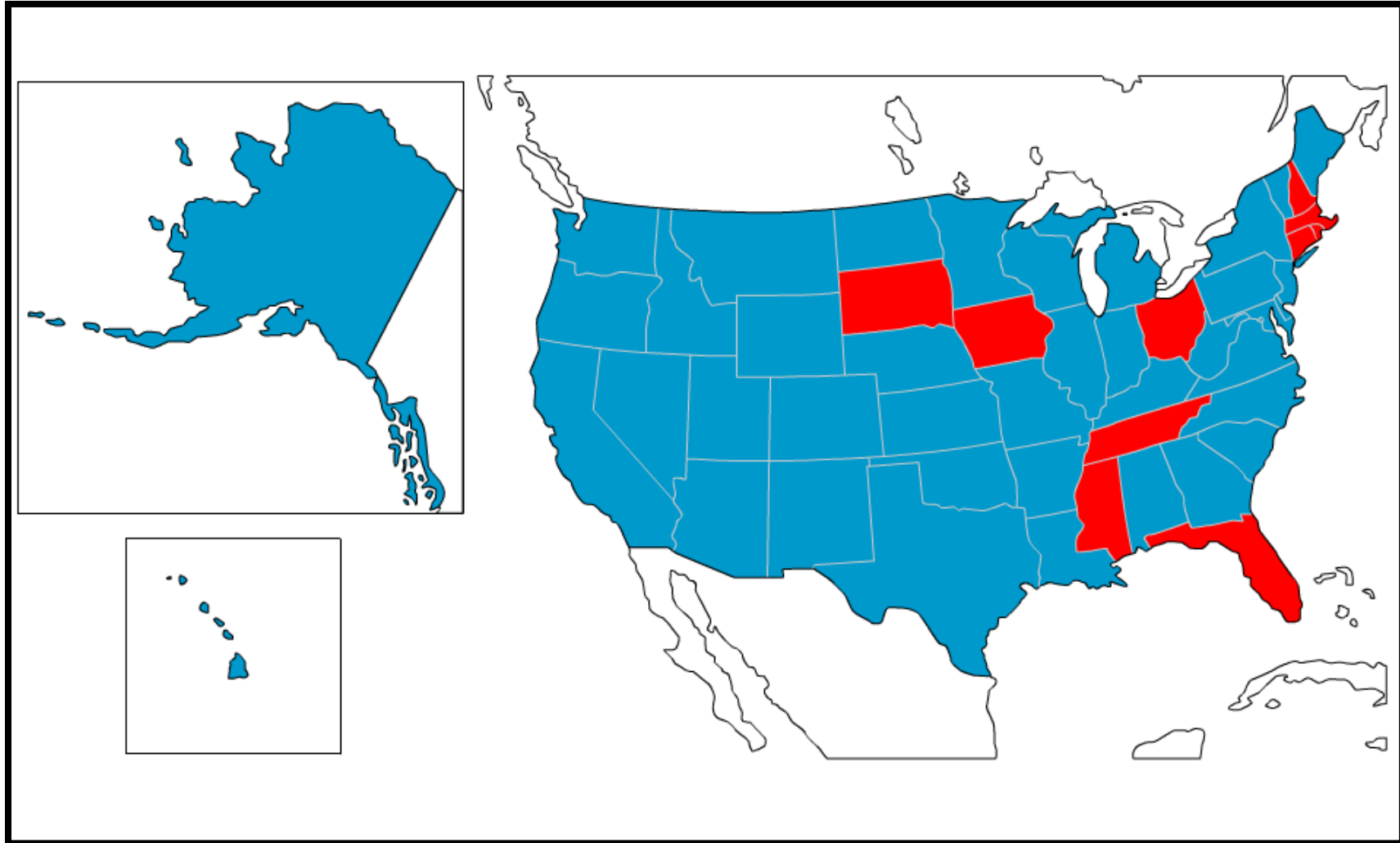
Medicaid - State Telemedicine Reimbursement for Physician Services (2014)



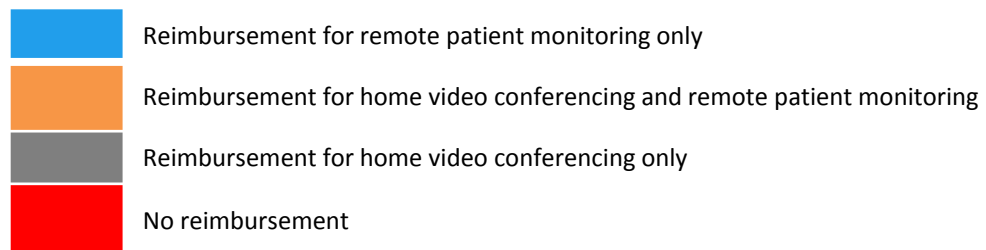
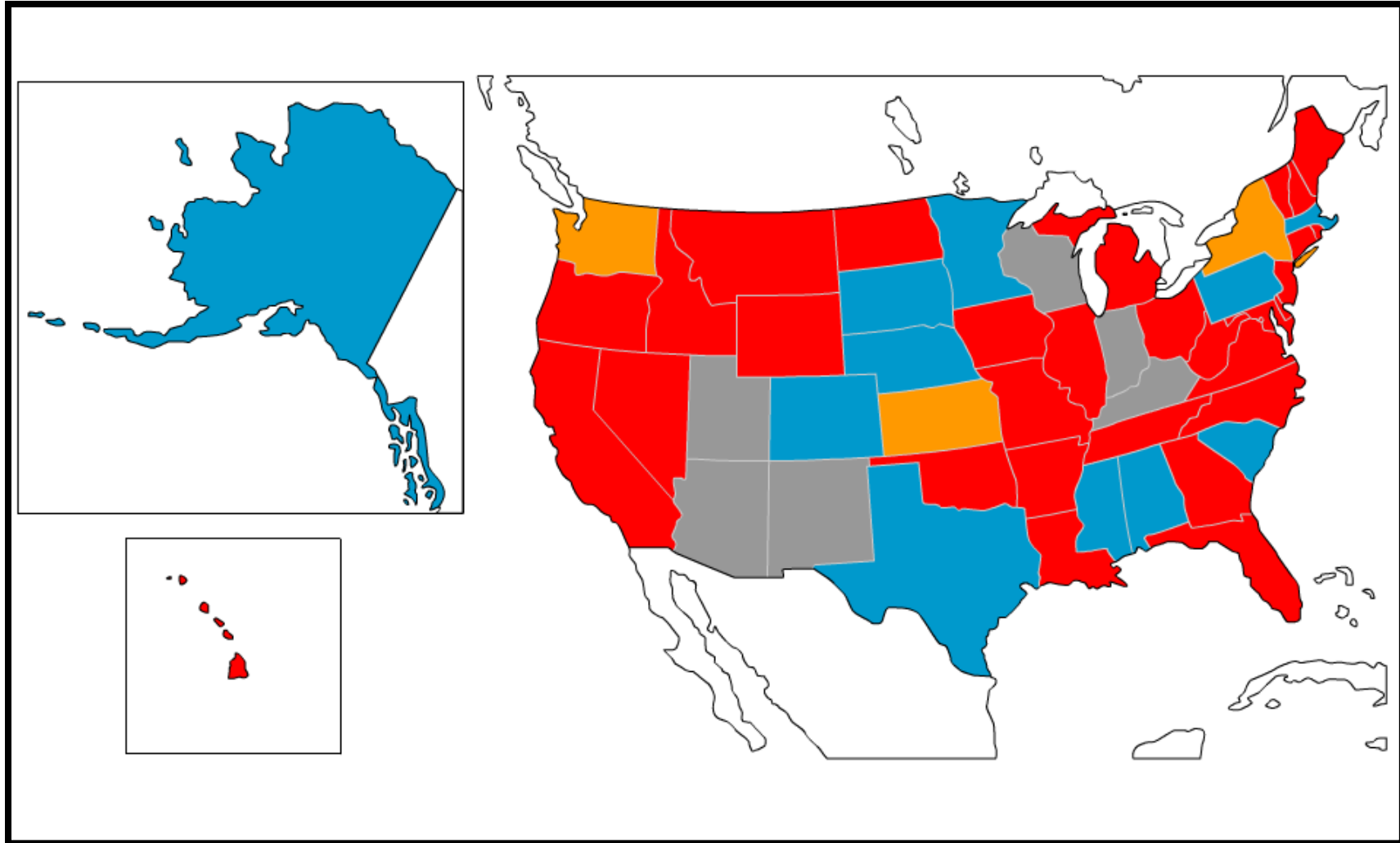
Reimbursement for telemedicine-provided physician services

No reimbursement

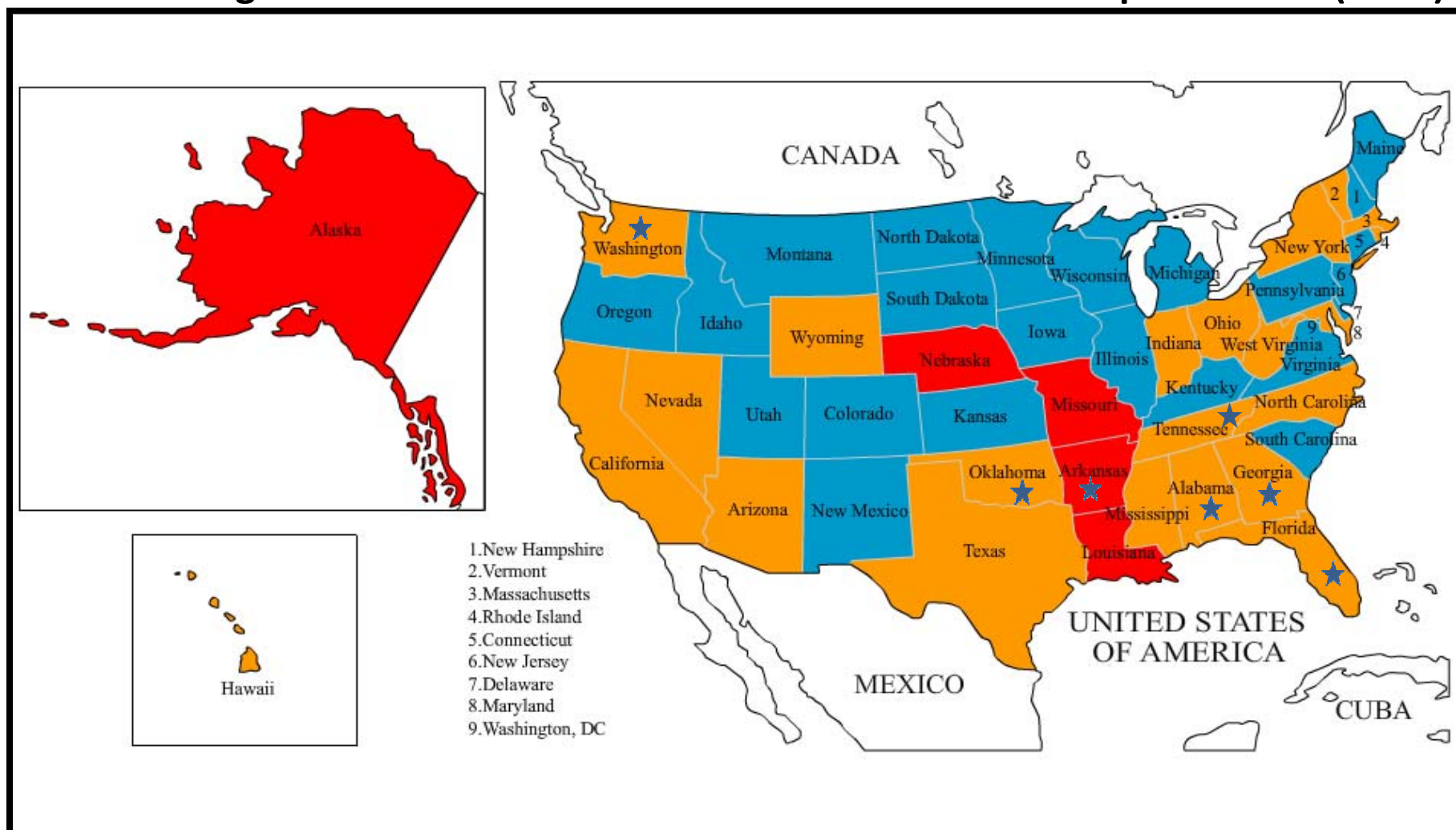
Medicaid - State Telemedicine Reimbursement for Telemental Services (2014)



Medicaid - State Telemedicine Reimbursement for Home Telehealth (2014)

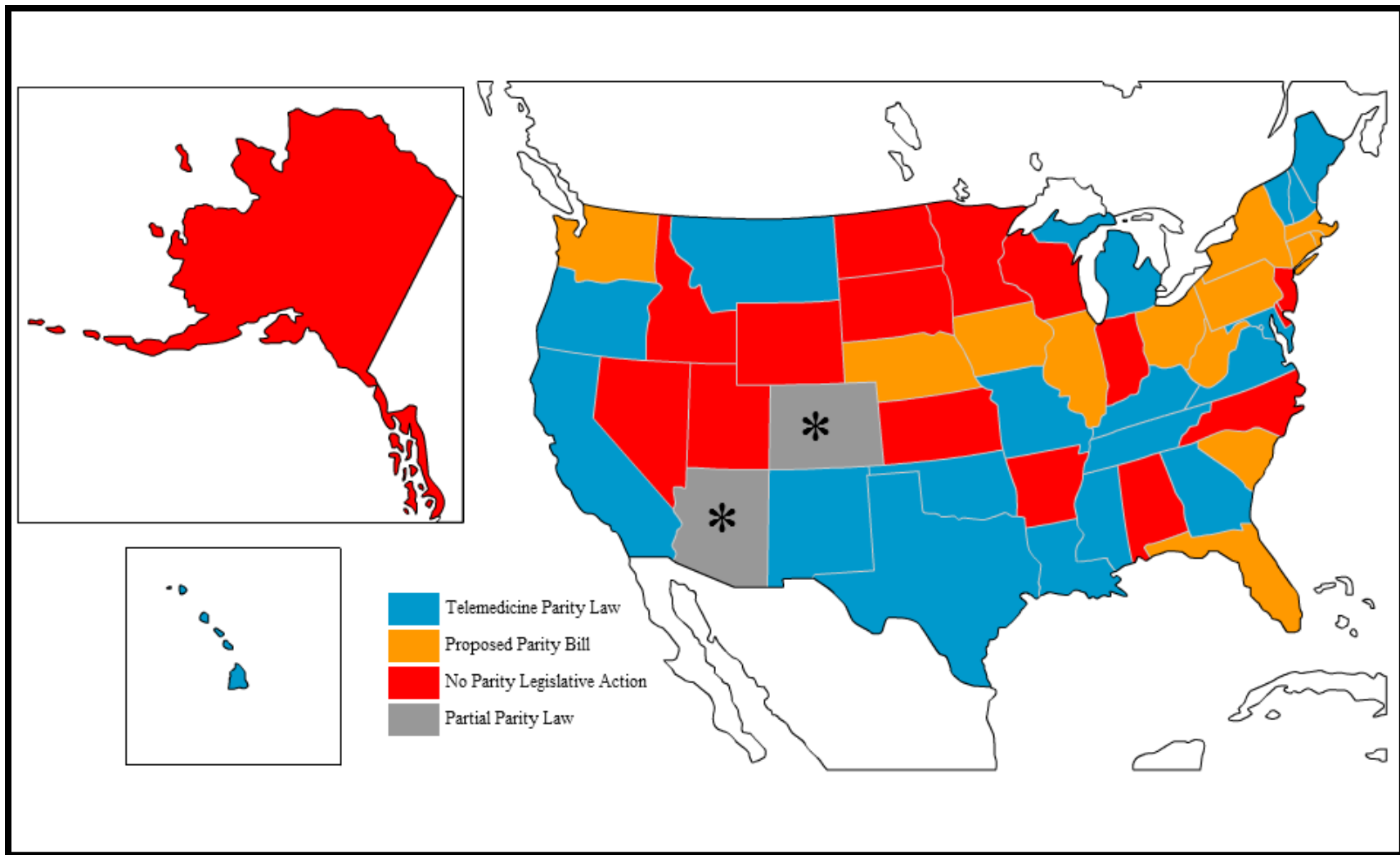


State Ratings for Telemedicine Policies Related to Relationships and Visit (2014)



- A – No unique requirements for telehealth
- B – Allows telehealth in-lieu of in-person exam or to establish physician-patient relationship
- C – Requires – at least pre-existing relationship established in-person or in-person exam
- 2014 State Medical Board Decisions: Alabama, Arkansas, Florida, Georgia, Oklahoma, Tennessee, Washington

States with Parity Laws for Private Insurance Coverage of Telemedicine (2014)

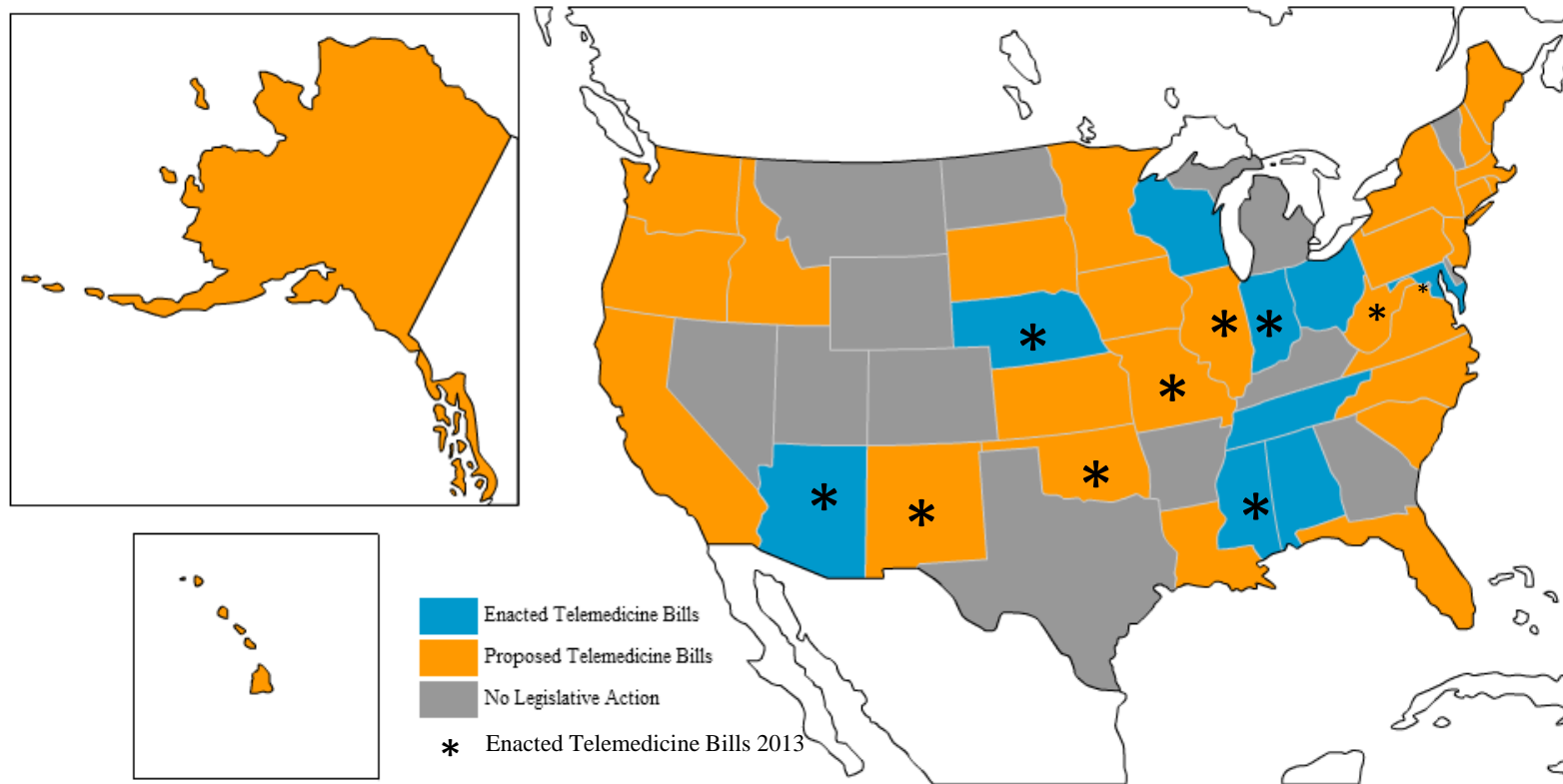


States with the year of enactment: Arizona (2013)*, California (1996), Colorado (2001)*, Georgia (2006), Hawaii (1999), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Mississippi (2013), Missouri (2013), Montana (2013), New Hampshire (2009), New Mexico (2013), Oklahoma (1997), Oregon (2009), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010) and the District of Columbia (2013)

States with proposed/pending legislation: In 2014, Connecticut, Florida, Illinois, Iowa, Massachusetts, Nebraska, New York, Ohio, Pennsylvania, Rhode Island, South Carolina. Tennessee (ENACTED), Washington, and West Virginia

**No state-wide coverage. Applies to certain health services and/or rural areas only.*

2014 TELEMEDICINE LEGISLATIVE ACTIVITY



Ways in which a LT Governor can impact the use of telemedicine ...

- Work with state health departments to expand coverage of telemedicine in state Medicaid programs.
 - ATA has sets of best practices for Medicaid programs.
 - Consider changes to make sure Medicaid managed care programs can provide telemedicine services without any geographic or other restrictions.



Ways in which a LT Governor can impact the use of telemedicine ...

- Raise consumer awareness in states that have a mandate for private insurance coverage of telemedicine - about this coverage and what telemedicine can do for consumers.
 - E.g. Launch an “Ask your doctor about telemedicine” program.
- Work with the legislature and state medical board to set up interstate medical license reciprocity laws.
 - This will allow voters in the state to access their own primary care physician when they travel out of state as well as allow them to receive care from specialists located (and fully licensed) in other states.



Ways in which a LT Governor can impact the use of telemedicine ...

- Help set up a statewide stroke network involving all of the state's large medical centers with a goal that every emergency room in the state has 24/7/365 access to a neurologist to help diagnose and treat a stroke patient during the first 60 minutes.
- Help change the health insurance coverage for state employees to allow them to access telemedicine services including access to services at the workplace. This helps improve productivity and reduce absenteeism.




Growth Opportunities & Challenges

- The ability of health systems, specialists and primary care doctors to provide care wherever their patient is located.
 - Currently restricted by licensure laws.
- The growing use of internet-based services and remote medical devices by consumers to track their health and seek professional help.
 - How does this interconnect with their primary care doctor and the state's efforts to set up a health information network.
- Integrating telemedicine services into the day-to-day work flows of the state's health providers (e.g. EHR-based)
- Using telemedicine to help keep down the costs of healthcare – especially for chronic care patients.
- Using telemedicine to overcome growing shortages of physicians and other health providers, especially specialists.









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